Department of
Health, Social Services and Public Safety
www.dhsspsni.gov.uk

DEVELOPING EYECARE PARTNERSHIPS

Improving the Commissioning and Provision of Eyecare Services in Northern Ireland
Executive Summary

October 2012

Alternative Formats

This document is available, on request, in alternative formats - Braille, audio, large print, computer disk or as a PDF document. The Department will consider requests to produce this document in other languages. If you require the document in these or other formats please contact:

Telephone:	028 9076 5606
Fax:	028 9076 5621
E-mail:	eyecareservicesreview@dhsspsni.gov.uk
Post:	General Dental & Ophthalmic Services DHSSPS Room D3 Castle Buildings Stormont Belfast BT4 3SQ

It is also available at **www.dhsspsni.gov.uk**

Foreword by Minister Edwin Poots

For most of us, good eyesight is something that we take largely for granted but regrettably that is not the case for everyone. Blindness and visual impairment can have a profound effect on children, adults and families. And with an increasingly ageing population the impact of sight loss or vision impairment will become more evident. Many more people will need to avail of eyecare services and will, quite rightly, expect such services to be locally accessible and provided in a timely manner.

Prevention and early detection of sight-threatening conditions, in both adults and children, are essential if we are to improve eye health. The treatment and management of acute, and longterm eye conditions such as glaucoma, cataract and macular degeneration, can significantly contribute to independence of the individual and to leading a fulfilling life in the community.

The last 10 years have seen a steady increase in demand for inpatient and daycase surgery. Demand for outpatient services has also grown significantly. It is clear that with an aging population such pressure is likely to increase further. Change in the commissioning and provision of eyecare services is essential if we are to deliver high quality, safe and sustainable services in the future.

Clinical leadership and partnership working are essential elements of eyecare service reform. Without the expertise of specialist staff, enhancement of skills, and provision of care closer to home we will not be able to meet the eyecare needs of the population of Northern Ireland.

Development of regional integrated care pathways, with the involvement of primary, community, hospital and third sector organisations, are fundamental

to change. To do this we need to maximise the use of resources – both human and financial- and work collaboratively across all sectors.

A number of enablers for change are required to achieve success. These include workforce development, training and supervision arrangements, ICT and timely referral and communication mechanisms.

The approach outlined in this strategy is consistent with best practice, the UK Vision Strategy, *Transforming Your Care*, and the broader public health and quality agendas. It is part of a whole systems approach to reform and modernisation of HSC services.
Change cannot happen without an effective multi-disciplinary partnership approach. This has the potential to improve the quality, accessibility and cost-effectiveness of patient care.

I wish to thank those who contributed to the consultation and the development of this final document.

EDWIN POOTS, MLA

Minister for Health, Social Services and Public Safety.

Executive Summary

Introduction

1. This document sets out the strategic direction for eyecare services in Northern Ireland for the next five years. It builds on the consultation document *Developing Eyecare Partnerships – Improving Eyecare provision in Northern Ireland* which was published for consultation in July 2011. One hundred consultation responses were received.

2. Health and Social Care policy in Northern Ireland is now increasingly based on the premise that services should be delivered, in as far as possible, in or near people's homes, with acute or hospital services reserved for those whose needs cannot be met in any other way. Such an approach is consistent with *Transforming Your Care*[1] which identifies a new model for health and social care; this will drive the future shape and direction of services. For eyecare, this means that there is a need to review the scope and balance of existing services, including the relationship between community optometry, hospital eye services and orthoptic services.

3. Multidisciplinary partnership working is essential to improve the commissioning and provision of eyecare services. The goals of this eyecare strategy are to:-

    - identify potential sight-threatening problems at a much earlier stage;

[1] Transforming Your Care- A Review of Health and Social Care in Northern Ireland 2011.

- contribute to the independence of adults and maintaining them well in the community, for as long as possible, by improving access to current HSC treatment for acute and/or longterm eye conditions;
- contribute to the improvement of life chances for children, including those children living with disabilities, through improving access to eyecare services and treatment for acute and longterm conditions; and
- maximise use of HSC resources in both primary and secondary care services.

4. In the reorganisation of eyecare services it is recognised that patients are partners in care, and require information and support to self manage their eye conditions effectively. Voluntary sector organisations can play a vital role in supporting individuals.

How to Read this Document

5. There are five interlinking sections to this document. Where appropriate, it makes reference to, but does not duplicate, the work of other DHSSPS policies, strategies and frameworks. The DHSSPS wishes to acknowledge that this eyecare strategy draws heavily on other policy, legislation and commissioning documents developed by the Department of Health in England, the Welsh Eyecare Initiative and the Scottish Government.

6. The following paragraphs provide a summary of each section and a list of all objectives to drive service change is included.

Section 1 highlights the aims of the eye care strategy and associated strategic links. It emphasises why eyecare is

important. Pivotal to good eye health is the embracing of the wider public health messages, in order to promote good vision health, prevent eye disease and have appropriate and timely clinical interventions to maximise sight. Quality and sustainability of eye services are essential factors to improve health outcomes.

Section 2 highlights the importance of good eye health and the need to preserve good vision for as long as possible. The prevalence of eye conditions in adults increases with increasing age. As the population ages, the number of people living with blindness or with impaired vision will increase. This will have an impact on the quality of life and independence of the individual. In addition, poor vision can increase adverse events such as falls and fractures.

The commonest cause of vision impairment in older people is uncorrected refractive error. In addition there are a range of chronic eye conditions such as cataract, glaucoma, diabetic retinopathy and macular degeneration. The causes and prevalence of acute eye conditions are listed. Such eye conditions need a timely and accurate diagnosis as some are sight threatening, whilst other acute eye conditions will be resolved with relatively simple treatment within primary care services.

The prevalence of common eye conditions in children is also highlighted and why it is important to intervene early to maximise the potential for good vision. In addition,

some children have eye problems as part of chromosomal, genetic and /or other developmental conditions. Such children need integrated care planning arrangements to be put in place. Other children have acute eye conditions, with causes similar to those that occur in adults.

Section 3 highlights the current approaches to the delivery of eyecare services in primary, community and hospital services. These services are delivered by a range of practitioners including high street and hospital/community optometrists, dispensing opticians, orthoptists, ophthalmic medical practitioners, nurses, technicians and ophthalmologists. General Ophthalmic Services (GOS) is demand led and is governed by legislation on what can be provided to the public.

The number of eyesight tests provided within GOS has risen year on year since 2007/8. The current HSC hospital and community eyecare services are under strain due to a range of factors including changing demography, rising demand, staffing vacancies, new technologies and medicines, and successful implementation of screening programmes such as the diabetic retinopathy screening programme generating increased demand and service activity.

Service reform must occur if high quality, safe and sustainable services are to be achieved for members of the public who need access, in order to maximise vision

and enhance life chances and independence. To drive change will require clinical leadership, integrated working and a focus on early intervention, service quality and performance.

Section 4 focuses on designing solutions to improve access and outcomes in the commissioning and provision of eyecare services. Ten eyecare principles underpinning new ways of working are highlighted. Within such an approach leadership, engagement, and governance arrangements are key elements for success. A generic model for eye care services is included. This model complements *Transforming Your Care*, and policies underpinning public health, quality and long-term conditions management.

Integrated care pathways for common eye conditions are identified. To facilitate change in practice, a number of enablers are required including the development of *Eyecare Partnership Schemes* in order to provide enhanced eyecare services, based on population needs, closer to home. Further development of the workforce, enhanced skill mix and better ICT arrangements are key enablers for success.

Patients are partners in care, and require information and support to self manage their eye conditions effectively. Voluntary sector organisations can play a vital role in supporting individuals, their families and carers.

Section 5 focuses on implementation. The DHSSPS has asked the HSC Board and Public Health Agency to co- lead on

implementation, working in collaboration with Local Commissioning Groups, HSC Trusts, Integrated Care Partnerships, primary care practitioners and other organisations. Subject to Assembly approval, the DHSSPS will consider taking forward new primary legislation to extend the Listing of individual ophthalmic practitioners who provide HSC funded General Ophthalmic Services. Accountability and financial arrangements for implementation of the strategy are identified.

Objectives

The following is a list of all objectives contained within the document.

1. HSC organisations will collaborate with other organisations to deliver on the aims set out in *Fit and Well - Changing Lives (2012-2022)* and other related strategies, in order to contribute to the promotion of good eye health and prevent eye disease.

2. Through implementation of the Service Framework for Older People (post consultation and subject to the final determination of the relevant standard), HSC organisations will offer multi-factorial, evidence based falls and bone health assessments to older people on an annual basis. This will adopt a case management approach for those at high risk of falls, including eyesight tests and the enhancement of signposting on access to ophthalmic services in primary and community care.

3. In order to promote service quality, the DHSSPS will consider introducing primary legislation which, subject to Assembly approval, will enable the HSC Board to develop and maintain an extended Listing system of

individual practitioners involved in the provision of General Ophthalmic Services.

4. The Northern Ireland Sight Test Survey will be re-commissioned in order to fully understand the level and type of demand for sight tests in General Ophthalmic Services, to include referral patterns, demographics, co-morbidities and level of private practice undertaken.

5. An integrated eyecare service model will be implemented which will facilitate a resource shift, with improved inputs, access and outcomes at each level – i.e. primary and community, networked acute care and highly specialist regional and supraregional services.

6. There will be a regional approach to the development of integrated care pathways for long term eye conditions to include glaucoma, cataract, diabetic retinopathy, macular degeneration and low vision; these pathways will adopt the ten principles of eyecare service change in order to enhance access, and improve eye health outcomes. Pathways for eyecare will ensure that blind/partially sighted certification and registration processes are appropriately conducted.

7. There will be high level regional measurements developed to facilitate the monitoring and evaluation of the new eyecare service model and associated pathways. These will include input, output and outcomes measurements. Data collection will be undertaken in line with data protection principles and information governance.

8. *Eyecare Partnerships Schemes,* to enhance access to diagnosis and treatment closer to home, will be based on population needs. These will be developed regionally and commissioned by the HSC Board working in collaboration with Local Commissioning Groups. These funded schemes

will be part of new pathway approaches for the delivery of services for common eye conditions.

9. A regional pathway will be developed for the diagnosis and management of the “acute eye” across the primary, community and hospital interfaces. This pathway will need to consider how best to maximise resources – both human and financial – and will be commissioned and delivered within an appropriate clinical and social care governance framework.

10. Clinical leadership, workforce development, training, and supervision will be essential components of eyecare service reform. This includes the promotion of independent optometrist prescribing, where appropriate to do so.

11. ICT developments will be required to improve referrals, communications and, payment and probity systems. Telemedicine links have the capacity to improve the quality and efficiency of service provision.

12. The HSC Board/PHA working in collaboration with relevant organisations will lead on implementation of the eyecare strategy. The DHSSPS will lead on any legislative change.