FODO – the Association for Eye Care Providers

The future of primary eye care – principles and priorities

Maximising patient, population and health system benefits

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Building on our success – better eye care for all

Primary eye care in England, Northern Ireland, Scotland and Wales is recognised as one of the world's most advanced eye care systems. This is a major achievement, of which we should be proud.

Primary eye care providers are at the heart of this success. They have invested personal resources over many decades in training and education, new technologies and models of care to meet changing population needs.

As a key pillar of the wider primary care system, they employ the largest qualified eye care workforce in the four nations and are at the heart of every community caring for the population's vision and eye health.

Protecting the foundations of the eye health system

The bedrock of the UK eye health system is the sight test. Legislated for in the Opticians Act, it provides a universal eye health assessment, case-finding and vision correction service from which all other eye care services flow, including ophthalmology. As a result, no child or adult in the UK needs to suffer uncorrected vision or its impacts, and asymptomatic sight-threatening diseases can be detected early.

These are all significant achievements which we should celebrate. FODO is committed to protecting and advancing these benefits as a public good so that service users, the NHS and taxpayers continue to benefit from all that has gone before.

Eliminating system risk

Thanks to significant advances in diagnostics, surgery and drug therapies, we can now treat and prevent many more cases of sight loss, but our health systems in all four nations are struggling to cope. This includes more than 20 people a month suffering avoidable sight loss due to delays in glaucoma care in the hospital eye service (HES). [reference number 1]

Each case of preventable sight loss due to delays in care is a serious incident. We can and must work together across the system to reduce these cases to zero and eliminate system risk. This is an ambitious but achievable goal.

So, while we have much to be proud of in eye care, we must now push forward to meet changing eye health needs. At the heart of this effort will be streamlining and expanding access to enhanced eye care pathways so that no patient suffers avoidable sight loss due to delays in accessing specialist support in the HES.

Supporting sustainable models of eye care

To deliver this vision we must move rapidly to take full advantage of all that primary eye care has to offer. This means primary eye care providers meeting more eye health needs. Enabling patients to access high-quality clinical care close to home on time. Achieving this will, in turn, reduce pressure on GP and hospital colleagues, optimise system capacity and address the bottlenecks causing avoidable sight loss due to delays in care.

Acting now will also help address the associated personal and system costs and impacts of sight loss.

FODO will do this by continuing to support collaboration across all health systems to increase service delivery through primary eye care providers. This support will include improving access to clinical services and medical devices for those in greatest need and ensuring patients get the right care in the right place at the right time.

Date point: The scale and impact of sight loss in the UK [reference number 2]

2.1 million people living with sight loss

It costs £36bn each year, made up of

- £24.8bn in reduction in quality of life and the impact of disabling sight loss

- £6.2bn in reduced employment opportunities and increase in informal carer responsibilities
- £3.4bn in additional health system costs including increased risk of falls
- £1.6bn for the cost of aids and other economic impacts

Our guiding principles for primary eye care

In all that we do, we will work with our members and partners in line with our principles for primary eye care.

1. Deliver universal access to responsive and safe eye care services.
2. Work in the best interests of patients.
3. Protect and promote patient choice.
4. Support evidence-based innovation.
5. Maintain high-quality eye care infrastructure for the public benefit.

We start this journey from a position of strength as our members already provide comprehensive NHS primary eye care services in various locations in the UK. This includes offering care which would once only have been available in hospitals. However, there is more to do.

Our priorities

We will continue to tackle avoidable sight loss by spreading best practice, investing in our workforce, and strengthening interprofessional communications and integrated working. We will advance these goals through our priorities for 2023-2026:

- Protecting and advancing General Ophthalmic Services (GOS) so that all eligible NHS patients can access essential eye care based on clinical need.
- Expanding the range of NHS primary eye care services to meet growing needs, helping reduce pressure on hospitals and GPs.
- Supporting members to provide enhanced eye care services where the NHS fails to commission these, so more patients are able to access these services closer to home.

- Maximising the positive impact of technology and innovation for patients. This includes supporting better, more efficient and standardised IT connectivity between primary and secondary eye care.
- Developing and delivering a progressive and sustainable workforce strategy for primary eye care so patients can always access timely care.
- Ensuring proportionate regulation of eye health services so patients can access safe and effective care while minimising costs for patients, providers and the NHS.

As The Association for Eye Care Providers, FODO commits to working through members and with partners to make change happen for the benefit of all patients and populations across the UK.

Protecting and advancing core primary eye care services

The UK starts from a strong position when planning to meet future eye health needs. Its strength derives from its world leading primary eye care sight testing and case-finding service. A core primary care service which is accessible, affordable, and underpinned by patient choice which drives investment in quality care for all.

This sight testing service is the bedrock of the national eye health service in all four UK nations and a major public and population health achievement. This is why FODO remains committed to:

- Preserving patient protections and choice in legislation.
- Protecting the national NHS sight testing service. Including retaining a nationally commissioned demand-led service with nationally negotiated fees and grants in each of the four UK nations to avoid unnecessary variation and costs.
- Calling on UK governments and health systems to fund core primary eye care services in a sustainable way.
- Minimising health inequalities by enabling access to primary eye care services for all. Including safeguarding patient benefits for children and the most financially vulnerable.

Data point: Total number of sight tests provided each year

Scotland: 1,596,000

Northern Ireland: 680,000

Wales: 1,148,000

England: 19,632,000

UK total: 23,056,000 [reference number 3]

The average referral rate ranges between 3-5% [reference numbers 4 and 5]

Evidence shows optometrist referral accuracy following a sight test is good [reference number 6]

Referral refinement following a sight test can help further improve accuracy of referrals, enabling more patients to be managed in primary care [reference numbers 7 8 9]

Our ambition is for all UK governments to commit to providing at least the core primary eye care services level offered in Scotland to all eligible citizens. We also want to make the best use of currently under-used core clinical ability from optometrists and dispensing opticians.

We then need to go further by maximising the use of our qualified workforce and extensive infrastructure in primary eye care to expand the range and availability of enhanced care pathways.

We will work with government, sector and system partners to achieve this vision.

Data point: Primary eye care in Scotland – a major success

“Community optometry is now established as the first port of call for patients with eye problems, reducing pressures on GPs and the HES and the need for patients to travel to hospital to access eye care.” Public Health Scotland [reference number 10]

1,596,283 eye examinations

585,997 Supplementary and enhanced primary eye care examinations [reference number 11]

Top three reasons for an enhanced eye examination [reference number 12]

1. 209,608 Symptoms requiring investigation
2. 188,103 Anterior eye condition
3. 86,623 Additional diagnostic tests

In a typical year, primary eye care in Scotland sees more than 480,000 cataracts, 260,00 external eye diseases, 56,000 glaucoma/hypertension, 130,000 macular problems, and 27,000 neurological disorders and other conditions [reference number 13]

Supporting enhanced primary eye care services

The UK population continues to grow and people are living longer [reference number 14]. Longer life is something to be proud of, but the risk of many eye conditions – including cataracts, glaucoma and macular degeneration – increases with age.

Data point: Risk of sight loss increasing with ageing population

- 2.1 million people living with sight loss today
- 2.7 million people living with sight loss by 2023

Every day, 250 people start to lose their sight in the UK. There are more than 600,000 people with age-related macular degeneration (AMD), and more than 500,000 are referred for cataract surgery each year [reference number 15]

Predicted increases due to ageing population:

- 44% rise in glaucoma cases (2017-2037)
- 59% rise in ‘wet AMD’ (2017-2037)
- 50% increase in cataract operations (2017-2037) [reference number 16]

The good news is that we can now treat and prevent sight loss and its associated costs and impacts in ways that were not possible until recent times. The key to better outcomes is early identification, diagnosis and treatment. Therefore, it is now crucial to expand primary eye care services to support every person to preserve their vision, age well and benefit the economy as whole.

As well as our ageing population, myopia (short-sightedness) is increasing in younger people [reference number 17], and we need to do more to ensure they have access to new evidence-based support now and in the future.

Data point: Myopia

The proportion of 11-16 year old with myopia in the UK has more than doubled over

the last 50 years, and children are becoming myopic at a younger age [reference number 18].

Existing models of care cannot meet these changing demographics and clinical needs, especially where these rely on unsustainable and strained outpatient models of care hamstrung by chronic underfunding and capacity constraints.

For example, waiting lists for hospital ophthalmology were already under pressure before the Covid-19 pandemic. With the British Ophthalmological Surveillance Unit reporting that more than 200 patients each year losing their vision because of delays in hospital care [reference number 19] and the Health and Healthcare Safety Investigation Branch reporting around 22 patients a month suffered severe or permanent sight loss because of delays in glaucoma care [reference number 20].

The Royal College of Ophthalmologists has also advised that backlogs in care have worsened during the pandemic, and new models of care and investment are needed if we are going to tackle the root causes of the challenges [reference number 21].

Data point: The scale of ophthalmology outpatient visits

Ophthalmology accounts for 8% of all outpatient activity

8.76 million ophthalmology outpatient appointments a year in the UK [reference number 22].

- 7,911,000 in England
- 322,000 in Wales
- 446,000 in Scotland
- 83,000 in Northern Ireland

Demand is predicted to increase by 40% (between 2018 and 2038) [reference number 23]

Even though Getting It Right First Time and similar initiatives across the UK have tried to fix the problems, people continue to experience permanent sight loss due to delays in care. Each case of sight loss caused by a delay in accessing an eye health

professional should always be recorded as a serious incident, and the root cause should then be designed out of systems.

In most cases, the key to tackling this will be expanding capacity to provide more care close to home in primary eye care settings.

Doing so will also help reduce pressure on GPs and hospitals and enable them to see more complex medical patients and prevent cases of sight loss while ensuring all patients get timely and local access to the care they need.

Primary eye care teams, using advanced technology, are ideally placed to be the eye care ‘front door’, providing the right care in the right place at the right time. They can offer new solutions to the prevention of sight loss, hospital avoidance, and care delivery in all communities, including those unable to leave home unaided.

This is why FODO will support:

- UK governments and all four health systems to expand enhanced primary eye care services to meet needs, prevent avoidable sight loss and reduce pressure on hospitals and GPs.
- Members who wish to provide enhanced models of eye care where the NHS does not commission such services.
- The use of technology and innovation for the benefit of patients.
- The sector to develop and train the future primary eye care workforce, which will deliver a broader range of clinical care.

We have already made significant progress here, but now we need to tackle unwarranted variation and the current postcode lottery, which is not in patients’, the NHS’s or taxpayers’ interests.

Most enhanced services can be delivered using the same infrastructure (clinicians, facilities and equipment) as the sight testing and case-finding service, which means almost all practices will play an important role. However, a smaller number of primary eye care providers across each area will need to provide more specialist services to:

- Match clinical capacity to population need.
- Focus specialist skills – e.g., advanced IP optometrists – to support a sustainable case mix.

- Provide sufficient caseload to maintain quality care for patients.

This approach acknowledges that not all primary eye care sites will want or be able to deliver the entire range of enhanced eye care services. The key will be to work together to meet needs in a sustainable way.

Data point: enhanced eye care services

Total number of enhanced primary eye care clinical interactions across the UK [reference number 24].

- Scotland 10,693 per 100,000
- Northern Ireland 1,390 per 100,000
- Wales 6,480 per 100,000
- England 1,167 per 100,000

The future has already begun – see what it means

Throughout the UK, FODO members are the leading primary eye care providers. Each year our members provide over 18 million eye examinations and are already delivering enhanced eye care services to millions of people.

We now want everybody in the UK to benefit from primary eye care, ending the postcode lottery.

We must, therefore, challenge the myths that there are legislative or regulatory barriers preventing the change that patients need to see at a national level.

We can do what we need to within the existing legal and commissioning frameworks. Where changes would benefit patients, for example, tackling barriers to NHS eye care for homeless people and people eligible for domiciliary care, the regulatory change required is easy to do.

Our members in England, Northern Ireland, Scotland and Wales demonstrate models of primary eye care that have been shown to work and prove there is no need to delay transformation via pilots or proof of concept sites. This work has already been done – now is the time to roll out best practice and to end unwarranted variation in access and outcomes for all patients.

Case study: Kathryn Trimmer

FODO Scotland chair, Optometry Scotland executive member, and optometrist in NHS Grampian, Scotland

Where I work in NHS Grampian, we have a long history of making the best use of the local eye care workforce and infrastructure, helping provide all patients with access to timely care close to home. As a result, primary care services here are some of the most advanced in the world.

Our success builds on the foundation of the national GOS contract in Scotland, which provides comprehensive NHS funded primary eye care at the point of need and access to additional diagnostic procedures.

In 2010, NHS Grampian went further by establishing enhanced service contracts for anterior uveitis, marginal keratitis, herpes simplex keratitis and foreign body removal. This has enabled more patients to be seen more quickly and reduced GP and hospital visits.

It works well and can be replicated across the UK, as community optometrists all have the same core training, qualifications and skills. We know the model works; we know it can be done elsewhere. It is about spreading best practice. FODO and its members will do more to make that happen in the years ahead.

Case study: William Stockdale

Contact lens optician, FODO member and Optometry Northern Ireland past chair

Since establishing an independent practice in Northern Ireland over 20 years ago, I have played an active role in primary eye care, including serving as a FODO director and chair of Optometry Northern Ireland.

In Northern Ireland, 95% of our population lives within five miles of a primary eye care practice. We live and work in local communities and see the importance of our sight testing service. It helps children through education, keeps people at work and helps prevent falls in older people; and, of course, helps us detect eye health issues which in turn helps avoid preventable sight loss.

It is an amazing public and population health achievement that the high standard of care the population can access without a wait is universal.

We have built on this with the Northern Ireland Primary Eyecare Assessment and Referral Service (NI PEARS), which deals with urgent eye problems and reduces pressure on GP and hospital colleagues.

In recent years we have also added an ocular hypertension and glaucoma service, which includes enhanced case finding, monitoring and treatment for OHT patients.

We continue to work collaboratively with system colleagues to build on our successes, including interconnectivity and developing enhanced services.

Case Study: Andy Britton

Optometrist in Haverfordwest, Wales and FODO's Optometry Wales council member

In Wales, we have a long history of building on the solid foundation the national sight test service provides. Today, primary eye care in Wales provides enhanced referral refinement for conditions such as glaucoma and is increasingly at the heart of emergency and unscheduled care in local communities. This includes enhanced foreign body removal and an Independent Prescribing Optometry Service.

This means we see more people close to home and out of hospital, which benefits patients, the NHS and colleagues in busy hospital departments. This is made possible by working closely with ophthalmology colleagues and system leads.

There is so much more we can do to meet needs locally and in Wales we are now ready to expand access to more enhanced primary eye care to help tackle sight loss due to delays in accessing overburdened secondary eye care services.

Case Study: Sarah Joyce BEM

FODO chair, LOCSU director, and superintendent optometrist

As a superintendent optometrist, I am fortunate to work with hundreds of optometrists and dispensing opticians. Our teams serve a wide range of patients,

often from more socio-economically disadvantaged regions, so we see first-hand how important local, accessible and affordable primary eye care services are.

We have much to be proud of in England, including our national sight test service and improved access to enhanced eye care, including urgent care, cataract assessments, and referral refinement.

Today we are delivering more enhanced primary eye care than ever before in England. However, the fragmented commissioning system in England means we are trailing behind the rest of the UK. This means providing just 1,167 NHS enhanced eye care visits per 100,000 people, compared to more than 10,000 per 100,000 people in Scotland.

New Integrated Care Boards provide the opportunity to help change happen by commissioning more universally accessible enhanced services based on clinical needs for all patients. We stand ready to support change happen across England.

Case Study: Stephen Clarke

Domiciliary optometrist, FODO and domiciliary eye care committee member

Domiciliary eye care is the most rewarding and challenging area of eye care in which I have ever worked. You can do so much good to improve the wellbeing and enjoyment of life for people who often have multiple needs.

These people who cannot visit their eye care provider are also often at greater risk of eye conditions like cataracts, glaucoma and macular degeneration.

With technological innovation, we can take retinal photographs and perform other advanced diagnostic tests at home, helping pick up eye diseases that would otherwise go undetected. This national service in all four nations is a sight-saver and lifesaver for many, and it is an honour to work in it.

We struggled to reach some care home patients during the pandemic owing to tight lockdowns, which has made us more determined to ensure that everyone who now needs help gets it. Meeting the needs of the most vulnerable is a service that must be protected and built upon to tackle inequalities in access to essential eye care.

Case Study: Elaine Styles

Optometrist and trustee, Vision Care for Homeless People

Homeless people and rough sleepers have more eye problems than the general population, with a high prevalence of uncorrected refractive error and undiagnosed cataracts, glaucoma and binocular vision problems. They are also more exposed to risk factors such as poor nutrition, trauma, smoking, drug abuse and infections.

As a small charity, we have made real progress in meeting needs, raising awareness and helping to improve lives. We see first-hand how important NHS sight tests and vouchers are and why it is essential to do more to improve access for this population.

We have performed over 17,500 sight tests. We have dispensed over 19,500 spectacles.

Our success has been made possible by a community of willing eye care professionals and eye care providers who support our work and NHS commissioners who have tried to work around bureaucratic systems and processes to enable us to deliver this vital service. We will continue to work with FODO and all sector partners to tackle the barriers the homeless and other vulnerable people face when accessing NHS eye care.

Case Study: Tanjit Dosanjh

Optometrist, Prison Optician Trust & Company

I established The Prison Optician Trust to help tackle unmet eye care needs in the prison population. Today we provide more than 14,000 eye examinations each year for women and men in prison.

Our goal is to ensure eye health inequalities are tackled at all levels. If we can help people see, they will find it easier to pick up new skills, turn their lives around, find opportunities when they leave, and reduce the re-offending rate.

We support FODO in helping to ensure everybody in the UK can access essential eye care services based on clinical need.

Maximising the positive impact of innovation and technology for patients

Innovation

Primary eye care providers have always invested in new technologies, including retinal cameras and OCT scanners, to improve care for their patients.

Today primary eye care has the infrastructure to help the NHS detect and better manage sight-threatening eye conditions such as glaucoma, macular degeneration and diabetic eye disease.

The NHS is yet to take full advantage of this world class infrastructure. When it does every NHS patient will benefit by way of early diagnosis and treatment, including referral refinement, improved patient management and less repeat tests.

Investing in innovative and evolving technologies will also continue to deliver new opportunities for the benefit of patients, the NHS and taxpayers. UK health systems must work with primary eye care to meet growing needs and prevent avoidable sight loss.

FODO, through ongoing support for the Foresight Project, and as a strong advocate for evidenced-backed innovation in healthcare, will continue to:

- Support the use, uptake and funding of evidence-based technologies for the benefit of patients. This includes NHS funding for OCT scans for patients, based on clinical need, not ability to pay.
- Work with members on areas such as artificial intelligence and machine learning in medical devices, and remote care, to ensure the benefits of such innovations also flow to eye care patients.

Integrated IT

Integrating care is recognised globally as one of the most important and effective ways of securing improvements to the health and care of populations. For example, the WHO World report on Vision recommends making eye care an integral part of

universal health coverage and creating integrated people-centred eye care within health systems [reference number 25]

Although our primary eye care system is world-leading and has existed since the NHS was founded, it remains insufficiently wired to NHS GPs and eye hospital departments. This lack of IT connectivity means patients and the wider NHS are prevented from utilising the full benefits of primary eye care expertise and infrastructure.

Efficient IT connectivity will help:

- Reduce referrals to secondary care.
- Reduce the need and cost associated with repeat diagnostic tests.
- Streamline and improve the quality and experience of care for patients.

That is why FODO strongly supports and will work with sector partners to achieve frictionless interconnectivity between primary and secondary eye care services and GPs – including tackling resource-wasting double entry by using co-produced APIs.

Developing and training the future primary eye care workforce

Primary eye care benefits from a large and flexible registered workforce that can do more to meet the population's eye health needs at all life stages.

Data point: Eye health professionals in the UK [reference number 26]

Proportion of each of the major eye health professions:

- Optometrists 57%
- Dispensing opticians 25%
- Orthoptists 5%
- Ophthalmologists 12%

Most optometrists and dispensing opticians work in primary eye care settings across the UK.

Across the UK there are:

- 24 Optometrists per 100,000 people, including 2 Independent Prescribing Optometrists per 100,000
- 11 Dispensing opticians per 100,000 people, including 2 contact lens opticians per 100,000
- 5 Ophthalmologists per 100,000. Including 2 consultant ophthalmologists per 100,000
- 2 Orthoptists per 100,000 people

Although technology will transform how care is delivered, eye care professionals will remain at the heart of service delivery for the foreseeable future.

Primary eye care teams – optometrists, dispensing opticians and trained support staff – have high levels of education, skills and training. They are, however, not yet deployed to the maximum by UK health systems.

There has also been insufficient NHS investment in skill mix and multi-disciplinary team working to maximise capacity to meet growing eye health and related need.

Focus and investment will therefore be needed for our people to continue to deliver world-class care, tackle preventable sight loss and meet increasing eye care needs in the UK.

Building on the core education and training requirements of Higher Education Institutions (HEIs) in the UK, we must also support those who wish to specialise and obtain further qualifications. Doing both well will help ensure the delivery of the full range of enhanced services at system, place and local levels in primary care.

FODO members have already invested and delivered much in supporting primary eye care workforce development, including new university departments, in-work vocational training, conversion courses and continuing professional development (CPD). We will now go further, by building on these solid foundations and supporting our highly skilled optometrists and dispensing opticians to move up the clinical leadership and skills ladder. They will be supported by other qualified professionals (ophthalmic technicians, optical assistants etc.), working under supervision to lead new services.

This will enable us to meet more needs, improve patient outcomes, and ensure we meet the different working aspirations of new registrants, promote optimal professional development and support a different work-life balance for the new generations of primary eye care professionals.

Eye care regulation

Across the UK, the Opticians Act is rightly focused on public protection and provides a robust basis for the expansion of primary eye care services covering:

- Requirements for the education, training registration, CPD, and professional standards of the core primary eye care workforce.
- The regulation of sight testing and case-finding and the safe provision of medical devices – including spectacles, contact lenses and protective eyewear.

Our analysis of the Opticians Act has shown it to be a robust, efficient and effective patient protection legislation which has stood the test of time, including enabling the safe adoption of new technologies, care models and changing scope of practice. This is evidenced by consistently high standards, enthusiasm for learning and CPD, low numbers of patient complaints and few fitness to practise sanctions.

Data point: patient satisfaction [reference number 27]

- 94% of patients are satisfied with their last visit to primary eye care
- 94% of patients are satisfied with optometrist providing a sight test

Public confidence in primary care is high

- 93% Optometrists
- 86% Dispensing opticians
- 89% Pharmacists
- 87% Dentists
- 84% GPs

Independent research shows that public confidence in optometrists and dispensing opticians is strong.

At nation level, a robust legal framework, which includes General Ophthalmic Services (GOS) regulations, underpins primary eye care.

This means patients benefit from accessible sight testing, vision correction and case-finding services across all four nations.

In England, Northern Ireland, Scotland and Wales, enhanced primary eye care and hospital eye care services are organised on a nation-by-nation basis but all build on the solid foundation of the core primary eye care service.

This system has proven its worth for patient and public protection while enabling safe innovation, technological advancement and advancing levels of practice. We must ensure it is protected, supported and evolves in safe and proportionate ways to meet the needs of individual patients and populations. That is why FODO:

- Strongly supports the existing regulatory framework for primary eye care services across the UK.
- Will continue to advocate for only evidence-based change and proportionate risk-based regulation for all eye care services across the UK.
- Strongly supports informed patient choice and freedom for patients to vote with their feet as a critical element in patient protection.

Our route map

FODO members deliver over 18 million eye examinations each year across the UK. When our members commit to change, we can make change happen. With our members, we will continue to lead by example and work with governments and sector partners to achieve the following goals.

Tackle preventable sight loss due to delays in care

We will:

- Work with patient groups and other stakeholders to prevent patients from suffering severe or permanent sight loss because of delays in care at any point in the pathway.

Protect and advance core primary eye care services

We will:

- Protect and support patients by advocating to preserve the Opticians Act and associated regulations and orders unless there is robust evidence for change.
- Continue to protect nationally negotiated GOS systems, including increased fees and grants, as the fairest and most cost-effective means of delivering high-standard first-line eye care in all four UK nations.
- Work with health systems to tackle health inequalities by improving access to eye care for homeless people and people who depend on domiciliary eye care services.
- Support primary eye care providers who wish to continue specialising only in providing world-class sight testing and casefinding,referring patients for further care where appropriate.

Support new models of enhanced primary eye care services

We will:

- Improve patient access by supporting primary eye care providers to expand the range of services they offer to meet patient needs.
- Call on the NHS to fund and commission enhanced services to meet patient needs and to end unwarranted and unjustified variation in access to vital eye care services.

Protect patient benefits and increase patient education

We will:

- Champion patients' rights to choose a provider and evidence based care for themselves and their families.
- Do all we can to protect patient access to affordable eyewear and NHS support for visual correction for the most vulnerable and most in need.
- Continue to work with charities and public health teams to ensure the public understands the importance of eye examinations and looking after their eyes.
- Continue to embrace equality, diversity and inclusion across the sector, including for patients, eye care practitioners, ancillary workers, students and trainees.

Optimise the workforce

We will:

- Continue to work with the GOC, HEIs and sector partners to safely implement the GOC's Education and Training Requirements, including supporting our members to provide high-quality, properly funded training places.
- Work with HEIs and primary care providers to secure a sustainable and inclusive eye care workforce.
- Support and promote opportunities for more optometrists and DOs to fulfil resident roles in practice to help meet the needs of patients with chronic care needs.
- Explore how to accommodate changing working practices, so optometrists and dispensing opticians can meet an increasingly complex and professionally rewarding workload as more patients with complex conditions are managed in primary eye care over time.

- Support optometrists and dispensing opticians to meet growing patient needs with more support from well-trained ophthalmic technicians and optical assistants.

Maximise technology and innovation

We will:

- Embrace and encourage innovation developed by our members and others.
- Liaise with NHS bodies to provide IT development and support to ensure patients and health systems benefit from joined-up, seamless systems and technology.
- Pursue common technical IT standards that maximise benefits and connectivity while minimising costs for providers and the NHS.

What this means

By delivering this route map, we will improve patient and population outcomes across the four nations of the UK by:

- Providing more timely access to enhanced eye care for patients closer to home.
- Reducing hospital waiting times by seeing and managing more patients in primary eye care without hospital referral.
- Preventing avoidable sight loss – including through early identification of the need for sight correction or medical interventions, earlier discharge and better follow-up in the community.
- Improving the efficiency and sustainability of the NHS – minimising costs by avoiding repeat tests and delivering ongoing care management in the community.
- Reducing the carbon footprint of healthcare.
- Improving value for money for the NHS with more eye care delivered for every pound invested.

To make this a reality, we will work with governments, commissioners and planners to ensure that primary eye care is a national priority and that care systems and pathways are designed collaboratively with primary eye care providers and their representatives. In addition, we will deliver the cross-cutting enablers to support the appropriate integration of care.

If you want to join FODO, support our goals or learn more about our health policy work, please email our policy team at healthpolicy@fodo.com.

References and endnotes

All data is rounded to nearest 1,000.

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1 Healthcare Safety Investigation Branch, 2020, Lack of timely monitoring of patients with glaucoma

2 Data source: Deloitte Access Economics, 2019, The economic impact of coronavirus (Covid-19) on sight loss and blindness in the UK, Table 3.2 Cost of sight loss and blindness in the UK by cost component

3 Total number of sight tests includes NHS and self-funded care.

For NHS sight tests/eye examinations performed we used pre-Covid data from official statistics:

NHS Digital, General Ophthalmic Services Activity Statistics England, year ending 31 March 2020.

HSC, BSO, Northern Ireland, annual GOS data 2019-20.

Public Health Scotland, Ophthalmic payment system: 2006/07 to 2016/17 (OPTIX), 2017/18 to 2019/20 Ophthalmic Data Warehouse.

Welsh Government, Sensory health (eye care and hearing statistics): April 2019 to March 2021

For self-funded care we obtained data of NHS to self-funded sight test from FODO members who between them provide >70% of primary eye care. This data shows 31-35% of people in England and Northern Ireland self-fund their sight test, 0-1% Scotland and 29% in Wales, the average across the UK was 30%.

4 FODO, Optics at a glance, 1982 to 2014 accessible, https://www.fodo.com/members/data-hub/optics-at-a-glance/

5 Shah, R. et al (2022). Referrals from community optometrists to the hospital eye service in Scotland and England. Eye, 36, pp. 1754-1760. doi: 10.1038/s41433-021-01728-2

6 Fung M, Myers P., Wasala P., Hirji N. A review of 1,000 referrals to Walsall's hospital eye service. J Public Health (Oxf). 2016 Sep;38(3):599-606. doi:10.1093/pubmed/fdv081. Epub 2015 Jun 14. PMID: 26076700

7 Devarajan, N., Williams, G., Hopes, M. et al. The Carmarthenshire Glaucoma Referral Refinement Scheme, a safe and efficient screening service. Eye 25, 43–49 (2011). https://doi.org/10.1038/eye.2010.136

8 Bourne, R., French, K., Chang, L. et al. Can a community optometrist-based referral refinement scheme reduce false-positive glaucoma hospital referrals without compromising quality of care? The community and hospital allied network glaucoma evaluation scheme (CHANGES). Eye 24, 881–887 (2010). https://doi.org/10.1038/eye.2009.190

9 Parkins DJ, Edgar DF. Comparison of the effectiveness of two enhanced glaucoma referral schemes. Ophthalmic Physiol Opt. 2011 Jul;31(4):343-52. doi:10.1111/j.1475- 1313.2011.00853.x. Epub 2011 May 26. PMID: 21615447.

10 Public Health Scotland, 2020, General Ophthalmic Service Statistics https://www.publichealthscotland.scot/media/4679/2020-10-13-ophthalmic-report.pdf

11 Supplementary and enhanced primary eye care examinations Scotland. Public Health Scotland, General Ophthalmic Statistics, 13 October 2020. Public Health Scotland, Ophthalmic payment system: 2006/07 to 2016/17 (OPTIX), 2017/18 to 2019/20 Ophthalmic Data Warehouse

12 Symptoms requiring investigation combines activity under codes 2.8 and 4.8. Anterior eye condition combines activity under codes 2.5 and 4.5. Additional diagnostic tests combines activity under codes 2.2 and 4.2

13 Ophthalmic Data Warehouse, 2019, Figure 4a. Number of clinical conditions relevant to eye care, Scotland; 2018/19

14 ONS, 2022, National population projections: 2020-based interim

15 Fight for Sight, Facts about sight loss, https://www.fightforsight.org.uk/aboutthe-eye/facts-about-sight-loss

16 Royal College of Ophthalmologists response to the HEE Strategic Framework, Call for Evidence https://www.rcophth.ac.uk/wp-content/uploads/2021/12/RCOphthresponse-to-HEE-Strategic-Framework-Call-for-Evidence-6-Sept-final-1.pdf

17 College of Optometrists, 2022, Childhood-onset myopia management: Evidence review, Childhood-onset myopia management: Evidence review– College of Optometrists (college-optometrists.org)

18 McCullough, S. J., O'Donoghue, L., & Saunders, K. J. (2016). Six year refractive change among white children and young adults: evidence for significant increase in myopia among white UK children. PloS one, 11(1), e0146332.

19 Foot B., MacEwen C. Surveillance of sight loss due to delay in ophthalmic treatment or review: frequency, cause and outcome. Eye (Lond). 2017 May; 31(5):771-775. doi: 10.1038/eye.2017.1. Epub 2017 Jan 27. PMID: 28128796; PMCID: PMC5437335.

20 Healthcare Safety Investigation Branch, 2020, Lack of timely monitoring of patients with glaucoma

21 Royal College of Ophthalmologists, 2021, RCOphth welcomes extra NHS funding which will help address eye care backlogs

22 Total number of ophthalmology outpatient visits. We used pre-Covid data from official statistics:

NHS Digital, Hospital outpatient activity 2019-2020.

Department of Health Northern Ireland, Hospital statistics: outpatient activity statistics 2019/20.

Public Health Scotland, Acute hospital activity and NHS beds information.

Stats Wales, Outpatient Activity

23 Royal College of Ophthalmologists, Workforce Survey 2018

24 Enhanced primary eye care interventions per 100,000 population. Population statistics:

Office for National Statistics, 2022, Population estimates for the UK, England, Wales, Scotland and Northern Ireland, mid-2021.

Service level data:

England, LOCSU email correspondence stating forecast activity expected to exceed 659,000 visits.

HSC, BSO, Northern Ireland, annual GOS data 2019-20, Table 1.19: Number of Assessments at Northern Ireland Primary Care Optometry Enhanced Services by Local Commissioning Group (Health Trust) and Financial Year.

Public Health Scotland, Ophthalmic payment system: 2006/07 to 2016/17 (OPTIX), 2017/18 to 2019/20 Ophthalmic Data Warehouse.

Welsh Government, Sensory health (eye care and hearing statistics): April 2019 to March 2021

25 World Health Organization, 2019, World report on vision

26 Eye health professionals per 100,000 population. Population statistics:

Office for National Statistics, 2022, Population estimates for the UK, England, Wales, Scotland and Northern Ireland, mid-2021.

To estimate workforce we use headcount from the following sources:

Optometrists: GOC, Annual report 21-22, Table 2 Total registrants in each GOC category.

IP optometrists: General Optical Council correspondence.

Dispensing opticians: GOC, Annual report 21-22, Table 2 Total registrants in each GOC category.

Contact lens optician: General Optical Council correspondence.

Orthoptists: HCPC, registrant data and statistics, Dec 2022.

Ophthalmologists: Royal College of Ophthalmologists email correspondence.

Percentages do not add to 100% due to rounding

27 GOC, Public perceptions research 2022, https://optical.org/media/gqfgdbmz/public-perceptions-report-2022.pdf