



28/01/2016

Informal consultation on Ophthalmology services: joint report by Healthwatch City of London and Healthwatch Hackney

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## **1 Introduction**

At the request of City and Hackney Clinical Commissioning Group Healthwatch Hackney and Healthwatch City of London carried out surveys and focus group with users who have experience of using services for visually impaired people. This took place between December 2015 and January 2016. This informal consultation sought views on developing a community based Ophthalmology service. This work was carried out in co-ordination with Islington Clinical Commissioning Group (CCG) and Healthwatch Islington, who carried out a similar consultation.

The CCGs aim to provide care closer to home and provide services that meet people's needs at the right time, without the need to visit a hospital.

Currently, many people are seen in hospital by a specialist doctor for eye conditions that could be seen closer to home by an eye specialist such as an optometrist or a GP with a special interest who are led by a specialist doctor who oversees their work.

Moorfields Eye Hospital are seeing more and more people each year and do not necessarily have the space or staff to cope with this increase. The CCGs therefore want to improve the pathway to accessing hospital care by involving GPs and local optometrists. Data showed that Moorfields Accident and Emergency are seeing higher numbers of people; this suggests that there is not currently an alternative for eye conditions that need to be seen quickly, but are not an emergency.

Both nationally and locally, it is expected that demand for eye care services will continue to rise over the coming years and therefore, so will activity levels in hospital eye services. In this context and with increasingly tighter NHS budgets the CCGs wanted to assess ways to deliver high quality care in a way that uses taxpayers money efficiently.

The aim of commissioning health services is to offer accessible care for eye conditions (that are not emergencies) which include assessment and treatment; this may also include long term management of eye conditions, delivered by the right person in the right place. Therefore, the CCGs wanted to understand views on this in relation to eye care.

The aims of the consultation were to:

- Conduct patient, service user and public engagement to gain feedback about current Ophthalmology services and pathways of care
- Gather views about the care that could be delivered in the community, rather than in a hospital setting. Focusing on location as well as the types of eye conditions.

### **Target Audience**

- People who have had an outpatient appointment in a hospital service,
- People seen in A&E

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- People seen by their GP/optometrist for a specific eye condition
  - People who regularly use low vision services at the hospital or in the community
  - Anyone could have an eye condition at some point so can also talk to the general population

The Healthwatches aimed to gather the views of 50 residents. The Healthwatches are grateful for the support of BlindAid, East London Vision (ELVis) East London Age UK in this consultation. All engagements were confidential and carried out by trained/experienced staff and volunteers.

### **Engagement and Methodology**

Engagement with City residents took place through:

- An online survey distributed to City residents
- A discussion session with the City 50+ group (an older persons group that meets on the Mansell Street estate)
- A discussion session with the Barbican Tuesday Club – a group of older people that all reside in the Barbican
- Telephone interviews with 2 City residents

Engagement with Hackney residents took place through

- A survey of people with visual impairments carried out by BlindAid staff
- A focus group, held in partnership with the Hackney VI (Visual Impairment) Group, a local user group, and open to City residents:
  - The focus group was asked to give views on current services and possible sites of community based in GP Practices, Health Hubs and Optometrists.
- A telephone survey of the City and Hackney Older Peoples Reference Group

The total number of people engaged from the City was 24 and from Hackney 27

In the engagements the Healthwatches aimed make sure service users understood the proposed service options including their views on locating services closer to them in the community. We identified what benefits or disbenefits may concern service users in any change of service provision. We also used the engagement to signpost service users to existing services.

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## **2. Themes**

The surveys and focus group identified a number of themes. Patients were very positive about Moorfields with the main issue being waiting times for routine treatment. In terms of Quality of Services patients emphasised the importance of qualified staff at all levels able to pick up on condition issues swiftly and refer on as part of an integrated services. Optometrists were viewed as skilled professionals able to offer people with visual impairments good services at the level they operated. However for Optometrists to be included in any future community provision their service had to be subject to Care Quality Commission regulation.

The majority of residents in both boroughs found that the current system allows them to book an appointment easily. 2 residents thought that the system was neither easy nor difficult. 1 person thought the appointment system at Moorfields was difficult.

The main findings of the surveys and focus group are set out thematically below:

### **2.1 Quality of Services**

One interviewee commented on the inconsistency of referral criteria through GPs that some will refer you readily and others take longer. Some GPs do not have enough knowledge on ophthalmology.

Convenience, accessibility, comfort and cleanliness were key areas that people highlighted for treatment venues. Mobile reception was also mentioned as important. All participants agreed that they would access a service where they could be referred by their GP or optometrist and seen the same day or next day.

Patients expressed concerns that range of eye conditions meant many of those clinicians there to provide 'generic' health care could miss issues. The current system needs better access to expert diagnosis and monitoring.

Patients felt that current and new services need consistent regulation by the Care Quality Commission (CQC). There was concern that currently Optometrists were outside CQC regulation unless they were a contracted service by a Clinical Commissioning Group. Currently they are subject to Health and Safety Standards, operate to their own Codes of Practice and hold Public Liability insurance

One patient commented that because of its high level of expertise Moorfields had to be the lead on dealing with rare conditions. Community and Optometrists should only focus on routine and minor conditions.

Some patients anecdotally raised concerns current services were not reaching all the community. As a result some of the most vulnerable patients could be missing out on treatments they need. Current and new services need to include a programme of engagement to ensure they reach all part of the community. These patients felt these people were most likely to be found in the boroughs more disadvantaged communities particularly within the Black, Asian, Minority Ethnic and Refugee (BAMER) communities.

### **2.2 Moorfields**

Members of a group found Moorfields well organised and staff helpful although the

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waiting times were considered too long. It was agreed that you have to set aside the whole day for your visit even with a short appointment. It was commented by this group that there were insufficient clinicians at Moorfields and too many administrative staff from their perception. Participants generally saw quality of care at Moorfields as excellent.

One interviewee experienced a difficult referral to Moorfields – because of a mistake they were swapped between consultants and each time then went to the bottom of the list again causing a delay in treatment.

One patient described lasering at Moorfields as a negative experience that made their eyes worse. When Lucentis injections were finally available on the NHS this was a preferable treatment. A lack of weekend appointments made treatment difficult for the patient. If a patient is ill and needs to cancel an eye injection appointment the next appointment becomes difficult to book and can make the condition worse.

A patient that had walked into Moorfields A&E experienced a quick triage although subsequent waits were long.

A patient explained that Moorfields gave them confidence that the services there knew how to quickly identify conditions and arrange a treatment regime

Moorfields as a venue is described as well signposted with trails and accessible but too hot. Many City residents are able to walk to Moorfields, which they were happy with. Transport to Moorfields is excellent for City residents with a bus that drops them at the door. Laser treatment rooms were described as over staffed.

One patient suggested a modernisation of Moorfields with improvements to the drinks machines in the waiting rooms as wait times could be long. A speaker system was also suggested to prevent names having to be shouted publically.

One patient reported that Moorfields have an extensive community network across London (see <http://www.moorfields.nhs.uk/our-locations>). They asked that any changes in service delivery build on this current network. The patient was concerned that changes in services could lead to fragmentation; making services more difficult for patients to navigate.

Another patient expressed concerns about how effective supervision of junior staff was at Moorfields. They reported their experience were they felt that issues were not clearly communicate to senior staff.

### **2.3 Other Hospitals**

Mile End hospital was described as a clean and old-fashioned venue that needs modernisation. Signposting was described by one group as good with sufficient disabled spaces.

### **2.4 Optometrists**

Patients commented that Optometrists had better understanding of eye conditions and should be better integrated into healthcare pathways. One patient explained that their GP had refused to accept their Optometrists recommendation for a referral to

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Moorfields. Patients noted that Optometrists studied for a 3-year degree, whilst GPs usually had significantly less training in eye conditions. In this context the ability of Optometrists to have better skills in recognizing early onset on eye issues suggests that they could play a important role in early intervention. This could give a better patient experience and possibly be a more efficient way to use health spends in this area.

Patients were concerned that Optometrists are not part of the CQC regulatory regime. Patients seemed to want a consistent regulatory regime, rather than services along the diagnostic and treatment pathways being subject to differing standards.

Patients who were told about an Optometrist home service very much welcomed this type of service provision.

Patients were concerned that waiting times for appointments at Opticians could undermine an effective optometrist service; this issue needed to be addressed in any community services by prioritising urgent patients.

Patients also wanted any optometrist service to be fully accessible including provision for people with learning disabilities.

City University Optometry services are highly rated by City residents and could be a potential hub for community-based services. The facility was described as having 'a comprehensive programme...they look for red flags that suggest more complex eye disease'.

## **2.5 Experts**

As a general principle, most patients felt any service structure should have as a core trained, qualified and competent healthcare staff. This suggested a concern that any restructuring of current services could result in patients being assessed by people less qualified. As a result there was an emphasis that the 'gold standard' was Moorfields and this should colour the diagnosis and treatment pathway.

## **2.6 Health Hubs**

Patients noted that this would be a new development for Health Hubs. This raised issues of expertise of staff and the addition cost of developing this type new service.

Patients felt the current small network of Health Hubs created possible community access issues. Many patients were unaware of Health Hubs. One patient wanted Hubs operating within the square mile.

## **2.7 Community Based services**

On the issue of services currently offered at hospital being offered in the local community 14 City and 22 Hackney (36) residents said they would prefer some of the treatments to take place in the local community, 8 and 1 (9) said they would not and 2 and 4 (6) were undecided.

Of those that expressed concerns the main issues were:

- Quality of expertise, people want to see highly skilled professionals. They would be happy to see Moorfields staff in the community and want the back up of the hospital

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in case anything goes wrong.

- Any new service needs to be fully integrated with existing ophthalmological services
- Any new community service be accessible, i.e. have good transport links
- Patient records. What if the community based clinical cannot see your medical records? Access to patient records means safeguards are needed to ensure confidentiality.
- Services provide greater outreach into the community to pick up those not aware of ophthalmological services, which could help their condition.
- The City is an incredibly small area and Moorfields at the moment is convenient and as close in the community as a service could be.
- The one GP practice in the City does not have the space for ophthalmological equipment and is currently at capacity with the growing number of residents.
- A condition that may appear moderate could escalate to something serious and would need to be identified as an emergency. Would an optometrist or GP be able to spot something immediately?

### **3. Recommendations on the Parameters of community based ophthalmology service**

Drawing on these findings suggests the follow parameters of any new community based service take account of:

#### **3.1 Building on existing structures**

- Moorfields satellites already exist and patients feel comfortable with this approach, as there is accountability with information being fed back up to Moorfields. Any extension of community services, whether run by Moorfields or nor not, needs to ensure it is integrated into existing/continuing structures.

#### **3.2 Quality Service**

- A guarantee of expertise and experienced clinicians throughout diagnostic and treatment pathway
- All commissioned services are CQC regulated, including those provided by optometrists, to provide consistent quality across services.

#### **3.3 Accessibility**

- Improved appointments system so that eye conditions are more quickly assessed.
- Opticians being able to refer patients directly to hospitals or consultants.
- Community-based services located on main transport routes and easily accessible from any part of the City and Hackney areas.
- Any venue within the diagnosis and treatment pathway ensures that it has accessible information including the provision of braille.
- To improve wider community accessibility consider outreach options such as:
  - A mobile van or ambulance type vehicle that would have equipment within and

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- could stop at locations in the boroughs.
  - Develop further links with BAMER and Learning Disability community groups to promote accessing ophthalmology services.

### 3.4 Commissioning

- The contract for the community provision would need to be a five-year contract at least rather than a short-term service that ends when the funding stops.

## 4. Conclusion

This informal consultation showed that residents were positive about developing community based ophthalmology services.

Such services need to be able to offer patients a faster route to diagnosis, clean pathways to Moorfields services (if required) and local treatment and management of their conditions.

Patients need to be confident that the services have the range of expertise. Particularly it is noted that Optometrist training is significantly greater than GPs. Therefore Optometrists need to be better integrated in clinical pathways to aid earlier diagnosis and to refer directly to Moorfields, rather than to GPs.

Patients wanted the new services to be accessible in terms of location, reach into the community and provision of information, advice and guidance.

Further clarification on the proposed models of community ophthalmology services for consultation would be welcomed by service users for their comments and input. Patient involvement at all stages of the consultation is vital to ensure that services meet the needs of service users in City & Hackney.

## Appendix1: Survey and Focus data

1. Number of Hackney or City residents consulted: 24 City residents 27 Hackney Residents

2. Those residents who reported used the following facilities in the last year

- Moorfields eye hospital: City 14 - Hackney 11
- Mile End hospital: City 2
- Other: City 3
- City University: City 3
- Local optician: City 1 - Hackney 2
- Royal Free Hospital: City 1
- Royal London: City 1
- Homerton: Hackney 2

3. When asked who had treated them during their eye care treatments, many patients were unsure of the exact status of the professional they had seen and felt that the quality of the expertise was the most important issue. The majority had seen a mixture of different professionals including consultants, optometrist and doctors both junior and senior.

GP	3	Nurse		Optometrist	6	Pharmacist	2
Consultant	24	Senior Dr	5	Junior Dr	4	Don't know	
Other							

4. Conditions experienced by City and Hackney residents included:

Age Related Macular Degeneration (wet or dry)	4
Macular Degeneration	7
Benign Eye Lesions	
Blepharitis	5
Blurred Vision	5
Cataract pre and post-surgery	6
Dry Eyes	4
Eyelash problem	
Field Defects	2
Floaters/ Flashing lights	4
Glaucoma (management of)	12
Glaucoma (suspected)	6

Itchy burning eyes	2
Lid Lesions	
Low Vision Service	1
Minor Eye Conditions	
Retinal Lesions (B)	2
Watery Eyes	1
Other	6 (2 not stated)
Please state:	1 Rental Detachment 1 Amblyopia 1 Flashing lights 1 Benign eye lesions, field defects 1 Bilateral pigmentation 1 Regular retinopathy check up 1 Squint/strabismus clinic 1 BAND Keratopathy 1 Epi retinol membrane

5. Of the residents spoken to there was only 4 instances where the treatment was considered an emergency (2 Hackney) or urgent (1 City 1 Hackney).

6. Age breakdown: All City and Hackney residents were patients over 18. For the City the majorities were in the 65-74 and 75-84 age bracket. For Hackney the majorities were in the 45-54, 65-75 and 85+ age brackets.

7. Gender balance: slightly more women than men. (Hackney 15 F 12 M)

8. Disability: Most of those who answered this question described themselves disabled although many did not declare.

Disabled	16
Not disabled	1
Prefer not to say	1
Not stated	28

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## Appendix 2: Survey example (Hackney version)

### Healthwatch Hackney Ophthalmology Survey

#### Introduction

Healthwatch Hackney is an independent organisation. We have been asked to ask to talk to patients about their experience of using eye care services.

Everything you say will be treated as confidential. Nothing in the report will identify you. A summary of people's views will be shared with the people responsible for the service. The summary will be used, with other data, to assess how future services might be shaped to meet the needs of patients.

#### About you:

Are you a Hackney resident?

Have you used eye care services in the last year?

Are you:

Patient under 18  Patient over 18

Parent of patient  Carer of patient

Usage of services in the past year:

#### About your treatment:

a. Who were the patients treated by:

GP  Nurse  Optometrist  Pharmacist

Consultant  Senior Dr  Junior Dr  Don't know

Other  Please state \_\_\_\_\_

b. Where did the treatment take place?:

Moorfields Eye Hospital  Homerton Hospital

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Other,  
state \_\_\_\_\_

please

c. Was the treatment?

Emergency (needing treatment within 1-2 hours)

Urgent (needing treatment within 1-2 days)

Other

d. What was the condition that led you to visit the service (*you may select more than one*):

**Age Related Macular Degeneration (wet or dry)**

Macular Degeneration

Benign Eye Lesions

Blepharitis

Blurred Vision

Cataract pre and post-surgery

Dry Eyes

Eyelash problem

Field Defects

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Floaters/ Flashing lights

Glaucoma (management of)

Glaucoma (suspected)

Itchy burning eyes

Lid Lesions

Low Vision Service

Minor Eye Conditions

Retinal Lesions (B)

Watery Eyes

Other

Please

state

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Please note: Excluded conditions, sudden loss of vision, serious injury to the eye, complication following surgery, suspected cancer.

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## Accessing services

1. How easy was it to get an appointment?

Easy

Neither easy nor difficult

Difficult

a. Could you say a bit about why?

2. What did you think of the venue where you had the treatment? e.g.

*(Prompts: Travel times to the venue, accessibility of venue, quality of the premises, comfort of the waiting rooms, suitability of the location for people who may be experiencing a visual impairment)*

3. Were you satisfied with the treatment given?

Yes

No

Neither satisfied nor dissatisfied

4. What would you need from a qualified professional in terms of treatment in the community or in an urgent/emergency situation

*(Prompt: The staff member's experience/ equipment used/ what they needed from a qualified professional' in terms of treatment in the community or in an urgent/emergency situation)*

## Part two: High Quality Eye Care Principles

1. Would you prefer some of the things you go to hospital for to be offered nearer your home in the local community?

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Yes	
No	
Don't know	

Please give any comments on your answer:

Elements to consider include: Access (appointment time, accessing appointment, accessing venue, size of venue, helpfulness of reception staff), closer to home, access to diagnostics (visual field test etc), follow up care and support, access to surgery, access to a professional (doctor or eye specialist), continuity of care, access to health records, seamless journey to care.

2. If more services were provided in the community, what would encourage [give you confidence] you to use these services?

What access would you like? Where would it ideally be located? What kind of professional would you like to see how quickly would you need to access a service, how could care be improved?

3. Where would you go if you had an eye condition?

4. Is there anything else you would like to add?