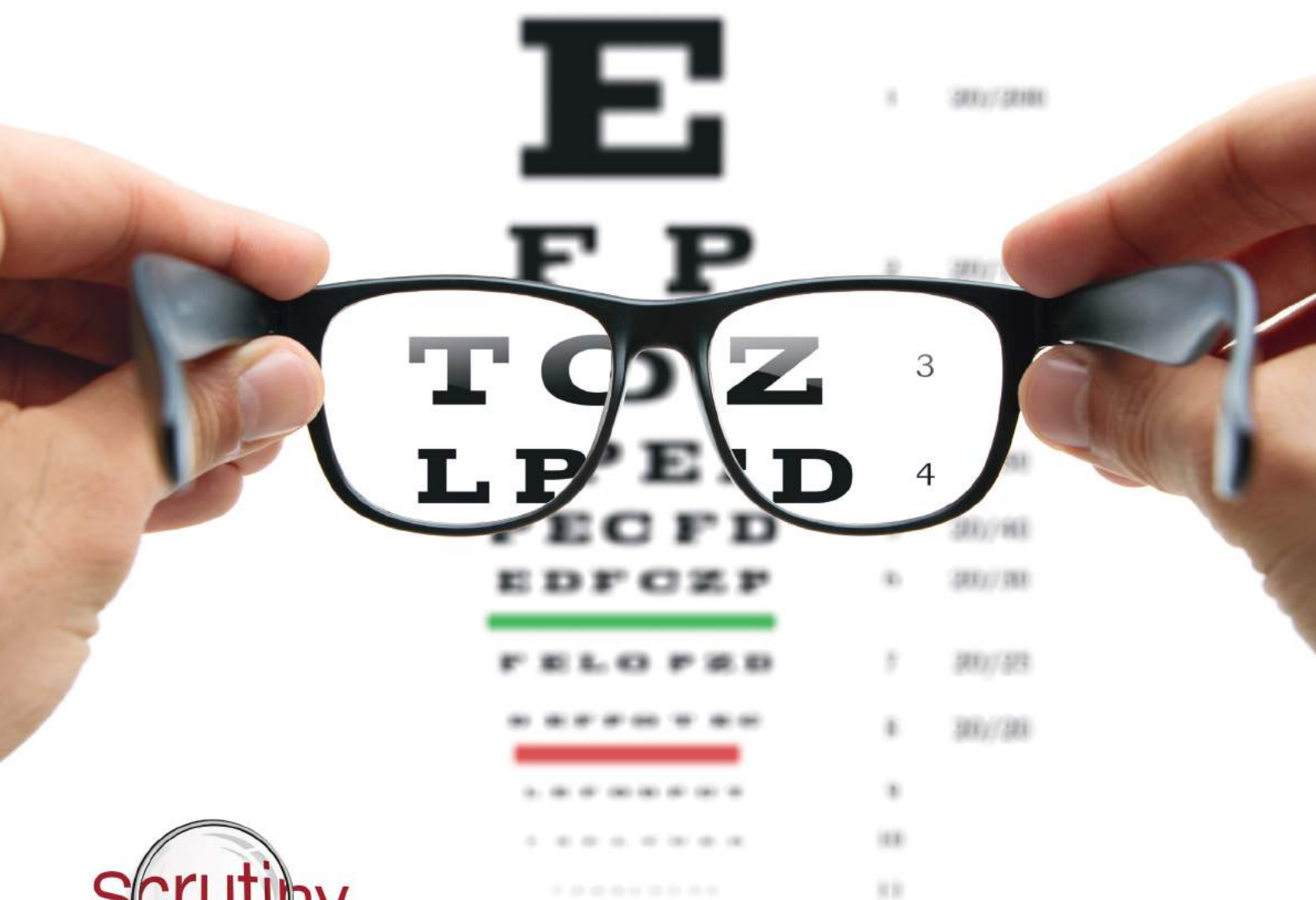


# Health and Adult Services Select Committee

Local Eye Care Services:  
In-depth Scrutiny Review 2014/15



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## Lead Member's Foreword

The Health and Adults Services Select Committee (HASSC) is a scrutiny committee made up of local councillors who want to help improve health and social care outcomes for the borough's residents by working with the Council and its partners to improve services and hold decision makers to account.

In 2014/15, as the Chair of the Committee, I oversaw an in-depth review into Local Eye Care Services. We chose to review this area as we felt that the fear of having to pay a high cost for glasses was possibly putting local people off having regular eye tests, which could mean that many people were missing out on early diagnosis of eye diseases, such as diabetes and glaucoma. We were concerned that there needed to be more public awareness around the importance of eye health to ensure that eye care services are accessed in a timely manner by those who really need them.

We felt that eye care was an important area to review due to the serious impact sight loss can have on people's lives. Dealing with the emotional, social and financial impact of sight loss can be extremely difficult, which can be made worse by barriers to accessing services such as housing, education, leisure and travel.

Our Review found that there are a good range of eye care services available locally. However, research told us that the fear of having to pay for expensive glasses is acting as one of the barriers to people having an eye test as often as they should and this view was supported by a survey we did of local residents. Furthermore, we found that the pathways involved in accessing eye care services seem complicated and difficult to understand. We feel that changing the role of primary services could help simplify pathways, leading to a better experience for people using eye care services.

In this report we have made recommendations which seek to raise the profile of eye health and strengthen the way eye care services are delivered to local people. We will review the progress of the recommendations six months after publishing this Report. We hope that the Health and Wellbeing Board, the Council and the Barking and Dagenham Clinical Commissioning Group support our recommendations so that as partners we can make a tangible, positive difference to the eye health outcomes of our residents.

*Eileen Keller*

**Councillor Eileen Keller**

Lead Member, Health & Adult Services Select Committee 2014 - 2016

## Members of the HASSC 2014/15 and 2015/16

The HASSC members who carried out this Review were:



**Councillor E Keller** (Lead Member)



**Councillor D Lawrence**  
(Deputy Lead Member)



**Councillor S Ahammad**



**Councillor S Alasia**



**Councillor A Aziz**



**Councillor S Bright**



**Councillor P Chand**



**Councillor F Choudhury**



**Councillor E Fergus**



**Councillor H S Rai**



**Councillor A Oluwole**

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## Recommendations arising from this Review

For ease of reference all the recommendations are provided below.

### The HASSC recommends that the Health and Wellbeing Board:

- 1.** Oversees a review by the Barking and Dagenham Clinical Commissioning Group (CCG) of the local eye care pathway, given that:
  - The current arrangements seem complex and difficult for patients to understand;
  - It is not clear that everyone who should have a sight test is getting one; and
  - It was not clear to the HASSC that the pathway currently fully promotes choice and control by service users;
- 2.** Oversees a review by the CCG which considers the clinical benefits of community optometrists (high street opticians) being able to refer patients directly to hospital eye clinics and other services rather than having to do this via GPs;
- 3.** Asks the CCG to consider the benefits of commissioning an 'Eye Care Liaison Officer' for local residents, to ensure that people with newly acquired sight loss are provided with support at the point of diagnosis and signposted to appropriate services;
- 4.** Asks the CCG to consider whether cost-effective improvements could be made to local low vision services, given that the HASSC found that in other parts of London these services are delivered closer to where people live and provide tailored support to ensure that visually impaired people are able to make ongoing, beneficial use of magnifiers and other equipment provided to them;
- 5.** Oversees a local communication campaign undertaken by the Council's Public Health Team emphasising the importance of having regular eye tests, whilst also delivering other important eye care messages as part of the future programme of public health campaigns; and
- 6.** Considers a range of options to 'make every contact' count and introduce a scheme or schemes to encourage and possibly incentivise parents to arrange an eye test for their child prior to starting school.

## Executive Summary

The Health and Adult Services Select Committee undertook an in-depth scrutiny review into local eye care services between September 2014 and July 2015. Members felt strongly that this was an important area to review due to the impact sight loss can have on people's lives.

Sight naturally deteriorates as people grow older and for this reason it is important that everyone has a sight test with an optometrist at least once every two years to ensure that problems are identified at an early stage, that people are prescribed appropriate glasses, and get any medical treatment that they require.

The prevalence of severe sight loss is high in people over the age of 70. The most common causes are:

- Age related macular degeneration;
- Cataracts;
- Diabetic retinopathy; and
- Glaucoma.

Regrettably, people who develop these conditions often wait too long to get the help that they need. This can lead to:

- Loss of independence;
- Falls, resulting in injury;
- Isolation;
- Depression; and
- Suicide.

This scrutiny review revealed that eye care provision locally is generally very good and compares well with the standards set by the UK Vision Strategy and the 'Seeing it My Way' Charter. Take up of retinal screening is high and although the rate of registration of people as 'Sight Impaired' and 'Severely Sight Impaired' is much lower than the actual numbers predicted, figures are higher than Barking and Dagenham's Statistical Partners.

Further optimising the rate of registration of people as Sight Impaired and Severely Sight Impaired would benefit people with sight loss because the process acts a referral to the Council's Sensory Service and ensures that people receive the information and support that they need, including specialist mobility training and rehabilitation.

The Scrutiny also identified some areas of concern that warrant further investigation.

Members noted that the eye care pathway seems complicated and confusing in places. Although high street optometrists are pivotal and the first point of contact in the eye care journey for most people, they are currently unable to refer people directly to the eye clinic at the hospital or to the stand-alone retinal screening service. Currently all referrals must be made via GPs, which can lead to delays and confusion.

Members asked consultant ophthalmologists from Moorfields Eye Hospital and the eye department at Queen's Hospital whether patients could opt to transfer between the two services. Members noted that this is possible but that due to systems issues it is difficult to do in practice. This raises questions about the degree to which patients are able to exercise real choice and control.

Written submissions from the Local Optical Committee (LOC), and the Thomas Pocklington Trust pointed out that community optometrists have the necessary training to provide many primary eye care services, including diabetic and glaucoma screening. They argued that if optometrists were commissioned to provide these services this could improve access, simplify processes for patients, avoid delays and even reduce costs.

Figures provided by the LOC show that 19% of people in Barking and Dagenham had a sight test last year. This rate is significantly lower than the rates in Havering and Redbridge and well short of the optimum rate of about 50% (everyone should have a sight test every two years and at risk groups more often).

A survey of local people demonstrated that the fear of the cost of buying glasses is an obstacle to having a sight test done in practice for some people. This mirrors the findings of national research which showed that the take-up of free NHS sight tests is substantially lower in areas with high levels of social deprivation.

Written submissions pointed out that there is no longer an 'Eye Care Liaison Officer' at Queen's Hospital. This post used to help ensure that those faced with the shock of newly diagnosed severe sight loss were provided with immediate support and referred on to relevant services. The loss of this post raises questions as to whether increasing numbers of visually impaired people are being left without the help and support that they need.



# 1. Background & Introduction

## Why did the Health and Adult Services Select Committee (HASSC) choose to undertake an in-depth review on Local Eye Care Services?

1.1 The Council's scrutiny committees decide what topic to undertake an in-depth review on based on the 'PAPER' criteria. The section below explains why according to this criteria 'local eye health services' was a good topic to review.

### PUBLIC INTEREST

Sight loss can have serious emotional, social and financial impacts on lives – clearly a review into this area and how better access to services could help prevention, would be in the public interest.



### ABILITY TO CHANGE

Members questioned whether services were capable of change for the better. We presumed they were but wanted to test this by engaging with local groups and professionals.



### PERFORMANCE

Informal feedback told us that many people were not going for eye tests regularly and that the eye care pathway was complicated.



### EXTENT OF THE ISSUE

We knew that people living in the borough were more likely to experience health conditions that could lead to sight loss than was the case in most other areas of the country and that predictions about the numbers of people with low vision underestimated the level of local need.



### REPLICATION

We considered that a member-led review into eye care services would produce useful recommendations and would not replicate the work of other local bodies.





## **2. Scoping & Methodology**

2.1 This section outlines the scope of the Review which includes the areas the HASSC wished to explore and the different methods the HASSC used to collate evidence for potential recommendations.

### **Terms of Reference**

2.2. Having received a scoping report at its meeting on 20 January 2015, the HASSC agreed that the Terms of Reference for this Review should be:

- Whether there are gaps or obstacles in current service and pathways;
- How supply and take-up of optometry and other eye services compares with other London boroughs and the national average;
- Whether local low vision services for blind and partially sighted people are fit for purpose and whether take-up is appropriate;
- The Clinical Commissioning Group's plans regarding eye care services;
- The role of GPs;
- Emotional and other support for people newly diagnosed; and
- How well local services for blind and partially sighted people rate when benchmarked against the national "Seeing it My Way" Charter.

### **Overview of Methodology**

2.3 The Review gathered evidence during the Committee's meetings held between 30 September 2014 and 16 June 2016. Details of stakeholders and their contributions to this Review are outlined below.

### **Presentation – the National Picture**

2.4 On 20 January 2015 Peter Corbett (Chief Executive) and Phil Ambler (Director of Policy) from the Thomas Pocklington Trust delivered a presentation to the Committee outlining the eye care picture from a national perspective.

This considered:

- The current prevalence of sight loss;
- Future demographic changes;
- The relationship between sight loss and public health;
- The impact of sight loss; and
- Problems visually impaired people face.

### **Simulation Spectacles**

- 2.5 Members had the opportunity to try on simulation spectacles which give an impression of the impact of the most common uncorrectable eye conditions.

### **Presentation – the Local Picture**

- 2.6 At the HASSC meeting of 4 March 2015 Matthew Cole (Director of Public Health) delivered a presentation providing the local picture on eye care. This covered:

- Local prevalence of major eye care conditions;
- The relationship between eye care and other local health issues;
- Prevention of sight loss and eye health; and
- Local services and pathways.

### **Workshops with local stakeholders**

- 2.7 Mr Cole's presentation was followed by a participative, exhibition-style workshop which gave members the opportunity to gauge the extent and depth of local eye care services.

### **Surveys**

- 2.8 During April 2015 an online staff survey was undertaken by the Public Health Team. This asked LBBB staff questions about the frequency of their eye tests and gauged their awareness of eye care issues.
- 2.9 This was followed up by a survey of local residence completed during July 2015.

### **Submissions**

- 2.10 During the Review Jig Joshi, Chair of the Local Optical Committee, and the Thomas Pocklington Trust submitted statements to the

HASSC expressing views about current provision and pathways and potential areas for service improvement.

## Research

2.11 During the Review Council Officers considered the following pieces of research.

- Sight - the most critical sense for public health? (Journal of Public Health. 2015)
- Geographical inequalities in take up of NHS-funded eye examinations: small area analysis of Leeds (Shickle D et al. Journal of Public Health. 2014)
- Certifications for sight impairment due to age-related macular degeneration in England (Bunce C et al. Journal of Public Health. 2015)
- Estimated prevalence of visual impairment amongst people with a learning disability in the UK (Emerson E et al. Learning Disabilities Observatory. 2011)
- Prevalence, causes and impact of sight loss in older people in Britain (Research findings. Thomas Pocklington Trust. 2005)
- Older people and eye tests – Don't let age rob you of your sight (Cowan L et al. RNIB Publications. 2007)
- Addressing inequalities in eye health with subsidies and increased fees for General Ophthalmic Services in socio-economically deprived communities: a sensitivity analysis (Shickle D et al. Journal of Public Health. 2015)
- Improving patient access to prevent sight loss: ophthalmic electronic referrals and communication (Khan A et al. Journal of Public Health. 2015)
- The UK Vision Strategy
- The Barking and Dagenham Vision Strategy – “Excellent Eye Care for Local People”
- The Joint Strategic Needs Assessment
- Seeing It My Way (RNIB)
- Public Health and adult social care performance data published by the Department of Health.
- Data from the National Epidemiology of Eye Health and Local Optical Committee Support Unit data bases.

## 3. Sight Loss – the National Picture

### 3.1 What does good eye care look like?

The national ambition for eye care is set out in the Vision 2020 UK Vision Strategy.

Eye care services should aim to minimise preventable sight loss, support those with unavoidable vision impairment, correct refractive error, and preserve or restore sight where possible - enabling people to live their lives as fully and independently as possible.

Eye health should not be considered in isolation to wider health and wellbeing. Public health has a key role in ensuring this, through its role in local authorities, CCGs, Health and Wellbeing Boards, and working with Local Eye Health Networks, by providing objective dialogue and interpretation of eye health needs, information and intelligence in the context of broader population health and public health interventions for health improvement. 'Securing the best value for financial investment means that sight is preserved where possible, and that people are able to care for themselves, in their own home, for as long as possible. 'Integrated working between health and social care supports the best use of resources as well as supporting patients and people to have better outcomes. Integrated systems between health and social care are essential.'<sup>1</sup>

The "Seeing it My Way" Charter, drawn up by the Royal National Institute for the Blind (RNIB) and a range of Stakeholders (including Bill Brittain from LBBD, representing the Association of Directors of Adult Social Services), sets out the standards for services for visually impaired people with sight loss that cannot be corrected with glasses.

### 3.2 What is meant by sight loss?

Sight loss can be seen as a continuum with refractive error that is easily corrected with glasses at one end of the scale, and total blindness at the other. Refractive errors such as short and long sightedness are very common amongst adults over 40 and are general wholly correctable with glasses or contact lenses.

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<sup>1</sup>Response to Improving eye health and reducing sight loss –a call to action, Clinical Council for Eye Health Commissioning, 13 October 2014: <http://www.college-optometrists.org/en/utilities/document-summary.cfm?docid=BEFADCCE-92A9-4352-8E8D74C3264570D6>

### 3.3 The Impact of Sight Loss

RNIB estimates that two million people in the UK are living with some level of sight loss, which equates to about three percent of the population.

Prevalence of sight loss increases with age and it is estimated that 20 percent of those over 75 have sight loss, rising to 60 percent in those over 90.



As much as 50 percent of all sight loss can be prevented if sight problems are identified early enough. For this reason it is really important that everyone has a sight test with an optometrist at least once every two years.

Depending upon the severity, visual impairment can have a variety of negative consequences for people experiencing it. This can range from eye strain and headaches for people who do not realise that they need glasses to loss of independence, social isolation and severe depression for people who develop severe sight loss.

The HASSC considered a range of research to form 'the national picture' and also heard evidence from Phil Ambler, Director of Policy at the Thomas Pocklington Trust, on the severity of the impact of sight loss. Notes from this session are provided at Appendix 1.

### 3.4 Eye Care Terms

Throughout this report certain terms are defined in a yellow box. Below are some terms used throughout this report.

#### **Optician**

A general term used to describe optometrists (see below) and dispensing opticians who are professionals qualified to undertake sight tests, identify diseases of the eye and prescribe and supply spectacles and contact lenses

#### **Optometrist**

An optician trained to undertake sight tests, identify many diseases and problems of the eye and prescribe glasses and contact lenses. They are very often based in high street optician shops.

#### **Consultant Ophthalmologist**

A senior doctor who specialises in the medical and surgical care of the eyes and visual system, and in the prevention of eye disease and injury.

### 3.5 Common Eye Care Conditions and their Impact on Vision

Members had the opportunity to try on simulation spectacles, which give an impression of the impact of common eye conditions. Below are images which depict how these conditions can affect vision (for definitions see paragraph 4.15 onwards).

#### Macular degeneration



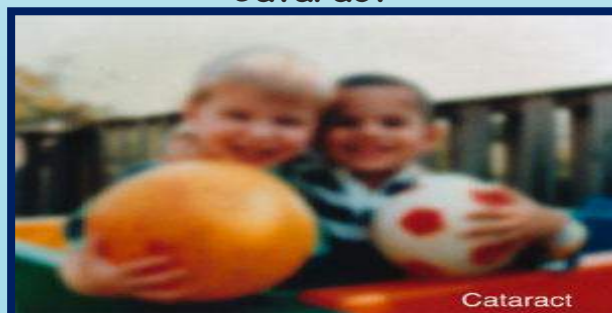
#### Diabetic retinopathy



#### Glaucoma leading to tunnel vision



#### Cataract





## 4. The Local Picture in Sharper Focus

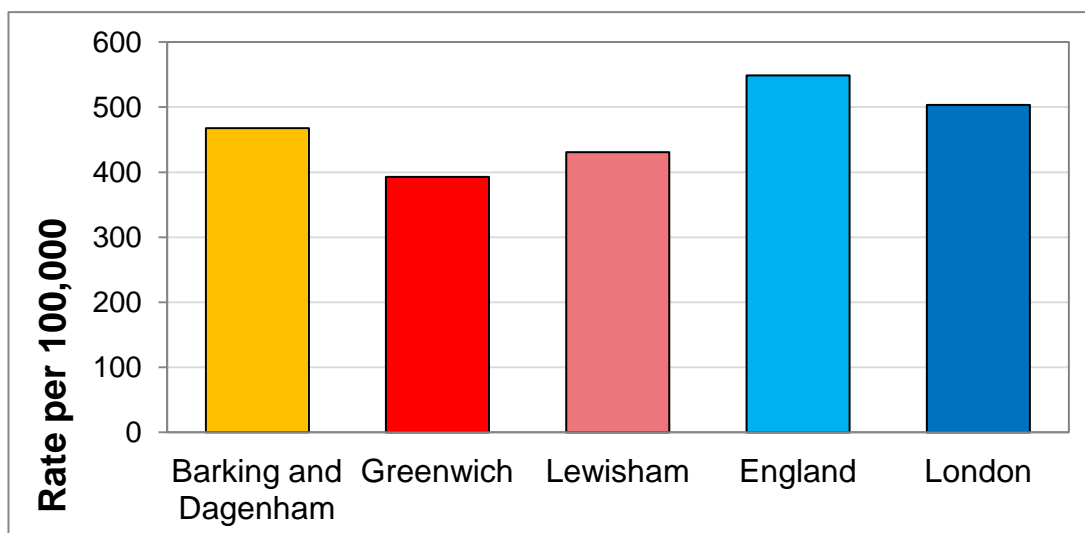
4.1 The Council's Public Health Team provided the HASSC with data to help members obtain a clear picture of local eye health needs. This section discusses what local data tells us about eye health in Barking and Dagenham.

### Registration of people who are Sight Impaired or Severely Sight Impaired

4.2 It is important that local authorities know which of their residents have sight problems so that they can be provided with the right support. This means those who are Sight Impaired (partially blind) or Severely Sight Impaired (blind) should be supported to register themselves. The Council's sensory team largely relies on the hospital eye clinics to tell them about people with newly diagnosed sight loss who need services. This is done when one of the consultant ophthalmologists completes a Certificate of Visual Impairment which, when passed to the Council, forms the basis for a person being registered as Sight Impaired or Severely Sight Impaired.

This section analyses the rate of registration in Barking and Dagenham compared to the borough's statistical neighbours, Greenwich and Lewisham.

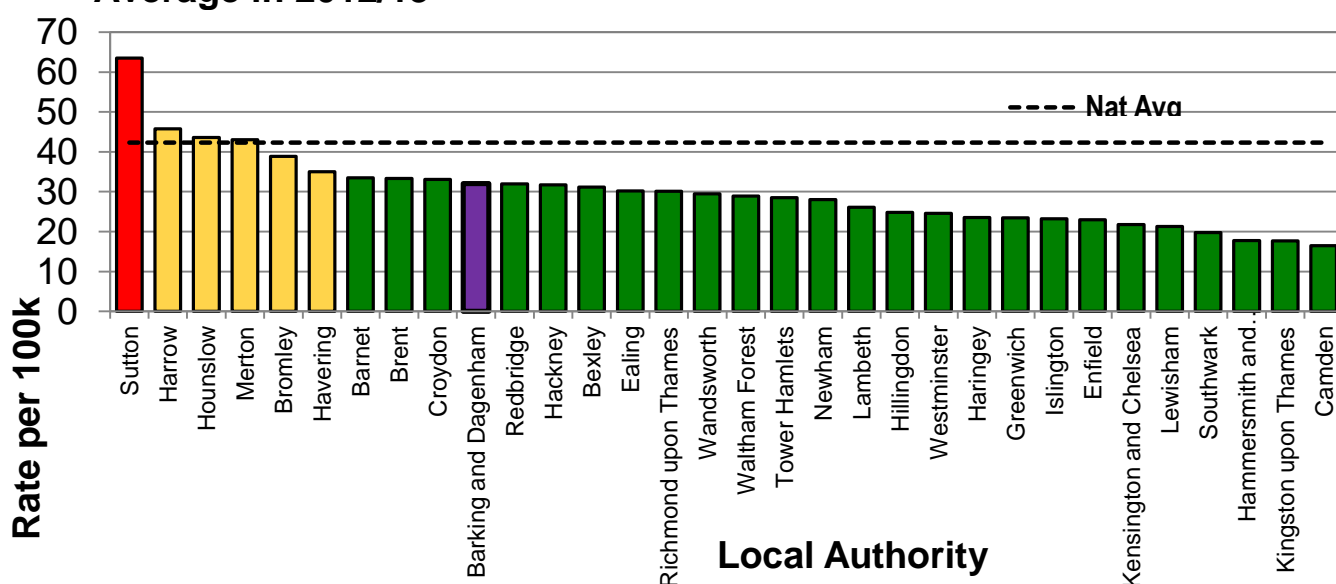
**Graph 1: Rate of registration as severely Sight Impaired (Blind) and Sight Impaired (Partially sighted) per 100,000 population 2013/14**



Source: Department of Health

4.3 As shown in Graph 1, In Barking and Dagenham a lower proportion of people are registered as having visual impairments per 100,000 than the average for England and London. However, as we have a smaller number of people over the age of 65 than other London boroughs, we compared our rate of registration with that of statistically similar boroughs such as Greenwich and Lewisham and found that Barking and Dagenham has a higher number of people, per 100,000 population, registered as Sight Impaired and Severely Sight Impaired. This is also illustrated in Graph 1.

**Graph 2: Rate per 100,000 of new certifications of visual impairment due to all causes and by all ages by LA and National Average in 2012/13**



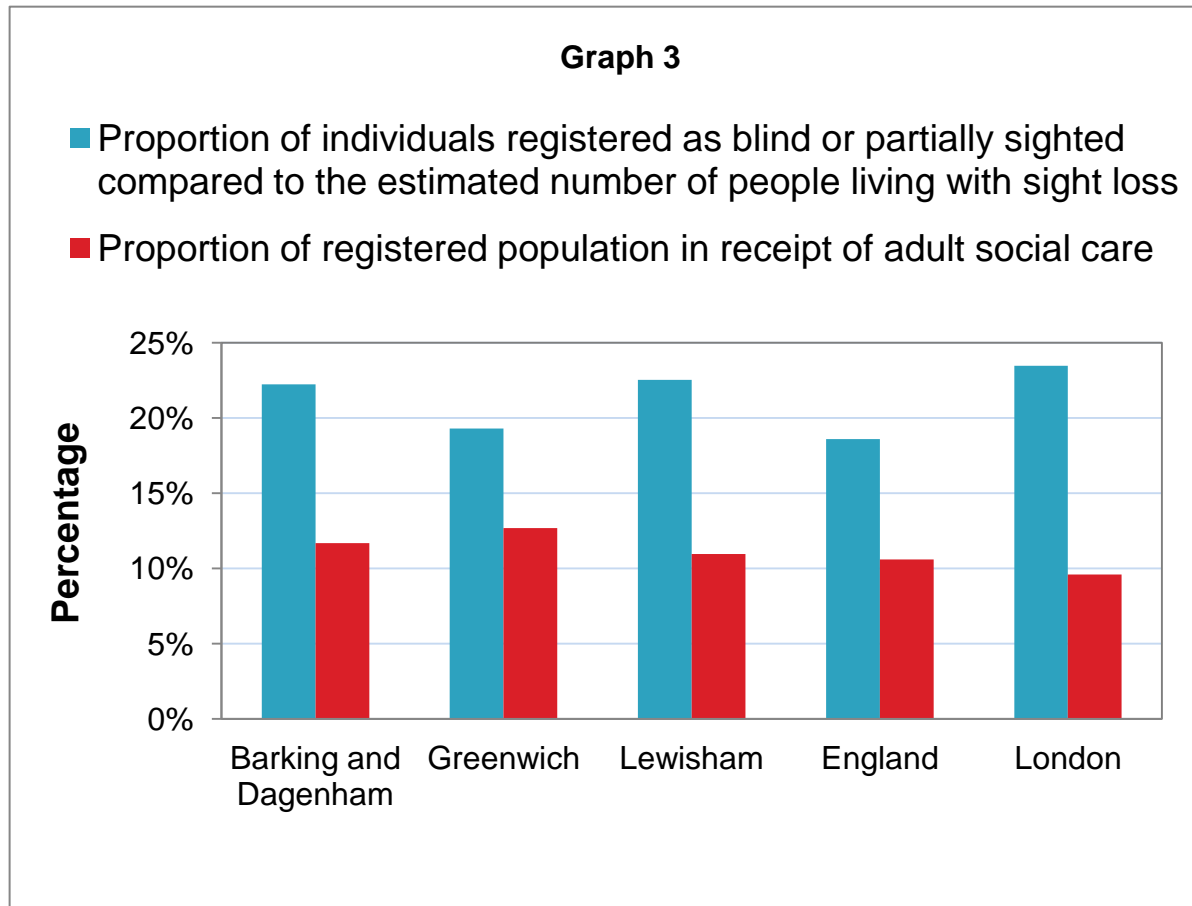
4.4 Graph 2 shows that the rate of registration in Barking and Dagenham is higher than the majority of other London boroughs – with Barking and Dagenham having the tenth highest rate of registration of the 32 boroughs. Interestingly, despite this the rate of registration in the borough is lower than the England and London average. It is likely that this is merely a reflection of the fact that in Barking and Dagenham the proportion of older people is lower and the proportion of younger people, much higher than most areas.

**FINDING**

The rate of registration as Severely Sight Impaired and Sight Impaired in Barking and Dagenham is good when compared with other boroughs with a similar proportion of older and younger people. This is good because the registration process ensures that the Council’s sensory workers are alerted to people who have recently lost their sight.

*Source: Department of Health*

4.5 **Graph 3: the proportion of LBBB residents in receipt of adult social care compared to proportion of registered partially sighted or blind, 2013/14**



**FINDING**

The proportion of people who are registered as having visual impairment and receiving adult social care is higher in Barking and Dagenham than the England and London average.

*Source: Department of Health*

## Adult Eye Health

### Eye Tests

- 4.6 One of the main objectives of the Review was to gauge the degree to which local residents are accessing sight tests at the recommended frequency. This is important because up to 50 percent of all sight loss can be prevented if problems are detected early enough (by glasses or medical treatment). Also, given that a visit to a high street optician is the start of the eye care journey for most people, optometrists are in a pivotal position to refer people on to the service they need.
- 4.7 The NHS recommends that all people should have an eye test every two years but that people over 70, people who are diabetic, people with a family history of glaucoma and certain other groups have a test more often.
- 4.8 RNIB recommend that people over the age of 60 have a sight test every year. Research conducted by RNIB (2007) found that just under 50 percent of people in this age group do visit the optician once per year.
- 4.9 Given the recommended frequency, the optimal number of yearly sight tests in Barking and Dagenham would be about 90,000.
- 4.10 Table 1 shows the numbers of people during 2013-14 and 2014-15 who received a free eye test at a local optometrist practice in the borough and two neighbouring boroughs.

**Table 1: NHS Eye Tests in Barking and Dagenham, Havering and Redbridge**

Year / borough	Total No. of NHS Eye tests taken up
<b>2013-14</b>	
Barking and Dagenham	37914
Havering	60723
Redbridge	65363
<b>2014-15</b>	
Barking and Dagenham	35236
Havering	64762
Redbridge	64288

*(Source: Local Optical Committee)*

4.11 According to the above data, the ratio of population to numbers of people receiving an sight test are:

- 1 in 4.4 for Redbridge
- 1 in 3.7 for Havering and
- 1 in 5.2 for Barking and Dagenham

4.12 These figures showing the actual number of NHS sight test completed in the borough indicate that the take-up of sight tests in Barking and Dagenham is lower than neighbouring boroughs. They also suggest that the proportion of people over 60 who receive a regular sight test may be lower in Barking and Dagenham than found elsewhere by RNIB.

#### ***FINDING***

At least 90,000 eye tests should be done in Barking and Dagenham each year. During 2014-15 35,236 free NHS eye tests were undertaken in the Borough. This suggests that about 1 in 5 (19.2%) of all men, women and children in Barking and Dagenham had an NHS eye test during 2014-15. The corresponding figures were 1 in 3.7 people in Havering (27%) and 1 in 4.4 in Redbridge (23%). This suggests lower take up of free eye tests in Barking and Dagenham compared to other areas

*(Source: Local Optical Committee Support Unit)*

### **The Prevalence of Common Eye Conditions in Barking and Dagenham**

4.13 The number of people with eye health issues increases with the age, with the vast majority of visually impaired people being over the age of 65.

4.14 There are five major causes sight loss in adults living in the borough:

1. Long and short sightedness and other refractive errors;
2. Age- related macular degeneration;
3. Glaucoma;
4. Diabetic retinopathy; and
5. Cataracts.

4.15

### **Refractive error**

Refractive errors, conditions where there is a problem with the focusing power of the eye, are very common. They are usually corrected by glasses or contact lenses. 'The most common types of refractive error are 'myopia' (short-sightedness), 'hypermetropia (long-sightedness) and 'astigmatism' (causes blurry vision up close and in the distance)'.  

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*Source: NHS website*

#### **FINDING**

There is little information available on the numbers of adults in Barking and Dagenham who have refractive errors and need glasses. This is because this information is not collected by the borough or the Government. This is also the case across London and England.

*Source: National Epidemiology of Eye Health database*

4.16

### **Age-related macular degeneration (AMD)**

Central vision is used to see what is directly in front of you. In AMD, your central vision becomes increasingly blurred, leading to symptoms such as difficulty reading, colours appearing less vibrant and difficulty recognising people's faces.  

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*Source: NHS website*

#### **FINDING**

In Barking and Dagenham it's likely that there are approximately 5354 adults who are or have been affected. The rate of new certifications of people with macular degeneration is in line with the expected rate of registration for the population of Barking and Dagenham.

*Source: National Epidemiology of Eye Health database*

4.17

## **Glaucoma**

Glaucoma develops when the fluid in the eyeball cannot drain properly and pressure builds up, known as the intraocular pressure. This can damage the optic nerve and the nerve fibres from the retina (the light-sensitive nerve tissue that lines the back of the eye).

*Source: NHS website*

### **FINDING**

In Barking and Dagenham it is likely that there are approximately 1565 adults who are or have been affected. LBBB has a lower rate of glaucoma certifications than England (11.2 per 100,000 compared with 12.5 in England aged 40 +). This suggests that people with glaucoma may not be aware that they have it and may only discover that they have it when an emergency happens, which means the opportunity for early intervention is lost.

*Source: National Epidemiology of Eye Health database*

4.18

## **Diabetic retinopathy**

Diabetic retinopathy is a common complication of diabetes. It occurs when high blood sugar levels damage the cells at the back of the eye (known as the retina). If it isn't treated, it can cause blindness.

*Source: NHS website*

### **FINDING**

Diabetic retinopathy is a common complication of diabetes that is not controlled. In Barking and Dagenham it is likely that there are approximately 2834 adults with the condition.

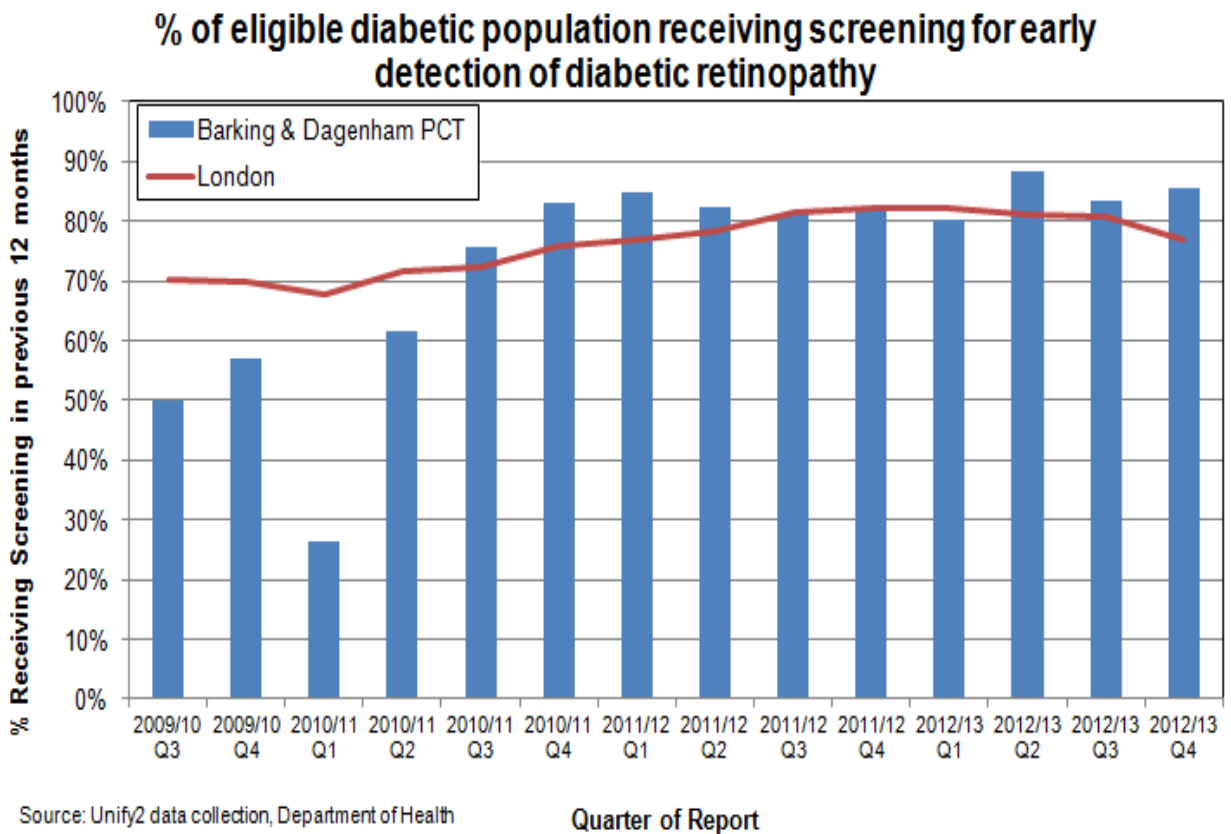
*Source: National Epidemiology of Eye Health database*



## Prevention of Diabetic Retinopathy

- 4.19 Diabetes is the leading preventable cause of sight loss and this can be detected via the Diabetic Retinopathy Screening Programme Screening, which is provided for all people with diabetes. In this way damage is detected early, at a stage where sight loss can be avoided.
- 4.20 Graph 5 shows the percentage of the diabetic population receiving screening for early detection of diabetic retinopathy over the last four years.

**Graph 5**



### **FINDING**

This shows that in Barking and Dagenham the uptake of retinal screening is good at 79% of those offered (Graph 4). This can still be improved and it is important that residents with diabetes know that being screened could help to stop them becoming visually impaired.

*Source: National Epidemiology of Eye Health database*

4.21

### **Cataracts**

A cataract is cloudiness of the lens (the normally clear structure in your eye which focuses). They can develop in one or both eyes.

The cloudiness can become worse over time, causing vision to become increasingly blurry, hazy or cloudy.

Most cataracts develop with age, although rarely babies are born with cataracts or children develop them while they are still young

*Source: NHS website*

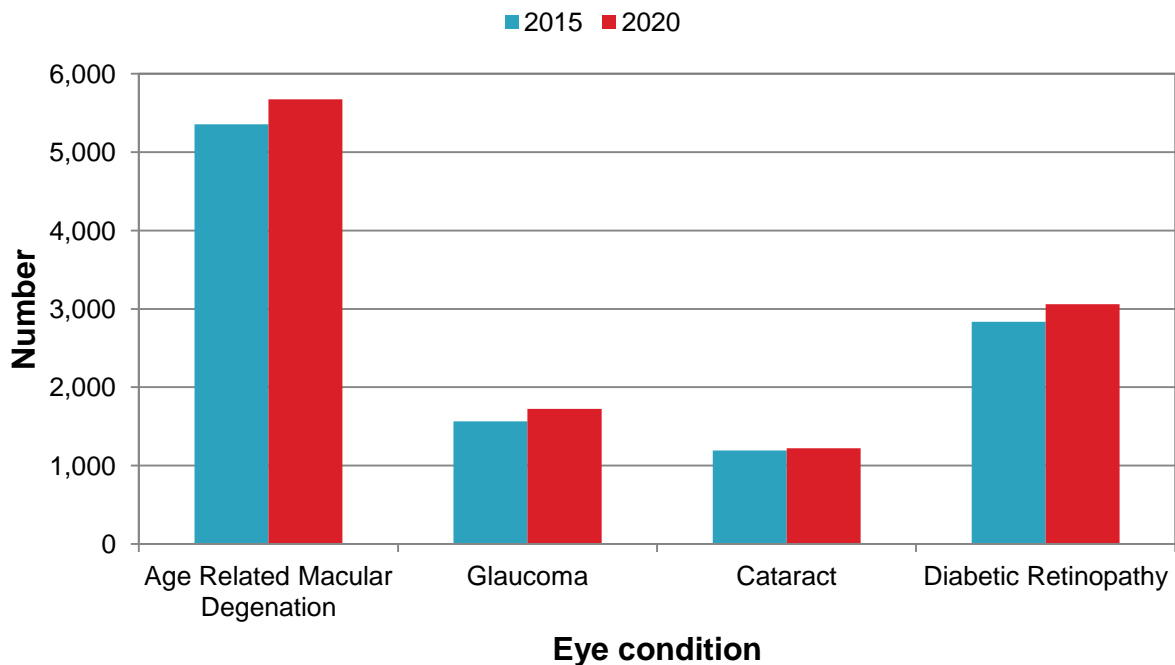
### ***FINDING***

In Barking and Dagenham it is estimated that there are approximately 1195 adults who have cataracts.

*Source: National Epidemiology of Eye Health database*

## Future Prevalence of Common Eye Conditions

4.22 **Graph 4: Eye conditions – estimated number of LBBB residents aged 20+ years with selected eye conditions, 2015 compared with 2020**



### ***FINDING***

As Graph 4 shows, it is predicted that there will be a modest increase in the number of residents living with these eye conditions by 2020. Whilst the predicted increase is lower than that for other boroughs (because the rate of increase in older people in the borough is projected to be modest) it is still essential for service providers to think about prevention and early intervention because by 2020, the number of people living with the following conditions is likely to increase to:

- Macular degeneration - 5673
- Glaucoma - 1723
- Cataract - 1221
- Diabetic retinopathy - 3000.

*Source: National Epidemiology of Eye Health database*

## Eye Health in Childhood and Adolescence

### Eye Tests in Children

- 4.23 Children in the borough are screened for eye defects shortly after birth, when they are six weeks old and just before they go to school. The NHS recommends that all children have a sight test every two years and that children who need glasses have one more often.

#### ***FINDING***

Eye tests and glasses are free for children but are not provided routinely and it is necessary for the child's parents to initiate them.

*Source: Local Optical Committee Support Unit*

### Common Eye Conditions in Children

- 4.24 There are three major eye conditions affecting children but it must be stressed that the numbers of visually impaired children are much lower than is the case with older adults.
- 4.25 The conditions are:
- Refractive error;
  - Lazy eyes; and
  - Squints and problems with using both eyes together.

#### 4.26 **Refractive Error**

(See definition above at 4.15).

#### ***FINDING***

It is estimated that 1,314 children in the borough experience refractive difficulties.

*Source: Local Optical Committee Support Unit*

4.27

### Lazy Eye or Amblyopia

A lazy eye, (amblyopia), is a childhood condition that occurs when the vision in an eye does not develop properly. This usually means that the child can see less clearly out of one eye and relies more on the "good" eye. A lazy eye does not usually cause symptoms. In some cases you may notice that one eye looks different to the other. However, this is usually a sign of another condition that could lead to a lazy eye, such as a squint (see below).

*Source: NHS website*

#### **FINDING**

In Barking and Dagenham it is likely that there are approximately 1,251 children affected by this.

*Source: Source: Local Optical Committee Support Unit*

4.28

### Squints (strabismus)

A Squint (strabismus) is a condition where the eyes point in different directions. They usually develop before five years of age but can appear later.

*Source: NHS website*

#### **FINDING**

It is estimated that 3,003 children in Barking and Dagenham are affected by squints.

*Source: Source: Local Optical Committee Support Unit*

## **Prevention of Eye Conditions in Children**

- 4.29 While some children are born visually impaired much can be done to prevent children and young people developing sight loss. Safe and effective maternity services help to avoid children being exposed to risks during important stages of child and infant development. Mother's can, for example, be helped to stop smoking and limit drinking alcohol so that risks such as retinopathy due to premature birth can be minimised.

## **Future Prevalence of Common Eye Conditions in Children and Vulnerable Groups**

- 4.30 The major eye health issue for Barking and Dagenham is as a result of the large growth in numbers of children in the borough, set against the increase in the number of people with moderate and severe learning difficulties (LD) surviving into adulthood. As a result we'll see a large bulge in young adults with visual impairments which makes focussing upon prevention all the more critical.

### **Vulnerable groups**

- 4.31 Research undertaken on behalf of RNIB and SeeAbility<sup>2</sup> showed that people with a learning disability are 10 times more likely to experience sight loss than the general population. Up to half of people with a learning disability have a visual impairment but this group is also the least likely to get the eye care that they need. It is often difficult for people with a learning disability to access a sight test. There are various reasons for this including the fact that tests can take much longer and often require special techniques and skills which most optometrists are not trained to use. Coupled with this the things people do in an attempt to adapt to sight loss are often misinterpreted as "challenging behaviours" that result from a person's learning disability. These findings were mirrored by the outcome of a specialist sight test pilot project undertaken in central London and published in August 2015.
- 4.32 The project, conducted by SeeAbility and Local Optical Committee Support Unit, found that 52% of those seen had an eye health problem which could have led to sight loss and two thirds needed glasses. Amongst other conditions, the project identified people with untreated eye conditions such as cataracts, glaucoma and diabetic retinopathy and keratoconus (see definition below).

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<sup>2</sup> (Emmerson et al, 2011)

## Keratoconus

A condition in which the window of the eye progressively thins causing a cone like bulge to form.

*Source: NHS Moorfields Eye Hospital website*

### 4.33 Key findings included:

- 30% of all people were referred on to their GP or Hospital Eye Service.
- Following their sight test, 63% of individuals are wearing prescribed glasses.
- 50% of people had not had a sight test within the past two years.

4.34 This is a significant issue for Barking and Dagenham which has the second highest population of people with a learning disability in London (second only to Croydon). Local residents told us that it was very difficult to find a local optician who would examine someone with a learning disability. In response to this the Local Enhanced Optometry Contract for people with a learning disability was let, as part of the Bridge to Vision Project.

**Friendly eye tests**  
For people with a learning disability

For more advice and information, please contact the Community Learning Disabilities Team: 020 8227 5432

People with a learning disability are 10 times more likely to have a sight problem.

✓ I must get a sight test at least every 2 years.

✓ I need an optician who understands and gives me more time.

✓ I must wear my glasses if I need them.

Barking and Dagenham Council wants to help improve eye care for local people with a learning disability.

We work with opticians to help you get the service you need.

This is a list of opticians where you can go for a friendly eye test.

 Care Optics 3 Farr Avenue, Thames View, Barking, IG11 0EY 020 3551 6076	 JH Paters 192 High Road, Chadwell Heath, RM6 8LJ 020 8590 7590
 Care Optics 327a Cole Street, Dagenham, RM9 4TR 020 8592 6060	 Shiva Opticians 433 Becontree Avenue, Dagenham, RM8 3UH 020 8586 1119
 Henry Morgan 276 The Hoathway, Dagenham, RM9 9CU 020 8592 1033	

Look out for this special notice in optician windows

**Bridge to Vision**  
Friendly eye tests for people with a learning disability



## 5. The Range and Quality of Local Eye Care Services

### Performance against the 'Seeing it My Way' Charter

5.1 Seeing it My Way is a national charter which sets out what visually impaired people have said they want from eye care services, to enable them to live the lives they want. It says that services for people with partial and severe sight loss should support them to:

- Understand their eye condition and the registration process
- Have someone to talk to;
- Can look after themselves, their health, home and family;
- Receive statutory benefits and information and support that they need;
- Can make the best use of the sight they have;
- Can access information making the most of the advantages that technology brings;
- Can get out and about;
- Have the tools, skills and confidence to communicate;
- Have equal access to education and lifelong learning; and
- Can work and volunteer.<sup>3</sup>

5.2 The HASSC noted from the information it received at the workshop that the following range of services is available to local people:

- Sight tests are available at optician practices located in a number of locations within the borough;
- Diagnosis and treatment services are accessed from ophthalmologists from Queen's Hospital, Moorfields Eye Clinic at Upney Lane and Moorfields Eye Hospital in City Road;
- The Council employs two qualified Rehabilitation Officers for visually impaired people and a specialist worker for people with hearing and sight loss;
- Mutual support is available via VIPERS and the local branch of the Macular Disease Society;
- Take up of the Diabetic Retinal Screening Programme is high;

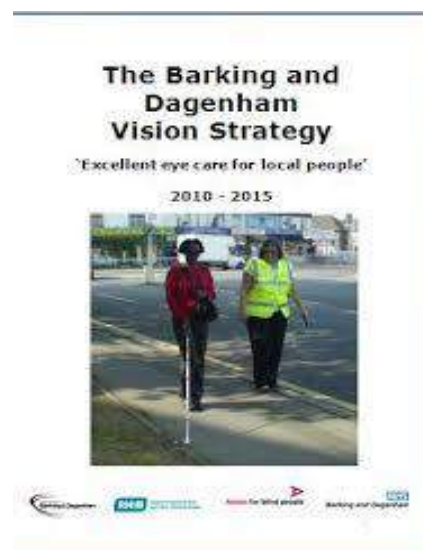
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<sup>3</sup> Seeing it my way, RNIB: <http://www.rnib.org.uk/about-rnib-what-we-do-uk-vision-strategy/seeing-it-my-way>

- Take up of Low Vision aids is supported by the Low Vision Service at Queen's and the Lighting and Magnifier Workshop (run by the Council);
- Bridge to Vision enhances access to eye care by people with a learning disability and the Thomas Pocklington and East London Vision charities are active locally; and
- The borough has a well used Diabetic Retinal Screen Programme.

## A Local Vision Strategy

5.3 In 2010 LBBDD was also one of the first London boroughs to publish a local Vision Strategy ("Excellent Eye Care for Local People, 2010-2015"), in line with the UK Vision Strategy. The Vision Strategy Group has led the development of innovative new services such as the Magnifier and Lighting Workshop and Bridget to Vision, an enhanced service for people with a learning disability. It also organises engagement events twice yearly to promote eye health, showcase services and bring the public together with professionals to improve communication.

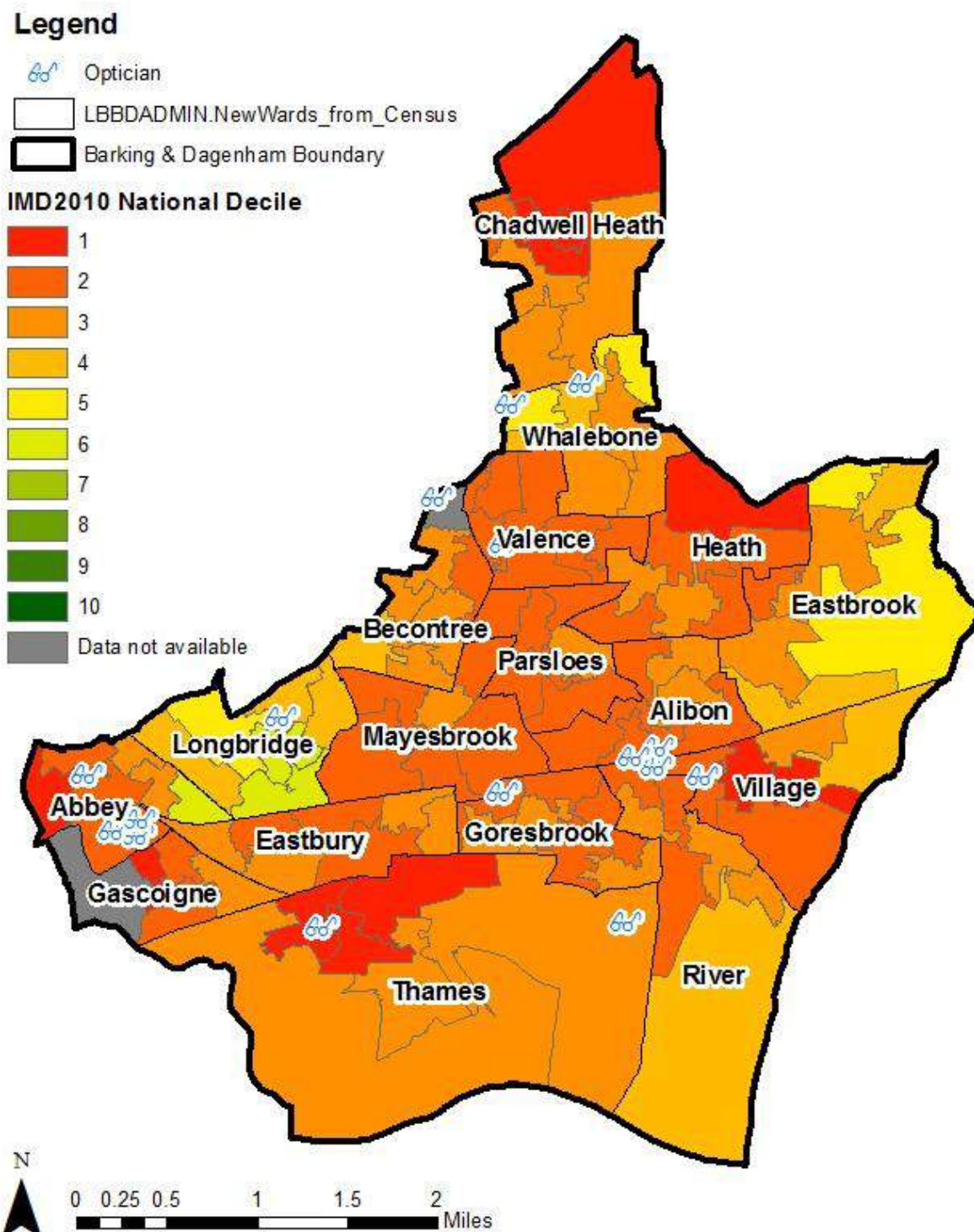


## Low Vision Services

- 5.4 Until 2013 the Council and the Clinical Commissioning Group jointly commissioned a Low Vision Service at Porters Avenue. This was inspired by the model developed by RNIB at the Judd Street Resource Centre, which combined Optometry and Rehabilitation, concentrated on goals set by service users and provided follow-up to ensure continued use of the low vision aids supplied. The service was, however, cut to achieve efficiency savings.
- 5.5 The Magnifier and Lighting Workshop was established by the Council in 2014 with the aim of partially filling the gap left when the Porter's Avenue Low Vision Services was closed. The aim is to communicate the benefits of low vision aids to the public in a clear and simple way, free from jargon. People in need of these services are supported to access the equipment that they need and offered follow-up support to assist them to use it effectively.

## Accessibility of Local Optometrists in the Borough

- 5.6 Members requested data showing the spread of optometrists in Barking and Dagenham to see whether all communities living in the borough have reasonable access to a local optometrist. The map below shows the spread of optician practices across the borough and levels of deprivation (red areas are the most deprived). Members felt that the spread of optometrists was reasonably good but noted that provision is however, more limited in a small number of wards.



## 5.7 HASSC's View on the Overall Range of Eye Care Services Available Locally

### ***FINDING***

Members came to the view that locally there is a range of good quality services that measure up well to the challenges set by 'Seeing it My Way' and the UK Vision Strategy.

## 6. Service Gaps, Challenges and Areas for Development

### Free Eye Tests

- 6.1 The eye care pathway starts with an eye test at a high street optometrist for most people.
- 6.2 Eye tests are free for:
- Young people below the age of 16 (or 18 if in full-time education)
  - People over the age of 60;
  - People on Income Support, Job Seekers Allowance and Universal Credit;
  - People who are registered Sight Impaired and Severely Sight impaired;
  - People diagnosed with diabetes or glaucoma;
  - People over 40 with a close relative diagnosed with glaucoma; and
  - People advised by an ophthalmologist that they are at risk of glaucoma.<sup>4</sup>
- 6.3 The Council and other large employers also pay for eye tests for staff who use Display Screen Equipment and may contribute towards the cost of spectacles.
- 6.4 The HASSC noted that eye tests are free for the majority of the residents of Barking and Dagenham, as many residents fall into at least one of the above categories.

### Barriers to the take-up of eye tests

- 6.5 A study carried out in Leeds<sup>5</sup>, on behalf of RNIB found a strong link between deprivation and the likelihood of not having a free NHS eye test at a local optometrist.
- 6.6 The research highlighted the strong relationship between optometrist practices and the sale of glasses and showed that the true cost of providing eye examinations is at least twice the amount paid by the Government via fees to optometrists. The sale of glasses, therefore, effectively subsidises sight tests by enabling optometrist practices to be profitable, which in turn, allows them to remain in business and carry on offering tests.

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<sup>4</sup> NHS website: <http://www.nhs.uk/chq/Pages/1093.aspx?CategoryID=68&SubCategoryID=157>

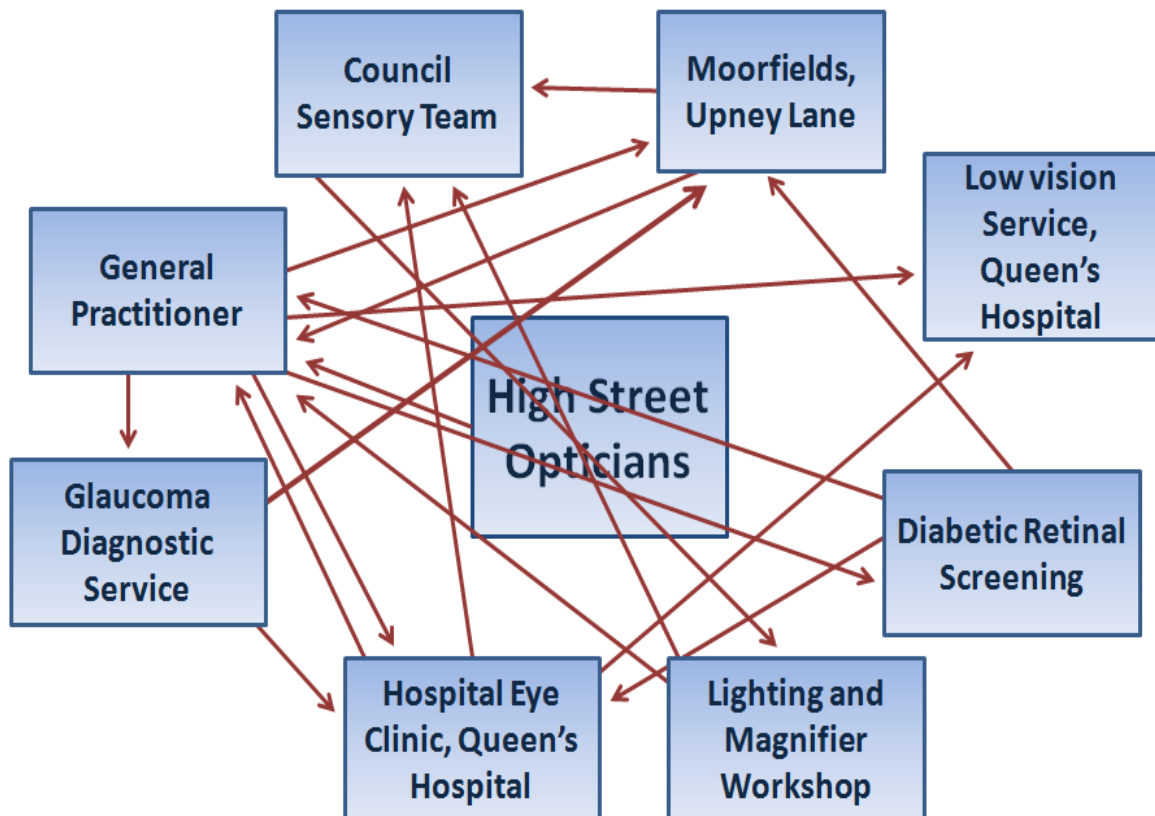
<sup>5</sup> Shickle, D. et al, Address Inequalities in Eye Health with Subsidies, Public Health 129; 2015.

- 6.7 The research found that the fear of having to buy glasses was the major reason that many people gave for not having their eyes examined regularly. Many people did not know that they were in fact entitled to a free sight test and help towards the cost of glasses.
- 6.8 The study recommended that optometrists should be provided with additional funding in boroughs with higher levels of deprivation, such as Barking and Dagenham, so that they can promote sight tests for people who might otherwise not have one.

### The Local Eye Care Pathway

- 6.9 Although this Review has revealed that there is a good range of services that measure up well to the challenges set by Seeing it My Way and the UK Vision Strategy, some stakeholders informed the HASSC that there are important service gaps, challenges and areas for potential improvement. Research also revealed potential barriers and areas for further exploration.
- 6.10 The diagram below shows that the local eye care pathway is not simple or easy to understand for people who need to use it. It is also quite fragmented.

### Barking and Dagenham Eye Care Pathway





- 6.11 Optometrists (opticians) are critical because they are often the first to identify sight problems and eye disease. However, as can be seen in the diagram, they cannot refer people directly to hospital eye clinics or the retinal screening service etc. Instead, they are required to refer people back to their GP who then refers the person on. Similarly, referrals to the low vision service at Queen's Hospital must be made by the hospital clinics or GPs.
- 6.12 Members of HASSC asked the consultant ophthalmologists from Queen's Hospital and Moorfields whether it is possible for someone to transfer their care from the one hospital to the other. Niaz Islam, Consultant Ophthalmologist from Moorfields reported that it is possible for people to transfer, under the 'Choose and Book' system, but that there are problems with the online administrative system which make this difficult to arrange in practice.

### **Low Vision Services**

- 6.13 Since 2013 the only low vision services available to the borough's residents who need special magnifiers and other low vision aids are provided solely by optometrists in a hospital setting. In other parts of the country there are services where optometrists and rehabilitation officers work together to offer general support, clear instruction about how to use equipment and follow up in the community. Research shows that without such support people often fail to use their equipment properly, if at all. This is obviously a potential waste of resources and opportunity.



## 6.14 Case Studies of People using the Local Eye Care Pathway

### ***Sally's Story – The Birth of the Bridge to Vision Project***



This case study is about Sally, who was 32 years old and had a learning disability. She lived with her dad, her brother and her mum, Maureen, in Barking. Sally had a rare genetic condition called 18P-Syndrome. People with 18P- syndrome are thought to be more at risk of developing glaucoma. This condition often develops without obvious symptoms: an eye examination is the only way to detect glaucoma early so action can be taken to prevent unnecessary sight loss.

Around five years ago, Sally, started rubbing her eyes. Maureen took her to the doctors and the GP prescribed drops for hay fever. The symptoms did not go away and Sally described an “itch” on her head - her way of saying she had a headache. Her head became sensitive to touch: Maureen took her back to the GP who suggested Sally had either a thyroid or scalp problem. There was no mention of any eye problems at this stage.

Then one day, Sally's brother offered her a sweet and as she went to take it she missed. This was when Maureen first thought that there could be a serious problem with her sight. Maureen decided to try and test her theory of a potential sight problem. She spread the sweets over a table and asked Sally to pick them up. Sally swept her hand over the sweets; she found them by touching them, not by seeing them.

Maureen called an optometry company and their sight test revealed that Sally had extremely high pressures in both eyes and was losing her sight. Maureen took Sally to the local A&E; staff found it difficult to examine her and asked her to return the next day to see a consultant ophthalmologist. At this appointment, Sally was diagnosed with glaucoma and was urgently referred to Moorfields Eye Hospital where she had surgery. The surgery was successful in managing the glaucoma, but sadly, she had already lost almost all her vision. Sally can now only see light and dark.

Maureen said, “We feel guilty about Sally’s eye condition. We wish we’d noticed it earlier. We wish we had more awareness of sight problems amongst people with learning disabilities”.

Campaigning for better eye care for people with learning disabilities has become Maureen’s passion and she has worked tirelessly to ensure others do not go through the same difficult times as her daughter.

Bill Brittain, Group Manager for Intensive Support of the Barking and Dagenham and Chair of the Vision Strategy Group, added, *“In December 2009 the Barking and Dagenham Vision Strategy Group hosted an eye health event. During a debate session Maureen stood up and told a packed room Sally’s story, highlighting the difficulties Sally had encountered in arriving at a diagnosis for her eye condition.*

*“This was powerful, and shocking. It also made the professionals amongst us “stand up and take notice” and resulted, the following year in the letting of the Learning Disability Enhanced Optometry Contract as part of the Bridge to Vision project”.*

So far, Maureen’s contribution had lead to more than 100 local people taking up the service and the identification of people who need glasses and others who have diabetic retinopathy and glaucoma or other eye conditions.

*This case study was published by the College of Optometry, 7 June 2012.*

## ***The Heathlands Day Centre Story***

People with severe or profound learning disabilities are much more likely to have serious sight problems. Six out of ten people with learning disabilities need to wear glasses.

As part of the local 'Bridge to Vision' project an enhanced optometry service is provided at Heathlands Day Centre, which serves people with moderate and severe learning disabilities. This is provided by Care Optics and started on 20 July 2010.

The service was initially set up because customers who attended Heathlands, who all had profound and complex learning disabilities, and/or autism, were generally unable to access high street opticians. This was due to:

- Lack of awareness amongst staff and carers;
- Physical access problems for people with impaired mobility or wheelchair users; or
- Behaviour difficulties (not just behaviour that challenges but many customers would shut or cover their eyes).

It was discovered that one customer had glaucoma and was going blind. This had not come to light before due to the customers' communication difficulties and a general lack of awareness regarding vision. The carer of the customer in question raised this problem at the borough's Eye Strategy Group and it eventually resulted in an enhanced service being commissioned by the Primary Care Trust (now the CCG). As part of the Bridge to Vision project staff received specialist visual impairment awareness training which put them in a better position to highlight any difficulties customers are experiencing.

The service has had a very positive impact, achieving excellent outcomes for the people who use it. Success owes much to the fact that customers are familiar with the environment at Heathlands and are supported by staff they know, which reduces anxiety.

Continuity in the staff carrying out the screenings to detect sight problems means that relationships have been developed which allows for a more thorough eye test to be carried out. Customers who were reluctant or initially showed a lack of willingness were encouraged to gradually build tolerance by going into the room every time a screening session takes place. Desensitisation work for people with autism took place which meant more people were taking eye tests.

Free trial glasses have been given to customers to build tolerance of wearing glasses prior to purchase. Glasses have changed the way some people see their world. There has been a noticeable difference. Recommendations and advice are shared with carers and staff regarding the best ways of working and supporting customers through their environment, for example, lighting, text size, distance and contrast.



This is a valuable service that has produced real outcomes for customers with profound and complex learning disabilities who attend Heathlands. When this service was first introduced very few customers were having eye tests. Now almost all are receiving one regularly. The outcomes listed below provide evidence of how a good quality service can improve the lives of people with learning disabilities:

- 38 customers have been seen by the optometrist.
- Six are now seeing by their own opticians.
- 19 customers have been issued glasses, including one pair of bifocals and one pair to support a customer who is Photophobic.
- One customer has been referred to their GP for an ophthalmic surgeon assessment.
- Two customers have been found to have cataracts.
- 11 customers are short-sighted.
- Eight customers are long-sighted.
- Two customers are long and short-sighted.
- Two customers with keratoconus who previously did not want to, had eye tests
- Two customers were already registered blind and one has been recommended to be registered blind.

*Carol Hackett – Manager, Heathlands Day Centre.*

## **Submissions by the Local Optical Committee and the Thomas Pocklington Trust**

- 6.15 The Local Optical Committee (LOC) and the Thomas Pocklington Trust made submissions to the HASSC (provided at Appendices 3 and 4) to support this Review. Their submissions are summarised here.
- 6.16 NHS funded eye care services should move away from outmoded delivery models. High street opticians are well placed to play an increased role in identifying eye disease at an early stage such as diabetic retinopathy, cataracts and glaucoma and services in the community would be more accessible for local residents than those located at the hospital, whilst potentially also being cheaper to deliver.
- 6.17 Community optometrists are not currently able to refer patients directly to the hospital for low vision and other services but are required to first refer them back to their GP. This can result in delays for patients and a failure to feed back information about subsequent treatment plans to the optometrist.
- 6.18 Service duplication would be reduced if optometrists undertook diabetic retinopathy screening and only referred people to the hospital who had tested positive for glaucoma on more than one occasion. This would be simpler for patients and reduce their anxiety levels.
- 6.19 A community based low vision service run from optometrist practices would offer adults with sight loss quicker access to low vision aids such as magnifiers and lighting, and support closer to home. It could also significantly increase the supply of low vision practitioners and make community follow-up more feasible.
- 6.20 There is a continued need for an enhanced optometry service for people with a learning disability to counteract the higher incidence of visual impairment amongst this group and the significant barrier that they face in accessing the services that they need.
- 6.21 An Eye Clinic Liaison Officer should be in place at Queen's Hospital, King George Hospital, Barking Community Hospital to provide emotional support and information at the point of diagnosis, increase the number of people registered as Sight Impaired and Severely Sight Impaired and ensure that people get the help that they need from the Council's Sensory Team and other services.
- 6.22 There should be a child screening programme for all reception aged children (5 year olds) to help identify and address eye problems early.

## 7. Conclusions and Next Steps

- 7.1 The Scrutiny has shown that eye care services in Barking and Dagenham generally compare well with national benchmarks. There is a reasonably good supply of optometrist practices spread across the borough; diagnosis and treatment is available at Queen's Hospital and Moorfields in Upney Lane, rehabilitation, support and information is offered by the Council and there are a number of local and national groups active locally.
- 7.2 The Review, however, uncovered some potential areas within the eye care pathway where it may be possible to develop services so that they are even more responsive and accessible to local people.
- 7.3 Stakeholders of this Review were of the view that if more primary eye care services were delivered from high street optometrist practices this would reduce duplication and confusion for service users whilst also making access easier and reducing costs. Stakeholders raised issues around administration systems which can make it difficult for patients to transfer from one eye care provider to another (e.g. from Moorfields to Queen's) if they wish to.
- 7.4 Stakeholders also suggested that improvements should be made to local vision services so that they focus even more on goals set by service users and provide them with the support that they need to use equipment effectively.
- 7.5 The HASSC therefore recommends that the Health and Wellbeing Board oversees reviews by Barking and Dagenham Clinical Commissioning Group (CCG) of the local eye care pathway and the clinical benefits of community optometrists being able to refer patients directly to hospital eye clinics and other services rather than having to do this via GPs.
- 7.6 The HASSC agreed that with the view that an Eye Clinic Liaison Officer should be in place at local hospitals (Queen's and King Georges) to provide emotional support and information at the point of diagnosis and to ensure that people get the help that they need from the different range of services available locally. The HASSC therefore recommends that the Health and Wellbeing Board asks the CCG to consider the benefits of commissioning an Eye Care Liaison Officer for local residents, to ensure that people with newly acquired sight loss are provided with support at point of diagnosis and signposted to appropriate services.

- 7.7 The HASSC noted that since 2013 the only low vision service available to residents who need low vision aids are provided solely by optometrists in a hospital setting. The lack of wider availability of such services could mean that people are not accessing support and advice to use their equipment properly, leading to a poorer quality of life. The HASSC therefore recommends that the Health and Wellbeing Board asks the CCG to consider whether cost-effective improvements could be made to local low vision services to ensure that that visually impaired people are able to make ongoing, beneficial use of magnifiers and other equipment provided to them.
- 7.8 Research conducted in Leeds by RNIB demonstrated that take-up of free NHS eye test in poorer areas is much lower than it is in affluent neighbourhoods. This has serious implications in terms of the prevention of avoidable sight loss. Given that many people in Barking and Dagenham live on very low incomes the same issue is likely to apply locally. The HASSC therefore recommends that the Health and Wellbeing Board oversees a local communication campaign undertaken by the Council's Public Health Team emphasising the importance of having regular eye tests, whilst also delivering other important eye care messages.
- 7.9 The HASSC noted that eye tests and glasses are free for children but are not provided routinely and it is necessary for the child's parents to initiate them. The HASSC therefore recommends that the Health and Wellbeing Board considers a range of options to 'make every contact' count and introduce a scheme or schemes to encourage and possibly incentivise parents to arrange an eye test for their child prior to starting school.
- 7.10 After the publication of this report, the report will be submitted to the Health and Wellbeing Board, who will decide whether to agree the recommendations. If the recommendations are accepted, officers and partners will work together to draw up an action plan describing how the recommendations will be implemented. In six months' time, the HASSC will receive a monitoring report explaining the progress of the implementation of the recommendations.



## **The HASSC would like to extend its thanks to the following for contributing to this Review:**

- The Local Optical Committee (representing local opticians);
- The Vision Strategy Group
- Ophthalmologists from Queen's and Moorfields Hospitals
- Edward Watts Opticians - providing a Low Vision service at Queen's Hospital
- Choices Independent Living Agency
- Thomas Pocklington Trust
- East London Vision
- Macular Disease Society
- VIPERS (local organisation of visually impaired people)
- The Magnifier and Lighting Workshop
- Bridge to Vision
- The Council's Sensory Impairment service
- Electronic visual aids

## **Officer Support for this Review**

Members also thank the following Council officers for their support during this Review:

- Anne Bristow: Corporate Director of Adult & Community Services and the HASSC Scrutiny Champion
- Bruce Morris: Divisional Director, Adult Social Care
- Bill Brittain: Group Manager, Intensive Support
- Sue Lloyd: Public Health Consultant
- Masuma Ahmed: Scrutiny Officer, Legal & Democratic Services



# Appendices

## Scene Setting Presentation by Thomas Pocklington Trust: Summary Notes

### Current and future prevalence

There appears to be a big disparity nationally between the number of people living with sight loss and the number of people registered as blind or partially sighted. Approximately two million people in the UK are living with sight loss but only 360000 people are registered as blind or partially sighted. The Royal National Institute for the Blind estimate that approximately 3910 people are living with sight loss in Barking and Dagenham but only 870 people are registered as blind or partially blind. There are a possible range of reasons for this including:

- It is recognised that certain groups are less likely to present themselves to health services in relation to their eye health.
- People may not realise that their sight is deteriorating as they were getting older.
- People may not notice that they have a refractive error which needs correction with spectacles or lenses, or that they are wearing the wrong prescription spectacles or lenses.

Older people are most affected by sight problems. One in five people aged 75 and over and one in two people aged 90 and over are living with sight loss.

Future demographic changes mean that the number of people in the UK with sight loss is set to increase in line with population ageing. By 2050 the number of people with sight loss in the UK could be nearly four million and by 2020 the number of people living with sight loss in Barking and Dagenham is estimated to increase to 4,330.

### The Impact of Sight Loss

The impact of sight loss can be multiple and the services and support available should reflect this. Individuals who have lost their sight often face significant emotional, financial, social impacts. About 66% of those living with sight loss of working age are unemployed. The vast majority of people living with sight loss wish to work but face significant barriers.

People living with sight loss are at an increased risk of injury from accidents and falls. In some cases this can be put down to them being cared for by unpaid carers who cannot provide the right level of care. Rehabilitation is therefore essential in preventing further health difficulties arising. It can also teach people key skills such as learning how to access information using a computer which can increase employability and prevent social isolation. Even where people do receive rehabilitation the time lag is often too long which means that people deteriorate emotionally and their financial situation worsens rapidly. Timely rehabilitation can result in a lower level of care being provided and is often more much more cost-effective in the long run.

People living with sight loss can face huge challenges in accessing services such as leisure, housing, transport and education. Access to transport can often make the biggest difference to the quality of life of people living with sight loss; however, to get to these services, people suffering from sight loss need to have the right early support including appropriate emotional and motivational support. People living with sight-loss can also sometimes receive a less-equal service due to communication barriers. People with sight loss have reported being asked by their GPs whether they can ask a friend to read their

## Appendix 1

private medical notes to them as they are not always available in an accessible format, which may not respect their privacy or dignity.

### Public Awareness

50% of sight loss conditions are avoidable. If a person has a family history of diseases that affect the eye, the sooner it is investigated, the sooner it can be addressed. Whilst smoking, obesity and hypertension are widely recognised as risk factors for cancer and heart disease, more needs to be done to raise awareness that they are also considered risk factors for certain eye conditions to improve prevention and early intervention. Proper investment in early intervention is crucial in providing good care and in ensuring cost effectiveness. It can reduce the care needs of older people and ensure that more people with sight loss remain in employment.

Research has been undertaken which demonstrates the link between deprivation and poor take-up of sight tests and, hence, the greater risk of preventable sight loss in poorer areas. There is a lack of public awareness and misconceptions regarding primary care eye health services. Many people hold the belief that glasses are unaffordable and therefore avoid visiting their local optometrist, and are unaware that in addition to refractive error, optometrists can pick up serious diseases such as glaucoma and sometimes even stroke, which are may be preventable if detected early. Certain sections of the community may be eligible for free eye tests and help towards the costs of glasses but not all those who are eligible are aware. Potentially, there is therefore less opportunity for early intervention in certain groups.

There is evidence that underprivileged communities in particular have fewer practices in their localities and that there is a variation amongst different ethnic groups when it comes to visits to optometrists. Furthermore, in people with learning disabilities the sight condition may not be picked up because certain symptoms are attributed to their disability. Services need to think of innovative ways to improve take-up of services by these groups to address eye health inequalities in communities. Local authorities can undertake a mapping exercise of optometrists in the Borough and analyse this against the profile of local communities, for example.

### Better Integration between Services

People suffering with eye conditions often report that they are not put at the centre of eye health services they use. They do not always receive the right level of information from key parts of the pathway and there is fragmentation in geographical areas which could be better linked-up. Primary and secondary health services, the local authority and the voluntary sector must achieve better integration and put the person at the centre to provide excellent care all the way along the person's journey. Clinical Commissioning Groups plans should reflect the principle of integration. Health & Well-being Boards which have a duty to promote integration also have an important role. *East London Vision (ELVis) cluster cited as example*

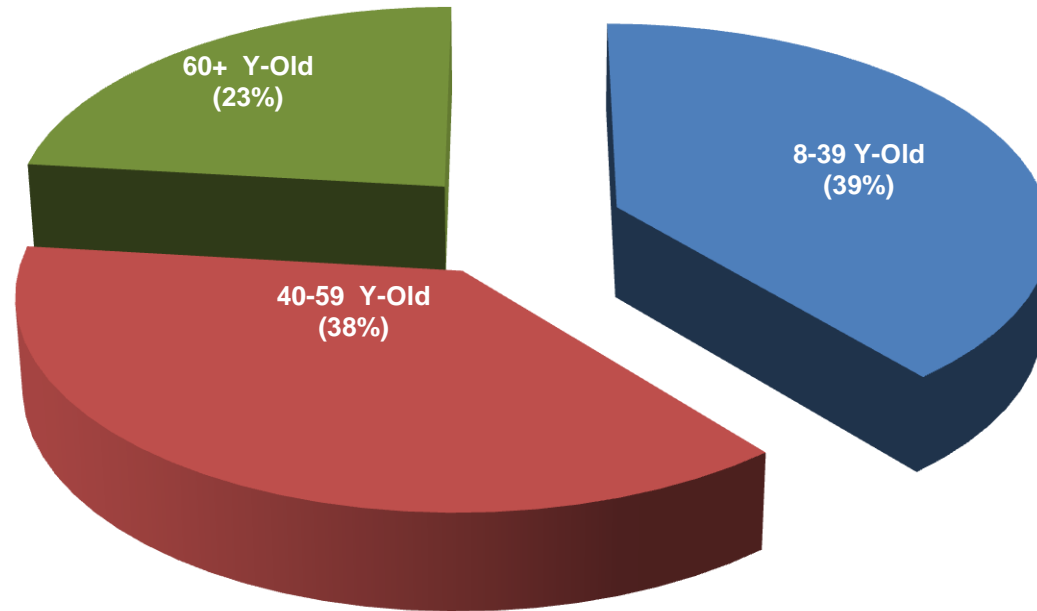
Local authorities should have a Vision Strategy that sets out how this will be achieved and has measurable targets for implementation. Every eye clinic should have an Eye Clinic Liaison Officer to signpost people to relevant services. At the moment only approximately half of eye clinics have this post.

# Eye Health Survey

Barking and Dagenham

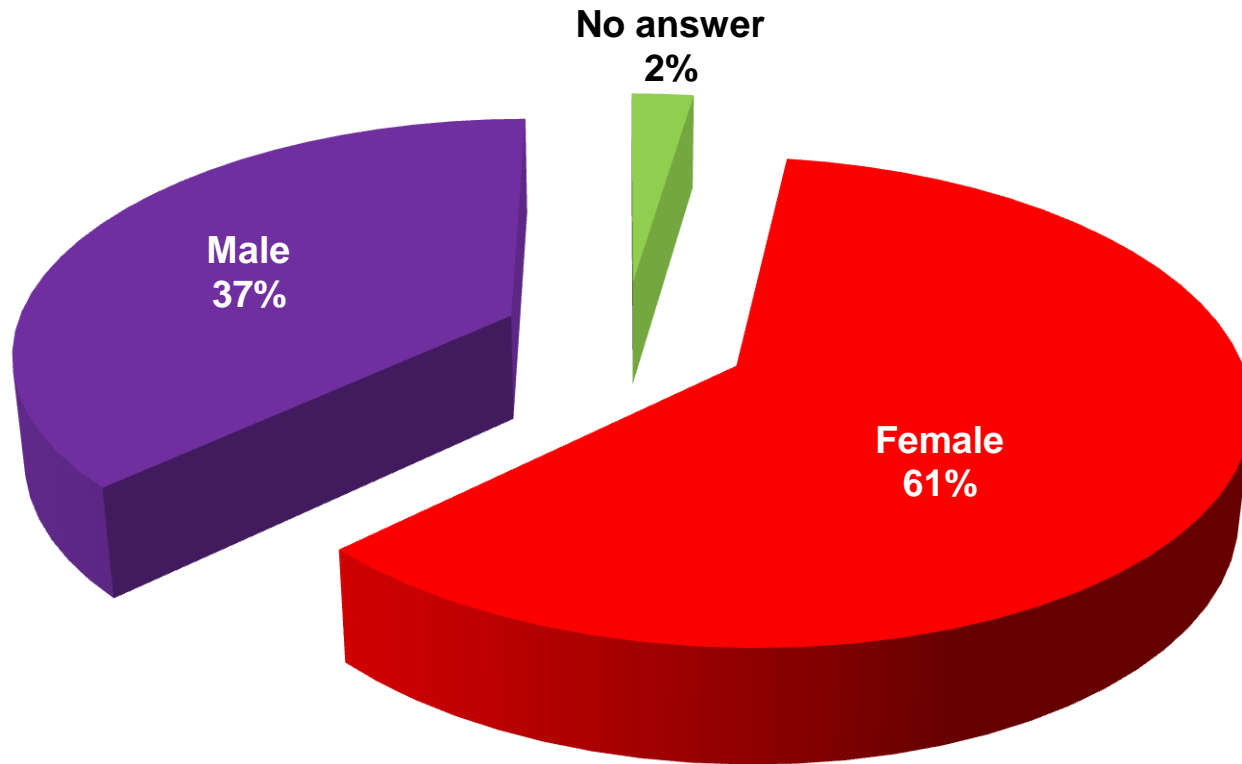
July - August 2015

# Age group



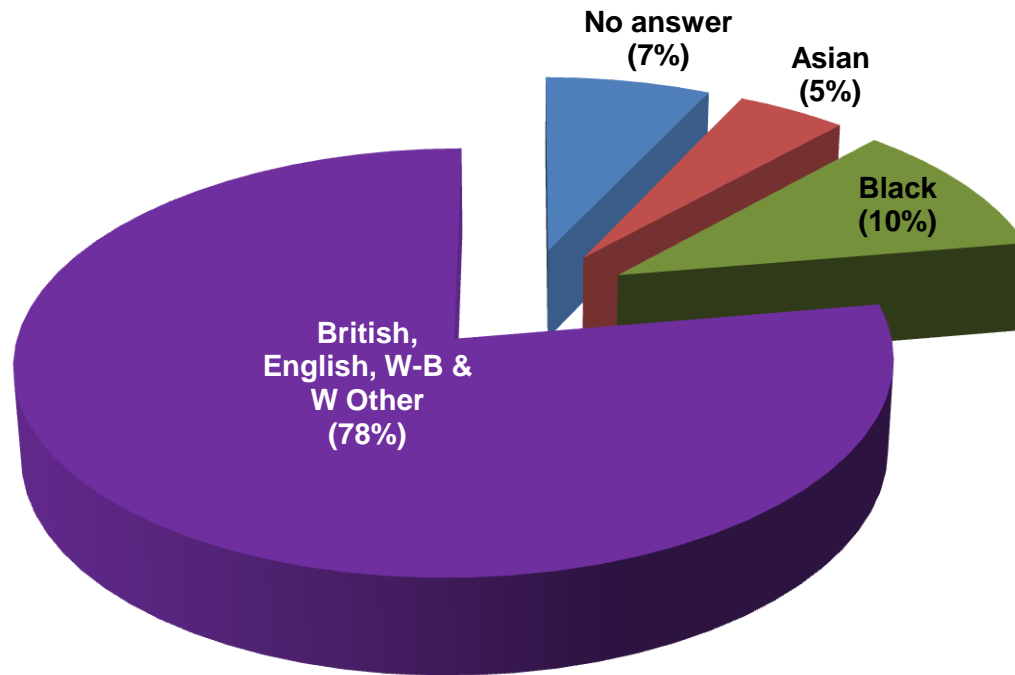
Response: 164 People

# Gender



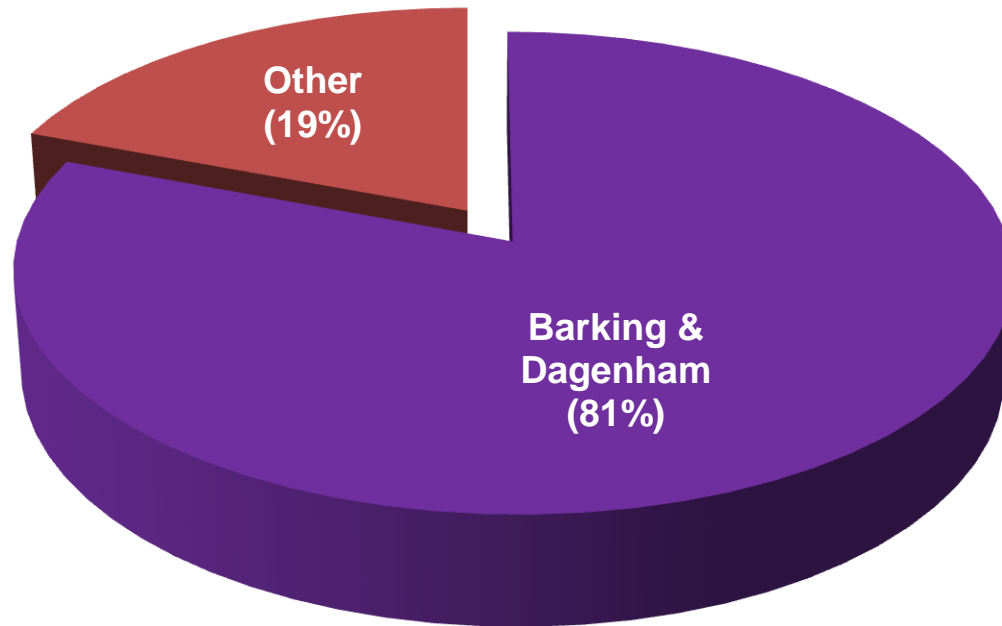
Response: 166 People

# Ethnicity



Response: 170 People

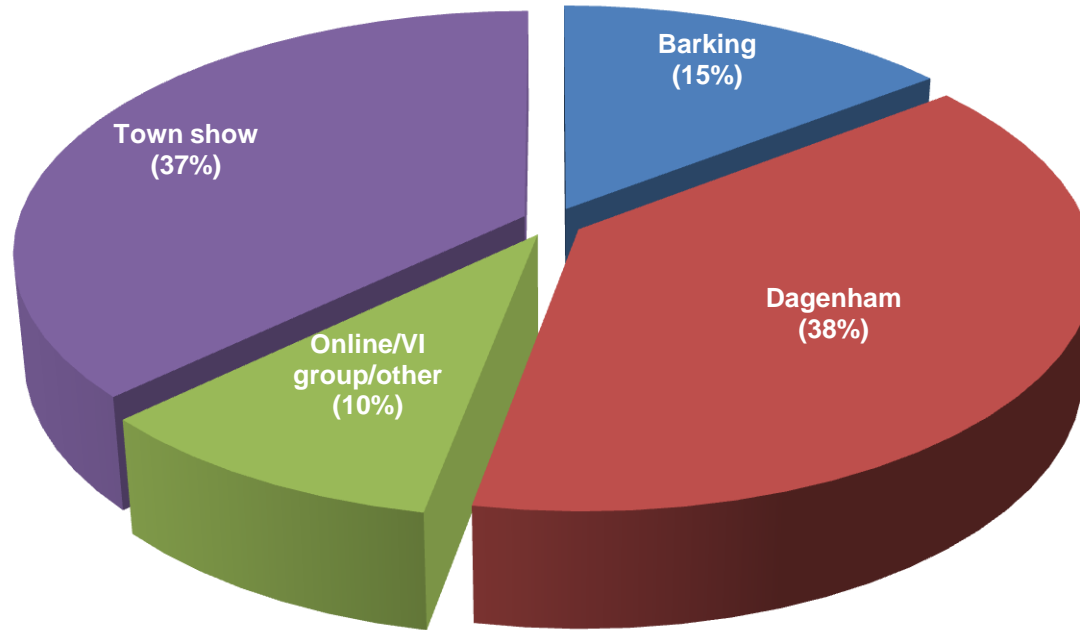
# Where do you live?



Response: 170 People

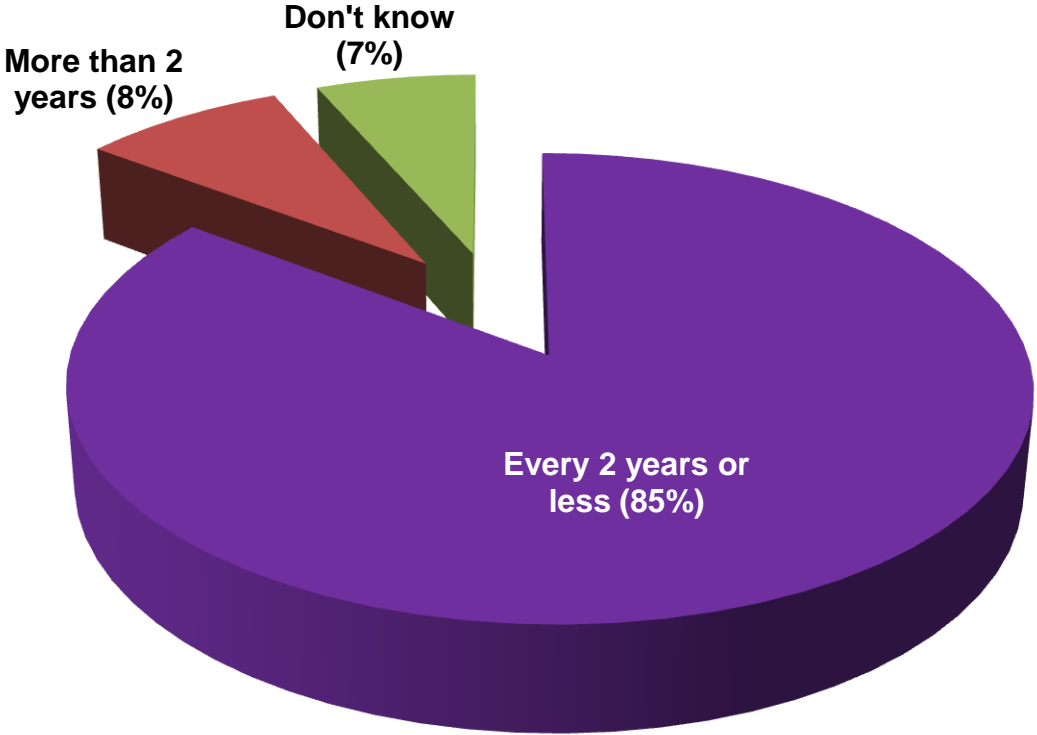


# Where did you hear about this Survey?



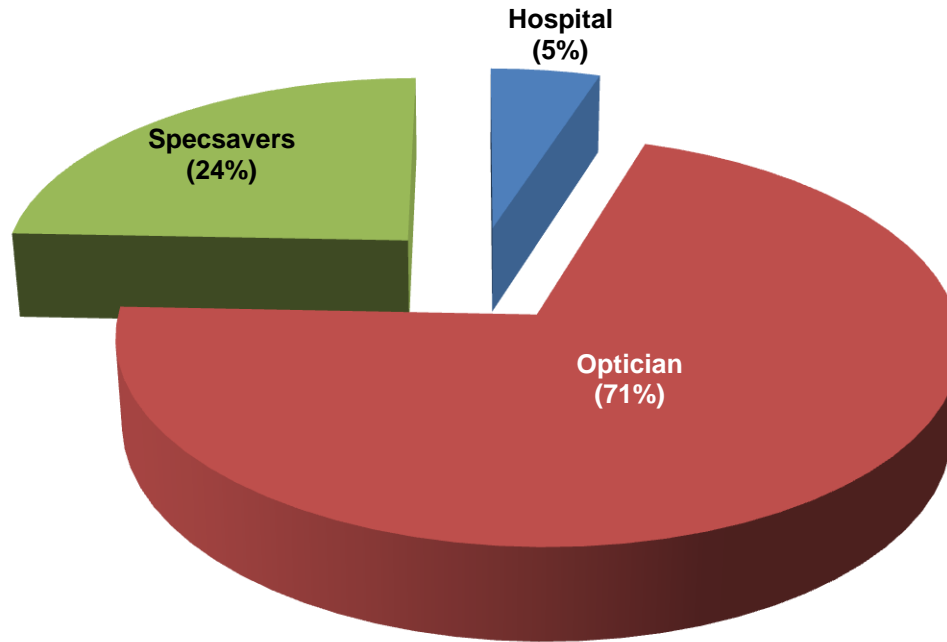
Response: 155 People

# How often do you think 40+ need to test their eyes?



Response: 170 People

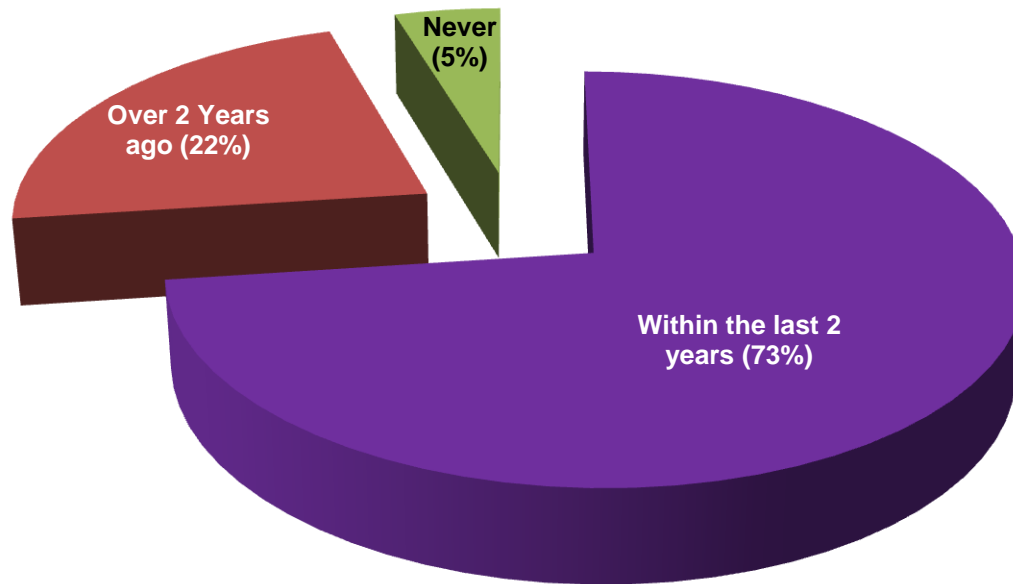
# Where do you go for test?



*Almost 1 in 4 people go to Specsavers!*

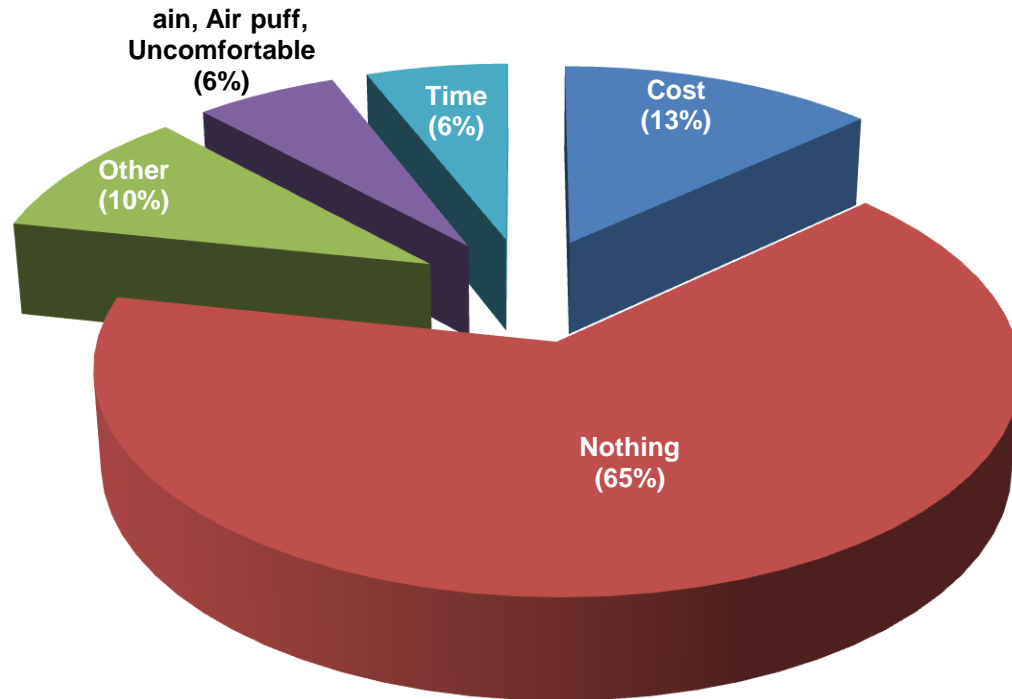
Response: 160 People

# How long ago you had your last test?



Response: 170 People

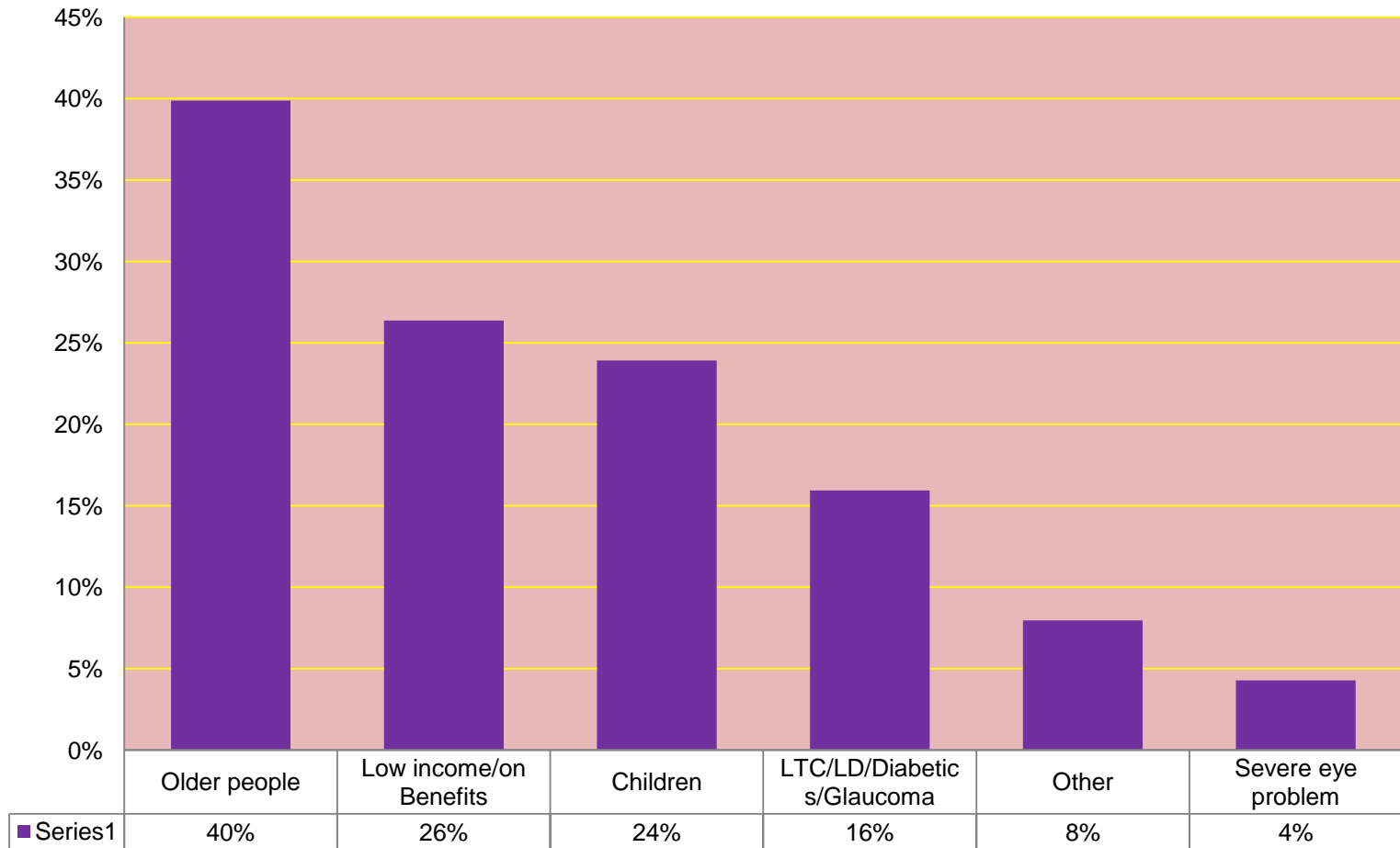
# What put you off going for test?



*Other category mainly includes: Optician's behaviour (N=4), Touching eyes (N=3), Ill-Health (N=2) and travelling*

Response: 152 People

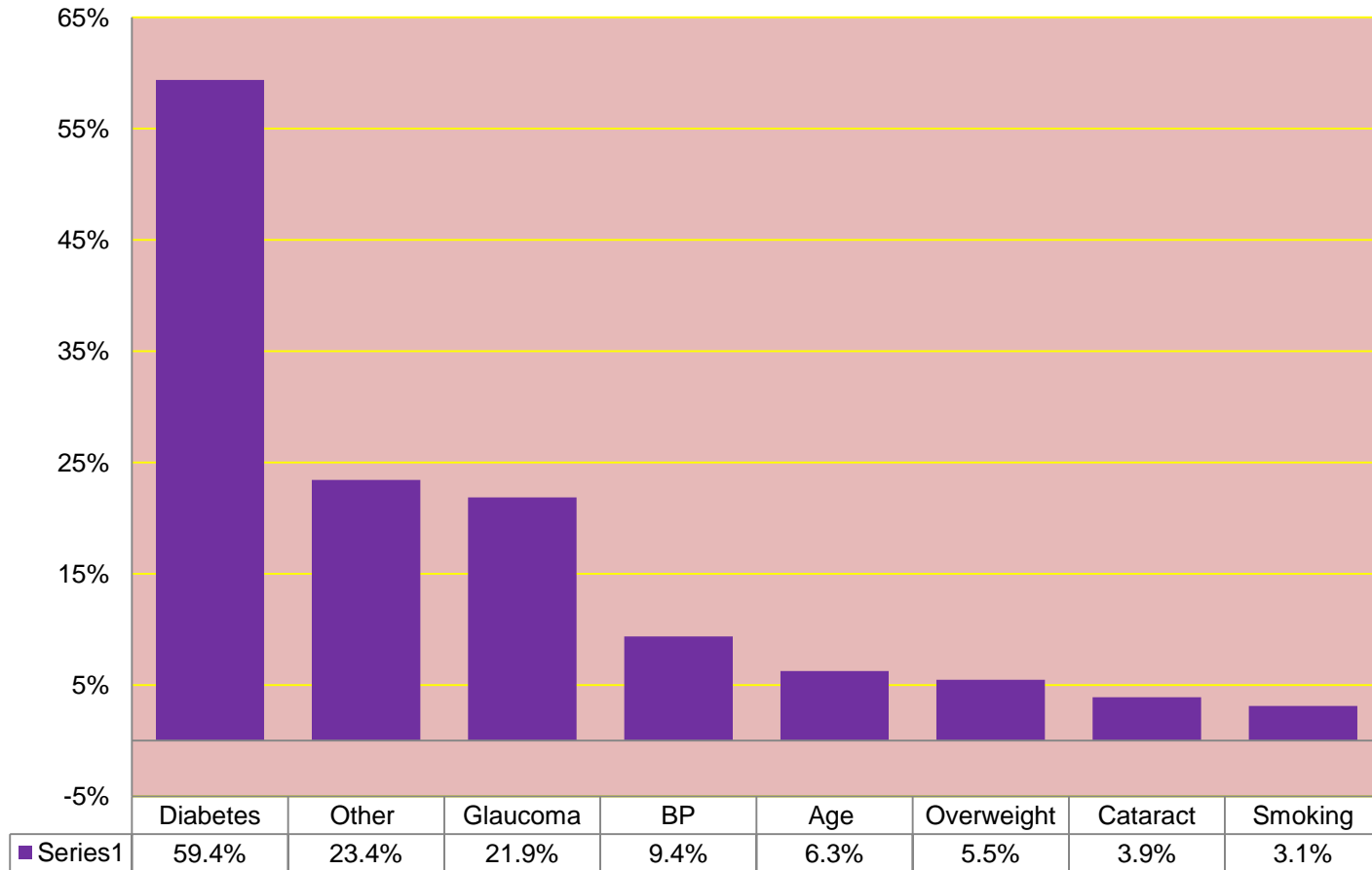
# Who do you think are entitled to free eye test?



*Other category mainly includes: People working with computer and student (in full time education).*

Response: 163 People

# What conditions do you think affect eyes?



*Other category mainly includes: Eye problem (N=5), Stroke (N=3), MSK (N=3) and Brain problem (N=3)*

Response: 128 People

### **Barking & Dagenham Local Optical Committee Submissions**

The Five Year Forward View starts the move towards a different NHS, recognising the challenges and outlining potential solutions to the big questions facing health and care services in England. It defines the framework for further detailed planning about how the NHS needs to evolve over the next five years.

The NHS may be the proudest achievement of our modern society.

It was founded in 1948 in place of fear – the fear that many people had of being unable to afford medical treatment for themselves and their families. And it was founded in a spirit of optimism – at a time of great uncertainty, coming shortly after the sacrifices of war.

Our nation remains unwavering in that commitment to universal healthcare, irrespective of age, health, race, social status or ability to pay and to high quality care for all.

Our values haven't changed, but our world has. So the NHS needs to adapt to take advantage of the opportunities that science and technology offer patients, carers and those who serve them. But it also needs to evolve to meet new challenges: we live longer, with complex health issues, sometimes of our own making. One in five adults still smoke. A third of us drink too much alcohol. Just under two thirds of us are overweight or obese.

These changes mean that we need to take a longer view – a Five Year Forward View to consider the possible futures on offer, and the choices that we face. So this Forward View sets out how the health service needs to change, arguing for a more engaged relationship with patients, carers and citizens so that we can promote wellbeing and prevent ill-health.

It represents the shared view of the NHS' national leadership, and reflects an emerging consensus amongst patient groups, clinicians, local communities and frontline NHS leaders. It sets out a vision of a better NHS, the steps we should now take to get us there, and the actions we need from others.

#### ***Changes in treatments, technologies and care delivery***

Technology is transforming our ability to predict, diagnose and treat disease. New treatments are coming on stream. And we know, both from examples within the NHS and internationally, that there are better ways of organising care, breaking out of the artificial boundaries between hospitals and primary care, between health and social care, between generalists and specialists - all of which get in the way of care that is genuinely coordinated around what people need and want.



Some of the improvements we need over the next five years are more specific to England in mental health and learning disability services.

People with learning disabilities are ten times more likely to have eye problems, but are less likely to receive timely and appropriate care, than the rest of the population.

The aims of this Community Eye Care Pathway therefore are:

- to provide an additional community service, information and support, where appropriate, to enable people with more complex learning disabilities to access NHS eye health services care (e.g. a sight test and any necessary visual correction) in a community setting like everyone else
  - to improve access to front-line eye health services for all people with learning disabilities
  - to minimise stress and distress for all people with learning disabilities when accessing eye care services
  - to provide reporting of the results of the sight test in an agreed format to the patients and their carers where appropriate
- The UK Vision Strategy seeks a major transformation in the UK's eye health, eye care and sight loss services. A determined and united cross-sector approach will make that change a reality. Three strategic outcome areas are identified:
1. Improving the eye health of the people of the UK
  2. Eliminating avoidable sight loss and delivering excellent support for people with sight loss
  3. Inclusion, participation and independence for people with sight loss

Recent studies have shown that the estimated prevalence of visual impairment or significant refractive error in people with learning disabilities is 52.43% in children, 62.3% in the 20-49 age group and 70.1% in the over 50s<sup>12</sup> - far higher than for the population as a whole. Most of this impairment is refractive<sup>12</sup> and can be corrected with spectacles; however people with learning disabilities are less likely to access sight tests and are also less likely to receive visual aids<sup>13</sup>. "Health Checks for People with Learning Disabilities: A Systematic review of Evidence" by Robertson, Roberts and Emerson, sponsored by the Department of Health<sup>14</sup>, also highlights many of the other health inequalities experienced by people with learning disabilities. This Pathway for adults and young people with learning disabilities is designed to enable access to local NHS eye health services for all patients aged 16 years and older with learning disabilities in the most cost-effective way.

### ***The Health and Wellbeing Gap:***

If the nation fails to get serious about prevention, then recent progress in healthy life expectancies will stall, health inequalities will widen, and our ability to fund beneficial new treatments will be crowded-out by the need to spend billions of pounds on wholly avoidable illness.

## Appendix 3

For eyes this means: If people are not advised about eye health and risks and if eye conditions are not detected and diagnosed and treated early enough this will lead to blindness or partial loss of vision.

Local services should be directed towards opticians being used to help pick up these diseases and give advice or refer for treatment. Then opticians should be being utilised as health care professionals in the long-term monitoring of these diseases in conjunction with other specialists avoiding the need to visit the hospital which is inconvenient for the person and often more expensive to provide.

This could include:

### **Detection of Glaucoma & Referral Refinement**

To ensure that only people who are failing glaucoma detection tests on two separate occasions are sent to the hospital. Not everyone should be sent for a double check to the hospital. This is expensive and often a waste of money as they pass the test when repeated at the hospital. Many persons may fail the test once but pass it when repeated as they may be tired, lacking concentration etc and results vary from day to day. Ideally the test should be repeated at different day and time to see whether hospital referral is actually necessary. The benefit of repeating the test at their local optician is that they can chose to do so at a time and date of their convenience.\

The aim of this pathway is to:

- reduce unnecessary referrals to the hospital eye service
- reduce patient anxiety and increase capacity within the overburdened hospital glaucoma clinics
- provide a more cost effective service with a greater number of patients being managed within the primary care setting (closer to home and at more convenient times)

### **Cataract Direct Referral**

Currently if a person is thought to have cataract then a letter is issued for the GP. The patient will then either make an appointment with the GP who will then refer them to the hospital or clinic. On attending the hospital the cataract procedure will then be discussed and some further examination will take place to determine whether the person is suitable or even willing to go ahead with surgery.

A much better idea is to allow opticians to carry out a further assessment and to discuss the procedure and details of the operation with the person. If all is acceptable then a referral is made directly to the hospital or clinic. This would mean that the person was not inconvenienced by an unnecessary visit to the GP (which costs the NHS money and also frees up an appointment which can be offered to someone who needs only the GPs expertise.

## Appendix 3

It is a needless waste of person's time and NHS money sending people to hospital or clinic (such as Upney or Loxford for such a basic service which is more expensive and where they have to travel far from home at appointment times which are inconvenient.

What about the elderly and frail who find it easier to attend a local accessible opticians' practice?

### Minor Eye Conditions (MECS)

The aim of the Minor Eye Conditions Service pathway is to:

- provide a timely assessment of the needs of a patient presenting with an eye condition
- reduce unnecessary referrals to the hospital eye services
- reduce patient anxiety and increase capacity within the overburdened hospital eye health services
- provide a more cost effective service with a greater number of patients being managed within the community setting.

A MECS examination will provide a rapid assessment of the needs of a patient presenting with an eye condition.

The examination will be undertaken by an accredited optometrist within suitably equipped premises who will manage the patient appropriately and safely.

Management will be maintained within the community setting for as many patients as possible, thus avoiding unnecessary referrals to hospital services and providing care closer to home.

Where referral to secondary care is required it will be to a suitable specialist with appropriate urgency.

Patients can self-refer or be referred by GPs, pharmacists, NHS 111 or other optometrists.

- Age-related Macular Degeneration (AMD)
- Flashes and Floaters
- Red Eye

AT PRESENT ALL OF THESE MINOR EYE CONDITIONS ARE ENDING UP AT THE HOSPITAL WHICH IS UNNECESSARY AND EXPENSIVE.

### Adult Low Vision

There are currently 1.8 million people living with sight loss in the UK (Future Sight Loss, RNIB 2008).

One pathway offers adults with sight loss, quicker access to a low vision assessment and support closer to home. In particular, community optical pathway for an Adult Low Vision enhanced service is designed to:

- reduce unnecessary referrals to the hospital low vision service
- reduce patient anxiety and increase capacity within the overburdened hospital clinic
- provide a more cost effective service with a greater number of patients being managed within the primary care setting
- high quality low vision assessment, information and clinical support, and
- where appropriate, low vision aids (LVAs), daily living aids and follow-up in a community setting in a convenient location for them
- provide accredited theoretical training which supports the pathway (jointly designed by the WOPEC and LOCSU to ensure successful delivery of the pathway).

### Children's Vision

There ought to be a school/ children's' vision screening programme in place for ALL 4-5 year olds in the borough. IN B&D there was a programme a few years ago provided by orthoptists from Queen's Hospital. Of late there is supposed to be a programme running, however we doubt that this is actually being carried out by the NELFT school nurses team. If it is then there is definitely no onward referral to opticians (which ought to happen in an ideal service and was previously the case).

This means that either children who suffer poor vision are not being picked up and treated (very poor for their learning ability and final outcomes for health & wellbeing) OR in children might be screened and then there are unnecessary referrals directly to the hospital when they could be easily seen and treated at their local opticians (more cost effective and less anxiety for the child and easier convenience for the parents so more likely to actually attend the appointments).

The aim of a Children's Vision community service pathway is to reduce unnecessary referrals to secondary care ophthalmology departments. This is achieved by allowing community optometrists to provide management and treatment to children who are found to have suspected amblyopia (lazy eye) following school screening.

Benefits of the pathway include:

- early intervention for patients who have a suspected eye defect which has been identified at school screening, with a maximum waiting time of two weeks

- increased access and choice for patients
- increased capacity and reduced waiting times in secondary care to treat more complex patients
- development of the role of community optometrists
- improved communications between secondary and primary care
- reduction in costs compared with the acute mode/

Under current arrangements, reception age children who are identified as having a suspected eye defect at school vision screening are referred to secondary care. The percentage of children who fail school vision screening at reception age is found to be between 10 and 20% nationally. Screening coverage is approximately 95% in those areas with a screening programme.

### **HOW WE GET THERE VIA FIVE YEAR FORWARD PLAN:**

Risk that NHS will lock itself into outdated models of delivery unless we radically alter the way in which we train and plan our workforce.

Working patterns evolve to support service redesign.

On demand, this Forward View makes the case for a more activist prevention and public health agenda: greater support for patients, carers and community organisations; and new models of primary and out-of-hospital care. While the positive effects of these will take some years to show themselves in moderating the rising demands on hospitals, over the medium term the results could be substantial. Their net impact will however also partly depend on the availability of social care services over the next five years.

There are currently 1.8 million people living with sight loss in the UK (Future Sight Loss, RNIB 2008).

Our pathway offers adults with sight loss, quicker access to a low vision assessment and support closer to home. In particular, community optical pathway for an Adult Low Vision enhanced service is designed to:

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- reduce patient anxiety and increase capacity within the overburdened hospital clinic
- provide a more cost effective service with a greater number of patients being managed within the primary care setting
- high quality low vision assessment, information and clinical support, and
- where appropriate, low vision aids (LVAs), daily living aids and follow-up in a community setting in a convenient location for them

- provide accredited theoretical training which supports the pathway (jointly designed by the WOPEC and LOCSU to ensure successful delivery of the pathway).

### Eye Clinic Liaison Officer (ECLO)

The Barking and Dagenham ECLO is based in Queen's Hospital in Romford. The role of an ECLO is to support people at the point of diagnosis and enable them to access other services and support.

ECLOs :

- Liaise between the hospital eye department and local sensory Impairment and low vision services
- Provide emotional support and signpost to counseling services
- Provide information about a person's eye condition
- Explain life changes and what difficulties a person may expect to experience
- Explain what help and benefits a person can receive because of their visual impairment
- Explain where a person may receive this help, both nationally and locally
- Explain and provide information on the visual impairment registration process

### GAPS & OBSTACLES IN CURRENT PATHWAYS:

- Not integrated with other professionals ie GP, ophthalmologist, local optometrist (opticians) very little information transfer or working together.
- Very poor communication between Moorfields and local opticians.
- Also between health and social care gaps in communication.
- Not Patient focussed.
- Not utilising or developing skills of local workforce
- Current services in hospital and clinics such as Moorfields Upney Lane and Loxford can be less convenient (so more appointments may be missed)
- Current services cannot be accessed at multiple locations throughout borough ie care closer to home
- Not innovative or looking at new models of care to provide better outcomes
- Current services are probably not the most efficient use of budget or existing skills

### **ACTIONS:**

We need to follow suggestions outlined in the five year forward review to ensure new models of care which are patient focussed and also deliver good outcomes on a budget are encouraged during commissioning activity.

### **KEY AREAS:**

- Glaucoma
- Cataract
- Learning Disabilities
- Low Vision
- Minor Eye Conditions
- Macular Degeneration
- Diabetes, Obesity, Stroke, Frailty...
- Childrens Vision

***Jig Joshi, Chair of Local Optical Committee***

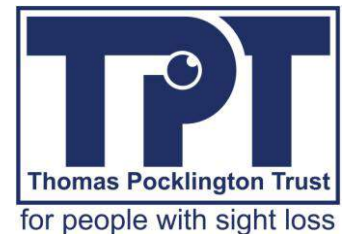
### **References:**

*The Barking & Dagenham Vision Strategy*

<https://www.lbbd.gov.uk/wp-content/uploads/2014/12/Vision-strategy>

*LOCSU Community Services Pathways*

<http://www.locsu.co.uk/>



### Submissions from Thomas Pocklington Trust and ELVis

Further to discussions with the Vision Strategy Group, and in the light of service provision in other London boroughs, please see below the key recommendations for consideration under the LBBB HASSC Local Eye Care Services Scrutiny Review.

- **Low Vision Service:** Establish a holistic community Low Vision service across the borough; to include rehab and emotional support, plus a follow up service to ensure people know how to use the equipment they are issued with (cf. Camden & Islington's service, run out of RNIB, Judd St, or, alternatively, a service run by accredited opticians cross the borough).
- **Eye Clinic Liaison Officer (ECLO):** Ensure an ECLO is in place at Queen's Hospital, Romford, King George Hospital, and Ilford & Barking Community Hospital (BHR Hospitals) eye clinics, to provide emotional support at the point of diagnosis, smooth CVI registration and onward referral to Social Services. The ECLO provides the vital link between health, social care and voluntary services. Latest research shows that 'An investment of £1 can net a return of £10.57 to health and social care budgets'  
(RNIB: *Economic Impact of Eye Clinic Liaison Officers: A Case Study*: <http://www.rnib.org.uk/economic-impact-eclo> cf. Moorfields and Whipps Cross Hospitals)
- **Child screening programme:** Ensure screening is in place for all Reception aged children (rising 5 yr olds), (cf. Bromley, Bexley, Croydon, Tower Hamlets, Newham, Greenwich)
- **Community Eye Care Service:** Fully use the training and skills of opticians to provide local, accessible and timely primary eye care community service, at various opticians' practices across the borough.

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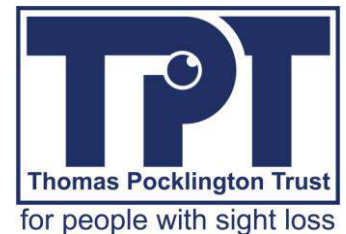
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## Appendix 4



At present people are having to visit the hospital and wait for appointments when services (e.g. direct referral for cataract, glaucoma/IOP referral refinement & minor eye conditions services) could easily be provided at their local, high street opticians, who are already fully trained to deal with such conditions (cf. Croydon Community Ophthalmology Service and the Bridge to Vision Scheme; enhanced eye examination service for people with Learning Disabilities, already operating very successfully in B&D).

***Submitted by Sharon Schaffer, Vision Strategy Manager, Thomas Pocklington Trust/ East London Vision, Feb 2015***

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