

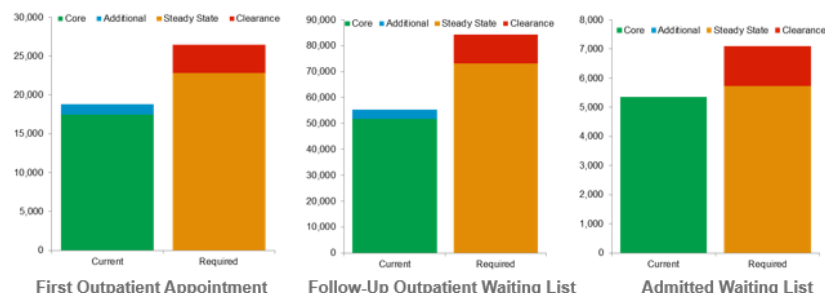
Ophthalmology Transformation Programme Update (3)

Mid & south Essex STP

This briefing is intended to provide stakeholders with an update on progress made within the Ophthalmology Transformation Programme and an outline of planned next steps as we move towards an improved way of delivering eye care for our population

Demand and Capacity modelling

Full demand and capacity modelling has been completed for Southend Hospital and has demonstrated that there is currently insufficient capacity across outpatients and admitted.



The model suggests that for the Southend service to maintain a steady state 438, 1,405 and 110 slots per week are required for the first, follow-up and admitted areas, respectively. The service currently has a core weekly capacity of 336, 994 and 103 slots across the three respective areas.

This piece of work lends further support for the ongoing transformation of services to ensure patients have access to appropriate eye services. In the meantime additional capacity is being secured through various mechanisms including current staffing teams providing additional clinics, independent services providing further clinical capacity both on site within Southend hospital and from their own locations, additional providers being available for patients at point of referral.

This detailed modelling is being replicated in Mid Essex Hospital to provide the same level of detail for that service.

Progress last month

- ✓ Completion of current demand and capacity modelling for SUHFT
- ✓ Options paper considered by steering group
- ✓ Pathway and governance discussion held for Primary Care pathway
- ✓ Completion of clinical audit by all clinical providers to determine activity appropriate for a primary care service
- ✓ MEHT have confirmed they wish to replicate the Glaucoma Community Monitoring Scheme

Clinical Audit Outcomes

CCGs have assumed that 25% of current Hospital referrals could be delivered by Optometrists from within their own practices via a primary care pathway supported by a Consultant led triage. This assumption was based on evidence from similar schemes in other areas that did not have the Consultant led triage element:

- Stockport: - 17% reduction in GP referrals against a 7% increase in neighbouring CCGs.
- Heywood / Middleton & Rochdale - 20% reduction in GP referred activity verses 7% increase in neighbouring CCGs.
- Lambeth / Lewisham - 27% reduction in GP referred activity relating to first appointments.

In order to obtain assurance as to whether our assumptions are reasonable all clinical providers completed a clinical audit through December 2017 (and some continued into January) to determine which activity would be appropriate for a primary care pathway ie did not need to be seen by a Hospital service.

The outcome of the audit provided assurance that the assumptions were appropriate and the group agreed to proceed with the business case using a starting point of 20%, 25% and 30% within a business case.

IT System

IT - IT / IG issues are paramount to the success of this model – information, including images, will need to be shared between elements of the pathway

IT options are being evaluated through February to determine how to proceed. Recommendations will be developed.

The evaluation criteria are based on ability to meet the following issues:

- There is no electronic interface or communication method between community and acute ophthalmology services.
- There are currently a large number of different systems utilised across the south east Essex ophthalmology services most of which do not interface with one another.
- There are currently networking and connectivity issues that cause important diagnostic and imaging tools to be ineffective and difficult to utilise.

February Milestones

Completion of current demand and capacity modelling for MEHT

Complete pathway review for medical retina cases

Business case for contract model for primary care pathway and consultant led triage to be considered by msb

If you would like to provide any comments regarding any of the above or have any requests for future content please do not hesitate to contact me at Jayne.Mason7@nhs.net