

MOI Community Ophthalmology Procurement

Memorandum of Information (MOI) Community Ophthalmology Procurement

1 National context

The NHS Five Year Forward View (5YFV) drives for increased health care in the community. A key objective is reorganising services to achieve better management of patient flows, better patients' outcome and as well as freeing up capacity in secondary care.

Almost two million people in the UK are living with sight loss, approximately one person in 30. This figure is predicted to double by 2050. Sight loss affects people of all ages, but its occurrence increases markedly with age.

The number of people in the UK with sight loss is set to increase in the future. In addition, there is a growing incidence in key underlying causes of sight loss, such as obesity and diabetes. It is predicted that by 2020, the number of people with sight loss will rise to over 2,250,000. By 2050, the numbers of people with sight loss in the UK will double to nearly four million¹.

The cost of eye-care services is expected to rise by 20% by 2019/20, from a 2014/15 baseline, driven largely by increases in demand. In England in 2011/12, ophthalmology had the second highest number of outpatient attendances of any speciality, accounting for 8.9% of all outpatient appointments (6.8 million).

RNIB (2010) suggest that the annual cost of sight loss in the UK amounted to a minimum of £6.5 billion in direct health care and indirect costs, such as reduced employment.

The Access Economics research² confirms that ethnicity is a major factor in relation to eye disease. The black population has a higher risk than the white population of developing age-related macular degeneration (AMD) at an earlier age, but at lower risk of developing it after the age of 70. The black population also has a much higher relative risk of developing glaucoma and cataracts. Asian people are at a higher risk of developing cataracts than the black and white populations and are also at a higher risk of developing diabetic eye disease than the white population.

The Clinical Council for Eye Health Commissioning (CCEHC)³ has developed a framework for a Community Ophthalmology Service which this service specification is set to deliver. The CCEHC framework also recommends the provision of support mechanisms to tackle challenges arising from the increase in demand in line with the recommendations of 5YFV. It suggests that appropriate risk stratification of patients and more consistent pathways of care will together lead to better value eye health care.

2 Local strategic priorities

The eight CCG in North West London have worked in collaboration with providers and local authority colleagues to develop the Strategic Transformation Plan (STP) in response to national requirements.

¹ <http://www.rnib.org.uk/knowledge-and-research-hub/key-information-and-statistics>

² RNIB (2009) Cost Oversight. The cost of eye disease and sight loss in the UK today and in the future

³ <https://www.college-optometrists.org/the-college/ccehc/delivery-models.html>

MOI Community Ophthalmology Procurement

The STP builds on the established vision for care delivery in North West London - Shaping a Healthier Future (SaHF) but considers more broadly the response to the Five Year Forward View.

STP vision in North West London:

Triple Aim	Our priorities	Primary Alignment*	Delivery areas (DA)	Target Pop. (no. & pop. segment)	Net Saving (£m)
Improving health & wellbeing	1 Support people who are mainly healthy to stay mentally and physically well, enabling and empowering them to make healthy choices and look after themselves	▶	DA 1 Radically upgrading prevention and wellbeing	All adults: 1,641,500 At risk mostly healthy adults: 121,680 Children: 438,200 Learning Disability: 7,000 Socially Excluded	11.6
	2 Improve children's mental and physical health and well-being				
	3 Reduce health inequalities and disparity in outcomes for the top 3 killers: cancer, heart diseases and respiratory illness				
Improving care & quality	4 Reduce social isolation	▶	DA 2 Eliminating unwarranted variation and improving LTC management	LTC: 347,000 Cancer: 17,000 Severe Physical Disability: 21,000	13.1
	5 Reducing unwarranted variation in the management of long term conditions – diabetes, cardio vascular disease and respiratory disease				
	6 Ensure people access the right care in the right place at the right time				
Improving productivity & closing the financial gap	7 Improve the overall quality of care for people in their last phase of life and enabling them to die in their place of choice	▶	DA 3 Achieving better outcomes and experiences for older people	+65 adults: 311,500 Advanced Dementia/ Alzheimer's: 5,000	82.6
	8 Reduce the gap in life expectancy between adults with serious and long term mental health needs and the rest of the population				
	9 Improve consistency in patient outcomes and experience regardless of the day of the week that services are accessed				
			DA 4 Improving outcomes for children & adults with mental health needs	482,700 Serious & Long Term Mental Health, Common Mental Illnesses, Learning Disability	11.8
			DA 5 Ensuring we have safe, high quality sustainable acute services	All: 2,079,700	208.9

It is envisaged that community ophthalmology service will continue to support the agenda to deliver care closer to patients' home, improve health & wellbeing and quality of care & support to the Ealing GP registered population. Thus eliminating unwarranted variation in care and improving the management of long term conditions, as part of the overarching vision to improve productivity and close the financial gap across the sector.

As part of the STP delivery plan, commissioners and providers across North West London are also currently working together to consider what accountable care partnership/s could look like. The provider of the community ophthalmology service will be expected to participate in the discussions to develop this model of care and consider how it could operate within this model. Alignment to this vision of healthcare delivery is critical for Ealing CCG who are leading the procurement on behalf of Ealing, Hillingdon and Harrow CCG (EHH CCGs).

MOI Community Ophthalmology Procurement

3 Ealing demographic information

Ealing Joint Strategic Needs Assessment⁴ projected that White ethnic group population is expected to have a small drop in numbers between 2010 and 2025 (from 167,000 to 163,900), but would then rise again to 2010 levels by 2040. For all other ethnicities the projections show a steady rise in numbers over the 30 years' period: Asian/Asian British by 41%, Black/Black British by 49%, Chinese by 38% and population of other ethnic origin by 87%.

It is estimated that by 2020 there will be a 19.5% rise in the number of people over 65 years of age, and a 48% rise in the number of people over 85 in Ealing. The population is very diverse with a steady rise projected for BAME groups at 52%⁵

Ealing CCG is a membership organisation and responsible for the health of approximately 425,000 registered people living in Acton, Ealing, Hanwell, Northolt, Perivale and Southall. Ealing CCG commissions services from providers including community services, mental-health services and acute, secondary and tertiary care. Primary healthcare incorporates 76 GP practices; 42 general dental practices; 54 community pharmacies; 41 optical providers that are commissioned by NHS England.

The CCG directly purchases health services from a number of health organisations, such as hospital trusts, mental health trusts and community organisations. The CCG also works in partnership with local people to deliver excellent health care services.

The CCG aims to ensure that the highest quality of care is delivered by those organisations best qualified to do so for the diverse needs of our population, and at the best value for money so that public money is spent wisely.

4 Overview of the outcomes sought from the service

Provision of a multidisciplinary, community service, led by a Consultant ophthalmologist where patients are seen by accredited clinicians working under and with direct access to a consultant. The service will:

- Triage urgent and routine referrals from GPs and optometrists through a Single Point of Access
- Facilitate onward referral to secondary care for patients who are unsuitable for management in the community
- Facilitate transfer of chronic stable eye conditions from hospital services to the community where safe and clinically appropriate by e.g. pathway development and clinical networking with secondary care
- Support patients to self-manage
- Improve primary prevention, primary medical and ophthalmic care management and referral quality by e.g. education programme, development of patient pathways, clinical networking
- Assess and manage acute minor eye conditions
- Assess and manage chronic stable eye conditions with a low risk of sight loss, including: cataracts (pre and post-operative), glaucoma, ocular hypertension and suspected ocular hypertension (repeated measurements)
- Minor eyelid surgery

⁴ https://www.ealing.gov.uk/downloads/download/1018/ealing_joint_strategic_needs_assessment

⁵ https://www.healthiernorthwestlondon.nhs.uk/sites/nhsnwondon/files/documents/nwl_stp_october

MOI Community Ophthalmology Procurement

The outcomes of the service will include:

- Improved access and reduction in unwarranted variation in care
- Care provided closer to home
- Reduced secondary care referrals, where clinically appropriate
- Increased patient satisfaction and quality of life

5 Commercial information

5.1 Contract duration

The Contract to be offered to the successful Bidder at the end of this Procurement will be for a duration of three years, which is intended to run from 1st April 2018 until 31st March 2021 with the possibility of two years' extension.

Activity baseline for new service

	Year 1	Year 2	Year 3	Year 4	Year 5
First Attendances	8,733	8,8812	8,971	9,132	9,296
Follow-Up Attendances	11,836	11,943	12,158	12,377	12,600
Procedures	301	304	309	315	321
Total	20,870	21,059	21,438	21,824	22,217

5.2 Affordability and bidding envelope

In setting an affordability ceiling, **EHH CCGs** has considered the funding availability and the expected changes in activity.

The total affordability ceiling for the Core Activity for a 5 year contract is £6,660,000. The table below set outs the affordability ceiling for each year of the contract (years 1 to 5) based upon the expected activity. A minimum price threshold for each year has also been set.

Contract year	Maximum affordability	Minimum threshold
2018/19	£1,320,000	£1,060,000
2019/20	£1,280,000	£1,020,000
2020/21	£1,310,000	£1,050,000
2021/22	£1,350,000	£1,080,000
2022/23	£1,400,000	£1,120,000
Total (5 years)	£6,660,000	£5,330,000