Community Glaucoma Service (CGS)

Island Communities Impact Assessment (ICIA)

April 2024

Scottish Government
Riaghaltas na h-Alba

Island Communities Impact Assessment (ICIA) –
Community Glaucoma Service (CGS)

POLICY OBJECTIVES

The policy involves Scottish Ministers directing Health Boards to deliver a national CGS for eligible patients.

The CGS involves the Hospital Eye Service (HES) discharging lower risk glaucoma and treated ocular hypertension patients into the community. These patients will then register with accredited providers and be managed by accredited clinicians (Independent Prescriber (IP) community optometrists) who have attained appropriate accreditation in the treatment and management of glaucoma and ocular hypertension.

The CGS provides patients with more timely access to treatment, often closer to home, whilst significantly reducing hospital waiting lists. It is not possible to provide the CGS from a person's place of residence for clinical reasons, which relate to the equipment required to deliver the service.

This ICIA specifically assesses the impact of the policy on island communities in so far as it is relevant to the legislation for CGS, which form Ministerial Directions[1]. It sets out the approach to assessing the potential impacts on island communities of the CGS and considers how the actions could have both positive and negative impacts. It also includes the unique challenges of providing these services in rural areas.

The responsibility for determining whether an ICIA is required with regards to the local implementation of this policy at Health Board level is a matter for each territorial Health Board to consider.

Island identification

The 2011 Census (Inhabited Islands Analytical Report[2]) has been used to identify relevant island communities. By territorial Health Board, these are categorised as follows:

- NHS Shetland
- NHS Western Isles
- NHS Ayrshire & Arran – Arran, Great Cumbrae
- NHS Highland – Bute, Skye, Raasay, Seil, Easdale, Kerrera, Lismore, Luing, Gigha, Islay, Jura, Mull, Iona, Tiree, Coll, Colonsay, Eigg
- NHS Orkney

[1] Legislation (eyes.scot)
[2] Inhabited islands analytical report | Scotland's Census (scotlandscensus.gov.uk)

Intended impact and outcomes for the islands

The intended impact of the service is to deliver a national community-based service regardless of where the patient lives. The service will be provided by accredited clinicians based in a network of accredited community optometry practices.

Introducing CGS will have the potential to significantly impact island communities in receiving quicker and more sustainable access to eyecare services. This will have the added benefit of reducing hospital waiting times for other patients awaiting eyecare treatment.

However, it should be noted that due to the low number of community optometry practices in some of these locations, and the corresponding low number of optometrists who are qualified to deliver the service, there are some challenges in ensuring consistency of CGS provision across the islands.

In addition, the size of the island may impact on the capacity to support CGS provision. As this is a practice-based service, population size will largely determine whether it is viable for an optometry practice to be established on a particular island. There can often be other factors (such as housing, transport, education) which determine whether optometrists choose to practice on a particular island.

Introducing CGS

The CGS is a new policy. To date, CGS eligible patients have been mostly managed by the NHS in a hospital setting.

Although provision of the CGS is new, the Scottish Government has already started to address disparities between services provided on the islands compared to that on the mainland. This includes the provision of targeted financial support for eligible visiting and peripatetic services in rural and island areas.

DATA AND STAKEHOLDER IDENTIFICATION

Background data

Island populations and eye examination data
Data from the 2022 Census is unavailable at the time of publication, however data from the 2011 Census recorded 93 inhabited island communities in Scotland, totalling a population of 103,700 (2% of Scotland's population)[3]. Fluctuations in population growth have been experienced since 1991-2011, with the 4% increase from 2001-2011 reversing the 3% decrease between 1991-2001[4]. Island communities have an ageing population compared to Scotland as a whole. The median age of 45 sits above the national average of 41 and 21% of residents are aged 65+ compared to 17% in Scotland, while the islands population of under 16's decreased to 17% in 2011 from 20% in 2001.

[3] Scottish Government (2019). The National Plan for Scotland's Islands. Available at: The National Plan for Scotland's Islands - gov.scot (www.gov.scot)
[4] Scotland's Census (2011). Inhabited islands report. Available at: Scotland's Census 2011: inhabited islands report

The volume of NHS General Ophthalmic Services (GOS) eye examinations undertaken by population size in each Health Board in Scotland is available. The most recent data available is from 2022/23 and is published by Public Health[5] Scotland. The data is available at Health Board level only.

Island Optometry Practices
The location of CGS practices, and details of journeys to those practices, have been mapped out for the islands previously referenced.

There are currently eleven GOS practices on the islands, and of these four have been approved to provide CGS. It is not currently possible to increase this to all eleven practices as the seven who are not approved do not have an IP optometrist. In order to undertake the CGS training accreditation course, and thus provide CGS, an optometrist must first be IP qualified.

CGS patient forecast and age as a glaucoma risk factor
The service is designed to have capacity for 20,000 patients (0.36% of the Scottish population) to be registered under the CGS. Using data from the 2011 Census, there are 103,571 patients in the islands previously referenced. This would suggest that there are approximately 327 patients who could be eligible for the CGS.
It is, however, suspected that this will be higher as the islands have a higher proportion of elderly residents.

Age is the greatest risk factor for developing sight-threatening conditions. The prevalence of glaucoma, presbyopia, cataract and age-related macular degeneration increase sharply with age[6], although glaucoma and ocular hypertension can also affect members of the working population.

CGS locations and travel

The situation for CGS provision in each relevant Health Board, including travel, is as follows:

- **NHS Shetland** – a CGS practice is located in Lerwick, which is on the mainland of Shetland. This will deliver an improvement for patients in terms of appointment access and flexibility.

  Inhabitants of the following islands will have more significant travel than those on the mainland of Shetland or other islands in Shetland: East Burra; Muckle Roe; Tondra; West Burra. The following nearby islands can reach the mainland of Shetland via ferry and road: Bressay; Fair Isle; Fetlar; Housay; Unst; Whalsay; Yell.

- **NHS Western Isles** – CGS practices are located in Stornoway, Benbecula and Barra. In addition to appointment access and flexibility, patients residing

[5] Ophthalmic workload statistics - Statistics as at year ending 31 March 2023 - Ophthalmic workload statistics - Publications - Public Health Scotland
[6] 08 October 2019 World Health Organization - World report on vision

in this Health Board area will benefit from treatment closer to home.

These locations will provide care to residents of Barra; Benbecula; Berneray; Erisky; Great Bernera; Grimsay (North); Lewis & Harris; North Uist; Scalpay; South Uist; Vattersay. Inhabitants of these islands are able to access this service by relatively short road travel.

- **NHS Ayrshire & Arran** – CGS practices are located on the mainland. This will deliver an improvement for patients residing on Arran and Great Cumbrae as they will be required to travel a shorter distance than they do currently to receive treatment. Arran residents would travel to Irvine via a ferry to Ardrossan and a 6 mile journey by road, whilst Great Cumbrae residents would travel by ferry to Largs.

- **NHS Highland** – as CGS practices are located on the mainland, the impact is limited in terms of benefits, and islanders therefore have longer distances to travel to CGS practices than those on the mainland.

  The islanders of Seil and Skye have to travel over 90 miles by road to access their closest CGS practice. Residents of Bute, Coll, Colonsay, Easdale, Eigg, Gigha, Iona, Islay, Jura, Kerrera, Lismore, Luing, Mull, Raasay and Tiree need to travel to their closest CGS practice by both ferry and road. These journeys vary in ferry time and road distances that range between 6 and 105 miles.

- **NHS Orkney** – there are currently no CGS practices in this Health Board area and patients will remain under the care of the HES.

Data differences between islands

Although tools such as the Scottish Index of Multiple Deprivation[7] provide some localised information, little data is available which differentiates specifically between each island. As stated in the National Islands Plan[8] 'currently, there is a lack of robust disaggregated socio-economic data at the island level, particularly publishable data'.

ICIA mitigations

Registration with the CGS is voluntary. Should the patient decide that they do not wish to be treated in a community setting then they can continue their treatment at their HES location.

Currently patients who travel to HES, and who meet certain criteria, are entitled to reimbursement of expenses incurred when travelling to their hospital appointments. Consideration will be given to ensuring that CGS patients continue to benefit in some way regarding appropriate reimbursement of travelling expenses.

[7] Scottish Government Scottish Index of Multiple Deprivation 2020
[8] Scottish Government (2019). The National Plan for Scotland's Islands. Available at: The National Plan for Scotland's Islands - gov.scot (www.gov.scot)

The University of the Highlands and Islands is forecast to significantly increase the student intake for their optometry undergraduate degree course in the forthcoming years. This should have a positive impact on optometry services in the Scottish islands, including with regards to the capacity to provide CGS.

ICIA CONSULTATION

Stakeholder engagement was initially undertaken to support the evidence outlined in the Community Eyecare Services Review[9], published in April 2017, that supported the creation of a CGS.

The community optometry sector operating in rural areas has previously shared concerns regarding the sustainability of eyecare provision, both in terms of commercial viability and workforce shortages. In some of these areas, waiting times in both the community and in hospital have also been raised as concerns. Additionally, concern has been expressed about the reliability of ferry services.

We consulted with relevant stakeholders exploring how CGS could be implemented in a manner which would support wider coverage in island areas.

Dr Janet Pooley, Chief Optometric Advisor for the Scottish Government, held informal positive discussions with a number of stakeholders including the glaucoma charity International Glaucoma UK, now known as Glaucoma UK. In addition, Glaucoma UK reached out to its members across Scotland for comment.

The CGS has also been regularly discussed with Optometry Scotland (the representative body for the optometry profession in Scotland), with regular meetings being held in order that concerns and opinions could be shared which helped to inform the policy process.

Finally, a series of meetings were held with all relevant Health Boards. The purpose of these meetings was to discuss the process for implementation of CGS, to ensure the smooth transition of patients being discharged out of HES, and, where relevant, island specific matters.

ASSESSMENT

Our assessment has not identified any unique impacts in island communities. Challenges in implementing CGS in an equitable way across the country are also applicable to rural areas on the mainland of Scotland.

Potential barriers and wider impacts

As mentioned previously in the document, it is not currently possible to provide the CGS in all the islands referenced as they do not all have optometry practices, and where there are practices not all have an IP optometrist.

[9] See Community Eyecare Services Review (www.gov.scot)

In addition to these supply side challenges, the demographics of island communities may mean that there is a higher proportion of eligible CGS patients than in the general population as the islands have a higher proportion of elderly residents. As mentioned earlier, age[10] is the greatest risk factor for developing sight-threatening conditions including glaucoma, presbyopia, cataract and age-related macular degeneration.

There may also be a financial disparity between island and mainland communities, as well as between larger and smaller islands. This may mean that some island residents may be unable to afford the cost of travel to CGS practices.

Steps taken to address barriers

To expand the number of IP optometrists, the Scottish Government provides funding to NHS Education for Scotland to support optometrists to obtain the IP qualification. In addition, the Scottish Government is supporting the rollout of a new Master's Optometry degree which will enable all students to graduate with the IP qualification (the only country in the UK where this will be the case).

The Scottish Government is also considering the possible introduction of a scheme for the reimbursement of travelling expenses applicable to some CGS patients.

As mentioned previously, registration with the CGS is voluntary. Should the patient be unable to access the CGS where they reside, they can continue their treatment at their HES location.

Conclusion

In conclusion, the Scottish Government does not consider it is required to complete a full ICIA for the CGS, on the basis that there are no unique impacts on the island community. The responsibility for determining whether an ICIA is required with regards to the local implementation of this policy at Health Board level is a matter for each territorial Health Board to consider.

The requirements for the CGS are such that it must be delivered in a practice-based setting and therefore it is not possible to deliver the service in areas where there are no optometry practices.

Where sufficient community optometry capacity is present, the CGS will give all eligible island residents access to the same service as that received on the mainland.

Ongoing evaluation and monitoring

NHS National Services Scotland will be undertaking service evaluation and will ensure that aspects specific to island communities are included within this as part of the evaluation process.

[10] 08 October 2019 World Health Organization - World report on vision

It will be the responsibility of the relevant territorial Health Board to identify any specific indicators or targets that require monitoring. The relevant territorial Health Board will also be responsible for measuring the outcomes on the islands.

Future policy decisions

In terms of future policy making and service delivery, the ICIA process has highlighted that in order to deliver enhanced community-based eyecare services there must first be sufficient capacity for the provision of NHS eye examinations under GOS. In addition, specifically with regards CGS there must also be a sufficient number of IP community optometrists working across Scotland.

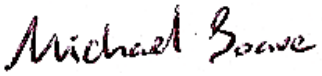
PUBLICATION OF ICIA

This document will not be made available in Gaelic or in any other language.

The Chief Dental Officer and Deputy Director for Primary Care will sign off the final ICIA in his capacity as a senior lead official for the policy.

The ICIA will be published on the Scottish Government website and will be clearly signposted in relevant areas.

ICIA completed by: Michael Soave
Position: Community Eyecare Policy Manager

Signature: 
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Signature: 
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