



Consultation for the UK Vision Strategy refresh Setting the direction for eye health and sight loss services

The Optical Confederation welcomes the opportunity to participate in this consultation, just as we did in the development of the original strategy in 2008, which in our view has stood the test of time. We would like to take this opportunity to re-affirm our wholehearted support for the UK Vision Strategy and our commitment to its overall aims.

Together the Optical Confederation represents the 12,000 optometrists, the 6,000 dispensing opticians and 7,000 optical businesses in the UK provide high quality and accessible eye care services to the whole population. The Confederation is a coalition of the five optical bodies: the Association of British Dispensing Opticians (ABDO); The Association of Contact Lens Manufacturers (ACLM); the Association of Optometrists (AOP); the Federation of Manufacturing Opticians (FMO) and the Federation of Opticians (FODO). As a confederation, we work with others to improve eye health for the public good.

LOCSU (also known as the LOC Central Support Unit) provides quality, practical support to Local Optical Committees (LOCs) in England to help them to develop, negotiate and implement local objectives in respect of primary ophthalmic services. It is a key interface between the optical, representative bodies and the LOCs, facilitating robust lines of communication between the national organisations and the grass roots of the professions.

Before responding to specific consultation questions, we would like to make a number of comments relating to the overall strategy.

Three Strategic Priorities

We fully support the three strategic outcomes of the UKVS and its current structure – which we see as a very successful model of joint working. The three strategic outcomes, in our view, effectively and fairly encompass the whole spectrum of need and care just as they should.

We understand the reason for a 'refresh', building on what works, rather than starting again from first principles, but nevertheless feel the overall structure of this consultation is disappointingly constraining. We would have preferred to see a more open format which allowed scope to comment on the overall direction and how to strike the right balance between the various objectives. While we support all the priorities noted, their number means that it is difficult for the strategy to focus on deliverables. In other words we would like to see the UKVS more clearly linked to specific policy outputs from Government, partners and stakeholders.

We also feel that terminology used in the UKVS could be sharpened up during the refresh in particular the term 'strategic outcomes' in the strategy is incorrect and misleading. We strongly feel these should be re-labelled as 'aims', and flowing from this, 'objectives' rather than 'actions'. This subtle but significant shift in terminology will strengthen the strategy and ensure that its aims and outputs are more easily understood by external stakeholders and those unfamiliar with the UKVS.

As primary care providers and professionals, our main interest lies in ensuring the success of the first strategic outcome: improving the eye health of the people of the UK. As we know half of blindness is estimated to be preventable through early identification and intervention ¹and for this reason we feel that a focus on prevention should remain central to the strategy, and are pleased to see that this will carry forward.

In addition to the public health and compassionate benefits several studies and analyses have demonstrated that significant savings can be delivered through preventing avoidable sight loss which further underlines the case for its inclusion.

Although eye health for all and prevention are our key priorities, we also have important concerns about and roles to play in delivering the second and third strategic outcomes e.g. in case finding, referral and follow-up, low vision provision etc. We therefore fully support the equal weight given to these outcomes in the strategy.

Greater Specificity

A strength of the UKVS in its early years has been its broad nature; however, going forward it would be helpful to see more specific inclusion of at risk and excluded groups whose visual needs are currently not being met. For example, we would wish to see homeless people and people with learning disabilities receiving special attention, built on the model of joint working inherent within the UKVS.

Deliverables and Supporting the work of UKVS Partners

Ideally we would also like to see clearer deliverables contained within the UKVS which can then be carried forward by its constituent bodies. For example the UKVS is well placed to argue in favour of better integration of primary and secondary eye care services through improved IT links. Much of this work is already underway however we see the UKVS as well placed to add momentum and encourage multi-stakeholder buy in.

We would also like to see more proactive adoption of the *Seeing It My Way* principles and their translation into generic commissioning standards that planners and commissioners can adopt in local contacts and services.

Moreover, the UKVS could also encourage the adoption of evidence based national eye care pathways in each of the four UK countries to improve accessibility for patients across a range of conditions and along the patient pathway.

For example in England, the LOCSU pathways for cataract, glaucoma, low vision, learning disabilities, and assessment of primary eye care conditions are tried and tested and appropriate for national roll out.

In Wales, UKVS might encourage the roll out of the 'focus on ophthalmology pathways' which were developed in collaboration (to be delivered via NHS Wales) for cataract, unscheduled care, glaucoma and others that might be developed in the future.

For Scotland and Northern Ireland please refer to the Optometry Scotland and Optometry Northern Ireland responses for specific examples.

¹ Access Economic 2009 Future Sightloss UK

Another pathway in development to consider alongside is the Adult UK Sight Loss Pathway which is expected to launch in 2013.

Refresh of National Strategies

We assume that the refresh of the strategy will also lead to a refresh of the country strategies which we look forward to feeding into. While doing so we would like to see greater coordination of and consistency between the national implementation plans to allow comparison.

For England, the UKVS should ensure it can integrate more fully into the emerging NHS architecture, for example to promote evidence based pathways and provide support for CCGs, HWBs, and LEHNs, and better signposting between health and social care professionals. This work has already started with the UKVS commissioning guidance, however revisiting the UKVS offers an opportunity to tie more clearly the England strategy to specific deliverables linked to the NHS reforms.

For Wales, as noted by Optometry Wales, the Strategy is a key tool to further the development of eye care services and to hold the Welsh Government to account for these commitments.

For Scotland and Northern Ireland, please refer to the responses from Optometry Scotland and Optometry Northern Ireland.

Consultation Questions

Against this background, including our strong support, we would like to make the following comments specific to certain aspects of the strategy:

Strategic Outcome 1

We agree that all of the priority actions noted are important and should remain as priorities. We would like to seek more detail on this outcome with particular reference to identification of key performance indicators and how progress against objectives will be measured. For example, target percentages could be used against deliverables to evaluate progress.

Priority action 1.2 should be updated to make it clear that it is referring to 'Increasing **the public's or population's** understanding of eye health through cross-sector education and campaigns etc.

On public awareness of eye health, we have made significant progress over recent years. To build on this, we would like to see greater creativity to increase awareness by developing a more captivating public health message, for example as dentistry has done to promote oral health with a cosmetic message.

Priority action 1.3 should be updated to make specific mention of 'commissioners of public health'

We suggest an action/objective should be added 'To promote the development and application of ophthalmic public health across the NHS and social care to support the delivery of this strategy (including expanding the evidence base)'.
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Strategic Outcome 2

The wording of this objective is confusing as the actions are focussed on 'delivering excellent support for people with sight loss' rather than 'eliminating avoidable sight loss'. We recommend that the statement is reworded to reflect this.

We agree that all the priority actions noted are important and should remain as priorities. We would caution that there might be too many priorities noted under this section and it might have been helpful if respondents could have ranked these by priority areas for action. As noted above we feel it would help to link the priority objectives to key performance indicators against which we might together evaluate progress. This might mean simply supporting and giving greater profile to programmes initiated by UKVS partners, for example attempts to improve low vision services in the community.

Strategic Outcome 3

We agree that all of the priority actions noted are important and should remain as priorities.

As noted above, we feel that it would help to have clearer actions and deliverables flowing from the 'priority actions' to support ongoing evaluation.

Role and Support from Employers

Strategic Outcomes (SO) 2 and 3 mention employers a few times, e.g. point 3.4 - a positive message about utilising skills in the workplace, but this is absent from SO 1.

We feel that there is significant potential to tap into the skills, goodwill and resources of employers to carry a clear eye health message to their employees, whether VDU users, through health and safety, or fleet drivers. We would like to see more about what employers can or could do rather than what they must do. We think that a range of other groups would be willing to support a clear 'eye health in the workplace' message, including the HSE and Inclusive Employers to name but two, which could effectively echo messages about regular sight testing and support for people with low vision.

Recording Progress

We recognise that delivery of the strategy is a matter for the UKVS plans of the four UK countries but feel it is regrettable that no evaluation of the benefits of the UKVS were included in this 'refresh' consultation. For example the PH Outcome Indicator was an excellent example of a deliverable that we would not have achieved without the UKVS. It would also have been helpful to have some indication of the progress we think we are making towards the Vision 2020 goals.

We hope these comments are helpful and look forward to continuing to be key players within the Strategy for the next five years.

Submitted by Jenny Gowen on behalf of the Optical Confederation and the LOC Central Support Unit.