POLICY RECOMMENDATIONS ON EYE HEALTH

THE EYES HAVE IT

Roche · The Royal College of Ophthalmologists · Fight for Sight · Association of Optometrists · Macular Society Beating Macular Disease

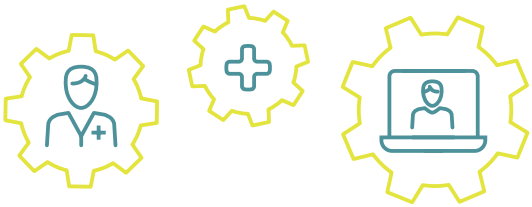
INTRODUCTION

Sight loss – the complete or partial loss of vision which is not fixable by usual means, such as glasses – affects over two million people in the UK.[1] Macular disease, the most common cause of sight loss in the UK,[2] affects more people than dementia.[3]

Loss of vision can severely impact quality of life and emotional wellbeing.[4] Quality of life for people with severe sight loss has been shown to be lower than that of people with depression, arthritis, or advanced breast cancer,[5] and recent polling has found that most people in the UK would prioritise preserving sight over other senses.[6]

The impact of eye conditions is also felt across wider society. Eye conditions are estimated to cost the UK economy £25 billion annually.[7] Ophthalmology is the busiest outpatient speciality in the NHS,[8] and accounts for 10% of the NHS elective care backlog.[9] As the healthcare system looks towards COVID-19 recovery, there is a pressing need to invest in the transformation of eye care services to empower patients, improve efficiency, effectiveness, and patient experience of service delivery, and to future proof eye care in the UK.

To meet these challenges, The Eyes Have It partnership has developed a series of recommendations for eye care services, across three priority areas. We hope they serve as a starting point for discussions of how we can improve pathways for patients now and in the future.



The Eyes Have It is a partnership made up of the Royal College of Ophthalmology, the Macular Society, Fight for Sight, the Association of Optometrists and Roche Products Ltd. Roche provides funding to Ovid Health to act as secretariat to the group. We work to raise awareness of the importance of good eye health and campaign to improve the lives of those with deteriorating eye conditions.

PRIORITY AREAS FOR ACTION

1
Immediate actions

Establishing leadership and accountability to transform eye care services.

2
Medium term actions

Prioritising eye health within NHS service recovery and transformation.

3
Long term actions

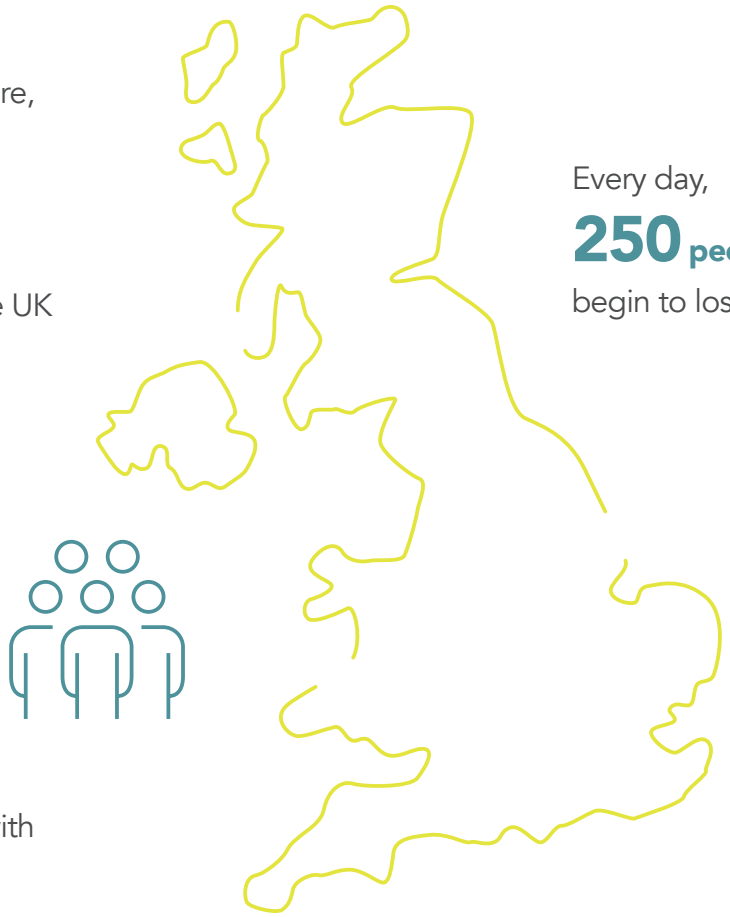
Investing in data and digital transformation, the ophthalmology workforce and future research.

There are many **different eye conditions,** whilst some are rare, many are common.

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

Of those, **360,000 people** are registered as **blind or severely sight impaired.**[2]

It is predicted that by 2050 the number of people living with sight loss in the UK will rise to **3.5 million…**

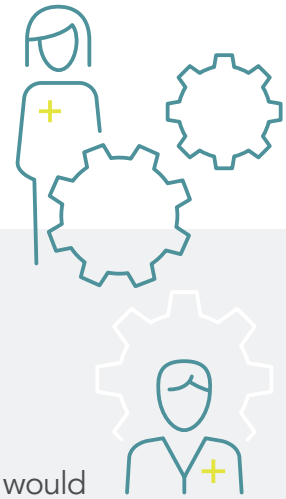


Every day, **250 people** in the UK begin to lose their sight.[3]

…costing **£33.5bn** to the UK economy.[4]

RECOMMENDATIONS

Set out below are our priority areas with short background explanations and our corresponding recommendations.



1

Immediate actions

Establishing leadership and accountability to transform eye care services

Background

In late 2021, ministers announced that a National Clinical Director for Eye Care would be appointed to support service recovery and provide clinical leadership to NHS England's work to transform eye care services.[10] This is a very welcome step, which should provide much needed leadership and accountability to drive forward the transformation of eye care services across primary, secondary and community care in England.

Recommendation

- NHS England should appoint the National Clinical Director for Eye Care without delay and ensure that the responsibilities of the role and lines of accountability into both NHS England and the Department of Health and Social Care are ambitious and clear.

Background

There is currently no single minister with responsibility for overseeing eye care services across the whole healthcare system.[11] This can lead to unclear lines of accountability and makes it harder to ensure that patients receive joined up and timely care across the whole eye care pathway.

Recommendation

- A single minister should be given responsibility for eye care services across primary, secondary and community care, with a focus on ensuring services are joined up and commissioned appropriately. The role should provide oversight for the work of the National Clinical Director and be accountable to Parliament.

2

Medium term actions

Prioritising eye health within NHS service recovery and transformation

Background

During the COVID-19 pandemic, outpatient activity fell dramatically, with just 5.4 million ophthalmology outpatient attendances in 2020/21,[12] compared to 7.9 million in 2019/20.[13] Similarly, one study found that referrals for wet AMD at four major eye treatment hospitals fell by 72% in April 2020 compared to April 2019.[14] As a result, a large backlog of care has developed, with over 600,000 people awaiting ophthalmology treatment as of December 2021, including 27,000 people waiting for a year or more.[15] Given the impact which delaying treatment can have on sight loss, there is an urgent need to clear this backlog.

NHS England's Eye Care Planning Implementation Guidance 2021/22 details steps to improve patient access and deliver the recovery and transformation of eye care services.[16] Areas for action include patient risk stratification, establishing high volume, low complexity surgical pathways, the implementation of standardised integrated care pathways across cataracts, urgent eye care, medical retina and glaucoma, and an increased role for primary care optometry, all underpinned by improved use of digital tools. This high-level policy direction was affirmed in the 2022 NHS *Delivery plan for tackling the COVID-19 backlog of elective care*, which included commitments to establish community diagnostic hubs and surgical care hubs.[17]

Delivering these policy changes will enable better use of finite capacity, helping to clear the outpatient backlog, and allowing patients to receive the right treatment quickly and easily.

Recommendation

- In line with current planning guidance,[18] Integrated Care Systems (ICSs), supported by NHS England, should prioritise actions which alleviate pressure on hospital eye services and save capacity, for example by delivering surgical care hubs and community diagnostic hubs, working with primary care optometrists to support patients in the community where appropriate, risk stratifying patients, providing remote consultations, and utilising virtual clinics.

Innovations in how to manage demand within the secondary care centre should be considered, for example by changing treatment patterns.

Background

In order to deliver service transformation, the whole healthcare system, including primary, secondary and community care, will need a shared vision for reform, and a sustained, long-term focus. However, current planning guidance does not seek to provide this overarching vision or specific measures for progress.

Recommendation

- The National Clinical Director should work with NHS England, the Department of Health and Social Care, patient groups and other key stakeholders to develop and implement a comprehensive national strategy for eye care which brings together primary, secondary and community services to improve outcomes and quality of life for patients with sight loss. This should provide a unified blueprint for transformation, building on current recovery activity and the priorities identified in this document, and should include specific metrics against which to assess progress.
- The National Clinical Director should provide an annual report to the minister responsible for eye care, detailing progress towards the full implementation of this national strategy.

Background

There are a wide range of eye care services provided by the NHS, commissioned through many different bodies. The Royal College of Ophthalmologists, the College of Optometrists and the Association of Optometrists state that commissioners and NHS leaders can make a significant contribution to reducing avoidable referrals, helping to ensure patients are seen in the right place at the right time and reducing the burden of treatment for patients. The Royal College of Ophthalmologists also find that there is no strategic approach to the commissioning of eye health and sight loss pathways, and the distinctions between General Ophthalmic Services (NHS sight test), primary care optometry, community ophthalmology, primary care ophthalmology, and general ophthalmology services are often misunderstood by commissioners and professionals.

Recommendation

- Building on current planning guidance, NHS England should work with patient groups and the Royal College of Ophthalmologists to promote information toolkits for commissioners and healthcare professionals (HCPs) to support effective commissioning.

Background

Community optometry, a privately operated speciality, is the access point to the health service for eye care. This is an unusual arrangement in the context of the NHS, with similarities to dentistry. In some areas, community optometrists, who are highly trained clinicians, can refer directly into secondary care without needing to go via the GP to seek additional medical information. This approach is yet to be adopted nationwide and is a key recommendation for ICSs within current NHS planning guidance, which would streamline care pathways.[21]

Recommendation

- NHS England should monitor the implementation across the country of care pathways that allow for direct referral from community optometry to secondary care ophthalmology.
- ICSs should work with community optometry services to increase uptake of routine eye tests to prevent avoidable sight loss, particularly for hard-to-reach or high-risk populations, utilising the Core20PLUS5 methodology.[22]

Background

The formation of ICSs provides a unique opportunity to join up eye care service providers across their systems, providing more seamless patient pathways to improve patient experience and save capacity through streamlined pathways.

Recommendation

- ICSs should continue to implement current eye care planning guidance,[23] to ensure standardised integrated care pathways for a range of eye care services.
- As ICSs become fully operational from July 2022, they should commission services in such a way as to enable the full integration of optometry and ophthalmology services.

3

Long term actions

Investing in data and digital transformation, the ophthalmology workforce and future research

Background

Even before COVID-19, there was a strong desire to expand the use of digital tools and platforms for patient record-keeping, referral and appointment management and digital diagnosis.[24] The pandemic has accelerated this trend and has turned attention to the potential of remote appointments.

Following the *Getting It Right First Time (GIRFT) Ophthalmology report,*[25] the speciality was identified as a therapy area of focus for digital transformation at a national level.[26] *The National Eye Care Recovery and Transformation Programme* retains this focus on digital transformation.

Recommendation

- Ophthalmology should be recognised at all levels as a trailblazer in the capture and use of health data and technology. The Department of Health and Social Care should ensure the NHS and its provider organisations have the infrastructure in place to routinely capture meaningful data in ophthalmology and analyse how this data can improve services. This should include mandating streamlined data sharing between all providers of NHS eye health services: from high street optometrists to private providers, to NHS primary, community, and hospital care service organisations.

Background

The National Ophthalmology Database Audit is run by the Royal College of Ophthalmologists to support improvements in cataracts and AMD services and perform feasibility studies for audits on other eye disease areas.[27] The audit does not reach all eye care providers and relies upon fees and sponsorship to operate.

Recommendation

- NHS England should work with the Royal College of Ophthalmologists to expand the scope and reach of the National Ophthalmology Database Audit to cover all ophthalmology services and eye conditions in England.

Background

NHS England (building on the previous work of NHSX) is promoting digital platforms with the potential to reduce duplication in appointments, shorten the time between referrals and treatment or enable optometrists to access specialist advice and guidance, where possible avoiding unnecessary referrals.[28] Efforts are underway to use remote triage to determine which referrals from community optometry require an appointment in a secondary care ophthalmology centre.[29] This triage would ensure that those with the most urgent needs are seen sooner and waiting lists reduced, thereby increasing capacity for new and existing patients. NHS England has also recognised the need for interoperability between primary and secondary care data systems for record and image sharing (e.g., retinal scans).[30]

Recommendation

- NHS England should work with patient groups to track the success of digital tools in terms of treatment adherence and patient experience, hospital capacity saved, and health outcomes, ensuring that patient choice is embedded into clinical practice.
- NHS England should oversee the national roll out of the remote consultation service (piloted at Moorfields Eye Hospital), to avoid hospital and primary care visits across the country where appropriate (without limiting access to services for digitally excluded patients).
- NHS England should maximise the use of home-monitoring tools which empower patients to manage their conditions in the community with appropriate support, and electronic eye care referral systems which enable secure sharing of patient data.
- ICSs should monitor emerging technologies and endeavour to adapt pathways to make use of innovative solutions that reduce patient burden and concurrently release capacity in the system.

Background

The introduction of NHS Quality and Outcomes Framework (QOF) points for diabetic retinopathy[32] is said to have driven improvements in attendance to treatment and collection of clinical outcome data,[33] with one study suggesting these indicators are associated with reduced incidence of sight-threatening diabetic retinopathy.[34]

Recommendation

- NHS England should consider providing reporting incentives to NHS-commissioned eye care providers for other major eye health conditions (such as AMD) to increase uptake of the National Ophthalmology Database.

Background

There is currently pressure on hospital ophthalmology services due to high demand, exacerbated by the COVID-19 backlog of elective care.[35] As a result, healthcare providers are exploring how to make the best use of the different skills within the multi-disciplinary eye care team across primary, secondary and community care.[36]

Recommendation

- Health Education England should support nurses and other healthcare professionals to develop their skills, so they can take on new responsibilities including relating to aspects of care currently performed by ophthalmologists, such as diagnosis, monitoring, and treatment, to save capacity in the system. This could include working collaboratively with the Royal College of Ophthalmologists' Ophthalmic Practitioner Training Programme.[37]

Background

The most recent ophthalmology workforce census carried out by the Royal College of Ophthalmologists found a severe shortage of ophthalmologists and clinic space to manage increasing demand for services.[38] The census found that 230 extra consultant ophthalmologists and 204 staff and associate specialist posts would be required over two years to meet predicted rises in demand.[39]

This shortage in capacity leads to challenges in patient care, with delayed follow up (both at the time of diagnosis and during ongoing care) found to be a factor in sight loss.[40] Research has suggested that between 15 and 22 patients a month will suffer severe deterioration of vision (including permanent sight loss) resulting from delays to follow up care;[41] the progressive nature of illnesses such as wet AMD means that delays to treatment typically result in poorer outcomes.[42]

Recommendation

- Health Education England should accelerate and increase the number of trainees entering the optometry and ophthalmology specialities, for example through incentive schemes, to increase workforce capacity.

Background

Treatment options for conditions which cause sight loss are highly variable. A routine, regular appointment for a patient with wet age-related macular degeneration will often take two to three hours in hospital;[43] appointments can sometimes be as frequent as every month.[44] For some patients, the time impact per appointment can be up to 12 hours including preparation, travel, waiting times and post-appointment recovery.[45] Taken together, this contributes to challenges around treatment burden and adherence. Additionally, treatment for wet age-related macular degeneration is only effective if administered quickly before there is permanent scarring to the macula.[46]

In addition, some conditions lack effective treatment altogether. Dry age-related macular degeneration, for example, cannot currently be treated.[47]

Recommendation

- The National Clinical Director should work with patient organisations, clinicians, and research bodies to develop a detailed sight loss research strategy, identifying specific areas of focus to address current unmet needs and improve patient care.
- Sight loss should be identified as a research priority by the Chief Medical Officer, with a themed call for sight loss research launched by the National Institute for Health Research, building on the sight loss research strategy.
- The Medical Research Council should increase funding for sight loss research, with a view to establishing a UK sight loss research centre.

DEFINITIONS

Ophthalmology[48] is a branch of medicine dealing with the diagnosis, treatment and prevention of diseases of the eye and visual system.

Ophthalmologists[49] are medically qualified doctors who specialise in eye care, dealing with the diagnosis, treatment, and prevention of diseases of the eye and visual system.

Optometrists[50] are not doctors, but are highly trained clinical specialists, ordinarily based in high street opticians, who can recognise, treat, and write prescriptions to help manage most common eye conditions and anomalies. An eye examination can also uncover problems with general health, such as high blood pressure or diabetes.

The key eye conditions mentioned in this document are as follows:

Age-related macular degeneration (AMD)[51] is the biggest cause of sight loss in the UK, affecting around 600,000 people. Around one in 200 people has AMD at age 60, rising to one in five by age 90. There are two forms of AMD, dry and wet.

Dry age-related macular degeneration[52] is a gradual deterioration of the macula as the retinal cells die off and are not renewed. There is currently no treatment for dry AMD, so patients tend not to be referred.[53]

Wet age-related macular degeneration[54] develops when abnormal blood vessels grow into the macula. These leak blood or fluid which leads to scarring of the macula and rapid loss of central vision. Wet AMD can be treated if caught early.[55]

Diabetic retinopathy[56] is a complication of diabetes in which high blood sugar levels damage the retina. The condition can cause blindness if left untreated.

Diabetic macular oedema (DMO)[57] is the most common cause of sight loss in people with diabetes. Leaky vessels cause fluid to build up, damaging the macula.

Glaucoma[58] is a common eye condition where the optic nerve becomes damaged. It is usually caused by fluid building up in the front part of the eye.

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, founded in 1988, is an independent professional body and one of the Medical Royal Colleges.

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