



Social Security Advisory Committee Report on Passported Benefits
Response from the College of Optometrists and Optical Confederation

Introduction

1. We would like to thank the Social Security Advisory Committee for the opportunity to comment on the review of 'passported benefits'.
2. Overall, we welcome the proposed simplification of the benefits system (by moving to a 'universal credit'). We feel it would be genuinely easier for patients to understand with regard to their entitlements, and easier for optical practitioners, practices and the NHS to administer this credit.
3. Before commenting in detail on the questions below, we would like to make some general points about eye care and the public health benefits which flow from the provision of NHS eye care as a passported benefit.
4. There are two equally important elements to NHS eye care that we will refer to in our response below, so we would like to explain them briefly beforehand: the provision of NHS sight testing; and NHS optical vouchers towards the cost of spectacles or contact lenses to those patients that require them.

NHS Sight Testing

5. Passported eye care benefits, such as an NHS sight test or NHS optical voucher, are currently available to adults receiving income support, income-based job seekers allowance, pension credit guarantee credit, income related employment and support allowance (ESA), and those entitled to an NHS tax credit exemption certificate, and their partners; and those named on a low income certificate (HC2 or HC3).
6. NHS sight tests are vital to detecting avoidable sight loss and facilitating access to treatment. In this way, the NHS sight test offers a valuable and cost effective screening service which delivers early and timely detection of a range of sight threatening conditions. A sight test is also an important assessment of an individual's general health. Conditions such as high blood pressure, diabetes or tumours can be detected at a routine sight test.
7. Visual impairment carries a substantial social and human cost which can shorten life, increase the risk of other health conditions, restrict social participation and independence, and impair physical and mental health. The total cost to society of blindness was estimated at £22 billion in 2008.¹ Sight

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

loss is also projected to double by 2050¹, although according to RNIB half of this is estimated to be avoidable through early intervention and diagnosis. Even modest reductions in avoidable sight loss would therefore result in significant health gains and savings in health and social care expenditure over the lifetime of this Parliament and in the future.

8. Surveys of public attitudes indicate that the cost of eye care is a barrier to attending for a sight test.^{2,3} Restricting access to sight testing services to those on low incomes would be likely to reduce their uptake and thereby increase their likelihood of suffering avoidable sight loss. If this benefit was not available, many would otherwise delay attending for a sight test due to concerns about cost and affordability.

NHS Optical Vouchers

9. Following on from an NHS sight test, patients on means tested benefits qualify for help towards the cost of spectacles or contact lenses (an optical voucher) if required.
10. Sight correction might be required for a number of uses, to correct distance or near vision, which we would argue is fundamentally important to every individual's quality of life, safety, employment prospects, and participation in society.

Current System

11. Patients currently complete GOS forms when they attend for an NHS sight test, and to apply for an NHS optical voucher where appropriate. Each patient's entitlement to a sight test or optical voucher is checked by the optical practice. This system functions effectively and ensures that patients can access a sight test when they need one and the responsibility lies with the practice to ensure the patient is eligible.
12. In summary, we have concerns that these significant public health benefits might be lost for people on low incomes, if access to NHS sight testing were further restricted or denied as the benefits system is restructured, placing them disproportionately at risk of sight loss. We would advise that any proposed changes are given careful consideration and consulted on with affected parties to reduce the possibility of unintended consequences which might further increase health inequalities.

Question 1:

At Annex A have we covered the main passported benefits that you are aware of? Please let us know if there are any others that you think should be added to the list.

Response:

Yes, with respect to eye care.

²

http://www.nib.org.uk/aboutus/contactdetails/cymru/camcymru/Pages/preventing_sight_loss_older_people.aspx

³ College of Optometrists (2011) Britain's Eye Health in Focus

Question 2a - If you are responding as an individual:

Please tell us which of the passported benefits are most important to you, and why.

Question 2b - If you are responding as an organisation:

Please indicate which groups of claimants you represent or assist and tell us which of the passported benefits are most important to these claimants, and why.

Response:

Optical practitioners and practices provide NHS eye care services to adults receiving income support, income-based job seekers allowance, pension credit guarantee credit, income related employment and support allowance (ESA), and those entitled to an NHS tax credit exemption certificate, and their partners; and those named on a low income certificate (HC2 or HC3).

In terms of eye health and eye care the most important passported benefits for these claimants are the NHS sight test and the NHS optical voucher.

Please refer to the Introduction (paragraphs 6, 7, 8, and 10) which outlines why these benefits are important.

Question 3a - If you are responding as an individual:

- (i) Do passported benefits influence the decisions you take about *moving into work*? Please give your reasons for believing this and provide any evidence that you have.
- (ii) Do passported benefits affect the decisions you take about *staying in work*? Please give your reasons for believing this and provide any evidence that you have.
- (iii) How, if at all, do passported benefits affect your *quality of life*?

Response:

Not applicable to our response.

Question 3b - - If you are responding as an organisation:

- (i) Do passported benefits influence the decisions people take about *moving into work*? Please give your reasons for believing this and provide any evidence that you have.
- (ii) Do passported benefits affect the decisions people take about *staying in work*? Please give your reasons for believing this and provide any evidence that you have.
- (iii) How, if at all, do passported benefits affect people's *quality of life*?

Response:

It is intuitively clear that people need to be able to see to move into work (for example to have adequate vision to drive safely or to read or operate a VDU screen). We would argue that being having best achievable vision is fundamentally important to move into or to stay in work. Suffering from visual impairment is regularly quoted as a barrier to accessing employment, which results in productivity losses for the economy.^{1,4}

⁴ Ethical Strategies (2003) for Guide Dogs for the Blind Association The Cost of Blindness

For quality of life improvements please refer to the Introduction (paragraphs 6, 7, and 10).

Universal Credit

Universal Credit is a fundamental reform of the benefits system. It will create one single income replacement benefit for working age adults which unifies the current system of means tested out-of-work benefits, tax credits (providing support for claimants with children or in low-waged employment) and support for housing. Detailed implementation plans are being developed and the first new claims for Universal Credit are expected to begin from October 2013. The transition to the new system will take around five years to complete.

Question 4:

What, in your view, are the key issues that need to be considered in the design of passported benefits under Universal Credit, and why? Do these key issues differ for different types of passported benefit? If so, please give details.

Response:

Claimants should be able to access the service in the same way as now. This overall system (as outlined in paragraph 11 above) operates effectively.

We welcome the proposed simplifications in moving to a universal credit which will make it easier for patients to understand their entitlements and for optical practitioners and practices to check eligibility and to administer the system.

As stated above, optical practices are required to check each individual's entitlement to access an NHS sight test or NHS optical voucher. If changes were introduced to the NHS sight testing system, for example if patients needed to apply for pre-authorisation for NHS sight tests in addition to the eligibility check carried out by the optical practices, this would build a delay into the system and impede access to eye care therefore risking avoidable sight loss, with associated downstream costs. This would surely be a retrograde step for public health and well-being.

Question 5:

What are the potential advantages and disadvantages for claimants, delivery agents and advice services of changing the eligibility criteria for passported benefits under Universal Credit?

Response:

There will inevitably be confusion about entitlement to passported benefits once Universal Credit is introduced. We would like to see a Government campaign that clearly explains the changes (much like the introduction of Pension Credit), which also outlines for example eligibility for passported benefits such as NHS eye care and explains the benefits of regular sight tests.

We would welcome greater clarity about entitlements to NHS sight testing and optical vouchers. In our experience there is a great deal of uncertainty about

eligibility, especially with respect to NHS optical vouchers among the older population.

Any reduction in eligibility would inevitably put individuals at risk of avoidable sight loss. However, should the entitlement for NHS eye care services be extended to other groups, for example to those in receipt of Disability Living Allowance, this would lead to the improvement of this group's eye health, with associated downstream savings.

Please also refer to the Introduction (paragraphs 6, 7 and 10) and our response to Question 4.

Designing Universal Credit

Universal Credit aims to improve work incentives by allowing individuals to keep more of their income as they move into work and by introducing a smoother and more transparent reduction of benefits when earnings are increased. The Government also aims to reduce complexity and design a system that is simple for everyone to understand and straightforward to administer.

Under the project's Terms of Reference (see Annex B) SSAC has been asked only to consider suggestions for the design of passported benefits under UC that do not increase costs or complexity.

Question 6:

How might passported benefits under Universal Credit be designed to enhance work incentives at no extra cost? How might this need to vary by type of passported benefit?

Response:

We would propose that individuals maintain their passported benefits until they come off Universal Credit entirely. With respect to eye care a problem may only become apparent once the individual returns to work, for example when driving or concentrating on a near visual task. If NHS eye care benefits were immediately removed, the individual might not be able to afford to have their sight corrected and might lose their job.

Please also the benefits of regular sight testing outlined in the Introduction (paragraph 6, 7, and 10)

Question 7:

How could passported benefits be simplified under UC at no extra cost? What would be the advantages and disadvantages of simplification?

Response:

All of those in receipt of Universal Credit should be eligible for NHS eye care services.

We anticipate that introducing Universal Credit would deliver significant administrative savings to the optical practitioners, practices and the NHS who collectively oversee the operation of the current system.

Question 8:

What would be the implications if in-kind passported benefits became cash benefits under Universal Credit? How, if at all, would these implications differ for different in-kind passported benefits?

Response:

If eye care benefits were to move to becoming cash benefits under Universal Credit, we would have concerns that money would be spent on more pressing and short term needs, and that eye health would be neglected. We fear that this would inevitably lead to an increase in visual impairment. Please refer to Introduction (paragraph 7) for associated downstream costs.

We would therefore strongly recommend maintaining the current system/principle of passported benefits for eye care services.

Question 9:

If passported benefits were to be withdrawn as earnings increased and UC entitlement decreased, how might this be done? How, if at all, would this vary by type of passported benefit and what interactions between different passported benefits need to be considered?

Response:

Please see our response to Question 6

Evidence

In addition to hearing the views of organisations and individuals SSAC is keen to receive information which provides evidence about how passported benefits are valued within the present system and the ways in which they influence people's everyday decisions, particularly with regard to work incentives.

Question 10:

Can you please provide us with details of any research or other evidence, including case studies and specific examples, relevant to our enquiry?

Response:

84% of adults value their sight more than any other sense.³ Fear of sight loss also is stronger than the fear of other disabilities.⁵ Please also refer to the cost barrier outlined in the Introduction (paragraph 8).

As has been outlined in the Introduction and throughout this response, early detection and intervention is key to preventing avoidable sight loss.

Other Issues**Question 11:**

⁵ RNIB (2007) Older People and Eye Tests Report

Are there any other issues relating to passported benefits that you wish to draw SSAC's attention to? Please give details.

Response:

The provision of sight correction (for those eligible) needs to be an integral part of a falls prevention service among the elderly. Studies have shown that falls can be reduced by as much as 14% by treating visual impairment including uncorrected vision as part of a falls reduction plan.

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.⁶ Reducing the number of falls attributable to visual impairment will also help more people to stay active, independent and less reliant on social services.

Individuals on pension credit guarantee credit are currently entitled to optical vouchers, when required. We would caution against restricting or limiting this benefit as wearing incorrect spectacles can increase the possibility of falls, which as above, leads to downstream costs for the NHS.

Question 12:

Do you have any other suggestions to make about passported benefits within UC?

Response:

Not applicable to our response.

We are happy for this response to be made public and we would be available for further discussion on any of the matters raised by this consultation.

For further information about any of the points raised in this response, please contact jennygowen@aop.org.uk.

⁶ 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.