THE COLLEGE OF OPTOMETRISTS

LOC SUPPORT UNIT
SUPPORT FOR PRIMARY EYE CARE DEVELOPMENT

Optical Confederation
The voice of UK optics

NHS Innovation Review

College of Optometrists, LOCSU and Optical Confederation response

Summary

1. The College of Optometrists, the Local Optical Committee Support Unit (LOCSU) and the Optical Confederation welcome this review of innovation in the NHS. There are two broad areas with the potential to deliver innovative changes in NHS eye care, namely:
   - the provision of more integrated, efficient and effective eye care services, including enhanced services in the community
   - improved information sharing and IT links between community optical practices and others in the NHS.

Eye Care Services

2. Eye care services are acutely sensitive to rising demand from an ageing population, therefore innovative service delivery models, which support the QIPP agenda and increase numbers of patients in primary care and/or improve access, are particularly valuable.

3. In 2009/10, there were almost 6 million outpatient attendees for ophthalmology, more than any other speciality except for trauma & orthopaedics. While there are many success stories of individual Primary Care Trusts (PCT) or devolved countries introducing innovative service models that ease pressure on secondary and acute care, there is considerable scope to extend this good practice across England.

4. We would call on the Department of Health/NHS Commissioning Board (NCB) to promote this by:
   - endorsing best practice pathways at national level;
   - prioritising national commissioning of glaucoma repeat measurement services and Primary Eye care Assessment and Referral Services (PEARS);
   - raising awareness of the Commissioning for Better Eyecare Toolkit produced by the UK Vision Strategy;
   - supporting PCT clusters to facilitate data collection of current ophthalmology referrals and enhanced eye care services, which would

facilitate evaluation of evolving innovative pathways for roll out nationally.

Use of IT

5. The vast majority of community optical practices are computerised or have Internet links. There is substantial scope for innovation in referral processes and General Ophthalmic Services (GOS) claims and payments through improved IT connectivity between community optical practices and others in the NHS. A simple first step would be to centralise and streamline the claims and payments system (for GOS) though the NHS Business Services Authority, as for dentists and pharmacists.

6. The efficiency and quality of care would be significantly improved if the Department/NCB and NHS Connecting for Health worked with IT leads from optics (and community dentistry) to find a proportionate, cost-effective way to share information (e.g. for electronic referrals) and overcome barriers presented by N3 connections. The Department/NHS Connecting for Health should also agree a standard electronic GOS18 referral process linked to the Choose and Book system.

Making Change Happen

7. We agree that innovation can be disruptive and in order to become a reality it requires a range of factors to support it and to overcome barriers. The College of Optometrists, LOCSU and the Optical Confederation already work with eye care stakeholders, and NHS bodies, and we are ready to support the evolving NHS institutions in any way that we can to improve eye care services

Demand for and provision of eye care

8. Over 20 million sight tests are carried out each year (14.7 million by the NHS). 5% of these (1 million patients) require referral to hospital and there are 5 million additional outpatient attendances (making 6 million in total).[1,2] In addition to the outpatient numbers, there are 389,000 cataract operations each year, and 1.49 million people suffer from age-related macular degeneration (AMD, the biggest cause of blindness in the UK).[2] Furthermore, 40% of people with type 1 diabetes and 20% of those with type 2 diabetes suffer from diabetic retinopathy.

9. Effective eye care contributes directly and indirectly to all five domains of the NHS Outcomes Framework[3]:
   - sight loss may contribute to premature death and is an indicator of deteriorating health in conditions such as diabetes;
   - those who have sight loss in addition to other conditions such as stroke, for instance, often have poorer outcomes than those without sight loss;
   - eye conditions such as glaucoma and AMD are significant long term conditions in their own right, but poor eye health also makes it harder for people to manage other long term conditions;
   - the most frequent users of NHS services are those aged 60 and over, who also make up the largest group of those who have problems with their sight;
   - active consideration of the needs of people with sight loss in a clinical environment can contribute significantly to patient safety and improve quality of life.

Ophthalmic Public Health

10. The ageing population is rightly acknowledged as a significant public health challenge. In 2008, 1.8 million people were registered with partial sight and blindness and this is expected to grow steadily to over 4 million people by 2050.[4] Around half of all sight loss is thought to be preventable, rising to up to 70% amongst the elderly.[5]

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[1] FODO (2011) Optics at a Glance 2010

[2] Health and Social Care Information Centre (2010) Hospital Episode Statistics: Outpatient, treatment specialty by attendance type: England, 2009/10

[3] Commissioning for Eye Care (2011)
http://www.commissioningforeyecare.org.uk/commhome.asp?section=161&sectionTitle=Health+outcomes%3A+what+will+investment+in+improved+eye+care+commissioning+deliver%3F

[4] Epivision (2009) for RNIB Future Sight Loss UK (2)

[5] Tate et al (2005) The prevalence of visual impairment in the UK; A review of the literature
www.rnib.org.uk/xpedio/groups/public/documents/PublicWebsite/public_prevalencereport.doc

11. Sight loss is associated with a higher risk of falls and reduced ability to live independently. This problem has not been adequately addressed by the NHS, to date, despite the total annual health, socio-economic costs of sight loss, estimated to be £22 billion in 2008.[6] Unless action is taken, these costs will rise markedly in line with increasing sight loss and blindness over the coming years.

Harnessing innovation to meet demand

12. Early identification and access to treatment is vital to securing good outcomes for a range of eye diseases and conditions. This can be achieved by encouraging regular sight testing and making better use of the resources in community based eye care.

13. Many innovations that can improve NHS eye care services have already been invented and adopted in parts of the NHS. These innovations include pathways (at various stages of development) for enhanced eye care services that can improve access to timely diagnosis and treatment, which are reviewed in detail below. There are other innovations, for example within IT that have been possible for some time (e.g. electronic referral) and are awaiting NHS support or decisions to adopt them.

14. We specify below the key actions required to facilitate diffusion of these innovations across the NHS in order to spread the benefits more widely. As has been argued by Professor Bosanquet, eye care can be a lead area for innovation that can demonstrate early wins for the liberated NHS.[7]

Commissioning for Better Eye care Toolkit

15. A recent and very noteworthy innovation in eye care is the development of the Commissioning Toolkit for Eye Care by the UK Vision Strategy. This toolkit highlights why eye care services should be prioritised, the potential for a small investment to deliver sizeable results, and provides guidance to support the commissioning of better eye care services across the NHS.[8]

16. **Action**: All commissioners (PCT's and emerging CCG's) and Healthwatch to become familiar with the Commissioning for Better Eyecare Toolkit from the UK Vision Strategy[4]

Enhanced Eye Care Services

17. A range of enhanced eye care services are either already in place in parts of the country or under development. Most of these have developed organically

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[6] Access Economics (2009) for RNIB Future Sight Loss UK (1)
[7] Bosanquet (2010) Liberating the NHS: Eye Care, Making a Reality of Equity and Excellence
[8] http://www.commissioningforeyecare.org.uk/

through locally driven innovation from clinical and commissioning leaders with the enthusiasm to deliver change. From our experience, we recognise the range of motivations and enablers noted in the *Innovation Review* paper as having shaped the development of enhanced eye care services to date:

- culture (enthusiasm among optometrists and opticians)
- pressure for change (unmet need and waiting lists in secondary care)
- common language (clear pathways)
- capacity and capability (skills among community-based eye care professionals)
- data and risk management (audit and ensuring patient safety).

18. These have provided useful test beds for new eye care services and greatly facilitated the emergence of national pathways including evidence to support their adoption. However now is the time to move on from testing to roll out proven national pathways endorsed by the NCB for widespread local adoption.

19. In particular, there is now clear evidence to warrant the establishment of two nationally commissioned enhanced eye care services for England in the near future

- Glaucoma repeat measurements (now in place in 50% of PCTs after a slow process to spread innovation)[9,10]
- PEARS in the community (now in place in less than10% of PCTs despite being in place across Wales since 2003 and promoted by NHS Primary Care Commissioning)[11].

20. **Actions**: Endorsement of single national pathway by NICE or the NCB for glaucoma repeat measurements and PEARS; commissioning of these as national services by the NCB (or the Department of Health in transition)

21. Further schemes are being piloted to ensure there is sufficient evidence to support their adoption nationally:

- Cataract direct referral and post-operative management in the community
- Monitoring Ocular Hypertension in the Community
- Community Adult Low Vision Enhanced Service

22. A number of other innovative pathways are still at the identification or invention stage:

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[9] NHS Stockport (2010) Key Messages from the Professional Executive Committee, June 2010

[10] Parkins, D and Edgar, D (2011) Comparison of the effectiveness of two enhanced glaucoma referral schemes, Ophthalmic & Physiological Optics, 31(4) pp. 343-52

[11] Sheen, N et al (2009) Novel Optometrist-Led all Wales Primary Eye Care Services: evaluation of a prospective case series, British Journal of Ophthalmology, 93 pp. 435-438

- Enhanced eye care service for People with Learning Disabilities
- Monitoring glaucoma in remission in the community (or stable glaucoma)

23. **Actions**: Improve IT links to facilitate direct referral and information exchange between community optical practices and the NHS (see below); collection of data for audit and research by PCT cluster; and release of better local data on ophthalmology waiting lists (PCT cluster).

24. We will continue to do our part to support these innovations, which we feel also support the aims of the UK Vision Strategy.[12] We are however reliant on the support of national and local NHS leaders to ensure the best ideas and innovations emerge and diffuse across the boundaries of the NHS. Tackling avoidable sight loss will lead to significant downstream savings in health and social care, and it is imperative that action is taken to support regular sight testing and improve access to outpatient eye care appointments.

IT Connectivity for Community Optical Practices

25. Improved IT connectivity is a key building block to deliver enhanced eye care services in the community. Several PCTs have insisted on a full N3 connection to share any patient data electronically, which has impeded the adoption and spread of innovative pathways. N3 is expensive and unsuitable for optical practices. As has been argued by the Committee of Public Accounts recently, the one size fits all approach has been very expensive and not delivered.[13]

26. We are encouraged by the early sound bites on alternative mechanisms of data transfer, e.g. via a secure internet channel, from the NHS Technology Strategy. This will however take time to filter down to NHS commissioners at the front line and we would welcome a clear and unambiguous commitment to simple yet secure internet transfer of data for community based services.

27. **Action**: Department of Health, NCB and NHS Connecting for Health to work with IT leads from optics (and community dentistry) to resolve information sharing via a proportionate, cost-effective channel.

Electronic Referral

28. Electronic optometric referrals would be higher quality and more efficient than the current paper and postage system. For example, an image of the retina could be attached, streamline decision making, and reduce the need for

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[12] http://www.vision2020uk.org.uk/ukvisionstrategy/page.asp?section=32&sectionTitle=About+the+Strategy

[13] House of Commons Committee of Public Accounts (2011) The National Programme for IT in the NHS: an update on the delivery of detailed care records systems.

administrative steps (i.e. to scan and input data) along the chain. Despite a number of attempts to develop an electronic format for optometric referrals (via electronic GOS18 forms), there has been no progress on this.

29. Electronic referrals have been held up in the past for three reasons:
   - there has been no agreement on the formatting of the referral form;
   - there is no workable mechanism to transfer patient data electronically between optical practices, GPs and hospitals;
   - access to information on NHS numbers for community optometrists (which patients do not carry and should be included on electronic referrals).

   We need a strong commitment and drive from the Department of Health to reach consensus on the format of the electronic GOS18, and, as above, a secure 'bottom-up' IT solution to transfer the referral data (e.g. NHS Mail or equivalent which some optical practices are already using). In line with this, the Department should work with all stakeholders to develop a 'common dataset' for eye care to be adopted across the NHS.

30. Electronic feedback (to original referring clinician) must also be worked into the system, so that all involved can learn from the referral process and there is clarity when the patient attends for follow up eye care in the community.

31. **Actions**: The Department of Health eye care leads to agree an e-GOS18 format with stakeholders; the Department of Health/NCB and NHS Connecting for Health to oversee creation of a common dataset, piloting of electronic referrals, and feedback to the original referring optometrist or optician.

Processing payments and claims

32. The administration of over 20 million GOS payments is currently done locally, using a paper-based system to submit, process and store information. This system replicates effort across over 80 payments agencies across England, and is an expensive and unnecessary way to administer a single national contract (for relatively low value payments). Moving to a single and centralised national payments agency (similar to dentistry) would lead to efficiency gains for the NHS, and free resources for front line services.

33. Considerable administrative efficiency gains would flow from a single agency for two centralised payments systems (dentistry and optics). Data could also be collected and pooled for research and audit purposes. For example, data could be used in audit to highlight variation to help deliver better access and value for commissioners and taxpayers, as advocated in initiatives such as the Atlas of Variation. In the past, PCTs who wished to continue to administer payments opposed the creation of a national payments agency for optics, and

this must not again hinder progress. We had been expecting a decision on centralised optical claims in June 2011, but it has been postponed without explanation.

34. **Action**: The Department of Health to announce a decision to go ahead with the centralisation of optical claims.

Paperless Claims Process

35. Another key and related innovation is to move to an entirely electronic system of payment for claims in dentistry, pharmacy and optics. Over the past twelve months, IT policy leads from dentistry, community pharmacy and optics have worked with the NHS Business Services Authority and NHS Protect to agree a mechanism to capture electronic patient signatures, and we are close to reaching a solution.

36. **Action:** The Department of Health to support the final stages of development of electronic patient signatures for the three contractor professions.

We are happy for this response to be made public. We would like to be kept informed about the next steps in the process and included in the wider community of interest.

Submitted on behalf of the College of Optometrists, LOCSU and the Optical Confederation by Ben Cook, Deputy Head of Public Affairs, Optical Confederation. Tel: 020 7298 5151. Email: bencook@aop.org.uk

About us:

- The College of Optometrists is the Professional, Scientific and Examining Body for Optometry in the UK, working for the public benefit.

- The Local Optical Committee Support Unit (LOCSU) provides quality, practical support to Local and Regional Optical Committees (LOCs/ROCs) in England and Wales to help them to develop, negotiate and implement local objectives in respect of primary ophthalmic services.

- The Optical Confederation represents the 12,000 optometrists, the 6,000 dispensing opticians and 7,000 optical businesses in the UK who provide high quality and accessible eye care services to the whole population. The Confederation is a coalition of the five optical representative bodies: the Association of British Dispensing Opticians (ABDO); the Association of Contact Lens Manufacturers (ACLM); the Association of Optometrists (AOP); the Federation of Manufacturing Opticians (FMO) and the Federation of Ophthalmic and Dispensing Opticians (FODO). As a Confederation, we work with others to improve eye health for the public good.