

The Royal College of Ophthalmologists (RCOphth) response to Improving lives: Work, Health and Disability Green Paper

1. Introduction

- 1.1 The Royal College of Ophthalmologists welcomes the opportunity to respond to this consultation.
- 1.2 The Royal College of Ophthalmologists is the professional body for ophthalmologists and we champion excellence in the practice of ophthalmology on behalf of our members to optimise care for patients. We set the curriculum and examinations for trainee ophthalmologists, provide training in eye surgery, maintain standards in the practice of ophthalmology, and promote research and advance science in the specialty.
- 1.3 We work with leaders across the eye health sector to help shape eye services for the benefit of patients.
- 1.4 We have set out below our responses to the relevant consultation questions.
- 1.5 For the past three years, The Royal College of Ophthalmologists (RCOphth) has been working with the Department for Work and Pensions (DWP) to improve the Work Capability Assessment (WCA) where it relates to claimants with sight impairment. We have particularly been involved with making improvements to the training and guidance of the Health Care Professionals who carry out assessments.
- 1.6 We are in agreement with the opening statement of the green paper “*This government wants to help everyone to be able to enjoy the independence, security and good health that being in work can bring.*”

2. Concerns:

- 2.1 The WCA was designed mainly for people with musculoskeletal and mental health conditions and is not a good tool for assessing people with sight loss.
- 2.2 As ophthalmologists, we have the responsibility for certifying permanent severe sight loss in our patients and feel that our thorough, comprehensive assessment of a patient’s vision should carry more weight in the WCA process.
- 2.3 Our patients who are certified as having Severe Sight Impairment (SSI) should not be regularly reassessed as their vision will not improve, and is very likely to deteriorate further with time.

3. Response to selected relevant consultation questions:

Question 2.1 How do we ensure that Job Centres can support the provision of the right personal support at the right time for individuals?

Question 2.2 What specialist tools or support should we provide to work coaches to help them work with disabled people and people with health conditions?

Sight impairment is multi-faceted, and it requires more than a simplistic knowledge of visual functioning to understand the complexities of the resulting disability. We do not believe that “work coaches” employed at Job Centres will be adequately qualified to support claimants with sight loss. Without intensive training, they will not be suitable “disability specialists” for this group of claimants and we strongly advise that specialist organisations, such as the Royal National Institute of Blind People (RNIB), who are experienced in this type of employment support, are used by the DWP to provide professional and adequate support to this relatively small but needy group who would have great difficulty finding a job.

Question 4.1 Should we offer targeted health and employment support to individuals in the Employment Support Allowance Support Group, and Universal Credit equivalent, where appropriate?

Question 4.2 What type of support might be most effective and who should provide this?

Question 4.3 How might the voluntary sector and local partners be able to help this group?

We agree in principle that people in the Support Group should have access to employment support should they feel able to undertake some form of paid work. However, we are concerned that they might be discouraged from doing so when they will experience a steep drop in benefit income should they be moved into the Work Related Activity Group, now remunerated at a much lower level than previously. Even with employment support, patients with sight loss have a fairly low success rate in finding sustained employment with more than a very basic income.

As stated previously, only specialist providers, whether from the voluntary sector or other established and accredited organisations, should provide this service.

Information concerning Access to Work should be made more readily available to people with sight loss and also to prospective employers, neither of whom are sometimes aware of the excellent support available.

Question 6.3 What other alternatives could we explore to improve the system for assessing financial support?

The WCA has a section for the assessment of people with sensory impairment, but the emphasis for people with sight loss is on their ability to navigate in familiar or unfamiliar places and in how they are able to communicate. We have worked with the medical policy team at the DWP to make some improvements to the training of HCPs and changes to the guidance notes for making assessments, but the process is still quite unsuitable for our patients with severe sight problems.

In particular:

1. People who are certified by a consultant ophthalmologist as having SSI will not be able to sustain reading of N16 print, even with a magnifier or other low vision aid and should therefore be placed in the Support Group. (See attached evidence paper).
2. During a WCA, the ability to read Braille should not be taken as a substitute for reading print because in the real world of employment, very few jobs could be carried out using Braille in place of print.
3. People who are certified as having SSI should not be subjected to repeat assessments as their health condition will not improve.
4. New sensory descriptors should be included in any revision of the WCA.

Question 12.1 How should access to services, assessment, treatment and employment support change for people with mental health or musculoskeletal conditions so that their health and employment needs are met in the best possible way?

We are surprised that sensory impairment has not been given an equivalent question in this consultation, presumably because of the very small percentage of claimants involved. However, it should be noted that they are a group requiring special attention in terms of assessment and support.

Question 14.1 How can we best encourage innovation through local networks, including promoting models of joint working such as co-location, to improve health and work outcomes?

Since the National Health Act 1948, there has been a process linking health and social services for people who lose their sight. Ophthalmologists have worked with the social care sector through the Certificate of Vision Impairment (and its less user-friendly predecessors) so that a highly qualified health professional assesses the vision of a patient and notifies the local social services department of their need for support. This is unique in the realm of joint working. Since the 1990s, multidisciplinary clinics have become widespread, and eyecare professionals work side-by-side with rehabilitation workers and social workers to enable those diagnosed with conditions causing vision impairment to access support for daily living, finance and employment in a timely manner. The local and national voluntary sight loss organisations also have a wealth of experience in providing individual support to people who lose their sight and are now well integrated into the multi-disciplinary system.

4. Conclusion

4.1 The government should use the vast expertise of this well-established network of health, social service and voluntary sector personnel rather than assuming that all HCPs and work coaches are as adequately qualified to make judgments and give specialist advice.

16 February 2017