UK OPHTHALMOLOGY ALLIANCE

UKOA QUARTERLY MEETING NOTES

20 September 2018

Thank you to all who attended the UKOA's quarterly meeting on the 20th September 2018.

The agenda was varied and included a number of presentations from UKOA members setting out their own areas of good practice or challenges, with enthusiastic debate and discussion, and a number of follow up actions identified.

Introduction/UKOA update: Allison Beal (UKOA Board and GIRFT Director of Special Projects) introduced the event and provided information on upcoming events in our **'Sharing Best Practice' Regional Seminars**.

UKOA members are invited to attend and should email us to request a place – please specify which event you wish to attend. **Places are free but seats are limited – so please book early to reserve your place.** We will confirm if you are successful by sending you an email invitation.

They are;

- **Mon 29 Oct 18, Blackpool** will be hosting a regional seminar on '**Ophthalmic Electronic Patient Record and Information Systems'**
- **Thurs 8 Nov 18, Bournemouth** are hosting a sharing best practice regional seminar on **'Safety and Efficiency in Ophthalmology'**

If your trust or region would like to host a sharing best practice session, please contact uk.oa@nhs.net. We will develop the agenda with you to cover topics which are important to your services and issues.

UKOA Website – The 'members area' on the website is now live – to access this go to the website at https://uk-oa.co.uk/ , visit the membership page and click on 'apply to join'. Then you can see all the 'in progress' standards, guidelines and other resources which we are developing and have the chance to comment and feedback on content before we finalise and publish!

The UKOA is growing with 57 members at present but we want all trusts and health boards with ophthalmology units to join – and it is currently free. Please help us spread the word and encourage your colleagues to join to reap the benefits. All they need to do is 'apply to join' on the website or contact us via our email above.

Workstream updates:

Procurement: Melanie Hingorani (UKOA Board and Moorfields consultant) outlined further progress in working with the NHS Supply Chain/National ophthalmology category tower team to support units to obtain high quality, consistent equipment and consumables with transparent and improved costing and reduced waste. The procurement working group have been busy analysing cataract IOLs, cataract packs and instrument sets with a national cataract

expert group. There are now draft best practice cataract packs and instrument sets in development and quality criteria for IOL procurement, and a further meeting to review and look at the 'best product' is scheduled for October. Glaucoma and VR packs and instrument sets are next and we will be looking to recruit to expert groups in those areas.

Adele Hancox, Category Manager at NHS Supply chain provided an overview of the work on IOLs so far which can be found in the presentation slide pack.

Robb Rae, Category Manager from NHS Supply Chain gave an update on the intravitreal (IV) injection packs. Evaluation by UKOA members has reduced the variation in IV Injection packs down to two ideal packs. In the last quarterly meeting, these were discussed in depth and sample packs from suppliers were demonstrated but needed improvement. Suppliers have now provided revised samples which were present at the meeting and some members took these away to look at. We are now talking with suppliers to look at achieving the best price for the purchase to market for member trusts and to provide sterile samples to be evaluated in trusts with feedback on quality collated by the UKOA and procurement team.

To help members to decide what **the potential cost savings are for your unit**, for IV packs and other consumables such as IOLs, we need to gain information from each unit as to what they are using now to calculate current spend and potential saving. We need to send trusts an agreement letter to give authorisation to share purchase information.

ACTION FOR MEMBERS: This is a huge piece of work which we hope bring great benefits and cost savings to NHS trusts who participate. **Please can all ophthalmology units provide us with your contacts (clinical lead, manager and/or procurement manager) who will sign off the authorisation to provide purchase costs/volume information,** this will allow us to tell you if you can save money by using the "ideal" packs, IOLs etc. We can then arrange for you to try the sample packs.

Coding: There are two coding guides for ophthalmology, published on our website. We have drafted a detailed coding guidance for cataracts and, once we have gone through this with NHS national coding colleagues, we will share with members for input and feedback before publishing. We hope this will help trusts to code their cataract work better and to improve the quality of national data on cataract surgery.

Glaucoma: We are currently reviewing of all support information to ensure we develop a suitable framework to assist patients, improve the patient's experience and efficiency to develop a patient standard. Melanie shared two forms, a **Supporting patients' checklist** to ensure patients receive all the key information at diagnosis or start of treatment, and a **Patient Eye Drop Assessment** form, to identify patients who need more support or education for using their drops. Do download these forms and use in clinic, and **please can you provide us feedback on the forms via email** (uk.oa@nhs.net). Further resources will be released soon.

Extended Roles & Advanced Practice: There is a lot of work in different trusts on extending the multidisciplinary team's skills and roles but there is currently a lack of coordination and communication. There are great opportunities to work together and develop this area and eventually develop generic best practice resources for use in your trust. **Please send us your documents/protocols on advanced practice and extended roles for optometrists, orthoptists and nurses for us to share on the member's website. Also, please send us your contacts who are involved in leading/training in this area).** We can anonymise if required. We will shortly send out a survey to get baseline data on what is happening across the UK in this area including non UKOA members too.

Eyefficiency App: This is a great tool in development to track activity in procedures and benchmark productivity. We are looking for a small amount of funding to develop a web tool and associated reporting with a business case submitted. We will provide further updates in due course, if/when funding is sourced. The app is free and available to download on an apple / android device. **Please feel free to trial this and let us know what you think**.

Patient standard for ophthalmology: The joint RNIB/UKOA patient standard is now published and RNIB has kindly promoted this with a press release and via social media. Please feel free to share this with other colleagues to ensure the standards are adopted across all ophthalmology units. The patient survey is being piloting in several units. **If you are a pilot site, please can you provide feedback from your trust if not already done (uk.oa@nhs.net).**

UKOA: The Future of the Alliance

Allison gave an update on what the Alliance has achieved since May 2017. We have created a website and newsletter, finalised patient survey, published coding standards, published joint IOL guideline, Patient Standards and developed national intravitreal pack, eyefficiency app and so much more! We are delighted to announce; Allison has secured funding for the Alliance for 2019-20, however will need to arrange funding for after this date.

Veronica Greenwood (UKOA Board & Manchester Royal Eye Hospital) then asked the delegates to work in teams to develop ideas and suggestions for the UKOA's future – the notes have been added to the slide pack. The UKOA Board will take all suggestions and look at developing the strategy – more will follow in our December meeting.

Please see appendix 1 for summary of UKOA: The Future of the Alliance.

NHS Rightcare: Fiona Ottewell, Delivery Partner, NHS (North) and Vittoria Polito, Pathways Lead, from NHS RightCare presented an update on activity by the Rightcare initiative which supports commissioners to implement agreed pathways of care and assesses their ophthalmology cost and performacne data against peers. Please refer to the presentation pack to see the details which covered the approach and how Rightcare complements the GIRFT and High Impact Intervention work. There is a stakeholder event in November which

some UKOA members will be attending. This is likely to be extremely important in ensuring commissioners are held to account for their ophthalmology services and we will keep members posted.

Avastin: Andy McNaught (Gloucester NHS FT), Steve Pike (Coastal West Sussex CCG), Andrew Ferguson (NHS Forth Valley) and Graham Mennie (Gloucestershire CCG Commissioner) presented the work being done on offering choice for anti-VEGF drugs including Avastin in their areas. Detailed presentations on how this was approached, how to ensure safety and compliance with the regulation, how to ensure patient care is safe and offer patients appropriate choice and to evidence that choice and consenting were provided. Assessments of cost improvements and key metrics were also shared. This generated a very lively debate and allowed people to share their continuing concerns and challenges in maintaining a sustainable wet AMD service. This was the day before the release of the Judicial Review result.

Learning from Risk: Rashmi Mathew from Moorfields, delivered some background information and statistics regarding the increase of claims from 1995 to 2009 and results on analysis of NPSA data on claims, outlined in the accompanying slides. Mr Bataung Moteke from Leeds Teaching Hospitals shared some learning where his trust had recently installed large monitor screens into theatres with patient biometry and clinical information on display, and have not experienced any 'wrong IOL's since installation – a simple but effective tool for IOL checks. Melanie shared information on claims specific to Moorfields – see the slide pack provided. Unfortunately Bill Newman was not able to attend to present the Manchester claims learning but we look forward to rescheduling that at a future meeting. The teams aim to combine the data with some of the other UKOA members who have expressed interest and publish to promote wider learning.

The meeting was summarised by Melanie with a reminder that the next meeting will take place on **Thursday 6th December.** We hope you will be able to join us.

Appendix 1.

UKOA: The Future of the Alliance:

What does good look like for the UKOA in 12 months-time	What went well/ what could we do differently?
What are the outputs and outcomes	**What went well:**
The 'go to' organisation	Opportunity for learning and shared learning and creating interventions that work
All trusts to be members	Transparency, multi-professional and collaborative
All trusts to DO something and be engaged and active;	Everyone sharing and learning together across boundaries
All to adopt our processes/guidance;	IOL guidelines
Widen the people doing the work;	Cataract Document
Trusts sharing good practice and data e.g. procurement data	Procurement but want to see benefit
How is that resourced and achieved?	MDT

What went well/ what could we do differently?	What are the principles that will be used to develop the programme of work? What are your biggest challenges,
Could do better:	**highest risks, what will have the biggest national impact?**
Measure impact achieved	Continue with most of the current work-streams and shared learning approach
More regional focus and meetings	Capacity and demand
More sharing of work within member trusts – improve engagement	Workforce – training and development, grading, roles, unit resourcing models
What do we expect from members	Patient access, experience and follow up
Procurement – guidance	AQPs – not always a level playing field
	Funding
	Ophthalmology patient – collaboration with other specialties e.g. pharmacy, rheumatologists
	Poor commissioning decisions

Detail provided during group discussions	
80% of trusts are members	Staff retention & training / support / recognition
Applying the learning	IOL guidelines

Trusts implementing / using “BP” efficiencies evidenced	Sharing good practice was good
Trust collaboration - all UK Trusts	Need more on procurement guidelines
Trusts to share data e.g. procurement	Need more on Workforce models
All member trusts should know what other members are spending on Cataracts and IVT and be able to measure some savings	Risk to training
Better marketing for UKOA (must be across all UK organisations) “The Go-To organisation”	AQP’s – include in the UKOA agenda (training)
UKOA should be the ‘go to’ organisation to implement GIRFT recommendations	Funding changes
Link a UKOA member, clinical lead and manager with GIRFT lead in regional hubs	Workforce and capacity planning
Not be too diverse in aims	Staffing (support) ideal / model / structure
Often same people contributing	Standardisation of roles / competencies
Recognition of time – buy in from trust – reciprocal process from UKOA	Indemnities – extended roles – work throughout / efficiently
All members are using a UKOA product	High impact – accurate data for procurement
Cataract document – good example	Common Themes, capacity issues – what are the issues, how do we retain staff
Guidance documents	Staff value and support
Events – Regional & National Meetings (subject specific e.g. coaching et, right attendees etc.)	High impact / high risk look to follow up / DNA’s chronic disease – work plan to include failsafe officer’s database of delays and look to fix high level plans to address this
Transparency of UKOA work	Scan for safety – end to end scan for IOLs to reduce newer events & error
Excellent multi-professional collaborative work	MDT approaches for standards with focus on impact assessments, measured and audited, trainee MOTs & NHS main grads to be involved
Learning from exemplars	Patient focus overrides all but needs work on the ‘how’
Sustainability	Medical management of cases by the ophthalmic MDT – need more collaborate with pharmacy, rheumatologists, etc.
More good practice sessions	Staff education – admin
Newsletter – increase circulation	AQPs – level playing field – role of CCGs
Poor Commissioning decisions	Accessibility to book / change appointments (not easy to phone hospitals)
Increasing workloads & with it increasing stress	Education & training of appropriate staff