

10 questions to ask if you are scrutinising local eye health provision



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The Centre for Public Scrutiny

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Local Optical Committees Support Unit (LOCSU)

The Unit was formed in 2007 to help Local Optical Committees (LOCs) meet the challenge for enhanced eye health services as well as acting as a focal point for communication across and between LOCs in their ongoing work as the local voice of the profession.

Association of Optometrists (AOP)

The Association represents its members in the provision of eye care and associated services. Optometrists need to be able to deliver a service which ensures that patients have access to eye care and choice of provider, whether in the community, in their own home for the housebound or in eye clinics.

The Federation of Ophthalmic and Dispensing Opticians (FODO)

The Federation represents registered opticians in business. Our aim is to achieve eye health for all, delivered through world-class services, provided by regulated community-based professionals operating in a competitive environment

Association of British Dispensing Opticians (ABDO)

ABDO is the qualifying body for Dispensing Opticians in the UK.

Introduction

This guide is one of a series designed to help health Overview and Scrutiny Committees (OSCs) carry out their scrutiny work around various health, healthcare and social care topics. Other guides in the series include:

- Child and Adolescent Mental Health Services
- Mainstreaming health services for people with learning disabilities
- Community Pharmacy
- Local Hospitals
- NHS Service Redesign and Reconfiguration
- Assessing Evidence

Why is eye health important for all?

- Sight loss in western society can be even more feared than cancer, AIDS, stroke, heart disease or diabetesⁱ. According to RNIB 100 people start to lose their sight every day. At least 50% of this is preventable through regular sight testing, yet many people are simply not aware of the importance of caring for their eyes. Both smoking and obesity can double the probability of sight lossⁱⁱ.
- The early stages of many eye diseases show no symptoms, so that by the time symptoms manifest themselves, the disease may already be advanced. However, many eye conditions, such as glaucoma, one of the main causes of blindness, are treatable if detected early enough. Regular eye tests are important to check for the early signs of eye disease, which if left untreated, could lead to blindness.
- According to research from the RNIB over two million people in the UK are currently at risk of losing their sight. As the population ages this is set to increase. Demographic forecasts show that by 2021, 40 per cent of the population will be over 50. A significant proportion of sight loss is related to age and one in eight over-75s and one in three over 90s have serious sight lossⁱⁱⁱ.
- Diabetes, and hence diabetic retinopathy, among children and young adults is also increasing and this too will prove a challenge to service providers.
- Research suggests a clear economic case for early and effective intervention. Failure to invest in early detection and treatment of eye conditions means increased spending on health, social care, education and training to support people in the later stages of eye disease. The total costs of sight loss in the UK have been estimated at £4.9 billion a year^{iv}. Indirect costs such as those relating to falls or increased care costs are also significant; for example, the medical cost of falls directly attributable to visual impairment was estimated at £128 million over a 12-month period^v.

NHS eye care services

Optical practices are located on the high street, in supermarkets and in shopping centres. The vast majority provide free NHS sight tests to eligible groups of patients including all children, people aged 60 and over, people on benefits and low incomes, people aged 40 and over who also have a close relative with glaucoma and those people who have been diagnosed with diabetes. (For a full list of who is entitled to a NHS Sight Test in England & Wales please see the NHS leaflet HC11 'Help with health costs,' which is available at www.dh.gov.uk/helpwithhealthcosts)

Many practices also provide extra NHS eye care services such as diabetic retinopathy screening, glaucoma management schemes and pre- and post-operative care for cataract patients. The NHS sight test is centrally negotiated and funded. Other NHS eye care services are commissioned and funded locally. PCTs must ensure that there is provision of the NHS Sight Test in their area, this includes provision of the NHS Domiciliary Eye Care Service. PCTs may also commission services in addition to the sight test such as a glaucoma monitoring scheme, but are not required to ensure provision of these community based services.

Key people to contact when conducting a review into local eye care services;

Local Optical Committee^{vi} and Local Medical Committee
Primary Care Trust
Social Services Department/Local Authority
Patient groups i.e. LINKs
Local low vision or blind society

Glossary of eye care professionals

Optometrists (Formerly known as ophthalmic opticians)

- test sight, prescribe and dispense glasses and contact lenses. They are university trained to recognise diseases and abnormalities in the eye. They are regulated by the General Optical Council.

Dispensing Opticians,

- dispense, fit and supply glasses and if they have undergone further training, fit contact lenses. They interpret a patient's visual and fitting requirements from the prescription. They are also regulated by the General Optical Council.

Ophthalmic Medical Practitioners,

- are doctors who specialise in eye care and are regulated by the General Medical Council.

Ophthalmologists,

- are medically trained doctors who have undertaken further specialist training into eye diseases. They are based in hospital eye clinics. They are also regulated by the General Medical Council.

1. LOCAL NEED

Local health services should be commissioned according to local needs. There is now epidemiological data available for people with glaucoma, low vision, cataracts and age-related macular degeneration, broken down for each PCT and SHA area.

- What epidemiological assessment has the PCT made of the need for community eye care services when planning services?
- Has the PCT used the free National Eye Health Epidemiological Model – www.eyehhealthmodel.org.uk - which provides data on the estimated prevalence of cataracts, glaucoma, low vision and age-related macular degeneration (AMD) for your local area?
- Does the PCT's service planning take account of people with eye health needs from black and minority ethnic groups and others at increased risk of eye conditions?

2. GLAUCOMA SERVICES

What is Glaucoma? Glaucoma is an eye disease which occurs when the nerve, known as the optic nerve, that carries images from the eye to the brain is damaged. This is usually caused by increased pressure in the eye ball. If it is detected early enough, it can be treated and sight loss prevented. A person may not know they have glaucoma until they have lost a considerable part of their vision. This is why it is important to have regular eye tests to detect conditions such as glaucoma in the early stages, before any symptoms occur.

- What assessment has the PCT made of the level of undetected glaucoma?
- Has the PCT commissioned any community based glaucoma monitoring schemes and if so how many?
- Could greater use be made of community optical practices in delivering glaucoma services?
- What is the current waiting time for a patient referred by an optometrist to be seen by an ophthalmologist for diagnosis?
- How many glaucoma patients are being monitored as routine outpatients under the Hospital Eye Service? How many of these could be monitored by optometrists in the community?

- Has the PCT made an assessment of the benefits to glaucoma patients of community based schemes, such as the shared care schemes that have been successful in many parts of the UK for low risk patients?

3. DIABETIC RETINOPATHY

What is Diabetic Retinopathy? Diabetic retinopathy means damage to the tiny blood vessels that nourish the retina, the tissues in the back of the eye that deal with light. Damage to these vessels causes blood leakage, leading to sight loss. The main cause of diabetic retinopathy is diabetes. It can occur as a result of all types of diabetes and if left untreated can lead to blindness.

Diabetic retinopathy is the leading cause of blindness amongst working age adults. Every person with diabetes is entitled to annual screening for diabetic retinopathy on the NHS. Screening for the disease is crucial to ensure early treatment and prevent any sight loss. The NSF for Diabetes target for 100% of patients with diabetes to be screened for diabetic retinopathy by December 2007 was not met by all PCTs. The latest figures published by the Department of Health show that 28 per cent of people with diabetes aged 12 and over did not receive digital retinal screening in the period October 2007 to September 2008.

- Is a diabetic retinopathy screening service available locally?
- If yes, are community optometrists involved in the scheme and does it meet the NSF for Diabetes standards?
- Is the PCT meeting the national target for screening all people with diabetes for retinopathy?
- What is the ratio of patients not attending for appointments, to those who were invited for annual retinal screening, in the last year?

4. CATARACTS

What are cataracts? Cataracts are the clouding of the lens which causes blurred vision. The condition can easily be treated through surgery to replace the lens with an artificial lens.

Recent government policy to increase surgery levels for cataract through the introduction of Independent Treatment Centres has successfully reduced waiting times.

- Is cataract treatment available locally?
- How long do patients wait for surgery once they reach the optimal time for the operation?
- What proportion of patients undergoing cataract surgery, were referred by community optometrists?
- Do you have an optometrist led post-operative monitoring scheme for cataract patients?

5. LOW VISION

What is low vision? Low vision is when a person's sight cannot necessarily be corrected with glasses or contact lenses. Treating low vision is about maximising a patient's eyesight beyond what glasses or contact lenses can achieve, and managing a patient's expectations.

Being diagnosed with permanent visual impairment is an extremely distressing time for a patient. It is therefore crucial that they have rapid access to emotional support and low vision services both at the point of diagnosis and subsequently as the patient needs it.

- What is the waiting time for a patient certified with a visual impairment to receive an assessment for low vision aids and support?
- How does this compare to the national average waiting time for access to support?
- Do local acute hospitals have an Eye Clinic Liaison Officer (ECLO) system? Does the hospital offer point of diagnosis support and rapid referral to social services and local Third Sector support such as Action for Blind People, RNIB and the local blind society?
- How many low vision centres/services are available locally? What is the PCT/Local Authority policy on the provision of low vision aids?
- How quickly do those certified with a visual impairment receive their entitlements to welfare benefits?
- How frequently does the PCT/Local Authority survey users' views of these services?

- How can emotional support and low vision services be improved locally?

6. OLDER PEOPLE

Generally there is a lack of awareness of entitlements to NHS services and help with the costs of glasses, amongst older people and their carers. The problem is compounded by the fact that eligibility criteria is different for NHS Sight Tests and NHS Vouchers, which can be used for full or part payment of a pair of glasses or contact lenses. Many people put up with poor vision because they wrongly believe that it is just part of getting old. Like the rest of the body, the eye changes with age and older people are more at risk of glaucoma, cataracts, diabetic retinopathy, low vision and age-related macular degeneration (AMD –is a progressive eye condition which attacks the macula of the eye, where our sharpest central vision occurs.) However many eye problems can be treated and sight loss prevented if they are caught early. Regular eye tests are the best way to ensure conditions are picked up early and treated, reducing the risk of permanent sight loss. With an ageing population there will be more people at risk of losing their sight.

- What estimate has the PCT made of the number of those aged 60 and over in its area, who have not had a sight test in the last 5 years?
- What has the PCT done to promote the entitlement to free NHS sight tests to those aged 60 and over?

7. NHS DOMICILIARY EYE CARE SERVICES

Those who are housebound due to a physical or mental disability are generally entitled to a free NHS domiciliary eye test in their own home or residential home.

In 2006-07 in England alone, 1.77 million adults received care services at home following a community care assessment and a further 336,000 were permanently resident in care homes.^{vii} The majority of these would have been eligible for a free NHS domiciliary eye test, yet only 310,000 people accessed the service in England in the same period.^{viii}

Ensuring that those patients who are confined to their own homes, have the same access to eye care services as those who can reach an optical practice, is crucial to preserving their sight, reducing the risk of accidents such as falls, improving their quality of life and helping them to stay independent and in their own home for longer.

Research shows over 189,000 people with a visual impairment fall each year at an estimated cost to the NHS of £269 million (University of York 2003.) Many eligible patients are simply not aware of the domiciliary service or whether they are entitled to this NHS service. Those people who are entitled to an NHS Sight Test (see the NHS Leaflet, 'HC11 - Help with Health Costs' for a full list of who is entitled) and are unable to leave their home unaided due to a physical or mental disability, are entitled to receive a sight test in their own home. Many health professionals and carers are also not aware that the service exists.

- Of those people confined to their home, in the PCT's area, how many had a sight test in the last five years?
- What has the PCT/Local Authority done to promote awareness of the domiciliary eye care service to patients, carers and health and social care professionals?
- Does the local falls reduction plan include an assessment of a patient's vision?

8. CHILDREN AND VISION

We are concerned that many schools across the country do not have any kind of visual screening programme. In the absence of a visual screening programme parents and guardians should be encouraged to take their child for a free NHS sight test at an optical practice, as recommended by Health for all Children, 4th report, Hall and Elliman, 2003. Good eyesight is crucial to enable a child to develop at school and socially to the best of their ability. Children with a family history of eye problems are more at risk of developing squint and lazy eye. The eye is still developing up until the age of 7 so if problems are treated early it can make a difference that lasts a lifetime.

Recent research carried out by Aston University, has shown that a large proportion of children are still being left with untreated and undiagnosed sight problems – approximately 1 in 10 Year 8 children (12-13 year olds) and 1 in 20 Year 2 children (6-7 year olds) have uncorrected refractive errors and require glasses but do not have them.^{ix}

- What has the PCT done to promote children and young people's entitlement to free NHS sight tests?
- Has the PCT incorporated eye health, and the importance of looking after a child's eyesight, into a healthy schools programme?

- How does the PCT promote eye health for looked after children?
- Has the PCT commissioned a vision screening service for children in local schools? If yes how many schools offer the service?
- Are school students with low vision and other eye health conditions adequately and routinely supported in their learning?

9. PATHWAYS TO EYE CARE SERVICES

Community eye care services including the NHS Sight Test are widely available in optical practices in the high street. Practices are open evenings and at the weekends and appointments are generally available within 24 hours or even the same day. Barriers to accessing eye care are often due to a lack of awareness of eligibility to NHS Sight Tests and how to go about applying for help with the cost of glasses. For those patients who are not entitled to an NHS Sight Test and have to pay privately, they will still be entitled to treatment on the NHS if further treatment is required following a sight test.

If a patient has a problem with their eyes and they visit their local GP, the GP will usually refer the patient to an optometrist for a sight test or to a hospital eye clinic if the problem is more severe.

- Has the PCT made an assessment of the proportion of patients attending A&E, hospital ophthalmology departments and GPs for eye problems, which could just as easily have been handled in the first instance by community optometrists?
- Has the PCT encouraged other contractors e.g. pharmacists and GPs to refer patients to optometrists when appropriate?
- What information is available to the public on NHS eye health services and how to access them?

10. OTHER

- Does the PCT have an optometric adviser? If not why not?
- Are local community optical practices used to promote healthy living e.g. smoking cessation and weight management? (this can be asked to the PCT & LOC)

- Does the PCT meet regularly with and support the Local Optical Committee?
- What does the LOC believe should be done to improve local eye care services?

BACKGROUND AND USEFUL LINKS

This document supports the aims of the recently published UK Vision Strategy.^x The aims of the UK Vision Strategy are;

- Improving the eye health of the people of the UK
- Eliminating avoidable sight loss and delivering excellent support for people with sight loss
- Inclusion, participation and independence for people with sight loss

Local Optical Committees Support Unit
www.loc-net.org.uk

National Eye Health Epidemiological Model
www.eyehhealthmodel.co.uk

Primary Care Contracting
www.pcc.nhs.uk

UK Vision Strategy
www.vision2020uk.org.uk/ukvisionstrategy/

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ⁱAmerican Foundation for the Blind 2007.

ⁱⁱ Klein BE, Klein R, Lee KE, Jensen SC. Measures of obesity and age related eye diseases. 2001; Ophthalmic Epidemiology 2001;8(4):251-262.

ⁱⁱⁱ Evans J R et al. Prevalence of visual impairment in people aged 75 years and older in Britain. British Journal of Ophthalmology 2002

^{iv}Winyard S. The Costs of Sight Loss in the UK. RNIB 2005

^v Scuffham PA et al. The incidence and cost of injurious falls associated with visual impairment in the UK. Visual Impairment Research 2002 April Vol 4, 1-14.

^{vi} Contact the LOC Support Unit to find out how to contact your Local Optical Committee – email; info@locsu.co.uk

vii Community Care Statistics 2006-07: Referrals, Assessments and Packages of Care for Adults, England; The Information Centre, February 2008

viii General Ophthalmic Services: Activity Statistics for England and Wales, year ending 31 March 2007; The Information Centre, 2007

ix Logan NS, Rudnicka A, Shah P, Gilmartin B and Owen CG. The Epidemiology of Refractive Error in UK Children: The Aston Eye Study Methodology. Investigative Ophthalmology & Visual Science 2007; 48, ARVO E-Abstract 4847.

x www.vision2020uk.org.uk