

### **Response for the Joint Health Scrutiny Committee from Nottingham University Hospitals NHS Trust re: Ophthalmology Services**

**January 2015**

Nottingham University Hospitals NHS Trust (NUH) operates an extensive ophthalmology service based in the Eye, Ear Nose and Throat (EENT) Centre at Queen's Medical Centre. As well as providing inpatient and outpatient services for the local population of Nottingham city and county, the Trust is a specialist centre for more rare eye conditions.

NUH also operates an eye casualty service for patients in most urgent need of our care and a rapid access clinic for acute (emergency) patients. We see approximately 20,000 eye casualty patients a year and a further 7,000 patients who require an eye casualty review. The department consistently meets the national target to see 95% of its patients within 4 hours.

The eye casualty department within the EENT Centre is open from 7am to 10pm 7 days a week, and an emergency service runs from 10pm to 7am from Ward C25 in the EENT Centre at QMC.

#### **Improvement work: triage system for eye casualty**

The Trust is working with local Clinical Commissioning Groups (CCGs) to improve the triage system for eye casualty. These improvements are designed to ensure patients are seen in the most appropriate place so that clinical decisions can be made and unnecessary visits to hospital avoided.

Previously, some patients were inappropriately referred to eye casualty by their GP or optician. Such referrals weren't always necessary, often leading to duplication, as these patients also subsequently have outpatient appointments at NUH. These unnecessary appointments often resulted in a poor patient experience and wasted resources.

Rushcliffe CCG has led a trial of a new triage system for eye casualty to improve patient experience. The new system was developed with input from GPs, optometrists and patients.

The health system is in the process of embedding this new approach. Work is underway to raise awareness of the new triage process among both GPs and optometrists (via their respective CCGs). In the example that you have cited that led to the poor patient experience, it is likely that this communication exercise had not been fully completed. This has since been addressed with awareness of the new triage process embedded across the health community.

Under the new approach, a rapid access phone line is available to opticians and GPs to discuss cases with NUH prior to referral. The triage document is used as part of these calls and ensures the patient is directed to the most appropriate place, first time.

Starting February 2015, a new ophthalmology consultant post will be directly working across our rapid access clinic and eye casualty. This will help with earlier senior decision making and reduce the number of unnecessary hospital visits.

Under the new approach to triage, most patients with 'flashes and floaters' will be seen in the rapid access clinic instead of eye casualty. However, any patients with 'flashes and floaters' who have loss of field of vision or acuity that suggest an increased risk of sight loss will be brought to eye casualty and treated urgently.

The changes made to the local system are already delivering improvements to patient care and these benefits will only multiply as all parties in the system become accustomed to the new system.