

Objective

This briefing paper has been prepared for Darlington Borough Council Health and Partnership Scrutiny Committee on behalf of Sarah Burns, Director of Commissioning for NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group (CCG); working in collaboration with NHS Darlington CCG and NHS North Durham CCG.

Aim

The briefing paper aims to inform Darlington Borough Council Health and Partnership Scrutiny Committee of North Durham CCG (NDCCG), Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDESCCG) and Darlington Clinical Commissioning Group (DCCG) intention to commission a safe, sustainable, community eye care service to monitor low risk, suspect glaucoma patients.

Glaucoma is a common sight threatening condition that causes severe visual impairment and blindness if left untreated. It has been associated with poor quality of life and loss of independence, such as falls and losing the ability to drive.

Background and introduction

Ophthalmology is a known pressure area, demonstrated by the increasing number of new and review appointments at hospital eye services. Glaucoma is recognised as a high volume condition for hospital eye services to manage, especially with an ageing population. The Royal National Institute for Blind People (RNIB) sight loss tool estimates 1,010 patients are living with a diagnosis of glaucoma in Darlington, this estimate includes patients with early stages of the disease that may not have experienced any reduction in their vision.

County Durham and Darlington NHS Foundation Trusts (CDDFT) requested support from commissioners to reduce activity to their overstretched glaucoma clinics, which attract high numbers of review out-patient appointments. They predicted many patients were stable and have been in the service for a number of years.

CCGs are being urged to introduce more appropriate high-street eye health services following revelations that hospital ophthalmology services are at bursting point. The NHS Business Plan 2015/16 and the NHS Five Year Forward Viewⁱ recognise services require change to achieve better management of patient flow and free up capacity by transferring more routine and step-down care into community optical practice.

An options paper outlining alternative models and commissioning arrangements was prepared and shared with CDDFT ophthalmology team during March 2017, whereby the preference was for a shared care model to be implemented with community optometrists and CCGs arranging the necessary contracting requirements.

Pathway change

During November 2017 a community ocular hypertension (OHT) and suspect glaucoma monitoring service will be commissioned from optical practices which hold a mandatory service contract for General Ophthalmic Services (GOS) within the conurbations of County Durham and Darlington.

A number of patients have been identified as suitable for safe transfer to the community service from glaucoma services at CDDFT. Patients/carers will be provided with a letter containing contact details of participating optical practices they can register with for monitoring of their condition.

The change to the pathway means

Patients will have their care and monitoring delivered by locally skilled optometrists in line with national guidelines bringing care closer to home.

The alternative model will support the Quality, Innovation, Productivity and Prevention (QIPP) agenda, NHS Five Year Forward View and relieve pressures on already stretched local hospital eye services; enabling the ophthalmology team to manage those patients with more complex pathology efficiently and effectively.

Affected patients will be contacted directly and their GP Practice will also be informed should they require any further support as part of transition arrangements.

Jackie Storey
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Durham Dales, Easington and Sedgfield Clinical Commissioning Group
North Durham Clinical Commissioning Group
Darlington Clinical Commissioning Group
North of England Commissioning Support Unit

ⁱ NHS Five Year Forward view
www.england.nhs.uk