

The State of the Nation Eye Health 2017: A Year in Review

RNIB

Specsavers[®]

Transforming eye health



Overview

Summary

In September 2016 RNIB and Specsavers joined in partnership to transform eye health. One year on, this report presents the key achievements of the partnership to date, along with new information on the incidence of sight loss and attitudes towards eye health in the UK.

For more detail about understanding eye health and sight loss please see The State of the Nation Eye Health 2016 report (available to download from rnib.org.uk).

Acknowledgements

Thank you to those colleagues within RNIB and Specsavers who have contributed towards the development of this report. We are grateful for the help of colleagues at YouGov Plc. We'd also like to thank both the professionals and patient representatives who participated in the policy roundtables, sharing their thoughts and experiences around addressing capacity issues in eye care services. A special thank you goes to those people who have shared their personal stories. Their experiences motivate us all to play our part in preventing avoidable sight loss.

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Sally Harvey



Dame Mary and Doug Perkins

Transforming eye health – one year on

What an exciting year it has been since RNIB and Specsavers joined forces to improve the nation's eye health and prevent avoidable sight loss. We are proud to present this review showing the difference we are making.

Our work is now more important than ever. This report reveals new evidence that one in five people will live with sight loss in their lifetime. At least half of all sight loss is avoidable so it is vital we enable everyone in the UK to look after their eye health.

We are championing the need for regular eye tests so eye health conditions are identified and treated early.

Jacqueline Wood, 68, is one of many people whose sight was saved by a routine eye test when she was diagnosed with retinal detachment. She says: "As a charity volunteer, my eyesight is so important to me. When my optician said she had noticed a crease on the retina of my left eye and was concerned this could damage my sight, it was a total surprise. I was seen by Specsavers in London on the Monday, and by Wednesday of the same week I'd had a successful operation at Moorfields. After this experience, I would definitely encourage others to have their eyes checked on a regular basis."

However the continuing crisis in capacity within hospital eye care services means too many patients are not receiving the timely treatment that they need. With the support of Specsavers, RNIB hosted a series of expert roundtables to consider innovative solutions and new ways of working across professional boundaries. We're also delighted that statistics from last year's report were referenced in a parliamentary debate on preventing avoidable sight loss earlier this year.

This report includes excellent examples of patients and professionals working together to save sight and raise awareness of eye health.

We have achieved a great deal this year by working in partnership. There is still much more to do. We are determined to prevent avoidable sight loss. In this report we set out our agenda for action. You are invited to be part of something bigger – to connect with others and campaign for change. With one voice, we are calling for senior decision makers to prioritise eye health and commit to delivering sight-saving services that meet patients' needs.

Join us in our work to transform the nation's eye health.



Sally Harvey
RNIB CEO



Doug Perkins
Specsavers Joint CEO
and Co-founder



Dame Mary Perkins
Specsavers Co-founder

September 2017

Eye health in numbers

The alarming scale of eye health problems demands action. In 'The State of the Nation Eye Health 2016' report [1] we shared research that estimated:

- More than two million people in the UK live with sight loss that is severe enough to have a significant impact on their daily lives, such as not being able to drive.
- This includes approximately 785,000 people that have sight loss due to uncorrected refractive error, meaning their vision could be improved by wearing correctly prescribed spectacles or contact lenses.
- Other causes of sight loss include:
 - Age-related macular degeneration (AMD) - approximately 475,000 people
 - Cataracts - approximately 380,000 people
 - Glaucoma - approximately 145,000 people
 - Diabetic retinopathy - approximately 95,000 people
- By 2030, we estimate more than 2.7 million people in the UK will be living with sight loss. This growth will be primarily driven by an ageing population.
- £28.1 billion was the cost to the UK of sight loss in the adult population in 2013. This includes a direct healthcare cost estimated to be £3 billion each year.

The Indicator Table in Appendix B gives updates on a number of key statistics.

This year we can share analyses following new work carried out by Deloitte Access Economics (DAE). DAE is an international leader in health economics. Looking at the UK, DAE has drawn on robust research evidence of prevalence in combination with Government population statistics [2].

250

Every day 250 people start to lose their sight in the UK

This statistic is calculated by **estimating the proportion of people living with sight loss in each age group at the start and end of 2016-17 in conjunction with the likelihood of death during the same period.**

It uses the **definition of sight loss generally adopted in developed countries** (visual acuity of 6/12 or worse) where an individual's sight loss has a significant impact on their daily life.

It includes people whose sight loss is permanent and irreversible. The most common cause of permanent and irreversible sight loss in the UK is AMD but glaucoma, diabetic retinopathy and other eye conditions can also cause permanent sight loss. Many more people will live with sight loss as a result of uncorrected refractive error and cataracts.

Eye health in numbers

Micheal's story

Micheal Saunders, a lorry driver of 40 years, was forced to give up his job after being diagnosed with wet age-related macular degeneration (AMD), an eye condition that can cause an individual to lose their central vision.

A decade on, Micheal, now 74 years old, visits the Austin Friars Eye Treatment Centre every four weeks. The centre, a collaboration between Aneurin Bevan University Health Board and Specsavers in Newport, is the first of its kind in the UK where a high street optician provides initial screening and referrals for people with symptoms of wet AMD, and NHS staff deliver treatment for the condition at the same location.

“When I was first diagnosed 10 years ago, treatment for AMD wasn't available on the NHS in Wales. I had to wait six months before I had treatment, which is a long time as vision can deteriorate within days in some cases.

“It was like I was hit in the chest when I was told I couldn't drive any more. It was a huge part of my life – I'd driven throughout the UK, Europe and America so to have this taken away from me has been really tough. I'd noticed my sight deteriorate over a couple of weeks and one day it was as if my vision was clouded by thick fog. I went straight to Specsavers.”

After an eye test, a Specsavers optician referred Micheal to hospital for further tests, which confirmed he



had developed the sight-threatening condition.

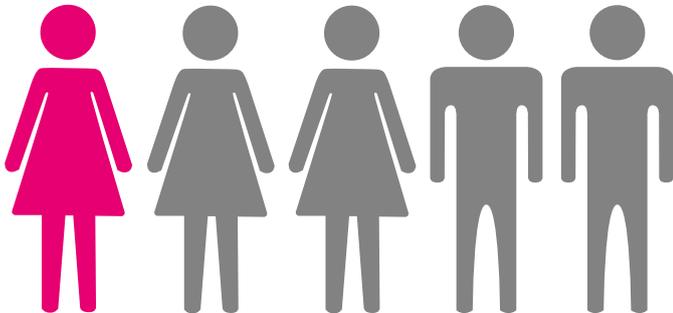
“For years I was treated at hospital, which would often mean long waiting times, but since the treatment centre has opened it has been fantastic. All of the experts are under one roof, it's a convenient location and there's no long delays around appointment times now. It's taken away the stress from having the treatment every month.”

Jason Williams, Optometrist and Director of Specsavers Newport, said: “The speed that someone receives treatment for wet AMD is absolutely crucial. With more collaborations between primary and secondary healthcare providers, it will give patients faster access to assessment and treatment, which is absolutely vital in helping to prevent avoidable sight loss.

“Regular sight tests are essential to monitor a person's eye health, and if anyone experiences changes to their vision then, just like Micheal, they must visit their optician immediately.”

Eye health in numbers

1 in 5 people will live with sight loss in their lifetime



Women are at greater risk than men: one in four women will develop sight loss in their lifetime compared to one in eight men. This is primarily due to the fact that women have a greater life expectancy.

We used the same inclusion criteria to estimate the probability that someone born in 2016-17 will develop sight loss in their lifetime. Many more people will

experience sight loss in their lifetime as a result of uncorrected refractive error and cataract.

This is calculated using estimates of what the total expected number of cases of sight loss would be over the lifetime of people born today, taking into account how long they are expected to live.

It assumes that **current sight loss incidence rates for each age group and gender continue into the future.**



Eye health in numbers

Alan's story

Alan Murphy was 37 when a trip to the opticians detected he had the early stages of glaucoma; a leading cause of visual impairment and a condition that affects the nerves in the eye that connect to the brain.

Paula Cunningham, Optometrist and Director of Specsavers in Connswater, Belfast, said: "It was eight years ago when Alan came to us for his regular contact lens appointment. As his two-yearly eye test was almost due, I carried out a full test and was concerned that his optic nerves did not look as healthy as I would have expected. I subsequently referred him for further investigation and he was diagnosed as suffering from glaucoma."

"I would strongly urge people to go for regular eye tests." - Alan Murphy

Thanks to the early diagnosis Alan can now manage his condition by using eye drops daily. The glaucoma has left him with some loss of his peripheral vision. Other than that, he can still see well enough to continue driving, working and playing football. This might not have been the case if his glaucoma had not been picked at such an early stage.

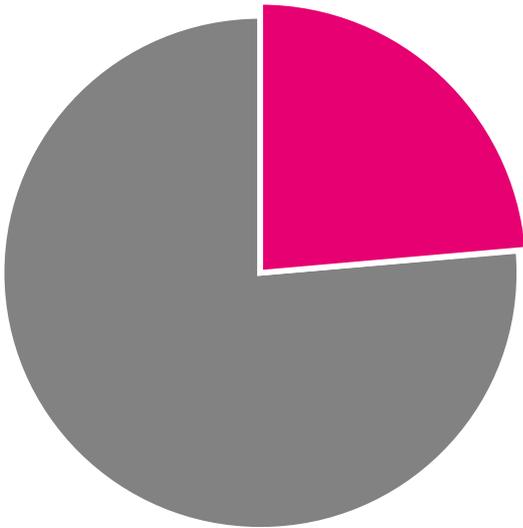


Alan's case was unusual, as there was no family history of the condition and it is also rare to have it so young. He is now a true advocate of regular eye tests and good eye health, ever since early diagnosis saved his sight.

Alan said: "I would strongly urge people to go for regular eye tests. I am grateful that Specsavers urged me to have a full eye test as I had no idea that there was anything wrong with my eyes, other than needing my regular contact lens check up. I was shocked to learn that I had the early signs of glaucoma and how serious it could have become if left untreated."

Paula, added: "As is clear from Alan's case, early detection and treatment is essential. Glaucoma can only be detected through a full eye test. It develops gradually and the person is often unaware of any problem until it is quite severe. Any damage caused cannot be reversed therefore the key message for the public is to get their eyes tested at least every two years, especially as they get older."

The nation's relationship with eye health



23%

Almost a quarter of the nation say they are not able to see as well in the distance or close up as they used to and have not yet sought advice

To find out what people think about eye health, Specsavers and RNIB commissioned YouGov Plc to carry out an online survey. Fieldwork was undertaken between 23 June and 7 July 2017. The survey questions were asked of a nationally-representative UK sample of 6,430 adult respondents aged 18 and above.

Progress since last year

The NHS recommends that everyone from the age of three undergoes an eye test at least every two years to address uncorrected refractive error and detect any possible eye health conditions. Research by YouGov in 2016* revealed that 27% of people in the UK had not had an eye test within the last two years.

Our 2017 YouGov poll suggests that, in the year since RNIB and Specsavers joined forces to help transform the nation's eye health, an additional 1.1 million people have taken action to improve their eye health by visiting an optician [3].

While it is encouraging to see more people taking steps to look after their

sight, their eyes, and their wider health, 25% of the UK's adults are still risking avoidable sight loss by not having an eye test every two years, which rises to 31% of 18 to 24-year-olds.

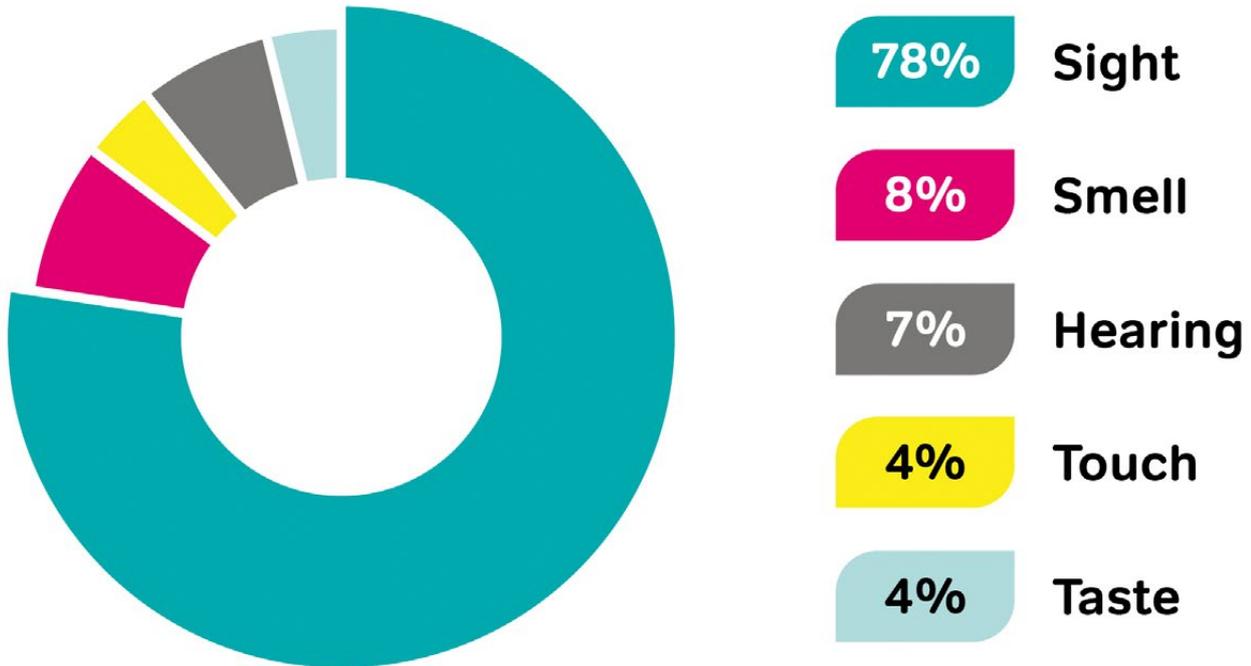
Of further concern is the fact that 23% of the nation say they are not able to see as well in the distance or close up as they used to and have not sought advice from an optician or medical professional.

With an ageing population and a younger generation paying less attention to their eye health, this problem could be set to get worse.

Projections suggest that the number of people living with sight loss will increase to more than 2.7 million in 2030 [1] and 4 million in 2050 [4], driven by an increase in the UK's older population. Around 79% of people living with sight loss are over the age of 64 [1], while the most elderly are at greatest risk, with one in every three people aged 85 and over living with some significant degree of sight loss [1]. Of people aged 55 and over, 13% told YouGov they had not had their eyes tested in the past two years.

The nation's relationship with eye health

If you had to choose, which one of the following senses would you least like to lose?



Understanding the perceived barriers to visiting an optician

In order to encourage more people to have their eyes tested at the recommended interval, it is important to understand the perceived barriers to visiting an optician.

Without doubt, people are not forgoing eye tests due to a lack of regard for their sight. Sight is the nation's most precious sense by far. In our 2017 YouGov poll, 78% of people chose sight as the sense they would least like to lose, ten times more than the next most popular sense, which was smell at only 8%.

Of those who had not been for an eye test in the past two years, the three most popular reasons were much the same as they were in 2016:

- 33% did not think that there was anything wrong with their eyes
- 24% said that they did not have time or did not get round to it
- 17% were concerned about the cost of new glasses

'Nothing wrong with my eyes'

A third of those who had not been for an eye test in the past two years said that they had not acted because they did not believe that there was anything wrong with their eyes.

When those who had not been for a test in the past two years were asked what would prompt them to have one, the most common answers were: if they were struggling to read (58%); if they were struggling to see their mobile phone, tablet or computer (46%); if they were starting to get headaches or tired eyes (45%).

The nation's relationship with eye health

Specsavers' Clinical Spokesperson Dr Nigel Best said: "Not only does this mean that some people are waiting for signs of sight loss before visiting an optician, it also means that they are potentially preventing their optician from detecting signs of eye health problems or other medical issues at an early stage. We know that early intervention is important in the management and successful treatment of many conditions."

Less than half the time taken during an eye appointment involves testing sight. Most of the time is spent assessing indicators of wider eye health, including cataracts, glaucoma and age-related macular degeneration, and general health issues, such as diabetes and high blood pressure.

While 80% of those asked expect a high street optician to be checking for eye health conditions, only 27% expect their

general health to be covered within the appointment. Indeed, more than 80% of the nation are not aware that an eye test can detect signs of cardiovascular disease, one of the major causes of death in the UK [5].

'I don't have time'

Almost a quarter (24%) of those who had not been for an eye test in the past two years said that they did not have time to do so, or simply did not get round to making an appointment.

Time is a perceived barrier, as the average appointment takes about 20 to 30 minutes.

Our poll showed that over a two-year period, 51% of people will have their boiler serviced twice, 42% will visit the dentist four times, 23% will have a health check twice, and 36% will review their mobile phone contract.



The nation's relationship with eye health

Over a two-year period...



51%

will get their boiler serviced twice



42%

will visit the dentist four times



36%

will review their mobile phone contract once



23%

will get a health check twice

Dr Nigel said: “As a nation, we devote more time to servicing our boiler than having our eyes checked, despite the potential wider health implications of not doing so, putting ourselves at unnecessary risk of sight loss.”

‘Concerned about cost’

Almost a fifth (17%) of those who had not been for an eye test in the past two years said it was because they were concerned about the cost of new glasses.

Cost is a wider concern, with a fifth (21%) of UK adults not prepared to pay anything at all for an eye test, and a third (36%) only willing to spend at most £25.

In terms of prioritisation, a quarter (24%) of people who spend £50 on shoes a year would not be prepared to pay anything at all for an eye test.

Dr Nigel said: “Cost should not, and need not, be a barrier. The NHS provides support towards the cost of eye tests and glasses for those in need of financial

support. More broadly, everyone in Scotland is entitled to a free NHS eye test, while in England, Wales and Northern Ireland factors such as income, being diabetic and having a family history of glaucoma, can also mean that people do not need to pay. Children are also entitled to free eye tests and glasses.”

More than a sight test

As well as establishing whether or not an individual needs some form of vision correction an eye test can also detect signs of general health problems. Examples include high blood pressure, diabetes and even some types of brain tumours. If any optician detects signs of general health problems during an eye test they can refer that patient to their GP for further investigation.

*YouGov PLC. Total sample size 10,780 adults. Fieldwork undertaken July 2016. Survey carried out online. Figures have been weighted and are representative of all UK adults (age 18 and over).

The nation's relationship with eye health

Susan's story

Susan Cooper from Milton Keynes, was diagnosed with cataracts in both eyes after her son raised concerns about her driving.

The 69-year-old was initially hesitant about visiting the opticians. "I'm very independent, and although several people had mentioned that my driving hadn't been too good, I kept putting off the visit, believing my eyesight to be fine.

"But when my son mentioned that I'd been driving in the middle of the road I was completely shocked and realised I had to go to the opticians. The team at Specsavers was fantastic and spotted cataracts straight away. Although it wasn't until they asked me to cover my better eye that I realised how much my vision was impaired. It was such a surprise to be told that I needed to be referred to Blakelands Hospital right away for treatment."

"It only takes a quick check-up, which can ultimately save your sight."

- Susan Cooper

This was four years ago. While one cataract was removed within months, her surgeon at Blakelands advised that it was too early to operate on the



other and that it should be monitored for any further development.

Two years on, after noticing that her vision had deteriorated further still, Susan had her second cataract removed and her eyesight has since returned to normal.

"When I think back to how my eyesight had deteriorated, and how much worse things could have been for me, I feel so relieved that I did eventually visit the opticians. I just wish I'd done something about it sooner. I was very stubborn but it doesn't bear thinking about what could have happened if I hadn't done anything about it, and it only takes a quick check-up, which can ultimately save your sight."

Specsavers Milton Keynes Optician and Director Rajesh Shah is delighted with Susan's recovery. He says: "Susan is such an independent and active woman and we could tell that anything that might threaten that would have a huge effect on her life. We are glad to see her vision restored and lifestyle unaffected."



Working together to transform eye health

Preventing avoidable sight loss is an ambition that RNIB and Specsavers share. Since the launch of our partnership at the House of Lords in September 2016, our organisations have worked together on a number of important activities to help transform the nation's eye health.

Making eye health visible: data and evidence

RNIB and Specsavers launched our partnership with the State of the Nation Eye Health 2016 report [1], which brought together a wide range of data on eye health across the UK, including the estimated £28.1 billion cost of sight loss to the nation's economy. The report was well received, achieving national coverage across all forms of media, including two segments on ITV, various regional radio stations, as well as appearing in publications as diverse as Hello magazine and the Sunday Telegraph, with a combined reach of 62% of UK adults.

We have continued to build on sharing our data and evidence. Again this year, we have worked with Deloitte Access Economics, one of the global leaders in eye health statistics, to estimate the risk of an individual losing sight in their lifetime and how frequently sight loss occurs throughout the UK (see page 6).

Raising public awareness of eye health

Last September, we began our partnership with a multi-million pound, multi-media awareness campaign to mark National Eye Health Week, to promote the importance of eye tests and how they can help reduce avoidable sight loss.

This included a TV advert that reached 74% of UK adults, activity across national press and magazines, and more than 1,400 poster sites across the UK. Specsavers also hosted a live Twitter question and answer session with an optometrist about eyesight.

The campaign was supported by Lady Penny Lancaster Stewart, Vice President and long-term supporter of RNIB, who spoke on Good Morning Britain about the importance of eye tests for children and adults and her own family experience of eye health issues.

In March 2017, World Glaucoma Week gave us the opportunity to focus specifically on how eye health checks can prevent glaucoma from becoming sight-threatening. Working in a three-way partnership with the International Glaucoma Association, TV ads, press articles and online activity enabled us to share messages about the value of eye tests in protecting future sight and health.

Eye health checks can prevent glaucoma from becoming sight-threatening.

We also ran press advertising to support Diabetes Week in June 2017, raising awareness of how the disease can also affect sight.

Influencing eye care commissioning and services

The capacity crisis in hospital eye clinics, putting patients at risk of losing sight

Working together to transform eye health

through delays and cancellations, is of urgent concern to RNIB and Specsavers.

During the first half of 2017, we hosted five roundtable discussions to explore how community eye care services have the potential to complement hospital care to make the most effective use of limited resources. The events brought together patient representatives and professionals from different disciplines to share evidence, insight and good practice. Pages 19-34 summarise these discussions.

Fundraising to support RNIB

To enable RNIB to carry on delivering eye health information and support to people with sight loss through its national Sight Loss Adviser network, staff in Specsavers stores throughout the UK enthusiastically engaged in a variety of fundraising activities during 2016 National Eye Health Week. From wearing crazy shirts in Norwich to cake bakes in Thameside, they have contributed to a £100,000 fundraising target.

This included supporting RNIB's Wear Dots Raise Lots campaign which encourages people to 'go dotty' to help raise awareness of the impact of braille, providing Specsavers staff with a fun



and colourful opportunity to get creative. Staff decorated their stores with spotted bunting and balloons, which raised their profile within local communities and encouraged more people to have a regular eye test.

On International Sunglasses Day in June, Specsavers staff from a number of stores across the UK showed their support for RNIB's Shades for Sight campaign. People were encouraged to post selfies and donate, while raising awareness of the importance of wearing sunglasses in protecting sight.

Some intrepid Specsavers staff have also taken part in challenge events on behalf of RNIB, including the Virgin London Marathon, Chester Half Marathon and the gruelling Three Peaks in 24 Hours Challenge.





Introducing the policy roundtables

As part of our transforming eye health partnership, RNIB, supported by Specsavers, hosted a series of five policy roundtables to consider optimal models of eye care. The ageing population and emerging new treatments mean that there has been a significant uplift in the number of patients requiring more appointments for treatment and monitoring of eye conditions. Recent research [6] suggests that up to 22 people per month are experiencing irreversible sight loss due to NHS-initiated delays.

The roundtables explored how improving delivery in eye care services can help to increase capacity. Three roundtables focused on a major eye condition, one on treatment for minor conditions and a fifth on improving commissioning. In particular, they considered the evidence for moving eye care services into community settings, and patient experience of those services. Information from these

discussions will be submitted to the All Party Parliamentary Group on Eye Health and Visual Impairment's Inquiry into capacity issues in NHS eye care service and avoidable sight loss in England.

The roundtables facilitated a collaborative approach, with experts from voluntary organisations, health services, health professions, professional bodies, commercial organisations and, crucially, people living with sight loss or at risk of sight loss, exploring solutions together.

RNIB carried out rapid literature reviews to produce evidence briefings, informing the key questions focused on in discussion at each roundtable.

A summary of the key points made at each roundtable are presented in the pages that follow, along with calls to action where they were agreed (full notes of each of the roundtables are available from rnib.org.uk/specsavers-and-rnib-partnership).



Introducing the policy roundtables

Key learnings from the roundtables

- Patient experience needs to be at the centre of service design. For example, streamlining services to allow more people to receive the appropriate tests, reviews and treatment in one visit, rather than requiring multiple visits which can be costly to patients (e.g. parking and transport costs), inconvenient and sometimes challenging for the patient. Acceptability of alternative venues and ways of delivering services among patients e.g. age-related macular degeneration treatment services delivered in supermarket car parks were discussed as a promising option.
- Patients require information about their diagnosis, condition, treatment options and associated risks in a format that they understand. They also need support to adhere to treatment regimes, to understand the importance of attending appointments, and how to follow up hospital-initiated delayed or cancelled appointments.
- Innovative models of eye care are based on using the right health professional in the right setting with the right experience and skills. Continued investment in training is essential. Continuing to build trust among professionals is needed locally and nationally as the role of optometrists, ophthalmic nurses and other health professionals is expanding to ensure services adapt to increasing demand. More evaluation and audit is needed, including patient-reported measures of outcome and experience.
- Anticipating demand rather than responding to capacity crises through proper service planning is desirable. This should be based on eye health needs assessments. People experiencing poverty often struggle to access eye care services and present with later stage eye disease. The retail dimension of optometry can be a barrier to people accessing eye tests, particularly for people with low income. Inequalities in access and outcomes need to be considered throughout service planning to ensure that those most in need of services receive them appropriately to prevent avoidable sight loss.
- Work is needed to change public perception of high street opticians (optometrists) so that their expertise in eye health is recognised and an eye test is seen as a health check. The eye health work of optometrists and their potential to do more needs adequate funding.
- Currently, efficient patient-friendly models of care are established by passionate committed clinicians. Mechanisms are needed to facilitate implementation of good practice more consistently. National leadership and strategy is required to support clinicians, service managers and commissioners to increase capacity within eye care services.
- Investing in IT systems that enable the efficient and secure transfer of patient data is essential to ensure best use is made of the eye care workforce. A national approach is needed to ensure IT solutions are consistently adopted.
- We need to prioritise eye care within health service commissioning and planning, for example inclusion in Sustainability and Transformation Partnerships. Securing greater recognition of the value of eye health and the need for adequate resourcing is essential.

Glaucoma

28 February 2017, Manchester

What is the need?

Glaucoma is second only to age-related macular degeneration as a cause of blindness in the UK [7]. Currently, 700,000 patients are being treated for glaucoma [8]. Due to capacity issues within eye care services, people are often experiencing long waiting times, particularly for follow-up appointments [8].

Patients with suspected glaucoma are most commonly identified through eye tests in high street optometry practices. There are challenges detecting glaucoma and a high proportion of people are referred to hospital with suspected glaucoma only to be discharged after their first visit [9]. Some areas have developed schemes to enable community optometrists to repeat initial measures or refine the initial assessment with

more sophisticated tests to improve the referral process. There are also schemes that involve a variety of different health professionals monitoring patients with ocular hypertension or stable glaucoma to enable better use of resources.

How do we ensure people most 'at risk' of avoidable sight loss get access to early detection, diagnosis and treatment?

Currently significant numbers of people with glaucoma are failing to access care before suffering sight loss [10]. This is particularly true for people experiencing socio-economic deprivation and of African and Caribbean ethnicity [11]. The Royal College of Ophthalmologists has questioned whether the current system is effective in detecting the condition early



Glaucoma

Spotlight on Manchester Royal Eye Hospital

Fiona Spencer, Consultant Ophthalmologist, described the innovative programme that the glaucoma team at the Manchester Royal Eye Hospital have developed to support self-management.

‘Get a Grip on Glaucoma’ invites patients to two sessions focused

on understanding glaucoma, how to manage drops and how to navigate the healthcare system.

The glaucoma nurse leads these hands-on sessions where patients have the opportunity to try different aids and are encouraged to ask professionals about their care. Although evaluation has demonstrated their value, the courses are not currently externally funded.

among groups who regularly access eye tests, while missing those with greater need [8].

Participants suggested a range of ways of addressing this:

- Compiling an eye health needs assessment to inform service planning.
- Ensuring ‘every contact counts’ so all health professionals (GPs, pharmacists, district nurses, etc) who see an individual for any reason encourage engagement with eye care.
- Achieving a shift in perception of optometrists so that people view an eye test as an important health check from ‘someone who cares about you’, rather than someone who just wants you to buy glasses.
- Targeted health promotion campaigns designed with, and for, those most at risk.
- A visual field test for use at home, such as a mobile phone app or game.

How can commissioning ensure patients receive support for self-management and adherence to treatment?

Glaucoma requires lifelong care and it can be difficult for patients to consistently adhere to treatment regimes. Participants discussed ways to facilitate supporting self-management and adherence:

- Telephone calls might have value as part of planned follow-ups, but there is a need to evaluate these.
- There is potential for community optometrists to do more to support partnering with ophthalmologists.
- Community optometrists could lobby commissioners to pay for supporting patients to adhere to treatment.

Glaucoma

How to overcome barriers to commissioning optimal models of care?

Participants agreed that:

- Developing a culture of trust, respect and partnership between professionals involved is key.
- Good communication between professionals and between patients and professionals is vital.
- The ability to compare the outcomes, quality and value of models in place in different local areas is needed.
- There is strength in coming together with one voice to try to influence the commissioning process.

Calls to action:

1. Approach the Clinical Council for Eye Health Commissioning to develop commissioning guidance for Sustainability and Transformation Partnerships.
2. Improve provision of information to, and involvement of, patients to identify ways of increasing access to services for those most at risk of avoidable sight loss.
3. Continue to share good practice examples of extended models of care across professional groups.
4. Increase sector-wide, cross-profession activity to promote innovation and increase roll out.

Patient representative Michael Tupper shared his concerns with roundtable participants:

Michael has been struggling with sight problems since he was born - he is now in his 70s. His eye conditions include glaucoma, cataracts and detached retinas.

Michael feels strongly that his six monthly 'pressure check' appointments help him to maintain some sight. Yet he regularly has to make contact with his consultant's secretary to ensure he has a timely appointment as his hospital appointment letters are frequently not sent to him.

Michael said: "The power shouldn't be with the secretaries, it should be with the consultants." He's concerned that not everyone will be as confident as he is to advocate for themselves, therefore they risk their sight deteriorating.

Age-related macular degeneration

6 April 2017, Birmingham

What is the need?

Age-related macular degeneration (AMD) is the leading cause of blindness in the UK [12]. With the continuing trend towards an ageing population, new estimates suggest that the number of people with neovascular (or wet) AMD in the UK will rise by 59% between 2015 and 2035, from 1.85% among over 50s in 2015, to 2.36% in 2035 [13].

As a result of the availability of effective treatments and the need for more regular interventions, the number of patients needing to be seen by hospital eye services has increased significantly. Although many local services adapted to meet this need, crisis in capacity continues to 'threaten optimal care and access to potentially sight-saving treatment' [14].

How can patients be better supported through treatment?

Participants discussed the strategies they employ to ensure patients receive timely care. These include:

- Analysis of what the need is, where it is and the most effective delivery models to address.
- Time for patient discussion prior to the start of treatment (alleviating potential concerns); access to a sight loss advice service where available.
- Running clinics on bank holidays.
- 'One-stop clinics', reducing the number of visits needed.
- 'Treat and extend' regimes, giving an injection at every appointment but extending the time between appointments (communicating the logic to patients is key).

- Following The Royal College of Ophthalmologists' guidelines for fast track referral systems.

Spotlight on Bristol Eye Hospital taking AMD treatment into the community

Following a whole area analysis, Consultant Ophthalmologist Claire Bailey's team were able to anticipate that additional capacity would be needed to meet the needs of AMD patients in the area.

They placed rapid access AMD clinics in a GP surgery, a community hospital and, more recently, in a unit parked at a supermarket.

Patient details are sent by community optometrists, enabling patients to be seen within a week. In clinic, optometrists work alongside consultants to triage patients. Scans are shared via electronic patient records and a 4G network connection. Those requiring treatment, unless complex, are given a choice of location for follow-up appointments.

Patient satisfaction with the community clinics is high – initially, patients require reassurance that Bristol Eye Hospital is overseeing the care they receive, but once receiving treatment in the community, patients don't want to return to the hospital.

Age-related macular degeneration

What are the anticipated benefits and challenges of delivering AMD services in the community/primary care settings?

Delivering AMD services in the community brings treatment closer to home, reducing patient costs and waiting and travel times. Other anticipated benefits included:

- Potential to build in emotional and practical support for patients.
- Closer working of multi-disciplinary teams of professionals.
- Skill set of optometrists, and other professionals, is increased.
- Potential cost efficiencies.

Anticipated challenges included:

- Demand for AMD treatment continues to increase.
- Demonstrating the value of innovative models to Clinical Commissioning Groups (CCGs) - not all CCGs have someone responsible for ophthalmology to try to influence and often clinicians may not have access to commissioners.
- Mobile/community clinics take some capacity out of the hospital eye clinic.
- IT systems needed to support secure, efficient, transfer of patient information.
- Getting permissions to include some professionals in new ways of working e.g. technicians as injectors.

What needs to happen for optimal services to be commissioned?

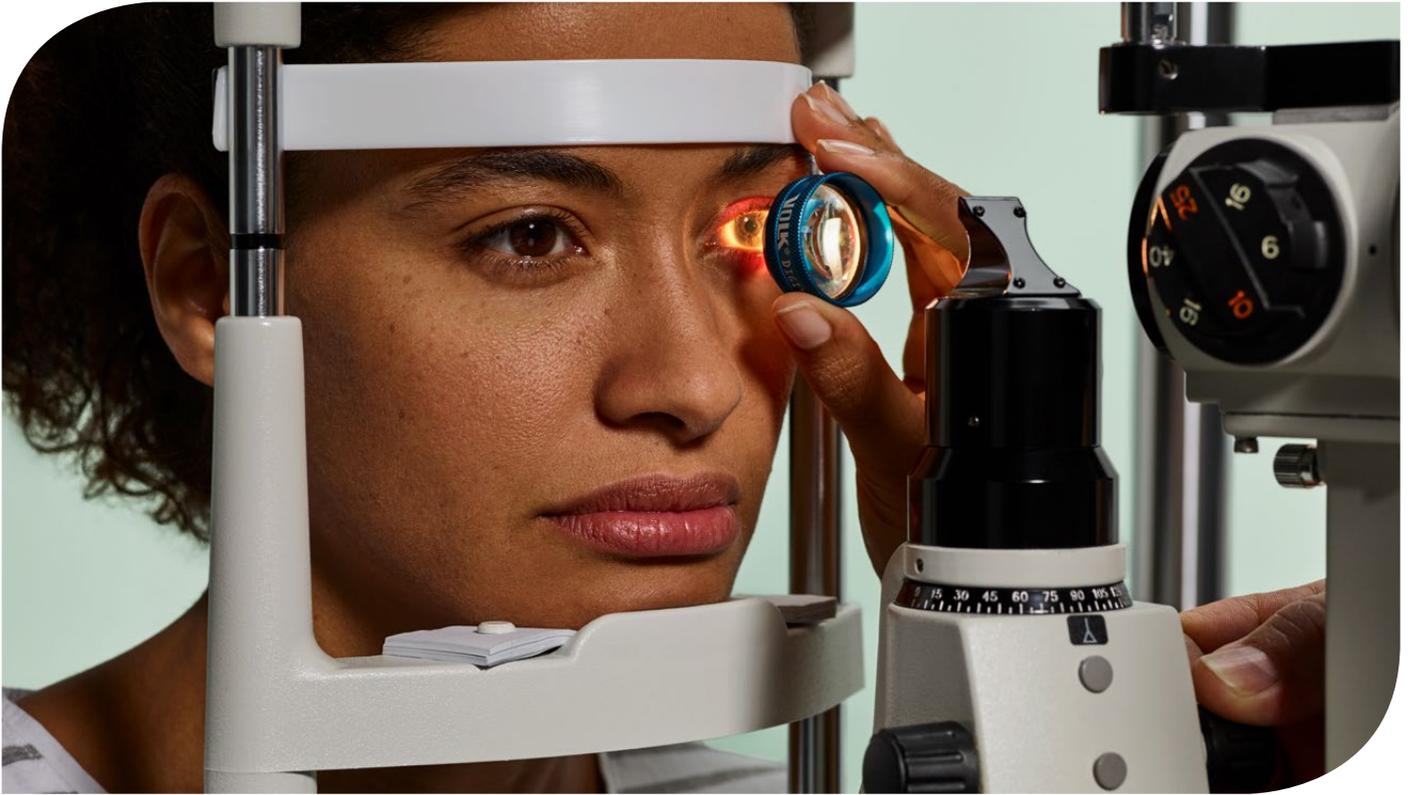
Initial investment would be required for mobile services to get off the ground. Those using tariff-based commissioning may have more to gain from service innovation; utilising appropriately skilled staff to increase capacity within the system, for example, appropriately trained ophthalmic nurses or technicians injecting, rather than doctors.

Availability of funds from external sources, such as pharmaceutical companies, can encourage innovation. However, services must ensure that the contract for any partnership is appropriate (for instance, there is no requirement to treat with a specific drug).

Local Eye Health Networks and Sustainability and Transformation Partnerships (STPs) may have a role in influencing commissioning. Suggestions to raise awareness of eye care, increasing its profile for commissioning and to extend innovation included:

- Publication of quality standards that communicate what patients should expect, as well as what services should provide.
- Potential for forthcoming National Institute of Health and Care Excellence (NICE) guidance to address pathways for AMD treatment.
- Incident reporting.
- Linking eye care to other issues such as dementia.
- Potential benefit of targets for follow-up, rather than simply first treatment.

Age-related macular degeneration



Calls to action:

1. STPs to give greater profile to commissioning high quality eye care services.
2. Disseminate learning from innovative eye care services such as those in Frimley, Bristol and Newport, to show what is possible.
3. Influence and support commissioners of eye care services to take forward innovations to increase capacity in eye care.

Cataracts

24 May 2017, Bristol

What is the need?

Cataracts lead to deterioration of vision, which can restrict independent living [15, 16] and can result in diminished quality of life [17]. Tasks, such as reading a newspaper or driving at night, become more difficult.

Surgery is highly effective at restoring clear sight in cataract patients [18]. Yet many patients face significant barriers in access, resulting in a postcode lottery of waiting times, restrictive referral criteria and rationing of second-eye surgery [18, 19].

Demand for surgery is predicted to continue to rise. Moving aspects of the pathway (specifically pre and post-operative care) into the community may help relieve growing pressure, allowing better use of ophthalmologist-led clinics. Research suggests that the community-based approach is a 'significant step

change' towards meeting demand, bringing care closer to home [20].

How can we ensure that quality and patient safety is not sacrificed to improve efficiency?

Participants discussed implications for quality and patient safety if pre and post-operative care are moved into the community. The role of optometrists was considered valuable. Pre-operatively, optometrist-led referrals were thought to be of good quality, leading to a reduction in the number of inappropriate referrals.

Changes to the cataract pathway (such as no longer offering an overnight stay or a review on the first day after surgery) can result in an information gap for patients. Lack of information provision may have a detrimental effect on the patient's quality of experience.



Cataracts

Spotlight on Singleton Hospital's integrated clinical pathway.

Michael Austin, Consultant Ophthalmologist, presented on the Wales integrated clinical pathway as operating at Singleton Hospital, Swansea. Key points included:

- Community eye care, hospital eye care and support services deliver an integrated service where trust between the professionals has been established.
- Care is patient-centred and ophthalmologist-led, with ophthalmology trainees making appropriate contributions.
- 90% of optometrists in Wales are trained to an enhanced level to refine referrals and to carry out post-op assessments, ensuring a consistent service for patients.
- Patients are given information leaflets, specifically, RNIB's Understanding Cataracts leaflet.
- Whole Service audits are undertaken to ensure quality.
- Patient feedback suggests they are pleased with their outcome. Interestingly, a minority, while still satisfied, lacked full understanding of their condition.

Information-sharing discussions should be personalised, be offered verbally and in written format, and offered throughout the patient's journey.

In regards to patient safety, 'routine' patients make up the majority of cataract cases seen by hospital eye care services. Services must be equipped to identify 'non-routine' patients; patients with additional complexities, who need to be managed differently. This oversight becomes all the more important when multiple services are involved in the pathway. To maintain the safety of all patients, an ophthalmologist-led pathway was called for, with full clinical oversight of postgraduates in training-grade posts from consultant ophthalmologist trainers.

Newmedica Clinical Director, Nigel Kirkpatrick, presented an overview of the Newmedica approach to the

cataract pathway. Newmedica provides ophthalmology services to the NHS in more than 20 locations in England. The model prioritises patient experience, with most of its work supporting Trusts to tackle backlog. Information and consent packs are sent before attending clinic, patients are offered counselling and the surgeon sees each patient pre-operation. Post-operation, patients receive a telephone call to check how they are. Patients return to the referring optometrist, thus ensuring continuity of care. Although participants felt that aspects of the Newmedica model could improve overall patient experience, finding long-term solutions to capacity issues was highlighted by some as preferable to outsourcing. Going forward, Newmedica plan to include the training of ophthalmologists as part of the model.

Cataracts

For community-based schemes to be effective, participants raised the following points:

- To reduce fragmentation, services must be fully integrated.
- Clear communication mechanisms are essential (particularly for sharing training updates).
- Trust between professions is vital.
- Development of trainee ophthalmologists is prioritised, ensuring exposure to routine and non-routine cases to build their expertise.
- Ensure appropriate training and monitoring where pre- and post-op care is delegated to others.
- Patients should be given the right information throughout key stages of the pathway, no matter who they see.
- Clear clinical oversight should reduce the risk of patients 'falling through the cracks'.
- Good IT systems cannot be underestimated.

What evidence and information do commissioners need to improve delivery of cataract care?

Clinical Commissioning Group expect evidence around cost-savings, yet cost-analysis studies of different pathways are currently very limited. Although guidance to monitor and capture cost savings is available, most services aren't utilising it or don't know how to. Moving aspects of the cataract pathway into the community may release some ophthalmologist time but not necessarily result in cost savings.

Establishing eye care plans in Sustainability and Transformation Partnerships was considered important. Suggestions to achieve this included designating an eye health champion in each area and establishing a contact point in each area to engage in influencing work.

Minor eye conditions

4 July 2017, London

What is the need?

Until recently, minor eye conditions (such as dry eyes, watery eye and irritated or inflamed eyes) have been treated by visits to GPs, pharmacists or Accident and Emergency (A&E) departments. However, rates of A&E attendance have escalated and the system is creaking under the strain. New services exist in some areas to give community-based optometrists the skills to assess and treat these minor eye conditions in the community in Minor Eye Conditions Services (MECS).

Research has shown patients like MECS and they are clinically effective [21]. However, they are not available in all areas of the UK, so not all patients have access. In turn, capacity of services can be limited, meaning patients still need to seek help elsewhere.

How can we ensure that quality and patient safety are not sacrificed to improve efficiency?

The following ways of ensuring quality and safety in MECS were suggested:

- Put the patient perspective at the heart of decision making.
- Set key performance indicators to measure when and how patients are seen.
- MECS is a primary care led service and should be commissioned from primary care.
- MECS services should be commissioned within the context of a wider pathway.
- Ensure optometrists involved are appropriately trained and qualified.
- Ensure Clinical Commissioning Boards involved in commissioning MECS include representation from key stakeholder services and organisations.



Minor eye conditions

Spotlight on Lewisham and Lambeth MECS

Richard Whittington, CEO of Local Optical Committee Support Unit (LOCSU), presented research evaluating the effectiveness of the MECS based in optometry practices across Lambeth and Lewisham, South East London. Low levels of patient satisfaction with the existing service delivered by the eye department, delays in patients being seen, and escalating costs led to establishing the scheme.

Evaluation of the new service has shown:

- A 100% patient satisfaction score.
- 26% fewer first outpatient appointments and 12% fewer

follow-up outpatient appointments in comparison to a neighbouring borough without MECS.

- Consultants agree that treatment in the MECS is high quality, safe and equivalent to that given within Hospital Eye Services and that the referrals out of MECS were high quality and appropriate.
- The neighbouring borough, Southwark, has now joined the scheme.

However, the evaluation also found that only 50% of optometrists in the area wanted to participate, so patients couldn't walk into any local optometry practice and receive the service.

A full cost benefit analysis of the scheme was underway and reported shortly after the roundtable [23].

How can eye care professionals work together to support commissioning MECS?

Participants shared suggestions for ways to improve the current approach:

- Change perceptions of what optometrists do: Research shows that more than half of participants would still go to their GP if they woke with an eye problem tomorrow [22]. The public don't always equate optometrists with eye health, they think of them primarily as retailers of glasses. Changing patient perceptions of optometrists as the first point of contact for eye health may increase numbers accessing MECS.

- Recognise the role of GPs in the pathway. GP support referring into the service is vital.
- Better IT systems are needed to facilitate exchange of patient data between services.
- Utilise support available from organisations such as LOCSU and Local Eye Health Networks.

Other suggestions from individual participants included delivering MECS services as a standard enhanced part of the General Ophthalmic Services contract, rather than an enhanced service, and developing and adhering to one MECS pathway (currently, several different pathways exist, causing inconsistencies in quality and access).

Minor eye conditions

What information do commissioners need to commission care for minor eye conditions?

Cost savings are an important driver for change. Commissioners are looking for evidence that new services will generate cost savings and some information is starting to be available for MECS.

Some participants called for more transparency in hospital financial reporting, to inform decision-making.

The LOCSU National Data Repository was seen as a key tool for keeping oversight of activity and outcomes. Concerns were raised that the commissioning of effective community based services is still not a priority for some commissioners, despite the availability of data to inform decision making.



Improving the commissioning of services

19 July 2017, Leeds

What is the need?

Recent research by the British Ophthalmological Surveillance Unit [6] found patients are suffering permanent and severe visual loss due to health service initiated delays. The Royal College of Ophthalmologists' (RCOphth) 2017 report series The Way Forward [8, 13, 24, 25] has highlighted that the current services are struggling to meet demand, so services need to adapt to improve efficiency and sustainability. Current NHS targets and tariffs prioritise newly referred patients over review patients; however the latter are eight to nine times more likely to have an irreversible sight-threatening condition [26]. Commissioning of eye care services is currently undertaken by Clinical Commissioning Groups in England without direction from a national eye care strategy.

What is needed to improve commissioning to ensure eye care capacity meets demand to prevent avoidable sight loss?

Participants made the point that NHS targets and tariffs are driving practice and service provision rather than clinical decision making. One solution might be more clinically relevant targets, a standardised approach led by clinicians.

There needs to be better coding and standardisation of ophthalmology data to provide detailed information to commissioners to facilitate efficient service planning.

Valuable learning can be gained from how other areas of health care commission, plan and deliver services. The example

of the Stroke Strategy for London that developed specialist high-risk centres and step down services was discussed – it was felt that the current situation of eye care is similar to the early days of the cancer networks and we can learn from the development of the work around cancer services.

The wealth of guidance that has been produced about the commissioning and delivery of eye care services by the RCOphth, College of Optometrists, individually and together, along with the Clinical Council for Eye Health Commissioning, was highlighted. There is recognition of the changing role of health professionals so that services make the best use of staff with the relevant skills and competencies to delivery timely services. Historically, ophthalmologists managed disease while optometrists' role was detection. This is likely to change going forward as optometrists continue to develop their skills and expertise. Improving data sharing is crucial to this. There was a suggestion that the issue of prescribing medicines needs to be addressed to improve efficiency.

Should we seek to secure the holistic commissioning of integrated eye care services across all specialities? If yes, what evidence is needed to facilitate this?

Several participants suggested that the best way to innovate to improve efficiency in care is via sub-speciality. One participant felt that the NHS has a poor record of successfully commissioning integrated services across specialities. However, there is a real need for planning eye care services across all specialities.

Improving the commissioning of services

Sustainability and Transformation Partnerships provide opportunities for improving commissioning of eye care as does the move to Accountable Care Organisations (ACOs). ACOs will be more interested in the social care costs incurred as a result of people losing sight.

How can we raise the priority of eye care in England?

There was a powerful suggestion that, rather than focusing on sharing solutions, the sector now needs to highlight the risk of not prioritising eye care. Without improving commissioning and planning of eye care services, costs will escalate and the capacity crisis will only increase.

Currently, ophthalmologists often have to spend time responding to patient complaints about delayed and cancelled appointments, but politicians do not. We discussed the role of patient empowerment, although recognising it is a diverse population with a high proportion of older people who are reluctant to complain.

The All Party Parliamentary Group on Eye Health and Visual Impairment's inquiry into capacity problems in NHS eye care services and affordable sight loss in England will enable the sector to present strong evidence to ensure robust recommendations are identified.

A full list of participants in the policy roundtable discussions can be found in Appendix A.



Anne's story

Eye health ambassador Anne Robinson shares her story and calls on the nation to have regular eye tests

TV presenter and journalist Anne Robinson is renowned for her quick wit and her trademark spectacles, which she began wearing when she became presbyopic in her 40s and needed glasses for reading.

While initially just wearing them to read, she soon came to rely on her glasses not only to see, but as her hallmark. "I could get contact lenses but I'm known so well for wearing glasses, they're part of who I am."

Before becoming an eye health ambassador, Anne admits that she didn't fully comprehend how important regular eye tests are.

"My father clearly knew something was wrong. With the cataracts gone he could read comfortably again."
- Anne Robinson

"I thought you just went along to get more glasses - because what's more fun than buying new specs? - or because you thought you weren't reading so well. In fact, all of us, from the age of three, should be having our eyes tested regularly because of all the other things that could be going on that an optician can detect."

"I've taken a new view of opticians. They are medically skilled and can discover very easily, very quickly, what needs to be done that could ultimately save your sight. That's the extraordinary thing isn't it - I think all of us if we were asked, what would we least like to lose, it would be our sight, yet people don't go for regular tests because they don't realise this."

Anne has family experience of eye health problems. Her Irish godfather, who had a love of horse racing, lost an eye through cancer, and Anne's father also struggled with sight loss. After years of ignoring his vision problems he decided to have his eyes tested on a family trip to London. The optician discovered he had cataracts and referred him for surgery to remove them.

"Neither of my parents went for regular eye tests. Sometimes, as you get older, you don't admit that you're struggling. Looking back, my father clearly knew something was wrong. With the cataracts gone he could read comfortably again."

Anne is now calling on everyone to take positive action to look after their own eye health: "I have also discovered that, if you have your eyes checked regularly, many problems can be put right. It could mean, for example, you won't have to stop driving, you won't have to stop reading. It's about prevention rather than cure."

"Astonishingly - and this is the statistic that staggers me most - 50% of sight loss is avoidable. Just think about how much could be saved if people went for an eye test."



Our agenda for action

RNIB and Specsavers are committed to transforming the nation's eye health to prevent people from needlessly losing their sight. At least 50% of sight loss is avoidable. Last year we set out our agenda for action. We are proud of what we have achieved but there is still much more to do.

Raising public awareness

We know that people fear losing their sight. We want people to understand that many eye conditions can be corrected or treated, and that others can be managed in a way that can reduce impact on day-to-day life. We want to help the public to understand that optometrists offer a health check for the eyes. Having an eye test can be the first step to saving sight.

Together we have dedicated significant resources in the past year to raising public awareness of eye health. In the year ahead Specsavers plans to increase its investment even further with more advertising on national television and in traditional and digital media. Specsavers will host further live Twitter 'ask the expert' sessions with optometrists, post YouTube tutorials and extend awareness raising of eye health within stores.

In addition, we will promote eye health through more face-to-face opportunities. The Eye Pod, staffed by volunteers from Specsavers and RNIB, will tour the UK. It will engage passers-by and raise awareness of the importance of eye health with key

decision makers by demonstrating the real-life impact of sight loss and different eye health conditions.

We will continue to work hard with partners to raise public and political awareness of the importance of eye health.

Influencing eye care commissioning and services

RNIB, supported by Specsavers, hosted five policy roundtable discussions throughout England, which brought together patients, health professionals working in community eye care and hospital services and commissioners. We identified innovative ways of working to better meet patient needs. We reported some ground-breaking collaborations across professional boundaries which are resulting in effective referral and treatment for local communities. We will present our conclusions to the All Party Parliamentary Group Inquiry. We want senior decision makers to give higher priority to eye health and we will continue to press for integrated services as a key way of tackling the capacity problems in hospital eye departments.

Improving eye health data

Sharing information among all professionals at each stage of the patient's pathway will improve service planning and efficiency. A recurrent theme from the policy roundtables

Our agenda for action

was the need to improve IT systems to help facilitate information sharing. The Local Optical Committee Support Unit (LOCSU) database was cited as a good example of information sharing to improve service planning. We will continue to champion active planning that is based on the eye health needs of local communities. Along with colleagues across the eye health and sight loss sectors we are supporting the UK National Eye Health Survey to help us target services more effectively.

Fundraising to support RNIB

Specsavers stores throughout the UK are committed to raising funds to help RNIB continue its great work supporting people with sight loss and raising awareness of eye health. Specsavers is supporting RNIB's network of community sight loss advisors, which provide life-changing information, advice, care and support to ensure that people diagnosed with a sight condition don't have to go through this distressing time alone.

Reducing inequality

We know that loss of vision has a major impact on people's quality of life. By aligning eye health to wider health determinants we can reach high risk groups who are more at risk of serious sight loss. We know that some people find accessing eye care challenging. We want to understand more about how to support people who find getting out and about difficult and who have other conditions like dementia.

Specsavers employees nationwide are becoming Dementia Friends, an initiative run by the Alzheimer's Society. Every store now has at least one team member who is a Dementia Friend and understands the needs of customers with dementia a little more.

The Specsavers Healthcall teams that carry out home visits are also becoming Dementia Friends as people with dementia may not be able to recognise or articulate the issues that many of us face when we begin to lose our sight.

In addition, recent research found that almost half of participants with dementia and sight loss were no longer visually impaired with an up-to-date spectacle prescription [27]. We also know that only one in three people who are entitled to eye tests at home make use of this service [2017 YouGov poll]. It is vital that, in an ageing society, we meet the needs of these vulnerable people.

Leadership

We have actively promoted examples of good practice in eye care, designed to meet patient need. We call on senior decision makers in health and social care, and local eye health champions to work together to ensure that people receive timely treatment to prevent avoidable sight loss. Without this leadership the eye health crisis will continue to worsen. The economic burden of £28.1 billion each year will continue to deepen and patients' sight will be put increasingly at risk. We must act now.

Appendix A: Policy roundtable participants

Adele Gittoes, Aneurin Bevan University Health Board - Corporate Services

Alan Tinger, Chair, Local Optical Committee Support Unit

Andrew Miller, Clinical Optometrist, Focus Birmingham

Andy Cassels-Brown, Consultant Ophthalmic Surgeon, St James's University Hospital, Leeds

Chris Newell, Commissioning Lead, Local Optical Committee Support Unit

Claire Bailey, Consultant Ophthalmologist, Bristol Eye Hospital

Claire Roberts, Chair of West Midlands Local Eye Health Network

Craig Mackenzie, Ophthalmic Optician, Specsavers Newport Gwent

Craige Wilson, Assistant Director of Operations, Cwm Taf Health Board

David Hewlett, Chief Executive The Federation of (Ophthalmic and Dispensing) Opticians and member of the Optical Confederation

David Parkins, Chair of Clinical Council for Eye Health Commissioning, College of Optometrists

Edward Mallen, Head of Optometry and Vision Science, University of Bradford and Vice President, College of Optometrists

Fazilet Hadi, Director Advocacy and Deputy CEO, RNIB

Fiona Spencer, Consultant Ophthalmic Surgeon, Manchester Royal Eye Hospital and Trustee of Royal College of Ophthalmologists

Frank Moore, National Service Delivery Manager (NHS), Specsavers

Geeta Menon, Chief of Service - Clinical Education/ Consultant Ophthalmic Surgeon, Frimley Health NHS Foundation Trust

Helen Lee, Eye Health Policy Manager, RNIB

James Courtney, Commissioner, City and Hackney Clinical Commissioning Group

Jasvir Singh Grewal, Consultant Ophthalmologist, Princess Alexandra Hospital, Romford

Jim Barlow, RNIB Volunteer, former Head of Primary Care for Staffordshire and Shropshire (chairing roundtables)

John Lawrenson, Professor/Adviser, College of Optometrists

Karen Reeves, Vanguard Network Programme Manager, Moorfields Eye Hospital

Katie Padwell, Ophthalmic Nurse, Queen Alexander Hospital, Birmingham

Kevin Liu, Optometrist Director, Specsavers Sale

Martin Cordiner, Head of Research, College of Optometrists

Appendix A: Policy roundtable participants

Mary-Anne Sherratt, President, College of Optometrists and Bristol Eye Hospital

Michael Austin, Consultant Ophthalmologist, Singleton Hospital, Swansea and Chair of Wales Ophthalmic Planned Care Board

Michael Tupper, patient representative

Mike Bowen, Director of Research, College of Optometrists

Naomi Charlesworth, NHS Portfolio Manager, Specsavers

Nigel Kirkpatrick, Consultant Ophthalmologist, Gloucester, and Clinical Director, Newmedica

Nizz Sabir, Commissioning Lead, Local Optical Committee Support Unit

Paul Morris, Director of Professional Advancement, Specsavers

Paul Ursell, Consultant Ophthalmologist, Epsom and St Helier Hospitals

Richard Rawlinson, Commissioning Lead, Local Optical Committee Support Unit

Richard Whittington, CEO, Local Optical Committee Support Unit

River Calveley, Commissioner, City and Hackney Clinical Commissioning Group

Ross Campbell, Director of Optometry Advancement, Specsavers

Safina Rashid, Head Orthoptist, The Royal Free Whittington and St Pancras Hospital

Simon Dewsbury, Health Education England Clinical Leadership Fellow, Leeds Teaching Hospitals NHS Trust

Susan Hoath, CEO, Focus Birmingham

Tim Manners, Consultant Ophthalmologist, York, and Clinical Director, Newmedica

Appendix B: Eye health indicators

Indicator	Latest estimate	Previous estimate (year stated)	Trend	Area	Source
1. Sight Loss Number of people in the UK living with sight loss that has a significant impact on their lives	2.07 million (2017)	2.03 million (2016)	Increase	UK	Pezzullo et al (2016) [4] *See note
2. Blindness Number of people in the UK living with severe sight loss	275,000 (2017)	270,000 (2016)	Increase	UK	Pezzullo et al (2016) [4] *See note
3. Living with sight-threatening conditions Number of people in the UK living with sight-threatening conditions	5.85 million (2017)	5.7 million (2016)	Increase	UK	NEHEM (2013) [28] Diabetes UK (2017) [29] Minassian and Reidy (2009) [30] *See note
4. Rate of certification Number of new CVIs per 100,000 people a) AMD for those aged 65 and over b) Glaucoma for those aged 40 and over c) Diabetic eye disease for those aged 12 and over d) All causes for all age groups	a) 114.0 per 100,000 b) 12.8 per 100,000 c) 2.9 per 100,000 d) 41.9 per 100,000 (2015/16)	a) 118.1 per 100,000 b) 12.8 per 100,000 c) 3.2 per 100,000 d) 42.4 per 100,000 (2014/15)	Decrease (except glaucoma which remains the same)	England	PHE (2017) [31]

Appendix B: Eye health indicators

Indicator	Latest estimate	Previous estimate (year stated)	Trend	Area	Source
<p>5. Older people</p> <p>a) Number of people in the UK aged 65 and over</p> <p>b) Number of people in the UK aged 85 and over</p>	<p>a) 12 million</p> <p>b) 1.61 million (2017)</p>	<p>a) 11.8 million</p> <p>b) 1.57 million (2016)</p>	Increase	UK	ONS (2016) [32]
<p>6. Diabetes</p> <p>Number of people in the UK who are diagnosed as having diabetes</p>	3.6 million (2016)	3.5 million (2015)	Increase	UK	HSCIC (2017) [33] Welsh Government (2017) [34] ISD (2017) [35] DHSSPS (2017) [36]
<p>7. Diabetic retinopathy: uptake</p> <p>Proportion of people offered screening who were screened</p>	82.1% (2016/17, quarter 3)	83.6% (2015/16, quarter 3)	Decrease	England	PHE (2017) [37]
<p>8. Dementia</p> <p>Estimated number of people living with dementia in the general population</p>	850,000 (2015)	800,000 (2012)	Increase	UK	No new data. Alzheimer's Society (2014) [38] Alzheimer's Society (2012) [39]

Appendix B: Eye health indicators

Indicator	Latest estimate	Previous estimate (year stated)	Trend	Area	Source
9. Smoking Proportion of adults (16 and over) in the UK that smoke	16% (2016)	19% (2014)	Decrease	UK	ONS (2017) [40] ONS (2015) [41]
10. Stroke Estimated number of stroke survivors in the UK	1.2 million (2016)	1.1 million (2013)	Increase	UK	No new data. Stroke Association (2016) [42] Stroke Association (2013) [43]
11. Direct cost of sight loss Cost through NHS expenditure	£3 billion (2013)	£2.1 billion (2008)	Increase	UK	No new data. Pezzullo et al (2016) [4] Access Economics (2009) [44]
12. Indirect cost of sight loss Cost through loss of healthy years of life and unpaid care	£25.1 billion (2013)	£19.9 billion (2008)	Increase	UK	No new data. Pezzullo et al (2016) [4] Access Economics (2009) [44]
13. Sight tests Number of NHS sight tests per year	16.3 million (2015/16)	16 million (2013/14)	Increase	UK	HSCIC (2016) [45] ISD (2016) [46] Stats Wales (2016) [47] HSCNI (2016) [48]

Appendix B: Eye health indicators

Indicator	Latest estimate	Previous estimate (year stated)	Trend	Area	Source
14. Outpatients Total number of NHS outpatient ophthalmology appointments	8.2 million (2015/16)	7.9 million (2014/15)	Increase	UK	HSCIC (2016) [49] ISD (2016) [50] Stats Wales (2017) [51] DHSSPS (2016) [52]
15. New outpatients Number of NHS outpatient ophthalmology appointments for new patients	2.1 million (2015/16)	2 million (2014/15)	Increase	UK	HSCIC (2016) [49] ISD (2016) [50] Stats Wales (2017) [51] DHSSPS (2016) [52]
16. Cataract Number of NHS cataract operations	396,000 (2014/15)	337,000 (2011/12)	Increase	England	No new data. HSCIC (2015) [53]

*Note

These indicators are based on prevalence estimates. The estimates were applied to population data for the relevant year.

The population data references for 2016 are: Office for National Statistics (ONS) (2016). Subnational Population Projections, 2014-based projections release [data file]. ONS. Stats Wales (2013). Population projections by local authority and year, 2011-based local authority population projections for Wales [data file]. Welsh Government. Information Services Division (2014). Council Area Population Projections, 2012-based projections release [data file]. NHS Scotland. Northern Ireland Statistics and Research Agency (NISRA) (2016). Population projections for areas within Northern Ireland, 2014-based projections release [data file]. NISRA.

The population data reference for 2017 is: Office for National Statistics (ONS) (2015) 2014-based National Population Projections (ONS).

Indicator 3. Two thirds of the increase is due to Diabetes UK new preferred estimate of the number of people with undiagnosed diabetes. Previously 550,000 was the stated estimate for the number of people with undiagnosed diabetes in the UK. A different estimate now used by Diabetes UK suggests the number is 1 million. See latest Diabetes UK 'Facts and Stats' (Oct 2016).

Appendix C: References

- [1] RNIB. (2016). The State of the Nation Eye Health 2016. RNIB and Specsavers. Available from www.rnib.org.uk.
- [2] Deloitte Access Economics. (2017). Incidence and risk of sight loss and blindness in the UK. Available from www.rnib.org.uk.
- [3] Specsavers calculation based on the Office of National Statistics' 2015 and 2016 UK 18+ population estimates.
- 2015 population estimate for those who have been for an eye test in past year = $51339161 \times 0.4567 = 23,446,594.83$
- 2016 population estimate for those who have been for an eye test in past year = $51767543 \times 0.4750 = 24,589,582.93$
- $24,589,582.93 - 23,446,594.83 = 1,142,988.10$
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State of the Nation Eye Health 2017: A Year in Review provides a review of activity and some new evidence on eye health across the UK. We hope it supports strategic thinking as we work together to transform eye health and take steps to stop people losing their sight unnecessarily.

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