

Use of Eye Health Commissioning Frameworks at Sustainability and Transformation Partnerships (STP) level.

The Clinical Council for Eye Health Commissioning (CCEHC) has called for eye health and sight loss services to be co-ordinated and commissioned across Sustainability and Transformation Partnerships (STP), as this has significant potential to improve care and prevention, and enable commissioners and providers to transform eye health and sight loss services at greater scale¹.

Across NHS eye health services, there has been a tendency to try to fix problems at the symptom level rather than to address the underlying issues; and to preserve boundaries rather than develop shared solutions across boundaries. By making the effort to work together at a greater scale with clear responsibilities and objectives, there are opportunities for greater efficiencies in commissioning, procurement and delivery of similar service specifications by reducing the duplication of effort and the waste of resources.

Capacity issues in the HES

The most urgent issue to address is the lack of capacity in the Hospital Eye Service (HES). Across the UK, hospital eye services are struggling to manage rising demand due to an ageing population and more advanced ophthalmic treatments. In England, ophthalmology accounts for 8% of the 90 million hospital outpatient appointments.² With an increase of up to 30% in HES attendances over the last five years, on the grounds of patient safety we can no longer ignore the pressure building up in ophthalmology services. The increase in demand is leading to delay in follow-up appointments and more hospital initiated cancellations³. Research evidence now highlights that patients with chronic eye conditions are suffering preventable harm due to delayed follow-up or review^{4,5}. Commissioners need to be aware of local HES capacity issues and providers must monitor the length of follow-up waits for their moderate to high risk patients. This will allow appropriate capacity planning and resource allocation.

Commissioning solutions

The CCEHC has developed a number of commissioning frameworks aimed at easing capacity problems within the HES and support change in the delivery and organisation of pathways within the broader eye health services; so that patients are managed in the most appropriate pathway based on clinical risk stratification of their condition and the skills of the practitioner (Figure 1).

The **primary eye care framework**⁶ supports the management of minor eye conditions and delivers improved appropriateness of referral. Due to the size and complexity of eye health services in England, variation in service is inevitable. Some CCG areas do not have these services in place, others so, but patients can choose to attend any optical practice, and this could be outside their CCG area. If the CCG only commissions within its own area, this results in the patients not receiving the service to which they are entitled. To work effectively and avoid a postcode lottery, access to local primary eye care schemes need to extend further than the CCG area. The primary eye care framework supports closer working with

Within the HES

Hospital ophthalmology strategies need to focus on new ways of integrated working, streamlining pathways, and identifying low risk and stable patients for care in community ophthalmology services, where these are in place.

The Royal College of Ophthalmologists has issued a **3 step plan**¹¹ and a set of options to help meet demand and capacity issues through '**The Way forward**'¹².

Examples include:

- Clear referral guidance with greater use of enhanced case finding.
- Risk stratification of clinics.
- Community-based clinics for stable and low risk patients.
- Greater use of virtual medical retina clinics.
- An integrated emergency/urgent eye care strategy based on risk, access and need.
- Greater use of OCT surveillance for R1M1 identified from diabetic eye screening programmes.
- Improved referral replies to optometrists so that fewer patients reach hospital who do not require to be there – reducing false positive, unnecessary referrals.

Collection of data

NHS ophthalmic healthcare is predominantly an out-patient delivered service. There is a need to improve and develop eye health data across STPs, notably the Hospital Episode Statistics for out-patient attendances. The quality of these data by diagnosis and procedure is not routinely coded (nor is it mandated to be), thereby rendering these data incomplete and inaccurate – yet out-patient attendance data are used as proxies for need, service development and commissioning decisions. Through joint working, commissioners and providers could strive to improve the quality of out-patient data in these domains for at least the key high-volume areas within their localities as reasonable medium-term goal.

Another area for improvement is better sharing of data and information for direct patient care. Good communication and secure sharing of relevant information between health and care professionals, and their patients, at each stage of the patient's pathway, facilitated by electronic patient records and underpinned by community optometric connection to the NHS e-Referral system via the Health and Social Care Network and NHS mail.

References

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