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Key Interventions to Transform Eye Care & Eye Health

Executive Summary

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Key Interventions to Transform Eye Care & Eye Health: Executive Summary (1/3)

The Association of Optometrists, Fight for Sight, Primary Eye Care Services and Roche Products Ltd have collectively commissioned PA Consulting to review eye care services and eye health in the UK and to build an economic model and report to demonstrate areas where investment and savings may improve the eye care system.

Each organisation is committed to seeing Government, the NHS and wider stakeholders embrace the strategic case for change, based on both clinical and socio-economic impact. That case has never been stronger. This report presents a strategic argument for why change is necessary and – most importantly given pressures on the NHS – what practical steps could be taken to optimise the role of High Street optometry in end-to-end eye care and eye health and so make a meaningful difference to the lives of patients.

A Platform to Build On: The Value of General Ophthalmic Services

The High Street-based optometry sector plays a well-established role in supporting the NHS through providing General Ophthalmic Services (GOS) including both sight tests and a range of related services.

Using the NHS Disability-Adjusted Life Year (DALY) economic modelling technique, **GOS delivers c£1.63 billion of value from correcting refractive error in children and young people and c£460 million from the adult population, most notably from early detection of glaucoma and age-related macular degeneration (AMD) in older people.**

Based on the estimated total cost of GOS at £525m, this represents a return of £3.98 for every £1 spent on GOS by the NHS. This is very likely to be a significant underestimate of the true socio-economic value of GOS, as there are important areas of strategic benefit which are hard to quantify using DALY, underpinned by investments from eye care providers in their own services which benefit their customers/patients.

The economic and patient benefits are compelling, and **High Street optometry has the willingness and the capability to contribute significantly more to the end-to-end**

provision of eye care and eye health. This is the scenario for change explored in this report.

Wider Challenges in Eye Care & Eye Health: The Case for Change

The NHS faces high and rising demand for eye care and eye health services, and there is an increasing mismatch between patient demand and the NHS's capacity to meet it:

- **The most prevalent eye conditions* are predicted to increase between now and 2032.** Prevalence of some major eye conditions is expected to grow by ~25% over the next decade – around seven times faster than overall population growth. This is in addition to the healthcare demand of refractive error, which will continue to be the single biggest contributor to the overall costs of visual impairment (£13bn of £25bn in 2022).
- **Hospital Eye Services (HES) cannot meet current demand.** Waiting lists and times for hospital eye care have been growing for more than a decade, were significantly worsened by Covid, and even now remain close to their peak. This has significant implications for patient outcomes and clinical risk. Every delay risks worsening a major eye condition and ultimately sight loss, with devastating consequences for the patient and those close to them.
- **Demand for HES is growing faster than ophthalmology workforce capacity,** and only 24% of eye units believe they have enough consultants to meet current demand.
- **There is significant variation in both eye care activity and outcomes.** Some areas refer patients to HES three times more than others, and there is a 26-fold difference between areas in the rate of people registered blind or partially-sighted.

Without changes to how demand is managed, **hospital eye care services are likely to become increasingly unsustainable in future.**

*Glaucoma, cataract wet age-related macular degeneration and diabetic retinopathy. Source: *LSE analysis on behalf of Fight for Sight.*

Key Interventions to Transform Eye Care & Eye Health: Executive Summary (2/3)

The impact of these challenges is felt not only in the NHS. The **total cost of visual impairment is anticipated to rise by one quarter over the next decade to £33.5bn**. The majority of the related socio-economic costs fall outside the health and care system.

However, there are clear opportunities to do things differently:

- **Increasing the use of community-based eye care will bring benefits for both optometrists' patients and Hospital Eye Services.** Optometrists will be able to focus on activities which are most impactful for their patients in eye care and routine eye health, aligned to their advancing clinical practice capabilities. Hospital eye specialists will see reduced pressure on their services and an opportunity to focus on patient care activities which can only be performed by highly trained but scarce specialists in hospitals.
- **Advancing technology can be used to catalyse new ways of working**, allowing more care to be provided in community settings, and for community-based clinicians to access support when needed from hospital specialists, with more seamless transition of patients between community, primary and secondary care settings.

Four High-Impact System-wide Changes

Stakeholder discussions have identified four system-wide changes to eye care and eye health. Adopting these will enable the community optometry sector to support a broad transformation of the end-to-end provision of eye care and eye health, contributing to the recovery and sustainability of over-stretched HES and primary care.

1. **National roll-out of Community Urgent Eye Services** – using the skills of primary eye care practitioners to triage, manage and prioritise patients presenting with urgent and/or minor eye conditions. This allows patients to be seen faster and in a more convenient setting when compared to A&E and GP surgeries – reducing waiting and resulting anxiety. It also minimises unwarranted onward referral to HES.
2. **National roll-out of the Integrated Glaucoma Pathway** – Including avoiding 'false positive' hospital referrals for patients with suspected glaucoma and ongoing monitoring to prevent the development or exacerbation of glaucoma for patients at risk.

3. **National roll-out of the Integrated Cataract Pathway** – primary care optometrists confirm eligibility and patient willingness for surgery. After surgery they then check for and treat post-operative complications and monitor patient outcomes. Patients receive more accessible and convenient care both before and after surgery, fewer change their minds after committing to surgery (saving time, cost, inconvenience), and hospital eye specialists can devote themselves entirely to the part of the pathway which only they can perform.
4. **Transforming the potential of Optical Coherence Tomography ("OCT") in community settings and harnessing its continued technological advance.** Community-based OCT allows patients to receive more advanced eye care closer to home and more quickly, reducing the need for hospital visits and easing the burden on secondary care services. Community-based OCT is not currently integrated into NHS pathways, even though the quality of technology and optometrists' capabilities are high and advancing rapidly. It would be easy to integrate community OCT into end-to-end NHS workflows.

The Costs and Benefits

All four of these interventions are considered highly feasible as they build on existing good practices and proven technologies and, importantly, also have low upfront costs to implement for the NHS and other stakeholders. Given the community presence and trusted customer relationships of optometrists, they also have a high propensity to reduce burdens to patients and inequalities in access to care.

These four interventions could release approximately 1.9m appointments per year across Hospital Eye Services, A&E and GPs. Of these, around 1.2m are in Hospital Eye Services, equivalent to around 9,600 appointments per year for each Acute Trust in England.

The four interventions will also generate greater annual benefits than the costs required to deliver them, meaning an overall net gain in use of NHS resources. Overall **direct net**

Key Interventions to Transform Eye Care & Eye Health: Executive Summary (3/3)

benefits are estimated at £98m per year, assuming national roll-out of all four interventions (modelled for England, but benefits would be similar in other UK nations).

In addition to benefits to the NHS, these changes will also bring significant (but as yet unquantified) benefits to patients, clinical staff, the wider economy and society.

Patients accessing eye care through the four interventions will have faster and easier access to increasingly advanced eye care, and (in the case of CUES) are more likely to get the care they need 'first time' without the need for onward referral. This reduces anxiety as well as the inconvenience and increased costs of travel and time off work/school associated with accessing hospital care. High Street opticians are more accessible than hospitals and GP surgeries and very few opticians report waiting times for appointments.

The proposed changes embrace the evolving nature of eye care and eye health – conditions, treatments, skills and technologies – thus adapting the work of eye care and eye health professionals for the future. The resulting impact could mean that optometrists have the capacity to spend more time on a wider range of eye care and eye health activities; ophthalmologists and other primary/secondary care professions can focus on the most complex needs and tailored, advanced treatments. The whole eye care and eye health workforce can advance their clinical practice and improve professional satisfaction, sustaining this vital sector for the years ahead.

Conclusions and Next Steps

This report highlights the value of GOS as a platform for wider change in eye care services. It highlights four relatively low-cost and low-risk interventions which could quickly make a significant difference to patients, eye care professionals and the NHS.

Consideration of these findings at a national level would begin the journey towards calling for locally-driven change. The specifics of service changes – and therefore the underlying business case – will be different in different areas (the four interventions are already in place or being piloted in some areas). It would make sense for **local NHS organisations to consider the benefits which these interventions could provide to their eye care and eye health services – and ultimately to citizens.** The stakeholder engagement

secured during this work suggests that there is significant willingness from optometrists to provide these additional services, and the analysis in this report can easily be adapted and scaled to local circumstances. Both of these factors will reduce implementation risk and effort, and maximise benefit, in most local areas.

Government, national NHS bodies, professional bodies and others should consider how best to strongly facilitate such change at local level – including through providing leadership and setting expectations about what patients should expect from the services, and in identifying and challenging inequalities and unwarranted variations in service provision and outcomes.

In addition to short-term benefits, these changes can lay the foundations for broader transformation across the eye care and eye health ecosystem, notably ensuring that the sector can harness the benefits of advanced technology for which eye care and eye health seem particularly well-suited.

Such change will require significant policy focus to ensure best practice is regularised – and therefore that benefits are maximised. It will also need careful consideration of, and potentially investment in, the underlying technology infrastructure. This includes building up the digital and data assets (the current limitations of which have been identified to some extent in this work), as well as ensuring the regulatory and commercial viability of any new services and the workforce which will provide them. Digital infrastructure, workforce capability (including training) and commercial service sustainability will be particularly important as technology continues to rapidly advance what community eye care services can achieve for patients.

A national plan for eye care and eye health may have a role to play in first articulating – and then delivering – this wider and more transformational change. The commissioning partners for this report (Association of Optometrists, Fight for Sight, Primary Eyecare Services and Roche) are clear in calling for a national commitment towards such a plan, as well as taking an ongoing role to encourage and support partnership-based working with Government, national and local NHS leaders, professional associations, patient representative groups and others.



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