Mid and South Essex Sustainability and Transformation Partnership
CCG Joint Committee

Report to: Part I Joint Committee **Meeting Date: 7 December 2018**

Agenda No:	**:**	7
Report Title	**:**	Ophthalmology Update
Submitted by	**:**	Karen Wesson, Director of Commissioning
Written by	**:**	Tom Wilson, Interim Programme Director
Purpose	**:**	This report will provide the Joint Committee with a brief update on the position with regards to ophthalmology. Patients and CCGs need assurance from the Joint Committee that plans for improving the performance of ophthalmology services are progressing.
Approval Route	**:**	Not relevant – this paper is for information only.
Recommendation/s	**:**	The Joint Committee is asked to note the contents of this report.

Mid and South Essex
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Ophthalmology Mid & South Essex STP Pilot Update

1. Executive Summary

1.1. This paper provides an update to the Joint Committee about ophthalmology commissioning and provision within the Mid & South Essex STP. A similar update report will be presented at the msb group hospitals' public Board meetings.

1.2. The Mid & South Essex STP volunteered to act as a pilot site for the national Elective Care Transformation Programme, piloting the High Impact Intervention published in March 2018, as the intervention addressed a number of local issues.

1.3. The pilot work is set within a wider context of the overarching STP ophthalmology programme covering patient safety issues; achieving Referral To Treatment NHS constitutional standards; commissioning and mobilising a new clinical model as well as the three high impact objectives of embedding failsafe processes, auditing and risk prioritisation of overdue follow up appointments and undertaking demand and capacity reviews.

1.4. Ophthalmology performance has been on the radar of commissioners and providers for some time and has also prompted regulatory interest. The STP's programme reports to both the Joint Committee and MSB Joint Working Board but also an Oversight Group chaired jointly by the regulatory bodies NHS England and NHS Improvement and includes representatives from Essex Healthwatch on behalf of Southend and Thurrock Healthwatch.

1.5. The programme has made some significant gains in the past few months building on established commissioning intentions:

- failsafe processes, whilst largely present, were undocumented and these have now been documented based on the SUHFT process. A very similar approach has been implemented in MEHT.
- an audit of backlog patients has been completed using statistically significant samples at both sites. This work was completed in August 2018 and actions following the audit are being implemented.
- overall the number of overdue follow up patients has reduced, from 10,223 reported in March 2018 to 8,416 reported in October – a fall of 17%. More significantly, the number of overdue follow up patients in high risk categories has been reduced to effectively zero.
- demand and capacity modelling has been completed to ensure that RTT standards can be achieved and in what timeframe and to commission a new model of care across the STP. This has resulted in activity recovery plans with both Trusts being agreed with additional funding being allocated.
- a new model of care has been commissioned, agreed through contract variations with both Trusts and is currently being mobilised with full implementation of the new service model from Q4 2018/19.

2. Mid & South Essex context

Ophthalmology Programme

2.1. The Mid & South Essex STP Ophthalmology Programme aims to deliver three overlapping benefits to patients, commissioners, providers and regulatory bodies:

- assure patient safety and improve access for those already in the service
- reviewing existing patients who have breached their expected follow up date to ensure that treatment plans are still relevant and that no harm has been suffered by the patient
- reduce the overall number of patients who are overdue an appointment in the short term and to achieve NHS Constitutional standards for access to treatment in the medium term.

This will be achieved through two related interventions – fulfilling the requirements of the ophthalmology high impact intervention, which have been completed ahead of national schedules by way of acting as a pilot site; and commissioning a clinically viable and financially sustainable service going forward to better balance demand and capacity.

2.2. NHS England's Elective Care Transformation Programme issued the High Impact Intervention Pilot on Ophthalmology in May 2018. A copy of the specification is at https://future.nhs.uk/connect.ti/ECDC/view?objectId=12183216#12183216 for reference. The pilot work was to:

- develop failsafe prioritisation processes and policies to manage the risk of harm to ophthalmology patients
- undertake a clinical risk and prioritisation audit of existing patients to offer a sample methodology for others to follow
- undertake eye health capacity reviews to understand local demand for eye services and to ensure that capacity matches demand through appropriate use of resources and risk stratification
- provide feedback to allow for lessons learned to be shared with other health economies as they undertake this work.

2.3. Deriving from the third of the High Impact Actions there has been much work across the STP to commission a sustainable ophthalmic service. With the advent of the Joint Committee this has become more standardised across the STP and the aim is to commission an STP wide ophthalmology service that is:

- clinically viable: making full use of shared care opportunities and the involvement of community based clinicians
- financially affordable for commissioners and financially viable for providers whether from NHS Trusts, General Ophthalmic Contractors or private providers

- high quality and offering a good patient experience
- compliant with recognised quality indicators such as that provided by the Royal College of Ophthalmology (RCOphth), NICE or the Clinical Council for Eye Health Commissioning (CCEHC)
- a safe, accessible – both geographically and timeliness – service that receives positive patient feedback.

2.4. The programme elements detailed above are overlapping and form a system-wide response to delivering good quality services.

2.5. Secondary care ophthalmology in Mid & South Essex is provided by Mid Essex Hospitals Trust (MEHT) and Southend University Hospital NHS Foundation Trust (SUHFT). Over a number of years the mismatch between capacity and demand has grown to the point where in April 2018 there is a combined shortfall in outpatient appointment slots (new and follow up) of 1,271 slots per week and 20 inpatient slots per week. This means waiting lists, especially of follow up patients, will continue to grow unless action is taken.

2.6. Additionally, as reported to the NHSE/NHSI Oversight Group in March 2018, there were 10,223 patients who were overdue their follow up; in other words who were waiting for appointments beyond the date of their next clinically recommended follow up appointment. Of these a significant number had eye health conditions that require regular and timely follow ups. As has been regularly reported to the Quality Surveillance Group and to CCG Governing Bodies and the Joint Committee between 2015 and September 2018, 53 Serious Incidents in the ophthalmology specialty at both SUHFT and MEHT have been recorded since 2015 (44 at SUHFT and 9 at MEHT) largely, but not exclusively, due to concern that patients may wait too long and come to harm, most seriously blindness but also psychological harm.

2.7. Commissioners and providers in the STP are aware of the general problems in ophthalmology and have been working by means of a clinical network covering a variety of providers and patient representatives, on various solutions to increase capacity and reduce demand in hospital eye services (HES) since September 2016. A number of community pathways have been commissioned across the CCGs to cover Post Operative Cataract Follow Up, Glaucoma Monitoring, Glaucoma repeat readings and Children's Vision. However, these had not been implemented uniformly across the whole STP footprint with some CCGs having access to some but not all services.

2.8. The work of the clinical network resulted in a paper to the STP's Joint Committee in September 2017. This approved a new clinical model that was based on hospital eye services undertaking consultant led triage of all referrals to the MSB Group and a network of community optometrist providers to receive the lower clinical risk work. This solution offered the best option to manage demand into hospital services, increase capacity overall, develop the community optometrist workforce and especially increase capacity within consultant led services. Additionally it was

agreed that all community pathways would be commissioned across the STP footprint by each CCG.

Governance of Programme

2.9. An Ophthalmology Steering Group consisting of commissioners and the MSB Group providers has been in place since February 2018 to:

- ensure the recovery plans for the RTT backlog are developed and implemented
- have oversight of the Patient Safety and Quality (PSQ) system challenges and incidents and ensure that processes are in place to mitigate/manage risks and minimise harm
- oversee the delivery of the new model of care for ophthalmology agreed in the September 2017 Joint Committee paper.

This Steering Group has now been largely superseded by the Minor Eye Conditions Service Mobilisation Group that is run by MSB Group.

2.10. Regulatory oversight - NHS England (NHSE) for commissioners and NHS Improvement (NHSI) for provider Trusts – of the ophthalmology situation in Mid & South Essex has been in place for some time. A formal Performance Oversight Group was formed to oversee progress against the overall programme of work with its first meeting being held on 14th March 2018. The STP Steering Group reports directly to the Oversight Group as well as the Joint Committee and the MSB Joint Working Board and individual Trust governance.

Southend University Hospital NHS Foundation Trust

2.11. The number of patients overdue a follow up at SUHFT and reported to the NHSE/I Oversight Group was 5,243 in March 2018. The figure as reported at October 2018 is 5,129. Significant effort was made over the summer months to use additional capacity from insourced providers to ensure that high risk patients were identified and offered appointments.

At the same time SUHFT's own clinical teams focussed on seeing new patients and at October 2018 the total number of new patients on the waiting list was below the trajectory of the activity recovery plan.

Once the new clinical model is fully mobilised from January 2019 the whole service will move to a sustainable level where more clinical effort can be directed to seeing lower risk overdue follow ups and these numbers will start to fall.

Mid Essex Hospitals NHS Trust

2.12. The number of patients overdue a follow up appointment at MEHT and reported to the NHSE/I Oversight Group was 5,888 patients in March 2018. The unvalidated figure reported for September was 3,287. As with SUHFT through the use of additional insourced capacity and extra work from MEHT's own clinical teams attention has been paid to ensuring that all high risk patients overdue a follow up have been identified and assurance has been received that there are no high risk patients in the remaining overdue follow up patients.

The focus now is on ensuring that new patients are seen in a timely manner and activity trajectories have been agreed with the Trust to ensure that compliance with RTT standards is achieved by the end of 19/20 – a two year recovery timetable overall that mirrors the time taken at SUHFT.

2.13. Once the new service model is fully implemented a general KPI, derived from VisionUK and included in the High Impact Intervention specification, will be implemented of ensuring that 85% of patients are seen within 25% of their clinically recommended follow up time, rising to 95% once there has been consistent achievement of the 85% figure and the new model has better managed demand for hospital eye services.

2.14. Work is ongoing with the Trusts to establish a baseline position and agree a trajectory to determine by when 85% of patients will be seen within 25% of their recommended follow up time.

High Risk Patients

2.15. Both Trusts have adopted a policy of ensuring that follow up patients are prioritised according to clinical risk as well as length of time for waiting. This has focused especially on glaucoma patients. In March 2018 MEHT was reporting that 3,500 patients of the total overdue follow up had a diagnosis of glaucoma. The position for SUHFT at the beginning of March 2018 was 1,316 patients with a diagnosis of glaucoma were overdue their recommended follow up.

2.16. By November both Trusts are reporting that there are no high risk glaucoma patients waiting beyond their clinically recommended time. Patients flagged as overdue in any given week will be identified through the failsafe process and provided with an urgent appointment.

2.17. As the number of overdue patients has fallen due to increased focused activity on this cohort, harm reviews have been undertaken when patients are seen in clinics. Two harm reviews have resulted in confirmed severe harm and these have been reported as Serious Incidents.

3. Serious Incidents

3.1. Due to delays in ophthalmology treatments, there have been a total of 59 ophthalmology related Serious Incidents raised across the STP (2015 to September 2018). Of these 48 were related to the backlog patients who are affected by delays in treatment.

3.2. From the spike at the beginning of 2017 there has been a steady decline in the number of ophthalmology Serious Incidents declared overall and not all these are due to long wait times.

3.3. The three most recent SIs reported by SUHFT in April and May 2018 involve treatment delays to patients awaiting follow up appointments. Two of these were due to capacity issues within the Trust; the other due to suspected human factors when booking a follow up appointment although this investigation is still under review.

3.4. Of the four Ophthalmology serious incidents reported at Mid Essex Hospital Trust between May 2018 and September 2018, one was for treatment delay, one for wrong site invasive procedure and two for infection control issues.

4. ECT Pilot Objectives

Failsafe Process

4.1. Operational processes that qualify as failsafe have been in place at both Trusts for some time but were largely undocumented and so could not be externally verified or audited or be used to provide any assurance to commissioners, regulators or patients that safety was being managed effectively.

4.2. Underpinning the processes at SUHFT, where the hospital PAS is embedded and facilitates an almost paperless operations process, were a series of written Standard Operating Procedures (SOPs). These allowed staff in the ophthalmology department to prioritise all referrals, including patients needing a follow up from a clinic appointment, and to ensure that no referral became lost to follow up.

4.3. As part of the pilot work these processes were reviewed. A key feature is the grading of referrals by clinical staff; the escalation of urgent appointments; the review of clinic capacity and clinician availability by senior departmental managers and clinical leads and finally escalation to Director of Operations if required.

4.4. MEHT is much more reliant on paper based processes but as part of the pilot work by adapting the SUHFT processes for local variation MEHT has also adopted a written booking process based on the failsafe processes in place at SUHFT.

4.5. The processes in place were further mapped against the Royal College of Ophthalmologists' guidance *Outpatients: safe and efficient processes* (February 2018) and shown to be compliant. The two ophthalmology units continue to work closely together under a single operational and clinical management structure so the failsafe processes will be reviewed further and more closely aligned.

Audit and risk stratification

4.6. In line with the Elective Care Team's High Impact Intervention for ophthalmology and the objectives of the pilot the purpose of the audit is to:

- Provide assurance that no patients are "lost to follow up" – i.e. that all patients whose initial consultation required them to have a follow up, as opposed to being discharged at the first appointment or subsequently, either have an appointment booked or are in the queue to have an appointment booked;
- Ensure that those patients needing a follow up have a recommended date for follow up recorded in their notes.
- Confirm the number of those patients who have an appointment that is within 25% of their expected/recommended follow up date.
- Reprioritise any patients who require a follow up that is deemed to be urgent.

4.7. SUHFT and MEHT undertook an audit based on a statistically significant sample of notes between June and August.

4.8. The audit work gave a risk rating for each individual patient and allows a more nuanced view to be made of simply the % seen within a recommended follow up date. The template and audit methodology has been shared with the NHS England Elective Care Team and on the ophthalmology high impact intervention community of interest website at www.future.nhs.uk

4.9. The results of the audit helped inform the prioritisation of overdue follow up patients for additional clinic time throughout the summer and allows for the audit to be re-run in the future to provide further assurance that high risk patients are seen within their clinically recommended limit.

Demand and Capacity modelling

4.10. Much work has been undertaken on demand and capacity modelling to ensure three issues are covered: RTT standards; development of new clinical model and ensure that high risk patients are prioritised.

4.11. Over a number of years the mismatch between capacity and demand has grown to the point where in April 2018 there is a combined shortfall in outpatient appointment slots (new and follow up) of 1,271 slots per week and 20 inpatient slots per week.

4.12. As can be seen unless additional capacity is created there will be a continual shortfall and waiting lists will continue to grow. Additional capacity is found at each Trust through a combination of:

- Trust initiatives – both Trusts have added clinic capacity from within current resources by adding extra clinic times at evenings and weekends
- Outsourcing of activity – both Trusts have sent certain cohorts of patients to local private providers
- Insourcing additional capacity – both Trusts have brought in support from external private providers to increase capacity.
- Commissioning community pathways – the position across the STP was varied with all 5 CCGs commissioning some but not all community pathways. Since Joint Committee approval in September 2017, community pathways have been standardised and all CCGs now either have or will have soon the ability to refer patients to community pathways for glaucoma repeat readings, children's enhanced services, glaucoma monitoring and post-operative cataract services.

4.13. The biggest single increase in capacity will come with the commissioning of a new clinical model – this will see a hospital eye services provided by the MSB group that will have a consultant led triage service able to refer to the community pathways noted above and a new minor eye conditions service to reduce overall demand for consultant led services. This is detailed further below.

4.14. SUHFT has additional funding in the 18/19 contract settlement to assist with the implementation of the commissioning pathways above. In year additional funding to support the position at Mid Essex has been agreed by all CCGs as shown below. The bulk of this funding will be used by MEHT either to run their own clinics or to support alternative provision.

Cost per CCG:

BB CCG	CP&R CCG	Mid CCG	S CCG	T CCG	Total
£ 78,744	£ 5,892	£ 1,247,054	£ 3,348	£ 4,151	£ 1,339,190

5. New ophthalmology pathways in Mid & South Essex

5.1. The revised Mid & South Essex STP ophthalmology service is shown diagrammatically at Appendix 1.

5.2. The core of this transformation is the creation of a consultant-led hospital eye service based triage service. This service will triage all referrals received across the STP that have chosen the MSB Group and aims to redirect 30% of referrals against the 2017/18 benchmark to the community based Minor Eye Condition Service (MECS).

5.3. The MECS will be managed by the hospital eye service but delivered operationally by community optometrists, GPs with special interests or any other provider with suitable accreditation. MECS providers will formally be sub-contractors to the hospital eye services at MEHT and SUHFT; it is likely that most MECS providers who are community optometrists will organise the delivery of their service through arrangements with Essex Local Optometric Committee – a model of delivery that is deployed in North Essex and many other parts of England.

5.4. The contracts with both Trusts have now been formally varied to implement the MECS service. The Steering Group oversees the mobilisation plan and currently the new service is scheduled to begin in January 2019.

6. Conclusion

6.1. Through good joint working across the health economy, additional funding from both commissioners and providers and with regulatory oversight, significant progress has been made in managing ophthalmology follow up delays to ensure high risk patients are seen in a clinically appropriate time.

6.2. Whilst it must be acknowledged that as further reductions are made to the number of overdue follow up patients there is still potential for further harm and Significant Incidents to be identified, the overall reduction in rate and type of Serious Incidents reported in ophthalmology should be noted.

6.3. Agreement and mobilisation of new models of care and confirmation of funding from commissioners gives a realistic prospect of there being a clinically viable and financially sustainable ophthalmology service across the STP.

6.4. Finally by working as a pilot site for the Elective Care Programme's High Impact Intervention, Mid & South Essex STP has been able to demonstrate this improvement and act as a demonstrator site to other local health economies.

7. Recommendation

Members of the Joint Committee are asked to note the Ophthalmology update.

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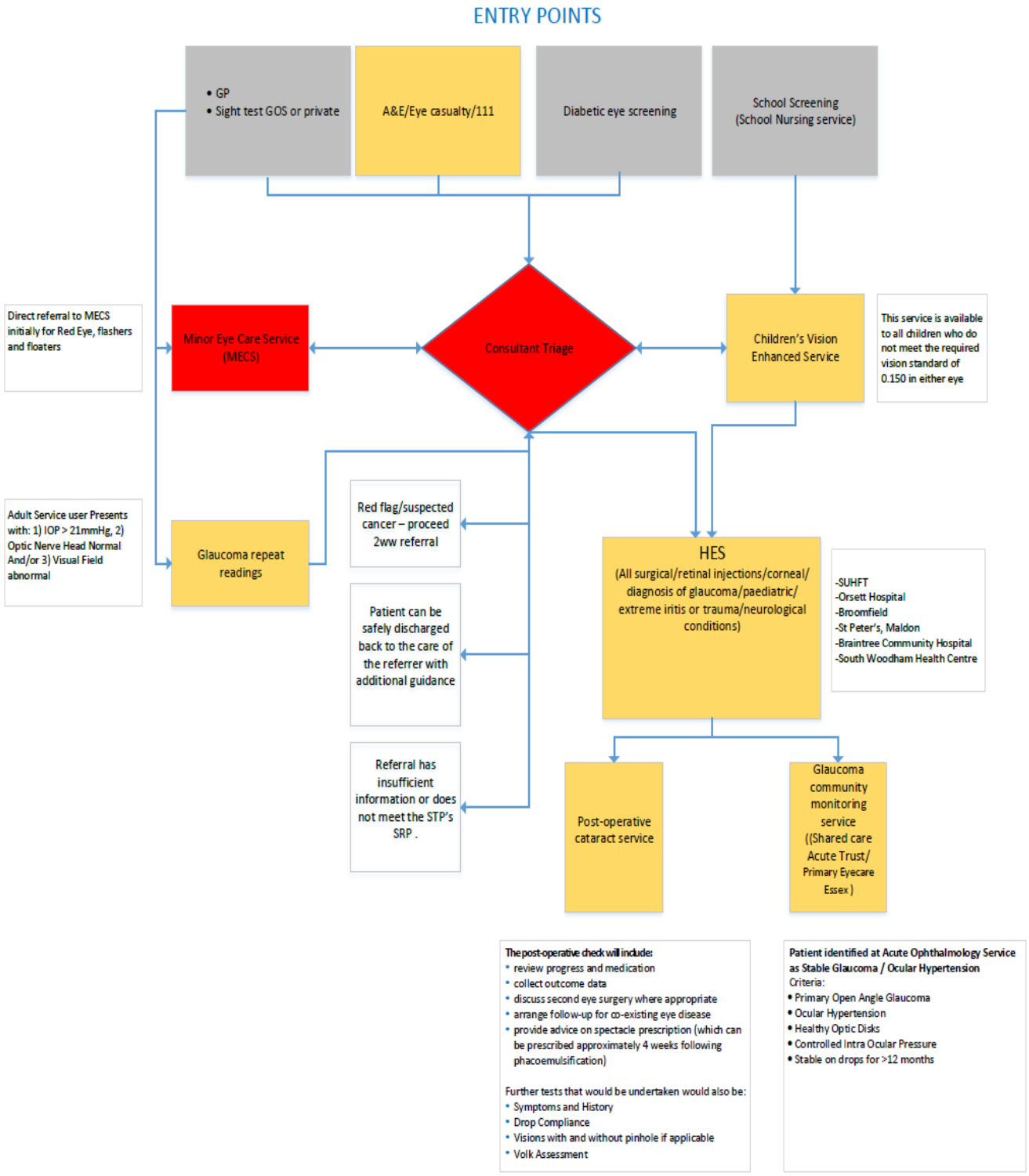
Appendix 1 STP Ophthalmology Pathways From January 2019



Service not commissioned by CCGs
Service commissioned by CCGs
Future service to be commissioned