

People in UK going blind due to lack of eye care

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A report published by the Royal National Institute of the Blind (RNIB) has warned that there are an increasing number of people in England who will go blind because clinics do not have the capacity to treat patients.

‘Saving money, losing sight’ describes eye care as being at the breaking point.

At present, there are 2 million people in the UK who are completely or partially blind. This figure is expected to rise as people are living longer, with the advent of new kinds of treatments expected to come on line and more patients requiring treatment.

The report outlined the results of a survey in September this year of 172 eye clinic staff, of which 80 percent reported that their unit was unable to meet current demand and 94 percent said they would not be able to meet further demand. Thirty-seven percent of respondents interviewed said that their patients were losing their sight due to treatment being delayed, with 4 percent of those interviewed saying this was happening often.

There is evidence that there are increasing waiting times for appointments to see a professional. Patients can wait two or three hours, and the time with the professional is often rushed, with little time to discuss their eye condition. This can lead to misunderstandings and complications with treatment. This places patients under increasing levels of stress and compromises their ability to make clearly thought-out choices about their treatment. The RNIB notes that ‘long waiting times are forcing some patients to opt for private treatment.’

The delay in diagnosis and the beginning of treatment is critical in some eye conditions such as age-related macular degeneration (AMD). This is the most common cause of sight loss among the over-50s, and delays in treatment can lead to dramatic sight loss

within a few weeks. The Royal College of Ophthalmologists, which sets clinical standards in the UK, recommends that patients with wet AMD should be diagnosed within one week and treated within a further week.

Dianne Woodford, a mother of three who suffers with diabetic retinopathy, a serious eye condition that is the most common cause of blindness among people of working age in the UK, has experienced numerous delays and cancellations. She suffered with bleeds in her eyes while awaiting her next appointment. Woodford said, ‘I once had to wait a whole year between appointments despite the doctor saying he should see me in three months. I constantly worry that my eyes will have another bleed. Everytime they bleed, I’m at risk of losing more of my remaining sight. I have three children and this impacts on them as well as me.’

Problems exist across the whole of the UK, with 80 percent of staff responding to the survey saying their eye department has insufficient capacity to meet current demand. Half of the respondents said that the demand was so great that appointments have to take place in the evenings and at weekends.

Departments report huge backlogs of patients, with chronic understaffing, and with staff working long hours at serious risk of burnout and describing their working conditions as ‘chaotic’ and ‘running from one crisis to another.’

Lesley-Anne Alexander, the RNIB’s chief executive, said, ‘These statistics are shameful as nobody should lose their sight from a treatable condition simply because their eye clinic is too busy to provide care in a clinically appropriate time scale.’

The report points to the lack of planning strategy in being able to meet future demand. This is explained as

being a product of departments with heavy workloads having to meet current demand.

The RNIB points out that when issues are highlighted in business plans demonstrating the need for extra resources, hospital trust managers invariably dismiss requests because of financial constraints, and management will only address issues when a department is at the breaking point. This necessarily involves short-term solutions such as recruiting costly locums to alleviate staff shortages.

The government has prioritised unnecessary sight loss as part of its Public Health Outcomes Framework for the UK. It is an expectation that Primary Care Trusts (PCTs) and local authorities are required to produce a Joint Strategic Needs Assessments (JSNA) of the health and wellbeing of their local community. This is a requirement of the Local Government and Public Involvement in Health Act 2007.

However, the report points to a complete lack of eye health planning across the UK. with only 40 percent of all JSNAs in England containing information on sight. Ninety-three percent of JSNAs in the West Midlands and 82 percent in the North West have little or no information on sight loss.

The survey points to the new and immediate threats posed to treatment for eyesight problems, due to the government's ongoing sell-off and opening up of the National Health Service to the private sector.

Under the section, 'Fragmentation of care due to the expansion of providers,' the report states, 'The new health system means that Any Qualified Provider can tender for services. While the full impacts of this are yet to be felt, respondents express concern that this may fragment patient care. Some point out that Independent Sector Treatment Centres (ISTCs) have already caused problems for local hospitals by taking a proportion of their surgical workload without covering other outpatient requirements. Respondents note that it is very difficult to attract senior staff to cover this outpatient demand if there is no surgical aspect to the job.'

It also notes, 'Other problems related to fragmentation of care include local ophthalmology services being withdrawn or taken over by private sector companies, resulting in higher numbers of complex cases being referred to acute NHS hospitals. Some survey respondents also note that the health

reforms are having a detrimental effect on capacity and patient care, as many newly established bodies are still in a state of flux and unable to deal with health issues effectively due to the state of confusion.'

The irrationality of the profit system is demonstrated by the fact that as new treatments are coming on line that are a vital step forward in the treatment and cure of serious eye conditions for potentially millions in the UK, no resources are being made available to provide these treatments en masse. It goes without saying that medical breakthroughs in eyesight treatment are and will be made available to the affluent and rich via private treatment.

The RNIB calls for NHS England to hold an 'urgent inquiry' to address the crisis and the 'looming capacity crisis' in eye clinics across England. But appeals to those who are hell bent on selling off the NHS will not preserve the right to public health, including prompt and quality treatment. What is required is a mass movement of the working class in defence of the social right to health care, as part of the fight for socialism.



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