House of Commons Public Accounts Committee:
Inquiry into the management of adult diabetes services in the NHS

Optical Confederation, College of Optometrists and Local Optical Committee Support Unit

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 whole population. The Optical Confederation also represents manufacturers, distributors and importers. As a Confederation we work with others to improve eye health for the public good.

The College of Optometrists is the Professional, Scientific and Examining Body for Optometry in the UK working for the public benefit.

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

Response

We welcome the Public Accounts Committee's inquiry. The management of diabetes presents important challenges to the NHS in ensuring that we limit damaging health consequences to individuals and do this cost effectively. The nine basic health checks that should be offered to all patients with diabetes represent a very helpful minimum standard to detect symptoms early and avoid preventable health complications such as sight loss and improve outcomes. Whilst the development of the National Service Framework (NSF) has been positive, we share the Committee's concerns about the sometimes patchy way it has been delivered. Unfortunately, postcode lotteries in commissioning, performance and delivery persist within the NHS. For example, the lack of national pathways for eye health in England means that the commissioning of urgent eye care services also remains patchy. 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 through the acceptance of a national framework of primary and community pathways with

common standards, outcomes and experience measures that all areas would implement – ideally at a single tariff, as in Scotland and Wales, to save commissioning and procurement costs.

The rest of this response will focus on the diabetic eye screening component of the NSF and the great potential of optometry to deliver public health and prevention. Diabetic retinopathy (DR) had been the leading cause of blindness amongst working age adults, and screening for the disease has been crucial to ensure early treatment and prevent any sight loss. Recent research has indicated that DR / maculopathy are no longer the primary causes of certifiable blindness amongst working age adults in England and Wales, and the DR national screening programme has been posited as a factor in this change[1] along with better diabetic control. Whilst this is welcome news within the context of an increase in the prevalence of diabetes, we should not be complacent as there are areas for improvement.

Diabetic Eye Screening Programme

A key objective of the Five Year Forward View is, where possible and sensible, to move care from hospital to community care. Diabetic screening is well suited to being delivered in primary care. Indeed it is already being delivered effectively in the community in a number of areas. The successful delivery of diabetic eye screening programmes in the community requires good inter-professional working between ophthalmologists, diabetologists, optometrists, technical and administrative staff.

There is good evidence of the clinical effectiveness of optometry-centred screening programmes for the identification of DR[2]. The maturity of the national programme, and improvements in IT and consistency of audit mean most programmes are meeting the target for screening uptake[3]. Over 95% of screening results are delivered within the 3 week target period. Grading of images has also matured with regular national assessments of quality. Where adequate retinal screening images cannot be obtained, optometrists often carry out the slit lamp assessments to achieve a screening grade. Optometrists have the requisite competence to carry out such tests and should be commissioned to provide this service when images are un-gradable. An area for improvement is the 80% target for patients with an R3 positive screening result receiving a timely appointment and treatment (within 4 weeks of test result). This is often not met in many areas. Healthcare bodies should continue promoting the importance of diabetic eye screening to prevent sight loss, work with patients to improve attendance and ensure that there is sufficient capacity in secondary care to meet the demand for appointments from screening referrals.

Move to a two year interval

[1] Liew et al (2014). "A comparison of the causes of blindness certifications in England and Wales in working age adults (16–64 years), 1999–2000 with 2009–2010". *BMJ open*, 4(2), e004015.
[2] Sellahewa et al. (2014) "Grader agreement, and sensitivity and specificity of digital photography in a community optometry-based diabetic eye screening program". *8*, 1345.
[3] https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-2014-to-2015

One of the biggest potential changes to the DR screening programme will be the mooted move to a two year screening interval for stable low risk patients. Whilst there is evidence that the impact of this change would be low[4], it is important that this change is well managed and evaluated. Any savings should be allocated to focus on groups that require shorter screening intervals and those currently not being reached. Such a move could mean a bigger role for optometrists, including those not involved in screening, to act as a safety net for patients identified. Low risk patients should be strongly encouraged to attend their regular eye test between screening intervals and these patients can be referred if sight threatening risks are identified.

Community optometry centred screening

Most optical practices have retinal cameras and could provide an extensive network of capture sites convenient to the patient. Cost effective investment in IT connectivity for community optical practices would better enable image transmission with NHS partners. The East Cheshire screening programme provides one good example of community optometry screening in an interdisciplinary framework[5]. It is ophthalmologist led, and screening is carried out by optometrists in 52 accredited optical practices based in the community and on high streets, with patients able to choose the site most convenient to them. In Dorset a community based optometry screening programme has been running successfully for over 20 years and has fully met the NSF after the national programme was introduced[6].

The East Cheshire and Birmingham schemes provide an effective model for screening in the community. Optometrists use retinal photo capture and grading of the test is centralised across the service. The Birmingham, Solihull and Black Country screening programme uses a combination of hospital and community settings and has undertaken promotional work targeted at geographic areas and with ethnic groups that have poor uptake rates[7]. It is important that where optometry based schemes are procured, participation is open to all community optical practices that can meet the necessary screening requirements. Organisational barriers to scheme participation should be removed. This allows the available skills and technology of all community optometrists to be used to meet the access, public health and screening needs of the population.

Ophthalmic Public Health

It is important that we make every contact in the NHS count, and there are wider public health benefits to the delivery of diabetic eye screening by optometrists in community settings. Having an optometrist deliver screening enables the delivery of valuable public health advice to at-risk patients by trained healthcare professionals.

---

[4] Taylor-Phillips, S et al (2015) "Extending the diabetic retinopathy screening interval beyond 1 year: systematic review" *British Journal of Ophthalmology*,

[5] East Cheshire diabetic eye screening service: http://www.eastcheshire.nhs.uk/Our-Services/diabetic-eye-screening.htm

[6] Dorset diabetic eye screening programme http://www.dorsetdiabeticeyescreening.co.uk/

[7] Birmingham, Solihull and Black Country diabetic eye screening http://www.retinalscreening.co.uk/

Conversations about the importance of blood glucose levels and blood pressure control can take place with patients who might not otherwise have been in contact with a GP or other services. Where screening is carried out outside of community optometry, screening staff should encourage patients to attend for an annual sight test with their optometrist. This allows for public health messages to be delivered, and for the identification of eye and other health problems unrelated to diabetic screening.

Schemes operating in northern England have also used community optical practices as settings for the delivery of screening for the detection of undiagnosed diabetes. Adults who self-reported at least one risk factor to optometrists were offered a random capillary blood glucose test. The results were that 31.7% of those taking the test had raised random capillary blood glucose levels and were referred on to their GP for further investigations. The report concluded that optometrists could provide an efficient diabetes screening service[8]. Revealingly, 83.8% of users would not have gone elsewhere to have any test done[9].

Another good example of community optometry's role in prevention is the Healthy Living Optician scheme that has been set up by Dudley Local Optical Committee and Public Health Dudley[10]. Smoking cessation, weight loss management and alcohol screening are amongst the services offered. This exemplifies the importance of optometrists being an integral part of the primary care team that can deliver on preventive public health to educate and protect patients and reduce pressures on the wider NHS[11]. The 20 million sight tests that take place each year provide a valuable opportunity to do this. At a time of strained budgets, with GPs facing workload pressures and unable to offer 7-day access, optometrists are ready, willing and able to offer cost-effective urgent eye care and preventive public health to populations - given the right investment.

11th December 2015

[8] Howse et al (2011) "Screening and identifying diabetes in optometric practice: a prospective study". *Br J Gen Pract* 61, 436–42
[9] Howse et al (2011) "Screening for diabetes in optometry practices: acceptability to users". *Ophthalmic Physiol Opt* 31, 367–74
[10] 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
[11] Parkins et al (2014). "The developing role of optometrists as part of the NHS primary care team". *Optometry*, *15*(4), 177-184.