

# The future of eye care: building on NHS reform success

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*Reform* was delighted to host a policy seminar on the future of eye care in December 2018, with the kind support of Novartis. The seminar was introduced by Dr David Geddes, Director of Primary Care Commissioning, NHS England, and Dr Mayur Joshi, Medical Therapeutic Area Head, Ophthalmology, for Novartis UK.

The key themes of the discussion echoed ideas that were then set out in the NHS Long Term Plan, published shortly after the event.<sup>1</sup> The Plan continued the longstanding policy drive to strengthen primary and community care and to ease pressure on the hospital sector. Primary care should itself change, with a greater skill mix and so a reduced burden on general practitioners. As the *Reform* seminar made clear, this objective has great relevance to eye care as well as other disease areas. In 2018, the All-Party Parliamentary Group on Eye Health and Visual Impairment commissioned a survey that found concern among acute care patients about over-crowding in hospital clinics, long waiting times and delayed or cancelled appointments.<sup>2</sup>

Some patients recommended the further development of local services in order to improve access. The *Reform* seminar pointed to a number of current examples of service redesign. Many areas of the country have implemented Minor Eye Condition Services, allowing

patients to visit optometry practices rather than GPs when suffering an acute (rather than chronic) eye condition. As a local example, Moorfields Eye Hospital has started working with CCGs, providers, and patient support groups in Croydon to redesign current pathways, identify gaps in the system and deliver more personalised treatments.

Research supported by the College of Optometrists found that the introduction of such services in two London boroughs in 2011 had reduced hospital admissions compared to a control borough. Other areas of the country, such as Dudley, have enabled optometrists to provide public health services such as smoking cessation, consistent with the Plan's wish to promote prevention.

For hospitals, NHS England's High Impact Intervention Programme is currently bringing together evidence-based practice to address issues around lost follow-up appointments. Such initiatives aim to improve efficiency in



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ophthalmology departments and reduce unwarranted variation in performance. The first report of the Getting it Right the First Time (GIRFT) programme, which includes an eye care work stream, will be published in the Spring and will provide recommendations and guidance as to how to improve existing care pathways and promote integration at the local level. The Long Term Plan commits every NHS institution to implement evidence-based initiatives such as GIRFT in order to help the hospital sector return to financial balance.<sup>3</sup>

On innovation, the Plan emphasises the “critical importance of research and innovation to drive future medical advance”. It provides new support for spreading innovation within the NHS and rightly argues that the adoption of innovation and service improvement should take place in tandem. These developments are directly relevant to eye care. Current research interests in leading life sciences companies include the treatment

of diabetic retinopathy and the potential use of gene therapy to treat retinal degeneration.

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Innovation leads on to technology, which is at the heart of the Long Term Plan and the future development of eye care. The Plan argues that NHS care “remains locked into the service model largely created when the NHS was founded in 1948”. It promises a “digital first” option for most patients in primary care, allowing for longer face-to-face consultations with clinicians where patients want or need it.<sup>4</sup> It also foresees that patients will be increasingly cared for in their own home, with the option for their physiology to be effortlessly monitored by wearable devices.

Eye care will be at the forefront of these initiatives. New failsafe processes are being embedded into eye care pathways to better support patients with glaucoma. Public-private partnerships, such as the one established between Moorfields Eye Hospital and Google DeepMind, are delivering promising results, with algorithms allowing for the early detection of conditions with high degrees of clinical certainty. Eye care will benefit greatly from plans for all clinicians in the community to access and interact with patient records and care plans wherever they are.<sup>5</sup>

The vision of the Long Term Plan is an NHS which develops its community resources, supported by technology, to ease the pressure on the hospital sector. Given its presence in primary care, and on every high street, eye care will play a key role in delivering the Service’s new agenda.

*This booklet was written following a roundtable sponsored by Novartis.*

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## References

- <sup>1</sup> The NHS Long Term Plan, NHS England, January 2019.
- <sup>2</sup> See the light: Improving capacity in NHS eye care in England, APPG on Eye Health and Visual Impairment, 2018.
- <sup>3</sup> The NHS Long Term Plan, p. 102. “This multi-year financial recovery plan, agreed with NHS England and NHS Improvement, will set out the actions required to make services sustainable at both trust and system level and agreed responsibilities to make this happen within the ICS or STP. These plans will draw on local understanding of the health system, but we expect that all systems and trusts will implement proven initiatives, including the Model Hospital, Rightcare and GIRFT and the major opportunities identified within the Long Term Plan, such as redesigning over time outpatients to be able to avoid up to a third of face-to-face outpatient visits.”
- <sup>4</sup> Ibid, p.26.
- <sup>5</sup> Ibid, p.94. “Supporting moves towards prevention and support, we will go faster for community-based staff. Over the next three years we want all staff working in the community to have access to mobile digital services, including the patient’s care record and plan, that will help them to perform their role. This will allow them to increase both the amount of time they can spend with patients and the number of patients they can see.”



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