



Optometry has a critical part to play in tackling the NHS backlog



By Adam Sampson | 9 September 2022

Community optometrists can provide an immediate solution to the backlog in hospital eye departments, but only if there is a sustained NHS commitment towards true integration into the primary healthcare family, writes Adam Sampson

Demand for eyecare services is at an all-time high. Outpatient ophthalmology will amount to 9 million appointments in England this year – a 37 per cent increase on figures a decade ago. With an ageing population and rising health inequalities, these numbers are only likely to grow further.

And behind each one of these numbers is a person, a father or mother, daughter or son, marking time until they eventually get to see the ophthalmologist, living with the knowledge that their eye condition could slowly – or indeed rapidly – be deteriorating. The result is always stress and insecurity and sometimes irreversible and devastating sight loss, even where such loss could have been prevented by earlier diagnosis and treatment.

This picture is common to many health conditions beyond eyecare and hospitals everywhere are struggling to manage the backlog of need across every medical specialty. But with eyecare accounting for 8 per cent of all outpatient hospital appointments (the busiest outpatient speciality), the opportunity to make a significant dent in the NHS backlog numbers by eye health pathway reform should be a quick win.

Looked at from the sort of secondary care perspective which dominates NHS thinking, the problem is largely one of capacity. In 2018, the Royal College of Ophthalmologists highlighted a

shortfall of around 230 consultant ophthalmologists to meet the existing, pre-pandemic demand, a shortfall which has now increased. Add to that the additional premises and equipment costs necessary to increase capacity and it is clear that the ability of hospital settings to clear the backlog quickly is severely limited.

Fortunately, there is a solution but one which lies outside secondary care and remains largely ignored by the policy makers within the NHS: the network of community-based optometrists working in high streets up and down the nation(s) trained and ready to help.

Like dentists and pharmacists, optometrists occupy an ambiguous space within the healthcare system. Although – in theory at least – they form one of the key pillars of the primary healthcare system, the privatised and devolved nature of their role and the fact that their clinical activity is supplemented by their retail role, means that they do not sit comfortably within the core NHS structures.

Add to that some simple difficulties in co-operation and integration – repeated attempts to create IT systems to enable optometrists to share information with hospitals and GPs have failed to deliver – and the result is both a cultural and structural gulf.

The opportunity, then, is to use optometrists to absorb some of the demand which is causing so much of the backlog in secondary care.

Yet the existing network of community opticians provides a huge potential resource for the NHS to use. Unlike ophthalmology, optometry has no significant shortage of staff; indeed, the introduction of AI-enabled technology over the next few years looks set to release additional clinical capacity among optometrists eager to begin using the full range of their existing skills.

Nor does an expansion in the use of optometrists require the NHS to invest capital in premises or equipment: optometry already provides a network of community-based, easily accessible premises and optical providers are investing heavily in new technology from their private funds.

Critically, optometrists already have existing relationships with the very patients on NHS waiting lists. For most patients, a visit to the optometrist represents the beginning of their eye health journey. Optometrists diagnose hundreds of thousands of clinical issues every year, often while undertaking their routine eye health check before spectacles or contact lenses are dispensed.

These are not just the normal eye issues such as cataracts or glaucoma: there is a wide range of conditions, often linked to lifestyle that can be diagnosed through the eye such as high blood

pressure, diabetes and some cancers.

The opportunity, then, is to use optometrists to absorb some of the demand which is causing so much of the backlog in secondary care. Our ability to do so has already been demonstrated by the success of the Covid-19 Urgent Eyecare Service – a pathway created in the first months of the pandemic to relieve pressure on secondary care and which by March 2021 covered 78 per cent of the population.

But so much more can be done. Procedures such as treatment for minor eye conditions, routine cataract follow-ups and glaucoma care can be performed in a local optical practice rather than in an overcrowded hospital setting. A model to standardise this sort of offer, Optometry First, is currently being rolled out in three test sites – Sefton, Bassetlaw and the Isle of Wight – with promising early results.

If this model is to have a national impact, two things must happen. First, national leadership is required to emphasise to local commissioners the strategic importance of using community optometry to relieve pressure on secondary care. The appointment of a new national clinical director for eyecare is a good start but the imminent disappearance of the National Eyecare Transformation Programme creates additional risk of eyecare being forgotten. In this context, an overarching national strategy for eyecare is vital.

Second, it is essential that the new integrated care system structure sees optometry as an integrated and respected part of the primary care network. The Fuller stocktake set out a compelling vision of how the pillars of primary care can come together at system, place and neighbourhood level to improve the nation's health.

This theme was also explored in a recent all-party health group round table on "Achieving high street health". Primary care is not merely something for GPs to provide: there is a wider network of health professionals who can and should be involved.

We all know that covid has created a massive backlog of need. Optometrists stand ready to help. All that is required is for national policy makers and local commissioners to remember that we are here.