

Community Glaucoma Service

Equality Impact Assessment – Results

February 2024

Title of Policy

Community Glaucoma Service (CGS)

Summary of aims and desired outcomes of Policy

The policy will deliver a national community-based glaucoma service for eligible patients.

The service will be provided in an approved community optometry practice, local to the patient's home. As a result, eligible patients will no longer have to travel to hospital locations to receive care.

Directorate: Division: team

Primary Care Directorate: Dentistry, Optometry and Audiology:
Community Eyecare Team

Executive summary

The CGS involves the Hospital Eye Service (HES) discharging lower risk glaucoma and treated ocular hypertension patients into the community, where they will be registered with accredited providers and managed by accredited clinicians (Independent Prescriber community optometrists who have obtained additional accreditation from NHS Education for Scotland (NES)).

Introducing this policy will see a reduction in hospital waiting times for hospital eye appointments, with the discharge of an estimated 20,000 patients from HES waiting lists allowing ophthalmologists to prioritise other patient treatments that will help save other people's eyesight.

Background

The HES is facing huge national challenges with an ongoing inability to meet increasing demand; this has been exacerbated by the COVID-19 pandemic. Despite new advancements in treatment, with over 80% of HES patients aged 60+ and future demographic projections, this situation will only get more challenging without sustainable new ways of working.

The CGS is a key recommendation of the Community Eyecare Services Review published in April 2017. It recommended discharging stable glaucoma and ocular hypertension patients from the HES and managing them instead in the community, allowing more serious cases to remain within the HES.

Utilising the skills of our entire workforce across primary and secondary care will enable patients to be treated in the clinical timeframe appropriate to their condition and improve the effectiveness of treatments and interventions. This will maximise patient outcomes.

The Scope of the EQIA

The National Institute for Health and Care Excellence and Scottish Intercollegiate Guidelines Network guidelines established that it is clinically safe to discharge CGS eligible patients from the HES into the management of accredited community optometrists.

We consulted widely with our stakeholders representing the interests of those with a visual impairment or at risk of losing their sight, including Glaucoma UK.

Consultation was undertaken with NES, NES Technology and NHS National Services Scotland in the design and governance of the service. The CGS has also been regularly discussed with Optometry Scotland, a key representative body of the optometry sector in Scotland.

Feedback was then scrutinised, with any required changes being incorporated into the service, prior to going live.

The scope of the EQIA is therefore all work involved in the design, development and delivery of the CGS, including the approach taken with stakeholder engagement and the final structure and implementation of the service.

Key Findings

The CGS positively impacts on certain protected characteristics, in particular age, disability and race. In addition, the service offers the opportunity to promote equality as well as indirectly foster good relations in the community.

Older people are more likely to develop glaucoma and are the largest group who will be directly impacted by the CGS. The main beneficial impact for elderly patients receiving their glaucoma treatment in a community setting is that they may find it easier to access care closer to home rather than traveling to hospital.

To ensure the service is equally available to disabled patients, all CGS practices must provide full access to disabled and wheelchair-using patients. This means that they too can benefit from the convenience of a local service.

As well as age, glaucoma is known to affect a higher proportion of people who are of African-Caribbean or East Asian origin than the general population. To ensure parity of service, the Scottish Government and the NHS will be providing CGS patient information in different languages. Consultation is now ongoing with relevant bodies to provide CGS patient leaflets and documents in different languages, sizes and formats as per the EQIA assessment findings.

Health Boards are also required to provide translation services where needed.

With the CGS being provided in a community-care setting, this helps in fostering good relations by providing the opportunity for different generations, disabled people and those from different races to mix with the general population whilst receiving care.

Recommendations and Conclusion

In addition to the findings detailed above, the issue of transport for disabled patients to optometry practices providing the CGS requires to be resolved. Work is underway to explore whether eligible patients with mobility issues can be transported by the Scottish Ambulance Service (under its Patient Transport Service) to and from the practice to receive their treatment. If this is not viable patients will remain in HES to continue their treatment.

It is recommended that a review of the service be undertaken following the completion of this work to understand what further changes, if any, are required.

There is no other evidence to suggest that the CGS would have a negative impact on protected characteristics. As outlined above, it is expected that the policy will have an overall positive impact on protected characteristics.



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