

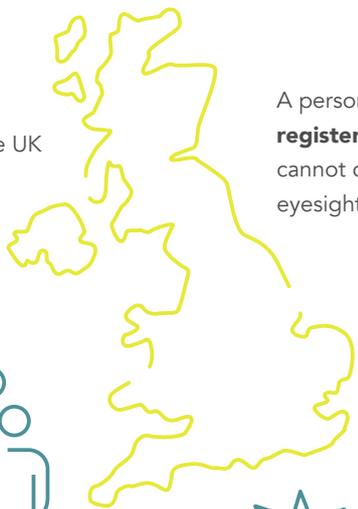
REIMAGINING CAPACITY AND ACCESS TO EYE CARE SERVICES IN THE NHS



IN THE UK:

It is estimated that over **2 million people**¹ in the UK are living with a condition that causes sight loss

Of those, **360,000 people**¹ are registered as **blind or severely sight impaired**



A person can be **registered as blind**² if they cannot carry out work for which eyesight is essential



A person may be **registered as partially sighted** if they are substantially and permanently impacted 'by defective vision, caused by congenital defect or illness or injury'³

Eye conditions have been calculated to cost the UK economy **£25.2 billion** per year⁴...



...this is predicted to rise to **£33.5 billion** by 2050⁴

84% of the economic costs of sight loss lie **outside the health and social care system**⁵



VISION LOSS: THE FACTS

Vision loss – the partial or complete loss of vision – can be devastating. It can put huge limits on how full a life people can lead.⁶

The leading causes of vision impairment globally are:⁷

- uncorrected refractive errors
- age-related macular degeneration
- diabetic retinopathy
- corneal opacity
- cataracts
- glaucoma
- trachoma

DEMAND FOR NHS EYE CARE

Ophthalmology is **the busiest outpatient speciality in the NHS**, with **7.9 million attendances** in 2019/20⁸



Delays to treatment have negative consequences – 22 people a month will suffer severe or permanent sight loss resulting from delays to follow up care¹⁴

1 in 10 patients awaiting specialist treatment were in Ophthalmology as of January 2022⁹

Sight Loss must be treated quickly¹⁰ to prevent worsening of vision

Depending on the person's condition, they may be eligible for pharmaceutical treatments, laser treatments or surgery¹¹

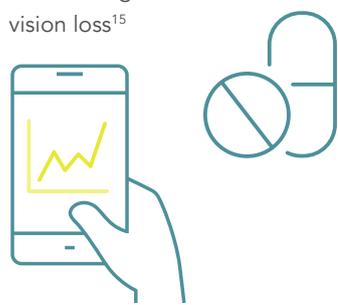
In recent years, demand for eye services has risen rapidly, with referrals from primary care up by 12% since 2013/14¹²

Partly as a result of the COVID-19 pandemic, some patients are facing six-month waiting lists to access care¹³



BURDEN OF TREATMENT FOR PATIENTS

Adherence to medications and appointments is crucial for reducing avoidable vision loss¹⁵



Some chronic eye conditions demand long term monitoring and treatment, requiring regular contact with eye services, sometimes as frequently as every month¹⁶

Some appointments can take up to 12 hours¹⁷ of a patient's time including **preparation, travel, waiting times and post appointment recovery**. This places a large burden on the patient¹⁸



What is more, ocular injections in particular are often a source of **anxiety**¹⁹ for patients with retinal diseases

Fear of injections is one of the most frequent reasons to discontinue treatment¹⁹



STEPS TO TRANSFORM EYE SERVICES TO PRESERVE SIGHT

The **shortage of capacity** in hospital eye services could be alleviated by:

Resolving the shortage in the ophthalmology workforce

A 2018 census by the Royal College of Ophthalmologists found a severe shortage of eye doctors in the UK, with 230 extra consultants and 204 staff and associate specialist posts required over two years.²⁰ This could involve accelerating the number of trainees and upskilling nurses and HCPs.

Avoiding unnecessary referrals to hospital eye services

One study found that 37% of referrals from community optometry to secondary care ophthalmology services were unnecessary.²¹ More recently, Moorfields Eye Hospital piloted a cloud-based triage service and by reviewing patient data after referral found that 52% (54 out of 103) of patients did not require specialist referral.²²

Improving integration between primary, community and hospital eye services

Greater integration between pathways is believed to reduce variation and duplication,²³ ensuring services are co-ordinated²⁴ and patients are seen at the right place and at the right time. Emerging integrated models of care can provide a framework of optometry practices to help alleviate backlogs in eye care by supporting with diagnosis and treatment in the high street primary care setting.

Making optimal use of data

Eye care services would benefit from increased use of technology and better digital communication between HCPs working across ophthalmology and optometry.²⁵



The Eyes Have It is a partnership to promote and champion eye health. These policy proposals are jointly supported by these organisations:

Roche is a pioneer in pharmaceuticals and diagnostics, focused on advancing science to improve people's lives. Roche believes that more can and should be done to improve and protect vision.

The Macular Society is the charity dedicated to beating the fear and isolation of macular disease, by funding world-class research, and providing the best advice and support to those affected by macular conditions.

Fight for Sight is the leading UK charity dedicated to stopping sight loss through pioneering research. We want to create a future everyone can see.

The Association of Optometrists is the leading representative membership organisation for optometrists in the United Kingdom. It supports over 82% of practising optometrists to fulfil their professional roles to protect the nation's eye health.

The Royal College of Ophthalmologists is the professional body for ophthalmologists in the UK, committed to developing and promoting the highest standards of patient care.



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