

A Vision for Change:

Making the case for an Eye Health Modern Service Framework (MSF)



This MSD report has been developed following a virtual roundtable held in July 2026 (organised and funded by MSD). All attendees were offered an opportunity to review this report for factual accuracy prior to publication. Recommendations contained within this report were informed by the roundtable, however, the attendance of individuals at this virtual event does not necessarily imply they or their organisation endorse said recommendations. The chair was reimbursed for the service of moderating the roundtable, however no other participants received reimbursement.

Introduction

Supporting people to look after their eye health across the life-course, is an increasingly pertinent challenge, which warrants more urgency, attention and action from policymakers.

Today, the health system in England is struggling to meet growing patient demand for eye care services. As of May 2026, over 600,000 people were waiting for secondary eye care treatment in England, representing the second largest waiting list in the NHS.² Without a renewed focus and substantial reform, this challenge is only expected to grow: an ageing population, improved detection, and the ability to manage chronic eye conditions over many years, mean that the prevalence of sight loss is projected to increase substantially over the coming decades.³ 3.5 million are people expected to be living with sight loss in the UK by 2050, compared with 2.5 million currently.⁴ While the risk of visual impairment increases as people get older, this figure includes babies, children and young people who live with blindness from infancy and across their whole lives.

As demand continues to grow, services that are already overstretched risk becoming unsustainable, and patients will bear the brunt. Delays in access to care caused by rising demand can lead to poorer outcomes, as people's conditions deteriorate when waiting for treatment. Delays in diagnosis can also mean other important interventions such as specialist education, are provided late. Already, it is estimated that over one million people in the UK are living with avoidable sight loss, underlining the urgency of improving access to timely, high-quality treatment.⁴

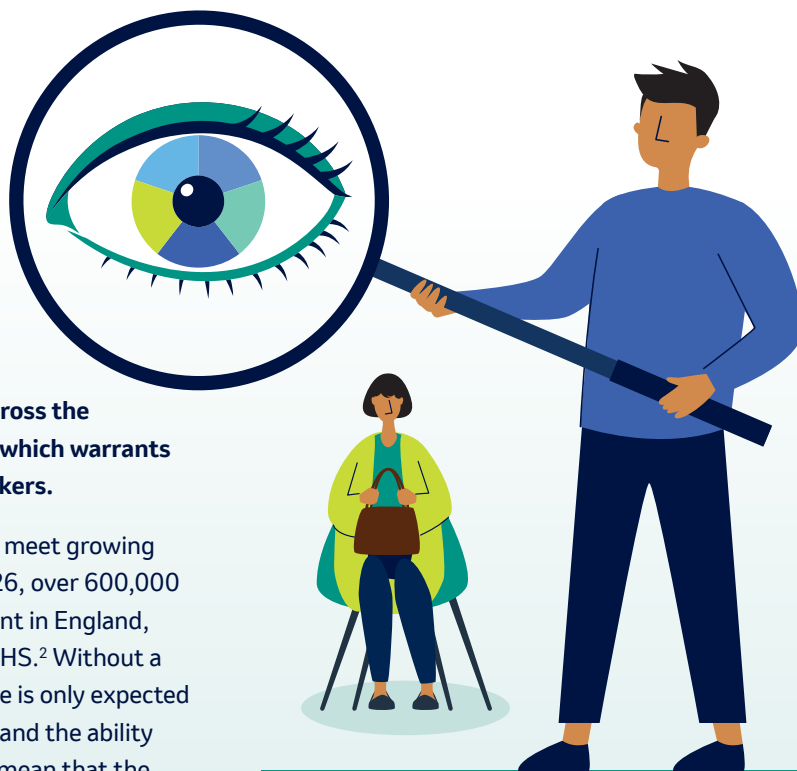
To date, the scale of these challenges has not been matched with the level of commitment required from national policymakers. It is clear that greater focus is needed across the whole spectrum of eye health, and across the full life course, to deliver NHS eye care that is fit for the future.

Set against this, ongoing reforms to England's health system now present clear opportunities to future-proof NHS eye care across the country. In particular, the introduction of Modern Service Frameworks (MSFs) through the 10 Year Health Plan provides an opportunity to accelerate progress in service delivery and patient outcomes where there is potential for rapid and significant improvements.⁵

We know that innovative approaches to eye care, including greater use of digital technologies and community care, are already being trialled in local areas, including London and Devon. These approaches have proved effective in responding to the key challenges that face eye care services – and in doing so, are delivering against the 10 Year Health Plan's three key shifts. These examples of good practice show that eye care can underpin the implementation of the 10 Year Health Plan, and that the sector has the expertise and capabilities to deliver progress at scale, if supported to do so.

Developing a vision for change

In this context, in July 2026, MSD convened and funded an expert roundtable, *A Vision for Change: Future-proofing NHS Eye Care*, bringing together clinicians, patient organisations, professional bodies and policy experts from across the eye care sector to consider the future direction of eye health policy in England. A list of attendees can be found in the Appendix.



From 2013/14 to 2023/24, the number of vision-related outpatient attendances has **increased by 27% to 9.84 million per year**, with ophthalmology representing the largest outpatient speciality in the NHS.¹

The discussion sought to take stock of the current challenges facing eye care services, including limitations to date in national policymaking, identify the most optimal policy opportunities for future improvement, and examine the potential role of a new national framework for 'Eye Health', including an MSF, in supporting more consistent, equitable and sustainable care across the life course. While eye health encompasses a wide range of conditions, and participants recognised that the needs of babies, children and young people differ substantially from those of adults, there was clear consensus that eye health requires a stronger national policy focus across the whole population. While the roundtable asked attendees to consider all potential mechanisms for achieving this, there was broad consensus that a dedicated MSF could provide a vehicle to implementing equitable improvements in eye care at scale, ensuring good eye health, across the life-course, for every patient.

To be successful in driving positive, long-term change for eye health, any dedicated Eye Health MSF must not only aim to accelerate improvements in care quality, productivity and access, but also to deliver more equitable outcomes and experiences for patients across the life course. To inform this approach, this report sets out five key principles and a proposed 'moonshot' goal, based on roundtable discussions.

Bringing together insights from the roundtable, MSD has developed this report to set out the case for a dedicated Eye Health MSF, delivering benefits for patients, the NHS and the wider economy, and the key principles that should underpin MSF development. This report has been developed in consultation with experts from across the eye care community, reflecting the benefits of system-wide collaboration.

Defining 'eye health' and 'eye care'

In this report, you will see use of the terms 'eye health' and 'eye care'. For the purposes of this report and for any future eye health MSF, '**eye health**' describes the state of an individual's eyes and vision, as well as the factors that influence these, while '**eye care**' encompasses the services and interventions that prevent, detect, treat, and manage conditions affecting eye health and sight.



Eye health in England: the current picture



Why should eye health matter to policymakers?

The importance of supporting good eye health has historically been overlooked and underprioritised. This may be because eye conditions are rarely directly life-threatening, or due to a level of complacency that sight loss is more common in older age. However, roundtable attendees highlighted that, in reality, visual impairment has a significant impact on individuals' quality of life, health and societal inequalities, the NHS and the wider economy, and therefore merits greater attention.

Impact on the individual

Sight loss affects far more than a person's vision. While one person's experience of sight loss will differ from another's, roundtable attendees stressed that even, from a moderate level, visual impairment can have a profound impact on a person's quality of life and independence – from day-to-day activities that those living without sight loss may take for granted, to bigger life opportunities such as education, employment and travel. Even if someone with an eye disease does not eventually lose their vision, the anxiety and uncertainty from being at risk of sight loss can be significant. The impact of sight loss, and the risk of sight loss, is seen right across the life course.

- In the UK, most affected children and young people are born or become sight impaired by their first birthday and this affects every aspect of their lives thereafter,⁶ including physical and mental health and educational attainment⁷
- Adults with sight loss are more than twice as likely to have experienced difficulties with unhappiness or depression than the UK average,⁸ and are around three times more likely to report low life satisfaction than adults with no sight loss (24% vs 8%)⁹
- Only one in four registered blind and partially sighted people of working age – many of whom have childhood onset sight loss – are in employment, with the employment rate for this group having remained the same overall since 1991⁸
- Adults with sight loss in the Health Survey for England were around five times more likely to have bad or very bad general health compared to adults with no sight loss⁹

Affecting people's independence, wellbeing, employment opportunities and overall health, sight loss can have profound and lasting consequences across the life-course. Eye care is about far more than preserving vision alone: it is about supporting all patients affected to achieve their potential.



Impact on inequalities

Evidence has shown that rates of sight loss and access to care are influenced by factors including deprivation, ethnicity and geography, meaning that some communities face a disproportionate burden of eye disease and poorer outcomes.

- Those living in the most affluent areas in England were more than five times likely to access sight-testing than those in the most deprived areas,¹⁰ which may contribute to delayed diagnosis and treatment
- People living in areas of higher socioeconomic deprivation are at increased risk of sight loss and sight-threatening conditions,¹⁰ with children and young people from the most deprived fifth of the child population making up over one third of all children and young people living with blindness⁶
- People from ethnic minority groups can be at greater risk of some of the leading causes of sight loss, including glaucoma and diabetic retinopathy.¹¹ For example, recent research has shown that people from African-Caribbean ethnicity are 35% more likely to develop sight-threatening diabetic retinopathy than other ethnic groups,¹² while babies from ethnic minority groups have up to a five-fold higher risk of blindness than their white peers⁶
- Young children with early onset, irreversible severe vision impairment can experience lower educational achievement and delayed motor, language, emotional, social and cognitive development, while children and young people with a learning disability, autism or both are 28 times more likely to have serious sight problems than other children, making their health care needs highly complex¹³

Eye health reflects and reinforces wider health inequalities, making it a significant issue for policymakers concerned with prevention, equity and population health.

Impact on the NHS and economy

While ophthalmology is the single largest outpatient specialty,¹ with waiting lists currently the second highest in the NHS,² the impact of poor eye health is not isolated to eye care specialists.

- In 2024/25, around 3% of the total visits to emergency departments in England were for eye-related conditions (780,000 patient visits per year). Analysis suggests that the majority of these attendances were for common conditions that could be safely managed by community optometry, if community-based, primary eye care services were more consistently accessible across England¹⁴
- Eye conditions currently cost the NHS and social care alone £3.9 billion a year, with costs compounded due to delays in access to care during the COVID-19 pandemic⁴
- Eye conditions cost the UK economy an estimated £25.3 billion per year, expected to rise to £29.9 billion a year by 2030 and £33.5 billion a year by 2050,⁴ due to productivity losses, quality of life impacts and the costs of informal care by friends and family⁴



Most importantly, none of this is inevitable: it is estimated that around 50% of sight loss is avoidable if detected and treated early enough,¹⁵ while reducing the prevalence of eye conditions by just 1% per year could save the UK economy up to £3 billion by the end of the decade.⁴ While these estimates do suggest that there are significant gains to be made from tackling avoidable sight loss, roundtable attendees highlighted that there is a need for more robust socioeconomic modelling on eye health to understand the full extent of the potential impact.

As the Government seeks to unlock good growth in every postcode, there is a strong case for the national prioritisation of eye health across the life course so that more avoidable sight loss is prevented, and those already living with eye conditions, and their carers, get the support they need to live well and fulfil their potential.

What are the key challenges in NHS eye care?

Eye health experts have told us about a number of challenges within the healthcare system that can make it difficult to improve eye care provision, and ensure the system can meet patients' needs in the future:

- There has never been an overarching, long-term national strategy for eye health in England, potentially leading to different elements of the sector pulling in different directions
- Care pathways have historically been fragmented between primary, community and secondary care, compounded by a lack of integration and interoperability between data systems. For example, primary eye care is “digitally disconnected” from the wider system, with optometrists often lacking access to core digital infrastructure such as shared care records¹⁶
- While eye care for babies, children and young people is often delivered in services designed for older adults, the needs of children with eye conditions differ significantly from those with adults¹⁷
- Variation in referrals between primary and secondary care, and access to services such as community-based minor eye conditions services, creates regional disparities for patients:¹⁸ some areas refer patients to hospital eye services three times more than others, and there is a 26-fold difference between areas in the rate of people registered blind or partially-sighted¹⁹
- There is an urgent need to expand workforce capacity and availability across optometry, orthoptics and ophthalmology for future sustainability of eye care provision^{20,21}
- The voices and experiences of patients have not been sufficiently sought or taken into account in policymaking and system redesign, with particular implications for ‘easier to ignore’ communities. In addition, although the needs of children with eye conditions differ significantly to those of adults, requiring a holistic approach that encompasses broader health and development, high levels of unmet need amongst children and young people have been identified in the NHS^{13,17}

Recent years have seen growing consensus around these challenges. In 2019, the Getting It Right First Time (GIRFT) report on ophthalmology set out three key areas for improvement across the most common sight-threatening conditions affecting adults, including: improved referral and discharge processes; ensuring that patients are seen efficiently at the appropriate time and by the most appropriate professional for their condition and need; and using resources across the entire specialty in an optimal way.²³

While the GIRFT programme continues to support NHS Trusts to reduce unwarranted variation, harness digital innovation and improve capacity in ophthalmology pathways, ongoing system reform presents an opportunity to build on this progress: accelerating the delivery of digitally enabled, patient-centred and integrated pathways that support eye health throughout the life-course. Roundtable attendees pointed to the success of England's world-leading NHS Diabetic Eye Screening Programme – which achieved coverage of over 80% among adults in its first year to support a reduction in blindness in working age people with diabetes²⁴ – as an example of what we can achieve with national ambition and coordinated working. The challenge now is to scale this success across eye health pathways.



Learning from good practice: Digital transformation in London

At Moorfields Eye Hospital NHS Foundation Trust, digital transformation is already delivering tangible benefits through video consultations, remote monitoring and virtual urgent care for adults. Dr Peter Thomas, then Executive Director of Digital Development at Moorfields, argued that the challenge is no longer proving that digital models work, but creating the infrastructure, evidence base and mechanisms needed to scale successful innovations.

One key innovative approach that has resulted in much faster triage with referral processing times, brought down from 11 days to 2-3 hours, and a significant reduction in onward referral to secondary care supported by active triage, advice and guidance services,²⁵ is Moorfields' Single Point of Access for Referral and Coordination (SPARC) pathway. The SPARC platform is a digital system that allows optometrists and clinicians to send, track and manage referrals efficiently in real time.²⁶ SPARC is just one example of how integrated, digitally enabled services could improve access, patient choice, productivity and outcomes across the eye care pathway.

The roll-out of the SPARC platform has been underpinned by an education and training programme delivered across North Central London, while patient choice is being embedded into the service through a survey of 400 patients to understand factors influencing provider choice. The survey revealed that many previous assumptions around patient choice have been wrong, evidencing the need for patient involvement in pathway redesign. Dr Thomas also notes a potential role for virtual hospitals as a platform for health services research.



How can we drive this change?

As set out in the 10 Year Health Plan, published in 2025, the next 10 years will see the NHS embark upon three key shifts towards a more sustainable health system:⁵

- **Hospital to community** will drive a new 'neighbourhood health' operating model across the NHS. This will move more care into the community through strengthened, multidisciplinary primary and community care, freeing up hospital capacity for specialist care
- **Analogue to digital** will deliver a major digital transformation to support greater health system integration and enable patients greater control over their care, including through positioning the NHS App as a 'digital front door' to care
- **Sickness to prevention** will move the health service's focus from tackling illness to improving population health by preventing disease, detecting conditions earlier, and intervening before illness becomes more serious

Eye health speaks to all three of these shifts, something which is already beginning to be recognised by policymakers. For example, eye care is one of the first priority areas for the new NHS Online service, which will allow patients everywhere in the country the option for a single point of access to specialist care through the NHS App. Glaucoma, cataracts and medical retina conditions are identified as having potential to reduce waiting lists and improve patient experience and outcomes through digital innovation.²⁷ The UK Government also has ambitions to raise the healthiest generation of children ever,²⁸ and eye care needs to contribute to this ambition, supported by the shift to prevention.

Scaling and accelerating positive transformation: the case for an MSF

The Government is introducing a new suite of Modern Service Frameworks (MSFs) as a major lever for translating national ambitions for the NHS into routine clinical practice. Led by the National Quality Board (NQB), MSFs will accelerate progress in conditions where there is potential for rapid and significant improvements in quality of care and productivity.^{5,29} Early priority areas for MSFs included cardiovascular diseases (CVD), frailty and dementia and severe mental health,³⁰ with two MSFs, for CVD and sepsis, published in July 2026.

DHSC has confirmed that for any proposals for additional MSFs to be considered by the NQB, they must meet a clear set of criteria.³¹ Further detail of these criteria was also provided as part of the NQB's *Quality Strategy*,³⁰ and has been set out below. This report brings together evidence against each of these criteria, and ultimately sets out the case for why eye health should be considered as a priority candidate for the next wave of MSFs.

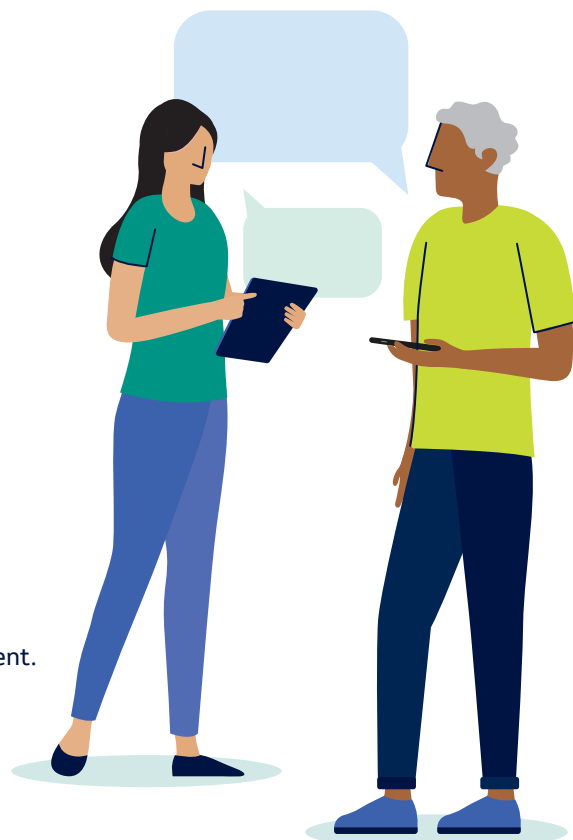
Does eye health meet these criteria for an MSF?

- ☒ A strong case for change
- ☒ The presence of relative consensus around a genuinely ambitious, long term outcome goal
- ☒ The potential for digital by default models of care and service transformation
- ☒ Clear evidence of persistent outcome gaps
- ☒ Significant unwarranted variation
- ☒ Scope for measurable improvement over the next decade



Recommended principles of an Eye Health MSF

While an Eye Health MSF would rightly be developed through formal engagement led by NHS England and the NQB, MSD has drawn on the roundtable's discussion to set out a potential moonshot goal for a future Eye Health MSF, and the key principles that should underpin its development. Taken together, these would ensure that a future Eye Health MSF delivers equitable and rapid improvements in access, outcomes and patient experience across the life-course.



Moonshot goal

A key component of an MSF is the need for an ambitious, outcomes-focused goal – or ‘moonshot’ – aimed at driving radical and long-term improvements in the relevant clinical area. The central goals for both the CVD and sepsis MSFs provide clear and timebound ambitions for their respective sectors:

- **CVD:** ‘to reduce premature mortality from heart disease and stroke by 25% within 10 years’³²
- **Sepsis:** ‘to reduce death, life-threatening complications and long-term impact from sepsis and severe infection in all patient groups by at least 25% by 2035’³³

Attendees were agreed on the need for an ambitious goal to provide a collective focus for the eye health sector, and while the exact scope of this outcome goal would need to be developed and defined by the NQB – preferably in close consultation with community voices – the roundtable participants discussed options for a potential moonshot, arriving at the following (albeit noting words such as ‘meaningful’ need further refinement):

Deliver a meaningful reduction in avoidable sight loss over the next decade, while improving access to care and support for those living with visual impairment.



While there was general consensus that reducing avoidable sight loss should remain a central objective of any moonshot goal – given the significant benefits that could be gained across patient outcomes, the NHS and wider economy – this should not come at the expense of those already living with sight loss, or patients now and in the future whose sight loss cannot be prevented. In fact, addressing and reducing avoidable sight loss would free up capacity for specialist services to deliver more timely care for those whose sight loss is not avoidable or reversible. Therefore, this moonshot reflects that it is equally important to ensure that those living with visual impairment can access high-quality, timely support to ensure optimal outcomes and a good quality of life.

Underpinning this overarching moonshot goal, the MSF should set out a range of condition-specific targets, for example on optimal pathways and waiting times, that are stratified based on the risk of sight loss. These targets would support consistent progress towards the moonshot across all eye conditions, while empowering patients to understand their own risk of sight loss and engage with the appropriate services at the appropriate time.

Principles for the development of an Eye Health MSF

We set out below five key principles that should underpin any future Eye Health MSF. These principles are intended to help ensure that a future framework not only accelerates improvements in care quality, productivity and access, but also delivers more equitable outcomes so that more people can achieve the best possible eye health throughout their lives.



Takes a system-wide approach to eye health



Participants were clear that any future MSF should adopt a holistic approach to eye health, rather than focusing narrowly on individual conditions, professions or parts of the care pathway. While important progress has been made through programmes targeting specific areas of eye care, such as GIRFT, many of the challenges facing the sector are systemic and require a coordinated approach across the whole pathway, utilising the workforce outside of eye care itself.

Discussion highlighted the fragmentation that currently exists across eye care services, with responsibilities spread across optometry, hospital eye services, primary care and the voluntary sector. Participants argued that this complexity can make it difficult to deliver a consistent experience for patients and can contribute to variation in access, outcomes and service delivery. There was strong support for greater integration between these parts of the system, underpinned by standardised pathways and multidisciplinary working. The ongoing shift to neighbourhood health provides a tangible opportunity to develop more integrated, community-based pathways as part of a whole-system approach. For example, Integrated Care Boards could more consistently commission enhanced primary eye care services as part of the neighbourhood model, supporting earlier identification and intervention outside of hospital, while ensuring swift pathways into secondary care for those patients who do need it.

There is also a need for eye care to be more closely integrated with other parts of the healthcare system, especially given the increased likelihood of comorbidities for those living with sight loss.⁹ The NHS Diabetic Eye Screening Programme, is a good practice example of collaboration between the eye health sector, primary care and public health, that the MSF should learn from and seek to replicate elsewhere.

A future Eye Health MSF should provide a unifying national framework that brings together all parts of the eye health system around a shared vision and common outcomes. In doing so, it could help strengthen collaboration, reduce fragmentation and support a more coordinated approach to improving eye health across the life-course.

Spans the full spectrum of eye-related conditions

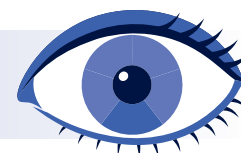


While there are clear system gains to be had from focusing on high volume eye-related conditions such as cataracts – with cataract surgery representing between 60% and 70% of inpatient ophthalmic elective care³⁴ – participants highlighted the need for equal resource and attention for conditions that often lead to irreversible sight loss when treatment is delayed, such as Age-Related Macular Degeneration or glaucoma. Participants cautioned against creating a framework that focuses primarily on service efficiency or individual diseases, at the expense of broader outcomes and long-term quality of life across all of eye health.

Strong support was expressed for a life-course approach encompassing children, working-age adults and older people. Participants stressed in particular that children and young people with lifelong visual impairment should not be excluded from future policy ambitions.

A future framework should support improvements across the full spectrum of eye health and ensure that decisions are shaped by patient outcomes and life-course impact, rather than activity levels alone. It should address the needs of all people living with eye conditions, including those whose sight loss cannot be prevented.

Delivers digital solutions equitably



Digital innovation offers significant opportunities to improve access, productivity and outcomes in eye care, demonstrated by opportunities including SPARC, virtual consultations, remote monitoring and the NHS Online Hospital. The challenge in delivering digital transformation in eye care is not in finding solutions and innovative approaches that work, but creating the conditions for successful models to scale and be implemented equitably.

Digital integration and interoperability were repeatedly identified as major barriers to service transformation, with a lack of connectivity and regional variation in how data systems can interact with one another across primary and secondary care. Participants argued that commissioning and contracting arrangements do not currently incentivise integration between systems effectively. If an MSF is to truly drive digital transformation in eye care forward, it must support and incentivise data interoperability and digital integration between services across the country.

Furthermore, while participants agreed that digital transformation is a key enabler of service improvement, they highlighted that it should not be the end goal, and caution should be exercised to mitigate the risk of digital exclusion. Evidence shows that 36% of blind and partially sighted people never use the internet or do not have access to it – this is significantly higher than the UK average of 10%.⁸ Some attendees reported concerns that patients can feel “left behind” when continuity of care is disrupted during service redesign and stressed that digital transformation should be used to enhance methods of care and improve patient experience, rather than simply replacing existing services. This is particularly important when considering the needs of often underserved populations.

Any Eye Health MSF should therefore take a patient centred approach to implementing digital solutions to ensure that it aligns with patient need and does not isolate or exclude those that would struggle to benefit from them. This could mean promoting and articulating the benefits of digital innovation where it stands to improve outcomes and patient experience, while ensuring equitable access for those who prefer, or require, face-to-face care. It should also address the wider barriers to digital integration, including incentives and standardised systems.



Embeds the patient voice and lived experience



There was recognition that the sector currently lacks a sufficiently coordinated approach for bringing the patient voice into policymaking, in part because many sight loss charities are condition-specific and efforts across the sector are fragmented. Participants noted that patients must be involved in the design and transformation of services, with stronger mechanisms to capture patient views, providing a better understanding of what matters most to people living with eye conditions and ensuring that policy decisions reflect real patient needs.

Clear communication and trusted relationships were seen as essential for patient empowerment and engagement with services, particularly during pathway redesign, ensuring that continuity of care is protected. Within this, there was a strong emphasis on engaging with underserved groups to ensure that new care models do not leave anyone behind, including children and young people, and those with more severe sight loss, learning disabilities or limited engagement with healthcare services. Without meaningful patient involvement, there is a risk that new models of care improve efficiency while inadvertently undermining patient confidence, experience or continuity of care.

The development of an Eye Health MSF would provide an important new mechanism for gathering, and learning from, a wide range of patient voices. Moreover, patient experience, communication, trust and continuity of care must be considered alongside clinical outcomes and productivity measures when evaluating success.

Focuses on prevention and early intervention

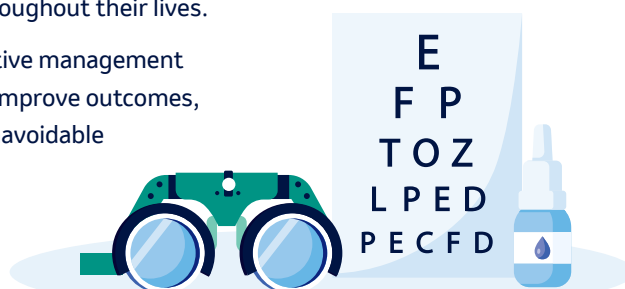


Participants agreed that preventing avoidable sight loss should be a central objective of any future Eye Health MSF. While increasing demand and growing waiting lists mean there is often a necessary focus on improving service capacity and productivity for treatment ‘downstream’, attendees stressed that the ultimate goal should be to improve visual outcomes through early intervention and to prevent avoidable deterioration in vision. Many eye conditions can be successfully treated or managed if detected in the early stages, meaning that prevention and timely intervention represent some of the greatest opportunities to improve outcomes for patients and reduce long-term pressure on services.

Participants advocated for an “in a timely way without delay” approach to care, highlighting concerns that delays to diagnosis and treatment can lead to irreversible sight loss, particularly for higher-risk conditions such as glaucoma and medical retina disease. Several attendees also cited concerns that policy discussions can become overly focused on efficiency and activity, and argued that future reforms should place equal emphasis on improving visual outcomes and preserving quality of life.

It is also important that prevention is prioritised across the life-course. Childhood vision screening was highlighted as one of the few preventative interventions currently available within eye health, yet is not currently consistently commissioned in England.³⁵ In adulthood, early patient education and empowerment were seen as essential to helping people recognise symptoms, engage with services and take an active role in managing their eye health. An Eye Health MSF must take steps to standardise access to prevention and early intervention from a young age, supporting people to understand and look after their eye health throughout their lives.

Supporting earlier diagnosis, timely access to treatment and proactive management of eye conditions will help both to prevent avoidable sight loss and improve outcomes, as well as supporting a greater quality of life for those living with unavoidable and irreversible sight loss.



Conclusion



As demand for eye care continues to grow, sight loss is projected to rise significantly over the coming decades, and the profound consequences for individuals' health and wellbeing, healthcare systems, and the wider economy will increase in parallel.

While roundtable attendees were clear that eye health cannot continue to be neglected, they were optimistic about the opportunity for change. A commitment by the Government and the NHS to develop an MSF for Eye Health would provide a key mechanism that could deliver equitable improvements in eye care, ensuring good eye health across the life course, for every patient.

An Eye Health MSF should be built around a whole-system approach that brings together all parts of the health system in a shared vision and with common outcomes. It should span the full spectrum of eye-related conditions across the life course, support the equitable adoption of digital innovation, embed the patient voice and lived experience throughout service design, and place prevention and early intervention at its core. Together, these principles would help to ensure that improvements in access, productivity and care quality translate into improved outcomes, experience and quality of life for patients. The moonshot ambition and principles proposed in this report are underpinned by a broader goal of enabling everyone to achieve the best possible eye health throughout their lives.

While there is already a great deal of good practice we can learn from, this report is only the beginning of the conversation. In recognition of the evidence presented in this report showing that eye health meets the threshold, we are calling on the Government to make its own assessment of the applicability of an MSF for eye health and bring together experts from across the eye health sector to co-create a shared vision for the future of eye health.

Appendix

List of roundtable attendees

- **Chair: Dr Liz Wilkinson**
Royal Devon University Healthcare NHS Foundation Trust / Devon Integrated Care Board (ICB)
- **Speaker: Dr Peter Thomas**
Moorfields Eye Hospital NHS Foundation Trust / NHS Online Hospital
- **Professor Tariq Aslam**
Manchester University NHS Foundation Trust
- **Dr Manju Chandran**
Frimley Health NHS Foundation Trust
- **Eamonn Dunne**
Thomas Pocklington Trust
- **Tendai Gwenhure**
Moorfields Eye Hospital NHS Foundation Trust / Royal College of Nursing (Ophthalmic Nursing Forum)
- **Helen Haggerty**
British and Irish Orthoptic Society (BIOS)
- **Dr Peter Hampson**
Association of Optometrists (AOP)
- **Joanna Hodgkinson**
Glaucoma UK
- **Jessica Kirby**
The Macular Society
- **Jordan Marshall**
The Royal College of Ophthalmologists (RCOphth)
- **Professor Jugnoo Rahi**
Great Ormond Street (GOS) Institute of Child Health UCL / Institute of Ophthalmology UCL / GOS Hospital NHS Foundation Trust
- **Dr Dilani Siriwardena**
Moorfields Eye Hospital NHS Foundation Trust / NHS England (London region) / RCOphth
- **Professor David Steel**
South Tyneside and Sunderland NHS Foundation Trust / Northern Ophthalmic Research and Innovation Institute (NORI)
- **Keith Valentine**
Fight for Sight
- **Mike Wordingham**
Royal National Institute of Blind People (RNIB)

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