This was a talk I gave to the Ealing General Practitioner's Evening meeting on Thursday 18th September 2014.

It was attended by 10 General Practitioner's and a good discussion around eye services in West London was help.

Miss Sheena George and Miss Pardip Grewal were present from our eye Team.

Good evening

I've been a consultant at Hillingdon for over 20 years and have seen the Department grow from a small department to a much larger department with an ever-growing research centre.

In preparing this talk to this intimate group is wondering what you would want to hear about.

Ophthalmology has grown and changed out of all recognition since I started. We used to practice in darkened rooms peering with dimly lit ophthalmoscopes into the back of people's eyes. Treatment options were very limited and surgery quite crude with patients staying a whole week after cataract surgery. The pace of change in ophthalmology is not letting up and the development of biologic drugs and new investigation modalities are continuing.

Added to this there is a great change in how ophthalmology services are being delivered. They are one of the first services to be tendered into a community-based service. We have seen a similar service during the fundholding era and I wonder whether this is a good or bad idea? I do not know, but only time will tell. Buckinghamshire has saved no money in this exercise and our local host CCG have readily admitted that it is not a cost saving exercise. This is because we have more work than we can handle and thus it is viewed as a development of the service and an expansion of the service - bringing services locally to patients. One strong message from patients that I receive is that they wish services close to their home, travelling even a few miles can often be difficult for the elderly.

It is with this in mind that we are Hillingdon put forward a strong case for running our local community services and have been most successful in doing so. This enables simple conditions to be diagnosed and treated in a more friendly setting out of the hospital and hopefully closer to their home.

Providing a community service frees up hospital capacity to concentrate on the ever increasing number of complex patients and surgical patients.

What we can diagnose, what we can treat continues to increase due to the new technologies in the new era of biologic drugs. In 1996 we saw 16,000 patients at Hillingdon and last year this had grown to 38,000. The number of cataracts performers doubled since then and we have a whole new tranche of drugs used with over 400

intravitreal injections being performed per month. Hillingdon of course is not unique-this is reflected across the whole of the country.

With the ageing population the growth in technology and the growth in the new biologics-Ophthalmology is now the fastest-growing speciality and an ever-increasing number of NICE guidance.

This is not going to stop. The rate of change continues apace. Therefore you need a team of ophthalmologists and a hospital that are leaders in their fields. That are early adopters. There are other firsts to have and utilise new technologies or new drugs. This is what we offer with our team at Hillingdon.

Only yesterday I was meeting with the vice president of Zeiss was made a promise that I'll be the 1st to have the new OCT scan which will undertake Flourescein angiography of the eye without any dyes. Flourescein angiography is an essential part of examining the retina especially in diabetics or macular degeneration but can be quite an unpleasant experience and even life-threatening. With modern high-speed optical coherence and fast computing the flow of blood through the retina can be seen without enhancements of dyes.

We consider ourselves early adopters at Hillingdon and the lists of firsts that I and my team have at Hillingdon is long. I was the 1st

to have the next generation of cataract phacoemulsification machines outside the US last year which takes cataract surgery to the next level.

Our dynamic team of consultants nurses and managers are always striving to offer the the very best and the newest treatments for our patients. We also believe strongly in a holistic approach looking after all steps of the patients pathway. We were the first hospital in the UK to adopt a non-steroidal anti-inflammatory as routine for all post-operative cataracts. This is eliminated one of the commonest post-operative complications, which incidentally was suffered by one of our local GPs, which is cystoid macular oedema after cataract surgery. This complication arises in up to 5% of uncomplicated eyes and up to 20% of those who are diabetic or more complicated. This late complication occurring six weeks or more often after the patient is discharged produces blurring of vision and often patients may not report this simply thinking that the cataract is returned.

However many surgeons concentrate purely on the operation and are less concerned about the after-care. Our holistic approach means that we wish to ensure our patients enjoy their new lease of vision for many years and we not only always communicate with the optometrist to ensure that they get their final glasses but also by prescribing them non-steroidal anti-inflammatory routinely that they will enjoy an uncompromised quality of vision.

This is just one example of many that we have where we look at the whole pathway and whole journeys of patients.

Having grown the service significantly and undertaken significant number of clinical trials we wanted to expand in this area and were very pleased to announce that we appointed Miss Sheena George as the new medical retina research consultant. Many of you may have known her from her work initially at Hillingdon where she developed the Mount Vernon unit and running the Primary Care Ophthalmology pilot from Hanwell Health Centre and then subsequently replaced Prof Gregory Evans when he left for the University of Columbia in Canada as the medical retina consultant at the Western eye. She rapidly developed the clinical trials unit and the new macular suite. We were very pleased that she wanted to come and join us at Hillingdon to develop and expand our clinical trials unit at Hillingdon and already we have 13 new trials on the go.

The advantage of having a very active research and development unit is that were able to offer new drugs new treatments new ways of working to our patients before they become widely available. It also gives the doctors and nurses experience in such drugs at an early stage.

Communication is also at heart of the CARES philosophy at Hillingdon. Again we were one of the 1st to adopt an electronic patient record system for Hillingdon enabling us to communicate at each visit to not only of course yourselves but also to the optometrists and other relevant clinicians. The ease with which this software undertakes this is the envy of many other units.

Building on our success we are planning the future for:

We are about to embark on a fully mobile medical retina unit which on a label assessment of medical retina patients as well as injections. This will provide greater capacity and flexibility where we can undertake the assessment and treatment.

A new site in Denham has been identified to develop our research and development unit which already has international reputation.

Our third community site is likely to be in Southall to provide local care to the west of Hillingdon Hospital.

Eventually our aim is to have a stand-alone Hillingdon eye unit.

We are planning to develop and grow our accident and emergency services for ophthalmology. We recognise that far too many patients are travelling into London particularly the Western eye for urgent treatment. This is often a long and time-consuming journey for them and we would wish them to have this care locally and enable us to continue their care.

We already offer same day appointments in both the hospital and the community centres as well of course as seen patients in our eye room in the expanding main accident and emergency centre Hillingdon. We have a macular hotline as well for any medical retina issues. Our macular coordinator is available to take calls and arrange appointments on a rapid basis.

We also pride ourselves on communicating to the local community we have won many macular society and glaucoma society awards. We run patient community support groups several times a year we go to talk church functions, with already held to charity raising balls and many other events. We hold regular optometrists and GP evenings as well as a meet and greet program for lunchtime seminars in GP surgeries.

We like to consider that we are the jewel in the crown of West London ophthalmology and that we are lightfooted and can respond quickly to the ever rapidly changing medical environment and scientific field.

This is what we have to offer Hillingdon and I promise from both the medical staff and managers that we will work with you and patients to provide the very best holistic care for your patients.

What we would like to now hear is what you would like and how we can help you.

Thank you listening and I welcome to take any questions.

Nicholas Lee

Senior consultant ophthalmologist at Hillingdon Hospital