



Simon Stevens
Chief Executive
NHS England
Skipton House
80 London Road
London SE1 6LH

2 March 2018

Dear Mr Stevens,

We are writing to NHS England following evidence taken by the All Party Parliamentary Group on Eye Health and Visual Impairment on access to sight tests and glasses among seldom heard groups.

The APPG held an evidence session on 13 November 2017, where we heard from two charities which deliver eye care for people with learning disabilities (SeeAbility) and people who are homeless (Vision Care for Homeless People). We also heard from the Director of Primary Care Commissioning, Dr David Geddes, at NHS England to respond to the points made.

It appears that the national funding, structures and contracting mechanisms for NHS sight tests are directly generating inequalities in eye care for these two vulnerable groups. Tackling this within the NHS sight testing system should in our view be an equalities priority.

As well as NHS England, we are writing to all responsible parties with our recommendations, as well as other governments in the UK, where similar progress is needed. Below we set out the evidence of unmet need and the particular reforms needed.

Evidence of sight problems

There is clear evidence that both groups experience high levels of sight problems, including refractive error and eye health issues.

Of the 1 million adults with learning disabilities in the UK, 1 in 10 will have a serious sight problem and 6 in 10 will need glasses. For children

the risk is higher – they are 28 times more likely to have a serious sight problem than other children. The scale of sight problems also increases with the severity of a person's learning disability.

For the conservatively estimated 40,000 homeless people on the street or in shelters and homeless hostels in England, data indicates 35% would be considered to be functionally visually impaired without spectacles, with a high prevalence of cataract, glaucoma and high exposure to risk factors, such as undetected diabetes or hypertension, or trauma and infection.

Both populations are likely to be in poorer health and have a lower life expectancy, and experience discriminatory attitudes. From the evidence we took, poor access to eye care is exacerbating these issues.

Barriers to NHS sight tests

In many cases, the sight problems and suffering experienced are totally avoidable and preventable, often there is simply a need for the right spectacles. However, we heard how the NHS sight testing system doesn't work for most homeless people and for many people with learning disabilities, leaving their eyesight and personal safety at risk.

In the case of learning disabilities, there is no nationally targeted service or appropriate tariff to deliver sight tests to this high-risk group. We heard how there is a huge disparity in terms of the already significantly underfunded NHS sight test fee of £21.31 to optometrists and what it actually costs to deliver a sight test to someone with severe learning disabilities, particularly in special schools. This can only act as a disincentive to carrying out necessary sight tests.

We also heard how regulations have created an exclusive list of groups who are eligible for free NHS sight tests including 'high risk' groups such as those with a family history of glaucoma, or diabetes. However, learning disability and homelessness are not on this list, meaning some individuals cannot qualify for a free NHS test, no matter how severe their needs may be or how low their resources.

This in turn prevents access to the spectacles they need. Even if these groups do access spectacles they are often prevented by other NHS rules in accessing spares or repairs when needed.

Delivery of sight tests and spectacles to these very vulnerable groups therefore is forced to take place outside of the NHS primary eye care

system and it is often only due to charitable support that individuals are getting access to basic eye care services:

- Vision Care for Homeless People have carried out over 12,000 eye examinations, yet across these clinics only 31% of patients were eligible for an NHS-funded sight test and the current trend in eligibility is downwards.
- SeeAbility has delivered over 1000 sight tests in special schools, and it has found 4 in 10 pupils with no history of eye care and only 7% of pupils ever having been to an optical practice.

It was particularly concerning to hear that domiciliary services in homeless hostels and day centres have almost totally disappeared due to changes to the NHS contract, and that people with learning disabilities are having to visit hospital eye clinics for routine eye tests due to the lack of community alternatives.

This only adds pressure to an already overstretched system of secondary eye care, an area the APPG is currently investigating and will report on later this year. It is both inefficient and expensive to rely on secondary care to fill the gap in community services, particularly as these groups may also find hospital access difficult and not attend appointments.

We are not convinced that sufficient attention or priority is being given to these issues by policymakers. In 2014 NHS England issued a 'call to action' consultation on eye care, which discussed tackling eye health inequalities but no plan was forthcoming. While NHS England has convened a project group in 2017 to discuss reforms for those with learning disabilities, we heard that progress is slow, and that homelessness may only become a priority at some future point.

The lack of any national strategy for eye care in England is part of the problem. With eye care so low down the policy agenda at NHS England and DHSC, there are hardly any officials resourced to deliver change. There are, however, very clear duties on NHS England and DHSC to address health inequalities, which is far easier to do through a national system than had NHS sight tests been devolved to local commissioners.

Recommendations for reform

The following reforms should be implemented to the NHS sight testing 'General Ophthalmic Services' or 'GOS' contract and regulations:

- Homeless people and people with learning disabilities should be eligible for GOS under both Mandatory and Additional services contracts as of right, rather than trying to 'fit' into other eligibility criteria.
- A homeless hostel or day centre, or No Fixed Abode, should be able to be given as a person's address on a GOS form.
- NHS-funded mobile sight testing services should be able to be delivered at an approved homeless hostel or day centre, or GP Practice, with the flexibility for contractors to specify the maximum number of patient slots to be seen, rather than the almost impossible task of giving 3 weeks' notice of names of homeless patients.
- There should be entitlement to a GOS Repair voucher to replace spectacles lost or damaged as a result of homelessness. Homeless people are more likely to have their property stolen, or be assaulted and therefore spectacles might be lost or broken beyond repair sooner than the two-year interval.
- Given the particular vulnerability of the learning disability population, there should be a review of how people are accessing spares, repairs and frames and a regulatory change so that dispensing is by a regulated professional, rather than unregistered staff.

Wider national reforms

New national schemes should be introduced to make these NHS sight testing services more accessible and identifiable:

- There should be a nationally agreed pathway enabling community optical practices to deliver primary eye care services to homeless people with referrals and post-discharge follow-up in the community.
- There should be a national learning disabilities pathway where accredited providers are paid an appropriate fee for sight testing someone with more severe learning disabilities.
- This should be supplemented by a national programme for appropriately funded sight tests and glasses dispensing in special

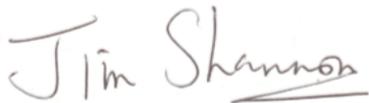
schools, enabling children with some of the most profound needs to access their right to a free NHS sight test.

- Collection of data on access and outcomes for these groups: the forthcoming electronic GOS form change offers an opportunity to include whether the person has a learning disability or is homeless.

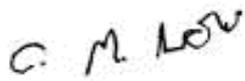
We need to see leadership from those responsible for learning disability, homelessness and equalities within both the NHS and DHSC, and not just optometry, to deliver a duty of care to these vulnerable groups.

We look forward to your response.

Yours sincerely,

Handwritten signature of Jim Shannon in black ink.

Jim Shannon MP
Chair – APPG on Eye Health and Visual Impairment

Handwritten signature of Lord Low in black ink.

Lord Low of Dalston CBE
Co-Chair – APPG on Eye Health and Visual Impairment

Handwritten signature of Neil Coyle in blue ink.

Neil Coyle MP
Co-Chair – APPG on Homelessness

Handwritten signature of Will Quince in blue ink.

Will Quince MP
Co-Chair – APPG on Homelessness



Baroness Hollins
Vice-Chair – APPG on Learning Disability

CC. Dr David Geddes, Director of Primary Care Commissioning, NHS England, Ray James, Director of Learning Disability, NHS England, Steve Brine, Parliamentary Under Secretary of State for Public Health and Primary Care, Jeremy Hunt, Secretary of State for Health, Professor Stephen Powis, Medical Director, NHS England, Amber Rudd, Minister for Women and Equalities and Baroness Williams of Trafford, Minister for Equalities.