



**Department of Health consultation – *Healthy Lives, Healthy People:*
Transparency in Outcomes
Proposals for a Public Health Outcomes Framework**

Overview

Together the Optical Confederation represents the 12,000 optometrists, the 6,000 dispensing opticians and 7,000 optical businesses in the UK who 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 Ophthalmic and Dispensing Opticians (FODO).

Our policies have long been the promotion of eye health for all and the prevention of avoidable blindness and sight loss. As part of this we are delighted to be active members of the Eye Health Alliance, a coalition of professional and patients groups which campaigns to reduce avoidable sight loss in the UK. The Confederation is also a member of Vision 2020 UK and the cross-sectoral UK Vision Strategy (a Vision 2020 UK initiative led by the RNIB and involving all four UK Governments).

We welcome the Government's aims for a new Public Health Service and for a new role for local authorities in promoting public health. However, we feel that the omission of eye health in the *Healthy Lives, Health People* strategy is a major oversight. As a consequence, the Royal College of Ophthalmologists, the UK Vision Strategy, the College of Optometrists and the Optical Confederation wrote a joint letter to the Secretary of State for Health to raise our concerns¹.

In eye care, early detection and timely intervention are key both to the prevention of visual impairment and blindness and to avoiding significant downstream costs for both NHS and social services. According to RNIB, 100 people start to lose their sight every day and at least 50% of this is preventable.² We hope therefore that the Government will ensure that this important public health challenge features high on the *Health People, Healthy Lives* agenda. In our sector, this would be particularly welcome in the areas of low vision, visual impairment and blindness support where so much more can be done to promote the proper support, independent living and well-being of people with visual impairment.

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<http://www.rcophth.ac.uk/news.asp?itemid=338&itemTitle=Letter+to+the+Secretary+of+State+for+Health%2C+Andrew+Lansley§ion=24§ionTitle=News>

² www.rnib.org.uk/aboutus/mediacentre/mediareleases/media2009/Pages/mediarelease16sept2009.aspx

We are pleased to have the opportunity to comment on this consultation. We do so from the perspectives of our eye care patients and as providers of community eye care services.

Response

Q.1 – How can we ensure that the Outcomes Framework enables local partnerships to work together on health and wellbeing priorities, and does not act as a barrier?

We agree that the success of the Outcomes Framework will indeed depend on ‘a real shared endeavour’ at the local and regional level. Furthermore, we support the Government’s aim to unlock synergies with the wider role of local authorities in tackling the determinants of ill-health and health inequalities. We also support the proposal to ensure that Directors of Public Health posts are joint appointments between the new Public Health Service and Local Authorities.

In terms of local eye health services, Local Optical Committees (LOCs)³ are well placed in the community with the necessary public health skills to aid front-line delivery to patients⁴. Moreover, LOCs must be involved in the planning and commissioning of local eye care services. They will be able to share their expertise and help elected representatives and officials, as well as GP Commissioners, prepare for their roles in public health. This shared endeavour will be vital to improve the eye health of the local population.

We would like to see this local partnership in eye care reinforced by a specific indicator that aims to protect the nation’s eye health.

Q.2 – Do you feel these are the right criteria to use in determining indicators for public health?

Yes. With regard to our proposed indicator on eye health and reducing avoidable sight loss, increasing the uptake of regular sight tests is an evidence based intervention. Our recommended indicator relates to a major public health issue and improving on this indicator would seriously reduce health inequalities. An indicator of reducing avoidable sight loss would be meaningful to the public and the public health workforce, given that losing your sight is as feared, if not more so than, contracting some terminal illnesses such as cancer.⁵ It would be possible to set SMART objectives, by targeting those most at risk of eye conditions, such as those from BME groups and older people. Progress on monitoring a reduction in the level of avoidable blindness could be measured in the short and medium term by referring to the register of blind and visually impaired people.

³ LOCs are statutory bodies which were established to represent the views of contractors and eye health professionals locally, as well as to give advice to commissioning groups on optical matters. As expert local committees they are funded entirely by contractors at no cost to the NHS.

⁴ A shared agenda in the new world: The role of GP consortia and public health in improving health and wellbeing and delivering effective health care - Final Report of a National Colloquium, February 2011, page 8 <http://www.sph.nhs.uk/sph-documents/gp-colloquium-final-report-1>

⁵ Survey carried out by the American Foundation for the Blind (2007) www.afb.org

Q.5 - Do you agree with the overall framework and domains?

We agree broadly with the domains, however there is a major omission in Domain 4, which should include an indicator for eye health and reducing avoidable sight loss.

Q.6 – Have we missed out any indicators that you think we should include?

Yes. We strongly believe that reducing avoidable sight loss should be included as an indicator in Domain 4, 'Prevention of ill-health', of the public health outcomes framework.

As is now formally recognised in the UK Vision Strategy, (published in April 2008) the most effective public health intervention for eye health is regular sight testing, especially for the most at risk groups. This enables treatable pathologies to be picked up and addressed at an early stage before they become sight threatening, as previously mentioned. With some eye conditions such as glaucoma (tunnel vision), waiting until the patient has started to notice a problem with their eyesight is usually too late as the permanent damage has been done and any sight loss that has occurred cannot be restored.

The risks of visual impairment and blindness are also correlated with ethnic origin, health and social inequalities, where lack of information and late presentation are major problems. This increased risk of visual impairment among minority ethnic groups is examined in detail in a recent report by Access Economics (2009)⁶ [see pages 30-32 for details]. The Public Health Service also therefore needs to focus on increasing access and take up of preventable health services, such as the sight testing service, for disadvantaged or hard to reach groups, as well as those most at risk of treatable eye conditions such as older people.

People need information not only about the availability of services but also the benefits of services or treatments. For example, many people are unaware that a sight test can detect other health problems, such as diabetes, high blood pressure and even brain tumours. Targeted public health promotion campaigns are therefore important. Public health and reducing health inequalities should not be confined to health policy. Working across government to assist in these campaigns can ensure a more targeted approach. For example, when a person receives a letter or other communication about their state pension or benefits, they should be informed of their entitlement to a NHS Sight Test and the health benefits of regular sight tests. This would be an effective way to reach people at a very minimal cost.

A report by Access Economic (2009) found a total of 1.8million people (both eyes) with partial sight (<6/12) and blindness in the UK in 2008. Of these 63.4 per cent had mild sight loss (largely due to refractive error); 24.5 per cent had moderate sight loss and 12.1 per cent

⁶ Access Economics (2009) *Future sight loss UK (1): The economic impact of partial sight and blindness in the UK adult population*

were considered blind. The report also projected an increase of 115 per cent in the numbers to nearly 4 million people by 2050.

The gravity of the challenge facing the public's eye health has also been well illustrated by Professor Nick Bosanquet in his recent report, *Liberating the NHS: Eye Care – Making a Reality of Equity and Excellence*⁷.

Q. 8 - Are there indicators here that you think we should not include?

We would suggest one of the given indicators in Domain 4 should be removed and replaced with an indicator on reducing avoidable sight loss, namely, omit 'smoking rate of people with mental illness', although important, this appears to repeat the indicator in Domain 3 for 'smoking prevalence in adults', which would include all adults including those with mental illness.

Q.12 - How well do the indicators promote a life-course approach to public health?

We feel that in general indicators about public health are a useful tool by which the nation's health can be improved. As above, we feel that there is a significant omission by not including an indicator about eye health.

In the case of eye health, an indicator to reduce preventable sight loss would indeed promote a life course approach to public health. Regular sight tests, especially for at risk groups, can detect preventable eye conditions and facilitates prompt treatment (which is known to improve outcomes for many eye conditions). Moreover regular sight tests, usually every two years, allow people to have appropriate visual correction to go about their daily lives, for example, ensuring drivers have good vision to drive safely. It is also important for people to be encouraged to eat healthily, i.e. eating 5 fruit and vegetables a day, in order to help prevent diseases such as macular degeneration.⁸ It is generally recommended that adults should have a sight test every two years, unless advised otherwise by your optometrist.

The impacts of sight loss on older people are well documented, including the role uncorrected visual problems play in falls⁹ and performance of day to day tasks and, over the past 30 years. In addition, access to school screening services has been increasingly squeezed to the point where we now have large numbers of school children with uncorrected refractive error and children growing into adulthood with correctable squint and amblyopia with all the implications this can have for educational achievement and social inclusion¹⁰.

⁷ Bosanquet, N, *Liberating the NHS: Eye Care – Making a reality of Equity and Excellence*, Dec 2010, Annex 1: Public Eye Health Need – a more detailed analysis, pages 27-32
<http://www.library.nhs.uk/eyes/viewResource.aspx?resid=398122&code=d53b5f8d6ffa145955849a86f586fb74>

⁸ Macular Disease Society, <http://www.maculardisease.org/page.asp?section=220§ionTitle=Nutrition>

⁹ Studies have shown that falls can be reduced by as much as 14% when visual impairment is considered as part of a falls reduction plan (Day L, Filders B, Gordon I et al, *Randomised factorial trial of falls prevention among older people living in their own homes*, BMJ, 325: 128, 2002)

¹⁰ De Zoete, H, *Children's Eye Health, A report on vision screening for Children*, Oct 2007

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