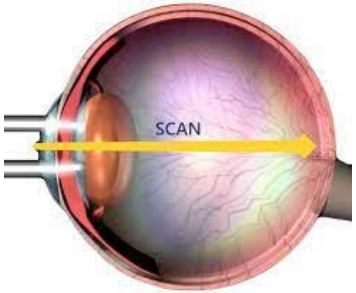
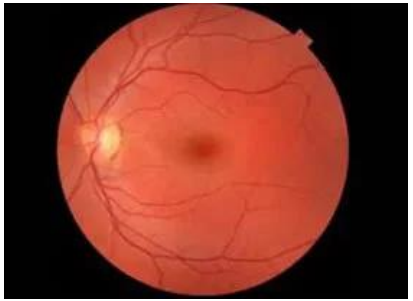
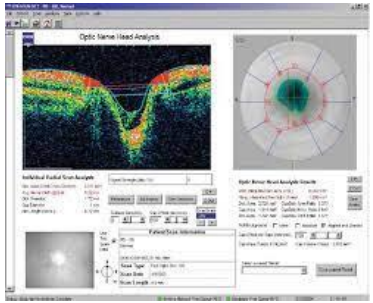
Transformation
Product Development + Improvement
Pathway Transformation – Eyecare
Enabling Products

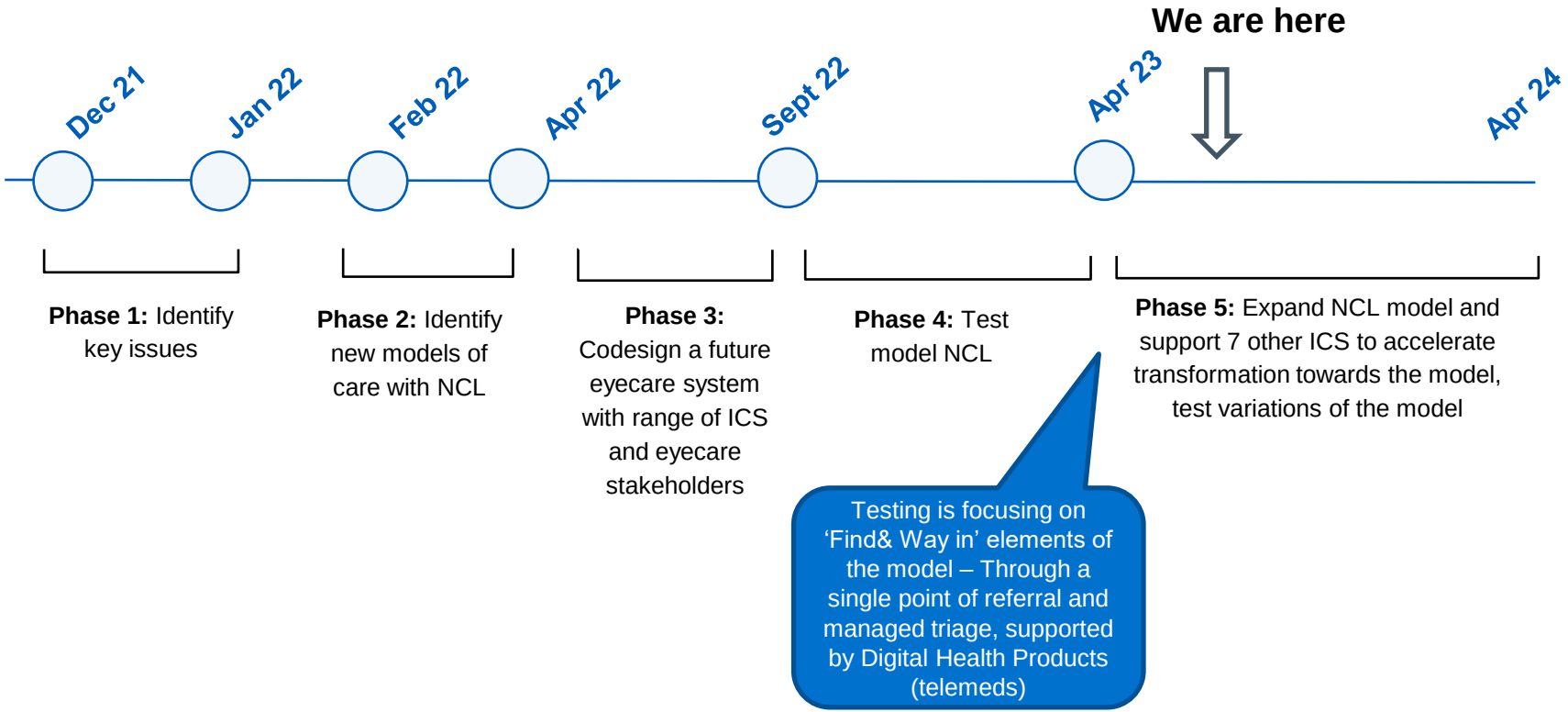






Outcome - People don't lose their sight due to lack of access to appropriate care.

Since December 2021, the Eyecare Transformation programme has been working with eyecare professionals across England to understand the key problems in the eyecare sector and to co-design a future eyecare system to respond to these problems.



Design Principles

Our **design principles** are qualities that we want the future design to have. There were co-designed through the project.

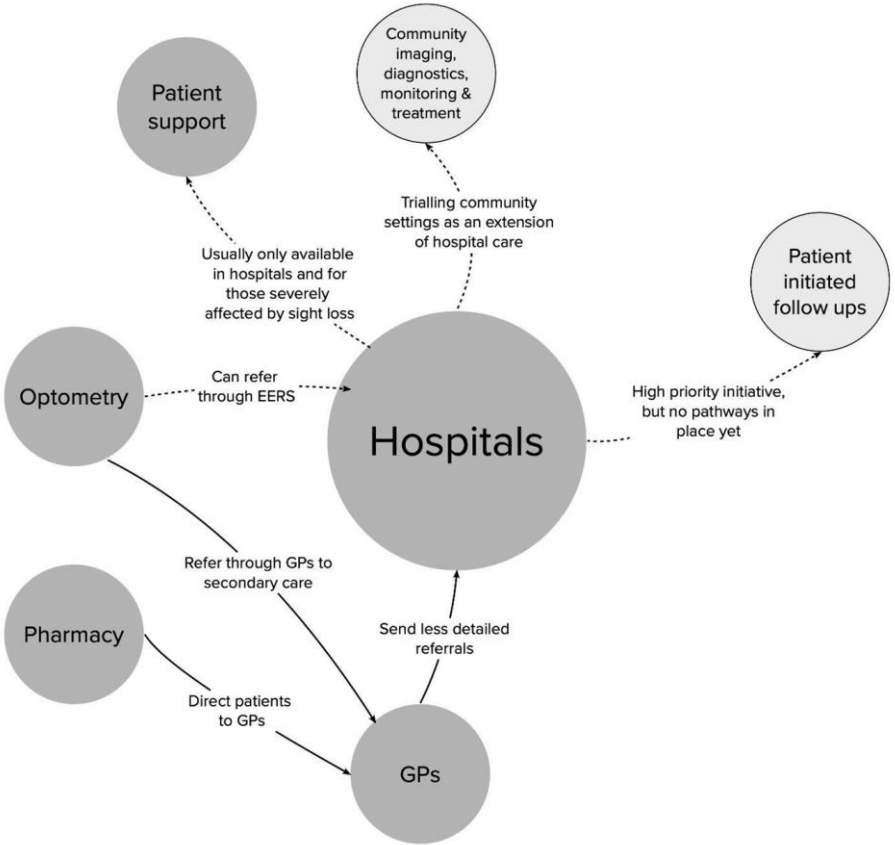
- Patient choice should be considered in every interaction
- More patients are seen outside of hospital settings
- Patient interactions harness a variety of channels (phone, video & face to face)
- Managing demand and use of resources should be considered at a system level, instead of provider level
- Pathways should be designed end to end based on user needs
- Digital solutions should be used as an enabler
- The system should embed mechanisms to improve and learn
- Patients should have equity of access regardless of how and where they receive care
- Patients have access to health and wellbeing services
- Initiatives should be designed to create capacity, to ensure it doesn’t create additional burden or be overly resource intensive

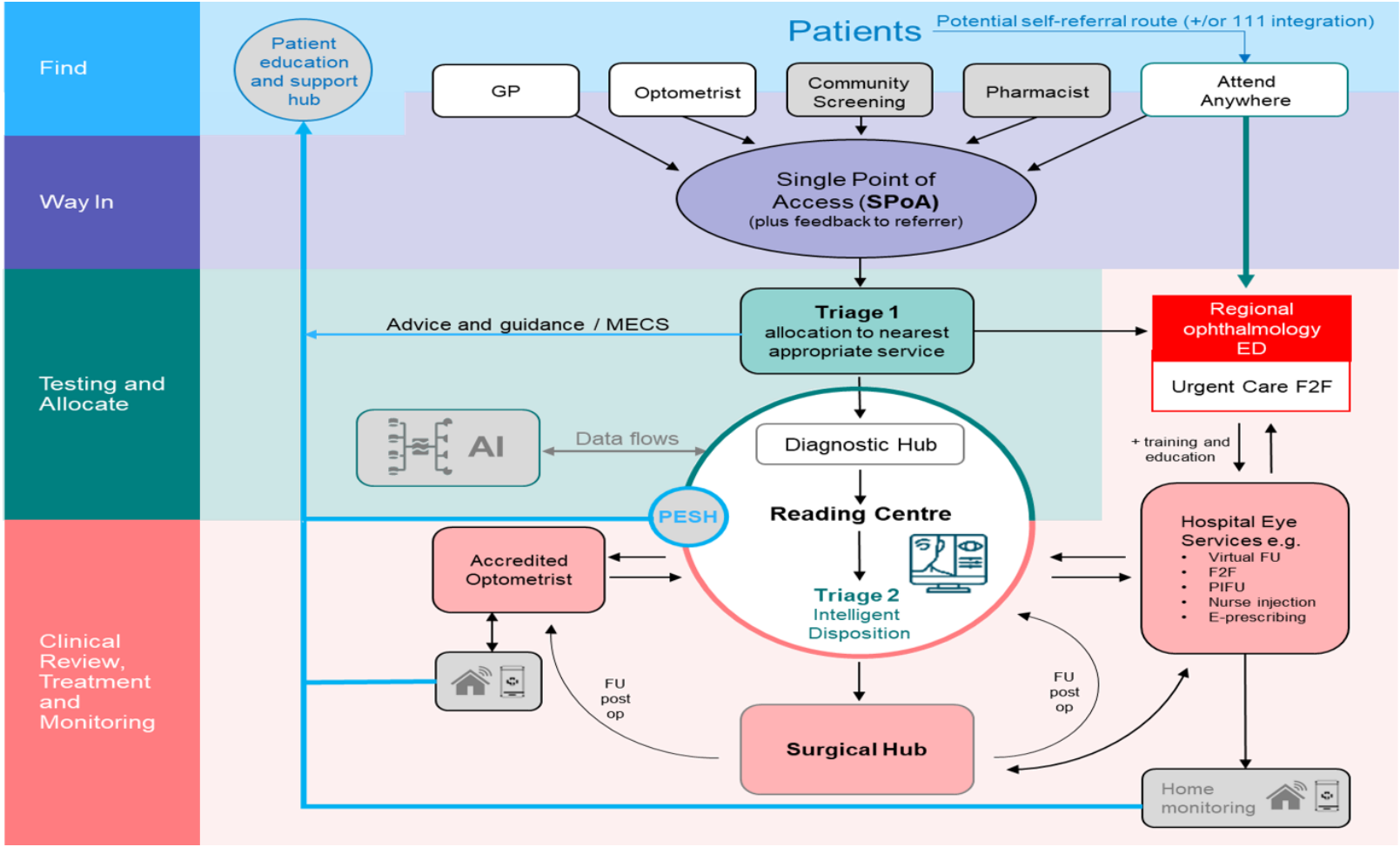
3a. Current state of the system (simplified)

This visual represents, from a high level, how care is currently delivered.

We know that the eye care system is facing challenges in delivering quality care, sustainably.

Hospital eye services are in high demand, and unable to get through long patient waiting lists. The system faces issues with workforce and legacy technology preventing interoperability and communication across care settings.




Find
Way In
Testing and Allocate
Clinical Review, Treatment and Monitoring
Patients
Potential self-referral route (+/or 111 integration)
Patient education and support hub
GP
Optometrist
Community Screening
Pharmacist
Attend Anywhere
Single Point of Access (SPoA)
(plus feedback to referrer)
Advice and guidance / MECS
Triage 1
allocation to nearest appropriate service
Regional ophthalmology ED
Urgent Care F2F
+ training and education
AI
Data flows
Diagnostic Hub
PESH
Reading Centre
Triage 2
Intelligent Disposition
Accredited Optometrist
Hospital Eye Services e.g.
Virtual FU
F2F
PIFU
Nurse injection
E-prescribing
FU post op
FU post op
Surgical Hub
Home monitoring

North Central London – Pilot

- A new clinical service was created, expanding the TSU model to target 100 referrals on the wet AMD pathway between November 2023 and March 2024
- Optometrists could refer to the service via email or using NCL's Evonnect platform
- Clinical triage was performed centrally at the Moorfields Reading Centre on behalf of all trusts in NCL
- Where indicated, patients were then booked into the appropriate service at MEH or the RF
- User Research took place to identify high risk elements of the transformation to the new model, and to support evaluation once the model was live

North Central London – Pilot Results

30% of referrals had an image attached including 1 full OCT

An increase in appropriate patients from 38% to 71% who were considered as having Wet AMD and requiring urgent treatment

Reduction in time-to-triage from median of 11 days to 1 day (median)

Mean distance of 22.2 km saved travel distance which equates to 1.9kg of CO_2 per patient

Reduction in number of patient touch points from 2.3 to 2.

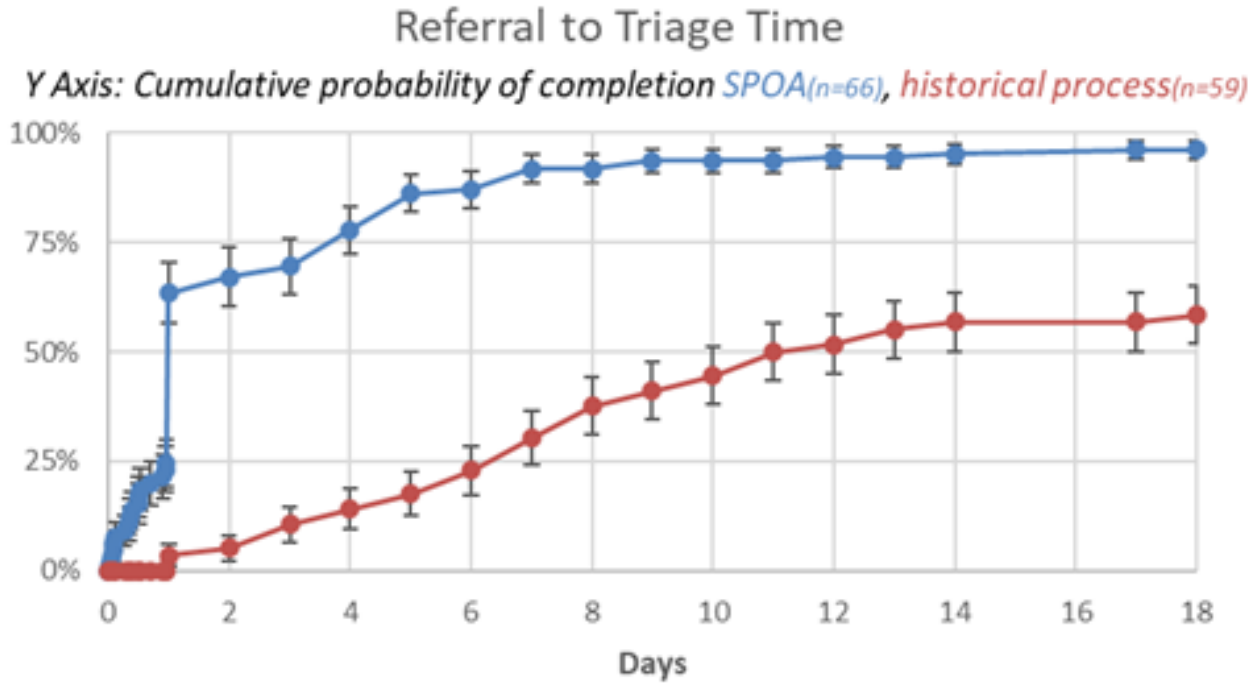
Reducing A&E and GP attendances.

1036-page reduction in printing requirements for the 100 patients.

Over 90% satisfaction rate for peer review, case-based discussion sessions with referrers.

"Digital Twin" showed realistic behaviour in balancing capacity with demand

Referral to Triage Time



The key metric monitored during the pilot was the time taken to complete triage from the creation of the referral. The median time for SPOA is approximately 1 day whereas the median time for the historical process is 11 days. The graph below shows the cumulative probability of triage completion over time, demonstrating a substantial improvement compared to pre-SPoA, and eliminating almost entirely the “long waiters” for triage seen pre-SPoA.

The SPoA learnings

- **Incorporating a UCD approach during the service definition could reduce uncertainty, help define an adoption plan and reduce risks during its implementation.**
- **Relationship building with optometrists is recommended** to ensure an adequate stream of referrals into the SPoA.
- **Direct referral alternatives need to consider the limitation on technology** access across optometrists' practices.
- **Optometrists and their patients had a positive experience** when accessing the SPoA service.
- Working closely with both hospital representatives (Royal Free Hospital and Moorfields) kept the UCD project aligned and supported its development.
- **This study did not incorporate patients** who are the primary beneficiaries of the service; subsequent iterations need to capture their challenges and user needs so the SPoA can support them better.

Eyecare Transformation Accelerators

- Opportunity launched on 12/05/2023, closing date 01/06/2023
- The funding of £3.5m, with a maximum bid of £475k, is to support ICS' to fund staffing and business change to accelerate delivery of a transformed model of eyecare, with "referral in" being prioritised.
- The funding is to scale up an existing element of the model that is live or has already been piloted within an ICS area. (The funding is not to support proof of concepts or new pilots, but is to facilitate accelerated change of the pathway).
- Projects should be concentrated on how Digital Health products and services are used within a transformed model of care – rather than the funding for Digital Health products.
- NHS England will provide User Researchers and service designers on top of the grant to each area

Eyecare Transformation Accelerators

- To commit to dialogue with patient bodies (such as the RNIB) regarding how the design of eyecare services can better integrate and interact with complimentary services; embedding support to patients which includes information, advice and guidance about their eye condition and emotional and practical support.
- To consider in the design of the service the potential to be accessible beyond geographical and organisational boundaries, at a minimum the proposal should show how the NHS region could benefit.
- Be open to exploration of the use of data for advanced analytics at a national level.
- Work openly with other ICS' who have received funding and meet monthly to share best practice, identify major barriers, and consider opportunities for efficiencies (e.g., joint procurement).