



To: Health & Social Care Scrutiny Panel

Date of meeting: 17<sup>th</sup> November, 2015

Notes of: Committee Administrator

## **SCRUTINY REVIEW OF EYE CARE PROVISION**

### **Background**

1. At the September meeting of the Health and Social Care Scrutiny Panel, Members received information on the eye services provided in East Lancashire, particularly at Burnley General Hospital.
2. At that same meeting the Panel was also advised that East Lancashire and Blackburn with Darwen Clinical Commissioning Groups (CCGs) were in the process of re-designing Ophthalmology as an integrated service.
3. A range of Commissioners, GPs, Optometrists and clinical Ophthalmology staff had identified an integrated model of eye service, whereby Ophthalmology would work collectively with community based accredited Optometrists.
4. The new service was scheduled to go live on 5<sup>th</sup> October, 2015.

### **Update**

5. As planned, the new integrated eye service was successfully implemented on Monday 5<sup>th</sup> October, 2015.
6. Due to the Panel's interest in this topic, representatives of the Health and Social Care Panel were invited to a 'reflection event' to celebrate the success of the implementation and to further explore opportunities going forward.
7. Councillor Wayne Blackburn and the Committee Administrator attended the event which involved stakeholders within integrated eye care, together with patients, and was an opportunity to hear more about the service, engage in discussions and ask questions.

## **Details about the service**

8. The eye care service has been redesigned in response to increasing demand, with no increase in funding, and the need for modern services that are fit for purpose.
9. In developing the new integrated service there has been extensive patient engagement involving over 250 patients; face to face surveys in hospital and community clinics; individual patient stories; and three clinical engagement events including provider and commissioner clinical representatives.
10. The key themes that featured during the consultation helped identify where improvements were required.
11. The main issues identified were as follows –
  - Demand exceeding capacity - reliance on locums /waiting list initiatives
  - Breach/near breach of 18/52, referral to treatment in some elements of the service
  - Patients booked into incorrect clinics for their needs – inefficiencies & patient dissatisfaction
  - Care delivered in a hospital environment, by Consultants, when not always clinically necessary
  - Lack of coordinated care & limited integrated pathways with Optometry colleagues
  - Frustrated staff
  - GPs simply acting as a conduit to some referrals – non-value added step in a referral process
  - Lack of an integrated IT system
  - Optometry capacity not always fully utilised & skill & expertise not fully recognised
12. The redesign has created a model of service that has –
  - An integrated team
  - Single point of access
  - A more robust and safe urgent eye pathway
  - Care closer to home; where possible and appropriate
  - Enhanced skills and knowledge
  - Shared decision making – informed activated patient
13. The new service is also supported by an integrated I.T. system which enables –
  - Referral by Optometry, directly into the Hospital Eye Service
  - Safe timely communication
  - Step-up; step down care – smooth seamless pathways and shared clinical management plans
  - Effective coordinated care
  - Measures of success

## **Service Comparison**

14. Eye care services provided at Burnley General Hospital (BGH) and Royal Blackburn

Hospital (RBH) are the same, with the exception of a couple of laser treatments, the injections and elective surgery.

15. Equipment required for Ophthalmology is extremely specialised and, as such, is very expensive. Therefore in some instances, the equipment is available at one site only.

### **Elective Surgery**

16. The dedicated theatre for Ophthalmology is on the BGH site and all elective surgery is carried out there.
17. Given the link to theatres, the Tomography equipment is only available at BGH.

### **Injections**

18. Injections take place at RBH in a 'clean room' which has specific air exchange requirements. However, the possibility of using the theatre environment at BGH is being explored.

### **Laser Treatments**

19. Royal Blackburn Hospital provides the Macular service and Argon laser treatment. However, Selective Laser Trabeculoplasty (SLT), used to lower intraocular pressure in glaucoma, is carried out at BGH.

### **Future Provision**

20. The integrated eye care service is governed by Clinical Leadership and Managerial Partnership who will continue to enhance skills and further build the integrated eye team.
21. They will identify opportunities for further development and continuous improvement.
22. However, there are currently no other proposed changes other than those that have been implemented within the service redesign and no plans to move any services out of Burnley.

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