

# **Innovation and quality in sight loss and blindness services: Eye Clinic Liaison Officers**

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August 2011

**Published by:**

RNIB  
105 Judd Street  
London, WC1H 9NE

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**Date:**

August, 2011

**Sensitivity:**

Internal and full public access

**Copyright:**

RNIB 2011

**Document reference:****Commissioning:**

Evidence and Service Impact Team, RNIB.

**Citation guidance:**

Boyce, T (2011) **Innovation and quality in sight loss and blindness services**: Eye Clinic Liaison Officers

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**Acknowledgements:**

With thanks to Action for Blind People Regional Development Managers, RNIB Marketing & Campaigns Teams and RNIB ECLO Country Leads.

## Introduction

Eye care service providers face the challenge of addressing increasing visual impairment at the same time as seeking to improve access to treatment and health outcomes. Eye Clinic Liaison Officers (ECLOs) are an innovative way of supporting eye care services, making excellent use of available eye care resources and providing high quality and patient-centred services. ECLOs provide support for patients and their carers when sight loss first becomes a concern. They provide information on a condition's impact, help completing visual impairment registration, advice on reducing the likelihood of falls, emotional support, early and accurate referrals to statutory and voluntary sector services and signposting to local and national support services.

## Numbers and costs of sight loss and blindness are increasing

The costs of eye care are increasing year on year as the UK population ages. There are around 2 million people living with sight loss in the UK and the current total costs of visual impairment to the national UK economy are £6.4 billion per year.(1) NHS spending on visual impairment is increasing across the UK:

	2009/10	2008/09	Increase
England	£1.93 billion	£1.67 billion	16 per cent
Scotland	£201.3 million	£183.8 million	9.5 per cent
Wales	£113.4 million	£104.2 million	8.8 per cent
Northern Ireland	£48.4 million	£45.7 million	6 per cent

Spending on eye care in UK nations(2)

It is estimated the steep rise in the rates of sight loss will increase to nearly 4 million by 2050 (approximately 5 per cent of the total population) – and costs are estimated to rise to £7.6 billion by 2013.(3) The *Equity and Excellence* White Paper states the NHS needs to plan now to make savings and alter its services due to the growing demand of an ageing population.

## **Sight loss is a traumatic experience**

Emotional and practical support and information is consistently absent in eye clinics.(4) This is despite evidence showing that the emotional and psychological impact of sight loss is profound, depression amongst people with sight loss is significantly higher than the population in general.(5)

“Just after my diagnosis I had lost my job, my income, my identity as a teacher, my driving licence, my social network and my independence.” (Patient)

The role of the ECLO arose in response to patients’ needs for quality services that provide practical and emotional support to those newly diagnosed with sight loss. NHS staff work under significant pressures in hospital eye clinics and are not able to meet these needs effectively. The Royal College of Ophthalmologists recommends ECLOs are part of a minimum service team. For example, when commissioning age-related macular degeneration (AMD) services, the Royal College believes it is important that support services are offered at time of diagnosis ‘to maximize the chances of patients adjusting to their sight loss with minimal trauma’.(6)

## **ECLOs improving quality of services**

ECLOs empower patients by providing excellent quality support and information. Providing practical and emotional support to people with health problems has multiple benefits - it increases people’s capacity to self-manage their condition, improves health outcomes, helps people live independently and reduces the burden on the health service by avoiding unnecessary hospital admissions.(7)

“The understanding that ECLOs have of low vision services and the way they integrate the services inside the hospital with those in the community makes a big difference.”  
(Clinician)

The UK Vision Strategy stresses that “too many people who have lost some or all of their sight do not receive the support they need to deal with the emotional trauma of sight loss or manage basic everyday tasks.”(8) More than 80 per cent of eye care professionals agreed that emotional and family support are essential services for visually impaired people yet just over half of clinicians reported that emotional and family support was available in their clinics.(9)

“They are a real integral and important part of the eye care pathway.” (Clinician)

Living with a long-term condition, such as sight loss, puts people under significant and, at times, very severe emotional and psychological strain.(10) ECLOs meet the needs of those living with long-term conditions by offering support for self-care, encouraging independence. When people manage their conditions themselves they improve their quality of life and this reduces health care spending in the long-term.(11) ECLOs put patients at the heart of their care, providing them with information they need to take control over their condition and make informed choices about their care. Effective information-giving in health care is correlated with improvements in medical outcomes, patient safety, care and patient satisfaction.(12) ECLOs can improve quality and ensure people have positive experiences of care.

“For patients, the presence of an ECLO is of inestimable value.” (Clinician)

## **Providing innovative and cost efficient care**

90 per cent of clinical staff who work with ECLOs agree they significantly improve patient experience.(13) In another survey, 100 per cent of health care professionals said the ECLO service made a positive difference to further patient management and another survey found three-quarters of clinical staff (77 per cent) felt more comfortable when patients left their room if they knew that patients had the support of an ECLO.(14)

The DH recommends investing in interventions to prevent ‘people’s needs from escalating (to) help to reduce the costs of intensive care packages.’(15) ECLOs refer to re-ablement services, helping people recover their skills and confidence after diagnosis. The University of York found re-ablement programmes significantly improved health-related quality of life and were cost-effective. For the 10 months after a re-ablement programme, care costs were approximately 60 per cent lower than those who had not gone through a re-ablement programme.(16)

Evidence demonstrates ECLOs offer a cost-effective service. Currently, there are different service models with various costs. A traditional, optometry-led low vision service has been estimated to cost £133 per contact (including costs to the NHS and voluntary sector such as rent and insurance, excluding local authority costs, 2009 figures). For an integrated service, including the NHS, PCT, local authority and a charity, costs per contact range from £244-489.(17) ECLOs can be part of all models of low vision support services and provide cost-effective services. The cost of an ECLO per contact (including face to face contact and administration generated as a result of the patient contact, 2010 figures) in year 1 was £19.97 (including Salary, On costs, Training costs, Set up costs, Overheads (based on data from Unit Costs for Social and Health Care 201018, Capital overheads (also based on data from Unit Costs for Social and Health Care 201018) and after year 1 £17.95.(18)

Another significant cost of sight loss results from falls and resultant fractures.(19) Visual impairment is directly attributable to 47 per cent of the cost of falls in the population with visual impairment and 10 per cent of the cost of **all** falls in the UK.(20) 5 per cent of all falls lead to a fracture and almost all hip fractures (92 per cent) are a result of a fall.(21)

Preventing falls would help save significant NHS and social care expenditure. ECLOs provide advice and information on falls prevention and appropriate referral to voluntary and statutory services, enhancing multi professional collaboration. If advice from an ECLO prevented just one or two falls associated with visual impairment that result in a fractured femur, the cost of an ECLO

would be cost-neutral. For further information, please see the document 'Falls - costs and numbers', available from the RNIB website.

## **Improving staff efficiency**

ECLOs save clinical time and as ophthalmology has one of the highest rates of follow-up appointments in hospital specialties, innovative services are needed to improve and maintain high quality eye care services.(22) A survey of 35 consultants found 90 per cent agreed that the ECLO service increased clinical staff efficiency by reducing time spent with distressed patients.(23) Another study of eye health clinicians found 56 per cent of those who work with ECLOs said that an ECLO reduces the amount of time spent with patients.(24)

“It means you can get more done, and become more efficient at achieving rehabilitation outcomes.” (Optometrist)

In one area of the UK, 53 per cent of ophthalmologists said the ECLO service increased clinical staff efficiency by reducing the time spent with non-compliant glaucoma patients.(25) In another area, two ophthalmologists estimated a 10 minute saving of their own time per patient when their patient sees an ECLO.(26)

## **Providing accessible information**

The NHS often fails to provide accessible information - nearly three quarters (72 per cent) of blind and partially sighted people cannot read personal health information provided by their GP, a similar proportion do not receive information from their hospital in an accessible format.(27) The Equality Act (2010) requires all organisations to make 'reasonable adjustments' to ensure patients do not experience any barriers to accessing information or services. Only 28 per cent of ophthalmologists felt confident discussing accessible formats with patients.(28) NICE guidance on glaucoma recognises the importance of good communication, and recommends patients are offered 'the opportunity to discuss their diagnosis, prognosis and treatment, and provide them with relevant information in an accessible format at initial and

subsequent visits”.(29) ECLOs offer a cost-effective service to ensure that patients receive good quality information in accessible formats - and advice in line with NICE guidance.

“As a single Mum of 2 young children, I was devastated to hear that I was going to be registered blind. It was only when I was referred to an ECLO that I could understand the registration process and they introduced me to visual aids and products. I have, as a result, been able to keep my current job.” (Patient)

## **Improving referrals**

"The Eye Clinic Liaison Service provides a vital link between treatment, rehabilitation and social services. Patients benefit immensely and it ensures that patients adjust and learn to cope with their sight loss. I have no hesitation in recommending their services." (Ophthalmologist)

ECLOs are an invaluable link between the hospital setting and social services. They provide a dedicated point of contact for clients in the future, reducing the likelihood of their return to clinical staff to seek non-medical assistance or support.(30) 88 per cent of ophthalmologists in one area of the UK believe ECLOs assistance in processing the Certificate of Visual Impairment results in more expedient referral of blind and partially sighted people to statutory and voluntary services.(31)

“Their knowledge of local support service and advice about benefits is invaluable. They can signpost patients to appropriate community support services.” (Clinician)

## **Improving carers' quality of life**

A 2009-10 survey of carers showed that 20 per cent of cared-for people in England require care because of sight or hearing loss.(32) Unfortunately, most families (87 per cent) are not offered any support in eye-clinics, and this partly explains the high cost of sight loss to informal carers, estimated to be £2 billion per year.(33) The *Next Steps for Carers* strategy recommends carers



are provided with measures that ease the responsibility of caring.(34) ECLOs play a key role in reducing the burden on carers by signposting them to sources of support. (35)

## **Commissioning quality eye care services based on evidence**

Research into the effectiveness of ECLOs has been carried out across the UK – in rural and urban areas, including surveys and interviews with service users, ophthalmology staff and ECLOs.(36) The services provided by ECLOs benefits those with a visual impairment through general service improvement, improved and increased referrals and improving quality of life for carers. Their role is locally determined and they respond to local needs and gaps in service provision.

Commissioners have a responsibility to provide quality eye care services to their local community. With the estimated increase in the incidence and prevalence of blindness and sight loss, commissioners will be acutely aware of the need to better plan and make best use of existing resources. Faced with the dual challenges of maintaining the quality of services and improving outcomes for individual patients, the role of ECLOs offers commissioners and hospitals an opportunity to improve quality and services.

For more information contact: RNIB research team at [research@rnib.org.uk](mailto:research@rnib.org.uk).

(All quotes from RNIB research)

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