**Memorandum of Information (MOI)   
Community Ophthalmology Procurement**

# 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 million[[1]](#footnote-1).

The cost of eye-care services was expected to rise by 20% by 2019/20, from a 2014/15 baseline, driven largely by increases in demand. However, in England in 2017/18, ophthalmology has the highest number of outpatient attendances of any speciality, accounting for 6.3% of all outpatient appointments (7.6 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 research[[2]](#footnote-2) 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]](#footnote-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.

# Local strategic priorities

The eight CCGs 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.

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:**

It is envisaged that a 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 Brent GP registered population. Thus, eliminating unwarranted variation in care and improving the management of long-term eye 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 Brent CCG.

**Demographic information**

Brent CCG has a total registered population of 388,566 patients[[4]](#footnote-4) (December 2018). The population Brent CCG, although ageing, has fewer people over the age of 65 than the national average. The life expectancy in the boroughs is above the national average for men and women.

Although the CCG have a younger population they have a higher than average proportion of the population from BAME communities, and higher than national prevalence for diabetes. Diabetes is more prevalent in the Asian population and diabetic eye disease is a major cause of sight loss as is glaucoma.[[5]](#footnote-5)

Brent is ethnically a diverse borough. The Joint Strategic Needs Assessment (JSNA, 2015) groups the population as 33% white, 8% Black African, 19% Asian, 5% Pakistani, 12% other Asian, 6% Black Caribbean, 7% Black Other, 1% Chinese and 9% other.

It is estimated that by 2020 there will be a rise in the number of people over 65 years of age, and a rise in the number of people over 85 in Brent. The population is very diverse with a steady rise projected for BAME groups[[6]](#footnote-6)

The CCGs directly purchase 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.

NHS Brent CCG is the Clinical-led membership organisation responsible for planning and buying (commissioning) many of the health services needed by the approximately 380,000 people registered with GPs in Brent, covering Wembley, Harlesden, Neasden, Willesden and Sudbury. There are 56 GP Practices that make up primary care in Brent.

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

# 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 e.g. step-down 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 primary care pathways, clinical networking
* Assess and manage acute minor eye conditions
* Assess and manage cataract (pre-assessment and post-operative care including data for national ophthalmology database audit) and chronic stable eye conditions with a low risk of sight loss, including: glaucoma, ocular hypertension and suspected ocular hypertension (repeated measurements)
* Minor eyelid surgery

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

# Commercial information

## 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 22nd September 2019 to 21st September 2022 with the possibility of two years’ extension.

Indicative Activity baseline for new service

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Year 1 (Q3&4) | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 (Q1&2) |
| First Attendance | 2830 | 5052 | 5052 | 5052 | 5052 | 2222 |
| Follow-ups | 4290 | 8580 | 8580 | 8580 | 8580 | 4290 |
| LTC (Glaucoma)\* | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 |
| Total | 11518 | 28082 | 29097 | 30150 | 31239 | 16184 |

## Affordability and bidding envelope

In setting an affordability ceiling, Brent CCG considered the funding availability and the expected changes in activity.

The total affordability ceiling for the Core Activity for a 5 year contract is £9.3m. 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.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 19/20 Q3&Q4 | 20/21 | 21/22 | 22/23 | 24/25 | 25/26 Q1 & Q2 | Total |
| Indicative Annual budget | £900,000 | £1,800,000 | £1,800,000 | £1,800,000 | £1,800,000 | £ 900,000 | £ 9,000,000 |
| Bottom up costing | £ | £ | £ | £ | £ | £ | £ |
| Min (80%) | £720,000 | £1,440,000 | £1,440,000 | £1,440,000 | £1,440,000 | £  720,000 | £ 7,200,000 |

1. http://www.rnib.org.uk/knowledge-and-research-hub/key-information-and-statistics [↑](#footnote-ref-1)
2. RNIB (2009) Cost Oversight. The cost of eye disease and sight loss in the UK today and in the future [↑](#footnote-ref-2)
3. https://www.college-optometrists.org/the-college/ccehc/delivery-models.html [↑](#footnote-ref-3)
4. https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice [↑](#footnote-ref-4)
5. https://www.london.gov.uk/sites/default/files/sightlossfinalv2.pdf [↑](#footnote-ref-5)
6. https://www.healthiernorthwestlondon.nhs.uk/sites/nhsnwlondon/files/documents/nwl\_stp\_october [↑](#footnote-ref-6)