

Oxfordshire Eyecare Services September 2025

Introduction

This paper responds to questions raised by the Health Oversight and Scrutiny Committee regarding eyecare services commissioned in Oxfordshire by Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board.

1. How eye care services are commissioned and managed

The ICB commissions a range of eyecare services across Oxfordshire to meet the needs of the local population. We have a range of established providers that deliver broadly three tiers of services:

a) Primary care optometry services

NHS funded sight tests are undertaken in community and domiciliary settings. These services are delivered by community optical practices in England ensuring a standardised foundation-level eye healthcare offer across the population.

There is a provision for NHS vouchers to be made to eligible persons to meet or contribute towards the cost incurred for the supply, replacement or repair of optical appliances (glasses and contact lenses), or to contribute towards the cost of a sight test.

NHS funded sight tests are provided under General Ophthalmic Service (GOS) contracts which are commissioned by ICBs on an any qualified provider basis.

The NHS Business Services Authority process GOS contract applications and the South East Commissioning Hub manage the contracts on behalf of all six ICBs in the South East Region.

b) Intermediate care/community eyecare providers

Primary Eye Care Services (PEC)

PEC provide a number of enhanced community eye care services across Oxfordshire. They function as an umbrella organisation for the Optometric Practices in Oxfordshire to administer, recruit and develop services delivered by the practices themselves. The services are:

- Minor Eye conditions (MEC) - provided by 31 Optometry practices in Oxfordshire. This service provides early local assessment, diagnosis and treatment for specified minor eye conditions such as red eye, white eye with visual disturbance, lid swelling and flashers and floaters for all patients registered with an Oxfordshire GP over five years of age. Referrals to the

service are made by GPs, eye casualty or self-presentation by patients with patient experience information regularly collected as part of the contract.

The service works to agreed pathways and guidance to deliver the service with the aim of giving patients access to urgent and routine eye care outside of hospital in a local, easily accessible setting. It reduces reliance on GPs and eye casualty with Optometrists able to refer to eye casualty if necessary. Pharmacy advice is also available for very minor eye conditions.

- Glaucoma Repeat Readings service (GRRS) - provided by 26 Optometry practices across Oxfordshire. The service is for suspected Glaucoma and Ocular hypertension (high pressure within the eye). High pressure within the eye is an indication that Glaucoma may be a possibility.

GPs and Optometrists are able to refer to the service. Consultants are also able to refer for repeat diagnostics where they need confirmation at the point of triaging a referral. Most referrals come from routine eye tests and the repeat of eye pressure checks and the visual fields to confirm if a referral is required for further investigation or not.

- Hydroxychloroquine Monitoring
This is for patients at high risk of developing damage to the retina called Retinopathy because they are taking Hydroxychloroquine, a drug frequently used for Rheumatological conditions. The retina is a light sensitive layer at the back of the eye and allows light to be sensed and transmitted to the brain and therefore an image is seen. Sight is impacted if this no longer happens.

High risk patients are those who have taken hydroxychloroquine for 5 years or longer, take Tamoxifen, have impaired kidney function or have a high dose of the drug.

The service delivers diagnostics to check that there is no retinopathy developing. It is conducted yearly if required. If retinopathy is detected the patient is referred to secondary care for treatment.

c. Hospital/Secondary eyecare services

The Oxford Eye Hospital, provided by Oxford University Hospital NHS Foundation Trust and located at the John Radcliffe, provides a range of ophthalmology services for both adults and children, including; Glaucoma, Cataracts, Ocular Inflammation, Optometry, Orthoptics and outpatient services (outpatient services are also provided from the Horton Hospital).

There has been an increase in the number of Independent Service Providers (ISPs) offering ophthalmology services in accordance with the national Choice agenda. Within Oxfordshire, ISP providers include SpaMedica and Newmedica and the ICB is in the process of accrediting additional providers.

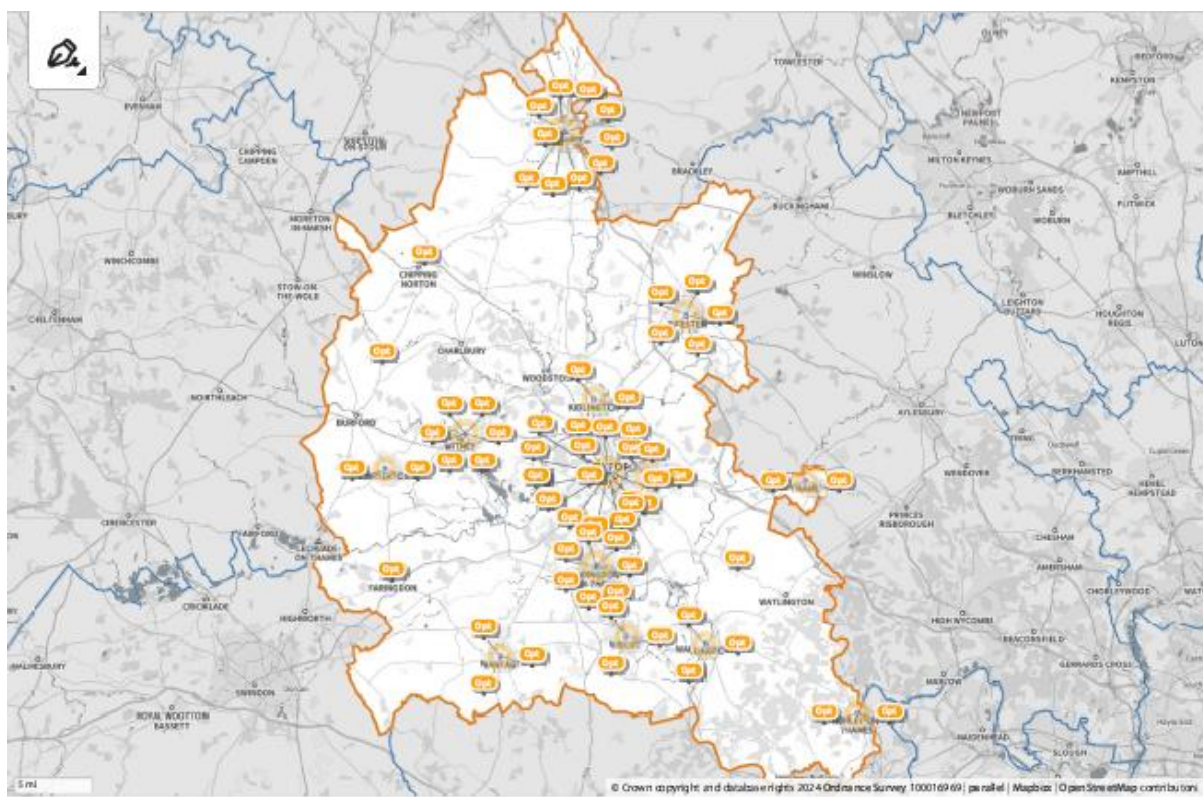
The eye services they offer are limited and commissioned following a strict accreditation process to ensure they are appropriately qualified to deliver the

clinical services provided. These currently include cataracts, glaucoma and Ocular plastics.

All providers are managed through established contract management oversight arrangements which include regular review of delivery against activity plans and meetings with the providers to ensure timely response and resolution to any issues that may emerge.

d. What is the geographical distribution of eye care facilities in Oxfordshire?

- Primary Optometry and intermediate care - Primary Optometry and PEC services are distributed across Oxfordshire as illustrated by the below map, with domiciliary services available to eligible patients.



- ISPs - SpaMedica provides services from their base at Blenheim Office Park, Long Hanborough and Newmedica is located on the Marcham Road in Abingdon
 - Acute/Tertiary Centres - Oxford University Hospital NHS Foundation Trust provides Ophthalmology services from both the John Radcliffe site in Headington and the Horton General Hospital in Banbury
- e. Are there sufficient numbers of eye care professionals (ophthalmologists, optometrists, and support staff) to meet the demand?**

There have been no reported incidents where General Optometry Services contractors have not been provided due to insufficient optometrists.

The ISPs of eyecare services are seeking to deliver a wider range of services as part of the national Choice framework. This enables existing providers to extend their offer and for new providers to enter the market if they meet specific criteria to deliver Consultant led services. Whilst this is positive in providing patients with greater choice and shorter waiting times in some instances, this has had a destabilising impact on trainees and wider NHS Trust Ophthalmology services.

ISPs deliver a service for low complexity cataract surgery, reducing the demand for this type of treatment in NHS Trusts. As a consequence, Trusts have not been receiving the lower acuity cases that would be used to support training which has resulted in the loss of trainees to the system.

This national issue has meant that work that would have been delivered by trainees has needed to be backfilled by more experienced staff, impacting other areas of the department, for example eye casualty.

Positively, in response to this issue training is now being negotiated locally to be delivered by ISPs in partnership with NHS Trusts, and whilst it has been challenging to mobilise, this will be key to ensuring the number of trainees and availability of qualified Consultants to sustain the delivery of Ophthalmology services going forward.

f. How long are the waiting times for routine and urgent eye care appointments?

Emergency conditions are seen in eye casualty on the day. Triage takes place by phone to ensure eye casualty is the most appropriate care setting for the patient's treatment needs. If they have a minor eye condition, they are referred to an Optometrist of choice or Pharmacist service.

MECS provides assessment and treatment for sudden onset, minor eye problems, with patients able to be seen by a specialist within 48 hours.

For routine NHS funded sight testing, there is a mixed economy on the high street ranging from practices who offer walk in appointments to pre-booked appointments.

At speciality level the wait for a first outpatient appointment for ISPs and Acute providers vary, however the length of wait will depend on the clinical urgency, sub-speciality the patient is referred to and whether it is a common or specialist procedure or treatment required.

A common procedure is cataract surgery and indicative waiting times are published on the ICB's website to support patient choice ([Cataract surgery - your choices | BOB ICB](#)). Waits currently range from less than 1 month to more than 4 months depending on the provider and complexity of the cataract procedure required.

g. Are there any barriers to accessing eye services, such as transportation issues, financial constraints, or lack of awareness?

The eligibility criteria for NHS funded sight tests delivered by General Optometrist Service (GOS) providers is determined nationally, based on for example age, whether the patient receives any benefits and certain medical conditions.

GOS contracts are commissioned on an any qualified provider basis, as a result, provided the applicant meets all the requirements, there is no restriction for entry to the market. In the event a GOS contractor terminates their contract, a check is made for alternative providers within a 10-mile radius and to date, no gaps in service have been identified.

GOS is provided by private businesses who promote routine sight testing (either GOS funded or private) through direct patient communication, in store, or through advertising.

ISP and hospital eyecare services are delivered in accordance with the ICBs Commissioning Policies which set clinical thresholds/criteria for some procedures and treatments which can be found on the ICB's website: [Ophthalmology | BOB ICB](#).

Commissioning Policies are developed with clinical input and reflect NICE and other clinical guidance as appropriate. There are no wider constraints placed on access to eyecare services in Oxfordshire or the wider BOB ICB geography providing a patient is eligible for NHS care.

GPs and Optometrists are well versed in the eye care services available and able to refer patients as necessary with any changes or updates to services communicated through established mechanisms, including the weekly GP Bulletin or Local Optometry Committee. Optometrists are also able to refer directly to secondary care services.

The ICB commissions a Patient Transport Service available to those that meet the national eligibility criteria. If a patient does not meet the eligibility criteria, the Patient Transport Service will signpost the individual to other options that may be available to them, including voluntary sector services.

h. Are there standard protocols and guidelines in place for the diagnosis and management of eye conditions?

There are standard pathways, guidelines and supporting referral protocols in place for the management of a range of eyecare conditions across primary, intermediate and secondary care services, including tertiary/specialist services.

i. How is the quality of care measured and monitored?

Quality in Optometry (QiO) is a national quality assurance tool to be completed by GOS contractors every three years to assess their compliance with their GOS contracts and to assure, maintain and improve the services they provide.

The toolkit comprises of a compliance checklist. The information collected from this checklist helps the commissioning team to identify which premises should be prioritised for a contract monitoring visit.

The NHS England Policy Book for Eye Health sets out the assurance framework for GOS mandatory (premises) and additional (mobile/domiciliary) contracts. It sets out the approach that the Commissioner needs to follow to ensure a consistent approach to contract assurance including:

- the timescale for an information request; and
- the process for a practice visit including premises, equipment, record keeping

GOS contractor visits are conducted with the assistance of clinical advisers. During the three-year contract assurance cycle the following are prioritised the following for visits:

- Practices who have not complied with the data submission, submission of an action plan or complied with an action plan.
- Practices where there are concerns about contract delivery as identified by activity concerns, Key Performance Indicators, or other information.
- Additional contractors selected at random.

The following applications are monitored with follow up of outliers:

- second/spare pair of glasses
- GOS voucher for patients who are non-tolerant of their glasses
- GOS voucher for patients under exceptional circumstances
- same day patient substitutions (domiciliary providers)

Any issues or concerns raised regarding the quality of services commissioned by the ICB are routinely captured and addressed as part of established contract oversight arrangements, drawing on expertise from the ICB Quality and Medical Directorates as required.

j. What is the level of patient satisfaction with the services provided?

In September 2024 HealthWatch Oxfordshire published a report setting out the experiences of patients using primary and secondary care eyecare services in Oxfordshire. In summary:

“we heard that people were generally positive about their experiences of appointments at eye care services and slightly less positive about their experiences of travelling to appointments, costs of care, and referrals.

We heard that availability of appointments at the Oxford Eye Hospital was generally good, although people also experienced cancelled appointments, difficulty with transport and attending early appointments, busy waiting areas, and long waits to be seen. Some were frustrated at not being able to receive outpatient eye care at their local health facility.

Feedback on how well eye care professionals explained eye tests and medical procedures was generally positive for both private and NHS providers, but views on how well eye care services worked together to provide treatment were mixed.”

(Source: [People's experiences of eye care services in Oxfordshire – September 2024 - Healthwatch Oxfordshire](#))

A range of recommendations were made to the ICB, Providers and the Local Optometry Committee with a response provided. The ICB is following up these and if possible, will provide an update at the meeting.

Very few complaints are received about GOS contractors. There have been no complaints made to the commissioner about the services provided by GOS contractors on Oxfordshire in the last 3 years.

Any complaints/patient feedback received about local services/providers are routinely investigated and responded to, with any themes addressed with the provider directly as part of contract oversight and management arrangements in place.

k. What referral pathways exist for patients requiring specialised eye care?

Oxford University Hospitals NHS Foundation Trust (OUH) is the local specialist centre for eye care services with established referral pathways in place for any eye care requirements that cannot be met through GOS, MECs or ISP provision. OUH would consult with another specialist centre in the rare event they were not able to meet the needs of a patient as part of established network of provision.

l. Sustainability of NHS eye care departments

Acute Ophthalmology departments remain challenged due to high demand and the need to continue to reduce waiting times for patients. RTT waiting list for Ophthalmology treatment at Oxford University Hospitals at the end of September 2024 was 6,276 patients, 50.7% waiting within 18 weeks whilst 220 patients were waiting over 52 weeks. At the end of June 2025, the waiting list size had reduced to 5,820 with 54% waiting within 18 weeks and 178 patients waiting over 52 weeks. As part of this work, the Acute Provider Collaborative in BOB, comprising of the three hosted acute NHS Trusts, Oxford University Hospitals NHS Trust, Buckinghamshire Healthcare NHS Trust and Royal Berkshire Hospital NHS Foundation Trust times, have been working together to identify opportunities to better manage demand across the combined resource available, for example consultants working across multiple hospital sites across BOB. Across the Acute Provider Collaborative in BOB the work has resulted in a reduced waiting list for Ophthalmology treatment; at the end of September 2024 was 17,776 patients, 66.4% waiting within 18 weeks whilst 342 patients were waiting over 52 weeks. At the end of June 2025, the waiting list size had reduced to 17,335 with 68.2% waiting within 18 weeks and 215 patients waiting over 52 weeks.

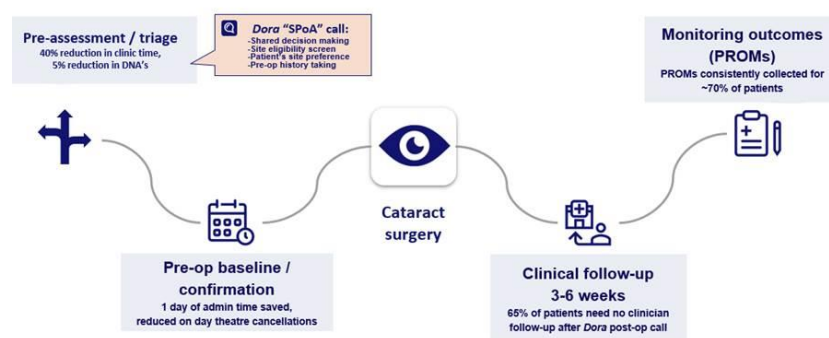
A further example is the instigation of a Single Point of Access (SPoA) for cataract surgery across the BOB System in response to growing demand. The SPoA has been developed using an Artificial Intelligence voice tool called DORA with the software ensuring choice is consistently offered, streaming patients to the right provider based on their eye condition and other health issues.

In excess of 75% of patients requiring cataract surgery can be referred to an ISP provider as they are defined as “high volume low complexity”, for example they have no existing eye conditions, such as Glaucoma or Wet Acute Macular degeneration (AMD) and don’t require the additional expertise of an NHS Trust to complete their procedure.

There are however a smaller percentage of patients that have more complex conditions and require specialist expertise, including;

- cataract surgery combined with another ophthalmology procedure,
- bilateral cataract surgery that can only be conducted by NHS Trusts or.
- a need for general anaesthetic and sedation which cannot be delivered by ISP for cataract surgery.

As illustrated below, DORA also supports the pre-operative baseline and post operative call to establish whether the patient would benefit from follow up or if they can be safely discharged from the service. This process is reducing the number of patients needing to come back for follow up by circa 60% and releasing clinical capacity for alternative use.

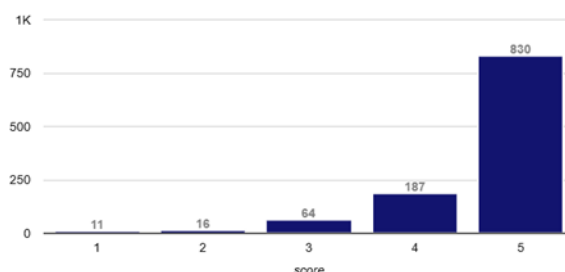


Patient satisfaction of the DORA SPoA has also been positive with more than 90% of patients rating it “excellent”.

Overall Patient Experience

Patient experience of Dora and SPOA measured through CSAT score (1–5 rating on each call)

Customer Satisfaction Score (CSAT)



Initiatives like this will be key in supporting the sustainability of NHS eye care departments.