



SEEING MORE CLEARLY:

WITH HELP FROM ORTHOPTICS

Orthoptics (no - not Orthotics or Orthopaedics!) is a little known speciality which helps countless people see better each year. Rowena McNamara, Chair, and Anita McCallum, Business Manager, British & Irish Orthoptic Society explain how...

The British and Irish Orthoptic Society (BIOS) was founded seventy-seven years ago. Can you describe its work and its membership?

BIOS is a professional body and (in the UK) a trade union, representing members at national and local levels. Orthoptics is one of the Allied Health Professions, and orthoptists are key members of the eye care team (alongside others like ophthalmologists, optometrists and opticians). They assess and manage a range of problems, mainly those affecting the way the eyes move (such as squint and lazy eye). This might involve prescribing eye exercises or referring for special spectacle lenses or for eye surgery. They use equipment to measure the pressure inside the eye, to assess the patient's field of vision and to carry out other testing procedures.

In some clinics, Orthoptists work with ophthalmologists in helping to manage conditions such as glaucoma and are often recognised as experts in childhood vision screening, and have a lead role in the screening of 4-5 year old children. Orthoptists tend to work in the NHS (in hospitals, community clinics and schools) dealing across the age ranges – including babies who need visual assessment to the elderly with macular degeneration.

They can transform lives and prevent bed blocking in hospitals: *“I was admitted to hospital with double vision and dizziness. I had several different tests to find out the cause. I was seen by the eye department and had prisms fitted to my glasses. It enabled me to go home instead of staying another day in hospital. This saved my time and a bed became available for someone else.”*

An expert consultation can also help people go back to earning a living again and regaining their independence: *“I am a professional pianist, but because of age-related macular degeneration (AMD) I found that I was getting frustrated and angry with myself as I was finding reading music so difficult. During my visual function test the orthoptist suggested that I should begin to scan and guess what I thought the letters were. To my amazement I began to see more. He said this would allow me to use my vision better, allowing my subconscious brain to see things more easily. This was the first time someone seemed to understand my problems and suggest a way to improve things.”*

What is the current state of eye health in the UK?

Almost 2 million people in the UK are living with sight loss of one form or another, with over 200,000 people with severe sight loss or blindness. We know that the number of people living with sight loss is increasing and those with a sight threatening eye conditions will increase over the next decade. Obesity, diabetes and conditions associated with these and old age – like glaucoma, stroke and cataract - are all rising.

In 2011/12, there were a total of 6.8 million eye-related outpatient attendances. The number of ophthalmology outpatient attendances is increasing, and this area has the second highest number of outpatients amongst any speciality. You are therefore very likely to see an Orthoptist at key stages of your life – as a child with a squint or as an adult after a stroke, for example.

And how is the NHS coping with the treatment of eye diseases?

Eye clinics account for approximately 10% of all outpatient visits with the care and management of long-term care for conditions like glaucoma and cataracts a priority. All of these factors have led to the exciting development of extended roles for Orthoptists in Glaucoma, Low Vision, Stroke and Cataract. It also means that we should treasure the eye care services and professionals we have in over 180 hospitals in the UK & I.

What would you like to see the government do in regard to the provision for eye health?

Orthoptists are responding to the needs of the population and increased pressure on NHS services, the requirement for providing value for money and looking at how we provide vital services in different settings. For example, with Community-based Glaucoma Services, senior orthoptists work as autonomous practitioners in clinics. These clinicians are doing work previously carried out by medical staff and saving money as a result. This is both cost effective and accessible – bringing care closer to the community. So the government should encourage professional bodies to conduct this kind of essential service redesign.