we found that mothers in the former group had a fatalistic attitude. It is well documented that fatalistic attitude is prevalent in less educated societies and is a barrier to positive health behaviour and adversely affects health outcomes.⁵

Results from this study show that the main barrier to access of eye care was the parents' inability to detect that the child had any eye problem. Hence it is important to develop awareness programs to educate the parents on various common eye diseases. Educating teachers and community workers in screening of eye diseases would also help in early detection.

Conflict of interest

The authors declare no conflict of interest.

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Sir, Comment on 'Licence to save: a UK survey of anti-VEGF use for the eye in 2015'

We read with great interest the article 'Licence to Save: a UK survey of anti-VEGF use for the eye in 2015'.¹ It is a particularly pertinent and well-timed article given the recently declared 'crisis' the NHS is experiencing. We are writing to highlight the potential influence this article may have now that the 'Getting It Right the First Time' (GIRFT; <http://www.gettingitrightfirsttime.com>) project will eventually extend to subspecialties such as ophthalmology. The GIRFT project was initially piloted in orthopaedics, financially supported by the NHS PCC (Primary Care Commissioning). The GIRFT project is a comprehensive review of service seeking improvement through the careful analysis of existing care pathways, patient experience, waiting times, service costs, cost commissioning, surgical targets, and outcomes, with the aim of developing a more standardized improved national service (<http://www.gettingitrightfirsttime.com/downloads/GIRFT-National-Report.pdf>). It will be interesting to see if this service review in ophthalmology will impact on drug licensing and our current anti-VEGF practices.

Conflict of interest

The authors declare no conflict of interest.

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Sir, Comments on 'Treatment patterns of ranibizumab intravitreal injection and dexamethasone intravitreal implant for retinal vein occlusion in the USA'

We commend a study comparing ophthalmology clinic visit frequency for patients receiving ranibizumab and dexamethasone for retinal vein occlusion (RVO).¹ The case is made that visit burden for both treatments may not be significantly different, but highlights the importance of