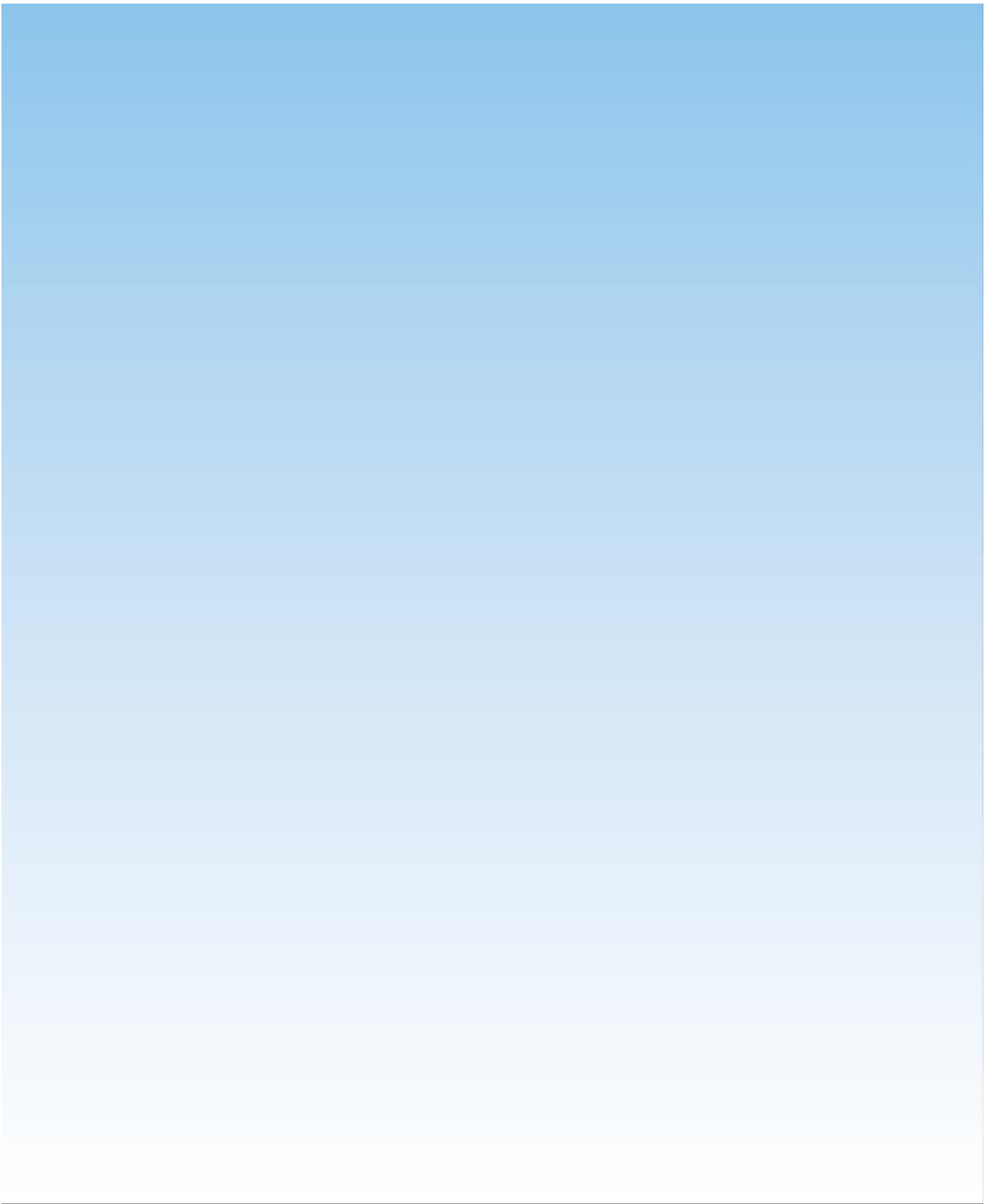




Isle of Man
Government
Reillys Ellan Vannin

**Department of Health
and Social Care**

Eye Care Strategy 2020-2023



Acknowledgement

Thank you to all the members of the public who contributed to the eye care consultation in December 2017

Acknowledgment needs to be given to colleagues in the following organisations for their invaluable input into the Consultative stage of this document:

The Isle of Man Macular Society

The Isle of Man Association of Optometrists

Manx Blind Welfare

Royal National Institute for the Blind

Acknowledgment also needs to be given to the Department of Health and Social Care's Primary Care Advisory Committee, which includes representatives from the Isle of Man Optical Association, for their input into this Strategy, along with the Scottish Government for sharing their strategic work.



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The Eye Care Strategy 2020-2023 recognises the essential part that eye care plays in all of our lives. It also feeds in with the Department's wider strategies around us living longer, healthier lives.

I would like to thank all of those that have contributed to the development of this comprehensive Strategy that will guide us over the next three years.

Eye sight is something that most of us take for granted but the sudden loss of which would have a profound and lasting effect on our lives. This Strategy lays out a roadmap to ensure that we can provide appropriate eye care in the right place at the right time and builds on the work that the Department has already been undertaking.

The three outcomes are clear, along with the key steps in order to deliver each of those three critical outcomes across the tiered service delivery.

Thank you once again to all those who have contributed to this Strategy that maps out the future for our services over the next three years.



This document offers direction for improvement in eye health for the population of the Isle of Man and sets out the key priorities for the provision of eye care from 2020 to 2023.

Eye sight problems can often be life changing. People with sight loss have an increased risk of losing their independence, and often have lower wellbeing, higher levels of anxiety and depression and poorer satisfaction with their life overall. People with little or no sight are more likely to have early admission to long term care, especially where multiple health conditions in combination with vision loss compromise functional capacity.

The Isle of Man population is ageing, and is projected to continue to age over the next few decades, with the fastest population increases in the numbers of those aged 85 and over. This is the age group most at risk of eye disorders causing vision impairment.

The main determinants of an individual's eye health are familial and lifestyle factors. However, some important causes of vision impairment, such as glaucoma, are treatable if detected early.

Ophthalmic services in the Isle of Man are well resourced. However, the model of care provided has not substantially changed as new treatments have developed, meaning that waiting times for services at the hospital are unacceptably high, and too many patients are being referred off Island. Optometrists in the community (high street opticians), who are specially trained to deal with eye conditions, are currently an underused resource; other than sight tests, Community Optometrists are not currently commissioned to provide any services in the community.

The Department of Health and Social Care spends more per head of population on eye health services than NHS commissioners in England. Some of the higher spend is due to the need for people with rare conditions to travel off Island for treatment. Despite current levels of funding, waiting times for out-patient appointments and in-patient admissions are unacceptably long.

There is a need for a service re-design in relation to eye care. This will ensure that services are provided by the most appropriate professional, in the most appropriate setting and at the most appropriate time. The Department of Health and Social Care's overall strategy highlights the need to provide care, where appropriate, in a community setting rather than a hospital one.

In 2018, the DHSC produced a consultation document asking for patient views on eye care provision. The summary of views are available via the IOM Government Consultation Hub.



This Strategy sets the direction for eye care services for the next 3 years in line with the Department of Health and Social Care's (DHSC) vision that:

- The health service will become a true 'health' service and not just an illness service, by shifting emphasis from cure to prevention, screening and earlier intervention;
- Health services will be planned and designed around the health needs of the population;
- Vulnerable groups of all ages will receive appropriate care; and
- The balance of care will move from hospital to community-based services.

All these strategic goals apply to eye health. As well as improving preventative and treatment services, it is important that services are in place to support people who have low or no vision, and that the Island is able to provide an environment where people with sight problems are still able to live as fulfilling a life as possible. The Island is fortunate in having strong and committed voluntary sector organisations that support patients with difficulties with their sight. This Strategy seeks to work with those organisations and improve the delivery of services for those patients.

This Strategy proposes the development of whole system pathways which offer timely and optimal care, streamlines processes, improves access and convenience for patients, which are cost-effective and deliver high-quality, measurable outcomes at population and individual levels. Better use of capacity and resources will result in more timely care and reduce avoidable sight loss.

The Department acknowledges significant work undertaken in Scotland in relation to their strategic plans to develop eye care services. The Department extends its thanks to colleagues in Scotland for providing information in relation to their eye care strategy and delivery plans. This will undoubtedly help the Island make progress in relation to eye care.

The Department of Health and Social Care is committed to a move towards a Tiered Integrated Care model. This model will set out:

- the services to be provided
- where individual users can easily access the help and support needed to improve self-care
- the services which will be available at 'high street opticians'; through to
- the intensive eye care services requiring hospital or off-Island care

Summary of Priorities for the next three years

The Department has been working with colleagues from the third sector to develop this Strategy and is making a commitment to the following outcome measures:

Outcome 1: Everyone in the Isle of Man will know how to look after their eyes and their sight

Outcome 2: Everyone with an eye health condition will be able to receive timely, appropriate treatment and, if permanent sight loss occurs, the appropriate supportive services will be available

Outcome 3: The Isle of Man will be a place where people with sight loss can fully participate

As part of the transformational work within the Department, a transition plan which will support the key steps below will be put in place. The key steps for each of the outcomes are outlined below:

Key Steps for Outcome 1: Everyone in the Isle of Man will know how to care for their eyes and their sight. In that respect, the Department commits to the following actions:

1. That the promotion of eye health care will be a public health priority, particularly focusing on people who are most at risk of eye disease.
2. To measure the provision of eye care services through the introduction of a Health Ophthalmic Outcomes framework (HOOF) which will be produced every two years.
3. To include eye care health outcomes in the Public Health Outcomes Framework.
4. To promote the role of routine sight tests to identify the need for spectacles or the early signs of disease, and follow with an appropriate referral. Such tests should be carried out at appropriate intervals in line with accepted best practice, including audit and evaluation outcomes.
5. To work with the voluntary sector eye care organisations to ensure information and services are sign-posted in the best possible way.

Key steps for Outcome 2: Everyone with an eye health condition will be able to receive timely, appropriate treatment and, if permanent sight loss occurs, the appropriate supportive services will be available. The Department commits:

1. To carrying out a full review of the patient pathway in relation to eye care services, establishing where services can best be provided and by whom. This will include identifying which categories of patients or services should be provided by opticians in a primary care setting (high street opticians), secondary care (hospital) or tertiary care (off-Island) setting, or provided by a third sector organisation.
2. To further develop the tiered model of care set out at Appendix 1, to include hospital pathways and to re-design services, identifying the resource requirements for service provision within primary, secondary, and tertiary care along with third sector organisations. This will support the work to establish a truly integrated health system and should include primary care opticians as the first port of call for eye health. It should reduce unnecessary referrals into secondary care and therefore reduce waiting times for patients who require secondary care services.
3. Also in line with the pathways design, to ensure that referrals from one service to another are seamless from the patient's perspective.
4. To produce specifications and key performance indicators and targets for each service provided.
5. To consider how information technology can support the delivery of this Strategy.
6. To produce clear criteria for NHS Sight tests and their frequency, ensuring that patients are aware of what is or is not available under the NHS with regard to eye care.



7. To establish a way of identifying eye health problems in diabetic patients, in co-ordination with the diabetes service, by introducing a diabetic retinopathy screening programme.
8. To measure, as part of the HOOF, the proportion of hospital appointments occurring in the appropriate timescale.

Key Steps for Outcome 3: The Isle of Man will be a place where people with sight loss are enabled to fully participate. In that respect the Department commits:

1. To review the role and robustness of the provision for the ECHLO (Eye Care Health Liaison Officer) which currently supports and sign-posts those patients with sight problems to any available services.
2. To review and continue provision of a low visual aid service.
3. To review the current provision, establish the need and, if appropriate, re-provide a rehabilitation service for patients for sight loss. The service will ensure that rehabilitation is available as soon as necessary and that it reflects the needs of the individual, building confidence and skill in the patient. The service should also focus on the prevention of secondary impacts of sight loss, such as falls, depression and social isolation.
4. To assess and seek to improve the process for certification of a person as blind or partially sighted to one which is suitable based on an individual's needs.
5. To ensure that people with sight loss have access to all health service information in formats of their choice.



We will know we have made a difference by measuring the following:

- Establishing a Health Ophthalmic Outcome Framework and measuring of Key Performance Indicators (KPIs).
- Delivery of agreed care pathways that describe in detail what treatment is expected to be delivered by Opticians, secondary, primary and tertiary care.
- Clear pathways developed, so that patients are aware of the services provided, who provides them and where they are delivered.
- A Service redesign which delivers more effective and efficient use of resources in order for the DHSC to have assurance that people who most need active and complex treatment receive it, and that outcome and activity measures continue to be benchmarked.
- Having Key Performance Indicators with associated targets and quality care standards which are regularly monitored and adhered to.
- Waiting times for hospital based services will be reduced.
- The uptake of the enhanced eye care service within community opticians balanced against the requirement for hospital services.
- Introduction of patient surveys to assess patient satisfaction on an on-going basis.

Benefits

- A tiered model of care makes it clear what services are available and also which services are not available, along with identifying the health care professional who is best placed to provide those services.
- Patients know and understand where to go for their eye care.
- Patients able to be treated, where possible, on Island, reducing the amount of travel off Island for eye care problems, which improves the patient journey.
- Use of care pathways improves quality of care and joint working with the Primary Care Opticians and Secondary Care hospital Ophthalmology Services.
- Care pathways allow the person to be at the centre of their care.
- Informed patients with improved self-care and appropriate sight test intervals.
- Patients being seen at the right time, in the right place by the right clinician.
- Patients with sight loss will be aware of the support services available to them to enable them to remain as independent and in control of their lives as possible.
- Reduced visual impairments due to increased and appropriate preventative care.

Development and Implementation

Implementation will be subject to full programme office planning with the broad timescale as set out in the phases below. The first step will be to develop a project plan and monitoring document in conjunction with a professional clinical network.

Phase 1: First year

- Improve patient experience by broadening the ability to access services by the right clinician, at the right time in the right location. This will be achieved by the development of new contracting arrangements in relation to optical services. New contracts will be supported by full service specifications for identified eye care treatments, for example minor eye conditions and glaucoma monitoring.
- Engagement events with optical practitioners, Public Health and patient representatives/ relevant voluntary organisations.
- Eye care Transformation project 'needs assessment, service by service review and care pathways' facilitate a best practice review and options appraisal, with an agreed transition plan for the next 3 years to adjust services and enhance Island wide eye care.

Phase 2: First two years

- Improvement to the system for claims and payment between opticians and the Department in relation to services provided.
- Implement enhanced services provided by opticians practices.
- Review of consultant services at Nobles Hospital and right-sizing the services where required as part of the Health Service Transformation Plan.
- Development of an eye care pathway as part of the Health Service Transformation Plan
- Implementing streamlined referral processes.
- Planning for an IT solution.

Phase 3: Years 2 to 3

- Measure progress and review the Transformation Plan.
- Ensuring delivery of quality standard review and monitoring of tertiary care and on-Island commissioned services.
- Closure report on the delivery of this Strategy and the development of the next.

Appendix 1 – suggested tiered model for provision of eye care

(having the right support, in the right place at the right time, delivered by the right person)

