London Borough of Bromley

PART 1 - PUBLIC

Decision Maker:	**HEALTH SCRUTINY SUB-COMMITTEE**
Date:	**17th October 2018**
Decision Type:	Non-Urgent Non-Executive Non-Key
Title:	**BROMLEY MINOR EYE CONDITIONS SERVICE PILOT UPDATE**
Contact Officer:	Emily Aidoo, Clinical Commissioning Contracts Manager Tel: 0203 930 0217 E-mail: Emily.aidoo1@bromley.gov.uk
Chief Officer:	Dr Angela Bhan, Bromley Clinical Commissioning Group
Ward:	N/A

1. Reason for report

1.1 This report is to provide an update on the pilot Minor Eye Care Service (MECS) in Bromley to the Health Scrutiny Sub-Committee.

1.2 The eye care pilot started on the 1st April 2017 with the Local Optical Committee delivering the service through optical practices.

---

2. RECOMMENDATIONS

2.1 Recommendations from the Bromley MECS review (Appendix 1) for the future procurement were as follows:

i) The two year pilot will finish in March 2019. Bromley CCG is currently pulling together an options appraisal for its Clinical Executive Group and Governing body, to decide on the way forward after the pilot.

Corporate Policy

1. Policy Status: N/A
2. BBB Priority: Safer Bromley.

Financial

1. Cost of proposal: Estimated cost £325,000 over two years investment on a cost against volume contract with the provider.
2. Ongoing costs: Recurring cost. Subject to CEG decision
3. Budget head/performance centre: Commissioning- Planned Care
4. Total current budget for this head: £338,000 actual spend over two years investment on a cost against volume contract with the provider.
5. Source of funding: Efficiency funding from reduction of inappropriate referrals to secondary care and early treatment. The estimated savings total £955k over the full 2 years of the pilot.

Staff

1. Number of staff (current and additional): N/A
2. If from existing staff resources, number of staff hours: N/A

Legal

1. Legal Requirement: N/A
2. Call-in: Not Applicable: No Executive decision.

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Bromley CCG estimated that up to 3000 patients will benefit from the primary eye care enhance scheme. Seen so far-

---

Ward Councillor Views

1. Have Ward Councillors been asked for comments? No.
2. Summary of Ward Councillors comments: N/A

3. COMMENTARY

3.1 In 2015, NHS Bromley CCG commissioned an eye needs assessment jointly with the Local Authority. This highlighted Bromley's ageing population and the growing burden of eye disease. Local hospital eye service (HES) capacity was already under strain. Primary care optometrists, represented by the Bexley, Bromley and Greenwich Local Optical Committee (BBGLOC) were willing to engage in new pathways utilising their skills and capacity, but there was no consensus on the best model to use. Users valued local services and had good experiences of enhanced community optometry services but wanted high quality services delivered by appropriately skilled professionals.

3.2 A Bromley eye care survey in 2017 further reinforced the need for service redesign in order to provide timely access to more primary eye care services closer to home, to try and alleviate the capacity issues in the local HES. Patients reported that they wanted to be treated faster and by the most appropriate health care professional for their needs.

3.3 This chart illustrates the responses from patients regarding the eye care service prior to the MECS introduction.

How would you rate current eye care services in Bromley in general? (364 responses) (Fig. 1)

Very good – 18.41 (67)

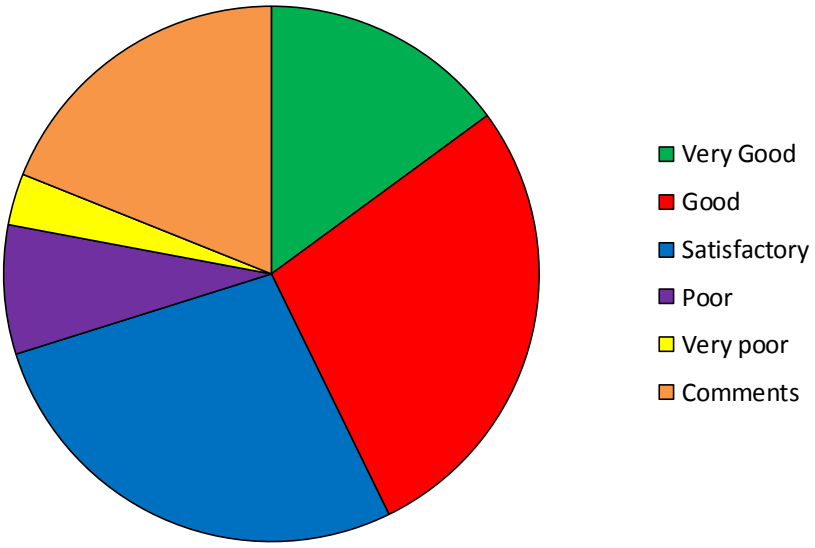
Good – 34.34% (125)

Satisfactory –33.79% (123)

Poor – 9.62% (35)

Very poor – 3.84% (14)

Comments – 23.35% (85



3.4 Comments suggest that the three most common things people complained about was extensive waiting times, lack of awareness of the types of services available and a lack of appointments:

"Waiting times can be quite long"

"More communication on what eye services are provided in the community, more posters in GP surgeries to promote this which would lead to overall a better service"

"There are little appointments as it is, especially outside working hours"

Patients alluded to the idea that the overall eye care service can be better if these issues are addressed.

3.5 A business case was brought to the Bromley Governing body in October 2016 and was approved for a two year pilot to help develop local providers and support the pathway to deliver the desired outcomes below.

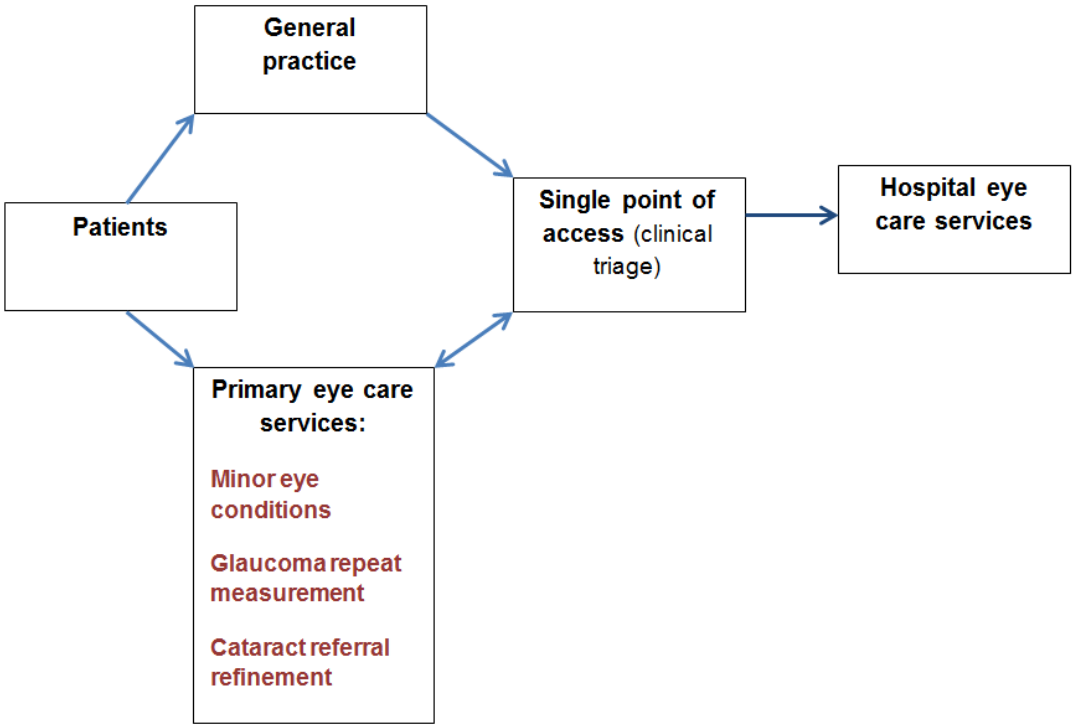
3.6 The objectives of the Bromley pilot were to allow faster access to primary eye care and reduce the number of inappropriate referrals to the HES, delivered via clinical triage and a single point of access (SPA). The NHS e-Referral (e-RS) service had introduced an "any to any" function for hospital booking from primary care providers other than GPs and a referral assessment service (RAS). NHS e-RS was launched in twelve optical practices as the first step for improving efficiencies and communication between eye care providers. The eye care pilot started on the 1st April 2017 with the Local Optical Committee delivering the service through optical practices. There are now 13 practices delivering the enhanced service across the borough with adequate provision in all of Bromley's wards, and four more are due to join imminently. This means that patients across the borough have equitability access geographically. With the extended opening times of some optical practices, this means that there is service provision over the weekend and the CCG is working towards a seven day service.

3.7 The new service is also consistent with NHSE & Bromley's commissioning strategy of:

- Developing consistent and high quality services closer to home (from the Five Year Forward View)
- Improving quality and reducing variation of care
- Developing sustainable specialist services
- Changing how we work to deliver the transformation required.

3.8 The eye care model below was commissioned with considerable input from local GP clinicians, local optometrist, and ophthalmologist and took guidance from the Clinical Council for commissioning eye care recommendations.

3.9 **GP/ Optometrist pathway model (Fig. 2)**



3.10 To ensure the effectiveness of the MECS Bromley CCG commissioned Dr David Parkins to carry out a "Service review of activity data, feedback and outcomes from the NHS Bromley CCG eye care pilot and recommendations for a future service specification"- Appendix 1. Dr Parkins incorporated feedback from Bromley Primary Care GP cluster meetings to complete this review, and presented it to the CEG in September 2018.

3.11 The actions for the remainder of the pilot were as follows:

ACTION 1: Further stakeholder engagement and communication with GP practices is required to promote the appropriate use of the MECS service.

ACTION 2: Activity appears to be to plan (Fig. 1), but there is a need to understand unwarranted variation of source of activity for two sites for conversion from sight test/ eye examination (Fig. 2 & 3). This may be a reporting issue but requires the sharing of comparative data and discussion with the provider sites to ensure correct recording of episodes. [The Standard Operating Procedure for MECS practices has been updated to highlight scenarios of presentations which would apply].

ACTION 3: Implementation of glaucoma repeat measures (filtering) within MECS practices should be followed up as part of the contract.

ACTION 4: Need to maximise the capture of unrefined referrals via the SPA triage (sourced from GP referrals, and referrals sent to GP by non-MECS accredited (or locum) optometrists for onward referral to HES (both within and outside the CCG boundary). This includes any unrefined referrals from MECS practices (e.g. where glaucoma filtering has not been undertaken). Need to ensure completeness and readability of referral correspondence (includes visual fields) on e-RS.

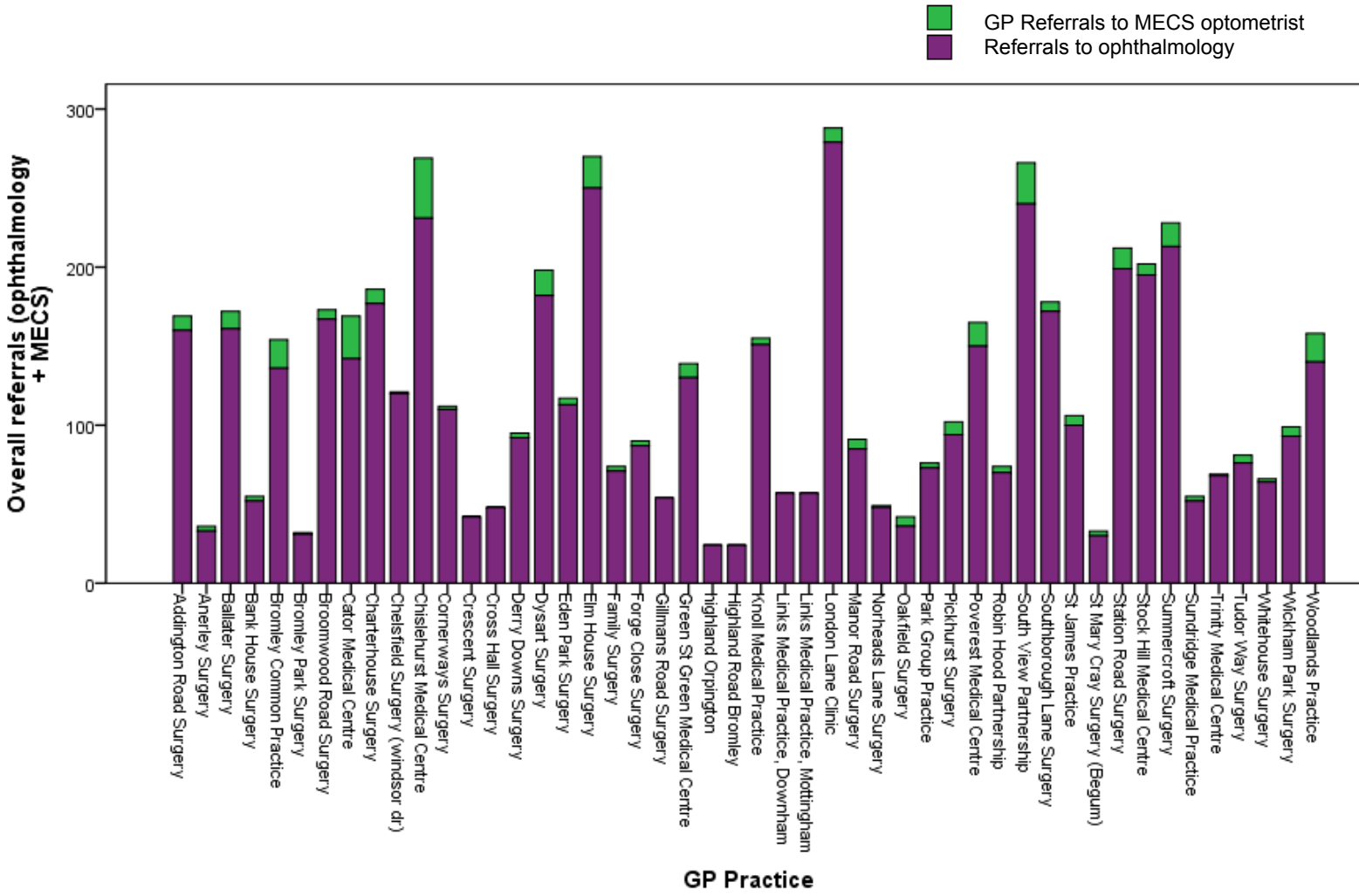
ACTION 5: Attempt to minimise waits >4 weeks to ensure any 'referrals on' to the HES can be seen within the required 18 weeks target.

ACTION 6: All referrers to MECS to receive an outcome letter from MECS optometrist. Also, GPs and optometrist referrers to receive an outcome letter from the MECS optometrist for any patient seen as a result of SPA triage.

3.12 **MECS Service Activity data 2018/19 (Fig. 3)**

Month	SPA	Referred to:		Total px episodes
		Secondary Care	BMECS	
Sept	221	153	58	124
Oct	301	240	61	196
Nov	343	225	117	248
Dec	236	179	57	200
Jan	293	230	63	296
Feb	235	181	54	293
Mar	240	189	51	370
April	285	224	61	315
May	221	187	34	363
June	246	190	56	337
July	246	190	56	342
Aug	245	172	73	315

3.13 Number of GP referrals to MECS optometrist compared with overall referrals to ophthalmology + MECS (by GP Practice) (Fig. 4)



3.14 Conclusion

3.15 The Bromley CCG eye care pilot has already made an impact on improving referral quality and reducing inappropriate referrals. More engagement and communication are necessary to promote the MECS service to GPs, to optometrists (outside the PEC service) and to patients. The CCG will continue to use contract monitoring to inform any future procurement decisions. This area of service redesign is still evolving. Future developments are possible and desirable. Our future contracts will be flexible with regular annual reviews to allow for the development and roll out of further eye care initiatives.

3.16 One of the main findings of the review regarding the service so far is that HES need to provide feedback and communication with primary eye care by sending the outcome letter to the referring optometrist/optical practice. This reply to the primary referrer is necessary for continuity of care (ophthalmologist to confirm patient consent at the end of the ophthalmology appointment). The CCG continues to include HES in Eye care Contract meetings, and to request feedback.

3.17 The two year pilot will finish in March 2019. The Planned Care team is in the current process of putting together an options appraisal for Bromley CCG CEG to decide on the best way forward after the pilot.

4. FINANCIAL IMPLICATIONS

4.1 The cost of the service was fully funded as the new service was cheaper. Not only is it cost neutral but it has also made the CCG a QIPP saving. The estimated savings total £955k over the full 2 years of the pilot.

5. LEGAL IMPLICATIONS

5.1 Legal advice around procurements was provided through South of England Procurement services as part of their service agreement with the CCG.

Non-Applicable Sections:	Personnel and Policy Implications.
Background Documents: (Access via Contact Officer)	Not Applicable.