



Autumn Budget 2024 / Spending Review submission

1. In what capacity are you responding to this survey?

- ☒ On behalf of an organisation

2. What kind of organisation (can select multiple answers)

- ☒ Other

3. What is the name of your organisation?

FODO – The association for eye care providers

4. Please provide your contact details below

Daniel Hodgson, Head of Policy, healthpolicy@fodo.com

5. What areas of your Budget and/or Spending Review representation cover?

- ☒ Fiscal and economy
- ☒ Growth and productivity (including policy to support business growth and investment)
- ☒ Public services (including the NHS, schools, and education, police)
- ☒ The labour market (including skills and supporting employment)

6. Please summarise your representation in no more than 250 words

We agree with the Rt Hon Wes Streeting MP that the NHS is broken.

The King's Fund and other experts now acknowledge that the NHS's overfocus on hospital care to the detriment of primary care was a significant long-standing mistake.

Over many years, under-investment in primary care has driven a tsunami of needs towards hospitals, which are now overwhelmed. Had the NHS invested in primary care, it could have done more to prevent ill health and keep people out of hospitals.

In primary eye care, years of below-inflation fee uplifts and a failure to commission services at scale, which would have reduced hospital attendances, has resulted in rising hospital

waiting times and patients losing their sight unnecessarily while waiting for hospital treatment.

The NHS is only likely to address this vicious cycle if HMT places conditions on NHS funding allocations to invest more in NHS primary eye care. The Treasury should use the funds to:

1. Correct underfunding of General Ophthalmic Services (GOS)
2. Invest in enhanced NHS primary eye care services to prevent avoidable sight loss due to delays in hospital care
3. Invest in frictionless digital connectivity between primary and secondary care to minimise waste and maximise patient outcomes.

These actions will also help deliver Rt Hon Wes Streeting's goal to provide more eye care out of hospital, saving the NHS money and patients their sight. While boosting economic growth by keeping people in work and independent for longer.

Please upload your representation, ensuring that the file name includes the name of the organisation or individual it is submitted on behalf of (optional)

See next page.

Urgent need to invest in preventing the costs and impacts of avoidable sight loss

Executive summary

Our representation to the Autumn Budget/Spending Review presents evidence that shows people are going blind due to delays in hospital care. Each case of avoidable sight loss has a negative impact and cost on individuals, their families, the NHS and social care, and the UK economy.

The eye care sector has reached a consensus that the NHS urgently needs to:

1. Correct underfunding of General Ophthalmic Services (GOS)
2. Invest in enhanced NHS primary eye care services to prevent avoidable sight loss due to delays in hospitals care
3. Invest in frictionless digital connectivity between primary and secondary care to minimise waste and maximise patient outcomes.

These actions will help transform the unsustainable and outdated hospital model of outpatients, which costs the NHS too much for too little. It will also help save sight and keep people out of hospital. In addition, it will reduce the costs associated with sight loss and improve economic growth by keeping people well, independent and in work for longer.

However, to unlock this much-needed change, the Treasury must work with the Department of Health and Social Care (DHSC) to ensure the NHS rebalances expenditure, so the Treasury invests more in primary eye care to reduce demand on the hospital eye care service.

The NHS is broken

1. We fully agree with the Mr Streeting's diagnosis that our "NHS is broken", with "patients being failed on a daily basis".¹
2. The NHS's overfocus on hospital care to the detriment of primary care was a significant mistake.² NHS England also acknowledged pre-Covid in 2019 that the "traditional model of outpatients is outdated and unsustainable".³ The Royal College of Physicians recently supported NHS England's position by stating that the "traditional model of outpatient care is no longer fit for purpose".⁴
3. Despite setting up multiple transformation groups and publishing many plans to shift care out of hospital and closer to home, little has changed. This lack of delivery has come at significant cost to patients, the taxpayer and wider economy, which the failure to transform hospital eye care services best demonstrates.

The cost of inaction

4. The NHS has known for more than a decade that the hospital eye service (ophthalmology) cannot meet the nation's eye health needs, with more than 20 people a month reported to suffer avoidable sight loss due to delays in hospital care.⁵

5. Despite this evidence of harm and a strong consensus across the eye care sector that the NHS must shift care out of hospital into primary eye care settings.⁶ Today, ophthalmology remains the busiest consultant-led outpatient service, with more than 8 million attendances each year⁷ and 610,000 patients waiting for a hospital appointment.⁸
6. Each case of avoidable sight loss is a tragedy and comes at significant cost to individuals, the NHS and care system, and the economy. For example:
 - a. Sight loss costs the UK economy £36 billion each year, including £3.4 billion in additional health system costs, £6.2 billion for reduced employment and productivity, £24.8 billion for reduced quality of life and £1.6 billion for the cost of aids and other economic impacts. The average cost of somebody living with sight loss is £16,800 per year, and delays in care are estimated to be costing an additional £50.4 million annually compared to pre-Covid.⁹
 - b. Clinical negligence claims due to harm caused by delays in hospital eye care are also rising, costing £19 million in 2022/23 alone.¹⁰
7. With our ageing population, eye care needs are predicted to rise significantly by 2037—e.g. the Royal College of Ophthalmologists forecasts that sight-threatening diseases like glaucoma and macular degeneration will increase by 44% and 59%, respectively, while the demand for cataract surgery (already the most frequently performed NHS operation) is expected to increase by 50%.¹¹ Given the hospital eye service is already struggling and knows it will never have the physical capacity or staff to meet growing needs, the NHS must re-examine its strategy and tackle the root cause of issues.

Root cause

8. At the heart of the crisis in eye care is the fact the NHS has neglected investment in primary care services. For example, in England, NHS expenditure increased by 26% in real terms between 2013 and 2023, and NHS expenditure on NHS primary eye care services (GOS) reduced in real terms by 23%. The picture is similar regarding enhanced primary eye care services, with England falling far behind NHS Scotland and NHS Wales.
9. Over many years, this underinvestment in primary eye care has resulted in a tsunami of needs in more costly hospital settings. Had the NHS invested in enhanced primary eye care services similarly to Scotland, then the NHS in England would today be benefiting from seeing more people out of hospital and closer to home, helping prevent more cases of sight loss, while reducing pressure on GPs and hospitals.¹² The NHS must now rebalance NHS investment so that more is done in cost-effective primary eye care settings.

Rebalancing NHS expenditure

10. The NHS now accounts for 43% of all-departmental spending, at more than £225 billion per year.¹³ Yet public satisfaction with the NHS is at an all-time low. Patients are waiting too long for care and often suffer from a postcode lottery. As a result, health inequalities are worsening, and all this is negatively impacting economic growth.¹⁴
11. Increasingly, health policy experts are calling for the NHS to manage expenditure differently by investing more in primary care services and technological innovation to reduce the need for costly hospital care.¹⁵ The King's Fund states:
 - a. There is a need for “a radical refocusing of the health and care system to put primary and community services at its core”
 - b. The “answer to over-crowded hospitals is not more hospitals”

- c. We have now seen “30 years of policy and implementation failure in moving ‘care closer to home’ and we now “need for clear vision, with funding, staff and political energy directed to” primary and community services.¹⁶

12. We now urgently require a similar action plan for eye care.

The benefits of investing in primary eye care

- 13. Lack of access to primary eye care services is associated with vision impairment and adverse economic outcomes for individuals and the economy.¹⁷
- 14. In England, the national sight-testing service (NHS GOS and self-funded sight tests) provides a universal eye health assessment, case-finding and vision correction service from which all other eye care services flow, including secondary care ophthalmology.
- 15. As a result of this primary eye care service, no child or adult in the UK needs to suffer uncorrected vision or its impacts, and the profession can detect asymptomatic sight-threatening diseases early. This results in major benefits, including helping children see well through education, ensuring people have good vision for work and preventing falls in older age. Primary eye care also manages 95%-97% of all eye care needs, only referring 3% to 5% to the hospital eye service, with evidence showing good referral accuracy. In sum, primary eye care already delivers significant economic benefits to the economy.¹⁸
- 16. Patients also value and trust this service, with 92% reporting confidence in receiving high standards of care in primary eye care,¹⁹ demonstrating primary eye care providers and professionals’ ongoing commitment to delivering responsive eye care for all. Therefore, evidence shows that the national sight testing service is one of the unsung jewels of the NHS, offering high-quality responsive care close to home.
- 17. However, the NHS sight testing service (GOS) is being put under pressure by repeated real terms cuts to the GOS budget. For example, in 2013/14, total NHS expenditure in England was £96.3 billion (£129.0 billion in 2024 prices), and GOS expenditure was £523.2 million (£700.5 million in 2024 prices). In 2022/23, NHS expenditure was £162.8 billion (£164.8 billion in 2024 prices), and GOS expenditure was just £539.1 million (£545.7 million in 2024 prices). So, while NHS expenditure increased by 69% (26% in real terms), NHS spending on GOS increased by just 3% (a real-terms cut of 23%).
- 18. The underfunding of GOS must be corrected to help preserve and build on essential primary eye care infrastructure.
- 19. While there are not enough hospital eye doctors (ophthalmologists) to meet population needs, with just two consultants per 100,000 people, primary eye care has the largest regulated eye health workforce made up of highly qualified optometrists and dispensing opticians (see figure 1). The primary eye care workforce means it is well placed to deliver enhanced eye care services and reduce pressure on hospitals. Primary eye care also has the estate and diagnostic equipment to help meet more of the population’s eye health needs. This means the NHS can expand its capacity without having to invest new CapEx.

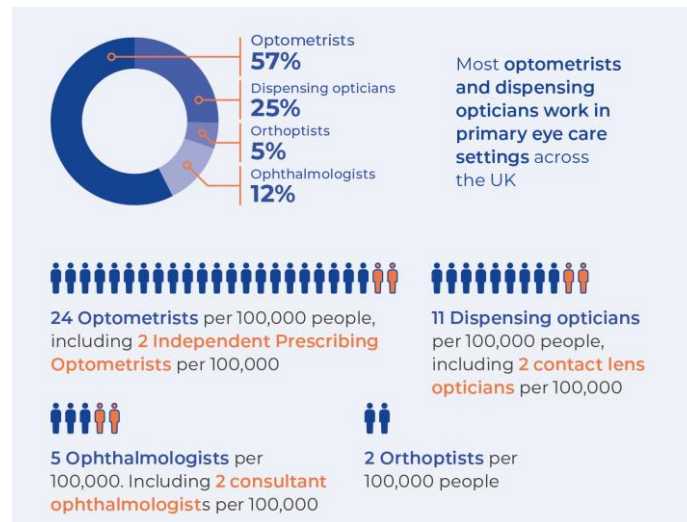


Figure 1: Regulated eye health workforce

20. Evidence shows that enhanced eye care services, including urgent eye conditions services, referral refinement and glaucoma care, help reduce demand for hospital services.²⁰ However, NHS commissioners in England are failing to make best use of the workforce, skills and diagnostic capacity available in primary eye care - not only leading to delays in care but also a postcode lottery.²¹
21. Therefore, we have welcomed the Labour government's commitment to use primary eye care practices to deliver more care out of hospital and cut NHS hospital waiting lists.²² To deliver change, HMT should work with DHSC and ensure NHS England works with primary eye care representatives to help make this happen. This can be achieved by:
 - a) Correcting the underfunding of General Ophthalmic Services (GOS)
 - b) Prioritised commissioning of enhanced primary eye care services (on top of sight testing) to tackle conditions of highest demand – referral refinement, urgent conditions, glaucoma and macular disease
 - c) Improved digital connectivity between primary and secondary eye care.
22. Delivering this much-needed change will mean:
 - a) Significant reductions in demand for hospital ophthalmology and associated savings
 - b) Patients on hospital waiting lists are seen sooner, keeping more people in work and independent for longer
 - c) An end to avoidable sight loss due to delays in care with reduced costs associated with blindness.

About FODO

FODO, the Association for Eye Care Providers, is the leading national association for eye care providers in the UK. Our members provide the vast majority of primary eye care, including over 18 million sight tests a year and a wide range of other NHS eye care services.

References

¹ Department of Health and Social Care and The Rt Hon Wes Streeting MP, 2024, The NHS is broken: Health and Social Care Secretary statement, <https://www.gov.uk/government/speeches/statement-from-the-secretary-of-state-for-health-and-social-care>

² King's Fund, 2024, Making care closer to home a reality, Refocusing the system to primary and community care, <https://www.kingsfund.org.uk/insight-and-analysis/reports/making-care-closer-home-reality>

³ NHS England, The NHS Long Term Plan, 2019, <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf>

⁴ The Royal College of Physicians, 2021, Outpatients: The Future, adding value through sustainability <https://www.rcp.ac.uk/media/bqvk1nuj/outpatients-the-future-report.pdf>

5

- British Ophthalmological Surveillance Unit report commissioned by RCOphth, <https://www.rcophth.ac.uk/news-views/bosu-report-losing-sight-delays/>
- HSSIB Lack of timely monitoring of patients with glaucoma, <https://www.hssib.org.uk/patient-safety-investigations/lack-of-timely-monitoring-of-patients-with-glaucoma/>

6

- HSSIB Lack of timely monitoring of patients with glaucoma, <https://www.hssib.org.uk/patient-safety-investigations/lack-of-timely-monitoring-of-patients-with-glaucoma/>
- Eye risk from 'overstretched NHS', BBC News. 2016, www.bbc.co.uk/news/health-35743550
- In conversation with Professor Bernie Chang, <https://www.eyenews.uk.com/media/24035/eyeam21-interview.pdf>
- RCOphth responds to general election result, <https://www.rcophth.ac.uk/news-views/our-response-to-general-election-result/>
- Optometry Today, Louisa Wickham: "We need to design a system with the most vulnerable patients at its heart", <https://www.aop.org.uk/ot/professional-support/health-services/2022/10/13/louisa-wickham-we-need-to-design-a-system-with-the-most-vulnerable-patients-at-its-heart>
- MacIsaac JC, Naroo SA, Rumney NJ. Analysis of UK eye casualty presentations. Clin Exp Optom. 2022 May;105(4):428-434. doi: 10.1080/08164622.2021.1937949. Epub 2021 Jul 27. PMID: 34315329.
- Gunn PJG, Marks JR, Konstantakopoulou E, et al. Clinical effectiveness of the Manchester Glaucoma Enhanced Referral Scheme British Journal of Ophthalmology 2019;103:1066-1071.
- Forbes H, Sutton M, Edgar DF, et al. Impact of the Manchester Glaucoma Enhanced Referral Scheme on NHS costs BMJ Open ophthalmology 2019;4:e000278. doi: 10.1136/bmjophth-2019-00027
- 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>

-
- Labour Party Press Release: Labour will use high street opticians to cut NHS waiting lists, as findings show patients are going blind as they wait, <https://portal.dehavilland.co.uk/content/56658083>

⁷ Hospital Outpatient Activity 2022-23, <https://digital.nhs.uk/data-and-information/publications/statistical/hospital-outpatient-activity/2022-23>

⁸ Consultant-led referral to treatment waiting times data 2024-25, [RTT-statistical-press-notice-Jun24-PDF-386K-07252.pdf](https://www.nhs.uk/consultant-led-referral-to-treatment-waiting-times-data-2024-25) (england.nhs.uk)

⁹ Deloitte Access Economics, 2021, 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, <https://www.deloitte.com/content/dam/assets-zone1/au/en/docs/services/economics/deloitte-au-economics-specsavers-economic-impact-covid-140921.pdf>

¹⁰ FOI request 6423 – NHS Resolution response, https://resolution.nhs.uk/wp-content/uploads/2024/04/FOI_6423_Ophthalmology.pdf

¹¹ 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>

¹² Public Health Scotland, 2020, General Ophthalmic Service Statistics <https://www.publichealthscotland.scot/media/4679/2020-10-13-ophthalmic-report.pdf>

¹³ IFS, The past and future of UK health spending, 2024, <https://ifs.org.uk/publications/past-and-future-uk-health-spending>

14

- British Social Attitudes Survey, 2024, Public satisfaction with the NHS, <https://www.kingsfund.org.uk/insight-and-analysis/projects/public-satisfaction-with-nhs>
- IPPR, 2023, Revealed: £73 billion at stake if government misses its NHS waiting list ambitions, report finds, <https://www.ippr.org/media-office/revealed-73-billion-at-stake-if-government-misses-its-nhs-waiting-list-ambitions-report-finds>
- The King's Fund, 2024, Health inequalities in a nutshell, <https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/health-inequalities-nutshell>

15

- The King's Fund, 2024, Call for radical refocusing of health and care system to put primary and community services at its core, <https://www.kingsfund.org.uk/insight-and-analysis/press-releases/radical-refocusing-primary-community-services>
- Tony Blair Institute for Global Change, 2024, Preparing the NHS for the AI era: a digital health record for every citizen, <https://www.institute.global/insights/public-services/preparing-the-nhs-for-the-ai-era-a-digital-health-record-for-every-citizen>

¹⁶ The King's Fund, 2024, Call for radical refocusing of health and care system to put primary and community services at its core, <https://www.kingsfund.org.uk/insight-and-analysis/press-releases/radical-refocusing-primary-community-services>

17

- Marques et al. 2021, Global economic productivity losses from vision impairment and blindness, <https://www.thelancet.com/action/showPdf?pii=S2589-5370%2821%2900132-2>

-
- Yasmin S, Schmidt E. Primary eye care: opportunities for health system strengthening and improved access to services. *Int Health*. 2022 Apr 6;14(Suppl 1):I 37-I 40. doi: 10.1093/inthealth/ihab 062. PMID: 35385864; PMCID: PMC 8986357
 - World Health Organization, 2019, World report on vision, <https://www.who.int/publications/i/item/9789241516570>

¹⁸ FODO, 2023, Principles and priorities for primary eye care, <https://www.fodo.com/members/influence/principles-and-priorities-for-primary-eye-care/>

¹⁹ GOC Public Perceptions Research 2024, https://optical.org/media/f2uhi05d/goc_9485_public-perceptions-research_report.pdf

²⁰

- MacIsaac JC, Naroo SA, Rumney NJ. Analysis of UK eye casualty presentations. *Clin Exp Optom*. 2022 May;105(4):428-434. doi: 10.1080/08164622.2021.1937949. Epub 2021 Jul 27. PMID: 34315329.
- Gunn PJG, Marks JR, Konstantakopoulou E, et al. Clinical effectiveness of the Manchester Glaucoma Enhanced Referral Scheme *British Journal of Ophthalmology* 2019;103:1066-1071.
- Forbes H, Sutton M, Edgar DF, et al Impact of the Manchester Glaucoma Enhanced Referral Scheme on NHS costs *BMJ Open ophthalmology* 2019;4:e000278. doi: 10.1136/bmjophth-2019-000278
- 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>

²¹ The NHS in England is far behind the rest of the UK when it comes to providing enhanced primary eye care services – see [Principles and priorities for primary eye care](#)

²² Labour Party Press Release: Labour will use high street opticians to cut NHS waiting lists, as findings show patients are going blind as they wait, <https://portal.dehavilland.co.uk/content/56658083>