

# Ophthalmology Report

Healthwatch Bromley  
Autumn/Winter 2023



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# About Healthwatch

Healthwatch Bromley (HWB) is an independent champion for people who use health and social care services. We aim to put people at the heart of care. We ask what users like about services and what could be improved, and share their views with those with the power to make change happen.

Our sole purpose is to help make care better for people by:

- Providing information and advice to the public about accessing health and social care services and choices in relation to those services.
- Obtaining the views of residents about their need for, and experience of, local health and social care services and making these known to those who commission, scrutinise and provide services.
- Reporting the views and experiences of residents to Healthwatch England (HWE), helping it perform its role as national champion.
- Making recommendations to HWE, to advise the Care Quality Commission (CQC) to carry out special reviews of or investigations into areas of concern.

## YVHSC

Your Voice in Health and Social Care (YVHSC) is an independent organisation which gives people a voice to improve and shape services and help them get the best out of health and social care provision. YVHSC holds the contract for Healthwatch Bromley (HWB). HWB staff members and volunteers speak to local people about their experiences of health and social care services. Healthwatch engages and involves members of the public in the commissioning of health and social care services, through extensive community engagement and continuous consultation with local people, health services and the local authority.

© Your Voice in Health and Social Care

# Disclaimer

The information presented within this report describes the experiences of the patients to whom we spoke. The findings provide a snapshot of experiences and key insights from these individuals. The report cannot cover the totality of experiences but can be used to guide service improvements and identify further research required.

# How to read this report

The report starts with an Executive Summary, followed by Background information.

Key Findings in Summary and Recommendations can be found on pages 11 and 12 respectively.

From pages 14 – 20 we look at each of the key findings in more detail.

Six individual case studies can be found from page 21.

The appendices, from page 26, include:

- Data and charts covering the demographics of respondents
- Data and charts covering survey questions
- A copy of the survey in standard format.

# Acknowledgements

Healthwatch Bromley would like to thank all 149 local people who participated in the surveys and shared their feedback, and our committee, interns, work placement students and volunteers for their contributions and on-going support. We would also like to thank the following local partners:

- Community Links Bromley
- Kent Association for the Blind
- King's College Hospital NHS Foundation Trust
- London Eye Health Network'
- NHS Dentistry, Optometry & Pharmacy Commissioning Hub
- One Bromley
- Primary Ophthalmic Solutions and Bexley, Bromley & Greenwich Local Optical Committee
- Royal National Institute of Blind People
- South East London Integrated Care Board
- SpaMedica
- The Macular Society.

# Executive summary

This report describes a research project on ophthalmology services (OS) available to residents of the London Borough of Bromley (LBB), and lists its findings and recommendations. Survey responses indicated that service users are broadly satisfied with the range of services available to them.

Ophthalmology services are generally performing satisfactorily. Patient reports of their experience of treatment, referral and communication were generally positive, but some negative experiences were reported. Survey responses, and particularly individual case studies, raised questions about the following:

- Delays in the referral process, including the role of GPs
- Long waiting times at all stages
- Inefficiency of the appointments system
- Communication between services and by services with patients, including by telephone
- Information given to patients before, during and after treatment
- Treatment choices offered to patients
- Service provision for housebound residents
- Role and availability of the Minor Eye Conditions Service (MECS) in Bromley
- Access for people with mobility issues or experiencing financial pressures of travel costs.

Analysing the demographic information we captured during our outreach and engagement activities, we identified a possible knowledge gap and suggest that further research should be carried out on paediatric ophthalmology services.

From our findings, we have made evidence-based recommendations for actions to be taken by commissioning and provider partners to improve local ophthalmology services.

# Background

Ophthalmology services provide medical and surgical treatment for a wide range of eye conditions and diseases including injuries, eye movement problems, corneal infections, glaucoma, macular degeneration, retinal disorders and cataracts.

They are mostly provided in hospitals, with some services in the community, and are commissioned by South East London Integrated Care Board (SEL ICB)\*.

During the summer of 2023, we were approached by several local residents who had experienced delays or difficulties in their ophthalmic care journey, from initial concern about eyesight issues to accessing treatment, recently and over the previous couple of years.

Given both these factors we decided to investigate how effectively ophthalmology services to local residents are working. We also wanted to examine patient experiences of optician and GP optometrist referral pathways e.g. following an NHS sight test.

In south east London boroughs, Primary Ophthalmic Solutions\* is the provider arm of Bexley, Bromley & Greenwich Local Optical Committee (LOC) and Lambeth, Southwark and Lewisham LOC. They work with the South East London Integrated Care System (SEL ICS), providing community services across the area including MECS (Minor Eye Conditions Service), Glaucoma and Cataract Refinement, Post-op Cataract checks and Children's Eye Screening. Some patient experiences detailed in this report may have happened before these services were in place.

\*Prior to April 2023 (ICBs were formerly established in 2022), general ophthalmic services (GOS) involving the provision of NHS sight tests were commissioned by NHS England.

\*Primary Ophthalmic Solutions is also commissioned by SEL ICB.

# Aims

The project aimed to discover, describe and understand users' experience of OS, their impact on users' health and wellbeing, areas of OS service which are working well and areas where there could be improvements.

We aimed to produce recommendations for improving these services through analysis of patient experience survey responses and case studies.

# Methodology

1. We produced a digital and paper patient survey and a poster with a QR code to promote the survey. For people with visual impairment, we produced an easy read version of the survey, with support from the Macular Society. FREEPOST self-addressed envelopes were provided to facilitate paper responses.
2. We spoke to some patients at great length, face to face or on the telephone, if they were happy for their experiences to be included as case studies.
3. The digital survey and poster were promoted on our website and social media platforms. We sent parcels of the hard copy version to local partners for distribution and received support from voluntary sector organisations who helped disseminate and promote the research study e.g. through websites and newsletters.
4. We carried out the following engagement visits over 12 weeks from September – November 2023:
  - Tuesday 5<sup>th</sup> and Wednesday 27<sup>th</sup> September 2023 at the Bromley Town Church, for the Kent Association for the Blind and the Macular Society support group
  - 2<sup>nd</sup>, 23<sup>rd</sup> and 30<sup>th</sup> October, 13<sup>th</sup> and 20<sup>th</sup> November 2023 at SpaMedica
  - 8<sup>th</sup> and 15<sup>th</sup> November 2023 at Queen Mary's Hospital, Sidcup
  - 14<sup>th</sup> November 2023 at Orpington Hospital.



# Working in partnership

The project began in August 2023 and was approached in partnership with key partners, including King's College Hospital NHS Foundation Trust (KCH) who helped to shape the project and draft the survey questions. We also worked closely with our South East London Integrated Care Board (SEL ICB) commissioning partners to identify suitable survey question topics. In approaching and developing the project with partnership at its core, we hoped to secure the buy-in, support and collaboration required to give any resulting recommendations optimal influence and impact.

The study focused on services available to London Borough of Bromley (LBB) residents. Some of these are outside the borough. For example, as well as Princess Royal University Hospital (PRUH) and Orpington Hospital, the KCH Ophthalmology team sees patients at:

- King's College Hospital, Denmark Hill (London Borough of Southwark)
- Queen Elizabeth Hospital, Woolwich (Royal Borough of Greenwich)
- Queen Mary's Hospital, Sidcup (London Borough of Bexley)

Bromley residents are also known to be referred to Moorfields Eye Hospital NHS Foundation Trust, with various sites across London, and some may choose to go elsewhere, e.g. Guy's and St Thomas's NHS Foundation Trust.

We realised that responses would come from residents outside Bromley as well as within the borough, as colleagues from SEL ICB advised that these services are accessed by people from across south east London and Kent.

The project was confined to NHS services (free at point of delivery), but included private providers contracted by the NHS e.g. SpaMedica, optometrists working under the General Ophthalmic Services Contract and those contracted to provide the Bromley Minor Eye Conditions Service.

# Participants

We heard from 149 people about their OS experience; 135 completed surveys and we gathered 14 case studies. Of the 135 survey respondents,

- 63 said they live in the London Borough of Bromley (LBB)
- 57 said they live elsewhere
- 15 participants left this information blank (Appendix 1)

An additional 14 people provided case studies, of whom 12 are LBB residents and 6 have been reproduced in this report.

During outreach and engagement activities, we collected demographic data where people were happy to provide it. This information can be found in the Appendices.

The majority of respondents were White English/ Welsh/ Scottish/ Northern Irish/ British and women (including trans women). Of Bromley residents, we identified 82% 'not in employment /not actively seeking work – retired' and 57% with a long-term health condition.

The largest age group was 75–84 years. We spoke to a few parents who had children under the age of ten accessing the paediatric OS at Queen Mary's Hospital, Sidcup. The parents spoke about their experience and therefore we have recorded their demographic information. We suggest that further research could be carried out on paediatric OS to collect experiences and identify potential improvements to under-18 services.

## Equalities Analysis

During our analysis of survey responses, we looked at the replies from different equality groups. We were unable to identify any differences in experience of OS in relation to gender, age, ethnicity or other areas.

# Key findings in summary

The following key findings were identified from survey responses and case studies. These are outlined in more detail on pages 14 –19.

- Communication works well for the majority, but some people appear to fall through the gaps and experience challenges
- Most patients receive sufficient information before, during and after treatment, but this needs to be improved and made more consistent
- Waiting times for most patients are reasonable, but there is great variation at each stage, which warrants further exploration
- Most respondents were not offered a choice of OS provider, and some were disappointed with this
- There may be a lack of consistency in service provision for housebound residents
- Patients experience mobility and transport barriers, including financial costs of travel
- Service opening times may be preventing efficient and timely access to some services.

Based on our findings, we make recommendations below for commissioning and provider partners.

# Recommendations

Based on the key findings we recommend that:

## Communication

- A greater range of communication methods about appointments is used (e.g. text messages, email, MyChart patient app) as well as or instead of letters, so that all patients receive timely appointment details and reminders. Patients should be asked their preferred communication methods and their preferences should be followed.
- Improvements are made in communication: between hospitals, between hospitals and high street opticians, between hospitals and GPs, and by all of these with patients.
- Services review their telephone systems and how they might be improved to help patients make contact.

*N.B. Since the survey deadline in November 2023, HWB acknowledges recent success by KCH reforming ophthalmology telephone services – this has greatly reduced the number of patient complaints.*

- SEL ICS conducts a review to identify and publicise best practice in communication between OS providers during the patient journey.

## Patient information

- A review is undertaken by providers of what information is provided to patients before and after treatment, particularly prior information about possible symptoms and complications, and action the patient should take.

## Waiting times

- Reducing waiting times in OS should be a priority, to reduce harm to patients caused by worsening conditions, improve patient satisfaction and reduce their distress.
- SEL ICS reviews the working of ophthalmic triage to reduce waiting times and avoid unnecessary multiple appointments for patients.

## Referrals

- Patients are offered more choice of OS providers to enable them to make real choices to suit their location and circumstances.
- SEL ICS updates GPs and opticians on referral, particularly using the triage service, and the role of MECS opticians – what they can and cannot offer.

## Other

- The provider of the MECS service reviews its availability, provides a daily service across the borough and restores MECS provision in Beckenham.
- OS providers improve access and car parking where possible to enable patients with mobility issues to use the services.
- OS providers ensure consistent service provision to housebound residents.
- Commissioning and provider partners in SEL consider how to alleviate the travel cost burden of accessing OS for patients experiencing financial difficulties.
- Quarterly meetings of commissioners and providers with patients are arranged to develop OS and improve delivery, through better communication and use of the patient voice. This might be done through a virtual 'rolling' patient participation group, for patients to feed back on what is working well and what needs improvement, with providers acting on suggestions where possible

# Key findings in detail



# Communication

## Communication works well for the majority, but some people appear to fall through the gaps and experience challenges

Most respondents were very or fairly satisfied with levels of communication.

Most were told about their initial appointment by letter and received a follow up text reminder.

However, examples of communication breakdown were given in the survey responses and five of the case studies, including no written confirmation of appointments, having to call the hospital for appointment information, and non-communication of appointments. Case studies one and four arguably show patients coming to harm because of lack of effective communication.

Contacting hospital departments by telephone was sometimes very difficult, e.g. a patient constantly trying to ring reception and having to ring repeatedly for updates.

One patient was sent three letters about the same appointment, but then the service's ventilator broke so the appointment was cancelled without reschedule. This patient felt the administration team should communicate better and state an estimated time when problems would be fixed.

When we asked specifically about barriers in accessing appointments, one of the two main barriers identified was around communication between services (GPs, hospitals, opticians) or between services and patients, particularly about appointment bookings and cancellations. One patient reported a 9am call to reschedule a 10am appointment to 1pm. Another received two hours' notice of a cancelled appointment. Another arrived for a notified appointment but was not on the list. Several patients wanted more notice of, and a better way to handle appointments.

- 86% (LBB 82%) of survey respondents said they were very or fairly satisfied with the form of communication used (Appendix 24)
- 65% (LBB 68%) were told about their initial appointment by letter, 18% (LBB 23%) by telephone. The least used method was email. (Appendix 22)
- 56% had a reminder by text. Some people received reminders by email, letter, telephone or in person but 14% received nothing (Appendix 23)
- 15% experienced barriers, with communication issues being identified first and foremost.

# Patient information

## Most patients receive sufficient information, but this needs to be improved and made more consistent

Most respondents said they are given good general and specific information prior to their visit including what to expect, directions to the service and use of eye drops. Most were able to understand what was happening during the examination and the diagnosis given.

While most respondents said they were given a before-and-after care leaflet to prepare them for their treatment, a substantial number were not. Case study 1 illustrates the harm done by incomplete information.

One patient commented on not being given enough information about how to prepare for appointments. Another felt that there should be instructions on preparations and how to cope after surgery e.g. cooking ahead, to avoid problems and accidents. Others wanted information about possible outcomes and problems, even if unlikely. One patient was only given one bottle of eye drops which ran out, they struggled to get more and had to make an urgent GP appointment for a prescription.

By law, under the Accessible Information Standard (AIS), all publicly funded health and social care providers must ensure people are given information about their health and care in their preferred format e.g. large print, Braille, audio. The majority of patients reported that the service met this standard.

- 76% (80% LBB) were given enough information on what to expect (Appendix 25).
- 84% were either very or fairly satisfied with information given and only one respondent was very dissatisfied (Appendix 26).
- 31% (26% LBB) were not given a before-and-after care leaflet (Appendix 27).
- 81% (85% LBB), said they were given information after the appointment, e.g. a summary of their diagnosis and possible treatment. (Appendix 29). 9% of LBB residents were not given this information.
- 87%, (91% LBB) were able to understand what was happening during the examination and the diagnosis given (Appendix 28).
- 79% (LBB 80%) said they were given information in their preferred format e.g. large print. 8% said no (Appendix 30).



# Waiting times

## Waiting times for most patients are reasonable, but there is great variation at each stage, which warrants further exploration

Whilst most patients felt the waiting times were reasonable, some survey responses and case studies identified areas for improvement.

At each stage of the pathway the majority of respondents said they waited less than a month, but there were examples of long waiting times (over four months) at each stage: first referral; between referral and first OS appointment; follow up; and between appointment and treatment.

### First referral

- 70% (LBB 66%) waited less than a month (Appendix 15).
- 18% said it took between 2–3 months
- 8% said four months or more.

### Referral and first appointment

- 64% (LBB 54%) said less than one month
- 32% waited 2–3 months and 5% four or more. This suggests an area for improvement
- 5% said four months or more (Appendix 16).

### Follow up appointments

- 66% (LBB 63%) waited no longer than advised
- 20% (LBB 29%) did wait longer (7% for 2–3 months, 9% four or more) (Appendix 19).

### First appointment and treatment, e.g. cataract surgery

- 52% (LBB 48%), said less than a month
- 6% (LBB 9%) four or more months
- 21% said not applicable (Appendix 17).

# Patient Choice

## Most respondents were not given a choice of OS provider, and some were disappointed with this

### Referral reasons

Most respondents were accessing OS for cataracts, macular degeneration or glaucoma.

- 56% for cataracts (LBB 42%)
- 17% for macular degeneration
- 8% for glaucoma
- Eight respondents named more than one reason (Appendix 21).

### Referral agent

The majority of respondents said they were referred by their optician/optometrist.

- 76% of total respondents referred by an optician/optometrist (LBB 74%)
- 17% referred by their GP (Appendix 13).

### Where were respondents referred?

We received a variety of responses in terms of where people were referred. We note that these responses were mostly gathered during our engagement visits at the named services.

- 39% said SpaMedica Bromley (LBB 57%)
- 26% Queen Mary's Hospital Sidcup (LBB 16%)
- 8% Orpington Hospital.
- Five respondents mentioned two or more OS services (Appendix 20).

### Patient choice

A very substantial 73% of respondents said they were not given a choice of service providers (Appendix 14). Some expressed their disappointment with this.

## Other

### There may be a lack of consistency in service provision for housebound residents

We wanted to know if vulnerable patients received extra support and asked if people were housebound or lived in a care home. 89% said no (91% LBB) (Appendix 32). Two respondents said the service provider visited them and two said they did not.

### Patients experience mobility and transport barriers, including financial costs of travel

As part of the Anchor Listening Programme, in which the NHS in south east London is working alongside Citizens UK to find out what is putting pressure on people's health and wellbeing, we included an additional question in our survey:

'Did you face any barriers accessing your appointment? e.g., communication, transport.

In response to the question 81% said no, 15% yes (Appendix 33).

The two main barriers were:

- communication between services (GPs, hospitals, opticians), or between services and patients about appointment bookings and cancellations
- and access issues related to physical mobility, transport costs to and from the service, and car parking costs as well as space availability.

### Service opening times may be preventing efficient and timely access to some services

In case study 6 (page 25) a patient was given a list of opticians able to perform treatment under MECS. One was closed on Wednesday afternoon and a second nearby service only had a qualified optician available on Tuesdays and Thursdays and limited MECS patients to one a day.

During the project we discovered that following the closure of the MECS provider in Beckenham, there is no longer a MECS service available in one of the two most populous of the Bromley PCN areas..

# Positive and negative comments from the survey

There was a free text comment box at the end of the survey for respondents to tell us more about their experience, especially what worked well for them or what they think could be improved.

Positive comments included, 'treatment excellent', 'helpful, friendly staff', 'good levels of hygiene', 'well organised and efficient', 'happy with the speed of referral', 'quick to get an appointment for surgery'.

One patient commended a caring technician who explained everything clearly and provided information about what would happen afterwards. Another said they had used the OS for over 50 years, how lucky they are, that the provider is not just for young people but people of all ages and how grateful they are for the NHS. Another mentioned a positive experience with hospital transport.

Many of the negative comments we received are included in the case studies which describe experiences in depth. Additional comments from the survey responses are outlined below.

## **Positive**

*"The treatment received from the consultant and clinical staff was superb."*

*"Very efficient - especially in comparison to the hospital. I didn't get lost in the system, which usually happens when you go to a normal hospital."*

*"Very caring technician who was training. Everything was explained fully and what would happen afterwards with my results."*

*"Brilliant service, very happy with the treatment received."*

## **Negative**

*"I am about 95% blind in one eye and that is not the eye with the injection. When you have the injection, you can't see properly for a while (4-5 hours). I would have liked to have been told beforehand as I had a heck of a time getting home on the bus."*

*"I had to ring nearer the time to see if I could have an appointment, and they did give me one four months on."*

*"Information about the type of appointment was confusing. I didn't know if my appointment was a consultation or the actual surgery."*

*"Wasn't given enough information about the appointment. Never received informational booklet that was supposed to be sent in the mail."*

# Case Studies



# Case studies

During our engagement visits, we asked patients for more detailed responses about their experiences. These have been developed into anonymous case studies, with respondents' consent. Six of the 14 case studies captured have been included below to represent the range of feedback we received. The first is as written by the patient.

## 1. My journey with macular degeneration

"My journey began when the optician delivered the news of wet macular degeneration alongside its dry counterpart in the other eye. Seeking treatment, I started at Moorfields, but they were reluctant to give me injections. A suggestion led me to KCH, where the injections commenced, numbering more than 58. Unknown to me, a silent threat loomed – a potential infection post-injection. During those numerous appointments, there was no explicit warning about watching for symptoms or indicators of a lurking danger that needed immediate attention.

In terms of communication, letters prior to appointments contained an emergency number, but crucial information about potential symptoms and the urgency of reporting them was notably absent. This absence led to a critical oversight when I faced an infection, resulting in the loss of my sight within 48 hours.

Navigating local hospitals proved futile: the necessary injections were not available. The time wasted could have been avoided with proper information. Moreover, the challenge of arranging transport when you cannot see exacerbates the situation. Expressing my dissatisfaction, I considered returning to Moorfields, but the consultant's response was less than encouraging. Despite suggesting legal action, I was too overwhelmed by the situation to pursue it. The aftermath of the infection left lasting damage. Though I pleaded for the intervention, the risk of the eye collapsing postponed any action. Five years on, the damage persists.

Back at Moorfields, I find solace in their support, helping beyond medical care, including addressing my concerns and even providing cosmetic procedures. It is a journey marred by challenges, a plea for better communication in the healthcare system, and a desire to prevent others from enduring the same silent battle."

## 2. Appointments and referrals

We spoke to a resident aged 85+ who accessed eye care services at Queen Mary's and Orpington Hospitals. On arriving at Queen Mary's, the resident waited nearly three hours in the Rapid Eye Service waiting area. Despite the wait time, they were pleased with the hospital's facilities, particularly the on-site pharmacy. She contrasted this with the limited facilities at Orpington. She said the service at Queen Mary's was much better than at Orpington, where she had to chase staff many times before eventually being referred to Queen Mary's. Once referred, she patient had to wait a month before being seen.

## 3. Access to treatment

A resident needing YAG laser capsulotomy for posterior capsular opacification (PCO) following cataract surgery highlighted the challenges patients can face in navigating the healthcare system. Despite being advised of the need for treatment following cataract surgery in 2019, she was unable to access timely treatment due to the closure of the West Kent Eye Centre (WKEC) during the pandemic. She was referred by her optician to her GP in May 2022, but was referred to MECS for triage. MECS wrote to say they could treat her condition. This was not true, MECS opticians do not provide YAG laser capsulotomy. At the MECS appointment the optician simply went through available appointments on the computer and made one at KCH for August 2022, from which a YAG appointment was fixed for 8<sup>th</sup> December. Despite being classified as a 'priority' case, the resident faced further delays – the appointment was cancelled by a KCH letter which arrived on the actual date. She eventually received treatment in March 2023, 10 months after the initial optician's referral. The resident said that the involvement of MECS was particularly wasteful, as their optician provided no clinical function. She also questioned whether MECS was being used as a means of rationing and delaying necessary ophthalmic treatment. She also notes from the website that from Autumn 2023 there seems to be no MECS service in Beckenham, one of the two most populous of the Bromley PCN areas."

## 4. Communication between services

Another resident has a weakened immune system due to COVID-19, which led to several health complications. These included dental problems, and issues with her eyes which prompted her to visit Boots Opticians in September 2022. The optician was concerned and did an optical coherence tomography scan (OCT) which was immediately sent to QMH marked urgent for macular degeneration (MD). A week passed. Having had no communication from the hospital, the optician re-sent the information. The resident then visited QMH in person; an administrative staff member relayed a doctor's message that her condition was not as severe as the optician had suggested. At a follow up appointment in October at Orpington Hospital the patient was told their left eye had wet MD, which had progressed to the extent that it was untreatable according to a senior doctor. She had to wait a further four months for an appointment, where she was informed that her right eye required monitoring due to dry MD. This patient asserts that the communication breakdowns between her optician, Queen Mary's Hospital and Orpington Hospital, delayed the appropriate medical attention. She believes that the appointment system is not working well and that there may be a shortage of appropriately qualified doctors.

## 5. A carer's perspective

One resident spoke about his wife's loss of sight. After an initial visit to the optician it took more than a year for treatment to be arranged. The surgery went wrong, but a diagnosis was never sent to them. They said it was lost when Guy's and St Thomas's IT system failed during a heatwave in 2022. He followed this up with a doctor, on behalf of his wife, but was ignored. Three months later he tried again but with no response. He says "It's unfair that patients have to chase the hospital continually. The system is being broken by poor administration."



## 6. Access and waiting times (as written by the patient's husband)

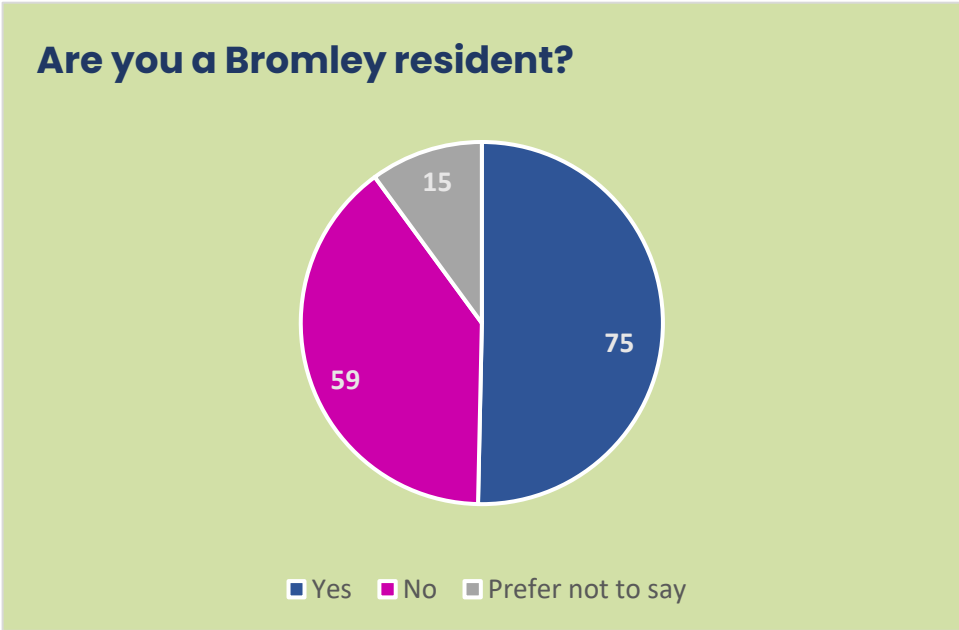
"My wife attended Specsavers in May 2023. The person who carried out the examination was so concerned by her observations that she wrote to our GP asking for an urgent referral. I hand delivered the letter to the surgery the same day. It was only after my wife suffered what we now know was a burst retinal vein occlusion on the morning of 31 May that I discovered that the referral request had only been sent that day, about a week after it had been received.

Given the delay in referral and the worsening in my wife's condition. I asked the GP reception staff what I should do. They gave me a list of local opticians authorised to perform treatment under MECS – the first, in Beckenham, was shut as it was a Wednesday afternoon, the second in Penge only has a qualified optician present on Tuesdays and Thursdays; they limit MECS patients to one a day and the next appointment available was late June. Fortunately, Specsavers in Bromley was able to accommodate my wife the following day."

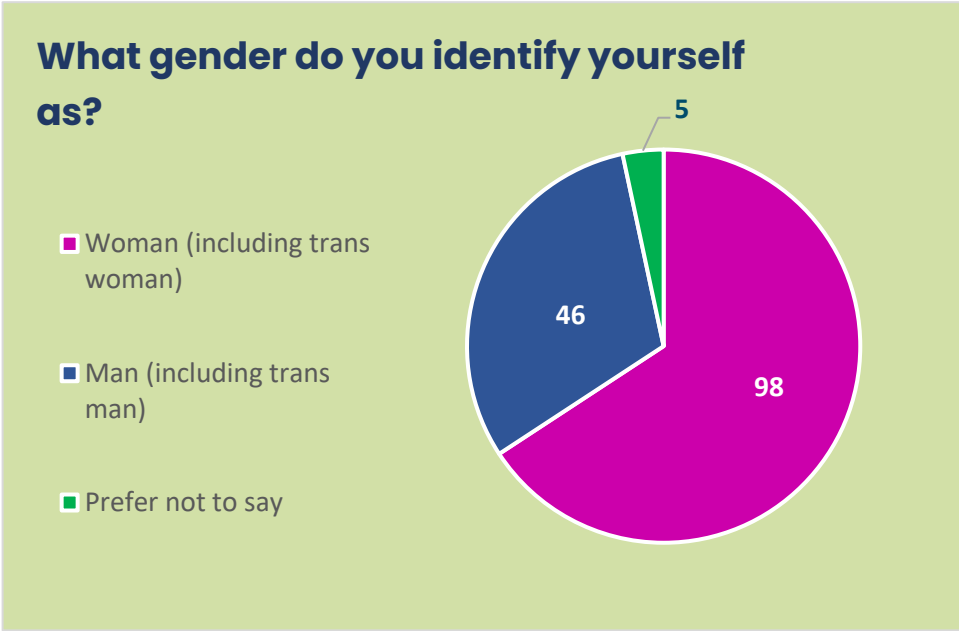
# Appendices



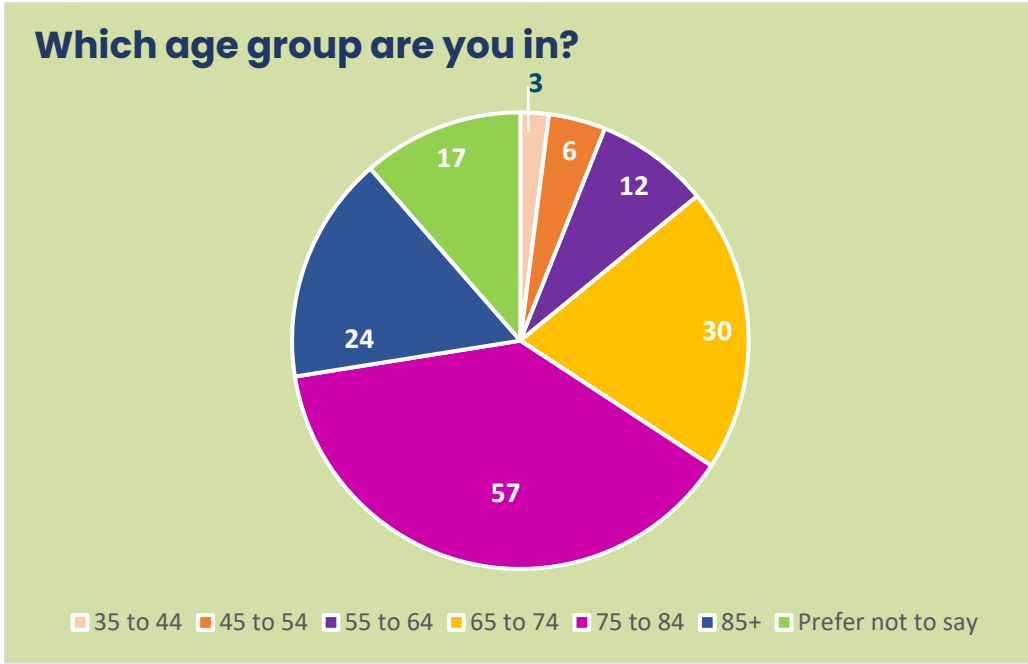
## Appendix 1



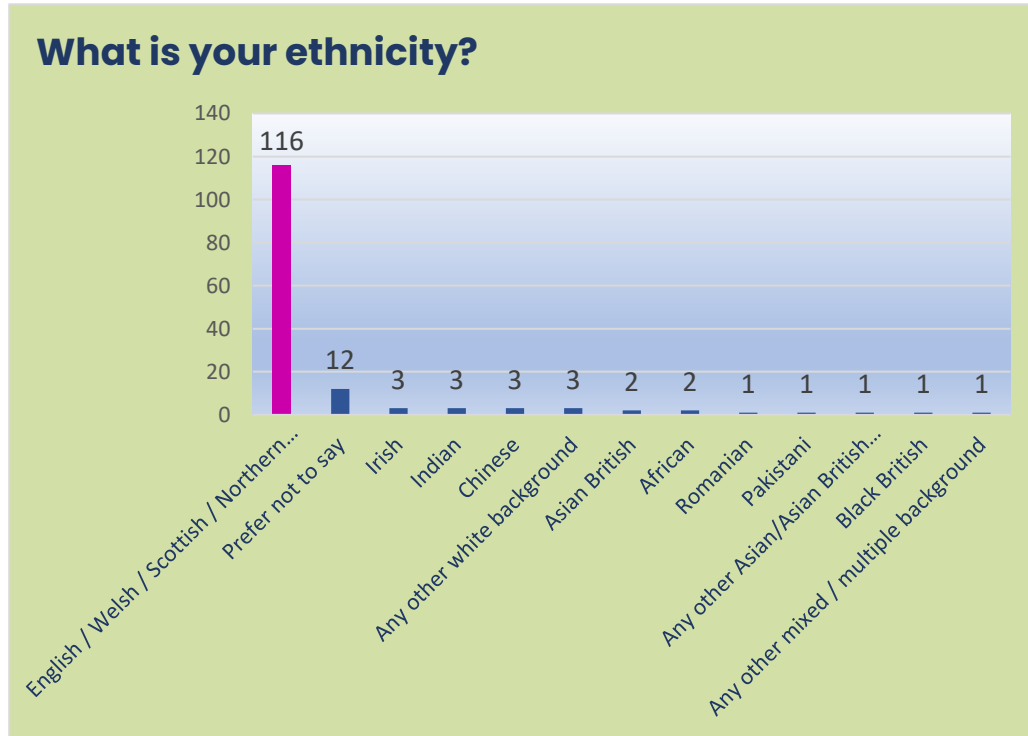
## Appendix 2



### Appendix 3



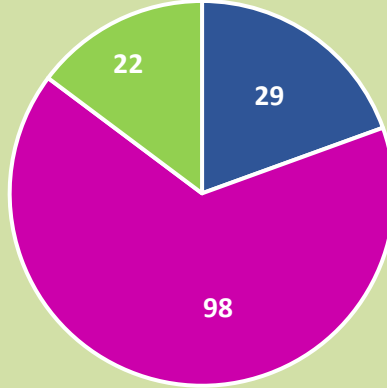
### Appendix 4



## Appendix 5

### Do you consider yourself to be disabled?

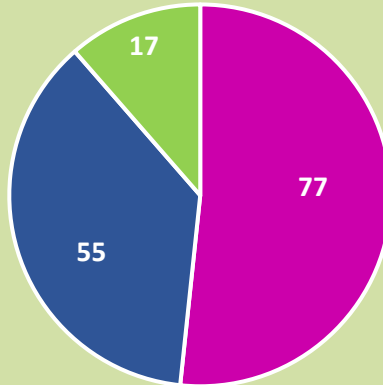
- Yes
- No
- Prefer not to say



## Appendix 6

### Do you consider yourself to have a long-term condition or health and social care need?

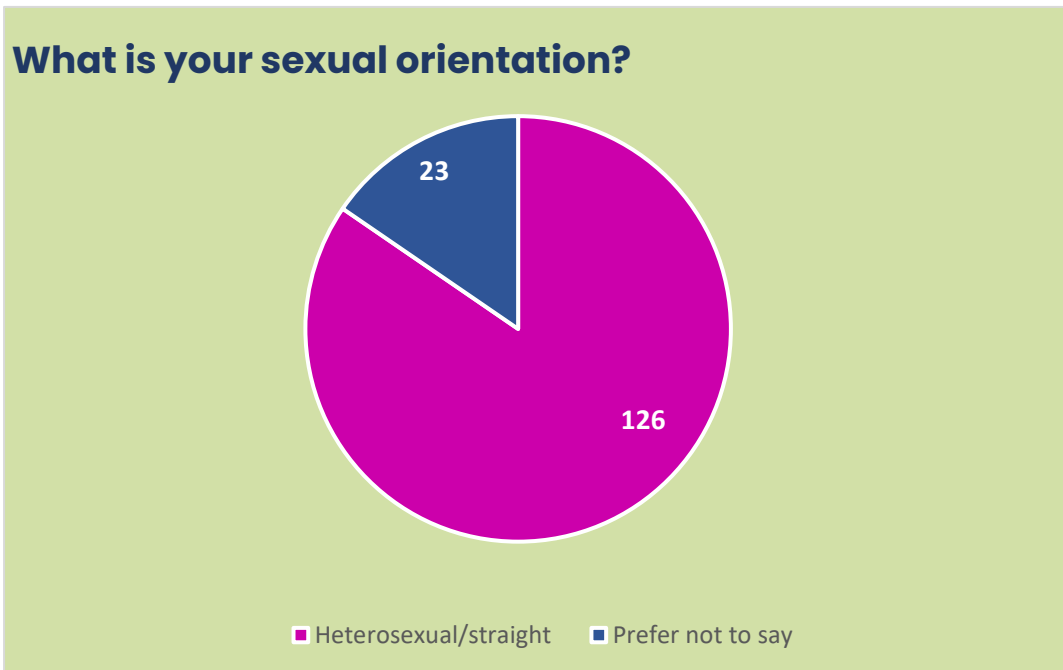
- Yes
- No
- Prefer not to say



## Appendix 7

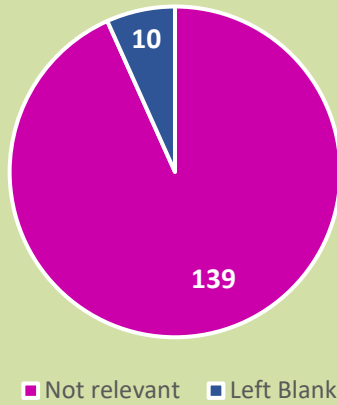


## Appendix 8



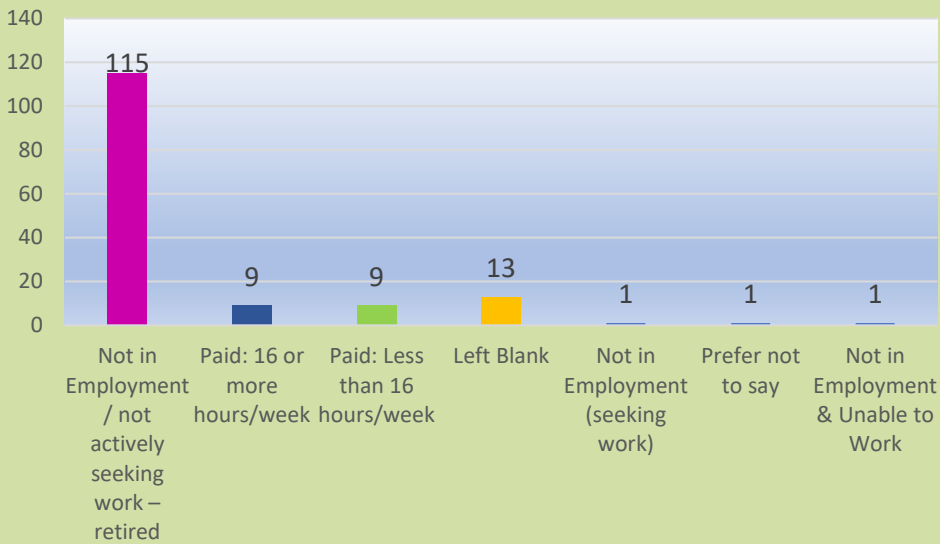
## Appendix 9

**Are you currently pregnant or have you been pregnant in the last year?**



## Appendix 10

**What is your employment status?**

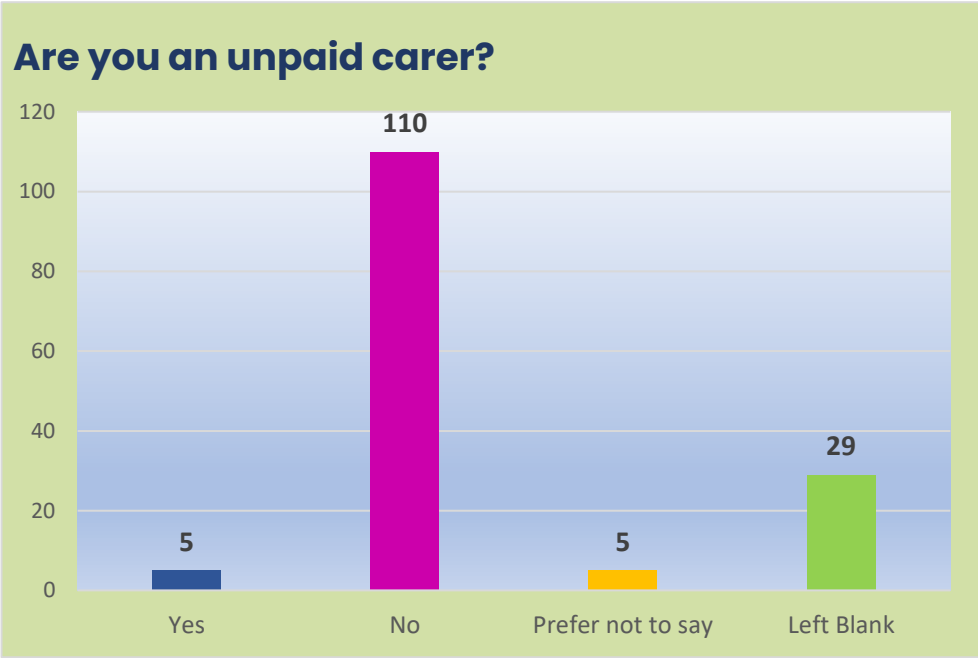


## Appendix 11 – which area of the borough do you live in?

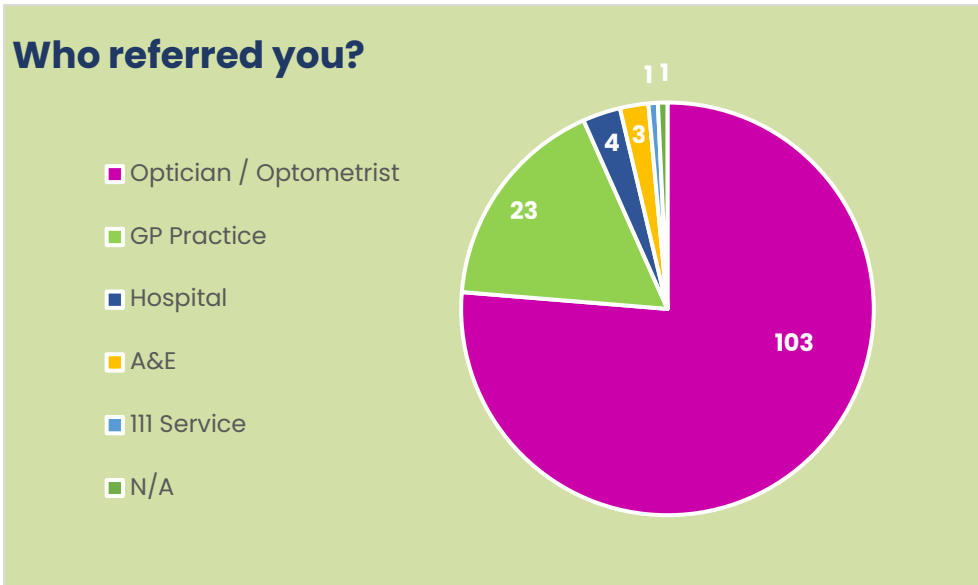
<b>Bromley Wards</b>	<b># of responses</b>
Beckenham Town and Copers Cope	9
Bickley and Sundridge	5
Bromley Common and Holwood	6
Bromley Town Ward	14
Chelsfield	1
Chislehurst	2
Clock House	1
Hayes and Coney Hall	1
Kelsey and Eden Park	1
Mottingham	1
Orpington	20
Petts Wood and Knoll	3
Plaistow and Sundridge	2
St Paul's Cray	2
West Wickham	7
<b>Out of Borough</b>	
Bexley	20
Croydon	4
Greenwich	12
Hampshire	1
Kent	18
Lambeth	2
Lewisham	1
Surrey	1
Left blank	15



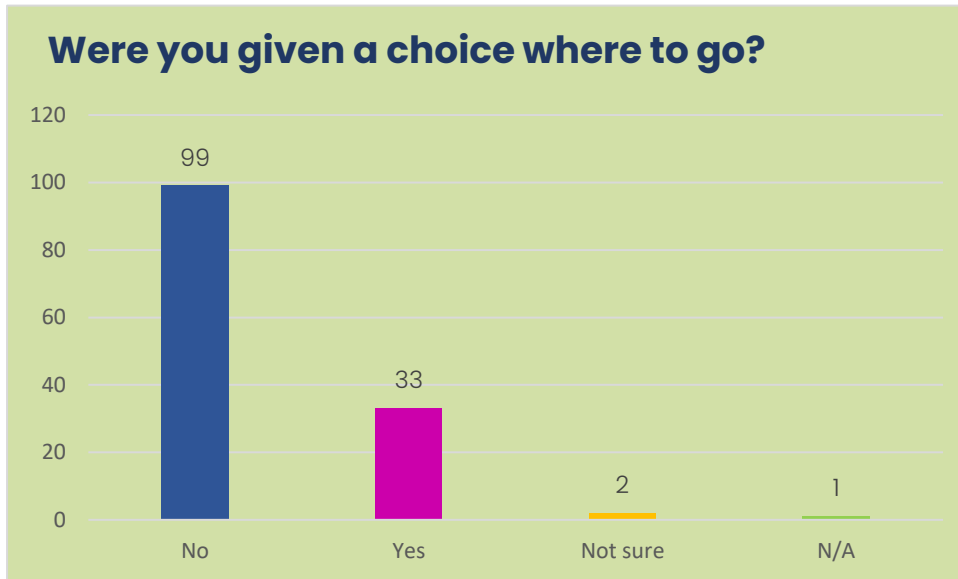
## Appendix 12



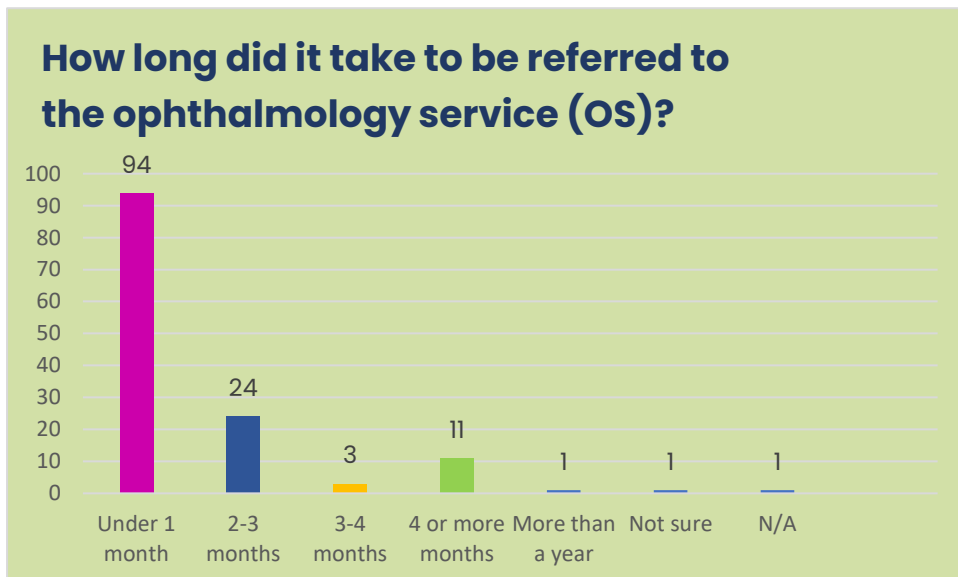
## Appendix 13



## Appendix 14



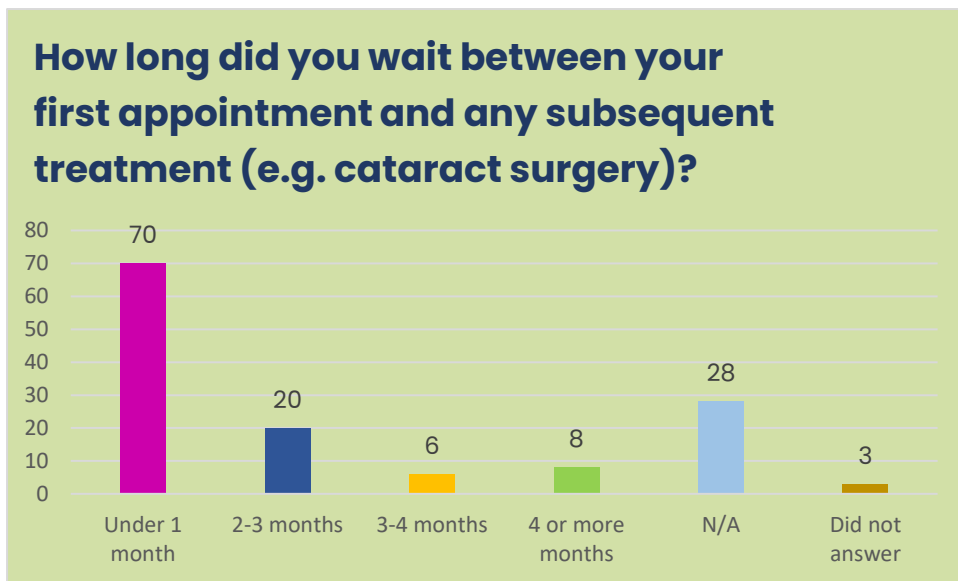
## Appendix 15



## Appendix 16

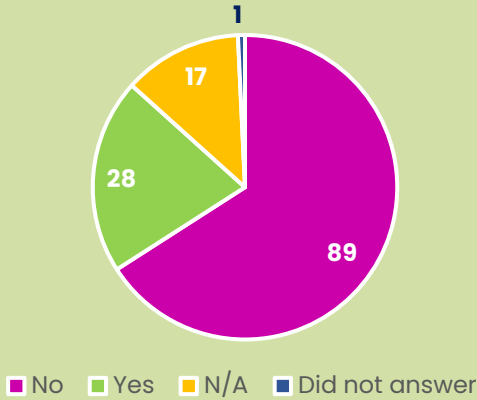


## Appendix 17



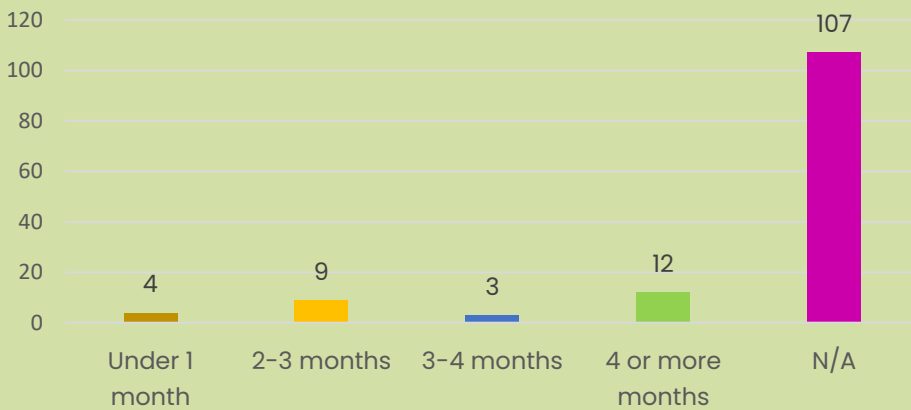
## Appendix 18

### Have you waited longer than advised for a 'follow up' appointment?



## Appendix 19

### If you answered Yes, how much longer did you have to wait than advised?



## Appendix 20

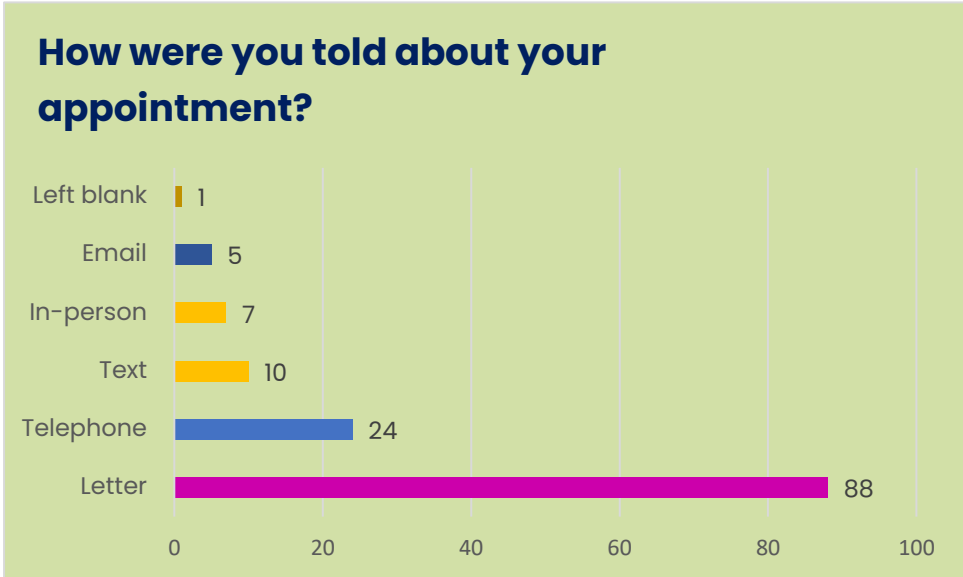
<b>Which OS were you referred to?</b>	<b># of responses</b>
SpaMedica - Bromley	53
Queen Mary's Hospital - Sidcup (QMH)	35
Orpington Hospital	11
SpaMedica and QMH	4
A&E	3
Princess Royal University Hospital (PRUH)	3
Moorfields Eye Hospital NHS Foundation Trust	2
King's College Hospital - Denmark Hill (KCH)	2
PRUH, Orpington Hospital and QMH	2
Lewisham Hospital, KCH and QMH	1
KCH and QMH	1
QMH, Orpington and SpaMedica - Bromley	1
Boots	1
Southampton Eye Clinic	1
Unsure	1
Left blank	14

## Appendix 21

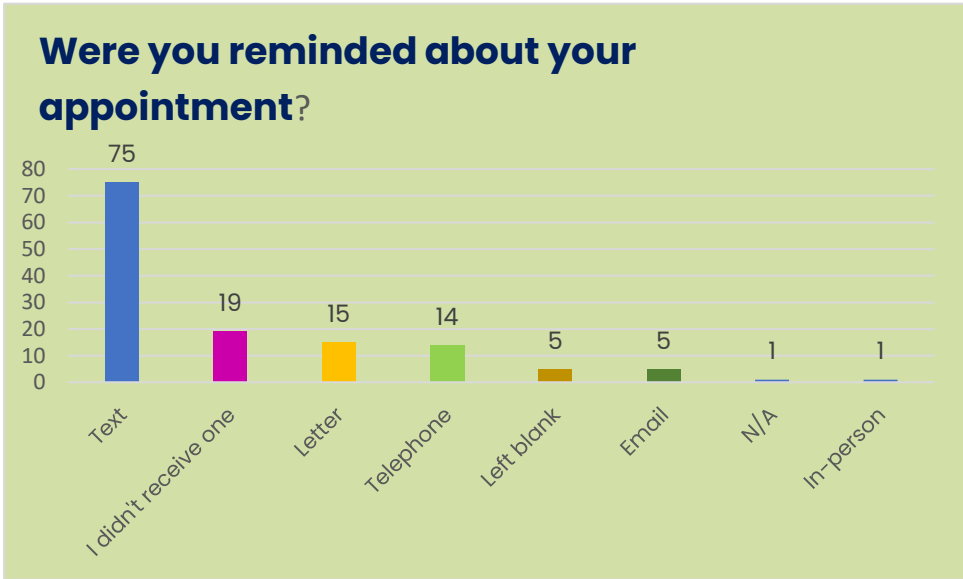
### What was your reason for accessing OS? e.g., eye injury or condition

Cataracts	76
Macular Degeneration (MD)	23
Glaucoma	12
Unsure	2
Left blank	2
Diabetes	2
Check Up	2
Ocular Hypertension	2
Ocular Shingles	2
Retinal Detachment	2
Central retinal vein occlusion (CRVO)	1
Central serous chorioretinopathy (CSR)	1
Double Vision	1
Dry eye	1
Eye Irritation	1
Graves' Disease	1
Haemorrhage	1
Laser treatment	1
Emergency	2
Stroke	1
Ectropian	1
Retinal vein occlusion (RVO)	1
Abcscess	1
Blindness	1
Blurred Vision	1
Stigmatism	1
Red Eye	1

## Appendix 22

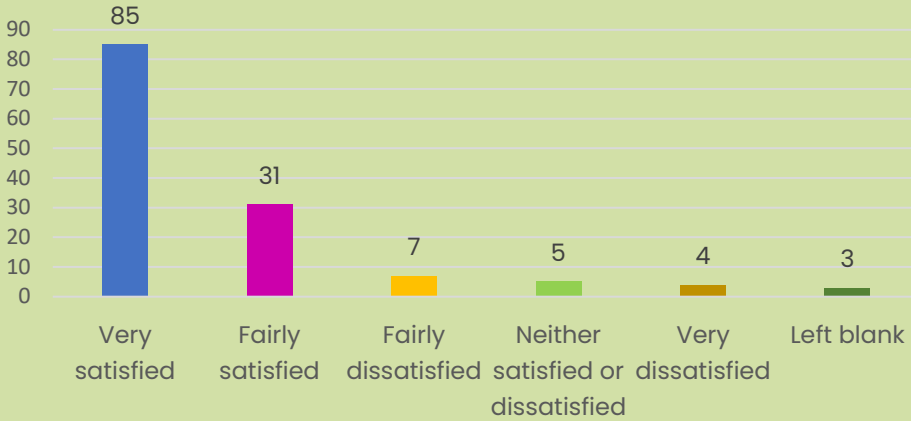


## Appendix 23



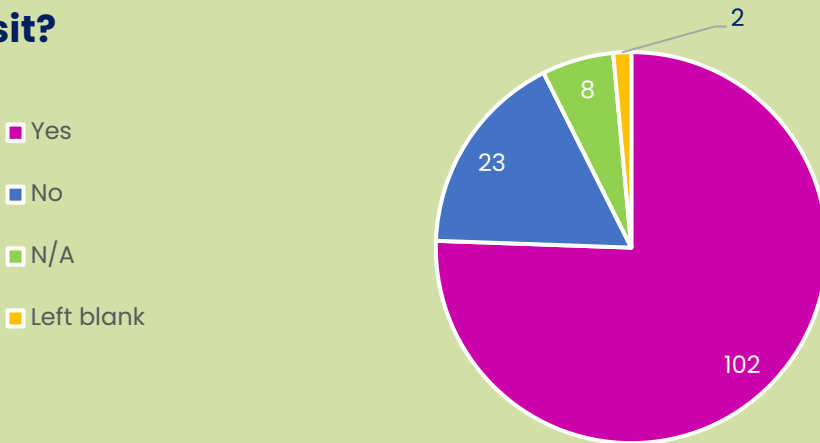
## Appendix 24

### Were you satisfied with this form of communication?



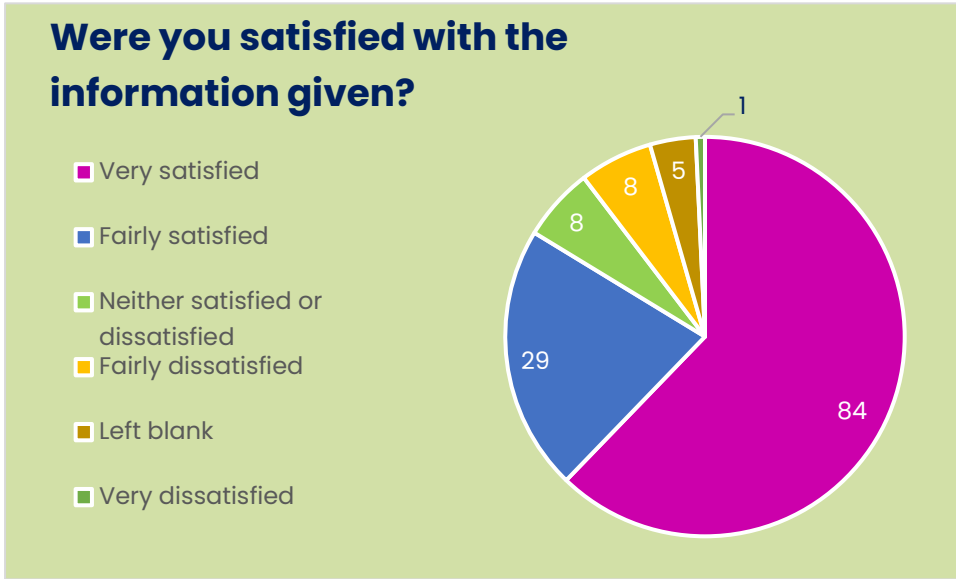
## Appendix 25

### Were you given enough information regarding what to expect from your visit?

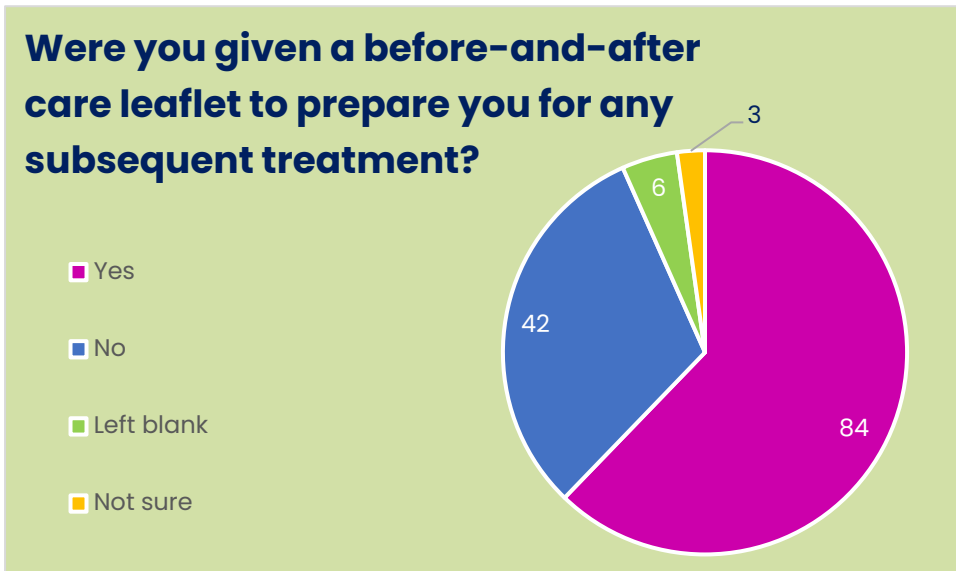




## Appendix 26



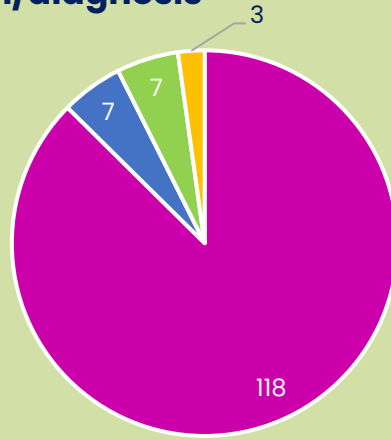
## Appendix 27



## Appendix 28

**During the appointment, were you able to understand the examination/diagnosis given to you?**

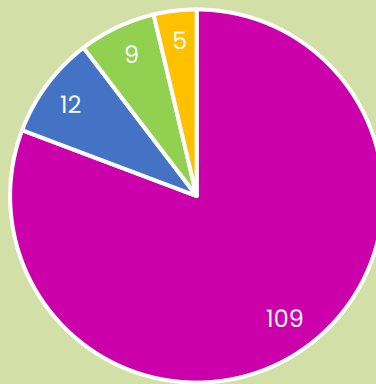
- Yes
- Left blank
- Not sure
- No



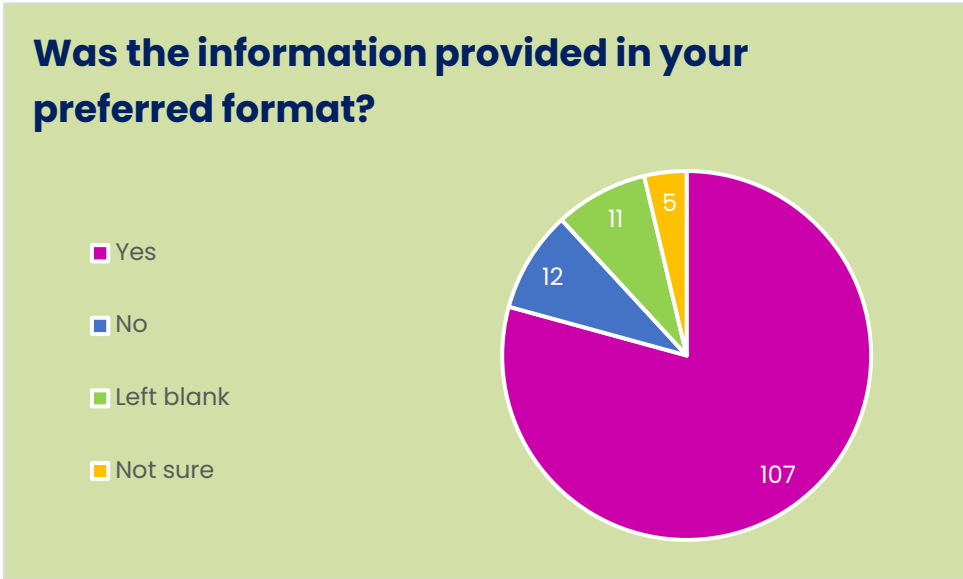
## Appendix 29

**After the appointment, were you given information?**

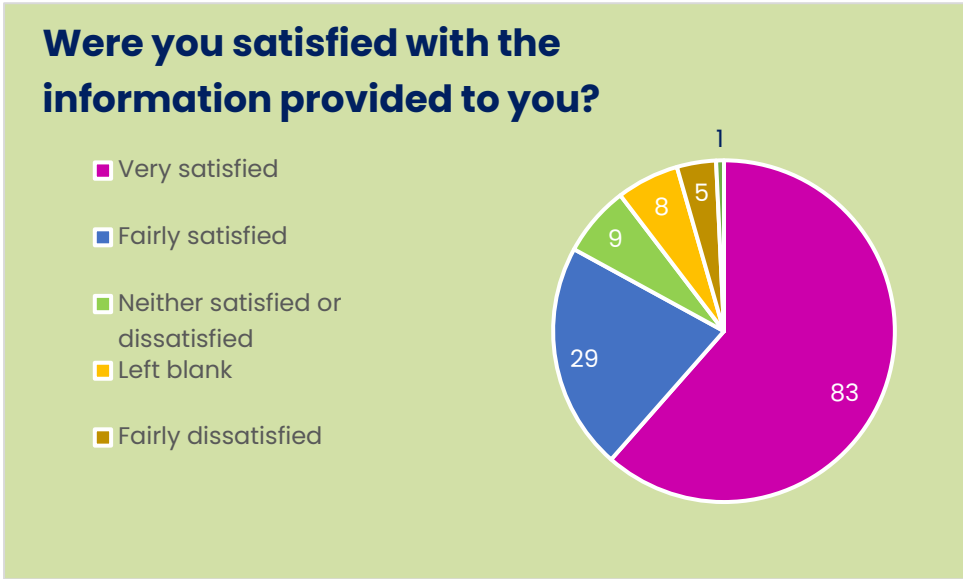
- Yes
- No
- Left blank
- Not sure



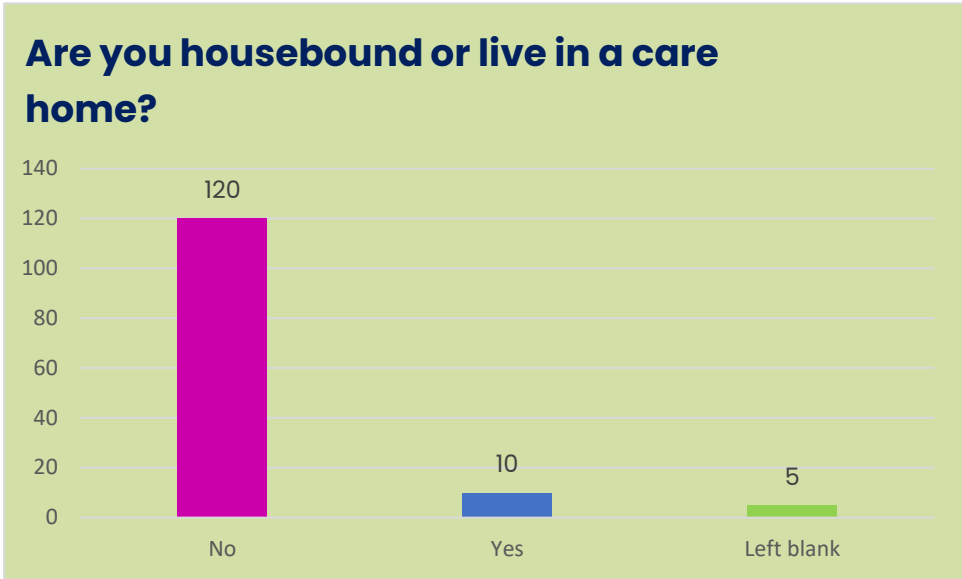
### Appendix 30



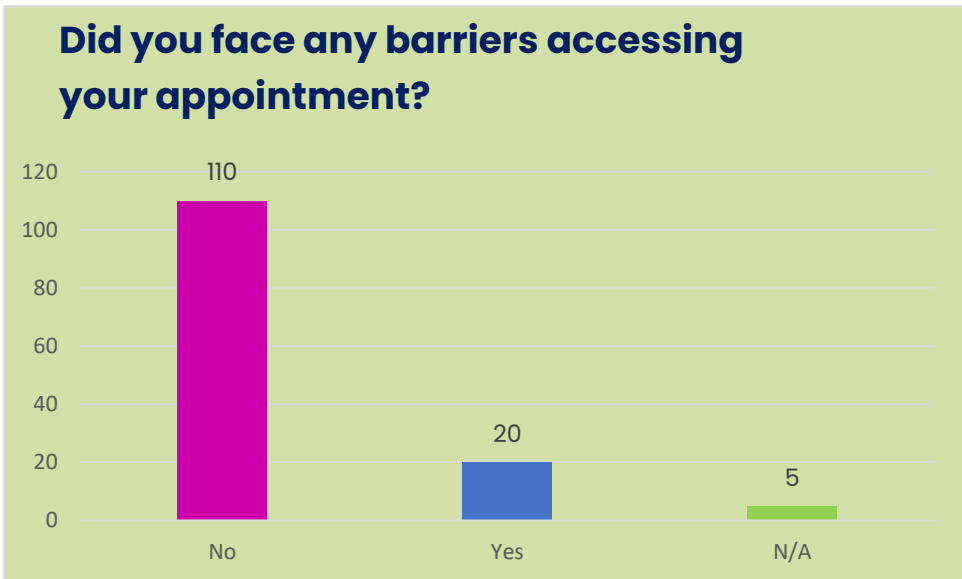
### Appendix 31



## Appendix 32



## Appendix 33



# **SURVEY: Share your feedback about ophthalmology services**

Healthwatch Bromley gives you the chance to say what you think about how local health and social care services are run. Your experiences are important and can help to inform commissioners and service providers.

To understand how your information will be used please read the **How we use this information** section at the end of the survey.

## **What is this survey about?**

Healthwatch Bromley is investigating how ophthalmology services (OS)\* are working for people who live in Bromley. We will use the responses to produce a report that will share key findings and make recommendations for improvements to the services.

We are including your experiences of GP and optometry referral pathways e.g. following an NHS sight test.

You can tell us what you think by completing our survey. Please return it to one of our staff members or volunteers or send it back to our office using the freepost address at the back of this document. If you prefer to complete the survey over the phone or are willing to give a more detailed case study, you can get in touch with the team on **0203 886 0752**.

## **\*Ophthalmology services**

Ophthalmology services provide medical and surgical treatment for a wide range of eye conditions and diseases including injuries, movement problems, corneal infections; glaucoma, macular degeneration, retinal disorders and cataracts.

.....

## **Key information**

### **1. Are you a Bromley resident?**

Yes

No, please specify your borough.....

**2. I am filling this in:**

- As someone who is currently accessing ophthalmology services (OS)
- As someone who has previously accessed OS
- On behalf of someone else. Please explain in what capacity (e.g., carer, family member):

.....

**3. What was your reason for accessing OS? e.g., eye injury or condition**

.....

**Referral process**

**4. How long did it take to be referred to the ophthalmology service (OS)?**

- Under 1 month
- 2-3 months
- 3-4 months
- 4 or more months
- Other (Please specify) .....

**5. Who referred you?**

- A&E
- Optometrist /Optician
- GP practice
- Other (please specify).....

**6. Which OS were you referred to?**

.....

**7. Were you given a choice of the service which you were referred to?**

- No
- Yes
- Not sure

**8. How long did you wait between referral and your first appointment?**

- Under 1 month
- 2-3 months
- 3-4 months
- 4 or more months

**9. How long did you wait between your first appointment and any subsequent treatment (e.g. cataract surgery)**

- Under 1 month
- 2-3 months
- 3-4 months
- 4 or more months
- N/A

**10. Have you waited longer than advised for a 'follow up' appointment?**

- No
- Yes
- Not sure

**11. If you answered Yes, how much longer did you have to wait than advised.**

- Under 1 month
- 2-3 months
- 3-4 months
- 4 or more months
- N/A

**Communication**

By law, under the Accessible Information Standard (AIS), all publicly funded health and social care providers must ensure people are given information about their health and care in their preferred format e.g. large print, Braille, audio files etc.

**12. How were you told about your appointment?**

- Letter
- Text
- Email
- Telephone
- Other (please specify).....

**13. How were you reminded about your appointment?**

- Letter
- Text
- Email
- Telephone
- Other (please specify).....

**14. Were you satisfied with this form of communication?**

- Very satisfied
- Fairly satisfied
- Neither satisfied or dissatisfied
- Fairly dissatisfied
- Very dissatisfied



**15. Were you given enough information regarding what to expect from your visit (e.g. use of eye drops, directions)?**

- No
- Yes
- N/A

**16. Were you satisfied with the information given?**

- Very satisfied
- Fairly satisfied
- Neither satisfied or dissatisfied
- Fairly dissatisfied
- Very dissatisfied

**17. Were you given a before and after care leaflet to prepare you for any subsequent treatment?**

- No
- Yes
- Not sure

**18. During the appointment, were you able to understand the examination/diagnosis given to you?**

- No
- Yes
- Not sure

**19. After the appointment, were you given information (a summary of your diagnosis and possible treatment)?**

- No
- Yes
- Not sure

**20. Was the information provided in your preferred format? (e.g. large print).**

- No
- Yes
- Not sure

**21. Were you satisfied with the information provided to you?**

- Very satisfied
- Fairly satisfied
- Neither satisfied or dissatisfied
- Fairly dissatisfied
- Very dissatisfied

**22. Are you housebound or live in a care home?**

- No
- Yes, did the service provider visit you there?
  - No
  - Yes

**23. Did you face any barriers accessing your appointment (e.g. communication, transport)?**

- N/A
- No
- Yes, please provide further information

.....  
.....

**24. Please tell us more about your appointment experience (what worked well and / or what could be improved)**

.....  
.....  
.....

## Monitoring

### Tell us a bit about you (or the person for whom you are completing this survey, if you are doing so on their behalf)

It would really help to know a little more about you so that we can better understand how people's experiences of local health and social care services may differ between groups of people; this supports our focus on improving equality, diversity and inclusion. **These questions are completely voluntary.**

#### What gender do you identify yourself as:

- Man (including trans man)  Woman (including trans woman)  
 Non-binary  Other.....  Prefer not to say

#### Which age group are you in?

- Under 18  18 to 24  25 to 34  35 to 44  45 to 54  55 to 64  
 65 to 74  75 to 84  85+  Prefer not to say

#### What is your ethnicity?

##### White

- English / Welsh / Scottish / Northern Irish / British  Gypsy or Irish Traveller  
 Irish  Roma  Any other white background.....

##### Asian / Asian British

- Asian British  Indian  Bangladeshi  Pakistani  
 Chinese  Any other Asian/Asian British background.....

##### Black, African, Caribbean, Black British

- Black British  African  Caribbean  Any other Black, African, Caribbean background.....

##### Mixed, Multiple Ethnic Groups

- White and Asian  White and Black African  White and Black Caribbean  
 Any other mixed / multiple background.....

##### Other Ethnic Groups

- Arab  Any other ethnic group.....  **Prefer not to say**

**Do you consider yourself to be disabled?**

- Yes.....  No  Prefer not to say

**Do you consider yourself to have a long-term condition or health and social care need?**

- Yes.....  No  Prefer not to say

**What is your religion?**

- Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  Spiritualism
- No religion  Prefer not to say  Other religion.....

**What is your sexual orientation?**

- Asexual  Bisexual  Gay man  Heterosexual/straight  Lesbian  Pansexual
- Prefer not to say

**Are you currently pregnant or have you been pregnant in the last year?**

- Currently pregnant  Prefer not to say  Currently breastfeeding
- Given birth in the last 26 weeks  Not relevant

**What is your employment status?**

- In unpaid voluntary work only  Not in Employment (student)
- Not in employment & unable to work  Paid work: 16 or more hours p/week
- Not in employment / not actively seeking work – retired
- Paid work: less than 16 hours p/week  Not in employment (seeking work)
- On maternity leave  Prefer not to say

### Are you an unpaid carer?

- Yes  No  Prefer not to say

### Which Ward of the borough do you live in?

- Beckenham Town and Copers Cope  Hayes and Coney Hall
- Bickley and Sundridge  Kelsey and Eden Park
- Biggin Hill  Mottingham
- Bromley Common and Holwood  Orpington
- Bromley Town  Penge and Cator
- Chelsfield  Petts Wood and Knoll
- Chislehurst  Plaistow
- Clock House  Shortlands and Park Langley
- Crystal Place and Anerley  St Mary Cray
- Darwin  St Paul's Cray
- Farnborough and Crofton  West Wickham
- Out of Borough, please specify.....

### How we use your information

The information you share with us will also be accessed by our national body Healthwatch England and shared with local health and care commissioners and providers. This helps us spot trends both nationally and locally to identify areas for improvement. We may use quotes in our reports, but we will not use any information that will identify you. Our full privacy statement can be found at:

**[\[Privacy Policy - Healthwatch Bromley\]](#)**

### Confirmation of consent

I consent to sharing my information with Healthwatch Bromley (HWB) as part of their research into ophthalmology services. I understand that my information will be stored in the HWB system for 12 months and will only be used for this piece of research and any updates related to this project.

**Thank you for sharing your experience!** We recognise that health and care issues can be extremely personal and we appreciate you giving us your time.

**Please share your contact details below if you would like to receive a copy of the research report.**

# Ophthalmology services share your feedback poster



## SHARE YOUR FEEDBACK **OPHTHALMOLOGY SERVICES**

### What is this survey about?

Healthwatch Bromley is investigating how ophthalmology services are working for people who live in Bromley.

We will use the responses to produce a report that will share key findings and make recommendations for improvements to the services.

We are including your experiences of GP and optometry referral pathways e.g. following an NHS sight test.

You can tell us what you think by completing our survey which closes on 20 November 2023:

<https://www.smartsurvey.co.uk/s/ophthalmologysurvey/>



or scan the QR code with your smartphone

Healthwatch Bromley, Waldram Place, SE23 2LB

[www.healthwatchbromley.co.uk](http://www.healthwatchbromley.co.uk)

Telephone: 0203 886 0752

Email: [info@healthwatchbromley.co.uk](mailto:info@healthwatchbromley.co.uk)

**healthwatch**  
Bromley

# Glossary of Terms

AIS	Accessible Information Standard
MECS	Minor Eye Conditions Service
CRVO	Central Retinal Vein Occlusion
CSR	Central Serous Chorioretinopathy
CQC	Care Quality Commission
GDPR	General Data Protection Regulations
HWB	Healthwatch Bromley
HWE	Healthwatch England
KCH	King's College Hospital NHS Foundation Trust
LBB	London Borough of Bromley
LOC	Local Optical Committee
MD	Macular Degeneration
N/A	Not Applicable
OCT	Optical Coherence Tomography
OS	Ophthalmology Service
PCO	Posterior Capsular Opacification
PCN	Primary Care Network
PRUH	Princess Royal University Hospital
RNIB	Royal National Institute of Blind People
SEL ICB	South East London Integrated Care Board
SEL ICS	South East London Integrated Care System
VI	Visually Impaired
VSO	Voluntary Sector Organisation
WKEC	West Kent Eye Centre
YVHSC	Your Voice in Health and Social Care

## Distribution and Comment

This report is available to the public and is shared with our statutory and community partners. Accessible formats are available. If you have any comments on this report or wish to share your views and experiences, please contact us.



### Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch today.

[www.healthwatchbromley.co.uk](http://www.healthwatchbromley.co.uk)

0203 886 0752

[info@healthwatchbromley.co.uk](mailto:info@healthwatchbromley.co.uk)

# healthwatch

Healthwatch Bromley  
Waldram Place  
London  
SE23 2LB

w: [www.healthwatchbromley.co.uk](http://www.healthwatchbromley.co.uk)

t: 0203 886 0752

e: [info@healthwatchbromley.co.uk](mailto:info@healthwatchbromley.co.uk)

 HWBromley

 [Facebook.com/healthwatch.bromley](https://www.facebook.com/healthwatch.bromley)

 [@healthwatchbromley](https://www.instagram.com/healthwatchbromley)



**Committed  
to quality**



Healthwatch was established in 2013 in accordance with the Health and Social Care Act 2012.

Within this legislation [Arrangements to be made by relevant bodies in respect of local Healthwatch Organisations Directions 2013] Healthwatch has a right to a reply within 20 working days to Reports and Recommendations submitted by Local Healthwatch to a service provider.

## Report & Recommendation Response Form

Report sent to	NHS South East London Integrated Care Board
Date sent	21 March 2024
Report title	HWB Ophthalmology Report
	Response (If there is a nil response please provide an explanation for this within the statutory 20 days)
Date of response provided	29 April 2024
Please outline your general response to the report including <b><u>what you are currently doing to address</u></b> some of the issues identified.	<p>NHS South East London Integrated Care Board (NHS SEL London) is committed to high quality care for Bromley people and communities and welcomes the opportunity to respond to the Healthwatch Bromley report on Ophthalmology Services.</p> <p>Some general comments:</p> <ul style="list-style-type: none"><li>• Bromley people can self-refer to the minor eyecare service (MECS). All Bromley GP practices have a self-referral webpage which explains what the service offers and how to access it.</li><li>• The report concludes that the lack of a provider location in Beckenham impacts on access. However, there is provision in Penge, Bromley town centre and Hayes - all of which border the Beckenham area and have good transport links.</li><li>• The case study on page 25 says the patient was referred by their optician back to their GP, but the referral should have been made directly to the MECS service, so this case study should be further investigated to ensure there is sufficient awareness of the pathways amongst opticians.</li></ul>

	<p>Please outline what <b>actions</b> and/or improvements you will undertake <b>as a result of the report's findings and recommendations</b>. If not applicable, please state this and provide a brief explanation of the reasons.</p>
<p>A greater range of communication methods about appointments is used (e.g. text messages, email, MyChart patient app) as well as or instead of letters, so that all patients receive timely appointment details and reminders. Patients should be asked their preferred communication methods and their preferences should be followed.</p>	<p>NHS South East London Integrated Care Board (SEL ICB) support recommendations to improve the range of methods used by ophthalmology providers to communicate with patients.</p>
<p>Improvements are made in communication: between hospitals, between hospitals and high street opticians, between hospitals and GPs, and by all of these with patients.</p>	<p>The SEL Ophthalmology network has now been established. This is run by the SEL Acute Provider Collaborative (APC) and is a network to join together all the different ophthalmology providers in SEL. SEL APC includes primary care leads and representatives to help improve the relationship across primary care and to ensure a primary care voice is involved in key projects.</p>
<p>Services review their telephone systems and how they might be improved to help patients make contact.</p>	<p>To be responded to by provider services.</p>
<p>SEL ICS conducts a review to identify and publicise best</p>	<p>This recommendation will be brought to the SEL Ophthalmology network for further discussion and consideration.</p>

<p>practice in communication between OS providers during the patient journey.</p>	
<p>A review is undertaken by providers of what information is provided to patients before and after treatment, particularly prior information about possible symptoms and complications, and action the patient should take.</p>	<p>This recommendation will be brought to the SEL Ophthalmology network for further discussion and consideration.</p>
<p>Reducing waiting times in OS should be a priority, to reduce harm to patients caused by worsening conditions, improve patient satisfaction and reduce their distress.</p>	<p>Reducing waiting times is a key priority for the SEL system. There is focussed ongoing work to reduce waiting times for Ophthalmology services.</p>
<p>SEL ICS reviews the working of ophthalmic triage to reduce waiting times and avoid unnecessary multiple appointments for patients.</p>	<p>NHS South East London has commissioned Primary Ophthalmic Solutions (POS) to deliver a range of community-based ophthalmology services, including triage and minor eyecare services. It is recognised that the Ophthalmic triage service available in SEL is one of the most developed and successful services in the UK. We continue to try to improve this further and the service will be going through a re-procurement process in 24/25 alongside a review of service specifications.</p>
<p>Patients are offered more choice of OS providers to enable them to make real choices to suit their location and circumstances.</p>	<p>Within SEL all routine referrals should be triaged by Primary Ophthalmic Solutions (POS) as a single point of access to determine the most appropriate patient pathway. As part of this process, there will be a discussion about patient choice and if the patient has a preferred provider, it can be noted on the referral form. If no provider is listed as choice, then POS will have this conversation with the patient.</p> <p>All referrals are in line with the patient's condition and also the receiving providers exclusion criteria. Therefore, it may not</p>

	<p>be clinically appropriate to offer every patient the same choice of providers.</p>
<p>SEL ICS updates GPs and opticians on referral, particularly using the triage service, and the role of MECS opticians - what they can and cannot offer.</p>	<p>Ophthalmology is an intelligent pathway on the Referral Optimisation Protocol, a tool used by Bromley GPs to enable high quality referrals to the most suitable service. Referrers select, from a menu, the ophthalmological condition for which they need to refer to. The system then determines the optimal pathway for that condition and recommends referral to the appropriate service. For minor eye conditions the MECS service is recommended but for conditions not managed by the MECS service the optometrist triage service is recommended instead as this should be the gateway for all hospital services. The only exceptions to this are conditions that need to be referred as an emergency and in this situation the eye casualty referral form is recommended. Users are able to override any recommendation if they feel that a referral to a different service is preferable.</p> <p>There is ongoing communication and engagement with primary care on the use of triage and MECs. Primary care leads are involved in the development of the service. There have recently been specific engagement on the two new pathways developed for the service 1. The learning disability and autism pathway. 2. Care Homes Pathway.</p> <p>We note that Bromley GPs are usually amongst the highest (appropriate) referrers to the MECS service in SEL which illustrates the good awareness of the service offer.</p>
<p>The provider of the BMECS service reviews its availability, provides a daily service across the borough and restores BMECS provision in Beckenham.</p>	<p>To be responded to by provider of the BMECS service.</p>
<p>OS providers improve access and car parking where possible to enable patients with mobility issues to use the services.</p>	<p>To be responded to by provider services.</p>
	<p>To be responded to by provider services.</p>

<p>OS providers ensure consistent service provision to housebound residents.</p>	
<p>Commissioning and provider partners in SEL consider how to alleviate the travel cost burden of accessing OS for patients experiencing financial difficulties.</p>	<p>This recommendation will be brought to the SEL Ophthalmology network for further discussion and consideration.</p> <p>Patients seen in NHS secondary care services are offered transport where they are eligible for this in line with nationally set criteria. If a provider meets national criteria for patient transport, they are offered the choice of Providers who provide this function.</p>
<p>Quarterly meetings of commissioners and providers with patients are arranged to develop OS and improve delivery, through better communication and use of the patient voice. This might be done through a virtual 'rolling' patient participation group, for patients to feed back on what is working well and what needs improvement, with providers acting on suggestions where possible</p>	<p>Patient voice is crucial to service delivery and continual improvement. To build on our existing efforts, providers will not only continue to utilise established patient engagement and feedback mechanisms but will also seek innovative ways to integrate patient insights more directly and dynamically into service improvements.</p> <p>The ICB is actively developing additional channels, such as patient feedback surveys and focus groups, to capture a broader range of patient experiences and perspectives. We are also planning to incorporate insights from Healthwatch and other patient advocacy groups more consistently into our strategic discussions and action plans.</p> <p>By integrating these approaches, we aim to ensure that patient feedback is not only heard but acted upon, fostering a more responsive and patient-centred service.</p>
<p>Signed</p>	<p>Carl Glenister</p>
<p>Name</p>	<p>Carl Glenister</p>
<p>Position</p>	<p><b>Associate Director – Cancer &amp; Planned Care</b> NHS South East London Integrated Care Board</p>

Healthwatch was established in 2013 in accordance with the Health and Social Care Act 2012.

Within this legislation [Arrangements to be made by relevant bodies in respect of local Healthwatch Organisations Directions 2013] Healthwatch has a right to a reply within 20 working days to Reports and Recommendations submitted by Local Healthwatch to a service provider.

## Report & Recommendation Response Form

Report sent to	Petula Storey, Rachel Winter
Date sent	21 <sup>st</sup> March 2024
Report title	Ophthalmology Report
	<p>Response (If there is a nil response please provide an explanation for this within the statutory 20 days)</p>
Date of response provided	18 <sup>th</sup> April 2024
Please outline your general response to the report including <b><u>what you are currently doing to address</u></b> some of the issues identified.	<p>What we are currently doing is as follows:</p> <p><b>Communication</b></p> <p>The Kings Ophthalmology Service has placed a high priority in in improving communication with patients which had been identified as an area for improvement. This led to the introduction of a new phone system in 2023 which reduced the PALS contacts for the service by more than 50% immediately on implementation. This has already been acknowledged in the recommendations.</p> <p>There has been further work to improve communication at a Trust level. In conjunction with the implementation of the new EPIC system the following were also introduced;</p> <ul style="list-style-type: none"> <li>- Expansion of the 2 way text system across all services (this was previously in place for many but not all ophthalmology clinics)</li> <li>- The MyChart system</li> <li>- Automated letter sending (clinic and appointment)</li> <li>-</li> </ul> <p>These communication systems have been integrated into the EPIC system which went live on the 5<sup>th</sup> of October 2024. There have been some outpatient functionality issues following the EPIC Go-Live. This had a major impact on these communication pathways, particularly for the first 2 months of EPIC Go Live which corresponds with the data capture period. Text messaging had to be temporarily switched off but was then quickly reinstated and there have been some issues with</p>

the letter sending process which has caused delay. This is now being tracked and addressed.

In response to these issues the Trust (in conjunction with Guys and St Thomas' who implemented the EPIC system at the same time) convened a patient communication working group which has been focusing on the text message and letter sending component, with a separate working group focusing on My Chart.

As well as collaborating on this we are working with the APC, the ICB and MECS to improve communication between providers of eye healthcare though we acknowledge that this report highlights that there is work to be done

### **Patient information**

The Trust already has a patient advisory forum for patient experience and engagement within Kings Ophthalmology but the recommendation for this to be at commissioner level will be taken to the APC

### **Waiting times**

There are a number of factors which have impacted on wait times. Kings has invested a great deal into addressing the delays to care following the scale of activity cancelled as a result of the Covid response. This investment was both in workforce, diagnostic equipment and some additional estate to create a diagnostic hub. However, in 2023 Ophthalmology activity was heavily impacted further by strike action and the implementation of the new EPIC system.

One of the recommendations in the report is for the ICS to review the ophthalmic triage. Community triage was implemented in September 2022 for all eye referrals to the hospital eye services in SE London. Since this time the service provider has shared data on the impact with regards to: 1) duplicate referrals that have been prevented and 2) those that were diverted to the Community Minor Eye Conditions Service where they could be managed without referral into the HES. However, there has also been a negative impact on the distribution of referrals across the sector resulting in uneven wait times. This has been raised and has been a key priority for Kings in the ongoing work with the Acute Provider Collaborative (APC) for the past year.

## Referrals

We will seek to ensure that patient choice has been offered. This has been raised with the APC forum and patient choice is supposed to be in place however this report suggests further assurance is required.

## Other

King's have been working with the Clinical Director of Adult Medicine at PRU to improve the ophthalmology care of housebound residents. We plan that this will be done in conjunction with the Outside Clinic Home Health Care.

Across the board provision of ophthalmology care is hampered by difficulties performing investigations and surgery on patients that are bedbound. As well as the above work the King's team are involved in pan-London work to reduce this issue.

Otherwise we are not aware of significant issues of access for patients with impaired mobility to our services at the sites reviewed though we continue to monitor this.

Please outline what **actions** and/or improvements you will undertake **as a result of the report's findings and recommendations**. If not applicable, please state this and provide a brief explanation of the reasons.

### Recommendation 1

#### Communication

Improving the communication infrastructure for patients (letters, texts and MyChart) is a Trust wide project and this will continue. The trust is monitoring the outcomes of these projects and so as part of this we will be able to monitor our improvement.

### Recommendation 2

#### Patient information

We will undertake a review of information that is currently available for our patients and the accessibility of this to patients under our care.

### Recommendation 3

#### Waiting times



	This report will be taken to the APC to further support the work that needs to be done around referral distribution and how this links to patient choice
Recommendation 4	Housebound residents Strengthen our connection with the community ophthalmic provision as part of the Outside Clinic Home Health Care. Ensure this information is disseminated within our team. Work with the community provider to structure the baseline assessment.
Recommendation 5	A number of recommendations we will be liaising with the APC <ul style="list-style-type: none"> <li>- Assurance that patient choice has been offered. This has been raised with the APC forum and patient choice is supposed to be in place however this report suggests further assurance is required.</li> <li>- Effectiveness of signposting patients to appropriate support for cost of hospital travel for those in financial difficulty.</li> </ul> <p>The Trust already has a patient advisory forum for patient experience and engagement within Kings Ophthalmology but the recommendation for this to be at commissioner level will be taken to the APC</p>

Signed



Name	Tracey Carter
Position	Chief Nurse and Executive Director of Midwifery

Healthwatch was established in 2013 in accordance with the Health and Social Care Act 2012.

Within this legislation [Arrangements to be made by relevant bodies in respect of local Healthwatch Organisations Directions 2013] Healthwatch has a right to a reply within 20 working days to Reports and Recommendations submitted by Local Healthwatch to a service provider.

## Report & Recommendation Response Form

Report sent to	Charles Greenwood
Date sent	21 March 2024
Report title	Ophthalmology Report
	<p>Response (If there is a nil response please provide an explanation for this within the statutory 20 days)</p>
Date of response provided	24 April 2024 (previous response by email)
Please outline your general response to the report including <b><u>what you are currently doing to address</u></b> some of the issues identified.	<p>Overall there is some concern that the report is based on feedback from patients of whom around 50% are not from the borough of Bromley. Whilst they may be from other South East London boroughs, if they are from outside these, there are very different systems in other areas and this may not therefore give an accurate impression of the experience of Bromley residents. Some specific comments on the report follow:</p> <p>Page 11: Most respondents were not offered a choice of OS provider - this is surprising. When patients are triaged by the Single Point of Access, we either honour the choice made that is informed to us by the GP or referring optometrists. If there is no choice the patient will receive a letter generated from e-RS giving a choice of secondary care providers. We will also phone a cohort of patients to offer choice. Those being triaged to MECS receive a letter with a list of local MECS practices to choose from. So, from our perspective choice has been offered. We cannot obviously comment on the process of the original referrer who state the choice on their referral.</p> <p>Page 11: Lack of consistency for housebound residents - there is currently a pilot project for care homes being run in Southwark to assess the feasibility of MECS related services to housebound patients. Domiciliary appointments are available for General Ophthalmic Services (GOS) appointments.</p> <p>Page 12: Telephone systems - Our service misses very few calls indeed (maybe 2 per week that do not get answered as everyone is on the phone). These go to voicemail and are</p>

called within 24 hours usually sooner. It would be helpful to identify which part of the service this refers to as it is unlikely to be our Single Point of Access.

Page 12: the triage system is under continual review and improvement. One of the reasons we call a number of patients is to inform them of the longer waiting times in the hospital they have been referred to and offer them a choice of other providers.

Page 13: Referrals - see previous comments re choice; agree with continual messaging to GPs to use the correct pathways.


Page 13: MECS service - we continually encourage providers to join the service. The practice in Beckenham sold and closed. We have a provider starting Beckenham next week and also another in Penge.

Page 23: Case Study. It is difficult to comment without access to the clinical records. Sometimes we do get patients complaining that they have been referred to MECS particularly when they are being referred for cataract or YAG capsulotomy. However, in many cases, it may not be clear from the information that has come through to triage what the patient is being referred for or there is a simple lack of information which we know will result in rejection by the hospital. They are therefore sent to MECS to refine the referral, decide what kind of referral is needed. Ideally, when referrals are made, they will contain all relevant information/scans/images which enable triage to be more effective. There is certainly no intent or incentive to ration referrals to hospital simply to get the patients to the appropriate place with the appropriate level of urgency.

Please outline what **actions** and/or improvements you will undertake **as a result of the report's findings and recommendations**. If not applicable, please state this and provide a brief explanation of the reasons.

Recommendation 1

Communication: We are looking to use email more to communicate with patients as this functionality is now available on e-RS. We don't feel we have any issue with our telephone system so there is no action to take here.

Recommendation 2	Patient information: we have been working with the ICB on patient information and will continue to do so.
Recommendation 3	Waiting times: no action to be taken as triage already works to reduce waiting times by offering hospitals with shorter waits
Recommendation 4	Referrals: our service offers choice to patients unless a choice has already been communicated by the GP or optician. We will work with partners to ensure choice is being offered at this point.
Recommendation 5	Other: one practice in Beckenham and one in Penge are about to start providing MECS. We will work to encourage more take up of the service. We are also in the process of a domiciliary MECS pilot in Southwark which will look to expand across South East London if successful.
Signed	
Name	Charles Greenwood
Position	Admin Secretary, BBG LOC; Operations Director Primary Ophthalmic Solutions

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Within this legislation [Arrangements to be made by relevant bodies in respect of local Healthwatch Organisations Directions 2013] Healthwatch has a right to a reply within 20 working days to Reports and Recommendations submitted by Local Healthwatch to a service provider.

## Report & Recommendation Response Form

Report sent to	
Date sent	21/03/2024
Report title	HWB OPHTHALMOLOGY REPORT
	Response (If there is a nil response please provide an explanation for this within the statutory 20 days)
Date of response provided	09/04/2024
Please outline your general response to the report including <b><u>what you are currently doing to address</u></b> some of the issues identified.	To note that 'General Ophthalmic Services' GOS - relates to the provision of Primary Care NHS Sights only by a (opticians) practice/provider who holds an NHS GOS contract. This is the service that was delegated to ICBs in April 2023 as part of wider delegation of primary care pharmacy, general ophthalmic and dental services.
	Please outline what <b><u>actions</u></b> and/or improvements you will undertake <b><u>as a result of the report's findings and recommendations</u></b> . If not applicable, please state this and provide a brief explanation of the reasons.
Recommendation 1	To work with SEL ICB colleagues, LEHN Chair, Optometric Advisers, LOCs and local providers to facilitate improvements in communications between OS providers during patient journey eg between Optometrists (GOS providers) and secondary care, MECS providers.
Recommendation 2	To work with SEL ICB colleagues, LEHN Chair, Optometric Advisers, LOCs and local providers to facilitate the sharing of information about service availability eg MECs is regularly updated and shared.
Recommendation 3	To work with SEL ICB colleagues, LEHN Chair, Optometric Advisers, LOCs and local providers re patient participation in developing and improving OS services.

Recommendation 4	
Add recommendations if there are more than 4.	
Signed	
Name	DARSHNA RUGHANI
Position	SENIOR COMMISSIONING MANAGER, NHS LONDON DENTAL, OPTOMETRY & PHARMACY COMMISSIONING HUB