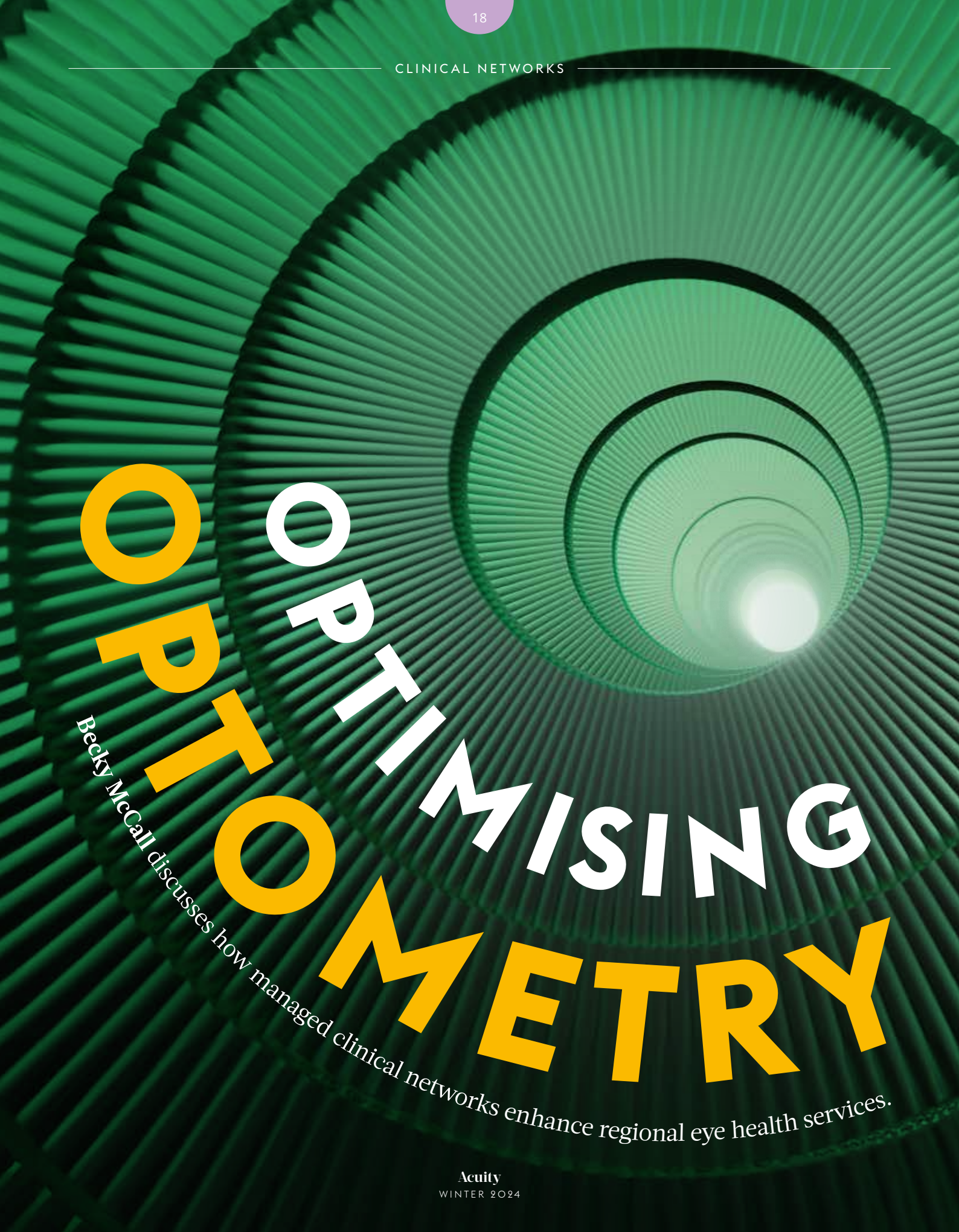
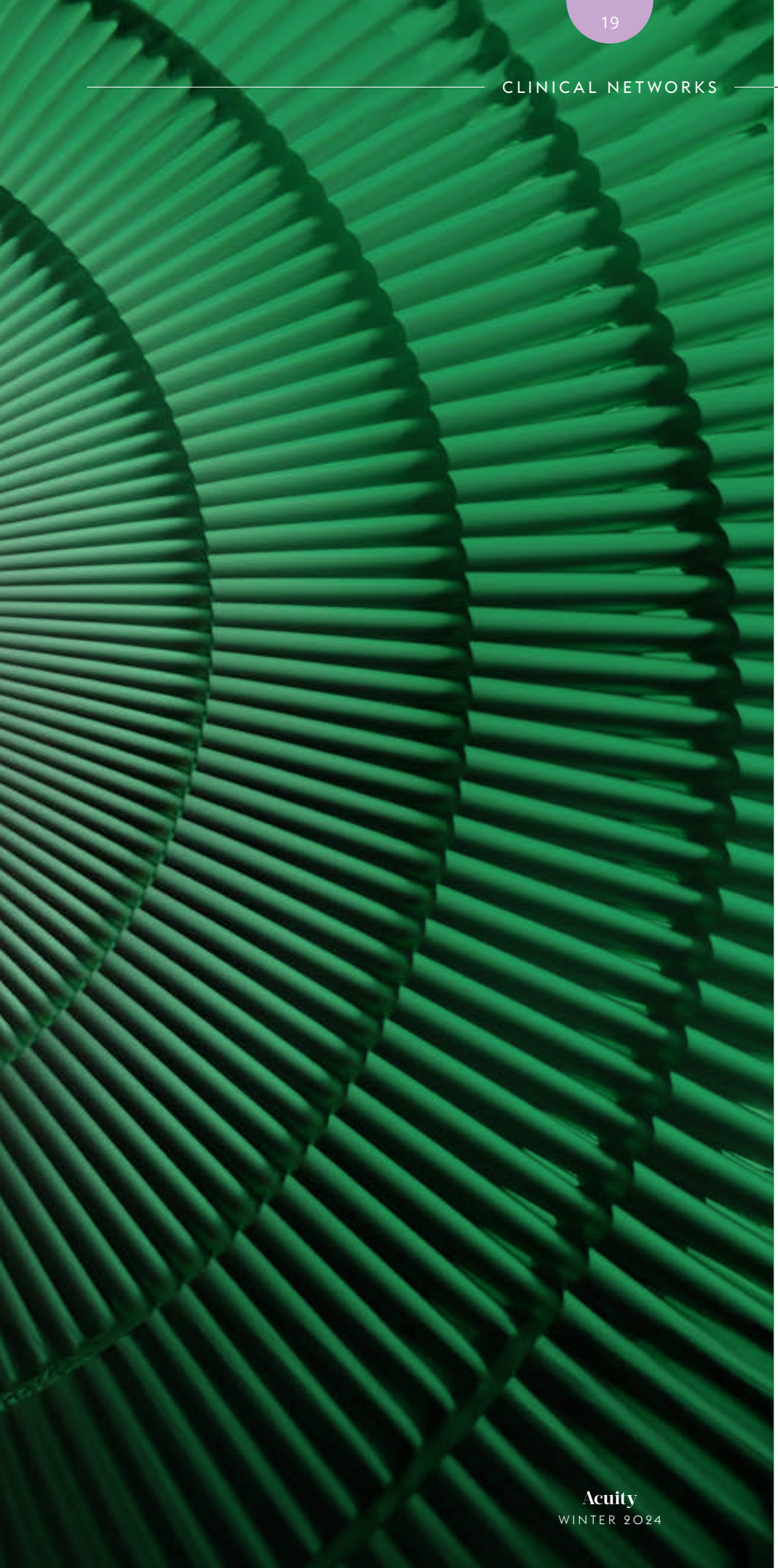


OPTIMISING OPTOMETRY

Becky McCall discusses how managed clinical networks enhance regional eye health services.

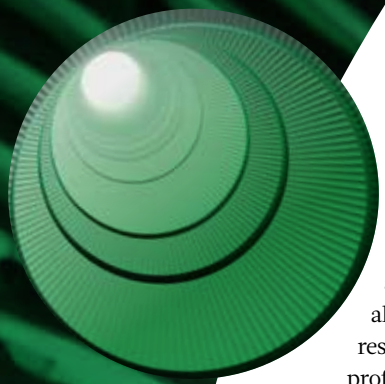


Drawing on an existing model of networking across dentistry, optometry is starting to optimise the way clinical learning and relationship building can improve patient outcomes with a systematic and cross-disciplinary approach known as the managed clinical network (MCN).

Based on the principle of practice sharing between primary and secondary eye care, MCNs nurture joined-up thinking between different sub-specialty professionals via open discussion and constructive learning. Unlike some previous networking initiatives, MCNs are designed to be more flexible in their objectives, allowing for organic adaptation and, as such, aim to be sustainable over the long term.

Despite being established in multiple other specialties since the 1990s, MCNs represent a distinct departure as a model across optometry and ophthalmology. To test the concept for optometry, MCNs have been set up by two neighbouring local eye health networks (LEHNs) in the West Midlands. The first MCN, for medical retina, was set up in Shropshire, Telford and Wrekin, and the second, for glaucoma, was set up in Staffordshire and Stoke-on-Trent.

The inspiration for the ophthalmic MCNs came to optometrist Claire Roberts MCOptom, Chair of both LEHNs in Shropshire and Staffordshire, while working alongside her dental counterpart and learning about dental MCNs. Encouraged by the use of networks for innovation, she mobilised her fellow professionals to develop an ophthalmic



MCN based on the principles used so effectively in dentistry MCNs.

The development of MCNs has been a game changer with respect to building professional relationships between optometry and ophthalmology, Claire says. "They also nurture a positive culture of mutual respect, learning and development across professions and organisations."

Jagdeep Singh MCOptom, Optometry Lead for the Shropshire MCN, adds that it is a perfect example of optometrists and ophthalmologists collaborating together on multiple sub-specialties to improve patient outcomes at a local level. "It's great to see optometrists taking the knowledge and skills they develop during the MCN out into their communities and incorporating them into their daily practice. Long term, these relationships will help to bring in system-wide improvements in patient care across ophthalmology."

THE OPHTHALMIC MCN

Focusing on the sub-specialty level is central to the development of an MCN. In this respect, the NHS structures across Shropshire and Staffordshire are very different in terms of patient demographics, and this largely determines which sub-specialties are of interest to local healthcare professionals and to develop into MCNs.

"Glaucoma and medical retina sounded like the two most sensible ones to go with first because they're very high-volume sub-specialties that lend themselves to close working relationships between optometry and ophthalmology," says Claire. "In Shropshire, medical retina felt like the right place to start with a largely ageing population."

Each MCN supports a small group of up to 20 local optometrists with an interest in the chosen eye sub-specialty in building closer links between optometrists – both high-street and hospital-based –and ophthalmologists, who are all geographically aligned across primary and secondary care, to build relationships, share learning and support system-wide improvements in patient care.

MCN members meet online around four times a year, and after a successful in-person workshop with the Staffordshire MCN this summer, there are now plans to integrate more in-person activities in the future, says Rebecca Woods, Head of Primary Care Commissioning for Pharmacy, Optometry and Dental Contracts, including Shropshire and Staffordshire. "Unlike LEHNs, which work at a more strategic level, MCNs get into the granular level of detail, and support the LEHN," she explains.

Richard Webb MCOptom is the MCN Optometry Lead for Staffordshire. With a background in hospital optometry across two NHS trusts in Staffordshire as well as running his own independent practice, Richard's contacts across the spectrum from community to hospital were pivotal in setting up the local MCN. "A big challenge for us was the unique geography of Staffordshire, and getting all three acute trusts and community optometrists collaborating. Community optometrists have varying referral pathways, depending on whether they work near to Royal Stoke University Hospital, New Cross Hospital in Wolverhampton, or Queens Hospital in Burton," he explains. "With the MCN, we are trying to encourage uniformity in the commissioned pathways across the county."

"Finding common ground through sharing and developing ideas tends to draw different professionals together," says Claire, highlighting that the strength of an MCN lies in leading with good, workable ideas rather than relying on strong personalities, which might help to initiate networks but do not necessarily sustain effective networks over the long term. She explains that MCNs "tend to work the other way around, by saying this is a good idea so let's explore how we make this happen, in an approach that is more systematic than personality-driven".

She also stresses that, unlike previous networks and initiatives, the MCNs need to be more fluid, enabling the network to evolve organically. "It's about doing it from the bottom up and really trying to learn as we go, and that is the guiding principle behind it," says Claire.

> Unlike LEHNs, which work at a more strategic level, MCNs get into the granular level of detail

Setting up an MCN

- Choose your sub-specialty according to local interests, local needs and local expertise, preferably in an area that is in need of stability and novel ideas.
- Encourage consultants and optometrists to buy into the idea.
- Know your NHS trust – where does it stand on general/eye health pathways, and community shared care?
- Emphasise to all stakeholders the benefits of building bridges between ophthalmology and optometry to improve standards of patient care.
- Like peer discussion, careful facilitation of the meetings is important. Ensure that all members have the opportunity to interact and contribute.
- Use other MCNs as models but be aware of where your trust/community optometry services differ.
- Design MCNs that consider changes happening elsewhere in the NHS.

SUPPORTIVE LEARNING

Over its long existence, the NHS in England has hosted multiple initiatives aimed at facilitating the flow of information and education across primary and secondary care. "You'll find these sorts of network collaborations come in many guises, such as clinical advisory groups," says Claire. "But the focus of MCNs sits firmly at the sub-specialty level."

Acuity asked Jagdeep, who specialises in medical retina, what he believed was the real value and driving force behind setting up the MCNs. "It's in overcoming the biggest challenge in clinical practice: the minimal interaction between optometrists and ophthalmologists," he says, noting that the one-to-one communication that optometry trainees routinely experience in hospital is often lost on qualification. "We perform our role as the optometrist at one end of the spectrum and then, when the patient is passed over to the ophthalmologist, follow-up via the patient or the ophthalmologist is more difficult. We want to know: what have we done right or wrong?"

The MCN helps to bridge those gaps, says Jagdeep. "We present community cases and then ask: 'Could we have managed this differently?' It's about sharing, reflecting and learning." In addition to regular MCN case discussions, he explains that the Shropshire MCN also arranges for community optometrists to attend one or two sessions working in hospital with ophthalmologists.

Rebecca points out that "building relationships across different clinical leaders within the system nurtures trust and an understanding of the limitations of contractual issues. It's also about having the confidence to ask for advice and generate new learning on the clinical management of cases."

INTEGRATING PATIENT VOICES

This open and non-critical arena for discussion and learning was at the heart of the in-person MCN workshop held in July 2023 by Staffordshire MCN at Royal Stoke University Hospital. Volunteer patients were seen by the MCN members with support from the hospital's multidisciplinary glaucoma team. "We ran two rotational clinic sessions with six patients over the course of an evening, where optometrists sat with each patient, and had the opportunity to examine and talk to them, as well as discussing the case with the local specialist," explains Richard. "Not only did the optometrist gain a lot from it, but the patients really enjoyed the evening as well. They learnt more about their own eye condition with opportunities to discuss the problem in depth."

Jagdeep also highlights the benefit to patients from MCNs due to the greater interaction between professionals across a region. "The MCN tries to bridge that gap because there's a much better communication loop regarding cases because clinicians on either side know exactly what's going on, with what are effectively live updates."

He also points out that, in his experience, patients can often feel overwhelmed with the amount of information that they receive during visits to their ophthalmologist or optometrist, and may not recall the right information when asked on a follow-up visit by another eye health professional. MCNs open up another avenue of communication between professionals. "If the optometrist and/or ophthalmologist can obtain that information before meeting the

patient, it makes it much easier from the perspective of patient and professional in terms of having an effective consultation, with better outcomes all round."

A case in point where the MCN can improve patient outcomes is with wet macular age-related macular degeneration (AMD), which is a particular challenge in Shropshire due to the older demographic. "The biggest challenge is seeing a patient on time," says Jagdeep. "We need to get these patients referred by the community optometrist to the eye department quickly and initiate treatment as early as possible, to make sure they don't lose their sight.

"The relationships that have developed as a result of the MCN have helped to refine the referral pathway for wet AMD, through clinical audit and regular dialogue between optometrists and ophthalmologists. Patients get seen at the right clinic at the right time."

BEYOND TRADITIONAL MODELS

MCNs provide an opportunity to shift eye health services from a siloed approach to one that is more joined up. Claire says this is particularly true of Staffordshire. "It's really novel that we've been able to bring three glaucoma consultants from the three different trusts together, systematically sharing the clinical leadership," she says.

Rebecca agrees that it is a departure from previous efforts to drive transformational change in the NHS. "Previously we might have done things more top-down rather than bottom-up," she says. "The power of the MCNs is to develop trusted relationships to enable change to flow naturally to the benefit of patient care and also to the profession."

She points out that it provides optometrists with a much-needed structured opportunity to reach out and connect. "As a primary care clinician, delivering NHS services for patients can be quite isolating. Peer support conversations that might be available to you in a big practice are less likely to happen if you're single-handed."

> The relationship-building and trust elements of the MCNs can't be underestimated

EXPANDING MCNs

MCNs have served other medical specialties for years but have evolved to meet contemporary needs. They exist for common chronic conditions, including cancer, stroke and respiratory diseases. The highly specialised nature of the MCNs means there are multiple opportunities to expand across other areas of eye sub-specialty care.

"Ideal sub-specialties that we're considering expanding into include a paediatric eye care MCN in Staffordshire," says Richard. It is important to ensure MCNs are accessible to as many optometrists as possible. "Sub-specialties with only small groups of optometrists can be challenging because MCNs require a lot of time and commitment."

Claire notes that they are in discussion around expanding new MCNs to include orthoptists. "They are keen to get involved in a children's eye care MCN." Urgent eye care is another sub-specialty of potential interest for the future. "We want to grow the model into new sub-specialties that lend themselves to closer working between optometry, ophthalmology and multidisciplinary teams, and exciting conversations are already happening."

If achievements to date are a predictor of success, then MCNs have a bright future. "This is a demonstration of the huge scope of this initiative and where it can go. The relationship-building and trust elements of this project can't be underestimated," says Jagdeep. "MCNs are a brilliant initiative that will accelerate and move forward collaborative working between primary and secondary care."

For further information on the Staffordshire and Shropshire MCNs, and to hear a podcast including feedback from MCN participants, go to: **bit.ly/47rCDW6**