

Appendix 1

Western Eye Hospital and Ophthalmology services – For information

This information was prepared by Bryan Naylor and is intended to provide context, and offers a patient perspective.

1. The challenges faced by Ophthalmology and patients.

Ophthalmology is now the busiest specialty in the NHS. The waiting list now extends to more than 10% of the total for the NHS. The demand for services is increasing and forecast to rise by 20% in the next decade.

Currently the Imperial Trust required pathway for access to treatment requires a GP referral. discussions with GPs suggest that this requirement has little or no added value for patients and results in delay and increased risk for patients.

Although the government plans to build 40 new hospitals, including a replacement for Western Eye Hospital, it is clear that these cannot be relied upon to address current issues of Qualified staff shortages, inadequate resources to improve current premises and provision and the expected increase in demand.

It is clear therefore that there is an immediate and urgent need to make better use of the resources currently available and as part of the primary care integration plan, to initiate new systems and pathways which make better use of community resources and reduce the current workload on secondary care.

The Fuller report contains recommendations for the development of primary care which recognise the development of diagnostic and treatment capacity becoming widely available in optometry and pharmacy services. The concept of local minor eye health hubs has been trialled in London and provided a significant reduction in inappropriate use of ophthalmic A&E clinics. It has also been suggested that much of the initial diagnostic and post treatment monitoring of patients could be undertaken in such hubs.

It is recognised that such a change demands considerable planning and changes to both primary and secondary care pathways. Patients report that local hubs would be warmly welcomed particularly when travel is reduced for patients experiencing the early trauma of sight loss.

2. “The Eyes Have It Partnership”.

The challenges facing ophthalmology will require government action. The need to represent the case to government is recognised and a partnership of organisations formed to undertake that role in parliament and to the policy makers at every level has been formed,

The Partnership is formed of The Macular Society, Fight for Sight, RNIB, The Royal College of Ophthalmologists, the Association of Optometrists and the pharmaceutical company Roche.

Two major campaign awareness days attended by MPs and Peers of all parties led to the appointment by NHS England of the first National Clinical Director for eye care. The appointment of Louisa Wickham, consultant ophthalmologist and medical director at Moorfields Eye Hospital, to this important post is warmly welcomed.

Stephen Scowcroft - Director Of Services at the Macular Society has worked closely with the partnership and will attend the meeting and answer questions about the work and aims of the partnership.

3. A patient view

Patients describe a sight loss diagnosis as akin to that of cancer or dementia but without the support of Macmillan or Admiral nurses. It can lead to feelings of anxiety, loneliness, isolation and loss of independence. Referral to social service support relies on the registration process, making access to advice and aids to daily living equally uncertain. The registration process is also difficult to understand and a obstacle to accessing benefits. The need for a review to achieve simple, integrated pathways to clinical and social care is both urgent and important.

4. Hammersmith and Fulham issues and questions

A recent report by RNIB lists the following information in respect of LBHF:

Eye health stats for local Integrated Care System

Total outpatient appointments:	109,200
Total inpatient procedures:	8,560

Sight loss stats

Number of people estimated to be living with sight loss:	4,190
2032 projection for sight loss population:	5,410

These figures are broadly in line with those recorded by the LBHF Sensory impairment team:

Registered partially sighted:	2,630
Registered SSI:	510
Visually Impaired but not registered:	920

Research suggests that there is a considerable additional level of sight loss which is unreported and a consequential need to raise awareness of the importance of eye care, of regular eye tests and the importance of early diagnosis of eye conditions.

However, as set out above, ophthalmic services in LBHF are already unable to deal effectively with the current patient workload, a raised awareness will surely add to the challenge.

What plans exist at local level to raise awareness and to prepare for the increased demand already forecast. What plans exist for integration with primary care?

We understand the plan announced two decades ago for Western Eye hospital to be moved to a new facility on the St Marys site is no longer valid. We also understand that there are short term plans for improvements to the hospital? What is the longer-term plan? How do the ophthalmology services at Charing Cross fit into the plan?

What plans if any exist to integrate primary and secondary eye care in LBHF?

The Charing Cross ophthalmology website asks GPs “*Please use NHS e-Referrals to refer a patient to our ophthalmology service, choosing the specific ophthalmology specialty required.*” GPs suggest that they are not able to meet this requirement. What they do is write to the clinic asking for an appointment. The website then reports “*The average time between GP referrals and treatment for 90% of patients is 40 weeks*”. What steps are planned to overcome these obstacles?

As set out above, many optometry practices are now equipped and trained to identify eye problems. What plans exist to integrate this capability and build upon it?

Many patients report that the point of diagnosis of serious eye conditions is not handled well and the lack of explanation and empathy by clinical staff exacerbated their anxiety. Many report that they feel processed in eye clinics. Patients are aware of the pressures on staff but are often left in ignorance or uncertainty. What steps can be taken to ensure that patient anxiety and need for explanation is met?

Low Vision Clinics are either not available, difficult to access or have long waiting lists. Eye Clinic Liaison Officer posts are vacant to the detriment of patient care. These ancillary posts are important to patients; What plans exist to fill the vacancies?

5. Finally

The national and local ophthalmic services are under great strain. It may appear an inauspicious time to be looking for additional resources and finance. The need to make better use of the available resource, to organise, integrate and consolidate all that we have is essential - and urgent. **Every day 250 people are diagnosed with sight loss; for them there can never be a better time to initiate change.**