A case study of partnership delivery of the ophthalmology department. Newmedica and George Eliott Hospital Trust

June 2026

A ten-year partnership saw

Newmedica become...

- Embedded in the Trust, working in harmony with existing support services
- Delivering ophthalmology outpatient and inpatient pathways on behalf of the Trust under a ‘white label’ solution
- Transforming the service to maximise quality, efficiency and increase patient satisfaction

A trusted partner, expanding to meet local needs and demand

2010/11

GEH invite Newmedica to deliver a targeted glaucoma solution

2011/12

UHCW serves notice to withdraw support. Newmedica are asked to include OPD clinics and cataract surgery services – including paediatrics

2012/13

Newmedica commences a transformation project across the entire ophthalmology service

2013/14

YAG laser and minor ops are repatriated from UHCW into GEH with Newmedica delivering the services. The service goes out to tender in FY2014/15 which Newmedica win

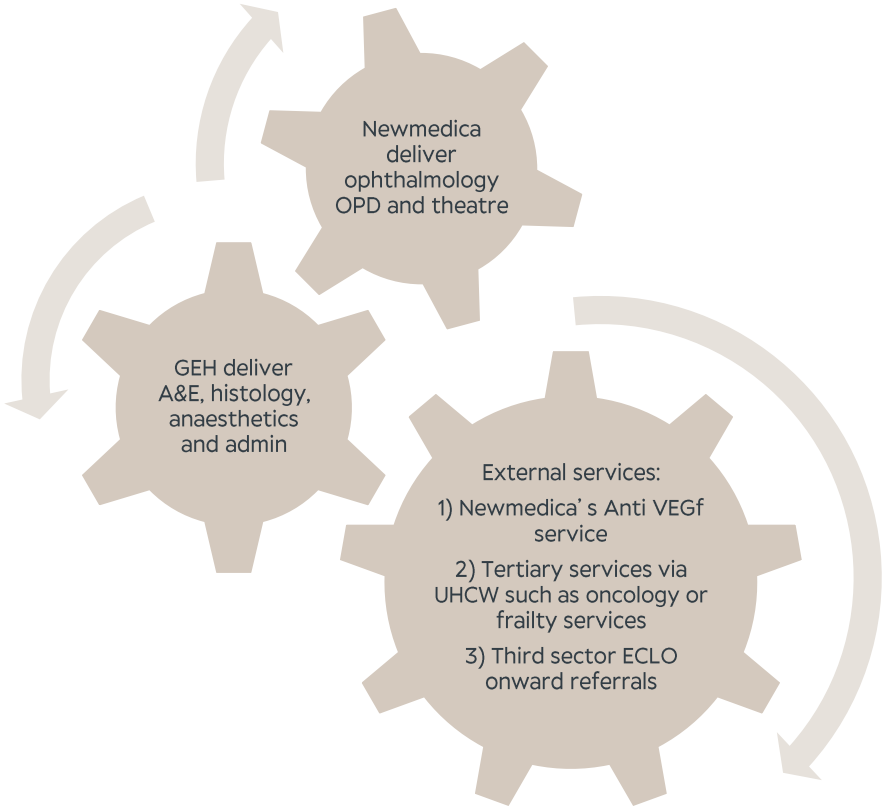
2014/15

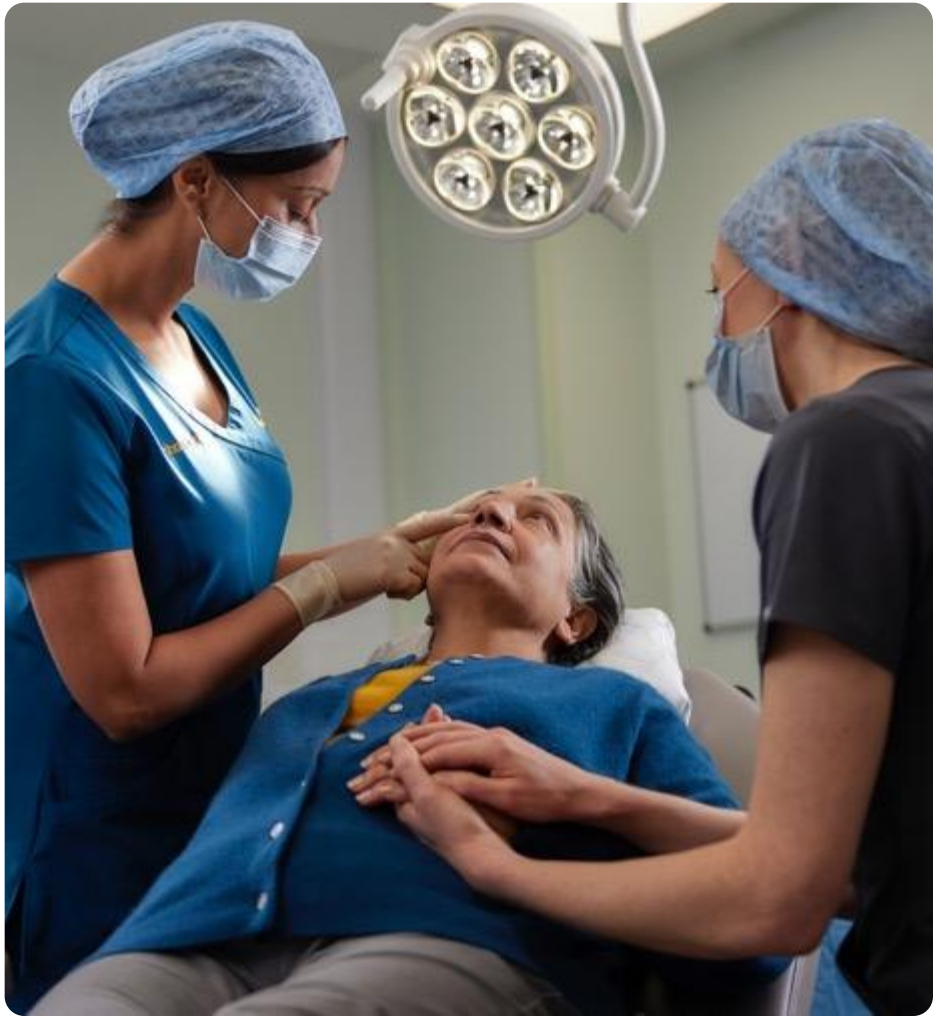
OCT, A-scans, B-scans and corneal topography are repatriated from UHCW into GEH with Newmedica delivering the services under contract

2015

South Warwickshire CCG commissions Anti VEGf services from Newmedica in Nuneaton

The interdependency of NHS system delivery





Staffing model

- All clinical staff employed by Newmedica. Including consultants, doctors, orthoptists and optometrists.
- Newmedica introduced the clinic assistant role to reduce reliance on nurses to complete diagnostic tests & improve clinical throughput. A wrap around training package was delivered by Newmedica to support introduction and safe onward delivery of this reconfigured staffing model.
- All nurses and admin employed by GEH

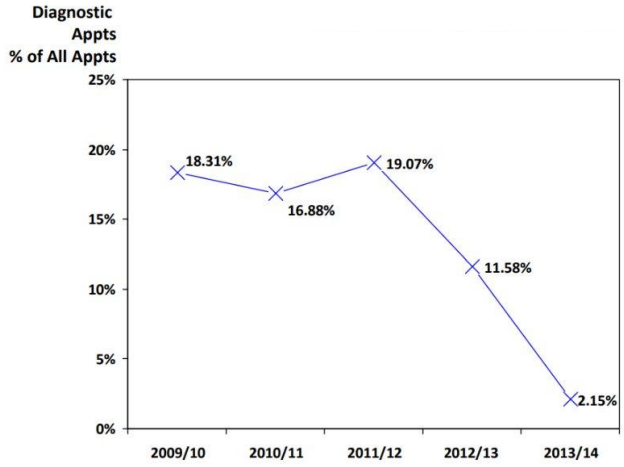
Governance and improvement structure

- Joint team leader weekly meetings
- Joint operational monthly meetings
- Joint monthly clinical governance meetings

Service transformation: Objectives versus results

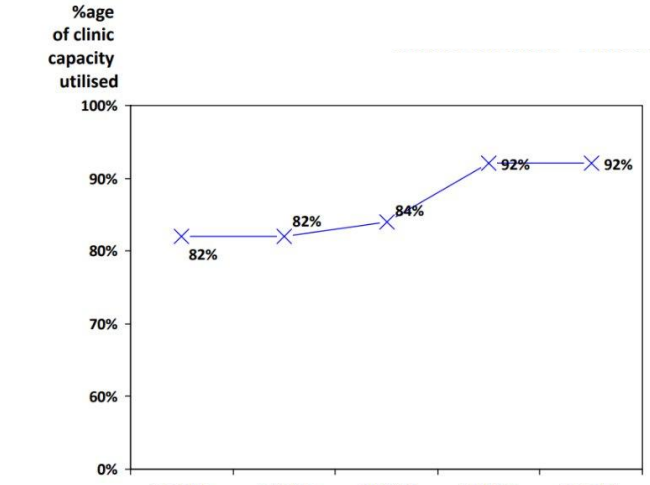
Re-engineering pathways to drive efficiency

Move to a “one stop” cataract assessment with diagnostics on the same day



Diagnostic Only	2,470	2,535	3,033	1,857	343
Total	13,490	15,017	15,902	16,037	15,951

Improve clinic utilization rates



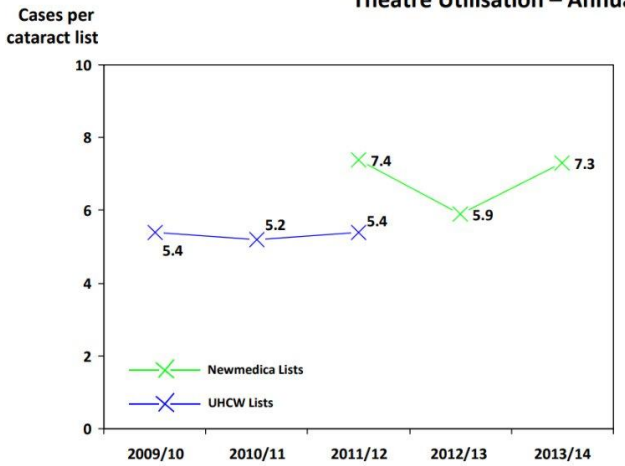
Attended	13,490	15,017	15,902	16,037	15,951
Total Booked	16,438	18,367	18,994	17,485	17,246

Re-engineering pathways to drive efficiency

Increase theatre utilisation rate

PRODUCTIVITY & EFFICIENCY (IV)

Theatre Utilisation – Annual



	2009/10	2010/11	2011/12	2012/13	2013/14
Cases	816	699	931	790	877
Lists	154	137	162	133	120

Dual running in 2011/12 with different theatre processes

Two never events lead to list restrictions through 2012/13 while complete overhaul of theatre processes undertaken

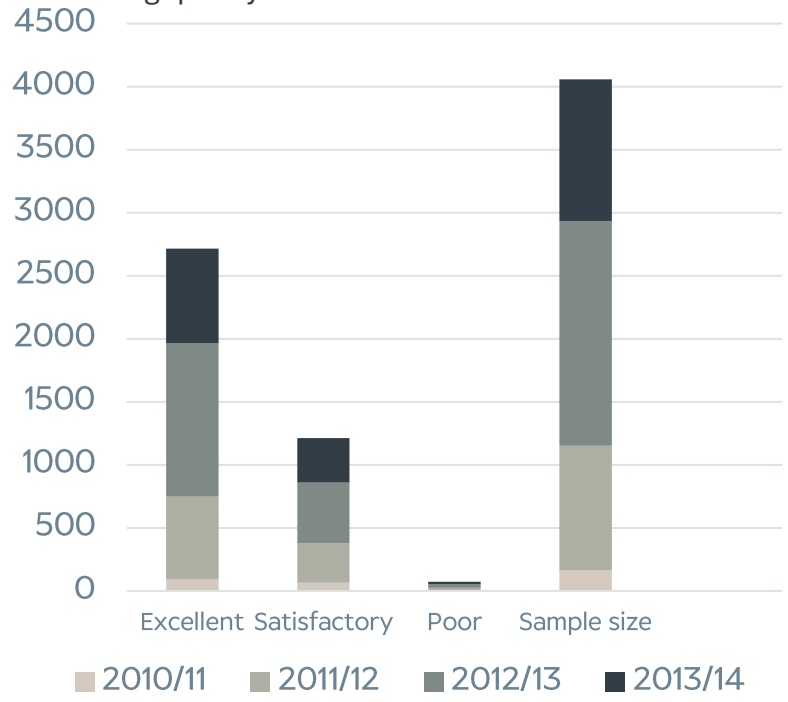
New processes installed and volumes increased in 2013/14

20116 sees plan to move to 9 per list

(1) Total number of cases delivered divided by the number of theatre sessions

Delivering improved patient centric care

Improve the quantity of patient feedback whilst maintaining quality scores



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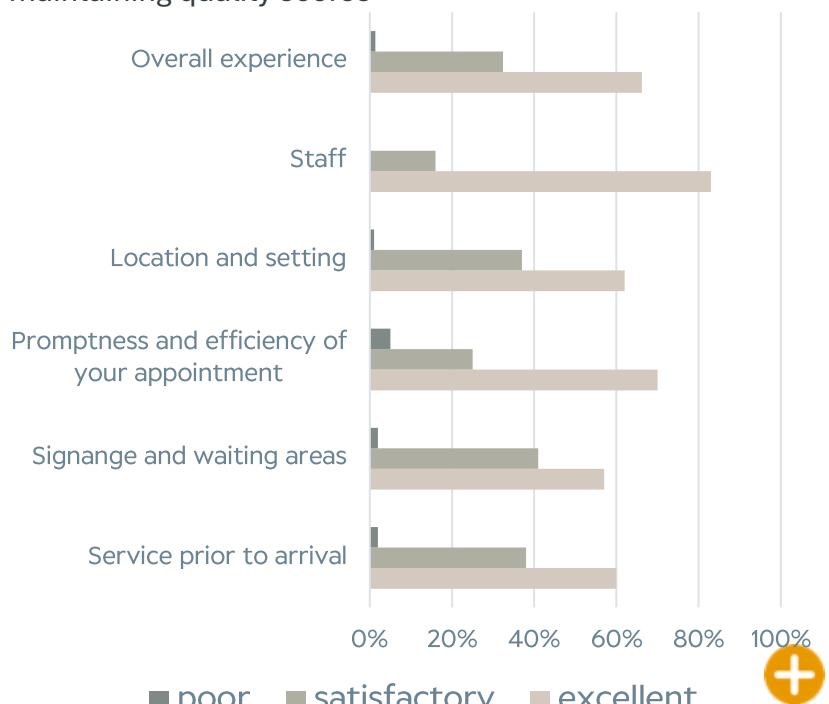


Cataract pathway overhaul

What we have done

Pre-appointment
- Enhanced patient information booklet produced and sent to patients pre-appointment
- All risks and benefits and facsimile of consent form

OPD appointment
- 2 -3 appointments consolidated into single appointment
- Patient information video introduced
- Tasks streamlined and integrated
- Theatre and follow-up dates booked on the stop
- All patients see a Consultant

DPU Theatre
- Batch arrival change to staggered arrival
- Nurse advocate role created – single nurse remains with patient from arrival through discharge, removes all handoffs
- Cross staffing of OPD nurses in theatre as Nurse Advocates – breaks silo mentality
- Flow through theatre enhanced significantly

Impact

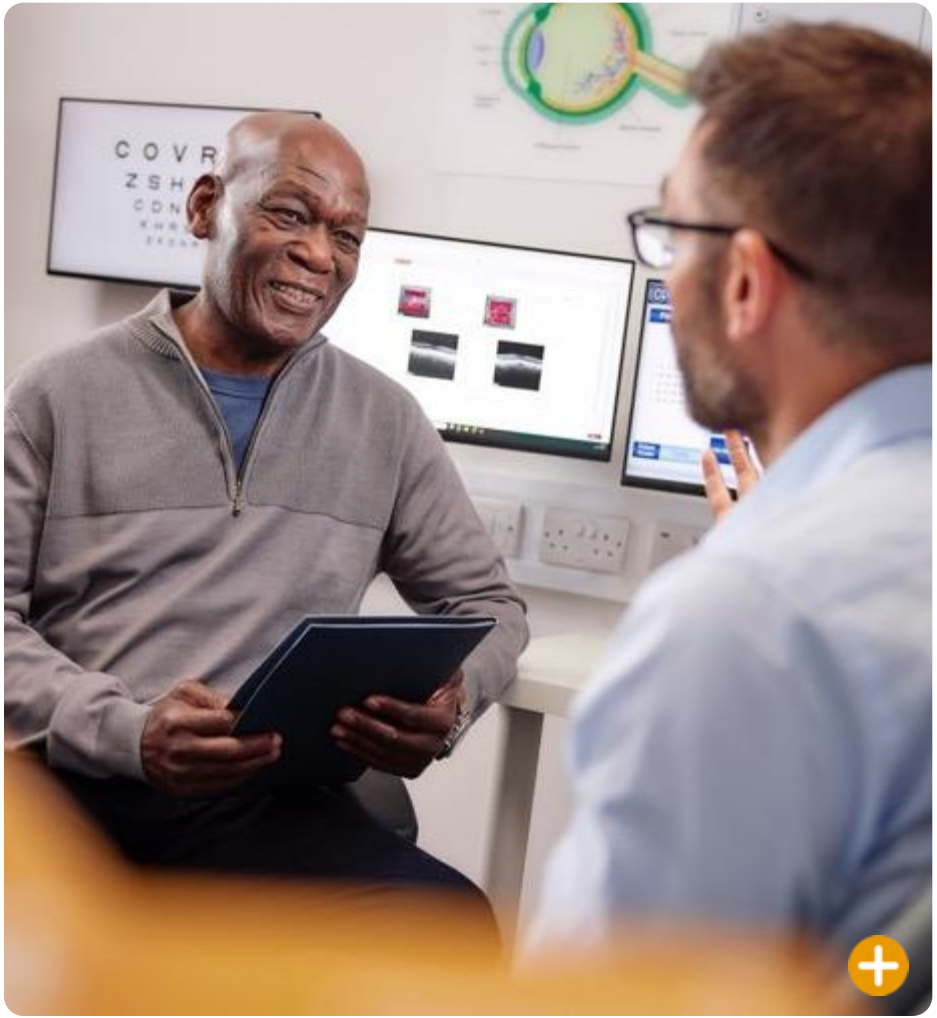
Patient experience enhanced significantly
- Amount of information leading up to surgery improved
- Single appointments in OPD
- Waiting times reduced (Upto 6 hours down to ~2 hours in DPU)
- Nurse advocate role provides continuity on day of surgery

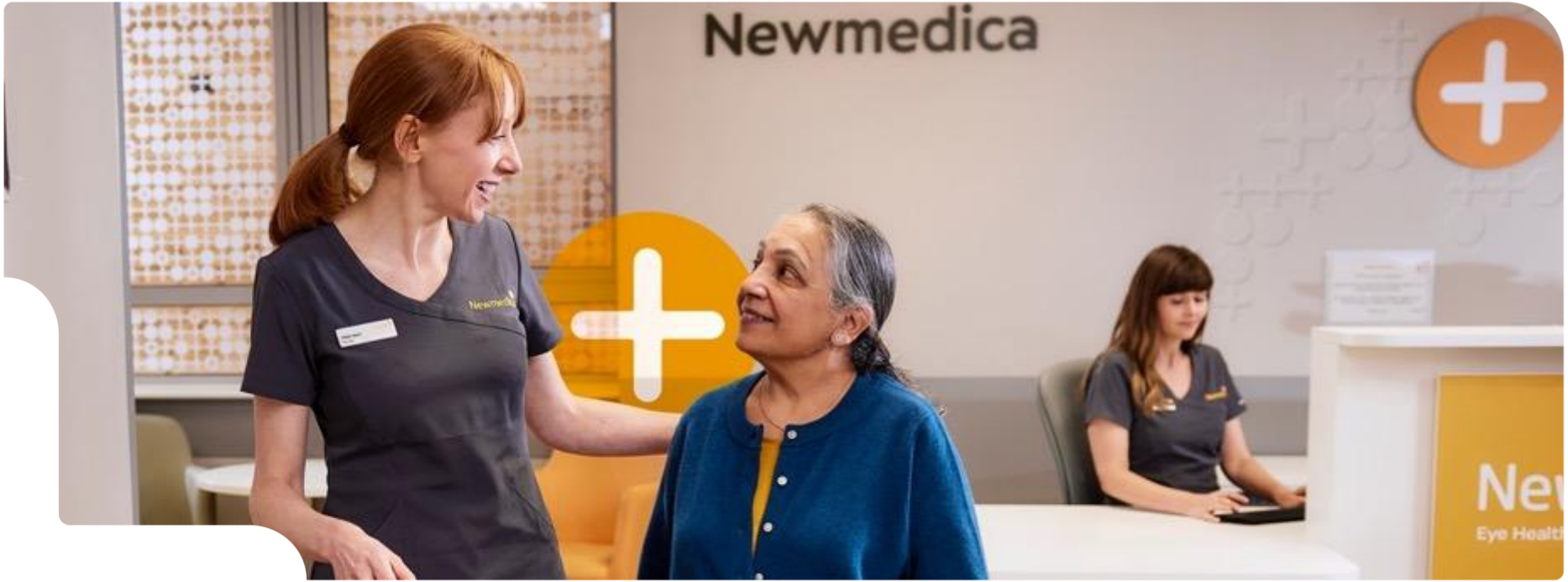
OPD efficiency gained
- Moved from ~20 appointments per day pre-transformation to ~25 in pilot phase
- Quick step-up to ~32 appointments following pilot – driven by GEH nurses rather than Newmedica

Theatre safety and efficiency improved
- Previous system of multiple hand-offs and opportunities for error eliminated completely
- Nurse advocate fulfils 2 roles – responsible for patient moving through system, responsible for ensuring surgery undertaken as planned (eg leads WHO checklist)
- GEH theatre team now requesting additional cases to be added to lists

Glaucoma pathway overhaul

- Pathways redesigned to meet latest guidelines at the time. Moved patients from all Consultant appointments to a most suitable clinician based approach.
- Newmedica digitised previous paper based Trust records and all diagnostic reports to allow a direct comparison of disease progression via a web-based system.
- Consultant new initial or unstable review.
- Optometrist for a stable review.
- Consultant Ophthalmologist completes a remote review, verifies findings and confirms the outcome. A PROCESS STILL INUSE TODAY (albeit with some updates!).
- This system allowed for data gathering on the breakdown of patient classification by % and audit of outcome changes





Lessons learnt

Processes

Strong governance leadership is key. It is vital to establish a committee with membership from both organisations (for Newmedica, that includes local deliver teams and support office representatives) with leadership agreed to drive through policy and processes. All decisions are documented and "voted in" to not only support a safe pathway, but to ensure buy-in at all levels. It also ensures clear lines of responsibility and accountability.

Staff buy in and involvement in transformation is critical – especially with higher grade clinical staff whose objections can delay or prevent change. Early engagement and involvement is key – so that they can contribute, voice their opinions and not feel "Put upon".

Patient participation also vital and can be via mixed media: consultation, feedback and Patient Participation Groups. Their opinions can help with change programmes as all clinicians strive to deliver the best for their patients.

People

Integration of the team. Whether staff are employed by Newmedica or another organisation, there needs to be a leadership team to provide direction. In the case of GEH – the admin team were employed by the trust and could therefore be tasked to book other speciality appointments. To ensure maximum utilisation of the provided capacity, dedicated admin staffing is essential to ensure patient cancellations are back filled. Learning tells us a single employed staffing model works best.

Appraisal, training and development. The extensive training programmes Newmedica offers help us attract and retain great staff and enable us to deliver outstanding services. For example:

- Non-Qualified training: scrub technician programme, ophthalmic technician programme, clinic assistant competency assessments, apprenticeships and service trainer
- Management training: first time management or enhanced management programmes
- Clinical training: optom IP, optom laser, nurse injector
- Doctor in training placements both within outpatients and surgery

Data and governance

Digitalisation. Where we have previously worked with partners, we import their records onto our system to enable our efficient pathways to be implemented. This system allows for remote review of records in some parts of the glaucoma pathway and supports a nurse injector pathway for med ret – Wet AMD treatment pathways. Newmedica use a EPR that has a digital link directly to OpenEyes clinical management system, this enables diagnostics and pathway records in one place. Future partnerships require common systems where possible to enable easy visibility of live patient records across a whole organisation.

Our EPR and Openeyes system supports a suite of standard **data gathering and reporting**. It provides dashboards that support the failsafe officer, the planning and capacity teams to be responsive to demand and report back to the governance committee to ensure patient safety is paramount and risk is minimised / closely monitored.

Mapping **Governance Pathways** as part of any partnership implementation process is critical to ensure clear accountabilities and responsibilities.