

Optical Confederation submission to the Health Select Committee's Inquiry on Long Term Conditions

Summary

The Optical Confederation welcomes the opportunity to contribute to the Health Select Committee's inquiry on the way in which the NHS and social care system in England supports people with long-term conditions.

Community optometrists and opticians, through sight testing, case finding and vision correction of people with long term conditions, play an essential role in the new NHS and social care system. They often interact, either in an optical practice or through the domiciliary eye care service, with people who have long term conditions, such as dementia, learning disabilities¹, autism, macular degeneration, diabetes or who are in stroke rehabilitation². Prevention of sight loss for people with these conditions can help them maintain independent lives as far as possible and reduce the need for social care support, which would be necessary if sight were lost permanently.

These community services go above and beyond the sight testing service, yet are not always recognised in this way by commissioners. There is a real opportunity under the current NHS reforms for such services to be recognised as part of an integrated health and social care system.

The Committee is interested in the impact of an ageing population on the health and social care system. Although all age groups can be affected by visual impairment, the main causes of sight loss in the UK have a higher incidence among the over 65s. 1 in 5 people aged 75 and 1 in 2 aged 90 and over are living with sight loss. Yet, around half of all sight loss is thought to be preventable, rising to up to 70% amongst the elderly.³

Given these figures, a corresponding increase in demand for NHS eye care services is likely to follow and careful planning will be required by all health and social care professionals in order to slow, or even to halt, this expected rise. The severity of this future challenge is detailed below. The Government has recognised this issue in two important ways

¹ People with learning disabilities are ten times more likely to have eye problems, but are less likely to receive timely and appropriate care than the rest of the population. Recognising the need to improve access to good eye care services, the new Community Eye Care Pathway for Adults and Young People with Learning Disabilities has been developed by the Local Optical Committee Support Unit (LOCSU). This pathway has been developed in conjunction with two leading charities, Mencap and the SeeAbility, to ensure it reflects the needs of people with learning disabilities and is based on established, successful, learning disability services provided by community optometrists in a number of areas in England. More details can be found via the following link: <http://www.locsu.co.uk/enhanced-services-pathways/community-eye-care-pathway-for-adults-and-young-pe> (Last accessed April 2013)

² A recent survey conducted by LOCSU has shown that more than 85% of practitioners routinely examine stroke patients within their practice and more than 70% would want to participate in any future enhanced eye care service pathway. Further details can be provided, upon request.

³ Tate et al (2005) The prevalence of visual impairment in the UK; A review of the literature

- the inclusion of a preventable sight loss indicator in its public health outcomes framework⁴
- the establishment of Local Eye Health Networks (LEHNs) across all NHS England Local Areas.

1.) Local Eye Health Networks

1.1) The aim is that Local Eye Health Networks (LEHNs) will bring together all local eye health stakeholders in a clinically-led, patient- and population-focussed model to achieve progress against the sight loss indicator locally. This will involve assessing local eye health needs, redesigning pathways as necessary in line with QIPP⁵ principles and maximising the deployment of resources across primary, secondary, social and voluntary sector care for health gain.

2.) IT

2.1) A key factor in the success of this approach will be the interconnectivity of community optical, GP, Choose and Book and hospital eye service IT systems to enable rapid exchange of clinical, referral, financial and audit data. The Scottish Government is already making good progress towards this goal and, as a Confederation, we warmly welcomed NHS England's announcement in June 2012 that they were in the early stages of developing a national specification for primary ophthalmic services (POS) claims and payments, an important first step towards greater connectivity in England and collecting outcomes data. We look forward to working with all relevant stakeholders to achieve integrated IT systems, as mentioned above, as their absence is a major obstacle to integrated eye care.

3.) Diabetes

3.1) The Committee expressed a wish to review in particular services provided for patients with diabetes, as part of this inquiry. Some of the key symptoms that lead to an investigation for diabetes are visual (e.g. blurred vision, variable vision). Most sight loss due to diabetes can be prevented, provided it is diagnosed early and treated promptly. For example, diabetic retinopathy is the leading cause of preventable sight loss in working age people in the UK and early detection through screening halves the risk of blindness. All people with a family history or suspected diabetes should also be encouraged to have regular sight tests to pick up any pathology.

3.2) We support the recommendations made by the All Party Parliamentary Group on Diabetes which calls for retinal screening to be carried out, at least once a year, as part of a person with diabetes' annual review.⁶ These programmes must track

⁴ *Improving outcomes and supporting transparency – Part 2: Summary technical specifications of public health indicators*, Jan 2012, Department of Health, Indicator 4,12,p.77-78

⁵ Quality, Innovation, Productivity and Prevention (QIPP)

⁶ *Delivering Better Diabetes Outcomes in the New NHS*, Report by the All Party Parliamentary Group for Diabetes - <http://www.diabetes.org.uk/Documents/campaigning/Work%20in%20Parliament/appg-delivering-diabetes-outcomes-report-2013.pdf> (Last accessed April 2013)

patients' progress to ensure they receive annual screening and access to prompt treatment and follow-up when needed. Screening services must also have good links with local provider eye departments and Local Eye Health Networks – see above. We welcome the Government's inclusion of non-cancer screening programmes including the national diabetic retinopathy screening programme in its Public Health Outcomes Framework and look forward to working with all relevant stakeholders on the data.⁷

4.) About Us:

4.1) 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 Opticians (FODO). As a Confederation, we work with others to improve eye health for the public good.

⁷ *Improving outcomes and supporting transparency – Part 2: Summary technical specifications of public health indicators*, Jan 2012, Department of Health, Indicator 2.21, page 46