



**An optical sector
strategy to improve
ophthalmic public
health**

November 2011

Our mission for ophthalmic public health

The aims of this strategy were agreed at a meeting this summer called by the College of Optometrists and attended by representatives from the following organisations: Association of British Dispensing Opticians, Association of Optometrists, City University, Federation of Ophthalmic and Dispensing Opticians, NHS Great Yarmouth and Waveney, Local Optical Committee Support Unit, Optometry Northern Ireland, Optometry Scotland, Optometry Wales, RNIB and the UK Vision Strategy.

We will work together to:

- Meet the ophthalmic health needs of the most at risk populations across the country.
- Develop understanding of where unmet need exists and what can be done to tackle it.
- Support people working in ophthalmic public health and bring them together with partners in public health and commissioning.
- Promote research that advances ophthalmic public health.

An overview of the challenge

Sight loss is mostly preventable and associated with significant health inequalities.

Around two million people in the UK suffer from sight loss of whom an estimated 80,000 are of working age and 25,000 are childrenⁱ. In over half of those cases, sight loss was due to preventable or treatable causes. This is most marked in the older population, where up to 70% is thought to be preventableⁱⁱ.

Visually impaired older people are more likely to experience poorer physical health, less economic well-being and engage in less social and civic participation leading to low quality of life and poor psychological well-beingⁱⁱⁱ. Visual impairment is associated with a significant increased risk of falls and as well a reduced ability to live independently^{iv}.

People in lower socio-economic groups are more likely to suffer from poor ophthalmic health and less likely to access services^{v,vi}.

Excessive alcohol consumption and smoking are related to an increased risk of AMD, the biggest cause of blindness in the UK^{vii,viii}.

Ethnicity is a factor in eye conditions; for example, white and Chinese populations are more susceptible to AMD^{ix} whereas South Asian and African-Caribbean ethnic groups are at greater risk of developing diabetic retinopathy^x. African-Caribbean people are also at higher risk of developing glaucoma^{xi}.

While the UK National Screening Committee has agreed that children between 4 and 5 years of age should be offered screening by an orthoptic-led screening service, this has not been implemented universally so there are many children whose vision is not checked^{xii}.

A response from optics

At a Roundtable on Public Health hosted by the College of Optometrists in June 2011, leaders in optics came together with public health experts to explore what they could do to promote ophthalmic public health.

The Roundtable recognised the contribution optical professionals already make to public health but highlighted 3 priority areas where more could be done to improve the public's eye health:

- **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?

This strategy focuses on each area in turn and proposes the next steps we can take to tackle them.

Knowledge

More evidence is needed to establish the public health needs of different populations and how different interventions can efficiently and effectively meet those needs.

Commissioners need support to understand what the eye health needs of people in their areas are, how to measure them, and how best to address them. We need to work together to develop evidence about what interventions work and which ones offer good value for money.

Ophthalmic public health workers need more knowledge about what they can do to help their local population, and about how to engage peers and commissioners.

There is much more that could be done to overcome challenges with data collection so we can build the evidence base for ophthalmic public health.

Our next steps are:

- To establish a project to pull together existing evidence from local needs assessments and effective and efficient interventions in ophthalmic public health and highlight gaps for future research.
- To establish a project with public health specialists and epidemiologists to explore the potential use of existing data and how more can be made available for research and evidence. This project will also consider what data could be collected in the longer term.

Capacity

Currently, there are currently too few specialists in ophthalmic public health. This means that, on the ground, the eye health community cannot reach some populations or engage as effectively as we should with NHS and local authority planners and commissioners, including Directors of Public Health and their teams.

Ophthalmic public health specialists (and by this we mean people from any background but with ophthalmic public health training or expertise) will be able to provide their expertise to local planners, commissioners and wider public health teams. They should also act as local eye health champions seeking to tackle ophthalmic health inequalities and promote overall eye health in their areas. More people delivering ophthalmic public health will also result in more people pioneering new interventions and gathering evidence on what works for different populations.

To boost the capacity of the ophthalmic public health workforce, we will:

- Support places on ophthalmic public health courses. These places will be open to those from the eye care sector who wish to build their ophthalmic public health expertise and public health experts who wish to specialise in ophthalmic public health.
- Explore the possibility of including competencies related to ophthalmic public health in Stage 1 and Stage II Core competencies for optometrists and dispensing opticians, and promote public health as a part of CPD.

Communication

We need to ensure effective communication to join up our work with others in the eye care community and public health and to boost knowledge and capacity. There needs to be a place that anyone interested in ophthalmic public health can go to access the information

they need; somewhere where researchers and those on the front line can share their experiences and evidence on what works or to get help in solving problems they are facing locally. Such a place will complement our work to tackle the knowledge gap and support the new ophthalmic public health leaders. It can also act as a tool for public health professionals who want to engage with ophthalmic specialists or to understand issues in eye health. Therefore we will:

- Set up a virtual network. With a named and funded administrator, this network will be free to join and open to anyone interested in ophthalmic public health. It will support those who want to improve ophthalmic public health and be a tool to share their knowledge and experiences.
- We will promote this network across the medical, ophthalmic, optometric, optical and orthoptic professions and to public health professionals, planners and commissioners.

We also recognise that the optical sector needs to work closely with other eye care professions in ophthalmic public health. Ophthalmologists and orthoptists already do a great deal of work and there is the potential for us to achieve much more by working together.

We have too few connections nationally and locally with public health professionals and there is much we could learn from each other. For example, we could work together with public health observatories and Public Health England on our research programmes and knowledge sharing initiatives. We can also build better working relationships with public health officials in the Departments of Health.

To improve our working relationships with our partners in public health we will:

- Share our strategy with those already working in ophthalmic public health to benefit from their expertise and find ways we can work together.
- Engage the leading bodies for public health research including the Association of Public Health Observatories and Leeds University to explore the possibility to coordinate research programmes and share existing evidence.
- Approach the Faculty of Public Health Medicine, the Association of Public Health Directors, and the Royal Society for Public Health to share our strategy and improve our mutual understanding of ophthalmic public health needs and how we can work together to tackle them.
- Approach the key figures in Public Health England, NHS Health Scotland, Public Health Wales and the Public Health Agency for Northern Ireland to brief them on the key challenges in ophthalmic public health and explore how we can work together.

Making it happen

We share a commitment to the vision and next steps described in this strategy. Achieving them will need real leadership and investment from across optics, eye health and public health. We will take responsibility for driving change in our own organisations and regions.

The College of Optometrists has volunteered to pull together an overarching plan with different workstreams which others can then volunteer to lead on. For example, within the overarching plan, LOCSU have volunteered to lead the support network and RNIB have begun to look at how we could fund places on ophthalmic public health modules. The College would ask other organisations to keep it updated with their public health activity so it can keep track of progress and help groups to co-ordinate our actions.

How will we measure our success?

In the short term we will monitor our success by tracking:

- The number of local authorities who include eye health in their joint strategic needs assessments and public health strategies.
- Feedback from those who use the network about how effective it is and the level of subscribers and traffic on the network.
- Increase in the number of people trained in ophthalmic public health from any background.

In the longer term we will aim to drive improvements in the following clinical public health outcomes:

- Rate of sight loss through chronic glaucoma, AMD and diabetic retinopathy per 100,000 population.

For more information

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