

## **House of Lords long term sustainability of the NHS select committee inquiry**

### **Optical confederation and Local Optical Committee Support Unit – Written Submission**

#### **About Us**

As the voice of UK optics, the Optical Confederation (OC) represents the 13,000 optometrists, 6,000 dispensing opticians, 45,000 support staff and 7,000 optical businesses in the UK who provide high quality and accessible eye care services to the public. We are a coalition of 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). As a Confederation, we work with others to improve eye health for the public good.

The Local Optical Committee Support Unit (LOCSU) provides quality, practical support to Local Optical Committees (LOCs) in England to help them to develop, negotiate and implement local objectives in respect of primary ophthalmic services.

#### **1. Introduction**

**1.1** The Optical Confederation and Local Optical Committee Support Unit welcome this inquiry of the House of Lords long term sustainability of the NHS select committee. The NHS faces a very uncertain future with increasing demand on services as the population ages, and finances continuing to cause considerable concern.

**1.2** The demand for eye health services is rising linked to the growth in the ageing population. The number of people aged 65+ is projected to rise by over 40% (40.77%) in the next 17 years to over 16 million<sup>1</sup>. Advances in medicines and treatments have meant that many eye conditions that have led to blindness in the past, such as Age-related Macular Degeneration (AMD) and Diabetic Maculopathy are now treatable. However, this has increased the demand on hospital eye services. The demand for hospital

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<sup>1</sup> National population projections for the UK, 2014-based, Office for National Statistics, 2015

eye services has increased by 8% from 2013/14 to 2014/15<sup>2</sup>, with 7,073,064 eye related eye patient appointments in 2014-15<sup>3</sup>. It is estimated that 78% of hospital attendances for eye care could be better managed within primary care<sup>4</sup>.

**1.3** The impact of the ageing population on national eye health will be significant. The recent Foresight Project Report<sup>5</sup> on the potential impacts of technology on the UK optical sector to 2030 projected the prevalence of blindness or partial blindness increasing over time. In the 20 year period between 2010 and 2030 it estimated that AMD will have an 80% increase, Cataract a 64% increase, Glaucoma a 52% increase, and Diabetic Retinopathy a 28% increase.<sup>6</sup>

**1.4** With pressures on GPs increasing, and the NHS systematically moving towards a more multi-disciplinary and holistic way of treating patients, community optical practice can and should be playing an important role within a multi-disciplinary approach to the NHS of the future.

## **2. Workforce – Including supply, retention and skills**

**2.1** The optical workforce is flexible and responds to the supply and demand for eye care services within a specific area. With workforce becoming an increasing issue across other parts of the NHS in secondary and primary care, the optical workforce could be utilised more effectively to help relieve workforce pressures elsewhere in the NHS.

**2.2** Hospital Eyes Services (HES) are under enormous pressure and the ophthalmologist workforce is not increasing. The community optical workforce skill-set is significantly under-utilised within primary care services. Currently, there are 2.6 million eye related GP appointments.<sup>7</sup> Most of these appointments could be better managed by optometrists and dispensing opticians who are experts in eye health care in the community.

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<sup>2</sup> NHS Digital, Hospital Outpatient Activity - 2013-14. <http://www.hscic.gov.uk/catalogue/PUB16722/hosp-outp-acti-2013-14-all-atte-tab.xlsx>

<sup>3</sup> NHS Digital Hospital Outpatient Activity 2014 -15 <http://digital.nhs.uk/catalogue/PUB19608/hosp-outp-acti-2014-15-all-atte-tab.xlsx>.

<sup>4</sup> Minor Eye Conditions Service (MECS) Pathway. LOCSU. 2015.

<sup>5</sup> 2020 Heath (2016), Foresight Project Report: A discussion of the potential impact of technology on the UK optical sector to 2030: <http://www.abdo.org.uk/news/foresight-project-report/>

<sup>6</sup> ibid

<sup>7</sup> Sheldrick JH, Wilson AD, Vernon SA, Sheldrick CM. Management of ophthalmic disease in general practice.. Br J Gen Pract. 1993 Nov;43(376):459-62.

**2.3** A lot of routine work currently performed in hospital ophthalmology departments could be safely transferred to the community. This would not only be more convenient and accessible for patients – and result in far fewer people not attending appointments, but would relieve pressure on hospitals and GPs.

**2.4** Ophthalmology oversight and/or training for optometrists and dispensing opticians beyond core skills are required in some areas for more specialist services that can be provided in primary care. Support for this can be provided by Health Education England working through Local Eye Health Networks (LEHNs) and Local Education and Training Boards (LETBs).

### **3. Models of service delivery and integration**

**3.1** Integration of services and better commissioning for acute and chronic conditions based on the needs of the population will be vital if the NHS is to have any chance of being sustainable in the future. Vanguard, Sustainability and Transformation Plans (STPs), and Devolution in Manchester and other regions, are first steps in moving to a more joined-up integrated and holistic approach to commissioning health and social care. The progress of these initiatives will need to be closely monitored and evaluated so that best practice can emerge.

**3.2** It is clear that some of the procedures and outpatient services which are currently delivered by ophthalmologists will need to be delivered outside of the acute sector as they are already running at capacity in many cases. Much of this can be delivered in the community by an up-skilled optical workforce that has been MECS accredited and/or with the Independent Prescribing (IP qualification). Pathways for the commissioning of community eye services have been developed by LOCSU and the Clinical Council for Eye Health Commissioning as below:<sup>8</sup>

- Children's Vision Pathway<sup>9</sup>
- Pre and Post Operative Cataract Service<sup>10</sup>
- Glaucoma Repeat Readings and OHT Monitoring Pathway<sup>11</sup>

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<sup>8</sup> Clinical Council for Eye Care Commissioning, Community Ophthalmology Framework, <http://www.college-optometrists.org/en/utilities/document-summary.cfm?docid=04657CE1-1824-4058-B8C6ADC4E40A9A76>

<sup>9</sup> <http://www.locsu.co.uk/community-services-pathways/childrens-pathway/>

<sup>10</sup> <http://www.locsu.co.uk/community-services-pathways/cataract-referral-and-post-op/>

- Community Eyecare Pathway for Adults and Young People with Learning Disabilities<sup>12</sup>
- Low Vision<sup>13</sup>

**3.3** Some of these are currently commissioned by some CCGs on a case by case basis. The level of transformation is slow, with many people missing out on these services due to the fractured nature of commissioning. While we recognise that CCGs are now well established at the heart of the English health landscape, significant savings could still be achieved across the system by agreeing a national pathway with common standards, outcomes and experience measures that all areas would implement – ideally at one fixed fee to save commissioning costs.

#### **4. Prevention and public engagement - How can people be motivated to take greater responsibility for their own health? How can people be kept healthier for longer?**

**4.1** There is a widely held consensus that a radical upgrade in prevention is the most important factor for ensuring a sustainable future health and social care system; indeed, this is one of the central tenets of the 5YFV. This will require a radical shift in culture among both professionals and members of the public. Government and NHS alike will need to encourage members of the public to take a greater responsibility for their health and wellbeing, cutting the number of medical interventions.

**4.2** Currently in England the General Ophthalmic Services Contract (GOS) delivers 12.8 million sight tests a year, leveraging approximately a further 5.9 million private sight tests at a cost of £250 million to the taxpayer<sup>14</sup>. This makes the national NHS sight testing service one of the best value public health service in the NHS, with sight-testing under GOS playing an important public health role in providing vision correction for those needing it. The early detection of sight-threatening and other health conditions through the eye examination is essential to reduce avoidable sight loss. It is absolutely vital that the NHS funds the sight test appropriately and acknowledges its importance in managing the burden of disease that the NHS increasingly faces.

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<sup>11</sup> <http://www.locsu.co.uk/community-services-pathways/glaucoma-and-omt/>

<sup>12</sup> <http://www.locsu.co.uk/community-services-pathways/community-eye-care-pathway-for-adults-and-young-pe>

<sup>13</sup> <http://www.locsu.co.uk/community-services-pathways/low-vision/>

<sup>14</sup> NHS Digital, general ophthalmic services activity statistics England 2014-15, <http://digital.nhs.uk/catalogue/PUB17930/gene-opht-serv-acti-eng-year-end-mar-15-rep.pdf>

**4.3** Optometrists and dispensing opticians can also participate in public health preventative services such as smoking cessation. There is a well-established link between smoking and AMD and between smoking, obesity and diabetic retinal disease. Smokers double their risk of developing AMD and usually develop the condition earlier than non-smokers.<sup>15</sup> Optical professionals can advise on a range of other issues which can negatively affect both eye health and wider health and wellbeing including harmful alcohol consumption and obesity. The recent Healthy Living Optician initiative launched in Dudley<sup>16</sup>, which follows the established Healthy Living Pharmacy programme, provides a framework for the commissioning of a portfolio of valuable public health services under one 'label' together with a robust accreditation process.

## **5. Digitisation of services, Big Data and informatics**

**5.1** Currently community optical practice suffers from poor connectivity to the rest of primary care and acute services. The aim for a more holistic integrated health services will need robust IT systems in practices, integrated with general medical practice and hospital systems, so that patient data can be exchanged safely and efficiently. This will be key in the future successful expansion of primary eye care services.

**5.2** All that is needed to achieve this in eye care is secure and cost-effective IT connections and more realism about effective and proportionate information governance. NHS England needs to make a relatively small but significant investment to transform the way community optical practices are integrated with the wider NHS and social care in the future and ensure that primary eye care services are fit for the challenges of the future.

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<sup>15</sup> RNIB, smoking and sightloss factsheet: <http://www.rnib.org.uk/eye-health-looking-after-your-eyes/smoking-and-sight-loss>

<sup>16</sup> Dudley Optical Practices to offer health checks in pioneering pilot Dudley Optical Practices to offer health checks in pioneering pilot <http://www.locsu.co.uk/communications/news/?article=163>