



DEBATE PACK

Number CDP 2017/0102, 21 March 2017

Preventing avoidable sight loss

This pack has been prepared ahead of the debate to be held in Westminster Hall on Tuesday 28 March 2017 at 9.30am on preventing avoidable sight loss. The subject for the debate has been chosen by the Backbench Business Committee, and it will be opened by Nusrat Ghani MP.

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

Dr Sarah Barber
Nikki Sutherland

Contents

1.	Preventing avoidable sight loss	2
1.1	National strategies for eye health	3
1.2	UK Vision Strategy	3
2.	News articles	5
3.	Press Releases	7
4.	Parliamentary material	16
	Debates	16
	PQs	16
5.	Useful links and further reading	27

1. Preventing avoidable sight loss

This debate pack is prepared for a Backbench Business Committee debate in Westminster Hall on 28 March 2017 on preventing avoidable sight loss. The debate will be led by Nusrat Ghani MP.

The 2016 Royal National Institute for the Blind (RNIB) report, [The State of the Nation, Eye Health 2016](#) estimates that more than 2 million people in the UK have sight loss that has a significant impact on their daily lives.¹ It predicts that this number will increase by a third between now and 2030. The report also estimates that sight loss is costing over £28 billion to the UK economy, through both direct costs of healthcare, and indirect costs, for example, lower employment levels.

The [RNIB website also provides useful general information on eye health](#), the importance of eye examinations and how to reduce the risk of developing sight loss.

The most common causes of avoidable sight loss are:

- Cataracts;
- Glaucoma;
- Diabetic retinopathy; and,
- Age related macular degeneration.

The Department of Health [Public Health Outcomes Framework, Healthy lives, Healthy people: Improving outcomes and supporting transparency](#) sets out a number of outcomes and indicators for the improvement of public health in England. It allows data to be collected and monitored on a number of health indicators across the whole range of public health issues, including visual impairment. A June 2016 Parliamentary Question response provides information about the preventable sight loss indicators, and 2013/14 figures for certifications of visual impairment:

[...]The indicator is made up of four sub-indicators which are measuring the crude rates of Age-Related Macular Degeneration, glaucoma and diabetic retinopathy, and of the rate of sight loss certifications per 100,000 population.

The latest data published by the Public Health Outcomes framework show that there were the following new certifications of visual impairment in 2013/14:

- 11,055 for age related macular degeneration, a decrease of 90 from 2012/13;
- 3,432 for glaucoma, an increase of 141 from 2012/13;
- 1,563 for diabetic eye disease, a decrease of 29 from 2012/13; and
- 22,911 overall new certifications (all causes), an increase of 264 from 2012/13.

¹ RNIB, [The State of the Nation Eye Health 2016](#)

Early detection is essential to tackling preventable sight loss. A range of treatment and services are in place in the National Health Service to deal with the key causes of preventable sight loss²

1.1 National strategies for eye health

In her application to the Backbench Business Committee, Nusrat Ghani reported that there was no English strategy for eye health, but there were existing strategies on this issue in Scotland, Wales and Northern Ireland. Links to these strategies are included below:

- Scottish Government, [Sensory Impairment Strategy](#), 2014
- Welsh Government, [Together for Health: Eye Health Care, Delivery Plan for Wales, 2013–2018](#)
- Northern Ireland Department of Health, [Developing Eyecare Partnerships: Improving the Commissioning and Provision of Eyecare Services in Northern Ireland](#)

A March 2017 Parliamentary Question response from the Under-Secretary of State for Health, David Mowat stated that there are no plans to develop a national strategy for eye health, given the size and variety of health needs in England, the approach should be managed locally:

There are no plans to develop a national strategy for eye health. NHS England and the Department contribute to and support the current voluntary sector led England Vision Strategy. Given the size of England, and the diversity of the health needs of different communities, we believe commissioning needs to be owned and managed locally.

Clinical commissioning groups (CCGs) are responsible for commissioning hospital eye services and are also able to commission eye care services in the community which go beyond the standard National Health Service sight test where they judge them to be needed in their areas. CCGs are required, for all services they commission including ophthalmic services, to carry out an assessment of the health needs of their local population using the standard joint strategic needs assessment approach. Improving the commissioning of services is one way that we expect to see improvements for patients and the Clinical Council for Eye Health Commissioning is working with CCGs to develop commissioning guidelines in this area.³

1.2 UK Vision Strategy

The [UK Vision Strategy 2013-18](#) is led by health professionals, key charities and stakeholder groups, and is supported by the Government.

The strategy sets six priorities:

- 1 Detecting eye conditions early, especially in seldom heard groups;
- 2 Promoting a consistent strategy for eyecare commissioning;

² [HL Written Question HL2226, 25 October 2016](#)

³ [HC Written Question 68288: Eyesight, 22 March 2017](#)

- 3 Improving the Certification process – making sure people who are eligible actually get certified and registered and that relevant data flows through the whole eye health and sight loss pathway;
- 4 Early intervention to ensure practical and emotional support post diagnosis (for example, an ECLO available in every eye department);
- 5 Habilitation and rehabilitation available on a free and timely basis for as long as needed to learn or relearn key life skills including mobility;
- 6 Development of peer support and self-help groups in every community for adults, children and families to provide voluntary sector support for independent living and to lobby for inclusive local public services.

Regional groups will be established across all nine England regions with line of sight to every local authority and CCG area in England to support implementation of the strategy. Further information is available in the strategy's [Case for Change](#).

An October 2016 Parliamentary Question response from the Under-Secretary of State for Health, Lord Prior of Brampton stated that the Government supports the aims of the UK Vision Strategy, and also outlines further Government action to tackle preventable sight loss:

The Government supports the aims of the UK Vision Strategy of improving eye health, preventing avoidable sight loss, improving services for those who do lose sight, and maximising social inclusion and opportunities for blind and partially sighted people.

Improving the commissioning of services is a key priority for the National Health Service and social care services, and this is one way that we expect to see improvements for patients.

The Public Health Outcomes Framework is an online only data tool which examines indicators that help us to understand trends in public health. It includes an indicator on preventable sight loss which will track three of the most common causes of preventable sight loss: age-related macular degeneration, glaucoma and diabetic retinopathy. The open availability of data provide a resource for commissioners and local health and wellbeing boards to identify what is needed in their areas and for comparisons to be made with other areas. The online data tool is available on the Public Health England website.

Our public health programmes tackling smoking and obesity will also help prevent sight loss by addressing some of the key risk factors in the development of eye disease.⁴

⁴ [HL Written question - HL2226, 26 October 2016](#)

2. News articles

Guardian

Sixty-five people a day in UK die early from diabetes complications – study

Sally Desmond 14 November 2016

<https://www.theguardian.com/society/2016/nov/14/sixty-five-people-a-day-in-uk-die-early-from-diabetes-complications-study>

FT

Eye gene and cell therapy advances in battle on blindness

Clive Cookson 12 October 2016

<https://www.ft.com/content/3c9ab098-654c-11e6-8310-ecf0bddad227>

Independent

Bring your eye health into focus

Many of us take our eyesight for granted, but regular check-ups are essential to protect our vision – and our overall health, too

13 September 2016

<http://www.independent.co.uk/life-style/health-and-families/bring-your-eye-health-into-focus-a7233561.html>

Telegraph

Drug-dispensing contact lenses offer hope to glaucoma patients at risk of going blind

Henry Bodkin 29 August 2016

<http://www.telegraph.co.uk/science/2016/08/29/drug-dispensing-contact-lenses-offer-hope-to-glaucoma-patients-a2/>

Guardian

Google DeepMind pairs with NHS to use machine learning to fight blindness

Alex Hern 5 July 2016

<https://www.theguardian.com/technology/2016/jul/05/google-deepmind-nhs-machine-learning-blindness>

Telegraph

Few understand the devastating effect of macular degeneration

Edith Potts 9 May 2016

<http://www.telegraph.co.uk/wellbeing/health-advice/few-understand-the-devastating-effect-of-macular-degeneration/>

Guardian

New gene therapy treatment boosts quest for vision loss cures

29 April 2016

<https://www.theguardian.com/society/2016/apr/28/blindness-gene-therapy-treatment-oxford-university>

3. Press Releases

Royal College of Ophthalmologists

New self-advocacy pilot launches to help prevent sight loss for eye patients

13 March 2017

Patients are being helped to take care of their sight under a new pilot scheme to end cancelled, delayed or missed eye clinic appointments.

RNIB (Royal National Institute of Blind People) is trialling a patient self-advocacy project in partnership with the Macular Society, International Glaucoma Association, and The Royal College of Ophthalmologists.

Ask & Tell empowers patients to ask their eye doctor when their next appointment should be, and to tell reception staff so it is kept. It creates awareness with reception and administration staff in eye clinics about the importance of follow up appointments to avoid preventable sight loss. Ask & Tell also aims to encourage patients to not miss their appointments.

During the six month pilot, patients can access a range of Ask & Tell resources and information online and in the eye clinic to support them to look after their sight.

Around 20 patients a month in England experience sight loss as a result of hospital-initiated appointment delays, according to The Royal College of Ophthalmologists' research 'Surveillance of sight loss due to delay in ophthalmic treatment or review: frequency, cause and outcome'¹.

Fazilet Hadi, Director of Engagement at RNIB, said:

"We're delighted to be running the Ask & Tell pilot in partnership with the Macular Society, International Glaucoma Association, and The Royal College of Ophthalmologists.

"WE know it's vital for patients to attend their eye clinic appointments and to have timely access to effective diagnosis and treatments. Delaying, cancelling or missing an appointment can lead to loss of sight, which could have been prevented."

Cathy Yelf, Chief Executive of the Macular Society, said:

"Understandably, patients get very frightened when their appointments are delayed or cancelled because they know the consequences. We look forward to piloting Ask & Tell and hope it will mean more patients get access to the timely treatment they need."

Karen Osborn, Chief Executive of International Glaucoma Association, said:

"We know from our helpline and from our own research that delays to hospital appointments are increasing. Callers are anxious and stressed about the impact this will have on their condition. We are delighted to be working with RNIB, the Macular Society, and The Royal College of

Ophthalmologists to highlight this issue and believe this campaign will have a positive impact on patients”.

Professor Carrie MacEwen, President of The Royal College of Ophthalmologists, said:

“The Ask & Tell initiative is a great example of providing patients with tools that encourage them to manage and understand the importance of keeping their scheduled eye appointments as advised by consultants.”

RNIB will use feedback from the pilots to inform a roll out of Ask & Tell across England later this year.

For more information about Ask & Tell, please visit:

www.rnib.org.uk/askandtell

Notes to editors

The hospitals taking part in the Ask & Tell pilot are:

- Manchester Royal Eye Hospital
 - Royal Blackburn Hospital
 - Salisbury District Hospital
 - West of England Eye Unit at Royal Devon & Exeter Hospital
 - Great Western Hospital, Swindon
 - Moorfields Eye Hospital, Old Street site, London
 - Heartlands Hospital, Birmingham
1. BOSU Study: Authors B Foot and C MacEwen ‘Surveillance of sight loss due to delay in ophthalmic treatment or review: frequency, cause and outcome’ <http://www.nature.com/eye/journal/vaop/ncurrent/full/eye20171a.html>

College of Optometrists

Clinical Council urges STP leaders to include eye care in delivery plans

1 February 2017

[The CCEHC](#) believes that working at Sustainability and Transformation Plan (STP) level has significant potential to improve care and prevention, and enable commissioners to transform services at scale within likely available resources. With the exception of two STP areas that are including eye care in their plans¹, the risk is that opportunities to transform and modernise these impactful and resource intensive services will be overlooked simply because eye disease is not in the news headlines like A&E waits. Yet, hospital eye service capacity and sustainability pressures are still increasing.

With an average population of 1.2m, STPs provide the opportunity for groups of Clinical Commissioning Groups (CCGs) to work with eye care providers and Local Eye Health Networks (LEHNs) across whole pathways, and over acute trust footprints, to develop transformed and sustainable services – and deliver the ambitions of the Five Year Forward View – within a relatively short period.

Ophthalmology accounts for 8 per cent of the 90 million hospital outpatient appointments in England (NHS Digital 2016). Increasing eye health needs due to the ageing population and availability of new treatments are generating severe capacity issues within the hospital eye service. With an increase of up to 30% in eye clinic attendances over the last five years, we can no longer on the grounds of patient safety ignore the pressure building up in ophthalmic services².

The CCEHC has brought together groups of experienced clinical leaders and patient advocates to design commissioning frameworks for community ophthalmology³ and primary eye care³. The frameworks are underpinned by Right Care principles i.e. that patients should be managed in the most appropriate service according to clinical risk stratification of their condition and the skills of the practitioner.

The main objective of the community ophthalmology framework is to release capacity and improve patient flows within the health system by managing and monitoring low risk and stable conditions within the community; and that of the primary eye care framework to improve the work up by specifying additional services prior to a referral, thereby both improving the quality of referral and reducing the number of referrals into the hospital eye service.

At a time of great challenges and opportunities for the NHS, it is essential to make sure we deliver cost effective quality care to patients in England. Having a more consistent approach to eye care pathways will lead to a more integrated and efficient overall service, with quicker access for those patients who need hospital services and treatment - so important for better outcomes for patients. Commissioning eye care at STP level will reduce the inequalities and variations in care that inevitably occur when commissioning at CCG level. It will also lead to better management of limited NHS resources.

References:

1. Staffordshire STP and Birmingham & Solihull STP
2. Royal College of Ophthalmologists' press release: [RCOphth's Three Step Plan offers solutions to address overwhelmed hospital eye services](#) [11 May 2016]
3. [CCEHC delivery models for commissioners](#).

Notes to editors

1. The Clinical Council for Eye Health Commissioning (CCEHC) is the national clinical voice for eye health in England. [More about CCEHC](#).

Thomas Pocklington Trust

England Vision Strategy Conference Brings Together Eye Health and Sight Loss Sector

Jan 31, 2017

The England Vision Strategy (EVS) national conference brought together organisations and people from the eye health and sight loss sector last week.

More than 170 people attended the conference at BMA House on Thursday 26 January where the key issues relating to eye health and sight loss were discussed and success stories from across the sector were shared and celebrated.

Expert panels with members from across the eye health and sight loss sector, including health, local authority and the third sector, discussed the national and regional perspectives, their successes from the past year and what progress was still needed. The findings of the UK Vision Strategy evaluation were also presented and a panel discussed how this would help the EVS and sector achieve shared goals.

Zoe Bates, a member of the Birmingham Sight Loss Council who shared her story, told the conference: "By improving the processes of early detection, commissioning, certification, rehabilitation and improving access to ECLO (Eye Clinic Liaison Officer) and support groups, visually impaired people will be in a much happier place."

Peter Corbett, Co-Chair of the EVS, commented: "It was great to have such a wide range of people, including local sight loss society members from all over the country and lots of local eye health network chairs. We've set ourselves a huge challenge of building a network to connect all people living with and at risk of sight loss with the services they need but we're making progress and there is a clear desire for greater collaboration among the sector."

Fazilet Hadi, Chair of the UK Vision Strategy Leadership Group, commented: "The EVS conference showed how much energy and commitment there is across England for promoting eye health and improving support for people experiencing sight loss. The UK Vision Strategy has given us a shared agenda for change and I'm confident that the steps we're taking to make the Strategy and its delivery even stronger will better enable us to achieve our goals."

UK Vision Strategy

New report makes recommendations on the future of collaboration in the eye health and sight loss sectors

19 January 2017

The UK Vision Strategy have published the 'Shaping the Future Report', following a six month evaluation and consultation project to inform future collaborative work in the eye health and sight loss sectors.

The report includes:

- Views on the progress made towards the UK Vision Strategy Outcomes 2013-2018.
- The country context: the key challenges and successes of the Strategy specific to England, Scotland, Northern Ireland and Wales.
- Recommendations to shape future collaborative work, including both what future work could focus on and how it could be delivered.

[Read the Shaping the Future Report](#)

The research was commissioned by the Vision Strategy Leadership Group and carried out by independent evaluators from the NCVO Charities Evaluation Service. Over 750 individuals participated in the research through a mixed-methods approach including interviews, surveys, and engagement events in all four countries of the UK. The report recommendations were co-produced at a workshop involving people who are blind or partially sighted and individuals representing a range of professions in the eye health and sight loss sectors.

Fazilet Hadi, Chair of the Vision Strategy Leadership Group and Director of Engagement at RNIB said:

“I am delighted by the engagement we received from organisations and individuals throughout the Shaping the Future Project, particularly that the views of so many people who are blind or partially sighted are represented in this research. Leaders across the eye health and sight loss sectors are strongly committed to ensuring that the UK Vision Strategy is fit for the future, and this report provides a foundation for us to build on the ambition, experience and lessons learnt from the Strategy since its launch”.

The learning and recommendations in the report will be taken forward by the Vision Strategy Transition Programme, which is working to seek a renewed agenda for change across the eye health and sight loss sectors.

Find out more about the [Shaping the Future Project](#).

RNIB

Sight loss costing UK economy £28bn

7 September 2016

Sight loss is costing the UK economy £28billion annually, a report from the Royal National Institute of Blind People (RNIB) and Specsavers has revealed.

[The State of the Nation: Eye Health 2016 report](#) – which will be unveiled at the House of Lords today – found the figure, which has soared from £22billion when last calculated in 2008, could be significantly reduced by better public take-up of routine eye tests, and by earlier diagnosis and treatment of eye conditions.

Written by RNIB, supported by Specsavers and supplemented by an independent YouGov poll* of more than 10,000 UK adults, the State of the Nation: Eye Health 2016 report is the most significant and comprehensive insight into the health of the nation's eyes in recent years. It supports a £3m multi-media public health awareness campaign by RNIB and Specsavers to transform eye health and reduce preventable sight loss in the UK.

More than six million people in the UK live with sight-threatening conditions or uncorrected refractive error. Some may not yet be experiencing any symptoms and may have no idea that anything is wrong. Of these, more than two million people are living with sight loss that has a significant impact on their daily lives. This figure is set to increase to more than 2.7 million by 2030, driven by an increase in the UK's ageing demographic. Although nearly half of all cases of sight loss in the UK could have been prevented, 14 million people in Britain are not having an eye test as recommended at least every two years.

RNIB acting CEO Sally Harvey says: 'An ageing population, rapidly growing demand for eye health and care services, and capacity problems in some clinics at a time of growing budget deficits, means that we are facing an extremely challenging time for eye health in the UK.'

'Improving the nation's eye health is an enormous challenge but we must rise to it and take action now to stop people needlessly losing their sight.'

'Regular eye tests and early detection on the high street, followed by timely intervention and management of eye health conditions, could help to save sight as well as saving the public purse millions of pounds each year.'

Specsavers founder Doug Perkins, an optometrist of more than 50 years, says: 'It's astonishing that so many people are needlessly living with or at risk of sight loss in the UK today. Nearly half of all sight loss cases are preventable – and a simple eye test can be the first step in prevention.'

'Our mission with RNIB is to transform the nation's eye health through education, awareness and action; we want to reverse these worrying

eye health trends that are putting unnecessary pressure on the health service.

'That's why we have invested £3 million to educate people about the importance of looking after their eye health. Prevention is critical. We don't care where people have an eye test, we just care that they do.'

RNIB and Specsavers' Transforming Eye Health awareness campaign, was launched at the House of Lords event, hosted by Lord Low of Dalston, CBE, Co-chair of the All-Party Parliamentary Group on Eye Health and Visual Impairment.

It was attended by leading figures from the optical, healthcare and charitable professions, including RNIB President Dame Gail Ronson DBE, RNIB Vice-President, and campaign ambassador Lady Penny Lancaster-Stewart, as well as Specsavers co-founders Doug and Dame Mary Perkins.

Further information:

- [Read the full State of the Nation report.](#)

College of Optometrists

College of Optometrists' inequalities report calls for increased awareness of optometry services and a review of access initiatives

2 Jun 2016

The report makes several recommendations to address barriers to poorer communities accessing optometry services.

[A new report](#) by the College of Optometrists makes several recommendations to address barriers to poorer communities accessing optometry services, including changing the negative perception of optometry held by these populations. The report also recommends reviewing current local initiatives and pilot projects that are currently attempting to address these issues to see if they can be replicated across the UK.

The report, entitled '[See the Gap](#)', explores eye health inequalities through a review of current evidence around uncorrected refractive error (URE) in deprived areas and its association with patient access to eye care services. Focus group results were analysed and found that lack of eye health awareness, poor knowledge of the sight test's role in detecting disease and negative perceptions of optometry relating to the sale of spectacles, as key factors in people not accessing services.

Other recommendations it makes to improve access to optometry services for the economically disadvantaged include:

- Mapping the UK-wide prevalence of URE using consistent methodology.

- Reviewing the current initiatives and pilots attempting to address access, issues, including a cost/benefit analysis.
- Raising public awareness of optometry, aimed at changing the negative perceptions of optometry held by many deprived patients and encouraging national public eye health campaigns.
- Exploring ways of enhancing the clinical aspects of optometry in deprived areas (e.g. community optometry clinics)

The College of Optometrist's Director of Policy and Strategy, Jo Mullin, said: "There are significant inequalities in the eye health of different UK populations, with people in poor socio-economic groups less likely to access eye health services, even if they are readily available, and more likely to lose their sight. This report attempted to identify steps that might be taken to redress this imbalance – in a country where the optometric profession is probably most developed and established in the world. We hope that recommendations made in this report will be understood and acted on by the relevant stakeholders, including policy-makers, optometrists and public health campaigners, who can then take steps to close the gap."

The term refractive error encompasses the common ocular conditions myopia (short-sightedness), hyperopia (long-sightedness), astigmatism and presbyopia (a form of long-sightedness). Evidence shows that URE can adversely affect quality of life, impair education and increase the risk of falling, and is more likely in deprived groups. Despite this, mapping prevalence has proved problematic in the past as data is difficult to obtain.

The report features a number of case studies from College members across the country, providing examples of how optometrists in deprived areas work to address the issues they face.

The College of Optometrist's patient information series, public facing website, [Look After Your Eyes](#) and its campaigns and work with the media aim to help the public understand the unique role that optometrists play in delivering eye health care. For more information and to find your local College member visit:

<http://lookafteryoureyes.org/>.

[The report in full is published on the College's website.](#)

Note to editors:

1. The College of Optometrists is the professional, scientific and examining body for optometry in the UK, working for the public benefit. Supporting its 15,000 members in all aspects of professional development, the College provides pre-registration training and assessment, continuous professional development opportunities, and advice and guidance on professional conduct and standards, enabling our members to serve their patients well and contribute to the wellbeing of local communities.

2. The letters FCOptom or MCOptom after an optometrist's name means that he or she is a fellow or member of the College of Optometrists. Membership of the College shows their commitment to the highest clinical, ethical and professional standards, so look for these letters to see if your optometrist is a member.

3. For more information and advice about how to look after your eyes visit: www.lookafteryoureyes.org

4. Parliamentary material

Debates

Westminster Hall debate: [Diabetes Technologies](#)

HC Deb 23 November 2016 | Vol 617 c363WH-

Westminster Hall debate: [Diabetes-related Complications](#)

HC Deb 7 June 2016 | Vol 611 c64WH-

Commons adjournment debate: [Diabetes Care](#)

HC Deb 3 March 2016 | Vol 606 c1212-

PQs

[Ophthalmic Services: Standards](#)

Asked by: Ghani, Nusrat

To ask the Secretary of State for Health, what mechanisms NHS commissioners use to measure experiences of and outcome for eye patients.

Answering member: David Mowat | Department: Department of Health

This is the responsibility of each local clinical commissioning group (CCG) and we do not collect this information.

However, the Public Health Outcomes Framework includes an indicator on preventable sight loss which tracks three of the commonest causes of preventable sight loss, age-related macular degeneration, glaucoma and diabetic retinopathy. The open availability of this data provides a resource for commissioners and local health and wellbeing boards to identify what is needed in their areas and for comparisons to be made with other areas.

The CCG Outcomes Indicator Set also provides clear, comparative information for CCGs, health and wellbeing boards, local authorities, patients and the public about the quality of health services commissioned by CCGs and the associated health outcomes. The indicators are useful for CCGs and health and wellbeing boards in identifying local priorities for quality improvement and to demonstrate progress that local health systems are making on outcomes.

HC Deb 24 March 2017 | PQ 68368

[Visual Impairment](#)**Asked by: Ghani, Nusrat**

To ask the Secretary of State for Health, what his Department's most recent estimate is of the number of people in England and Wales living with sight loss; and how that data is collected.

Answering member: David Mowat | Department: Department of Health

The information requested for England is shown in the table below. Data in respect of Wales would be a matter for its administration.

Number of people registered as blind or partially sighted as at 31 March 2014

(Data for England only)

Number of people registered as at 31 March ¹	Blind	Partially Sighted	Total
2014	143,385	147,715	291,100

Source: NHS Digital

Notes:

1. Data are rounded to the nearest five.

The data is derived from the triennial SSDA 902 return submitted by local authorities with adult social services responsibilities. The next data collection will take place in 2017.

Local authorities maintain registers of blind or partially sighted people who have received a Certificate of Vision Impairment (CVI) following an examination by a consultant ophthalmologist. Holders of a CVI choose whether or not to be included in their local authority's register of blind or partially sighted people. The numbers registered are therefore likely to be an underestimate of the total number of people living with sight loss.

HC Deb 22 March 2017 | PQ 68289

[Eyesight](#)**Asked by: Ghani, Nusrat**

To ask the Secretary of State for Health, what assessment his Department has made of the potential merits of devising a national strategy for eye health.

Answering member: David Mowat | Department: Department of Health

There are no plans to develop a national strategy for eye health. NHS England and the Department contribute to and support the current voluntary sector led England Vision Strategy. Given the size of England,

and the diversity of the health needs of different communities, we believe commissioning needs to be owned and managed locally.

Clinical commissioning groups (CCGs) are responsible for commissioning hospital eye services and are also able to commission eye care services in the community which go beyond the standard National Health Service sight test where they judge them to be needed in their areas. CCGs are required, for all services they commission including ophthalmic services, to carry out an assessment of the health needs of their local population using the standard joint strategic needs assessment approach. Improving the commissioning of services is one way that we expect to see improvements for patients and the Clinical Council for Eye Health Commissioning is working with CCGs to develop commissioning guidelines in this area.

HC Deb 22 March 2017 | PQ 68288

[Visual Impairment](#)

Asked by: Ghani, Nusrat

To ask the Secretary of State for Health, what his Department's most recent estimate is of the number of people in England and Wales living with sight loss; and how that data is collected.

Answering member: David Mowat | Department: Department of Health

The information requested for England is shown in the table below. Data in respect of Wales would be a matter for its administration.

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HC Deb 22 March 2017 | PQ 68289

[Ophthalmology](#)**Asked by: Sheerman, Mr Barry**

To ask the Secretary of State for Health, what steps are being taken to ensure that people with long-term eye conditions are seen within timeframes which prevent avoidable sight-loss.

Answering member: David Mowat | Department: Department of Health

Clinical commissioning groups are responsible for commissioning ophthalmic services in hospitals for their local populations. Patients have the right to start consultant led treatment within 18 weeks of referral for non-urgent conditions, or alternatively have the right to ask for an alternative provider who can see them sooner. All patients should be treated without unnecessary delay and according to their clinical priority.

All follow-up appointments should take place when clinically appropriate. It is for doctors to make decisions on when they see patients, in line with their clinical priority, and patients should not experience undue delay at any stage of their referral, diagnosis or treatment. The appropriate interval for follow up appointments will vary between different services or specialties, and between individual patients, depending on the severity of their condition.

To ensure that patients are seen at the appropriate time, NHS England has issued guidance which makes clear that when patients on planned lists are clinically ready for their care to commence and reach the date for their planned appointment, they should either receive that appointment or be transferred to an active waiting list.

HC Deb 08 November 2016 | PQ 51808

[Ophthalmology](#)**Asked by: Phillips, Jess**

To ask the Secretary of State for Health, pursuant to the Answer of 30 June 2016 to Question 41185, what steps his Department is taking to ensure that hospital-initiated postponement or cancellation of ophthalmology follow-up appointments do not result in sight loss.

Answering member: David Mowat | Department: Department of Health

As stated in the answer given to Question [41185](#), all follow-up appointments should take place when clinically appropriate. It is for doctors to make decisions on when they see patients, in line with their clinical priority, and patients should not experience undue delay at any stage of their referral, diagnosis or treatment. The appropriate interval for follow up appointments will vary between different services or specialties, and between individual patients, depending on the severity of their condition.

To ensure that patients are seen at the appropriate time, NHS England has issued guidance which makes clear that when patients on planned lists are clinically ready for their care to commence and reach the date for their planned appointment, they should either receive that appointment or be transferred to an active waiting list.

HC Deb 04 November 2016 | PQ 51038

[Eyesight](#)

Asked by: Lord Harrison

To ask Her Majesty's Government what support they are providing to implement the UK Vision Strategy.

Answering member: Lord Prior of Brampton | Department: Department of Health

The Government supports the aims of the UK Vision Strategy of improving eye health, preventing avoidable sight loss, improving services for those who do lose sight, and maximising social inclusion and opportunities for blind and partially sighted people.

Improving the commissioning of services is a key priority for the National Health Service and social care services, and this is one way that we expect to see improvements for patients.

The Public Health Outcomes Framework is an online only data tool which examines indicators that help us to understand trends in public health. It includes an indicator on preventable sight loss which will track three of the most common causes of preventable sight loss: age-related macular degeneration, glaucoma and diabetic retinopathy. The open availability of data provide a resource for commissioners and local health and wellbeing boards to identify what is needed in their areas and for comparisons to be made with other areas. The online data tool is available on the Public Health England website.

Our public health programmes tackling smoking and obesity will also help prevent sight loss by addressing some of the key risk factors in the development of eye disease.

HC Deb 25 October 2016 | PQ HL2226

[Eyesight: Testing](#)

Asked by: Shannon, Jim

To ask the Secretary of State for Health, what discussions he has had with opticians' associations on opticians spotting illness when carrying out eyesight checks.

Answering member: David Mowat | Department: Department of Health

There have been no specific discussions on this with opticians' associations. Regular sight tests are an important measure in preventing

avoidable sight loss and provide a health check for eyes that can pick up early signs of eye conditions.

Under the Sight Testing (Examination and Prescription) (No.2) Regulations 1989, when a doctor or optometrist carries out a sight test, they have a legal duty to perform such examinations that are necessary to detect signs of injury, disease or abnormality and to refer the patient for further investigation if necessary. They will also carry out tests to determine if the patient requires an optical appliance to correct a defect in sight.

These requirements apply to all sight tests, whether provided on the National Health Service or privately.

The General Optical Council (GOC) is the regulatory body for optometrists who carry out sight tests and any concern about the quality of sight tests can be raised directly with the GOC.

HC Deb 14 September 2016 | PQ 45141

[Visual Impairment: Health Services](#)

Asked by: Long Bailey, Rebecca

To ask the Secretary of State for Health, what steps he is taking to increase the number of eye clinic liaison officers.

Answering member: David Mowat | Department: Department of Health

The Government fully appreciates the impact that sight loss can have on a person's life and the importance of information being available for those newly diagnosed with sight loss, including signposting patients to appropriate support and rehabilitation services.

Eye clinics and their staffing, including eye clinic liaison officers, are commissioned and funded by individual clinical commissioning groups on the basis of local assessments of need.

HC Deb 05 September 2016 | PQ 43882

[Visual Impairment](#)

Asked by: Farrelly, Paul

To ask the Secretary of State for Health, what assessment he has made of whether the Government is on target to eliminate avoidable blindness by 2020.

Answering member: Alistair Burt | Department: Department of Health

The indicator within the Public Health Outcomes Framework brings together the range of information on levels of preventable sight loss in a single place.

The indicator is made up of four sub-indicators which are measuring the crude rates of Age-Related Macular Degeneration, glaucoma and diabetic retinopathy, and of the rate of sight loss certifications per 100,000 population.

The latest data published by the Public Health Outcomes framework show that there were the following new certifications of visual impairment in 2013/14:

- 11,055 for age related macular degeneration, a decrease of 90 from 2012/13;
- 3,432 for glaucoma, an increase of 141 from 2012/13;
- 1,563 for diabetic eye disease, a decrease of 29 from 2012/13; and
- 22,911 overall new certifications (all causes), an increase of 264 from 2012/13.

Early detection is essential to tackling preventable sight loss. A range of treatment and services are in place in the National Health Service to deal with the key causes of preventable sight loss.

HC Deb 13 June 2016 | PQ 39772

[Visual Impairment](#)

Asked by: Hurd, Mr Nick

To ask the Secretary of State for Health, what proportion of levels of blindness and low vision are classifiable as preventable.

Answering member: Alistair Burt | Department: Department of Health

There is a range of information already available about levels of preventable sight loss. The indicator within the Public Health Outcomes Framework brings this together in a single place. The indicator is made up of four sub-indicators which will measure the crude rates of Age-Related Macular Degeneration, glaucoma and diabetic retinopathy, and of the rate of sight loss certifications per 100,000 population. Data has been collected since 1 April 2013.

Baseline data for 2010/11 was published in November 2012, broken down by local authority and data providing a time series up to 2013/14 has now been published. It is available to search at:

<http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000044/par/E12000004>

HC Deb 02 December 2015 | PQ 17510

[Diabetes](#)

Asked by: Shannon, Jim

To ask the Secretary of State for Health, what steps he is taking to ensure that (a) adults and (b) children undertake appropriate health checks to prevent diabetes complications.

Answering member: Jane Ellison | Department: Department of Health

Public Health England (PHE) supports local authorities to implement the mandated NHS Health Checks programme. A routine part of NHS Health Checks involves assessing a person's risk of type 2 diabetes and, for those at risk a diagnostic test is carried out for confirmation of diabetes.

The NHS Diabetic Eye Screening Programme aims to reduce the risk of sight loss among people with diabetes through early detection and timely treatment, if needed, of diabetic retinopathy.

The Healthy Child Programme 'Pregnancy and the first five years of life' provides five core reviews for all pregnant women and young children and provide a framework for health promoting and primary prevention activities around behaviours such as breast feeding, healthy nutrition, physical activity and healthy weight which will influence a child's future health including onset of obesity and type 2 diabetes. The reviews are followed up with early intervention and targeted support for families where additional needs have been identified. The Healthy Child Programme '0-19' provides advice and guidance including healthy weight management, nutrition, physical activity and support children with additional health needs including diabetes.

Improving outcomes for those with diabetes is of great concern to the Government. We will announce our plans in due course.

HC Deb 24 November 2015 | PQ 16540

[Eyesight: Screening](#)

Asked by: Thomas, Derek

To ask the Secretary of State for Health, whether assessing eye health is part of GPs' standard patient health assessment.

Answering member: Alistair Burt | Department: Department of Health

The Government recognises that regular sight tests are an important measure in preventing avoidable sight loss.

Free National Health Service sight tests are available to many, including children, people aged 60 and over, people on benefits and those people at particular risk of developing eye disease.

We do not determine what should be included in health checks or consultation between general practitioners (GPs) and their patients. This

is for GPs to decide, taking into account the individual needs of patients.

HC Deb 18 November 2015 | PQ 15922

[Eyesight: Health Services](#)

Asked by: Amess, Sir David

To ask the Secretary of State for Health, how much the NHS spent tackling the effects of sight loss in each of the last three years.

To ask the Secretary of State for Health, what assessment he has made of trends in the costs of treating sight loss and eye health problems.

Answering member: Alistair Burt | Department: Department of Health

No specific assessment has been made of the trends in the cost of treating sight loss and eye health problems.

However, the table below shows expenditure for 'problems of vision' for primary care trusts (PCTs) for 2011-12 and 2012-13 and for clinical commissioning groups (CCGs) for 2013-14.

Expenditure on problems of vision, 2011-12 to 2013-14

Commissioner	Year	Total £ billion
PCTs	2011-12	2.26
PCTs	2012-13	2.30
CCGs	2013/14	1.6 ¹

Note:

¹ This figure does not include services directly commissioned by NHS England, such as primary eye care services. NHS England is currently reviewing expenditure data on their directly commissioned services.

HC Deb 09 November 2015 | PQ 14202: PQ 14201

Asked by: Amess, Sir David

To ask the Secretary of State for Health, whether standard patient health assessments by GPs include assessing eye health.

Answering member: Alistair Burt | Party: Conservative Party | Department: Department of Health

The Government recognises that regular sight tests are an important measure in preventing avoidable sight loss.

Free National Health Service sight tests are available to many, including children, people aged 60 and over, people on benefits and those people at particular risk of developing eye disease.

We do not determine what should be included in health checks or consultation between general practitioners (GPs) and their patients. This is for GPs to decide, taking into account the individual needs of patients.

HC Deb 09 November 2015 | PQ 14192

[Visual Impairment](#)

Asked by: Howarth, Mr George

To ask the Secretary of State for Health, what estimate his Department has made of the (a) number of people with sight loss in the UK and (b) likely number of people who will have sight loss in 2050.

Answering member: Alistair Burt | Department: Department of Health

The Department has made no recent estimate of the number of people with sight loss, the likely number who will have sight loss in the future, or of the costs in treating sight loss and eye health issues. Information on the number of patients who are blind or have sight loss is not collected centrally. However information is available on the number of people who are registered by local authorities as blind or partially sighted. At March 2014, the number of people on the register of blind people was 143,000 and on the register of partially sighted people 147,700.

Registration as blind or partially sighted is voluntary so the numbers registered are likely to be an underestimate of the total number of people living with sight loss. Research funded by the Royal National Institute of Blind People, published in 2009¹, estimated there were almost 2 million people in the United Kingdom living with sight loss and that this number would double to 4 million by 2050.

Information is collected centrally and published on NHS expenditure on 'problems of vision' across both primary and secondary care. In the latest year for which data has been published² for both primary and secondary care, 2012/13, primary care trust expenditure was £2.3 billion. The Department expects NHS England to commission services for eye health to meet any increased demand, as it would in any other area of healthcare. The 'Five Year Forward View'³ sets out the vision for how services may be organised going forward.

¹ http://www.rnib.org.uk/sites/default/files/FSUK_Report.pdf

² <http://www.england.nhs.uk/resources/resources-for-ccgs/prog-budgeting/>

³ <http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

HC Deb 13 October 2015 | PQ 10411

[Ophthalmic Services](#)

Asked by: Amess, Sir David

To ask the Secretary of State for Health, what the findings have been of the Call to Action on improving eye health and the provision of NHS eye health services.

Answering member: Alistair Burt | Department: Department of Health

NHS England has not formally published the Call to Action. NHS England has advised that key themes arising from the Call to Action responses included:

- a desire to see a greater delivery of care in the community;
- a call for greater patient and user involvement in service redesign, particularly with more engagement of third sector organisations; and
- recognition that care pathways for eye health disorders needed to better reflect opportunities for health promotion, more consistent adoption of good practice guidelines in terms of management, and greater awareness of reablement /rehabilitation for service users with visual impairment and sight loss.

There was also feedback which highlighted the need for a review of information technology systems across England to better support integration of the eye sector in both community and hospital services.

We understand NHS England has discussed the findings with commissioners and stakeholders and that work is underway to develop local and national responses to the findings as part of NHS England business plan for 2015/16.

HC Deb 14 September 2015 | PQ 8495

5. Useful links and further reading

Scottish Vision Strategy 2013-18

https://www.rnib.org.uk/sites/default/files/Scot_Vision_Strategy_refresh.pdf

Wales Vision Strategy Implementation Plan 2014-18

<http://www.ukvisionstrategy.org.uk/sites/default/files/Wales%20Vision%20Strategy%20English.pdf>

UK Vision Strategy 2013-18

<http://www.ukvisionstrategy.org.uk/strategy-2013-2018>

RNIB *Preventing avoidable sight loss: Developing an evidence base to build better eye care services* August 2012

https://www.rnib.org.uk/sites/default/files/Preventing_avoidable_sight_loss_August_2012.pdf

RNIB blog post *Prevention of avoidable sight loss - a low priority for commissioners?* 17 October 2013

<http://www.rnib.org.uk/prevention-avoidable-sight-loss-low-priority-commissioners>

NHS England *Improving eye health and reducing sight loss – a call to action* June 2014

<https://www.england.nhs.uk/wp-content/uploads/2014/06/eye-cta-pack.pdf>

RNIB blog post *What happened to the Call of Action for eye health?*

30 September 2015

<http://www.rnib.org.uk/nb-online/what-happened-call-action-eye-health>

National Institute for Health & Care Excellence, NICE guidance – eye conditions

<https://www.nice.org.uk/guidance/conditions-and-diseases/eye-conditions>

College of Optometrists *Healthy Eyes for All: An optical sector strategy to improve ophthalmic public health* April 2014

<https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwiY-MrN4uzSAhWEUBQKHRg6C1AQFggfMAA&url=https%3A%2F%2Fwww.college-optometrists.org%2Fasset%2F393F8450-014B-4745-96699EC1F9929E28%2F&usg=AFQjCNHM1QZpjgsvEOxBOI2Jp6O8p5GKww>

UK Vision Strategy *Commissioning guide for eye care and sight loss services* 2011

<http://www.ukvisionstrategy.co.uk/commissioning-effectiveness-and-efficiency>

RNIB *The State of the Nation Eye Health 2016*

<http://www.rnib.org.uk/sites/default/files/RNIB%20State%20of%20the%20Nation%20Report%202016%20pdf.pdf>

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