



## **Department of Health consultation on the funding and commissioning routes for public health**

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).

Although we support the most of the Government's proposals on public health and the public health role for local authorities, we are strongly concerned that eye health and role of optometrists and dispensing opticians has been omitted in the public health white paper and the supporting consultation documents, including this consultation on the funding and commissioning routes for public health. This is a major oversight and a missed opportunity. Around 100 people start to lose their sight every day, approximately 50% of which is preventable (source RNIB). Preventable eye pathology has a major impact on people's well-being and their ability to live independent lives. Moreover, not preventing avoidable visual impairment and blindness would impose significant downstream costs on the NHS and social care.

Our concern is that, for years, this major public health challenge has not been addressed. There has never been a Health of the Nation report on eye care or eye health, despite the Department's nominally supporting the World Health Organisation Vision 2020 goals of eliminating avoidable blindness.

The lack of action on eye health already affects many parts of the age spectrum. The impacts on older people are well documented, including the higher risk of falls amongst those with uncorrected visual problems and, over the past 30 years, school screening services have been increasingly squeezed to the point where we now have school children with uncorrected refractive error and children growing into adulthood with correctable squint and amblyopia with all the implications this has for educational achievement and social inclusion.

It is for these reasons that we believe that the omission of any mention of eye health in the White Paper and this consultation document is a major omission and ultimately the public's eye health will suffer as result.

We have also responded to the consultations on the public health outcomes framework and responded to the white paper itself.

**Q1 Is the health and wellbeing board the right place to bring together ring-fenced public health and other budgets?**

Yes.

**Q2 What mechanisms would best enable local authorities to utilise voluntary and independent sector capacity to support health improvement plans? What can be done to ensure the widest possible range of providers are supported to play a full part in providing health and wellbeing services and minimise barriers to such involvement?**

Paragraph 2.7 outlines who will be on the health and wellbeing board and we believe that there must be a statutory duty on these boards to consult local representative committees. As the local voice of expertise in primary care, the local representative committees, who represent providers of primary dental, pharmacy, eye care and medical services, should be consulted. In the case of eye care, ensuring that the Local Optical Committee is able to provide their expertise and advice in relation to eye health services, will be vital to improve the eye health of the local population. With rising levels of avoidable sight loss, placing a huge burden not only on the individual but on NHS and social care services, this major public health challenge must be part of the Joint Strategic Needs Assessment and local health and wellbeing strategies. Utilising the expertise of the Local Optical Committee in a collaborative nature, will ensure the local eye health needs are met.

**Q3 How can we best ensure that NHS commissioning is underpinned by the necessary public health service?**

We agree that some services should be commissioned nationally and some at a local level. In relation to eye health services, we support the measures in the NHS White Paper to commission the NHS sight testing service (General Ophthalmic Services), nationally through the NHS Commissioning Board. We therefore also support the proposal in this consultation document that screening services will be commissioned on behalf of Public Health England via the NHS Commissioning Board (paragraph 2.14)

Public health advice needs to be underpinned by advice from the primary care professions, including optometrists and dispensing opticians. Paragraph 2.16 rightly highlights the public health work of pharmacists and dentists, but does not mention the role of the eye care professions. There are over 12,000 optometrists and 6,000 dispensing opticians working in over 7,000 optical practices. 19.9 million sight tests were carried out in the year to March 2009.<sup>1</sup> Given that, like pharmacists and dentists, optometrists and dispensing opticians see many 'well' patients, optical practices are well placed to promote public health messages and campaigns to the local population, especially to those who might not be accessing other health care services.

**Q4 Is there a case for Public Health England to have greater flexibility in future on commissioning services currently provided through the GP contract, and if so how might this be achieved?**

Yes. Public Health England should have the flexibility to commission services from a range of providers, including from all the primary care providers. For example optical practices are

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<sup>1</sup> Federation of Ophthalmic & Dispensing Opticians, August 2010, 'Optics at a glance 2009.'

currently an under-utilised resource by the NHS. Practices are well placed in communities, in high streets and in supermarkets, and are open on weekends. Optical practices could therefore provide public health services such as smoking cessation services. The Department of Health document, 'Local Stop Smoking Services: Service delivery and monitoring guidance 2011/12' published on 14 March 2011, makes reference to the role of optometry in smoking cessation services. "There is a strong association between smoking and age-related macular degeneration (AMD). Currently, there is no effective treatment for all types of AMD and therefore identifying modifiable risk factors is of great importance. Optometrists therefore provide a further opportunity to deliver very brief advice to smokers, to promote and refer to stop smoking services."

***Q6 Do you agree that the public health budget should be responsible for funding the remaining functions and services in the areas listed in the second column of Table A?***

Yes. In particular we support the proposal that screening programmes, including the diabetic retinopathy screening programme will be commissioned nationally.

***Q7 Do you consider the proposed primary route for the commissioning of public health funded activity (third column) is the best way to: (a) ensure the best possible outcomes for the population as a whole, including the most vulnerable; and (b) reduce avoidable inequalities in health between population groups and communities? If not, what would work better.***

Yes. In particular, as mentioned above we support the proposal for screening services to be commissioned by the NHS Commissioning Board. We also support the proposal for public health services for those in prison to be commissioned by the NHS Commissioning Board, which would include eye care services.

We also support the proposal for local authorities to be responsible for tobacco control, prevention, local initiatives such as falls prevention services and children's public health. However we believe that local authorities should work with Local Optical Committees to ensure that eye health is incorporated into these services, given that reducing avoidable sight loss can make substantial cost savings not only for the NHS but for social services.

Assessing a patient's eyesight needs to be an integral part of a falls prevention service. Studies have shown that falls can be reduced by as much as 14% by treating visual impairment as part of a falls reduction plan. The domiciliary eye care service, which is available to those people who are unable to leave their home unaided due to a physical or mental disability, can reach people who would otherwise be living with correctable and treatable eye problems. Therefore, working with local authorities, eye care professionals can help reduce health inequalities and help more people, especially older people, to live in their own homes for longer, and improve their wellbeing and quality of life.

***Q8 Which services should be mandatory for local authorities to provide or commission?***

As mentioned above local authorities will have responsibility for accidental injury prevention. Falls prevention services should be mandatory and it should also be mandatory for these

services to include assessing and treating or correcting visual impairment. In 1999, 189,000 falls requiring hospital treatment occurred in individuals with visual impairment of which 89,000 were attributed to the visual impairment itself at an estimated cost to the NHS of £128 million<sup>2</sup>. Reducing the number of falls attributable to visual impairment will also help more people to stay active, independent and less reliant on social services. Local authorities should also be required to include the promotion of regular eye tests, for groups that are more at risk of eye conditions, for example, older people, according to local needs, as part of their role to commission prevention and awareness campaigns.

For further information please contact;

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<sup>2</sup> Scuffham, PA, et al. The incidence and cost of injurious falls associated with visual impairment in the UK. *Visual Impairment Research* 2002; 4 (1) 1-14.