

Barnsley Optometry First

What is Barnsley Optometry First:

Optometry First is a service developed by the CCG in conjunction with local Optician practices in order for Optometrists to be a first port of call for minor eye conditions and cataract management.

Minor Eye Care Service (MECS)

(New service for common eye problems)

People with everyday eye problems such as sore eyes or red eyes are encouraged to make use of the free service on the NHS.

The Barnsley minor eye care service assesses and treats people with every day eye problems through specialists at opticians across Barnsley and surrounding areas.

It is a free service, which is funded by NHS Barnsley Clinical Commissioning Group. The service was reviewed early in 2018 and the CCG has now expanded what's available to include assessments for people who may need cataract surgery.

Appointments are available at over 25 opticians across the borough. Patients will be asked questions about the symptoms to assess how serious the problem is and will be seen by an optician within 24 hours if required or within a few days if it is less urgent. **Note this is by an appointment service.** People are being encouraged to use this specialist service for common eye problems rather than make an appointment with their GP.

The Optometrist assesses and treats the condition, or is able to make an onward referral for further treatment and or advice in relation to a number of specified minor eye conditions for example dry or painful eyes, sudden reduced vision or in-growing eyelashes.

For suspect Cataract GP and support staff are advised to refer all patients via the **Optometry First: Cataracts Pathway.**

What are the exclusions?

The following cases will not be treated by the service.

- * Patients identified in advance to have severe eye conditions which need hospital attention
e.g. orbital cellulitis, temporal arteritis , Uveitis
- * Eye problems related to herpes zoster
- * Suspected cancers of the eye

REFER AS EMERGENCY IF ANY OF THE ABOVE IS SUSPECTED

VIA fax 01226 432 149

or

call 01226 432155

or

via switchboard on 01226 730000

- Adult squints, long standing diplopia
- * Removal of suture
- * Patient's reported symptoms indicate that a sight test is more appropriate than this service (Patients should be signposted to their normal Optometrist)
- * Repeat field tests to aid diagnosis following an eye examination
- * Age related macular degeneration

Patients cannot be treated by the MEC service if their signs or symptoms indicate they are more suitable for the following locally enhanced services:

- * Direct referral for cataract and post-operative cataract care
- * Intra-ocular pressure service
- * Diabetic retinopathy

How should a referral be made to an Opticians?

It's easy, just ask those patients that are suitable to go to their local participating Opticians (see list of providers).

The public can self refer by attending their local participating Opticians and be advised according to their symptoms and signs.

GPs and their support staff can care navigate by advising patients to attend their local Opticians from the list provided.

Please email info@primaryeyecare.co.uk for further information.

Why has the CCG developed this programme?

The CCG recognises the demand on both secondary care and general practice. At the same time wanting to get the care right for patients in a timely and accessible manner. We believe that these points below also provide a sustainable solution for the eye health needs of the people of Barnsley.

- Care close to home and improve access
- Appropriate clinician for the level of care required
- Reduces burden on GPs
- Make use of readily available suitably skilled optometrists
- Where secondary care is required appropriate and timely onward referrals

If a patient has concerns about the service, who should they contact?

Please be assured that patient details will remain confidential and only be shared with relevant staff in order to address their concerns.

Patients should discuss with their Optometrist in the first instance.

If any patients wish to feedback to the CCG on any part of the service this can be done by:

Telephone: 01226 433772 or 01226 433766 Email: safehaven.riskmanagement@nhs.net

In writing:

NHS Barnsley Clinical Commissioning Group
49/51 Gawber Road, Barnsley, South Yorkshire, S75 2PY.

What referrals from the Optometrists should I as a GP be expecting to see from the MECS?

When a Patient is seen by the Optometrist via the Minor Eye Care Service there will be the following outcomes.

- 1) The patient will either be managed and discharged at that point
- 2) The patient will be referred onto an emergency same day appointment directly to Ophthalmology.
- 3) The patient will be referred onto a routine referral directly to Ophthalmology.
- 4) The patient will be deflected to Pharmacy for OTC medications or Pharmacy Plus service.
- 5) The patient will be referred to their GP, for e.g for further blood tests, for medications that may not be available on the formulary.

In circumstances notifications about the MECS maybe be sent to the GP by the Optometrist.

Evidence

Since 2004, the Department of Health has been encouraging the delivery of more routine and minor emergency eye care outside hospital in community optical practices. The aim is to free up hospital capacity to cope with increasing demand from both an ageing population and the advent of new technologies e.g. treatment for wet AMD.

This approach has been recommended in the commissioning guide published by the Joint College of Optometrists and the Royal College of Ophthalmologists and this has most recently been endorsed by the Clinical Council for Eye Health Commissioning as part of an integrated Primary Eye Care Service comprised of a glaucoma repeat measures pathway; an enhanced cataract referral linked to post-operative assessment and audit pathway; and a MECS pathway.

The NHS Planning Guidance for 2016/17 – 2020/21 sets out the national “must dos” which include improving access to primary care at weekends and in evenings by increasing the capacity and resilience of primary care. The “Optometry First” service would free vital capacity in A&E, GP surgeries and ophthalmology services; as such it would make a pivotal contribution to this national priority.

The ‘Optometry First’ service also supports other national priorities

- Providing care closer to home
- Moving appropriate work from secondary to primary care settings
- Defining and delivering new models of care
- Improving access to general practice through innovative ways to deliver primary care
- Access to services 7 days a week and during extended hours on weekdays
- Evidence based practice

- Providing patient choice
- Establishing integrated care pathways

The 'Optometry First' service also supports the strategic and operational drivers of the CCG as defined in:

- Commissioning Plan 2016-2020, Barnsley CCG
- QIPP Plan
- Improving efficiency and reducing costs
- Improving clinical quality and outcomes
- Introducing innovative practice

The UK population is ageing and is projected to continue to age over the next few decades, with the fastest population increases in the numbers of those aged 85 and over; the age group which is most at risk of eye disorders causing vision impairment

Additional Information to download:

- **Patient Information Leaflet Optometry First: MECS**
- **MECs Poster for GP practices:**
- **Optometry First: MECS Pathway**

Cataracts Pathway

What is the Cataracts Pathway?

The Cataracts pathway has been designed so that all patients allowed equality of access through a standardised process by seeing their specialist Optometrist and those patients who want to go on and are motivated for referral, for and operation, do so.

The post cataracts pathway is designed, so that patients with no complications during surgery can see a local Optometrist closer to home after having had their operation for their post operative review. This allows for freeing up capacity in the Hospital Eye Service (HES) and allows care closer to home. The patients, if needed will have a direct emergency route back to the HES Ophthalmology department via this pathway.

Outline Description

The 'Optometry First' Enhanced Cataract Referral and Post Op follow up pathway is designed to improve the patient journey by reducing the number of patient visits overall and to include as few visits to secondary care as possible.

It eliminates the requirement for a visit to the GP and also provides a comparable service for people who are unable to leave their home unaccompanied but who are able to attend for surgery.

Purpose of Service

Using the skills of primary care optical practices to support quality cataract referrals for those who want, need and are eligible for surgery as well as follow up of uncomplicated patients, patient care will be improved by:

- * Provide a rapid access, high quality service to patients with cataract
- * Ensure equity of service including provision to housebound individuals
- * Reduce the total number of patient visits
- * Reduce the number of visits the patient makes to secondary care
- * Reduce waiting lists
- * Improve the quality of referrals
- * Support care closer to home
- * Provide accurate data about outcomes and patient satisfaction

Description

Enhanced Cataract Referral Service

A routine NHS or private sight test will reveal the presence of cataract and, as now, the examining practitioner will discuss this with the patient. If the cataract is not presenting any significant visual or lifestyle difficulties, then they will continue to be reviewed by the optometrist in the normal way. If, however the patient wishes to consider surgery and other causes of the drop-in vision have been excluded, then the optometrist will discuss this and if the patient wishes to proceed the

practitioner will provide a self-assessment health questionnaire, which will help to establish suitability for surgery by highlighting other health problems and possible contra-indications.

The service to enable them to consider the possibility of referral and subsequent discussion will be carried out at this time if:

- the practitioner is accredited in the service
- if time permits and
- the patient agrees

Where necessary a patient will be given a further appointment.

If the examining practitioner is not accredited to deliver this service, then the patient will be referred to an optometrist participating in the service either at the same or another practice.

Information which will assist secondary care facilities to ensure patients receive the most appropriate treatment and care will be gathered. This will include:

- Identify and discuss any co-existing ocular disorders in addition to the cataract which would require different/separate referral or potentially impact the outcome of cataract surgery.
- This service does not mandate pupil dilation, but it is expected that the practitioner should have followed college guidance and used their professional judgement with regards to the sight test requirement to detect diseases of the eye.
- Discussion of the health questionnaire and any outstanding issues dealt with prior to referral.
- If necessary, the GP should be consulted prior to direct referral to assure fitness for surgery.
- The practitioner should be aware of the current referral criteria for each provider of cataract surgery and ensure patients are referred to a suitable provider for their needs.
- Communicating the relative risks and benefits of cataract extraction. Ascertaining the patient's willingness for surgery and choice of provider.

Clinical guidelines and a patient self-assessment questionnaire will support the participating optometrist to differentiate between:

- Cataract patients who are not currently appropriate for referral for NHS treatment either because the patient chooses not to be considered for cataract surgery or because the patient has chosen to be referred privately.
- Cataract patients who are suitable for direct referral to the hospital. In this case, the supporting information provided with the referral will allow the hospital to determine whether the patient is likely to be suitable for a direct access clinic or a traditional clinic due to their more complex health needs.

How do I refer a patient for who I think may benefit from Cataracts surgery?

All patients should be directed to their local Opticians practice and advised to book in for a suitability for cataract assessment. If they haven't had an eye test within the last 12 months please advise them that this would be beneficial and would allow their Optometrist to advise them of the next steps.

All you have to do is signpost the patient to their Opticians of choice or please see the list attached to identify their local Optician.

Please see the list of participating Practices.

What if the patient does not qualify for the Cataract surgery and still wants one?

The Optometrist would fill in a Individual Funding Request Form(IFR) under these circumstances and will normally contact you for supporting evidence.

If the patient is not suitable for a cataract operation and agrees, the patient will be given advice and assured. They then will be advised to see their Optometrist for a normal eye examination at a later date.

If a patient has concerns about the service, who should they contact?

Please be assured that patient details will remain confidential and only be shared with relevant staff in order to address their concerns.

Patients should discuss with their Optometrist in the first instance.

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Additional documents to download

- **Cataract Information Leaflet**
- **Cataract Pathway**
- **Letter for GP/Practice Manager**
- **List of Participating Practices.**