Wessex Local Eye Health Network

NHS Health Education England

Improving Access to Eye Care for Hard-to-Reach Groups: Designing a Quality Improvement Project for a Challenging Issue

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Background

Hard-to-reach, or seldom-heard, groups are cohorts of people who are under-represented in a service. The Health and Social Care Act (2012)[1] introduced a new duty on the Secretary of State, NHS England and clinical commissioning groups to 'have regard to the need to reduce inequalities' in access to care and outcomes of care, and this need is reflected in the new Sustainability and Transformation Plans for Dorset and Hampshire.

The Wessex Local Eye Health Network (LEHN) is a multi-professional body including optometrists, ophthalmologists, and representatives from NHS England, Public Health England, Healthwatch, local authorities, and third sector organisations. The LEHN set out with the aim of improving eye healthcare service for hard-to-reach groups in the Wessex region, in order to reduce inequality of access to eye and vision care.

Funding

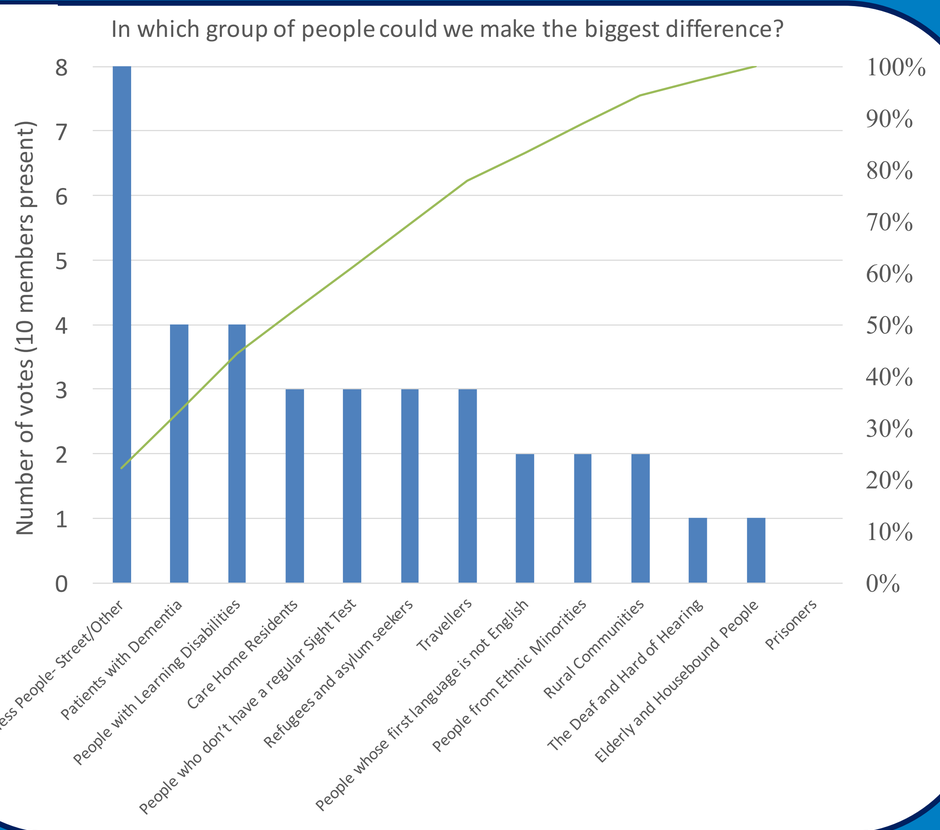
Funding for the project was obtained from NHS England (Wessex) as part of their transformation budget. The initial funding is a one-off grant to enable a 'proof-of-concept'.

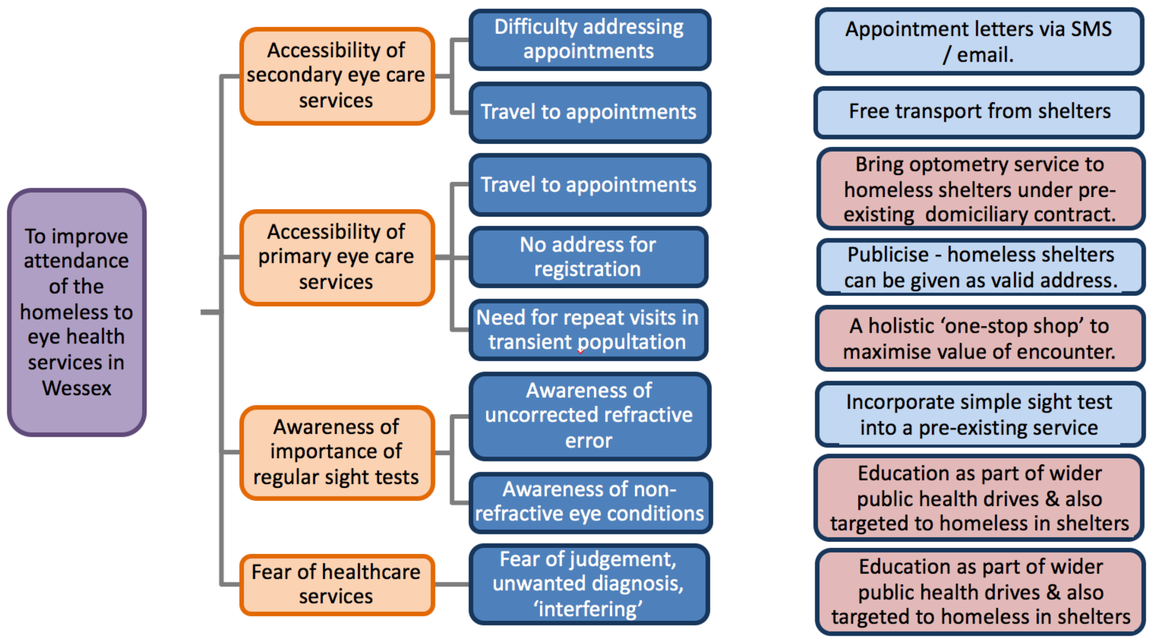
Initial brainstorming

Hard-to-reach groups differ depending on the service being considered. In order to identify groups at risk of being under-served by eye healthcare services in Wessex, the LEHN referred to a 2016 report by the Surrey and Sussex LEHN which identified 13 groups.[2]

The 10 members of the LEHN present then discussed the likely relevance of each of the categories for the local population, considering likely size of groups, burden of disease, and accessibility to intervention with the resources available.

Members of the group voted for the categories they felt were most amenable to intervention. Voting for more than one group was permitted. The results are displayed here in a Pareto chart. Homeless groups were felt by the group to be most amenable to a targeted intervention.





Plan

A plan was made during a meeting including the LEHN, NHS England, Healthwatch Hampshire and Wessex Voices. Resources included reports from a previous projects in London[3] and a feasibility study in Wales.[4] The driver diagram opposite was used to inform a plan which incorporates 4 of the change ideas (highlighted in red).

An optometrist will be contracted one day per week to visit selected homeless shelters within Wessex. In an appropriate setting, they will provide the service to any homeless residents who request it. They will be funded to perform a GOS sight test, and prescribe glasses to be dispensed free of charge to patients. If appropriate, they will refer the patient to local Hospital Eye Services for further assessment. The initial project timescale will be 1 year. The optometrist will collect data to support assessment of the project (see Measuring Outcomes).

Baseline

The nature of homelessness makes accurate data collection difficult. Official figures record an estimate of 147 rough sleepers across Wessex in 2016, based on street counts. Between October and December 2016, Wessex Local Authorities processed 1038 benefits applications from eligible homeless applicants.[5]

There are no data on how many homeless people have received a recent sight test locally. A survey sent by the LEHN to all local optometric practices regarding frequency of homeless attenders had too low a response rate to yield useful data.

Measuring Outcomes

Selecting appropriate outcome measures is challenging. The more distal outcome measures, such as improved visual function, quality of life, and re-employment would be prohibitively difficult to measure. Instead, pragmatic outcome measures were chosen: patient satisfaction, number of episodes, number of glasses dispensed and number of referrals to hospital eye services.

Sustainability

In its current form the project is not sustainable; nor is it designed to be. The aim is to demonstrate a proof of concept, to determine whether the approach trialed in this project could be adopted as part of the regular local services.

Pros: No special training is required for the optometrist delivering the service. Minimal resources are needed. The service is flexible, local, and relies on existing infrastructure. The service could be easily expanded to incorporate other basic health assessments in a multi-disciplinary fashion.

Cons: Difficult to plan / book clinics due to transience of patient group. Difficult to follow up. Difficult to engage patient group for views and feedback. Appropriate environment for examination not always possible.

Lessons learned: Hard-to-reach groups are aptly named, and a QI approach has been useful in this situation. Engagement with service users is difficult, and collecting good data at the outset is hard. We have had to take a pragmatic approach in trialling the project with little evidence for our approach, as a means to collect data in order to inform future PDSA cycles.

Balancing Measures

Funding: Funding for this project is from a dedicated transformation budget, but care will have to be taken that the programme does not impact disportionately on wider vision services if the scheme is adopted.

References

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4. Bradley, J., Garwood, P., Hobbs, R. (2014). Mobile Sight Testing For People In Wales. [Onine]. Available at: http://www.publichealthnetwork.cymru/files/7514/4613/4519/Mobile_Eye_Sight_Testing_for_the_Homeless_in_Wales.pdf. (Accessed 29th August 2017)
5. Gov.uk. (2017).Live Tables On Homelessness. [Online]. Available at: https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness (Accessed 29th August 2017)