

# HEALTH AND WELLBEING BOARD

26 July 2016

<b>Title:</b>	<b>Update on the commissioning of the eye care pathway</b>		
<b>Report of the Barking and Dagenham Clinical Commissioning Group</b>			
<b>Open Report</b>	<b>For Decision</b>		
<b>Wards Affected:</b> None	<b>Key Decision:</b> No		
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<b>Sponsor:</b> Conor Burke, Chief Officer, Barking and Dagenham CCG			
<b>Summary</b>  In 2014/15 the Health and Adult Services Select Committee (HASSC) conducted an in-depth review of local eye care services and the final report was presented to the Health and Wellbeing Board in October 2015. The reason for commissioning the review was a concern that the people may be experiencing difficulties in obtaining care and therefore missing treatment that could otherwise prevent serious sight loss.  The key findings of the review was that: <ul style="list-style-type: none"><li>• The current arrangements [for eye care] seemed complex and difficult for patients to understand;</li><li>• It was not clear that everyone who should have a sight test was getting one; and</li><li>• It was not clear to that the pathway fully promoted choice and control by service users.</li></ul> The Health and Wellbeing Board agreed to oversee a review of the eye care pathway and this this paper provides on how the recommendations have been taken forward and what changes have been put in place or are planned.			
<b>Recommendation(s)</b> Members of the Health and Wellbeing Board are asked to note this update report.			
<b>Reason(s)</b> This report relates to the Council's priority to enable social responsibility and under it the objectives to "ensure everyone can access good quality healthcare when they need it" and "protect the most vulnerable, keeping adults and children healthy and safe."			

## **1.0 Purpose of the Report**

- 1.1 The purpose of the report is to provide an update to the Health and Wellbeing Board on the actions taken in response to the recommendations of the HASSC's review of local eye care services.

## **2.0 Background/Introduction**

- 2.1 Eye care services are commissioned by the CCG (secondary and tertiary care ophthalmology services), NHS England (community optometry and diabetes retinopathy services) and Public Health (school nursing services).
- 2.2 The Health and Adult Services Select Committee undertook an in-depth scrutiny review into local eye care services in 2014/15. The final report was presented to the Health and Wellbeing Board on 20 October 2015.
- 2.3 The findings of the review led to a number of recommendations being made to the Health and Wellbeing Board. This report summarises the actions that have been taken to date.

## **3.0 Recommendation 1: Oversee a review by the Barking and Dagenham Clinical Commissioning Group (CCG) of the local eye care pathway**

- 3.1 The scope of the review has included eye care services commissioned by the CCG and Public Health. Community ophthalmology services are commissioned by NHSE under a national contract and have not been considered as part of this review. Diabetic retinal screening services, which are also commissioned by NHSE, were reviewed in 2014/15 and re-specified to include a standardised screening model across London to improve the effectiveness and efficiency of the programme. New contracts were put in place in November 2015.
- 3.2 Following on from the scrutiny review a partnership Vision Strategy Group has been put in place by LBBD which has met three times.

### **CCG commissioned services**

- 3.3 The CCG initiated a joint procurement for a community eye service in September 2015 with Redbridge CCG. The procurement sought to commission a community-based service for the management of minor eye conditions as well as suspected cataracts and the treatment and/or management of glaucoma.
- 3.4 Direct referral by optometrists to the community-hospital eye clinics was included in the service specification, which was designed to streamline the referral process. The potential opportunity for this change was confirmed at a pre-procurement meeting attended by the Local Optical Committee and other providers.
- 3.5 The procurement process was concluded in March 2016 and did not result in the CCG awarding a contract as a suitable provider could not be selected.
- 3.6 The ophthalmology pathway review is now being taken forward in the context of the referral to treatment time (RTT) programme across the BHR CCGs and BHRUT. This

programme has been established to ensure delivery of the NHS constitutional target for waiting time performance in response to long waiting times for some specialities provided by Barking Havering and Redbridge University Hospitals NHS Trust (BHRUT). Ophthalmology has been identified as one of the top ten specialities where further work around RTT and sustainability is required.

- 3.7 Each CCG is leading on three pathway reviews. Havering is leading on the ophthalmology review on behalf of the Barking & Dagenham and Redbridge CCG's. Havering CCG and BHRUT Clinical Leads have started to work jointly on the glaucoma pathway redesign, with the support of designated clinical directors and clinical leads. Glaucoma has been agreed as the priority area as this provides a substantial amount of ophthalmology activity at BHRUT, and delays in treatment could have an impact on patient outcomes.
- 3.8 A clinical review of the review of the current glaucoma pathway has identified improvements to the glaucoma pathway; this includes provision of glaucoma referral refinement, and monitoring of stable glaucoma patients with community services. This will be implemented by December 2016, to increase the capacity of secondary care for patients with complex glaucoma.
- 3.9 A project group has been established to oversee the delivery of the new pathway. The Ophthalmology Glaucoma pathway has been based on the following evidence
- Eye Health Network for London: Achieving Better Outcomes (NHS England)
  - Report of the Health & Adult Services Select Committee – Local Eye care services In depth Scrutiny Review 2014/15
  - UK Vision Strategy case for change
  - Commissioning Guide: Glaucoma (recommendation (June 2016), The royal College of Ophthalmologists
- 3.10 The pathway will also allow for direct referrals from optometrists, as is the case in other areas, and discussions have begun with the Local Optical Committee agree how to take this forward.

### **Bridge to Vision (B2V) Update**

- 3.11 In 2014 there was a major increase in the uptake of the enhanced optometry contract. The increase slowed down over the period of November/ December 2015, possibly due to the closure of the Maples Day Centre.
- 3.12 In total 135 service users were seen last year and so far 107 service users have been seen this year.

- 4.0 Recommendation 2: Oversee a review by the CCG, which would consider the clinical benefits of community optometrists (high street opticians) being able to refer patients directly to hospital eye clinics and other services, rather than having to do this via GPs**
- 4.1 A response to this recommendation is included in the update on recommendation 1.
- 5.0 Recommendation 3: Ask the CCG to consider the benefits of commissioning an 'Eye Care Liaison Officer' for local residents, to ensure that people with newly acquired sight loss were provided with support at the point of diagnosis and were signposted to appropriate services**
- 5.1 This service is provided through some secondary care providers (e.g. Barts Health) commissioned by the CCG and used by Barking and Dagenham patients. Further consideration is required to determine whether this is a service that BHRUT could provide within existing financial resources. Discussions with the Trust have been focused on waiting time performance over recent months and CCG resources have been prioritised to delivering the NHS constitutional standard for referral to treatment times.
- 6.0 Recommendation 4: Ask the CCG to consider whether cost-effective improvements could be made to local low vision services;**
- 6.1 The CCG was asked to consider whether cost-effective improvements could be made to local low vision service which operates out of both King George's and Queens hospitals. This service supports the delivery of low vision assessments for residents of Barking and Dagenham who still experience sight problems after having an eye test and wearing the right contact lenses or glasses.
- 6.2 The service offers a two-stage assessment of visual need where the service user will see both a low vision therapist and an optometrist. At the end of the assessment they may be issued with a low vision aid that best meets their need and provided with the support /training on how to use the aid. The service user may also be offered advice about using magnification, task lighting, contrast and managing glare.
- 6.3 The Magnifier Lighting Workshop service was set up to make it easier for local people with sight loss to access low vision equipment and lighting. The project was launched on 12<sup>th</sup> May 2014 at the Barking Learning Centre and Dagenham Library. 300 clients seen in total and between 50 – 60 referrals have been made. The sensory staff have been promoting the service in the local mosques. MK asked about the possibility of promoting the service via B&D Social Networking sites (I.E. Facebook/ Twitter).
- 7.0 Recommendation 5: Oversee a local communication campaign, to be undertaken by the Council's Public Health Team, which would emphasise the importance of having regular eye tests, whilst also delivering other important eye care messages as part of the future programme of public health campaigns**
- 7.1 A local communication campaign has been designed and developed in partnership between the Vision Strategy Group, LBBDD communications team and public health. A campaign is due to be run in conjunction with eye health week – 19 -15 September 2016.

The campaign will emphasise the importance of having regular eye tests, whilst also delivering other important eye care messages.

**8.0 Recommendation 6: Consider what options could be used to ‘make every contact’ count and introduced a scheme or schemes to encourage and possibly incentivise parents to arrange an eye test for their child prior to starting school**

- 8.1 The national Healthy Child Programme stipulates that ‘at or around the time of school entry every child should have a vision and hearing test performed to prescribed guidelines.’ This is a universal requirement and our School Nursing contract stipulates that this is completed by the end of the school reception year.
- 8.2 Performance reporting around this requirement has recently been added to the regular monitoring schedule to track uptake. Uptake is currently around two in every three pupils (66%).
- 8.3 The reasons this figure is below the number of pupils eligible are:
- Parental permission is required to conduct the tests and in a significant number of instances these requests are being refused or not responded to.
  - Children already tested and prescribed glasses are not included in the figures
  - A few schools have not been able to make a suitable venue available for conducting the tests. (This last issue has now been resolved).
- 8.4 North East London NHS Foundation Trust are aware of the need to increase uptake through promotional activity and greater engagement with parents and an ambitious target around this has been included in the new 5-19 School Nursing contract to focus attention on raising the number of pupils receiving the test. The requirement from September 2016 is as follow:

**Key performance indicator - Health Review – Vision Test**

Activity Indicators	Target	Method of measurement	Reporting frequency	Consequence of breach
<b>Routine health reviews:</b> Year 1 vision test	95%	% children at Year 1 Health Review with Vision Test completed	Per term end	Improvement plan to be agreed with Commissioners

**9.0 Mandatory Implications**

**9.1 Joint Strategic Needs Assessment**

The priorities for consideration in this report align well with the strategic recommendations of the Joint Strategic Needs Assessment.

**9.2 Health and Wellbeing Strategy**

This report aligns and supports our Health and Wellbeing Strategy delivery plan on the need to promote eye health and prevent sight loss across the life course.

### **9.3 Integration**

One of the outcomes we want to achieve for our Joint Health and Wellbeing Strategy is to improve health and wellbeing outcomes through integrated services. The HASSC report makes several recommendations related to the need for effective integration of services and partnership working.

### **9.4 Financial Implications**

The allocation of CCG management resource is being prioritised to supporting delivery of a joint programme of work with BHRUT to deliver the NHS constitutional target for referral to treatment times (RTT). The review of the ophthalmology pathway is one of the of the RTT workstreams that is being taken forward across the BHR CCGs with a focus on the glaucoma pathway. CCG investment is subject to Governing Body approval which would take into consideration the available resources and potential benefits of investment alongside other priority areas.