In 2013, the Shropshire Clinical Commissioning Group contacted The Practice Group to help address its capacity issues in the Hospital Eye department.

Within five months of initial contact from the CCG, in December 2013, The Practice Group launched a Community Ophthalmology Service in the Shropshire CCG area.

At this point, the hospital was targeted with 95% of its non-admitted ophthalmology patients to be seen within 18 weeks from referral to treatment, but were achieving 76.8%.

To address this issue, The Practice Group put in place the following measures –

• A single point of access for all ophthalmology referrals through our bespoke Referral Management Centre.
• 24 hour clinical triage of all referrals, resulting in the referral being signposted to the most appropriate level of care for their condition.
• A 48 hour timeframe for contacting patients.
• A four-week maximum referral to treatment time.
• to choose from, based in GP locations chosen for accessibility, parking volume of referrals.
• A rigid and proven governance structure of consultant led delivery.

The service integrated quickly and within three months was running at full capacity. Since then it has had the following results –

• In November 2014 the Hospital Eye Service achieved 96.62% of its non-admitted ophthalmology patients seen within 18 weeks from referral to treatment. This is better than the 95% target. From that point onwards, the 95% target has been achieved consistently.
• Over 10,500 patients have been referred into the service.
• Following triage, 88% of these patients have been accepted into the service and seen in our clinics.
• Less than 10% of patients seen in the service have been referred on to secondary care.
• The service has a first to follow-up ratio of 1:0.5.
• The service has a DNA rate of 4%.
• The service has achieved 100% four week referral to treatment time – all patients have been offered an appointment within four weeks of their referral being received.
• A high patient satisfaction rate with over 95% of patients rating the service as average, good or very good.

Patients Comments:

“Excellent customer care - Thank you“

“Lovely facility. Doctor I saw was helpful, polite and thorough”

“Received prompt, helpful and very good clarification from doctor and Nurse. Very pleased”

“This doctor was very good.”

“Excellent. Very satisfied with consultation, could not speak highly enough of all.”

“Mr K was very informative, very patient with me (and my multiple questions!!!) Very knowledgeable. Thank you very much”

“Booking staff very helpful at changing date/venue for me. Technician very careful at explaining everything. Very good consultation with Dr E, very patient, explained all”

“Never had such good treatment. The nurse and doc perfect.”

“Doctor excellent, all went well”

“All staff were very kind at all times. Looking forward to return trip”

“Excellent customer care - Thank you“
The Practice Ophthalmology Case Study

Shropshire CCG Community Ophthalmology.

Summary:

Since December 2013 the Community Ophthalmology Service has become a fully integrated part of the local Eye Health Network and now sits on the LHE Eye Care Steering Group.

With over 10,000 patients seen in a timely manner, in locations closer to their homes by appropriately trained clinicians, The Practice Group have helped the Commissioners achieve their aims, and also ensured that the Hospital Eye Department has been able to more easily cope with demand.

The initial aim of achieving 95% 18 week referral to treatment time in the Hospital Eye Department was achieved within 10 months and has remained consistent –

As the commissioned service is also at a cost less than tariff, there has been a positive impact on the commissioners’ budgetary challenges.

To release further capacity in the acute setting and to enable further integration between service providers, The Practice Group proposed to Shropshire CCG the possibility of transferring a cohort of patients with diagnosed stable glaucoma to our community service. To achieve this we had to identify clinically suitable patients for the transfer and decide how best to transfer the patient records without any breaches to IGSoC or data protection. To overcome these challenges we arranged consultant to consultant meetings to agree the clinical parameters of the condition so that both providers were comfortable that the correct patients were being seen within the community. With regards to the transfer of patient records, TPS receive paper records from secondary care that were then transferred to our electronic records. The Practice Group are pleased to report that 99% of the 700 identified patients chose to transfer to the community service when offered the choice.