



## **OPTOMETRY WALES ADVICE NOTE HES SERVICES IN A COMMUNITY SETTING**

The Together for Health: Wales Eye Care Plan identifies three key priorities for Health Boards across Wales: *moving services where appropriate to a community, setting, using primary care professionals to deliver eye care services and expanding the role of primary care based optometrists.*

Following the publication of the plan, Welsh Government (WG) also made available funding for Health Boards to use to help deliver these goals.

Funding was granted only as long as these services were based in a community setting. In Aneurin Bevan Health Board (ABHB) two proposals were sent to the ROC for discussion which generated extensive debate and as a result of the experience in SEWROC we have prepared some discussion points should this issue arise in your ROC area.

### **Background**

The proposal was related to this Health Board's plans to for Ophthalmic Diagnostic Treatment Centres (ODTC) in Optometric practices. So far SEWROC had given its full support to these plans as a continuation and further development of the thrust to provide patient care in community settings (as required by Welsh Government's Eye Care Plan for Wales), but some SEWROC members had expressed concern that the Health Board's plans might not be in the interest of optometric business owners in the area and that the ROC should consider withdrawing SEWROC's support.

12 months ago AB UHB commenced a 'Glaucoma Assessment Follow-up Local Enhanced Service' in optometric practices, using 6 providers across the AB area. The 6 providers went through a formal application process and were chosen because of their ability and willingness to provide the service required by the Health Board. This project was a resounding success, praised by the Consultant Ophthalmologists and achieving outstanding patient satisfaction results.

The AB plans then developed so that further plans could be implemented to develop the Glaucoma Assessment service by improving the clinical information i.e. to obtain 3D disc images with Kowa Retinal Cameras and to send the information electronically for review by the consultants. The plans meant that the current 6 providers would be reduced to 2, one in Newport and one in Torfaen (these areas have been chosen after mapping the current glaucoma population). SEWROC had already expressed its disappointment at the reduction in number of sites, both for the practices who have helped make the current service successful and also for patients who would have to travel further, but the HB had explained that was not possible to have more sites at first because of the need to use Kowa cameras (they have bought 2 Kowas

using funds awarded under the WG primary care bids process last year) and the need to test the IT systems under tightly controlled circumstances.

In addition, the HB proposed to engage 1 optometric provider in Newport to host a wet AMD ODTc which would have the dual purpose of screening referrals for wet AMD using an OCT scanner, and providing space for wet AMD treatment; this part of the project will be staffed by HB medical and nursing staff. It is envisaged that between 8,000 and 11,000 appointments per annum will take place in the follow-up clinic; of course, with patients returning at 4-8 weekly intervals this will equate to 850-1700 patients from across the HB area. Again, limiting the wet AMD ODTc to 1 site is necessary in the first instance because of equipment costs and IT trials. The sites for both glaucoma and AMD ODTcs would be chosen in a fair tendering process open to all. See Appendix 1 for the ROC approved letter that was sent to all practices so that they could make their expressions of interest known to the HB

It was identified that the consultants are taking a risk by allowing their patients to be seen outside of their own HES clinics and it is understandable that they want to keep a tight rein on the projects to start with. These projects are pilots to test feasibility and ABUHB obtained further 'Pathfinder' funds from WG to fund them; if successful they could be rolled out to other sites across ABUHB area. SEWROC had already pointed out to the HB that this would be preferable, not only for optometrists but also for patients. This would provide great opportunities for other practices to join in and have more optometrists up-skilling to do this work.

The ROC fully expected that some providers in AB, especially those who have already been providing the glaucoma LES, would be unhappy about this development and thus, committee members were asked to vote in favour or not. The HB and the consultants were keen to encourage patients to return to their usual practice for their eye tests and dispensing.

The ROC made further enquiries with the HB regarding whether sites other than optometry could be used and were advised that the Welsh Government funds were awarded specifically for use in Optometric practices, not GP or other centres as is proposed in other HB areas such as Cwm Taf. If no suitable optometric practice tenders for this work the HB would have to return to WG for permission to site the ODTcs elsewhere. The potential risk falling out of this was that if the ODTcs are sited in GP surgeries is that the GPs, who will need optometrists to deliver these services and will also then have consulting rooms fully equipped for ophthalmic work, might decide to ask their fellow GPs and medical professionals to send all their enhanced service work and WECS into their practice, thereby gifting this work to GPs and starving optometry of the work we've been working so hard all these years to gain.

The majority of the committee members in SEWROC voted to support this proposal, stating that they felt strongly that these projects provide a great opportunity for optometry to showcase its ability to deliver these enhanced services in our high street practices. It was felt that the plans also represented a huge vote of confidence in optometrists following on from the successful use of 6 providers for glaucoma patients and no other HB in Wales is so enthusiastic or advanced in their thinking about primary care optometry. ABUHB have been pioneering in utilising the profession over the last 10 years or more, in no small part due to the dogged determination of previous SEWROC members. They have pushed for Optometric involvement

in the co-management of eye health care and have been successful in achieving this. This has been a success in terms of patient satisfaction, value for money for the health board, shortening hospital eye clinic waiting lists, and fees and up-skilling for the profession. SEWROC has been supportive of ABUHB in their ventures, and lauded their success at every opportunity all across Wales. This has led to the adoption of these enhanced services, albeit reluctantly and/or watered down versions, in other HBs.

### **Identified Risks**

1. Patients could stay with the practice that they are referred to by the HES and deprive the patient's original practice of further work from that patient

This does not appear to have happened in other scenarios but the ROC could consider working with the host HB to develop a service level agreement that patients are advised to return to their normal practice after their treatment has finished

2. If the ROC don't work with the HB to develop services like these then the HB will be compelled to look at other alternatives
3. The ROC must represent all practitioners and not just practice owners. There will be plenty of locum practitioners who would wish to be able to help deliver this service
4. Not engaging with the HB may be viewed as being unhelpful and unsupportive

### **Recommendations**

1. Set an annual review of the service to monitor patient migration
2. Enhance the service level agreement by identifying 'best practice' and anti competition policy/etiquette
3. Appoint an 'ambassador' within the ROC to work with the HB and those participating in the service to address any concerns
4. Ensure a vote takes place to ratify any decisions about the service

Appendix 1 – Health Board Expression of Interest

Ref: AG/seg

3 September 2015

To: All ABuHB Optometry Providers

Dear Colleague

### **Development of Ophthalmic Diagnostic and Treatment Centres in ABuHB**

We are writing to notify you that the Health Board has now secured Welsh Government funding to progress the development of Ophthalmic Diagnostic and Treatment Centres (ODTCs) within the ABuHB area.

It has been agreed that ODTCs will be developed to provide assessment, diagnostic and treatment for those patients with Glaucoma and Age-related macular degeneration (Wet AMD). This work will build upon the success of the ABuHB Glaucoma Assessment Follow Up Local Enhanced Service implemented in September 2014 whereby, in excess of 1,600 patients received their assessment follow up assessment in one of six optometry providers across ABuHB.

It is envisaged that the ODTCs will bring with them the opportunity to develop shared care models of delivery and reduce waiting times and thus clinical risk for patients with Glaucoma and Wet AMD and also other ophthalmology patients by releasing capacity within Hospital Services.

The Health Board is seeking to commission the ODTCs from January 2016 and the development of the services will continue into 2016/17. This letter is designed to provide optometrists with early notice of this service redesign programme and the opportunities which they afford, and also to obtain initial expressions of interest in relation to **the Wet AMD ODTC**.

A summary of the ODTC service is set out below. Detailed Service Specifications and pathways are being developed and will form part of the formal tender process. The successful ODTC sites will provide the infrastructure/service via a Service Level Agreement.

#### **Glaucoma ODTC**

Based on an analysis of the density of existing patients, it has been decided that two Glaucoma ODTCs will be commissioned, and these will be based in Newport and Torfaen. From 1 April 2016 these two

ODTC sites will replace the existing time-limited Glaucoma Local Enhanced Service.

The Health Board procurement process will be open to all ABuHB optometrists, but the service will need to be provided in Torfaen and Newport. Kowa cameras and supporting IT will be provided by the Health Board. This service will attract a fee per assessment payment.

Initially this service will involve optometrists undertaking the assessment of new and follow up patients for virtual review and clinical decision making by the Consultant Ophthalmologists. This system will be further developed and refined as necessary.

### **Wet AMD**

Based on analysis of the existing density of Wet AMD patients, it has been agreed that the one ODTC which will be commissioned should be located in Newport. The Wet AMD ODTC will have a dual purpose:

- Optometrist provides referral refine of all new referrals using an OCT scanner provided by the Health Board. All images will be reviewed virtually by a consultant who will retain the clinical decision making. This element will attract a fee per assessment payment to the optometrist.
- Diagnostic and Treatment Centre. Health Board medical and nursing staff will be based at the primary care ODTC and will diagnose, treat and provide follow up assessments in the community. (Please note Fluoride Angiography will not be undertaken at this site).

It is the second element which this letter focuses on, and the Health Board is seeking expressions of interest from optometrists who would be interested and able to provide the physical infrastructure to the Health Board to establish host the ODTC. The minimum requirement for the site is summarised below (not exhaustive) and the formal tender process will include the final building regulation requirements and service specification.

- Located in Newport, preferably central Newport
- 2 treatment rooms and 1 image room (3m sq as a minimum)
- Washable floors and surfaces
- Scrub sinks
- Non particulate ceilings
- Air exchange
- Theatre light in the treatment rooms
- Illumination for imaging room
- Consumable cupboards

It is recognised that few existing sites will have all of the minimum requirements hence our decision to write to optometrists now to highlight this opportunity and allow interested optometrists to submit an expression of interest to the Health Board in relation to

the Wet AMD ODTC. This will allow the Health Board to work with **all** interested parties and their designated architects/project support to confirm the exact requirements.

A formal tender process will be undertaken but the Health Board and SEWROC have agreed to seek expressions of interest in advance of the tender to provide as much support and information as possible to all ABuHB optometrists who are potentially interested in becoming the Wet AMD provider.

If you are interested, and able to provide the physical infrastructure to host the Wet AMD ODTC, then I would be grateful if you could e-mail Jodie Collins, Service Development Manager, on [Jodie.collins@wales.nhs.uk](mailto:Jodie.collins@wales.nhs.uk) **by close of play on Friday 18 September 2015.**

It is envisaged that the full Wet AMD and Glaucoma tender will take place during October 2015.

I trust the above is self-explanatory but if you have any queries please do not hesitate to contact Mike George, Independent Optometry Advisor on 01495 241254 or Adele Gittoes, Assistant Director of Integration and Innovation on 07975552550.

Yours sincerely

**Adele Gittoes**