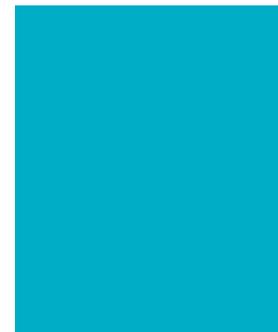


# Improving eye health and reducing sight loss – a call to action



NHS England

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# Introduction

- NHS England has set out the sustainability challenges facing our NHS in “The NHS Belongs to the People – A Call to Action”. In the context of eye health services:
  - **The population is growing and people are living longer** – *there is an association between age and a deterioration in eye health; an ageing population and an increase in the number of people with multiple long term conditions suggests a higher incidence of eye disease and sight loss in the future*
  - **Health inequalities** - *people from more socially deprived areas have a higher risk of poor health and premature mortality, and there is a known link between social exclusion and preventable sight loss*
  - **Constrained financial outlook** - *there is an increased demand on NHS resources against a forecast financial gap of £30bn; the increased incidence of eye disease and sight loss will increase demands on health and social care budgets and will increase capacity demands in hospitals and in the community*

## Introduction (2)

- In publishing this 'call to action' for improving eye health and reducing sight loss we want to explore how primary care services can promote prevention and early detection, and spread good practice; we seek to stimulate debate as part of a longer ongoing process for change
- We want primary, secondary and specialised health services working even better together - and with social care services - to improve how eye health services are planned, commissioned and delivered
- We wish to build on the good work that has already taken place in recent years - the UK Vision Strategy; the Public Health Outcomes Framework; the development of Local Eye Health Networks; and the establishment of the Clinical Council for Eye Health Commissioning

## Our aims

- Although NHS England has a limited role in the direct commissioning of eye health services, we know that access to early preventative eye health services and accurate early diagnosis is important in meeting the common objectives shared by NHS England, clinical commissioning groups (CCGs) , the Local Eye Health Networks and other partners – for example eye health is one of the four clinical priorities for the *Royal College of General Practitioners* between 2013 to 2016.
- This ‘call to action’ for eye health complements our wider ambitions to build primary care services at scale, and for NHS England and CCGs to commission together where appropriate, focused on the needs of specific communities. We want neighbourhoods and communities saying what they need from their NHS.

## Our aims (2)

- We also have a wider role to play in supporting CCGs in the design and implementation of local strategic plans for primary care. In our recent document “Improving General Practice – A Call to Action Phase 1 Report” <http://www.england.nhs.uk/wp-content/uploads/2014/03/emerging-findings-rep.pdf> we described our ambitions for more accessible wider primary care services at scale:
  - Proactive coordinated care
  - Holistic, person-centred care
  - Fast responsive access to care
  - Health-promoting care
  - Consistently high quality care
- To achieve these ambitions we described how we want to encourage: greater collaboration between commissioners in the commissioning of primary care services; more integration across hospital, community and social care services; more preventive work in the community; and we provided a commitment to facilitating a shift of resources from hospitals to primary care and community services where this is appropriate.

## Our aims (3)

We want to use the commissioning process to

**i. Improve quality and outcomes by:**

- Preventing eye disease and promoting early detection of eye disease (improved access and uptake for routine eye tests)
- Tackling health inequalities (including access for seldom heard groups)

**ii. Improve the patient experience by:**

- Ensuring that patients receive the most appropriate care at the most appropriate time and in the most appropriate location; this may include moving activity from hospitals to the community if this is appropriate
- Supporting patients as they transfer across services through an integrated approach to care along defined care pathways
- Making the best use of the skill mix across eye care and other professionals

**iii. Improve financial efficiency in how the NHS commissions eye health services**

- this will include reducing costs on other aspects of health care through prevention of sight loss and early detection of eye disease

## Social and economic benefit of good eye health

- We want to improve eye health services for the people who use them, now and in the future
- But there are also compelling economic and social benefits for keeping the nation's eyes healthy:
  - Eye health is socially very important as it allows us to more easily learn, work, travel and engage with other people
  - People who have suffered from sight loss are more likely to experience social isolation, depression and other psychological problems
  - There are close links between eye disease and avoidable health problems, such as falls - particularly amongst the elderly
  - One study (1) estimates that partial sight and blindness in the adult population places a large economic cost to the country at around £22 billion per year

## Health and social care needs of people with eye disease or sight loss

- Most people with eye health problems will have significant other health or social care needs
- People with more serious eye care problems (including sight loss) may have particular health and social care needs, including for emotional support, psychological services and vision rehabilitation
- We know that particular groups can experience difficulties in accessing appropriate health care services, including eye health services; these include people with mental health issues; frail elderly people; people with physical or learning disabilities; and homeless people - in commissioning primary care services we are committed to ensuring a particular focus in improving access to high quality services for all members of our society

## Health and social care needs of people with eye disease or sight loss (2)

- Some eye diseases such as glaucoma, diabetic retinopathy and macular degeneration might require life-long monitoring, support and treatment
- The forecast increased prevalence of long term conditions means that – for those long term conditions for which there are known risks for eye health – there will be a need for the NHS to ensure that the range of relevant NHS services are aware of the need to identify and address eye health issues; and that the demand can be effectively managed with people receiving appropriate care at the appropriate time and in the most appropriate place

## Future demand for NHS eye health services

- A significant increase is forecast in the number of people with eye health problems, explained partly by the forecast increase in the number of elderly people and in the number of people with multiple long term conditions, including those for which there are known risks for eye health.

**Table Projection of partial sight and blindness (<6/12) by disease type, UK (people), 2010 to 2050 (2)**

	Age Related Macular Degen	Cataract	Diabetic Retinopathy	Glaucoma	Refractive Error	Other
2010	16.8 %	13.7 %	3.4 %	5.3 %	53.3 %	7.4 %
2020	17.9 %	14.0 %	3.2 %	5.2 %	52.2 %	7.4 %
2030	19.6 %	14.5 %	2.8 %	5.2 %	50.0 %	7.4 %
2040	21.3 %	14.9 %	2.5 %	5.0 %	48.9 %	7.4 %
2050	22.2 %	15.2 %	2.3 %	5.0 %	47.8 %	7.4 %
<b>Cases</b>						
2010	312,789	254,357	64,035	98,368	989,952	137,560
2050	887,178	605,875	93,405	200,875	1,909,442	295,742
<b>per cent change</b>	184 %	138 %	46 %	104 %	93 %	115 %

## Future demand for NHS eye health services(2)

We need to consider the role that primary care services can play in tackling the wider challenges facing the NHS, including how the increased demand for NHS eye health services can be met against a backdrop of significant financial constraint.

- Between 2003/04 and 2012/13 total spend on eye health services in England increased by 90%, from £1.2bn to £2.3bn (primary and secondary care)
- Taking all surgical specialties into account, the most common surgical intervention performed by the NHS in England is age-related cataract extraction (3)
- Hospital attendances for ophthalmology account for the second highest number of outpatient attendance for any specialty – 6.8 million attendances in 2011/12, which equated to 8.9% of all outpatient attendances in hospitals in that year (4)
- The number of people admitted to hospital for ophthalmic treatment increased by 26% between 2005/06 and 2011/12 (from 491,000 to 620,000 finished consultant episodes) (5)

## Future demand for NHS eye health services(3)

- Late or inaccurate diagnoses of eye health problems will generally increase pressures elsewhere in the health and social care system – and will always jeopardise good clinical outcomes. This ‘call to action’ seeks to stimulate debate on how a more preventative approach, early accurate detection by primary care services and effective management in the community could tackle health inequalities, improve outcomes and reduce unnecessary hospital appointments. For example, some CCGs in England have commissioned Primary Eyecare Acute Referral Services (PEARS) which aim to avoid unnecessary hospital appointments through early diagnosis by primary care professionals (optometrists) with enhanced training and skills.
- Our ambition is for NHS England and CCGs to adopt a collaborative approach to the commissioning of primary care services. We want to achieve a strategic focus on the needs of specific communities. We want to understand what opportunities there are for accurately diagnosing and appropriately managing patients with eye problems in the community, and for primary and secondary services to be working collaboratively in the interests of patient care.

## How the NHS commissions eye health services

- NHS England has a limited role in how eye health services are commissioned. Through the General Ophthalmic Services contract we currently spend around £496m per year in primary care on NHS sight tests and optical vouchers to help with the cost of spectacles and contact lenses for those people who are eligible (including children, people who are on a low income and people who are registered blind or partially sighted). Other adults who are not eligible must pay for routine sight tests, spectacles and contact lenses. Information on who is eligible for assistance can be found at <http://www.nhs.uk/chq/pages/895.aspx?CategoryID=68&SubCategoryID=157>
- In 2012/13 there were around 12.7 million NHS sight tests in England, and over 5 million optical vouchers were processed

## How the NHS commissions eye health services

- NHS England also directly commissions a small number of very specialised eye health services; these services are available to everyone in the country but are found in a small number of hospitals because the specialist skills are rare
- The majority of community based NHS eye health services and hospital ophthalmic services are directly commissioned by CCGs who combined currently spend around £1.5 billion a year on eye health services
- Implementation of solutions will rely on a number of different organisations. Although our direct commissioning role is small compared to CCGs, NHS England has an important role in supporting the Local Eye Health Networks across England, which we established in 2013 to lead on the development and re-design of eye health services based on national and local priorities.

## How the NHS commissions eye health services(2)

Area of spend	Spend in 2012/13 (England)
Secondary care elective	£1,428m
Primary care (sight tests and vouchers)	£496m
Primary prescribing	£189m
Non-health / social care	£74m
Secondary care urgent / emergency	£59m
Community care	£31m
Care provided in other settings	£18m
Prevention and health promotion	£7m
<b>Total</b>	<b>£2,303m</b>

## How the NHS deliver eye health services

- **Eye care in England is mainly delivered by the following professions:**
- **Ophthalmologists (2,400 in England including 1000 consultants):** a medically qualified doctor, with postgraduate specialty training in medical and surgical ophthalmology, who examines, diagnoses and treats diseases of the eye; and also prescribes medicine and performs surgery.
- **Optometrists (10,500 in England):** qualified to perform sight tests or eye examinations, gives advice on visual problems, and prescribes and dispenses spectacles, contact lenses and other visual aids.
- **Orthoptists (1,100 in England):** qualified to diagnose, treat and manage defects of vision, binocular vision and eye movements in both adults and children.
- **Ophthalmic nurse:** has a general nursing qualification plus specialist training in eye care, assists in surgery and manages, amongst others, patients with glaucoma, cataract, low vision and other eye conditions.
- **Dispensing opticians (5,300 in England):** qualified to advise on, dispense and supply spectacles and low vision aids; in addition, they are able to offer advice on aspects of eye care and vision.
- **Rehabilitation workers for vision impairment:** qualified to provide specialist assessments, rehabilitation interventions, training and advice to people with sight loss.

## National and local debate

We will host national and local discussions over the next twelve weeks (12 June to 12 September 2014). A national stakeholder event will be held in London in September.

Who can get involved?

- Patients, patient groups, voluntary and community sector groups
- Everyone who works in health and social care
- Local Eye Health Networks
- Healthwatch organisations
- Local authorities
- Other providers of healthcare services
- Professional organisations
- Local education and training boards and academic health science networks

## National and local debate (2)

- At the end of this document we ask a number of questions. You can respond to our online questionnaire, you can email comments, or you could write to us by 12 September 2014 . Contact details are provided at the end of this document.
- You may only be interested in responding to some of the questions. It is fine to leave some questions blank if you wish.
- We do not want to limit the discussion, so you should feel free to tell us anything else that you think would be helpful in developing our strategic approach for the commissioning of eye health services (the online questionnaire enables you to do this).
- The questions are designed to stimulate debate. If you are responding on behalf of an organisation you may wish to first canvass the views of your own colleagues, members or stakeholders to inform your response to us. We would be particularly interested to learn of any workshops, meetings or polling that you have held in response to the “call to action”.
- The responses will be independently analysed and reported.

## National and local debate (3)

Responsibility for implementing the outcome of this engagement will rest with a number of organisations, ensuring that it is aligned with NHS England's eventual approach to the commissioning of primary care.

CCGs, the main commissioners for eye care and eye health services, may use the national framework, working with local communities, to implement strategies to meet local circumstances and priorities. This will require concerted cross-sector working by partners, both nationally and in local communities. NHS England cannot achieve the necessary change alone.

## National and local debate (4)

We will be guided by the five domains of the *NHS Outcomes Framework*, which exists to act as a catalyst for driving up quality throughout the NHS by encouraging a change in culture and behaviour:

- preventing people from dying prematurely
- enhancing quality of life for people with long term conditions
- helping people to recover from episodes of ill health or following injury
- ensuring that people have a positive experience of care
- treating and caring for people in a safe environment and protecting them from avoidable harm

## Key initial findings for debate

1. Local Eye Health Networks will work most effectively when composed of a wide group of professionals involved in the prevention of eye disease and the care of people with eye problems, **and we want to stimulate debate on how the range of stakeholders involved in eye health can engage, support and work with Local Eye Health Networks**
2. Some people are not accessing regular sight tests, which can lead to late diagnosis and poorer outcomes; also, a more preventive approach and focus on early diagnosis in primary care could lead to lower financial costs to NHS and social care commissioners than more expensive hospital treatments, **and we want to stimulate debate on how we can increase appropriate access and uptake to routine sight tests in primary care for the general population**
3. There is a relationship between deprivation factors and a lower uptake of routine sight tests, which leads to poorer outcomes, **and we want to stimulate debate on how to improve access and increase uptake for people in more deprived areas**

## Key initial findings for debate (2)

4. Certain groups are more likely to have sight problems than the general population (such as people with learning disabilities or dementia) or have a higher prevalence of some eye diseases (such as some black and minority ethnic groups), **and we want to stimulate debate on how to tackle health inequalities in regard to access to eye care services and outcomes, including the equitable coverage of screening services for people with long term conditions for which there are known risks for eye health**
  
5. Many patients with eye complaints will first visit their GP, **and we want to stimulate debate about the development of patient pathways that make better use of optometrists and other appropriate community based professionals as the first port of call for non-sight threatening eye complaints**

## Key initial findings for debate (3)

6. Hospital attendances for ophthalmology services account for the second highest outpatient attendance for any specialty (6), **and we want to stimulate debate on the likely capacity and demand pressures for eye care services in hospitals over the next 10 years and how we can appropriately meet them, being mindful of the significant increase that is forecast of people aged 85 years or over and in the increase of people with one or more long term conditions**
  
7. In “The NHS Belongs to the People – A Call to Action” (July 2013) NHS England set out a view that more activity needs to be transferred from hospitals to community services in order to meet the sustainability challenges facing the NHS and to improve care and the patient experience, **and we want to stimulate debate on the extent to which this is appropriate for eye care services**

## Key initial findings for debate (4)

8. Demand for hospital eye emergency services is thought to be increasing and eye emergencies are estimated to make up to 6% of admissions for A&E attendances; however, guidance from professional associations (7) suggests that most urgent eye conditions are relatively straightforward to treat outside of hospital settings – **and we want to stimulate debate on the potential role of existing primary care providers and enhanced provision of primary care in reducing pressures on hospital eye casualty units safely and appropriately**
  
9. Many people with sight problems will have multi-morbidities and will have particular needs around quality of life issues including independent living, managing their own health, social support, education and employment **and we want to stimulate debate about promoting an integrated approach to care across health, social and education services, and the potential expertise that resides in community and voluntary groups**

# Questions for discussion



## Our Questions

### **FINANCIAL INVESTMENT**

1. How can we secure the best value for the financial investment that the NHS makes in eye health services?

### **PATHWAYS, PREVENTION AND INTEGRATED SERVICES**

2. How can we encourage a more preventative approach to eye disease to reduce the burden of blindness and vision impairment?
3. How do we encourage individuals to develop personal responsibility for their eye health and sight?
4. How can we increase an understanding of eye health amongst health and social care practitioners in the wider professional network, particularly amongst those who are working with groups at higher risk of sight loss?

## Our Questions

### **PATHWAYS, PREVENTION AND INTEGRATED SERVICES**

5. How can we ensure that all relevant NHS services identify and address potential eye health problems for patients with long term conditions where eye health problems are a known possible outcome?
6. How do we develop an approach to commissioning that makes the best use of the skill mix that is available in hospital and community resources?
7. Can we develop more widely the integrated role of eye health professionals in primary care in the identification and management of chronic or acute disease?
8. What can we do to relieve pressures in ophthalmology departments because of difficulties in discharging patients back into the community?

## Our Questions

### **ACCESS**

9. How can we appropriately increase access and uptake of timely routine sight tests for the general population, including for people at higher risk?

10. How can we improve timely access to eye health treatments and sight loss services for vulnerable or seldom heard groups?

### **USER INVOLVEMENT**

11. How do we best involve service users and their carers in the development, design and delivery of NHS services for eye health?

## Our Questions

**12. In stimulating debate about the potential for transferring more elements of eye care from hospitals to the community we want your views on:**

- a) What is the evidence base to support the suggestion that providing more eye care in the community will prevent eye disease and reduce unnecessary expenditure elsewhere in the health and social care system, and how do we ensure the services are safely delivered?
- b) What are the workforce implications (development / re-structuring / training) to ensure safe and effective services for patients, and how would these be delivered?
- c) What are the IT requirements to support more community care?
- d) What are the information requirements to support more community care?
- e) How do we ensure timely and appropriate access to out-of-hours services?

# Partnership working



This call to action was written with the help and assistance of the following organisations.

## References

- (1) *Future sight loss UK: the economic impact of partial sight and blindness in the UK adult population*; Access Economics Pty Limited on behalf of RNIB, June 2009
- (2) *Future sight loss UK: the economic impact of partial sight and blindness in the UK adult population*; Access Economics Pty Limited on behalf of RNIB, June 2009
- (3) *Eye health data summary: a review of published data in England*; UK Vision Strategy, February 2014
- (4) *Eye health data summary: a review of published data in England*; UK Vision Strategy, February 2014
- (5) *Eye health data summary: a review of published data in England*; UK Vision Strategy, February 2014
- (6) *Eye health data summary: a review of published data in England*; UK Vision Strategy, February 2014
- (7) *Joint commissioning guidance on urgent eye care*; The College of Optometrists and the Royal College of Ophthalmologists, November 2013

## Contact details

Please submit your response by

Online <https://www.engage.england.nhs.uk/consultation/895da3ca>

Email: [england.sfcpc@nhs.net](mailto:england.sfcpc@nhs.net)

Post: Martin Smith, Primary Care Strategies, NHS England, Room 4E56 Quarry House,  
Leeds, LS2 7UE

**By – 12 September 2014**

If you have any questions or comments about this “call to action” please contact Martin Smith (Senior Programme Manager) at [martin.smith8@nhs.net](mailto:martin.smith8@nhs.net) (011382 51040)

You can also follow the conversation on Twitter [#CTAeyecare](https://twitter.com/CTAeyecare)