Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 29 July 2020

Executive Member Cllr Eleanor Wills, Executive Member (Adult Social Care and Health)

Clinical Lead: Ashwin Ramachandra

Reporting Officer: Jessica Williams, Director of Commissioning

Subject: **COVID-19 URGENT EYECARE SERVICE - CUES**

Report Summary:

On 17 April 2020 a new service specification was released by NHS England (approved by Royal College of Ophthalmologists) for COVID-19 Urgent Eyecare Service (CUES). This specification suggests that to support whole system management of urgent eye conditions during the current COVID phase and recovery phase CCGs should commission a CUES service. Across Greater Manchester CCGs are commissioning the CUES either as a development of their Minor Eye Conditions Service (MECS) or as a new service from Primary EyeCare Services.

Tameside and Glossop have commissioned MECS from Primary Eyecare Services for several years and developing this as CUES would improve access and reduce the risk that patients with urgent eye health issues will find it difficult to access care, with potential implications for their sight and long term eye health.

The enhanced service would be varied into the existing contract with Primary EyeCare Services

Recommendations:

SCB are asked to approve the commissioning of the CUES service from Primary EyeCare Services in line with National and Greater Manchester expectations with a review scheduled for January 2021 to inform ongoing commissioning in 2021/22.

Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)

Budget Allocation (if Investment Decision)	Annual Budget £295k MECS
CCG or TMBC Budget Allocation	CCG
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	Section 75
Decision Body – SCB, Executive Cabinet, CCG Governing Body	SCB
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	Based on the assumptions in this paper, the service will remain below the expected costs for 20/21 even with the increased cost for some activity which is uplifted for CUES.
Additional Comments	

	Savings will not be realised in hospitals under the national block funding arrangements even though CUES will replace activity that will have been counted when assessing the block values.
Legal Implications: **(Authorised by the Borough Solicitor)**	It is unclear from the report whether it is intended that the additional services are procured via a modification of an existing contract or via a fresh procurement exercise and whether the procurement exercise will be relying on any of the temporary changes to the procurement regime as a result of the Covid Pandemic. It is therefore critical that the commissioners seek and rely on procurement advise to ensure that a compliant procurement route is adopted and that officers do not operate outside of their own governance requirements.
How do proposals align with Health & Wellbeing Strategy?	The proposal aligns with the vision of increased access to neighbourhood based care and prompt care that supports effective recovery.
How do proposals align with Locality Plan?	The proposal supports the Longer Healthy Lives and Independence and Dignity in Older Age priorities in the corporate plan.
How do proposals align with the Commissioning Strategy?	The proposal aligns with the vision of increased access to assessment and care in a community setting and reduction in hospital based activity.
Recommendations / views of the Health and Care Advisory Group:	
Public and Patient Implications:	The proposal improves patient access and the satisfaction levels for the MECS service on which this proposal is built shows 99.35% of patients were either extremely likely or likely to recommend the service to family of friends.
Quality Implications:	The improved access should improve patient experience and outcomes.
How do the proposals help to reduce health inequalities?	The proposal improves access to neighbourhood based services which supports people less able to travel to the acute hospitals outside the Locality where the majority of Ophthalmology activity takes place.
What are the Equality and Diversity implications?	The proposal improves access to neighbourhood based services which is beneficial to many groups.
What are the safeguarding implications?	None
What are the Information Governance implications? Has a privacy impact assessment been conducted?	There are no additional IG implications
Risk Management:	The proposal enables a new community based service to be

tested whilst remaining within the financial budget set for the service on which it is built.

Access to Information: The background papers relating to this report can be inspected by contacting the report writer

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1. INTRODUCTION

1.1 On 17 April 2020 a new service specification was released by NHS England (approved by Royal College of Ophthalmologists) for COVID-19 Urgent Eyecare Service (CUES). This specification suggests that to support whole system management of urgent eye conditions during the current COVID phase and recovery phase CCGs should commission a CUES service.

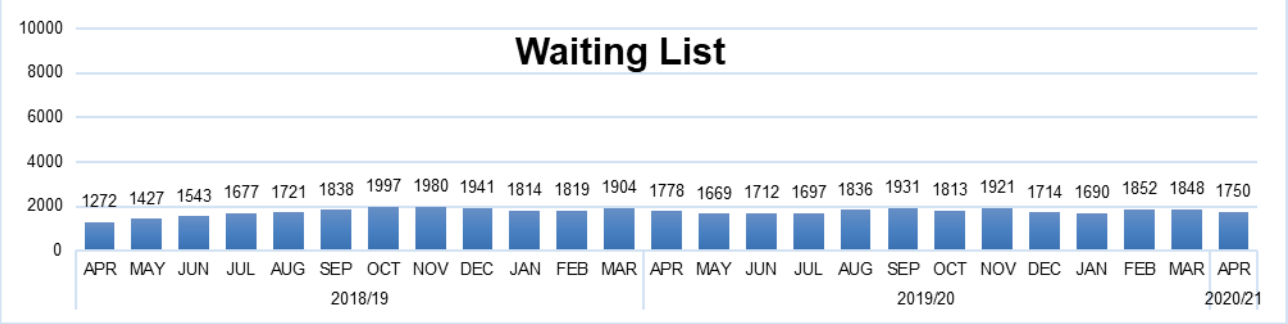
1.2 Across Greater Manchester all other CCGs are commissioning the CUES either as a development of their Minor Eye Conditions Service (MECS) or as a new service. The service is commissioning from Primary EyeCare Services as they are the only provider operating the MECS within Greater Manchester and neighbouring areas, delivering it through a network of 'high street' Primary Care providers.

1.3 This report sets out the proposal for Tameside and Glossop.

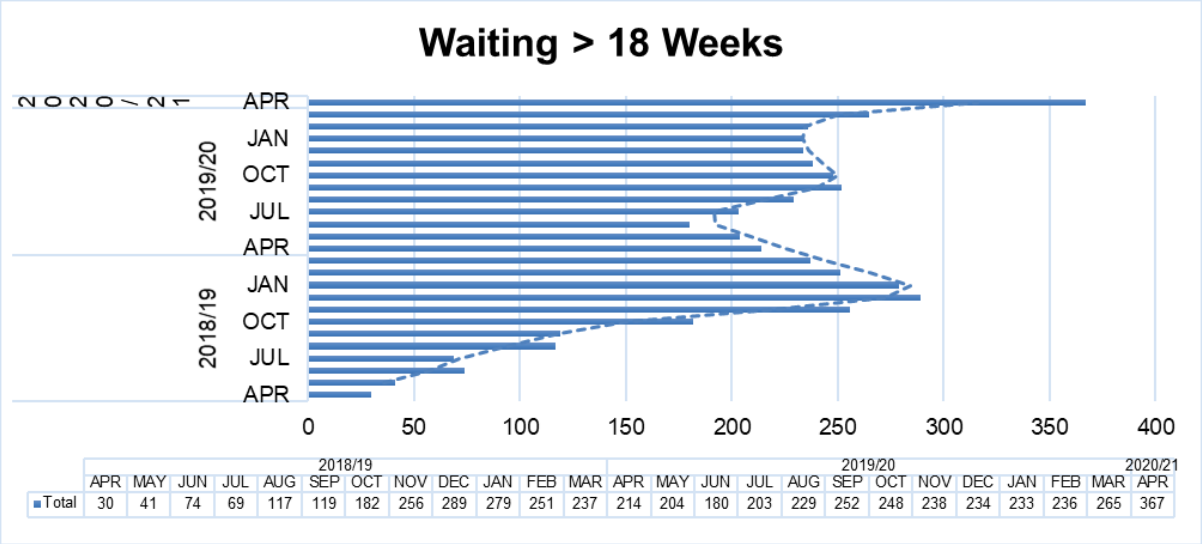
2. BACKGROUND

2.1 Tameside and Glossop have commissioned a Minor Eye Conditions Service (MECS) from Primary Eyecare Services (a network of optical practices) for several years successfully supporting people to access urgent eye care out of a hospital setting, through primary care optometrist practices, and without the need to be seen by a GP. The MECS service accepts referrals from Pharmacy, GPs and Hospital eye services as well as self-referral.

2.2 Over the last two years waiting lists for Ophthalmology have grown significantly in Tameside and Glossop with issues in services across the main NHS providers.



2.3 The onset of COVID has compounded the situation with a rise of circa 100 people waiting more than 18 weeks in April 2020.



2.4 National guidance has been followed during COVID with reduction in hospital activity and changes in access for community services. For MECS this involves:

- Suspension of walk in service
- All referrals being triaged via telephone
- Patients being assessed using telemedicine, telephone and video calls. Advice and guidance is given to patient where appropriate with telephone follow-ups where required
- If needed, patients are seen for a face-to-face appointment at the optometry practice following appropriate safety measures

2.5 It is recognised that delays in Ophthalmology treatment can result in poorer outcomes for some patients and Ophthalmology is one of the areas highlighted for elective reform with increased access to services out of hospital and streamlined pathways key expectations.

3. PROPOSAL

3.1 The CUES service specification (Appendix 1) offers what we already have in our MECS with the addition of:

3.2 **Ability for optometrists to perform Optical Coherence Tomography (OCT) scans and send to hospital consultants for advice and guidance**. This would be suitable for those patients with macula issues detected during CUES appointment. Currently these patients would need to be referred to secondary care for an outpatient appointment. The transfer of OCT allows the Optometrist and ophthalmologist to decide on the best treatment plan for the patient during the Covid-19 outbreak.

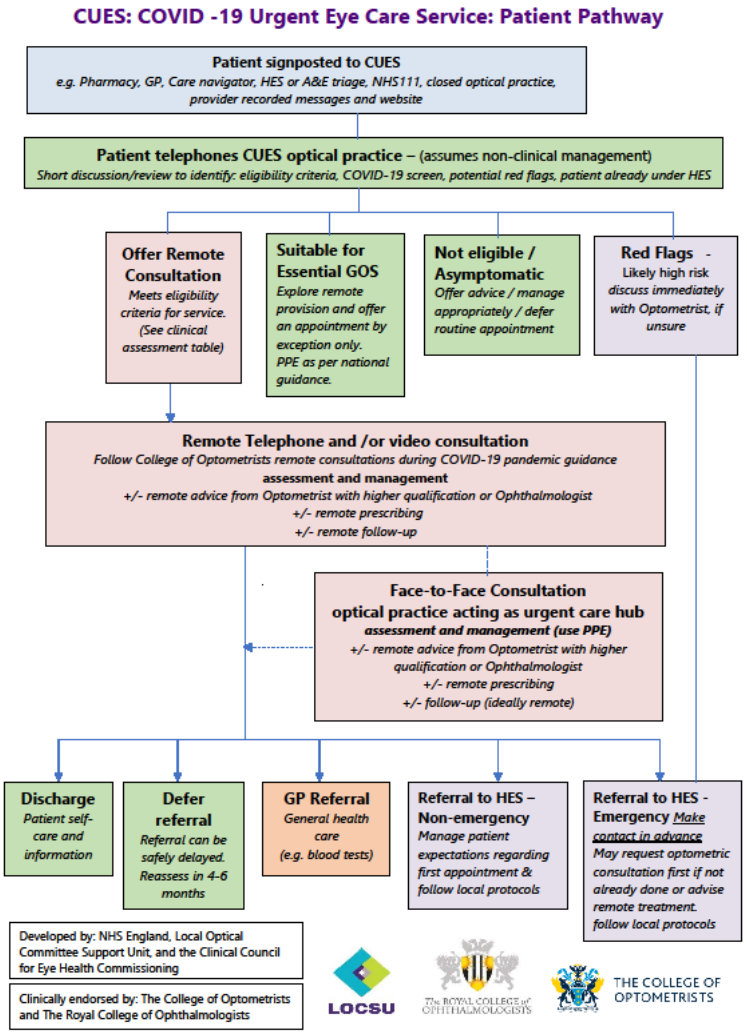
3.3 The use of OCT imaging in the CUES is for screening purposes when patients present to optometrists with emergency/urgent eye conditions. Primary Eyecare Services have been working with an IT developer FDS and have now developed a solution where the large OCT file can be sent to an ESR clinic and consultants can provide the necessary advice and guidance to the referring optometrist. This system has been demonstrated to GM NHS providers and it is understood the transfer of the images in the file and its web-based access would work well for them. The system is understood to be at no cost to the GM providers.

3.4 **Ability for Independent Prescribing optometrists to be able to prescribe appropriate medications to patients in the community.** This aims to prevent patients being

unnecessarily referred for an outpatient appointment and adds efficiency to the pathway as patients could potentially be prescribed treatment on the same day as appointment with community optometrist. There are independent prescribers in most localities across GM. These prescribers have had training placements at trusts across Greater Manchester and there is an agreement re competency and value of this service being commissioned in the community.

3.5 People will access the CUES in the same way as MECS with a focus on triage and use of remote consultations where appropriate to ensure effective management whilst minimising the number of face to face patient interactions and managing the risk of COVID transmission.

3.6 The service will provide telephone triage, remote consultation and where necessary assessment and management of recent onset symptomatic / urgent ocular presentations.



3.7 By commissioning the CUES specification from Primary EyeCare Services, the current provider of our MECS, people living in Tameside and Glossop will be able to access an increased range of ophthalmological care in their neighbourhoods through a network of optical practices while minimising the risk of COVID-19 infection. This will both support our population and reduce pressure on hospital services.

4. FINANCE

4.1 The activity in MECS is classified as Urgent and Routine and in 19/20 (Q1to Q3) the split averaged at 60% Urgent. During COVID although Routine activity has been suspended it is possible that whilst treated as Routine previously and seen within 5 working days some activity may need to be reclassified as Urgent if an indefinite wait would cause harm. Therefore the working assumption below is that 70% of total monthly activity will continue during COVID.

4.2 It is also not clear what percentage of the urgent activity will be triaged into an appointment which requires OCT/ independent prescriber, however, the current estimate is 20% which has been used to calculate the additional cost as these appointments cost £25 more than the currently commissioned urgent appointments.

4.3 Based on the above assumptions the service will remain below the expected costs for 20/21 even with the increased cost for some activity.

	Activity	Cost per Activity	Total Cost
PRE COVID MECS			
Average Monthly Activity and spend pre COVID URGENT	242	£59	£14,302
Average Monthly Activity and spend pre COVID ROUTINE	162	£59	£9,534
Total Monthly Activity	404	£59	£23,836
CUES			
Predicted Monthly Activity (70% of pre-COVID total)	283		£18,099
Predicted MECS activity (80%)	226	£59	£13,348
Predicted OCT/ Independent Prescriber Activity (20%)	57	£84	£4,751

4.4 The above costs do not include any prescribing costs as the assumption is that these costs would have existed regardless.

4.5 Savings will not be realised in hospitals under the national block funding arrangements even though CUES will replace activity that will have been counted when assessing the block values.

5. CONCLUSION

5.1 Commissioning the proposed CUES service will bring Tameside and Glossop in line with other commissioners in Greater Manchester and provide an opportunity for improved patient care by reducing the risk of long waits for urgent eye care causing harm, increasing access to neighbourhood based care and freeing up access in GP and hospital services to manage other people.

5.2 The service will reduce the risk of growth in the Ophthalmology waiting list by treating people in the community where possible.

5.3 The service aligns with the GM elective reform ambition to reduce avoidable patient attendance at secondary care and by commissioning this year it provides an opportunity to

test system wide change at a time when it will have limited financial impact and it will support organisation wide efforts in managing demand during COVID.

5.4 Commissioning as a service enhancement within the existing contract with Primary EyeCare Services enables rapid deployment of a service seen nationally as a key improvement whilst living with the impact of COVID.

6. RECOMMENDATIONS

6.1 As set out at the front of the report.