



THE COLLEGE OF
OPTOMETRISTS



FIVE YEARS OF ESEP

College-funded research to evaluate community-based eye care service models in order to better understand the impact of the organisation of services on clinical effectiveness; cost effectiveness; and patient safety.



WHAT IS ESEP?

The Enhanced Scheme Evaluation Project (ESEP) was funded by the College of Optometrists and launched in 2012 to evaluate different community-based eye care service models. The project is led by researchers from City, University of London and the Manchester Royal Eye Hospital, Manchester University NHS Foundation Trust. ESEP aims to assess the effectiveness of enhanced eye care services schemes (ESS) including a Minor Eye Conditions Scheme (MECS) in South East London and the Glaucoma Referral Refinement Scheme (GRRS) in Greater Manchester. Five papers have been published in peer-reviewed journals to date, with more in preparation.

<https://www.college-optometrists.org/the-college/research/research-projects/enhanced-scheme-evaluation-project2.html>

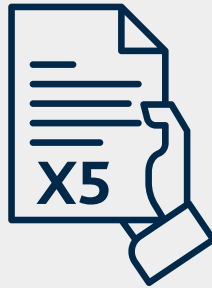
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ESEP IN NUMBERS

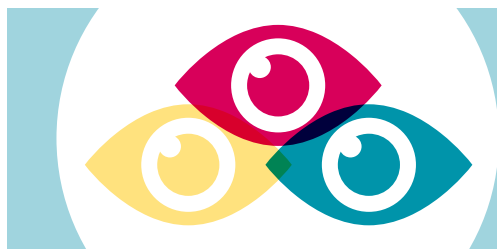
5 PAPERS PUBLISHED IN PEER-REVIEWED JOURNALS (2014-2017) INCLUDING:

- the first systematic realist review of literature on ESS¹
- 2 qualitative studies of stakeholder views^{2,3}
- evaluation of clinical effectiveness of a MECS⁴ and
- health economics / retrospective economic analysis of a MECS.⁵



INVOLVED 12+ RESEARCHERS
(FROM ACROSS DISCIPLINES)

SPANNING 11 INSTITUTIONS
(UNIVERSITIES, INSTITUTES, HOSPITALS)



EVALUATED 3 MOST COMMON TYPES OF ESS

(GLAUCOMA, PRIMARY CARE AND CATARACT, WHICH IS CURRENTLY UNDER REVIEW)



AT LEAST 3 PAPERS CURRENTLY IN PREPARATION (AS OF NOVEMBER 2017) INCLUDING:

- clinical evaluation of GRRS (also referred to as GERS – Glaucoma Enhanced Referral Service)
- retrospective economic analysis of the transfer of services from hospitals to the community (GRRS focus)
- GRRS false negative study.

RESEARCH FINDINGS PRESENTED TO OVER 1,000 DELEGATES AND STAKEHOLDERS AT CONFERENCES AND EVENTS INCLUDING:

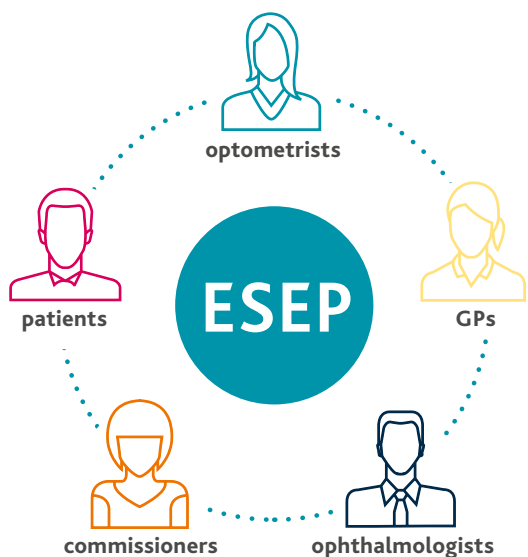


- The College of Optometrists' Optometry Tomorrow (2016, 2014)
- National Optical Conference (2016, 2015)
- UK Vision Strategy Conference (2014)
- British Congress of Optometry and Vision Science (2015)
- Presentation to London Clinical Commissioning Groups (2016)
- Presentation to meeting of Lambeth, Lewisham and Southwark CCGs (2015)
- Royal College of Ophthalmologists Seminar (2015)
- Health Economics Study Group Conference (2014)



WHY IS ESEP IMPORTANT?

- ESEP produced the first systematic, realist review of the evidence on the effectiveness of ESS, published in the College of Optometrists' journal, *Ophthalmic & Physiological Optics*. The review included 39 studies published between 1995 and 2014 and found evidence that ESS reduce unnecessary referrals for suspected glaucoma in secondary care, and that UK optometrists are able to work safely in defined areas of clinical practice to maintain or improve the quality of outcomes for patients.¹
- As part of ESEP, the Lambeth and Lewisham MECS was one of the first ESS to be comprehensively evaluated, both for clinical outcomes / effectiveness and by a retrospective economic analysis.



- The second ESEP qualitative study of stakeholder views was the first to describe the views and attitudes of *all* key stakeholders (patients, optometrists, GPs, ophthalmologists and commissioners) on the operation of community-based enhanced optometric services.³



ESEP produced the first systematic, realist review of the evidence on the effectiveness of ESS

- ESEP used multiple methodologies to evaluate ESS: qualitative studies of stakeholder views; a systematic realist review (to understand 'what works, for whom and in what circumstances'); health economics analyses (retrospective economic analysis of the transfer of services from hospitals to the community); and quantitative evaluations of the clinical effectiveness and impact on hospital attendances following the introduction of a MECS and a GRRS / GERS (forthcoming).



WHAT HAS ESEP SHOWN? IT HAS PROVIDED EVIDENCE THAT:

ESS ARE SAFE

- Good evidence exists for cataract, glaucoma, and primary care ESS that: with appropriate training, accredited optometrists manage patients commensurate with usual care standards; genuine partnerships can exist between community and hospital providers for cataract and glaucoma ESS; and patient satisfaction with all three types is high.¹



- Commissioners felt both schemes met or exceeded expectations in terms of quality of care, allowing patients to be seen quicker and more efficiently.³

ESS ARE CLINICALLY EFFECTIVE

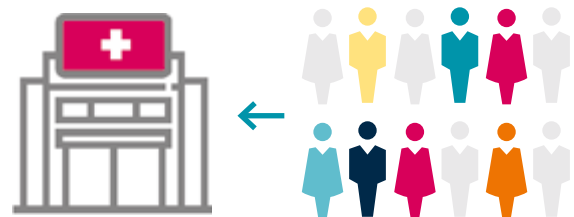
- The Lambeth and Lewisham MECS is one of the first ESS to be comprehensively evaluated. This evaluation demonstrated clinical effectiveness, reduction in hospital attendances and high patient satisfaction and represents a successful collaboration between commissioners, local hospital eye service (HES) units and primary healthcare providers. Equivalent data was obtained for a neighbouring commissioning area (Southwark) in which the scheme was not introduced, allowing a comparison between HES referrals in areas with and without the scheme.⁴ Since the publication of this evaluation, and an evaluation of the wider health system effects of the introduction of

MECS in Lambeth and Lewisham,⁵ Southwark has introduced a MECS scheme.

- The realist review's objectives were to develop programme theories that implicitly or explicitly explain quality outcomes for eye care provided by optometrists via ESS and to test these theories by investigating the effectiveness of schemes for cataract, glaucoma and primary care ESS.¹
- The realist review concluded that the ESS reviewed are clinically effective.¹

ESS ARE POTENTIALLY COST-EFFECTIVE

- A health economics evaluation of the wider health system effects of the introduction of MECS in Lambeth and Lewisham concluded that intermediate-tier services based in the community could potentially reduce volumes of patients referred to hospitals by GPs and provide replacement services at lower unit costs.⁵

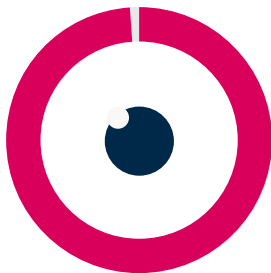


- Cost-effectiveness of schemes is unproven for cataract and primary care, while glaucoma ESS cost-effectiveness depends on scheme type; contextual factors may influence scheme success.¹
- Further work is needed to establish the cost-effectiveness, equity and long-term sustainability of ESS.¹

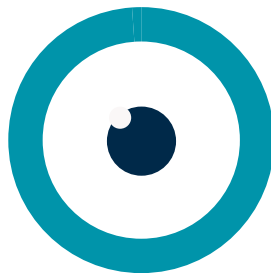


ALL KEY STAKEHOLDERS HOLD POSITIVE VIEWS OF ESS

- Qualitative data from ESEP published in *BMJ Open* explored the views of patients, community optometrists, GPs, commissioners, and ophthalmologists involved with a MECS and a GRRS.^{2,3}
- There is strong stakeholder support for the development of community-based enhanced optometric services.²
- Overall, 99% (GRRS) and 100% (MECS) of patients were satisfied with their optometrist's examination. 99% of MECS patients would recommend the service. The realist review concluded that the ESS reviewed provide patient satisfaction.¹



99%
(GRRS) patients were satisfied with their optometrist's examination



100%
(MECS) patients were satisfied with their optometrist's examination

- As demonstrated by the evaluation of the Lambeth and Lewisham MECS, all patients (100%) who completed a survey were satisfied with their visit to the optometrist and 99% would recommend to a friend; 95% of the patients reported confidence and trust in their MECS optometrist and 90% were satisfied with the location of the practices they attended.⁴



All patients (100%) who completed a survey were satisfied with their visit to the optometrist

ESEP ALSO PROVIDED EVIDENCE OF WHY OPTOMETRISTS PARTICIPATE IN ESS



- Optometrists participate in order to develop skills and knowledge and also to fit their business model / because of financial incentive.²
- Optometric training for MECS (South East London) and GRRS (Greater Manchester) schemes was found to be valuable and appropriate and should be ongoing.³

WHAT'S NEXT?

X3



- At least 3 more ESEP papers coming (see page 3).
- More GERS / GRRS-focused research outcomes to be published in 2018.
- More research on the characteristics of what makes a good ESS. This is a complicated picture to present because of local disparities across neighbouring areas and differences in how services are structured and used.



- Findings from evaluations of individual ESS may not be generalisable across the UK.^{2,3,4,5} Also, findings from UK schemes may not be generalisable internationally.¹ For these reasons, further research on characteristics of a successful ESS would be useful.

WHAT WILL BE THE IMPACT OF ESEP?

- Influencing policy development and building the evidence needed to make commissioning decisions.
- Contributing to the evidence base and influencing good practice in service delivery, informing service design, review and development.
- First of their kind studies will provide a benchmark for the further evaluation of ESS and other intermediate-tier services.
- Informing training programmes for optometrists participating in ESS.

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Principal Investigator: Professor John Lawrenson,
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2. Konstantakopoulou E, Harper RA, Edgar DE & Lawrenson JG. A qualitative study of stakeholder views regarding participation in locally commissioned enhanced optometric services. *BMJ Open* 2014; 4: e004781.
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4. Konstantakopoulou E, Edgar DF, Harper RA *et al*. Evaluation of a minor eye conditions scheme delivered by community optometrists. *BMJ Open* 2016; 6: e011832.
5. Mason T, Jones C, Sutton M *et al*. Retrospective economic analysis of the transfer of services from hospitals to the community: an application to an enhanced eye care service. *BMJ Open* 2017; 7: e014089.



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