

Optical Confederation Submission to the Health Select Committee Inquiry into Public Health

Summary

- We are strongly concerned about the omission of eye health in the Government's *Healthy Lives, Healthy People* strategy. This is a major oversight and a missed opportunity;
- According to the RNIB, the number of people with partial sight or blindness is set to increase by 115 per cent to nearly 4 million people by 2050. Furthermore, 100 people start to lose their sight every day and at least 50% of this is preventable¹.
- 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*².
- Given such a rise in the levels of avoidable sight loss, which place a huge burden not only on the individual, but also on the NHS and social care services, this major public health challenge must be addressed as part of the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategies;
- 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.

Introduction

1. This document sets out the response of the Optical Confederation to the Health Select Committee inquiry into public health. It builds on information already submitted to the Department of Health's consultations on public health.
2. 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 representative 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).

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

² 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=d53b5f8d6ffa145955849a86f586fb7>

3. 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 Royal National Institute for Blind People and involving all four UK Governments). We therefore comment from the perspectives of our eye care patients and as providers of community eye care services.

4. 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. We hope therefore that the Government will ensure that this important public health challenge features high on the *Health People, Healthy Lives* agenda. In particular, this would be welcome in the areas of low vision, visual impairment and blindness support where so much more can be done to promote needs of people with visual impairment.

5. As is now formally recognised in the UK Vision Strategy, (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. 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.

6. 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)³ [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.

7. People need information not only about the availability of services but also the benefits of services or treatments. 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 is contacted about their state pension or benefits, they should be informed of their entitlement to a NHS Sight Test and of the health benefits of regular sight tests. This would be an effective way to reach people at a very minimal cost.

³ Access Economics (2009) *Future sight loss UK (1): The economic impact of partial sight and blindness in the UK adult population*

8. 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*⁴.

Future role of local government in public health

9. 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 which needs to be rectified by the Department of Health.

10. As previously mentioned, given the levels of avoidable sight loss, placing a huge burden not only on the individual, but also on the NHS and social care services, this major public health challenge must be part of the JSNA and the local health and wellbeing strategies.

Arrangements for commissioning public health services

11. We support the Government's proposal that screening services, including diabetic retinopathy screening, be commissioned on behalf of Public Health England via the NHS Commissioning Board⁵.

Structure and purpose of the Public Health Outcomes Framework

12. As the Government noted in *Healthy Lives, Health People*, the success of the Outcomes Framework will depend on a real shared endeavour at the local and regional level. 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.

13. In terms of local eye health services, Local Optical Committees (LOCs)⁶ are well placed in the community with the necessary public health skills to aid front-line delivery to patients⁷. 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

⁴ 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>

⁵ *Healthy Lives, Health People: consultation on the funding and commissioning routes for public health*, Department of Health, Dec 2011.

⁶ 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.

⁷ 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>

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.

14. 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, specifically one to reduce avoidable sight loss as an indicator in Domain 4, 'Prevention of ill-health', of the public health outcomes framework.

15. 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 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 cancer⁸. 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.

16. 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 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, in order to help prevent diseases such as macular degeneration.⁹ It is generally recommended that adults should have a sight test every two years, unless advised otherwise by your optometrist.

17. The impacts of sight loss on older people are well documented, including the role uncorrected visual problems play in falls¹⁰ and performance of daily tasks. 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 inclusion¹¹.

Arrangements for funding public health services

18. We support the proposal that screening programmes, including diabetic retinopathy screening, will be commissioned nationally.

⁸ Survey carried out by the American Foundation for the Blind (2007) www.afb.org

⁹ Macular Disease Society, <http://www.maculardisease.org/page.asp?section=220§ionTitle=Nutrition>

¹⁰ 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)

¹¹ De Zoete, H, *Children's Eye Health, A report on vision screening for Children*, Oct 2007