



The Royal College of Ophthalmologists' response to the London Assembly Health Committee's Call for Evidence on Eye Health and preventing Sight Loss in London

INTRODUCTION

The Royal College of Ophthalmologists (RCOphth) is the professional body for around 3000 ophthalmologists and trainees in the UK. A quarter of our members are based in London.

We work to ensure quality of patient care through the maintenance of high standards in ophthalmology and the wider eye service. We work closely with clinical leaders across the sector to help shape eye services for the benefit of patients.

The RCOphth welcomes the opportunity to respond to this Call for Evidence. We strongly support the Mayor's efforts to address and reduce health inequalities in London and strongly endorse the Committee's attention to eye health and sight loss issues, which are often insufficiently understood, prioritised and resourced.

We respond to the questions set out in the Call for Evidence document in the following sections, focussing on those which relate most to our key areas of expertise. In brief, the RCOphth advocates the introduction of a national eye health strategy – as is the case for cancer, dementia and stroke. The GLA should consider promoting an eye health strategy for London in advance of national progress.

CONSULTATION QUESTIONS

1. Why should eye health be a priority for London?

Londoners are living longer, continuing to work past traditional retirement age and enjoying the benefits of remaining active and independent further into old age than ever before. However, the greatest risk factor for sight loss is age, so as the population ages, the amount of sight threatening disease increases. This means that prevention and early detection of eye conditions is more important than ever, and improving how we manage eye disease must become a priority.

Poor vision has a major impact on quality of life. It can result in people becoming house-bound, unable to work or drive and losing the freedom to get out-and-about and remain independent. Sight loss impacts on the ability to work and on the jobs that people can apply for, including those which require the ability to drive, which is a major concern for London

given its large working age population. Maintaining people's economic independence is vital to a thriving city.

Eye sight has been rated as the sense that people fear losing most. Sight loss is associated with increased rates of depression and anxiety, and many people commonly say that they feel loss of vision is second only to death and cancer for affecting quality of life.

However, due to new treatment, rapid population growth and ageing, eye care and health services are struggling to meet unprecedented demand resulting in patients receiving different levels of service depending on their location and how well services have adapted to demand. For example, Hospital Episode Statistics for 2016 show that patients referred to an ophthalmology department in Croydon waited an average six weeks for their first outpatient appointment, while those in Bexley waited over 12 weeks.

Although these times fall within the legal 18 week NHS target, the figures may suggest variations in service due to pressure that do not reflect the differing needs of each patient.

While this is national issue, London has the opportunity to be at the forefront of the debate about improving eye health services and levelling up so that best practice is shared and variations in service are addressed. In this way, it could lead the way in improving the population's sight.

2. What are the key factors that affect eye health? Which groups are particularly affected?

The key factors that affect eye health are age, lifestyle, genetics and eye disease management. New immigrants, including refugees, and those from lower socioeconomic groups often have less awareness of the issues around prevention and how to access health services, especially if they are unfamiliar with local systems and services. Language barriers can also limit understanding of messages about maintaining eye health, whether relating to lifestyle, genetics or more advanced disease.

Diabetic retinopathy screening, attendance at hospital for care, and control of diabetes are particularly important issues in London given the diverse ethnic and socioeconomic makeup. Higher rates of Type 2 diabetes among some ethnic groups, such as from South Asia, mean they have a greater risk of diabetic retinopathy, which make control of diabetes critical for eye health. Glaucoma is also more prevalent among some Afro-Caribbean groups than in the general population, so regular eye tests to detect it early on are important.

The size of London means that travel can also be a barrier to accessing health services, particularly for those already with sight impairment and other disabilities.

3. How aware are people of the importance of maintaining eye health? What are the main barriers to raising awareness?

Overall, public awareness of the importance of maintaining eye health is insufficient. There should be greater understanding of the role of lifestyle factors, as well as regular eye tests and greater emphasis on the importance of attending hospital appointments. The RCOphth recently collated compelling evidence that reveals nationwide up to 22 patients a month are losing sight due to health service initiated delays – see response to question eight later.

While people take measures such as using eye protection at work, the less obvious aspects of prevention, such as not smoking, eating a healthy diet and managing diabetes are still not widely understood for eye health. Awareness is especially low in areas of social deprivation, and the lack of optometry practices in these areas means there is insufficient provision to the raise awareness of their local populations. Building relationships with local residents is important to break down this perception and encourage uptake of regular eye tests.

4. How can eye health be integrated with other public health and social care activity at local or London-wide levels?

Local and secondary care provision must be better joined-up, ensuring ophthalmologist oversight where possible. Specifically, commissioners should prioritise eye health, including making explicit and detailed reference to them within sustainability and transformation partnerships.

It is also important to ensure adequate numbers of specialist staff are available and there is sufficient NHS estate in which to base eye services.

Local authorities should ensure that public health provision adequately addresses eye health, ensuring diabetes and other systemic disease is better controlled and eye tests are more widely accessed. Virtual and mobile clinics can be used to bring more care into the community.

In particular, it will be important to monitor waiting times for of diabetic retinopathy screening, AMD services and demand for emergency eye care, which is under huge pressure in London.

There should also be better access for visually impaired patients to low vision and mobility aids, social services and support with gaining employment.

For further information, the Clinical Council for Eye Health Commissioning (CCEHC) have produced frameworks specifically for commissioning low vision, primary eye care and community ophthalmology services in a more integrated way to tackle capacity issues.¹

5. What impact do poor eye health and sight loss have on wider health and wellbeing?

¹ <https://www.college-optometrists.org/the-college/ccehc/delivery-models.html>

See question 1

6. What are the main challenges around improving screening and eye test uptake, in both adults and children?

One of the most important prevention measures is the availability of free eye tests, such as for those aged over 60. However, a significant barrier to uptake is the widespread public perception that having an eye test goes hand in hand with having to buy expensive glasses or contact lenses. This is a particular concern for those on lower incomes. Optometry practices tend not to be located in areas of deprivation, making them harder to access and reinforcing the perception that they are commercial businesses rather than health care providers.

The health care aspect of eye tests is not widely understood or explained in a way that all Londoners can understand and act on.

Further, children's eye screening is not uniformly commissioned and therefore many 4-5 year olds miss out on a free eye test which could detect problems and prevent sight loss later in life. Parents may also be unaware of the test, especially in low socioeconomic areas or where English language is poor.

7. What impact is the rising prevalence of eye health problems having on the health care system in London?

Across the UK, there has been a 40% increase in ophthalmology activity in the last decade.² This is largely due to the growing ageing population which is set to continue.

Epidemiology analysis from our recent research, The Way Forward project, found that the number of people in the UK with glaucoma is predicted to rise by 44% between 2015 to 2035, and by 22% from 2015 – 2025. It also states that population with diabetic retinopathy is expected to increase by *a minimum* of 20% over the next 20 years. Prevalence projections suggest an increase of 50% in the number of cataract operations needed over the next 20 years (and 25% over the next 10 years).³

Though these figures relate to the whole country, the trends are even more pronounced in large, diverse, highly populated and rapidly growing cities like London.

8. What impact does treatment delay have on patient outcomes and the wider health and care system?

² www.hscic.gov.uk/hes, www.isdscotland.org/, www.wales.nhs.uk/statisticsanddata/sourcesofdata

³ <https://www.rcophth.ac.uk/standards-publications-research/the-way-forward/>

A study conducted through the British Ophthalmological Surveillance Unit indicated that up to 22 people per month in the UK permanently lose sight due to delayed treatment.⁴ If we apply this number to the London population, this could suggest that around 3 Londoners each month needlessly lose their vision.

Between April 2011 and March 2014, National Reporting and Learning System (NRLS) data uncovered 577 delayed glaucoma appointments, resulting in 58 patients with severe harm and 118 with moderate harm.

The NRLS also showed almost 500 incidents of severe (130) and moderate (350) vision loss due to delayed review appointments in ophthalmology outpatients between August 2011 – September 2013. This was mostly in glaucoma, macular degeneration and diabetic retinopathy, long term conditions that must be appropriately managed to prevent irreversible sight loss.

These patients will need varying levels of additional health and care support, such as counselling or residential care, that could have been prevented with timely treatment.

This evidence supports growing concerns that patients are coming to harm because of insufficient capacity. It is vital to ensure that services have the capacity to deliver for all patients, so commissioners must work closely with providers to develop innovative ways of working across community and hospital services to meet demand.

9. What additional challenges are there in supporting people who are homeless, in prison or have learning disabilities to maintain good eye health?

See question 2

10. How could the Mayor and the GLA further support better prevention, detection and treatment of eye health issues in London?

The Mayor and GLA should:

- make eye health a priority for London and become a national leader on eye health issues for the rest of the UK
- raise public awareness about the importance of healthy lifestyles, eye tests and hospital appointments for maintaining our eye health

⁴ <https://www.rcophth.ac.uk/2017/02/bosu-report-shows-patients-coming-to-harm-due-to-delays-in-treatment-and-follow-up-appointments/>

- support commissioners to improve eye care services through endorsing and encouraging uptake of guidance by the Clinical Council for Eye Health Commissioning⁵
- champion the Community Ophthalmology Framework which was produced to tackle hospital capacity problems through delivering more care in the community⁶
- promote The Way Forward document which highlights the need to develop the appropriate workforce, including enabling more capacity through joint working between Ophthalmologists and Optometrists; the importance of better collection and reporting of data; and empowering, and informing, patients.⁷

For more information please contact Laura Coveney – laura.coveney@rcophth.ac.uk

⁵ <https://www.college-optometrists.org/the-college/ccehc/delivery-models.html>

⁶ <https://www.college-optometrists.org/asset/04657CE1%2D1824%2D4058%2DB8C6ADC4E40A9A76/>

⁷ <https://www.rcophth.ac.uk/standards-publications-research/the-way-forward/>