PRIMARY EYECARE
NORTH YORKSHIRE & HUMBER LTD

Harrogate and Rural CCG

Report for Minor Eye Conditions Service (MECS)

Quarter 1 data April – June 2017

July 2017

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Executive summary

This report seeks to reflect the activity and patient satisfaction of the MECS service which has been running in Harrogate and Rural District CCG area.

Primary Eyecare North Yorkshire & Humber Ltd have been providing the service via subcontracts with local optometrists in the CCG area since July 2015. The service was recommissioned from the 1st February 2017.

The origins of the Harrogate Minor Eye Conditions Service lie within a service level agreement with individual accredited optometrists commissioned by North Yorkshire and York PCT in 2009 which provided a Locally Enhanced service to deal with to deal with Minor Eye Conditions which could be successfully be managed within the community. At the time all optometrists were accredited by local consultant ophthalmologists and were required to undertake a WOPEC distance learning package before being able to deliver the service. Inevitably as time passed practitioners moved on and the coverage of the service dwindled, the SLA unfortunately could not be used for the reaccreditation of further optometrists and therefore clinical governance was an issue.

A service level agreement was produced to provide a Minor Eye Conditions Service from the 1st July 2015 to run as a pilot service, the pilot terminated on the 31st January 2017 and was replaced by a contract to continue the service.

- The service provides for the assessment and treatment of a number of eye care conditions in the community.
- The service is provided by accredited local ophthalmic practitioners (optometrists) who have a range of equipment to facilitate detailed examination of the eye as well as specialist knowledge and skill.
- The service is available to all adults registered with a GP practice located within the geographical area of Harrogate and Rural District Clinical Commissioning Group.
- The service is managed by Primary Eyecare North Yorkshire and Humber Ltd who will provide the IT infrastructure and oversee the delivery, governance and reporting responsibility of the Service.

Aims

The service aims to improve eye health and reduce inequalities by providing increased access to eye care in the community. Utilising the knowledge and skills of optometrists will enable practitioners to triage, manage and prioritise patients presenting with an eye condition, and will support patients to be able to receive treatment closer to their homes. It is expected to reduce the number of unnecessary referrals from primary care to secondary care, supported by the provision of more accurate referral information should a referral is indicated.

Standards

The service is provided as a minimum 5 days per week Monday – Friday between core hours of 9am – 5 pm. On receipt of the referral the provider shall arrange for the assessment and, where appropriate the treatment of the patient within 2 working days of this first contact unless the patient requests a later appointment.

NB. Patients presenting with flashers and floaters will be seen within 24 hrs of the first contact as per NICE guidance.

Symptoms at presentation included in the service.

This service provides for the assessment and management of patients presenting with any of the following:

- Loss of vision including transient loss
- Ocular pain
- Systemic disease affecting the eye
- Differential diagnosis of the red eye
- Foreign body and emergency contact lens removal (not by the fitting practitioner)
- Dry Eye
- Epiphora (watery eye)
- Trichiasis (in growing eyelashes)
- Differential diagnosis of lumps and bumps in the vicinity of the eye
- Recent onset of Diplopia
- Flashes/floaters
- Retinal lesions
- Field defects
- GP/Pharmacist referral
- Lid disease i.e. blepharitis, entropion, ectropion, Meibomian gland dysfunction.

Symptoms at presentation NOT included in the service

The following conditions require the patient to attend an ophthalmic hospital (which includes an ophthalmic department of a hospital casualty or accident and emergency department)

- Severe ocular pain requiring immediate attention
- Suspect Retinal detachment
- Retinal artery occlusion
- Chemical injuries
- Penetrating trauma

- Orbital cellulitis
- Temporal arteritis
- Ischaemic optic neuropathy
- Acute loss of vision (Meibomian cysts needing excision would need prior approval)
  NB referral of patients with Meibomian cysts or chalazia which are symptomatic (e.g. infection resistant to treatment, astigmatism, rosacea or sebaceous dysfunction) or which have not resolved spontaneously within two years may be made to the CCGs Individual Funding Request panel

The treatment of long term chronic conditions is not included with the service conditions, excluded from the service include:

- Diabetic retinopathy
- Long standing adult squints
- Long standing diplopia

Glaucoma Repeat Testing

The provider should arrange for repeat glaucoma testing (repeating fields, pressures or both) in the following circumstances

- IOP alone (i.e. normal fields and disc appearance) – IOP >21mmHg in either eye by applanation or air puff tonometry (NB at least 4 air puff readings should be taken on each eye)
- A difference in IOP reading between the two eyes of greater than 5mmHg by applanation or puff air tonometry with normal fields and disc appearance (NG at least 4 air puff readings should be taken on each eye)
- Visual field alone (i.e. normal IOP and disc appearance)-visual field loss (i.e. 'suspicious' or 'defect' on Henson or equivalent).

Repeat tests for glaucoma should NOT be carried out where:

- Patients have definite chiasmal and post-chiasmal field defects. These cases should be referred:
- There is a visible and untreatable cause of field loss such as dry or end-stage wet age-related macular degeneration. These patients should be referred.

The treatment of long term chronic conditions is not included in the specification of this service.

Accreditation – education and training

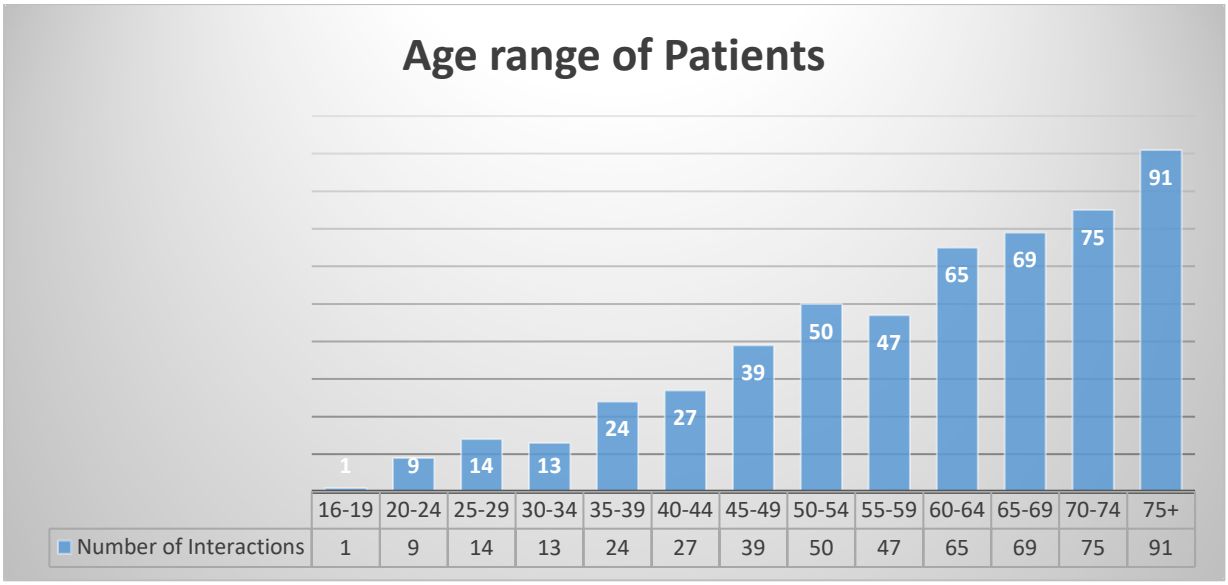
Each ophthalmic practitioner must be able to satisfy the Provider (Primary Eyecare North Yorkshire & Humber Ltd) that they can identify a range of ocular abnormalities and must be able to demonstrate proficiency in the use of specified equipment. Each practitioner must also be registered on the General Optical Council and have completed the Safeguarding Vulnerable Adult and Safeguarding Children training level 2.

Participating ophthalmic practitioners must complete the Cardiff (WOPEC/LOCSU – PEARS distance learning module Part 1) and the associated Practical Skills Assessment. There is also a requirement for practioners to attend a training session run by the LOC primarily to look at admin procedures and protocols involved in providing the service. Practitioners will only be authorised and receive access to the IT module on receipt of evidence of the above.

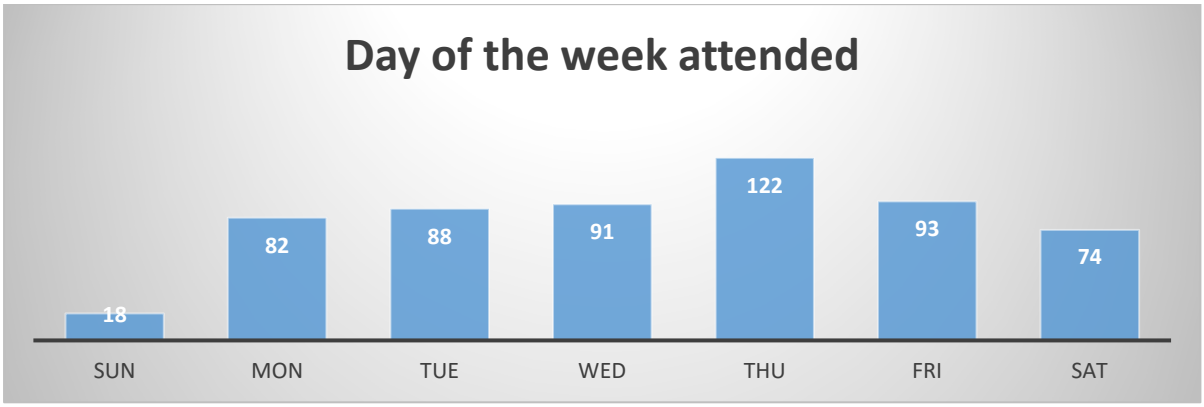
The company has begun a rolling programme of peer review which has had a good take up from practitioners wanting to participate in this.

Primary Eyecare North Yorkshire & Humber Ltd provided each practice and practitioner the opportunity to be accredited to provide the service and 4 evenings of practical accreditations were organised in York, Harrogate and Scarborough. Within the geographical footprint and boundaries of HaRD CCG 30 practitioners successfully completed the training and accreditation required to be able to provide the service across 17 practices. The company has worked closely with NHS 111 and all practices are now listed as providing the MECS service on their directory of services.

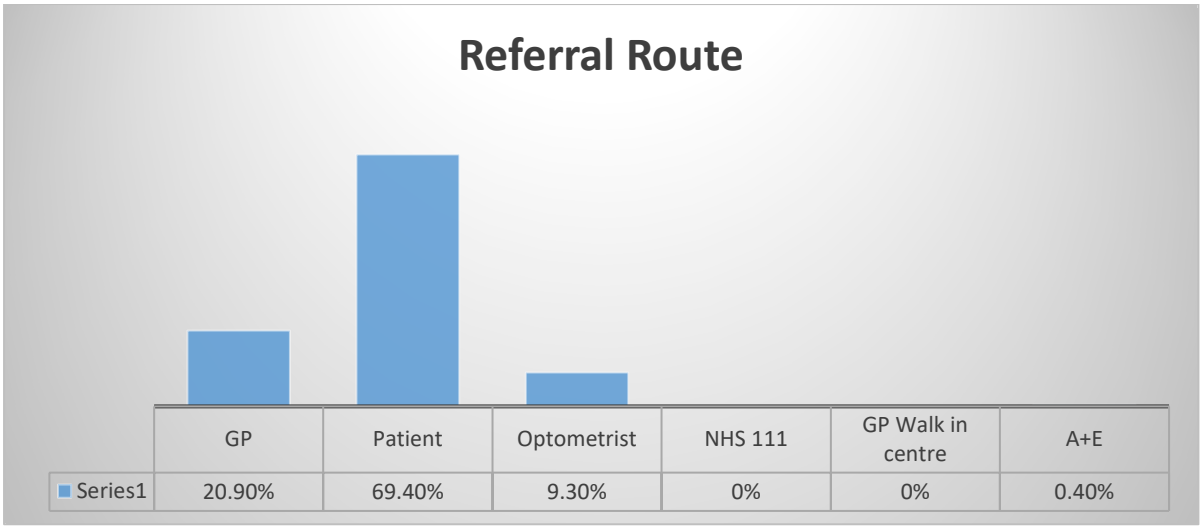
MECS Patients

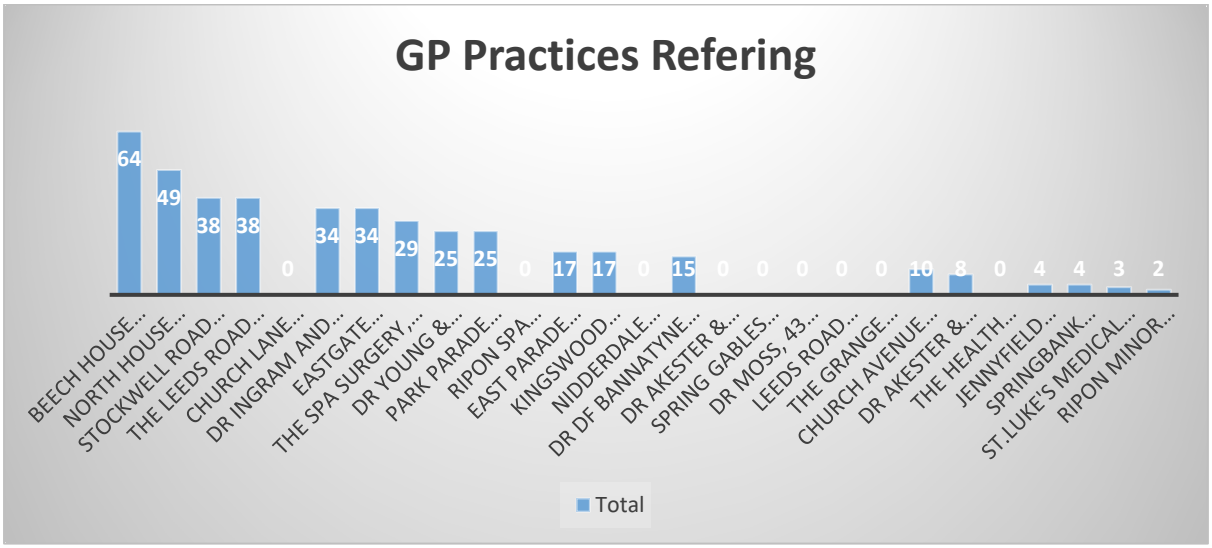


As possibly expected the age range of patients presenting to the service is mixed with the biggest cohort being over the age of 75 years.



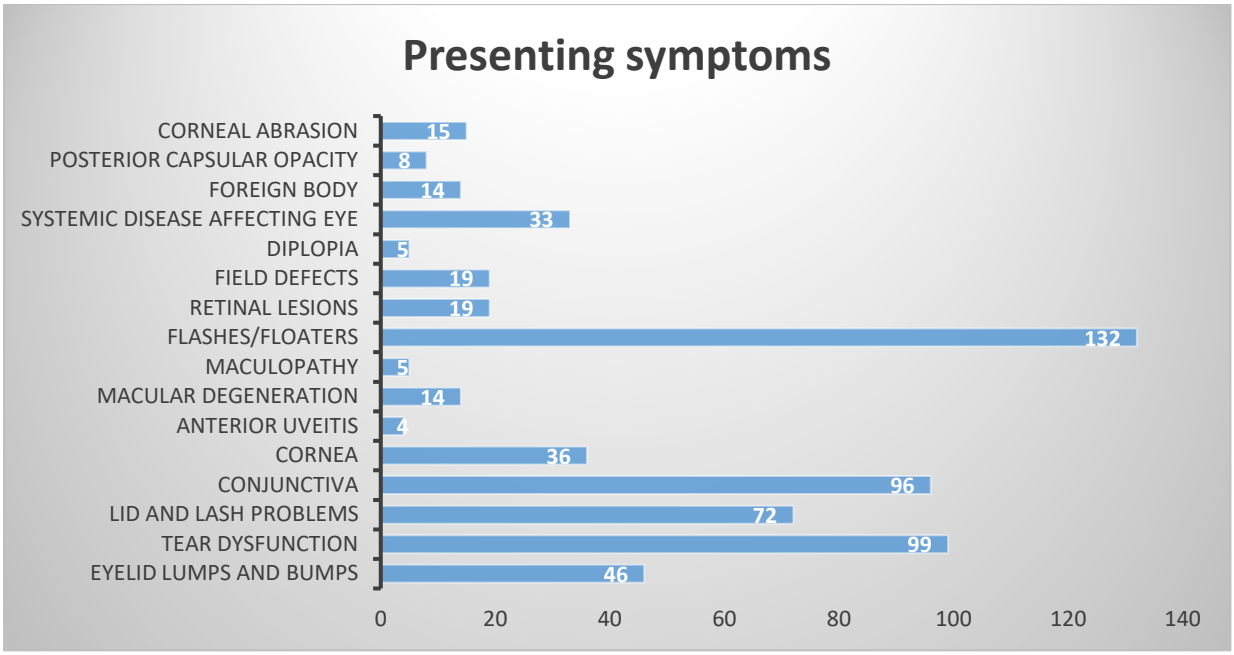
Thursday seems to be the most popular day of the week to attend.





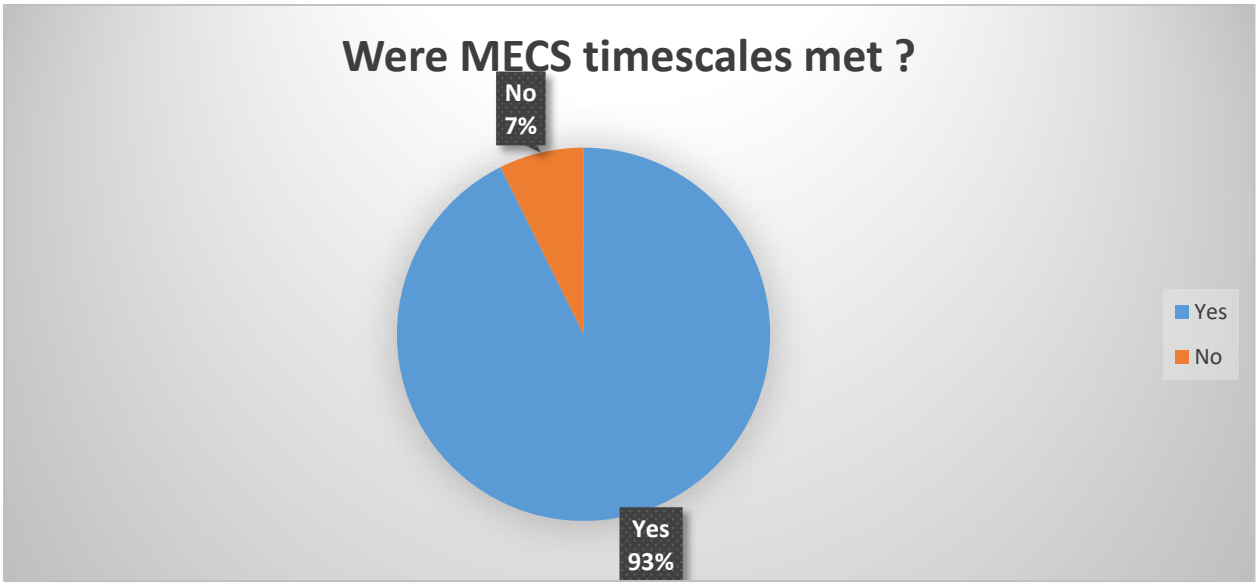
We were given NHS net addresses for every practice to enable an automated and encrypted service from our IT module to each practice. We have contacted the various practices on several occasions to verify their accounts to enable this to happen, unfortunately several still have not done this and we would be grateful if the CCG could highlight this to practices once again, this will ensure a seamless service from consultation to GP for information.

Patients presented in this quarter with the following symptoms

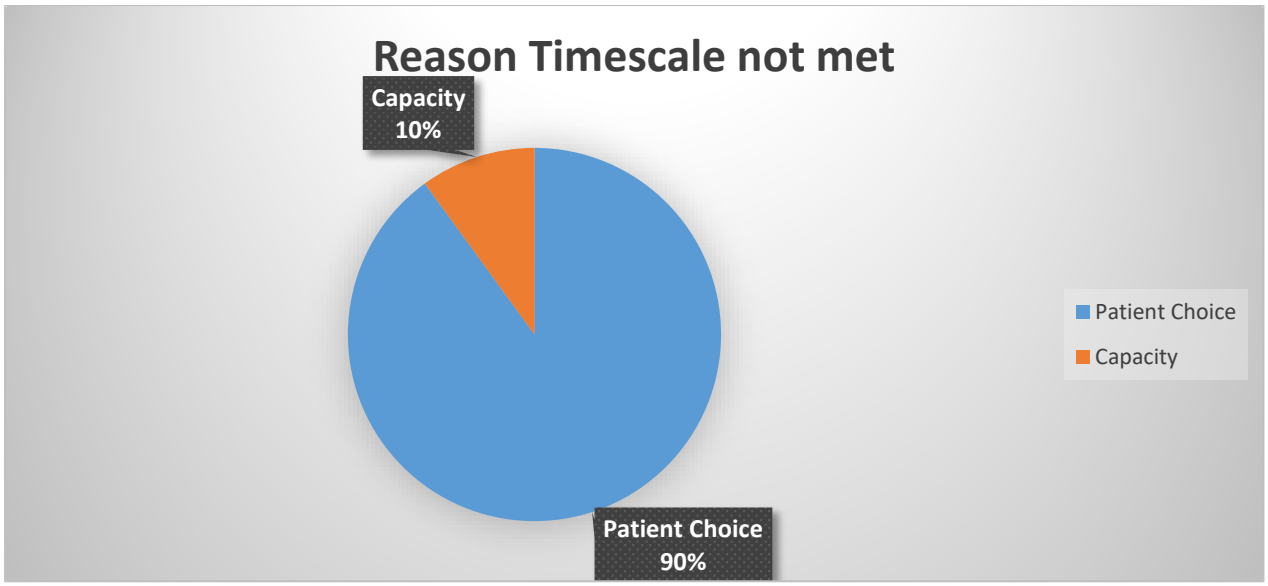


Flashes and floaters were the most popular reason for visiting the optometrist. All patients presenting were given an appointment within 24hrs as per NICE guidance. (NB presenting symptoms may have been recorded over several criteria)

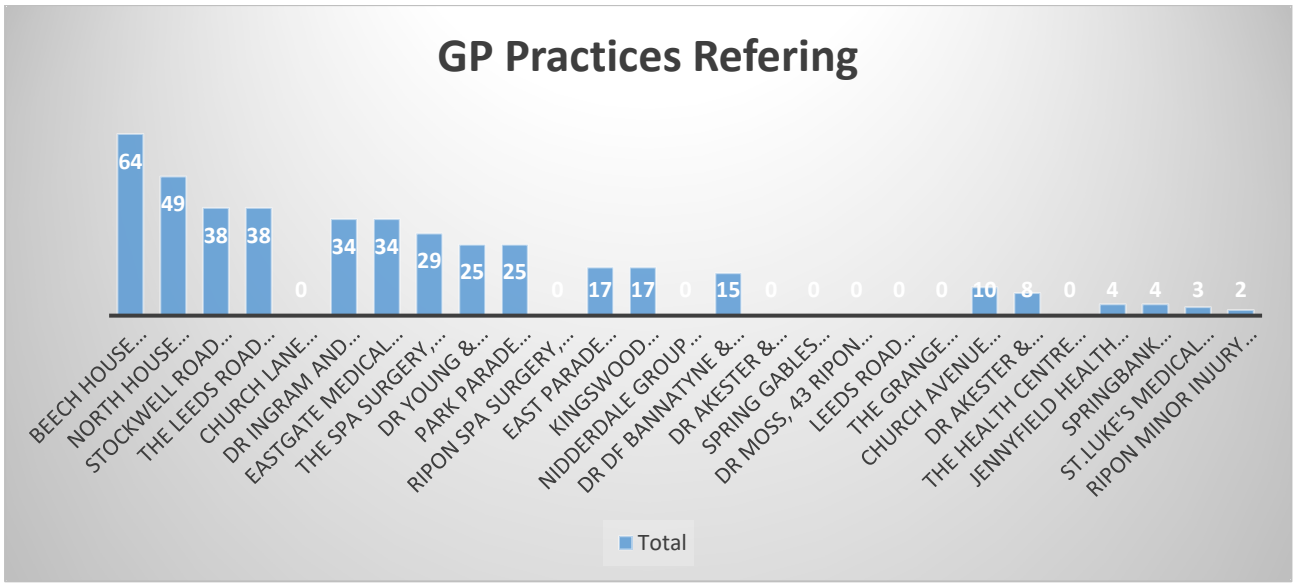
Timescales



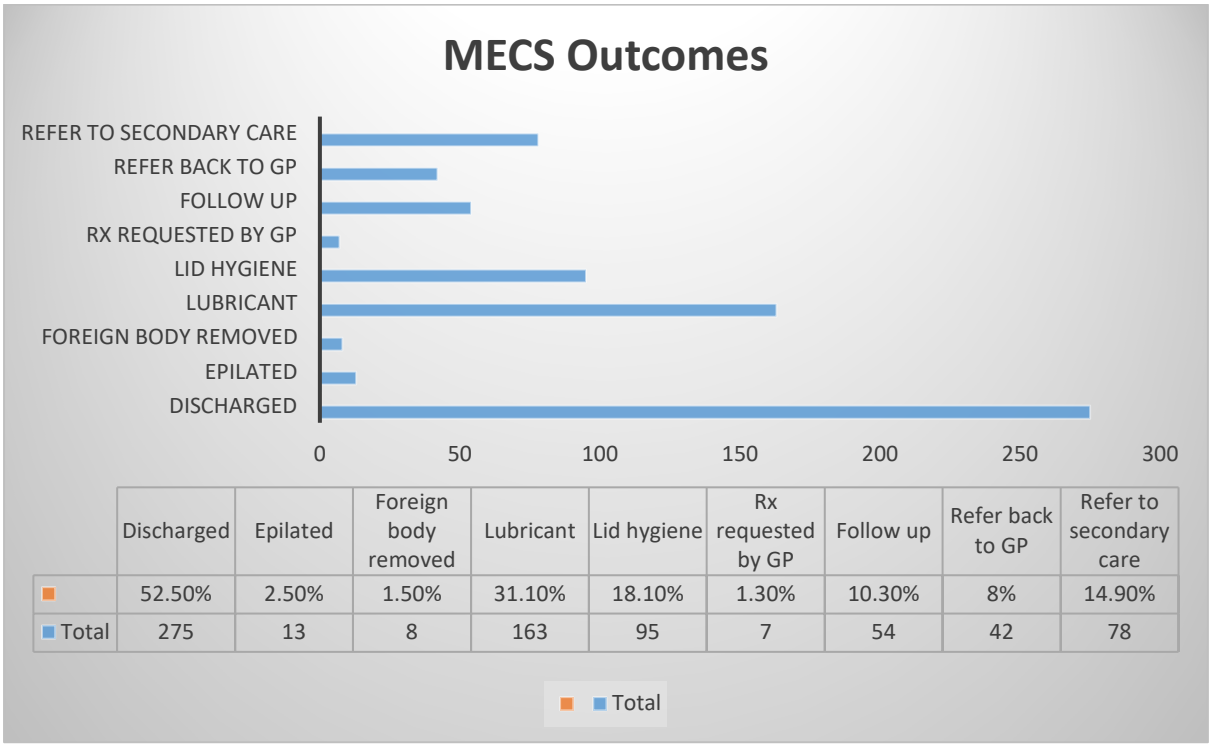
And of those patients the reason why the timescale was not met.



A total of 4 patients were not seen within the timescale due to capacity issues. Those patients were referred into neighbouring services.



MECS Outcomes



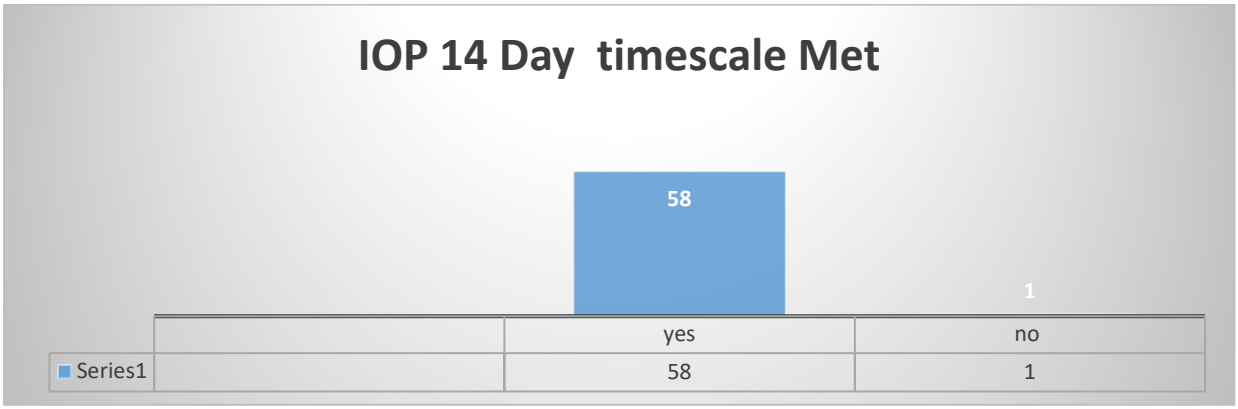
	Discharged	Epilated	Foreign body removed	Lubricant	Lid hygiene	Rx requested by GP	Follow up	Refer back to GP	Refer to secondary care
	52.50%	2.50%	1.50%	31.10%	18.10%	1.30%	10.30%	8%	14.90%
Total	275	13	8	163	95	7	54	42	78

Of all MECs patients 85.1% were retained in the community.

14.9% Were referred into Secondary care

10. 3 % of patients required a follow up appointment.

IOP Referral Refinement Service

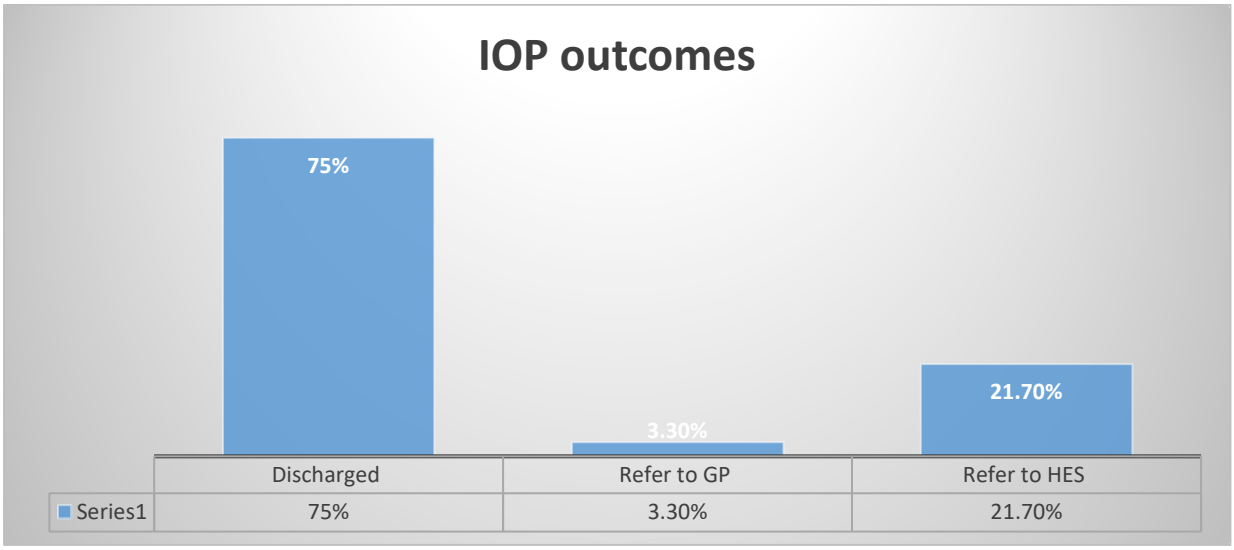


Of the 59 patients registered, all were offered an appointment within the timescales set, only 1 was seen outside of the timescale this was the patient's choice.

Suspected glaucoma patients will be seen within 14 days for a second contact applanation.

100% (95% or below triggers a consequence of breach)

- 98.3 % of suspect glaucoma patients were seen within 14 days (58 patients)
- 1.7% of patients opted to extend this timeframe as per patient choice (1 patient)



- Of all the repeat IOPs performed 78.3% were retained in the community (56 patients)
- 21.7% referred into the Hospital Eye service (13 patients)

Quality in Optometry QIO NHS Standard Contract

- All the practices delivering the MECs service have completed and submitted to the company their QIO NHS Standard Contract declaring adherence to policies and procedures.

Serious incidents

- There have been no serious incidents to report.

Complaints concerns

- Once concern was raised by the CCG, investigated and resolved quickly with a report of the findings issued to the CCG.

On reviewing the data set we are delighted by the outcomes of the service which is doing as intended giving local access to eye care within the community and ensuring only appropriate referrals are sent for ophthalmic review. The timescales are being met which evidences there is sufficient capacity in the service to cater for the needs of patients.

Developing the service further

We have been working with Scarborough CCG to look at providing the Cataract scoring on an electronic platform, the first quarter reports have been very positive in reducing the numbers of referrals into secondary care. (Scarborough had previously withdrawn the scoring so a good outcome was realistically to be expected.) However, we would be delighted to share with you the capabilities of the system for gathering relevant activity including the numbers of first and second eyes which are referred in from Community optometrists. As previously discussed if you were to consider this as a priority there would be no extra cost for admin as the IT provision is already in the CCG footprint for the provision of MECs.

We have previously discussed the benefits of Domiciliary services in provision of MECs and agreed that this does not seem to fit, however I would urge you to consider subcontracting the provision of the IOP service part of the contract to them, I do believe that this would contribute to a further reduction in numbers referred into Hospital Eye services. We currently have two Domiciliary services who would be willing and able to provide this service if required.