

Strategy 2019 - 2021

Collaborative commissioning for the needs of patients
Enhancing eye health services

WHO ARE WE?

The Clinical Council for Eye Health Commissioning (CCEHC) is an independent advisory body providing evidence-based national clinical leadership, advice and guidance to policy makers in health, social care and public health, and those commissioning and providing eye health services in England. It is recognised as such through a Memorandum of Understanding with NHS England. The CCEHC's recommendations are provided in the best interest of patients, on the best evidence available and independent of any professional or commercial interests.

As reflected by its membership, the CCEHC represents the major clinical professions, social care, charity and voluntary organisations within the eye health and care sector:

- Association of Directors of Adult Social Services
- Association of British Dispensing Opticians
- British and Irish Orthoptic Society
- College of Optometrists
- Faculty of Public Health
- International Glaucoma Association
- Macular Society
- Optical Confederation (including the Local Optical Committee Support Unit)
- Royal College of General Practitioners
- Royal College of Ophthalmologists
- Royal College of Nursing (ophthalmic section)
- Royal National Institute of Blind People
- Vision UK

The College of Optometrists and The Royal College of Ophthalmologists jointly act as the CCEHC's secretariat.

WHY IS IT IMPORTANT TO IMPROVE EYE HEALTH SERVICES?

- Demand for eye care services is rising. Increasing eye health needs due to the ageing population and availability of new treatments, resulting in increasing eye clinic out-patient attendances (12% in the past five years- 2013 to 2018), are generating severe capacity issues within the hospital eye service.^{1 2}
- Estimates in sight loss for the main eye disease areas are also increasing in the UK³. Almost two million adults in the UK have some degree of sight loss of which 13% have severe sight loss (blind) and this number is likely to double by 2050 ⁴.
- Sight loss has a devastating impact on people's lives and costs the UK economy almost £22 billion a year².
- About 2 in every 1000 children are living with moderate or severe sight loss and about 450 children are born or become blind each year⁵. For children, in whom serious eye disease is generally present at birth or manifest from early life, impaired vision has a significant impact on all aspects of their development and their education and subsequent employment opportunities⁶.
- The processes for commissioning and the provision of eye health services across pathways of care are fragmented, with fragmented solutions for different parts of a pathway of care operating in silos resulting in inconsistency and unwarranted duplication and variation. At a time of great challenges and opportunities for the NHS, it is essential to make sure we deliver cost effective quality care to patients in England. Roles and responsibilities in the processes of commissioning and provision of services need to be clear to ensure safe and effective care to meet clinical need. ^{7 8}

¹ The Royal College of Ophthalmologists. Increasing demand on hospital eye services risks patients losing vision. 16 March 2016.

² NHS Digital Hospital Episode Statistics. Out-patient attendances by Main Specialty. <https://digital.nhs.uk/data-and-information/publications/statistical/hospital-outpatient-activity/hospital-outpatient-activity-2013-14>
<https://digital.nhs.uk/data-and-information/publications/statistical/hospital-outpatient-activity/2017-18>

³ Minassian D, Reidy A, (2009). Future Sight Loss UK 2: An epidemiological and economic model for sight loss in the decade 2010-2020. EpiVision and RNIB. <http://www.rnib.org.uk/knowledge-and-research-hub/research-reports/general-research/future-sight-loss-uk-2>

⁴ Pezullo L, Streatfeild J, Simkiss P, Shickle D. The economic impact of sight loss and blindness in the UK adult population. BMC Health Serv Res 2018; 18:63
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5791217/pdf/12913_2018_Article_2836.pdf

⁵ Solebo AL, Rahi JS (2014) Epidemiology, aetiology and management of visual impairment in children. Arch Dis Child. Apr;99(4):375-9.

⁶ Rahi JS, Cable N et al (2003) Severe visual impairment and blindness in children in the UK. Lancet. Oct 25;362(9393):1359-65.

⁷ NHS Long Term Plan. January 2019. www.longtermplan.nhs.uk

⁸ SAFE : System and Assurance Framework for Eye-health. 2018. www.ccehc.org.uk

- In response, the eye health sector has embraced multi-disciplinary collaborative working across traditional health sectors. The professional bodies have provided the standards for training (for the acquisition of the appropriate competencies, skills and expertise) and clinical practice, to support the development of multi-disciplinary teams.^{9, 10, 11} It has also produced tools and resources for the for strategic planning, provision and commissioning of eye health and care services, that are deliverable at scale and designed to provide consistency in availability and quality of care and reduce unwarranted variation⁸; that are recognised by NHS organisations.

WHAT ARE OUR STRATEGIC OBJECTIVES?

Drawing on the expertise of its members, collective action from the CCEHC will concentrate on:

1. Informing and influencing NHS policy and strategies for collaborative planning, commissioning and provision of eye health and care service systems delivering whole pathways of care
2. Highlighting systemic problems in the delivery of eye health and care services and priorities for solutions to address them
3. Initiating and responding to system developments, news, information and events relating to the above.

The CCEHC is focusing on two strategic objectives to improve the quality and efficiency of eye care for adults and children:

1. To provide government, policy-makers, LEHNS and commissioners with prompt, informed and evidence-based recommendations; and be an effective partner on eye health commissioning matters.
2. To develop models of care and guidance to support commissioners and providers in (re)designing local services to address growing needs, capacity issues and to improve the quality and cost-effectiveness of patient-centred care.

⁹ Ophthalmic Common Clinical Competency Framework – Royal College of Ophthalmologists 2016. <https://www.rcophth.ac.uk/professional-resources/new-common-clinical-competency-framework-to-standardise-competences-for-ophthalmic-non-medical-healthcare-professionals/>

¹⁰ RCOphth Standards and Publications - <https://www.rcophth.ac.uk/standards-publications-research/>

¹¹ College of Optometrists. Guidance for Professional Practice - 2017 <http://guidance.college-optometrists.org/home/>

WHAT WILL WE DO?

1. Support the restructuring of commissioning and delivery of eye health and care service systems.

Why it is important: to secure efficiencies in commissioning and delivery costs while preserving and improving quality and outcomes.

2. Promote better use of capacity and resources.

Why it is important: this will focus on the development of whole system pathways which streamline processes, improve access and convenience for patients and deliver timely, effective services with measurable outcomes at population and individual levels. This will support better use of resources and management of capacity pressures to reduce avoidable sight loss.

3. Call to improve data sharing and communication for direct patient care; and secondary uses to support planning, provision and commissioning of services.

Why it is important: Clinical Commissioning Groups (CCGs), Sustainability and Transformation Partnerships (STPs), Integrated Care Systems (ICSs) and provider organisations are unable to make informed strategic decisions on eye health and care, deliver appropriate services, or properly understand their importance when they have inaccessible, hard-to-interpret or too little data.

HOW WILL WE DO IT?

1. By developing, as a priority, an overarching commissioning framework for eye health (See Annexes A and B) comprising interconnected frameworks, and metrics to support commissioners in developing eye health and care service systems at scale to meet population eye health needs and reduce unwarranted variations; and promoting their uptake and implementation:

- SAFE: System and Assurance Framework for Eye-health (2018)
- Portfolio of Indicators for Eye Health and Care (2018)
- Primary eye care framework (update 2018, review 2020)
- Community ophthalmology framework (update 2018, review 2019)
- Low vision, habilitation and rehabilitation service framework (update 2018)
- Hospital Eye Service (Royal College of Ophthalmologists 'Way Forward' - 2017)
- SAFE ICS Implementation guidance (develop and publish 2019)

2. By building relationships with and influencing government, policy-makers, commissioners and providers, to understand their respective perspectives and for effective dialogue, so that cost-effective eye care services that meet the need of local populations and patients and deliver high quality, measured outcomes, are commissioned across the whole of England.

3. By working with and through LEHN Chairs and their local networks, and our membership to achieve positive and transformational change at scale.
4. By promoting local evaluation and feedback to inform national and local pathway and systems developments.
5. Internally, through collaborative working across Member organisations and effective communication across their respective networks (LOCSU comment)

HOW WILL WE GAIN FEEDBACK?

This will be a long-term and iterative process to ensure that the CCEHC remains responsive to organisational, structural and policy developments.

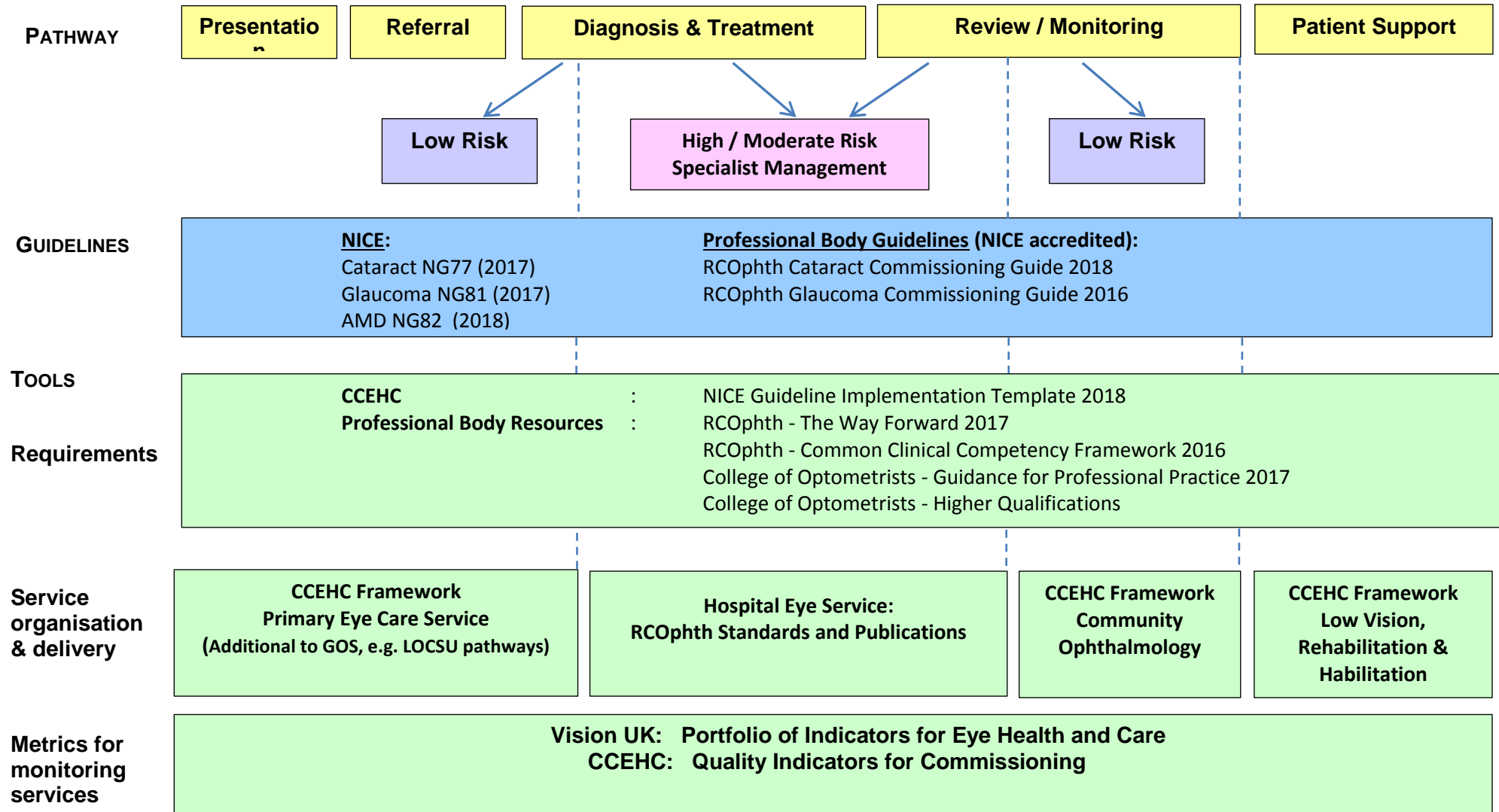
We recognise the challenge in obtaining representative feedback from STPs/ CCGs and other stakeholders, and as such we shall adopt an opportunistic approach to ascertain and understand:

- i. their current issues and challenges
- ii. how they are using:
 - SAFE
 - The 3 commissioning frameworks
 - Portfolio of Indicators for Eye Health and Care
 - Quality Standards for Commissioning
 - NICE Implementation framework
 - SAFE ICS implementation guidance

More specifically we shall consider undertaking a survey of the LEHN Chairs on the above, and how we can continue to support their work and build and develop our working relationships.

Annex A

SYSTEM AND ASSURANCE FRAMEWORK FOR EYE-HEALTH (SAFE) www.cchech.org.uk



Annex B

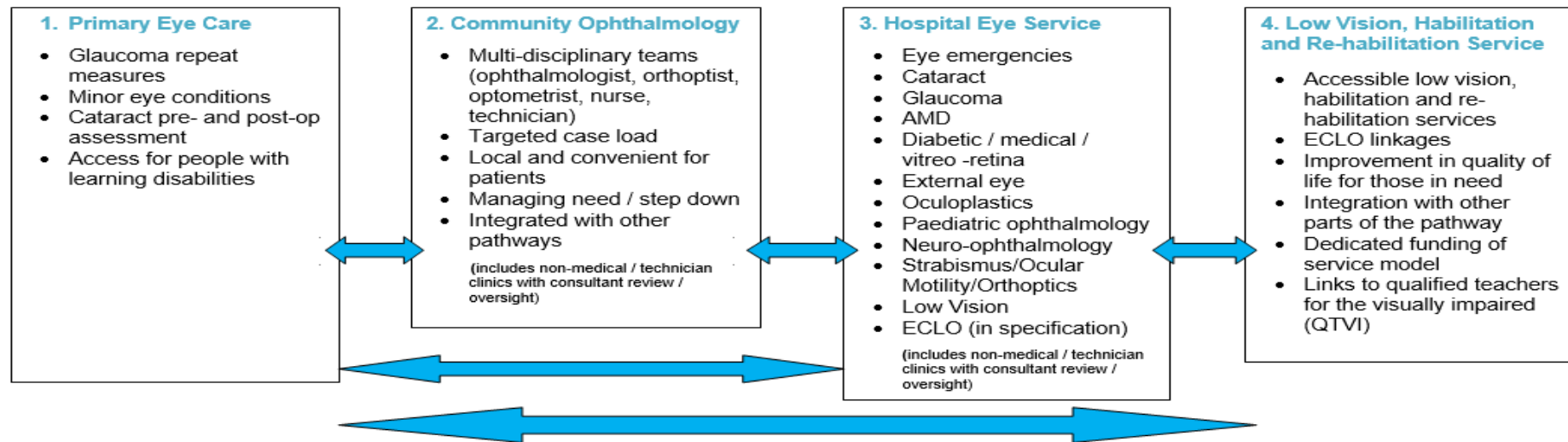
CCECH Frameworks:

- Provide the **overall architecture** of how the pathway of care within a service system is organised, provided and monitored, based on risk stratification of the patient's condition and the competencies of those providing the services
- Provide the **basis for collective responsibility for governance** across the whole pathway for all providers (primary, community and hospital), and all the commissioners involved in delivering services along the system pathway
- Establish **service definitions** (terminology)

Key principles

- Delivering better outcomes
- Maintaining quality and safety
- Maximising use of all capacity and reducing variation
- Improving access and choice
- Aligning capacity to need

Patient managed in the most appropriate service according to risk stratification of the condition and skills of the practitioner



Annex C

Work plan 2019-2021

We have identified the following main issues to ensure high quality eye health and care services are consistently available to patients:

- System based approach for delivery of *whole* pathways of care to:
 - Address current and future capacity issues across eye health and care service systems to meet eye health needs
 - Maximise the use of workforce skills and competencies across eye health and care service systems (including the voluntary sector)
 - Reduce unwarranted variation in service availability, provision, quality and outcomes
 - Operational at scale consistent with prevailing NHS population health economies
- Develop SAFE ICS Implementation Guidance – 2019
- Review and update of CCEHC Resources
 - Community Ophthalmology Services Framework – 2019
 - Primary Eye Care Service Framework – 2020
- Feedback from community of practice: Service availability for:
 - Vision Screening in children aged 4-5yrs – repeat FOI to ascertain current level of service provision, its governance and quality assurance across the whole pathway
 - Hydroxychloroquine retinopathy - requirements for commissioning