

Optimising Health Systems and Patient Journeys



How integrated care systems can improve diabetic macular oedema care

In December 2022, **Bayer brought together stakeholders including healthcare professionals, patient representatives and policy experts from across the eye care community to discuss practical steps to improve diabetic macular oedema (DMO) services. The intent was to engage with these stakeholders by running a World Café event, to gather their insights and align on potential solutions that could be replicated across the NHS.**

The event, which was chaired by Dr Phil Burgess from the University of Liverpool, and Honorary Consultant Ophthalmologist at St Paul's Eye Unit, was convened and funded by Bayer. It outlined the key challenges within existing services and sought to develop consensus amongst senior leaders within the eye care community on key recommendations for policy makers to consider.



Bayer is committed to supporting medical retina units across the country and recognises that each centre is unique. Through working with centres across the UK, we have demonstrated that we are able to support in overcoming challenges around capacity, patient flow and help improve over clinic efficient. By facilitating discussions and bringing stakeholders together from across the entire system, we can work with you to increase understanding of your service and identify areas for improvement where demand and/or capacity pressures have been identified, in turn helping you create bespoke and pragmatic action plans based on your model of service delivery and available infrastructure, staff and equipment.

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The challenges and solutions in DMO care identified by the eye care community

The challenges in DMO care and opportunities for ICSs

The introduction of Integrated Care Systems (ICSs) has impacted on the design and delivery of DMO services. These were identified as:

Priority policy solutions for improving DMO care

Several opportunities for improving care were identified as priority solutions for further exploration. These include:

Capacity

With rising patient numbers (especially older patients with diabetes), ophthalmology services are being stretched, increasing pressure on workforce and impacting morale.



Alleviating capacity pressures

Integrated Care Boards (ICBs) should better understand system and staff pressures. Assessing why some patients are not attending appointments will ensure providers are addressing the full scale of the problem.



Fragmented services

Diabetes and ophthalmology care are treated as separate services. Greater collaboration between diabetes management and ophthalmology is needed.



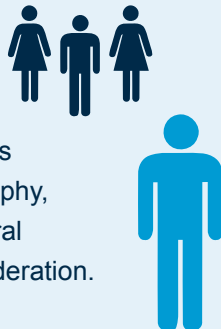
Introducing a care coordinator

ICB guidance should promote the appointment of a clerical care coordinator / patient advocate to improve coordination between diabetes and ophthalmology services in the DMO patient pathway and enhance patient choice.



Vulnerable populations

Challenges in DMO care affect vulnerable populations. Patients who are isolated due to geography, socio-economic status or cultural differences need special consideration.



Developing a holistic needs assessment

DMO patients should complete a holistic needs assessment on their care and communications preferences. This empowers them by providing them with a clearer understanding of their treatment and care options.



Screening and unclear pathways

UK screening programmes are world leading in reducing blindness from diabetes but inappropriate referrals are a challenge to DMO care. There is also a lack of patient and clinical awareness of the recommended patient pathway.



Clarifying the DMO patient pathway

Patient pathways should be clearly outlined in ICS planning guidance with information provided to patients on their journey through the pathway. Offering care in local community settings could reduce DNA rates.



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