A report on the provision of eye health services across England
## Content

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreword</td>
<td>3</td>
</tr>
<tr>
<td>Executive Summary</td>
<td>4</td>
</tr>
<tr>
<td>Introduction</td>
<td>6</td>
</tr>
<tr>
<td>Methodology</td>
<td>7</td>
</tr>
<tr>
<td>Chapter 1</td>
<td>8</td>
</tr>
<tr>
<td>Chapter 2</td>
<td>14</td>
</tr>
<tr>
<td>Chapter 3</td>
<td>17</td>
</tr>
<tr>
<td>Recommendations</td>
<td>21</td>
</tr>
<tr>
<td>Appendix 1</td>
<td>22</td>
</tr>
<tr>
<td>Appendix 2</td>
<td>24</td>
</tr>
<tr>
<td>Appendix 3</td>
<td>26</td>
</tr>
<tr>
<td>Footnotes</td>
<td>28</td>
</tr>
</tbody>
</table>
Sight loss is one of the severest disabilities and also one of the most common, with one in thirty people likely to experience visual impairment problems throughout their life, a figure that rises to one in five in the over seventy-fives\textsuperscript{1}. Given the prevalence of eye health conditions it is always shocking to find out how poorly resourced services are in some parts of the country.

As Chair of the All Party Parliamentary Group (APPG) for Eye Health and Visual Impairment I have long been calling for an improvement in eye health services to invest in better detection rates and the timely provision of treatment. This report, undertaken by Visionary, comes at a crucial time when the NHS is in the midst of a huge reorganisation. It highlights big variations in the amount of resources going in to eye health services across England.

People with sight threatening eye conditions should be given access to detection and treatment services as a priority, regardless of their postcode. I have met many people who have experienced sight loss later in life and understand the traumatic and difficult impact this can have on them and their families. The impact is not only emotional but also financial – with the costs associated with sight loss estimated at £22 billion per annum in the UK\textsuperscript{2} in the year 2008.

In light of this, I very much welcome the findings of this report and urgently call on policy makers and local commissioners to take action to address unacceptable levels of variation in NHS services.

Colin Low

\textbf{Lord Low of Dalston, CBE}

President of Visionary - Linking Local Sight Loss Charities
This report is based on a survey of PCT areas and shows a significant variation in the quality of eye health service provision across England. Such variations indicate that where services are under performing and are under resourced, patients may be missing out on access to treatments and support that can prevent avoidable sight loss.

**Visionary is calling on the Department of Health and local commissioners to address this imbalance and prioritise the prevention of sight loss within the reformed NHS.**

**Key findings**

The key findings of the report highlight major disparities in the resourcing of eye care services provided across PCTs in England. PCTs also appear to be underprepared for the transformation in commissioning that is occurring as part of the Government’s health reforms:

- The range in levels of expenditure by PCTs on vision related problems is vast, with some PCTs spending 10 times less than others on eye health (as a proportion of budget)

- There is significant variation in referral to treatment times across PCTs, with some patients waiting 10 times longer to be treated than others

- The majority of PCTs were unable to provide information on patient referral pathways for ophthalmology services

- Eye health commissioners appear to be unprepared for the changes underway in the NHS, with 87% of respondents, at the time of the survey, stating that no policies had been developed for advising Clinical Commissioning Groups (CCGs) on how to refer patients to intravitreal (medicines delivered directly into the eye) ophthalmic services

This report reflects the findings of the latest NHS Atlas of Variation which outlines a ‘postcode lottery’ in terms of the percentage of diabetic patients receiving screening for diabetic retinopathy
Key recommendations

Visionary has identified 6 calls to action for the NHS and policy makers in order to drive improvements in eye health services and address the inequalities that currently exist within eye health:

Local actions

- PCTs must develop robust handover plans for the transfer of ophthalmology commissioning responsibilities to CCGs or identify where other forms of support are required
- CCGs, when established, should audit the level of resources dedicated to eye health services and the outcomes being achieved, using this report as a basis for reducing unwarranted variations in provision
- The National Commissioning Board should prioritise the establishment of Local Professional Networks for eye health, involving health care professionals, social care representatives and the voluntary sector

National actions

- The NHS Commissioning Board must ensure that its lead for eye health is given the power to ensure the area is embedded as a priority in the new commissioning environment
- Building on the establishment of a Prevention of Sight Loss indicator in the Public Health Outcomes Framework, the 2013-14 NHS Outcomes Framework should also contain a related indicator
- A Quality Standard for intravitreal ophthalmology care should be considered for development by the National Institute for Health and Clinical Excellence (NICE)
Visionary is a membership organisation for local sight loss charities – we provide support to independent organisations that deliver vital services to visually impaired people in their communities. Through this work we know that sight loss can happen to anyone at any time and can be devastating, leading to feelings of isolation and loss of independence. As well as the emotional impact, the costs associated with sight loss amount to £22 billion in the UK for the year 2008.

The number of people with sight loss is set to increase dramatically in the future. As the population ages, so too will the prevalence of eye conditions associated with old age such as age-related macular degeneration (AMD), currently the leading cause of blindness in the UK. In addition, there is a growing incidence in key underlying causes of sight loss, such as obesity and diabetes.

Without concerted action the number of people with sight problems in the UK is likely to increase dramatically over the next 25 years. It is predicted that by 2020 the number of people with sight loss will rise to over 2,250,000. By 2050, the number of people with sight loss in the UK will double to nearly four million, creating a huge potential drain on the economy.

At least 50 per cent of sight loss in the UK is avoidable if detected and treated early enough. Some of this can be attributed to refractive error; however preventing people from losing their sight must be a priority for individual wellbeing and to help achieve long term savings.

This would reduce the burden on social care funding, as people need less support to continue living independently and on secondary care as fewer patients would require costly operations following falls or accidents. For example, the personal and social care costs associated with Age Related Macular Degeneration make up 76% of total overall spend – indicating the impact on resources.

For too long eye health has been a poor relation for health policy makers. It is frustrating to realise that a significant proportion of the two million people in the UK with significant sight loss could have maintained their vision had their conditions been detected and treated more rapidly.
In view of the experiences being related to us by the local charities that make up our membership and the lack of priority that eye health has been given by health policy makers, Visionary wanted to review the current levels of local eye health service provision in a more systematic way. As the project coincides with the NHS reform programme, we felt it was also important to explore the potential impact of the shift towards clinical level commissioning on eye care services, and the preparations in place for this.

In order to draw out this information at a local level a short questionnaire was designed, around a number of conditions with a specific focus on intravitreal ophthalmology services (medicines delivered directly into the eye). The questionnaire (see appendix 1), was distributed as a Freedom of Information (FOI) request to 147 PCTs in England in September 2011. Between October 2011 and January 2012, 68 PCTs responded to the request.

Although fewer than 50% of PCTs responded, the information we have received offers a significant insight into the current state of eye health services across England. A full list of the PCTs that responded can be found in Appendix 2 with the responses broken down in detail in Chapters 1 and 2 of the report, with Chapter 3 highlighting the examples of best practice.

This report also contains a visual representation of variations in rates of cataract surgery in England for over 65s. The map is the result of an analysis of publically available Hospital Episode Statistics collected by the Health and Social Care Information Centre in England in 2011.
For many years, local eye health charities, working with partners from across the sector, have campaigned for eye health to be afforded a higher priority within the NHS. The collective experience of Visionary members reflects a picture of variable service quality for patients within PCTs.

Given the limited national data available on eye health provision, Visionary issued an FOI request to PCTs in England, covering ophthalmology budget levels, community based eye care services, intravitreal treatment provision and ophthalmology treatment referral times to build a fuller picture of service variation. The results, detailed below provide an insight into the current picture of eye health services across England.

**Funding levels**

One on the clearest ways to assess the resources dedicated to eye care services across England is to compare the amount of money spent by individual PCTs. PCTs were asked to provide information on what their total ophthalmology budget was and to include a percentage figure for how this relates to their total overall spend. A total of 39 PCTs provided sufficient information to allow us to compare the levels of expenditure between them; these figures are presented in Figure 1 opposite, a table of the results can be found in Appendix 3.

As evident the range in levels of expenditure by individual PCTs is very broad, ranging from 0.5 per cent of total spend in some, up to 5 per cent of total spend in others. Although we would expect to see some variation in accordance with population demographics (some areas have an older population for example), the fact that some PCTs are spending ten times more, as a proportion, of their total budgets on eye health provision than others indicates serious problems of underinvestment in some PCTs, with patients losing out as a result.
Figure 1: Expenditure on ‘problems with vision’ by PCT as a percentage of total budget 2010/11
Community based services

As organisations involved in delivering eye care and support services at a local level, Visionary’s members have a particular interest in community based services. Locally based care can provide a crucial lifeline for patients, particularly those with vision problems who may struggle with travelling significant distances to hospital.

PCTs were asked whether there were any community based ophthalmology services within the areas that they administer. 48 per cent of respondents stated that these were provided within their PCT. Where further information was provided, the focus of the majority of the services was on cataract and glaucoma, including optometrists being commissioned to deliver referral and refinement services.

Suffolk PCT described community services as “essential” in their response, although they did not elaborate as to why. 39 per cent of respondents stated that there were no community based services, demonstrating a variation in the types of eye health services available.

Intravitreal service provision

Intravitreal services are used to treat patients suffering from a number of treatable eye conditions, including: Wet-Age Related Macular Degeneration (Wet-AMD); Diabetic Macular Oedema (DMO); Retinal Vein Occlusion; Pathological myopia and Choroidal neovascularisation. As the only means of delivering treatments that are proven to prevent sight loss, intravitreal provision forms a crucial part of eye health care.

As Figure 2, opposite, demonstrates, the number of sites offering intravitreal ophthalmology services varied from PCT to PCT. 17 of the 46 PCTs that provided this data only listed details of one provider, whereas 10 listed five or more sites, some of which fell outside the boundaries of the PCT but were used to refer patients to. Herefordshire PCT, for example, listed the Wye Valley NHS Trust as a provider whereas service provision in neighbouring Gloucestershire PCT includes two hospitals and nine county clinics.

Further investigation is needed following publication of this report as to what impact these differences in approach may be having on service provision.
Patient referral times

The speed at which patients receive treatment for a number of eye conditions is crucial and can make the difference between a person keeping their sight and losing it. In light of this, PCTs were asked to provide data on average referral to treatment times for the eye conditions wet-AMD, glaucoma, cataract and diabetic retinopathy. Most PCTs responded with general information on their record regarding the overall 18 week referral to treatment target. All respondents who answered in this way had met the Government target of 95% of patients treated within 18 weeks.

Figure 3 shows the data provided by the handful of PCTs who did answer the question on referral times with detailed information. Although limited, this information shows a significant range in terms of average waiting times, particularly for Wet AMD. Several PCTs said that they operated an ‘emergency’ or ‘fast track’ scheme for patients with suspected Wet AMD, ensuring that they were seen within a week for a secondary care consultation (or immediately in Suffolk PCT). However, Devon and Exeter PCT gave a waiting time of 78 days for the same condition.
## Figure 3: Average patient referral to treatment times

<table>
<thead>
<tr>
<th>PCT</th>
<th>Waiting times by condition (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Wet-AMD</td>
</tr>
<tr>
<td>Blackpool</td>
<td>7 (maximum)</td>
</tr>
<tr>
<td>Central Lancashire</td>
<td>-</td>
</tr>
<tr>
<td>Devon &amp; Exeter</td>
<td>78</td>
</tr>
<tr>
<td>East Riding of Yorkshire</td>
<td>22</td>
</tr>
<tr>
<td>Halton &amp; St Helens</td>
<td>7</td>
</tr>
<tr>
<td>Hertfordshire</td>
<td>48</td>
</tr>
<tr>
<td>Stockport</td>
<td>37</td>
</tr>
<tr>
<td>Suffolk</td>
<td>1 (immediate)</td>
</tr>
</tbody>
</table>

**Cataract surgery**

Given the findings of this report, it is also worth noting variations in cataract surgery on the NHS in England which have been illustrated in other recent studies.

In May 2012 the RNIB found that 57% of PCTs in England had restricted access to cataract surgery based on visual acuity thresholds. The RNIB’s survey also found significant regional variation in terms of treatment.

An analysis of publically available Hospital Episode Data from the NHS’s Health and Social Care Information Centre has illustrated how variations in access to cataract surgery occur across England. The map opposite illustrates how the number of operations being carried out on over 65s demonstrates significant change between different parts of the country.

Given the findings of these two separate studies and the results presented in this report, it is obvious that unacceptable service variations exist in England for a range of eye health services.
Cataract Operations in the over 65 Population 2011

**Green:** Over 4,000 operations per 100,000

**Amber:** 3,200 to 4,000 operations per 100,000

**Red:** Below 3,200 operations per 100,000

Inset: London and Outer Regions
Chapter 2:

Will eye health services fall through the cracks in the new NHS?

The investigation into eye health services by Visionary comes against the backdrop of major reforms to healthcare, outlined in the Health and Social Care Act, and the, ‘Nicholson challenge’ to find £20 billion of efficiency savings in the NHS in England by 2015. Given these additional challenges it is important to consider what impact they could have on the future of ophthalmology provision, especially given the current patchy nature of provision.

It is important to note that a number of actions are being taken at a national level to ensure that sight loss and visual impairment is being embedded within the structure of the new system. For example:

- UK Vision Strategy has launched a commissioning guidance website which can be found here: [http://www.commissioningforeyecare.org.uk/](http://www.commissioningforeyecare.org.uk/)

- The UK Vision Strategy team are working with three CCGs to build evidence based good practice for commissioning effective eye care - the CEE project. This project is supported by DH funding.

- Visionary and a number of other charities in the sight loss sector have been involved in the VISION 2020UK Engagement, Partnership, Information, Communication (EPIC) project over the past couple of years aimed at creating ‘vision plans’ for local eye health services. This project has been supported by DH funding and more information can be found here: [http://www.vision2020uk.org.uk/ukvisionstrategy/page.asp?section=129&sectionTitle=EPIC+Project](http://www.vision2020uk.org.uk/ukvisionstrategy/page.asp?section=129&sectionTitle=EPIC+Project)

- In January 2012, the Department of Health launched its Public Health Outcomes Framework, which includes an indicator on preventable sight loss. This can be found here: [http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132559.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132559.pdf)
• In partnership with NHS Networks, the sight loss community is developing a Joint Strategic Needs Assessment Template (JSNA)

• The Local Optical Committee Support Unit (LOCSU) has developed a number of care pathways for eye health services, which can be found on its website: http://www.locsu.co.uk/

**Impact of the Health and Social Care Act**

Over the last year much of the political debate around ophthalmology has focused on the impact of the health reforms on the funding of, and access to, treatments for those with serious eye conditions. In ophthalmology there is a general consensus that the Act offers both opportunities and challenges for patients and practitioners accessing and delivering eye care services.

In line with both the Royal College of Ophthalmologists and the RNIB, Visionary is broadly positive about any increased role patients will be able to play in making decisions about the treatments they receive. The renewed focus on the provision of information, advice and advocacy services is a positive step towards enabling informed choice for patients coping with eye disease.

However, to echo the sentiments expressed by the Royal College, we were disappointed not to see more explicit references to eye care and sight loss within the Act. Traditionally eye health has been low on the agenda of policy makers. This report is not the first to address the need for there to be increased attention paid to eye health issues at a national level in addition to the positive initiatives being pursued.

Visionary is calling on the Government to ensure that eye health is embedded within the new NHS commissioning structures, both locally and nationally as a priority. Visionary is also calling for an indicator for eye care to be included in the NHS Outcomes Framework for 2013-14, and fear that this will mean eye services slip further off the agenda of commissioners.

Visionary welcomes the early development of a National Institute for Health and Clinical Excellence (NICE) Quality Standard for glaucoma and the decision by NICE to refer macular degeneration and cataract as conditions to develop standards for. We now urge the Institute and policy makers at the DH and National Commissioning Board to ensure that these standards are translated into a comprehensive approach to improving eye health services across the country. NICE could be more ambitious in widening the scope of conditions that these standards now look at.
Handing over to Clinical Commissioning Groups

The shift in responsibility from PCTs to CCGs is causing concern to Visionary members and other eye health stakeholders. This concern is centred on the level of expertise in eye health that will exist amongst new budget-holders both within CCGs and emerging Commissioning Support Organisations, detail about which is slowly emerging.

It is crucial that a comprehensive ‘handover’ takes place to ensure that eye health services do not deteriorate and that knowledge transfer is prioritised by those managing the changes. Whilst CCGs could generate more clinical input on decision making, there are also fears that a lack of expertise in ophthalmology could affect the provision of comprehensive secondary care services.

Dialogue between the eye health sector and Department of Health about the potential role of clinical networks or clinical senates in ophthalmology is welcome. This is exploring whether developing such organisations could bridge any knowledge gap. The third sector, as a source of expertise in this area is offering support - as indicated by the initiatives set out above.

As PCTs are due to complete the handover of commissioning responsibilities to CCGs in 2013, in our survey we asked PCTs to outline what policies had been developed for advising the new commissioning structures on how to refer patients to intravitreal ophthalmic services. The results overwhelmingly suggest that PCTs are unprepared for the handover, with 87 per cent stating that there were no specific policies developed or in development at the time (October 2011- January 2012).

Best practice and systems for providing the optimum level of diagnosis and treatment for patients with serious eye conditions may be lost in the handover period. CCGs could be underequipped to deal with the rapid nature of deterioration associated with a number of eye diseases.

Visionary is calling on PCTs to urgently address this by developing robust handover plans for the transfer of eye care commissioning responsibilities to CCGs. This should be overseen at a national level by the NHS National Commissioning Board.
The key motivation for compiling this report is the belief that equitable access to high quality eye care services is crucial to halt the ever increasing numbers of individuals suffering from preventable sight loss. The UK is one of the richest nations in the developed world and yet it is failing its citizens with services that are unfit to meet current and future needs. Too many people are living with sight loss that could have been avoided through earlier detection or treatment.\textsuperscript{10}

**Patient referral pathways**

A core pillar of fast and effective eye care is the use of patient referral pathways at primary care level, to ensure patients are rapidly moved through the healthcare system. PCTs were asked to provide details of these for intravitreal ophthalmic services. Less than a third (22 of the 68) of PCTs who responded to the FOI request in 2011-2012 had referral pathways in place or in development, and none of the respondents provided evidence of referral pathways that covered all of the conditions treated via intravitreal services.

Although examples were limited, several PCTs provided full details of well thought out patient referral pathways for specific conditions and two flow charts have been highlighted in Figures 4 and 5 overleaf.

**Visionary is currently consulting on a UK Sight Loss Pathway developed as part of the work of the VISION 2020 UK Future of Rehabilitation Group.** This is designed to promote independence and autonomy for people with sight loss. The draft emphasises early intervention and the need for a clear pathway to ensure that services are well coordinated across health and social care. It will be designed for use across the UK.
Figure 5: NHS North Lancashire wet age related macular degeneration referral pathway

GP
Patient presents with suspected symptoms

Optometrist
Patient presents with suspected symptoms

Local Eye Unit
Patient presents with suspected symptoms

Self Referral
Patient suspects 2nd eye involvement (patient given direct contact number)

Refer to Wet AMD clinic for investigation 1 week max

Rapid Fax Number Referral Form

Wet AMD Clinic

Patient is assessed with full testing (V/A, ETDRS chart, FFA, OCT).

Treatment commences within 1 week of referral if condition is diagnosed.

Treatment 3
loading dose injections, patient enrolled in patient access scheme.

Monthly follow up assessments and monthly injections.

Service: Consultant led multi professional team appointments.

Patient Support:
Eye Clinic Liaison Officer, Education, Access to low vision services.
Figure 6: Coventry PCT Intraocular Pressure (IOP) Referral Refinement Pathway

IOP Referral Refinement Pathway

Standard GOS or private sight test

IOP under threshold
Optic nerve head normal
Visual field normal

Discharge to normal follow-up as indicated

IOP <threshold
Optic nerve head normal
Visual field normal
Undertake 1st tonometry reading at the same visit

IOP under threshold for both eyes

Discharge to normal follow-up as indicated

IOP over threshold in either eye

IOP over threshold in either eye

Inform GP requires referral to ophthalmologist

Suspected glaucoma based on optic nerve and visual field findings

Inform GP the patient requires referral to ophthalmologist

If patient DNAs

2nd tonometry reading (within 7-14 days)

IOP under threshold for both eyes

Discharge to normal follow-up as indicated

Inform GP requires referral to ophthalmologist
The referral pathways demonstrate a clear course of action for healthcare professionals to follow when suspecting these serious eye conditions in their patients, including fast track referral times. These are examples of good practice and local commissioners should seek to roll this style of map out across England, including through the transition period to the commencement of responsibilities by Clinical Commissioning Groups.

The Royal College of Ophthalmologists provides clinical guidelines for the treatment of a range of conditions including diabetic retinopathy and Wet-AMD, available on its website:

http://www.rcophth.ac.uk/page.asp?section=451&sectionTitle=Clinical+Guidelines
As an organisation representing local sight loss charities across the UK, Visionary is keen to see fair and equitable access for all members of society to eye health, eye care and sight loss services. This report has indicated that this is not currently the case in England, with some PCTs providing a much more robust service than others.

The on-going NHS reform programme and drive to find significant efficiency savings, presents a further challenge to those within the eye health community. However, it is crucial that current service levels are improved, with good practice being shared and rolled out across the country.

We believe that a range of stakeholders, including statutory health and social care bodies, voluntary sector organisations, eye health professionals, politicians and service users must work together to improve eye health services across England, putting a stop to further instances of preventable sight loss. This should look to build on the work initiated through the Department of Health funded VISION 2020UK EPIC project.11

Visionary has identified the following six key recommendations and is calling on healthcare policy makers and commissioners to support them:

**Local actions**

- PCTs must develop robust handover plans for the transfer of ophthalmology commissioning responsibilities to CCGs or identify where other forms of support are required
- CCGs, when established, should audit the level of resources dedicated to eye health services and the outcomes being achieved, using this report as a basis for reducing unwarranted variations in provision
- The National Commissioning Board should prioritise the establishment of Local Professional Networks for eye health, involving health care professionals, social care representatives and the voluntary sector

**National actions**

- The NHS Commissioning Board must ensure that its lead for eye health is given the power to ensure the area is embedded as a priority in the new commissioning environment
- Building on the establishment of a Prevention of Sight Loss indicator in the Public Health Outcomes Framework, the 2013-14 NHS Outcomes Framework should also contain a related indicator
- A Quality Standard for intravitreal ophthalmology care should be considered for development by the National Institute for Health and Clinical Excellence (NICE)
Appendix 1

Freedom of Information Request - Intravitreal Ophthalmology Services

Please find below a series of questions related to the provision of intravitreal ophthalmic services in (insert name of PCT). This survey has been put together by Visionary, formally known as the National Association of Local Societies for Visually Impaired People (NALSVI), to gather information on local access to services. Visionary is the umbrella organisation for independent local sight loss charities.

Our purpose is to support local sight loss charities in enabling blind and partially sighted people to achieve their full potential as independent citizens and to influence and work in partnership with others to improve the quality of life for visually impaired people.

We would greatly appreciate your assistance in filling out this questionnaire to provide us with an up to date assessment of the situation in (insert name of PCT).

Intravitreal service provision

1) Please provide a list of sites within (insert name of Trust) that provide intravitreal ophthalmic services

2) Please provide figures for the number of patients treated in the last year for which figures are available via intravitreal ophthalmic services for:
   - Wet-Age Related Macular Degeneration
   - Diabetic Macular Oedema
   - Retinal Vein Occlusion
   - Pathological myopia
   - Choroidal neovascularisation
   - Other retinal conditions the Trust provides patient services for (please specify)

3) Please state whether there are any community based ophthalmology services in (insert name of PCT)
Access to medical professionals and funding

1) Please provide details on how many ophthalmology professionals from the following specialties are employed in (insert name of PCT):
   - Specialist nurses
   - Consultants
   - Support staff
   - AMD coordinators or business managers
   - Eye Care Liaison Officers
   - Low vision aid specialists
   - Optometrists

2) Please provide information on what the total ophthalmology budget was for (insert name of PCT) for the last financial year for which data is available. Please also indicate what percentage of the total expenditure on health services in (insert name of Trust) this constituted.

Patient care and outcomes

1) Please provide information on the average referral to treatment times in the last financial year or 12 month period for which figures are available in (insert name of PCT) for the following conditions:
   - Wet Age Related Macular Degeneration
   - Glaucoma
   - Cataract
   - Diabetic Retinopathy

2) Please provide details of any specific patient referral pathway for intravitreal ophthalmic services that are used by primary care and other ophthalmic professionals in (insert name of PCT) (including optometrists) to decide on where patients should be treated, for those conditions listed under “Intravitreal service provision” above.

3) Please provide details of any policies that have been developed for advising Clinical Commissioning Consortia on how to refer patients to intravitreal ophthalmic services given the expected shift in responsibilities over the next two years within (insert name of PCT).

4) Please provide details of how (insert name of PCT) measures the success of ophthalmology services, including any patient surveys that you conduct.
Appendix 2

1. Barnsley PCT
2. Bath and North East Somerset PCT
3. Bedfordshire PCT
4. Berkshire West PCT
5. Birmingham and Solihull PCT
6. Blackburn and Darwen PCT
7. Blackpool PCT
8. Bournemouth and Poole PCT
9. Bradford and Airedale PCT
10. Bristol PCT
11. Buckinghamshire and Oxfordshire PCT Cluster
12. Bury PCT
13. Calderdale PCT
14. Cambridgeshire PCT
15. Central Lancashire PCT
16. Cheshire, Warrington and Wirral PCT Cluster
17. Cornwall and Isles of Scilly PCT
18. County Durham and Darlington PCT
19. Coventry PCT
20. Derby City PCT
21. Devon and Exeter PCT
22. Doncaster PCT
23. East Riding of Yorkshire PCT
24. Gloucestershire PCT
25. Halton and St Helens PCT
26. Hampshire PCT
27. Heart of Birmingham PCT
28. Herefordshire PCT
29. Hertfordshire PCT
30. Heywood, Middleton and Rochdale PCT
31. Isle of Wight PCT
32. Kent and Medway PCT
33. Kirklees PCT
34. Knowsley PCT
35. Leicester City and Leicestershire County and Rutland PCT
36. Lincolnshire PCT
37. North East Lincolnshire PCT
38. North Lancashire PCT
39. North Somerset PCT
40. North Staffordshire PCT
41. North Yorkshire and York PCT
42. Northamptonshire PCT
43. Nottingham City PCT
44. Nottinghamshire County PCT
45. Oldham PCT
46. Outer North East London PCT
47. Peterborough PCT
48. Rotherham PCT
49. Salford PCT
50. Sheffield PCT
51. Shropshire PCT
52. Somerset PCT
53. South East London (Bromley, Southwark, Lambeth, Greenwich, Lewisham) PCT Cluster
54. South Gloucestershire PCT
55. Southampton City PCT
56. Stockport PCT
57. Stoke on Trent PCT
58. Suffolk PCT
59. Surrey PCT
60. Sussex PCT
61. Swindon PCT
62. Tameside and Glossop PCT
63. Tees PCT
64. Wakefield District PCT
65. Warwickshire PCT
66. Wiltshire PCT
67. Wolverhampton PCT
68. Worcestershire PCT
### Appendix 3

Total levels of expenditure by 39 PCTs on problems with vision in 2010/11, also shown as a percentage of their total budgets.

<table>
<thead>
<tr>
<th>PCT</th>
<th>Expenditure on problems with vision</th>
<th>% of total expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stoke on Trent</td>
<td>£2.6 million</td>
<td>0.50%</td>
</tr>
<tr>
<td>Bedfordshire</td>
<td>£3.207 million</td>
<td>0.51%</td>
</tr>
<tr>
<td>Hampshire</td>
<td>£9.835 million</td>
<td>0.52%</td>
</tr>
<tr>
<td>Berkshire West</td>
<td>£7 million</td>
<td>1.00%</td>
</tr>
<tr>
<td>Barnsley</td>
<td>£11.536 million</td>
<td>1.01%</td>
</tr>
<tr>
<td>Heywood, Middleton &amp; Rochdale</td>
<td>£4.221 million</td>
<td>1.05%</td>
</tr>
<tr>
<td>Calderdale</td>
<td>£3.867 million</td>
<td>1.11%</td>
</tr>
<tr>
<td>Central Lancashire</td>
<td>£10.2 million</td>
<td>1.30%</td>
</tr>
<tr>
<td>Wolverhampton</td>
<td>£5.897 million</td>
<td>1.30%</td>
</tr>
<tr>
<td>Peterborough</td>
<td>£4.809 million</td>
<td>1.40%</td>
</tr>
<tr>
<td>Swindon</td>
<td>£4.482 million</td>
<td>1.42%</td>
</tr>
<tr>
<td>Doncaster</td>
<td>£6.199 million</td>
<td>1.45%</td>
</tr>
<tr>
<td>Sussex</td>
<td>£18.825 million</td>
<td>1.50%</td>
</tr>
<tr>
<td>Blackpool</td>
<td>£9.068 million</td>
<td>1.80%</td>
</tr>
<tr>
<td>Sheffield</td>
<td>£18.3 million</td>
<td>1.80%</td>
</tr>
<tr>
<td>Bury</td>
<td>£1.8 million</td>
<td>2.00%</td>
</tr>
<tr>
<td>Oldham</td>
<td>£8.019 million</td>
<td>2.07%</td>
</tr>
<tr>
<td>North East Lincolnshire</td>
<td>£5.516 million</td>
<td>2.10%</td>
</tr>
<tr>
<td>Nottingham City</td>
<td>£11.8 million</td>
<td>2.1%</td>
</tr>
<tr>
<td>Bristol</td>
<td>£15.4 million</td>
<td>2.20%</td>
</tr>
<tr>
<td>Herefordshire</td>
<td>£7.110 million</td>
<td>2.30%</td>
</tr>
<tr>
<td>Tameside and Glossop</td>
<td>£9.82 million</td>
<td>2.30%</td>
</tr>
<tr>
<td>Tees</td>
<td>£6.610 million</td>
<td>2.30%</td>
</tr>
<tr>
<td>South Gloucestershire</td>
<td>£9.218 million</td>
<td>2.50%</td>
</tr>
<tr>
<td>Warwickshire</td>
<td>£21.683 million</td>
<td>2.53%</td>
</tr>
<tr>
<td>South East London</td>
<td>£32.672 million</td>
<td>2.60%</td>
</tr>
<tr>
<td>Blackburn and Darwen</td>
<td>£6.939 million</td>
<td>2.61%</td>
</tr>
<tr>
<td>North Yorkshire and York</td>
<td>£32.4 million</td>
<td>2.65%</td>
</tr>
<tr>
<td>County Durham and Darlington</td>
<td>£27.778 million</td>
<td>2.79%</td>
</tr>
<tr>
<td>Gloucestershire</td>
<td>£26.518 million</td>
<td>2.85%</td>
</tr>
<tr>
<td>PCT</td>
<td>Expenditure on problems with vision</td>
<td>% of total expenditure</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Derby City</td>
<td>£5.7 million</td>
<td>2.90%</td>
</tr>
<tr>
<td>Somerset</td>
<td>£24.901 million</td>
<td>2.99%</td>
</tr>
<tr>
<td>Bradford and Airedale</td>
<td>£10.961 million</td>
<td>3.00%</td>
</tr>
<tr>
<td>North Lancashire</td>
<td>£19.058 million</td>
<td>3.10%</td>
</tr>
<tr>
<td>Knowsley</td>
<td>£5.534 million</td>
<td>3.60%</td>
</tr>
<tr>
<td>Heart of Birmingham</td>
<td>£14.265 million</td>
<td>4.90%</td>
</tr>
<tr>
<td>Bournemouth and Poole</td>
<td>£5.936 million</td>
<td>5.00%</td>
</tr>
<tr>
<td>North Somerset</td>
<td>£4.354 million</td>
<td>5.00%</td>
</tr>
<tr>
<td>Suffolk</td>
<td>£14.1 million</td>
<td>5.00%</td>
</tr>
</tbody>
</table>
Footnotes

1 RNIB ‘Key information and statistics’ – Please see: http://www.rnib.org.uk/aboutus/research/statistics/Pages/statistics.aspx


4 Winyard S and McLaughlan B. (2009), Cost oversight? The cost of eye disease and sight loss in the UK today and in the future. RNIB


8 See: http://www.rnib.org.uk/aboutus/mediacentre/mediareleases/mediareleases2012/Pages/pressrelease24may2012.aspx

9 See http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937

10 Taken from UK Vision Strategy http://www.vision2020uk.org.uk/ukvisionstrategy/core/core_picker/download.asp?id=13

11 See http://www.vision2020uk.org.uk/ukvisionstrategy/page.asp?section=129&sectionTitle=EPIC+Project
Novartis Pharmaceuticals UK Limited provided an unrestricted grant and medical writing support provided by Lexington Communications to support the preparation and development of this report. Visionary have retained full editorial control over the content of this report.