



Isle of Man
Government

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Isle of Man Eye Care Strategy Consultation

Summary Document

Department of Health and Social Care

Rheynn Slaynt as Kiarail y Theay

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EXECUTIVE SUMMARY

1. Eye health is important as problems are a major cause of disability and affect people's quality of life. Problems increase with age. It is important that problems are identified early and that people are aware of the importance of eye health.
2. The Department of Health and Social Care (DHSC) spends more than twice as much on eye health as most areas in England, partly because of the need for people with rare conditions to travel off-Island for treatment. However, hospital waiting times at Noble's Hospital are unacceptably long.
3. Currently the Department is funding sight tests annually, more frequently than recommended by experts. Therefore, where clinically appropriate, it is proposed that sight tests should be conducted every two years.
4. The Ophthalmology Department at Noble's Hospital is very busy, providing more than 12,000 appointments each year. It provides good quality care and outcomes, but is struggling to cope with existing demand. With an ageing population the need and demand for services will increase.
5. The Ophthalmology Department at Noble's does not provide many of the new services that have been developed elsewhere. It is proposed that changes are made to staffing and the way services operate to allow more care to be provided on the Island. Pressure will be taken off the Ophthalmology Department by high street optometrists being funded to look after people with minor eye conditions, rather than people having to go to hospital.
6. The Island is fortunate in having a number of active voluntary sector organisations which support people with low or no vision. There is a need to make sure that health services and other agencies make best use of these important services.
7. This is a strategy for consultation. It sets out a direction of travel that we believe will provide better services for local people.

OUR COMMITMENTS TO YOU

The Department has been working with colleagues from the charitable third sector to develop this strategy over the past year and is making the following commitments:

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| Commitment 1 | DHSC will work with the voluntary sector and with the community to raise awareness of the importance of eye health with the aim that everyone in the Isle of Man looks after their eyes and their sight, is aware of risks to their eyesight and the early signs and symptoms of disease, and knows where to go for support. |
| Commitment 2 | Everyone with an eye condition receives timely treatment and, if permanent sight loss occurs, early and appropriate services and support are available and accessible to all. |
| Commitment 3 | DHSC will reconfigure services to ensure that services are providing value for money based on the evidence of effectiveness and benchmarked information. Processes will be streamlined. |
| Commitment 4 | Services will be provided locally wherever possible. More services will be provided in primary care by optometrists. Services will be developed at Noble's to remove the need to leave the Island for treatment except |

when clinically necessary. In developing local services, DHSC will build on the success of the Clinic.

Commitment 5 The Isle of Man will be a society in which people with sight loss can fully participate.

Eye Health Is Important and For Many People Sight Loss is Preventable

Sight loss affects a person's ability to work and can dramatically increase the risk of ill health from falls and depression. The risk of experiencing sight loss increases for people who smoke, are obese, drink heavily, have high blood pressure or hypertension, look directly at the sun, have dementia or have suffered a stroke. These individuals and people from some ethnic groups are at greater risk of sight problems.

Changing how services work at Noble's Hospital

The Department is proposing to change the way the Ophthalmology Department works to reduce waiting times and ensure fewer people have to travel to the UK.

This will be achieved by:

- Reviewing how clinics work in order to improve productivity
- Broadening the range of specialist skills, including those of nurse practitioners
- Discharging patients to primary care where they no longer need to be seen by a consultant-led service
- Clear quality standards

In addition, by generating savings from new ways of working, the Department intends to provide an annual diabetic eye-screening programme.

The service provided by Aintree Hospitals at Noble's Hospital has been successful in allowing large numbers of patients to have their treatment for ARMD on-Island. The strategy aims for see more patients to be seen on-Island and the DHSC is also considering other conditions which may be treated on-Island. This is important, not just because of cost, but because the majority of patients currently needing to travel across are aged over 60.

Services in Primary Care

Optometrists are primary health care specialists trained to examine the eyes to detect eye problems, but at the moment their skills are not being fully utilised on the Island.

Although Optometrists have had more specialist training in managing eye conditions than General Medical Practitioners, if they detect a problem which requires further investigation they must refer the patient to the GP or advise them to attend the hospital's Accident and Emergency Department. In future it is proposed that Optometrists will be able to refer patients directly to Noble's Hospital.

Additional services

It is proposed that a number of additional services are provided by Optometrists. This work will transfer from Noble's Hospital and enable Optometrists to provide better access to care for people with the greatest need. These services could include:

- Glaucoma repeat readings and OHT monitoring
- Pre/post operative Cataract Pathway

- Children’s vision (post screening)
- Low vision services
- Services for people with learning disability
- Urgent care - fast track to Ophthalmology where patient triage and appointments offered based on clinical need urgent (24 hours) or routine (2 days) for the management of:
 - Red eye or eyelids
 - Dry eye, gritty and uncomfortable eyes
 - Irritation and inflammation of the eye
 - Significant sticky discharge from eye or watery eye
 - Recently occurring or sudden increase of flashes and floaters
 - Painful eye
 - In-growing eyelashes
 - Recent and sudden reduced vision
 - Provision of specialist contact lenses

Sight Tests

It is proposed that the interval between sight tests becomes **every two years** rather than every year, unless a patient is in an identified category requiring more regular sight tests for clinical reasons. This is in line with the College of Optometrists’ recommendations that patients should be examined at the most appropriate intervals, depending on their clinical needs:

Patient age and/or condition	Recommended minimum re-examination interval
Up to 16, absence of binocular vision anomaly or refractive error	1 year
Under 7 years, with binocular vision anomaly or corrected refractive error	6 months
7-15 years, with binocular vision anomaly or rapidly progressing myopia	6 months
16 years and over	2 years
With diabetes who is part of diabetic retinopathy monitoring scheme	2 years
With diabetes who is part of diabetic retinopathy monitoring scheme	1 year

Contact lens patients may need more frequent appointments for aftercare. However, they are not entitled to more frequent NHS sight tests because they wear contact lenses, unless provided to meet a medical need.

Support Services available to Blind and Visually Impaired people living in the Isle of Man

A wide range of support services are available to people living with the challenges of sight loss in the Isle of Man; those services are provided mainly from public and third sector agencies, providing emotional support and help people to adapt and learn to live with their condition. The Manx Blind Welfare Society and the Royal National Institute for the Blind both provide a number of support services, and the Macular Society Support Group supports those living with the challenges of macular degeneration. The Department wants to make sure that people who can benefit from these services are referred quickly. To support this it intends to review how people are registered as having sight loss and will consider introducing a Certificate of Visual Impairment as used in England.

Your Views

Your views are important to us. Please let us know what you think by answering the following questions or by emailing Rebecca.Dawson@gov.im

CONSULTATION QUESTIONS

1. ***Are the needs of at risk groups currently being met?***

2. ***Should optometrists be able to refer directly to Noble's?***

3. ***What should be included in the specification of a sight test?***

4. ***Are there any reasons why these services should not be provided within primary care?***

5. Where a locally provided service is available, should patients who choose to be seen in the UK have to pay for their own treatment and travel costs?

6. Should the Department be providing annual diabetic retinopathy screening? Should this be provided in the hospital or in a community setting?

7. Should the Department seek to adopt the Certificate of Visual Impairment?

8. Is there sufficient support for people where permanent sight loss occurs, in terms of emotional support and rehabilitation?

9. What are the current barriers for people with low/no vision in education, employment and other areas of living on the Island?

10. Are these services meeting people's needs? How could these services change?

11. Are there any other comments you have about the Eye Care Strategy? Is there anything not here that you think we should have included?

