Update from Barking and Dagenham CCG on Eye Care pathway review

1.0 Purpose of the Report

1.1 To provide an update to the Health and Adult Services Select Committee (HASSC) on the actions taken by the CCG in response to the recommendations of the HASSC’s review of local eye care services.

2.0 Background/Introduction

2.1 The HASSC’s review of local eye care services (2014-15) provided a comprehensive review of eye care services within the borough. The final version was tabled at the HASSC in October 2015.

2.2 The findings of the review led to a number of recommendations being made to the Health and Wellbeing Board (HWB). Recommendation 1, an overarching recommendation, asked that the HWB oversee a review of the pathway given that:

- The current arrangements seemed complex and difficult for patients to understand;
- It was not clear that everyone who should have a sight test was getting one; and
- It was not clear to that the pathway fully promoted choice and control by service users.

2.3 Further, recommendations were directed as specific features of the pathway. Those relevant to the areas the CCG commission are:

2.4 Recommendation 2. That the CCG considers 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;

2.5 Recommendation 3. That the CCG consider the benefits of commissioning an ‘Eye Care Liaison Officer’ for local residents, to ensure that people with newly acquired sight loss are provided with support at the point of diagnosis and signposted to appropriate services; and

2.6 Recommendation 4. The CCG to consider whether cost-effective improvements could be made to local low vision services, given that the HASSC found that in other parts of London these services are delivered closer to where people live and provide tailored support to ensure that visually impaired people are able to make ongoing, beneficial use of magnifiers and other equipment provided to them.

2.7 The main commissioning activity taking place over this reporting period has been the retendering of the Community Minor Eye Care Service based at Barking Community Hospital. This opportunity came through the natural expiry of the current contract.
3.0 Report Content

3.1 As there are no new resources available to the health economy, the CCG’s commissioning action has focused on introducing service change and innovation through its current main contracts. This approach has potential to identify resource that can be redeployed for additional pathway improvements.

3.2 Recommendation 2; direct referral by optometrists to hospital clinics.

3.3 The CCG has sought to offer optometrists direct referral to its community eye care service. Through the natural expiration of the current contract, the Barking and Dagenham CCG has joined with Redbridge CCG to re-procure a community ophthalmology service after reviewing the service specification.

3.4 At a pre-procurement meeting with potential bidders the opportunity for direct referral was tested and was regarded positively by those present. Direct referral was therefore included in the service specification. This specified that optometrists to directly refer for:

- Follow up of stable primary open angle glaucoma
- Blurred vision
- Watering eyes
- Dry eyes
- Lid lesions
- Floaters / flashing lights
- Eyelash problem
- Blepharitis
- Field defects
- Retinal lesion
- general eye problems
- ectropion and entropion conjunctivitis
- chalazion
- itchy burning eyes
- trichiasis,
- ingrown eyelashes
- allergic eye disease
- chronic poor vision
- eye discomfort
- slow progressive loss of vision
- lid cyst,
- lid lump,
- lid malposition
- stye
- Refinement and Management of suspected cataracts
- Treatment and/or management of appropriate long-term ophthalmic conditions, specifically glaucoma.

3.5 The procurement process was concluded in March 2016, but has unfortunately not resulted in the CCG awarding a contract. The possible reasons will be investigated and will inform the commissioning plan for ophthalmology.

3.6 Recommendation 3; to commission an Eye Care Liaison Officer.

3.7 This service is provided through some secondary care providers (e.g. Barts Health) commissioned by the CCG and used by Barking and Dagenham patients.

3.8 The CCG is planning a review of major pathways using the RightCare\(^1\) approach. This methodology assesses local pathway outcomes and their investment against comparator CCGs for the purpose of optimising pathway provision. The planning for pathway reviews is currently underway and it is expected that ophthalmology commissioning will be reviewed in 2016-17. An update on the development and timing of a review will be offered to the HASSC in summer 2016.

\(^1\) Barking and Dagenham is a first-wave CCG to use the RightCare approach. This methodology has been developed for CCGs by NHS England.
3.9 Recommendation 4; cost-effective improvements to local low vision services.

3.10 The CCG currently commissions a low vision service. 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. 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.

3.11 The service operates out of both King George’s and Queens’s hospital. The opportunity to review and potentially extend this service can be included as part of the CCGs pathway review (using RightCare) of ophthalmology.

3.12 Conclusion

3.13 The CCG is supportive of the recommendations set out in the Review of Local Eye Care Services (2014/15). While it is unfortunate that the procurement of a community service allowing direct-referral by optometrists has been unsuccessful, the CCGs requirement to review the tender process and develop a commissioning plan will allow a fuller examination of the pathway (including secondary care).

4.0 Resources/investment

4.1 As indicated in this update, the CCG assumes no additional funding for new services or service improvements. Improvements to pathways must be cost-neutral. The RightCare review of pathways will help ensure clinical outcomes are optimised for the available investment.

5.0 Equalities

5.1 Any pathway changes and innovation will be assessed for impact on equalities.

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