

Gathering views

Ophthalmology Services in Islington



Healthwatch Islington

Healthwatch Islington is an independent organisation led by volunteers from the local community. It is part of a national network of Healthwatch organisations that involve people of all ages and all sections of the community.

Healthwatch Islington gathers local people's views on the health and social care services that they use. We make sure those views are taken into account when decisions are taken on how services will look in the future, and how they can be improved.

www.healthwatchislington.co.uk

Thomas Pocklington Trust

Thomas Pocklington Trust is a national charity dedicated to delivering positive change for people with sight loss.

www.pocklington-trust.org.uk

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Introduction

Demand for eye care services is rising nationally. This trend is expected to continue, putting pressure on eye services delivered in hospitals. Locally, the number of patients being seen by Moorfields Eye Hospital is increasing year on year and they do not necessarily have the staff or space to manage this increase.

Islington Clinical Commissioning Group (CCG) are exploring ways of delivering high quality eye care more efficiently. Some eye care services can be provided closer to home, without the need to visit a hospital. Healthwatch Islington and the Thomas Pocklington Trust were asked by Islington CCG to gather the views of local service users with experience of visual impairment services. We focused on what might give patients the confidence to use services in the community rather than in a hospital.

This work was carried out in co-ordination with City and Hackney Clinical Commissioning Group and Healthwatch Hackney and Healthwatch City of London, who carried out similar consultations.

Methodology

This report has been written by Healthwatch Islington. It is based on structured interviews and focus groups with Islington residents using eye care services. This research was carried out in partnership with the Thomas Pocklington Trust, who facilitated our access to those service users, and to community venues providing relevant services.

These surveys and focus groups took place between December 2015 and early February 2016. The consultation aimed to gather service user views on developing a more community based ophthalmology service.

The consultation aimed to:

- ▶ Gather the views of 50 people who have had an outpatient experience of eye care at one of the following:
 - hospital service
 - local A&E
 - GP clinic
 - optometrist for a specific eye condition
 - low vision services, either at hospital or in the community
- ▶ Gather views of patients or their parent, guardian or carer
- ▶ Gather views on current ophthalmology services
- ▶ Gather views on care that could be delivered in the community rather than a hospital setting

Healthwatch Islington spoke to 51 patients either via structured interviews or focus groups. These were:

- ▶ A focus group with the Thomas Pocklington Trust (TPT) (6 participants)
- ▶ A focus group at Outlook with support from the TPT (8 participants)
- ▶ Phone interviews with Thomas Pocklington members (16 respondents)
- ▶ Interviews at a lunch club run by TPT (8 respondents)
- ▶ Interviews with patients at Moorfields (4 respondents)
- ▶ Interviews with patients at Whittington (9 respondents)

During the interviews and focus groups Healthwatch staff were careful to ensure service users understood that we were gathering the views of service users to influence commissioning. Healthwatch Islington were also prepared to signpost participants to existing services if required.

We also spoke to one eye care professional for insight into how the system works in the borough.

Findings

Who we spoke to

We spoke to 51 service users. Of those we spoke to 46 were patients over 18, one was under 18, three were parents of patients and one was a carer. 46 of the 51 people we spoke to had received treatment within the last 12 months. They had been seen by a wide range of medical professionals, with many being seen by multiple professionals. The table below shows the number of respondents who selected each category.

Who treated you?

GP	2
Consultant	28
Nurse	2
Senior Doctor	5
Optometrist	12
Junior Doctor	2
Don't know	4
Other	9
Eye Specialist	4
Seen by lots of different professionals	1
Research Fellow (trial)	1
Low Vision Service (community based)	2
Moorfields A&E staff	3
Moorfields Clinic 15	1
Neurologist/ neuro ophthalmologist	1

The majority of the treatment respondents told us about was at Moorfields Eye Hospital (26 respondents), or Whittington Health (16 respondents). We were also told about care received from St Thomas' Hospital (1), Western Eye Hospital (2), Imperial Hospital (1), The Royal Free at Hampstead (1), a community optician (2), community based low vision service (2), local GP (1), with two others citing that they had received services from a 'range of places'.

Most of those we spoke to told us about regular or annual appointments (37 respondents). Four respondents were speaking about emergency treatment and one respondent was talking to us about urgent care they had received.

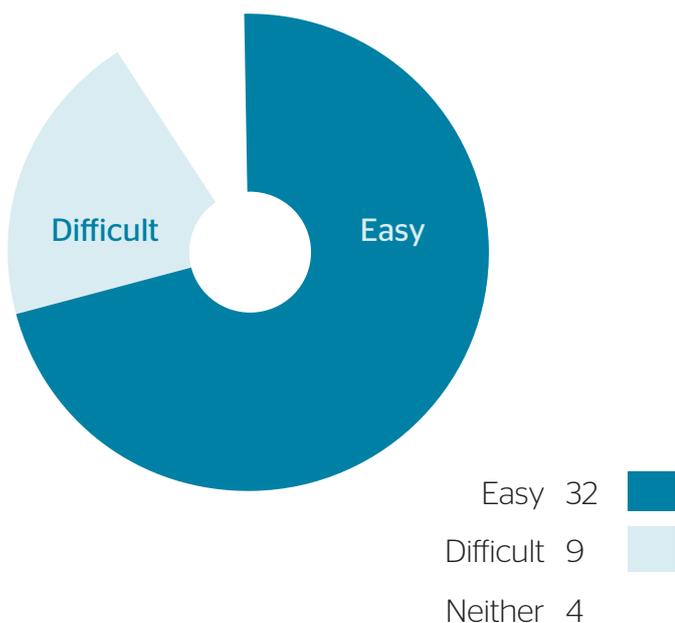
The respondents who spoke to us were suffering from a range of conditions:

15 spoke about Cataract pre and post surgery; eight spoke about management of Glaucoma; four identified as having Age Related Macular Degeneration (AMD, wet or dry); one as having blurred vision; one as having dry eyes.

29 identified as having other conditions as follows: Diabetes (4 respondents); Retinitis (2 respondents); Retinal Vein Occlusions (1); Graves Disease - Hyperthyroidism (1); 'one eye squeezing' (1); after effects of herpes in the eye (1); squint (1); Corneal Oedema (1); 'blood vessel behind right eye' (1); blindness (1); left sided hemianopia (1); sight in one eye (1); problem with pigment (1); tropical eye disease (1); Albinism (1); Corneal graft (1); Laser treatment, eye implant (1); Pathological myopia (1); Retinal detachment (1); Conjunctivitis (1).

Accessing Services

How easy was it to get an appointment?



13 of the respondents who gave additional explanation to support their answer said that they found it easy to get an appointment at the hospital because they usually get a verbal reminder of the date of their next appointment before they leave their current appointment, and this is followed up with a letter. Others mentioned quick referrals (3) and that 'it's all done for them' which is 'very simple and very helpful' (3). Another respondent commented that when they get the reminder letter, they can choose where to be seen, from a range of locations and times.

While nine respondents found it neither easy or difficult to get an appointment, four found it difficult. They said that they had experienced long waits for appointments. One respondent told us how they had to ask their GP to refer them twice before they got an appointment. Respondents also commented that 'appointments do get cancelled' and it can take a long time to see a specialist. One parent said that it was difficult to get an appointment time for her son that didn't clash with school.

Most difficulties in getting an appointment were experienced when patients were trying to access the service for the first time. Once patients had engaged with the service, getting further appointments was more straightforward.

What did you think of the venue where you had your treatment?

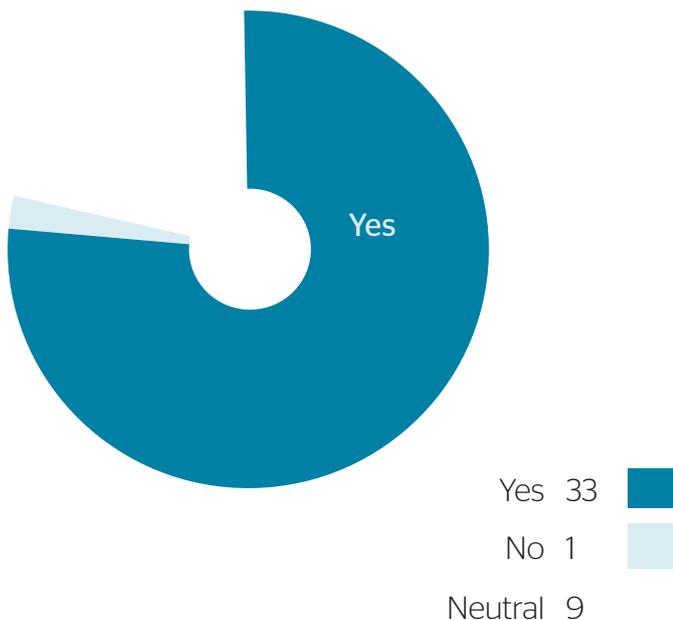
27 respondents commented that the venue was 'easy' or 'convenient' to get to. Many mentioned the ease of travelling to the Whittington or Moorfields by bus (12). One respondent said 'I have been going there all the time so I can find my way round very easily'. This seemed to be a sentiment shared by a number of those we spoke to, that there was value in the familiarity of a service. One person complained that there always seemed to be roadworks outside of Moorfields Eye Hospital, which can be distracting and disorientating, making it harder for them to access the service.

12 respondents spoke about the environment where they were receiving treatment being clean, with comfortable waiting rooms that were easy to find, with one person in particular mentioning the good signage. However, two respondents commented that it was difficult to find the right service once they had arrived at the venue, with one saying 'I find the building ok to get around because I have been going there for years, but initially it was difficult.' It was also highlighted that the hospitals have good facilities.

Nine respondents commented on waiting times for appointments with eight people saying that waiting times are too long and waiting rooms too busy. It was reported that sometimes people even have difficulty finding seats (especially at the Whittington, where our staff members observed people standing whilst waiting for appointments). One respondent commented that 'Last time we were here it took four hours to be seen.' Others did not mind the wait because they felt that the treatment they received was worth waiting for.

Satisfaction with treatment

Were you satisfied with the treatment given?

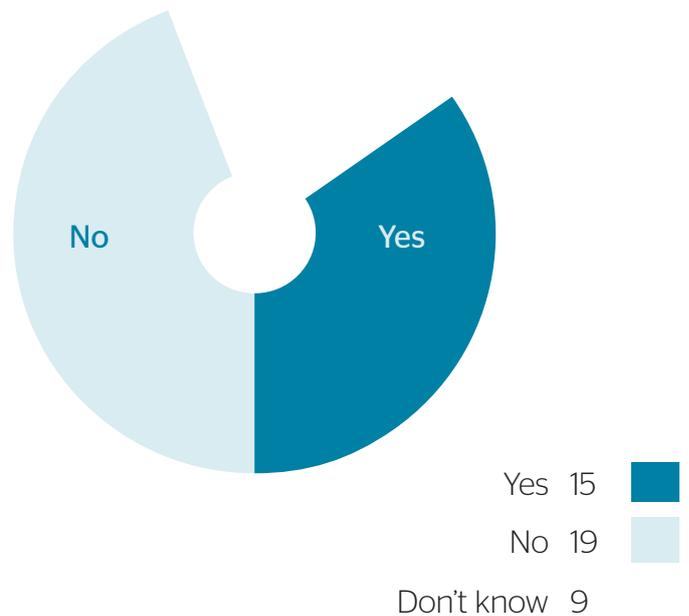


The treatment received was praised. Respondents stated that they liked the familiarity of the service, both the staff and the venue, finding staff friendly and helpful. One respondent said 'staff know my name' and told us about friendly staff who always chat to them. Another stated that 'I have the direct contact details of my consultant and the clinics.' Another spoke of the fact that when they have an appointment at the hospital, specialists from different departments all attend so the care is more coordinated. One respondent mentioned that the equipment was good.

Six of the 33 respondents said they were satisfied with the treatment they had received because they felt that staff were helpful and had clearly explained everything, answering any questions they had. However, the one respondent who was dissatisfied with their experience, stated that 'I am not satisfied because they [consultants] do not give you much information, or at least as much information as you should be given.' They put this down to staff being too busy and rushing with patients.

Providing services in the community

Would you prefer some of the things you go to hospital for to be offered nearer your home in the local community?



19 respondents said they would not want to receive any eye care services in community based settings.. These respondents said that they would rather go to hospital than be seen in their community.

'I would rather go to hospital. I have no problems travelling to whichever hospital I need to get to. The most important thing for me is to see a person that is medically and clinically qualified to look after my condition - who knows about the specific disease I suffer from.'
Respondent 1

Two respondents commented that they are used to going to Moorfields and would not want to change this, while two other respondents indicated that they would prefer to go to hospital because it's convenient for them. Others mentioned that they felt reassured by hospital staff and equipment, that they value being able to see specialists and consultants and felt they

would not get the same care in the community. It was also important to respondents that there was a continuity in terms of their records being passed between professionals and not having to repeatedly tell staff their history. The importance of coordinated care was highlighted, that at hospital there are many experts who can all access the same notes and come together for appointments.

One respondent pointed out that since her daughter's eye condition necessitated that she sometimes used emergency services at the Whittington, she valued using the hospital's ophthalmology service for her daughter's routine appointments too. This meant that all the treatment records were in one place and easy to access at short notice. Another respondent said that they felt they were a 'complex case' and therefore they needed care from experts which couldn't be offered in the community.

Of the 15 respondents who would prefer to receive some treatments closer to home, one said 'diagnostic tests upset your focus and then they send you home with less sight, so local could be better'. Some said they would favour a quicker service nearer to their home. Others felt that community based services were easier to access.

'It would make it a lot easier for me if I could go somewhere more local I could walk to.'

Respondent 27

'I think so. My mum's of a certain age so I have to take time off work because my mum's not familiar with the Whittington. If it was somewhere more local my mum would be more comfortable and I wouldn't have to take time off work.'

Respondent 11

Of those who said they were happy to receive treatment closer to home, a number were already using community based eye care services, so were well placed to point out its benefits, as well as any reservations they had.

'It was very easy for me to get to as it is very near my house [my GP surgery]. The lady that did my eye test was very nice. I do feel though that the tests at the Whittington were more thorough. When I had my test at the Whittington they included the peripheral vision tests as well - I don't seem to get these at the surgery.'

Respondent 31

One respondent stated that they had 'used the [community based] Low Vision Service and it's been good', this gave them confidence that other services in the community would also be good.

The eye care professional we spoke to pointed out that 'Lots of tests such as repeat measures could be easy to deliver on the high street... but there are risks to a service like the low-vision service because of skills deterioration and [lack of] awareness of other services. If delivering in the community you'd need to be careful about meeting the training and development needs of professionals and making sure these are not being overlooked. You need a strategy. There are positives to delivery in the community - nice venues, holistic services.'

If more services were provided in the community, what would give you the confidence to use these services?

In total, 10 respondents answered this question by speaking about the importance of accessibility of any community service.

Of these, some spoke about the value of having a service nearer where they live. Some said that easier appointment booking and shorter waiting times might convince them to use community based services. Some touched on the importance of accessing up to date patient notes and the

value of having practitioners who can answer questions. Others at a focus group spoke about the 'Moorfields brand', which emphasises clinicians working together in one space, and how the right marketing campaign could make services more accessible for patients and give them the confidence to use a community based service.

Six respondents felt confident that community based services would actually be an improvement on hospital care. The same argument about continuity of care that some respondents had used to explain why they preferred hospital based services, was used by others to make the case for community services

'Hospitals are far too big... every time you see a different doctor. In a community centre you see the same doctor and the same nurse. You don't have to keep telling your story with all the chances of miscommunication.'
Respondent 17

20 respondents focused on the quality of facilities. 14 of these said that if community services had the same consultants and facilities as the hospitals that might give them the confidence to use them.

'If I could have the same consultant I see in the hospital I don't mind.'

Respondent 2

'I would be looking for the clinic/ community place to have the same facilities as in the hospital. My local optician said that they didn't have the latest facilities to check my son's eye condition. So if they can have the same equipment/ facilities in the local clinic I would actually prefer it if it was local, considering the distance we have to travel.'
Respondent 12

There was however some scepticism that community services would offer the same quality of service., 'I can't see that happening in the local community - getting all the consultants, equipment and all the rest'.

One respondent spoke about needing to feel confident about the care they receive, and the importance of feeling safe and 'staff being able to cope in an emergency.'

There were a good number of respondents who didn't feel that any services should be moved into the community, with one respondent (16) stating 'Nothing they could do would change my mind from going to Moorfields.'

However, there was recognition that community based services could 'offer a broader, less medical, more social model' of care, which would have different strengths. It was discussed at one of the focus groups that services in the community might be suited to tests, screenings and minor ailments but not to complex or urgent needs.

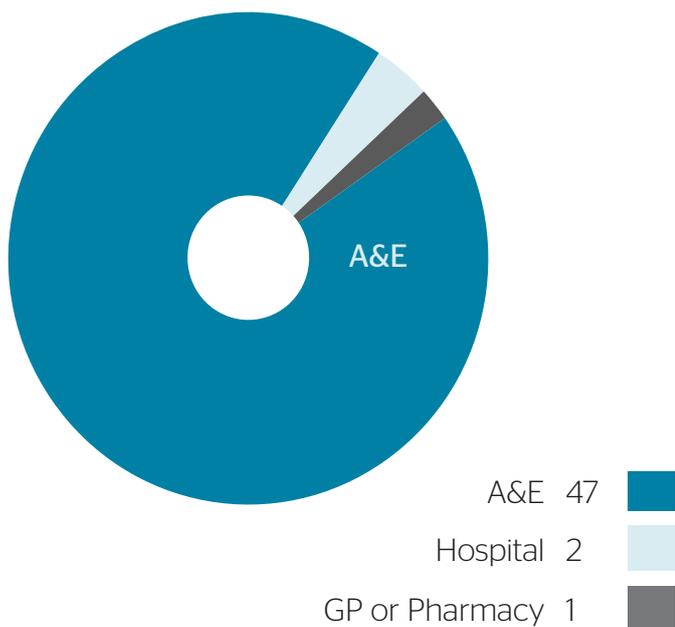
Some respondents felt that community services were more welcoming, that staff working in the community had good soft skills and were sometimes better at communicating with service users than was the case with hospital staff.

'I would be encouraged if they talk to you well. In Moorfields they don't tell you what is wrong with you. Every time you see a new doctor. They rush their work so they can go home. A community service could be better than this. There could be continuity of care.'
Respondent 13

'I went to Moorfields the other day and I did think to myself, oh my god, it was clinical, medical, not friendly at all. So I can see the value of providing services in the community.'
Respondent 18

Urgent and emergency conditions

Where would you go if you had an urgent or emergency eye condition?



When asked where they would prefer to go for treatment in the case of an urgent (needs treatment within 1-2 days) or emergency (classed as a condition that could lead to sight loss) eye conditions, 47 respondents said they would go to A&E. Two people responded more broadly, saying they would go to hospital.

10 respondents specified the Whittington, either on account of the proximity of the service, or its familiarity 'I am a regular there so they have all my information'. 19 stated they would go straight to Moorfields A&E for similar reasons 'that's where I went when I had to access urgent treatment recently', 'that's where I've always gone!' One respondent suggested they would go to UCH as they were treated 'very well' at the A&E there previously. Two respondents mentioned St Anne's Hospital but thought it was too far away.

Only one respondent said they might go to their GP or pharmacist depending on how serious it was.

Other comments

When respondents were asked if they had anything else they would like to add, two praised the community based Low Vision Centre.

'The Low Vision Centre is very good as well. They gave me the stick that I am using now to get around. Also because in my place I couldn't see very well, they have offered to give me some lighting support. They have already given me a clock and a phone with big numbers and something I can use to put in a mug before I put water in and it beeps when it reaches the top of the mug.'

'[My optician] was really helpful. She was the one that said to me to get in touch with Judd Street (Low Vision Centre). They came round to visit two years ago. A gentleman came who gave me different lights for my flat. He said that I would be entitled to home care...I had never heard of them before they were ever so helpful.'

However, a third respondent felt that community services weren't what they once were.

'I don't think the service you get now is comparable to what we used to get when I was first diagnosed. The council service for blind people was brilliant then. Within three weeks of being registered at the hospital I had a visit from somebody in the team that explained to me everything (how to get out and about on the tube). It gave me the confidence to continue and to be able to keep on working (I'm still working now). Services for blind people are too generalised now. It is difficult to get personalised assistance that looks at your individual needs. When designing services sight problems are lumped together. There needs to be services for other conditions than just what is fashionable - macular degeneration and cataracts.'

Conclusion and Recommendations

There was not a huge appetite for eye care services to be delivered in the community. Respondents valued the accessibility and familiarity of hospital eye care services. They also appreciated the quality of treatment, referencing the experienced staff and quality of equipment. 19 of those we spoke to did not want to use any eye care services in the community at all. They were concerned the service would not be as good as the one they received from hospital. 15 respondents said they would prefer some services to be offered in their local community. It was suggested that community services would be better suited to minor ailments, screenings and tests rather than complex or urgent cases.

Recommendations

1	A move to more community based services would need to be clearly communicated to patients in a way that would give them confidence in the service. Messaging should emphasise the benefits of being seen locally, and reassure patients about the quality of service.
2	Prioritise moving those services that patients showed more confidence in using in community based settings; minor ailment treatments, eye screening and testing for the certificate of visual impairment.
3	Community based services should be located on main transport routes and be easily accessible from any part of the borough.
4	Consultants and highly trained specialist staff need to be part of the package if service users are to be confident in using community based eye care services. One respondent summed this up saying 'I want to be treated by the same qualified staff as I would in the hospital and [know] that the equipment available would be the same.'

Equality Monitoring

Sex of respondents

Female	Male	Prefer not to say	Total
18	32	0	50

Age of respondents

0-18	18-24	25-49	50-64	65-79	80+	Total
3	0	2	12	25	7	49

Ethnicity of respondents

Black or Black British - Caribbean	10
Black or Black British - Nigerian	1
Black or Black British - African	1
Asian or Asian British - Bangladeshi	1
Asian or Asian British - any other Asian	1
Mixed - White and Black Caribbean	1
White - British	13
White - Irish	2
White - Greek or Greek Cypriot	1
White - Other	3
Other	1
Prefer not to say	4
No answer	8
Total	47

Of the 34 respondents who answered the question, 24 described themselves as disabled.

healthwatch
Islington

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