Healthy Eyes for All: An optical sector strategy to improve ophthalmic public health

April 2014

This updated strategy was agreed at a meeting held on 24 October 2013 which was attended by representatives from the following organisations; their contribution is gratefully acknowledged:

Action for Blind People

Association of British Dispensing Opticians

Association of Optometrists

Federation of Ophthalmic and Dispensing Opticians

General Optical Council

Local Optical Committee Support Unit (LOCSU)

Optical Confederation

Optometry Northern Ireland

RNIB

RNIB Cymru

UK Vision Strategy

University of Leeds (Academic Unit of Public Health)

Our mission for ophthalmic public health

While the focus of the strategy has evolved to reflect the current pressures on the sector, the core aims and mission as agreed at the first Roundtable in 2012 remain unchanged. These are:

- **Knowledge:** how can we build the evidence base for ophthalmic public health and how can we improve the use of data?
- **Capacity:** how can we expand the ophthalmic public health workforce and help it to work effectively?
- **Communication:** how can we improve communication among those interested in ophthalmic public health and how can we engage public health professionals on ophthalmic issues?

Introduction

Within the broader principles and practice of public health, ophthalmic public health is specifically focused on:

- Prevention of poor eye health and sight loss
- Promotion of good eye health and sight
- Improving eye health and eye health and care services
- Equitable access to effective, timely, integrated services and support for independent living

V2020 UK Ophthalmic Public Health Committee 2014

Avoidable sight loss is a major public health challenge. Without action, the number of people with preventable sight loss will double to 4 million by 2050[i]. There are major inequalities in the eye health of different populations with people in poor socio-economic groups and certain ethnic groups more likely to lose their sight and less likely to access services.

Improving ophthalmic public health could potentially release significant savings to enable improved service provision in eye health and social care support for people with visual impairment and sight loss.

Recognising that eye health professionals must play an increasing role in meeting these challenges, a coalition of optical bodies from across the UK joined together to publish *An optical sector strategy to improve ophthalmic public health* in 2011. The aims of this original strategy were agreed at a Public Health Roundtable convened by the College of Optometrists in July 2011 and reviewed and updated at a second Roundtable in October 2012. The Roundtable event, which took place on 24 October 2013, explored two specific areas of particular importance to ophthalmic public health:

- **eGOS and electronic referral systems**, which will allow the gathering of important data to improve future services (Knowledge, Communication)

- the increasing evidence for optical unmet need and **health inequalities** in deprived populations of the UK (Knowledge, Capacity)

The optical sector is exploring practical measures to improve services that contribute to public eye health and is seeking to identify potential solutions to the challenges.

The featured presentations; *Uncorrected Refractive Error in Deprived Communities* by Darren Shickle (Professor of Public Health at Leeds University), *Eye Health Data Collection* by Sarah Slade and Chris Davey (Honorary Public Health Research Fellows, Leeds University), and *Optical Electronic Systems* by Mordechai Chachamu for the Optical Confederation (OC), were key drivers for the debates and workshops that laid the foundations for this updated strategy.

This document serves as a progress update from 2013 and a reflection of the presentations, discussions and workshops from the third annual Roundtable event held on 24 October 2013. Resulting next steps for the sector are also included.

Progress in 2013

The specific actions agreed in the updated public health strategy report *Healthy Eyes for All*, published in May 2013 are copied below with a brief update on progress after each action:

1. Work with the VISION 2020 (UK) Public Health Committee to look at how contracts can be used to influence the collection of ophthalmic public health data.

This committee is developing a suite of indicators that will serve to monitor and highlight improvements in eye health. With the purpose of illustrating value and performance to NHS England and CCGs, these indicators will support evidence-based strategic planning and provide measurements of progress for the Public Health Outcomes Framework for preventable sight loss[ii].

2. Produce a summary of ongoing research in Scotland on free eye examinations, IT connections and electronic referrals. This should include what public health data are being captured by the new electronic records and referral forms.

A status update on the IT situation in Scotland is featured later in the report.

3. Support the campaign to move to electronic GOS and referral forms as a top priority (all organisations)

This initiative is ongoing, and explored in detail later in this report.

4. Draw up an eye health sector wide research strategy that would set out what research should be prioritised, a plan to attract significant investment and funding and to consider how to consolidate existing data. The College of Optometrists will lead on this for community based eye care.

The Sight Loss and Vision Priority Setting Partnership report *Setting Priorities for Eye Research* was successfully launched at the House of Lords on 9 October 2013 and serves as a unique reference point for the sector.

5. Explore ways to promote the network and make a point of using it.

The ophthalmic public health network[iii] is being used regularly for relevant updates on the sector from the Optical Confederation and the College, including relevant consultation responses and projects, such as the College's *Better Data, Better Care*

and Falls Pathway projects. In addition, the network was recently used to gather information for a report to help local authorities develop suitable eye health services for homeless people.

6. Explore whether to produce an eye health briefing for CCGs and health and well being boards (UKVS)

An online resource has been produced and is available at www.commissioningforeyecare.org.uk/.

7. Raise the profile of, and knowledge about, ophthalmic public health with the major optical companies (The Optical Confederation)

Both the Optical Confederation and LOCSU have ensured that ophthalmic public health and its importance in daily practice and service planning and development is regularly discussed at its Leaders Group meetings, at Board meetings of members bodies and in member communications. Ophthalmic public health has also been a key driver for the Optical Confederation's proposals for electronic links and better data collection, analysis and sharing between optical practices, hospitals, GPs, social and third sector care which all the major companies support.

Presentations and discussion

Eye Health inequalities

Professor Darren Shickle presented his Leeds study that explores why deprived socio-economic populations have a higher incidence of refractive error yet do not access optometry services to have it corrected[iv,v]. Building upon findings from the unpublished *The relationship between socio-economic status and access to eye care: A systematic review* by the International Centre for Eye Health and the London School of Hygiene and Tropical Medicine, Darren's research illustrates the current gap in evidence referenced against deprived communities and eye condition variants.

Highlighting why this is a major public health challenge, the study serves to question the ophthalmic public health agenda. Issues raised include the feasibility of national screening, evidence-based recommendations on eye examination frequency, (is a standard two year check the most efficient use of resources?), separating eye examinations from dispensing and the policies on eligibility for 'free' eye examinations. To demonstrate the latter point, it has been shown that, despite 'free' eye examinations being introduced in Scotland, people in lower socio-economic groups are still less likely to get their sight tested[vi].

Qualitative data gathered from the study through focus groups also shed light on the reasons for poor patient access. The most pertinent findings include that the public do not understand that an eye examination is more than just a sight test, a sense of fatalism and a perception that corrective treatment is too expensive. A lack of

available local services in areas of high deprivation is also thought to be a contributory factor[vii,viii].

Further evidence beyond the Leeds study has shown that:

- Interventions to encourage people to have a sight test have failed to change behaviour even where they raised awareness of the need for sight tests[ix].
- Far more disability adjusted life years are lost to refractive error in the UK than to glaucoma and, using the same measure of adjustment, it appears almost as large a health problem in this country as macular degeneration[x].
- Anecdotal evidence from the sector suggests that attempts to deliver outreach services have struggled to overcome contractual barriers to providing services and failed to garner much support from community optometrists. In addition, it appears that the current contract and prevalent business models make it difficult for optometrists to operate in deprived communities.

To summarise, the impact and solutions to eye health problems linked to deprivation may vary geographically, but there remains a lack of evidence to identify a universal solution. Patient perceptions also appear to have a major impact on accessing primary eye care services. Uncorrected refractive error can have a severe impact on quality of life[xi] and we still do not know the extent of its impact economically – either on individuals or on the national, social or health economies. Leadership from the optical sector is required for this underestimated public health problem.

Drawing on the presented Leeds research and experiences of the sector, the delegates were asked to participate in workshops focusing upon solutions to tackle the rising evidence of ophthalmic health inequalities. Delegates suggested that the sector should:

- make refractive error a public health priority and push the message that spectacles are a health technology that can correct visual impairment (to positively alter public perceptions);
- encourage optometrists to open businesses in deprived areas by promoting opportunities that they may not think of (enhanced/community services for example);
- explore the idea of a sector-wide initiative to promote eye health in the younger population.

IT systems - impact on optics

Mordechai Chachamu from the Optical Confederation gave a presentation on the current climate of IT connectivity in relation to electronic GOS (eGOS) payments and electronic referral (eReferral). With the Department of Health's goal for a "Paperless NHS by 2018" and Public Health England's *Knowledge Strategy: Harnessing the*

power of information to improve the public's health poised for publication in Spring 2014, the efficient collection of health data has never been more pertinent.

As for optics, the system for GOS contract claims remains largely paper based – millions of forms are printed, stored, processed and mailed (sometimes more than once) all of which is both unreliable and an unnecessary drain on resources. Reconciliation of GOS payments is difficult and sometimes impossible for optometrists. In addition, any optometric practice in a CCG area currently operating an e-GOS system will be unable to validate submissions in real time without a conforming practice management system (PMS). To put this in context, the Optical Confederation estimate that 26% of optometric practices have no PMS system in place at all.

Following Mordechai's presentation, Sarah Slade and Chris Davey gave an update on their research *The importance of comprehensive public health datasets*. The ultimate aim of the project is to provide mechanisms for gathering evidence for efficient service planning that will improve public health. In addition, they are consolidating data that currently exists and scrutinising how it is collected to identify gaps with a view to setting a minimum data standard for the optical sector.

The ensuing discussion among delegates pointed towards the need for real-time submission and approval of electronic signatures for GOS payments, and the conception of a stand-alone fully downloadable GOS submission form. It was agreed that this would serve to gradually phase out paper-based submissions over time and be tenable for all PMSs. In addition, a system to facilitate bi-directional connection for e-GOS, allowing accurate reconciliation, was thought to be a useful practical measure that would greatly improve efficacy.

Current optometric referral issues are similar to GOS in that they are primarily paper-based, systemically fragmented according to geography, a one-directional information flow which hinders feedback and continuity of care, and, not stored or analysed.

General consensus from the delegates was that the sector should agree a dataset for all possible referral situations, decide upon a protocol to include bi-directional communication, and seek to implement links between PMS, GP and secondary care systems (suggesting a series of pilots). In addition, it was felt desirable to work with the Health and Social Care Information Centre (HSCIC) and its care data team to incorporate the datasets in the Care Episode Statistics system. The Optical Confederation (through its IT Committee) is leading on implementing these suggestions.

UK initiatives for electronic connectivity

It is worth noting at this point that there are national initiatives to integrate and centralise the optical sector's IT systems across the UK. In Northern Ireland, the

Government and Health & Social Care Boards are involved in an initiative that may lead to the use of the Electronic Care Record (ECR) as a centralised system into which optometry may gain access to screening reports, referrals, discharge letters and treatment advice generated from Community and Secondary care Ophthalmology services. The Northern Ireland ECR, which is already in use for General Medical Services and Secondary Care Trusts, is updated in real time, and the proposal is that all relevant professionals have appropriate access.

In addition, an Ophthalmic Claims System (OCS) is being piloted in 13 optometric practices; although Optometry Northern Ireland has reported early compatibility and connectivity issues with this e-GOS electronic payment system, the pilot sites now enjoy full stability, and will, in 2014/15, be offered access to HSC-wide Clinical Communications Gateway (CCG). This will facilitate e-Referrals and two-way communications. OCS also offers GOS contractors the facility for automatic look-up of patients' Health and Care Numbers (HCN), a necessary regulatory requirement for patients' access to GOS.

In Scotland, the Eye Care Integration Programme presses ahead. Optometry Scotland, integral to the whole process, reported that eReferral pilots have commenced in most Health Boards with Lothian now moving to the implementation stage. The system, as it stands, allows the optometrist to view submitted referrals while they remain active before receiving a notification to say the referral has been received, and if the patient has been given an appointment or not. Further feedback information will be sought as the wider implementation commences. It is planned that the referrals will be submitted using a Virtual Private Network (VPN) system with the optometrist accessing the SCI Gateway (NHS Scotland's centralised internet portal that is designed to link primary and secondary care data systems). There is now an optometry branch built into this gateway which includes details of all optometrists in Scotland.

The Practitioner Services Department (PSD) manages all GOS claims/payments in Scotland and is still working to integrate the optical systems. However, it has encountered difficulties with the software developers, which has set back original deadlines. PSD is building the system to sit alongside a web-based form to facilitate submitting forms electronically for as many optometry practices as possible, irrespective of the PMS in use.

Optometry Wales (OW) reported that the recent Eye care Plan for Wales, launched in September 2013, is now part of the Government's 'Together for Health' agenda. 73 actions have been identified in the plan and now health boards and the Welsh Government share the responsibility for delivering on these actions. Public health is a large feature of the plan and a specific action is to "Work with health boards, clinicians and NWIS to develop electronic referrals and electronic payment records for eye care". A steering group has been set up to undertake this and OW is represented. There is a momentum and appetite within Welsh Government to deliver these actions and OW continue to be involved.

Next Steps

We will all continue to share a commitment to the strategy priority areas of **Knowledge, Capacity and Communication**. The Roundtable event on 24 October 2013 explored the particular challenges of health inequalities and flow of data/IT payment systems. Taking responsibility for driving change in our own organisations and regions, we agreed to do the following:

- gather evidence to show the value of narrowing the eye health inequalities gap;
- explore methods of implementing the workshop suggestions for narrowing the health inequalities gap (cited on page 6 of this document);
- gather evidence to illustrate the efficacy of an integrated electronic payment and referral system for the optical sector;
- agree the content of the core dataset that eGOS and eReferral should use;
- seek ways for the barriers to access to be identified and implemented across the UK, building upon the Leeds study;
- include public health in the core curriculum for optometry students and encourage public health professionals from other disciplines to keep up to date with eye health developments;
- identify ways in which to make public health an attractive issue for optometrists to consider in their daily practice (eg smoking cessation messages delivered as part of their consultation);
- continue to engage with national initiatives for IT connectivity so that the services being developed are optimum for the sector;
- engage with the VISION 2020 (UK) Ophthalmic Public Health Committee and share ideas;
- build relationships by investing in the Ophthalmic Public Health Network, targeting communications at national and local level;
- encourage patient and clinical representatives to raise eye health with commissioners and planners;

- continue to build upon the existing level of open and effective collaboration between the sector organisations, and to reconvene in Autumn 2014.

Since the Roundtable event, it is worth noting that there has been work within the sector which will have important implications for public health. For example, the VISION 2020 (UK) Ophthalmic Public Health Committee has agreed a definition of ophthalmic public health and is working to formulate a suite of outcome and quality indicators to gauge service effectiveness, to drive improvements in preventing sight loss and to support people who lose their vision. In addition, NHS England is creating a *Call to Action* for the broad aspects of healthcare and a Call for Action focussed on eye health is due for publication in Spring 2014. Representatives from a number of optical organisations are involved in the formulation of this document through the NHS England Steering Group. In addition, RNIB are conducting a series of Community Engagement Projects (CEPs) www.rnib.org.uk/healthprofessionals. The CEPs consist of five pilot studies located in areas of high socio-economic deprivation which include qualitative research into the barriers and enablers to accessing primary and secondary eye care services. Three of the CEPs focus on BME communities particularly at risk of preventable sight loss (Hackney - Black African and Caribbean population; Glasgow and Bradford - Pakistani population; Rhondda Valley and West Belfast - white low income population). These projects have the potential to add valuable information to the work of Darren Shickle (as described above).

For more information

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