

# The NHS Eyecare Pathway Pilots

Eyecare Services Team

# NHS Eyecare Pathway Pilots

- Part of NHS Improvement Plan:
  - To meet the changing needs of the population
  - To reduce waiting lists
  - To make better use of resources available
  - To provide a high quality patient centred service

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- Eyecare changes include:
  - Patient centred services with patient involvement
  - Reduced waiting times
  - Increased accessibility such provision within community settings
  - Increased choice
  - Better and more flexible use of resources such as utilising skills within primary care

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## Some Reasons for change

- Population growth indicates that there will be increasing demands on the service:
  - 10% of the population is over 65, predicted to increase to 12.8% by 2025
  - highest incidence of eye disease is in this age group
  - number of people with visual impairment expected to double in the next 20 years  
(Taylor and Keefe, BJO, 2001)

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## Some Reasons for change

- Increased demand on hospital Eyecare services
- Increased demand for refraction and refractive correction
- Increased demand on low vision and rehabilitation services
- Increased number of treatments available

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## Some Reasons for change

- To remove of barriers to eyecare
- To provide of services where and when they can be easily accessed
- To increase awareness of the importance of eyecare
- To make better use of professionals
- To develop innovative partnerships, for example with the voluntary sector

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working with the voluntary sector

- Expertise in specific areas
- Understanding of patient's needs
- Good source of patient information
- Able to work across traditional barriers
- Provision of advice and supporting services

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## The National Eyecare Steering Group

- Set up by the Department of Health in 2002, with representatives of:
  - ophthalmologists
  - optometrists and dispensing opticians
  - orthoptists
  - ophthalmic nurses
  - patient organisations
  - policy organisations
  - social care



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## The National Eyecare Steering Group

- Remit:
  - To develop proposals for improved eye care services
  - To develop model pathways for:
    - cataract
    - glaucoma
    - low vision
    - age related macular degeneration
  - Published report April 2004

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## The National Eyecare Steering Group

- As part of £77m investment by the Government in the modernisation of eye care, £4m was dedicated to test the implementation of pathways for:
  - glaucoma
  - low vision
  - age related macular degeneration
- All pilots to be PCT led

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## Pathway design principles

- Develop a patient-centred service, making better use of all resources
- Reduce the number of patient steps
- Increase and improve patient choice
- Demonstrate high standards of care
- Provide an evidence base to facilitate spread of good practice
- Commitment by PCT to sustain service

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## Pathway objectives

- To provide services that meet the changing needs of the population
- To develop patients involvement
- To utilise of the skills available at community level - health, social care and the voluntary sector
- To provide a high quality patient centred service

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The pilot sites for glaucoma

- East Devon
- North Birmingham
- Peterborough
- Waltham Forest

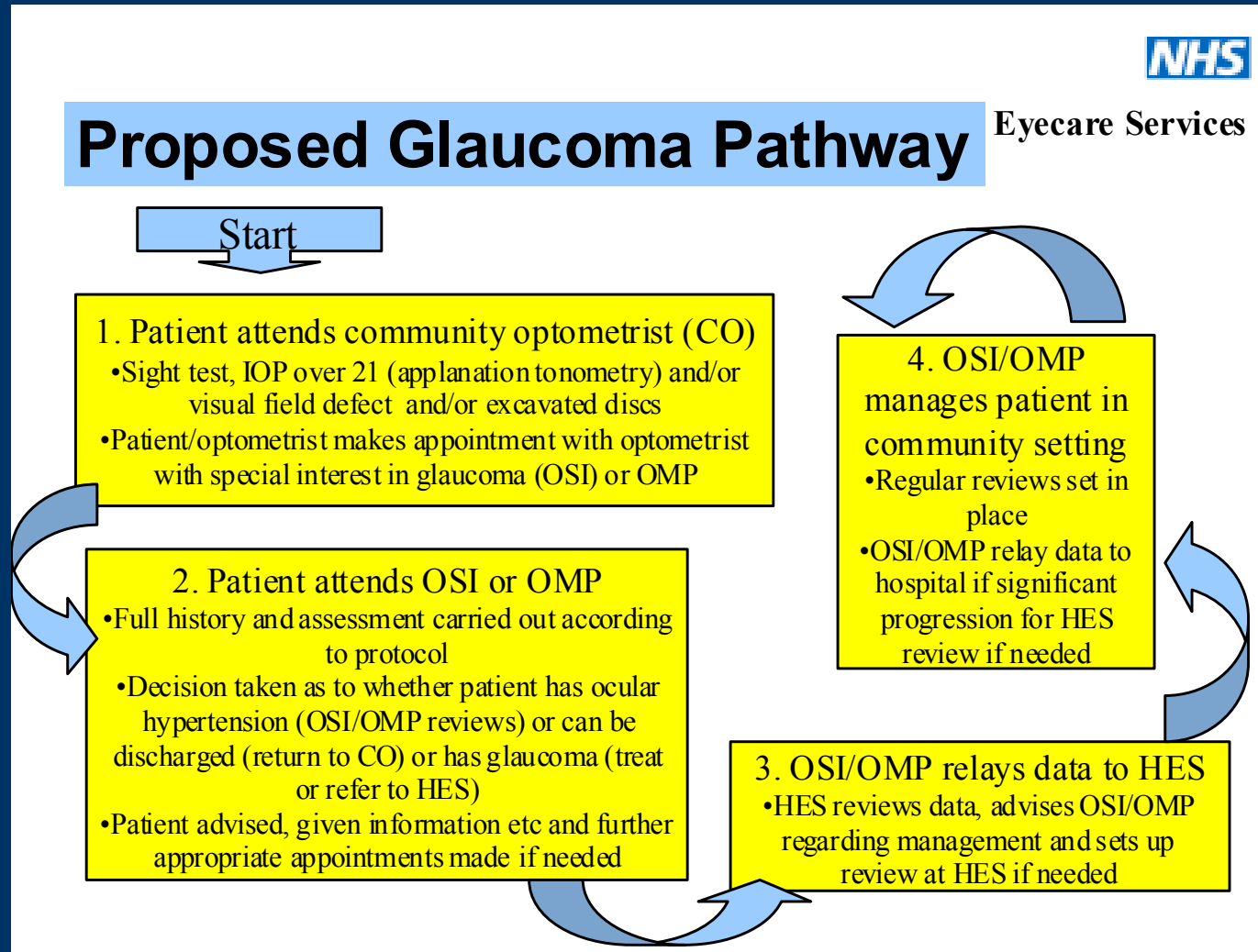
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## Glaucoma - some reasons for change:

- To reduce waiting for initial and follow-up appointments
- To release secondary care time to manage more complex glaucomas and other eye conditions
- To increase accessibility of services for patients - both times and location
- Reduce number of “false” referrals to secondary care

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## Glaucoma pathway



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The pilot sites for AMD

- Brighton and Hove
- Waltham Forest



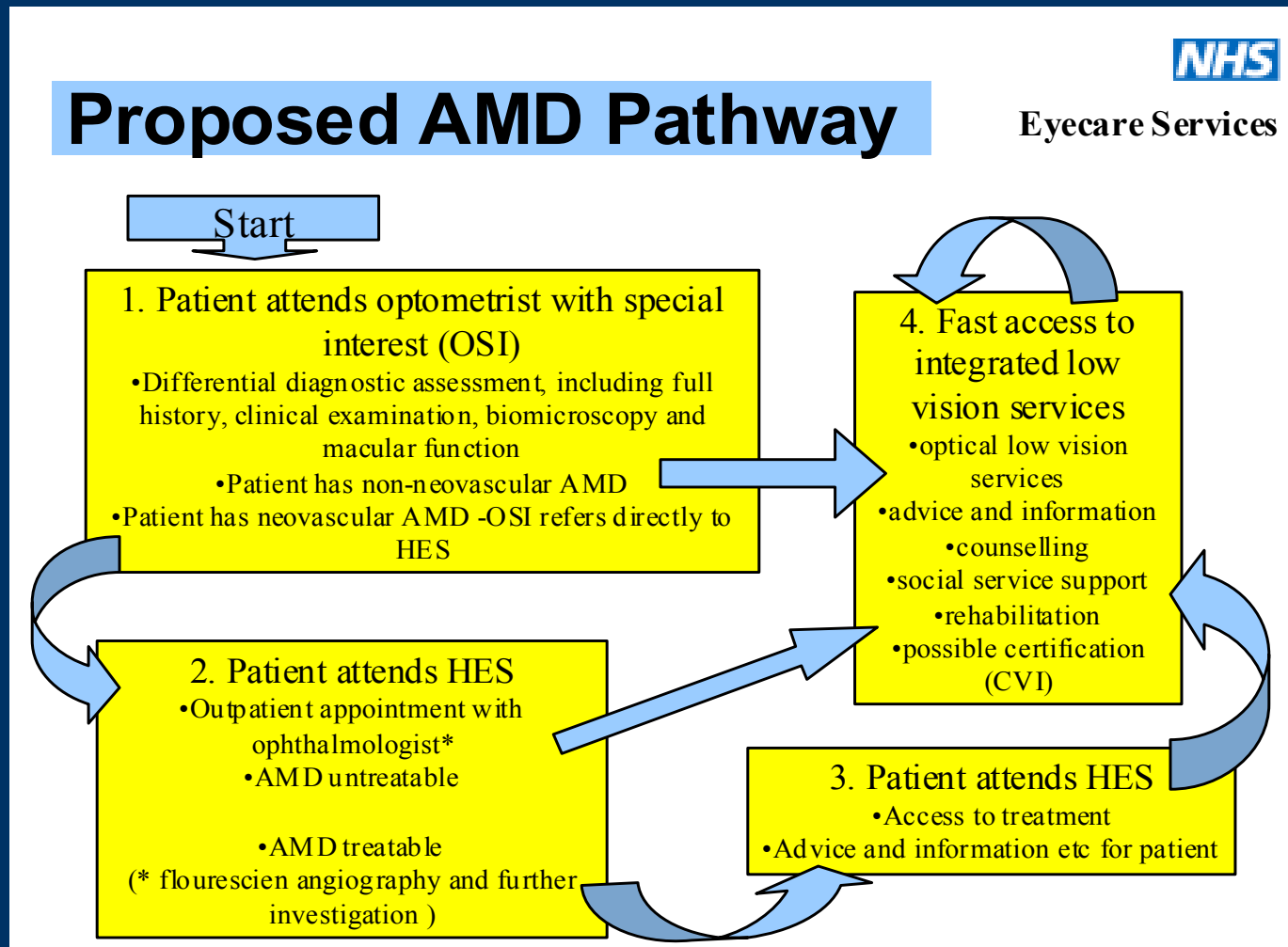
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AMD pathway - some reasons for change:

- Too many delays in the pathway
- For many patients, the community setting can give an improved service
- Rapid and accurate referral is needed for neovascular AMD
- Over referral can “clog” the system
- More patient support is needed

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## AMD pathway



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The pilot sites for low vision

- Barking and Dagenham and Havering
- Gateshead
- Sutton and Merton with Wandsworth
- Waltham Forest

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## Low Vision pathway sites

- Associate Sites:
  - Brighton and Hove
  - Hartlepool
  - Lincoln South and West
  - Northumberland
- Plus commissioning of RNIB to identify plant and nurture a further 5 sites to utilise, adapt and apply learning from other sites and have the ability to become associates

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Low vision - some reasons for change:

- Wide variation re access and quality
- Usually current referral is to secondary care for the service, often via GP
- Uni-disciplinary
- Lack of information and signposting
- Long waiting times
- Low Vision only after ophthalmological assessment

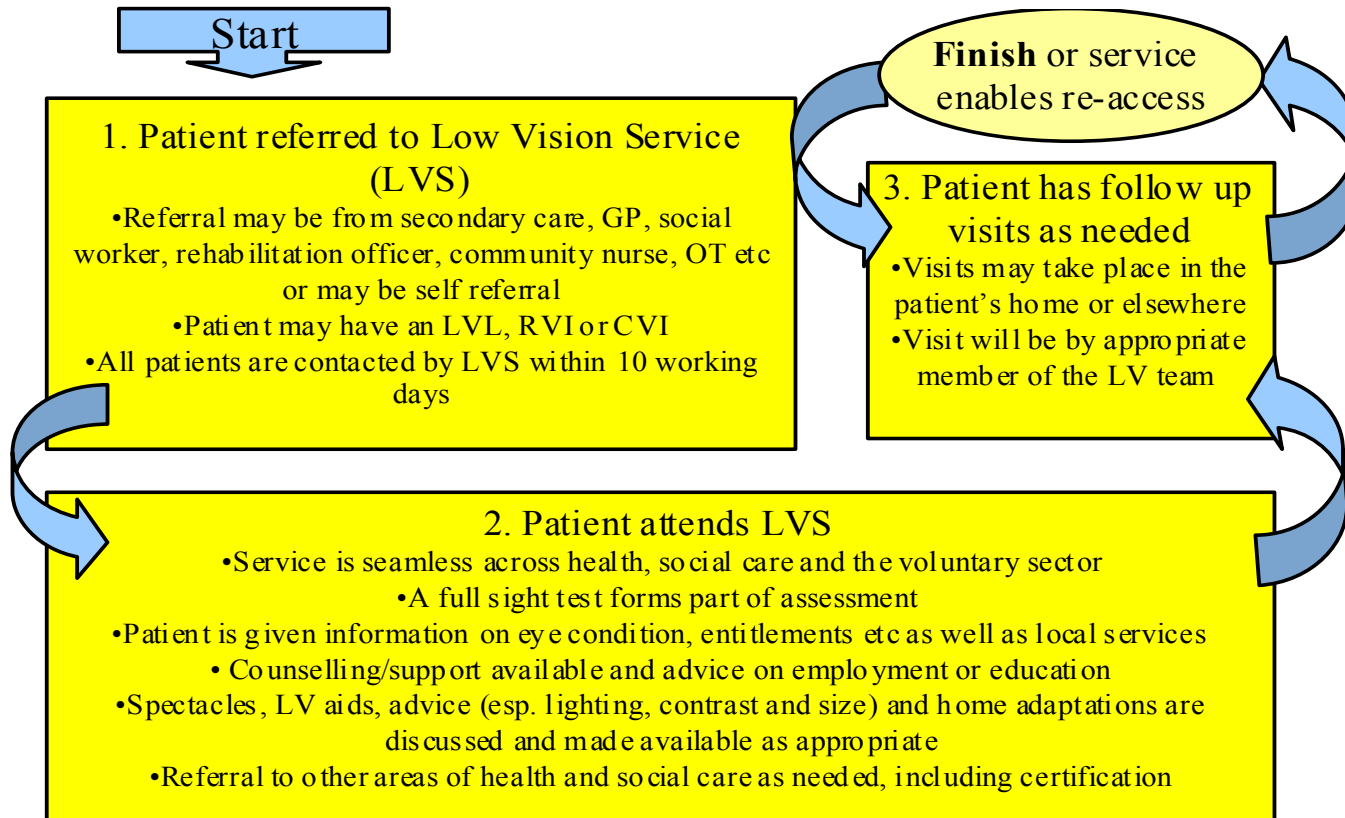
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## Low vision pathway

### Proposed Low Vision Pathway



Eyecare Services



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## Pathway implementation

- Pilots following the PRINCE 2 project management methodology to ensure that project objectives are fulfilled
- Pilots report progress on a regular basis
- Project managers work together
- Both internal and external evaluation has been established
- Fees/commercial issues resolved locally

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Initial actions by pilots:

- To appoint a project manager, project board and team
- To develop project plans including:
  - business
  - finance
  - risk log
  - lessons learnt log
  - establish measures



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Initial actions by pilots:

- Establish baseline measures
- Define current pathways, using techniques such as process mapping
- Engage service users
- Engage other key stakeholders e.g. local optometric committees, local voluntary support groups
- Define/review new pathway and targets

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Initial actions may also include:

- Seeking sites convenient to the community
- Scoping exercise to define need
- Establish clinical protocols
- Order equipment
- Keep everyone on board
- Establish audit/ governance procedures
- Document **everything**

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Initial actions for training :

- Arrange training to agreed standards
- Engage local ophthalmologists in the training programme for optometrists and standards of skills to be achieved
- Ensure that training is inclusive:
  - multi-disciplinary approach
  - training is a “must” for all pilot participants
  - needs to be on-going

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## Current pilot status:

- All pilots now seeing patients
  - first started as from December 2004
- Current stages
  - reflection and review of progress
  - on-going service improvement and modification
  - external evaluation under way
  - mainstreaming of services

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Lessons learnt to date:

- Ensure engagement of all stakeholders
- Identify a local champion
- Appoint a dedicated project manager
- Be familiar with finance arrangements of contracting bodies
- Allow additional time for building work  
Order equipment at an early stage
- Put training in place at an early stage

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Lessons learnt to date:

- Have contingency plans for high risk areas:
  - if it can go wrong, it will go wrong!
- Establish a good communication plan and be ready to promote the service
- Primary care providers, both dispensing opticians and optometrists have been keen to take part

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Lessons learnt to date:

- Expect scheme participants to need varying amounts of training
- Secondary care commitment essential
- Ensure that there is clear information available about the scheme to meet the needs of the people using the service
- IT always causes a problem! Be prepared to look for alternative solutions

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## The future

- Emerging findings being shared from spring 2005 and the new eyecare pathways promoted
- Pilot stage will end in summer of 2006
- Full evaluation will be completed by autumn 2006, with conference in June
- This will be used to influence delivery of sustainable local services



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- Principles of modernisation:

Review, revision, reflection and recognition:

- Utilising NHS modernisation tools and techniques to review progress and amend accordingly
- Ensure continued engagement in period of further structural change within NHS
- Ongoing recognition, of the skills of the full range of professional groups

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- Sharing and promoting
  - National Programme facilitating process to share with national and local bodies - but sometimes access is difficult – any ideas welcome!
  - Contributed to the RNIB Glaucoma Roadshows
  - Communities of Practice database

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- Sharing and promoting
  - National conference 7 & 8 June 2006
  - Seeking opportunities to meet with and share outcomes, learning and implementation ideas with:
    - Health, Social Care, Voluntary Sector organisations
    - Professional groups/organisations
  - Emerging findings, local highlight reports to be posted on our new website:  
[www.eyecare.nhs.uk](http://www.eyecare.nhs.uk)

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All pathway flow diagrams  
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