Response to NHS Chief Executive’s Open Call for Evidence and Ideas

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Organisation name: Royal National Institute for Blind People (RNIB)

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Introduction

RNIB is a membership organisation with over 10,000 members who are blind, partially sighted or the friends and family of people with sight loss.

In the UK there are almost two million people that have a sight problem which has a serious impact on their daily lives. That's about one person in thirty. The figure is made up of people who are registered blind and partially sighted, and all the other people whose sight problems can have a significant impact on daily activities.

As a campaigning organisation of blind and partially sighted people, we fight for the rights of people with sight loss in each of the UK’s countries. Our priorities are to:

- Stop people losing their sight unnecessarily
- Support independent living for blind and partially sighted people
- Create a society that is inclusive of blind and partially sighted people’s interests and needs.

We also provide expert knowledge to business and the public sector through consultancy on improving the accessibility of the built environment, technology, products and services.
About the UK Vision Strategy

The UK Vision Strategy was developed in 2008 in response to the World Health Assembly's VISION 2020 resolution to reduce avoidable sight loss by the year 2020 and to improve support and services for people who are blind or partially sighted. The UK Government has signed its support for this resolution.

The UK Vision Strategy is a united framework for the delivery of excellence in eye health and sight loss across the UK. It has been developed as a VISION 2020 UK initiative, led by the Royal National Institute of Blind People, as its role in a united cross-sector partnership to improve eye health and sight loss services across the UK. Over 650 individuals and organisations have played a direct role in creating the Strategy.

The Strategy is a dynamic initiative with engagement at national and local levels and from service users, providers and managers.

Summary of Comments

The Call for Evidence, in its introduction, states that “Demands on the health and social care system will rise as society’s demographics change and public expectations and values continue to develop”. Nowhere is this more true than in the field of eye care. The risk of developing conditions that can lead to serious sight loss and/or blindness – most commonly advanced macular degeneration, cataracts, glaucoma, and diabetic retinopathy – increases with age. Research published by the Royal National Institute of Blind People (RNIB) (1) shows that over the next decade the sight loss (vision below 6/12) due to these conditions will increase by 22% over the next decade.

It is not only desirable to prevent sight loss because of the impact on the individual who loses their sight, sight loss is also associated with increased ill-health and social need. People with sight loss, especially elderly people, are 1.7 times more likely to require admission to hospital for injuries suffered in falls. Sight loss reduces people’s ability to work and socialise – and thus is associated with higher rates of social isolation, leading to mental illness, and unemployment, at a cost to society. Research by Access Economics (1) puts the direct cost of sight loss – i.e. the health and social care costs – for the year 2008 at £2.14 billion
and the indirect costs – including the opportunity costs of morbidity, mortality and inability to contribute to the economy at £4.34 billion. These costs total £6.48 billion. By 2013, these costs are predicted to have increased by 13.5% to a total of £7.5 billion.

The good news is that if these conditions are diagnosed and treated early, serious sight loss can be prevented in around 50% of cases (1). The even better news is that – for the most part – diagnosis and treatment do not require new or expensive technologies or treatments, although research continues into new forms of treatment. There is a “magic bullet” for preventing sight loss available now. It is organisation.

An organised approach to preventing sight loss and excellence in treatment of eye disease is described on the UK Vision Strategy website. The Commissioning Guide for Eye Care and Sight Loss Services (2), which has been developed by an expert group representing all areas of the sector - ophthalmologists, optometrists, NHS commissioners, GPs and – importantly – service users, who are experts by experience. It is design-led innovation in practice. The key components are as follows:

- Ensuring easy access to sight testing for older people and other vulnerable groups, and encouraging them, as part of general healthy living advice, to have regular sight tests
- Commissioning local eye care services so that they are primary care focused – for example training primary care professionals such as optometrists to deal with initial referrals for specialist examinations, thus freeing specialist ophthalmologists to concentrate their efforts on those who require clinical intervention
- Integration of service commissioning and design across health and social services with patient engagement
- Working with local voluntary and third sector groups to get the input of users by experience in the planning and provision of services, and to provide support and mentoring to people who are at serious risk of sight loss
- Capturing data on the numbers of people accessing sight tests, the numbers with conditions that may lead to sight loss, and the number of people registered as blind and partially sighted.
All of these components exist in parts of the country, for example in Leeds and Leicestershire. The data required to support effective services are available, although of variable quality.

The issue, therefore, as the Call for Evidence states, is how to achieve diffusion of this good practice throughout the NHS and social care.

**Specific Points**

**Eye Clinic Liaison Officers (ECLOs)**
Eye care service providers face the challenge of addressing increasing visual impairment at the same time as seeking to improve access to treatment and health outcomes. Eye Clinic Liaison Officers (ECLOs) are an innovative way of supporting eye care services, making excellent use of available eye care resources and providing high quality and patient-centred services.

ECLOs provide support for patients and their carers when sight loss first becomes a concern. They provide information on a condition’s impact, help with completing visual impairment registration, advice on reducing the likelihood of falls, emotional support, early and accurate referrals to statutory and voluntary sector services and signposting to local and national support services.

**Learning from elsewhere about adoption and spread**
We recommend that the commissioning guidance website developed by the UK Vision Strategy provides a template for commissioning best practice. The guidance itself is rooted in the evidence of best practice in England, as well as the lessons of approaches in other parts of the UK.

**Actions at National Level in the NHS**
We recommend that the NHS Commissioning Board, which will commission primary eye care services, should do so in the context of the UK Vision Strategy led Commissioning guidance and, bearing in mind the importance of integrated primary and secondary care services, should make sure that they do so in close discussion with clinical commissioning groups.
We welcome the fact that the Government is considering the adoption of an eye care outcome measure as part of the outcomes framework for Public Health England. We recommend that Public Health England should monitor closely progress in preventing avoidable sight loss, as the population ages, to combat the risk of demand for services swamping the NHS’s ability to cope.

**Actions at local level in the NHS**

We recommend that clinical commissioning groups should also become familiar with the UK Vision Strategy led commissioning guidance, and develop services based on it, tailored according to local circumstances and need. General Practitioners should encourage elderly and other vulnerable patients to have regular sight tests, in the same way as they encourage people to eat well, exercise regularly etc.

We recommend that local Health and Wellbeing Boards should engage with local groups representing blind and partially sighted people.

**Actions by NHS partners**

Following the Law Commission’s advice that registers of blind and partially sighted people be retained, DH should work with other bodies to ensure that the collection and maintenance of registers is placed on a secure footing for the future.

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*For further information, please contact Matt Davies, UK Parliamentary Manager, RNIB on matt.davies@rnib.org.uk or 020 7391 2382*

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Footnotes:
1 Access Economics (2009), 'Future sight loss UK (1): The economic impact of partial sight and blindness in the UK adult population', RNIB
2 [www.commissioningforeyecare.org.uk](http://www.commissioningforeyecare.org.uk)