

# **System and Assurance Framework for Eye-health (SAFE) - Overview**

March 2018

## System and Assurance Framework for Eye-health (SAFE)

The commissioning, planning and provision of health and care services are working at, or moving towards, the level of Sustainability and Transformation Partnerships (STPs), Integrated Care Systems (ICS), or equivalent. The Clinical Council for Eye Health Commissioning (CCEHC) in England has called for eye health and sight loss services to also be co-ordinated and commissioned at this level, so planning and provision of services can work across whole pathways and over traditional service footprints, to support the delivering of efficiencies and transformation at scale.

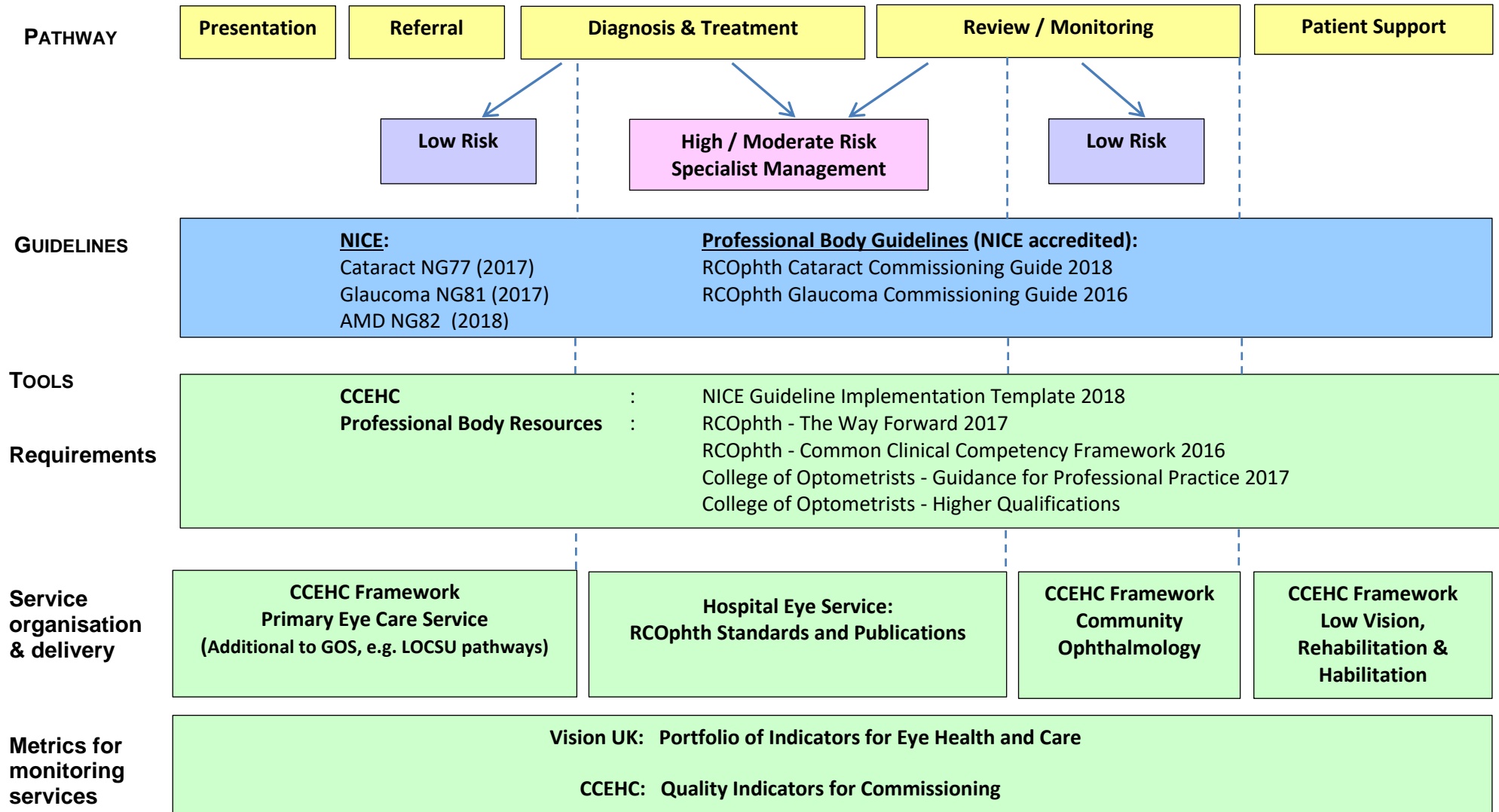
The eye health, care, and voluntary sectors have worked pro-actively and constructively for solutions to address the challenges posed, and to provide the basis for transformational change for the organisation and delivery of eye health and sight loss services. Collectively these form the Systems and Assurance Framework for Eye-health (SAFE) currently covering the main adult chronic (Glaucoma and Age-related Macular Degeneration) or high-volume conditions (Cataract); but can be applied to any eye condition, anywhere and at any level (population or geographic) whilst remaining relevant and responsive to the changing environment. SAFE provides the core constructs and technical tools to support the planning and provision of service systems that take into account the full range and complexity of care pathways that (increasingly) involve multiple providers and settings to deliver services. Its implementation will provide consistency in the approaches taken to improve access and availability of services whilst managing rising need and demand.

### SAFE provides:

- the overall architecture for how pathways of care within a service system are organised, provided and monitored, based on the clinical risk stratification of a patient's condition and the skills and competence of the health care practitioner - **CCEHC Frameworks**
- the basis for collective responsibility for governance across pathways of care within a service system, which lies with all of those involved i.e. providers (primary, community and hospital eye services) and commissioners - **CCEHC Frameworks and Professional Body Resources**
- provision for shared decision-making between patients and their health care practitioners and support for patients throughout their care pathways - **CCEHC Frameworks**
- accredited (by NICE) guidance for specific interventions and related clinical practice from NICE and the professional bodies, with priorities for implementation - **relevant NICE and Professional Body Guidelines, CCEHC NICE Guideline Implementation Template**
- evidence-based, measurable metrics relevant to eye health, services and care for their regular scrutiny and review - **Portfolio of Indicators for Eye Health and Care (Vision UK) and CCEHC Quality Indicators for Commissioning**

In addition, there is a need for clarifying responsibilities and establishing processes for governance and reporting on service implementation, quality and outcomes at STP (or ICS) level. In the absence of any identifiable structure for this, and whilst the wider system is evolving, an Eye Health Quality Board (or equivalent) at STP level, building on and receiving input from existing local structures at CCG level for this purpose, should be established in conjunction with the Local Eye Health Network and CCGs, and assigned responsibility for regular scrutiny and review of eye health services (and their related budgets) at scale over a broader geographic or population footprint.

## System and Assurance Framework for Eye-health (SAFE)



**The System and Assurance Framework for Eye-health (SAFE) includes the following:**

- I. **SAFE – Cataract**
- II. **SAFE – Age-related Macular Degeneration (AMD)**
- III. **SAFE – Glaucoma**

These are presented schematically to reflect the key nodes in a generic care pathway within a service, by the factors determining the type of care and setting in which it would be provided: risk stratification of a patient’s condition; and practitioner competencies. Details for implementation are provided in the underlying cited CCEHC Frameworks, professional body and NICE guidance, together with the following -

- IV. **SAFE - Implementation of NICE Guidelines** - This presents the key NICE recommendations and their relative priority for implementation
- V. **SAFE - Quality Indicators for Commissioning** - The indicators are readily defined and recognised by all parties involved (commissioners, provider organisations, clinicians and health service managers) to ensure consistency of interpretation and accuracy of reporting. They serve to provide a checklist for quality assurance of the commissioning process
- VI. **Portfolio of Indicators for Eye-health and Care** - This presents key evidence-based indicators to monitor quality and outcomes from eye health and care services. They are measurable, reportable, and make better use of existing sources and reporting requirements. It includes the metrics for SAFE.

Patient support is recognised to be cross-cutting across the whole pathway, and this is reflected in the underlying CCEHC Frameworks, professional body and NICE guidance.

SAFE provides the core constructs and technical tools for the planning, provision and commissioning of eye health and care service systems. In addition to those cited in SAFE, further guidance and recommendations are available from the professional bodies providing the underlying professional service and practice standards necessary for service delivery.

**The Audience for SAFE:**

Commissioners -

- *CCGs*
- *STP leads*
- *NHS England*
- *NHS Improvement*

- Local Eye Health Network (Chairs)
- All Clinicians
- NHS Provider organisations
- NHS Service Managers

- Public Health England
- Social Services
- NHS Digital

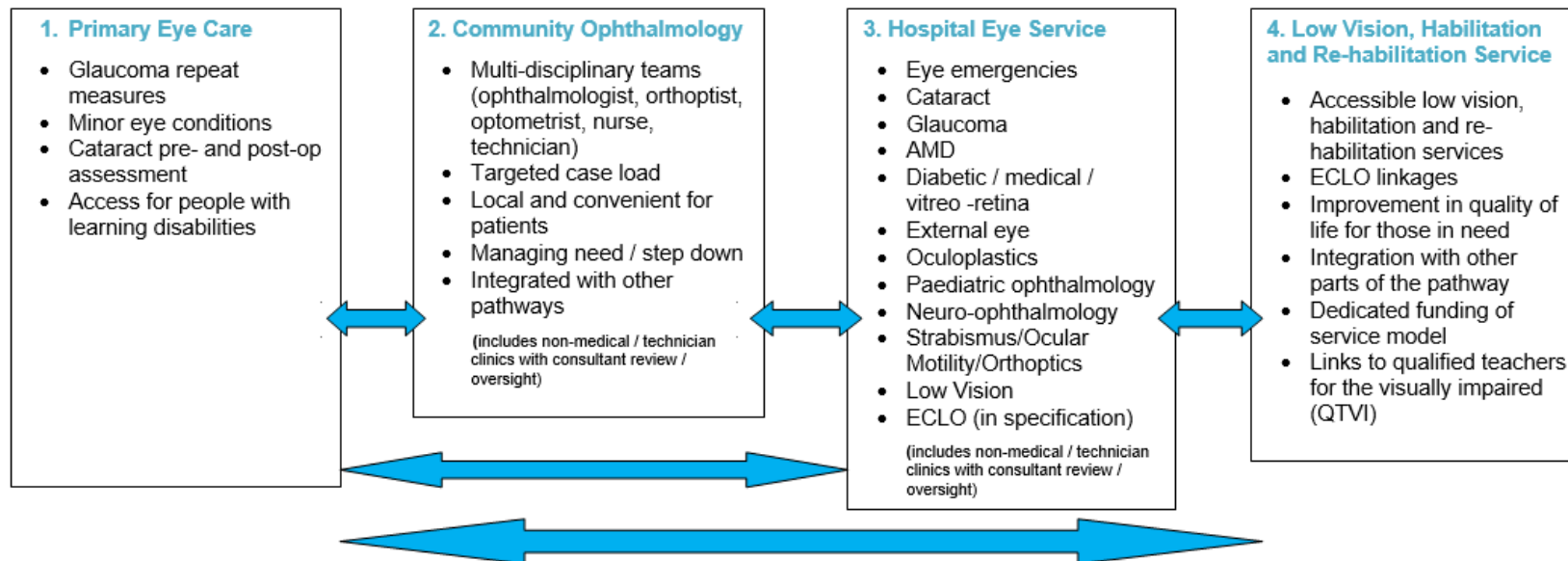
- Charities
- Voluntary services

CCEHC Framework Principles

**Key principles**

- Delivering better outcomes
- Maintaining quality and safety
- Maximising use of all capacity and reducing variation
- Improving access and choice
- Aligning capacity to need

Patient managed in the most appropriate service according to risk stratification of the condition and skills of the practitioner



## GLOSSARY

### **Service System**

A service system includes the range of pathways of care delivering services that may involve multiple providers and settings, to address the health needs of a defined patient population or condition.

### **Sustainability and Transformation Partnerships (STPs)**

Sustainability and Transformation Plans were introduced in 2015 as a means for delivering the objectives of the NHS Five Year Forward View. STPs now operate across geographic areas, adopting a system-wide approach to transform the way that health and care is planned and delivered to their populations (average STP population = 1.2 million), whilst improving efficiencies in the services provided. It involves a collaborative approach within the NHS and between health and social care providers; and the development of new (increasingly integrated) models of care to meet changing population health needs. STPs have no basis in statute and are not legal entities; raising issues around their operational and financial governance, accountability and authority for policy and decision-making.

### **Integrated Care System (ICS)**

This term has been developed from STPs, to provide an understanding of current accountability arrangements. Within an ICS, commissioners, health and care organisations, local authorities and other partners, voluntarily come together to provide system leadership for integrated services for a defined population, agreeing to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they operate their collective resources for the benefit of local populations. This facilitates system-based working whilst clarity on statutory authority for collaborative working is pending (or developed).

The term 'Integrated Care System' is now used by NHS England as a collective term for both devolved health and care systems and for those areas previously designated as 'shadow accountable care systems'<sup>1</sup>.

1. Refreshing NHS Plans 2018-19. NHS England & NHS Improvement. 9 February 2018. Publications Gateway Reference: 07705 and 07706. <https://www.england.nhs.uk/wp-content/uploads/2018/02/planning-guidance-18-19.pdf>

**General Ophthalmic Service (GOS)**

The GOS is commissioned by NHS England. This contracts primary care opticians' practices to provide NHS sight tests for preventative and corrective eye care for children, people aged 60 and over, adults on low incomes and those suffering from, or predisposed to, eye conditions and diseases.

**Primary Eye Care Framework**

This service is commissioned by CCGs. It includes supplementary services that are necessary prior to referral for specialist ophthalmic opinion (usually within the Hospital Eye Service), thereby improving the quality of referrals. A primary eye care service will typically include the ability to:

- conduct supplementary checks to confirm abnormal test results (detected by a NHS eye test / eye examination) e.g. repeat measures as outlined in NICE Glaucoma Guideline NG 81.
- further refine the decision to refer e.g. where risks and benefits are discussed with the patient prior to referral for cataract surgery
- address the needs of a patient presenting with an acute eye condition (first contact)
- manage a range of low-risk primary eye conditions

**Community Ophthalmology Framework**

This service is commissioned by CCGs. It involves the assessment and management of patients whose eye conditions are at low-risk of deterioration who are either referred by primary care for further assessment or discharged from secondary care for monitoring, in order to release capacity and improve patient flows within the system. It has some or all of the following characteristics:

- the ability to make definitive diagnoses to manage and treat the majority of cases referred into it
- be effective as a monitoring service for patients at risk of their condition deteriorating asymptotically
- provides an access point for patients with recurrent symptomatic disease.

**Hospital Eye Service**

This service is commissioned by CCGs. It provides specialist ophthalmic services for acute and chronic care for diagnosis, intervention and management; and emergency and urgent eye care.

**Low Vision, Habilitation and Rehabilitation Framework**

This service is commissioned across the eye care pathways by both CCGs and Social Services This service should:

- improve the process for certification of vision impairment and the associate data flows across the health and care system
- provide practical and emotional support post diagnosis e.g. through eye care liaison officers (ECLOs) and counsellors
- provide timely assessments of visual function and provision of appropriate assistive aids and relevant training

## **Clinical Council for Eye Health Commissioning**

The Clinical Council for Eye Health Commissioning (CCEHC) is an independent advisory body providing evidence-based national clinical leadership, advice and guidance to policy makers in health, social care and public health, and those commissioning and providing eye health services in England. It is recognised as such through a Memorandum of Understanding with NHS England. The CCEHC's recommendations are provided in the best interest of patients, on the best evidence available and independent of any professional or commercial interests.

As reflected by its membership, the CCEHC represents the major clinical professions, social care, charity and voluntary organisations within the eye health and care sector.

- Association of Directors of Adult Social Services
- Association of British Dispensing Opticians
- British and Irish Orthoptic Society
- College of Optometrists
- Faculty of Public Health
- International Glaucoma Association
- Local Optical Committee Support Unit
- Macular Society
- Optical Confederation
- Royal College of General Practitioners
- Royal College of Ophthalmologists
- Royal College of Nursing (ophthalmic section)
- Royal National Institute of Blind People
- Vision UK