Optical Confederation and Local Optical Committee Support Unit

Response to

Making IT Work: Harnessing the Power of Health IT to Improve Care in England (Wachter Review)

Introduction: Optical Confederation and Local Optical Committee Support Unit (LOCSU)

The Optical Confederation represents the community eye health sector including 12,000 optometrists, 6,000 dispensing opticians, 7,000 optical businesses and 45,000 ancillary staff in the UK, all of which provide high quality and accessible eye care services to the public on behalf of the National Health Service (NHS). The Optical Confederation speaks for the whole sector and supports members through services and solutions.

LOCSU provides quality, practical support to Local Optical Committees (LOCs) in England to help them to develop, negotiate and implement local objectives in respect of primary ophthalmic services.

The eye health sector is comprised of optical practices of varying sizes ranging from national and international high street and supermarket 'multiples', regional and family companies, to mobile domiciliary providers and individual optometrists and opticians.

The community eye health sector is committed to working with NHS England, Clinical Commissioning Groups (CCGs) and vanguards by focussing on prevention and early intervention, delivering more urgent and routine care outside hospitals and playing a wider role in reducing pressures on GPs, A&E and hospital eye services.

However, the key enabler to deliver these benefits is IT connectivity between community optical providers and the rest of the NHS and care system, especially GPs and hospitals.

It is for this reason that we are extremely concerned about Professor Wachter's remit being limited to secondary and tertiary care. Without considering the implications for primary care - not just GPs and pharmacists but also community optical, dental and hearing practices – it is difficult to see how improvement in the hospital sector alone will deliver the Government's and NHS England's objectives. It is to be hoped therefore that Professor Wachter will take a whole system approach when focussing on his key task and make recommendations in respect of the primary care feeder, discharge and support systems if he judges that appropriate.

It is in that context that we make the submission below.

Eye Health and the NHS

Population changes have had and will continue to have a profound impact on the demand for health services. An ageing population brings with it multiple forms of eye disease and related health concerns, while rising obesity levels will lead to more diabetes-related eye problems. Increasing myopia levels in children also need to be addressed.

NHS expenditure on eye health services has nearly doubled within the last ten years (to £2.3bn) and hospital attendances for ophthalmology represent the second highest number of outpatient attendance for any specialty.

The national NHS sight testing service provided under the General Ophthalmic Services (GOS) contract continues to be the prime source of case-finding for eye pathology and referrals to secondary and tertiary care - about 5% of the 19 million NHS and private sight test patients seen in England each year.

People with eye related conditions also account for 5 million GP consultations (approximately 1.5% - 2% of all consultations) and 270,000 A&E attendances. In addition, there are 1.7m new ophthalmology eye patients each year and 5.2 million follow up appointments, and the demand for eye services is increasing as the population ages. Demand for hospital eye services has increased by 8% in the past two years notably creating capacity pressures in secondary care[i] [ii].

The current lack of IT connectivity between community optical practices, GPs, secondary and tertiary care is a major inhibitor to managing those patients more effectively through clinician to clinician communication, improved referrals, co-management and earlier, in line with Government and NHS England policy.

It is also a major barrier to transferring more work to the community to ease the demographic pressures described above.

Benefits

Secure connectivity between optometry, ophthalmology and other primary care pathways would significantly impact on referral rates to secondary care, reducing the 1.7m first attendances at ophthalmology outpatients' clinics per annum by at least 10%[iii] [iv]. This would remove 170,000 hospital appointments and generate savings of around £19 million in hospital eye services expenditure or net savings of £5.5 million when the cost of the consultations by optometrists is accounted for as outlined in the **Appendix**.

Secure connectivity between General Practice and optical practices and the commissioning of Minor Eye Conditions Services (MECS) has the potential to significantly reduce the 270,000 unnecessary A&E attendances for routine eye related problems that could be better and faster managed in primary care by optometrists at less cost.

Ophthalmology currently has a ratio of 3:1 of return to new patients, the highest of any NHS specialty. Secure connectivity between optometry and ophthalmology would enable the transformation of care pathways for patients with eye conditions who need follow-up to an intervention or long term monitoring. These new care models have the potential to significantly reduce the volume of follow up attendances in ophthalmology outpatient clinics.

It is estimated that with secure connectivity and the appropriate governance arrangements, at least one third of glaucoma follow ups could be managed in the community (approximately 600,000 patients per year) [v, vi, vii, viii], while in the straightforward case of cataract, follow-up appointments for around 350,000 cataract operations per year could be delivered by optometrists in the community. Secure connectivity, either through eRefer or integrated care records, would allow the hospital to refer a patient directly to the optometrist of their choice after surgery and send the surgery report to the optometrist. Once the patient has had his or her follow-up appointment the optometrist would be able to send the outcome report electronically to the ophthalmologist and request advice if necessary. The patient's GP would also receive a copy of the report.

Secure direct electronic referral would speed up the referral process, reduce the risk of lost referrals and ensure timely referrals to the most appropriate service[ix]. It would avoid duplication where patients are referred from one clinic to another and improve patient care and streamline the pathway, ultimately reducing avoidable sight loss.

The introduction of electronic referrals would also eliminate the patient safety risk and administrative burden for the healthcare professional that is associated with the 25% of handwritten referrals in the health sector found to be illegible[x].

Currently the majority of optometrists do not receive feedback from ophthalmology regarding referrals[xi]. However, with IT Connectivity ophthalmologists could receive referrals electronically via NHS eRefer and would be able to easily feedback the results of referrals to optometrists via the secure network. It has been shown that providing regular feedback to referrers improves clinical decision making in primary care leading to a reduction in border-line referrals over time[xii]. Optometrists would also have the ability to attach images to an electronic referral which would further reduce unnecessary ophthalmology consultations[xiii] and duplication of NHS tests[xiv].

Summary

In summary, NHS investment to enable IT connectivity between the NHS and the eye health sector would:

- provide a more accessible and continuous service for the patient in terms of both outcome and experience, and reduce avoidable sight loss
- reduce demand pressure at traditional points of health service delivery; i.e. secondary care outpatient clinics, GPs and A&E

- enable cost savings and reduce bureaucracy in the NHS
- improve process workflows and patient pathways.

Our sector has and continues to make representations to the Department of Health and NHS England about the importance of providing a relatively small investment to enable all community optical practices to have electronic connectivity with the NHS in order to realise these benefits. In November 2015 for example we submitted to NHS England a funding bid for £28 million to address the current lack of infrastructure and connectivity. We currently await the NHS' official response to the bid, but indications so far are that the bid has not been successful. The case for such connectivity has been recognised in a variety of different government policies, reports and statements. In terms of the massive return on capital invested (leaving aside patient and outcomes) the case speaks for itself. For this reason we would be more than happy to provide a copy of the Bid in confidence if this would be useful to this review.

Regrettably however whilst IT funds continue to be pumped into other areas of the NHS as they have for 30 nearly years and where the business case is a lot less well founded, community optical practices connectivity continues to be bypassed by NHS and primary care IT improvement programmes. This leads to duplication and inefficiency in the health sector at all points and is a major barrier to improving eye health efficiency and outcomes in health care delivery.

If Professor Wachter can give any impetus to this long overdue investment to support secondary and tertiary eye care, he will be doing the NHS and patients a major service.

References

[i] Health and Social Care Information *Centre, Hospital Outpatient Activity- 2011-12* http://www.hscic.gov.uk/catalogue/PUB09379/hosp-outp-acti-11-12-all-attetab.xls

[ii] Health and Social Care Information Centre, *Hospital Outpatient Activity- 2013-14* http://www.hscic.gov.uk/catalogue/PUB16722/hosp-outp-acti-2013-14-all-atte-tab.xlsx15

[iii] Data from the Information Statistics Division, NHS National Services Scotland shows first attendances at ophthalmology outpatients reduced by 5% in Lothian, 9% in Glasgow, 26% in Fife and 41% in Grampian between 2006 and 2010 following introduction of the enhanced GOS contract in Scotland in 2006. This data underpins the value of having the optometrist as the first port of call for more remote regions.

[iv] Data from St Thomas' Hospital, London showed a 12% reduction in ophthalmology outpatient first attendances for patients with a Lambeth GP and a 18% reduction for patients with a Lewisham GP, for 2013/14 compared to 2012/13 following the introduction of a Minor Eye Conditions Service in both areas. Ophthalmology outpatient first attendances for patients from the neighbouring area of Southwark, where there was no Minor Eye Conditions Service, fell by less than 1% over the same period. This data forms part of an audit due to be published in 2016.

[v] Journal of the American Academy of Audiology, 2015 Oct; 26(9):761-7. doi: 10.3766/jaaa.14047, *Innovations and Possibilities in Connected Health*, Krupinski EA

- Concluded that telemedicine makes use of technology to reach out to patients to reduce barriers to care in underserved areas and improve patient care and accessibility to specialists. It was also concluded that telemedicine decreased professional isolation in rural areas and helped practitioners to expand the reach of their practice. There was also the potential to save patients from having to travel to receive high quality care.

[vi] Eye Volume: 26 Issue: 10 Pages: 1288-1294, DOI: 10.1038/eye.2012.120, Published: October 2012. *The Portsmouth-based glaucoma refinement scheme: a role for virtual clinics in the future*?, Trikha S, Macgregor C, Jeffery M, and Kirwan J

- Used optic disc images to refine referral, they found that this could increase the positive predictive rate in the diagnosis of glaucoma, glaucoma suspect and ocular hypertension. They concluded that widespread adoption of such a scheme could produce significant cost savings while maintaining high quality of care.

[vii] British Journal of Ophthalmology, 2015;99:313-317 doi:10.1136/bjophthalmol-2014-305588, Service *innovation in glaucoma management: using a web-based electronic patient record to facilitate virtual specialist supervision of a shared care glaucoma programme*, Wright Heathcote R and Diamond Jeremy P.

- Concluded that using optometrists to triage glaucoma patients along with virtual review of patients by a glaucoma specialist reduced risk to patients. This in turn reduced the demand for glaucoma appointments by directing patients to appropriate clinicians.

[viii] Telemedicine Journal and e-Health, 2008 June; 14(5):441-5. doi: 10.1089/tmj.2007.0068. *Optometric referrals to retina specialists: evaluation and triage via teleophthalmology*. Hanson C, Tennant MT, and Rudnisky CJ.

- Retrospectively compared teleophthalmology to conventional consultation methods in Alberta Canada. Teleophthalmology reduced average travel distance and time by 219.1km and 2.7 hours respectively. They also found that teleophthalmology reduced the requirement for face to face consultation with retina specialists by 48%. This in turn improved the efficiency of clinical examinations and treatment.

[ix] Optometry Today, (2014) September: 29-31, *Are urgent referrals to a GP appropriate*?, McGhee D

[x] Ophthalmic and Physiological Optics, 2011 Jan; 31(1):23-8. doi: 10.1111/j.1475-1313.2010.00797.x. Epub 2010 Nov 11. A*ssessment of referrals to the hospital eye service by optometrists and GPs in Bradford and Airedale*, Davey CJ, Green C, Elliott DB.

- Found that 26% of referrals were in part illegible, and that the information included was variable. The introduction of disease specific referral forms could help to improve quality.

[xi] Journal of Royal Society of Medicine, 1999 May;92(5):247-8,*Non-communication between ophthalmologists and optometrists*, Whittaker KW, Ikram K, Anderson DF, Kiel AW, Luff AJ

- Ophthalmologists responded to optometrists in 12% of referrals where explicit consent was included and in 17% of referrals where explicit consent was not included

[xii] Eye (London). 2013 Mar; 27(3): 392–397.Published online 2012 Dec 21. doi: 10.1038/eye.2012.278 PMCID: PMC3597880, *Using electronic referral with digital imaging between primary and secondary ophthalmic services: a long term prospective analysis of regional service redesign*, Borooah S, Grant B, Blaikie A, Styles C, Sutherland S, Forrest G, Curry P, Legg J, Walker A, and Sanders R

- Concluded that the use of IT infrastructures improves communication between primary and secondary care. This promoted more efficient use of limited outpatient capacity. It also allowed the fast tracking of patients with sight threatening disease

[xiii] Clinical Ophthalmology, 2011; 5:1673-8. doi: 10.2147/OPTH.S26753. Epub 2011 Dec 1. *Teleophthalmology with optical coherence tomography imaging in community optometry.*

Evaluation of a quality improvement for macular patients, Kelly SP, Wallwork I, Haider D, Qureshi K.

- Using OCT images assisted in triage of macular patients resulting in faster treatment of urgent cases. The author also commented that they thought that teleophthalmology was a tool to improve interdisciplinary professional working with community optometrists.

[xiv] Ophthalmic & Physiological Optics, 2014(34) 628-35 November, *Ophthalmic digital image transfer: benefits to triage, patient care and resource*, Goudie C, Lunt D, Reid S, and Sanders R

- The attachment of digital images improved referral triaging from optometry to secondary care in the hospital eye service. Sight threatening disease was detected earlier and patients could be allocated to specialist clinics in a more appropriate manner. This in turn saved capacity within the hospital setting and minimised patient inconvenience and also reduced DNA rates.