Engaging the voluntary sector

Anita Lightstone
Interim Chief Operations Officer
VISION 2020 UK
Programme Director, UK Vision Strategy
Engaging the voluntary sector

The patient and patient organisation in the "new" NHS:
- Model based on patient-related outcomes
- Increased say for local authorities, patients and public in relation to commissioning
- "nothing about me, without me"
- **meaningful** engagement with patients, carers and their communities (*Towards Authorisation, appendix 3*)
The health & care system from April 2013
Engaging the voluntary sector

Local health and care services at heart:

- CCGs
- Health and Wellbeing Boards
- Healthwatch
- Public Health England
Engaging the voluntary sector

- Voluntary sector:
- Highly diverse
- Vary from national giants to small volunteer based groups
- All bring expertise and knowledge
Engaging the voluntary sector

Examples of areas of knowledge and expertise:

• current and future demographics and therefore service demand
• evidence-based, innovative, best practice
• current local provision – good bits and the bad
• the barriers for patients in accessing services
Engaging the voluntary sector

National voluntary sector actions include:

• Successful proposal to the RCGP for eye health and sight loss to be a clinical priority
• production of the commissioning guidance,
• gaining a national indicator for eye care in the public health outcomes framework
• overcoming barriers to participation
Engaging the voluntary sector

• Commissioning for eye care guidance:
  – web-based resource for commissioners, clinicians, patients and policy makers
  – developed by a cross sector working group, led by the UK Vision Strategy team
  – a gateway to a broad range of other supportive documents and resources
Effective eye care and sight loss services are a key component of efficient local health and well-being services. This guide supports consortia through all stages of the eye care commissioning process in a straightforward and comprehensive format:

- Assessment of current services and working across professional boundaries, ensuring their clinical expertise and knowledge of the local population
- Design, specification and commissioning of services to meet need
- Identification of investment priorities to reduce inequality, improve patient experience and achieve cost savings

A wealth of resources such as key data sources and policy documents essential for the commissioning process are included. The guide should be used in conjunction with detailed clinical pathway guidance, referred to in the appropriate sections, such as those produced by the Royal College of Ophthalmologists and the College of Optometrists.
The business case for improved quality in eye care

The cost of eye care today

In 2009/10 there were a total of 6,162,329 ophthalmology outpatient attendances in England. The cost implications of this are significant, particularly in light of the fact that there has been an increase in attendances of 142,342 over the past four years and these numbers are predicted to grow.

The direct healthcare cost per 100,000 of the population for age related macular degeneration (AMD) alone is around £514,000, and it is £439,000 for glaucoma. These notional figures do not take into account demographic variations, which are particularly significant for some conditions, such as glaucoma and diabetic retinopathy.

Future demand for eye care

The prevalence of many of the main causes of sight loss increases with age. Given current demographic trends we are likely to see increasing levels of avoidable sight loss and associated significant impacts on future demand for health and social care services.

The challenge of meeting future demand is set out in Future Sight Loss UK 2. A good example of integrated planning is provided by the guidance on glaucoma produced jointly by the College of Optometrists and the Royal College of Ophthalmologists.
The eye care commissioning cycle

This commissioning guide is designed to support commissioners through the commissioning cycle for eye care and sight loss prevention and to deliver QIPP by:

- Identifying potential local efficiency savings that can be made by focusing on eye care commissioning
- Increasing the quality of patient care through innovative service design and integration of pathways for eye health and sight loss
- Aligning outcomes defined in the NHS Outcomes Framework
- Building productive working relationships with health and social care professionals across the eye care and sight loss sector
- Making rapid progress on eye care issues important to local communities, key stakeholders and the media.

The diagram below summarises the commissioning cycle:

This guidance covers all aspects of the commissioning cycle for eye care and sight loss prevention. As for other conditions these are:

- Needs assessment
- Service specification
- Procurement and contracting
- Monitoring and evaluation
Performance indicators

As well as creating a local vision for eye services, a good commissioning strategy will also bring all relevant local clinicians, patients and carers together to define a robust and balanced set of quality measures for eye care and sight loss services.

Outlined below are a number of simple key performance indicators that commissioners can use to measure the success of their eye care commissioning strategy and the quality of local service delivery.

- Uptake of invitations to diabetic retinopathy screening programmes
  Low uptake of screening may indicate the need for increased patient education or redesign of services to ensure accessibility.
- Ratio of new appointments to follow-up appointments
  Commissioners may wish, in consultation with local ophthalmologists, to develop indicators relating to the number of follow-up appointments issued for the most prevalent eye conditions.
  Data on follow-up appointments is held on the NHS Hospital Episode Statistics database, within the Secondary Care Services (SCS). A useful paper on SCS ratios is now available on the SCS website to assist in this complex matter - see Resources.
- Royal College of Ophthalmologists (RCoOphthalm) self-assessment questionnaires
  Further simple self-assessment tool for the following clinical services: cataract, glaucoma, diabetic retinopathy, age-related macular degeneration (AMD) and uveal melanoma surgery are also available with links on children's eye services under development.
- RICE Quality Standards
  The Quality Standards for glaucoma are available and further standards relating to eye conditions are in development.
- Certificate of Visual Impairment (CVI)
  Monitoring the number of CVIs issued will give broad indications of your population’s eye health.
Engaging the voluntary sector

The "Access Awareness" project:

• National and local partnership to ensure equality of access to GP practices and improve patient experience
• Partners: UK Vision Strategy team, Practice Management Network, Action on Hearing Loss, Mencap and RNIB
Engaging the voluntary sector

Background:

– Linked to the Dept of Heath Access and Responsiveness programme
– Building on “Improving Access, responding to patients: a how-to guide for GP practices”
Engaging the voluntary sector

- Project objectives:
  - Raise awareness of issues of accessibility for people with sensory and learning disabilities
  - Establish links with the local voluntary sector
  - Promote active and ongoing involvement with improving access within GP Practices
  - Gain champions within practices
Engaging the voluntary sector

• Questions for discussion:
  – How are you engaging with the voluntary sector in your area?
  – What are/would be the benefits?
  – What are/could be the issues or barriers?
  – How can we work together better?

• Your thoughts, your questions!
Engaging the voluntary sector

Thank you for your interest

"only by working together will we find the way to success"

Henry Ford, philanthropist and motor manufacturer

www.commissioningforeyecare.org.uk
www.vision2020uk.org.uk/UKVisionstrategy