



## **Objective**

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

## **Aim**

The briefing paper aims to inform Darlington Borough Council of Darlington Clinical Commissioning Group (DCCG) intention to commission a high quality, safe and sustainable Community Eye Care Service to deliver virtual glaucoma monitoring and post-op cataract care in the community from April 2020.

## **Background and introduction**

Nationally, ophthalmology is recognised as a high volume specialty; hospital eye services are overstretched, due to a combination of an ageing population, new treatment availability and guidelines, and a shortage of sub-specialty Consultants. Changes in vision and sight-threatening eye conditions such as glaucoma become more common as people age, so Britain's ageing population means demand for eye services will continue to increase.

The Royal National Institute for Blind People (RNIB) sight loss tool estimates 1,010 people in Darlington are living with glaucoma; which includes patients with early stages of the condition and have not yet experienced any reduction in vision. This number is expected to increase by 6% for Darlington by 2030.<sup>1</sup>

County Durham and Darlington CCGs have been working collaboratively with County Durham and Darlington NHS Foundation Trust (CDDFT) for a number of years to reduce activity to their overstretched ophthalmology department, which attracts high numbers of review out-patient appointments.

The community services will improve the patient pathway for those patients with stable ocular hypertension (OHT), chronic open angle glaucoma (COAG) and cataract surgery, reducing the number of review attendances at local hospital eye services. This will create capacity at overstretched outpatient clinics to allow the Consultant Ophthalmologist and the team to manage the newly diagnosed and more complex patients. The Consultant Ophthalmologist will transfer suitable patients to the community services and will remain clinically responsible for the patients' individual management plans.

## **Pathway change**

There are approximately 2,000 suitable patients that could be transferred to a community virtual glaucoma monitoring service and 2,300 patients suitable to transfer to a post-op cataract service.

Patient engagement has taken place at CDDFT with patients attending review appointments for post-op cataract and glaucoma. Commissioning Team Members have attended clinics at University Hospital of North Durham (UHND) 26<sup>th</sup> September 2019, Bishop Auckland Hospital (BAH) 1<sup>st</sup> October, 12<sup>th</sup> November, 26<sup>th</sup> November 2019 and Darlington Memorial Hospital (DMH) 22<sup>nd</sup> October, 28<sup>th</sup> November 2019 to speak with patients and carer's to gather their views of the proposal. Feedback from the engagement exercise has been collated and the majority of patients said they would find it easier to attend a community service in the high street for their

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<sup>1</sup> The Royal National Institute for Blind People  
[www.rnib.org.uk](http://www.rnib.org.uk)

care monitoring and monitoring.

**The change to the pathway means**

The services will be delivered in a community setting, for example health centre or high street optician, close to patients' homes without the need to travel to regional hospitals. Patient's will receive their care and monitoring by qualified practitioners with specialist training, competence and experience as specified by NICE Guidelines, working under the supervision of a Consultant Ophthalmologist.

The services will be available across multiple sites, close to patient's homes, reducing the reliance upon ambulance transport to travel to regional hospitals.

The proposed change will support the Quality, Innovation, Productivity and Prevention (QIPP) agenda, NHS Five Year Forward View (October 2014),<sup>2</sup> NHS Long Term Plan (2019)<sup>3</sup> and relieve pressures on already stretched local hospital eye services, enabling the Ophthalmologist and the team to manage those patients with more complex conditions, efficiently and effectively.

Jackie Storey  
Commissioning Support Officer  
18<sup>th</sup> December 2019

Darlington Clinical Commissioning Group  
North of England Commissioning Support Unit

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<sup>2</sup> NHS Five Year Forward View  
[www.england.nhs.uk](http://www.england.nhs.uk)

<sup>3</sup> NHS Long Term Plan  
[www.england.nhs.uk](http://www.england.nhs.uk)