LOCSU NEWS

LOC SUPPORT UNIT

SUPPORT FOR PRIMARY EYE CARE DEVELOPMENT

November 2015 Newsletter

SPECIAL NOC EDITION

In this edition:

Editor's Welcome

WELCOME to this bumper *LOCSU News* NOC 2015 Special Edition. A huge thanks to the 200-plus delegates from LOCs and across the sector, who attended this year's conference in Birmingham to hear the latest developments in NHS eye services.

In a buoyant and upbeat atmosphere, the enthusiasm and passion of conference attendees was once again palpable.

Unsurprisingly the event had a particular emphasis on community services and the expanding role of optometrists and opticians. Highlights included the address by Professor Carrie MacEwen on leadership and collaboration and the launch of the LOCSU National Data Repository on Friday morning, which was followed by a suite of excellent presentations on data and evaluation. NHS England's Head of Primary Care Commissioning, Dr David Geddes, told delegates that the eye health sector has a crucial role to play within New Care Models and Vanguards in the NHS.

LOCSU Optical Leads Dharmesh Patel and Zoe Richmond followed to talk about opportunities for LOCs to engage with New Care Models, Vanguards and even devolution.

In her closing remarks Katrina Venerus thanked all of those involved in making the event a success. "Let's go out and influence these new care models" she said. "Put aside historical differences we might have, build bridges not walls, reach out to the Trusts, reach out to all the other stakeholders and keep the patient at heart of things."

You can read about the individual sessions in the pages that follow and if you have any suggestions for next year's NOC please contact **gillbrabner@locsu.co.uk.** And don't forget to give us your delegate **feedback online**.

Editor, Chris McGachy

'It just gets more powerful with bigger numbers'

New Data Repository prototype unveiled

A WORKING model of LOCSU's new national Data Repository project was unveiled to NOC delegates.

■ ***Trevor Warbrton (left) and Richard Knight unveil the Data Repository.***

The project – which aims to provide a persuasive evidence base for commissioners on the effectiveness of community eye health services – was the opening session on Day Two on the theme of "Data".

LOCs were given a walk through of the data collection models and the variety of uses that the Repository will have.

Unveiling the prototype in a presentation delivered jointly with LOCSU's Head of Policy Richard Knight, Trevor Warburton, Chair of LOCSU's Clinical Advisory Group, told the NOC: "Increasing amounts of money are being invested by CCGs into Local Community Services.

"We want to spread those services across the country. To do so we need to produce evidence of effectiveness and value for money especially to reluctant CCGs. The data repository allows the data from multiple services to be amalgamated."

The first phase will see health data experts Cegedim expand the prototype into a core report database from OptoManager by March 2016.

Following input and feedback from LOCSU, phase two will see the development of a full report suite by the mid-2016.

Delegates heard how the database, partly funded by the Central Optical Fund, will support the commissioning of new services; provide evidence to maintain existing services, and, support reporting by *Primary Eyecare Companies*.

Warburton, also revealed that a Steering Group will be established to respond to requests for access to the data for research purposes.

The NOC presentation showed how data collected in local services, for example presenting symptoms, outcomes, patient satisfaction, will be mapped to a national dataset to allow LOC Companies and commissioners to make real-time comparisons against national averages.

"It just gets more powerful with bigger numbers," Warburton said.

Link to the full presentation.

Eye health needs to be *'innovatively disruptive'*

THE eye health sector has a crucial role to play within New Care Models and Vanguard reforms, NHS England's Head of Primary Care Commissioning told the NOC.

Dr David Geddes reminded delegates that visual impairment was a real problem in relation to an ageing population, rising numbers of people with co-morbidities and Long Term Conditions.

He said that better and earlier intervention of community eye health could help get upstream of the elderly being reliant on costly social care.

And he urged the sector to make its voice heard though LEHNs, and through better evidence and outcomes data, to educate and influence Commissioners about the need for local eye health services as part of their local primary care strategy.

"Visual loss arising from ageing and co-morbidities brings opportunities for community eye services to better support patients."

With 23% of the UK over 65 by 2035, he said the NHS needs to move away from "single disease" approach and highlighted an RCGP study estimating primary care costs for LTCs will rise by £1.2 billion.

Delegates heard that people with vision impairment are twice as likely to have falls, have a higher prevalence of hip fracture and that the direct and indirect cost of blindness in the UK is £28 billion a year.

"Loss of vision is connected with entry into care homes. Can we really have growing numbers being dependent earlier on social care?"

He accepted GPs still do not collaborate and communicate with optometrists and pharmacists in primary care.

Geddes made the link between a lack of eyesight assessment and huge difficulties in day-to-day functioning causing a "double jeopardy" for those with LTCs.

"We need to think about it across the whole spectrum of health we deliver and the implications for local primary care strategy," he said.

He called on those who work with LEHNs to use them to ensure that local strategies addressed clinical services and public health issues that arise as a consequence of ageing and disability.

"If your local CCG is not that interested in eye health, you need to highlight that the falls that they are paying significantly to manage could well be reduced if they adopted a more holistic approach on patient care."

He said that we need to redefine how we carry out local needs assessments and measuring outcomes better.

"There is no single solution. We need to be able to test things out. We need innovative disruption. We need good clinical engagement and good patient involvement. He said there were no national solutions and that we need to go beyond old ways of contracting and delivering health. He revealed that the NHS was looking at "health care navigators" who would steer patients to best source of care earlier in process, rather than GPs being the first port of call for all patients.

Link to the full presentation.

Royal College President emphasises need for collaborative approach

LOCSU was delighted that Royal College of Ophthalmologists President, Professor Carrie MacEwen *(pictured)*, was determined to make the opening keynote address at the start of the NOC.

Carrie agreed to fit in a presentation to NOC delegates on Leadership and

Collaboration despite having to rush to other diary duties in London.

This underlined her genuine commitment to promote working with optometrists, and opticians to tackle the challenges for NHS eye health services.

Professor MacEwen presented a helicopter view of the different models of eye care in England, Scotland and Wales, suggesting that the NHS in England could learn from the experience of the devolved nations. She added that robust approaches to training and accreditation were essential and said the Clinical Council has an important leadership role to play in England.

"The priority must be to ensure safe and effective care for patients," she said, adding that access to services in both primary and secondary care eye services needs to be improved. "Patients should always be able to access the appropriate professional and we must focus on hard to reach groups and reduce health inequalities."

She insisted that ophthalmologists and optometrists must work together to improve referral patterns and develop arrangements to allow low-risk patients that need monitoring to be discharged from the Hospital Eye Service. "This is important if we aim to reduce pressure secondary care."

Folow the link to presentation.

Do the talk as well as the walk

LOCs must learn to speak the language of reform and innovation to drive the sector forward at a local level, Katrina Venerus explained to the NOC.

In the absence of a national plan for eye health commissioning, LOCs must exploit local opportunities to collaborate and influence if the community sector is to move up a gear, the LOCSU Managing Director told delegates.

Deliver the session, Shaping the Future of Community Services, Venerus said: "It does genuinely feel as though stars are aligning for community optical care. It is becoming clearer that there is a genuine part of the jigsaw for us to fit into.

"It's all about us exploiting the opportunities to engage with whatever the programme of the day is: Call to Action, 5YFV or Vanguards – we have to get the influence into that, very much at a local level as well as national.

"The frustration of having to negotiate with the minutiae of core primary care services 209 times over with CCGs is holding eye health back big time. If we can get over this, then we can get on with more exciting projects and transformational activities."

Venerus said that evidence and evaluation were "absolute essentials" to enabling us to move commissioning on at pace.

She said we must be able to show the impact on hospital activity and overall cost effectiveness of our approach as "commissioners just don't join the dots". Working with colleagues in secondary care to demonstrate good clinical outcomes, patient satisfaction and cost effectiveness were at the heart of everything that is commissioned, is key.

Venerus said that there was a clear need to focus on peer-reviewed published data and that we need to get our experts spending time on that.

"Lets go out and influence these new care models," she said. "Put aside historical differences we might have, build bridges not walls, reach out to the Trusts, reach out to all the other stakeholders and keep the patient at heart of things.

And she cautioned against reinventing the wheel with service deviations. "Although a local proposal may sound fine, contact LOCSU, get an Optical Lead in, and take advantage of a national oversight of the commissioning landscape.

Be up to speed on what is going on in your patch and get a seat at the table.

She urged LOCs to:

- Talk to the Acute Trust
- Talk to the GP Federations
- Talk to the CCGs
- Talk to the Eye Health Network
- Talk to patient groups
- Talk to your MP
- Talk to LOCSU

"Lets keep using the language of the NHS, New Care Models, even if they are not really so new to us."

Follow the link to the presentation.

Appetite for **New Care Models** puts redesign on the menu

THE current appetite for reform and innovation though New Care Models offers LOCs the opportunity to put redesign of eye health services on the table.

But you don't have to strictly be in a Vanguard site to take advantage of the opportunities for the sector, delegates were told at the NOC.

LOCSU Optical Leads, Zoe Richmond and Dharmesh Patel explained how an agile and flexible response to Commissioners looking to redesign services, reduce hospital admissions and use the community eye sector to offer patients care closer to home is a "green light" for LOCs in the current climate.

"You don't have to be part of a wider or nationally supported programme of change to be delivering new care models," Zoe explained.

She said that although successful Vanguards will act as blueprints for NHS going forward with national support to accelerate change, there are number of other initiatives that offer LOCs a platform for innovation and reform.

These include the Better Care Together Programme, Fast Track Sites for Learning Disabilities, Rapid Test Sites and the Primary Care Home project recently launched by the National Association of Primary Care. In addition, there are various local initiatives that embrace new ideas and fresh approaches involving collaboration, integration and better outcomes.

Zoe explained that there were a number of LOCs and LEHNs involved in innovative work. For example, an ophthalmology review in the North Lancashire and South Cumbria under the Vanguard/Better Care Together programme will mean 30% of cases will be seen in the community in future; a South Tees referral project will see optical practices working with neurosciences; and plans for an Ophthalmic Decision Unit in Oxfordshire will reduce the burden on the Acute Trust through improving referrals.

Looking at some of the larger-scale projects, Dharmesh Patel outlined how the sector can ensure that we maintain primary care optometry at the heart of these new care models.

In East Lancashire, the Acute Trust contracts with LOC Company, Primary Eyecare Lancashire, who sub-contract to optical practices. The contract, with an indicative value of over £600,000 per annum, will result in a service that expects to see 13,000 patients per year.

There will be an enhanced role for primary care optometrists and the voluntary sector in Tameside and Glossop as part of the £250 million Better Care Together Programme with a complete service reconfiguration. Dharmesh revealed the challenges in this area include multiple ophthalmology providers, seven-day access and meeting the CCGs "most capable provider" criteria.

■ *Optical Leads Zoe Richmond (left) and Dharmesh Patel (right) explain how LOCs can get involved in New Care Models and reform initiatives.*

Dharmesh, who is also chair of the Greater Manchester LEHN, outlined opportunities in the £6 billion "Devo Manc" regional health experiment.

"The Optical Sector can offer services at scale, equality for patients and support for the second highest outpatient activity the region. Devolution is a great opportunity to see what we can do at regional level."

The Optical Leads' core message to LOCs was: "Not all commissioners will have eye health as a priority but we need to challenge them to think of it. "

Follow the link to the presentation.

'Include the 12 eye-specific Indicators in CCG contract specs to monitor and audit services' – Parul Desai

Become detectives and track patient data, public health expert urges LOCs

EYE HEALTH statistics should be published centrally in the form of an area profile in a bid to push eye health up the agenda, Moorfields Ophthalmologist, Parul Desai, revealed to NOC delegates.

And she urged the community optical profession to play its part by compiling the data to improve public health.

Updating delegates on the new Portfolio of Indicators for Eye Health and Care, Desai said that LOCs could help improve the standing of statistical analysis by tracking the data all the way along the whole patient journey.

"Become detectives and make the link between data and trace it all the way to the Hospital Eye Service," she recommended.

Desai suggested that the 12 eye-specific Indicators should be included in contract specifications by Commissioners to monitor and audit services. "That would encourage scrutiny of data quality and ensure that whole pathways are considered in service specifications, not just bits of the pathway," she maintained.

She said that the Indicators can be used to inform Eye Health Needs Assessments and priorities and actions. "They can link to wider health issues and inequalities, in doing so pushing eye health up the commissioning and health agenda."

The Portfolio is split into two sections: broad population indicators and specific eye health Indicators. She said that the Indicators set a new standard as they were:

- Measurable – supported by national data collection
- Reported at national and local level
- All in the public domain

Examples from the Portfolio that are already being monitored nationally are the percentage of school-entry children that undergo vision screening, currently being collated by BIOS, and the number of CCGs commissioning an IOP Repeat Readings Service, being measured by LOCSU. Whereas the percentage of hospital follow ups being seen within the intended period and the availability of an Eye Clinic Liaison Officer service to support people with sight loss need to be collected locally by Acute Trusts or Commissioners.

Acknowledging that gaps in data collection still existed, Desai said: "The Health and Social Care Information Centre has acknowledged and recognised there needs to be significant improvements in the quality of data being returned. We are not there yet but if you don't look at it you can't improve it. Just because you are not confident in the quality of certain data is not an excuse not to look at it and see what it is trying to tell you."

Desai issued a rallying cry for LOCs to play their part. "You don't have to do all them, it's a portfolio," she said. "If we are really serious about measuring what's important in health and care, pick the ones that are most important to you. You don't have to do the whole package. Pick one and do one."

"We are joining it all up to get a better picture. It is a tool to look at population eye health, don't look at the Indicators in isolation.

Next steps will see the Portfolio of Indicators – supported by both NHS England and the Clinical Council for Eye Health Commissioning – published centrally as eye health profiles in the public domain.

Work was also in progress with Public Health England and devolved governments to add eye health to suite of profiles they already have.

Follow the link for the presentation.

■ *'Robust data' – Richard Knight.*

Regional services at **SCALE** key to future

■ *'Early involvement' – Gian Celino.*

EYE health services through regional clusters are the key to the future development of the continued progress in the community eye health sector, NOC delegates heard last week.

Delivering the Commissioning Review, LOCSU's Head of Policy, Richard Knight, told delegates that the sector was at a crossroads with an overwhelming increase in the number of LOCs using the Company model and a tranche of services rolled over from before the 2013 NHS reforms.

"There is a growing awareness that services commissioned over a small footprint in isolation are unsustainable for LOC Companies as they do not generate enough activity and revenue on their own," the policy chief explained.

"There are two solutions to this," he said. "Firstly, CCGs can work together to commission the same pathway over a wide geography or, secondly, CCGs can commission multiple pathways, rather than one in isolation.

"In fact, both of these things are beginning to happen," Knight revealed to LOCs.

Delegates heard that, of the 78 LOCs, 63 are covered by the LOC Company model, with 40 LOCs covered through a Regional Company. In total, more than 500 individual services have been commissioned, with over 45,000 annualised patient episodes and annualised revenue of £2.6 million.

Knight explained that "direct to practice" services outside the OptoManager platform do not offer and cannot be included in service data.

LOC Company annualised activity year-on-year has increased 568% and revenue 559% year-on-year comparing April 2013–March 2014 with the same period 2014–15. LOCSU is now receiving robust data both for revenue and activity that allow us to assess individual services performance. This combined with the national Data Repository, offers greater scope to make the case for further commissioning from CCGs.

Explaining how the OptoManager platform is a key element in the Company model approach, session co-presenter Gian Celino, from Webstar Health, said that activity has vastly accelerated over the past two years.

He said that the company were involved at a very early stage in contract negotiations, often at the expression-of -interest stage, to ensure that the platform is able to deliver the KPIs and data for Commissioners while streamlining administration and for LOCs.

Gian said that, in terms of the managed service, NHS requirements change frequently and are complex. "In order to meet these and ensure Primary Eyecare companies are best positioned to do so, the managed service they use must be flexible and continually evolve," he said.

Webstar's plans for the future include extending the use of OptoManager in each process step, for example contracting; closer integration with banking and payment systems; and interfaces to other NHS systems, such as eRefer.

Follow the link to the presentation.

National Cataract Audit – a huge opportunity for LOCs

NOC delegates learned about the Royal College of Ophthalmologists' National Ophthalmology Audit project in a joint presentation by Consultant Ophthalmologist, Professor John Sparrow and lead optometrist at Moorfields Bedford Hospital, Wendy Newsom.

PROFESSOR Sparrow explained that the context for the audit was NHS England's Medical Director Sir Bruce Keogh's message back in 2008 that: "fully-audited and risk-adjusted outcomes should be routinely available in the public domain by surgeon; by surgical team; by institution."

The Royal College project, which is being delivered by Medisoft, includes a National Comparative Audit for Cataract Care and feasibility studies of electronically captured data for glaucoma, retinal detachment and AMD.

Professor Sparrow's presentation highlighted feedback from stakeholders that welcomed the audit, saying that this information will help patients make an informed choice about their treatment and enable clinicians to risk assess their patients and offer them the most appropriate care based on their individual needs.

Wendy Newsom explained that as post-operative refraction is often carried out by community optometrists, a secure portal has been developed by Medisoft to allow optometrists to enter outcomes data that will be fed into hospital records and the national audit.

She said that pilots in Bedford and Bristol had proven successful and demonstrated the easy-to-use portal to delegates.

■ *Wendy Newsom (left) and Professor John Sparrow (right) outline details of the National Ophthalmology Audit to delegates.*

Ms Newsom, told the NOC audience that the national cataract audit provided a huge opportunity for LOCs. She argued that all routine post-op cataract care could be conducted in community optical practice following the LOCSU post-op cataract pathway adding that extensive audit data from services in both Huntingdon and Bedford shows no detriment to post-op outcomes.

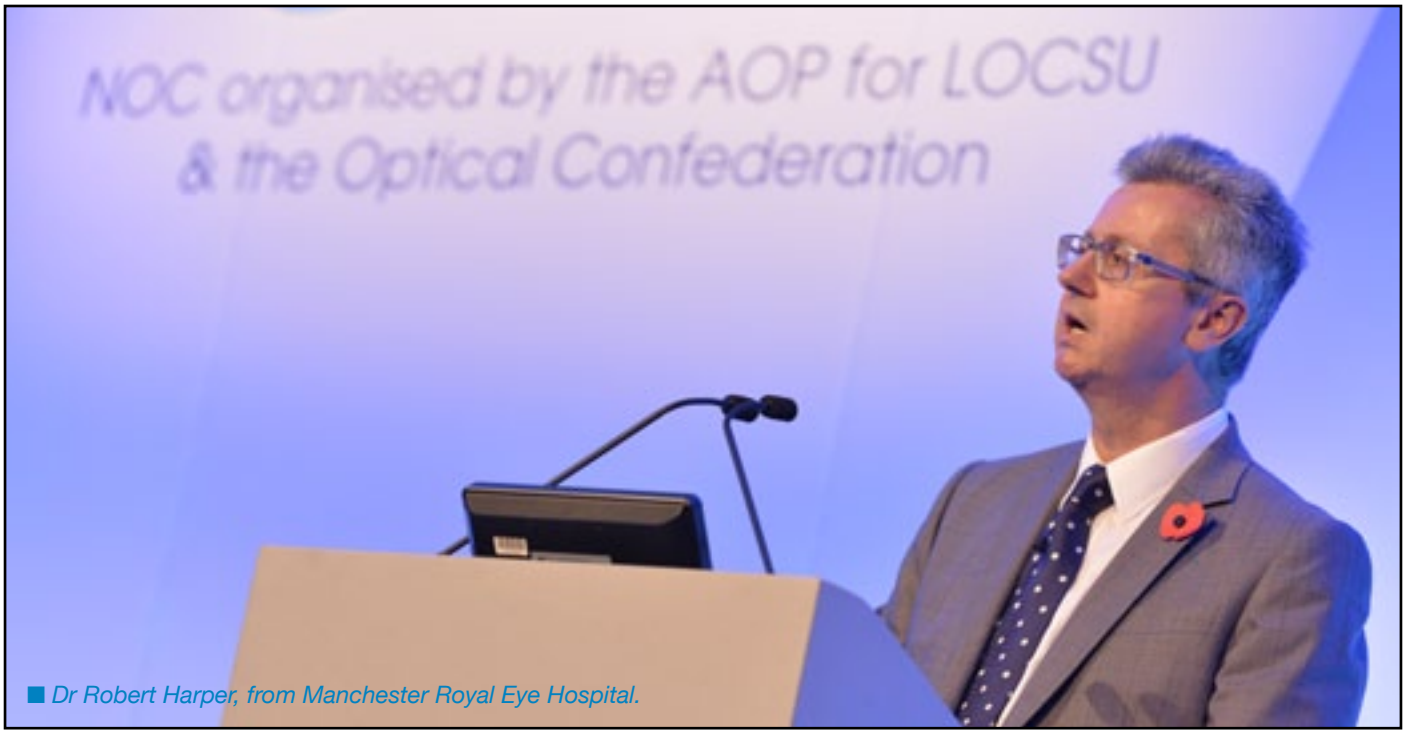
"Now is the time to talk to your Hospital Eye Service and CCG about setting up post-op care in the community" she suggested. "I completely agree with what Katrina said in her presentation yesterday that Acute Trusts and LOCs need to be talking to each other and coming up with solutions for future care models."

In the Q&A session that followed the suite of presentations on data, Jig Joshi, Chair of North East London LOC, asked for Wendy's opinion on whether optometrists should be expected to enter data to support the national ophthalmology audit as part of their GOS contract, to which Ms Newsom said her view was that the data collection should be part of a commissioned post-op service.

Panel members also highlighted that LOCSU and Webstar Health were meeting with the RCOphth and Medisoft to look at how OptoManager could be linked to the Medisoft platform to avoid the need for optometrists to enter outcomes data in two separate platforms where post-op services were commissioned.

Professor Sparrow confirmed that it would not be compulsory for Acute Trusts to participate in the national audit but he thought that there would be pressure from ophthalmologists to get their Trusts to comply.

Link to the presentation.



■ *Dr Robert Harper, from Manchester Royal Eye Hospital.*

MECS 'cost-effective' research shows

7'5% of MECS patients are managed in community according to early findings of a survey by Dr Robert Harper from Manchester Royal Eye Hospital.

The preliminary results from the College of Optometrists' Enhanced Scheme Evaluation Project show that more than a quarter of "first attendences" from GP to the HES were avoided and that patient satisf action is extremely high with community services.

Dr Harper explained that he is part of a research team that includes experts from a number of disciplines that had been commissioned by the College to undertake a realist review of enhanced service schemes. Case Studies included the Minor Eye Conditions Service (MECS) in Lambeth and Lewisham and the Manchester Glaucoma Referral Refinement Service (GRRS).

Researchers had been tasked with evaluating clinical safety and effectiveness and health economics as well as a stakeholder qualitative evaluation.

Harper explained that the audit in Lambeth and Lewisham suggested 38% of acute ophthalmology referrals could be more appropriately managed in primary care. This is in an area where Acute Trusts were failing 18-week targets. Added to this is the issue of high costs in dealing with low severity conditions.

MECS was implemented to deliver a greater proportion of ophthalmic care in community, improve patient experience and reduce waiting times. Utilising community optical practices enabled a broader spectrum of patients to access services and took advantage of optometrists' clinical training and experience. The new service was also expected to be cost-effective and promote closer working relationships between primary and secondary care.

Revealing some of the yet-to-be published data from the research, Dr Harper said: "75% of patients who attended MECS were managed by the community optometrists," which is in line with the findings of other MECS audits. He went on to show that clinical audit of referrals and non-referrals had demonstrated appropriate management in the majority of cases indicating high levels of patient safety and 100% of patients were satisfied with their visit.

Addressing the question of cost-effectiveness, Dr Harper said preliminary results from the first nine months of MECS indicate that "first attendances" from the GP to HES dropped by approximately 27% in Lambeth and Lewisham when compared to Southwark, a neighbouring borough *without* a MECS scheme. A powerful statistic for conference delegates to take away.

Evaluation of the Manchester GRRS was also showing very positive data with 100% of the patients surveyed in this scheme stating they were satisfied with their visit, backing up the findings of the Lambeth and Lewisham study.

Follow the link to the presentation.

PCSE plans standardised approach and improved customer service

Conference delegates had the opportunity to hear first-hand from the new national Primary Care Support England (PCSE) team on the future plans for the administration and back office services, now provided for primary care contractors and performers by Capita on behalf of NHS England.

NATIONAL Director of Engagement for PCSE, Gill Matthews,(pictured) explained what PCSE were looking to achieve; what the planned changes mean for optometrists and optical practices; and the timescales involved.

The Director said that both the Optical Confederation and LOCSU had been very supportive during the procurement of the new service and continue to be so during the transformation phase, through their representatives on on the national PCSE Stakeholder Forum.

Ms Matthews, who has a background of senior roles in the NHS and had attended the NOC back in 2011 to present on the World Class Commissioning programme, said key objectives for PCSE were improved customer service, safe and reliable service delivery and significant cost savings.

PCSE will consolidate the service to operate from three offices in Clacton, Leeds and Preston, with all enquiries eventually being moved to a new national customer support centre that would be based in Leeds. Delegates heard that the national call centre will become operational in December 2015 covering a few small areas and that enquiries from other areas will gradually be migrated until it covers the whole of England in around 12 months' time.

Ms Matthews explained that work was ongoing to standardise and streamline some of the historical processes that Capita had identified as being variable among existing PCS teams when they began operating the national contract on 1 September 2015. She told delegates that redesigning existing GOS forms to enable bulk processing that captured key data was a priority in the ophthalmic work in the year ahead.

Delegates learned that PCSE has future plans to move Performer List applications online and that they would also be working with key stakeholders to develop a modern electronic GOS claims portal.

The PCSE Director encouraged people to sign up to the stakeholder user panel saying that there would be lots of ways to get involved and all subscribers would receive regular updates from the PCSE team.

You can express an interest in getting involved by emailing PCSEpanel@capita.co.uk.

Follow the link to the presentation.

LOCSU's Leaders take centre stage

■ *'I'm so proud' – Dr Barbara Ryan (far right) of WOPEC*

CERTIFICATES were presented to graduates from the 2015 cohort of the LOCSU Leadership Module during the NOC by LOCSU Chairman, Alan Tinger, and Director of Taught Programmes at WOPEC, Dr Barbara Ryan.

In addition to the current crop, a special mention was made for past graduates who were invited to take to the conference stage to acknowledge their success and that of LOCSU and WOPEC putting leaders at every table.

Presenting the awards with Dr Ryan said it gave her great pride to see former students now in leadership roles across the optical sector and helping to shape and reform services.

"I think you will recognize that a lot of them are today's optical leaders," said Dr Ryan. "I'm so proud as a look through the magazines, come to conferences like the NOC and hear about the innovation that's happening around the country; a lot of it is driven by people who went through the Leadership Programme."

■ **LOCSU is offering another 10 funded places for the 2016 Leadership Module which starts in March. The assessment process has been redesigned to bring it up to date with current practices for online learning. For full details and application form visit the Learning and Development pages of the LOCSU website or email, info@locsu.co.uk.**

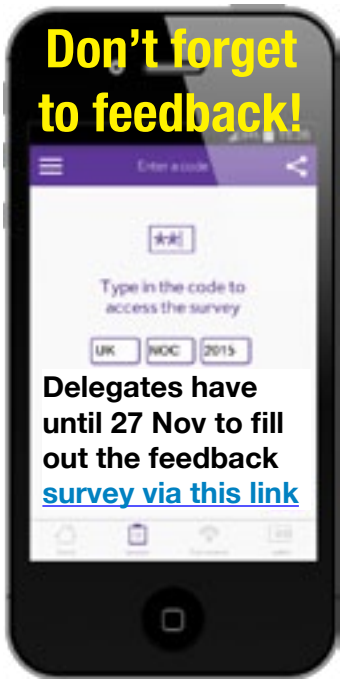
Dudley crowned poster winners

■ *Shamina Asif receives the poster winner's award from David Parkin.*

DUDLEY LOC was chosen as the winning entry in the NOC 2015 poster competition.

Shamina Asif *(pictured left),* Chair of Dudley LOC, received the award from David Parkin, President of College of Optometrists, for the winning entry in the "Public Health" category. The panel of external judges, which also included Dr Barbara Ryan, from WOPEC, and David Brown, National Optometry Lead at NHS England, also gave a special mention to runner up, Wolverhampton LOC, for their audit entry in the "Collaborative Working" category.

Don't forget to feedback!



Delegates have until 27 Nov to fill out the feedback survey via this link

If you have an item of interest for *LOCSU News*, contact Editor, Chris McGachy, Head of Communications. You are receiving this email from the Local Optical Committee Support Unit. If you would like to unsubscribe, please contact info@locsu.co.uk.