

System and Assurance Framework for Eye-health (SAFE) – Implementation

Introduction

SAFE provides a systems-based approach, with tools and resources (including metrics), for the collaborative planning, commissioning and provision of eye health and care service systems. (Figure 1- SAFE overview) www.ccehc.org.uk

A SAFE service system is commissioned to deliver a whole pathway of care providing a range and continuum of services that are based on risk stratification of a patient's condition and the competencies of the professionals providing care. Delivery of the whole pathway may involve the contracting of multiple providers and settings to address the health needs of a defined population.

SAFE is operational at Integrated Care System (ICS) or equivalent scale or population level. Its implementation will enable "right commissioning" of services and provision of "right care", to facilitate and improve patient flows along the system pathway, improve access to services, avoid delays in care, support capacity management and reduce service variations. It will support patients being managed in the most appropriate setting by competent eye health professionals, prioritising specialist ophthalmic care for diagnosis and treatment, and management of high-risk patients or those with complex conditions (including comorbidities).

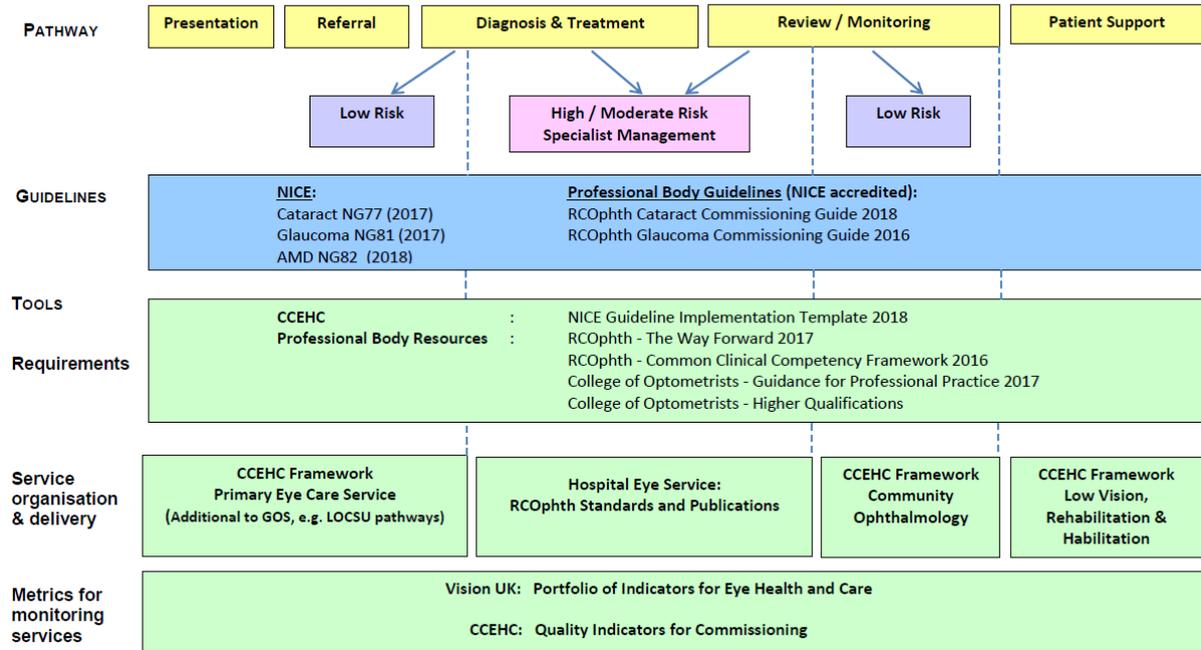
SAFE resources provide the evidence base for "*what should happen*" (NICE or NICE accredited guidelines). SAFE tools support "*making it happen*" and include requirements for services and clinical practice, how services are organised and delivered, and metrics for ongoing review and monitoring of service provision and outcomes. It can be applied to any condition or patient group, at any population level.

SAFE describes what a good eye health and care service system looks like and what is expected of it, to meet population eye health needs.

SAFE presents an innovative service model for NHS eye health and care, redesign of some current out-patient services, addresses unwarranted variation, and supports healthy ageing. In doing so it is fully aligned to the ambitions of the NHS Long Term Plan.

Figure 1. Schematic Overview of the SAFE Service System

System and Assurance Framework for Eye-health (SAFE)



Complete details of SAFE and the SAFE tools and resources presented above are available at www.ccehc.org.uk

IMPLEMENTATION OF SAFE WILL REQUIRE THE FOLLOWING:

1. Organisations (commissioning and providing services) within ICS geographic boundaries will need to:

1.1 Review and map current pathways, service provision, gaps and patient flows within the area.

Experience indicates that there will be gaps in what is known around availability of services and pathways, and who is providing what; that what is available is not joined up and patients may be at risk of falling between the interfaces between steps in the pathway; with multiple duplication and waste of resources.

1.2 Review workforce and infra-structure to identify the available skill-mix and the requirements for additional training and upskilling to acquire the necessary competencies for different ways of working across the system pathway. The enabling infrastructure to deliver services will include estate, equipment for clinical assessment, and IT connectivity and training to use it. IT connectivity for primary eye care will be a major enabler for making the transformational changes required for system pathways; as will the development of EMRs and patient administration systems to hold data on all primary referrers (GP and optometrist) to allow for effective communication, feedback and continuity of patient care.

1.3 Consolidate current status into a whole system pathway.

Applying the findings from the reviews above:

- Use the CCEHC Frameworks providing the architecture for the organisation and delivery of services across the whole pathway, to establish the service system.
- Undertake risk stratification of the patient population (existing and new) to re-direct patient flows to the most appropriate setting for service provision along the system pathway.

1.4 Prioritise chronic disease management and high volume service activity: glaucoma, age-related macular degeneration, diabetic eye disease and cataract

2. Actions for “Right” (skill-based) Commissioning

2.1 Use the Primary Eye Care Service Framework to commission and provide an integrated Primary Eye Care service across the ICS, with consistent protocols, governance and quality assurance processes, to:

- improve quality of referrals using filtering within existing primary care
- manage low-risk eye conditions
- allow for pre- and post-operative cataract surgery reviews

2.2 Use the Community Ophthalmology Services Framework to re-align existing services, and to commission and provide consistent, quality-assured, step down care across the ICS which is delivered by a community of multi-disciplinary eye health professionals in appropriate settings making better use of technology for service delivery, to:

- manage eye conditions referred appropriately from Primary Eye Care Services
- monitor stable low risk ocular hypertension (OHT) and suspect glaucoma patients
- monitor retinal disease -
 - Age related macular disease (AMD) - early AMD, late dry AMD, and patients with wet AMD discharged from hospital (secondary care) following treatment
 - OCT surveillance of diabetic retinopathy as an adjunct to the routine screening service
 - Include virtual clinics
- include virtual clinics

2.3 Use the Low Vision, Habilitation and Rehabilitation Services Framework to address the current fragmentation in commissioning and provision of these services, and the delays and inequalities in the availability of these services, which should be integral components in a system pathway. This Framework can be applied to align commissioning and provision between health, social care and education funded services for children and adults with vision impairment and sight loss across the ICS, to maintain the following throughout their life course -

- independence
- social inclusion
- mental health

This framework may inform services provided by charities and voluntary services and their alignment with health and care.

2.4 Apply Metrics for Right Commissioning

2.4.1 SAFE Quality Indicators for Commissioning - these are a series of statements focusing on the quality of the commissioning process for ensuring that structures and process are in place for safe and effective service provision .

2.4.2 SAFE: Portfolio of Indicators for Eye Health and Care

The Portfolio provides the metrics for the SAFE system pathways to demonstrate populations at risk of poor eye health and for monitoring access, availability and outcomes of key eye health and care services.

a. *Broad Population Portfolio Indicators*

These include the following from the Public Health Outcomes Framework, which serve to identify population groups at particular risk to their eye health; inform eye needs

assessments and local eye priorities; and identify opportunities for alignment with broader health priorities and health improvement interventions.

Health Improvement Domain

- PHOF 2.12** % of adults (aged 18+ years) classified as overweight or obese
- PHOF 2.13** Proportion physically active and inactive adults
- PHOF 2.14** Prevalence of smoking in adults
- PHOF 2.17** Estimated diabetes diagnosis rate
- PHOF 2.24** Emergency hospital admissions due to falls in people aged 65 and over

Healthcare and Premature Mortality Domain

- PHOF 4.12i-iv** Preventable sight loss- certification of vision impairment : AMD, Glaucoma, Diabetic eye disease, All-cause new certifications

b. Eye Specific Portfolio Indicators

- Indicator 4i** Number (and %) of CCGs in England (or by defined commissioning body) procuring a Glaucoma Referral Filtering Pathway for (a) repeat measurement service, or (b) enhanced case finding service
- Indicator 4ii** Number (and %) of participating practices in Glaucoma Referral Filtering Pathways for (a) repeat measurement, and / or (b) enhanced case finding; by CCG (or defined commissioning body).
- Indicator 5** Has a Cataract Referral Pathway been commissioned ?
- Indicator 6** Has an AMD Referral Pathway been commissioned?
- Indicator 13** Has a Monitoring Pathway been commissioned for low risk or stable OHT and suspect COAG?
- Indicator 14** Has a Monitoring Pathway been commissioned for early AMD, late dry AMD, and patients discharged from hospital (secondary care)?
- Indicator 15** Has a Post-op Cataract Pathway been commissioned and provided within the Hospital Eye Service, Community or both.?
- Indicator 16** Has an Eye Care Liaison (ECLO) Service commissioned and provided within the Hospital Eye Service, Community or both?.
- Indicator 17** Have Low Vision, Habilitation, and Rehabilitation Services (LVHRS) been commissioned and provided within the Hospital Eye Service, Community or both.?

3. Actions for Provision of “Right” Care

3.1 Risk stratification of the patient population in hospital-based ophthalmic out-patients

Prospectively review and risk stratify the *current* patient population (Attendees and Non-Attendees) to identify those who would be suitable for step-down care, to release capacity in specialist, active management clinics; and continue to do so on an ongoing basis.

Completion of Actions 1 and 2 of NHS England [Elective Care Transformation Programme: Transforming Elective Care Services: Ophthalmology](#), should provide assurance that failsafe processes have been put in place to avoid delays, and should have identified the scale of the *backlog* of cases awaiting review (including risk stratification).

3.2 System Quality Assurance.

Establish processes to identify unwarranted variation (e.g. through audit) and embed these in the developing infrastructure for regular review and appropriate action across the ICS. During the transition to ICS ensure this is effected through existing processes such as Trust/ CCG clinical quality review groups; Trust contract monitoring groups etc.

3.3 Apply Metrics for Right Care

3.3.1 SAFE – Portfolio of Indicators for Eye Health and Care

The Eye Specific Portfolio Indicators provide the metrics for monitoring access, availability and outcomes of key eye health and care services, and support review of observed variations.

a. Service Outcomes

Indicator 2i Proportion of those offered diabetic eye screening who attend a digital screening event (all ages). [Diabetic Eye Screening Programme (DESP) performance indicator DES-PS-7]

Indicator 2ii % children and young people (CYP) aged 12-24 years diagnosed with diabetes that are screened. [Uptake in CYP is poorer than older age groups and can be masked by the overall uptake indicator (DES-PS-7)].

Indicator 7 Visual Acuity outcomes of Anti-VEGF therapy at baseline and at one year after starting treatment for: (i) wet AMD; (ii) Diabetic Macular Oedema (DMO); (iii) Retinal Vein Occlusion -Central (CRVO) and Branch (BRVO).

Indicator 8 Visual Acuity outcomes of Cataract Surgery: (i) Visual acuity at time of surgery (pre-operative); (ii) Visual acuity at 4-6 weeks post-operative assessment .

Indicator 12 Audit of certification of visual impairment (CVI): (i) where the primary cause of vision impairment in Adults is due to AMD, Glaucoma and Diabetic Eye Disease; (ii) in Children by primary cause.

Indicator 18 Registered blind and partially sighted persons (local authority data of persons in need who are known to social services)

b. Service Quality and Safety

Indicator 9 % of Urgent (R3A M0 and R3A M1) Diabetic Eye Disease seen within 6 weeks of screening event. [DESP performance indicator: DES-PS-12]

Indicator 11 % Hospital appointments that occur within 25% of their intended follow up period, including rescheduling of hospital initiated cancellations and non-attendance

This indicator has been adopted by:

- i. NICE Quality Standards for Serious Eye Disorders (QS 180, February 2019): process statement (c) for quality standards 4 and 5.
<https://www.nice.org.uk/guidance/qs180>
- ii. NHS England [Elective Care Transformation Programme: Transforming Elective Care Services: Ophthalmology](#) (2019)

3.3.2 Referrals to Specialist Ophthalmic Services:

a. False-positive referrals from:

- Diabetic eye screening programme
- School vision screening
- Primary eye care services e.g. for minor eye conditions, suspect glaucoma
- Community ophthalmology services e.g. for urgent eye care, suspect wet AMD, glaucoma

These indicators provide information on the quality of these services, and their impact on onward specialist care.

b. Quality / appropriateness of referral: % discharge at 1st ophthalmology out-patient appointment

Observed , potentially unwarranted variations in this indicator serve to highlight differences in the availability of appropriately commissioned services (i.e. primary eye care services for repeat testing and referral refinement prior to referral), and differences in the quality of referrals; all of which have an impact on the delivery of onward specialist ophthalmic care.

3.3.3 NHS Right Care Vision Toolkit - for data on service activity and costs, to allow for review and appropriate benchmarking. (*publication pending*)