Delivering Core NHS and Care Services during the Pandemic and Beyond

Response from the British and Irish Orthoptic Society to the Health and Social Care Committee Inquiry

The British and Irish Orthoptic Society (BIOS) 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 are delighted to provide evidence to the Committee's inquiry. While the COVID-19 pandemic has provided huge challenges for heath and care services, it has also encouraged flexibility and positive innovations. In particular, it has the potential, in both the acute and the recovery phase, to demonstrate the potential for orthoptists and other healthcare professionals to work in extended roles to support stretched services.

How to achieve an appropriate balance between coronavirus and 'ordinary' health and care demand

There are significant challenges in striking an appropriate balance between coronavirus and 'ordinary' heath and care demand. Orthoptic services have been significantly affected by the pandemic; with many patients being deferred for treatment or important appointments Orthoptists have been reallocated to support emergency eye clinics or to altogether different services.

As we approach the recovery phase, significant planning and flexibility will be required to balance the risks of further delaying treatments and the risk of transmission. Extended delays due to a loss of these services could lead to an increased pressure on health and social care services in future. For example, people with undiagnosed visual disorders are more likely to suffer from falls, often requiring costly rehabilitation. Similarly, while child vision screening can safely be delayed in the short term, if the target condition of amblyopia is undiagnosed it becomes increasingly difficult to treat in older children and can affect their education and learning.

Meeting the wave of pent-up demand for health and care services that have been delayed due to the coronavirus outbreak

During the pandemic, the need to balance the risk of transmission against the risk of delaying treatment, has resulted in orthoptic departments cancelling or safely deferring most of their booked patients. This has created a backlog of patients and significant consideration will need to be given to measures to address this; including investment in planning and support for stretched services, particularly where staff have been redeployed.

For example, children being treated for amblyopia with patching, would ordinarily be seen every 6-8 weeks and as a result have had to have their treatment reduced or stopped entirely. Without a reliable, evidence-based form of remote assessment of vision available, new patients with suspected amblyopia have had to be deferred which may affect the outcome of visual treatment for life.

Similarly, patients admitted to stroke wards should be seen by an orthoptists for a vision assessment. Currently, advice has been given remotely via ward staff and interventions relayed to therapy or support staff, for patients with reported visual disorders. The insufficient treatment of visual disorders could have a significant effect on the patient's wider rehabilitation.

How to ensure that positive changes that have taken place in health and social care as a result of the pandemic are not lost as services normalise.

Stretched services, during the pandemic and as we move into the recovery phase, will make increased use of non-medical clinical staff, such as orthoptists, in extended roles. Ophthalmology was already one of the largest specialities in terms of outpatient attendances, resulting in recognised capacity issues which has led to transformational work at NHS England to address it. Orthoptists are ideally placed to innovate and transform services as they already have the skills and knowledge to work within extended practice in this area however more support is needed for them to maximise their potential.

For example, orthoptists could be given greater independence in their role through granting them independent prescribing rights. As it stands, patients have to be passed to other clinicians, prolonging the patient journey and adding pressure to the ophthalmologists and GPs required to prescribe the necessary medicines.

The increased use of virtual and telephone consultations could also have huge benefits as services start to normalise. Used as a form of triage or for routine monitoring of low-risk patients, this could increase the accessibility of services and cut down on missed appointments, particularly for patients with mobility issues or visual impairment. However, where this requires new innovations, significant support would be needed to ensure that there is an evidence base for the effectiveness of these to ensure that this does not result in a drop in the standard of patient care. Measuring and monitoring vision accurately requires a great deal of knowledge and skill, and we would be concerned if these skills were compromised.