

Undercover for Reader's Digest, I made a chilling discovery about the people who are supposed to look after our eyes

THE GREAT EYE TEST SCANDAL

BY NICK MORGAN

I'M GOING BLIND. Very slowly, my iris is breaking up and particles of pigment are starting to clog drainage channels behind my cornea. Because of this, a build-up of fluid is pressing on the optic nerve at the back of my eye. It's this pressure that is causing damage. This is glaucoma.

As I entered a high street optometrist in north London two weeks ago I didn't know this. The optometrist was mid-forties with dark hair. After I'd read lists of shrinking letters she said, "Now



we'll look at your eye health." She put what looked like a 1970s ray gun to my eye. "This is to measure the pressure; you'll feel a puff of air." Then she shone a light into each eye. Finally she said, "I don't want to panic you, but I'm going to refer you to your doctor."

I was there as part of an assessment of the consistency and fairness of British optometry. Since Brits spend £105 million on eye tests each year, the *Reader's Digest* assignment seemed reasonable: visit ten optometrists, ask for an eye test and whether you need new glasses and see what they say.

Three hours later I was in a branch of a high street chemist having the backs of my eyes photographed with a retinal camera. I thought, If there is something wrong with my optic nerve it should be obvious, because this will actually take a picture of it. But, to my amazement, the optometrist said briskly, "Your eye pressure is a little high, but within normal limits; you need to be tested again in 12 months. Have you had a look at our frames?"

THE SAME EYES, the same city and the same day, yet very different results. Of all ten optometrists I visited—well-known high street names, independents and a supermarket—only seven were to pick up that something was seriously wrong with my eyes and either refer me to my GP or ask me to come back for more tests. Three said no more than, "See you in a year."

But glaucoma is serious. Says the Royal National Institute of Blind People (RNIB) campaign manager Barbara

McLaughlan, "More than 30,000 people in the UK have lost their sight to this treatable condition." According to Professor David Edgar of the Department of Optometry and Visual Science, City University, and co-editor of *Glaucoma Identification and Co-Management*, "There are possibly a quarter of a million people suffering from glaucoma in this country and as many more remain undiagnosed."

To GET A definitive assessment of my eye health I went to see Dr Deacon Harle, lecturer at the Institute of Optometry and one of the most highly qualified optometrists in the UK. After examining my eye with a microscope he says, "There is pigment on your cornea; it's very subtle, but with other signs as well I can say you have pigment dispersion syndrome. I'm going to refer you." He means I must see an ophthalmologist, a doctor specialising in eye treatment and surgery.

Dr Harle adds, "Until your eye health is dealt with, I don't think it's appropriate to be spending money on new glasses."

So why, on top of almost a third of my tests failing to sound alarm bells, have all but one of the optometrists I visited gone on to suggest I buy new glasses? I now have no less than nine prescriptions for new specs—and what's more, no two of them are alike.

The wide range of prescriptions is nothing to worry about, according to Dr Susan Blakeney, consultant at the College of Optometrists. "Prescriptions will depend upon a variety of factors,

including what you use your specs for. Prescribing is often more of an art than a science."

Although all ten optometrists identified that my left eye needed a less powerful prescription than before while my right eye needed a stronger lens, eight failed to spot the astigmatism that Dr Harle identified in my right eye.

And what about the optometrists who overlooked my glaucoma? Dr Blakeney explains that diagnosis is about skill and professional judgement, not just ticking boxes. In short, the health of my eyes might have flagged up some warning signs but the results weren't beyond the definition of what is clinically "normal".

But I'm not normal. I've started to go blind and 30 per cent of the optometrists failed to notice that there was something seriously wrong. There must be another reason for this.

And there is. It all comes down to money. Optometrists in England are facing a crisis.

Says David Craig of the Association of Optometrists, "English practices receive £18.85 from the Department of Health for performing an NHS sight test—yet the cost to the optometrist is just over double that figure. The system is unsustainable."

It means that after you have an NHS test (free annually to over-60s, under-16s and those who meet one of a number of other health or income criteria), you've cost the practice about £20. Even

private tests, for which optometrists charge on average £19.20, don't usually pay for themselves. If opticians want to stay in business they need to recoup cash through selling products. This can create a blurring of priorities between the medical and the commercial.

Pressure selling is getting more widespread. After noting my high eye

Why did three in ten optometrists fail to notice there was something seriously wrong?

pressure, a supermarket optometrist asked, "Would you like to feel what it's like to have a contact lens in your eye?" This technique, where you're sold a product while in the examination room, is called "selling in the chair".

One optometrist who asked not to be named told me that he had worked in a practice with a "conversion chart", recording the number of eye exams that became spectacle sales. He says, "If I didn't get a high conversion rate I was made to feel very uncomfortable."

Dr Harle has a similar story. "When I was newly qualified I worked in a chain where the patients chose glasses before the eye test. If I found the prescription hadn't changed or that glasses weren't necessary, the manager would come in and ask why he'd lost the sale."

OPTOMETRISTS want the NHS to pay a realistic fee, but market forces have hamstrung the industry. David Craig says, "Each year we ask for more money per test from the NHS and they point to all the optometrists who are offering free and cut-price tests as loss leaders and say, 'Why should we pay you more?'"

"But subsidising eye tests through spectacle sales isn't good practice."

Government regulations about what eye checks should be carried out in an NHS test state merely that the surface and vicinity of the eye should be checked, followed by an intra-ocular examination and "such additional examinations as appear...to be clinically necessary". As a result, optometrists in England have three options: do the minimum that is "clinically necessary"; charge for "extras" requiring useful but expensive equipment such as retinal cameras; or carry out the extra tests on a "goodwill" basis in the expectation of making product sales.

A further complication is our ageing population. Over-60s account for 43 per cent of NHS tests. They are at greater risk of eye health problems and so are more likely to need longer tests. But they're much less likely to need new glasses. In the current system that makes them an economic liability.

Then there's the arrival of cut-price frames and the birth of Internet glasses. It's your legal right to walk out of the opticians holding your prescription—which you can take to a company such as glassesdirect.co.uk who will make glasses for as little as £15. Supermarkets too have slashed prices; Tesco is

selling fully made up glasses for £20.

All of which might well be reflected in the eye test itself. Says Dr Harle, "You pay your money and you make your choice, but as things stand the eye care you get from one optometrist to the next can be dramatically different."

I can vouch for that. The cost of the tests I underwent varied from one practice to another, as did the amount of time they spent and the equipment and techniques used. Three tests were free and the most expensive was £55. It included the use of a state-of-the-art Optomap retinal scanner that records the majority of the retina in one image. Yet there was no obvious link between cost, equipment used and detection.

I'd asked each optometrist what it would cost to have new lenses made for my existing frames. The charge varied from £70 to £160 (the optician said, "We have to send them away," as if that explained everything). Two practices said they wouldn't replace my lenses, only sell me new glasses.

Many in the optical profession believe we should follow the Scottish example*. Last year the Scottish Executive Health Department abolished the NHS sight test and replaced it with a comprehensive eye examination. Everybody is now entitled to a free test and the optometrist gets paid £36. If more tests are necessary they can claim a further £21. Practices have also been given a grant of £8,000 for equipment.

* In Northern Ireland NHS eye tests are administered in much the same way as in England; in Wales the system is slightly different.

WHAT YOUR EYE TEST SHOULD INCLUDE

The test should last at least 20 minutes (30 if you're older), include questions about family history and these three kinds of test:

1 VISION TESTS

Visual acuity. You look at the familiar letter chart at a distance to check what you can see with each eye and at paragraphs of differently sized text close up. Tests vision and measures your prescription.

Retinoscopy. You look at a red and a green target while the optometrist shines a light in your eyes to see how it reflects on the back of them. Checks for short- or long-sightedness and astigmatism.

Subjective refraction. You wear frames into which the optometrist inserts different lenses and asks which make it clearest for you to read a letter chart.

Reading addition. Similar to above, but checks whether you need different lenses for close-up work.

2 HEALTH TESTS

Ophthalmoscopy. The optometrist shines a light in your eye as you look in various

directions. Or he might use a microscope. Detects problems such as glaucoma, high blood pressure or diabetes.

Tonometry. Optometrist puffs air into your eye to measure pressure. Or he might drop in a yellow dye and shine a blue light on it.

Field of vision. You look at a screen straight ahead and indicate when you see dim lights flash in your peripheral vision.

3 EYE MOVEMENT TESTS

All check whether your eye muscles work normally:

Cover test. You look at targets with one eye covered.

Motility. You follow a moving target with your eyes and report any double vision, pain or difficulty.

Near point of convergence. A target is moved closer to your eye until you go cross-eyed or see double.

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Hal Rollason, former chairman of Optometry Scotland, says, "The Scottish eye exam may appear to cost the NHS more in the short term, but fewer people will face losing their sight. This in the longer term will mean savings: if we prevent only 30 people a year going blind, it will have paid for itself."

The RNIB was influential in creating the new Scottish eye care system. Says Barbara McLaughlan, "Regular eye tests are vital so that conditions such as glaucoma can be picked up and treated early. Everyone should get a test at least every two years, annually in the case of under-16s and over-60s."

What can you do to ensure your eyes

are being properly monitored? Our experts all advise sticking to the same optometrist if possible, as he or she holds a medical history of your eyes, which is important for diagnosis. But if you don't feel your test was thorough (see box above), seek another opinion.

As for me, I'll be going to hospital for further tests and the probability is that I'll be prescribed eye drops, which will control the internal pressure of my eyes and stop me going blind.

Have you been dissatisfied when getting your eyes tested? Write to the address on page 10 or email YouSaidIt@readersdigest.co.uk.