

Prevention Including Access: Primary Eyecare Services

Dr Chris Davey

Academic Unit of Public Health
University of Leeds

The prevention agenda in eyecare

Primary

Reducing the incidence of pathology

Secondary

Identifying treatable pathology (or screening)

Tertiary

Rehabilitation & Management— No treatment

Primary

Smoking cessation. Dietary advice.

Secondary

Diagnosing and referring for anti VEGF (wet)

Tertiary

Low vision/Rehab

Primary

Ocular Hypertension. Prophylactic iridotomy.

Secondary

Identifying treatable pathology (or screening)

Tertiary

Low Vision/Rehab/Cyclodiode

Diabetic Retinopathy

Primary

Diet. Glucose control.

Secondary

Retinopathy screening (then ?photocoagulation)

Tertiary

Low Vision/Rehab

What does access mean?

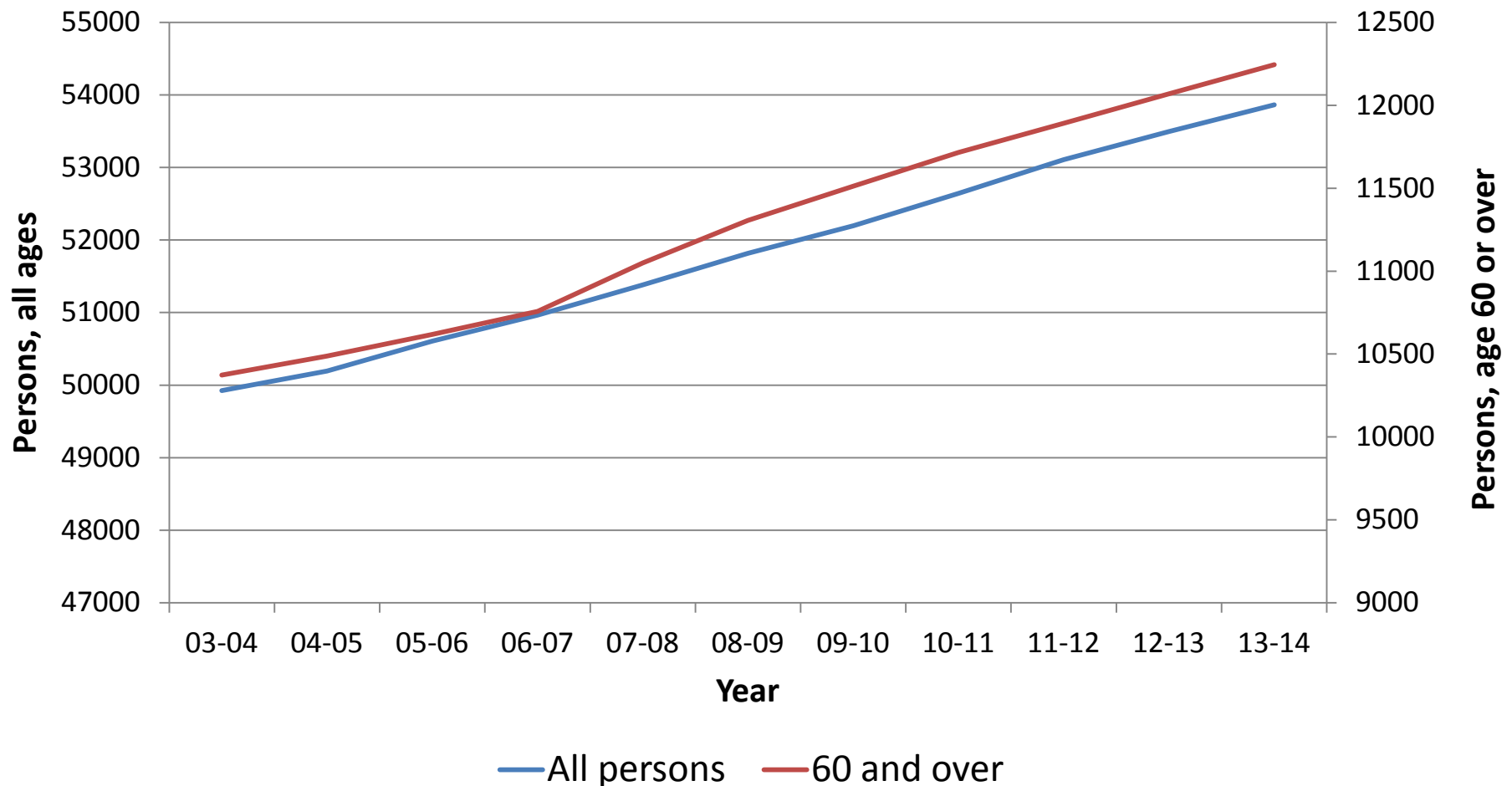
- Ramps?
- If a service is present:
 - Does this mean it's accessible?
- Do patients have the skills and understanding to access services?

The eyecare paradox

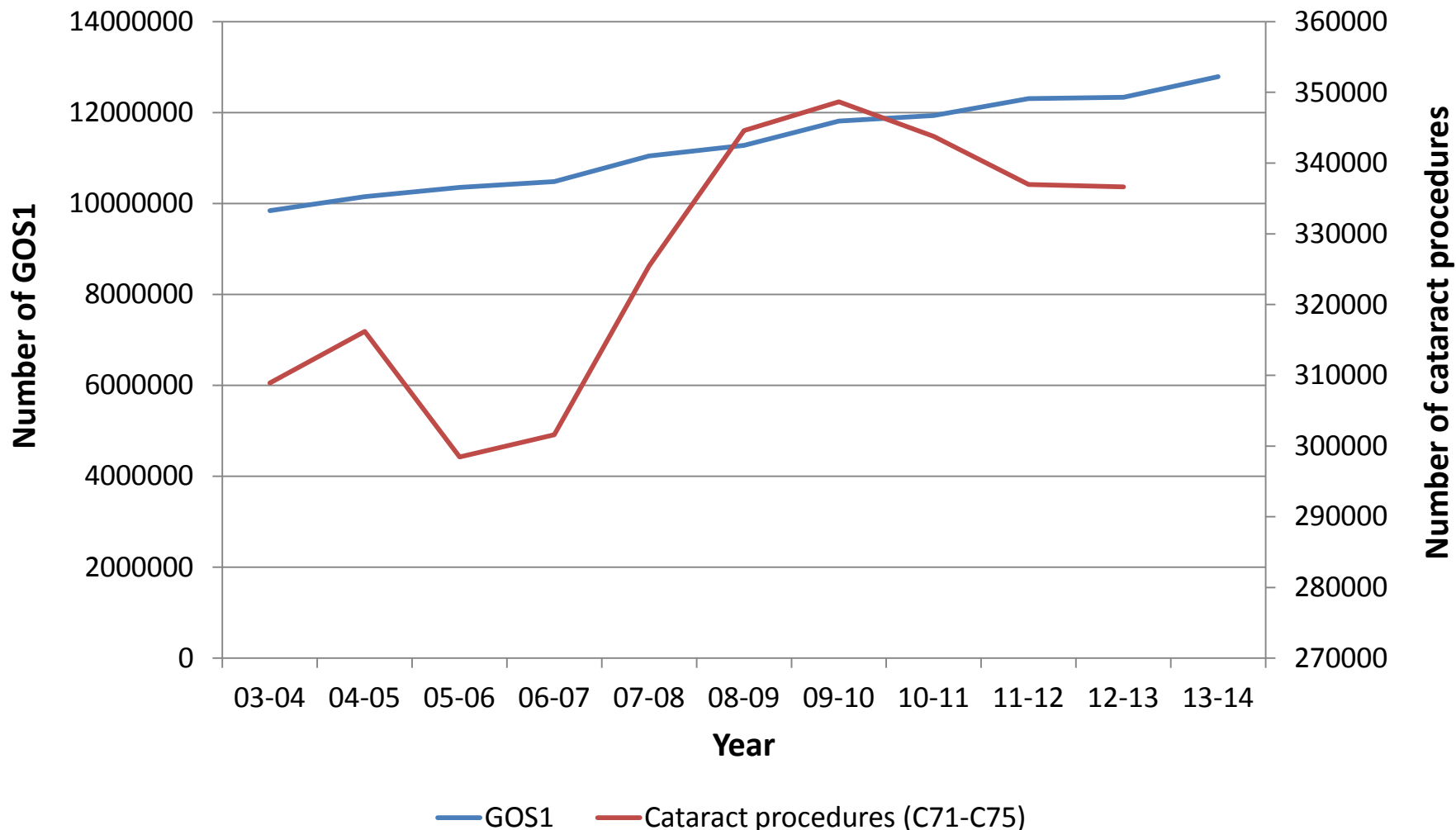
- Sight is viewed as important
- Sight tests are free to at risk groups
- Why don't they come?
- Difference between need, supply and demand

Number of persons in England (all ages and persons aged 60 or over): 2003 to 2013

Population increase of 7.9% (18% if over 60)

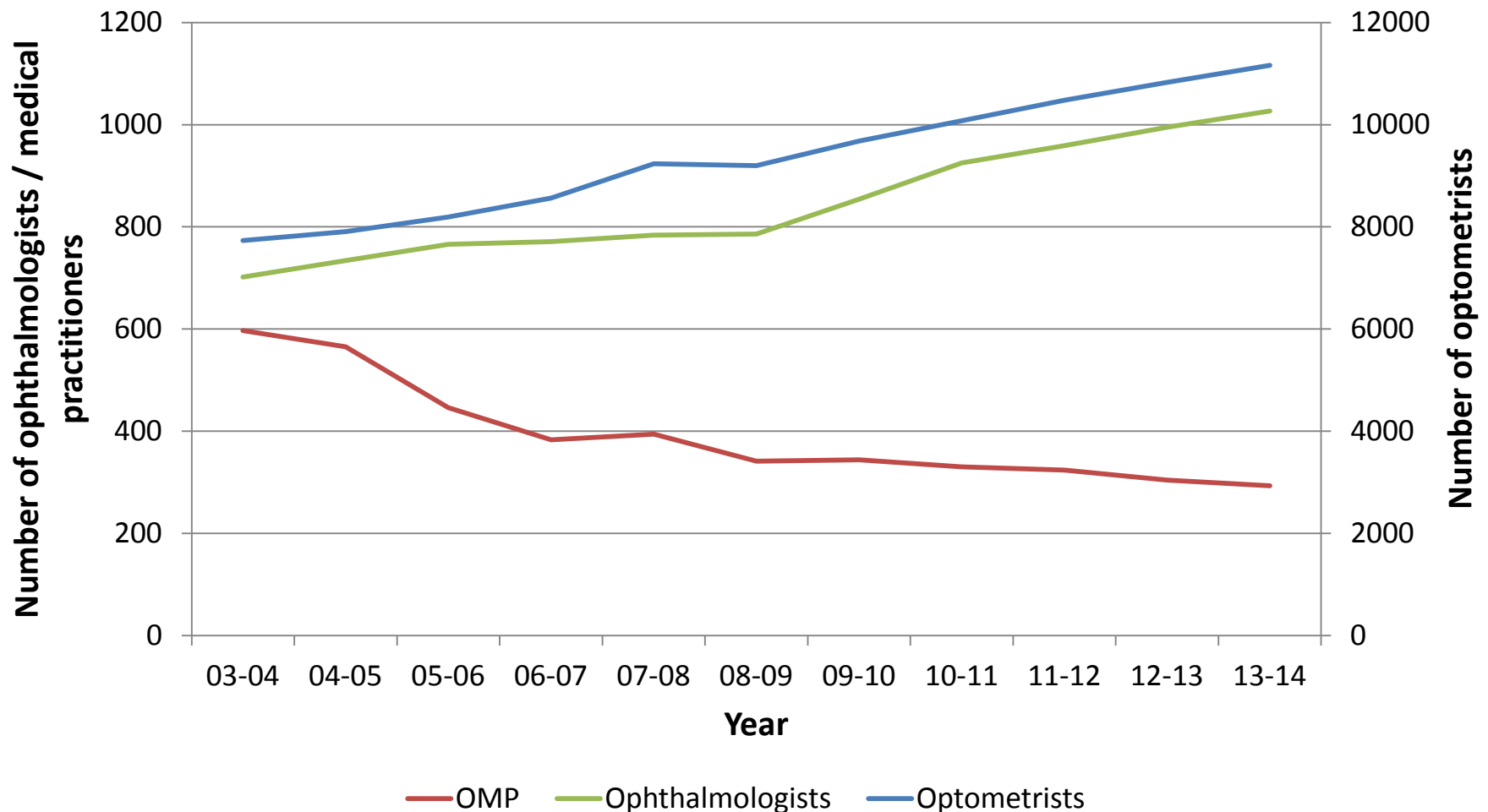


Number of GOS sight tests and cataract procedures performed in England: 2003 to 2013



Number of optometrists, ophthalmic medical practitioners and ophthalmologists working in England: 2003 to 2013

Number of optometrists increased by 41.1%



Barriers to access

- Health literacy:
 - Read and write (Basic/functional literacy)
 - Make sense (Communicative/interactive literacy)
 - Critical ability
 - Do you know what happens during a sight test?
 - Different model to:
 - GP/Dentist
 - Mammography
 - Secondary care

Barriers to access – Focus Groups

- 10 groups of older people from deprived parts of Leeds
- 6 groups with students
- Topic guide:
 - Why don't people have their eyes tested?
 - Knowledge of eye diseases?
 - Experience of the eye examination process?
 - How could we improve uptake?
- Most of older groups eligible for free eye tests and some eligible for free glasses
- Most had regular eye tests
- Many wore glasses or contact lenses

Many of the older groups got confused during the eye examination

“Well I think when you’re getting older you get, they’ll say is that one brighter or is that one brighter, and you think I don’t which, you don’t know whether it is or it isn’t, you’re not as quick as them, when you get to that older stage”

“Don’t you think you panic a bit?”

“I think you do panic a bit”

“And you try very hard to please don’t you?”

“And you try to be so precise about it and you’re a bit”

They were particularly concerned about the hard sell

“I must agree what our friend here says about the big sale, you’ll go in and you’ll say I like those frames there and you put them on and they’re ‘I don’t think they really suit you you’re probably better off with a pair over there’, and over there is 20 quid and over there is 80 quid, you know what I mean? Whether they’re on commission or what I don’t know. But they hard sell.”

Opticians are 'glasses shops'

“People might take the nature of going to the optician more seriously if high street opticians, like Specsavers for example, detached themselves from the fashion element of things a little bit, because when you go to the opticians you see the posters for designer frames and it feels more like a high street experience than the health experience.”

Barriers to access

- Common themes:
 - Cost of spectacles
 - Mistrust of optometrists
 - Fear of appearing frail
 - Being confused during the examination
 - Acceptance of poor vision as part of ageing
 - Lack of information about eye health
 - Belief that sight tests are only needed if symptomatic with vision problems
 - Poor geographical access to optometry services

Why are we here?

- What are we trained/training people to do?
 - Prevent visual impairment
 - Sell specs
- What is the business model of Optometry designed to do?
 - Prevent visual impairment
 - Sell specs

Business model vs. access

- Current situation is a product of the financial reality of the profession
- Financial incentive to be a service which is well set up to detect prescription change:
 - Does this mirror the public's perception of opticians?
- General Ophthalmic Services:
 - Contrary to the prevention agenda?

GOS vs. prevention

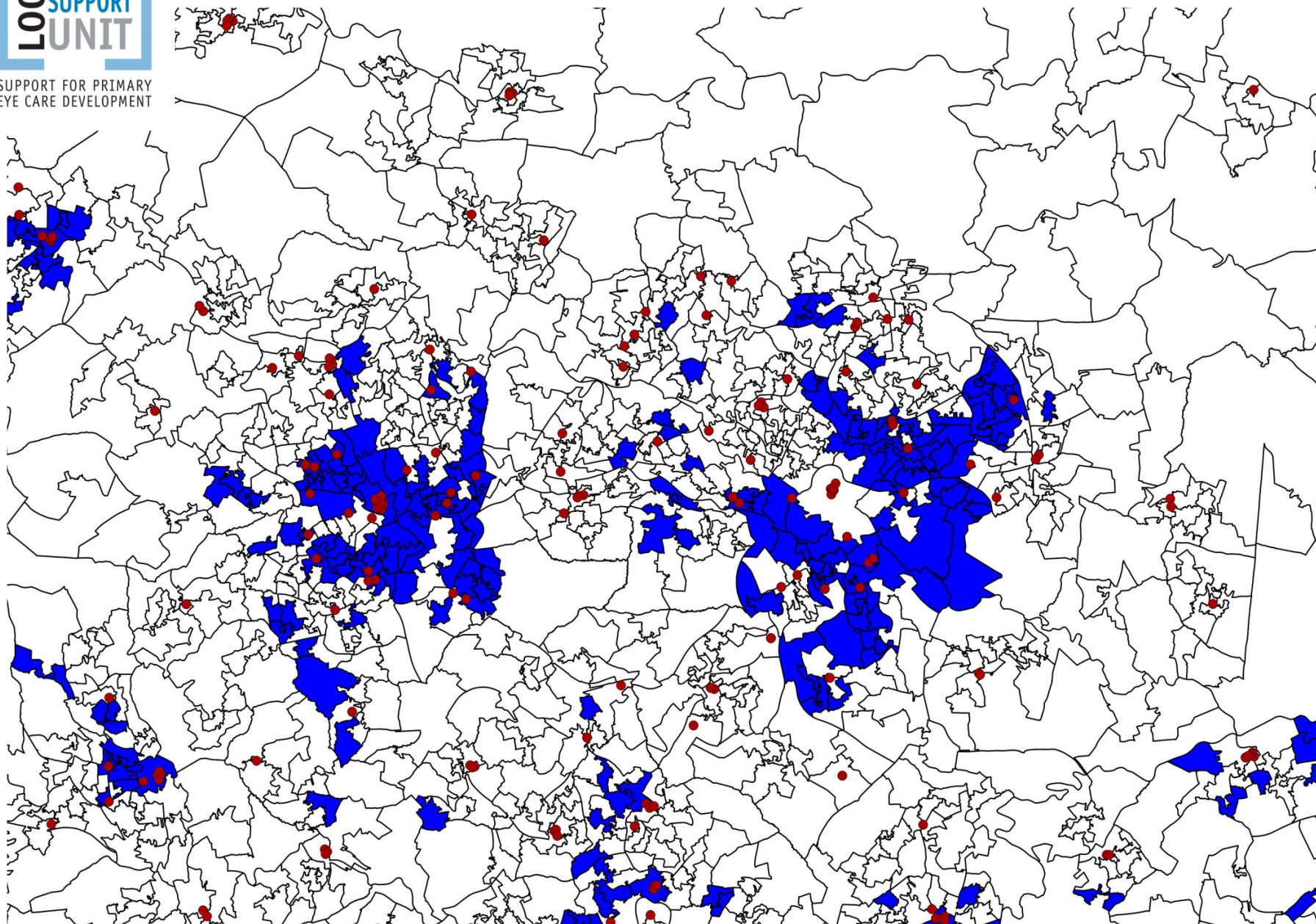
- Should the NHS be bothered about (small) prescription changes?
- Disability Adjusted Life Years
 - Refractive defocus
 - End stage AMD
 - End stage glaucoma
 - End stage renal failure

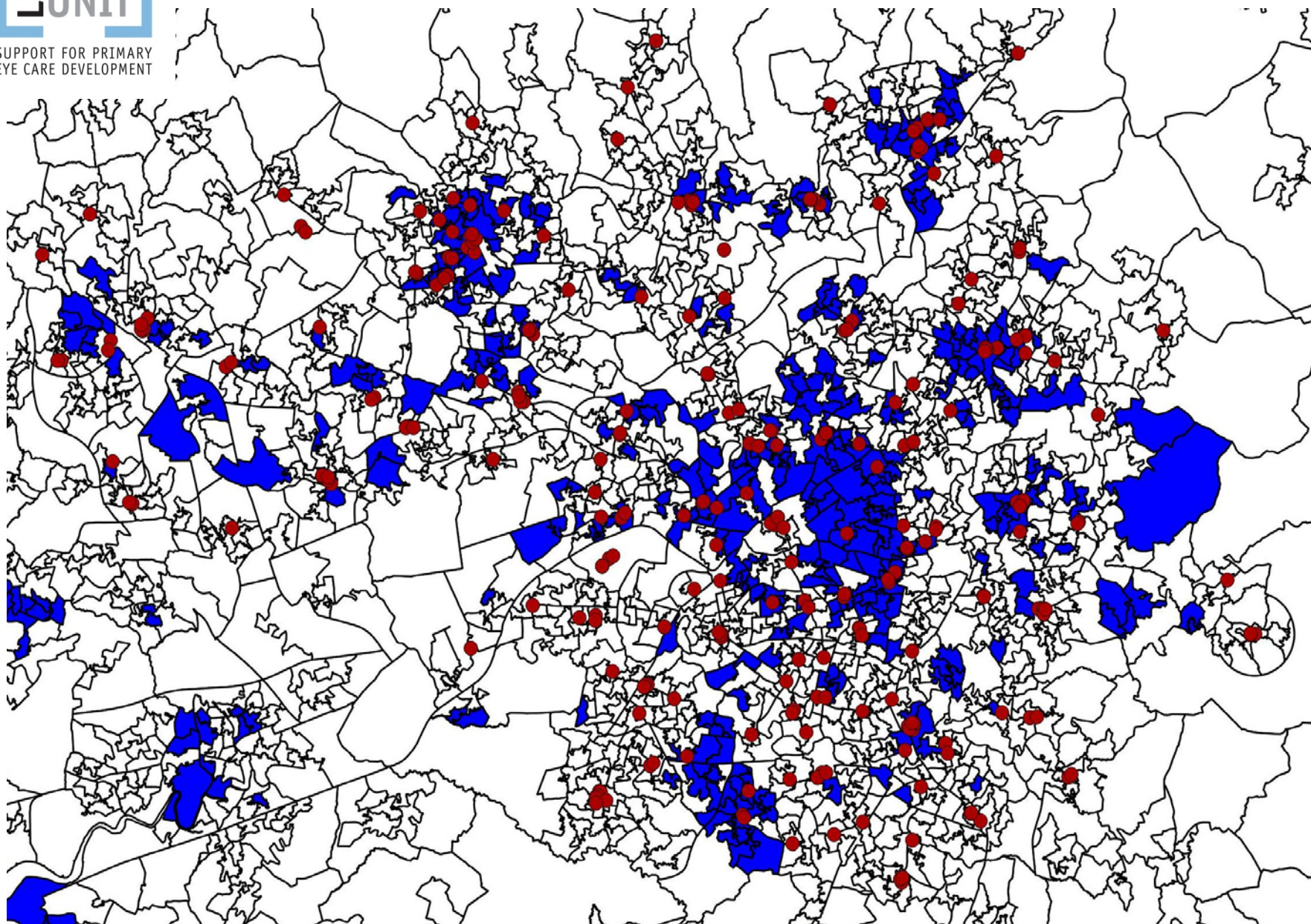
Business model vs. access

- Does it matter to the Optometric business model if there is low uptake?
 - No
 - Just need enough patients to stay in business
- Does it matter (financially) to the NHS if there is low uptake?
 - No
 - Increased social care costs

Financial disincentive to be in communities with higher deprivation?

	Incidence Rate Ratio (95% CI)		
	<16	16-59	60 and over
Deprivation			
1st quintile (most deprived)	1.00	1.00	1.00
2nd quintile	1.09 (0.98,1.2)	0.77 (0.71,0.83)	1.24 (1.14,1.34)
3rd quintile	1.11 (1,1.23)	0.52 (0.48,0.57)	1.24 (1.15,1.35)
4th quintile	1.07 (0.96,1.19)	0.46 (0.42,0.5)	1.51 (1.4,1.62)
5th quintile (least deprived)	1.23 (1.12,1.36)	0.49 (0.45,0.54)	1.71 (1.59,1.84)
Gender			
Female	1.00	1.00	1.00
Male	1.001 (0.998,1.005)	0.998 (0.995,1.001)	1 (0.998,1.002)





General Ophthalmic Services

- Is it contrary to the prevention agenda?
 - Need for subsidy from specs
 - Reduced financial viability in deprived areas
 - Requirement to sell specs = pressure?
 - Patient perception as “glasses shop”
 - No ongoing management/treatment
 - Testing intervals not based on epidemiology

GOS 1 Application for NHS sight test

Fill in Part 1 and sign and date Part 2. If you are under 16 or incapable of signing, your parent, carer or other person responsible for you should sign.

Part 1 Patient's details

*delete as appropriate

Mr/Mrs/Miss/Ms*

Previous surname:
(if changed within the past 12 months)

Other names:

Date of birth: / /

Address:

Postcode:

**if known

Date of last NHS sight test: / /

NHS no*:

N.L.no*:

Tick any box which applies to you

☒

I am 60 or over

☒

I am under 16*

☒

I am a full time student aged 16, 17 or 18* and attend:

*You may be entitled to an optical voucher if you are in one of these groups. Ask the person who tests your sight

School/College/University*

Address:

Postcode:

Does my partner receive(s):

☒

Income Support*

☒

Income based Jobseekers Allowance*

☒

Pension Credit guarantee credit*

☒

Tax Credit and I am/we are entitled to, or named on, a valid NHS Tax Credit Exemption Certificate*

Person getting the benefit/credit* if not the patient:

N.L.no*:

Name:

Date of birth: / /

☒

I am named on a valid HC2 certificate. Number:

☒

I am registered blind/partially sighted* with the Local Authority below:

☒

I suffer from diabetes/glaucoma* - my GP's details are below

☒

I am considered to be at risk of glaucoma by an ophthalmologist at the hospital below

☒

I am 40 or over and am the parent/brother/sister/child* of a person who has or had glaucoma

☒

I have been prescribed complex lenses under the NHS optical voucher scheme

GP/Local Authority/hospital*:

Address:

Postcode:

Part 2 Patient's declaration

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken. I confirm I am entitled to a free sight test. To enable the NHS to check this and to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information from this form to and by the Primary Care Trust, the Prescription Pricing Authority, my General Practitioner or Ophthalmologist, the NHS Counter Fraud and Security Management Service, the Department for Work and Pensions and Local Authorities.

I am:

** If you are incapable of signing, your parent, carer or other person responsible for you should sign and give their name

☒

the patient

☒

the patient's parent, carer or guardian.

Signature**

Date: / /

Signature**

Date: / /

Name: (in block capitals)

Address: (if different from above)

Postcode:

☒

I have had a sight test at home because I cannot leave home unaccompanied

Data from Optometry

- How many people are we seeing?
- How many people are we referring?
 - For what?
- How many conditions are being managed in primary care?
- How does having an eye examination help?
 - Does it reduce the risk of going blind?
 - Little data on some outcomes e.g. Improved VA from correction
 - What proportion of patients attending for their first tests get referred?

How would you plan a prevention focused
primary eye care service?

Clean slate

- Eye examinations conducted in a non-commercial healthcare setting
- No requirement to sell specs in order to be in business
- Practice locations based on need
- Close links to other primary care providers
- Evidence based testing intervals
- Centralised recall
- Collaborative data collection
- Integrated IT

As we are now

How would you change the profession to
make it more prevention focused?

As we are now

- Alternative services or subsidised/Not for profit practices/in geographical areas of need:
 - Eye check
 - Chapeltown, Beeston and Bramley, Leeds
 - Based in a community health charity building



As we are now

- Appropriately delivered nationwide promotion of our healthcare role
- Suitable services delivered in primary care instead of secondary care
- Adapt Practice Management/Patient Record Software to be research friendly

Could we end up in a worse situation than
we are now?



SUPPORT FOR PRIMARY
EYE CARE DEVELOPMENT

Prevention Including Access Primary Eyecare Services

Dr Chris Davey

Professor Darren Shickle

Dr Sarah Slade

Academic Unit of Public Health
chris@chrisdavey.co.uk

Faculty of Medicine and Health
University of Leeds
Charles Thackrah Building
101 Clarendon Road
Leeds, LS2 9LJ
www.leeds.ac.uk/lihs