Reference: FOI.ICB-2627/212

Subject: Eye Care Services

I can confirm that the ICB does hold some of the information requested; please see responses below:

QUESTION	RESPONSE
1. Which Integrated Care Board (ICB) are you responding on behalf of?	Bristol, North Somerset and South Gloucestershire (BNSSG)
2. Is eye health included within your local population health management/needs assessment approach? • Yes • No If not, why is this? Please share further details below.	Yes, please refer to Bristol, North Somerset and South Gloucestershire Integrated Care System Joint Forward Plan 2025 to 2030
3. Which of the following eye care service components are in place and routinely available within your system? Choose all that apply i. Minor Eye Conditions Service (MECS) ii. Community Urgent Eyecare Service iii. Virtual clinics/asynchronous review iv. Risk stratification and validation v. One-stop clinics vi. Diagnostic/management centres in community settings overseen by hospital eye services	The ICB currently commissions the Community Post Operative Cataract Surgery Follow Up Service. This service provides post-operative follow-up care for BNSSG patients who have undergone cataract surgery at Bristol Eye Hospital. Details of other commissioned services across the patch are included on our remedy page: Ophthalmology (Remedy BNSSG ICB) Further information for Bristol Eye Hospital is contained: Bristol Eye Hospital | University Hospitals Bristol NHS Foundation Trust

vii. Post-operative cataract follow up viii. Long-term condition management for glaucoma ix. Pre-referral glaucoma and AMD review x. Other If you selected other, please share further details below.	
4. How do you monitor provider performance of eye care services across your ICB footprint? Please provide as much detail as you can.	All commissioned providers hold an NHS Standard contract. Standard contract monitoring and performance management terms are applied. This includes review of contract data and contract management meetings to review all areas of the contract including, information, performance, finance and quality.
5. Across your ICB footprint, to what extent are NHS trusts meeting the NICE-recommended quality standard [QS180] for patients diagnosed with age-related macular degeneration to start treatment within two weeks of referral? i. All trusts are consistently meeting this standard ii. Most trusts are consistently meeting this standard iii. Few trusts are consistently meeting this standard iv. No trusts are consistently meeting this standard v. Do not know Please share any further details below.	The ICB does not hold this information, please contact Bristol NHS Foundation Trust regarding the Bristol Eye Hospital, as follows: FreedomOfInfo@uhbw.nhs.uk / UHBW NHS - Freedom of Information (FOI) requests

6. What are the most common constraints affecting patient's timely access to eye care services across your ICB footprint? Choose all that apply. i. Workforce capacity ii. Clinic space iii. Availability of diagnostics iv. Estate capacity v. Follow-up backlog pressures vi. Accuracy of referral vii. IT/interoperability limitations viii. Financial barriers ix. Patients not attending appointments x. Other If you selected other, please provide more details below.	Providers are monitored in line with national / contractual performance standards. There are no live performance notices in this area.
7. Which eye care digital enablers are currently in place across your ICB footprint? Choose all that apply i. Universal NHS email for primary eye care ii. Shared referral platforms iii. Ability to share OCT images iv. Agreed data standards such as DICOM v. Shared care record / Single patient record vi. Patient portal/NHS App integration Please share any further details below.	i. Shared referral platforms ii. Ability to share OCT images iii. Shared care record / Single patient record
8. Do you have targeted programmes to increase uptake of routine sight testing and early intervention for at-risk groups across your ICB footprint? • Yes	Yes, the BNSSG Diabetic Eye Screening Programme offers annual retinal screening to eligible individuals aged 12 years and over with diabetes and works to maximise uptake and coverage across the BNSSG footprint.

• No • In development Please share any further details below.	The service provides early identification and referral for diabetic eye disease for people with diabetes helping to reduce the risk of sight loss through prompt detection and treatment where necessary. Screening is delivered from a range of community settings, including GP practices, hospitals and optician practices to improve accessibility. The BNSSG Diabetic Eye Screening Programme is directly commissioned by NHS England as part of the National Diabetic Eye Screening Programme. Additional Information regarding the diabetic Eye Screening Programme can be found here on Remedy - Diabetic Eye Screening (Remedy BNSSG ICB)
9. Do you have access to and regularly review patient-reported experience and outcome measures for eye care (e.g., PREMs/PROMs) to drive improvement and accountability at provider level across your ICB footprint? i. Have access and regularly review ii. Have access but do not regularly review iii. Do not have access iv. In development and plan to regularly review v. In development but no plans to regularly review Please share any further details below.	No, the ICB does not hold this information.
10. Have any planning discussions taken place or activity been undertaken with regard to adopting Single Point of Access (SPoA) care models within eye care services across your ICB footprint?	BNSSG are following national policy in this area i. Planning discussions taken place but no activity undertaken

i. Planning discussions taken place and activity undertaken ii. Planning discussions taken place but no activity undertaken iii. No planning discussions or activity undertaken iv. Not yet but we plan to do so in the future Please share any further details below.	
11. Is there an example of effective local practice that has improved access, enabled community delivery, improved digital connectivity, or reduced inequalities in eye care across your ICB footprint, and can you share details of why it worked? Please share further details below.	The ICB has piloted an Enhanced Imaging Macular Referral Service which allows direct referral of patients with suspected macula pathology for remote assessment by the Medical Retina team Bristol Eye Hospital. This has improved the digital connectivity between primary care and secondary care by enabling a full DICOM OCT (Digital Imaging and Communications in Medicine Optical Coherence Tomography) and retinal photography to be attached to the referral meaning remote triage can be carried out by the eye hospital.
12. What would most help your ICB to improve access and reduce inequalities in eye care over the next 12–24 months? Please rank the following in order of impact. i. Best practice/examples ii. Implementation support iii. Analytics/data iv. Workforce Growth and Training v. Digital/IT support vi. Contracting support vii. Investment	Please note that the FOIA only applies to recorded information already held, and public bodies do not have to create new opinions or judgments. However, the ICB can confirm that it has not conducted any detailed analysis in this area in order to provide a response. We recognise the impact that each of these areas would have but do not have sufficient evidence to rank them.

viii. Greater patient voice.	
13. Would a new national Modern Service Framework for Eye Health, developed as part of the Government's Modern Service Framework programme, help to provide direction for local eye care services? • Yes • No • Not sure Please share any further details below.	Please note that the FOIA only applies to recorded information already held, and public bodies do not have to create new opinions or judgments. We are therefore unable to provide an answer to this question.

The information provided in this response is accurate as of 8 September 2026 and has been approved for release by Jenny Bowker, Strategic Commissioning - Neighbourhood Health for NHS Bristol, North Somerset and South Gloucestershire ICB.