

# **HEALTH AND SOCIAL SERVICES COMMITTEE**

## **REPORT BY THE NATIONAL ASSEMBLY FOR WALES'S HEALTH AND SOCIAL SERVICES COMMITTEE ON THE EXTENSION OF CATEGORIES OF PEOPLE ENTITLED TO FREE EYE TESTS**

### **CHAIR'S FOREWORD**

In their election manifestos, Plaid Cymru and the Liberal Democrats pledged their support to abolishing charges for eye tests. Subsequently, the issue was raised by a number of Assembly Members in both plenary debate and questions to the Assembly Secretary for Health and Social Services. It was therefore agreed that, following the Finance Secretary's announcement in December 1999 of an additional £7.9m to fund health improvements, the Health and Social Services Committee would consider how to take the issue forward in the context of the broader primary health care strategy.

This has been an important piece of work for the Committee, and I am pleased that as a result more people who may be susceptible to eye disease will have the opportunity of the early diagnosis and treatment, that is so important in preventing loss of sight.

On behalf of the Committee I should like to express my thanks to all those who responded to the consultation exercise, and especially to those who made an oral presentation to the Committee.

As a result of the Committee's review, funding has been set aside to develop an eye initiative in the current financial year. The National Assembly will monitor the impact of this initiative.

**KIRSTY WILLIAMS AM**  
**Chair, Health and Social Services Committee**

**June 2000**

### **INTRODUCTION**

In her statement on 1 December 1999, the Finance Secretary agreed to allocate funds to enable an extension of free eye tests, to be implemented from 1 October 2000, subject to the Health and Social Services Committee and the Cabinet being satisfied of the clinical benefits, the legal power and the relative priority within the Health and Social Services budget. However, the recurrent cost of any extension of free eye tests would have to be met, after 2000-01, from within the existing NHS baseline and thus at the expense of other currently funded services.

## **APPROACH**

### **Consultation**

The Office of the Counsel General advised that, whilst the Assembly had the power to extend the categories of persons entitled to NHS eye tests, it did not have the power to give a blanket extension to all persons. The Committee therefore decided that it should hear the views of professional and voluntary organisations to help it determine which groups should be considered. A letter, setting out the background, legal viewpoint, recent conclusions of the UK National Screening Committee and the need to look at the issue in relation to other priorities for health resources, started a consultation process between 7 January and 18 February. A copy of the letter and list of targeted organisations are attached at Annex 1. An analysis of the written submissions received is at Annex 2. Copies of all the submissions have been placed in the Library of the National Assembly for Wales.

### **Oral Submissions**

Following consideration of the written submissions, the following organisations were invited to make an oral presentation to the Committee at its meeting on 2 March:

- National Screening Policy Team
- Federation of Ophthalmic and Dispensing Opticians
- Association of Optometrists, Welsh Council
- Royal National Institute for the Blind, Wales
- Wales Council for the Blind
- Welsh Optometric Committee
- Representatives of Welsh Health Authorities

The majority of those who put their views to the Committee welcomed the proposal to extend the categories of people eligible for free eye tests. Opinions varied with regard to which groups of people should receive free eye testing. The following were recommended for consideration:

- All people over 40 as there is a heightened risk of glaucoma in the over 40's.
- All people from Asian and Afro-Caribbean backgrounds as there is a risk of glaucoma in people from the Afro-Caribbean community, and cataracts and diabetes in people from the Asian community.

- People with hearing impairments.
- 16-19 year olds undertaking apprenticeships and training schemes.
- 16-19 year olds not in employment, not undertaking training, not in full time education and not in receipt of a jobseekers allowance.
- Sufferers, and those closely related to sufferers, of hereditary eye disease, such as retinitis pigmentosa.
- Unioocular people.
- People who have had a cataract removed.
- People who have been referred to an optometrist by their GP.

There was consensus regarding the need to increase awareness of the benefits of eye testing. Another commonly held view was that the costs associated with extending the categories of people eligible for free eye tests would be offset against the savings resulting from early detection of eye disease.

## **Health Professional Advice**

Subsequent to the oral submissions, the Committee received a paper (HSS-07-00(p.2)) from the Assembly Secretary for Health & Social Services, which contained the following advice from Dr Ruth Hall, Chief Medical Officer:

*"The aim underpinning the current deliberations regarding the extension of categories of people entitled to free NHS eye tests is to improve the detection of eye disease, so improving the visual health of the people of Wales.*

*My view which was endorsed and shared by other health professionals who gave evidence to the Health and Social Services Committee is that there is little evidence of cost effective health gain by extending the categories of people entitled to free NHS eye test. The current arrangements already target those financially disadvantaged and many of those most at risk including patients with diabetes and glaucoma (including those predisposed to developing glaucoma).*

*However there is scope supported by research findings to enhance existing eye care in a number of other ways where Wales could take the lead in a preventative eye care programme"*

HSS-07-00(p.2) also contained a schedule of suggested options giving costings, evidence of health gain and legal implications. A copy is attached at Annex 3

## **CONCLUSIONS AND RECOMMENDATIONS**

The Committee concluded that the most effective way of improving the visual health of the people of Wales would be by putting together a package of options designed to achieve early diagnosis of eye disease among those most vulnerable. Members agreed that the options outlined in paragraph 7 of HSS-07-00(p.2) (reproduced below for ease of reference) offered a comprehensive package. The Committee

agreed to extend the provision of free eye tests to those from ethnic minorities, hearing impaired people, unocular people and those at risk from retinitis pigmentosa. The funding is for 2000-2001.

An expert group has now been convened which has been asked to bring forward proposals to introduce a new eye test specifically structured to identify eye disease. The intention is that the examination will be available on demand to those groups who are at particular risk, and a similar examination will be available to others on referral by a general practitioner. This will provide a genuinely new and uniquely Welsh service which will provide better care for patients and help to reduce waiting lists. The same expert group will bring forward proposals for awareness campaigns and screening programmes for eye disease.

<b>OPTION</b>	<b>£,000</b>
1). Research and development of glaucoma tests and screening	50
2). Diabetic retinopathy screening services  To provide monies towards the start-up costs of HAs considering such developments	500
3). Primary eye care developments  Bids would be for pilots similar to those outlined in Bro Taf and would include proposals to improve primary to secondary sector referrals	500
4). Targeting eye care awareness (including ethnic minority and other high risk groups)	50
5). Cataract surgery - aimed at cutting ophthalmology waiting lists	500
6). Low vision aid service	100
<b>TOTAL</b>	1700

It was also agreed that schemes like the Bro Taf Health Authority Primary Care Referral Pilot should be encouraged across Wales. This is a small study proposed by the Vale and Cardiff Local Health Groups, and aimed to improve the quality of eye care services in primary care, reduce the workload on hospital services, increase the number of patients treated in primary care, utilise more fully existing community expertise and improve the quality of referrals from primary to secondary care.

The Assembly Secretary accepted the Committee's conclusions and recommendations and work is now

underway to develop the eye initiative.

**Annex 1**



7 January 2000

Parc Cathays / Cathays Park

Caerdydd / Cardiff CF10 3NQ

**Dear Colleague**

## **FREE EYE TESTS IN WALES**

I am writing to seek your views on a possible extension to the groups of people who are eligible to receive a free NHS eye test.

### **Background**

NHS eye tests are free of charge but are restricted to certain eligible groups of people. In the recent Budget Planning Round, the Health and Social Services Committee of the National Assembly for Wales put forward the view that free eye tests have preventative value and should be more widely available. The Assembly Secretary for Health and Social Services has agreed to explore this issue further with the Committee, with interest groups, with the clinicians involved and with expert medical opinion. In addition, the Committee will need to consider the vital question of the relative priority of extending free eye tests against other competing demands for health care resources that must also be funded from the same Health and Social Services budget.

### **Legal position**

Legal advice is that, whilst the Assembly may have power to extend the categories of people who are entitled to NHS eye tests, it does not have the power to provide NHS eye tests for everyone. That would require a change in the primary legislation which is beyond the power of the National Assembly. Any extension of eligibility would therefore have to be to clearly identifiable groups of people.

The duties required to be performed by optometrists when undertaking sight tests have not been devolved to the Assembly. The regulations are made under the Opticians Act 1958 and apply to all sight tests (both NHS and private). The relevant extract from the regulations is reproduced at Annex A.

### **Views sought**

I attach at Annex B a list of those groups which are at present eligible for NHS eye tests and I should be grateful if you would let me know :

1. what additional groups of people, if any, you consider should be added to that list, defining those groups as precisely as possible;
2. why you consider extension of NHS eye tests to that group would be justified;
3. how many people are likely to be affected in any year;
4. whether you regard an extension of NHS eye tests as being high, medium or low priority, bearing in mind that the amount of money available for health care is inevitably finite and that the necessary resources could be found only by reducing potential expenditure on other elements of health care.

Any other comment you may care to make would also be appreciated. Please ensure that your comments arrive no later than 18 February.

### **Consideration by Health and Social Services Committee**

A report on the results of this consultation will be put before the Health and Social Services Committee to assist them in their consideration of this matter at a special meeting scheduled for 2 March 2000.

### **Screening**

The purpose of the consultation exercise is primarily to determine views on the possible extension of the categories for free eye tests. There have also been calls by some to institute a population screening programme for glaucoma, and the National Screening Committee is proposing to consider the potential benefits of such a programme later this year. In the meantime, any views that you may have on this issue would also be welcomed.

A list of those consulted is at Annex C.

Yours faithfully

**BARRIE WILCOX**  
**Director, Primary and Community Health**

Annex A

1. The Sight Testing (Examination and Prescription) (No 2) Regulations 1989 made "provision as to the requirements to be met by registered medical practitioners and ophthalmic opticians (optometrists) on testing a person's sight".
2. They require the sight tester to perform certain examinations and to give the patient a statement that he has carried out the examinations and as to whether the patient is being referred to a registered medical practitioner, although there is an exception where the sight test is carried out in the course of diagnosing or treating injury or disease in hospital or at a clinic.
3. These Regulations are made under the Opticians Act 1958 and apply to all such sight tests and not just to those done under General Ophthalmic Service arrangements.
4. The pertinent paragraph states that
  - "... when a doctor or optician tests the sight of another person, it shall be his duty
    - a. to perform, for the purpose of detecting signs of injury, disease or abnormality in the eye or elsewhere-
      - i. an examination of the external surface of the eye and its immediate vicinity,
      - ii. an intra-ocular examination, either by means of an ophthalmoscope or by such other means as the doctor or optician considers appropriate,
      - iii. such additional examinations as appear to the doctor or optician to be clinically necessary; .....

Annex B

**NHS SIGHT TESTS**

**NHS sight tests are free of charge but, since 1 April 1989 are not available to all.**

**NHS sight tests are now available for :**

- those under 16 and (since 1 April 1999) those over 60;
- young people under 19 if in full time education;
- those (or those whose partners are) in receipt of Income Support, Income-based Jobseekers' Allowance or Family Credit;
- those (or those whose partners are) in receipt of Working Families Tax Credit or Disabled Persons Tax Credit with less than £70 withdrawn;
- those who have (or those whose partners have) a certificate for full help with health costs from the NHS Low Income Scheme;
- those who are registered blind or partially sighted;
- those who need complex lenses;
- diagnosed diabetic or glaucoma patients; or those who are advised by an ophthalmologist that they are predisposed to developing glaucoma; and
- those persons aged 40 and over who are closely related to diagnosed glaucoma patients
- people whose sight test is carried out through the Hospital Eye Department as part of the management of their eye condition

Annex C

## **PROFESSIONAL BODIES AND INTERESTS**

Mr R N Roberts  
Chair  
Welsh Optometric Committee  
c/o PH3  
Welsh Assembly  
Cathays Park  
CARDIFF

R Hughes Esq  
General Secretary  
Federation of Ophthalmic and Dispensing  
Opticians  
113 Eastbourne Mews  
London  
W2 6LQ

Sir Charles Nightingale  
National Screening Policy Team  
Health Care Directorate  
Public Health Development Unit  
NHS Executive  
Department of Health  
Room 5E44  
Quarry House  
Quarry Hill  
Leeds LS2 7EU

Dr W W Davies  
Wales Representative  
Faculty of Occupational Medicine  
Occupational Health Unit  
Lanelay Hall  
Pontyclun  
Rhondda, Cynon, Taff County Borough  
CF72 9XA

Mr P Leigh  
Secretary  
College of Optometrists  
42 Craven Street  
LONDON WC2N 5HG

Dr R Broughton  
The Secretary  
BMA Wales  
1 Cleeve House  
Cardiff Business Park  
Llanishen  
CARDIFF CF4 5GJ

Mrs R Varley  
Chair  
General Optical Council  
41 Harley Street  
London  
W1N 2DJ

Mr J Jay FRCS FRCOphth  
President  
Royal College of Ophthalmologists  
17 Cornwall Terrace  
London  
NW1 4QW

The Secretary  
Liaison Committee of Royal Colleges  
Royal College of Physicians  
11 St Andrews Place  
Regents Park London NW1 4LE

Mr I Hunter  
Chief Executive  
Association of Optometrists  
61 Southwark Street  
LONDON SE1 0HL

**PATIENTS and Voluntary SECTOR**

Ms S Wilshere  
Development officer  
Association of Welsh Community Health  
Councils  
Crickhowell House  
Pierhead Street  
CARDIFF CF1 5XT

The Secretary  
Patients Association  
PO box 935  
Harrow HA1 3YJ

Mr H John  
Director  
Disability Wales  
Llys Ifor  
Crescent Road  
Caerphilly CF38 1XL

Mr J Micklewright  
Special Projects Officer  
SENSE Cymru  
5 Raleigh Walk  
Brigantine Place  
Atlantic Wharf  
Cardiff CF10 4NL

Ms Vanessa Webb  
Director  
Wales Council for The Blind  
Shand House  
20 Newport Road  
Cardiff CF1 2YB

Mrs Joyce Chatterton  
Director  
RNIB Cymru  
Trident Court  
East Moors Road  
CARDIFF

The Secretary  
DEAFBLIND UK  
100 Bridge Street  
PETERBOROUGH PE1 1DY

The Secretary  
The Partially Sighted Society,  
Queens Road,  
Doncaster DN1 2NX.

The Secretary  
International Glaucoma Association  
King's College Hospital  
LONDON SE5 9RS.

The Secretary  
British Diabetic Association  
Plas Gwynt  
Sophia Close  
CARDIFF CF11 9TD

The Secretary  
Commission for Racial Equality  
14<sup>th</sup> Floor  
Capital Tower  
Greyfriars Road  
CARDIFF CF11 1PL

## HEALTH AUTHORITY INTERESTS

Mr R Thomas  
Director  
NHS Confederation  
Room 55  
Hensol Castle  
Pontyclun CF72 8YS

### Extension of NHS Sight Tests - Representations Pre Consultation Exercise

Doc No.	Name of Author	Comments
1	Mr J Alun Jones, Lions Club of Colwyn Bay.	Extend to those over 40.
2	David Groves, RNIB Cymru.	There should be universally free eye tests. If this is not possible, then free eye tests should be introduced for people aged over 40. There should be awareness campaigns aimed at Afro-Caribbean and Asian communities about their increased risk of sight loss, as well as a campaign to heighten awareness of free tests to those aged 60 or over.
3	Norman B Moore, Wales Council for the Deaf	Free tests should be extended to the deaf and hard of hearing.
4	Stuart Parkinson, Cardiff & District Hearing Impaired Support Group.	Free tests for deaf and hard of hearing.
5	Graham Coomber, Chairman of HA Chief Executives	There should be more research concerning the impact on health of eyesight testing in general before a decision is made.

### Extension of NHS Sight Tests - Representations Consultation Exercise

Doc No.	Name of Author	Comments
1	Mike Boulton, Head of Department of Optometry & Vision Services, Cardiff University	Those who are most vulnerable to health and social pressures are already eligible for free eye tests. Little can be gained by extending categories. The budget saved by <i>not</i> extending categories could be used to improve low vision and special needs services.
2	Rosie Varley, General Optical Council	Tests should be free to all, or at least to those aged 40 plus. There should be publicity on the benefits of eye tests.
3	Helen Robinson, Dental & Optical Services, NHS Executive	It would not be cost effective to extend eligibility for free tests.
4	Robert Hughes, The Federation of Ophthalmic and Dispensing Opticians	Free eye tests should continue for those already eligible. Additional eligibility should only be justified on medical grounds. Possibilities include Afro-Caribbean people and Indians/Pakistanis, although it would be valuable if a study were conducted into the cost effectiveness of this. There are other areas of eye-care which could be considered as priorities for funding before extending free eye tests, such as a shared primary eye-care service and research into the health benefits of optometric referrals.
5	David Groves, RNIB Cymru	<p>Eye tests should be universally free. If not, they should be available for those aged over 40 and also for people of all ages from an Asian/ Afro Caribbean background.</p> <p>Cost implications for over 40's:</p> <p>96, 328 tests at £15 per test = £1,444,920</p> <p>Cost for all Asian/ Afro Caribbean people:</p> <p>4,800 tests at £15 per test = £72,000</p> <p>Total cost = £1,526,920</p>

6	Association of Optometrists Welsh Council	At present, free eye tests are given for economic or clinical reasons. It is important that this distinction is maintained. The resources allocated for extending free eye tests could be better used to enhance the eye examination of those currently eligible for free tests on clinical grounds. Additional resources could be devoted to developing local schemes of shared care.
7	Peter Leigh, The College of Optometrists	An increase in those eligible for free eye tests should be justified on health care grounds. In particular, Afro Caribbeans aged 40 plus should be included. Any extension should be accompanied by an increase in remuneration to optometrists. Optometrists should be also be remunerated to carry out supplementary eye tests to enable them to refine their referrals.
8	Margaret Knight, British Diabetic Association	It would be more effective to promote the biomedical screening of people at high risk of developing diabetes (such as the overweight and ethnic minorities), than to introduce free eye tests for such people.
9	Liz Hewett, Royal College of Nursing Wales	Free eye tests should be extended as much as possible. People aged over 40 should be eligible. Some of the available resources could be used to subsidise the cost of glasses and contact lens to those currently exempt from paying for eye tests but who have to pay all or part of the prescription cost. There is also a need to modernise and cut waiting times for cataract surgery. Consideration should be given to finding ways of ensuring that the public know their entitlement to free tests and are aware of their benefits.
10	Jim Edwards, RNID Cymru	Free eye tests should be extended to the severely and profoundly deaf. There are a number of ways of identifying such people, e.g. to ask if they are registered as having a hearing loss with the Social Services Department.

11	David Wright, International Glaucoma Association	Free tests should be given to anyone aged 40 plus. Those of Afro Caribbean origin should be considered a priority group in this age range. An extension in eligibility for free eye tests would provide opportunities for educating the public in the importance of eye health checks
12	John Micklewright, Sense Cymru	Extend eligibility to hearing impaired people of working age who do not meet any other criteria. This would particularly benefit those with Usher Syndrome.
13	Richard Jones, British Deaf Association	Extend eligibility to all groups of deaf people.

### **Extension of NHS Sight Tests - Representations Consultation Exercise (Late Responses)**

Doc No.	Name of Author	Comments
1	Dr Jeffrey L Jay, The Royal College of Ophthalmologists	Does not identify any particular group to be included in free testing. A selective screening programme may be more appropriate for some high-risk groups, and this should be considered separately from the extension of free eye tests. Public information about testing should be improved.
2	Mr D S Hughes, Gwent Healthcare NHS Trust	Patients who are referred from their GP to an optometrist for diagnoses should be considered for exemption.
3	Welsh Optometric Committee	Patients who are referred to their optometrist by their GP should be considered for free eye tests, as well as for free supplementary examinations relevant to their symptoms. Pseudophakic patients following a cataract operation should also be considered for free tests. Funding could be considered for low vision services

4	Dr J A Muir Gray, National Screening Committee	Consideration should be given to providing free eye tests to those who know that they already have a visual problem. With those who are unaware that they have a visual problem, screening programmes for diabetic retinopathy and glaucoma could be considered. Research has already been made into screening for diabetic retinopathy, and it was concluded that such a screening programme would do more good than harm. It is proposed that a similar research project be undertaken in Wales with regard to glaucoma.
5	Professor Sir George Alberti, Royal College of Physicians	No further exemptions from charges need to be made. The main obstacle to people having their eyes tested is the cost of spectacles rather than the cost of the test itself.

## Annex 2

### Analysis of Pre Consultation Responses

The majority of respondents (5 out of 7) argued that the categories of people eligible for free eye tests should be extended. However there was no overwhelming agreement as to who should benefit from free tests - suggestions ranged from universally free tests, to free tests for those aged 40 plus and the deaf.

### Analysis of Consultation Responses

Just 3 of the 13 respondents were not in favour of extending free eye tests. The most popular suggestions for extending tests were to the over 40's (4 responses), the deaf (3 responses) and those of Afro Caribbean origin (3 responses).

It is worthwhile noting that 5 respondents mentioned that other priorities for funding should be considered in addition to extending free eye tests. Also, 3 respondents indicated that more publicity into the benefits of regular eye checks is needed.

### Analysis of Late Responses

2 of the 5 respondents were not in favour of extending free eye tests. From the remaining respondents, there was little agreement over who should qualify for free tests - suggestions included patients referred by their GP to an optometrist, cataract patients and those who already know that they have a visual problem.

2 respondents mentioned that research could be undertaken into the benefits of selective screening programmes, in addition to free eye tests.

## Summary of Responses

The majority of respondents were in favour of extending free eye tests, but there was no overwhelming agreement as to who should be included. There was very little information given about the costs of extending eligibility.

### Annex 3

ACTION	COST		EVIDENCE OF HEALTH GAIN	LEGAL
1. Extending eye tests to people between the ages of 40 and 59	Minimum £2.2m	Maximum £5.47m  (if 60% uptake)	<ul style="list-style-type: none"> <li>● No evidence of health gain</li> <li>● £2.2m needed just to cover those currently paying for eye tests.</li> <li>● Limited evidence of current deterrent effect of sight test fee (more likely to be cost of spectacles).</li> </ul>	Possible
2. Ethnic minority groups	£50,000	£72,000	<ul style="list-style-type: none"> <li>● No evidence of health gain</li> <li>● Limited evidence of current deterrent effect of sight test fee</li> <li>● Possible awareness raising issue (see eye care initiative)</li> <li>● Administration could be problematic</li> </ul>	<ul style="list-style-type: none"> <li>● Extension lay NAW open to legal challenge for potential breach of the Race Relations Act 1976.</li> <li>● Awaiting response from Commission for Racial Equality</li> </ul>

3. Hearing impaired	£2,000	£12,000	<ul style="list-style-type: none"> <li>● No evidence for direct health gain</li> <li>● Limited evidence of current deterrent effect</li> <li>● Possible awareness raising issue (see eye care initiative)</li> <li>● Administration could be problematic</li> </ul>	Legal advice received that the definition of "profoundly deaf" would need to be considered.
4. GP referrals for sight test	£940,000		<ul style="list-style-type: none"> <li>● No evidence. Estimates based on numbers of patients referred to Outpatients &amp; no information on appropriateness</li> <li>● GPs would not want to be gatekeeper to free eye tests</li> </ul>	No legal constraint for GP to suggest that patient go to optometrist for eye test.
5. Primary Care referral pilot	<ul style="list-style-type: none"> <li>● £20k/LHG - £40k/LHG</li> <li>● See eye care initiative</li> </ul>		<ul style="list-style-type: none"> <li>● Pilot proposed with evaluation in Bro Taf</li> <li>● GPs refer to optometrist for clinical testing of eye disease without constraints of sight test regulations</li> <li>● Potential for cutting hospital waiting lists, improving quality of eye</li> </ul>	No legal constraint

		care services to patients	
6. Improving primary to secondary care referrals	<ul style="list-style-type: none"> <li>● Cost neutral</li> <li>● See eye care initiative</li> </ul>	<ul style="list-style-type: none"> <li>● Pilot proposed with review in Bro Taf</li> </ul>	No legal constraint
7. Diabetic retinopathy screening service	<ul style="list-style-type: none"> <li>● £110k non recurrent costs/ HA</li> <li>● See eye care initiative</li> </ul>	<ul style="list-style-type: none"> <li>● Good evidence of health gain from diabetic retinopathy screening. NSC probably set to recommend UK role out. Bro Taf have innovative service up and running</li> </ul>	No legal constraint
8. Glaucoma screening	<ul style="list-style-type: none"> <li>● Costs of population based screening programme unknown</li> <li>● See eye care initiative</li> </ul>	<ul style="list-style-type: none"> <li>● NSC propose to consider the evidence in the current year.</li> <li>● Good evidence that the sight test is a poor population screening test</li> <li>● Further research and development required</li> </ul>	No legal constraint

9. Cataract surgery	<ul style="list-style-type: none"> <li>● See eye care initiative</li> </ul>	<ul style="list-style-type: none"> <li>● Good evidence of health gain from cataract surgery</li> <li>● Aimed at cutting waiting lists and improving visual health and well-being</li> </ul>	No legal constraint
10. Low vision aids	<ul style="list-style-type: none"> <li>● See eye care initiative</li> </ul>	<ul style="list-style-type: none"> <li>● Evidence of current unmet need and potential health gain (RNIB)</li> </ul>	No legal constraint
11. Uniocular (single vision) people	<ul style="list-style-type: none"> <li>● Approx £5,000.</li> </ul>	<ul style="list-style-type: none"> <li>● Care for sight of remaining eye.</li> </ul>	Definition of "uniocular" "would need to be considered.