

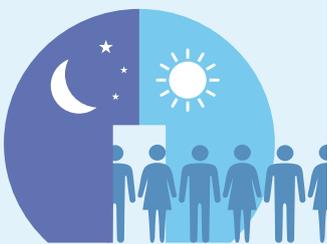
Ophthalmology – the hospital eye service in crisis

The RCOphth workforce census 2018 figures confirm that there are not enough ophthalmologists to safely cope with rising demand

Nearly 10% (9 million annually) of all outpatient appointments are for eye clinics
Ophthalmologists perform 6% of all surgery in the UK



85% of units dependent on waiting list initiative and out of hours sessions



2016

88

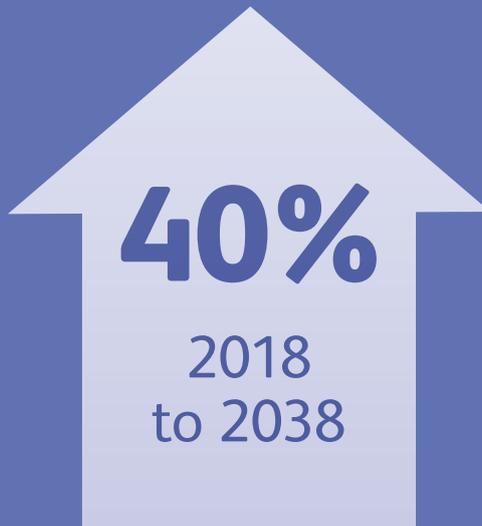
new consultant posts needed



2018

230

new consultants needed to meet demand



2018 to 2038

A 40% increase in demand for eye services is predicted over the next 20 years



67% of units are using locums to fill 127 consultant posts

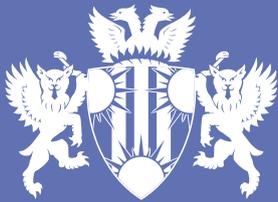
The number of locums has significantly increased since 2016 by 52%



22 patients per month losing vision from hospital initiated system delays



The overall economic burden of sight loss is estimated to be £28 billion in the UK



The ROYAL COLLEGE of
OPHTHALMOLOGISTS

There is a severe shortage of ophthalmologists and resources to cope with the huge and continuing increase in demand. The major changes made in efficiency and the extension of roles for non-medical and community staff are not sufficient for the 3% year on year increase in patients. The government and policymakers have failed to address the ophthalmology workforce and resource shortage, resulting in repeated delays in care and patients coming to harm.

Increasing demand

There has been a rapid increase in demand for ophthalmology care due to rising population age and new treatments for previously untreatable conditions. Ophthalmology is now the busiest outpatient specialty*. A 30-40% increase in demand is predicted over the next 20 years and there are not enough trained staff to deliver this.

Many ophthalmology patients have chronic sight threatening disease

There is an assumption that ophthalmology is mainly cataracts and minor conditions. However, most ophthalmic patients have chronic lifelong diseases such as glaucoma, macular degeneration and diabetic retinopathy. These diseases cause loss of sight and blindness and, once the vision is lost, it cannot be regained.

Even with more use of community and non-medical professionals, there is a major gap in ophthalmic doctor workforce

67% of units are using locum consultants to cover 136 unfilled consultant ophthalmologist posts with 42 empty consultant posts, unable to obtain locums. In Scotland things are worse where 1/5 of consultant posts are not filled.

There are particular issues for specialists in glaucoma and medical retina (50% posts advertised are unfilled) and paediatrics (73% of posts advertised unfilled).

Over the last 5 years from 2012/3 to 2016/7 there has been an increase in ophthalmology demand of 18% but the increase in total ophthalmologist doctor numbers over the same period is only 8%**.

Overall, 230 extra consultant ophthalmologists are estimated to be required over the next 2 years. Currently there are only 60-70 trainee doctors emerging from the training programme per year.

Most units have delays and patient backlogs

Hospital eye units are struggling to cope – 85% of trusts are unable to meet demand with existing resources and are running waiting list initiative and out of hours sessions. Research undertaken by eye patient charities shows that 40-50% of patients with serious eye diseases requiring a follow up appointment have experienced cancellations or delays to appointments or treatments. The highest risk of permanent visual loss in ophthalmology is not in new patients – patients requiring follow up are 8-9 times more likely to be at risk of sight loss. The current outpatient system of targets and tariffs favours new patients and increases the risks of delay for the most vulnerable eye patients.

Risks to patient safety

The lack of ophthalmology outpatient capacity is continuing to cause patient harm, particularly to follow up patients with chronic diseases (glaucoma, retinal conditions). Data from incidents, research studies and patient groups show that, since 2010, about 200 patients per year are suffering permanent vision loss due to delays. In 2015-6, over a 12 month period, 132 patients experienced permanent deterioration of vision with 42 of these registered as Severely Sight Impaired or Sight Impaired. Many more patients are becoming distressed and anxious about their delays.

Loss of sight is devastating and costly

Loss of sight, especially if avoidable, is devastating, reduces quality of life and independence, affects employment and the ability to drive, and increases the risk or impact of numerous other health issues including falls, depression and dementia. This has a huge health, social care and societal cost. The overall economic burden of sight loss is estimated to be £28 billion in the UK. It is estimated that about 50% of all sight loss in the UK is preventable (UK vision strategy 2013) through early intervention and prevention. Failure to invest in eye services is therefore hugely cost inefficient.

The College calls on government and policymakers to work directly with the College and other stakeholders for a properly funded, National Eye Health Plan to protect eye care services and prevent further patient harm and avoidable vision loss.

* Data from NHS Digital. **Data from NHS Digital and HES.