

## National Eye Care Recovery and Transformation Programme

### Case study

# Primary Eye Care Services

## Single Point of Access (SPoA) enhanced clinical triage

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### Summary

**A number of areas have worked with Primary Eyecare Services (PES) to establish single point of access triage hubs led by local primary care optometrists. Working to agreed triage guidelines and using specific eyecare connectivity systems and/or secure email, some or all referrals can be avoided or deflected to locally commissioned extended primary eye care services delivered in the community whilst those needing hospital care can be directed via NHS eRS into the right clinic with the right timing.**

The service is made possible through having the core locally commissioned primary eyecare services in place. Utilisation of these services increases significantly with the SPoA and the SPoA helps to make best use of available capacity across a network of optometric practices. The process drives improved referral behaviours and improves relationships between optometry and the hospital eye service teams.



## Background

Primary Eye Care Services (PES) is the largest single lead primary eye care provider in England delivering extended primary care services across 2000+ sites. PES contracts with NHS commissioners and trusts to make NHS-funded eyecare services locally accessible, delivering through all types of optometric practice from small independents to large national chains.

## Introducing Single Point of Access

There are an increasing range and number of locally commissioned services delivered by primary care optometrists, but the uptake or usage is not always fully optimised. PES has worked in a number of areas alongside commissioners, trust teams and local optometrists to introduce a Single Point of Access (SPoA) that enables enhanced clinical triage for some or all Ophthalmology referrals.

In the model, all Ophthalmology referrals are either encouraged or, in some cases, mandated to be pass through the optometry-led SPoA - rejected with advice (if unnecessary) or diverted to an appropriate primary eye care service:

- Urgent eyecare pathway (such as MECS or CUES)
- Diagnostic request / OCT pathways
- Glaucoma referral filtering / refinement or monitoring
- Preoperative cataract filtering

Referrals are received and triaged through the clinically led service, delivered by the primary care workforce to provide support to their peers, promote peer discussion and behavioural change.

## Workforce

PES have an optometrist clinical triage team that work under the oversight of their clinical lead Consultant Ophthalmologist. The team works to clinical guidelines, based on College of Optometrist and – where appropriate - Royal College of Ophthalmologist clinical management guidelines, which have been tailored to meet local requirements and pathways. Occasional uncertainties in triage decisions can be discussed within our team of experienced optometrists and escalated for Consultant Ophthalmologist opinion, if required.

The triage team can develop their skills further through regular peer review discussions on decisions as well as regular service audit and evaluation on referral outcome.

Optometrist referrers reliably receive feedback on referral outcomes which drives greater knowledge, validates their own clinical decision making and leads to improved referral practice going forwards.

## Access

Referrals can be received into the PES SPoA referral hub through a number of different routes including OPERA, which is made available to all optometric practices in areas with this commissioned service and enables image transfer capability, and via secure email to a central mail inbox. GP referrals can be transferred into the service via eRS or secure email. PES is working with providers of Optometric practice management systems to establish integration and improve accessibility.

## Service delivery experience

PES have a wealth of experience in delivering SPoA enhanced triage services across England, areas include County Durham, Croydon, West Hampshire, Wiltshire, Merton and Wandsworth and Central London.

The most established triage service is in County Durham, established in 2017 following an in-hospital referral audit delivered by local primary care optometrists in conjunction with the trusts Ophthalmologist clinical lead. This audit provided the evidence for the commissioning of further extended primary eye care services that could support secondary care and highlighted the need for a referral management solution to ensure that people were seen by the right clinician in the right place first time.

“Primary Eyecare Service’s vision for the SPoA enhanced triage service is to change referral behaviours through peer-to-peer learning and feedback, optimise the use of primary care commissioned services, use learning from evaluation of data collection to support localised commissioning decisions and ultimately reduce referrals going through the service and onwards to secondary care” Lisa Gibson, Clinical Director, Primary Eyecare Services

## Impact

In County Durham, for example, in Q4 of 2019-20, 27% of referrals to hospital were avoided: this included 8.4% managed by their GP or the referring optometrist outside of a commissioned extended service and the remainder through commissioned optometry glaucoma repeat readings and cataract preoperative pathways. As time goes by, experience from Durham has shown that referral behaviour changes and the number of referrals needing triage reduces (e.g., there was a 9.3% reduction in use of the triage between 2018-9 and 2019-20) as optometrists learn from feedback or more extended primary care services are established as an alternative to hospital provision.

Practice participation rates for locally commissioned services increased due to the implementation of the SPoA enhanced triage service in Durham with the number of referrals screened by referral filtering pathways at first contact increasing from around 70% to 90% for glaucoma and 86% for cataract.

One of the main benefits of a SPoA with clinical triage is to ensure the locally commissioned services deliver optimally with the number of patients managed in primary care maximised.

## Lessons

There needs to be a minimum locally commissioned core primary eye service available in optometric practice to ensure there is somewhere to divert suitable patients to. Without alternatives to hospital care, the impact of implementing a SPoA will be minimal. Ideally there should be at least glaucoma enhanced case finding, cataract referral filtering with enhanced preoperative assessment and shared decision making and local arrangements for urgent eyecare (e.g., either MECS or CUES)

Good relationships between primary care optometry and the hospital providers helps to establish the process but having an SPoA in turn helps to improve and cement these relationships.

This case study has been produced by the National Eyecare Recovery and Transformation Programme in partnership with Primary Eyecare Services and is considered an exemplar.

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