

Improving eye health through community optical practice

A briefing for councils



Case studies

Acknowledgements

Shamina Asif

Chair, Dudley Local Optical Committee

Parul Desai

Consultant in Public Health and Ophthalmology
Moorfields Eye Hospital NHS Foundation Trust

Michelle Dyoss

Public Health Practitioner
Office of Public Health, Dudley Metropolitan Borough Council

Stuart Humfrey

Chair, Essex Local Optical Committee

About this publication

As public health authorities, councils across England have responsibility for many public health issues, such as health protection, health promotion and disease prevention. This includes eye health services.

This Local Government Association (LGA), Optical Confederation and Local Optical Committee Support Unit (LOCSU) briefing for councillors, senior council officers and commissioners of services, describes the essential role community optics can play in helping to improve eye health specifically, as well as general health and wellbeing.

The LGA is the national voice of local government, working with councils to support, promote and improve local government. The majority of councils are members of the LGA (411 authorities in total). These members include 349 English councils, the 22 Welsh councils via the Welsh LGA, 31 fire authorities, 10 national parks and one town council.

The Optical Confederation represents the 12,000 optometrists, 6,000 dispensing opticians, 7,000 optical businesses and 45,000 ancillary staff in the UK, who provide high quality and accessible eye care services to the population. It also represents manufacturers, distributors and importers.

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.

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Foreword

Optical practices are located at the heart of their communities, staffed by qualified, experienced clinicians. As trusted professionals, optical practice teams play an essential role in delivering eye health services to their local communities.

Most people associate their local optical practices with sight tests and the dispensing of spectacles and contact lenses. Sight tests are vital for identifying the signs of eye disease and checking the need for vision correction. However, optical practices can perform a much wider role.

At a time of great demand on secondary care, with ophthalmology outpatients constituting the second largest number by speciality, more and more practices have begun to offer a wide range of other NHS funded eye health services beyond sight testing. These include treatment for minor eye problems such as red eye or dry eye, assessments and checks before and after cataract surgery, and screening services.

Healthy lifestyles are good for eye health, and good eye health supports general wellbeing. In addition to being perfectly positioned to be the first point of contact for eye health, community optical practices can also play an important role in delivering wider public health messages and interventions. Recently, the Healthy Living Optician model has been developed, designed to make the most of optical practices' contacts with patients in order to deliver health checks, and provide key information and advice on issues which have a positive impact on both eye health and general health.

At present the potential for community optical practices to improve the eye health and general wellbeing of local communities is not being fully realised. There is great scope to build upon the trust and confidence that patients have in their local optometrists, opticians and optical practice staff in order to improve local health outcomes. This document provides facts, recommendations and examples of good practice to demonstrate the activities – and potential activities – of community optical practices across the country.

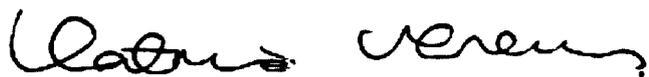
We are delighted to have this opportunity to explain to those making policy and commissioning decisions the contribution and role that optical practices can play to help improve eye health and general wellbeing in their communities.



Councillor Izzi Seccombe
Chair, LGA Community Wellbeing Board



Chris Hunt
Chairman, Optical Confederation



Katrina Venerus
Managing Director, Local Optical Committee Support Unit

Optical roles and bodies' terminology

Optometrists (previously known as ophthalmic opticians) are primary health care specialists trained to examine the eyes to detect defects in vision, signs of injury, ocular diseases or abnormality and problems with general health.¹ Optometrists also make referrals to **ophthalmologists**: medical doctors who commonly act as both physician and surgeon examining, diagnosing and treating diseases and injuries in and around the eye.²

Dispensing opticians advise on, fit and supply the most appropriate spectacles and fit and supply contact lenses after taking account of each patient's visual, lifestyle and vocational needs. Dispensing opticians also play an important role in advising and dispensing low vision aids to those who are partially sighted as well as advising on and dispensing spectacles and contact lenses to children.³

Optical assistants perform a variety of administrative and clinical duties in a practice. They are responsible for preparing patients for eye examinations, as well as carrying out routine visual tests for optometrists, operating relevant equipment and advising patients on frames and style issues.⁴

Local optical committees (LOCs) are statutory local organisations formed to represent NHS ophthalmic contractors and performers, eg on any issues concerning sight testing and other community eye health services, within their areas.⁵

Local eye health networks (LEHNs) are local professional networks established as part of the local NHS England structures to facilitate clinical input and leadership in service improvement and commissioning at local level. LEHNs focus on local needs assessment, quality assurance and improving services in line with national eye health pathways. The LEHNs feed into both the clinical commissioning groups (CCGs) and the health and wellbeing boards (HWBs).⁶

1 College of Optometrists.
http://www.college-optometrists.org/en/college/about-optometry/What_is_an_Optomtrist.cfm

2 Royal College of Ophthalmologists.
<https://www.rcophth.ac.uk/wp-content/uploads/2015/02/Thinking-about-a-career-in-Ophthalmology-sept2015.pdf>

3 General Optical Council.
https://www.optical.org/en/Education/Careers/Pre-registration_home.cfm

4 Optician.
<http://jobs.opticianonline.net/jobs/optical-assistant/>

5 LOCSU.
<http://www.locsu.co.uk/training-and-development/induction-for-loc-officers>

6 LOCSU.
http://www.locsu.co.uk/eyecare-commissioning/local_eye_health_networks

Introduction

Community optical practices provide dedicated care to their local populations. As part of the primary care network, optical practices are often people's first point of contact for eye care and indeed can often be a person's only contact with a healthcare professional.

Community optics and local government share common goals in a number of areas:

1. Prevention

Prevention is high on the Government's health care agenda.⁷ There are three strands to prevention – information, early intervention, and management and mitigation – and optical professionals play a key role in each of these.

- Firstly, they can provide information and advice about risk factors to people who do not currently have eye health problems. This information also helps reinforce general public health messages. This includes the importance of making good lifestyle choices, such as avoiding smoking or weight management, both of which are directly linked to sight loss. Other interventions include emphasising the importance of a balanced diet, which is good for both eye (retinal) and general health.
- Secondly, where a patient has an eye condition such as cataract or glaucoma, optical professionals can carry out essential checks to help determine appropriate referral, intervention and community management.
- Thirdly, optical professionals can monitor long term (eye) conditions and suggest ways to mitigate their impacts. Good examples would be the use of prisms or sun protection for ageing or damaged retinas.

2. Support for independent living and elderly populations

Eye health deteriorates with age. Poor eye health can often lead to depression or other mental health issues, particularly when a patient is already suffering from loneliness or isolation, as can be the case for elderly people. In such situations, optical professionals can assist a patient by ensuring correct and appropriate refraction or by identifying a mental health issue.⁸

Poor eye health can also be a factor in a number of other public health issues, such as falls amongst the frail elderly. Falls are the most common cause of hospitalisation for people aged over 65 and the biggest cause of accidental death in people aged over 75. Optical professionals can play an important role by detecting the risk of falls and asking GPs to enrol patients in a fall prevention programme.⁹

⁷ 'Five Year Forward View.' NHS England. <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

⁸ Hodge S, Barr W and Knox P. 'Evaluation of Emotional Support and Counselling within an Integrated Low Vision Service-Final Report.' RNIB. https://www.rnib.org.uk/sites/default/files/ESaC_final.doc

⁹ 'Focus on Falls.' College of Optometrists. http://www.college-optometrists.org/filemanager/root/site_assets/commissioning/falls/focus_on_falls_report_240414.pdf.

3. Making every contact count

Owing to their community locations, primary care clinicians and staff can help improve the health and wellbeing of local people by making every contact count (MECC). See page 15 for more information on community optical practices and MECC.

4. Developing the local economy

Optical businesses are vibrant and friendly presences on the high street. They range in size from single independent practices to regional and national providers. As a demand-led non-list sector (unlike GP practices), community optical practices offer genuine patient choice and have inbuilt market incentives to do their best for each and every patient. They are also vital local businesses, which employ local people and play their full part in helping local economies to thrive.



Optics and public health

Maintaining good eye health is essential for everyone, including blind and partially sighted people. Poor eye health can lead to sight loss – over 30 per cent of which may be avoided through early identification of sight-threatening pathologies and even more through correcting refractive error.¹⁰ Adults in the UK are more afraid of losing their sight than they are of developing Alzheimer's, Parkinson's or heart disease, or of having to use a wheelchair.¹¹

Eye health is a high priority for the Government: the Public Health Outcomes Framework includes a preventable sight loss indicator.¹² Eye health also interacts with wider public health more generally. In 2015 the VISION 2020 UK Ophthalmic Public Health Committee developed a portfolio of indicators for eye health and care designed to support the national indicator as feeders and to enable the review and monitoring of wider population eye health, care and wellbeing (at national and local level).¹³

13.2 million NHS sight tests are carried out annually, of which 97 per cent take place in 6,000 community optical practices in England and 3 per cent are provided in home settings. In addition, a further 5–6 million private tests are also performed annually.¹⁴ But just as importantly, optometrists and opticians have the professional knowledge and geographical coverage to help deliver public health messages in the heart of the community.

In England, the Public Health Outcomes Framework – Healthy lives, healthy living: improving outcomes and supporting transparency – includes a preventable sight loss indicator.

10 Future of Sight Loss UK (1): The economic impact of partial sight and blindness in the UK adult population. Access Economics (RNIB).

http://www.rnib.org.uk/sites/default/files/FSUK_Report.pdf

11 RNIB.

<http://www.rnib.org.uk/blindness-feared-more-alzheimer%E2%80%99s-parkinson%E2%80%99s-and-heart-disease>

12 'Public Health Outcomes Framework.' Public Health England. <http://www.phoutcomes.info/>

13 'Portfolio of Indicators.' Eye Health and Care. VISION 2020 UK.

<http://www.vision2020uk.org.uk/download/Portfolio%20of%20Indicators%20for%20Eye%20Health%20and%20Care-2015.xlsx>

14 NHS Digital. General Ophthalmic Services Activity Statistics. 2014/15.

<http://www.hscic.gov.uk/catalogue/PUB17930/gene-opt-servacti-eng-year-end-mar-15-rep.pdf>

Healthy Living Optician Model — Dudley Case Study



The Healthy Living Optician (HLO) model has been recently developed in Dudley to ensure that optical practices play their full part in improving eye health and delivering wider general public health messages.

Engagement between local authority public health teams and local optical practices through the LOC has been the key to success. In the case of the pioneering Dudley HLO service, the chair of the LOC approached the local public health team, initially to establish a smoking cessation programme. Dudley Public Health, who had launched a successful Healthy Living Pharmacy service, saw the potential for developing a HLO programme that was much wider in scope than just smoking cessation.

The model makes use of optometrists' contacts with patients during their regular sight tests to begin conversations with them about eye health and general lifestyles. Further conversations in the optical practice can also take place between patients and trained practice staff, known as 'Health Champions'.

For participating practices there are two levels of service delivery within the HLO framework: Level 1: Promotion, which focuses on promoting health, wellbeing and self-care and Level 2: Prevention, which provides services. Initially, HLOs were commissioned to provide Level 1 services, with the aim of moving to Level 2.

A Healthy Living Optical practice will:

- consistently deliver a range of commissioned services to a high quality
- have a team that is well trained and proactive in supporting health and wellbeing, with the community's health at the centre of what it does
- promote healthy living and wellbeing as a core activity
- be accessible and approachable
- be valued and trusted
- offer services in a non-judgemental manner
- maintain premises to a high professional standard with private consultation facilities and good IT facilities

- work closely with other healthcare providers, reactively and proactively
- be identifiable by the public and other healthcare professionals
- have conversations with otherwise healthy individuals.

There have been a number of notable public health interventions already in the Dudley service. From the eight practices participating so far (with three going through the accreditation process currently):

- 92 patients aged between 40 and 74, who had either never had a health check or had not had one in the last five years, had an NHS Health Check between January and June 2016, which aims to identify people at risk of developing cardiovascular disease, stroke, diabetes, kidney disease and dementia, glucose testing and cholesterol
- between May 2015 and June 2016, 6,500 separate individuals over the age of 16 had conversations with optical staff about alcohol consumption: 12 per cent of these were with patients drinking at levels that are hazardous to their health
- 18 individuals have been supported to stop smoking in six months.

The Dudley partnership sees this as only the beginning, with an ambition to at least double the number of local practices involved. As well as the areas of intervention already underway, potential areas include physical activity, oral health, men's health, travel health, sun, breastfeeding, weight management, mental health awareness, cancer awareness, falls assessment and support in older patients, and nutrition advice which can also be related to eye health. In addition, optical professionals can refer patients to other experts and services as required.

Different types of public health intervention have different tariffs paid by the local authority to the practice per activity. For patients in the area, all services are free at the point of use.

In the words of one participating practice in Dudley: "To me, as a health professional, it doesn't seem right to sit back when we know the impact of poor lifestyle. As someone who can help, I want to make a difference. Becoming a Healthy Living Optician practice underlines that."

This service means this difference is now being made in Dudley. The potential for similar services across the country is clear.

Key messages

1. Optometrists and opticians are health professionals and eye experts in the community: community optical practices should be recognised as the first point of contact for eye health.
2. Optical practices can also deliver public health interventions and messages.
3. People should be encouraged to have regular sight tests in order to maintain good eye health as poor eye health can lead to sight loss. More than 30 per cent of this sight loss may be avoided through early identification of sight-threatening pathologies and even more through correcting refractive error.
4. Local eye health networks and local optical committees can support the commissioning process by providing leadership, identifying priorities and re-designing services and pathways to meet patient and population public health needs.
5. Health and wellbeing boards, working with local optical committees can carry out eye health needs assessments to identify where local eye health needs are not being met because of rising demand creating capacity problems.

Did you know?

Over two million people in the UK are living with sight loss. It is predicted that by 2020 the number of people with sight loss will rise to over 2,250,000.¹⁵

- The financial cost of sight loss in the UK is almost £22 billion a year.¹⁶
- Sight tests can correct sight impairment caused by refractive error and detect serious problems such as glaucoma or cataract.
- Approximately 13 million people in England have an NHS sight test every year. The cost to the NHS of this is £250 million – just 0.26 per cent of NHS England's annual budget. A further 5 million have a private sight test.¹⁷
- Every year there are 2.6 million GP appointments and 270,000 A&E visits for acute eye problems.¹⁸ In addition, 10 per cent of all outpatient hospital appointments and 5 per cent of all surgical procedures are eye related. Over the past five years the number of attendances in specialist secondary eye care services has risen by 30 per cent.¹⁹ Ophthalmology outpatients constitute the second largest number by speciality.²⁰
- Changes in vision and sight-threatening eye conditions such as glaucoma and cataracts become more common as people age, so Britain's ageing population means demand for eye services will continue to increase.
- The Royal College of Ophthalmologists estimates that at least 20 patients per month suffer severe – but preventable – sight loss because of delays to hospital follow up appointments.²¹

15 'Key information and statistics.' RNIB.
<http://www.rnib.org.uk/knowledge-and-research-hub/key-information-and-statistics>

16 Future of Sight Loss UK (1): The economic impact of partial sight and blindness in the UK adult population. Access Economics (RNIB).
http://www.rnib.org.uk/sites/default/files/FSUK_Report.pdf

17 'House of Commons Health Committee: Primary Care Inquiry-Eye Health.' Optical Confederation and LOCSU.
<http://www.opticalconfederation.org.uk/downloads/health-select-committee-primary-care-inquiry--optical-confederation-and--locsu.pdf>

18 Sheldrick JH, Wilson AD, Vernon SA, Sheldrick CM. 'Management of ophthalmic disease in general practice.' *British Journal of General Practice*. 1993 Nov; 43(376):459-62; Sheldrick JH, Vernon SA and Wilson A. 'Study of diagnostic accord between general practitioners and an ophthalmologist.' *BMJ*. 1992 Apr 25; 304(6834):1096-8.

19 McEwan C. 'Increasing demand on hospital eye services risks patients losing vision.' Royal College of Ophthalmologists.
<https://www.rcophth.ac.uk/2016/03/increasing-demand-on-hospital-eye-services-risks-patients-losing-vision/>

20 'Hospital Outpatient Activity - 2014-15.' HSCIC.
<http://digital.nhs.uk/catalogue/PUB19608/hosp-outp-acti-2014-15-all-atte-tab.xlsx>

21 McEwan C. 'Increasing demand on hospital eye services risks patients losing vision.' Royal College of Ophthalmologists.
<https://www.rcophth.ac.uk/2016/03/increasing-demand-on-hospital-eye-services-risks-patients-losing-vision/>

- The Clinical Council for Eye Health Commissioning – which includes optometrists, opticians, orthoptists and eye health charities – has developed a framework to support the roll-out of extended primary eye care services at scale and pace at the local level.²²
- Community optical practices see people who may not access other NHS services, and can thus help to reduce health inequalities. These hard to reach groups include people from deprived communities and ethnic backgrounds, asylum seekers, travellers, etc.
- It takes four years to become an optometrist: three in university and a further pre-registration year in practice, and there are a number of post graduate qualifications available to optometrists to enhance their role. Dispensing opticians complete a three-year training programme with a General Optical Council approved training institution.



22 'Primary Eye Care Framework.' Clinical Council for Eye Health Commissioning.
<http://www.college-optometrists.org/en/utilities/document-summary.cfm?docid=8A93D228-AC28-4E6E-98AF94C62C0F8442>

Myth busting

- **Optical practices only test eyesight and sell glasses**

Optical practices provide a wide array of eye care services beyond refraction (testing eye sight) and dispensing (selling corrective instruments such as spectacles).

- **If people visit an optical practice they will always be charged**

NHS funded sight tests are provided to millions of people at no cost to those patients. Where community services or public health services are commissioned by CCGs or local authorities these are also provided to people free at the point of use.

- **Optometrists and opticians are not health professionals. If someone has an eye problem, they need to visit their GP.**

Optometrists and opticians are health professionals: they are highly trained experts of the eye and can provide quality eye care over and beyond that of their GP primary care colleagues, many of who choose to refer patients with eye problems to optometrists.

- **Optical practices do not work with GPs and hospitals**

Optometrists refer patients to their GP or secondary care when this is clinically necessary. They also receive referrals from primary and secondary care.

- **Optical practices provide no public health function**

Optical professionals have a crucial role to play in detecting eye problems and disease before they get worse. They can deliver both eye health and wider health messages and interventions to the public.

RNIB's free sight loss data tool provides estimates of the number of people living with eye conditions and how this will change over time for each local authority in England. Visit [rnib.org.uk/datatool](https://www.rnib.org.uk/datatool)

Making every contact count (MECC)

Optometrists and opticians are in an ideal position to provide public health guidance to their patients at every contact. By engaging with community optical practices, making the most of their location, access, opening hours and availability within communities, local authorities can enlist their support in tackling these wider determinants of health.

MECC is an approach to improving health and reducing health inequalities, developed by NHS England and local government. One route to MECC is to encourage optical practices, as well as other providers, to take a holistic, personalised approach to individuals' needs. For example, someone at higher risk of developing eye health problems might also be a smoker. Smoking doubles the risk of age-related macular degeneration, one of the leading causes of blindness.²³

Their local optical practice could give them advice and support to stop smoking, if commissioned to provide smoking cessation services by the local authority. Similarly, people with diabetes could receive healthy eating and weight management services at an optical practice. Where such services have been commissioned practice staff will be able to make full use of every interaction in the practice setting as an opportunity for making a health promoting intervention.

²³ 'Smoking and sight loss.' RNIB.
<http://www.rnib.org.uk/eye-health-looking-after-your-eyes/smoking-and-sight-loss>

Supporting the development of primary care optical practice

In recent years, community optical practices have become more and more involved in the delivery of routine and minor emergency eye services outside hospital, as well as managing eye health problems. Here we look at two eye health pathways developed by the Local Optical Committee Support Unit (LOCSU) that are provided by different types of optical professionals in the community:²⁴

Minor eye conditions (MECs)

The College of Optometrists defines urgent eye conditions as 'any eye condition which is recent in onset and is distressing or believed by the patient, carer or referring health professional to present an imminent threat to vision or general health'. However, whilst some eye conditions are sight or life threatening and require immediate specialist attention, many common eye conditions can be diagnosed and managed safely, in the community, without the need for specialist intervention.²⁵

A MECs examination provides a timely assessment of the needs of a patient presenting with an eye condition. This is undertaken by an accredited optometrist within suitably equipped premises who will manage the patient appropriately and safely. Management will be maintained within the primary care setting for as many patients as possible, thus avoiding unnecessary referrals to hospital services.

24 LOCSU.
<http://www.locsu.co.uk/community-services-pathways/>

25 College of Optometrists.
<http://www.college-optometrists.org/en/utilities/document-summary.cfm/docid/E50E7E4D-F748-4163-843556DFC5337FC8>

Where referral to secondary care is necessary, eg for emergencies such as possible detached retina, urgencies such as suspected wet AMD and routine further investigations, community optometrists can refer with appropriate urgency including ringing the consultant ahead in cases of emergency.²⁶

Many MECs are now in place across the country, with 30 per cent of CCGs having a service in place. Combined data from 7,861 episodes across six MECs commissioned since April 2013 showed 78 per cent of patients were managed by the optometrist, 17 per cent were referred on to secondary care with more serious problems and 5 per cent were referred to their GP. 92 per cent of patients were likely or extremely likely to recommend the service to friends or family.²⁷

There is much scope for local authorities to work with CCGs to commission MECs. For more information on MECs please see the LOCSU pathway at <http://www.locsu.co.uk/community-services-pathways/primary-eyecare-assessment-and-referral-pears/> and Clinical Council for Eye Health Commissioning's Primary Care Framework at <http://www.college-optometrists.org/en/utilities/document-summary.cfm?docid=8A93D228-AC28-4E6E-98AF94C62C0F8442>

26 LOCSU.
<http://www.locsu.co.uk/community-services-pathways/primary-eyecare-assessment-and-referral-pears/>

27 'House of Commons Health Committee: Primary Care Inquiry-Eye Health.' Optical Confederation and LOCSU.
<http://www.opticalconfederation.org.uk/downloads/health-select-committee-primary-care-inquiry---optical-confederation-and--locsu.pdf>

Low vision

A person is considered to have low vision if they have an impairment of their visual function that cannot be corrected through the use of spectacles, contact lenses, or medical or surgical intervention, and which is adversely affecting their quality of life. There are different types of visual impairment which can be caused by one or more eye conditions, most commonly macular degeneration, glaucoma and cataract, but also diabetes, high myopia, multiple sclerosis, retinitis pigmentosa or albinism.

In the UK it is estimated that one in five people aged 75 and over, and one in two aged 90 and over are living with sight loss. In 2011, 299,000 people in England were registered as sight impaired (blind or partially sighted). Of those, two thirds were over 75 and just over a fifth were of working age. Around a third had an additional disability, with physical disabilities and then hearing impairment being the most common.²⁸

Low vision services utilise the skills of dispensing opticians and optometrists to enable people with sight loss, especially the newly diagnosed, to make maximum and best use of their remaining eyesight and visual function. At present there is no nationally commissioned service for the management of low vision, although there are various locally commissioned services. These local services ensure that those in need receive the most appropriate care and the attention they require.

Commissioners have an essential role in recognising the effects of living with sight loss and the impact this has on the quality of life.

Please see the LOCSU pathway for more details at http://www.locsu.co.uk/uploads/community_services_pathways_2015/adult_low_vision_pathway_rev_14_03_16,_v3_2.pdf

²⁸ College of Optometrists. www.college-optometrists.org/filemanager/root/site_assets/guidance/low_vision_guidance_25_11_13.pdf

Children's screening – case study

With significant local variation in the availability of children's screening, optical practices can play an important part in making sure children's eye health is top of the agenda. An audit of one such service in Sheffield showed the service was valued and highly-regarded, with 95 per cent of respondents rating the service as at least 8 out of 10.

Parents recognise the important nature of this service. One parent commented: "Because I did not know my child's vision was impaired, her school work was deteriorating, but not even the school teachers mentioned this to me."

Another said: "Had it not been for the vision screening service we would have been unaware of my daughter's eyesight problem as she appeared to have no problems with her sight. We are very grateful that the vision screening highlighted my daughter's eyesight problem at such an early age so corrective action could be taken."

Parents noted that among children prescribed glasses 73 per cent showed improved or much improved writing and 83 per cent improved or much improved concentration.

Under the pathway, all reception-age children have orthoptist-led vision screening at school. Those who need further intervention and support are referred to an optometrist in optical practices.²⁹



²⁹ LOCSU.
<http://www.locsu.co.uk/communications/news/?article=122>

Eye health needs assessments

The aim of this assessment is to improve local knowledge of eye health needs in relation to the perceived needs of the local population and to use this to influence the commissioning of suitable eye care services and avoid preventable blindness. LEHNS should support their HWBs to carry out an EHNA as part of the joint strategic needs assessment (JSNA) and joint health and wellbeing strategy (JHWS).

Guidance has also been published for LEHNS delineating their role in setting local eye health priorities through the EHNA, see http://www.locsu.co.uk/uploads/eyecare_commissioning/local_eye_health_networks_-_getting_started_guide_-_november_2013_f.pdf

A robust EHNA will quantify:

- the eye health needs of the local population
- the quality of current eye care and sight loss service provision
- the needs of specific target groups.

EHNAs should be considered as part of the development of the local sustainability and transformation plan that covers local authorities' footprint area.³⁰ The EHNA will help inform the commissioning decisions for primary eye care services taken by the clinical commissioning groups that are within a footprint area.

It is therefore important that EHNAs are reviewed to ensure that they meet the demands of service planning and resource allocation and that they accurately map current eye health needs and future trends.

UK Vision Strategy has resources on the completion of an eye health needs assessment at the link below <http://www.ukvisionstrategy.org.uk/get-involved-england-commissioning-eye-care-and-sight-loss-services-commissioning/needs-assessment>

Examples of eye health needs assessments:

Surrey and Sussex Eye Health Needs Assessment (2015) <https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2015/10/ss-eye-needs-assess.pdf>

Bringing eye health into focus: A summary of eye health need across Durham, Darlington and Tees (2014) http://www.healthwatchcountydurham.co.uk/sites/default/files/ddt_ehna_summary_document_nov_2014.pdf

³⁰ Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21 <https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

Ideas for success

- Support the role community optical practices play in promoting good eye health and as an important contributor to overall patient health and wellbeing.
- Develop the Healthy Living Optician model as the ideal way of making every contact count.
- Commission a new or update an existing eye health needs assessment. While eye health needs assessments do not control market entry (unlike Pharmaceutical Needs Assessments) they still have a vital function in improving local health outcomes by:
 - reviewing eye health services provided by local community optical practices
 - addressing the community's eye health needs.

Guidance Primary Eye Care Framework.
Clinical Council for Eye Health
Commissioning.

<http://www.college-optometrists.org/en/utilities/document-summary.cfm?docid=8A93D228-AC28-4E6E-98AF94C62C0F8442>

- Some councils have carried out scrutiny reviews focusing on eye services. Council scrutiny can play an important role in bringing together public agencies and civil society organisations to establish the extent to which these issues are prevalent in local areas and to ask questions about planning for better outcomes from services.
- HWBs can make sure eye health is part of the joint strategic needs assessment and joint health and wellbeing strategy.
- Engage with local optical committees and

other local organisations. One example of this is in Essex recently where the local authority and local optical committee, with the Local Eye Health Network and the British & Irish Orthoptic Society, successfully worked together to retain the existing children's screening service. It is important to engage as well with trusts, patient groups, CCGs, and social care to identify patterns of patient need and develop an integrated approach to commissioning eye health services.

- Councillors and other members of HWBs can visit optical practices in their areas to find out more about the range of services provided.
- Ensure care home residents attend routine eye tests – 20 per cent of people aged over 75 years and 50 per cent of people aged over 90 have significant sight loss³¹ and for many people correctly prescribed glasses could rectify this situation. When eye conditions go undiagnosed and untreated they can reduce independence and confidence and increase the risk of injury.
- Acknowledge sight loss in dementia care programmes – it is estimated that over 100,000 people in the UK have both sight loss and dementia,³² and this figure is set to rise as the population ages. Effectively supporting people with a dual diagnosis requires specialist care programmes.

³¹ RNIB.
<http://www.mib.org.uk/sites/default/files/Sight%20loss%20stats%20postcard.pdf>

³² RNIB.
https://www.rnib.org.uk/sites/default/files/Dementia_and_sight_loss_leaflet.pdf

- Encourage and empower the voice of people affected by vision loss. These groups are important sources of support and role models for others, as is their participation in commissioning decisions and the design of health programmes.
- Facilitate appropriate access to information and services for underserved populations, such as homeless people. Questions should be raised to determine whether services reach out to diverse communities and are accessible to deprived or marginalised sections of the population.
- Ensure a joined-up approach by fully involving other statutory agencies and council departments, such as social care, housing, education and benefits.

Directory and useful links

Association of British Dispensing Opticians
www.abdo.org.uk

Association of Optometrists
www.aop.org.uk

British and Irish Orthoptic Society
<http://www.orthoptics.org.uk/>

College of Optometrists
www.college-optometrists.org

Federation of (Ophthalmic and Dispensing) Opticians
www.fodo.com

General Optical Council
www.optical.org

Local Optical Committee Support Unit
www.locsu.co.uk

Optical Confederation
www.opticalconfederation.org.uk

NHS Digital
digital.nhs.uk

NHS England
www.england.nhs.uk

Royal College of Ophthalmologists
www.rcophth.ac.uk/about

Royal National Institute of Blind People
www.rnib.org.uk

UK Vision Strategy
<http://ukvisionstrategy.org.uk/>

VISION 2020 UK
<http://www.vision2020uk.org.uk/>



Local Government Association

Local Government House
Smith Square
London SW1P 3HZ

Telephone 020 7664 3000

Fax 020 7664 3030

Email info@local.gov.uk

www.local.gov.uk

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