

# IMPROVING EYE CARE IN BROMLEY

## PATIENT SURVEY RESULTS TO INFORM THE NEW MODEL FOR INTEGRATED CARE BETWEEN HOSPITALS AND COMMUNITY EYE CARE SERVICES

### COMPREHENSIVE REPORT – JULY 2016

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#### 1. Executive Summary

This eye care report was conducted to examine Bromley residents' thoughts on the current eye care service and how it can be improved. The report provides, in detail, the patients' opinions and an analysis and commentary of the recommendations on how to improve the current eye care service. Large numbers of patients have responded with recommendations allowing us to shape a better model of care.

The prevalence of eye care is increasing in Bromley, which is partly due to the increase in the ageing population. Currently 23% of the population in Bromley is aged over 65. With Bromley being the 6<sup>th</sup> fattest borough, there is also an increase in diabetes and obesity. Both of which are associated with eye disease. The three most common eye conditions in Bromley are early AMD, background diabetic retinopathy and glaucoma.

Referrals are on the increase to hospitals, resulting in an increase of demand thus strain on the current eye care services. According to the CCG Ophthalmology dashboard, Ophthalmology is the highest ranked in outpatient activity for 2015/2016 thus demonstrating the current demand.

Engagement with patients has shown that there is recognition of the strain, demonstrated through lack of appointments, increased waiting time, lack of integration and communication and the challenges of not having a more local service.

There is demand for more local community services to improve access.

## 2. Introduction and methodology

The overwhelming majority of patients in Bromley are using hospital eye care services provided by Kings. All eye care is centred at hospitals as optical primary care contractors are constrained by their NHS England contract to just provide sight tests. General practice is not equipped to manage eye care and often act as just a conduit for referrals with little added value and a poor use of resource. There is no community eye care service hence no backward referral of care for patients who are low risk and stable. Patient satisfaction is poor due to long waiting times and a lack of general communication (from information gathered from the report and patient engagement).

In late May 2016, the CCG conducted a survey with the main purpose to engage and gather views from local patients on their experiences and opinions of the current eye care service in Bromley as well as to gather recommendations on how the service could be improved. The results and outcomes of this survey will be used to aid a new model for delivering eye care services, thus allowing patients to really shape the way we commission services for them.

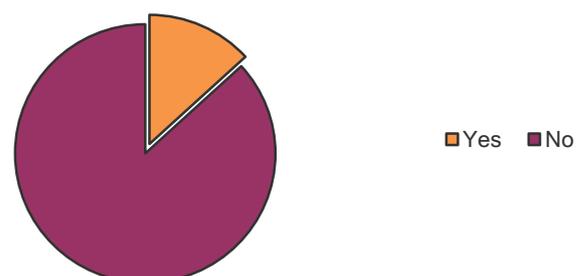
The survey started on 30<sup>th</sup> May 2016 and concluded on 4<sup>th</sup> July 2016. It was created on Survey Monkey, of which it was promoted through social media sites (e.g. Facebook, twitter and net mums as well as local online forums and LBB), Bromley CCG website, optometry practices with hard copies were distributed, engagement with the voluntary sector (e.g. Kent Association for the Blind, Health Watch Bromley and Thomas Pocklington Trust) and advertisements through GP bulletins. Also, to ensure that all patients could access the survey the CCG assisted patients to answer the survey via telephone. 462 people responded to the survey.

An example of the questionnaire has been included as part of this report. The report breaks down each question into patient responses, analysis and commentary of the responses and how patients have recommended changes to service delivery.

## 3. Questions

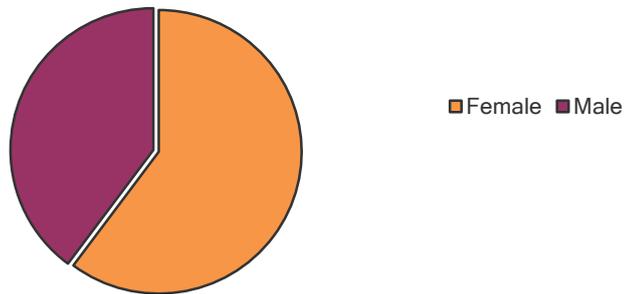
### Q1- Are you filling in this survey on behalf of someone else? (462 responses)

Yes – 13.2% (61)  
No – 86.8% (401)



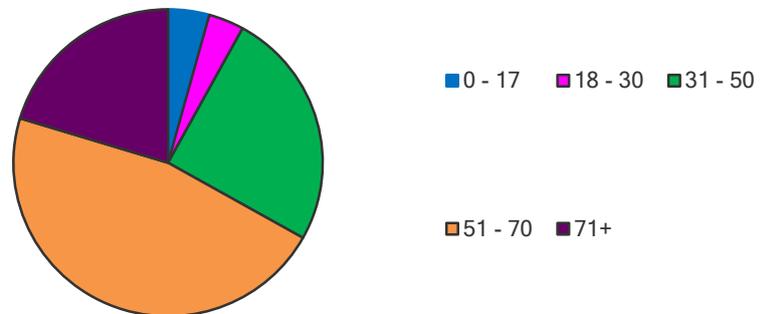
**Q2 – Gender of the patient? (462 responses)**

Female – 60.2% (278)  
 Male – 39.8% (184)



**Q3 – Age of patient? (462 responses)**

0-17 – 4.3% (20)  
 18-30 – 3.7% (17)  
 31-50 – 25.1% (116)  
 51-70 – 46.5% (215)  
 71+ - 20.3% (94)



**Q4 – What factors are most important when you consider you or your child’s eye care?  
 Please rank 1 to 3, with 1 being most important. (17 responses)**

Answer options	1	2	3	Rating average	Response Count
Treatment obtained quickly, in the right setting	11	1	5	1.65	17
Care provided in the community/high street and by qualified professionals quickly	6	4	7	2.06	17
Direct referrals to see a consultant (if required, without need for referral to GP)	0	12	5	2.29	17

*Analysis and Commentary*

4.1 This is an early indication that parents would prefer shorter waiting time for an appointment with that being of highest importance to them.

4.2 For Parents, direct referral to a consult was also important, which is possibly due to them wanting faster access to quality care for their children. Parents were not adverse to a community eye care service and were happy to see a qualified professional quickly.

4.3 Only 17 patients responded to this question. This may be due to the high percentage of people who filled out the survey for themselves and not on behalf of someone else. This low number of responses to the question in comparison to the overall response rate could be due to promotion of the survey being predominately towards the adult community.

Recommendations for the model – The data suggests that quick treatment in the right setting is favoured quite considerably and is seen as most important.

**Q5- Are you currently receiving eye care? If so from whom? (451 responses)**

Answer options	Response Percent	Response Count
Optometrist	52.2%	190
GP	3.8%	14
Hospital	24.7%	90
Not currently receiving eye care	29.4%	107
Comments	13.7%	50

Comments:

Mixed Locations

A lot of people use more than one eye care provider at one time. One patient noted that he/she “goes to Moorfields hospital once a year, and opticians once a year”. The most common was opticians with either the hospital or GP. This mixed use of services was generally put down to the type of problem the patient has/had or the treatment they needed to receive. One patient noted “go to Beckenham Beacon every year for diabetes test for my eyes and I have regular check-ups at a high street opticians for reading glasses”.

High street opticians

Many patients commented that they went to high street opticians. Generally these patients had more basic eye care needs e.g. glasses or contact lenses in comparison to ill health. The most common high street opticians were Specsavers and Boots. Comments included “I regularly have check-ups at a high street optician for reading glasses”, “just collected new glasses from high street opticians” and “only have regular checks for glasses/lenses at opticians”.

*Analysis and Commentary*

5.1 Through comments, it can be understood that convenience is the biggest positive for many patients, with a lack of appointments/locations (a.k.a lack of convenience) being the main base of complaints.

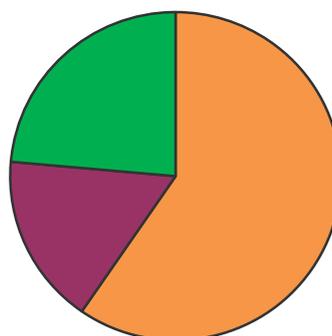
5.2 The use of dual locations and service providers was seen as positive and negative as it allowed for the possibility of quicker waiting and referral time. However, there were comments to suggest that there were drawbacks to this as complaints were made about a lack of communication between the two service providers, which resulted in a lack of complete understanding of the patient’s needs. The positives and negatives mentioned can be up taken and implemented into the future model, by ensuring that communication between community eye care services and hospital eye care services are improved, thus eliminating the general negatives of the use of dual eye care services.

5.3 A negative with multiple location is that patients with mental disabilities e.g. autism may become confused as change can be seen as confusing and unwelcomed. This can be distressing for the patients.

Recommendations for the model – The results show that over half of patients go to the Optometrist for their current eye care needs. The overall comments suggest that the use of both community eye care services and hospital eye care services are preferred if patient waiting time is decreased.

**Q6 – If you are having or have had your eye care services in hospitals, would you be willing to have your eye care closer to home in a community/high street setting? E.g. Beckenham Beacon? (364 responses)**

Yes – 59.6% (217)  
No – 16.8% (61)  
Comments – 23.6% (86)



■ Yes  
■ No  
■ Comments

Comments:

Not receiving eye care

A lot of patients responded that they do not receive eye care treatment, therefore could not answer the question adequately. This number is shown through the percentage of comments for this question. However, they also noted that it would be a good idea/convenient to use eye care facilities which are closer to home, if available, especially for patients with physical disabilities. An example of this by a patient is “I am not receiving any treatment or care but would think that care in a patient’s locality would be good as it will be easier to get to for them”. They also noted that they would prefer to use closer, eye care facility in a community/high street setting if they needed eye care services, illustrated by “never had, but would prefer a local setting if ever required”.

Depends on need of the patient

There were some comments about the idea that certain settings may possibly have more adequate facilities dependent on the eye care need of the patient. This therefore can

determine whether the patient would be willing to go to a closer community/high street setting.

Preference

It was noted that some patients had “no preference as long as care is of high quality, responsive and easily accessible”. It was also suggest that it should be “close to home” but there should be “someone qualified to see me and where parking is easy”. The qualifications of the practitioner were noted by several patients, with comments such as “as long as the professional was appropriately trained I do not mind where I am seen” and “much better to see someone who works in that field, than someone with general knowledge”.

*Analysis and Commentary*

6.1 Referring back to the notable comments, the idea of choice between locations and type of eye care provider i.e. hospital and community settings could be facilitated.

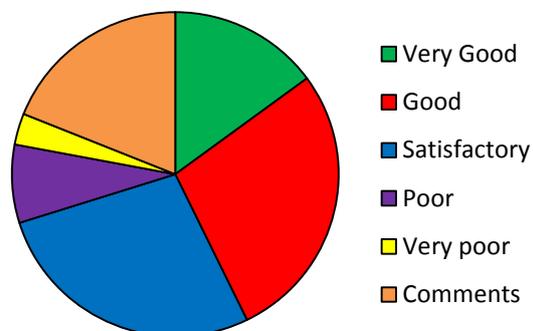
6.2 There were comments about many of the patients already going to Beckenham Beacon, which is classified as a hospital setting, therefore there may have been some confusion to this question, thus how the patients responded to the question.

6.3 The preference of location, as seen through the comments, is considered but professional practitioners are seen as most important. This can suggest that quality of care provided and use of qualified practitioners are over-riding in importance in comparison to location, but a closer location is still preferred as long as patients receive high quality, professional treatment with adequate knowledge and training for each patients needs and varying eye conditions.

Recommendations for the model – The integration of hospital and community settings’ are recommended which could also increase the amount of appointments available. The idea of closer services to home in a community/high street setting was preferred.

**Q7- How would you rate current eye care services in Bromley in general? (364 responses)**

Very good – 18.41% (67)  
 Good – 34.34% (125)  
 Satisfactory – 33.79% (123)  
 Poor – 9.62% (35)  
 Very poor – 3.84% (14)  
 Comments – 23.35% (85)



Comments:

Waiting time

Complaints arose here about the extensive waiting time for an appointment. It was noted that it can be a “long time until appointment” and even though the service may be good the “waiting times can be quite long”. There were also notes that waiting time depended on the location of the eye care service.

Awareness of types of services available

Interestingly, it was noted that some patients rated the eye care services lower due to the lack of awareness of different options available for eye care services. It was noted that if people were more aware of services that an optometrist can provide, and the locations which are more appropriate for the patient’s needs, it would improve overall eye care services. This was demonstrated by “a better understanding of who to contact in case of emergency” and “More communication on what eye services are provided in the community, more posters in GP surgeries to promote this which would lead to overall a better service”.

Lack of appointments

There is a lack of appointments outside of working hours which is not convenient for many working adults. Referring back to the earlier age question, 2/3rds of those who answered the survey were of working age. Therefore, this highlights that there is a need for more services outside the 9-5 working hours as these patients will inevitably seek out other options such as urgent care centres and A&E which may lead to overcrowding and longer waiting times at these facilities at certain times of the day.

*Analysis and Commentary*

7.1 Interesting, from the comments, patients generally preferred the service from high street opticians with positive comments regarding waiting time and engagement with the staff. There were no complaints around clinical quality at hospitals; all complaints were relation to long hospital waiting times. Comments were that it took a long time to receive their appointment and once at the appointment the wait was also long to see the clinicians, but once they saw the clinicians, people felt that they were receiving a high quality of care.

7.2 There were comments to suggest that the hospital services varied in quality, which was based primarily on wait of appointments. This remark has been mentioned previously in relation to a previous question, therefore it can be suggested that it is an important factor that patients wanted to draw attention to and ultimately improve. Denmark Hill saw patients faster once they attended an appointment. Waiting times at appointments for the PRUH were significantly longer from the comments.

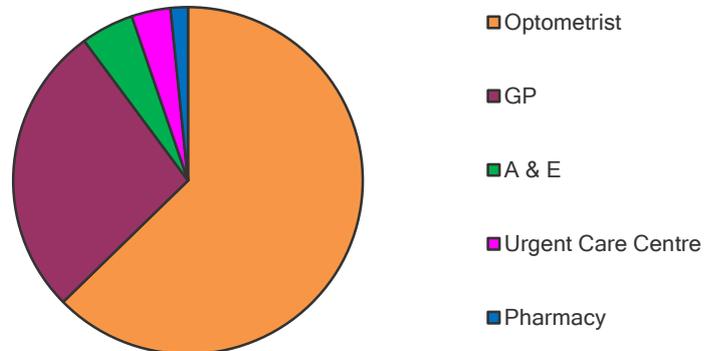
7.3 Awareness of different options could be due to the lack of advertising of the range of eye care services available. If there was better signposting of services this would help patients know where and when to access services. Patients highlighted that not knowing where to go was frustrating and often meant that they went to the wrong location.

Recommendations for the model – The highest proportion of responses were in the ‘Good’ and ‘Satisfactory’, which demonstrates there is room for improvement. From comments, it can be seen that a higher score could be achieved by improving access and have more

appointments available at the hospital, especially before or after working hours and greater advertising of the services available.

**Q8 – When you have a concern, where do you go for your eye care first? (364 responses)**

Optometrist – 62.6% (228)  
 GP – 27.2% (99)  
 A&E – 4.9% (18)  
 Urgent Care Centre – 3.6% (13)  
 Pharmacy – 1.6% (6)  
 Other – (44)



Comments:

Dependent on the problem

Generally patients alluded to the idea that it would be dependent on the problem. The severity of the problem would also be taken into account when deciding where to first. For non-acute problems, patients generally would seek advice for all primary care providers.

Research

There were suggestions that internet searches or phone calls to 111 for example would be done first to seek advice about the most appropriate care, “I'd phone the opticians first or maybe 111 to then decide best place to go”.

*Analysis and Commentary*

8.1 There is a high general consensus that it depends on the problem the patient is dealing with. Generally, the more severe the problem the more likely the patient would be to go to A&E or urgent care. There is also a correlation with severity of the problem and the perceived waiting time to be seen. This can suggest that patients may be more reluctant to wait if the concern is more urgent.

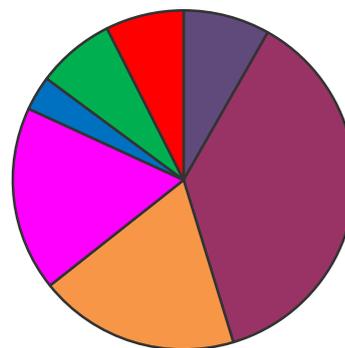
8.2 The highest percentage of people chose the Optometrist as their first point of call. This could suggest that people would feel more comfortable with an identified specialist in the eye care area.

8.3 There was comments made about certain facilities may not be open outside of working hours thus limiting the choice of where the patients could go. This could then impact of how the patient decides which facility to use.

Recommendations for the model – The expansion of primary care and the development the community eye care service may increase capacity and hence provide more appointments at secondary care.

**Q9 – What is the longest you would wait for non-emergency eye care? i.e. where there is no pain/distress. (364 responses)**

Within 1 day – 8.2% (30)  
 Within 7 days – 37.1% (135)  
 Within 2 weeks – 19.0% (69)  
 Within 1 month – 17.6% (64)  
 Within 18 weeks 3.3% (12)  
 No preference -7.4% (27)  
 Other (comments) - 7.4% (27)



- Within 1 day
- Within 7 days
- Within 2 weeks
- Within 1 month
- Within 18 weeks
- No preference
- Other (what is most reasonable for you?)

**Comments:**

Depends on issue

Almost half of the comments revolved around the concept of dependent on the issue. Even though, no pain/distress was stated in the question, people still felt it depended on the type of issue to confirm how long they would feel comfortable waiting for an appointment, examples include, “it would depend on the issue”, “Depends on if I need medical care”, “Immediate if due to condition”, “Depends on nature of the concern”, “Depends whether vision affected”, “Hard to answer as Macular degeneration can deteriorate very quickly so would be an emergency” and “It depends on. The condition and your availability”

Regular checks

Some patients identified that they had regular check-ups scheduled, therefore alluded to the idea of waiting for them. Examples include “I have appointments at Boots or at the PRUH”, “I go every year” and “I have appointments booked at Boots or at the PRUH, but depends on problem”. It can be suggested, that linking back to the previous comment that waiting time would depend on the concern, it was suggested that if a patient was worried enough, they may book a different appointment outside of their regular appointments.

*Analysis and Commentary*

9.1 The highest percentage category was ‘Within a week’.

9.2 It can be suggested that it depends on the type of eye concern and how worried the patient is about their issue. The ‘Other’ category demonstrated this with, varying time slots also being brought forward.

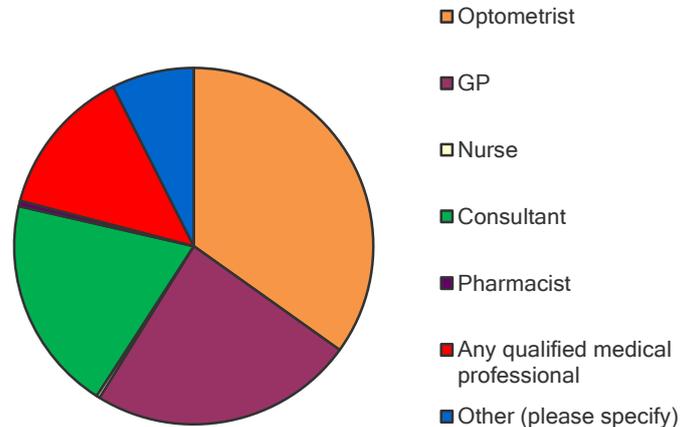
9.3 Due to the nature of eye, even if it was not an emergency patients feel that it is essential that they try to resolve the problem as soon as possible. This highlights the importance of providing access to any source of eye care treatment. Patients will not be aware of what is an emergency or non-emergency when it comes to eye care nor understand that a lot of eye conditions are self-limiting i.e. conjunctivitis.

Recommendations for the model – The future model should consist of appointments being readily available within a week, with the option for urgent care, if the patient has more

complex needs. This can be ensured by the bringing forward of secondary care to primary care.

**Q10 – If you developed an eye problem, who would you most like to be seen by? (364 responses)**

Optometrist – 34.9% (127)  
 GP – 23.9% (87)  
 Nurse – 0.3% (1)  
 Consultant - 19.5% (71)  
 Pharmacist – 0.5% (2)  
 Any qualified medical professional – 13.5% (49)  
 Other (please specify) - 7.4 % (27)



**Comments:**

Dependent

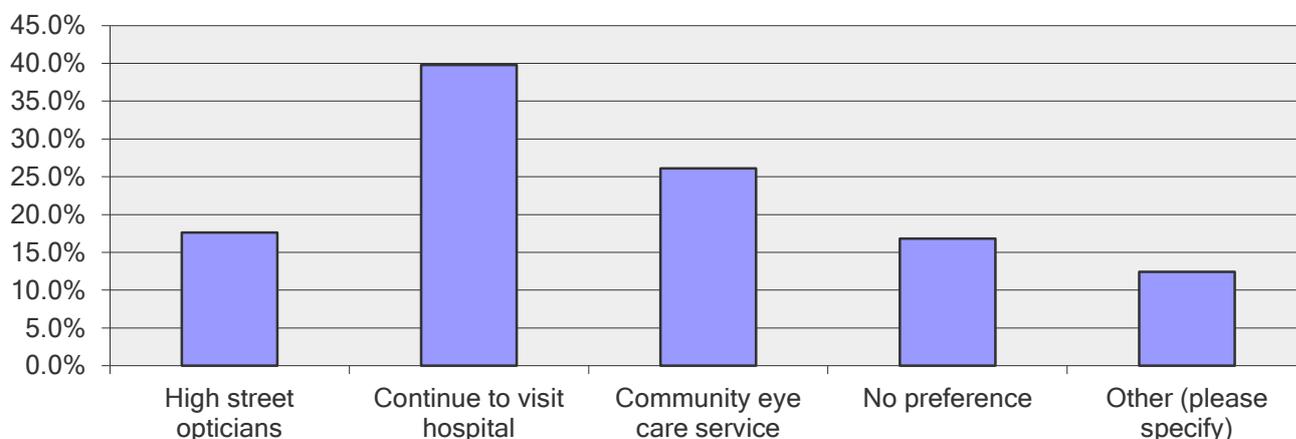
Almost all comments indicated that it would depend on the problem and severity. Examples include, “Again, it would depend on the problem, but as long as the person is competent in this field, I would not mind who I saw.”, “At present I only need glasses, so an optician is sufficient, but if something more sinister developed I'd like to be referred to a more appropriately qualified practitioner. Not automatically a consultant, but wouldn't appreciate only being offered a nurse practitioner if I had cancer of the eye, for example”.

*Analysis and Commentary*

10.1 There was indication that patients felt that it was situation dependent. It was noted that specialism was a key concern for patients, and patients wanted their care delivered by the most appropriately qualified person for their condition.

Recommendations for the model – The future model needs to ensure that it is the right clinician delivering the service at the right time and location, plus be appropriately qualified for the severity of the eye condition.

**Q11 – If you had/have a long term stable eye condition such as glaucoma, where would you want to have your eye care? (374 responses)**



High street opticians – 17.6% (64)  
Continue to visit hospitals – 39.8% (154)  
Community eye care service – 26.1% (95)

No preference – 16.8% (61)  
Other (please specify) - 12.4% (45)

**Comments:**

Locality

Comments showed that patients would want their eye care centres to be close to home. This was demonstrated through the following examples, “No preference as long as care is of high quality, responsive and easily accessible”, “Close to home, but again, by someone qualified to see me and where parking is easy”, “preferable in my local hospital”, “I would prefer somewhere local where it is easy to park (our local bus is every 3 hours!)”, “Anywhere that is close to home and the wait isn't too long.”.

Specialism

Many of the comments interlinked with locality, but the idea of specialism and patients being cared for by professionals also stood out in the comments section. Examples of this include, “Somewhere convenient to where I live but with trained professionals looking after me”, “No preference as long as care is of high quality”, “As long as the professional was appropriately trained I do not mind where I am seen”, “Not had but would accept care from a highly trained optometrist if needed.” and “Easy access to qualified eye specialist”.

*Analysis and Commentary*

11.1 Specialism and qualified practitioners was seen as an important factor for people choosing their preferred location for their eye care.

11.2 The highest category was ‘Continue to visit hospital’, showing almost 40% of patients want to continue with their hospital visit. The lowest category was ‘No preference’. The

continuing with hospital visits could be due to previous experience and also historically these patients would have their care managed in hospital.

11.3 There has never been a community eye care service and many patients responding to the survey may not have had experience in a community service therefore it is difficult to bench mark. Patients often feel that for such an essential part of their health that a hospital setting would be the most appropriate location from them to receive their care.

Recommendations for the model – Care should be delivered in a setting which replicates the clinical quality as well as the facilities of a hospital but be located closer to home.

### **Q12 – What else could you suggest to improve the provision of eye care in Bromley? (143 responses)**

Comments:

#### Accessible for disabled

Patients indicated that disabled access was a big concern and they wanted services to be more flexible and accessible for disabled patients. Examples include, “Relevant equipment for wheelchair bound people to be able to use to get their eyes tested”, “Awareness of autism with professionals. My son finds even a simple eye test can lead to sensory overload/meltdown”, “For people who have physical disabilities that makes it extremely difficult for them to travel anywhere there should be option to have home visits for eye sight tests”.

#### Awareness of available services

There is a lack of understanding of what is available and where patients could be signposted to. Examples include, “If there are more choices and services to be offered outside hospital setting, continuity of care is important”, “a better understanding of whom to contact in case of emergency”, “More communication on what eye services are provided in the community, more posters in GP surgeries to promote this”, “Information about the services offered by the various organisations so I could choose the most appropriate place to go.”, “More Information so you know what to lookout for!”, “The service and the amount of locations”, “Make the public aware of what services are available by which providers to enable educated choices to be made”, “A list of opticians along with what they excel in. Quality of eye tests seems to be very variable” and “Clear pathways for medical professionals and patients so they go to the right place, first time. Joint working across primary, community and secondary care so no delays/ repeats”.

#### Communication

Increased communication between all eye care service providers was recommended by patients. This was demonstrated by the following quotes; “better communication and access more flexible timing”, “More communication” and “A more joined up approach between GP, optician and consultant”. Communication to patients was also seen as an area of improvement to allow for more explanations and for patients to be kept informed. Examples include, “telephone access to specialist services”, “Better information and signposting as to where it is most appropriate to be seen” and “more explanation about cataracts and support”.

### More appointments

Increased access to eye care services was also seen as an area of improvement. Patients wanted more appointments so they could be seen faster. Examples showing this are as followed; “More access”, “better communication and access more flexible timing”, “More appointments at the PRUH with better organisation within the department so you don't sit waiting around for hours and hours each time”, “Less waiting time to be seen”, “Cut waiting times both for appointments and at appointments”, “Quick response times. Reassurance that you are treated as an individual and not just a number”, “A community eye care centre with different levels of expertise available and fully equipped with all latest examination equipment would be brilliant. Increase staff, decrease waiting times, and two months (rather than three) for appointments”, “A specialised clinic for eye care will be best thing that can ever happen to Bromley - most GPs are not very competent when it comes to eyes due to maybe poor equipment or less training - patients with eye problems don't have this time to wait around for referrals and remember you ONLY have one pair of eyes. Most patients rely on high street opticians for eye checks, the service is not properly linked with NHS services eg your GP might not consider any recommendations made by the high street optician”. “Quicker service and a lot less long waits in reception”, “Shorter waiting times to see consultants / hospital referrals”, “faster GP appointments” and “The waiting time at West Kent Eye Centre when you arrive for an appointment is totally unacceptable. Yes there may be emergencies etc, but this should be built in to the day. There needs to be more staff and more appointment times - less admin staff who are happy to sit and chat.”

### Home visits

Patients felt that home visits would be a way to improve the service, especially patients with mobility issues, disabilities, transport issues and severe eye conditions. This was brought forward through the following quotes from patients; “Home visits for me. It is appalling that in my situation, absolutely no one is bothered about my eye care at all”, “Home visits for elderly and sick people, who cannot travel to hospital”, “For people who have physical disabilities that makes it extremely difficult for them to travel anywhere there should be option to have home visits for eye sight tests” and “Home visits to deliver new glasses where the carer has problems leaving the person they look after alone and can't get a sitter”.

### Transport

Linking to home visits, transport to and from eye care appointments was seen as an issue. This is illustrated by, “The biggest problem is associated with transport to and from hospital, because of not being allowed to drive after the eye drops. Solve that, or make equivalent local provision for eye care, would help” and “For people who have physical disabilities that makes it extremely difficult for them to travel anywhere there should be option to have home visits for eye sight tests”.

## *Analysis and Commentary*

12.1 Due to the nature of the eye care treatment, the issue of transport was generally brought forward by patients with mobility issues or those with visual impairment. Patients felt that they would benefit from support after an eye procedure or examination and will also benefit from better access to information.

12.2 A notable number of respondents wanted more appointments to be available, of which it was recommended that appointments should also be made available outside of normal working hours (9am – 5pm) to cater for working adults as well as possibly having weekend access.

12.3 A very important issue to patients was the lack of understanding about what services are available and who from. An increase in awareness of this, possibly done through advertising, posters, leaflets etc could allow patients to be more informed. Patients did not want to waste their time going to the wrong place which was not appropriate for their specific condition which also led to a lot of dissatisfaction around waiting time.

12.4 It was noted that better communication should be the aim of any service redesign. Firstly, there could be substantial improvements in communication between all providers at every level. But patients also need to be informed.

12.5 Disabled access was seen as an area of improvement which was necessary to allow access for all types of disabilities. This ranges from being adequately informed about mental disabilities which could affect how someone approaches an eye care appointment or general to actual access to the eye care service due to the patient’s physical disabilities such as use of a wheel chair or being house bound.

Recommendations for the model – A future model should address concerns around communication, access for disabled, better signposting and increased availability of appointments and flexibility with accessing the service.

**Q13 – Name of registered GP practice of patient (313 responses)**

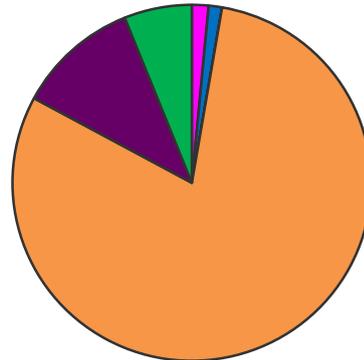
Answer Options	Response Percent	Response Count
Addington Road Surgery	0.6%	2
Anerley Surgery	0.3%	1
Ballater Surgery	1.3%	4
Bank House Surgery	0.3%	1
Bromley Common Surgery	1.0%	3
Bromley Park Surgery	0.0%	0
Broomwood Road Surgery	1.6%	5
Cator Medical Centre	1.6%	5
Charterhouse Surgery	1.9%	6
Chelsfield Surgery	2.2%	7
Chislehurst Medical Practice	1.3%	4
Cornerways Surgery	1.9%	6
Crescent Surgery	1.0%	3
Cross Hall Surgery	0.0%	0
Derry Downs Surgery	0.3%	1

Dysart Surgery	4.5%	14
Eden Park	1.9%	6
Elm House	3.5%	11
Family Surgery	1.0%	3
Forge Close Surgery	1.0%	3
Gillmans Road Surgery	0.0%	0
Green St Green Medical Centre	1.6%	5
Highland Medical Practice	0.6%	2
Knoll Medical Practice	0.3%	1
Links Medical Practice Downham Surgery	14.4%	45
Links Medical Practice Mottingham Surgery	19.2%	60
London Lane Clinic	1.6%	5
Manor Road	2.9%	9
Norheads Lane Surgery	0.0%	0
Oakfield Surgery	0.0%	0
Park Group Practice	2.9%	9
Pickhurst Surgery	0.6%	2
Poverest Surgery	1.3%	4
Robin Hood Partnership	0.0%	0
South View Partnership	2.2%	7
Southborough Lane	0.6%	2
St James' Practice	0.3%	1
Station Road Surgery	1.3%	4
Stock Hill Medical Centre	16.3%	51
Summercroft Surgery	1.9%	6
Sundridge Medical Practice	0.6%	2
The Surgery Dr M J Begum (St Mary Cray)	0.6%	2
The Surgery Tubbenden Lane (St Mary Cray)	0.3%	1
Trinity Medical Centre	0.3%	1
Tudor Way surgery	0.0%	0
Whitehouse Surgery	0.0%	0
Wickham Park Surgery	2.9%	9
The Woodlands Practice	0.0%	0

**Q14 – What is the patient’s sexual orientation? (326 responses)**

This is an equality question.

Bisexual – 1.5% (5)  
 Gay man – 1.2% (4)  
 Gay woman/lesbian – 0.0% (0)  
 Heterosexual – 80.01% (261)  
 Prefer not to say – 11.0% (36)  
 Other (please specify) – 6.1% (20)

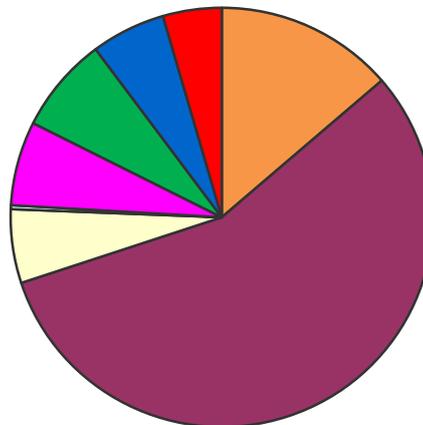


- Bisexual
- Gay man
- Gay woman/lesbian
- Heterosexual
- Prefer not to say
- Other (please specify)

**Q15 – Patients relationship status (336 responses)**

This is an equality question.

Single – 13.7% (46)  
 Married – 56.3% (189)  
 With a partner – 5.7% (19)  
 Civil Partnership – 0.3% (1)  
 Divorced – 6.5% (22)  
 Widowed – 7.4% (25)  
 Prefer not to say – 5.7% (19)  
 Other (please specify) – 4.5% (15)

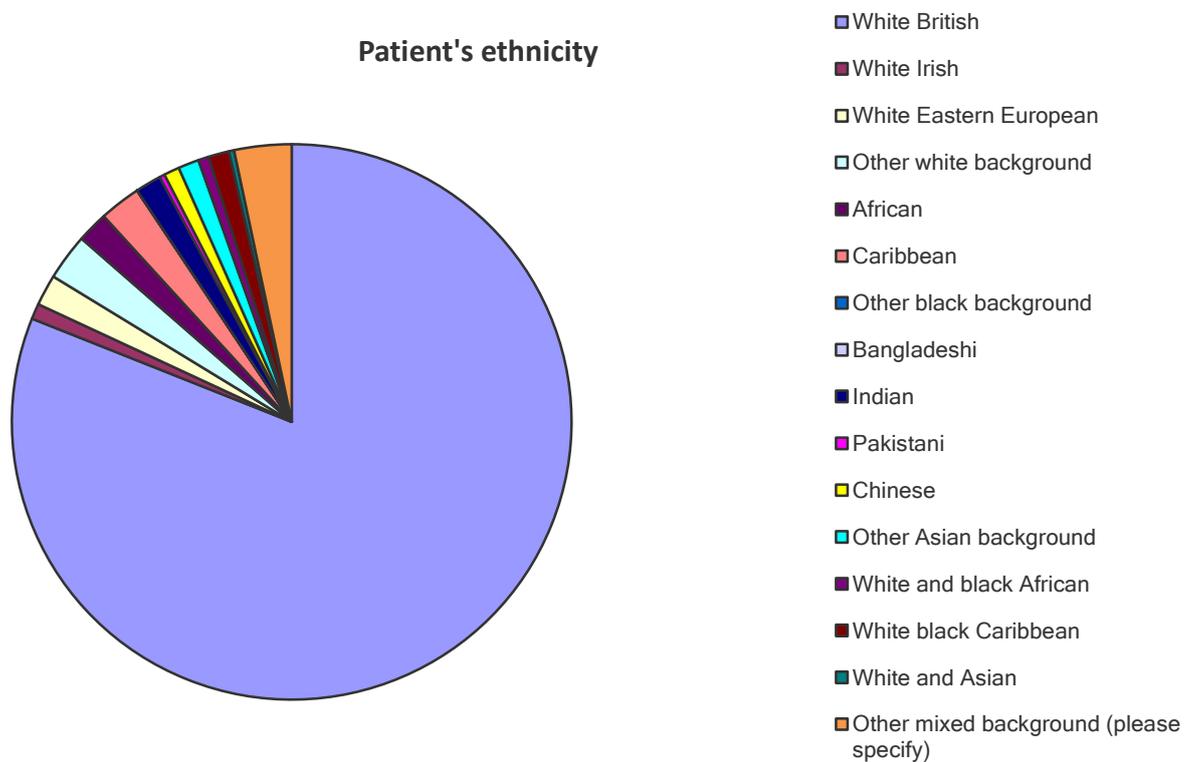


- Single
- Married
- With a partner
- Civil Partnership
- Divorced
- Widowed
- Prefer not to say
- Other (please specify)

**Q16– Patients ethnicity (330 responses)**

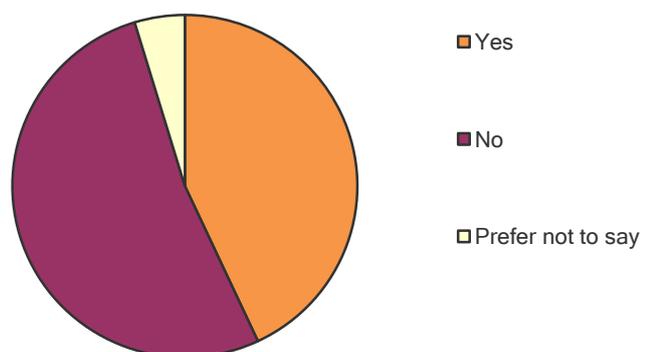
This is an equality question.

White British – 80.9% (267)	Indian – 1.5% (5)
White Irish – 0.9% (3)	Pakistani – 0.3% (1)
White Eastern European – 1.8% (6)	Chinese – 0.9% (3)
Other white background – 2.7% (9)	Other Asian background – 1.2% (4)
African – 1.8% (6)	White and black African – 0.6% (2)
Caribbean – 2.4% (8)	White black Caribbean – 1.2% (4)
Other black background – 0.0% (0)	White and Asian – 0.3% (1)
Bangladeshi – 0.0% (0)	Other mixed background (please specify) – 3.3% (11)



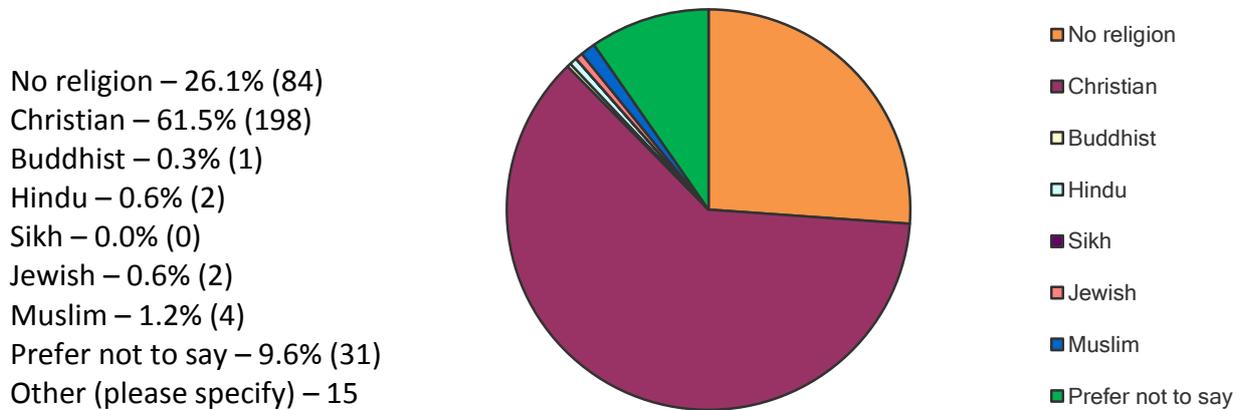
**Q17 – Any disabilities, long-term illness or health conditions? (337 responses)**

Yes – 43.0% (145)
No – 52.2% (176)
Prefer not to say – 4.7% (16)



**Q18 – Religion (335 responses)**

This is an equality question.



**4. Additional comments about the eye care service**

Overall, patients are generally happy with the service but only rating the current eye care service as ‘Satisfactory’ thus showing room for improvement. The main areas for improvement were ‘Disability Awareness’, ‘Awareness of services’, ‘Access’ and ‘Waiting time at hospitals’.

Disability Awareness

Many participants raised the issue of practitioners not accommodating toward the patients disability in several ways. It was noted that practitioners may not have fully understood the implications of the disability, thus not accommodating e.g. not speaking slowly or being patient. It was also noted that some high street opticians would not give disabled patients an appointment as they would require more time. Lastly participants mentioned that some of the equipment for certain procedures did not accommodate for wheelchairs.

Awareness of Services

It was noted that participants felt the overall would be better if there was more awareness about the different types of services available and what different facilities accommodate for. This would then allow for better use of the patients time as they would not be need to be transferred as much and it would benefit practitioners as well. It was suggested that this awareness could be promoted through leaflets, posters, chats with GP’s or specialists upon first meetings and possibly a phone line to ask for assistance. This increased awareness would also allow for the patients to have more choice.

Waiting time at hospitals

Patients expressed their concerns toward the waiting times when at the hospitals, especially the A&E sector. This concern was heightened by the premise of if a patient is in the A&E department; it is generally a concern that requires immediate attention. The waiting times can be improved with more appointments.

## 5. Feedback Report

Below is a table summarising the key points patients made about the current eye care service, and the actions we will take to improve the service and how the future model should be shaped

Patients said	What we can do
<p><i>More appointments</i></p> <p>More appointments available to reduce waiting time, and appointment times outside of working hours</p>	<p>Having more capacity and services delivered in primary care and possibly procuring a community service will help alleviate pressures in secondary care. This should create more appointments and faster access</p>
<p><i>Less travel</i></p> <p>Patients want care closer to home but of a standard equal to what would have been provided by hospitals</p>	<p>Develop more centres to deliver eye care and ensure that the patients are seen by the right clinicians at right time and at the right place. Quality is at the centre of all service re-design</p>
<p><i>Awareness for disabilities</i></p> <p>Commissioners to be aware and consider patients with mental/physical disabilities and accommodate their needs</p>	<p>Ensure that any services commissioned are equitable for all.</p>
<p><i>Awareness of services available</i></p> <p>Increased advertisement of the different services and locations available to the patients to allow them to take more control of their health and make informed decisions. Thus increasing efficiency and improving both patient and practitioner experience</p>	<p>Ensure that signposting, communication and engagement is incorporated into service re-design</p>

### *Integration and communication*

Increased communication between consultants, practitioners, optometrists, high street opticians and generally all of the eye care service providers. Thus allowing for increased awareness of specific patient needs and a more efficient service

Integration of services is important to the success of any model. Communication and learning will be paramount to any commissioned service. Information sharing issues will be addressed to produce a more efficient service

### *Maintaining high quality care*

If more local community eye care services are available, then it should be of the same quality as what you would expect from a hospital i.e. appropriately trained clinicians and availability of resources

There will be assurance that any commissioned service will have strict key performance indicators around quality to mitigate any risks

### *Any qualified provider*

For non-critical eye care patients were not concerned about who they saw but rather that the person they did see was appropriately qualified. For serious eye conditions, patients want to be seen by consultants

Clear pathways and clinical leadership is important for the new model. Consultants should still be responsible for the oversight of the service because they are the experts in their field.

## **6. Conclusion and recommendations**

The eye care patient survey was well received with extensive feedback and interest. Patients generally had a good understanding of what they want, but had difficulty accessing services due to long waiting times after referral. However, they were generally not concerned about the quality of clinical care. Access to care closer to home as well as flexibility with appointments was a general theme throughout patient comments.

The recommendations from the survey are that care should be delivered closer to home, with better access geographical as well as timing and access to different level of clinicians appropriate for the condition. Lastly, it was clear that the present service is disjointed and will require a more integrated approach to communication and service delivery.

## 7. Patient Report

From this survey it was clear patients wanted an improved eye care service in Bromley. The criticisms and recommendations made on how to improve the eye care include; reduced waiting time, less distance to travel, more awareness of services around, better communication and continuing high quality care.

With this new model, the main aim is to build capacity in local eye care facilities. This is done by bringing secondary eye care services such as hospital care and A&E forward to primary care. Primary care is health care provided in the community i.e. Bromley, for people making an initial approach to a medical practitioner or clinic for advice or treatment. It is the first point of contact for the public. Secondary care is treatment by specialists to who a patient has been referred to by a primary care facility.

With these recommendations and the bringing forward of secondary care, it allowed us to use this new model of how eye care treatment is delivered to the Bromley residents. This model allows for more appointments to be available in local eye care centres as more will become primary eye care facilities and therefore less travel for Bromley residents. This also means that fewer appointments will be taken in places such as Kings by non-urgent patients, meaning patients with more urgent eye care problems can be seen quicker as well. With this more unified service, it will also mean there will be better communication between all eye care service provides, meaning that overall efficiency for patients and professionals will increase as well. More available primary care facilities will mean an increased choice for patients of where they can be seen, therefore more choice for disabled patients, making their eye care experience easier. This will also mean that the overall eye care service is more accommodating to their needs.

The concerns for a more local centres was a decrease in specialism for practitioners if there are more local centres for a first point of contact. However, because secondary eye care is being brought forward, specialism will still be continued. Once the model is also in place, there could then be advertisement to increase awareness of the different places a patient could go to, making patients experience and increasing efficiency overall within the model.

## Appendix

Below is the Patient Survey.

---

Dear Sir/Madam,

NHS Bromley Clinical Commissioning Group is carrying out a review of eye care services in Bromley borough. We would greatly appreciate your feedback which will enable us to improve current services in a way which most benefits you as a patient. The survey should only take 5 minutes to complete.

If you would like assistance with this survey, please contact Robert Everett on: 016898 66537

Thank you.

1. Are you filling in this survey on behalf \* of someone else?

Yes

No

2. Gender of patient:

Female

Male

3. Age of patient:

0 - 17

18 - 30

31 - 50

51 - 70

71+

4. What factors are the most important when you consider you or your child's eye care?

Please rank 1 to 3, with 1 being the most important.

- Treatment obtained quickly, in the right setting
- Care provided in the community/high street and by qualified professionals quickly
- Direct referrals to see a consultant (if required, without need for referral to GP)

5. Are you currently receiving eye care? \* If so from whom?

- Optometrist

- GP

- Hospital

- Not currently receiving eye care
- Comments

6. If you are having or have had your eye care services in hospital, would you be willing to have your eye care closer to home in a community/high street setting? E.g. Beckenham Beacon

- Yes
- No
- Comments

7. How would you rate current eye care services in Bromley in general?

- Very good
- Good
- Satisfactory
- Poor
- Very poor
- Comments

8. When you have a concern, where do you go for your eye care first?

- Optometrist
- GP
- A & E
- Urgent Care Centre
- Pharmacy
- Other (please specify)

9. What is the longest you would wait for non-emergency eye care? i.e where there \* is no pain/distress

- Within 1 day
- Within 7 days
- Within 2 weeks
- Within 1 month
- Within 18 weeks
- No preference
- Other (what is most reasonable for you?)

10. If you developed an eye problem, who would you most like to be seen by?

- Optometrist
- GP
- Nurse
- Consultant
- Pharmacist

- Any qualified medical professional
- Other (please specify)

11. If you had/have a long term stable eye condition such as glaucoma, where would you want to have your eye care?

- High street opticians
- Continue to visit hospital
- Community eye care service
- No preference
- Other (please specify)

12. What else could you suggest to improve the provision of eye care in Bromley?

13. Name of registered GP practice of patient

14. What is patient's sexual orientation?

- Bisexual
- Gay man
- Gay woman/lesbian
- Heterosexual
- Prefer not to say
- Other (please specify)

15. Patient's relationship status:

- Single
- Married
- With a partner
- Civil Partnership
- Divorced
- Widowed
- Prefer not to say
- Other (please specify)

16. Patient's ethnicity

- White British
- White Irish
- White Eastern European
- Other white background
- African
- Caribbean
- Other black background

- Bangladeshi
- Indian
- Pakistani
- Chinese
- Other Asian background
- White and black African
- White black Caribbean
- White and Asian
- Other mixed background (please specify)

17. Any disabilities, long-term illnesses or health conditions?

- Yes
- No
- Prefer not to say
- Other (please specify)

18. Religion

- No religion
- Christian
- Buddhist
- Hindu
- Sikh
- Jewish
- Muslim
- Prefer not to say

Thank you very much for taking the time to complete this survey.  
Bromley CCG