HEALTH AND SPORT COMMITTEE

WHAT SHOULD PRIMARY CARE LOOK LIKE FOR THE NEXT GENERATION?

SUBMISSION FROM OPTOMETRY SCOTLAND

1. Considering the Health and Sport Committee’s report on the public panels, what changes are needed to ensure that the primary care is delivered in a way that focuses on the health and public health priorities of local communities?

Optometrists - Background Information

Optometrists are the first port of call for all eye emergencies. Optometrists can diagnose a variety of conditions such as diabetes, hypertension and eye conditions such as cataract, glaucoma, macular degeneration. They can also diagnose, manage and treat acute eye conditions helping to prevent avoidable blindness, in line with the Scottish Government Prevention Agenda.

Independent prescribing optometrists have completed further training and accreditation. This enables them to treat and prescribe medication to patients for a number of clinical conditions such as ocular infection, dry eyes, conjunctivitis, glaucoma and ocular inflammatory disease such as acute uveitis.

Optometric practices can be located in almost every community across Scotland, and in remote and rural areas easily accessible and within close reach of peoples’ homes; some are open out of hours.

Recent surveys across Scotland have confirmed that there are optometric practices in all SIMD 1 and SIMD 2 communities ensuring that people living in deprived communities and have easy and convenient access to an expert eyecare service, in keeping with other initiatives to reduce health inequality.

Most practices are located in retail properties, incurring overheads such as rent and rates, together with extensive capital investment for essential equipment met by the practice owner with no grants or subsidies from the NHS.

The actual costs incurred in delivery of the GOS programme have not been adequately reflected in sustainable increases year-on-year since 2006.

Change required: It would be beneficial to the patient, if optometrists would be paid to keep appointments vacant for emergency presentations.

The investment in Optical Coherence Technology equipment in every practice would allow an enhanced level of diagnosis in the community, earlier intervention and prevention of ocular morbidity and improved referral refinement. This will ensure that referrals to secondary care are based on clinical need, and are more appropriate, reducing
unnecessary referrals. This will increase the capacity in secondary care and help to shorten hospital waiting times in accordance with the waiting time initiative.

Providing access to a Universal patient record card with information about general health conditions and medications would enable IP and community optometrists to prescribe medication for a range of conditions without referral to a GP.

There are an increasing number of patients with diabetes, many with co-morbidities and housebound who are unable to travel to a hospital site for diabetic retinal screening. Clinics are often run in GP practices for more convenience to the patient. With the advent of the new GP contract, some of the room space that was utilised is no longer available for this use. Optometry practices are ideally placed and already fully equipped and staffed to offer delivery of this service.

2. What are the barriers to delivering a sustainable primary care system in both urban and rural areas?

Currently optometry practices are well placed in all areas across Scotland, including all SIMD 1 and SIMD 2 communities.

For example, in Highland:
- If all of the Highland population had to attend the hospital eye service (HES), the average trip taken would be 92miles (45.5miles each way).
- 34,700 patients live over 90miles away with average of 173miles round trip.
- 60,250 patients live over 30miles from Raigmore, but they ALL have an optometrist within 30miles.

In rural areas, like with other healthcare professions, workforce planning can be a challenge. Employers sometimes have to offer salary uplifts or relocation incentives to entice practitioners to the area.

A more sustainable revenue budget to support the current level of provision (especially in deprived / remote and rural regions), and maintain its geographic reach, coupled with a new capital budget will allow us to deliver a markedly better quality of service to all who would benefit from it.

Raising awareness for the need of regular eyecare will help mobilise older people those, with learning disability, people living under the deprivation umbrella, ethnic minorities to access community optometry practices sooner and again allow for earlier diagnosis and prevent the progression of ocular morbidity.

A targeted eye health awareness campaign will help deal with this issue.
3. How can the effectiveness of multi-disciplinary teams and GP cluster working be monitored and evaluated in terms of outcomes, prevention and health inequalities?

There are optometry practices in every town and city across Scotland, that provide, easy, convenient access for patients without the need to travel to hospital. This also reduces the burden of care on GPs, other carers and secondary care, and reducing the carbon footprint.

Rapid access to an expert eye service allows for more efficient care for patients. As they can often be seen more quickly, a diagnosis can be made, and treatment commenced. This ensures that progressive morbidity is avoided and allows for detection of other conditions, early intervention and prevention of progressive disease and sight loss.

The new GOS service has led to an overall reduction of patients being referred to secondary care. This has allowed for timely intervention in the community, with over 80% of patients being managed in primary care and the remaining benefitting from effective prioritised referral to secondary care.

Further to this, there are exemplar models of optometric care across Scotland. For example in Lanarkshire and Grampian, there are schemes which have fully established optometry as the first port of call for all eye problems. This type of activity has ensured patients are seen in the community by an appropriate clinician, rather than attending secondary care.

All across Scotland, ‘walk-in’ eye casualty facilities have closed and replaced by a booking system for eye emergencies following appropriate triage by community optometrists.

Communication

All members of the multi-disciplinary teams should have a good understanding of the role of all other professionals to ensure adequate communication between carers and effective advice & support for patients. For optometry, this would mean that all of those dealing with patients are aware of the benefits of eye health assessment, particularly for vulnerable groups to help ensure a safe and independent lifestyle, a reduction of co-morbidity, resulting to less risk such as avoidance of falls.

By improving communication and pathways between Primary Care providers would ensure that the patient is at the centre of their healthcare journey and avoiding the risk that they are not receiving the treatment that they require when and where appropriate.

How to evaluate outcomes

One way of evaluating outcomes is to conduct clinical audits. There are already various audits being conducted across Scotland. For example in NHS Grampian, optometrists take part in regular clinical audits relating to their emergency eye care scheme. The data includes the patient’s reason for attending the optometrist, the total number of referrals to hospital by an optometrist and what condition they have been treated for.
Results from an audit in 2018 found that 87.7% patients who presented with an emergency were seen in practice rather than attending secondary care. In December 2016, 329 patients were seen over a 7 day period with 90% seen at the presenting practice. At this same audit, optometrists contacted the hospital for 15% of these patients and out of this, 26% required advice on what to do and only 20 patients were seen by the hospital (6% of total patients attending with an eye complaint). These patients would have all previously attended the hospital.

In NHS Lanarkshire, audits of attendance at A&E before and after the LENS scheme were taken at all three A&E sites across Lanarkshire. These results showed a 60% reduction in eye related A&E attendance over a one-year period.

Patient satisfaction was also monitored and it was found that patient satisfaction with the service was over 95% across a number of parameters of service provision. GPs across Lanarkshire were also contacted and were very satisfied with the service and the care provided for patients.

The walk-in eye casualty at Gartnavel General Hospital was closed following an audit of attendance resulting in increased triage by community optometrists and the establishment of an Acute Referral Centre for prioritised telephone appointments.

How to monitor prevention

Currently on all GOS forms, common conditions are documented. Utilising the ophthalmic data warehouse, an audit into these conditions can be monitored for prevalence. The patient journey can also be monitored through their CHI numbers.

How to monitor health inequalities

Health inequalities can be monitored by measuring the uptake of eye examinations. Utilising information from CHI numbers and from existing GOS data to audit the uptake of specific patient demographics attending for eye examinations, for example, age and gender. Further to this, patient's postcodes can be monitored in SIMD 1 and SIMD 2 communities to ensure everyone is accessing the service.

Conclusion

Optometry Scotland welcomes the Primary Care Inquiry into how primary care should look for the next generation. Optometrists are already well placed around Scotland providing an excellent eye care service. With future support through GOS and by working alongside other health care providers, they can help support and improve the services provided to the community for the next generation.