



**Integrated  
Care System**  
Shropshire, Telford and Wrekin



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and Wrekin**

# Eye Care Improvement Programme

**March 2023**

# Why we need to improve eye care services

- We need to support the early detection and prevention of eye conditions
- We need to be able to respond to the increasing need for eye care
- We need to provide more services closer to home, when they are needed
- We need more joined up services across primary, secondary and community care
- We need to reduce unnecessary face to face outpatient appointments
- We need to make better use of new technology and developments in eye care
- We need to make better use of data and tracking people's care



# What has happened so far

- We looked at best practice and national recommendations for eye care services.
- We held engagement events with the public, staff, local NHS eye care providers, and independent sector eye care providers to seek feedback on current eye care services and suggestions for change and improvement.
- We ran a public survey and analysed 3 years' worth of complaints and compliments.
- All this information was themed and considered in the design of a new eye care model including pathways for glaucoma, cataract, medical retina, urgent eye care and paediatric eye care.



# Engagement Feedback

The most common points raised through our engagement include:

You said...	So we...
Maintain good standards of care	Designed the improved model using clinical best practice guidelines
Ensure services are collaborative, joined up and accessible	Developed the model of care with our providers
Make the best possible use of resources	Considered a wide range of resources including workforce, estates, equipment and finance in the development of the model
Improve communication between services	Are rolling out an Electronic Eye Referral Service
Improve communication with patients	Are developing a Single Point of Access
Streamline and improve care pathways	Are removing unnecessary steps from pathways
Make it clearer and easier to navigate eye care system	Are developing a Single Point of Access
Improve the urgent eye care service (MECS)	Are redesigning a robust and clear Urgent Eye Care Pathway
Bring care and services closer to home	Are developing Optometry First using a wide network of optical practices
Make better use of technology	Are rolling out Electronic Eye Referral Service and using diagnostics and virtual reviews within the pathways



# About the Eye Care Single Point of Access

One entry point for patients and referrers which will:

- Make it clear and easy to navigate the eye care system
- Provide clinical triage as well as processing and referral
- Ensure timely referrals for patients
- Ensure patients are seen by the right person, in the right place at the right time, first time
- Provide advice and guidance



# About Optometry First

A network of optometry practices in the county who will:

- Provide a range of eye care services and diagnostics closer to home without the need for a hospital visit
- Cover pre-hospital diagnostics, follow up appointments and monitoring
- Make the best use of primary care services in the community
- Reduce pressures within ophthalmology services
- Reduce delays and duplication by providing more joined-up services and timely access to the right care





**Commissioning ophthalmology services across the main acute hospital trust and Independent Sector Eye Care Providers will:**

- Sustainably and effectively manage demand
- Ensure equal access to services, waiting times and patient choice
- Ensure best use of NHS funds
- Improve partnership working



# About Electronic Eye Care Referrals

## Electronic Eye Care Referrals will:

- Enable optometrists to make direct referrals into eye care services when needed
- Mean there will be no requirement to go via the GP
- Improve timely access to services making it more efficient
- Enable remote reviews of diagnostic images
- Enable better joined-up working between services and sharing of information
- Improve safety and quality of referrals
- Reduce the number of emails and paper referrals





# Summary of the Benefits

- Improved patient experience and timely access to services
- Improved sharing of information and joint working across different organisations
- Improved understanding and awareness of the services available and how to contact them
- More services provided in local communities
- Reduced unnecessary travel to hospitals
- Reduced unnecessary demand on hospitals



# Case Study

Scenario	Current	Proposed
<p>Mr Patel (43) has a recent onset red, aching eye which is sensitive to light.</p>	<p>Mr Patel finds a list of Optometry practices that are part of the Minor Eye Care Service (MECS) on the internet. He rings a number of different practices in order to find one that has an available appointment. He finds an appointment for the next day in a practice that is a 30-minute drive away.</p> <p>At his appointment he is found to have suspected Uveitis (inflamed middle layer of the eye) and needs to be seen in the Urgent Eye Clinic at the hospital. The Optometrist refers Mr Patel by phone which takes some time due to the phone line being busy.</p> <p>At the hospital Mr Patel is seen by the Urgent Eye Clinic team, diagnosed with Uveitis and prescribed treatment. He has to return to the Urgent Eye Clinic for follow up to monitor his progress.</p>	<p>Mr Patel rings his Optometry practice who are part of the MECS scheme for an appointment, the practice arrange for him to be seen at his nearest MECS hub because they don't have capacity that day.</p> <p>Mr Patel attends his appointment that afternoon at the MECS hub which is a short drive from his home. He is seen by an Optometrist who is an Independent Prescriber.</p> <p>They find that he has Uveitis, and following an advice and guidance discussion over the phone with the Dr in the Urgent Eye Clinic at hospital, the Optometrist prescribes his treatment. He has his follow up appointment with the Optometrist in the MECS Hub to monitor his progress.</p>



# Your Feedback

If you have any feedback on these proposals or would like more information, please get in touch. We are particularly keen to know:

- If you think these proposals offer an improvement?
- What stands out as a benefit?
- Is there anything missing?
- Could they be improved in any other way?
- If you have any other thoughts or comments for us to consider.

Contact [lucy.jones17@nhs.net](mailto:lucy.jones17@nhs.net)

