

Report to: Part I / Part II STP Joint Committee

Meeting Date: 8th September 2017

Agenda No:	:															
Report Title	:	OPHTHALMOLOGY: CLINICAL PATHWAY OPTIONS APPRAISAL														
Submitted by	:	IAN STIDSTON, ACCOUNTABLE OFFICER														
Written by	:	JAYNE MASON, SENIOR COMMISSIONING MANAGER														
Purpose	:	The paper presents the STP Ophthalmology network recommended pathway solution and provides an options appraisal with regards to implementing this pathway														
Approval Route	:	<table border="1"> <thead> <tr> <th>Date of meeting</th> <th>Meeting</th> </tr> </thead> <tbody> <tr> <td>19th July 2017</td> <td>NHS England Quality Surveillance Committee</td> </tr> <tr> <td>10th August 2017</td> <td>Castle Point & Rochford CCG Clinical Executive Committee</td> </tr> <tr> <td>10th August 2017</td> <td>Southend Clinical Executive Committee</td> </tr> <tr> <td>11th August 2017</td> <td>Joint Commissioning Oversight Group</td> </tr> <tr> <td>15th August 2017</td> <td>Mid & south Essex STP Programme Board</td> </tr> <tr> <td>5th September 2017</td> <td>Mid Essex CCG Live Well Committee</td> </tr> </tbody> </table>	Date of meeting	Meeting	19 th July 2017	NHS England Quality Surveillance Committee	10 th August 2017	Castle Point & Rochford CCG Clinical Executive Committee	10 th August 2017	Southend Clinical Executive Committee	11 th August 2017	Joint Commissioning Oversight Group	15 th August 2017	Mid & south Essex STP Programme Board	5 th September 2017	Mid Essex CCG Live Well Committee
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Recommendation/s	:	Members of the joint committee are requested to consider the options appraisal and support the recommendation to work with the current service providers to implement the pathway solution as developed by the STP Ophthalmology clinical network.														

OPHTHALMOLOGY: CLINICAL PATHWAY OPTIONS APPRAISAL

Submitted by: Jayne Mason, Senior Commissioning Manager, Castle Point & Rochford CCG & Southend CCG

Status: To agree

Introduction

The Mid & South Essex STP Ophthalmology Clinical Network recommends implementation of an Ophthalmology pathway that will see more integrated working between current hospital and community providers.

Essentially the reform will see a shift of activity into community providers and ultimately fewer patients being referred into the Hospital Eye Services (HES) at Mid Essex Hospitals Trust (MEHT) and Southend Hospital (SUHFT).

While a cost reduction is anticipated from shifting activity into community provision, the two key drivers for introducing this service are patient safety and quality of care and any financial savings are expected to be negligible:

Patient safety is a key concern for hospital eye services in Essex, with a significant backlog for outpatient follow up appointments and concerns re achievement of RTT at both STP HES. By using the capacity in the community the pathway will reduce the number of referrals to the hospital eye service, enabling capacity to be used elsewhere and reduce the waiting time for patients who should more appropriately be seen in the HES.

The service will support the 'Care Closer to Home' strategy by utilising the skills and knowledge of primary care optometrists enabling a convenient and accessible service for patients and ensuring patients are seen by the most appropriate healthcare professional in the most suitable setting.

1. Background

The Royal College of Ophthalmologists published a review of Ophthalmology services across the UK in January 2017 (The Way Forward). That review overwhelmingly found that the increasing demand for hospital eye services (HES) is not being met and continues to grow – with ophthalmic services currently seeing nearly 10% of all outpatient appointments and performing 6% of the surgery in the UK.

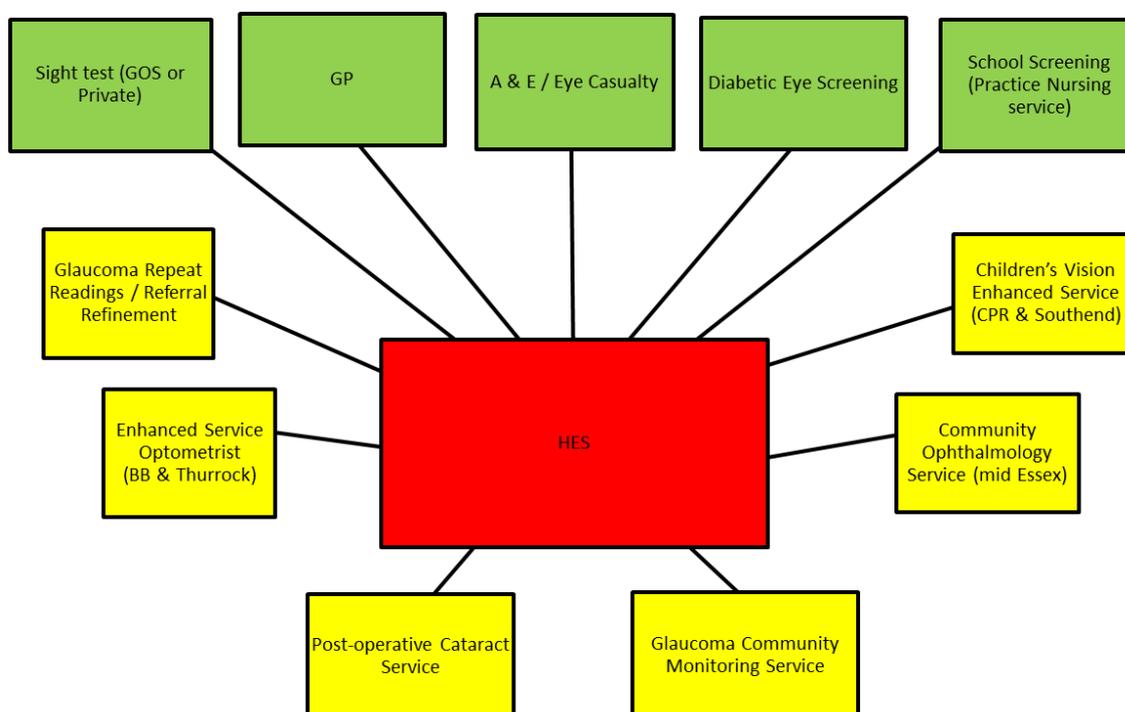
Locally the Ophthalmic system in Essex certainly recognise this picture. Short term responsive actions have been taken to manage patient flows across all services on an ad hoc basis, including Locum Consultants being employed to review backlog activity, use of independent providers to support HES activity, additional evening and weekend clinics, along with commissioning of smaller local pathways however it is recognised that fundamental changes are required to the way ophthalmic care is delivered in Essex.

2. Context

In 2016/17 there were 18000 Ophthalmology first attendances and 46000 follow up appointments at Southend University Hospital NHS Trust (SUHFT) and 11600 first attendances and 24000 follow ups at Mid Essex Hospitals NHS Trust (MEHT).

Both Trusts report pressures in managing demand and there are significant numbers of patients awaiting appointments at both Trusts. This is particularly significant for the monitoring of longer term conditions such as glaucoma and macular conditions and represents an ongoing clinical safety concern.

Currently there are insufficient pathways in place to allow the volume of activity to be diverted to alternative commissioned providers. This means that the majority of activity results in a hospital referral.



At a recent STP wide clinical network it was recognised that at least 50% of all activity that is referred into these Hospital Eye Services could be safely managed outside of hospital if appropriate alternative services were commissioned.

Steps are being taken to address this. This piece of transformational work is known locally as “The Essex Plan”.

3. The Essex Plan

The Essex plan for Ophthalmology supports the emerging STP plan and is in keeping with the recommendations within “The Way Forward” from the Royal College of Ophthalmologists.

The Essex Plan for Ophthalmology has been developed to support the continuing shift of activity from hospital settings along with our need to transform service delivery. The intention is to work together as a health system to use the resources available to us to ensure continued sustainability of quality services.

A key element of the Essex plan is the procurement (or transformation) of a Community Service for Essex that will see Enhanced Service Optometrists accepting referrals directly from GPs and Optometrists for more minor conditions. The service will also incorporate Consultant Led Triage to ensure appropriate direction of activity referred into the service. Re-direction to these Optometrists will also be possible following triage.

Two STP wide Ophthalmology Clinical network meetings have now been held and the following principles agreed regarding the pathways and systems that are required to achieve the desired clinically safe and high quality shifts of activity:

- Consultant led triage to lead referral management to ensure compliance with pathways. 10% appropriate for discharge – no further treatment required following triage, advice and guidance offered to referrer
- Enhanced service optometrists required to provide a community based optometry service, enabling a significant proportion of cases to be managed within community setting that would otherwise be referred to secondary care – potentially up to 40% of all current referrals into HES (will also include redirected referrals from HES following triage)
- There is further opportunity for the current HES to be reconfigured to support the proposed model eg consultant led hospital clinics in community settings – “hospital without walls” - with optometrists being employed by the Trusts to support Consultants (the “Moorfield’s model”).

IT / IG issues are paramount to the success of this model – information, including images, will need to be shared between elements of the pathway

The proposed model of care can be seen in Appendix 1.

This pathway has been presented and supported at fore across the STP, a list of those meetings can be found in Appendix 2.

4. Options Appraisal

Given the current capacity issues in the HES, the status quo is not sustainable. However, to date, additional community capacity has been commissioned by Clinical Commissioning Groups (CCGs) piecemeal and in isolation.

At a recent STP wide clinical network it was recognised that at least 50% of all activity that is referred into these Hospital Eye Services could be safely managed outside of hospital if appropriate alternative services were commissioned.

There are essentially three options available to us:

- Do nothing
- Procurement of new service providers
- Transformation of pathways with existing providers

The details of the benefit / risk analysis can be seen in Appendix 3.

5. Finances

Whilst this transformation plan is not dictated by financial savings we can usually assume costs of 80% of the current model for activity shifted from hospital to community services, however, the likelihood is that any financial saving will be re-invested into the system to achieve the quality and safety improvements required to deliver a long term sustainable model of care.

6. Collaborative Commissioning Approach

The commissioning and delivery of eye health and sight loss services can be complex; pathways frequently cut across boundaries and involve many providers in a network of care. A more co-ordinated approach is necessary to support the integration between services and pathways.

With an average population of 1.2million, Sustainability and Transformational Plan (STP) footprints provide the opportunity for groups of CCGs to work with providers to agree consistent pathways, ideally over an area served by the HES, to develop truly transformed and sustainable services – and deliver the ambitions of the 5YFV (Five year forward view).

By working together at a greater scale with clear responsibilities and objectives, there are opportunities for greater efficiency in the commissioning, procurement and delivery of the same service specification by reducing the duplication of effort and the waste of resources.

Having a more consistent approach to eye care pathways will lead to earlier detection of eye problems, and quicker access to appropriate services and treatment which are so important to achieve better outcomes for patients. Working at STP level will lead to better management of limited NHS resources.

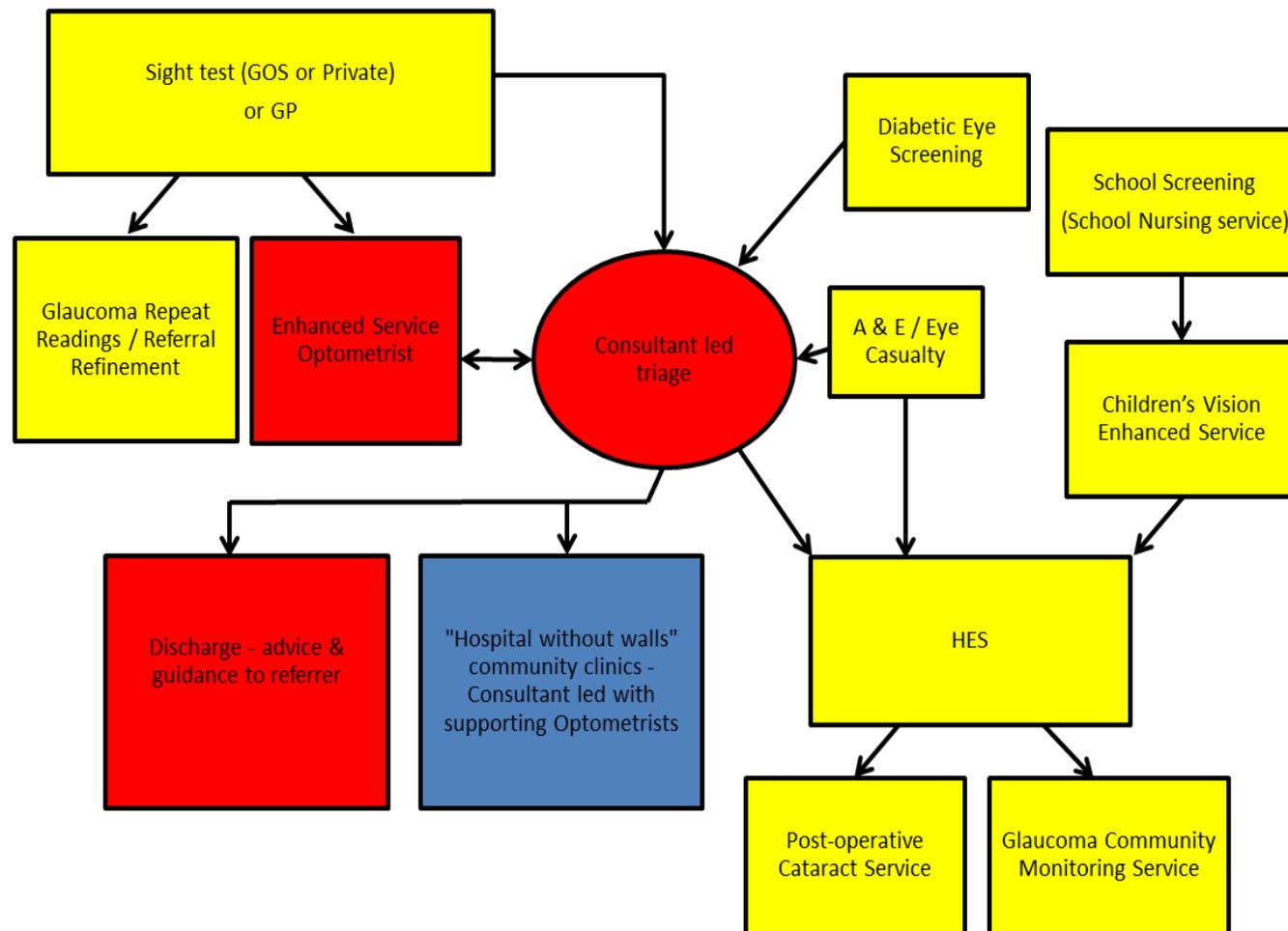
All local eye care providers should be able to collaborate to deliver this pathway and there are benefits in administering these services via our acute hospital contracts while still offering patients a wide choice of practices for eye health services. At the same time, optometrists and opticians will be attracted by the efficiency of the approach, as it eases the administrative burden and allows practices of all sizes to participate in delivery of pathways.

7. Recommendation

Members of the joint committee are requested to consider the options appraisal and support the recommendation to work with the current service providers to implement the pathway solution as developed by the STP Ophthalmology clinical network.

8. Appendices and Supporting Documentation

Appendix 1: Proposed model of care as recommended by the STP Ophthalmology Clinical Network



Appendix 2 – List of committees the proposed pathway has been presented to

Date of meeting	Meeting
19 th July 2017	NHS England Quality Surveillance Committee
10 th August 2017	Castle Point & Rochford CCG Clinical Executive Committee
10 th August 2017	Southend Clinical Executive Committee
11 th August 2017	Joint Commissioning Oversight Group
15 th August 2017	Mid & south Essex STP Programme Board
5 th September 2017	Mid Essex CCG Live Well Committee
7 th September 2017	STP HES Clinical Summit
14 th September 2017	STP Ophthalmology Clinical network

Appendix 3 – Options Appraisal

	Option	Benefits	Risk / Challenge
1	Do nothing	<p>No additional financial cost to the system</p> <p>No change required</p>	<p>System is unable to respond in current format to the demands of the local population</p> <p>RTT targets will not be met</p> <p>Follow up backlogs will continue to grow</p> <p>Clinical risk concerns will remain</p>
2	Procurement exercise for Consultant led triage, Enhanced service optometrists, IT system	<p>Provides IT solution</p> <p>Full system solution with capacity to incorporate other elements of the community pathways</p> <p>Provider will be completely responsible for all out of hospital eye care</p>	<p>Will require decommissioning of activity from HES</p> <p>Risk of lack of buy in from Hospital services</p> <p>Potential redundancies within the current HES team</p> <p>Implications for system relationships</p> <p>Likelihood of extensive procurement exercise prior to implementation</p>

	Option	Benefits	Risk
3	Work with the current providers to transform existing services to deliver the recommended pathway	<p>Clinically developed pathway solution</p> <p>Uses the skills, equipment and estates of local community Optometrists to support the Hospital Eye Service</p> <p>Hospital team to determine which activity will be seen in the hospital eye service</p> <p>Will enable advice and guidance to be given to referrers to support 10% discharge levels</p> <p>Opportunity for internal transformation by HES to develop “hospital without walls” community clinics</p> <p>Overall clinical decision making, education and training for optometrists and clinical governance lies with the Trusts</p> <p>Enthusiasm within the local system to work together to deliver this model</p> <p>Procurement exercise not required</p> <p>Elements of pathway could be in place within months</p> <p>Opportunity for CCG to drive forward transformation project using project management framework</p>	<p>IT interface – clinical information will need to be transferred between organisations – may not be shared efficiently and opportunities for direction to appropriate element will not be achieved – procurement of new system may be required for this element</p> <p>Relies on internal transformation by HES to develop “hospital without walls” community clinics</p>



Mid and South Essex

Sustainability & Transformation Plan

Joint Committee