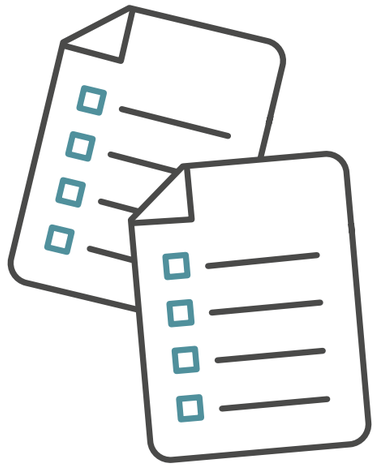
A Shared Vision for Eye Care

The Eyes Have It (TEHI) is a partnership of the Macular Society, Fight for Sight, Royal National Institute of Blind People (RNIB), Association of Optometrists and Roche Products Ltd. **Roche has funded the activities of the partnership.**

In August 2026, TEHI distributed a survey to understand people's experiences of NHS eye care across the UK, receiving almost 300 responses (n=298). The survey provided important insight into the priorities for people accessing eye health and care services, for conditions including macular degeneration, glaucoma, cataracts and diabetic retinopathy. It also highlighted the common challenges faced in securing access to timely care, treatment and support.

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For many people living with sight loss or an eye condition, care can span many years and involve several stages, from diagnosis to ongoing monitoring, treatment and follow-up. Responses to our survey revealed that across this journey, patients consistently highlighted the importance of receiving timely care, feeling supported between appointments, and having confidence that services are working together to detect their condition early, prevent avoidable sight loss and deliver the best possible outcomes.

This summary translates these findings into a consolidated vision for what good care looks like for patients.

Our Vision for Every Patient

Everyone should be able to access the right eye care, in the right place and at the right time; supported throughout their care journey and empowered with the information, support and confidence needed to live well at every stage of their condition.

1. Information that gives people confidence and control

Clear, consistent and personalised communication should be a fundamental part of eye care services. Everyone should have access to trusted information on their diagnosis, treatment and progress, as well as practical information on what to expect throughout their care journey and who to contact if and when their condition changes.

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2. Timely and dependable care

Assessment, treatment and follow-up across community optometry, hospital eye services and specialist care, should take place at clinically appropriate intervals. Care should be dependable, including timely hospital appointments, sufficient notice and clear direction when plans change. Responsibility for maintaining continuity of care should rest with the care provider, not with patients having to chase overdue follow-up appointments or correct gaps in their care.

3. Support to live well

People living with sight loss or a condition that impacts their vision and may lead to sight loss should be directed to practical and emotional support that helps them maintain independence, confidence and quality of life. This should include access to an Eye Care Liaison Officer (ECLO), or equivalent support, alongside timely access to specialist care and clear signposting to relevant charities, peer support networks and community services.

4. Access without barriers

Access to services and care should reflect the realities of everyday life. Distance, transport, work, caring responsibilities and reliance on others should be considered when designing and delivering services. Care closer to home should be available where clinically appropriate, while preserving access to specialist expertise when it is needed.

5. Inclusion by design

The principle of inclusion should be built into all aspects of eye care service design and transformation from the outset. The needs of people living with sight loss or visual impairments must be considered in every patient communication, with genuinely accessible digital communication routes available alongside maintenance of non-digital routes for those that need them.

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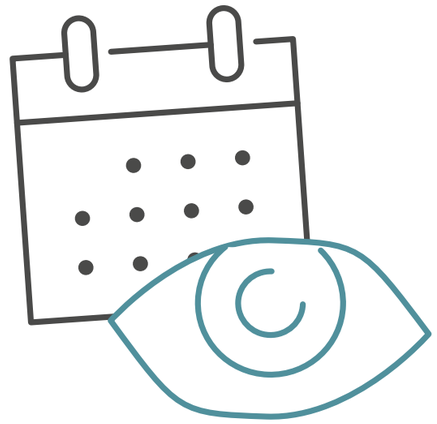
What this means throughout the patient journey

The following five principles describe the standards that should guide eye care service delivery and system transformation. Across the pathway, care should be accessible, inclusive and responsive to individual needs. This means:

Before care: Appointments should be timely; booking routes, communication and information should be accessible; and sufficient notice should be given when changes are unavoidable to enable patients time to plan their attendance.

During care:
Clinical discussions should be clear and personalised; patient questions should be encouraged; and advice on where to access holistic support services should be offered during each appointment.

After care:
Next steps and follow-up timelines should be clear, with patients having a named point-of-contact to speak to if care does not proceed as planned, or if their condition changes.



Alongside care: Practical, emotional and social support should be signposted and accessible between clinical appointments.

Across the pathway: Information and patient records should connect community optometry, primary care and hospital eye services together, providing a full picture of a patient's history and needs at every stage of their care.

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Delivering this vision will require continued commitment to research, innovation and sharing of best practice. Effective approaches already exist across the NHS, including community-based care models, digital referral pathways and integrated support services. Systems should identify, evaluate and spread good practice to improve outcomes, reduce unwarranted variation and ensure all patients benefit from the most effective and accessible models of care, alongside evidence-based technologies and treatments.



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