NHS Development of Eyecare Services

by Anita Lightstone and Andrew Kent

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The majority of people with sight loss are aged 60 plus and this is also the sector of our society where there is the greatest increase in population numbers, particularly the number of people aged 85 years or older. As a result, we can expect that there is likely to be an increasing number of people experiencing some degree of sight loss. In fact, Taylor and Keefe **(British Journal of Ophthalmology, 2001)**, estimated that "the number of people who are visually impaired will double in the next twenty years just as an effect of the ageing of our population".

This will obviously put an increased demand on the provision of eye care services and require new approaches to the way services are delivered in order to avoid extremely long waiting times and services that do not meet people's needs. Service modernisation within the NHS is looking at ways of improving quality and delivery, ensuring that waiting times are reduced, that there is equality of access to services for everyone and that there is choice of where and when the service is provided. The result will be services that are truly centred around a person's needs as well as being provided in a timely manner. These proposed changes are given in detail in the NHS Plan and the NHS Improvement Plan.

The modernisation of eye care services started with cataracts and subsequently extended to include the whole of ophthalmology. It now encompasses all eye care services provided within the community and hospitals. These initiatives look at making better use of resources

and ways of reducing the number of steps in the patient's pathway, as well as making the services more accessible by bringing them into a community setting. This work is supported by the Department of Health, who facilitated the National Eye Care Services Steering Group to look at the provision of services for people with long term eye conditions. This group was formed of representatives from patient organisations, professional bodies involved with delivering ophthalmic services and policy makers. The remit of the group was to look at the way that services are provided for people with the most common eye conditions, in particular cataract, glaucoma, age related macular degeneration (AMD) and low vision and to design new and improved pathways of care.

One of the leading principles of the new pathways was that there should be a reduction in the number of stages or steps for the patient in the pathway. The effect of this will be to make services easier to access and reduce the wait between the stage where a problem is identified and diagnosis and treatment is given. In addition, the role of professionals involved was also examined to ensure that the right person was providing the right intervention at the right time. Often this has meant considering changing roles for professionals in the pathways, including increasing the skills of optometrists to enable them to accurately fast track referral for people with wet AMD and carry out glaucoma monitoring in a community setting. Additionally, the National Steering Group looked at ways of making sure that the services were easily accessible to all groups of society and that when possible, there was a choice of locations where the service could be provided.

Under the Department of Health's Access and Choice initiative, funding was provided to enable Primary Care Trusts (PCTs) to pilot the new programmes, to provide a sound evidence base to develop future service delivery, and assist PCTs in developing new ways of commissioning and providing services. 89 PCTs submitted bids to the Department of Health and from these, 8 pilot sites were selected.

These are:

- Brighton and Hove piloting the AMD pathway
- Waltham Forest piloting AMD, Low Vision and Glaucoma pathways
- Barking, Dagenham and Havering piloting the Low Vision pathway
- Gateshead piloting the Low Vision pathway
- Sutton, Merton and Wandsworth piloting the Low Vision pathway
- North and South Peterborough piloting the Glaucoma pathway
- North Birmingham piloting the Glaucoma pathway
- East Devon piloting the Glaucoma pathway.

All the pilot sites are required to report their progress on a regular basis and they will be subject to external evaluation to ensure that the maximum amount of

information is gained from the pilots. This information will be shared with other PCTs to assist them in modernising their eye care services. To date, the pilot sites have undertaken exercises to identify what actually happens currently, highlight areas that are causing delays and then put in place solutions to overcome these. Training of the participants has taken place and, where needed, centres have been equipped to the right level to allow the delivery of a high quality service in new settings, such as utilising the facilities of a local society or an optician's practice. The pilot sites will start seeing patients as part of the new pathways from January 2005.

The work of the National Steering Group found that, for the Low Vision and the AMD pathways, there were too many potential points where delays could occur and that there was the need to establish a robust rapid referral pathway for people with wet AMD. However, there were also concerns about the number of inappropriate referrals of people with AMD into the system. This had the effect of creating such a demand that it may have prevented some of those who could potentially benefit from treatment from receiving it in a timely manner. Therefore, the new AMD pathway promotes rapid and precise diagnosis at a very early stage by a fully trained community based optometrist with subsequent fast access to medical retinal specialist where this is needed, mainly for people with wet AMD. The pathway would also ensure that there was immediate referral for those people where direct access to community based low vision services was more appropriate. Good communication between all people who are providing services and with the client is seen as an essential part of the pathway. In other words, a service that is designed to focus on the needs of the user rather than those of the provider.

In addition, it was acknowledged that social care and optical services needed to be integrated, including the provision of support services. This would enable the patient to receive the maximum help in maintaining their independence and life style. Provision of counselling and emotional support would also need to be available at all stages of the process to those who wanted it.

All this links well with the new sight loss identification system that enables

optometrists to assist people with any degree of sight loss in self-referring to the social care department, to gain assistance with activities of daily living. Further opportunities exist for this to happen while the person is attending hospital and if the sight loss is severe enough to meet the criteria, the traditional certification/registration process can follow. For various reasons, the uptake of this new system has been slow, but it is hoped that more areas will start using it in 2005.

The new pathways have recognised a need for people using the service and their carers to be involved in the design and monitoring of the service. In addition, there is a need for professionals working in these services to overcome the traditional organisational barriers, so that they become a team that supports the patient, rather than the individual having to break through these obstacles. It was also felt that by developing partnerships between statutory providers, local associations and other voluntary societies, a better and more coordinated service would result.

It is important to follow the development of these new services, and information will be available on the Department of Health web site, as well as through articles such as this. In order to bring about these much-needed changes, there must be energy and a will to do so. As users of these services, we must ensure that our voices are heard and that the new services meet current as well as future need.

PDT – a Patient Perspective

by Tom Bremridge,
MDS Chief Executive

In autumn 2004, Tom Bremridge was invited to two NHS seminars in the North West on speeding up the referral pathways for getting patients to PDT clinics as fast as possible. The seminar delegates were NHS commissioners of services, officials from hospital trusts and from primary care trusts, consultant ophthalmologists, optometrists and clinic nurses. These seminars have led the way in bringing together the relevant stakeholders in the process. The Society is taking every possible opportunity to encourage this important dialogue between the parties leading to agreement on how it should work.

Tom's talk is reproduced here in note form:

What is the Macular Disease Society's interest in the referral pathways for patients?

- We are a membership society of over 13,000 members, all of whom have MD
- We are the largest patient group for visually impaired people in the country