



# The Leeds Vision Strategy

Excellent Eye Care for All  
Support for People with Sight Loss  
An accessible city

## 2009-2014





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# Introduction

For many years Leeds has carried out excellent work in delivering and developing services for people with visual impairments and people in need of eye treatment and correction. There have also been great steps forward in providing information to the citizens in Leeds about preventing eye disease and in removing the barriers that visually impaired people face so that they can play full and equal role in the city.

The Leeds Vision Strategy brings together all of these initiatives in one place and in so doing aims to develop a cohesive and co-ordinated response to the eye care and support needs of the people of Leeds.

The Leeds Vision Strategy is a joint initiative led and owned by Leeds City Council and NHS Leeds, in partnership with Leeds Teaching Hospitals NHS Trust, service users and the voluntary sector.

Of course, the success of the Leeds Vision Strategy will ultimately be measured by the impact it has on the health, well being and quality of life of the citizens of Leeds. To make the Strategy a reality, numerous initiatives have started and are planned. Detail of these initiatives (i.e. how we are going to achieve our goals) is contained within the Leeds Vision Strategy Action Plan. This Strategy document contains an overview the Action Plan.



### **The Leeds Vision Strategy sets out:**

- The values and principles on which the Strategy is founded
- The main policy driving forces behind the Strategy, both nationally and within Leeds
- An overview of need
- An overview of current services within Health, Social Care, the voluntary sector and other areas
- Some of the key initiatives and developments, both being worked on now and planned for the future, that are contained within the Action Plan in the areas of:
  - prevention and promotion of eye health
  - eye health care and correction
  - support and information for people with sight loss
  - low vision services
  - removing barriers to wider opportunities
  - tackling inequalities

The Strategy and Action Plan's primary focus is on services for the adult population, although reference is made to particular key developments for children and to the transition from children's to adult services.

Following the production of the Leeds Vision Strategy, a Commissioning Plan will be produced.

# 2 Vision and Principles

## Vision

The Vision sets out Leeds' ultimate goal for eye care and sight loss services, a goal that we should always be striving towards:

**“Leeds offers a flexible and seamless service of eye care and sight loss support tailored to meet individual needs and targeted to address inequalities in the city and offers barrier-free access to all opportunities within the city.”**

## Principles

The Leeds Vision Strategy is founded on a set of principles which must be adhered to as services are developed and commissioned:

- To work to ensure full participation of visually impaired people in the decisions and processes which affect their lives
- To use a social model approach to challenge the barriers faced by visually impaired people to independence, inclusion and equality
- To maintain and promote visually impaired people's independence
- To deliver care and support close to where people live, or within their own homes
- To extend choice for visually impaired people within the context of flexible, accessible services
- To treat visually impaired people with respect and dignity at all times
- To use a holistic approach to care and support, joining up different elements across professions and agencies
- To share good practice across the city, across agencies, organisations and professions
- To enable visually impaired people to lead active healthy and involved lives as citizens of the city
- To ensure that everyone in Leeds has access to information about preventing eye disease and how to access services
- To ensure that the highest quality services are available which offer the best value for money

## The Leeds Vision Charter

The Leeds Vision Charter forms the foundation of the Leeds Vision Strategy. It states what people in Leeds should expect from eye care and sight loss support services. It is intended that the charter is circulated and displayed in accessible formats in appropriate settings across the city as a point of reference for both the public and for organisations:

### If you live in Leeds...

- 1** You should expect information about **preventing sight loss** with healthy living and about how to gain access to prevention and support services
- 2** You should expect access to **high quality eye care services** in your community and in hospital
- 3** You should expect easy access for those with a visual impairment and their carers to **support and information**, both practical and emotional, to help you live independently
- 4** You should expect rapid access to **low vision aid and support services** from all appropriate agencies, either with or without being registered as sight impaired
- 5** You should expect **support and barrier-free access** to education, employment, leisure, transport and other services and opportunities
- 6** You should expect care and support whatever your **individual circumstances**, whichever community you live in and whichever language you speak
- 7** You should expect to be treated with **dignity and respect** by all services

# 3 National and Local Drivers

## National Drivers

### UK Vision Strategy

The UK Vision Strategy ('setting the direction for eye health and sight loss services'), which was launched in April 2008, was developed to address the aim of the World Health Assembly VISION2020 resolution to reduce avoidable blindness by the year 2020 and improve support and services for blind and partially sighted people.

The UK Vision Strategy aims to:

- improve the eye health of the people of the UK
- eliminate avoidable sight loss and deliver excellent support to those with a sight problem
- enhance the inclusion, participation and independence of blind and partially sighted people

The Strategy was developed with the input of 650 organisations and individuals including people with visual impairments, eye care patients, health and social care practitioners and the statutory and voluntary sectors. The four UK Governments support the Strategy.

The Leeds Vision Strategy has risen to the call of the UK Vision Strategy to implement real changes on the ground.

To view the UK Vision Strategy, go to the UK Vision Strategy section of the RNIB website:

<http://www.rnib.org.uk>



## Our Health, our care, our say

The Government White Paper 'Our health, our care, our say' provides a vision for quality social care and NHS services. In so doing, it promotes:

- services that are flexible and responsive to people's needs
- services that address inequalities
- joint working and integration between health and local authorities to provide more seamless services and maximise value
- prevention of ill health by promoting healthy lifestyles
- increased independence, choice and control for users of social care services
- services that are closer to where people live

The Darzi Review of the NHS 'High Quality Care for All' (June 2008) reinforces these messages with an emphasis on staff empowerment, patient choice and healthy living.

## Putting People First and the Personalisation Agenda

Ensuing from Our health, our care, our say, Putting People First is the Government vision for the transformation of adult social care services. The key messages in the document that apply to sight loss support are that we should ensure that people:

- are able to live independently
- stay healthy and recover quickly
- have control over their own life and the services that they receive
- participate as active and equal citizens
- have the best quality of life
- retain dignity and respect

The above reflect a move away from traditional social care services and towards increased personalisation and self-directed support, whereby the person defines the services they require and purchase these within an agreed budget.

## Green Paper on Welfare Reform

This paper sets out the Government's new proposals for increasing employment. As part of these proposals, there is an intention to provide more support for disabled people to get into work and keep their jobs, and more control over the support they get to do so.

## 18 Weeks Patient Pathway

The NHS aims to reduce the waiting time from referral to treatment for patients needing elective care (i.e. care that is pre-arranged) to a maximum 18 weeks. Within eye care services, Leeds has largely achieved this target. However, it remains an ongoing aim of the Leeds Vision Strategy to develop the most effective and efficient processes within services so that service users experience the most responsive eye care possible.

## Choose & Book

Choose and Book is an NHS initiative whereby the patient chooses the hospital or clinic (within England) they wish to attend once it has been agreed with their GP that an appointment is needed.

This increased patient choice means that potentially more flexibility will need to be built into eye care capacity.



## Local Drivers

Of course, many of the local drivers reflect the national drivers outlined above, but provide further detail specific to Leeds.

### Leeds Strategic Plan and Local Area Agreement 2008/11

The Leeds Strategic Plan (LSP) which embraces the Local Area Agreement (LAA) for the city shows how many of the priorities, identified by local people and agreed locally by the council and its partners, are to be met. This plan sets out the outcomes - the real changes we want to see in the lives of people in Leeds and the city by 2011 in each of the Vision themes: Culture; Enterprise and Economy; Learning; Transport, Environment; Health and Wellbeing; Thriving Places; and Harmonious Communities.

The LSP is based on a robust analysis of the strengths and weaknesses of the city and identifies the key areas where we want to focus our efforts to ensure we achieve results. Finally, it sets targets for what will be achieved and how we will measure progress over the three year journey.

The most directly relevant to eye care and sight loss support is the Health and Wellbeing theme. It highlights the changing demographics, as covered above, but also emphasises that the gap between richer and poorer areas of Leeds can be counted in extra years of life and is not narrowing. Children born today in the city's most disadvantaged neighbourhoods can expect to die almost twelve years earlier than those in areas of Leeds which enjoy the best health. Health is influenced by many different factors, and other priorities in the plan, such as improving the quality of housing, encouraging more people to participate in sport and be physically active etc., will contribute to a healthier city.

### LSP Strategic Outcomes

What we want to see by 2011:

- Reduced health inequalities through the promotion of healthy life choices and improved access to services.
- Improved quality of life through maximising the potential of vulnerable people by promoting independence, dignity and respect.
- Enhanced safety and support for vulnerable people through preventative and protective action to minimise risks and maximise wellbeing.

## The NHS Leeds Strategy

The NHS Leeds strategy and the Leeds Strategic Plan (LSP) are mutually supportive and complementary. NHS Leeds (Leeds PCT) has a key role in leading the delivery of health improvements outlined within the LSP.

### The NHS Leeds Vision:

We will improve health and well being, reduce health inequalities and transform health services for the people of Leeds by working with others and being a leading edge organisation.



### Objectives:

1	We will improve your health and wellbeing and protect the health of the population
2	We will work with others to reduce inequalities in health
3	We will treat you with respect and ensure you receive safe, effective, well co-ordinated care in modern facilities
4	We will provide care where and when you need it, promoting your health and wellbeing and avoiding unnecessary admission to hospital
5	We will help you to make choices and feel in control of your healthcare
6	We will influence and work alongside our partners to deliver our vision
7	We will commission high quality care from a broad range of providers
8	We will ensure effective and sustainable use of resources
9	We will support, develop and value our staff
10	We will be recognised as an organisation of improvement and learning

## The Time Of Our Lives - the Leeds Older People's Strategy

The Older People's Strategy 'The Time of Our Lives' is being developed and is based on a vision and set of principles, agreed in partnership between older people in Leeds and the Older People's Strategic Partnership Board. These principles should be applied to all existing and planned services. These principles have also been supported by disabled people via consultations with the disabled people's strategic partnership.

### Vision:

All older people in Leeds are able to participate fully in all aspects of their communities, are treated with dignity and respect, are able to remain independent, in control, and enjoy as good mental and physical health as possible.

### Core Principles:

1	To work to ensure full participation of older people in the decisions and processes which affect their lives
2	To use a social model approach to challenge the barriers faced by older people to independence, inclusion and equality
3	To maintain and promote older people's independence for as long as possible
4	To deliver care close to where people live, or within their own homes
5	To deliver services for older people that are flexible and accessible and promote choice and control
6	To ensure older people are treated with respect and dignity at all times
7	To ensure a holistic approach to care and support, joining up different elements across professions and agencies
8	To share good practice across the city, agencies, organisations and professions
9	To promote a positive view of old age and enable older people to lead active, healthy and involved lives as citizens of the city

Older people and disabled people in Leeds will expect that developments and initiatives within eye care and sight loss support will be based on these core principles.

## Joint Strategic Needs Assessment

The Local Government and Public Involvement in Health Act places a duty on upper-tier local authorities and PCTs to undertake a Joint Strategic Needs Assessment (JSNA). It is intended that this process will inform the targets and priorities set for the Local Area Agreement in meeting the future health and wellbeing needs of the community. The JSNA process will also inform future commissioning priorities that will lead to improved outcomes for people and reduced health inequalities. The Leeds Vision Strategy has the potential both to inform and to be informed by the JSNA.

## Practice based Commissioning

Practice based commissioning groups are consortia of general practices which act as commissioning bodies for localised services, with indicative budgets devolved from NHS Leeds. Putting People First indicates the potential for practice based commissioners to develop services with local authority providers, such as social care and housing.



# 4 Leeds Vision Strategy Governance Structures

The Leeds Vision Programme Team, formed in 2008, has overseen the development of the Leeds Vision Strategy and will continue to develop and oversee the implementation of the Vision Strategy Action Plan. This group consists of commissioners, care and support providers, and service user representation from Health and Social Care and the voluntary sector. (see diagram over page)

The Leeds Vision Programme Team reports up to the Disabled People's Strategic Programme Board which is in turn accountable to the new partnership commissioning bodies.

The Programme has three implementation subgroups who are implementing the strategic priorities:

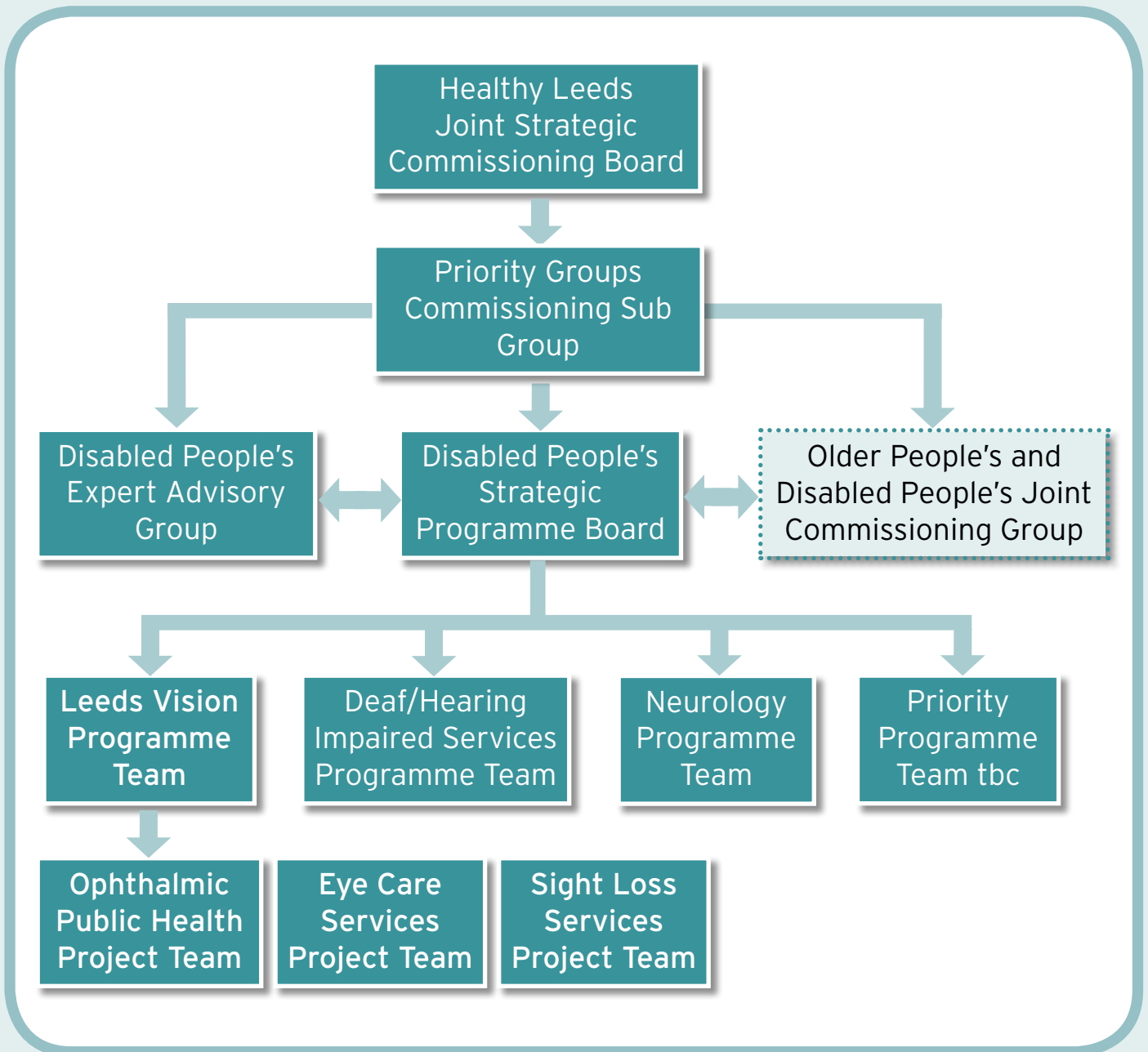
- Ophthalmic public health project team
- Community eye care project team
- Sight loss services project team

Progress on the implementation of the Leeds Vision Strategy will be reported by exception to the Priority groups sub-group of Healthy Leeds Joint Strategic Commissioning Board and the through the Disabled People's Strategic Programme Board.

## Resource Implications

The Leeds Vision Strategy provides a high level direction of travel for eye care, sight loss support and for wider services/organisations in Leeds. As such, it provides a framework and strategic reference for making funding decisions in these areas. However, in order to achieve some of the more imminent and concrete proposals contained within the Strategy and the working Action Plan, potential resource streams have been identified. These are a combination of existing allocated resources, new potential sources of funding that have been identified and possible future sources of funding. See the Appendix: Resource Implications of the Leeds Vision Strategy for further detail.

## Leeds Vision Strategy Governance Structure



# 5 Current picture of eye care needs in Leeds (Health & Social Care)

## Eye Health

In order to allow planning of eye care services in Leeds, some estimates of how many people there are with each of the major eye diseases across the city was needed, hence a Rapid Ophthalmic Assessment was undertaken for Leeds in 2004. Large scale surveys have been performed in other cities (London, Melbourne & Sydney) that would be expected to have a similar genetic mix and lifestyles to the majority of the population of Leeds. By applying the results of those surveys to the population of Leeds with appropriate adjustments made for age and gender, estimates for the number of people with cataract, age related macular degeneration, glaucoma and diabetes were produced (table 1).

Even with these figures, the process of planning to meet the need is not an easy one. We know that around half of the estimated 5,000 people with glaucoma in Leeds will not have been diagnosed. Whilst this fact inspires us to work to encourage those at risk of glaucoma, primarily older people and those of African-Caribbean origin, to attend community optometrists regularly, it does leave us at risk of over-providing services. On the other hand, these figures are estimates of those with definite disease, which does not take into account the inevitable 'false positive' referrals and borderline cases which would not have been counted in the original surveys but which would still form a significant part of the workload for the eye care services in Leeds.

What these figures do give us, however, is a target to aim for in reaching those with disease, and a guide as to how many patients can be expected from each area of Leeds. If we accept that distance to travel to access health care is a major issue in preventing uptake of services, then it was clearly not enough to have the 145,000 people of south Leeds without an appropriate level of service in that locality when it is known that many of the poorer communities are located in that area.

Mapping of service and comparing it to the estimated need is an important process, and the data provided by this Rapid Ophthalmic Assessment has been a useful tool in making the case for expansion of community based services.

**Table 1: Estimates of cases of the major 4 UK blinding conditions across Leeds**

LEEDS Area	Area Populations	Cataract No. (%)	ARMD* No. (%)	Glaucoma No. (%)	Diabetes No. (%)
North West	185,372	12,516 (6.7%)	1,223 (0.6%)	1,140 (0.6%)	5,561 (3%)
North East	149,709	11,939 (8.0%)	1,152 (0.7%)	1,093 (0.7%)	4,491 (3%)
East	149,128	11,959 (8.0%)	1,090 (0.7%)	1090 (0.7%)	4,473 (3%)
South	145,067	10,627 (7.3%)	964 (0.9%)	964 (0.7%)	4,352 (3%)
West	110,189	8,463 (7.6%)	773 (0.7%)	770 (0.7%)	3,305 (3%)
<b>Total</b>	<b>739,465</b>	<b>55,503 (7.5%)</b>	<b>5,204 (0.7%)</b>	<b>5,057 (0.7%)</b>	<b>22,183 (3%)</b>

\* Age-Related Macular Degeneration

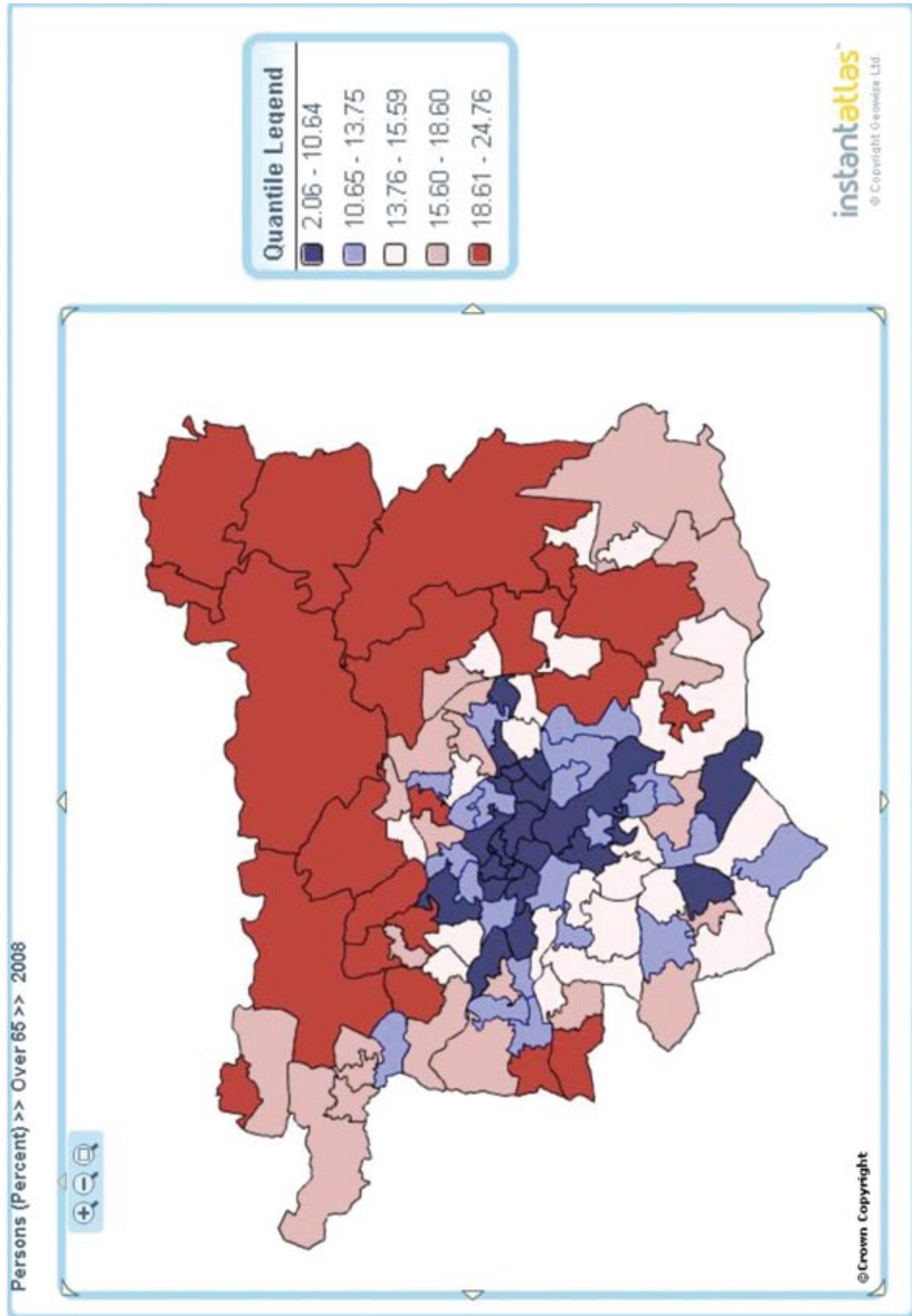
For further information on specific eye diseases go to: [nhsdirect.nhs.uk](http://nhsdirect.nhs.uk)

## Age of Leeds Population

The map opposite shows the percentage of the population in Leeds aged over 65 years at Medium Super Output Area (MSOA) level. The population aged over 65 is expected to increase by over 25% by 2030, from 109,900 in 2005 to 137,768 in 2030<sup>i</sup>. The higher rates of older people are currently towards the edges of the city, where people have further to travel to many health care services, which may be an issue with increasing frailty.

The 'National Eye Health Epidemiological Model', launched in October 2008, is a commissioning tool which can be used to identify the need for eye care services including low vision, glaucoma, ARMD and cataracts by local area. The Leeds Vision Programme Team will explore the benefits of using the tool to inform needs information in Leeds.

Map of Leeds showing Percentage of population in Leeds over 65 (at MSOA) (2008)



Yorkshire Futures: Population Projections: age and ethnicity. University of Leeds School of Geography, 2006.

## Registered with Sight Loss

Leeds has a total population of around 761,000 (2007 estimate)

In Leeds there are:

2762 people who are registered as blind

2505 people who are registered as partially sighted

**=5276 people in total who are registered as blind or partially sighted**

These figures only inform us of the numbers of people registered and not, of course, of blind and visually impaired people living in Leeds who are not registered.

## Receiving Social Care Services

Of those people in Leeds registered as blind or partially sighted, there are:

839 people who are in receipt of social care (such as day care, home care and residential care)

Information from Leeds City Council's ESCR system as a snapshot on 02/09/08



## Developing the Needs Data

The information above provides a broad outline of eye health needs in Leeds. However, it is recognised that further work is needed to give us more specific information, particularly in regard to the gap between current access (use of) eye care services and overall need. This will be carried out as one of the work streams of the strategy working alongside the development of the Joint Strategic Needs Assessment (see above).

This will involve developing baseline information in regard to the outcomes sought in this Strategy, for example:

- Reduction in incidence of preventable eye disease
- People with visual impairments and/or who require eye care experience speedy referral to relevant services
- People living in 'higher risk' communities experience improved eye health
- People with sight loss experience improved emotional well-being

Once these baselines have been established, targets will be set and the Strategy will be performance managed to measure improvements in these and other areas contained within the Action Plan.

The establishment of these baselines will also make it possible to benchmark Leeds in a number of critical areas against other Health and Social Care economies.

The Leeds Vision Programme Team will link in with work that is being undertaken at a national level to provide baseline data and identify future trends.

# 6 Preventing Sight Loss

## Save Your Sight Campaign

The Save Your Sight (SYS) Leaflet is part of an existing public health programme, The Save Your Sight Campaign, supported by Leeds PCT Public Health. The leaflet uses a health promotion initiative as a vehicle for a case detection tool designed to increase primary eye health care usage in the over 60s.

Present distribution includes Neighbourhood Network Schemes - community groups for the over 60s, sheltered accommodation and community eye centres.



## Objectives

- The general public in Leeds is aware of eye health issues (Action plan ref. 1.1)
- All relevant professionals have basic knowledge and skills in respect of eye disease, eye care and visual impairment support needs and services (1.2)
- The general public in Leeds has ready access to eye testing and is aware of how to access this (1.3)
- Groups and individuals with a higher risk of developing eye disease are made aware of and supported in accessing eye care services (1.4)

## Strategy Headline

Leeds is to set up and evaluate a network of community eye champions. These will be existing primary care and social care staff who are given extra training and support so that they can be a focal point for eye care and sight loss support in the community in which they work. Their role will be to identify those at greatest risk of eye disease and direct them towards appropriate services. Initially, community eye champions will be based in communities within deprived areas where there has been a lower take up of eye testing and where there are higher incidences of eye disease.

# 7 High Quality Eye Care services

## Community Eye Service

The Community Eye service provides diagnosis and management for patients with a range of ophthalmic conditions:

- Glaucoma
- Cataract
- Low vision
- Age-related macular degeneration
- General ophthalmic disease

In addition to this, minor surgery and diabetic retinal screening are available.

The service is provided at the St George's Centre in Middleton and Rutland Lodge in North East Leeds. In 2006/07 the service saw 5,000 patients.

There are also community eye services provided by GPs with Special Interest (GPSI).

## Hospital Eye Service

The Hospital Eye Service at St James' University Hospital provides secondary and tertiary ophthalmology and optometry services for adults and children. The service diagnoses, investigates, treats and operates on the most complex ophthalmic conditions. The service has around 75,000 appointments per year.

The hospital optometry department provides an optometric support service for patients of Leeds Teaching Hospitals NHS Trust, primarily for patients of the Ophthalmology department.

The Optometry department provides the following services:

- Complex medical contact lens services, adult and paediatric
- Low vision services adult and paediatric
- Diagnostic Refraction services
- Complex spectacle dispensing
- Support for glaucoma clinics
- Support for community eye centres
- Support for community paediatric eye clinics through a contract with the Children's Services Trust
- Support to St. James' laser vision
- Joint orthoptic and optometric clinics

- Photodynamic therapy (PDT) support
- Support for corneal clinics
- Corneal topography, keratometry and anterior segment OCT
- Research, teaching and training

## **Community Optometry**

Optometry services in Leeds are provided within the community and by Leeds Teaching Hospitals NHS Trust (see hospital eye service above). There are in around 100 community optometrist/opticians practices around the city (community optometrists are represented on the Leeds Vision Programme Team by the Leeds Local Optometric Committee).

## **Strategy Objectives**

- People have ready access to hospital eye care services for complex conditions (Level 4) (Action Plan ref. 2.1)
- People in Leeds requiring non-acute specialist eye care have access to services close to where they live (Level 3) (2.2)
- People in Leeds requiring general eye care services have access to services close to where they live (Level 2) (2.3)
- Reinforce primary care contribution to eye care including self-care (Level 1) (2.4)
- Leeds eye care services operate as a cohesive system based on patient need (2.5)
- Young people and their families experience a smooth transition from children's to adult eye care services (2.6)
- Leeds eye care services are of the highest quality (2.7)

## **Strategy Headline**

Leeds is developing and reconfiguring eye care services in order to target need more effectively and provide more care closer to where people live by providing more community provision for people who require specialist care but do not need to go to hospital. This will allow hospital eye care services to focus on complex conditions. It will also mean that people will receive treatment more promptly. The provision of care closer to home is another means of tackling inequalities in eye disease in the city by encouraging access to local services. This development also has the potential for community optometrists (opticians) to become more involved in the provision of community eye services.

# 8 Support and Information

## Rehabilitation Services, Leeds City Council

Rehabilitation officers provide:

- Help to adjust to sight loss and to maintain independence
- Emotional support
- Assistance to overcome every day tasks
- Assistance to use any remaining vision to the best advantage of the individual
- Assistance to retain skills or learn new skills
- Mobility training
- Advice on visual assistive technology
- Information about other services
- Advice on employment leisure and further education opportunities

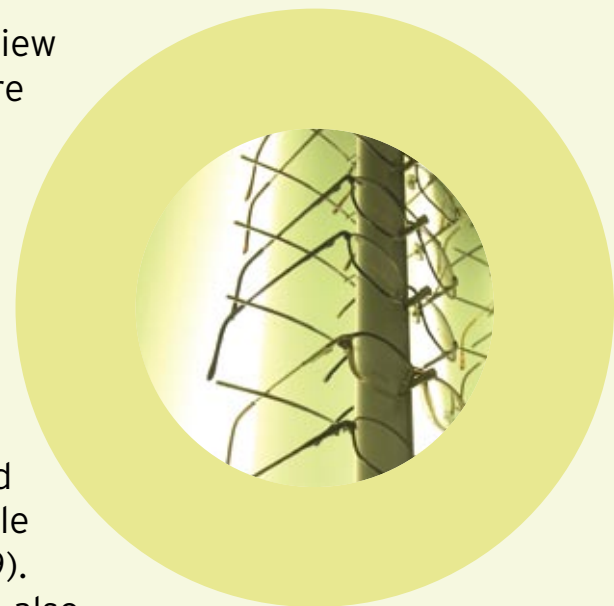
Additional social care staff are now receiving training in understanding the specific needs of people with sight loss and these staff will complement the dedicated rehabilitation service.

## Voluntary sector

Leeds Society for Deaf and Blind People's Shire View Centre in Headingley is a city-wide resource centre run by and for blind and partially sighted people. The society also has a Deafblind Unit which provides advice, information and social support.

## Information

The RNIB and Leeds City Council has produced a 'Directory of information on services for blind and partially sighted people in Leeds' which is available from Social Care Communications (0113 247 8709). The Leeds Info Store ([www.olderpeopleleeds.info](http://www.olderpeopleleeds.info)) also provides information on relevant services.



## Strategy Objectives

- Provide responsive and flexible long-term support services that meet the needs of people with sight loss (Action Plan ref. 3.1)
- Provide prompt rehabilitation services that meet the needs of visually impaired people (3.2)
- Ensure visually impaired people have access to information that is reliable and accessible about services, options, conditions, support networks (3.3)
- Prevent the social isolation of visually impaired people (3.4)
- Provide appropriate housing-related support for visually impaired people (3.5)
- Maximise eligible registration as blind or partially sighted (3.6)
- Eye care and sight loss support services function as a cohesive whole system (3.7)
- People with sight loss living in care homes have their specific needs met and understood (3.8)

## Strategy Headline

Leeds has worked jointly with the RNIB to set up an eye care liaison and information officer (ECLIO) post. Based in the hospital eye department, the service enables visually impaired people attending eye clinics to have access to community based services and in addition provides advice and emotional support. The ECLIO provides a bridge between the hospital/ community eye clinics and social care services and other community based services to ensure that people are supported during this often traumatic period and that they get access to the services that they need.



# 9 Low Vision Services

Low vision services in Leeds are provided within a partnership of professionals who all have their specific input into the service. This includes ophthalmologists, optometrists, occupational therapists, rehabilitation workers, social workers and the voluntary sector. This includes advice on the use of vision assistive technology. The Leeds Sight Loss Services Project Team has the lead role in developing low vision services in the city.

## Strategy Objectives

- Provide excellent community-based low vision services (Action Plan ref. 4.1)
- Ensure low vision services comply with national guidelines (4.2)
- All people with low vision should be referred for a full examination with an optometrist (4.3)
- Ensure ready access to and knowledge of appropriate vision assistive technology: equipment, low vision aids and telecare (4.4)

## Strategy Headline

Key adult social care assessors are being given specialist training in visual impairment to support the work of the rehabilitation service for visually impaired people. This forms part of a wider plan to streamline and improve low vision services.



# 10 Removing barriers - creating an inclusive city

This is one of the most challenging areas for the Strategy as it involves the widest spectrum of organisations who can effect change and because it requires a mind shift on the part of many of those organisations.

Universal services and opportunities should be accessible to all and it is the responsibility of those organisations who provide services or who are in a position to offer opportunities to ensure that the access needs of visually impaired people are taken into account when developing these services.

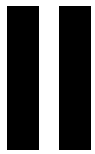
This section of the Strategy therefore focuses on the disabling barriers that society places before visually impaired people and proposes some of the steps that Leeds can take on its way to achieving the vision of being a barrier-free city.

## Strategy Objectives

- Visually impaired people have easy access to learning and leisure opportunities (Action Plan ref. 5.1)
- Minimise barriers to employment (5.2)
- Improved awareness of rights and services (5.3)
- Ensure access to appropriate information technology (5.4)
- Minimise barriers to public and commercial services and create external environments which take account of the access needs of people with sight loss alongside the needs of other groups (5.5)
- Minimise barriers to housing (5.6)
- Minimise barriers to transport (5.7)
- Ensure all sight loss support providers work on the ethos of accessing universal services (5.8)
- Wider health care meets the needs of people with sight loss (5.9)

## Strategy Headline

A bid for a major extra care housing development in Leeds will include access considerations for visually impaired people being built into the design, for example, the use of colour contrasting and appropriate lighting as standard.



# Cross-cutting Themes

## Meeting individual needs

“You should expect care and support whatever your individual circumstances, whichever community you live in and whichever language you speak”

Through both preventative and responsive services, the Leeds Vision Strategy strives to tackle inequalities in the city. It seeks to target resources appropriately on communities where there is the greatest level of real need in terms of:

- Higher proportions of older people
- BME communities
- Socio-economic deprivation (super output areas)

All commissioning and service development should expressly address these inequalities. Furthermore, services must have flexibility designed into them that allow them to respond to the specific needs of individuals.

All developments in eye care and sight loss support ensure access for:

- People with mental health needs
- People with dementia
- People with learning disabilities
- Disabled people with physical impairments

This undertaking applies to all of the Leeds Vision Strategy. The objectives below relate, therefore, to all sections of the strategy.

## Strategy Objectives

- All information regarding eye conditions, sight loss and service information is available in accessible formats to all sections of the community (Action Plan ref. 6.1)
- All eye care services should meet the needs of a diverse population (6.2)

## Integrated Working

The Leeds Vision Strategy embodies the partnership commitment in Leeds to meeting people's needs and aspirations. Many of the initiatives detailed in the Strategy and Action Plan entail integrated commissioning and working between partners.

This reflects the reality of a patient's journey through services. For example, a person may receive treatment and care from a consultant ophthalmologist and optometrist, may then need information about their condition, may need support to be referred to rehabilitation services, advice on aids and equipment and, running alongside this, need emotional support to come to terms with a newly acquired impairment. The Strategy therefore seeks to offer people a connected chain of services through health, social care and the voluntary sector.

## Dignity in Care

All services should aspire to meet the Department of Health's 10-point 'Dignity Challenge':

### dignity challenge



- 1 Have a zero tolerance of all forms of abuse.
- 2 Support people with the same respect you would want for yourself or a member of your family.
- 3 Treat each person as an individual by offering a personalised service.
- 4 Enable people to maintain the maximum possible level of independence, choice and control.
- 5 Listen and support people to express their needs and wants.
- 6 Respect people's right to privacy.
- 7 Ensure people feel able to complain without fear of retribution.
- 8 Engage with family members and carers as care partners.
- 9 Assist people to maintain confidence and a positive self-esteem.
- 10 Act to alleviate people's loneliness and isolation.



# Strategy Priorities

Note that in setting out the following priorities, we are not stating that work will not be done in other areas of the Strategy, rather that the below will form the focus for the implementation of the strategy.

Priorities will be reviewed during the five year lifespan of the strategy, and, in addition to this, the Leeds Vision Strategy will align itself to the England-wide priorities as they are announced in the forthcoming UK Vision Strategy's England Implementation Plan.

## Prevention and Awareness Raising

- 1 Include eye health messages in generic health campaigns (years 1-5)
- 2 Establish Community Eye Champs pilot (years 1-2)
- 3 Develop and implement a minimum data set (years 1-2)
- 4 Promote regular sight tests (particularly amongst at-risk groups) (year 1)

## Health Care

- 5 Develop PCT/PBC citywide implementation plan and cost benefit analysis for equitable access to decentralised integrated community eye care model (year 1)
- 6 (Subject to cost benefit analysis) set up new decentralised model (years 1-4)
- 7 Establish training, accreditation and governance framework for community eye care (including extended role of optometry) (years 1-2)
- 8 Increase uptake of community optometry services (years 1-5)

## Emotional and Practical Support

- 9 Ensure mainstream funding for the Eye Care Liaison and Information service (year 1)
- 10 Implement the recommendations of the review of voluntary sector services commissioned by Leeds City Council (years 2-3)
- 11 Arrange peer support opportunities for people with sight loss (year 1)

## Inclusive City

- 12 Increase level of employment by major Leeds public sector employers (years 1-5)
- 13 Set up model of support for people with sight loss to attend leisure courses at FE colleges (years 1-2)

# Overview of the Action Plan

The Leeds Vision Strategy Action Plan is being used to implement the aspirations of the Leeds Vision Strategy and, in turn, the UK Vision Strategy. The Overview of the Action Plan shown below provides some of the detail of the Action Plan. The Action Plan is a document that will grow and change over time, and, as such, this overview only provides a 'snapshot in time' of the document. If you would like a copy of the latest full version of the Action Plan, please contact the Strategic Partnership Team (contact details on back cover of report).



# 1 You should expect information about preventing sight loss with healthy living and about how to gain access to prevention and support services

	Objective	Workstream	Outcomes
1.1	The general public in Leeds is aware of eye health issues	Promote awareness of eye health and self care amongst the general public	Reduction in incidence of preventable eye disease
		Promote regular eye examinations to screen for conditions	Reduction in incidence of preventable eye disease
		Enhance eye care expertise within public health	Reduction in incidence of preventable eye disease
1.2	All relevant professionals have basic knowledge and skills in respect of eye disease, eye care and visual impairment support needs and services	Establish a programme of prevention/awareness basic training	People with visual impairments and/or who require eye care have their needs recognised and met when using health and social care services
		Information about eye care and sight loss services is readily available to staff	People with visual impairments and/or who require eye care experience speedy referral to relevant services
1.3	The general public in Leeds has ready access to eye testing and is aware of how to access this	Establish community-directed eye testing for all ages where needed	Reduction in incidence of preventable eye disease
		Increase awareness of eye care services available and how to access them	People with visual impairments and/or who require eye care are aware of relevant services and how to access them
		Encourage parents to self refer to optometrists	Reduction in incidence of preventable eye disease in children
1.4	Groups and individuals with a higher risk of developing eye disease are made aware of and supported in accessing eye care services	Establish a network of Community Eye champions (health and social care professionals)	People living in higher risk communities experience improved eye health and sight loss support
		Expand and enhance ad hoc screening programmes to reach vulnerable populations and reduce inequalities	People living in higher risk communities experience improved eye health

## 2 You should expect access to high quality eye care services in your community and in hospital

	Objective	Workstream	Outcomes
2.1	People have ready access to hospital eye care services for complex conditions (Level 4)	Development and reconfiguration based on need of Level 3 community eye care services to allow hospital eye care services to focus on complex conditions (see 2.2 below)	Patients with complex eye conditions receive hospital eye care promptly
2.2	People in Leeds requiring non-acute specialist eye care have access to services close to where they live (Level 3 )	<p>Develop and reconfigure eye care services in Leeds in order to:</p> <ul style="list-style-type: none"> <li>• optimise the balance between and integration of acute and community services</li> <li>• target need more effectively</li> <li>• achieve NHS Leeds 18 weeks target</li> <li>• provide additional capacity to clear the follow-up backlog</li> <li>• provide care closer to home</li> <li>• reduce inequalities in eye disease</li> </ul> <p>Expand role of optometrists and GPs to reduce demand on the hospital eye service and community eye centres</p>	People needing appropriate treatment receive it rapidly and at a location conveniently close to where they live
2.3	People in Leeds requiring general eye care services have access to services close to where they live (Level 2)	<p>Ensure optometry capacity to provide enhanced services</p> <p>Introduce single assessment process (SAP) referral to community optometrists</p> <p>Develop new contracting arrangements between NHS Leeds and community optometrists</p> <p>Streamline and simplify access to eye care</p> <p>Increase availability of joint orthoptist/optometrist community clinics for children</p> <p>Reducing wait for follow-up appointments in children's community eye services</p>	People needing appropriate treatment receive it rapidly and at a location near to where they live

	<b>Objective</b>	<b>Workstream</b>	<b>Outcomes</b>
2.4	Reinforce Primary Care contribution to eye care including self-care (Level 1)	Promote eye testing in primary care/general practice	Reduction in incidence of preventable eye disease
		Link with local self care programmes e.g. expert patient programme	
		Domiciliary optometry services	
2.5	Leeds eye care services operate as a cohesive system based on patient need	Develop eye care/low vision pathways	People experience a 'seamless' and speedy journey through eye health services
		Improve data systems/information re. users of eye care services and of their conditions/needs	
2.6	Young people and their families experience a smooth transition from children's to adult eye care services	Integration with children's/transition vision strategy	Young people and their families experience a smooth transition from children's to adult eye care services
2.7	Leeds eye care services are of the highest quality	Ensure people with chronic eye conditions receive care in most appropriate location using long term conditions national service framework model of care (pyramid)	People receive the highest quality eye care
		Ensure optimal training accreditation governance (TAG) arrangement in place	
		User satisfaction/PPI	
		Quality measures for services	

### 3 You should expect easy access for those with a visual impairment and their carers to support and information both practical and emotional to help you live independently

	Objective	Workstream	Outcomes
3.1	Provide responsive and flexible long-term support services that meet the needs of people with sight loss  (ref. Sight Loss Services Project Team Action Plan)	Adult social care commissioning review of contracted sensory impairment services	People with sight loss have access to flexible and responsive support services which enable them to live independently and access universal services
		Meet the specific support needs of deaf/blind people	
		Facilitate and promote peer support amongst people with sight loss	People who are deaf and blind people have their specific needs met by sight loss support and other services
		Provide access to appropriate psychological therapies for visually impaired people	People with sight loss benefit from opportunities to meet and share their experiences with other people with similar impairments
		Raise awareness amongst staff of long term support needs of visually impaired people (links to 1.2)	People with sight loss experience improved emotional well-being
		Raise the skill level of generic social care staff to meet the support needs of visually impaired people (links to 1.2)	People with sight loss have their needs recognised and met when using social care services
		Configuring support services to meet the needs of young people with sight loss	Young people with sight loss have access to flexible support to meet their needs and aspirations
		Provide access to advocacy services for visually impaired people	
		3.2	Provide prompt rehabilitation services that meet the needs of visually impaired people
Increase assessors knowledge of services for the visually impaired			

	Objective	Workstream	Outcomes
3.3	Ensure visually impaired people have access to information that is reliable & accessible about services, options, conditions & support networks	Information Prescriptions for the transition between Health and support services	People with sight loss have ready access to information regarding their condition and available services
3.4	Prevent the social isolation of visually impaired people	Preventing social isolation	People with sight loss have the opportunity to access social networks
3.5	Provide appropriate housing-related support for people with sight loss	Housing-related support staff (e.g. sheltered wardens) awareness of visual impairment and sight issues	People with sight loss receive appropriate support in order to access and maintain housing
3.6	Maximise eligible registration as blind or partially sighted	Registration	People with sight loss receive the full benefits of registration
3.7	Eye care and sight loss support services function as a cohesive whole system  People with sight loss living in care homes have their specific needs met and understood	Collaborative commissioning of services	People with sight loss experience a 'seamless' and speedy journey from eye health services through to longer term support services
		Low vision guidelines	
		Reduce delays in referral to adult social care rehabilitation services	The best possible eye care and sight loss support services are provided within available resources
		Ensure awareness of correct use of single assessment process (SAP) amongst professionals	
		Ensure a robust implementation infrastructure for the Leeds Vision Strategy and Action Plan	
Ensure that users of services and their carers are engaged with the Leeds Vision Strategy	Strategic Partnership Team (Older People & Disabled People)		
3.8	People with sight loss living in care homes have their specific needs met and understood	Care home staff awareness of visual impairment needs	People with sight loss living in care homes have their specific needs met and understood

# 4 You should expect rapid access to low vision aid and support services from whichever agency, either with or without being registered as sight impaired

(ref. Sight Loss Services Project Team Action Plan)

	Objective	Workstream	Outcomes
4.1	Provide excellent community-based low vision services	Develop a streamlined community-based low vision service	People with low vision experience a 'seamless' and prompt service
		Ongoing development of low vision services	
4.2	Ensure low vision services comply with national guidelines	Compliance with national low vision guidelines	
4.3	All people with low vision should be referred for a full examination with an optometrist	Eye examinations	
4.4	Ensure ready access to and knowledge of appropriate vision assistive technology: equipment, low vision aids and telecare	Streamline and simplify the process for accessing vision assistive technology	People with low vision have ready access to appropriate assistive technology and are aware of how to use it

## 5 You should expect support and barrier-free access to education, employment, leisure and transport

	Objective	Workstream	Outcomes
5.1	People with sight loss have easy access to learning and leisure opportunities	Support for visually impaired people in further education	People with sight loss benefit from learning and leisure opportunities
		Support for visually impaired people to access leisure opportunities	
5.2	Remove barriers to Employment	Adoption by key Leeds Employers of policies and practices to ensure they are accessible to visually impaired people	People with sight loss benefit from employment opportunities
5.3	Improved awareness of rights and services	Develop guidance on rights	People with sight loss are aware of their rights and of services that relate to their needs
5.4	Ensure access to appropriate information technology	Direct visually impaired people to assistive technology and learning in libraries	All libraries have Assistive Technology including hardware such as touch screen monitors, trackerball mice, big keyboards, Super Nova software that converts text to speech and CCTV magnifiers. Librarians regularly hold 1-1 learning sessions to help people use the technology and software
5.5	Remove barriers to public and commercial services and optimise accessibility of external environments	Pursue Leeds City Council commitment to improving access through relevant Departments	People with sight loss experience maximised barrier-free access to services and their needs are taken into account alongside those of other groups when developing external environments
		Social Marketing	

	<b>Objective</b>	<b>Workstream</b>	<b>Outcomes</b>
5.6	Remove barriers to housing	'Designing out' barriers when developing new housing	People with sight loss experience housing which is designed to meet their specific needs
		Incorporating visual impairment standards when carrying out adaptation work	
5.7	Remove barriers to transport	Work with Leeds transport providers to promote access for visually impaired people	People with sight loss experience accessible transport
5.8	Ensure all sight loss support providers work on the ethos of accessing universal services	Review of sight loss/hearing impairment voluntary sector contract by adult social care	
5.9	Wider health care meets the needs of people with sight loss	General hospital ward care	
		People with sight loss have their needs catered for when hospital in-patients	

## 6 You should expect care and support whatever your individual circumstances, whichever community you live in and whichever language you speak

This undertaking applies to all of the Leeds Vision Strategy. The objectives below relate, therefore, to all sections of the strategy

	Objective	Workstream	Outcomes
6.1	All information regarding eye conditions, sight loss and service information is available in accessible formats to all sections of the community	Formats for the visually impaired	All communities and people who require accessible formats are aware of eye conditions, sight loss and service information
		Formats in community languages	
6.2	All eye care services should meet the needs of a diverse population	Equality Impact Assessments	Services provide equality of access
		All developments in eye care and sight loss support address the needs of the communities they serve in respect of: <ul style="list-style-type: none"> <li>• Ethnicity</li> <li>• Needs of gypsies and travellers</li> <li>• Socio-economic need</li> </ul>	
		All developments in eye care and sight loss support ensure access for: <ul style="list-style-type: none"> <li>• People with mental health needs</li> <li>• People with dementia</li> <li>• People with learning disabilities</li> <li>• Disabled people with physical impairments</li> </ul>	

## **7 You should expect to be treated with dignity and respect by all services**

All services should aspire to meet the Department of Health's 10-point 'Dignity Challenge':

### **dignity challenge**



- 1** Have a zero tolerance of all forms of abuse.
- 2** Support people with the same respect you would want for yourself or a member of your family.
- 3** Treat each person as an individual by offering a personalised service.
- 4** Enable people to maintain the maximum possible level of independence, choice and control.
- 5** Listen and support people to express their needs and wants.
- 6** Respect people's right to privacy.
- 7** Ensure people feel able to complain without fear of retribution.
- 8** Engage with family members and carers as care partners.
- 9** Assist people to maintain confidence and a positive self-esteem.
- 10** Act to alleviate people's loneliness and isolation.

# Appendix

## Resource Implications of the Leeds Vision Strategy

The Leeds Vision Strategy provides a high level direction of travel for eye care, sight loss support and for wider services/organisations in Leeds. As such, it provides a framework and strategic reference for making funding decisions in these areas. However, in order to achieve some of the priority proposals contained within the Strategy and the working Action Plan, potential resources need to be identified now.

The implementation of these priority initiatives is subject to the development of business cases which will include:

- cost benefit analysis
- activity modelling
- risk analysis
- sensitivity analysis

The specific financial considerations for each priority initiative are noted under the appropriate heading below.

Initiatives can be resourced in three different ways (and sometimes through a combination of these three):

- 1 Within existing allocated resources
- 2 Through new sources of funding that have been identified
- 3 Through possible future sources of funding (aspirational)

### Current Resources

NHS Leeds spend around £13 million per annum commissioning around 6,500 inpatient, 19,000 first outpatient and 61,000 follow up outpatient episodes in secondary care for Ophthalmology services.

Its provider arm also provides services in Community eye care and Care Services related Ophthalmology totalling around £0.6 million per annum. The total staff employed in these areas is just over 8 WTE.

Ophthalmology costs relating to sight tests and vouchers for glasses are currently non-cash limited. This means that regardless of the level of spending, the impact of activity within Leeds is cost neutral to the PCT. However, from 2009/10, funding corresponding to current activity levels will be transferred to NHS Leeds transferring the risk of increases in activity and spend in these areas to the PCT from next year.

Therefore whilst current funding covers current activity levels, any increases in activity will have cost implications to the PCT and will need to be addressed as part of the business case submission process to support this strategy.

## **New Funding Identified**

The financial plan recently submitted by NHS Leeds includes a recurrent increased investment from 2009/10 towards increasing Optometry/Ophthalmology capacity in Primary Care to support this strategy.

Non-recurrent funding of £50k received from commercial pharmaceutical sources is available to the PCT and will be used to fund a pilot scheme to undertake and evaluate the Community Eye Champion model for one year.

## **Aspirational Funding**

Any new or additional funding requirements which are identified as the vision strategy elements are developed will be bid for through the strategic and financial planning processes at NHS Leeds (i.e. business case submission).

Opposite, are the key developments within Health and Social Care with detail of how they could potentially be resourced:

## **Elements of the strategy that relate directly to NHS Leeds commissioning:**

**Commissioning of Level 3 Community Eye Care Service** - led by adult services commissioning team, service specifications are being developed which will see some eye care services currently provided at St James' devolved to an expanded community eye care service (particularly to pick up follow-up work traditionally taking place at St James'). This workstream has its own sign off process (Strategic Pathways, TAG, Clinical Reference Group). (Action Plan ref. 2.1 & 2.2)

**Resources:** Any growth in activity is likely to be as potentially identified in the long-term conditions (sensory impairment) and primary care (Optometry/Ophthalmology) chapters of the NHS Leeds Operational Plan (2011/12 onwards). However, more detailed activity modelling needs to be undertaken within a business case development process to clarify the full impact on resources.

Other Business case/cost-benefit considerations:

- Benefits to the public/patients of care closer to home
- Impact of lost cross-subsidy through hospital eye service focussing on most specialist cases
- Impact on service of a more geographically spread service
- Financial impact of increased use of optometry practices and GPSIs to carry out Level 2/3 procedures

- Potential cost impacts of acquiring new equipment
- Potential cost impacts of training and governance arrangements

### **Elements of the strategy that relate directly to NHS Leeds public health:**

#### **Promotion of vision testing in primary care.** (Action Plan ref. 2.4)

**Resources:** Any growth as potentially identified in this year's Operational Plan (Promoting Health chapter) but to be further analysed as part of activity modelling in working up the relevant business case.

#### **Save Your Sight Campaign and promotion of optometrist attendance/free eye examinations.**

**Resources:** Within existing resources and any growth as potentially identified in the Operational Plan (2009/10) (Promoting Health chapter) but to be further analysed as part of activity modelling in working up the relevant business case.

#### **Incorporation of eye health messages into broader public health campaigns, e.g. smoking.**

**Resources:** Within existing resources, although this assumption will need to be reaffirmed as the details of the scheme are developed.

#### **Development of the Community Eye Champion role** whereby nominated primary Care and social care staff are

given additional training and support to provide information on eye health (initially targeting communities in SOAs and BME communities). This will be a one year pilot financed through external funding which will be evaluated to monitor uptake of retinal screening, optometric sight tests, referrals to ECLIO and compliance with Glaucoma medication.

**Resources:** Any future roll-out is subject to the outcome of the evaluation and to available resources (ongoing £50K pa) potentially identified in the Operational Plan (2009/10). The initial pilot funding is from a pharmaceuticals company (£50,000).

- Activity modelling, including the impact of increasing the accessing of community based services
- Cost of training
- Cost impacts of potential grading issues

### **Elements of the strategy that relate directly to Care Services:**

#### **Staff Development & Training**

**Resources:** Initially within existing resources, any growth as potentially identified in the Operational Plan (long term conditions chapter) 2010/11.

Whilst training costs will initially be funded out of the commercial pilot monies already identified, it is recognised that the longer term impact on continuing training and development and potential impact on staff pay due to the additional skills

acquired will need to be examined in greater detail as part of a business case submission.

Potential non-pay costs will also be covered.

### **Elements of the strategy that relate directly to adult social care**

The following elements of the strategy relate directly to social care and have potential resource implications:

**Establish a programme of Prevention/Awareness Basic Training** (Action Plan reference 1.2) - currently seeking to pilot a new training course in partnership with the RNIB (no initial funding implications) which, after evaluation, has the potential to be rolled out.

**Resources:** Funding for pilot acquired through RNIB. Business Case to be developed for any future roll out subject to evaluation.

**Expand information resources** (Infostore) for public and professionals on eye care and sight loss support services (1.2, 1.3)

**Resources:** Existing resources with business case for any additional funding as part of the implementation of information prescriptions. However, adherence to existing resources will need to be demonstrated for the new expanded information service for both pay and non-pay related costs prior to implementation.

**Development of community eye champions** (1.4). Initially this will be piloted with individual primary care staff being trained up in eye care/ sight loss and having a key information role in their community- there is potential for this role to include social care staff in the future (e.g. in day services)

**Resources:** Within existing resources. However, adherence to existing resources will need to be demonstrated for the new expanded information service for both pay and non-pay related costs prior to implementation.

**ASC commissioning review of the sensory impairment contract** (Shire View and Centenary House) (3.1). This contract review has its own governance process.

**Resources:** Within existing resources, subject to review outcome. However, adherence to existing resources will need to be demonstrated for the new expanded information service for both pay and non-pay related costs prior to implementation. The financial impact of any reviews will also need to be addressed.

**Enhancement of ASC rehabilitation service** for the visually impaired - training is to start in October for Occupational Therapy Assistants to increase assessors' knowledge of services for the visually impaired (3.2)

**Resources:** Within existing resources. However, adherence to existing resources will need to be

demonstrated for the new expanded information service for both pay and non-pay related costs prior to implementation.

### **Elements of the strategy that relate directly to joint commissioning:**

**Information prescriptions** for visually impaired people (3.3) - and mainstreaming the Eye Care Liaison and Information Officer post.

**Resources:** ASC resource has been confirmed through re-investment, NHS costs included within submitted financial plan 2009/10 but to be further analysed as part of activity modelling in working up the relevant business case.

### **Business Case Development**

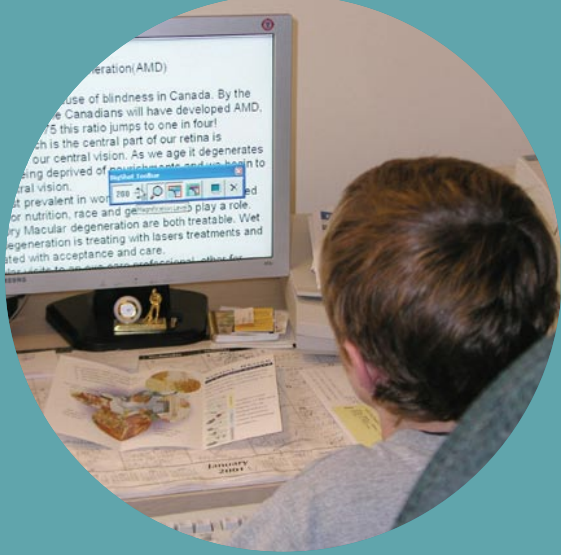
The changes in service models and activity and cost assumptions arising from all the initiatives highlighted will need to be examined in detail through a business case process prior to the implementation of any aspect of this strategy.

The business case should be seen as a supporting process and document to endorse the overarching strategy for Eye Care Service in Leeds. It will for instance address:

- Clinical benefits
- Outcomes
- More appropriate and beneficial pathways and models of care

- Activity modelling and analysis to assess the impact of the changes on commissioning and provision of services across all NHS sectors
- Impact analysis across all NHS and non-NHS partners affected by these changes
- Clear links made between these changes and Commissioning and service Procurement strategies for NHS Leeds and the Local Authority
- Cost considerations
- Options for funding of the costs
- Value for money
- Details of assumptions underpinning the financial and activity modelling and analysis
- Sensitivity and risk analysis, including likely actions to mitigate against risk
- Clinical effectiveness
- Workforce impact (including training, grading, skill mix review etc.)
- Non-Pay costs of setting up the service, potential equipment and capital costs and recurring, non-pay, capital charges and maintenance costs
- Post implementation evaluation processes

Though this list covers the salient aspects of business cases, it not intended to be exhaustive.



## Contact details

For further information about  
the Leeds Vision Strategy, please contact:

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