

### **Implementing EeRS**

### **Enabling outpatient transformation in eye-care**

(note this presentation is generic to the NW Region and some aspects may not apply in Greater Manchester as Opera for referrals is already operating there)

**July 2021** 



### **About - EeRS**



#### Aim

Scale the use of **electronic referral management** and **image sharing (EeRS)** solutions for eye care referrals across **primary and secondary eye care services** in England.

#### **Benefits to Optometrists**

- Streamlined
- No Fax or GP required
- Feedback for referrers
- Support image sharing and A&G
- Increase the use of services in the community

#### Wider NHS Benefit

- Increased community commissioned service
- Reduced outpatient attendance through effective referral and triage

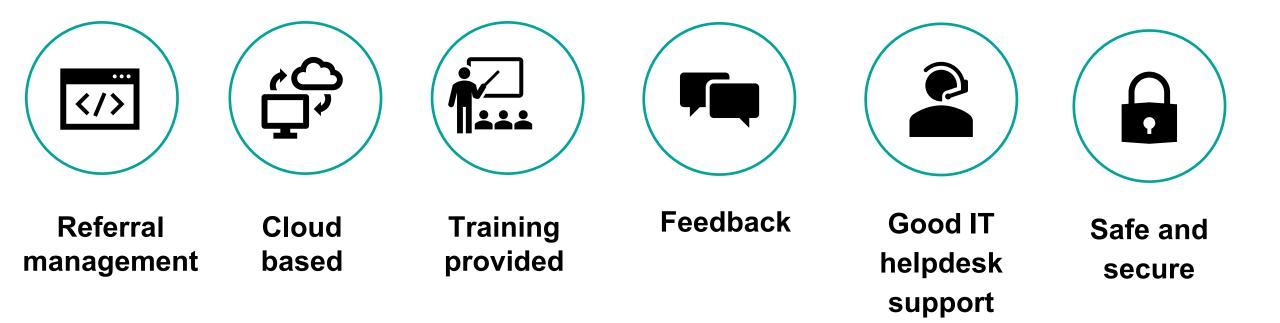






### Key supplier requirements (NW / NE&Y)





## **Central implementation approach**



- Coordinate and support Regional efforts to procure solutions across participating Integrated Care Systems
- Coordinate learning and evaluation
- Link the programme to national policy work around elective care recovery
- Advance common technical requirements once, nationally for all regions

# System led regionally supported

### **EeRS** Roadmap



#### **Apr 2021**

#### **Procurement started** Agreement from all 3 ICS's to support the procurement & utilisation of EeRS

### Sept 2021

#### **Mobilisation**

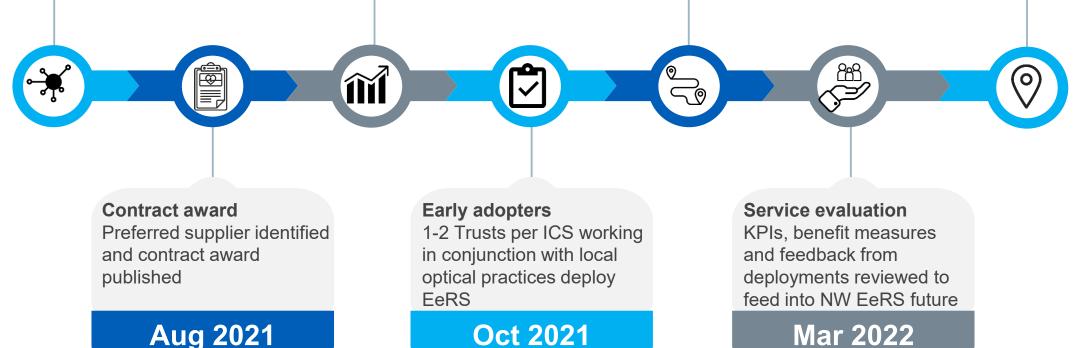
Training, communication and deployment strategy and timescales developed and agreed

#### **Dec 2021**

Full deployment started Onboarding of all 18 Acute providers, 17 Independent providers and 773 optometry sites

### **Apr 2022**

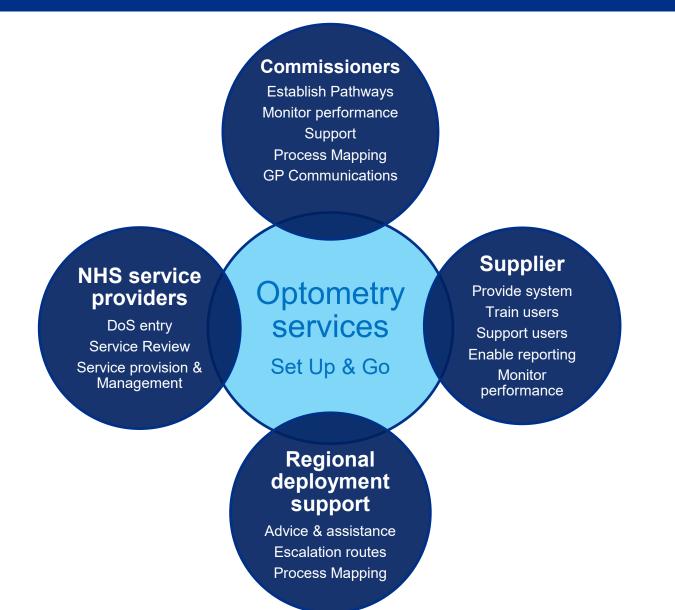
**EeRS** future North West Ophthalmology transformation work 2022/23 discussed



Mar 2022

## Split of roles and responsibilities





### **Evaluation**



	Optometry	GP	Ophthalmology	Commissioners
Patient Benefit	Specialist advice & referral. Reduced risk of misdirected referral (co located information)	Less waiting	Faster treatment with fewer unneeded appointments	Better end to end pathway experience, fewer case of preventable vison impairment
Productivity	Less time spent chasing referral & associated information	Freed time	Better information for easier decision making, saving wasted appointments	Better utilization of community services, better compliance with pathways, net capacity increase (cost neutral)
KPI's	Increase in utilization metrics	Shift from GP to Optometry referrals	RTT compliance, increase in referrals with imaging Trust enabled to effectively triage	Service dependant

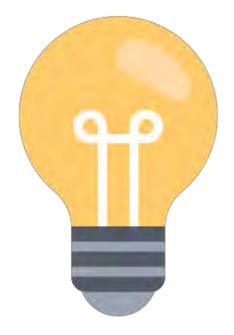
## What does it mean to me?



- Practice benefits
  - clear referral system (with relevant clinical decisions support)
  - greater confidence, ability to access feedback from secondary care and see any ongoing activity
  - Advice available
  - Ability to attach images, OCT and field plots (as clinically required or commissioned) to help safeguard patients
  - Enabling better use of the equipment you have invested in, and an opportunity to deliver a greater range of or increase the volume of enhanced primary optical care services

### **Discussion & feedback**









- Book site visit for upgrade?
- Book training with supplier
- Validate referral pathways

# That's it!





Simple referral

Image Upload



### https://www.nhsx.nhs.uk/blogs/how-digital-eye-carereferrals-will-transform-care/

### https://future.nhs.uk/NWEyeCareeReferrals/grouphome

Information and technology for better health and care