

Local Eye Health Networks

Improving eye health and services

A Getting Started Guide

Produced for Local Eye Health Networks and Health and Wellbeing Boards by LOCSU with the support of NHS England, the Clinical Council for Eye Health Commissioning and the UK Vision Strategy

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A Clinically-led NHS

1.1 Overview

The Government aims to reform the NHS into a clinically-led, patient-centred service focused on outcomes.

As part of this reform, Local Professional Networks (LPNs) for eye health, dentistry and pharmacy are being established with the aims of:

- Improving outcomes
- Delivering high quality care
- Reducing inappropriate variation
- Reducing health inequalities

These networks will work across many local authorities and clinical commissioning groups. The LPN Single Operating Framework can be found at www.england.nhs.uk/wp-content/uploads/2013/08/lpn-sof.pdf.

1.2 Eye Health Priority

The Government has made eye health a public health priority not only by supporting the UK Vision Strategy (UKVS) and VISION 2020 UK at the highest level but by publishing the first ever Public Health Indicator for eye health to track progress from 1 April 2013.¹

VISION 2020 is a global initiative that aims to eliminate avoidable blindness by the year 2020 among other key objectives. VISION 2020 UK is working to achieve this objective within the UK www.vision2020uk.org.uk.

UKVS seeks a major transformation in the UK's eye health, eye care and sight loss services and is pursuing a united cross-sector approach to achieve this: www.vision2020uk.org.uk/ukvisionstrategy.

1.3 LEHNs

To drive progress against the eye health indicator and for better eye health outcomes generally, **Local Eye Health Networks (LEHNs)** are being established as LPNs across every NHS Area Team (AT) in England. LEHNs provide the opportunity for the eye health professions – together with patients and the voluntary sector – to show leadership, identify priorities and re-design services and pathways to meet patient and population needs.

Specifically NHS England states that:

- NHS sight tests and domiciliary services are demand-led and LEHNs should work to improve access for sight tests for hard to reach groups
- LEHNs should support Health and Wellbeing Boards (HWBs) to carry out effective Eye Health Needs Assessments (EHNAs) as part of the local Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS)
- LEHNs should focus on improving and redesigning services in line with national eye health pathways, such as: ocular hypertension monitoring service; glaucoma; referral refinement; acute referral services (e.g. PEARS); pre and post-operative cataracts; low vision service for adults; eye services for adults with a learning disability.
- LEHNs have a key role in developing eye health in primary, secondary and social care to support better service integration around patients' needs and improved outcomes

To make this happen Local Eye Health Networks need:

- A focus on outcomes and populations
- Openness and transparency
- Maximum opportunity for stakeholders to participate and engage
- Good communication between all parties

2. Eye Health – The Big Picture

2.1 Primary care - Sight Tests

Some 17 million sight tests are performed each year in England (12m NHS, 5m private).² Not only do patients have their vision corrected but 4 per cent are referred to their GP or hospital following a sight test.²

People within certain eligible categories receive optical vouchers to help with the cost of glasses or contact lenses: 4.5 million NHS vouchers were processed in 2010-11.² 100 per cent of practices stocked spectacles within the value of the NHS voucher for children, and 84 per cent for adults (although both this proportion and the range offered are falling year-on-year as voucher values fall behind costs).²

The aggregated primary care expenditure for eye health care in 2011-2012 was £525 million.⁷

Professional consensus ((underpinned by a Memorandum of Understanding with the Department of Health (DH) on NHS claims)) is that patients should have a sight test every two years (or at shorter or longer intervals based on the patient's clinical need).³

The average interval between sight tests is 26 months, with 29 months the estimated average interval for working age adults.⁴ However, many people do not access routine eye health services at all.

Increasingly community services are also being commissioned to reduce pressures on hospital eye services, GPs and A&E.

2.2 Hospital Eye Services

In 2011-12 there were a total of 6,281,564 ophthalmology outpatient attendances in England.⁵ There has been an increase in total attendances of over 1 million in the past five years and these numbers are set to grow as the population ages and new

interventions become possible for previously untreatable conditions such as wet AMD.⁶ The aggregated secondary care expenditure for eye health care in 2011-2012 was £1.43 billion.⁷

2.3 Sight Loss

Almost two million people are living with significant sight loss in the UK, with 50 per cent of this sight loss avoidable.⁸ For instance, despite early detection and treatment of glaucoma being likely to provide a better long-term outcome than detection and treatment at a late stage, it is estimated that 50 per cent of people with glaucoma have not had it detected.⁹

2.4 Workforce

To support Clinical Commissioning Groups (CCGs) and Health and Well Being Boards (HWBs) across England, LEHNs will have access to a small amount of resource in ATs. To meet the local eye health challenges of their populations, each LEHN will need to work with their local professional workforce which will consist of a share of the following:

(Please note approximate figures have been provided by the relevant professional body or other source as indicated.)

Profession	Total in England	By 27 Area Teams – indicative only
<i>Ophthalmologists</i>	938 ¹⁰	35
<i>Orthoptists</i>	1,150 ¹¹	43
<i>Optometrists - community</i>	10,340 ¹²	383
<i>Optometrists - hospital</i>	492 ¹³	18
<i>Ophthalmic medical practitioners</i>	301 ¹⁴	11
<i>Contact lens opticians (UK wide)</i>	1,280 ¹⁵	47
<i>Dispensing opticians</i>	5,137 ¹⁶	190
<i>Number of hospitals supported by Eye Clinic Liaison Officers (ECLOs)</i>	80 ¹⁷	Area specific – see Annex A

<i>GPs with Special Interest (GPSIs) in Eye Health</i>	<i>Variable</i>	-
<i>Ophthalmic nurses</i>	<i>Variable</i>	-
<i>Consultants or specialists in Public Health working predominantly in eye health</i>	<i>Very few</i>	-

Most of the above are based in approximately 273 hospital ophthalmology departments and 7,000 community optical practices across England.

In addition LEHNs will work with rehabilitation officers, social services departments, patients and a variety of voluntary sector organisations.

3. Getting Started

3.1 Step 1 – Establishing the Network

The first step in establishing the network is the appointment of a clinical chair. Once the chair is appointed the next step is to engage stakeholders. A draft communication for this purpose is at Annex B.

As eye health issues are multi-factorial, with sight affecting every aspect of health and wellbeing (e.g. falls, isolation and mental health amongst older age groups and people with dementia while strokes can have a significant impact on vision), improving eye health, services and outcomes involves a wide range of professionals (as above), carers and third sector supporters, volunteers and partners in care.

As a consequence, unlike other LPNs, LEHNs cannot be uniquely clinical (albeit clinically-led) or uni-professional. Establishing a local eye health stakeholder map should therefore be a priority task. Advice on where to find contacts for various local organisations can be found in Annex A.

Given this breadth of partners it is important that all relevant parties are engaged, communicated with regularly and have an opportunity to be heard and to influence.

For LEHNs to be effective there should be free and open communication, discussion and consideration of all views so that a unanimous or majority consensus can be achieved. To use the new terminology, clinical leadership is vital but it should lead to 'co-produced', not imposed, solutions.

Appropriate modes of communication should be employed with emphasis on modern technology such that all members are kept adequately informed.

All decisions should be made in stipulated time frames to ensure efficient functioning of the networks. Where differences of opinion persist despite adequate debate and discussion the majority decision should prevail. A mechanism for dealing with complaints or appeals should be put in place.

3.2 Step 2 - Assessing Health Needs

For some LEHNs, EHNAs will already have been carried out and a number of priorities may already have been agreed and work will be underway.

Where LEHNs are starting from scratch they need the assistance of the local Director of Public Health's Department or the HWB to carry out a local eye health needs assessment for their area.

The DH has made funding available to ensure all LEHNs receive a basic level of training in carrying out an eye health needs assessment (sometimes referred to as an Eye Health Equity Profile) by March 2014.

EHNAs need not be complicated. In essence they are just a matter of assembling available data and applying common sense and local knowledge. Examples of EHNAs carried out as part of the UK Vision Strategy's *Commissioning for Effectiveness and Efficiency* project:

www.vision2020uk.org.uk/ukvisionstrategy/page.asp?section=332§ionTitle=Commissioning+for+Effectiveness+and+Efficiency+%28CEE%29.

The Royal National Institute of Blind People (RNIB) has five examples of eye health equity profiles/needs assessments available as part of the Community Engagement Projects: www.rnib.org.uk/healthprofessionals.

A cross sector eye health group has developed a Guide to Eye Health for any organisation involved with developing or influencing a JSNA. This may provide a helpful check-list for LEHNs in getting started and identifying their own local priorities based on their eye health needs assessment:
www.commissioningforeyecare.org.uk/jsnaguidance.

A sight loss data tool that offers some information on key sight loss indicators for council areas in England has been developed by the RNIB: www.rnib.org.uk/datatool.

A Local Authority Eye Health Scrutiny Guide has been developed between the Optical Confederation and Centre for Public Scrutiny available which provides a further helpful check-list of issues an EHNA might cover and which a LEHN might need to address:
http://www.opticalconfederation.org.uk/downloads/briefings/CfPS_Optical_Confederation_10_questions_local_eye_health.pdf.

The EHNA should form part of the Local Authority's JSNA which all local authorities and HWBs are required to produce.

Having an EHNA carried out and included within the JSNA could be key progress milestones for the LEHN in its first year of operation.

3.3 Step 3 – Tackling Priorities

An EHNA is the key to agreeing and tackling priorities. However, some problems may obviously need urgent attention (e.g. lack of an agreed urgent referral pathway for wet AMD), and the lack of an EHNA or local difficulties in developing one should not be an excuse not to start tackling these problems immediately. As noted above, some local priorities might already have been identified, and work on these have started.

Those aside, it should be relatively easy to identify from the local EHNA priorities for agreed local action. These might include, for example, re-designing pathways where there are blockages and access problems such as:

- Ensuring that, where urgency is a factor, direct and short referral pathways are agreed between hospitals and community practitioners (optometrists, opticians and GPs)
- Seeking to provide access for hard to reach groups - for example:
 - People from minority ethnic groups who are at increased risk of eye disease and blindness
 - Groups who do not easily access services e.g. people with learning disabilities, gypsies, travellers, sex workers and the homeless (fifty two projects have been awarded a share of £10 million to ensure homeless people receive better help once they leave hospital)¹⁸
- Understanding commissioners' plans for any major eye hospital re-configurations, which may be planned or under way
 - Knowledge of 'Specialised eye health care services' available in the region, that would require specialised commissioning, would be of help

3.4 Step 4 – Streamlining Local Pathways

Community optical practices across England are successfully delivering a series of primary care community (formerly enhanced) services through accredited pathways, designed to be convenient for patients and free up secondary care and GP capacity: www.locsu.co.uk/enhanced-services-pathways.

As well as developing these pathways, LOCSU can help to produce business cases for community services and work with local commissioners while services are established.

The community services pathways are designed to work alongside local hospitals and should be supported by a rapid access pathway for individuals requiring referral the Hospital Eye Services.

The current community service pathways are:

- Community Eye Care Pathway for Adults and Young People with Learning Disabilities
- Glaucoma Repeat Readings and OHT Monitoring pathway
- Pre- and Post-Operative Cataract pathway
- Adult Community Optical Low Vision pathway
 - Children's Vision Enhanced Service Pathway
 - Primary Eye care Assessment and Referral Service (PEARS) pathway (sometimes known as 'minor eye conditions').

The latter pathway is particularly important in view of the NHS England priority of reducing pressure on emergency departments. These pathways have a major role in shaping and improving local services in line with national eye health objectives, while meeting the needs of an ageing population in a cost-effective manner.

The Royal College of Ophthalmologists was asked by the DH to develop Commissioning Guidelines and it was advised to seek National Institute for Health and Care Excellence accreditation for the documents produced.

The Royal College of Ophthalmologists has undertaken to present the developed guidance documents to the Clinical Council for Eye Health Commissioning for consideration and endorsement prior to submitting them to NICE.

3.5 Step 5 - Measuring Outcomes

Measuring eye health outcomes for populations will take some time although as stated the national eye health indicator has begun to enable progress to be tracked at national and local level from April 2013.

In the meantime proxy measures for outcomes may need to be used and further developed at national or local level.

These could include such measures as:

- Cataract surgery access based on daily functioning and not visual acuity alone; waiting times; proportion of patients receiving cataract surgery on second eye within six months
- Number of patients per 10,000 population with raised inter-ocular pressure being regularly monitored in the community and/or hospital clinics
- Number of patients per 10,000 population started on glaucoma therapy
- Proportion of diabetic patients per specified population that have undergone diabetic retinal screening per annum
- Uptake of diabetic retinal screening in a specified population in a specified time
- Proportion of children screened at school entry in line with National Screening Committee stipulations
- Number of community practices accredited to provide services for people with learning disabilities, waiting times for the service (if any) and proportion of patients accessing those services
- Number of homeless people having a sight test within past two years
- Percentage of patients with wet AMD receiving follow up appointments within clinically appropriate timeframes
- Rate of NHS sight tests per 100,000 population
- Per head expenditure on problems of vision
- Rate of certification of visual impairment

NHS England would welcome feedback on these issues so that development work on proxy measures can be taken forward on a national basis with the Clinical Council for Eye Health Commissioning to support local delivery.

3.6 Step 6 – Review

The next step – at potentially six and twelve month stages – is to communicate progress with partners across the network and seek their views and, as necessary to:

- Investigate health needs further (Step 2-4)

- Work further with commissioners (NHS England, CCGs, Local Authorities, Health & Wellbeing Boards) (Steps 5 and 6)
- Review again (Step 6).

LEHNs will recognise that these steps are closely aligned with the NHS

Commissioning Cycle:

<http://webarchive.nationalarchives.gov.uk/20100402134053/ic.nhs.uk/commissioning>

4. Resources and Contacts

4.1 NHS England

LEHNs are intended to be an integral, funded part of the NHS England structure at AT level. LEHNs should be allocated identified support staff and have access to other general NHS England support arrangements.

Funding amounting to £120,000 per annum has been allocated within each AT to provide local clinical and administrative resource for all three LPNs including funding for the clinical chair, some managerial and secretarial support and some public health input.

4.2 LPN Assembly

LEHNs will come together nationally with their counterpart pharmacy and dentistry LPNs into a LPN Assembly to facilitate communication, influence and development between the LPNs and with the rest of the NHS and social care system at national level. The assembly will meet twice a year and will be an important mechanism for LEHNs to influence national commissioning policy.

4.3 LEHN Steering Group

An LEHN Steering Group is being established from October 2013 to support the development of LEHNs and share best practice. The Steering Group will be made up of a number of LEHN chairs, AT representatives and key stakeholders including

patient representatives. A dedicated area of the NHS England website hosts specific resources for LEHNs: <http://www.england.nhs.uk/ourwork/d-com/primary-care-comm/lpn/lpn-eye-health/>.

4.4 Related Clinical Networks

Although LEHNs are new, the concept of clinical networks within the NHS has existed for some time (for example cancer networks).

Over time, LEHNs should build up links with relevant Strategic Clinical Networks (there are currently four per area covering 1) cancer 2) cardiovascular conditions 3) maternity and children's services and 4) mental health, dementia and neurological conditions) and their relevant Clinical Senates.

Like LEHNs these too are new parts of the NHS architecture and will be feeling their way and looking for contacts, help and support. LEHNs should therefore not feel isolated but equal parts of the new clinically-led NHS programme.

4.5 Clinical Council for Eye Health Commissioning

A Clinical Council for Eye Health Commissioning (CCEHC) has been set up (including the national versions of all LEHN partners i.e. – the Royal College of Ophthalmologists, the College of Optometrists, the Royal College of Nursing, the Royal College of GPs, LOCSU and the Optical Confederation, the RNIB, the British and Irish Orthoptic Society, other voluntary sector bodies, Public Health England and the Faculty of Public Health Medicine) to give advice and guidance on national clinical commissioning issues where required and to support LEHNs.

The LEHN Steering Group will have a direct communication channel to the CCEHC to ensure issues identified by the LEHNs are acknowledged and inform the CCEHC's priorities. Information and guidance produced by the CCEHC will be disseminated to the LEHNs via the LEHN Steering Group.

Any LEHN requiring advice from the CCEHC should contact the LEHN Steering Group in the first instance via sue.pritchard@nhs.net.

4.6 VISION 2020 UK Public Health Committee

The Public Health Committee of VISION 2020 UK is also available to give health and advice on public health issues. As previously mentioned the LEHN should already have support from NHS England (and via HWBs from Public Health England) on EHNAs, planning and other public health matters. The Clinical Chair should ask about this and who the contact point is at the earliest opportunity.

The UKVS Website provides further information on effective eye health and care commissioning: <http://commissioningforeyecare.org.uk/>.

4.7 Ophthalmic Public Health Network

LEHNs should also work as part of the wider ophthalmic public health network. This network is a free resource to all users (funded by LOCSU). It is intended to provide a common space in which leaders, clinicians, managers and support staff, and their partners beyond the NHS, can explore ideas, pool experience, solve problems and share information: <http://www.networks.nhs.uk/nhs-networks/ophthalmic-public-health-network/?searchterm>.

The ophthalmic public health network is designed to support innovation and improvement in health and care and one of its roles is specifically to promote learning and change.

4.8 Stakeholders

Contacts for Local Optical Committees, ECLOs, Action Team Clusters and other local stakeholders are at Annex A.

Annex A: local contacts

Local Contacts List

A list of key local contacts for LEHNs including Local Optical Committees and Local Voluntary Societies can be found on LOCSU's website:

http://www.locsu.co.uk/eyecare-commissioning/local_eye_health_networks

These contacts offer a useful starting point for successful development of LEHNs but should not be assumed to be a complete list of local stakeholders. The spreadsheet will be updated regularly to ensure all information available regarding local stakeholders is included.

Other Useful Contacts

Eye Clinic Liaison Officers (Register of hospitals in the UK with eye clinic support):

http://www.rnib.org.uk/eyehealth/who/eclo/Pages/about_eclos.aspx#H2Heading2

List of NHS hospitals with Ophthalmology departments:

<http://www.dwp.gov.uk/publications/specialist-guides/medical-conditions/a-z-of-medical-conditions/vision/list-of-hospital-depts-vision.shtml>

Annex B: local partners launch template

Dear Colleague

As you may be aware, I have recently been appointed as the Clinical Chair for the [name] Local Eye Health Network for [the next three years]. Needless to say, I am delighted to be given this opportunity to work with you to improve eye health and services for our population.

I am sure you/[Name of Organisation] share these aims and I am writing to ask you or your organisation to confirm whether you would agree to be part of the network via email at xyz@xyz.org.uk.

We shall have a small amount of managerial and administrative support from NHS England and also access to some public health advice.

As we all know the factors that impact on eye health and outcomes are many and various, and I strongly believe that it is only by working together to agree needs and priorities, and communicating regularly, that we will be successful in improving eye health outcomes, reducing avoidable blindness and improving services for the people of our area.

My plan would not be to create work for you but to communicate with you regularly outlining and engaging you in approving the work programme, for example, the eye health needs assessment, agreement of priorities and task groups for specific issues if necessary.

I would also aim to keep meetings to an absolute minimum and only bring us together to sign-off for business plans and strategic aims.

With that commitment on my part, I do hope you/[name of organisation] will agree to join the 'email network'.

Perhaps you would let me know by [date] following which I will, with your agreement, share the contact details of everyone on the secure network so that we can communicate freely and easily about eye health and what we need to do to see improvements in our area.

I do look forward very much to working with you and think that, together, we have a major opportunity to achieve for patients and the population benefits which no single group of us can achieve in isolation.

For my part, I will keep in touch with the other Local Eye Health Networks in England via the National Steering Group so that we can share best practice and learn from other areas.

With kind regards

[Clinical Chair]

Footnotes

¹ Eye Health indicator: The Government began to measure the rate of preventable sight loss from 1 April 2013. It does this by measuring the numbers of all people who are certified sight impaired (partially sighted) or severely sight impaired (blind) and the numbers of these who have lost their sight from one of the three major causes of preventable sight loss: glaucoma, wet age-related macular degeneration and diabetic retinopathy. Eye Health Indicator figures can be seen through the RNIB website:

http://www.rnib.org.uk/aboutus/Research/latestresearchnews/Pages/eye_health_indicator.aspx

² Optical Confederation, [Optics at a Glance](#), 2011

³ Association of Optometrists, [Memorandum on Frequency of GOS Sight tests](#)

⁴ Optical Confederation, [Optics at a Glance](#), 2011

⁵ NHS Health and Social Care Information Centre, [Hospital Episode Statistics for England. Outpatient statistics, 2011-12](#)

⁶ NHS Health and Social Care Information Centre, [Hospital Episode Statistics for England. Outpatient statistics, 2006-07](#)

⁷ NHS, [2011-12 programme budgeting data](#), 2012

⁸ RNIB, [Preventing Avoidable Sight loss](#), 2012

⁹ Eye, [Health anxiety in a non-population-based, pre-publicised glaucoma screening exercise](#), 2009

¹⁰ Royal College of Ophthalmologists, September 2013

¹¹ British and Irish Orthoptic Society, September 2013

¹² NHS Information Centre, [General Ophthalmic Services: Workforce Statistics for England and Wales 31 December 2012](#)

¹³ Association of Optometrists, *Hospital Optometrists Committee*

¹⁴ NHS Information Centre, [General Ophthalmic Services: Workforce Statistics for England and Wales 31 December 2012](#)

¹⁵ General Optical Council, September 2013

¹⁶ Optical Confederation, [Optics at a Glance 2011](#)

¹⁷ RNIB, [Eye Clinic Liaison Officers](#)

¹⁸ Gov UK, Press release: [Ten million pound cash boost to improve the health of homeless people](#), 6th September 2013

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