

West Sussex Health Needs Assessment

Visual Impairment (Adults)

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Executive Summary

Drafted by Jacqueline Cay, Manager, West Sussex Public Health and Social Research Manager, West Sussex County Council

jacqueline.clay@westsussex.gov.uk

This is a summary of sight loss pathway and the provision of low vision services.

This is centred on the non-clinical aspects of provision; acute and specialist services are currently (2021) subject to a review by SHCP.

It is important that all elements within a care pathway, whether relating to a person's clinical or social needs are viewed together to ensure the range of needs and concerns are addressed. To this end an initial discussion has taken place with NHS Commissioners.

Acknowledgements

Thank you for the support from 4Sight, RNIB, NHS and WSCC staff in the provision of information. A specific thanks to West Sussex Healthwatch, and of note Cheryl Berry, who chaired and led much of the engagement work. This was a difficult time to progress engagement and without her huge endeavours and efforts the input, views and voice of local residents would not have been captured. Thank you.

Thank you to the SHCP Commissioning Leads for ensuring that work derived from the needs assessment can help inform service re-design.

This executive summary is centred on sight impairment, relating to adults.

Further reports are needed in relation to hearing impairment, dual sensory impairment and a specific report relating to children and young people.

Executive Summary

In West Sussex, there are an estimated 34,000 people living with sight loss, with an estimated 4,700 people who are blind.

Sight loss and hearing loss are strongly associated with age. As the population of West Sussex increases and the proportion of older people increases, so will the prevalence of sensory impairment. To provide a sense of the scale of change, at present there are an estimated 6,300 people aged 75 who have a registrable eye condition; using population projections, an increase of almost 30% is estimated within the next 10 years.

In addition to age, we know that some groups have a higher risk of sight loss, including smokers, some ethnic groups, and people with a learning disability, and that there are links to other conditions such as stroke, diabetes and dementia.

There are four main eye conditions: age-macular degeneration (AMD), glaucoma, cataracts, and diabetic eye disease. We know that many people in the community would benefit and avoid sight loss by early diagnosis and timely treatment. Some eye conditions, such as glaucoma, are asymptomatic in early stage. This means that regular eye tests are vital and should be widely promoted.

Once a sight loss diagnosis has been made, considerable support is required. The UK Adult Sight Loss Pathway¹ outlines the variety of organisations and sectors who can support someone to adjust, practically and emotionally. It is important that sight impairment is considered in all aspects of health and wellbeing, including support to remain physically fit, access to all health care, community services and facilities, and adaptations to maintain independence and employment for working age adults.

Challenges Identified and Recommendations

1. Sensory impairment is a major contributor to the overall burden of ill health in the local population. Sight and hearing loss can have a considerable impact on the quality of life and the ability of people to live independently. It is estimated that 50% of sight loss is avoidable.
 - (i) **The needs of people affected by sight and/or hearing impairment should be considered, and addressed, by *all* services.**
2. It is important to promote good eye health and not just focus on poor health, services and specific conditions. The role of modifiable risk factors, and the importance of eye tests and screening, should be key public health messages. Many of the modifiable risk factors, such as smoking, diet and increased physical activity, are central to overall health and wellbeing.

¹ Adult UK Eye Health and Sight Loss pathway. 2015. VISION 2020 UK

- (i) The importance of eye tests should be promoted amongst the wider population, with targeted promotion in relation to higher risk groups.**
 - (ii) Eye health should also be included in existing public health campaigns such as winter health.**
3. Older People - The prevalence of sight loss is age-related, and with the proportion of people aged 65 and over in West Sussex increasing, the number of people with sight and hearing impairment will increase, including those with dual impairment. Services will need to expand and be tailored to meet the needs of an older population.

As a speciality, ophthalmology is the largest volume health service, accounting, nationally, for over 9% of all outpatient attendances. The scale of activity will increase with an ageing population.

- (i) Services need to be accessible: in respect of the design of facilities this means they should be suitable for people with reduced mobility and have accessible toilets; their location should take into account public transport, and parking; information provided should be tailored (and provided in many accessible formats) to promote a better understanding by the patient and families/carers.**
- (ii) The needs of people within care homes should be addressed within commissioning and strategic plans.**

4. While a care pathway can often be described, from a service perspective, as a linear process, it is important that services encourage people to engage whenever they are ready, ready to take on board information and support. In relation to sight loss, people may feel overwhelmed at the point of a diagnosis, and sometimes may not understand support available or understand the value of getting an impairment registered.
 - (i) **Information should be available in different formats and at different times, to encourage people to engage with services and support beyond initial diagnoses or their first contact with services.**

5. Existing Pathway in West Sussex – The access to low vision services differs across the county, depending on how and where people first access services. People in Mid Sussex were particularly impacted by the removal of low vision services at Princess Royal Hospital in Haywards Heath. While people can still access services elsewhere this may incur fees. The impact of the removal of services at Princess Royal was subject to a report to the West Sussex Health and Adult Social Care Select Committee in June 2019.
 - (i) **An update on the impact of the removal of services at Princess Royal, and the overall equity of access to low vision services across the county, is required.**

6. Co-morbidities - There are some strong overlaps with other conditions, including diabetes, stroke and dementia.
 - (i) **Care pathways of these conditions need to consider how people with sight impairment are supported.**
 - (ii) **There also needs to be strong links to other programmes, such as falls prevention programmes, where sight impairment increases risk.**

7. People who have a learning disability are more likely to be affected by sight impairment. Their access to assessment and screening, take-up of treatment and outcomes should be monitored to address any issues of equity.
 - (i) **The take-up of sight tests should be monitored as part of annual learning disability health checks carried out by GP practices.**
 - (ii) **Easy-to-read information should be provided to support an understanding of the importance of eye tests and eye conditions.**

8. The adult sight loss pathway outlines a range of providers in the public, private and voluntary sectors, as such it is a complex pathway and system. At a strategic level this requires commissioners to clearly articulate services along the whole

pathway and system, working at a population level to identify gaps in services and address any inequities. To navigate this pathway, it is important that there is good communication between organisations, and good information for the patient, so people know what to expect, when, and from whom. There are some practical steps which may support a more population focussed and systemlevel approach:

- (i) A performance and outcomes framework across the system should be explored. The work of the Clinical Council for Eye Health Commissioning (CCEHC), including the System and Assurance Framework for Eyehealth (SAFE) provide tools to support do this. This includes a proposed set of indicators to monitor eye health and care.**
- (ii) Commissioners from across the pathway and system should jointly publish eye health indicators on an annual basis.**

9. In relation to the pathway and COVID-19:

There is increasing demand across the pathway. Prior to COVID-19, analysis of Hospital Episode Statistics (referred to as HES data) showed a 10% growth in elected admissions between 2017/18 and 2019/20.

Data from NHS Digital show that the waiting times for admitted and non-admitted ophthalmology has increased nationally and locally

over the last year. This is not surprising given the impact of COVID19 and recovery will need to be monitored. The local picture is somewhat complicated with the merger of three CCGs to a single West Sussex CCG.

Early detection is a priority. Regular eye tests are an important route to detecting problems at an early stage. Information relating to the take-up of eye tests was not available at a local level; and nationally data are poor. Assessing equitable take up is not possible.

(i) The impact of COVID-19 may have exacerbated any existing inequities, including take-up of eye tests within more deprived areas and by people from different ethnic groups known to be at higher risk of sight loss. Health equity audits should be undertaken where possible but may be hindered by a lack of data.

10. Finally, most care is self-care, by the individual, often supported by carers, families and communities. Professionals along the sight loss pathway have a responsibility to support people in their understanding of their condition, their treatment, and the services available. In turn the knowledge and experience of patients, and carers and advocate groups/organisations, is needed to shape services and improve outcomes.

(i) Given the complexity of the sight loss pathway, any redesign requires good, on-going engagement with organisations, patients and carers.