GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Delivering Improved Eye Health across Greater Manchester

2017-2021

'HEALTHY EYES, HEALTHY LIVES'

Eye Health Transformation contributing to the fastest and greatest improvement in the Health & Wellbeing of the population of GM

Greater Manchester

Health and Social Care Partnership

Foreword

'Taking Charge of our Health and Social Care in Greater Manchester' – the strategic plan for Greater Manchester (GM) outlines the vision 'to deliver the fastest and greatest improvement in the health and wellbeing of the 2.8 million population of GM, creating a strong, safe and sustainable health and care system fit for the future'.

This transformation plan – 'Delivering improved Eye Health across Greater Manchester' describes the approach to transforming the eye health of the population of Greater Manchester. It also describes the potential for primary care optometrists and other eye health professionals to influence the wider determinants of health and is critical to enabling improvement in health and wellbeing.

In 2013 the Greater Manchester Eye Health Network[1] commissioned an Eye Health Needs Assessment for GM entitled "Future InSight" to determine the nature and size of the risk relating to visual impairment that exists in Greater Manchester. This plan draws upon the findings of this Needs Assessment and also includes how the network is responding to the aspiration defined in the GM Strategic Plan to transform eye health for our population.

There are a number of factors that make the case for change, notably the key findings of Future InSight which suggests that up to 800,000 people in Greater Manchester are at risk of visual impairment. At least 50% of this visual impairment may be avoided or cured by suitable intervention. Good management of the remaining cases can minimise the visual loss and disability that is related to chronic eye disease thus enabling people to remain independent.

The Royal College of Ophthalmologists recently outlined the challenge in their Three Step Plan: 'The hospital eye service is overwhelmed and patients are losing sight because of delayed treatment due to postponed or delayed hospital eye service appointments', and emphasising the need to take action to reduce the risk of patients coming to harm.

This plan builds not only on these key challenges but considers the interventions that may be useful at a locality and Greater Manchester level to prevent visual impairment and improve eye health and thus health and wellbeing overall in Greater Manchester. Seven key priorities have been identified to meet these challenges together with five underpinning work programmes that are recognised as critical for the successful delivery of transformation.

Dharmesh Patel
Chair, GM Eye Health Network

[1] LPN Single Operating Framework – NHS England, 2013. Local Professional Networks were established in 2013 in each area covering pharmacy, dentistry and eye health communities. They ensure that the contribution of these professional groups is maximised in the improvement of outcomes and reduction in inequalities. LPNs work closely with Strategic Clinical Networks, Academic Health Science Networks, Clinical Senates as well as commissioners, providers and patients.

Background & Case for change

The UK population is ageing, and is projected to continue to age over the next few decades, with the fastest population increases in the numbers of those aged 85 and over[2]. This is the age group most at risk of eye disorders causing vision impairment. There is a clear economic case for early and effective intervention[3] to prevent vision impairment and to overcome barriers experienced by people with sight loss.[4]

Critically, the Royal College of Ophthalmologists have recently outlined how 'the hospital eye service is overwhelmed and patients are losing sight because of delayed treatment due to postponed or delayed hospital eye service appointments'.[5]

Sight is the sense that 86 per cent of working age adults say they value the most.[6] We are all at risk of sight loss, but some people are particularly vulnerable, including:

- Sight loss is linked to age, and the older you are the higher you chance of living with sight loss[7].
- People on low incomes are at greater risk of sight loss as a result of lower uptake of screening, referral and treatment.[8]
- People from black and minority ethnic communities are at greater risk of some of the leading causes of sight loss.[9]
- People with diabetes are at risk of developing diabetic eye disease and this risk increases the longer you have it.[10]
- People who smoke are at much higher risk of developing age related macular degeneration (AMD), the UK's leading cause of severe sight loss.[11]
- Children and adults who have a learning disability are much more likely to have serious sight problems than other people.[12]

Sight loss and eye health costs the UK economy at least £8 billion each year.[13] Thousands of people lose their sight each year from avoidable causes.[14]

People with sight loss report **lower wellbeing, higher levels of depression and poorer satisfaction with their life overall.**[15] However some important causes of vision impairment, such as glaucoma, are treatable if detected early. Prevention of sight loss can have a significant impact on people's quality of life. In addition, visually impaired people of working age are less likely to be in employment.[16]

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[2] ONS, 2012
[3] Boyce, 2011a; Access Economics, 2009
[4] UK Vision Strategy 2013-18
[5] Surveillance of sight loss due to delay in ophthalmic review in the UK: Frequency ,cause and outcome, Mr Barry Foot, Professor Caroline MacEwen & Three Step Plan – Royal College of Ophthalmologists
[6] College Of Optometrists, 2011
[7] Access Economics, 2009
[8] Johnson et al, 2011
[9] Access Economics, 2009 and Burr JM, Mowatt G and Herandez R et al, 2007
[10] Diabetes UK, 2012
[11] Khan et al, 2006
[12] Emerson and Robertson, 2011
[13] RNIB, 2013a
[14] Bunce C, Xing W and Wormald R, 2010
[15] McManus and Lord, 2012, Evans JR, Fletcher AE and Wormald RP, 2007 and Brown R and Barrett A, 2011
[16] Douglas et al 2006

People with even moderate levels of visual impairment often struggle to do simple everyday tasks such as dressing, or the accurate administration of medication and require additional support. Indeed it has been noted in a US study that patients with visual impairment are **three times more likely to have difficulty managing their medication** than those patients who have normal vision.[17]

Even with only moderate visual impairment, postural stability is reduced, as it is estimated that visual information contributes approximately 50% of the information required for this function.[18] Consequently, older visually impaired people are **more likely to fall and have injuries such as hip fractures.**[19]

Failure to invest in public awareness of eye health, early detection and treatment of eye conditions means **increased spending on health, social care, as well as education and training to support people in the later stages of eye disease.**

Greater Manchester

Our population has aged and our older population will increase by 25 per cent by 2025. It can therefore be expected that the incidence of eye conditions will also increase.

Vision Impairment
17,700 people in Greater Manchester are currently registered as either blind or partially sighted. There is expected to be double this number of people with permanent vision loss by 2050. This figure is likely to be an underestimate, as there are many factors affecting registration, including access to the process and a desire for some patients not to be "labelled" as visually impaired. Rates of Certification of Visual Impairment (CVI) is often used as the indicator of success in preventing vision loss, however we should be explore the factors that affect registration locally so that this may be more accurately and fully understood.

Macula Disease
The National Eye Health Epidemiological Model (NEHEM) predicts for the population of Greater Manchester that up to 108,000 people may be affected by Age Related Macular Degeneration (AMD), of which approximately 12% maybe of the wet type that is amenable to treatment.

Glaucoma
There are likely to be approximately 20,000 Glaucoma cases present in the population. However the subtle nature of the presentation of this condition means that any care system for glaucoma must also accommodate the needs of up to 67,000 Glaucoma suspects and 38,000 ocular hypertension patients. These patients as well as those with Glaucoma will require careful monitoring due to the risk of vision loss.

[17] US Dept. of Health and Human Services, 1994
[18] Pyykko et al 1990
[19] Scuffham et al 2002

Cataract
Cataract is the leading cause of blindness in the world. Cataract Surgery is currently the only effective treatment to improve or maintain vision. It is the most commonly performed elective surgical procedure in the UK with around 330,000 cataract operations performed per year in England in recent years. The requirement for cataract surgery is anticipated to increase with increasing life expectancy and associated population numbers.

There are no recent estimates of expected cataract surgery rates based on need. However, using the rate of provision of cataract surgery from 2011 Hospital Episode Statistics data as a crude estimate of demand, average expected rates of cataract surgery should be approximately 530 per 100,000 population or 3200 per 100,000 for those over 65 years old per year.

The NEHEM model further predicts 20,434 cataract cases for Greater Manchester and this can be validated with local data which shows that in 2015/16 circa19000 cataract operations were performed across Greater Manchester.

Refractive Error
Consideration of additional research indicates that there may be up to 600,000 cases of people who have uncorrected refractive error (not wearing up to date spectacles or contact lenses). Taking all the major eye conditions together including uncorrected refractive error, **approximately 800,000 people in the Greater Manchester population are at risk of visual loss** if these conditions are not appropriately detected and treated early. It has been shown that approximately 50% of visual impairment is avoidable.

Ophthalmology
Ophthalmology is the speciality with the second highest cause of attendance at hospitals with **over 390,000 outpatient appointments** a year across Greater Manchester in 2014-15[20]. The activity of the major ophthalmology NHS Acute Providers in Greater Manchester is outlined below:

NHS Acute Provider	**Outpatient Activity 2014-15**
Bolton NHS FT	45,456
Central Manchester University Hospitals NHS FT (Manchester Royal Eye Hospital)	193,148
Pennine Acute Hospitals NHS Trust	53,496
Stockport NHS FT	33,736
Tameside Hospital NHS FT	8,017
Wrightington, Wigan and Leigh NHS FT	34,711

In Greater Manchester circa 300 primary care optical practices conducted over 665,000 NHS Sight Tests in 2015-16. Recognising optometry as an integral part of primary care is vital if we are to transform eye care services and support wider primary care transformation. This is outlined in the Greater Manchester Primary Care Strategy – 'Delivering Integrated Care Across GM: The Primary Care Contribution' (Sept 2016).

[20] NHS Digital – HES Outpatient Activity by Provider 2014-15

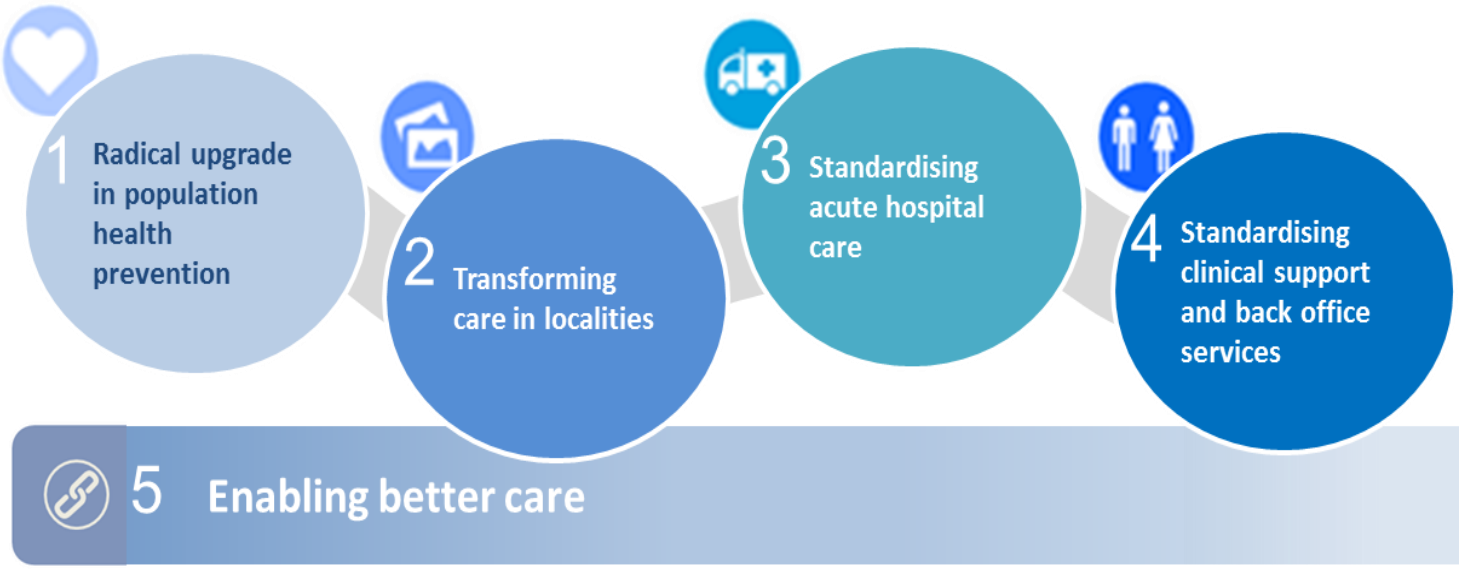
GM Health & Social Care Policy

Poor sight impacts on many aspects of health, such as the ability of patients to manage other long term conditions and the avoidance of injurious falls[21]. People with visual impairment are more likely to require residential and community care; and additional support through adaptations of their environment. Such support and the loss of quality of life incur considerable costs both to the individual and society. Because of this, specific initiatives to improve eye health, such as the UK Vision Strategy[22] and the resulting England Vision Strategy[23], should not be considered in isolation but alongside the planning of other strategies designed to meet broader health and social care objectives as outlined in the GM Strategic Plan and the NHS Five Year Forward View. Consideration of eye health in the design of multi-professional services, such as those aimed at reducing falls, Stopping Smoking, improving the health of people who have a learning disability or Dementia, for example, should be considered.

The England Vision Strategy, whose aims are supported by the UK Government and NHS England, is implemented through a strong alliance of statutory, health and social care bodies, voluntary organisations, eye health professionals and individuals.

It is widely accepted that Greater Manchester will not meet the challenges it faces over the next five years through incremental change. Additionally, no single locality or organisation can deliver the scale of reform proposed here acting independently.

The following are the GM Transformation themes:



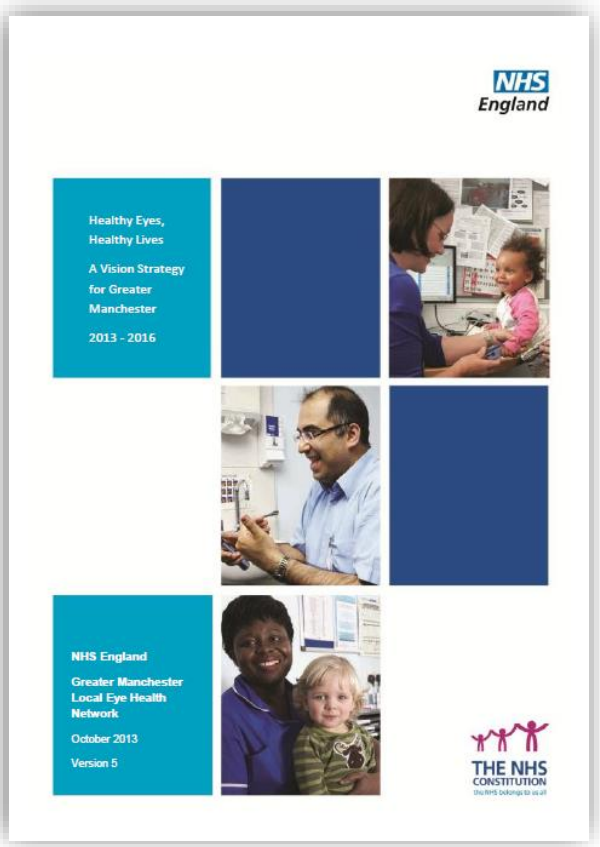
[21] Focus on Fall, College of Optometrists, May 2014
[22] UK Vision Strategy 2013-18
[23] England Vision Strategy 2015-18

Our approach to Eye Health transformation for Greater Manchester is aligned to these transformational themes:

- from preventing visual loss by encouraging attendance for regular eye examinations, and utilising the skills of the optical practice team to deliver brief intervention health messages;
- recognising the greater role primary care optometry has in the delivery of standardised community based care;
- collaborative working across acute hospitals to standardise ophthalmology services, supporting shared services with primary and community providers where appropriate.
- And comprehensive support for those with vision loss where unavoidable.

This is in the context to ensuring application and delivery of care to high standards as per current NICE guidelines and best practice.

This approach is also supported by the key outputs from the local and national 2014 Call to Action for Eye Health consultation; together with the recommendations outlined by the Clinical Council for Eye Health Commissioning.[24]



The transformation plan herein builds on work already delivered through the previous Eye Health Local Professional Network (LPN) strategy and outlines the GM Eye Health Network's response to the challenges of Greater Manchester and includes seven key priority areas.

This plan commits to supporting the overall commissioning principles for reform outlined in the Greater Manchester Commissioning Strategy – Commissioning for Reform – which embeds five core principles:

[24] http://www.college-optometrists.org/en/EyesAndTheNHS/devolved-nations/england/clinical-council-for-eye-health-commissioning/

Key Priorities

'Radical upgrade in Population Health Prevention'

The Sight Test

The most logical tool for case detection in the general population is the sight test, as this includes both refraction, with prescribing of spectacles where required, and an assessment of eye health with onward referral in cases of possible eye disease. The Greater Manchester area has a level of sight testing comparable with other areas in the North West overall; however, detailed analysis identifies a lower uptake of sight tests in children and those of working age compared to other similar parts of England.

The figures for sight tests reveal that only 1 in 5 children and approximately 1 in 10 adults of working age have had their eyes tested. The figures for older adults are better as 60% of over 60s have been sight tested but this still means that 40% of this high risk group may have undetected ocular conditions.

A locality level analysis[25] in GM showed there was significant variation of uptake in these groups across Greater Manchester with some areas having uptake below the national average for children under 16 in particular, as well as for people of working age.

People with learning disabilities experience greater risk of sight problems and need good quality eye care. They are at a greatly increased risk of sight problems. Research has estimated the number of people with learning disabilities and sight problems in the UK. *Adults with a learning disability are 10 times more likely to have a serious sight problem than other adults and children with learning disabilities are 28 times more likely to have a serious sight problem than other children*[26]. In a recent study 50% of adults with learning disabilities had not had a sight test in the recommended period and 4 in 10 of children in special schools have never had a sight test.

GM Target: Increase uptake of sight tests

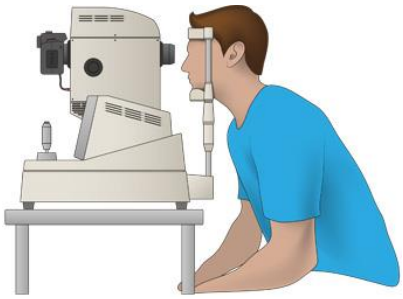
- An awareness programme developed and embedded within schools to increase awareness of eye care and encourage referral of children who may be suffering from vision difficulties for sight tests.
- Promote the importance of sight tests to the working population.
- Link with school screening system and community orthoptic services to reinforce the message of regular sight tests starting at an early age and ensure access to and uptake of sight tests for children in special education needs (SEN) schools.
- Work to improve the uptake of sight tests in hard to reach groups such as those with Learning Disabilities, Dementia etc.
- Share the signs and symptoms of sight problems with social care services to promote timely access to sight tests for at risk groups

[25] Patterns of GOS Sight test Uptake in GM – A Locality Level Analysis, GM Eye Health Network, December 2015
[26] Delivering an Equal Right to Right – SeeAbility, 2016

Screening

In addition to case detection via sight tests there are established evidenced based screening programmes to ensure the prevention of visual loss in at risk groups. This includes, the children vision screening programme in schools and a dedicated diabetic eye disease programme.

The children vision screening programme identifies children with amblyopia (reduced vision) at an age where treatment has the potential to improve vision. The diabetic eye disease screening programme reduces the risk of sight loss amongst people with diabetes by prompt identification and effective treatment, if necessary, of sight threatening diabetic retinopathy, at the appropriate stage during the disease process. There is currently significant variation in access and uptake across Greater Manchester.



Making Every Contact Count is critical to ensure every opportunity is taken to support the improvement in health and wellbeing of patients of Greater Manchester as outlined in the GM Population Health Plan. With over 665,000 NHS sight tests a year in optical practices and over 390,000 hospital outpatient episodes there are over 1million contacts with patients for eye related problems in a year. We must harness the opportunity this presents to have discussions regarding wider health and wellbeing issues.

GM Target: Reduce unwarranted variation and increase the uptake in Eye Health screening services

- Work with commissioners, providers, voluntary sector, patients and other stakeholders to support the improvement in uptake of screening services.
- Ensure access to and align children vision screening services to a single GM operating model to improve transparency and continuity for patients, whilst ensuring access in all primary schools at reception age. With a dedicated pathway for children attending special schools.
- Work with commissioners and providers to ensure good practice in Diabetic screening programmes is shared and scaled up across Greater Manchester.
- Work with commissioners and providers to develop collaborative models of care across Greater Manchester for screening services such as diabetic eye screening, ensuring maximum access resulting in improved outcomes.

GM Target: Improvement in wider public health indicators affecting Eye Health

Work with other professionals e.g. health educators, health improvement officers, pharmacists, dentists and GPs on topics such as child health, stop smoking and diet. Recognising that a collaborative approach can reinforce the impact of public health messages and encourage uptake of services to help improve eye health.

- Develop a Healthy Living Optical Practice Framework, working with Primary Care Optometrists and Public Health Colleagues – including a Dementia Friendly Practice Framework
- Develop and supporting standardised delivery of Making Every Contact Count programme in Community and hospital eye services.

'Transformed Community Based Care and Support'

Extended Primary Care Services

Optometry has been identified as an integral part of primary care and benefitting development. The Greater Manchester Eye Health Needs Assessment 'Future Insight' revealed that there were some good examples of optometry enhanced services that deliver care for patients, closer to their homes, allowing more effective use of hospital resources. A few examples are outlined below.

The Stockport repeat measures scheme for suspect glaucoma patients has allowed these patients to be reviewed in the community, subsequently reducing the impact of these patients on secondary care by 77%.

An audit relating to optometry based enhanced cataract referral services, also undertaken in Stockport, demonstrated that the introduction of such a service can improve the efficiency of referral to over 90%. The fact that only a proportion of cataract referrals in GM are directed through such a service suggests that we have significant scope to improve the benefit to patients and the system by scaling up of the service. In addition the transfer of routine follow up after cataract surgery to primary care optometry has the ability to release much needed capacity in secondary care whilst improving patient experience and maintaining high quality care.

Furthermore, community Minor Eye Conditions Services (MECS) provided by primary care optometry, providing access to urgent eye care services close to home at local optical practices, enables reduced pressures on General Practice, A&E and secondary care. Recent data locally shows that 19% of patients who presented for a MECS assessment in 3 localities would have attended A&E in the absence of the service. Recent audit of the MECS service in Bury, Heywood, Middleton and Rochdale and in Stockport demonstrated that 81% of patients were managed within the service.

It should also be noted that due to significant variations in the way patients access services there are significant cross border issues potentially resulting in reduced patient experience. Patients may choose to attend an optical practice which is not in the same locality as their GP practice i.e. nearer to work, family or shopping centres.
Scaling up benefits at a GM wide level will provide significant benefits as outlined in the Primary Eye Care Service Framework published by the Clinical Council for Eye Health Commissioning which has cross sector support.

GM Target: Standardised extended Primary Care and Community Services

- Align extended primary care and community eye services to a single GM operating model to improve access, transparency and continuity for patients;
- Ensure that all extended primary care services are available in all areas with implementation of the Primary Eye Care Service Framework[1] across GM;
- Develop a set of Optometry Primary Care standards and work with commissioners and providers to embed these.
- Ensure that patients (and wider primary care providers) are aware of services available and are easily accessible.

'Standardised Acute Hospital Care'

Optimise Management and Monitoring

The Greater Manchester Strategic Plan and Primary Care contribution outlines the intention to deliver transformed out of hospital care for all people across the region, underlying the overall emphasis on care closer to home.

With Ophthalmology representing the 2nd highest cause of outpatient attendance in Greater Manchester, secondary care has a significant role in the overall high-quality care and medical management of long term eye conditions and is the provider of surgical intervention. Recognising this Ophthalmology has been identified as a Theme 3 (standardising acute and specialised service programme) priority. This will look to deliver the objectives in the strategic plan to improve the safety and quality of services and reduce variation.

'NHS targets prioritise newly referred patients over review patients. Review patients are likely to be the most vulnerable, as compared with new referrals, they are 8-9 times more likely to have a sight threatening condition that needs long-term monitoring and treatment'. 'Hospital systems do not monitor or report on delays for review appointments. This needs to change.' – Royal College of Ophthalmologists; Three Step Plan[27].

The best outcomes for patients will depend on scaling up current effective models of care and particularly on effective working relationships between primary and secondary care.
Efficient co-operation between professionals is likely to help achieve savings under QIPP as well as improving the opportunity for patients to have a good experience of care by ensuring timely follow up.

GM Target: Extend quality, consistency and patient experience across secondary care

- Develop a set of secondary care ophthalmology standards and work with providers and commissioners to implement these.
- Facilitate secondary care providers to develop collaborative models of care across Greater Manchester for ophthalmology services via GM Ophthalmology Provider forum.

GM Target: Improve interaction between primary and secondary care and develop services for the management and monitoring of conditions in the community

- Improve the quality and availability of data relating to specific disease pathways in secondary care so that service planning may be more effective. There must be a particular focus on electronic referrals and connectivity as well as maintenance of disease registers.
- Primary and secondary care providers to work together through the network to develop high quality, reliable care pathways that reduce the risk of patients being lost to the healthcare system. This includes the expansion of step down care available in primary and community based care; in particular the monitoring of low risk long term conditions.
- Ensure that patients are aware of services available and for these to be easily accessible in their local community.

[27] Three Step Plan; Reducing risk for eye patients – improving timely care – Royal College of Ophthalmologists; 2016.

'Social Care'

Care of people with sight loss

This Eye Health transformation plan focuses on the eye health needs of the population and the prevention of sight loss. However, there will be some patients for whom sight loss is unavoidable. Good management of cases and appropriate support (clinical and non-clinical) thereafter should reduce the dependency of this group on social care intervention.

Sight Loss affects every aspect of someone's life, from the ability to prepare food to recognising friends' faces. Older people with sight loss are more likely to be depressed and to fall. Approximately half of the population with sight loss experience problems outside the home and are three times more likely to have difficulty accessing health care services[28]. People with sight loss are also less likely than the rest of the working age population to be in employment, all of which significantly affects their independence and wellbeing[29].
Many people with sight loss never go out because the social care system does not meet their needs. Cost of transport and access difficulties reduces mobility. Public buildings are often not designed to be accessible, leading to the isolation and social exclusion of blind and partially sighted people.

A survey of patients with sight loss from across Greater Manchester showed that that only 60% say they are aware of sight loss services available in their area with 71% saying that the main barrier is access to information, with lack of provision and complex referral routes also mentioned.

Sight loss services in Greater Manchester are fractured and uncoordinated. At a time when all resources are stretched and strained, there has never been more willingness for organisations to collaborate rather than compete to ensure better outcomes for visually impaired people.

The transformation of sight loss services in a more co-ordinate manner across localities and Greater Manchester will be achieved to support greater independence for those with sight loss.

GM Target: Provide coordinated and holistic care for patients with sight loss

- Evaluate the availability of current sight loss services across GM.
- Rehabilitation services in social care and voluntary sector to work with primary and secondary care to develop a strategy for long term care of patients with sight loss.
- Explore the use of Information technology and digital solutions to improving outcomes for people with sight loss.
- Work with providers including the voluntary sector to support further collaboration and innovative models of care to ensure an integrated, holistic approach is delivered to support patients across Greater Manchester to maintain independence.

[28] McManus and Lord, 2012
[29] Hewett and Keil, 2014

Underpinning Programmes

With an ambitious strategy come a number of challenges. Such challenges are present in the transformation of any element of the health and social care system and a plan to address each of these will be critical to enable the implementation of this transformation plan.

These are barriers to provision and uptake. We need to enable the delivery of services across GM with no borders with the funding following the patient based on their chosen provider.

Information Technology

Shared information and ability of all staff to understand the holistic needs of patients is fundamental to the successful delivery of the Greater Manchester Strategic Plan and this plan for Eye Health transformation.

Appropriate information technology will enable us to minimise manual processes by delivering secure electronic data and messaging flows. Investment in technology will also open up new ways for patients and primary care professionals to communicate

Robust controls around consent, information governance (IG) and data sharing are critical cornerstones to increasing the exchange of information to support care pathways that will enable increased information exchange to support care pathways.

Providers will be required to complete the national IG Toolkit in order to connect to Greater Manchester infrastructure and systems, which will ensure that controls and processes are in place to protect data and information.

There is an identified lack of connectivity to health and social care IT systems, particularly for primary care optometry. The majority of referrals and communications across the eye health system are paper based and often via the General Practice.

A Greater Manchester funded roll out of connectivity to the NHS spine system across Primary Care Optometry will be led by the GM Eye Health Network in collaboration with the optical sector to address some of these challenges. This project is critical to developing the capability in primary care optometry for more integrated services with hospital eye services and the rest of primary care.

Integrated Summary Care Records (SCR) provides the opportunity to work with other disciplines to use and develop existing services. They ensure care in all settings is safer, by sharing data such as current medication and long term conditions, which can be accessed instantly. Unfortunately, optometry are not currently part of the national programme for SCR roll-out. However, we intend for Greater Manchester to pilot access to Summary Care Record for primary care optometry.

Workforce

Our strategy must be built on population needs, not the current workforce available.

The eye health service workforce in Greater Manchester is diverse with involvement from, GPs, Optometrists, Dispensing Opticians, Orthoptists, Ophthalmologists and ophthalmic nurses, along with support from non-clinical staff, voluntary services and rehabilitation services.

We must highlight workforce gaps and other risks and opportunities related to having an appropriate workforce to deliver new models of care and services. It is important to make the most of everyone's contribution to the health and care system, both the formal and informal workforce (paid and unpaid).

Within the Eye Health system we have a broad range of professionals and skill sets. Effectively maximising the use of this workforce will be critical to the implementation of this strategy and the wider Greater Manchester Strategic Plan.

We will work with Health Education England North West (HEENW) to develop our workforce. The landmark HEENW and GM Eye Health Network collaborative development of the Non-Medical Optometrist Prescribers Programme pilot will be supported with further education and training needs identified and developed.

If we are to capitalise on the one million points of contacts to maximise the public health benefits it will also be critical that additional training and development around wider health and wellbeing is available. As such the GM Eye Health Network will work with HEENW and the University of Manchester to develop a range of resources – such as training regarding Dementia for optometrists in primary care to support the development of dementia friendly practices and also work with third sector organisations such as SeeAbility to provide support and training for eye care professionals around the needs of people with a learning disability.

Organisational Development

The large number of organisations involved in the delivery of eye health services across Greater Manchester with over 300 optical practices, 6 Trusts plus other providers could potentially lead to perceived barriers both for development and improvements but also result in reduced patient experience.

Working with the wider primary care team there will be a programme of organisational development for primary care, which will cultivate local primary care leaders who can provide system leadership as well as support for frontline staff. It will help ensure that both the workforce is engaged with proposed new ways of working and models of care.

The programme with the support of the GM Eye Health Network will also encourage and support the development of new organisations in which providers collaborate to deliver eye health services

at scale, both within localities and across Greater Manchester, to support the different emerging models of care, in particular with emerging Local Care Organisations.

The GM Eye Health Network will help existing as well as new collaborative provider organisations to identify the challenges and identify solutions. It will support the development of associations that bring together representative organisations and provider arms to ensure a collaborative approach and shared learning.

The GM Eye Health Network is already working to meet some of the challenges with an ambitious work programme which will look to bring different parts of the eye health and social care system together to deliver this strategy.

This document outlines the Eye Health sector response to the Greater Manchester strategic plan. The implementation plan for the Eye Health sector response is outlined in the Greater Manchester Eye Health Implementation Plan in Appendix 1.

Appendix 1 - Implementation Plan for Delivering improved Eye Health across Greater Manchester

The following describes the Greater Manchester Eye Health Network implementation plan in response to 'Delivering Improved Eye Health across Greater Manchester' to enable Eye Health services meet the requirements of the Greater Manchester population.

Eye Health is an all-encompassing world that includes all sectors of the profession, working in various settings as providers e.g. Primary Care Optical Practices, Community Ophthalmology; Community Orthoptics; Hospital Eye Services, General Practice and Pharmacy and those in development and research roles, such as academia.

The plan builds on the key challenges but considers the interventions that may be useful at a locality and Greater Manchester level to improve Eye Health and general health and wellbeing overall in Greater Manchester. Seven key priorities have been identified to meet these challenges together with three underpinning work programmes that are recognised as critical for the successful delivery of the transformation change.

It is acknowledged that the whole health care system needs to change to meet the growing requirements of the population. The shift in healthcare and the Devolution Manchester Programme are driving the opportunity for Eye Health services and providers to adapt and fulfil its potential.

This transformation plan and its component work programmes are built on the ideas and concepts from key stakeholders. Views captured are those developed during the Local and National Call to Action and other local stakeholder engagement opportunities.

Vision and Values

All of the goals and objectives of the working groups are aligned to meet the ultimate vision of **'Improved Eye Health across Greater Manchester'**.

This will be achieved by all stakeholders adopting the values of:

- Working together for the patient
- Respect and dignity
- Commitment to quality care
- Compassion
- Improving lives
- Everyone counts
- Providing value for money
- Being flexible to change

To support the delivery of the plan, the Eye Health Network (LPN) has developed an implementation plan with a number of working groups and provider forums.

The working groups report to the Eye Health Network Steering Group at regular intervals. The purpose of the steering group is to take a strategic overview of the activities undertaken by the working groups. The steering group is chaired by the Eye Health LPN chair supported by Eye Health teams drawn from a wide section of the profession.

Purpose

The transformation plan's purpose is to deliver improved use of medicines and health and wellbeing to benefit the population of Greater Manchester'; whilst building on good practice, NICE guidance, and fully articulating and embracing the opportunities devolution brings.

Transformation Theme	Development	Outcomes	Action
Radical upgrade in Population Health Prevention: Increased Uptake of Sight Tests	Awareness programme developed and embedded within schools to increase awareness of eye care Awareness programme developed and embedded with GM employers (including the NHS) to increase awareness of eye care in working age Population Link with school vision screening system and community Orthoptics Programme to improve uptake of Sight Tests for hard to reach groups such as those with LD and Dementia Sharing of signs and symptoms of sight problems with social services to promote timely access to sight tests for at risk groups.	Increased uptake of Sight Tests in Children Increased uptake of Sight tests in working Population Increased uptake in Sight Tests for patients with LD Increased uptake in Sight Tests for patients with Dementia Increased support for eye health for people in social care services e.g. care homes. Improved eye health of children, working age population and those in social care.	Implementation of the 'See More, Learn More, Go Further' schools programme in three target areas in 2017-18 Roll out of programme across GM: 2018-2021 Community Eyecare pathway for adults and young people with LD – continued development of pilot and long term implementation as part of Primary Eye Care Framework Pilot sight tests in special educational schools for children with LD with one school in 2017/18. Work with national and local commissioners and stakeholders to enable roll out to all special educational schools with children with LD across GM.
Radical upgrade in Population Health Prevention: Reduce unwarranted variation and increase the uptake in Eye Health screening services	Develop single GM Operating model for children vision screening services ensuring access in all primary schools at reception age. Develop collaborative models of care across GM for screening services.	Increased uptake of Diabetic Eye Screening services and vision screening programmes. Improved quality and consistency across Diabetic Eye and Children vision screening programmes.	Work with providers and commissioners to share and implement GM operating model for children's vision screening. Work with providers to support collaborative models and with commissioners to enable implementation.

		Improved access and uptake of eye care and sight tests in special schools for children with LD.	
Radical upgrade in Population Health Prevention: Improvement in Wider Public Health indicators affecting Eye Health	Health and Wellbeing – Development of: Primary Care: - Healthy Living Optical Practice Framework - Dementia Friends - Pride in Practice Community & Hospital Eye Services: - Making Every Contact Count programme.	Improving the quality and integrating optometry within the health and wellbeing agenda to improve population access, education and self-care and reducing inequalities. To support a happy and healthy workforce	Roll out and implementation by March 2018
Transforming Community Based Care and Support: Standardised extended Primary Care and Community Services	Develop single operating model/pathways for primary care and community services. Develop Primary Eye Care Service Framework for GM. Develop GM Optometry Standards.	Improved quality and consistency across GM. Improved patient experience. Greater care closer to home out of hospital. Support for General Practice and Hospital Eye Service demand.	Implementation of Primary Eye Care Service and Optometry Standards across Greater Manchester by April 2018. Work with other community service providers to align to single operating models 2018-19.
Standardise Acute Hospital Care: Extend Quality, consistency and Patient experience across Secondary care	Develop a set of Secondary care Ophthalmology Standards. Develop collaborative models of care across GM for ophthalmology services.	Improved quality and consistency across GM. Improved patient experience. Improved demand/capacity management.	Implementation of Secondary care ophthalmology standards working with providers and commissioners during 2018-19. Facilitate Ophthalmology provider forum to support development of collaborative models of care.

Standardise Acute Hospital Care: Improve interaction between primary and secondary care and develop services for the management and monitoring of conditions in the community	Electronic Referrals with minimum data sets. Development of standardised approach to Disease registers for ophthalmology related Long Term Conditions – such as Glaucoma and Age related macular degeneration. Develop new models of care to support monitoring of stable eye conditions in primary and community care.	Improved quality and consistency across GM. Improved patient experience. Improved demand/capacity management.	Implementation of Optometry IT Connectivity project 2017-18 Work with providers and commissioners to implement agreed disease registers across GM ophthalmology system 2018-19. Work with providers and commissioners to implement agreed pathways in new models of care for stable eye conditions in localities 2018-2020.
Social Care: Provide Coordinated and holistic care for patients with Sight loss.	Develop Sight Loss strategy for GM. Support development of collaborative models of care.	Improved Access to sight Loss services. Improved independence for patients with Sight Loss.	Work with commissioners and providers (including voluntary sector) to implement the recommendations of the sight loss strategy 2018-2020.
Enabling Better Care: Information Technology	Develop Project plans and support for GM Optometry Connectivity Project. Support development of hospital eye service plans for IM&T. Support development of models of role based access to GP Records to enable greater involvement of primary care optical practices in support health and wellbeing of population via Healthy living framework. Support development of appropriate Information sharing agreements.	Improved patient safety and clinical practice Improved patient experience. Improved demand/capacity management.	Roll out of IG compliance, N3 Connectivity and NHS Mail: June 17- Sept 17 Roll out of electronic referrals for optometry referrals Sept 17-Mar 18. Summary Care Record pilot 2017-19

Enabling Better Care: Workforce	Development of a plan to transform the eye health workforce. Development of new role(s) to support rehabilitation officers.	Improved skills within primary and community care. Improved workforce availability in rehabilitation services.	Support the completion of a primary care optometry workforce assessment by Health Education England (North West) to determine current and future primary care workforce needs by September 2017. Agree plan to transform the Eye Health workforce following the assessment along with workforce assessment from across the rest of the Eye Health system by December 2017. Implement plans for new roles in rehabilitation services 2018 - 2020
Enabling Better Care: Organisational Development	Development of collaborative models to deliver eye health services at scale both in localities and across GM – supporting engagement of providers with emerging Local Care Organisations.	Improved quality and consistency across GM. Improved patient experience. Improved demand/capacity management.	Implementation and development of Ophthalmology Provider forum to support Theme 3 phase 2 priority – Dec 2016 and ongoing. Facilitate Ophthalmology provider forum to support development of collaborative models of care. Support development of local primary care leaders via the Optometry Advisory Group – April 2016 and ongoing.