Optical practices can offer a solution to demand issues

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In June, the Royal College of Ophthalmologists (RCOphth) published a manifesto calling on the government to make vision and eye health a national priority. As many in the profession will know, RCOphth research reveals that 22 patients per month are suffering permanent or severe vision loss due to delayed NHS appointments caused by an unsustainable 40% increase in demand on the hospital eye service over the last decade.[1]

We, in primary care optometry, completely agree that the government needs to make eye health an urgent priority. By working together with commissioners and hospital eye services, we can add vital extra capacity and deliver a more streamlined service for patients, easing outpatient demand and allowing ophthalmologists to concentrate on the most urgent and complex cases.

Richard Whittington, Chief Operating Officer with the Local Optical Committee Support Unit (LOCSU) and a former clinical commissioning group (CCG) commissioning director, explains why making optical practices the first port of call for eye health could significantly deflect minor eye conditions and routine monitoring away from ophthalmology departments, freeing up valuable capacity to save sight.

With new treatments and the latest technologies preventing and even reversing sight loss, eye health should be a strong story of success for the NHS – yet while spending on eye health has almost doubled in the last ten years, from £1.2 to £2.3 billion,[2] hospital eye clinics are bursting at the seams. Ophthalmology is now the second largest grouping of the NHS's 100 million outpatient appointments. Attendance at eye clinics has rocketed and, with an ageing population and rising levels of obesity and diabetes, the demand on the services and the levels of sight loss show no signs of relenting.

There is little debate between ophthalmologists and optometrists that an urgent solution needs to be found to the intolerable demand placed on the hospital eye service. From a primary care perspective, I believe that primary care optometrists are well placed to work with commissioners and other colleagues across the different sectors to deliver a sustainable solution.

The key is to move much of the demand out of secondary care to the most appropriate and qualified eye health professional. Peer-reviewed studies show that the introduction of a minor eye conditions service (MECS) can deflect significant numbers from both GP surgeries and A&E departments (an example is provided in Box 1).[3] In Lambeth and Lewisham, GP referrals dropped by more than a quarter, and optometrists, in line with the national position, managed and discharged more than 80% of MECS patients from within the optical practice.

With regard to routine monitoring in primary care, up to 90% of patients who have had cataract surgery can be managed in the community, and around half of the patients with glaucoma can be managed by a suitably qualified optometrist.

LOCSU has been working with local optical committees (LOCs) and their primary eye care companies (which are similar to GP federations but form a not-for-profit

Box 1. Case study: example of the introduction of a minor eye conditions service

A peer-reviewed study[3] shows extended primary care eye health services, where the optical practice is the first port of call for eye health, can significantly reduce pressure on hospital ophthalmology departments.

One strategic objective of Lambeth Clinical Commissioning Group (CCG) was to reduce ophthalmology outpatient attendances by 38% following an audit in 2010. The CCG wanted local acute trusts to work more closely with the local optical committee to provide more routine eye healthcare in the community, reduce waiting times and improve patient experience of the service.

This resulted in a minor eye conditions service (MECS) pilot being established in February 2013, with CCGs in Lambeth and Lewisham commissioning services directly with practices. In addition to the MECSs, glaucoma and cataract readings services were added in April 2014.

Early results showed 800 fewer outpatient attendances in 2013–14 compared with the pre-service years 2010–11 and 2011–12. Of around 2,300 MECS referrals in 2014–15, 81% of patients have been managed in the local optical practices.

Almost 90% of patients were seen within 48 hours, with satisfaction rates from patient responses running at more than 95% for those who like or would recommend the service.

Comparisons with neighbouring Southwark, which had not yet commissioned a MECS at the time of the study, showed that GP outpatient referrals dropped by more than 15% at King's College Hospital over the period 2012–14. Overall outpatient attendance for those patients referred by a GP in Lambeth and Lewisham dropped by 26.8% and follow-up appointments decreased by 13% compared to Southwark. Ninety per cent of MECS referrals by optometrists were subsequently shown to be correct.

Local Optical Committee Support Unit's Chief Officer, Richard Wittington, explains how optical practices can add vital capacity

contracting vehicle) to deliver innovative models of eye care to patients in a convenient location and, in most cases, with seven-day opening and extended appointments.

The primary eye care company model enables MECS or monitoring services to be delivered through one contract, allowing optical practices of any size with suitably trained staff to manage patients in primary care. In addition, commissioners benefit, as more capacity can be generated with the same budget by redesigning pathways to ensure that routine cases are managed in primary care, where this is most appropriate.

LOCSU supports community optometrists to work with commissioners, acute trusts and other stakeholders to redesign local care pathways via the LOC and associated primary eye care company. It has developed a suite of national pathways and other tools to facilitate change. Such is the growing demand for this support, it recently increased the size of its dedicated team on hand to advise on eye care commissioning.

The Clinical Council for Eye Health Commissioning (made up of organisations from across eye health, including the RCOphth and LOCSU) has produced a primary care framework that outlines the broad components that are needed to support the clinical decision-making by primary eye care practitioners up to the point of referral. The framework includes pathways for MECS as well as cataract and glaucoma referrals. A community ophthalmology framework has also been produced ■

Declaration of interest
The author declares that there is no conflict of interest.

References
1. Royal College of Ophthalmologists. *2017 Manifesto: Make Vision and Eye Health a National Priority. RCOphth, 2017*. www.rcophth.ac.uk/wp-content/uploads/2017/05/RCOphth-2017-Manifesto-2.pdf (last accessed 04/10/17)
2. The Optical Confederation and the College of Optometrists. *Foresight Project Report: A discussion of the potential impact of technology on the UK optical sector to 2030*. Optical Confederation and College of Optometrists, 2016. www.opticalconfederation.org.uk/downloads/foresightfull-reportwebsps.pdf (last accessed 04/10/17)
3. Konstantakopoulou E, Edgar DF, Harper R *et al*. Evaluation of a minor eye conditions scheme delivered by community optometrist. *BMJ Open* 2016; **6**: e011832.

Key points

- The Hospital Eye Service is at bursting point and increases are unsustainable.
- Twenty-two patients per month are suffering avoidable sight loss due to missed follow-up appointments.
- Optical practices can carry out much of the routine work, adding vital capacity and reducing waiting lists.
- The Hospital Eye Service can then tackle the most urgent and complex cases, as well as working through the follow-up backlog, which will help to reduce avoidable sight loss.

For more information about community-based eye health services, contact Richard Whittington, Chief Operating Officer of LOCSU, at **richardwhittington@locsu.co.uk** or visit **www.locsu.co.uk/community-services-pathways**

Experiencing the spectrum of sight loss

The Royal National Institute of Blind People (RNIB) has launched How I See, the latest instalment of our film-led campaign to explain different experiences of sight loss.

Our inspiration for it was the RNIB Connect community of blind and partially sighted people raising the lack of understanding about the spectrum of sight. This followed RNIB's 2015 My Voice research of blind and partially sighted people, that revealed public awareness and attitudes towards sight loss was poor. Over one third of blind and partially sighted people said they experienced negative attitudes from the public in relation to their sight loss.

The misconception is that blind people experience the world as complete blackness. In fact, 93 per cent of people registered as blind or partially sighted can actually see something – be it light or shadows.

The new How I See film explores the spectrum of sight and everyday life through the eyes of blind and partially sighted people. In the film, six blind and partially sighted people discuss how their eye conditions affect them and how they see. It uses lens filters to simulate their different eye conditions so viewers can see what they see. Sam, who has Ushers type 2, is one of the participants in the film. She said: "The most common misconception about my sight loss in particular, is that I don't look blind."

To date, the How I See films have reached over 2 million people on social media and through being shared on BBC Three and *The Guardian*. Ophthalmology staff can help explain how blind and partially sighted people see by requesting one of our free How I See information packs for professionals, campaigners, and people with sight loss.

The packs contain posters about glaucoma, cataracts, age-related macular degeneration, and diabetic retinopathy, eye condition demonstration tools and factsheets.

To view the How I See film and request a How I See information pack, please go to: **rnib.org.uk/howisee**

Helen Lee, Eye Health Policy Manager, RNIB

RNIB Supporting people with sight loss