



BIOS | BRITISH AND IRISH
ORTHOPTIC SOCIETY

Advancing our health: prevention in the 2020s

Consultation Response from the British and Irish Orthoptic Society

The British and Irish Orthoptic Society is the professional body for orthoptists and was founded in 1937. It is also a registered charity and a company limited by guarantee. BIOS is affiliated to the Allied Health Professionals Federation, a group made up of 12 bodies representing more than 158,000 workers in the UK. BIOS is also a member of the International Orthoptic Association and OCE. BIOS members in the UK are also automatically trade union members of the British Orthoptic Society Trade Union (BOSTU).

We welcome the increased focus on prevention from the government but would encourage a greater focus on vision and eye care. We identify a number of areas in our response, such as child vision screening and orthoptic assessments for stroke and falls patients, that can have a significant impact in preventing both treatable vision defects as well as wider associated health issues.

From life span to health span

Which health and social care policies should be reviewed to improve the health of people living in poorer communities or excluded groups?

Child vision screening has a significant impact in improving the health of those from socio-economically deprived areas. Whereas all children under 16 are entitled to free sight tests, there is a lower uptake from those from areas of socio-economic deprivation. Mandatory vision screening in schools would ensure that all children are seen, to ensure they have optimum vision in either eye to maximise their educational, social and motor development.

There should be increased access to multi-professional eye care for children and adults with learning disabilities, as it is recognised that this vulnerable group of individuals have difficulty accessing primary eye care services. This is particularly important as they have a greater incidence of vision problems, for example SeeAbility found that children with learning disabilities are 28 times more likely to have a serious sight problem. We welcome the commitment in the Long Term Plan for investment in services for children with learning disabilities, including to commission an in-school visual assessment for all children in special schools.

Vision and low vision rehabilitation should be given the same priority and funding as physical rehabilitation as we know that this can impact on mental health and quality of life. Patients in rehabilitation, following a stroke or serious fall, benefit directly through understanding their visual deficit and being given access to treatments and management techniques. It also assists with their wider rehabilitation as other professionals can consider and use this knowledge when planning and carrying out their own plans.

Intelligent health checks

Do you have any ideas for how the NHS Health Checks programme could be improved?

NHS Health Checks should be extended to include testing to detect the early signs of vision problems. Vision assessment should be extended to all adults to detect deterioration early and encourage good eye health. However, the Health Check for 40-74 year-old adults should include a vision assessment and education regarding the need to have regular eye tests.

Beyond this, BIOS would be in favour of orthoptic led vision screening in older adults. This could reduce the number of falls in older adults, providing a benefit for a growing elderly population, helping more to maintain their independence, but also cutting the costs associated with falls rehabilitation and social care for the elderly. Further, health checks or care pathways for dementia and falls patients must include a visual assessment to prevent further falls and maximise their quality of life.

Taking care of our mental health

There are many factors affecting people's mental health. How can we support the things that are good for mental health and prevent the things that are bad for mental health, in addition to the mental health actions in the green paper?

We believe that there should be a much better appreciation of the link between vision and mental health. Vision difficulties can have an impact on someone's quality of life in a number of ways, such as making it more difficult to carry out daily tasks, to get out and about to visit others, and to take part in leisure activities. This can lead to feelings of isolation, loneliness, a lack of independence or helplessness, depression. There may also be resultant feelings of self-consciousness: Orthoptists often work with patients with strabismus, or misaligned eyes, who report feeling self-conscious of the way they look, having an impact on their confidence. Better eye health services can limit treatable vision problems and give patients advice on how to manage with reduced vision, as well as signposting them to other advice and services.

Orthoptists, like other AHPs, are also ideally placed to offer interventions to support patients who may be experiencing mental health issues. They are experienced at working as part of wider multi-disciplinary teams, and as such have embraced the *Making Every Contact Count* initiative, having conversations with patients about their wider health, making use of social prescribing and signposting to other services.

Prevention in the NHS

Have you got examples or ideas for services or advice that could be delivered by community pharmacies to promote health?

Community pharmacies can provide a valuable service by promoting the importance of good eye health and the impact of low vision on other areas of health. In particular, pharmacists can become active in advising older adults of the importance of regular eye sight tests. This will assist in identifying treatable conditions, such as glaucoma, cataract and AMD, at an earlier stage, helping to prevent avoidable sight loss.

Pharmacies could also be linked in with eye services, making the referral system much easier to and from orthoptists. Many services are provided by orthoptic-run community services. For example, in Bury glaucoma monitoring, low vision services, screening and special school paediatric services are all provided by Orthoptists via the community eye service. Many of these services go unrecognised but provide a vital role in ensuring that safe care is provided to patients closer to their homes.

Creating healthy spaces

What could the government do to help people live more healthily:

- In homes and neighbourhoods

Greater access to eye care services can help people with developing visual difficulties in living independently and remain in their homes. For example, older people suffering from diplopia, or double vision, are at greater risk of falls around the home. Early detection of these problems through orthoptic assessment helps them to understand their and visual difficulties and better manage them.

- When going somewhere

People with difficulties with their vision, particularly those with deteriorating vision, can face challenges getting around. This can be helped greatly by improvements such as better lighting and flatter and more consistent pavements and walkways. We would also support the removal of unnecessary A-boards and unnecessary street clutter.

- In workplaces

Employers should be encouraged to understand the importance of eye health and identify ways that they can support good eye health in their employees' work day. For example, through discouraging long periods of time focusing on a computer screen.

- In communities

Better eye health services can also support people to engage more in their communities, combatting social isolation. A common result of vision problems is that individuals can lose the confidence to leave their homes, which can in turn lead to feelings of isolation, loneliness and the development of mental health issues.

Active Ageing

What is your priority for making England the best country in the world to grow old in, alongside the work of Public Health England and national partner organisations?

- Support people with staying in work
- Support people with training to change careers in later life
- Support people with caring for a loved one
- Improve homes to meet the needs of older people
- Improve neighbourhoods to meet the needs of older people
- Other

A number of measures could be taken to combat the vision difficulties experienced by older people, helping to meet the commitment to extending the years of healthy independent living they enjoy. One priority should be to ensure that neighbourhoods are improved and maintained to ensure that older people feel safe and confident moving around in their communities and therefore remain active in later life. As mentioned above, this could be achieved through improving street lighting and ensuring level surfaces on pavements and walkways. Combined with the programme of orthoptic assessments mentioned above, this will have a fundamental effect on enabling older people to feel productive and involved members of their communities.

One other specific action that could be taken is to promote the importance of timely cataract removal. Many CCGs have designated cataract surgery, particularly for the second eye, as of low clinical value,

which fails to appreciate the role of good binocular vision in helping older adults to live independent lives and to stay in work that is meaningful to them. Further, extended delays between the removal of first and second cataracts can lead to the emergence of binocular vision problems that remain even following removal, due often to prolonged deprivation of vision in one eye.

Prevention in wider policies

What government policies (outside of health and social care) do you think have the biggest impact on people's mental and physical health? Please describe a top 3

- i. In education, we would like to see a commitment to promoting the importance of eye health and, specifically, the importance of regular eye sight tests, throughout the school system. While a mandatory vision screening system would detect specific treatable issues in reception age children, this does not negate the importance of regular eye tests to detect emerging problems.
- ii. Linked to the above, we would like to see policies that encourage children and young people to spend more time outside. Increased time outside has been shown to have a positive impact on vision in young people, as well as the other positive health benefits. As well as protecting specific time in the curriculum for working and playing outside, this could be helped through the preservation of good quality, safe outside spaces, both in school, such as playing fields and 'forest school' areas, and in the wider community, such as well-maintained play areas.
- iii. As mentioned elsewhere in our response, housing and planning policies should be developed to create communities where those with low vision or who are partially sighted can ambulate around their areas safely and confidently. This could include improvements in street lighting and the quality of pavements and walkways. This will help many, including older people with vision problems, to maintain their independence and quality of life.

Value for money

How can we make better use of existing assets - across both the public and private sectors - to promote the prevention agenda?

All fourteen of the allied health professions (AHPs), orthoptics included, represent extremely good value for money due to their innovative and integrated way of working across not only the healthcare system but also in education, social care and in the private sector.

In particular, AHPs are ideally placed to use and provide social prescribing and access link workers to make use of existing assets. The Long Term Plan recognises the need for better joined up services to improve the outcomes for patients and increase efficiency. AHPs are in a fantastic position to facilitate this and help the NHS to deliver on the ambitious but vital goals they have set themselves.

As it stands, AHPs are not always recognised for the wide skill-set they have and therefore remain underutilised. It would therefore be hugely beneficial for AHPs to have a greater representation within leadership positions throughout the NHS so that they are able to ensure that they are included in discussions around the future of healthcare services at a national and local level. Indeed, research by NHS Improvement has found that where trusts have introduced a Chief AHP leader, services benefit hugely.

Local action

What more can we do to help local authorities and NHS bodies work well together?

We are strongly in favour of anything that encourages more joined-up, less fragmented eye care services. When provided with adequate resources, joint-commissioning leads to more consistent and timely referrals between services for patients, reducing health inequalities. For example, in Lancashire joint-commissioning of school-entry vision screening has enabled a standardised, quality service across the county, ensuring that children from all socio-economic backgrounds receive vision screening and timely referral for the treatment they require.

The shift towards Integrated Care Systems (ICSs) is a positive development and we would like to see eye care to be addressed specifically. The Clinical Council for Eye Health Commissioning (CCEHC) have developed a *Systems and assurance framework for eye health* (SAFE) - <https://www.college-optometrists.org/the-college/ccehc/safe-systems-assurance-framework-for-eye-health.html> - which highlights the benefits of such an approach, ensuring patients do not fall in gaps between services and removing duplication of services and waste of resources. However local authorities and NHS bodies are often under-resourced and over-stretched and a specific and sustained commitment to eye health is required to ensure that the benefits of integrated services can be felt across the country.

Next steps

What other areas (in addition to those set out in this green paper) would you like future government policy on prevention to cover?

We would like to see a specific focus on the importance of vision and eye health as a key area of public health and prevention in government policy. Modifiable behavioural risk factors, such as smoking, excessive alcohol intake, obesity, and lack of physical activity, that are highlighted throughout the Green Paper are generally linked to the prevention of health issues such as cardiovascular disease, stroke or MSK. However, it must be recognised that these behavioural risk factors have a significant effect on eye health, resulting in sight loss and visual deficits and therefore must be included in the narrative of the prevention agenda. Moreover, Orthoptists are therefore in an ideal place to promote healthy lifestyles more widely with the patients they see. This is reflected in the way orthoptists have embraced the public health agenda through Make Every Contact Count (MECC), social prescribing and signposting to other services.

Conversely, good sight has a significant recognised impact on an individual's wider health and wellbeing. This has been highlighted throughout our response, in areas such as falls and the ability to engage with rehabilitation services. However, the range of negative effects goes far wider than this, in particular poor vision can have a negative effect on an individual's mental health, often stemming from reduced independence, social isolation or the inability to pursue activities of interest. Orthoptists can play a significant role within the prevention agenda with vision screening, providing access to eye care services and the promotion of health lifestyles.

In particular, the Healthy Child Program must include mandatory vision screening at 4-5 years, as part of the commitment to make every child 'school ready'. Amblyopia, the targeted condition of screening, occurs in around 1 in 50 children and can be treated successfully in younger children but, if undetected, can lead to permanent lifelong reduced vision. Having poor vision will impact on a child's development from an educational point of view but, in the long-term, this will have an impact on health and social care of our ageing population, such as an increased risk of being certified as visually impaired and a risk of falls.