

CLEAR ophthalmology: designing a new model of care at Sussex Eye Hospital to tackle the COVID-19 backlog and reduce waiting times

Dr. Eve Corner MBE


CLEAR Ophthalmology Project Clinical Lead

Dr. Saul Rajak

Ophthalmologist and Clinical Lead, University Hospitals Sussex NHS Foundation Trust

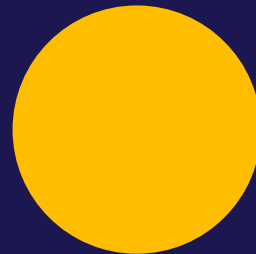
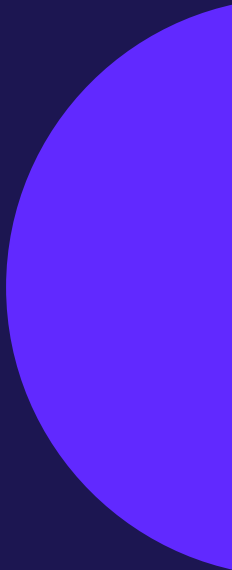
Lissa Mcmanus

Project Lead, Ophthalmology, NHS Sussex



**NHS Sussex:
ophthalmology and the CLEAR programme**

A workforce planning deep dive



Welcome and introductions

Context

This webinar is being run to share the learning and outcomes which have resulted from the use of the CLEAR programme in East Sussex.

Aim

The session will share different perspectives:

1. Integrated Care System – Liisa Mcmanus (NHS Sussex)
2. Trust perspective – Dr Saul Rajak (University Hospitals Sussex)
3. The CLEAR programme – Dr Eve Corner (33n/CLEAR programme)

NHS Sussex – an ICB Perspective

Scene setting

- Focus on ophthalmology but issues are universal
- Post-pandemic workforce
- A system is not homogenous. Different issues in different places, specialties, professional groups etc.

Specific issues

- Backlog issue exacerbated by age-related demand
- Sussex Eye Hospital – from another age: physical constraint to capacity/activity
- Extremely busy environment and culture: ‘no time for reflection’
- 4 of 5 GM positions vacant
- Negative experience of management consultants telling us how to be better

Ask

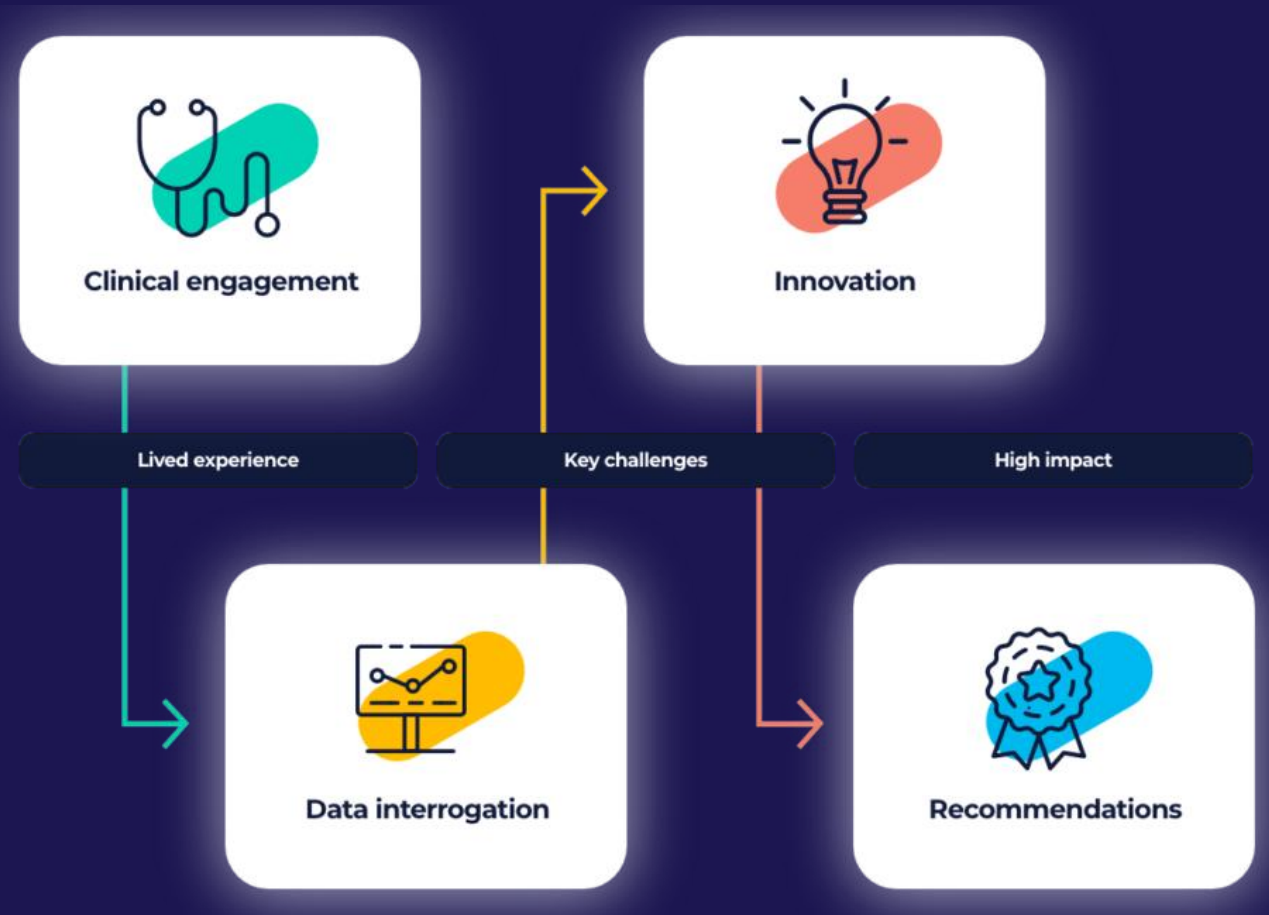
- Evidenced solution to address rising demand, estate capacity requirements, workforce capacity/productivity
- That is practical and doable, and based in the reality of the scenario
- Build a solution that responds to the evidence and engages everyone who matters.

What is CLEAR?

CLEAR stands for Clinically-Led workforce and Activity Redesign.

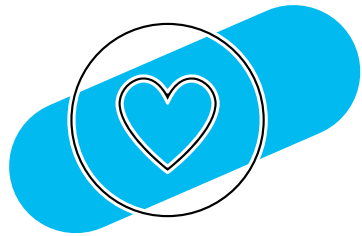
The national programme places clinicians at the heart of healthcare decision making and innovation. The integrated learning and working programme enables clinicians to develop new skills in data science, transformation and leadership while delivering live redesign projects in the NHS.

With its four stage methodology, CLEAR delivers solutions that are clinically owned, increase control of clinical teams in healthcare delivery and provide efficient solutions to complex change programmes



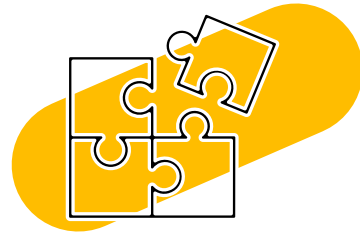
The aims of the CLEAR programme

CLEAR empowers clinicians to improve patient outcomes, system efficiency and the experience of both patients and staff. It supports NHS services to resolve challenges in all situations – the programme has helped the NHS during the pandemic surges and continues to support the recovery of the NHS addressing priority themes. The benefits of CLEAR are outlined below:



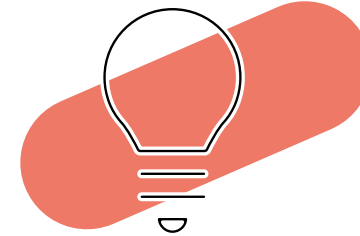
Clinically-led culture

Increasing the control of clinicians and clinical teams in the design and operations of front-line health care delivery, improving morale, well-being and staff retention and recruitment.



New skills

Embedding core improvement techniques and skills into working practices of front-line professionals, upskilling the workforce and improving system productivity.



New ways of working

Providing a more efficient solution to the design of complex change programmes than the traditional model of outsourcing to external consultants.



Clinical ownership

Delivering solutions which are clinically owned and hence more likely to result in tangible lasting improvements.

Summary of clinical engagement

- The CLEAR team completed several site visits, remote interviews, clinical observations and documentation review.
- Data was collected on estates, workforce, systems, patient flow and staff perception.
- We spoke to **40 staff members** from the following groups: nurses, advanced practitioners, ophthalmologists, optometrists, orthoptists, HCAs, administrators and theatre staff.

Five key themes were identified as shown below:

Theme 1: Opportunity to improve processes and ways of working

Theme 2: Resource deployment not always aligned with demand

Theme 3: Opportunity to improve IT infrastructure and data collection

Theme 4: Lack of head space to think strategically and with a potential sense of disempowerment

Theme 5: Health and safety risks pertaining to data and estates



Recommendations: cataracts and theatres



Background: Cataracts and theatres

Aims

- Meet demand in-house
- Clear the waiting list
- Phase out private sector contract

Challenges

- Theatre waiting list: ~800 patients
- Clinic waiting list: ~900 patients
- Private contract for 35 patients/week

Key areas for investigation

- Capacity and demand
- List planning
- Theatres
- Estates

Executive summary: Recommendations

Cataracts and theatres

- 1) Consistent number of cataract clinics per week
- 2) Stratification of theatre lists to integrate high volume low complexity, standard and complex/GA
 - a) risk stratification tool for cataract
 - b) increase homogeneity of cataracts lists
- 3) Cataracts case manager - filling last-minute list cancellations
- 4) Starting lists on time
 - a) Agree a set of pre-operative standards for pooled surgical lists
 - b) Nurse/trainee-led consenting clinic (HVLC)
- 5) Reduce administrative burden in theatres
- 6) Options for two permanent cataracts theatres to meet demand

Key recommendations: cataracts service

Forecast impact

- 1) Reduction from **29 lists pcm to 19 pcm**, saving >£1,000,000 pa whilst meeting cataracts demand
- 2) **Phase out the need for private-sector support**, avoiding risk of double payment
- 3) Reduction from **4 lists per WTE/month to 2.5**
- 4) **Releases existing SEH resources** to manage more complex cases not suitable for a HVLC approach
- 5) **Save ~£250,000/year of lost theatre** time through the use of a case manager



Recommendations: outpatients and workforce

Background: outpatient service

Aims

- Ensure capacity meets demand and improve efficiency
- Reduce backlog
- Reduce avoidable disease advancement

Challenges

- > 7000 people on the glaucoma waiting list
- Current model of care would need to be scaled 2.5 fold to meet demand
- Scaling current model of care is not feasible because of:
 - Limited numbers of ophthalmologists
 - Significant associated cost
 - Increase from 2 to 5 patients/ week with severe/advanced glaucoma

Key areas for investigation

- Capacity and demand
- Service pathways
- Workforce
- Estates

Executive summary: recommendations

Outpatients and workforce

- 1) Immediate initiatives to tackle backlog: 'prEYEority' month for waiting list validation - asynchronous + virtual clinics
- 2) Development of a new outpatient referral and glaucoma pathway that includes use of:
 - a) Phased integration of cross-hospital and community glaucoma service
 - b) Eyecare electronic Referral System (EeRS)
 - c) Job planning for referral refinement
 - d) Co-located on-site diagnostic hub
 - e) Upskilling of optometrist, AHPs and nurses: formal glaucoma education
 - f) Certificate of Eligibility for Specialist Registration (CESR) programme for trust grade doctors
 - g) Review of clinic flow and optimisation of waiting area.

Workforce composition for old and new models of care to ensure capacity meets demand

- Current model of care scaled to meet demand: £1,919,174
- New model of care, meeting demand: £1,084,035

	Consultants	ACP	Fellow/trainee	Nurse/HCA	Total
Current workforce model	2.4 WTE (32%)	0.35 WTE (5%)	1.0 WTE (13%)	3.7 WTE (~50%)	7.45 WTE
Current model if scaled to meet demand	7.83 WTE (32%)	1.79 WTE (5%)	3.01 WTE (13%)	13.23 WTE (~50%)	25.87 WTE
New model of care workforce model	3.52 WTE (24%)	3.28 WTE (22%)	2.24 WTE (15%)	5.58 WTE (38%)	16.36 WTE
% difference*	9% ↓	17% ↑	2% ↑	12% ↓	9.51 ↓

*% Change in WTE with NMOC compared to current model

Key recommendations: outpatient service

Forecast impact

- 1) Reduce risk of avoidable disease advancement in ~150 patients pa
- 2) Optimisation of workforce and estates
- 3) Cost savings from transfer of images via EeRS **~£27,000 pa**
- 4) Ensure capacity meets demand at cost of ~£1,000,000, a **~£835,000 reduction to the alternative**. These costs could be met by cataracts service savings.



Summary



Summary

- **Clear backlog and waiting lists**, eliminating need for support from private sector for cataracts.
- **Reduced cataracts lists**, from 29 to 19 pcm, saving >£1m pa whilst meeting cataracts service demand.
- **~£250k savings avoiding lost theatre time** due to last minute cancellations.
- **Lower imaging costs** with up to £27k savings.
- **Diversification and workforce optimisation** supporting recruitment and retention
- **Remove the need for the independent sector**

New models of care for glaucoma and outpatients would be **£835k/year less than scaling the current model with 50% fewer consultants** (costs covered by cataracts savings).

Promoting a clinically led culture is key



We have been fortunate to work with the CLEAR team at the Sussex Eye Hospital. Whilst the NHS is an extraordinary institution there are major areas where new models of working are required to improve efficiency, but more importantly patient care and outcomes.

The CLEAR team have worked intensively with us on major areas of ophthalmology - cataract surgery, glaucoma and macular degeneration - to collate enormous volumes of data on our current working practices and use this to devise improved models of working.

The entire process has been clinically led and 100% engaged with the clinicians and has been thorough, productive, constructive, but also enjoyable”

Dr Saul Rajak BMedSci BMBS FRCOphth PhD
Clinical Lead for Ophthalmology, Sussex Eye Hospital



Questions





Thank you!



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Next session tomorrow

Wardopoly – join us to play our workforce game



21/03/23



10:00-11:15am

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