

# **West Midlands Local Eye Health Network**

Key Opportunities for Eye Health and Wellbeing

Final Report, March 2019

Produced by Karen Bradley, Alysia Dyke, Jake Parsons and  
Richard Ward

# Background

West Midlands Local Eye Health Network (WM LEHN) commissioned The Strategy Unit to support them to develop an understanding of eye health and sight loss activity across the West Midlands and build a proposition to co-opt STPs and ICS into a process of change to improve, enhance or re-configure eye health services across the region. This work involved data analysis, evidence review and engagement with key eye health and sight loss stakeholders.

In doing so the stakeholders and STPs/ICS have considered a set of evidence documents (a descriptive analysis of West Midland hospital activity, Appendix A and a rapid evidence review, Appendix B) through the lenses of:-

- Prevention (of avoidable sight loss)
- High volume ophthalmology hospital activity (and potential growth)
- Sight loss journey

# Workshops

Using creative and practical facilitation methods the Strategy unit ran two workshops for the stakeholders to explore and respond to the current and potential future challenges faced in Eye Health and Sight Loss.

## **West Midlands Eye Health and Sight Loss experts**

Clinical, managerial and third sector leaders for eye health and sight loss from across the West Midlands came together to test the quantitative and qualitative data and then identify, agree and prioritise key opportunities for eye health across the region. (Appendix C Workshop Slides; Appendix D Output slides)

## **STP Commissioners/Leads**

The STP Commissioners reflected on the findings of the West Midlands expert group and demonstrated overwhelming support to use the findings from this project to inform their respective STPs about the eye health and sight loss journey. (Appendix E Workshop Slides; Appendix F Output Slides)

# The West Midlands LEHN Chair's reflections...

*"Its been a fantastic immersive journey working with over 40 colleagues from across the West Midlands, all who care passionately about eye health and the sight loss journey. We were a mix of providers and commissioners, clinicians and the third sector."*

*We have agreed the following:-*

- There is a need to plan at an STP and Regional level due to the expected growth in diabetes, an aging population and the subsequent impact this will have on the populations' eye health and sight loss. The likely growth in AMD will need a different delivery approach and people may be at risk of sight loss because of the way we are delivering services*
- For someone living with sight loss, hospital admissions appear to be greater across several diagnoses than the sighted population*
- The services and the needs of patients are complex. There is a critical interrelationship with other specialties (such as diabetes) and other services (such as social services) which currently isn't being harnessed to best effect.*
- That eye health and sight loss should be considered within the management of long term conditions at Primary Care Network and Alliance Board level.*
- That we need access to data; have the ability to join data up; and to collect new data (ie patients who have sight loss and the stage of sight loss)"*
- LEHNs can help STPs/ICS tap into a committed and enthusiastic group of people who want to bring about improvements and transformation*

**The following set of slides  
highlights the key information  
shared with the stakeholders and  
produced during their workshops**



## What? So What? Now What?

We start with the final reflections from the STP Commissioners. They finished their session considering:-

- What they had seen, heard and understood
- Then thinking through, 'So what does this mean'?
- Before finishing with 'Now what will we do'?

# What? So What? Now What?

## **Now what are the ways we can approach this?**

- We have considered next steps rather than large-scale solutions
- We need to manage what is in our control first
- We need to consider how we influence the system

## **Now what can we change for staff and the system?**

- We need place-based care models, care navigation and signposting
- We need to connect this into how we are currently working
- We need to tackle pan-programme commissioning
- We need to upskill staff to perform broader roles

## **Now what can we do about integration?**

- We need to agree what we want to achieve collectively
- We need to talk and share more (including having shared clinical leaders and shared analyses) - we will set up a catch up call at the end of April with everyone here to discuss next steps and progress
- We can drive this alongside patients and front-line staff
- We should stop focusing on isolated QIPP projects that don't join up people/system pathways

## **Now what can we use to support this work?**

- We could use social "learning" techniques and the community of practice to support this work
- We are developing eye health quality boards based on needs assessment data and hypotheses to guide transformation



# What? So What? Now What?

## **So what does this mean for patients and the system?**

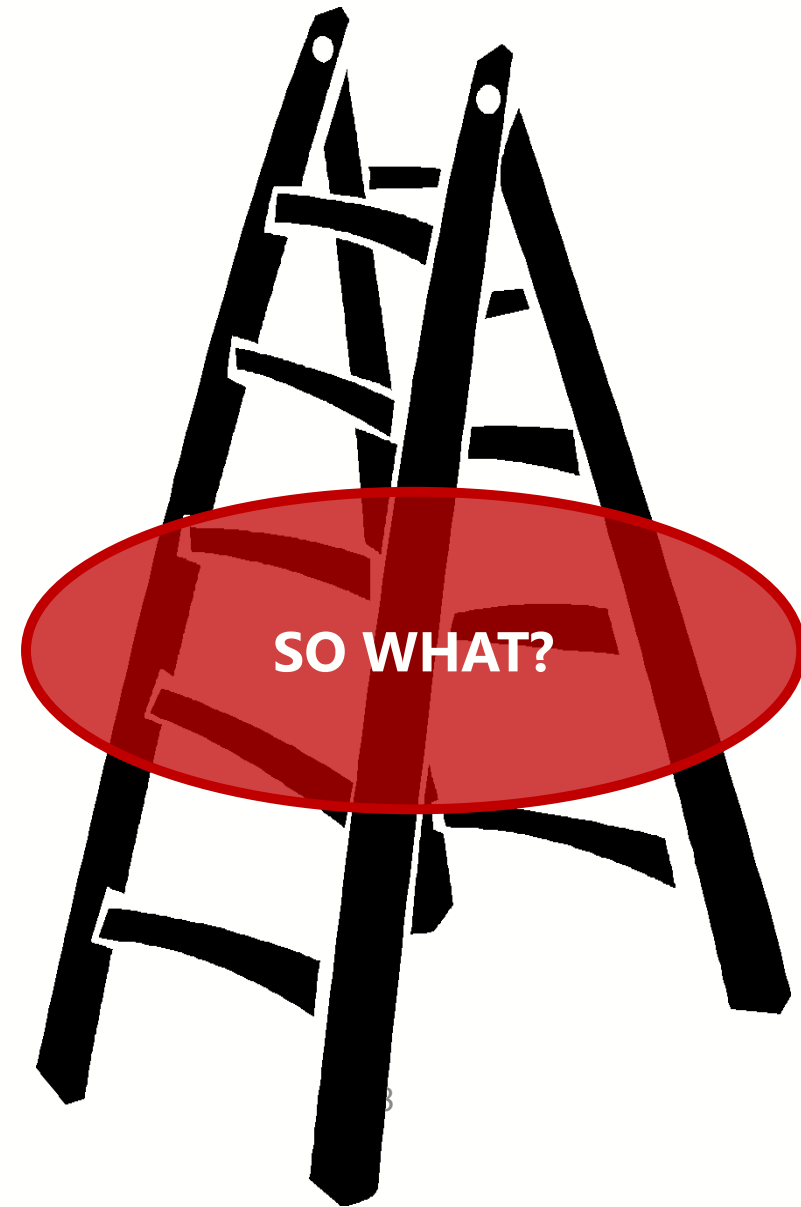
- This affects a whole person (and their families) for the rest of their life
- people have said they would rather have cancer than sight loss
- This is a well known but overlooked commissioning priority

## **So what changes can be made?**

- We need to enable people to contribute to the economy, community and society and to actualise their own potential
- We have knowledge and experience across the system – we need to remove barriers, bring people together and use it! (e.g. we could do integrated health care packages - eye health, LTCs and social care)
- We need less talking and more doing!
- We can use the eye health needs assessment to inform strategy

## **So what stands in the way of making change?**

- Where can this go on the agenda? Conflicting pressures may cause issues





# What? So What? Now What?

## What key messages have stood out for you today?

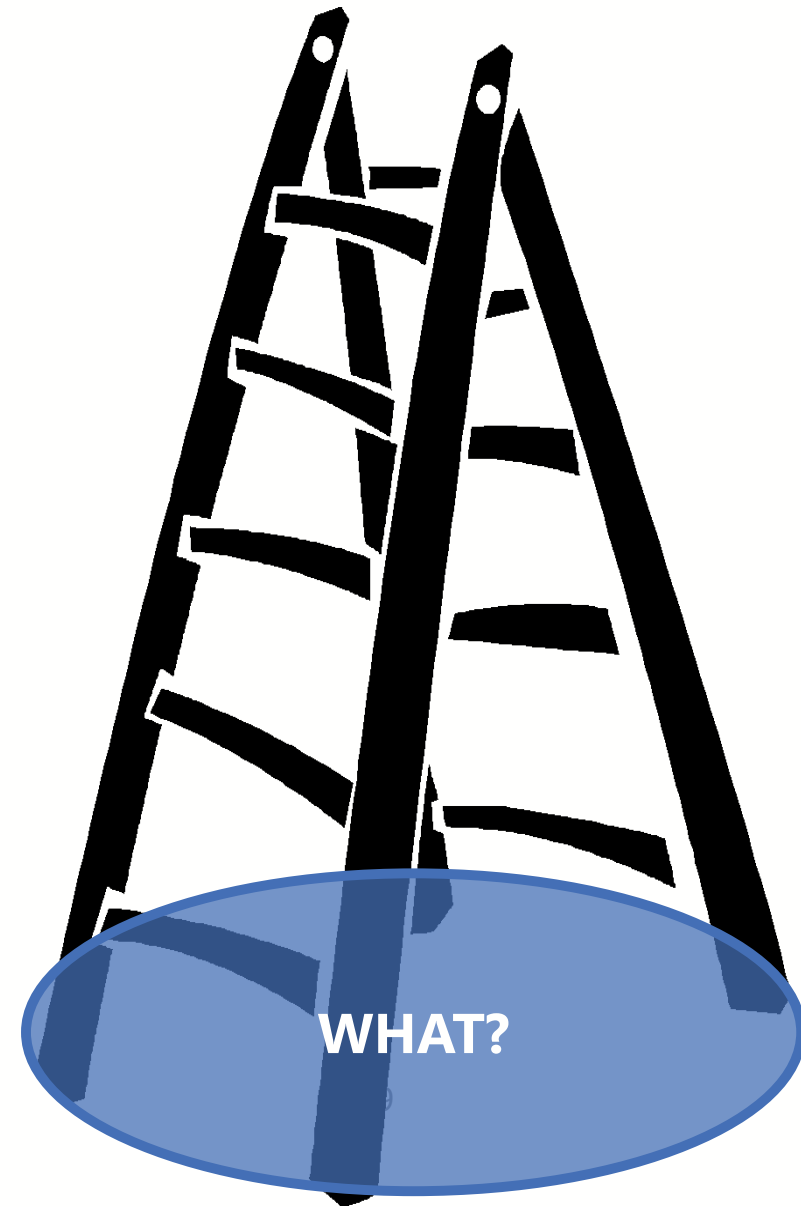
- Those with sight loss receive little psychological support as it is not seen as a long-term condition, but has wide-ranging impacts on people's health
- This is broad work that requires crossover from multiple specialties (e.g. diabetes, children's health)/ programmes/ organisations

## What challenges are you facing?

- We have change fatigue– we don't have time to imbed and innovate
- Prevention is vital, but pressures and low budgets make it difficult to drive
- We all have similar goals (integrated working), but we are in different situations and we aren't good at coming together on "how" to do change
- How do we collaborate, engage people and remove barriers? (e.g. with procurement)

## What can I/we do?

- We need to focus on patients as a "whole" person – we don't always understand the full spectrum of peoples' experiences with sight loss
- We are too focussed on the "now" – we need to think about the future



# **What the data and evidence told us**

**High volume activity is likely to  
keep growing especially for AMD,  
cataracts and glaucoma**

## Eye Health and Sight Loss Context

Aging population

Growth in Diabetes

Growth in Hospital Eye Services

AMD

Cataract

Glaucoma

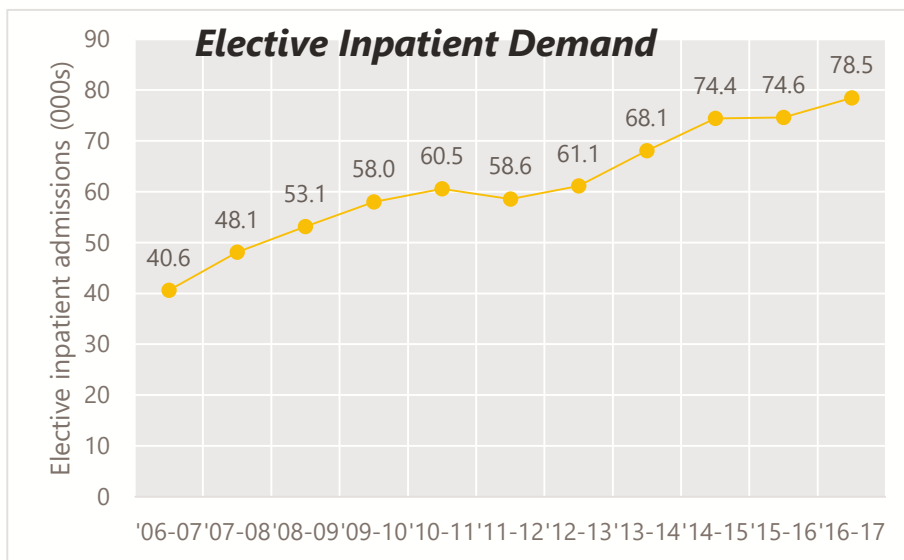
## Commissioning activities

- Prevention and early diagnosis

- Reducing unnecessary referrals
- Managing growth in activity – new pathways and new providers

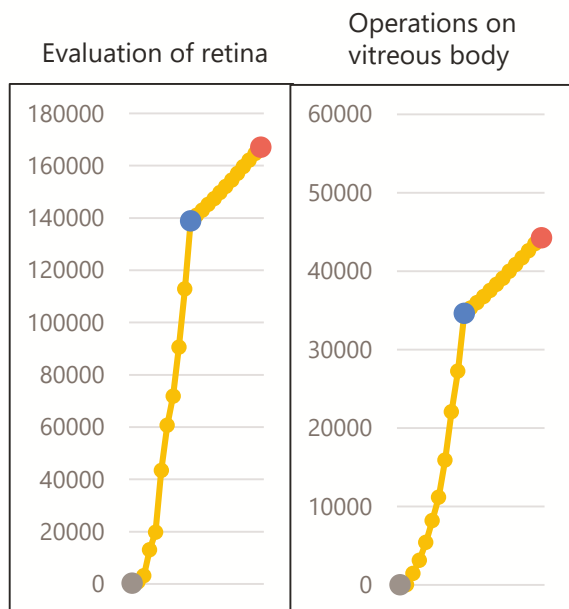
- Supporting the sight loss journey

# We know that demand and activity are growing...

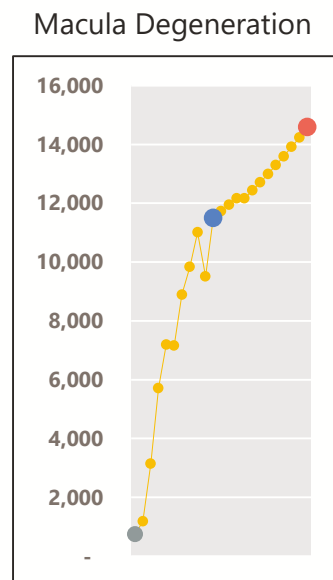


Condition	% increase in number of individuals with that condition (2015/16-2030)
Glaucoma	12%
Cataract	47%
DR	8%
Severe DR	8%
AMD Drusen	32%
AMD Wet	48%
AMD Dry	46%

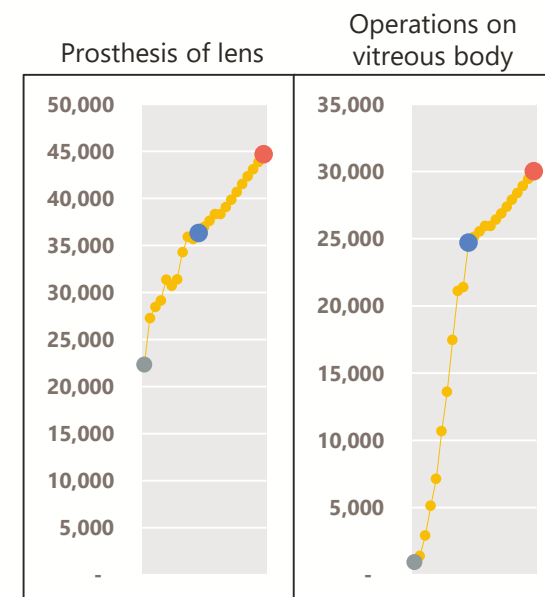
## OUTPATIENT Procedures



## PLANNED Diagnosis



## PLANNED Procedures



● 2006/07 ● 2016/17 ● 2028/29

**The prevention and sight loss  
agendas are more complex, but  
equally as concerning...**



# Impact of Sight Loss – RNIB 2018

## West Midlands

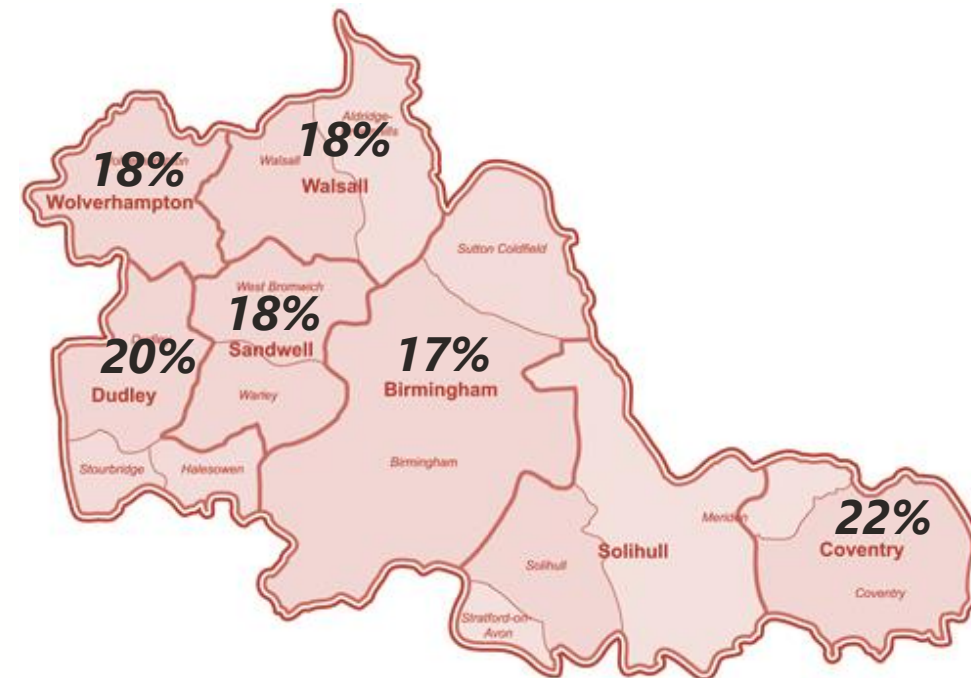
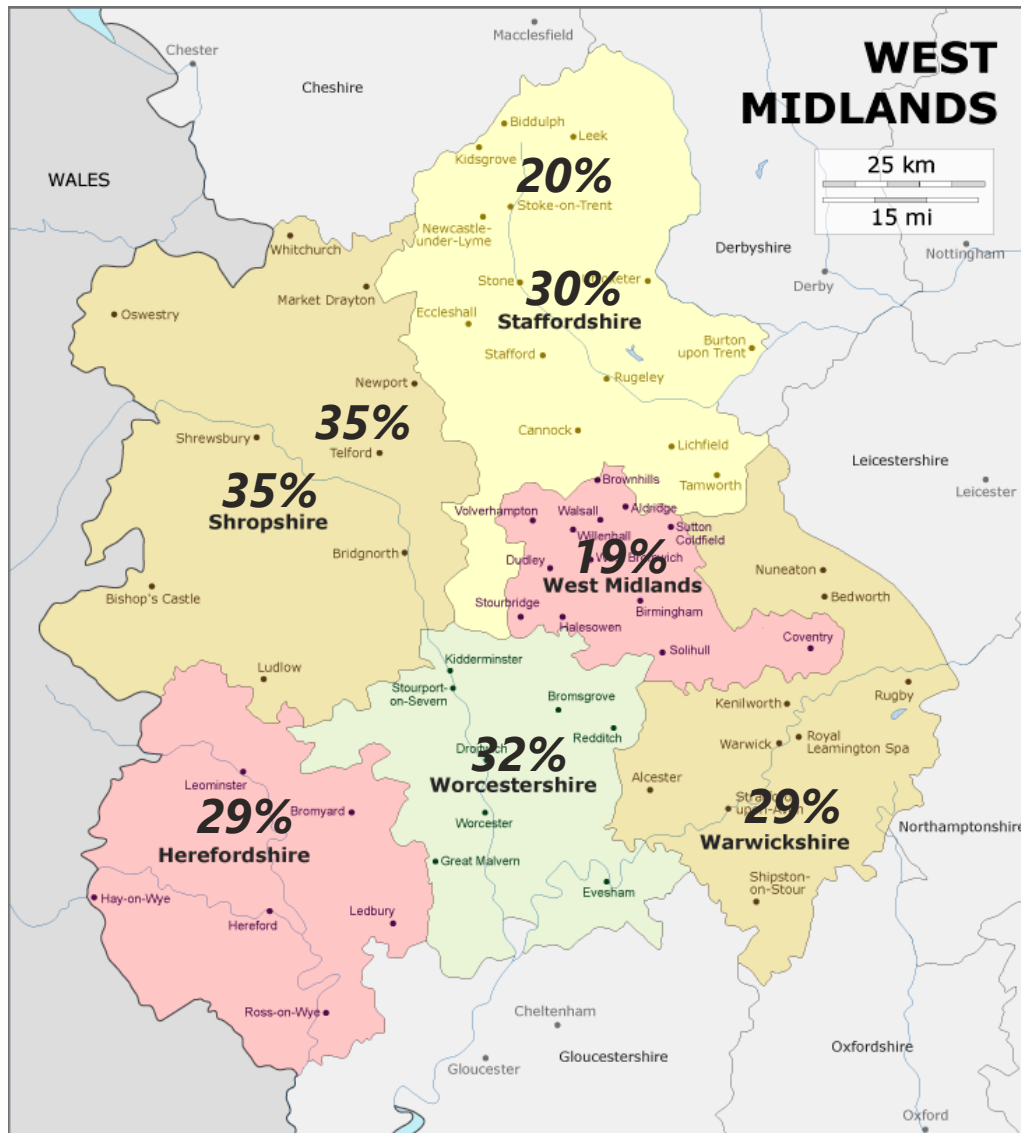
- 5,860,706 pop
- 187,000 living with sight loss
- 29,725 registered blind or partially sighted
- 2,083 certificates of Vision Impairment in 2016/17
- 25% increase expected by 2030
- £3,604,000,000 estimate cost of sight loss

## Blind and partially sighted people

- Only one in four in work
- 40% moderately or completely cut off
- 17% offered emotional support with sight loss
- 75% have experienced a deterioration in sight over the last 12 months

# RNIB predictions for 2030...

The % increase in numbers of people with sight loss by 2030 – overall **25%** in the **WM**



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# Prevention and Sight Loss

The at-risk factors for sight loss overlap with LTC management in Primary Care (Networks).

At risk factors for sight loss

- Diabetics
- Learning Disabilities
- Deprivation
- Age

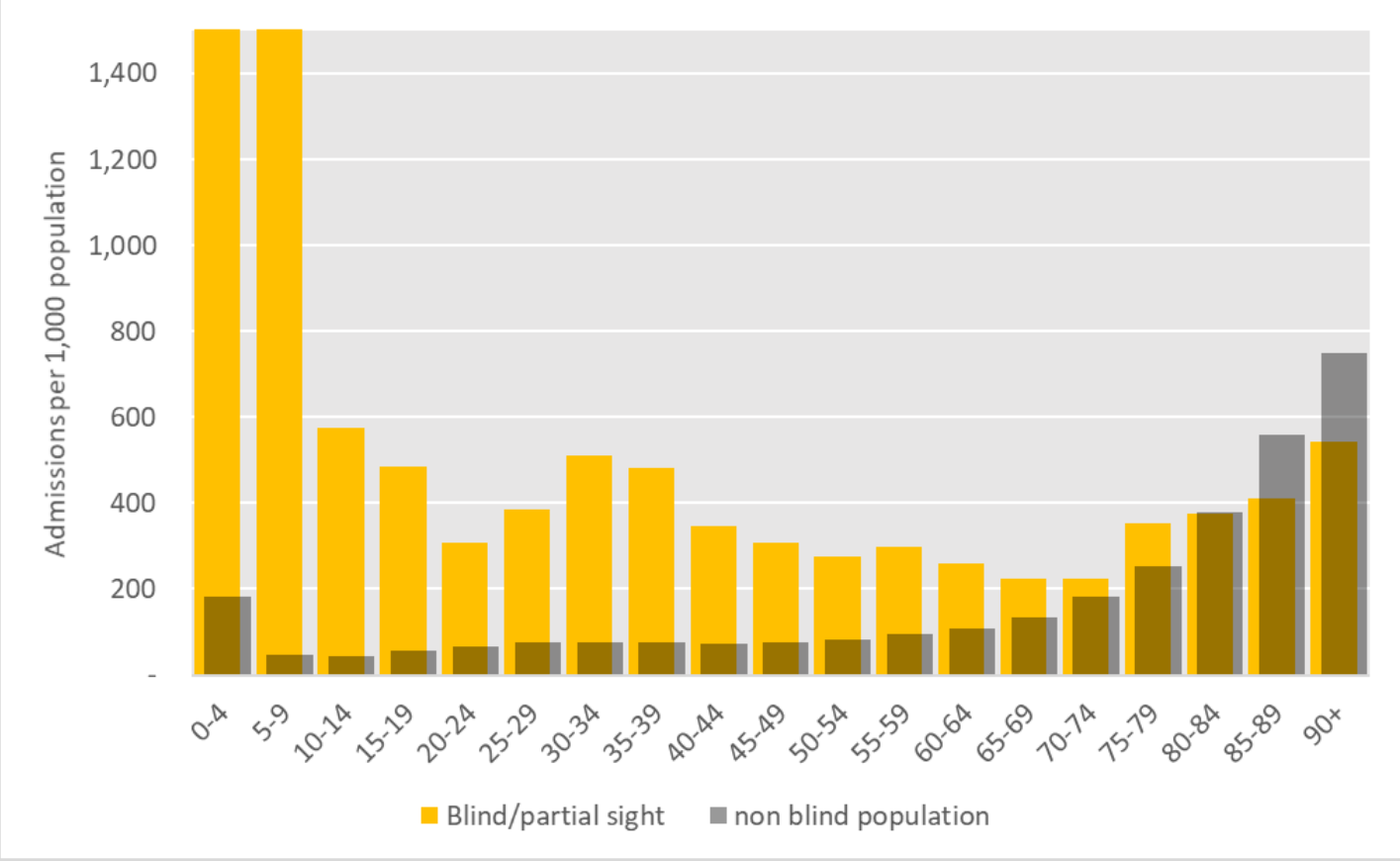
We found that a person in the West Midlands with sight loss might also be at risk of other emergency admissions such as:

- Falls
- Mental Health and Self Harm
- Medication
- Ambulatory emergency care amenable

- The Eye Health and Sight Loss community should collaborate with integrated care
- Population Health Management can help identify these vulnerable groups

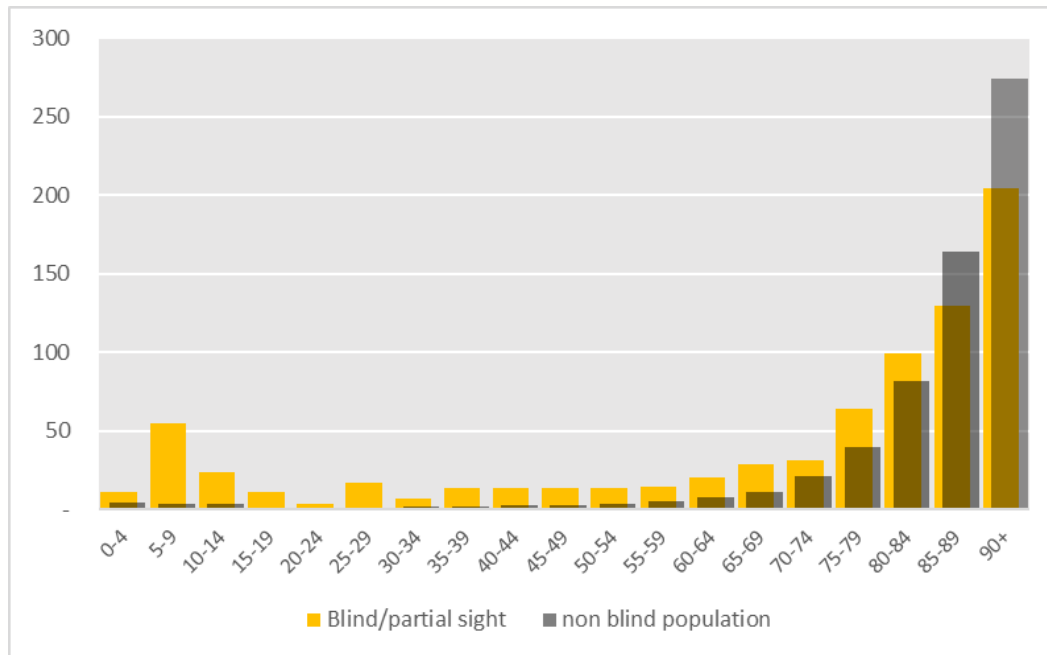
The current data quality is poor but early data suggests benefits might be gained by targeting at risk groups.

# How sight loss is affecting people – Admissions (per 1,000 population)



# How sight loss is affecting people - Falls

**Falls**

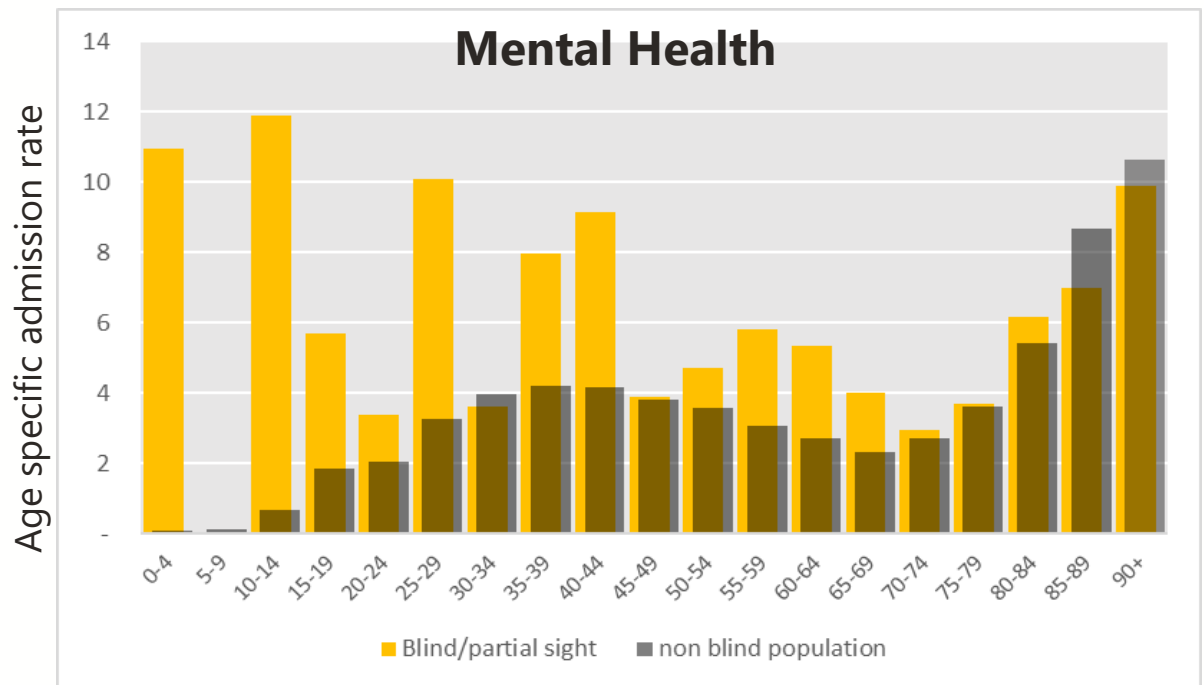
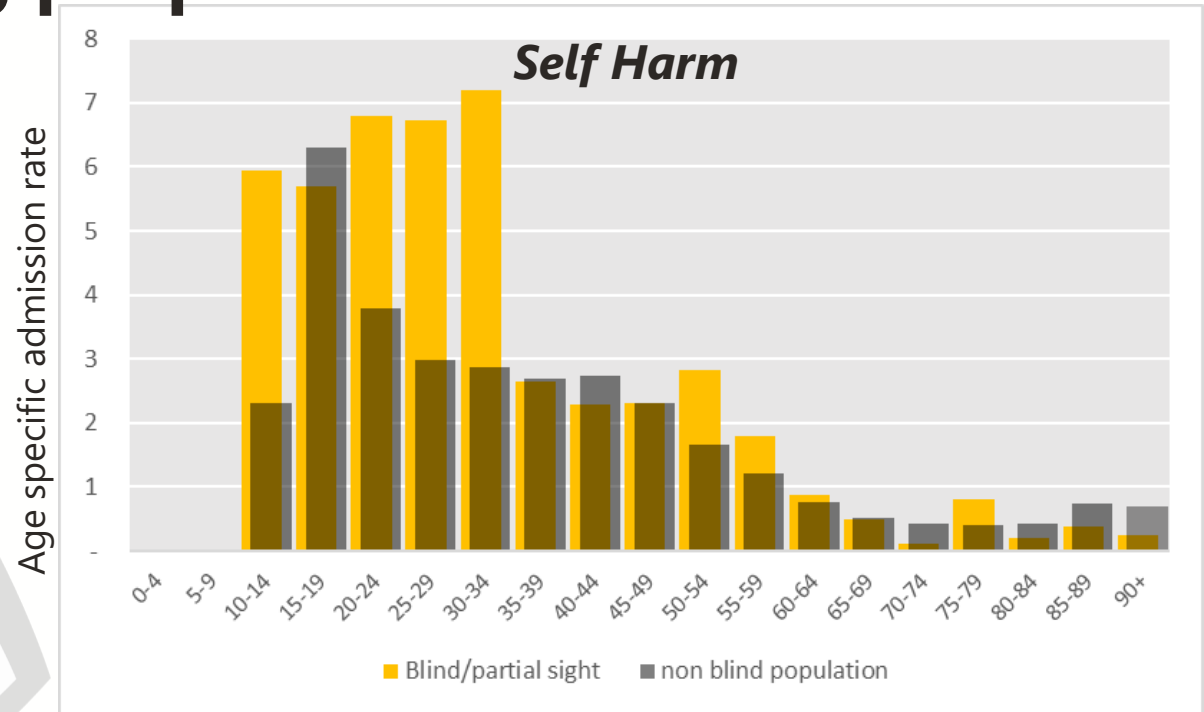


**Balance and visuomotor problems with AMD, binocular visual field loss with glaucoma and longer waiting times for cataract surgery have been associated with increasing fall frequencies**

# How sight loss is affecting people – Mental Health

A 2015 survey found that **only 17%** of people who were **registered blind and partially sighted** were **offered emotional support** for their **deteriorating vision**

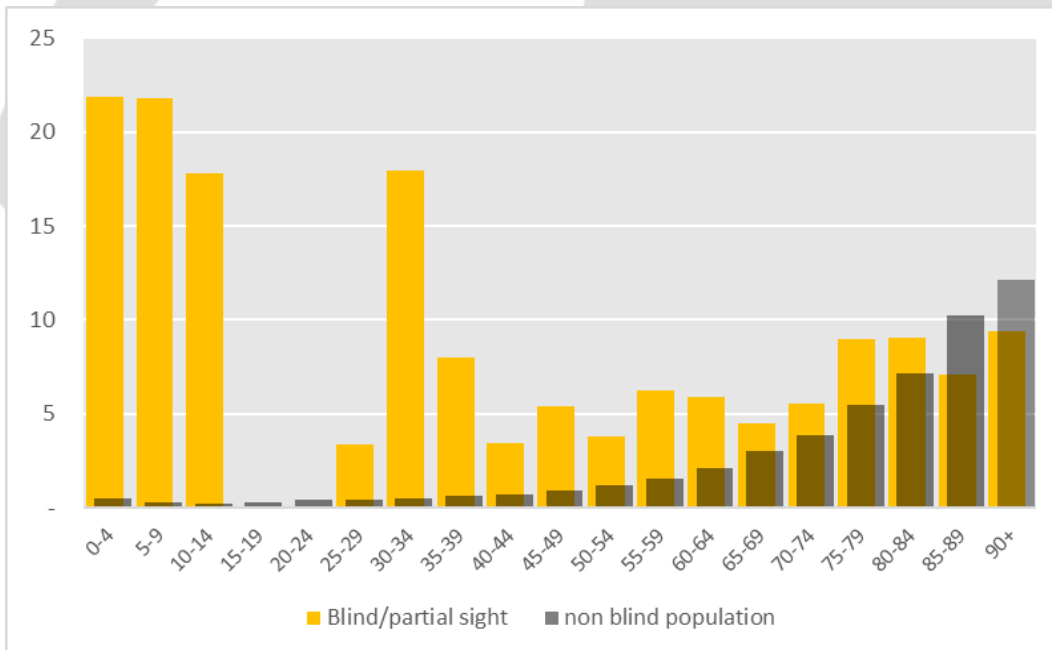
The numbers might be small but the partially sighted population are only 3% of the West Midlands population



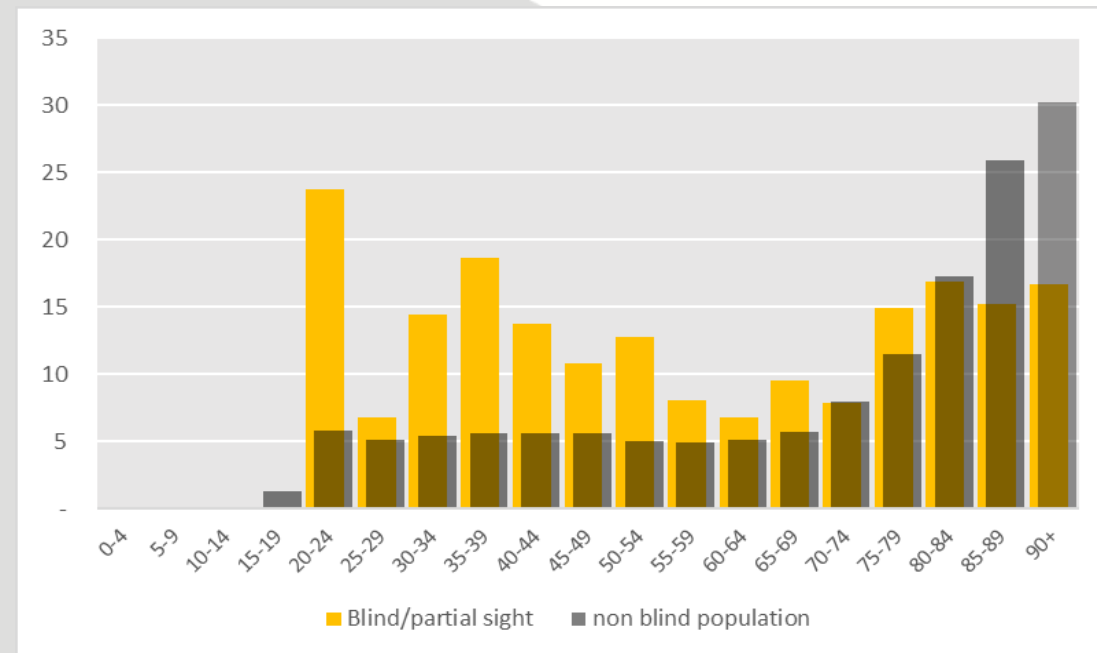


# How sight loss is affecting people – Medicines and Emergencies

## Medicines related – explicitly coded



## Ambulatory emergency care amenable



## **Ideas from the West Midlands LEHN workshop on what could be done to improve this.**

STPs and partners will also have ideas on how to approach this; the LEHN can help connect you to the Eye Health and Sight Loss experts to collaborate.

## Prevention

*“To run an advertising campaign to raise awareness of eye health and sight loss in the West Midlands”*

# Prevention (advertising campaign)

## STRUCTURES

- Lead organisation
- Budget control
- Process of dealing with conflicts of interest e.g. logos
- Operational project board with an oversight board that is fed into it
- Project leads & specific areas of project with specific responsibilities e.g. data/evaluation by a particular group
- Risk management controls
- Clear project plan – mission statement/vision
- Equality impact assessments
- Clinical information in the campaign produced by optical confederation & LOCs – approved by everyone (including 3rd parties)

## PRACTICE

- Patient testimonials
- Good engagement from stakeholders
- Provide clear, concise and accurate information in accessible formats
- Project structures need to be in place
- Different media e.g. Bill boards, TV advert, radio, social media
- Emphasising making every contact count
- Glaucoma /AMD – adverts on conditions e.g. wet AMD – distortion go to optometrist
- Statistics – e.g. did you know diabetes can double the risk of sight loss, smoking can double the risk of sight loss
- Speak to 3<sup>rd</sup> parties and give information on eye diseases to include on their agenda e.g. obesity groups/ diabetes groups - how does lifestyle affect eye diseases?

## PURPOSE

- To run an advertising promotion campaign (regionally – West Midlands)
- To improve awareness of how lifestyle affects eye disease – programmes are there on lifestyle – need to add eye health on agenda
- Improve eye disease detection earlier, reduce pressure on already overstretched services across hospital eye services
- Larger community – improving patients' quality of life (e.g. reduces pressure on mental health services)
- Spread awareness of sight tests – not just glasses but pick up eye health awareness in general
- Improve accessibility to sight tests in terms of inequality – target hard to reach groups e.g. BAME

## PRINCIPLES

- Produce a timeline – Start and end date
- Patient centred (patient views taken into account)
- Good evidence – data
- Target the work at hard to reach groups – how do we identify them?
- Evaluation – how did the campaign affect data?
- Respect the organisation taking the lead
- Accountability & reasonability of the sponsor
- Active engagement of stakeholders – give the right information to partners (e.g. commissioners)
- Good project management and access to good marketing expertise

## PARTICIPANTS

- NHS England
- Patients & patient group
- Public Health
- CCG's
- Social care
- Optical confederation
- Health Watch
- Secondary Care
- Local Authority
- 3rd party sector
- Community groups
- Local Optical Committees (LOCs)

WM LEHN workshop spent time thinking how they might approach shifting activity into a primary care setting using a targeted approach...

## **Reduce Hospital Activity**

*“Deliver as many elements as possible in community settings, including through virtual and tele-communications to increase engagement (reduced travel, more comfortable environment) and reduce capacity pressure on over-stretched hospitals”*

# Reduce Hospital Activity by delivering as much as possible in a community setting

## STRUCTURES

- STP/ICS
- Community providers
- Acute Services

## PRACTICE

- All eye care providers having access and input into patient record
- Glaucoma low risk to be stratified and managed in community care
- AMD Pathway monitored in community for suitability of patients
- Post-operative cataract care (non-complex) in community

## PURPOSE

- To ensure patients are being seen in the right place, receiving the best care at the right time

## PARTICIPANTS

### *Decision makers*

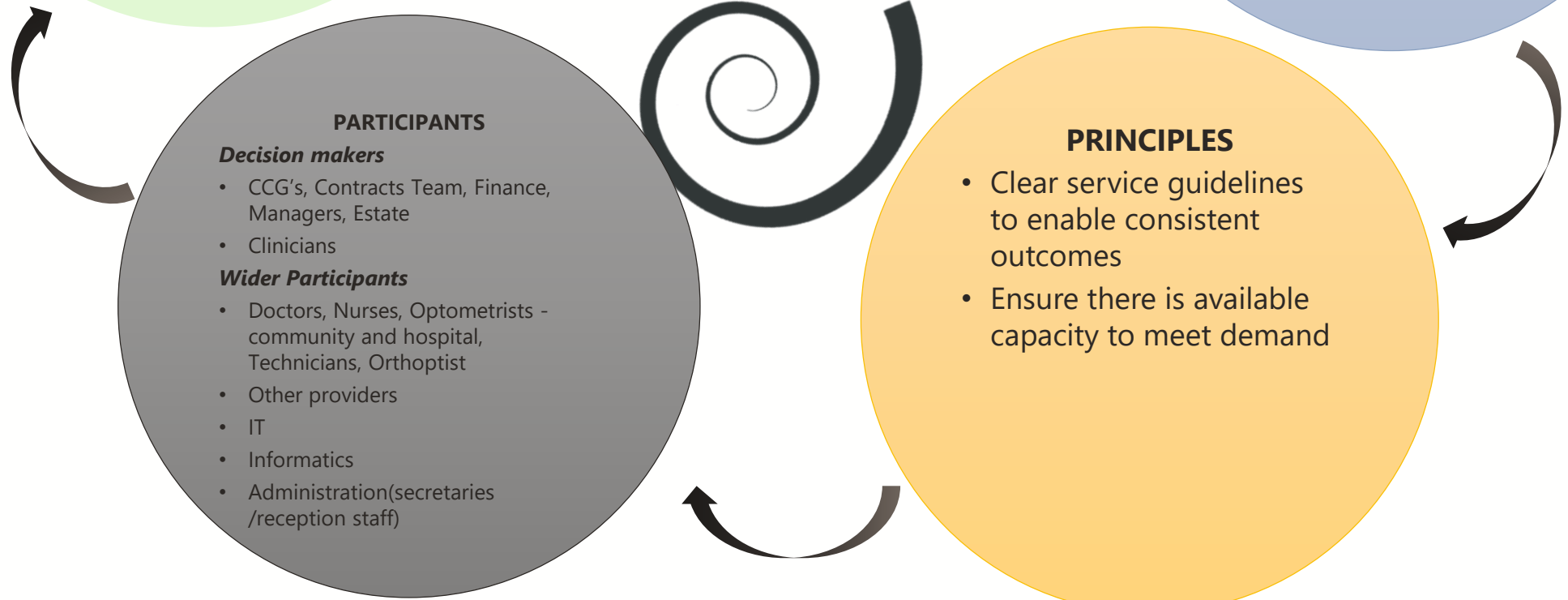
- CCG's, Contracts Team, Finance, Managers, Estate
- Clinicians

### *Wider Participants*

- Doctors, Nurses, Optometrists - community and hospital, Technicians, Orthoptist
- Other providers
- IT
- Informatics
- Administration(secretaries /reception staff)

## PRINCIPLES

- Clear service guidelines to enable consistent outcomes
- Ensure there is available capacity to meet demand





## **Reduce Hospital Activity**

*“Those people who don’t need to go to hospital shouldn’t - there should be a suitable alternative in the community”*

# Reduce Hospital Activity by reducing hospital attendances

## STRUCTURES

- Singles IT Solutions
- Robust IT infrastructure
- Training / competency
- Governance
- Alliance Led

## PRACTICE

1. What are we going to do?
  - Shared vision agreements
  - Single pathway including telemedia
  - Ensure contract is outcome focused
  - Sufficient IT infrastructure and data sharing
  - Consider a single provider model
2. What are we going to offer?
  - Community service with access
  - Diagnostic delivered
  - Ensure right time, right person, right place
3. How are we going to do it?
  - Seek commissioning support
  - Build a business case
  - Engage with key stakeholders
  - Do a system wide capacity analysis
  - Do a trial to prove proof of concept

## PURPOSE

- To empower patients/ experience/outcomes
- To reduce patient numbers going into clinics (hospitals)
- To provide care closer to home
- To innovate
- To reduce costs through efficiency
- To offer diagnostic hubs (e.g. virtually with optometrist or with IA)
- Should be a communication setting and telemedicine
- Activity and demand should be managed using a communication setting as much as possible (e.g. telemedicine)

## PARTICIPANTS

- STP to facilitate integration/support
- Acute providers and alliances
- Optometrists and Local Optical Committees (LOC)
- Patients / patient groups
- Exploring alternative partners e.g. research/ innovation/ private/ voluntary sector [Stakeholder Engagement]

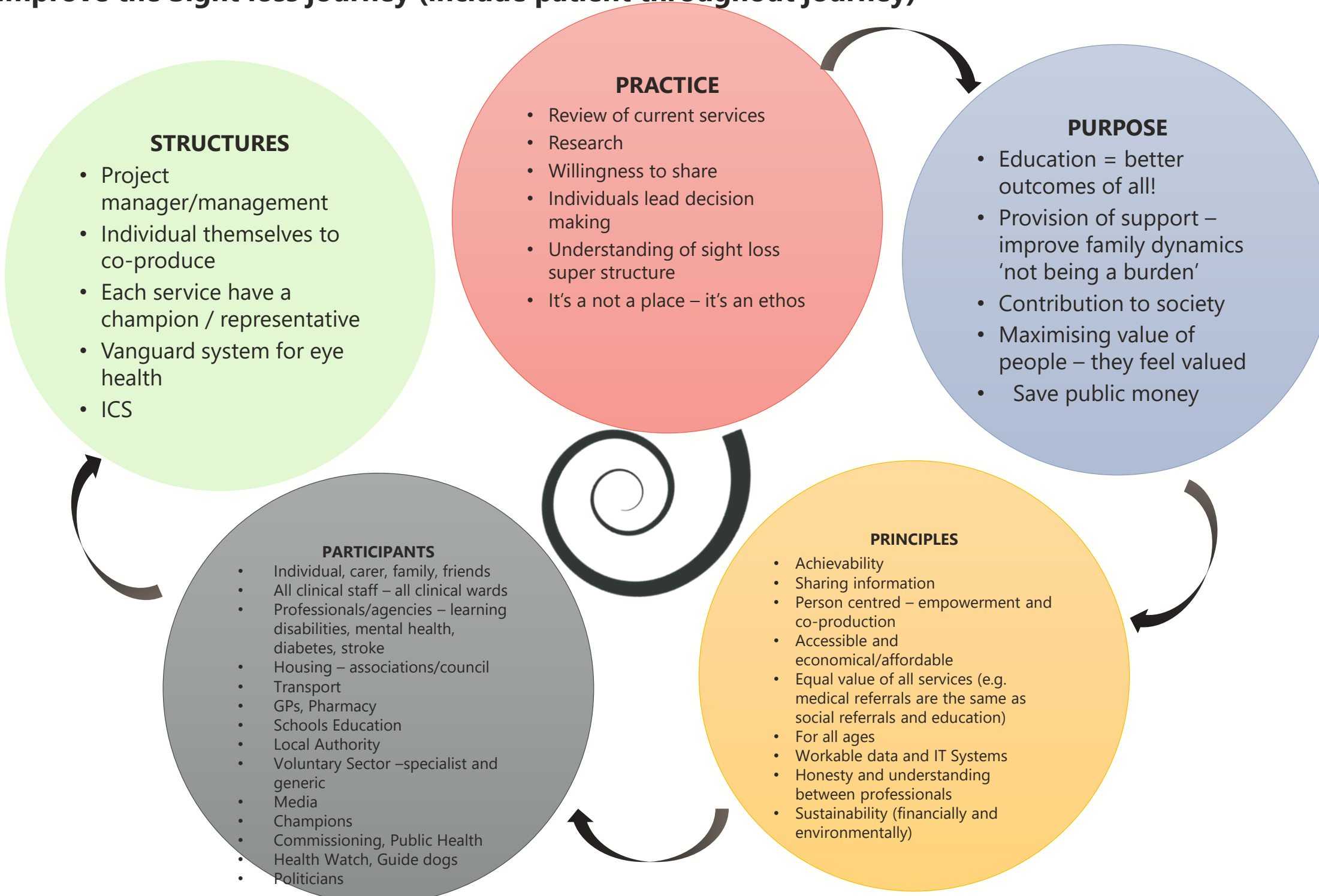
## PRINCIPLES

- Collective vision must be shared by all parties (including patients)
- S.O.P's = clinical safety
- Communication
- Pooled budgets
- Integration
- IT

## **Improving the Sight loss journey**

*“The journey should include patient education at diagnosis and ECLOs at the end so patients aren't “dumped” at the end of the conveyor belt”*

# Improve the Sight loss journey (include patient throughout journey)





## **Karen Bradley**

To discuss any of the content please contact me on

T: 07860 735586

E: [karen.bradley2@nhs.net](mailto:karen.bradley2@nhs.net)

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