The Strategy Unit.

West Midlands Local Eye Health Network

Key Opportunities for Eye Health and Wellbeing

Final Report, March 2019

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NHS
Midlands and Lancashire
Commissioning Support Unit

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*

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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?

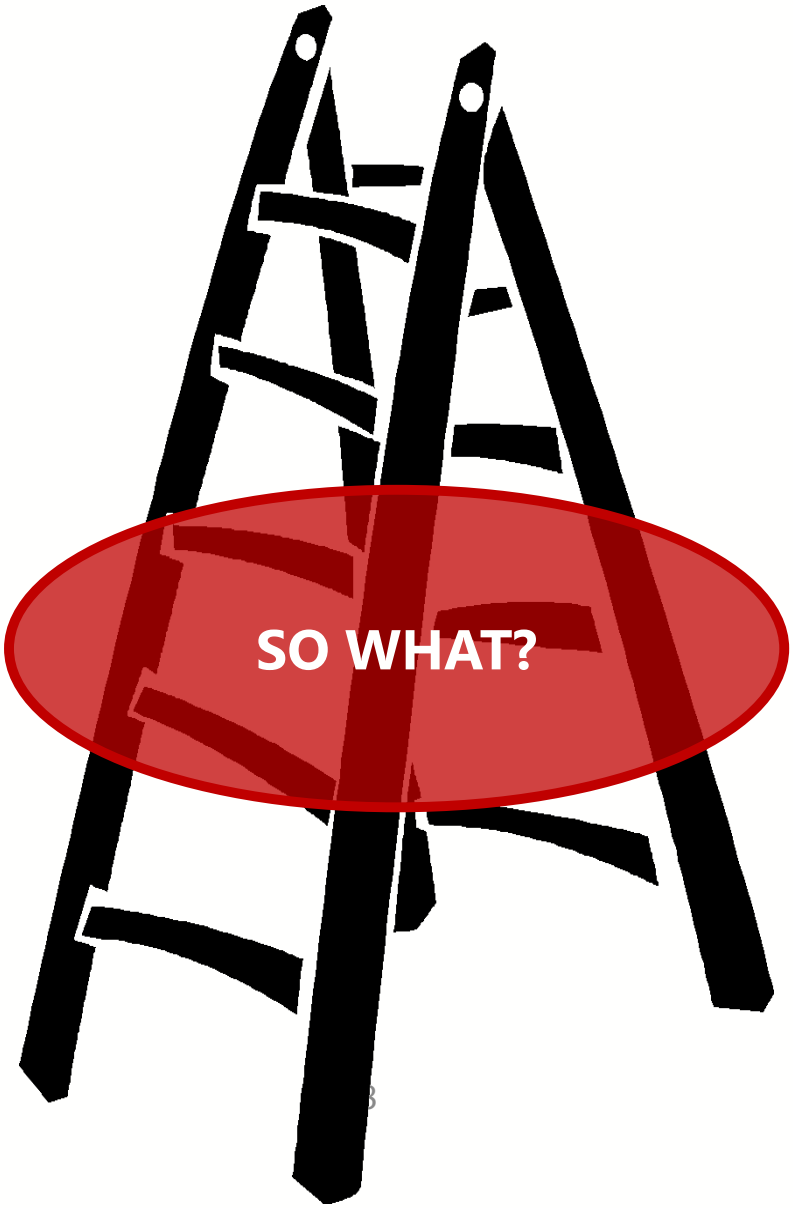
- This affects a whole person (and their families) for the rest of their life
- people have said they would rather have cancer than sight loss
- This is a well known but overlooked commissioning priority

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

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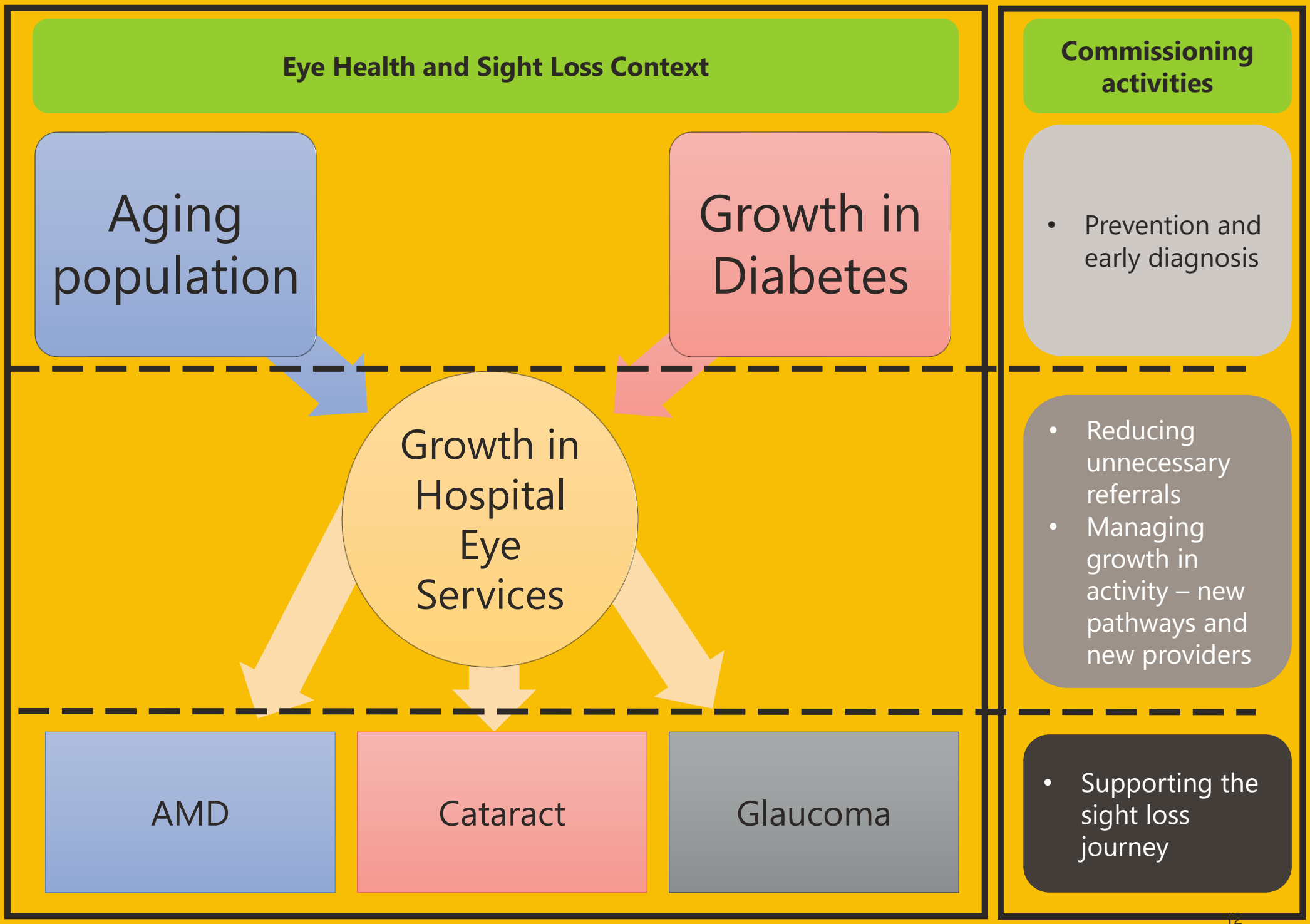
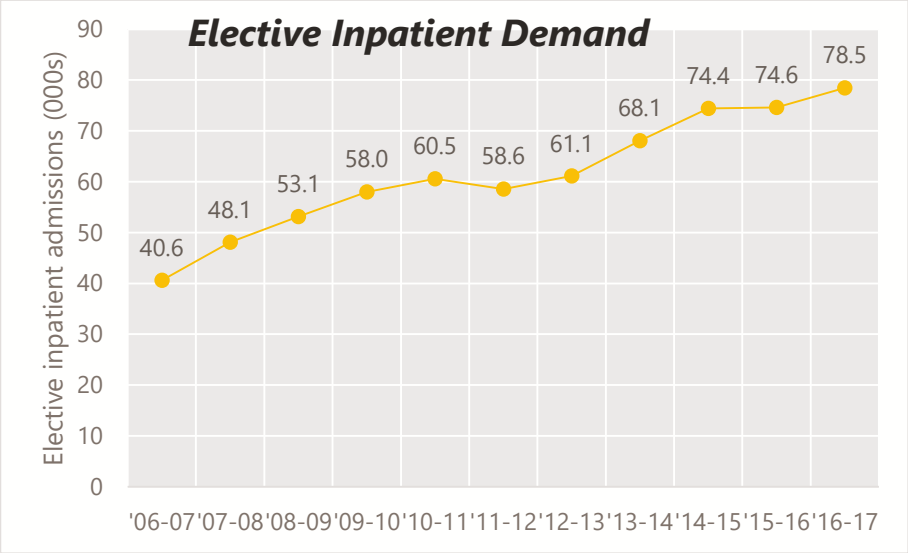
High volume activity is likely to keep growing especially for AMD, cataracts and glaucoma

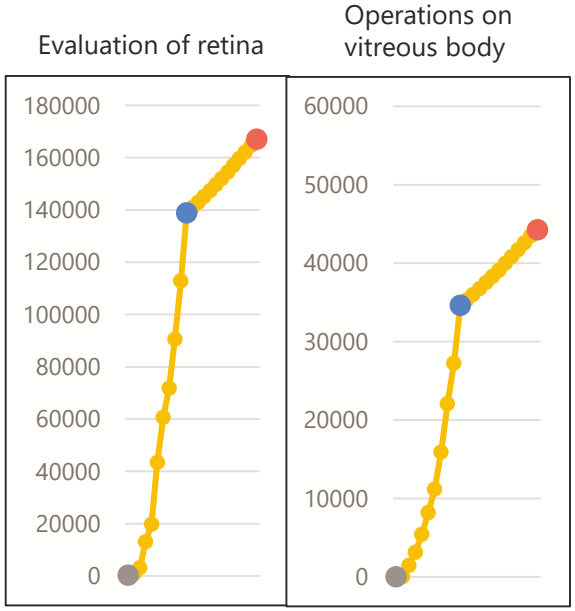

Eye Health and Sight Loss Context
Aging population
Growth in Diabetes
Growth in Hospital Eye Services
AMD
Cataract
Glaucoma
Commissioning activities
• Prevention and early diagnosis
• Reducing unnecessary referrals
• Managing growth in activity – new pathways and new providers
• Supporting the sight loss journey

We know that demand and activity are growing…

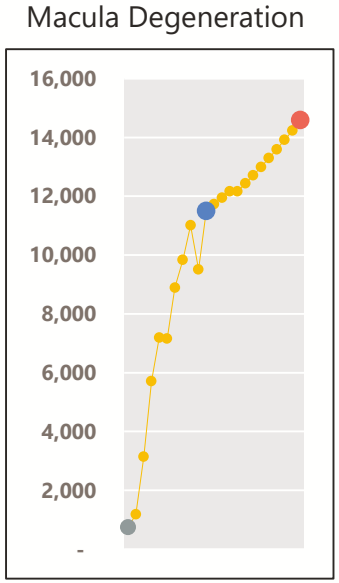


Condition	% increase in number of individuals with that condition (2015/16-2030)
Glaucoma	12%
Cataract	47%
DR	8%
Severe DR	8%
AMD Drusen	32%
AMD Wet	48%
AMD Dry	46%

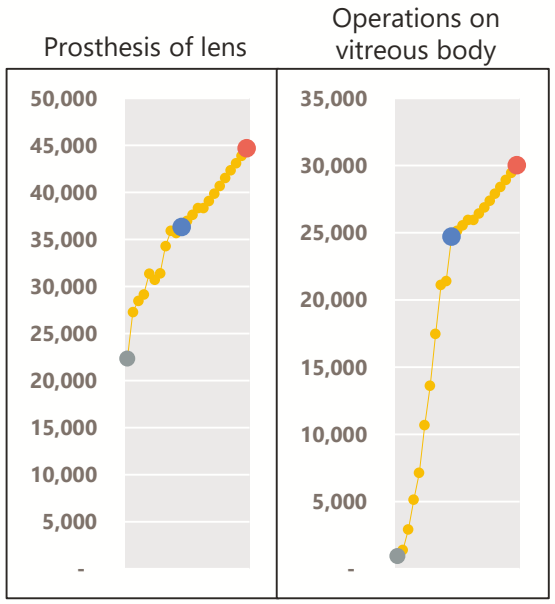
OUTPATIENT Procedures



PLANNED Diagnosis



PLANNED Procedures



2006/07 2016/17 2028/29

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

Impact of Sight Loss – RNIB 2018

West Midlands

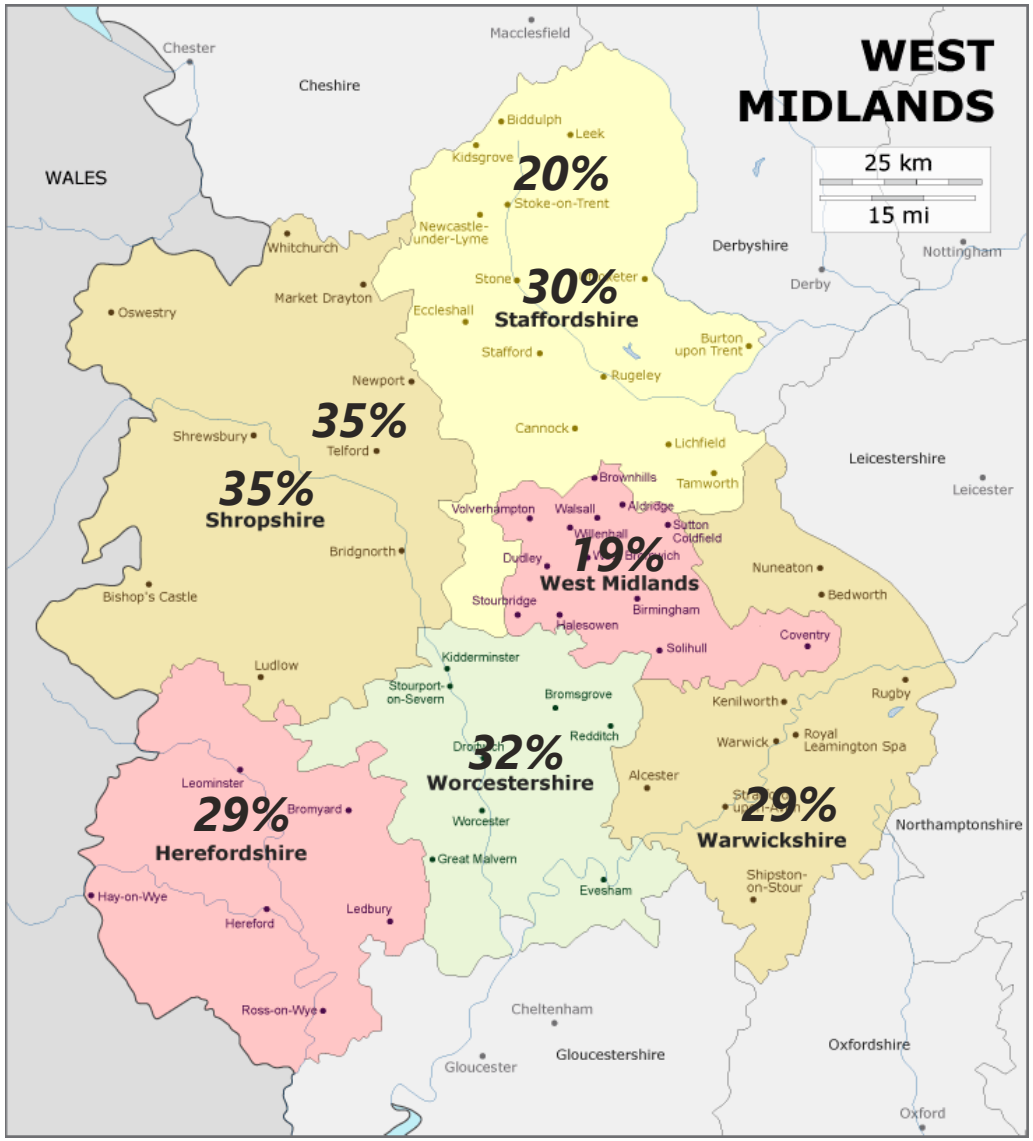
- 5,860,706 pop
- 187,000 living with sight loss
- 29,725 registered blind or partially sighted
- 2,083 certificates of Vision Impairment in 2016/17
- 25% increase expected by 2030
- £3,604,000,000 estimate cost of sight loss

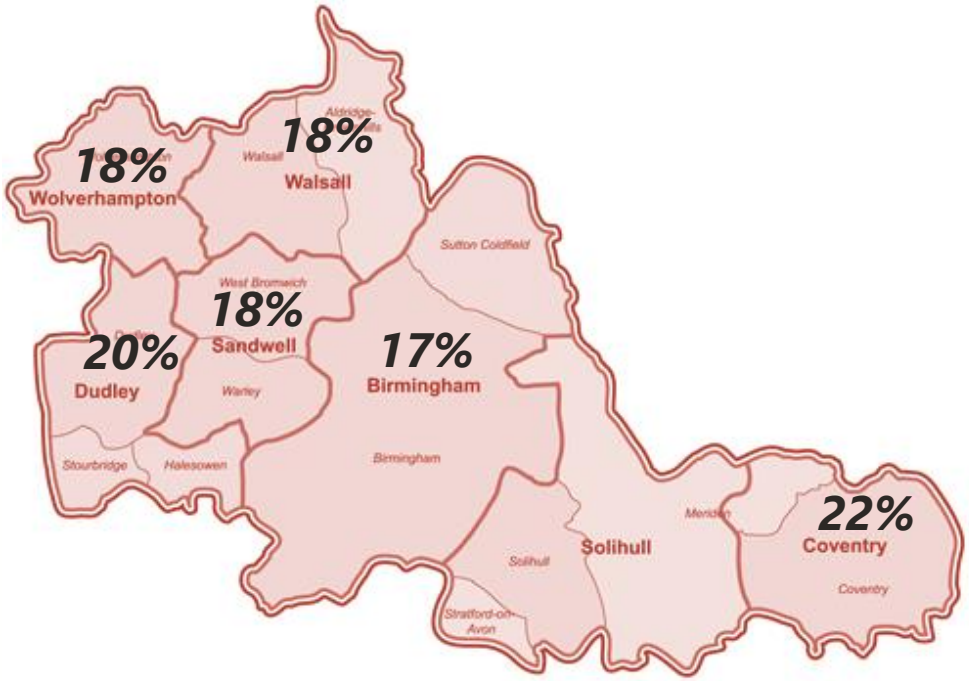
Blind and partially sighted people

- 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***





***Pezzullo et al., 2018* - The economic impact of sight loss and blindness in the UK adult population. RNIB and Deloitte Access Economics. Prevalence's applied to subnational population projections.**

Prevention and Sight Loss

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

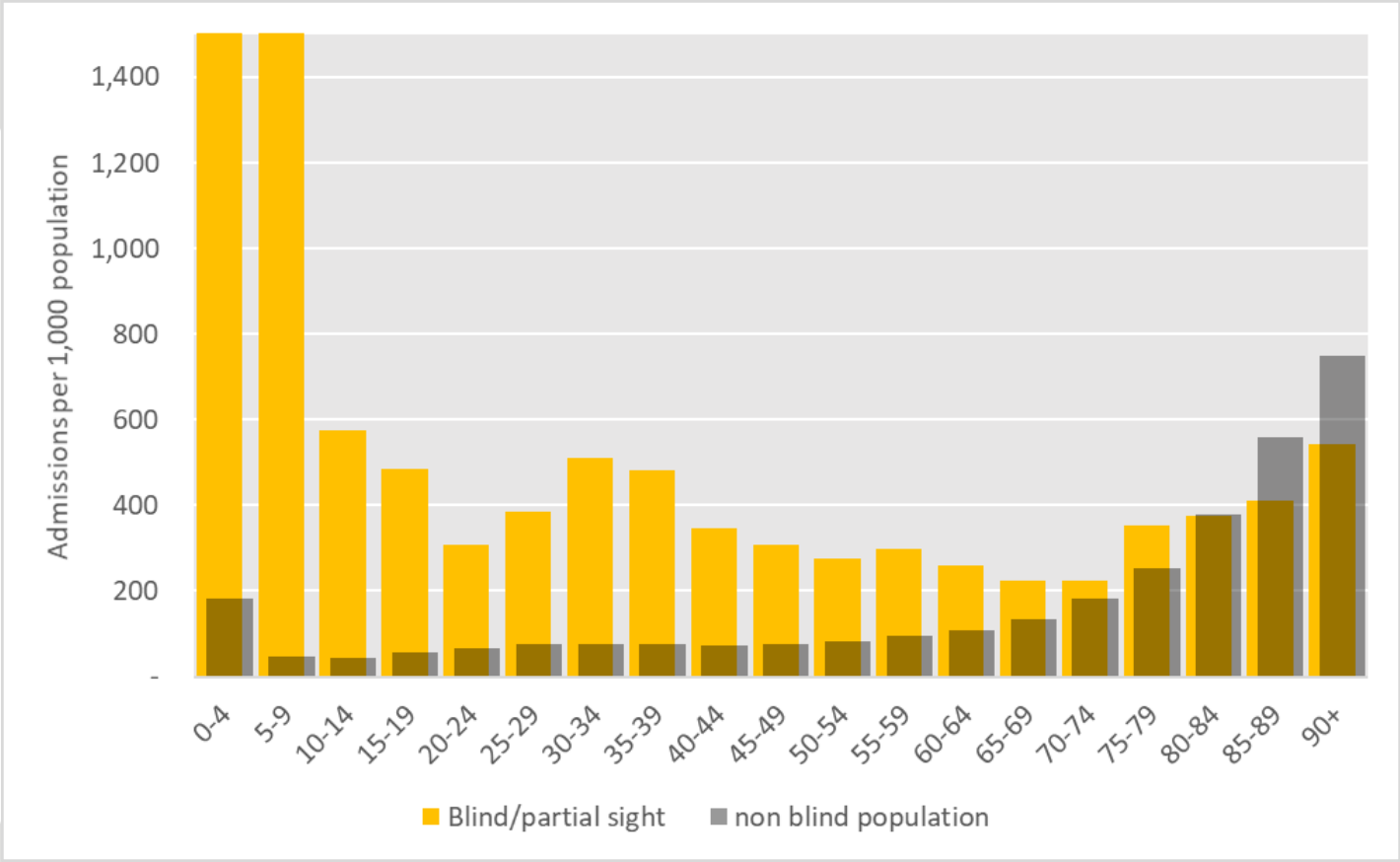
At risk factors for sight loss
- Diabetics
- Learning Disabilities
- Deprivation
- Age

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

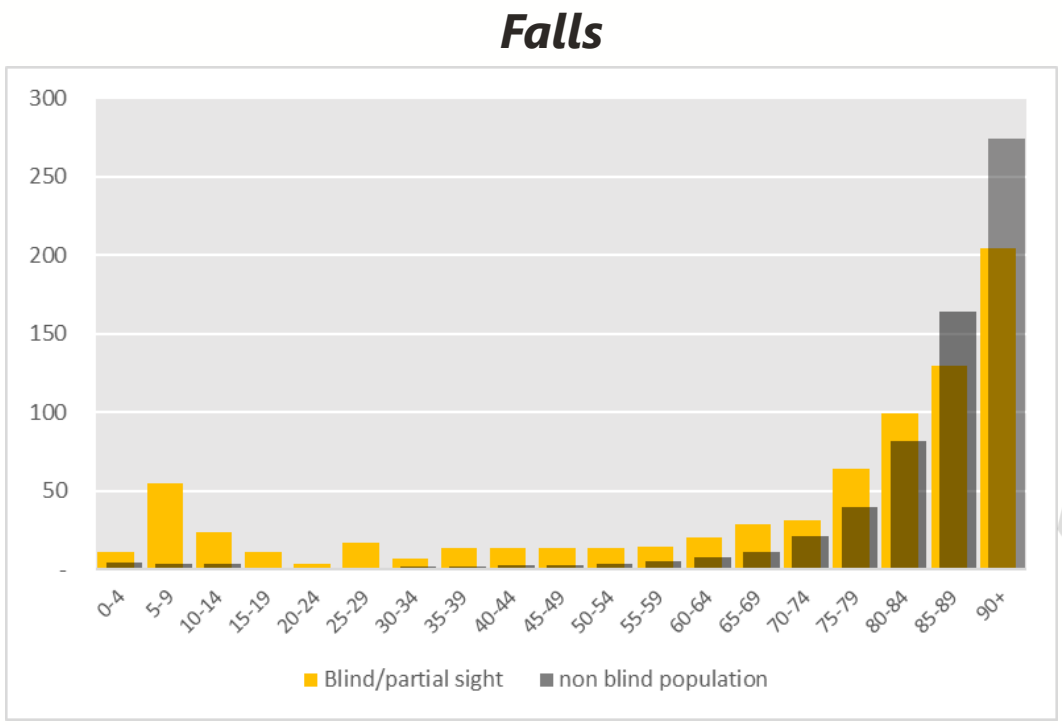
- The Eye Health and Sight Loss community should collaborate with integrated care
- Population Health Management can help identify these vulnerable groups

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

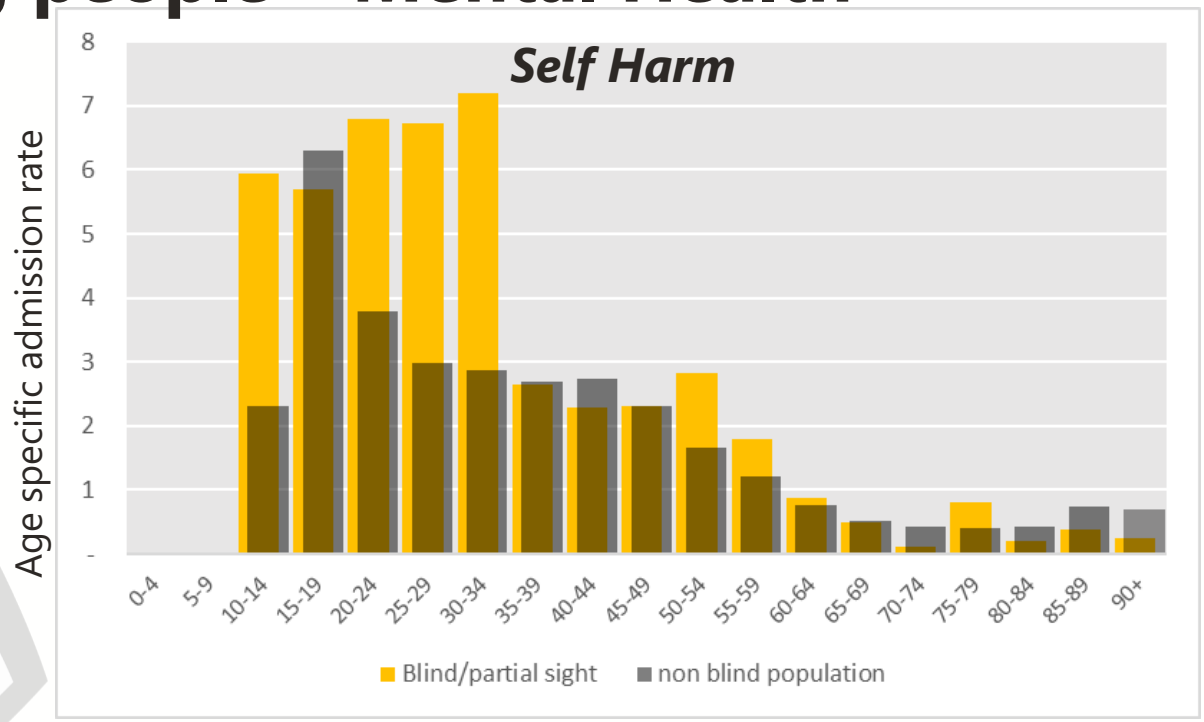


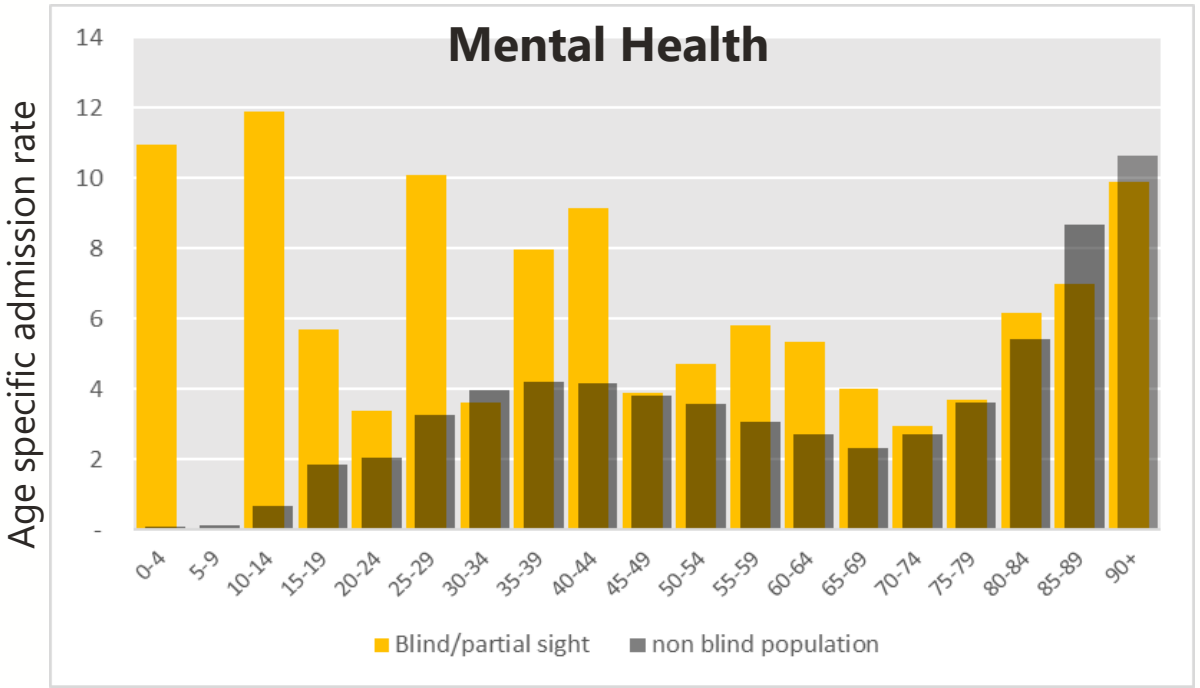
Balance and visuomotor problems *with AMD,* ***binocular visual field loss*** *with glaucoma and* ***longer waiting times*** *for cataract surgery have been associated with increasing fall frequencies*

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*

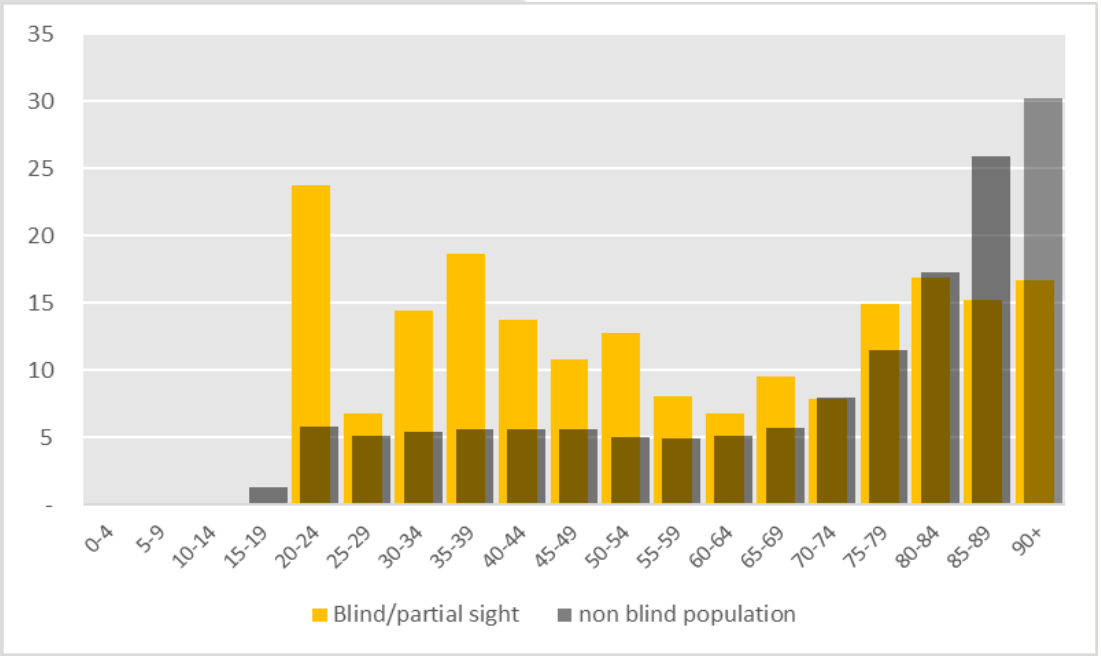
The numbers might be small but the partially sighted population are only 3% of the West Midlands population



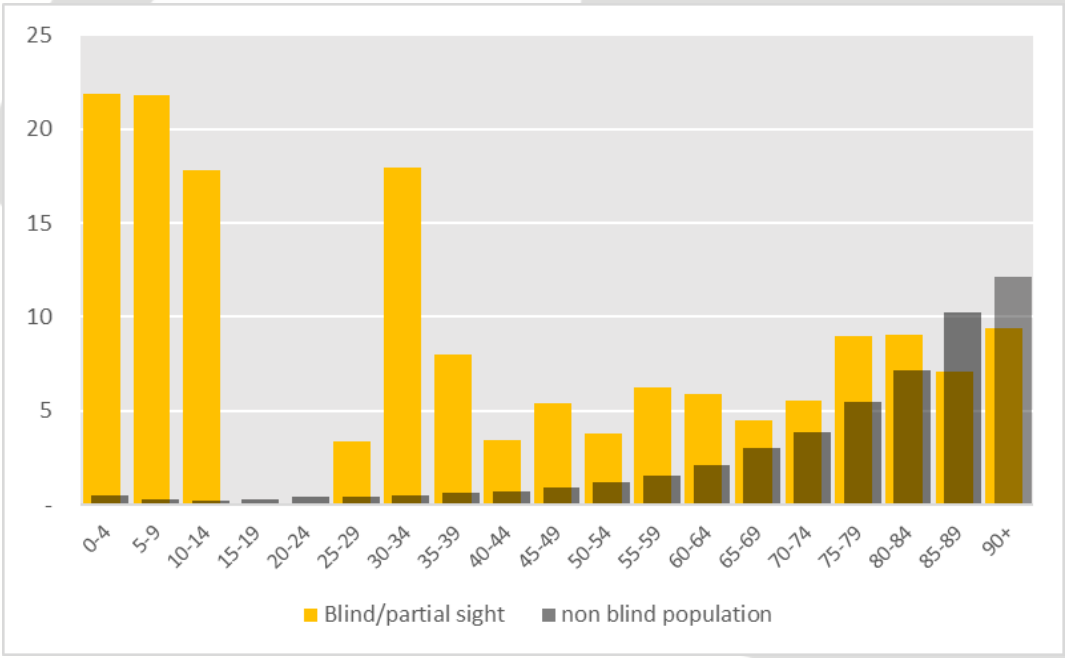


How sight loss is affecting people – Medicines and Emergencies

Ambulatory emergency care amenable



Medicines related – explicitly coded



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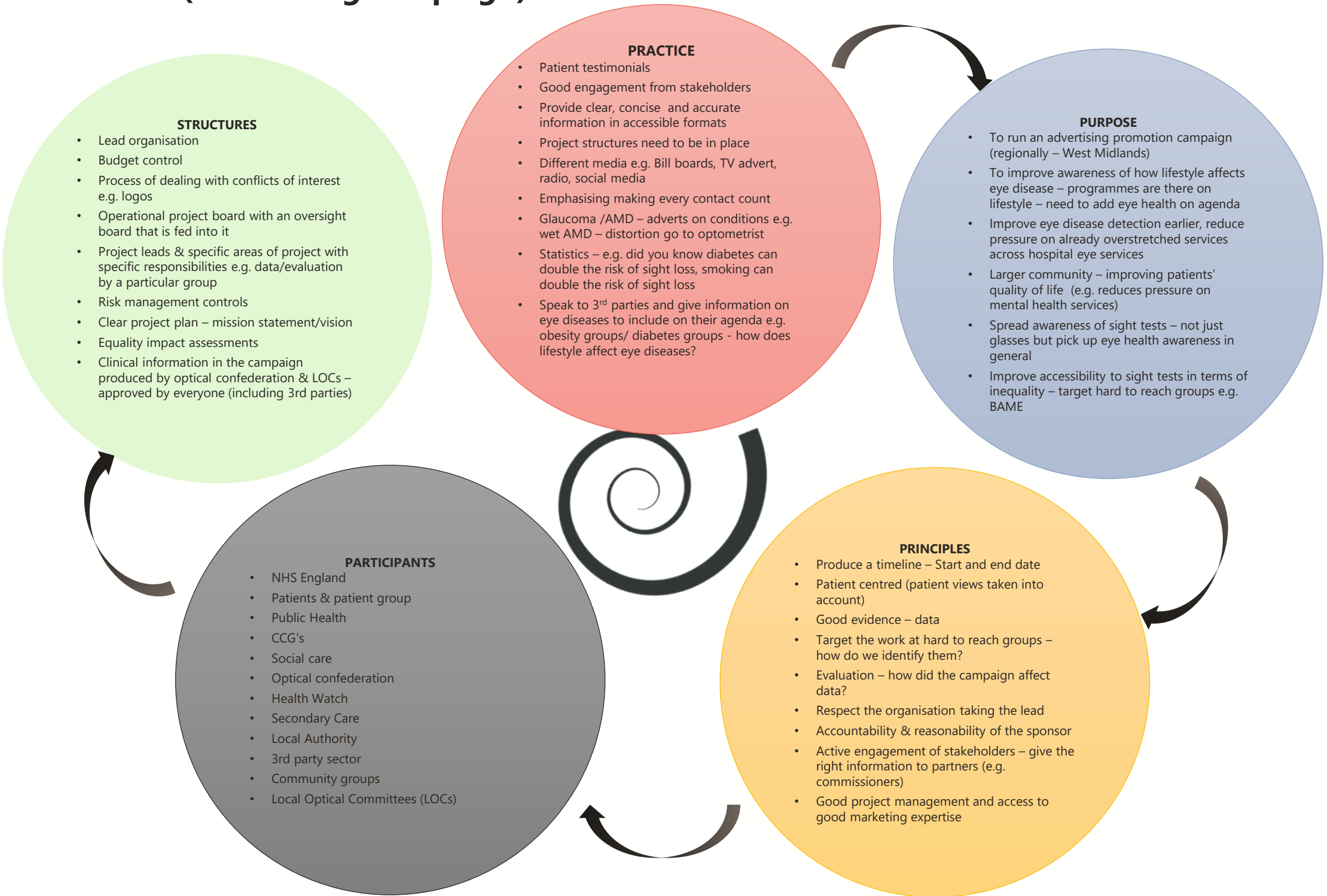
Ideas from the West Midlands LEHN workshop on what could be done to improve this.

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)

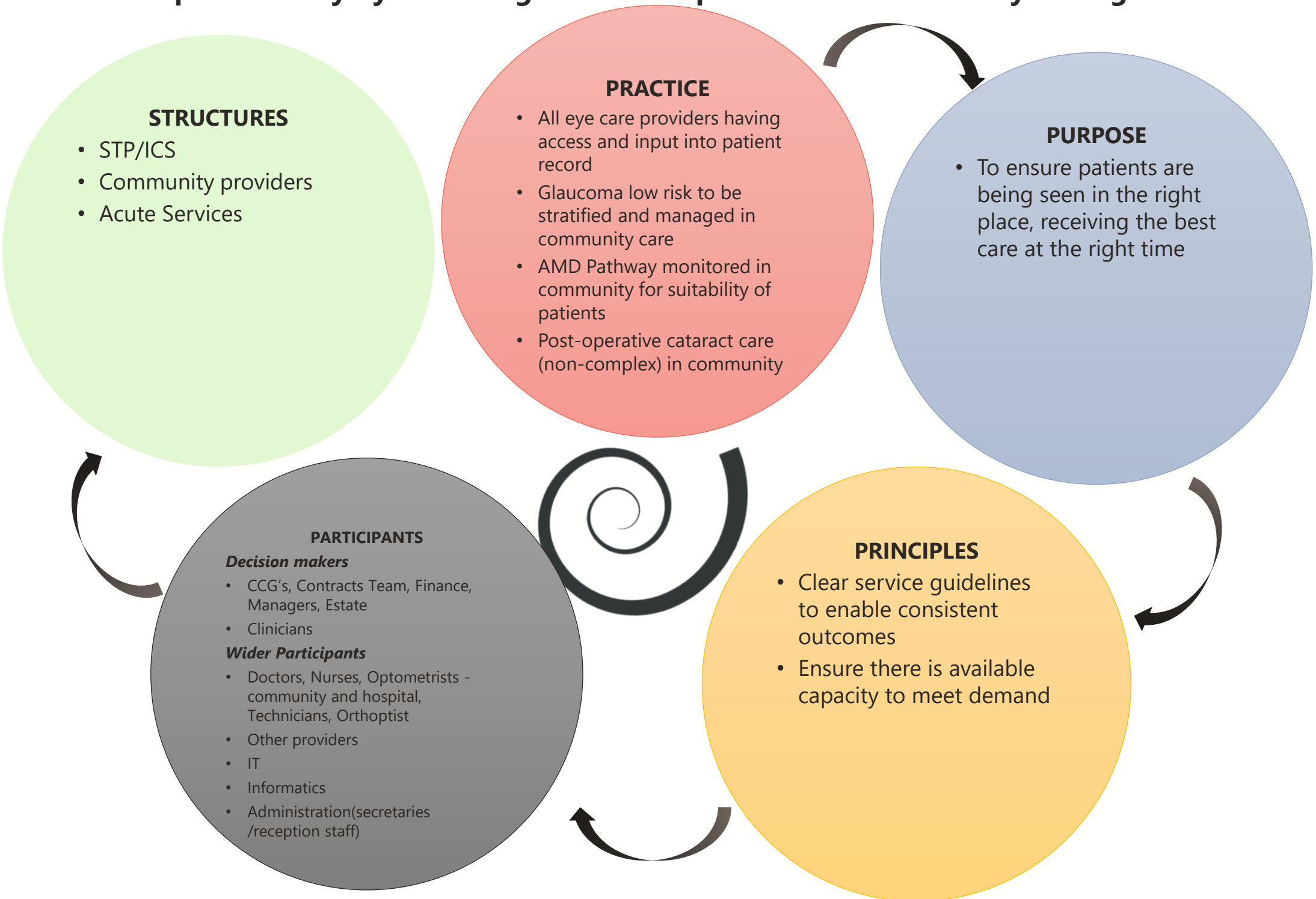


Reduce Hospital Activity

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

"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"

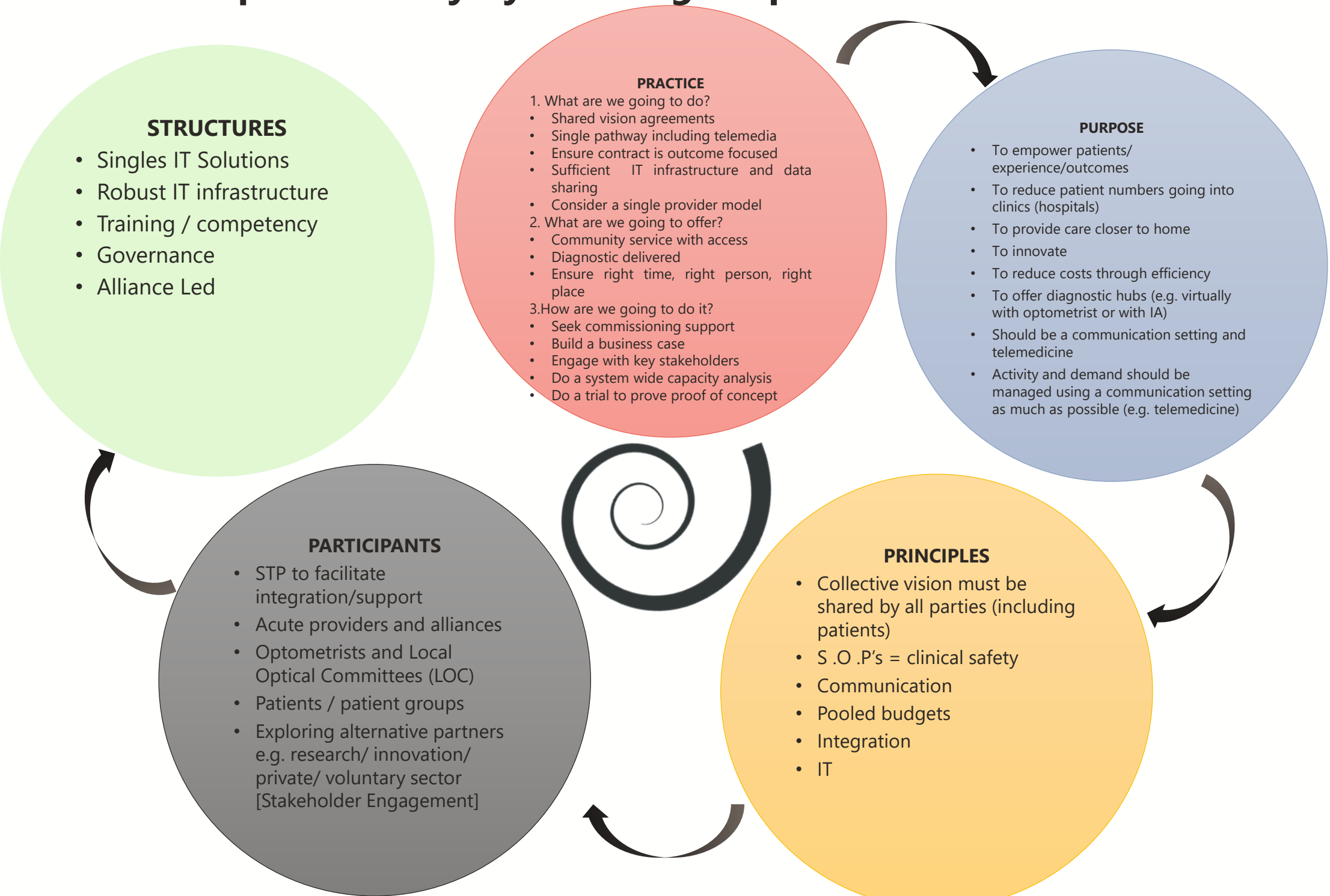
Reduce Hospital Activity by delivering as much as possible in a community setting



Reduce Hospital Activity

"Those people who don't need to go to hospital shouldn't - there should be a suitable alternative in the community"

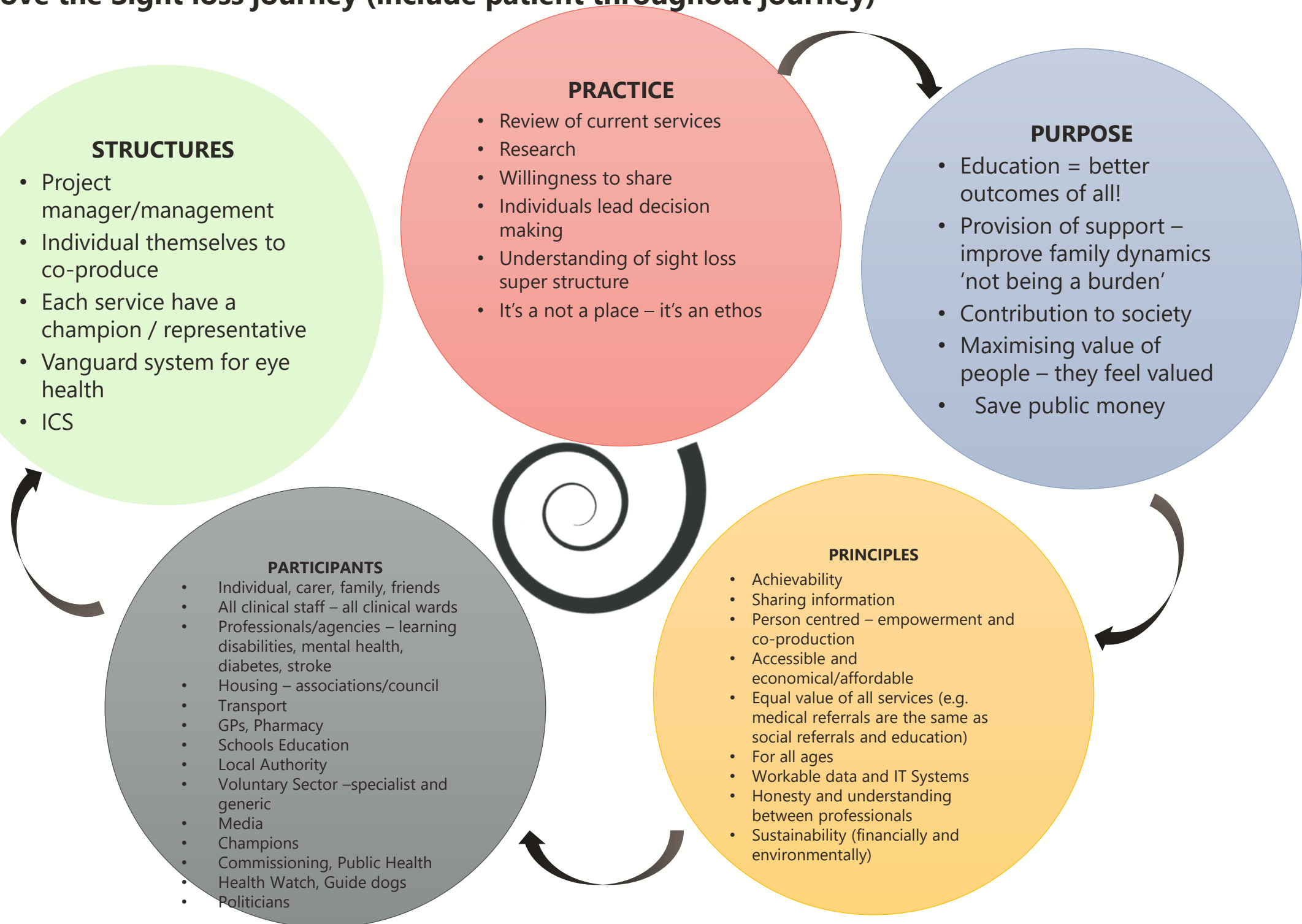
Reduce Hospital Activity by reducing hospital attendances



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)



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