

Case Study: Primary Eye Care Service Improves Patient Experience in Morecambe Bay

At A Glance

Challenges:

Rising demand for ophthalmology services; lack of coordination between primary and secondary care and fragmented primary care delivery of locally commissioned services. Patient demand for shorter travel times and more convenient appointments closer to home.

Objectives:

Improve patient experience.
Address capacity and demand mismatch.
Achieve equity of access and provision across the region.
Integrate hospital and community services.
Ensure patients see right professional at the right time in the right setting.
Identify and address educational needs.

Solution:

Design and commission an integrated eye service to manage key pathways within the extensive network of skilled primary care optical practices, supported by an integrated IT platform.

Results:

Positive feedback from patients across all pathways in the service. Major improvements in accessibility and appointment flexibility for patients. More than 640 hospital outpatient appointments managed in primary care settings. Robust collaboration and communication between primary and secondary care. Scope to incorporate additional services such as AMD, OHT and low-risk glaucoma monitoring.

Challenges

In 2014 a review of Ophthalmology provision in Morecambe Bay revealed a service under intense strain from rising demand and facing an unsustainable future.

Siloed working and poor engagement between primary and secondary care meant there was little understanding of the scope of challenges faced. Locally commissioned services delivered from primary care optical practice were fragmented, inequitable and poorly integrated into secondary care.

The large geographic area and low population density of the Morecambe Bay area presented specific challenges. Patients had to travel too far and wanted more conveniently timed appointments closer to home. The skills, knowledge and capacity of primary care optometrists, along with their high-quality facilities and equipment, were underutilised, and a

significant number of patients would be better served by attending one of the 25 available optometry practices rather than three widely spaced hospital sites.

The aim of the ophthalmology service redesign that began in 2015 was as much to improve the patient experience as to manage increasing demand. In fact, the two objectives were synergistic: Improving patient flow through evidence-based pathways could reduce patient journeys, deliver care close to home, reduce delays, and result in an excellent patient experience.

Solution

North Lancashire & Cumbria CCGs (now Morecambe Bay CCG) indicated their intention to commission an integrated eye service – the Morecambe Bay Community Eyecare Service - that would simultaneously improve patient experience and create a sustainable long-term solution to the pressures of rising demand.

Initial patient consultations were essential to identify areas for improvement and future patient expectations. Patient feedback was gathered through in-hospital exercises (an external team interviewing cataract patients, an emergency eye clinic patient survey), online service reviews (iwantgreatcare.org), plus a listening event which explored the patient perspective. A larger stakeholder event supported pathway development and included all partner organisations, patient groups and carers who shared their experiences of receiving ophthalmic services both in primary care and hospital.

These exercises showed patients wanted high quality care, delivered without delay by qualified personnel, close to home with easy access such as local car parking and weekend appointments. There was a clear opportunity to meet these needs via the extensive network of primary care optical practices, their longer opening hours, modern equipment and skilled workforce.

The ophthalmology redesign steering group was assembled with a sponsor from the Planned Care Implementation Group, a Clinical Lead, Management Lead, and representatives from the Local Optical Committee (supported by LOCSU) the CCGs, Primary Care and third sector organisations. Project management and analytics were provided from the Better Care Together programme.

The service initially focused on four core pathways which were the simplest to deliver and had high impact on patient care:

- Minor Eye Conditions – assessment & treatment of minor conditions in primary care
- Glaucoma Repeat Measures – confirmation of measurements to filter referrals
- Post-Cataract Surgery Assessment – post-operative assessment in optical practice
- Paediatric Refraction – an essential clinical measurement previously done in hospital

Referring to national guidelines, current practice and model care pathways from LOCSU (Local Optical Committee Support Unit), the ophthalmology group worked through the detail

of each pathway to establish a local service specification, which included robust governance and reporting.

An integrated IT platform was fundamental to enabling the services to transfer patient information between primary and secondary care, capture clinical data, provide failsafe systems and enable governance, including clinical audit and practice / practitioner accreditation. The platform also provided a portal for the collection of Patient Reported Outcome Measures (PROMS) via a patient satisfaction questionnaire, along with incident, complaint, and service issue reporting.

Accreditation events were held locally and promoted by the LOC to all interested optometrists. Interest and uptake was very high. To support ongoing clinician communications and continuous improvement a programme of regular multi-disciplinary engagement events was implemented; bringing together all clinicians involved in the care pathway to consider service outcomes and discuss improvement and ongoing innovation. The sessions also serve as training and education events, with service evaluation informing the specialist clinical subject matter for each quarterly event.

Results

The Morecambe Bay Community Eyecare Service has transformed patient experience in terms of accessibility and quality, while secondary care appointment numbers have significantly reduced.

Positive outcomes have been recorded across all four initial pathways.

Patient feedback on the Minor Eye Conditions Service, collected through PROMS is highly positive, and urgent and non-urgent cases are being seen in an appropriate and timely way.

Minor Eye Conditions Service outcomes:

- >99% of patients with urgent symptoms seen within 48 hours
- 94 of non-urgent cases seen within 5 days
- >99% of patients see a clinician within 30 minutes of their appointment time
- >98% of service users are Extremely Likely or Likely to recommend the service to their friends and family
- 85% of patients are managed within primary care

The Glaucoma Repeat Measures service has provided prompt reassurance for patients with easy access at their local optical practice. 90 new outpatient appointments are avoided each year thanks to the service.

Uncomplicated post-operative cataract surgery patients are now routinely seen by their primary care optometrist for post-operative checks following the second eye, moving 350

hospital follow-up appointments per year into optical practice. This combines two appointments into one and is delivered in a community location chosen by the patient.

The Paediatric Refraction service saves children around 200 hospital visits per year for an assessment that is an essential part of their care and supports the work of the hospital orthoptists and paediatric ophthalmologists. Early challenges with this service were resolved by bringing together primary and secondary care clinicians to share their experiences and discuss best practice. Patient feedback remains very positive.

Conclusion

The patient experience has been significantly enhanced by the integrated eye service in Morecambe Bay. Patients say they find it easier to access services now they are provided in primary care settings, with greater appointment flexibility and site accessibility. Patients are making fewer journeys to hospital sites and feedback across the service is very positive.

The aim of integrating hospital and primary care services has been achieved through collaborative working and improved relationships between primary and secondary care commissioners and managers. The Ophthalmology working group still meets regularly and work continues on the implementation of Children's post-vision screening and OHT and Low-risk Glaucoma Monitoring Services.

The Morecambe Bay Community Eye Service is now sustainable in the face of rising patient demand and makes full use of the skills and facilities available in primary care optical practices; it has alleviated pressure on secondary care provision and is well-positioned to evolve for the future.