



Dear Colleague

## GENERAL OPHTHALMIC SERVICES EYECARE INTEGRATION

### Summary

1. The attached letter updates optometrists and ophthalmic medical practitioners on the eyecare integration project which the Scottish Government is taking forward with the eye care professions in Scotland and NHS Boards and informs them of the next steps. A survey to gauge current optometry IT accessibility is also being undertaken.

### Action

2. NHS Boards are asked to copy and issue **by 22 July 2011** the attached letter and the Optometry Information Technology (IT) questionnaire (link attached) to all optometrists and ophthalmic medical practitioners on NHS Board lists.

Link:

[http://www.psd.scot.nhs.uk/professionals/ophthalmic/optometry\\_it\\_survey.pdf](http://www.psd.scot.nhs.uk/professionals/ophthalmic/optometry_it_survey.pdf)

Yours sincerely

FRANK STRANG  
Deputy Director

19 July 2011

---

#### Addresses

##### For action

Chief Executives, NHS Boards

##### For information

Chief Executive,  
NHS National Services Scotland

Director, Practitioner Services

---

#### Enquiries to:

Lynne Morrison  
Primary Care Division  
1st Floor East Rear  
St Andrew's House  
EDINBURGH  
EH1 3DG

Tel: 0131-244 2466  
Fax: 0131-244 2326

T: 0131-244 2467 F: 0131-244 2326  
E: frank.strang@scotland.gsi.gov.uk

To: All Optometrists and Ophthalmic Medical Practitioners

---

Our ref: PCA(O)(2011)2  
July 2011

Dear Colleague

## **EYECARE INTEGRATION**

1. This letter updates you on progress on the eye care integration project which the Scottish Government is taking forward with the eye care professions in Scotland and NHS Boards, and informs you on the next steps.

### Background

2. With the improved levels of equipment and technology in community optometry practices, new treatments available in ophthalmology, and rising numbers of elderly patients, huge benefits can be gained by improving the information flow between optometry and ophthalmology and visa versa. Some NHS Boards have already made significant headway on integrating eye care, and this has led to improvements, for example in Fife and Grampian. While these improvements are to a large extent the fruit of local innovation and drive, they also reflect national level investment in the free eye examination and increased utilisation of optometry services. There remains real potential to deliver reduced costs, better patient outcomes and a model on which we can build in other areas.

3. We are now at the stage of moving this to the next phase, and rolling progress out nationally. Many of the essential ingredients are already in place, including enthusiasm across the profession (please see at annex A the vision for success drawn up by the steering group, of which Optometry Scotland are key members); the level of investment made over recent years in optometry services; and approval last autumn by our eHealth Programme Board of an IT connectivity project which is a key element in the business change we are seeking to achieve.

4. The IT connectivity project is a step-by-step IT enabled change in clinical practice which is aimed at delivering accessible, responsive, appropriate and integrated Eyecare services throughout Scotland. This will be achieved by facilitating direct referrals, preferably electronically wherever possible and appropriate, from optometrists to ophthalmologists. In other words, the IT linkage is, above all, an enabler to allow us to realise key benefits such as:

- reductions in the time from referral to treatment
- allocation of patient to correct clinic at first hospital visit
- reductions in unscheduled attendances
- identification of patients suitable for community care
- reconfiguration of hospital eye service capacity
- receipt and feedback on referral from hospital to optometry.

5. Another element of the project will be provision to enable payment claims to be submitted electronically by optometrists to Practitioner Services Division (PSD).

6. Clearly if we are to deliver the benefits stated at paragraph 4, then it is vital that this is driven by and bought into by NHS Boards. Firstly, it will be for Boards to determine within the context of their own IT and other arrangements exactly how the IT connections are to be implemented in their business areas; note however that the Eyecare Integration Steering Group strongly advocates that this is done by integration into Boards' existing referral processes. Secondly, it will be for Boards to develop their own plans for delivering the business change required in close consultation with optometrists and ophthalmologists in their area and reflecting local priorities. This will include consideration of the ongoing dialogue required to make integration work (including timely feedback from hospital eye services to optometrists), ensuring there is adequate training, and ensuring lessons are learned from referral patterns.

7. The basic high-level requirements which Boards are being asked to sign-up to are that by April 2014:

- 95% of referrals from optometrists to hospital eye services will be done electronically with the necessary business changes in place; &
- 95% of all optometry claims will be made electronically.

Different Boards will articulate different trajectories depending on local priorities and preparedness, but we would typically expect that within 4 months of connectivity having been established, 30% of referrals and payments will be done electronically. Boards are being asked to report initial progress to us by 15 September.

#### Next steps

8. The active engagement of optometrists, others within practices, and ophthalmologists will be vital to the success of this project. I therefore encourage you to take up forthcoming opportunities to be involved with the process and with local plans.

9. To support this whole process we are working with the professions to define much greater consistency across the country on referral data and a referral template. We expect to finalise this aspect of the project by September. We also need to survey all optometry practices to gauge current IT accessibility; an Optometry IT Questionnaire accompanies this letter and explains the action required in each practice. By completing the survey, you will greatly assist us in moving forward. Plans are also being made to stage a national event in September to promote these important developments. This event will showcase the opportunities which the project opens up and facilitate discussions on implementation, challenges, and so on. Local events for practitioners may follow, subject to decisions taken by Boards on next steps.

10. I hope this information is helpful as a means of keeping you in the loop. If you have questions on any aspect of the project, please contact your NHS Board in the first instance.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Frank Strang', with a stylized flourish at the end.

FRANK STRANG  
Deputy Director, Primary Care Division

**EYECARE INTEGRATION – INITIAL SUCCESS FACTORS****Where Will We Be In 3 Years?**

At the end of 3 years we will have achieved radical improvements in the integration of eye care throughout Scotland, with consistently high quality communications and referral practice. We will have an all-inclusive referral system whereby:

- in all parts of Scotland standard practice is that optometrists, rather than GPs, are the first point of call for eye problems;
- all optometrists in Scotland electronically refer patients with the necessary information and appropriate images to their local eye department;
- all eye departments are equipped to deal effectively with such referrals using a locally agreed interface; and
- there is effective dissemination and adoption of best practice..

The method of referral will be user friendly, sufficiently uniform throughout Scotland to allow locums and peripatetic staff to refer without retraining and able to provide a robust audit trail and effective feedback to referrers.

As a result of these changes:

- there will be less avoidable sight loss;
- there will be reductions in waiting times (in particular for treatable macular degeneration), new patients, emergency admissions and did not attends;
- Scotland will be better able to meet the challenge of demographic change, with a greater proportion of eye care provided closer to home or in a homely setting;
- eye care in Scotland will be the envy of the United Kingdom and beyond, with this project seen as an example of how IT-enabled change can benefit patients and improve the integration of care.

The Eyecare Integration Steering Group has set itself the following success factors for this project:

1. Electronic referral

Following the establishment of electronic referrals, 30% of referrals from optometrists to hospital eye services should be electronic within four months, with in all cases 95% by April 2014.

2. Reduction in waiting times

Once electronic referrals are established, waiting times should reduce so that all patients are seen and treated within 18 weeks and urgent patients (in particular treatable macular degeneration) have a response within 1 week.

3. Quality of referrals

The proportion of referrals from optometrists to consultant led care which are accepted as complete will be at least 80%.

4. Reduction in unscheduled attendances

Once waiting times are significantly reduced and capacity within HES increases with seeing fewer new patients, unscheduled attendances should reduce by 20%. This applies particularly to sight threatening diseases such as macular degeneration, glaucoma and vascular conditions.

5. Did not attends

Reduction in 'Did not attend ' attendances by at least 10%.

.6. Payment claims

95% of payment claims should be sent electronically by 1 April 2014.