

Borough of Telford and Wrekin

Joint Health Overview & Scrutiny Committee

Thursday 9 March 2023

2.00 pm

Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury,
Shropshire, SY2 6ND

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Committee Members: Councillors D R W White (Co-Chair), S Charmley (Co-Chair), N A Dugmore, S J Reynolds, K Halliday and H Kidd. Co-optees F Doran, H Knight, D Saunders, L Cawley (Shropshire Co-Optee), L Price (Shropshire Co-Optee) and D Sandbach (Shropshire Co-Optee).

Agenda

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4.0 Eye Care Transformation Programme

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To receive an update on the Eye Care Transformation Programme by the NHS.

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Reference Information

Presenters/authors:	Claire Roberts Barrie Reis-Seymour Marie Claire Wigley	Paper date:	9 th March 2023				
ICS Board Member Sponsor:	Gareth Robinson	Paper Category:					
Action Required (please select):							
A=Approval	R=Ratification	S=Assurance	✓	D=Discussion	✓	I=Information	✓

1. Purpose of Paper

The aim of this item and presentation is to provide an overview of a programme of work underway to review and improve integrated eye care services in the county.

2. Executive Summary

2.1. Context

The Shropshire and Telford and Wrekin Eye Health Needs Assessment (EHNA 2019) highlights extensive growth in the prevalence of cataract, glaucoma, and age related macular degeneration (AMD) due to an ageing population, with a projected rise in AMD and cataract of over 55% between 2016-2030.

There is a need to find system-wide solutions capable of meeting current and increasing demand for eye care services.

2.2. Summary

The programme aims to provide timely, safe, effective, and sustainable integrated eye care services at the right time, in the right place, by the right person with excellent patient experience.

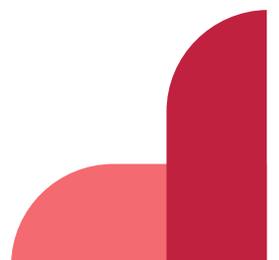
There are a number of reasons why we need to change the way we currently provide eye care. We need to:

- Anticipate the increasing need for services
- Reduce unnecessary face to face outpatient appointments
- Ensure early detection and prevention
- Provide more joined up services across primary, secondary and community care
- Provide more services closer to home, when it's needed
- Make better use of new technologies and developments in eye care
- Make better use of data and tracking people's care.

2.3. Conclusion

Key areas of work that are included in the eye-care improvement programme are:

- Referrals processes
- Outpatients
- Integrated pathways across primary/community/secondary eye-care and links with social care
- Multi-speciality pathways (e.g. Giant Cell Arteritis, Hydroxychloroquine monitoring)





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Eye-care Service Improvement Programme

Long Term Plan

The ambition to avoid unnecessary face to face outpatient attendances has become an urgent imperative as we respond to the impact of Covid19 and restore services, as well as reducing up to a third of hospital outpatient attendances a year by 2023/24, The outcome will avoid additional expenditure and ensure all patients can access digital outpatient care where appropriate.

Local Requirements

- Need to identify ways to improve eye-care services, ensuring the most effective and efficient ophthalmology function and eye care services and pathways
- Increase use of virtual/remote consultations
- Enhance opportunities for patient initiated follow-up appointments
- Provide Advice & Guidance
- Improved integrated working and optimising for community optometry services
- Respond to the impact of Covid and subsequent backlog of long waits and referrals
- Planning guidance and requirements of elective recovery
- System sustainability – recovery, workforce, clinical capacity, outcomes and value for money



Why we need to improve eye care services

- Importance of early detection and prevention
- Anticipating the increasing need for services
- Providing more services closer to home, when it's needed
- More joined up services across primary, secondary and community care
- Reducing unnecessary face to face outpatient appointments
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Areas of work not included in the programme: Ophthalmology surgery and Eye-related cancer care



Stakeholders

Staff across whole health & social care system (mainly SaTH)	Staff in community and primary care settings
Patients, carers and general public	Independent sector eye-care providers
Local Optical Committee	GPs
Healthwatch	Health & Wellbeing Board
Community groups related to eye-care and vision	Sight Loss Shropshire
Telford and Shropshire Patient Groups	NHSE
Joint Health and Social Care Scrutiny Committee	Town, County and Parish Councillors
Voluntary and Community Sector	



Positive Impacts

- Improved access to timely care and support for those with mobility and/or transport issues through new innovative ways of providing appointments, for example virtual appointments from your own home, removing the need for travel.

Page 10 Enhanced experience of eye care services for all in an equitable way through new more effective and innovative ways of working, and more integration between primary, community and secondary care – ensuring the person is seen by the right person, in the right place, at the right time – first time.

Negative Impacts and mitigations

- Potential risk of digital exclusion for those with limited or no access to technology and/or internet - the programme intends to provide virtual consultations by telephone also, and still offer in-person appointments.



Review insight on service experience

What did we know already?

We looked at what people have already said about their experiences of eye-care services across Shropshire, Telford and Wrekin.

This included:

- Analysing insight captured by our PALs service
- Reviewing Healthwatch data and reports

healthwatch
Shropshire

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Eye Care Services

Report - 7 September 2018



Listening to patients and stakeholders

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- Recruited patient representative to sit on the steering group
- Public survey (completed online and through outreach and offered in alternative formats - promoted through partners, media, social media, newsletters, Talking Newspapers etc) – 262 responses
- Attended local eye-care clinics
- Attended local groups (in person and virtual)
- Public workshops, clinician workshops, independent provider workshops
- Produced an engagement report
- Webpages on the NHS STW website providing information and promoting engagement opportunities
- Bespoke programme email address for contact and enquiries
- Patient/public reader group to review public facing materials



What we heard from residents, patients and carers

- Overall satisfaction is good, with high numbers of people telling us they would recommend the service to friends and family.
- People say they are treated with respect and dignity (81% agree).
- They feel well informed from a medical perspective.
- Satisfaction rates for Glaucoma are lower than other treatment routes.
- Feedback about cataract surgery focused largely on delays and appointment cancellations.
- People would like to see a better spread of provision across the county.



Progress to date

- The programme is progressing well with intensive work now concluding on the design and development of new draft models of eye-care and pathways, including:

Eye-care referrals

Single point of access

Optometry first

Ophthalmology



Progress to date

The new draft proposed pathways and models are currently being finalised, and stress-tested from various perspectives to ensure they are:

- Safe
- Effective
- Sustainable
- Deliver high-quality outcomes and improvements
- Value for money.

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Now undergoing another round of engagement with patients, carers, public, clinical colleagues who work in eye care, GPs and independent sector providers for comment and feedback, to be used for any finessing of the pathways and model.



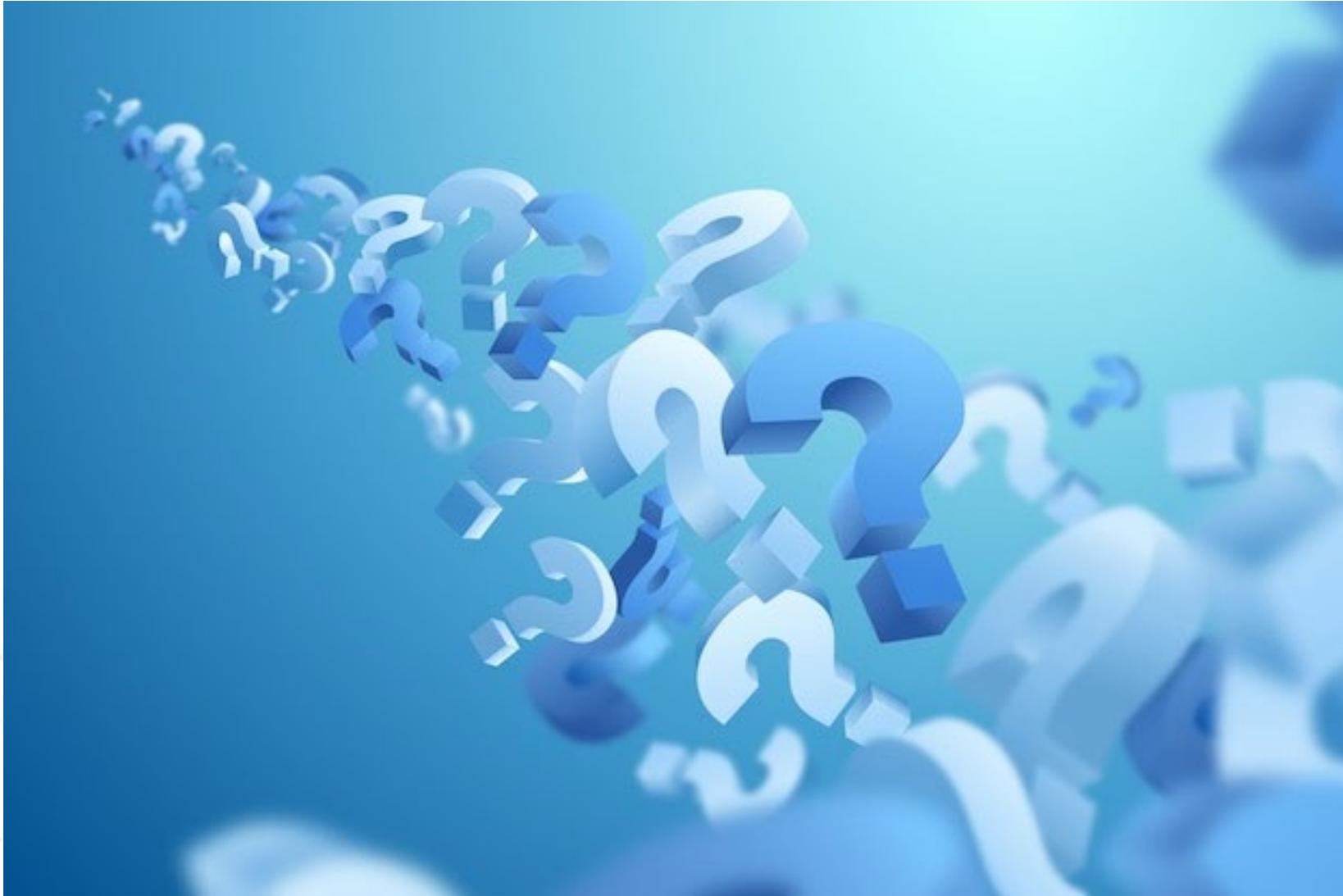
Next steps

- Toolkit for stakeholders to support further engagement
- Consider any other relevant insight gathered through related engagement activity – Outpatients Programme and Big Conversation
- Further refining from feedback received
- Design checklist
- Final agreement of proposed models and pathways
- Repeat Quality Impact Assessment and Equality Impact Assessment
- Confirmed enabling requirements (workforce, digital, space, financial)
- Detailed cost/impact/benefit modelling
- Confirmed commissioning options
- Develop written proposal and business cases for approval
- Once approved, commence commissioning process
- Further engagement sessions to share progress

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Questions?





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Thank you