

7.5 Sensory disability

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In 2015 it was estimated that over two million people in the UK are living with sight loss¹. An estimated 4.5% (8950, based on Barking and Dagenham community mapping population data-2015) of the local population have significant visual impairment. Sight loss affects people of all ages, but as people get older they are increasingly likely to develop an eye condition², with a high proportion of people wearing spectacles by the age of 55 and one quarter of those over 60 stating that the quality of their vision restricts their daily routine³. One in five people aged 75 and over and one in two people aged 90 and over are living with sight loss. Nearly two-thirds of visually impaired people are women and people from black and minority ethnic communities are at greater risk of some of the leading causes of sight loss. Adults with learning disabilities are also 10 times more likely to be blind or partially sighted than the general population⁴. The most common conditions leading to severe visual impairment amongst borough residents, together with estimated numbers are shown in Table 7.5.1⁵. These results are calculated by NEHEM, using rates derived from the literature.

Table 7.5.1 Common conditions leading to blindness and partial sight, with estimated numbers of people affected, Barking and Dagenham

Condition	% of people affected			Estimated number of people affected in B&D
	B&D	London	England	
Age related macular degeneration (AMD)-50+years old	2.63%	2.41%	2.45%	1,355
Glaucoma (mean estimated) – 30+ years old	1.53%	1.52%	1.47%	1,642
Cataract (high estimate) – 40+ years old	7.03%	6.37%	6.77%	5,696
Cataract (low estimate) – 40+ years old	1.99%	1.75%	1.88%	1,612
Impaired vision – 50+ years old	4.37%	4.01%	4.06%	2,252
Low vision – 50+ years old	3.71%	3.42%	3.46%	1,912
Severe sight impairment – 50+ years old	0.64%	0.59%	0.60%	330

Source: National Eye Health Epidemiological Model (NEHEM), based on 2015 B&D Community Mapping population,

As shown in table 7.5.1, the percentage of borough residents registered as being sight impaired (partially sighted) and severely sight impaired (blind) is relatively high compared with London and England averages. There are, however, only 870 people registered (448 per 100,000, compared to England rate of 540), which is just 0.45%

¹ RNIB, 2016 “Key information and statistics” [Online] Available from: <http://www.rnib.org.uk/knowledge-and-research-hub/key-information-and-statistics> [Last accessed: 20 June 2016]

² Visual Impairment and Disability in Great Britain survey (1997)

³ Eyecare Trust http://www.eyecaretrust.org.uk/view.php?item_id=544

⁴ RNIB, 2016 “Key information and statistics” [Online] Available from: <http://www.rnib.org.uk/knowledge-and-research-hub/key-information-and-statistics> [Last accessed: 20 June 2016]

⁵ National Eye Health Epidemiological Model (NEHEM) <http://www.eyehhealthmodel.org/#>

of the population⁶. The vast majority are over 75 and 32% also have an additional physical disability. This suggests that a high proportion of people who are eligible for registration are being missed which in turn suggests that opportunities are being missed to pass on people to the council's rehabilitation workers for visually impaired people and other services they need.

Table 7.5.2 shows the estimated number of people living with sight loss in Barking and Dagenham in 2015 and forecast every 5 years to 2030.

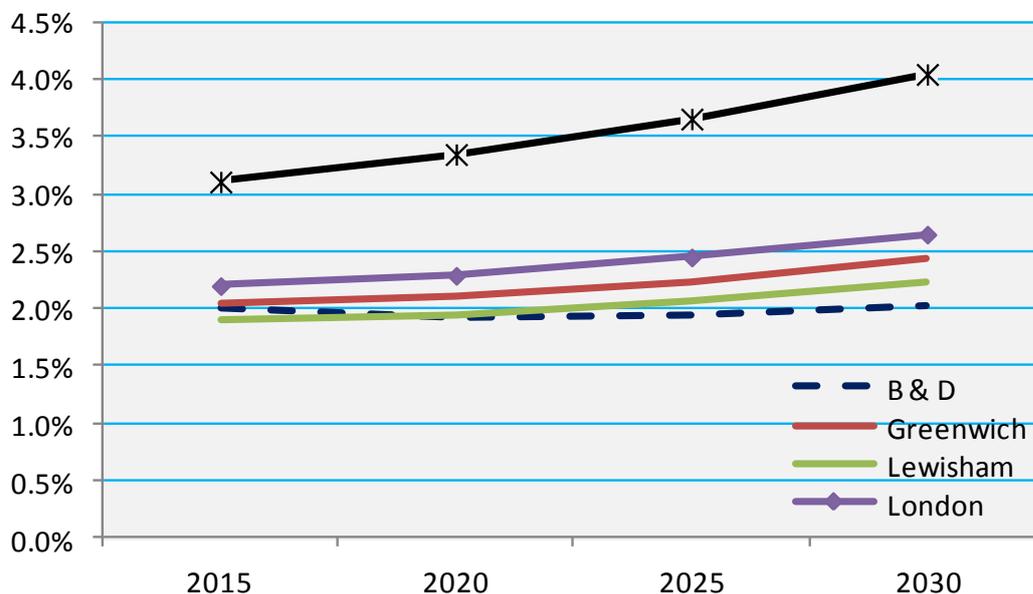
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	2015	2020	2025	2030
Mild	2,590	2,740	2,990	3,330
Moderate sight loss	990	1,040	1,130	1,260
Severe sight loss	470	490	530	590
Total	4,050	4,270	4,650	5,180

Source: RNIB Sight Loss Data Tool Version 3

Figure 7.5.1 below illustrates the percentage of population living with sight loss in Barking and Dagenham, Greenwich, Lewisham, London and England in 2015 and forecast for every 5 years up to 2030.

Figure 7.5.1 Percentage of population living with sight loss, Barking and Dagenham, Greenwich, Lewisham, London and England in 2015 and forecast every 5 years to 2030.

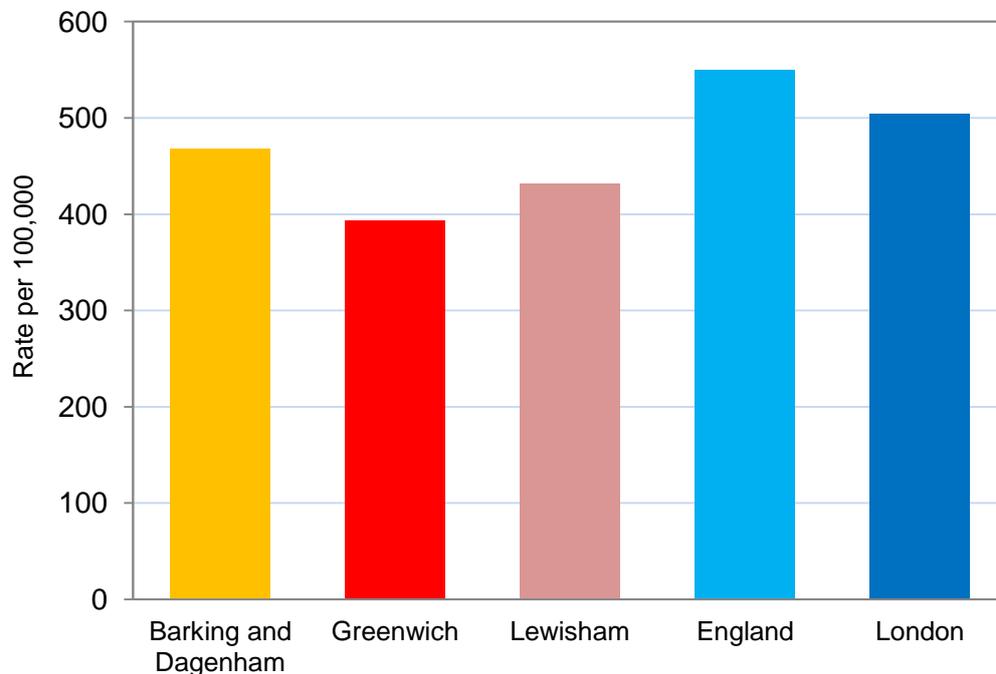


Source: RNIB Sight Loss Data Tool Version 3

⁶ RNIB. 2016, Sight Loss Data Tool Version 2.2 [online] Available from: www.rnib.org.uk/datatool [Last accessed: 12 May 2016]

Figure 7.5.2 shows the rate of individuals registered as blind or partially sighted (per 100,000 population) in Barking and Dagenham, two statistical neighbours (Greenwich and Lewisham), London and England in 2013/14.

Figure 7.5.2 Rate of individuals registered as blind or partially sighted per 100,000 population, B&D, two statistical neighbours, London and England, 2013/14



Source: RNIB Sight Loss Data Tool Version 3

People from BME groups are more susceptible to particular eye conditions⁷, and 18% of those registered as visually impaired are from BME groups. People of African-Caribbean descent are eight times more likely to develop glaucoma than the general population and it tends to appear 10-15 years earlier than in other ethnic groups. (Thomas Pocklington Trust - Joule and Levenson 2008). African-Americans seem to have nearly twice the risk of developing cataracts than do Caucasians⁸. They are also more likely to develop diabetes with the high associated risk of diabetic retinopathy. People of Asian origin are more at risk of developing glaucoma and cataracts and are six times more likely to develop type 2 diabetes (which affects as many as 25% of the Asian community in the UK).

This low proportion of people with severe sight problems reaching the Council's register indicates that large numbers of visually impaired people are failing to access specialist services that could help them and the council cannot plan for the level of need that will be present in the community. This is compounded because people from BME groups are among the hardest to reach with healthcare messages and are less likely to have their eyes examined.

⁷ 'People from Black and Minority Ethnic (BME) communities and vision services: a good practice guide', produced by the Thomas Pocklington Trust (Joule and Levenson 2008) <http://www.pocklington-trust.org.uk/research/publications/gpg3.htm>

⁸ The New York Times - Tuesday, August 4, 2015

Impact on visual impairment on health – risk of falling

The relationship between sight loss and falls in older people is widely recognised. People with loss of central vision as occurs in Age-related Macular Degeneration (AMD) are almost three times more likely to fall and injure themselves, compared with people without central vision loss. Loss of peripheral vision such as occurs with glaucoma results in people being 1.4 times more likely to fall. It has been acknowledged that, the worse the visual impairment, the greater the likelihood of falls⁹.

Visual impairment is likely to contribute to falls in at least two ways: the increased likelihood of tripping over an unseen object, and impaired balance as a consequence of poor vision. This will have an impact on hospital admissions and the need for long term conditions support etc.

⁹ Visual risk factors for falls in older people, Lord SR, Dayhew J, J AM Geriatric Society 2001
<http://www.ncbi.nlm.nih.gov/pubmed/11380741>

Risk factors for eye disease

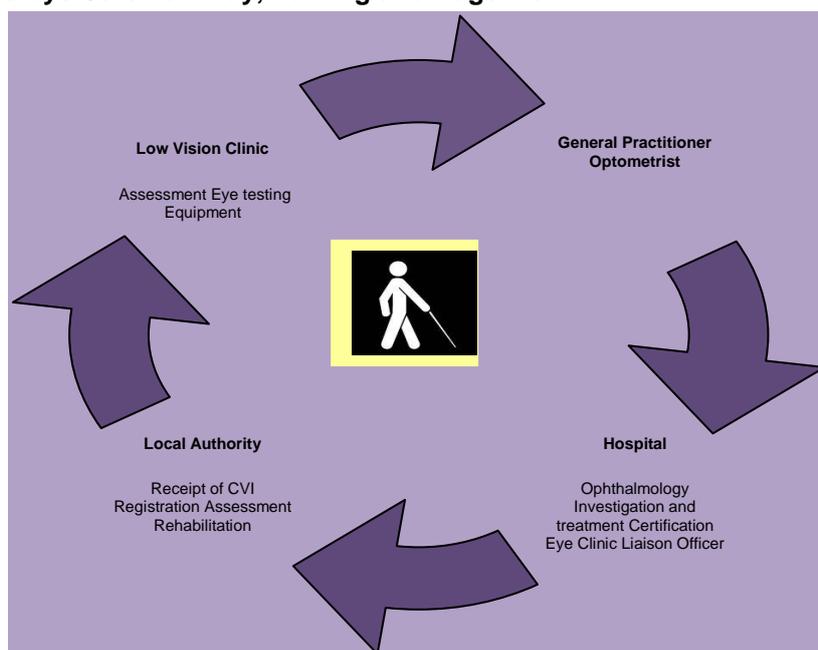
Diabetes, smoking and raised blood pressure is all associated with eye disease. Diabetes can lead to the development of diabetic retinopathy, glaucoma and cataracts. High blood pressure and cholesterol increase the risk of stroke and of central retinal artery occlusion, both of which can lead to sight loss. Smoking is associated with increased levels of retinal vein blockage, optic nerve damage, cataracts, and Age Related Macular Degeneration (ARMD).

People with a learning disability are 10 times more likely to experience sight loss than are the general population¹⁰. At least a third of people with learning disability have significant sight loss, which often goes unnoticed. People with Down's syndrome are particularly likely to have eye problems. The prevalence of sight problems increases dramatically with the severity of the learning disability and with age.

Delivery of eye care services

Local eye care services are delivered by a number of organisations and coordinated by the local Vision Strategy Group. The eye care pathway can be accessed at a number of points, as illustrated in Figure 7.5.3.

Figure 7.5.3 The Eye Care Pathway, Barking and Dagenham



Source: Barking and Dagenham Vision Strategy 2010-2015
<http://www.lbbd.gov.uk/AdultSocialCare/Documents/vision-strategy.pdf>

The eye care journey often begins with an eye examination by an optometrist - an eye test at a local optician. There are eighteen optometry practices in the area.

¹⁰ The Estimated Prevalence of Visual Impairment among People with Learning Disabilities in the UK, Emerson and Robertson 2011
http://www.seeability.org/includes/documents/cm_docs/2011/t/the_estimated_prevelence_of_vi_amoung_pwld_in_the_uk_full_report.pdf

Many are close to public transport links, and there is a good geographical spread. Some also provide home visits.

In 2010 an enhanced optometry service for people with learning disabilities was launched in the borough. The service is provided by optometrists who have received special training and extra time is allowed for each appointment. Promotion of the services is coordinated via the Bridge to Vision Project which exists to improve eye care for people with a learning disability. 553 learning disabled people are known to the Community Learning Disability Team (CLDT), 114 of whom received an eye examination during 2012. As everyone should have their eyes tested once every two years the optimal take up would be about 276 in any given year, so the preventative benefits of the enhanced services have not yet been fully realised.

Diabetic retinopathy screening

The national screening programme for diabetic retinopathy aims to identify and treat sight threatening diabetic retinopathy, by systematically screening diabetics using digital photography of the retina. The local programme is commissioned from Homerton University Hospital NHS Foundation Trust, and delivered at Porters Avenue Health Centre. The programme currently invites all known diabetics for screening and the uptake is 93% (Diabetic Retinopathy Screening programme subsection 7.21).

Low vision services

Hospital based low vision services are accessed by local residents from Queens Hospital and Moorfields Eye Hospital. The low vision service at Porters Avenue Health Centre, which offered general eye examination, access to Low Vision Aids, low vision therapy and more general support, closed in 2012. This was a holistic service used by 48% of local low vision service users and was of particular benefit to people with newly diagnosed eye conditions.

In 2014 the Council launched the Magnifier and Lighting Workshop for which it received a Certificate of Merit from Vision UK 14 for promoting Outcome 2 the UK vision Strategy. The aim of the service is to maximise awareness of the benefits of low vision aids and ensure that visually impaired people can access the services that they need. Professional jargon is deliberately avoided and sessions take place in public spaces (Barking Learning Centre and Dagenham Library) with the aim of demystifying low vision and making it as accessible as possible. Close links are maintained with hospital services so that people can be easily linked with pathways but service users are also advised about other options such as purchasing equipment for themselves at a competitive price.

Take up of low vision services by Barking and Dagenham residents is low when compared with other authorities.

Barking and Dagenham sensory impairment team

The Council employs two qualified Rehabilitation Officers for Visually Impaired People (ROVIs) and a specialist who works with people who have a visual and hearing impairment. The team offers specialist help to adjust to sight loss and to

maintain independence including emotional support, mobility training, reablement and advice about employment, leisure and further education opportunities.

In 2015 an in-depth review of eye care services available to residents of Barking and Dagenham was undertaken on behalf of the Health and Adult Services Select Committee. The report of the review concluded that most eye care services are good when matched against national benchmarks. There is a reasonably good supply of Optician practices, spread across the Borough; diagnosis and treatment is available at Queen's Hospital and Moorefield's in Upney Lane, rehabilitation, support and information is offered by the Council and there are a number of local and national groups active locally.

The Review, however, uncovered some areas within the eye care pathway for potential improvement.

Some stakeholders were of the view that if more primary eye care services were delivered from high street opticians practices this would reduce duplication and confusion for service users whilst also making access easier and reducing costs.

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.

Some 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 Moorefield's to Queen's) if they wish to.

Some stakeholders recommended that improvements 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.

Recommendations for Commissioners

The Health and Wellbeing Board has agreed to oversee the following actions during 2016-17:

1. A review of how local people:
 - Get sight tests
 - Are screened for diabetic eye disease
 - Are referred to the hospital eye clinics
 - Obtain glasses and magnifiers
2. A review of the take-up of free NHS eye tests locally with consideration to the need for a local enhanced service, to improve access.
3. A review of local low vision services for people with severely impaired vision to consider whether cost effective improvements could be made that would increase take up and effectiveness.
4. Action to ensure that the Council's 2015 'Make a Change Campaign' aims to raise the profile of eye care. World Sight day in October would be an opportune time to do this.
5. A local communication campaign by the Department of Public Health emphasising the importance of regular sight tests, whilst also delivering other important eye care messages.

Eye care services are delivered across a number of sectors, so strong joint commissioning arrangements are crucial to create a seamless service, reduce duplication and, most importantly reduce avoidable blindness whilst maximising independence and social inclusion for those with irreversible eye conditions.

The local Vision Strategy Group has developed The Barking and Dagenham Vision Strategy: Excellent eye care for local people, launched in May 2011. Commissioners need to address the service development priorities set out in the strategy which is set out in Figure 7.5.3.

Deafness and hearing loss

Action on Hearing Loss (previously Royal National Institute for the Deaf) estimates that in the UK almost 9 million people are hearing impaired, with approximately 72% being over the age of 60. Each year in the UK, around 840 babies are born with a significant hearing impairment, with 1 in 1000 children being deaf at age three.

As Action on Hearing Loss estimate that 1 in 7 of the UK population has some level of hearing impairment, there are likely to be approximately 24,000 people in the borough with hearing loss. 847 people who use adult social services provided by the Council are known to have some level of hearing loss of whom 516 are registered with the Council as being Deaf or hard of hearing (19% from BME backgrounds) and 133 are known to use BSL (British Sign Language).

This low proportion of people with hearing impairment reaching the Council's register indicates that large numbers of people are not accessing specialist services that could help them.

Prevention

Many forms of hearing impairment can be prevented by:

- Immunising children against childhood diseases
- Immunising women against rubella
- Screening and treating syphilis
- Avoiding drug misuse
- Screening babies who have jaundice and
- Protecting against exposure to loud noise

Communities of people who are hearing impaired

Deafness refers to the complete loss of hearing ability in one or two ears. Hearing impairment refers to both complete and partial loss of the ability to hear. Generally speaking the population of people with hearing loss can be seen as comprising two broad groups: deaf people who use sign language (e.g. BSL), many of whom are born deaf and regard themselves as belonging to a distinct "linguistic community"; and people who are hard of hearing, many of whom lose their hearing later in life.

Local services

Audiology

The Audiology service at Barking, Havering and Redbridge University Hospitals NHS Trust provides:

- Diagnostic support to the Ear, Nose and Throat (ENT) Department
- Ongoing assessment and support for patients with hearing aids (including fitting)
- Tinnitus help, advice and therapy

The service is staffed by Audiologists and Technical Officers and is located at Queens Hospital in Romford. Referrals are by GP, ENT Consultants or self referral

for patients who have a hearing aid. There are currently no structured clinics to address prevention.

Council sensory services

The Council employs one specialist worker to work with people with a hearing impairment and one worker for people who have a sight and hearing loss. The team offers information, casework support and specialist equipment. Over recent years the Council has run well attended public consultation events with local deaf people and representatives of other public sector organisations. These have provided a valuable opportunity to discover the problems experienced by local people and service gaps.

The Hear to Meet project was launched in October 2012, to support new users of hearing aids. This service is delivered as a partnership between the Council and Action on Hearing Loss and supports people with a newly acquired hearing impairment to make best use of use of digital hearing aids and to access other equipment and services

What local people with hearing loss have told us

During consultation events people with hearing impairment have told us that they still often experience great difficulty in communicating their needs and wishes to local services. In particular, they reported that it is difficult to get a BSL interpreter when they attend their hospital appointment or go to visit their GP. The Council has purchased a licence for the Sign Translate service which provides real time access to an interpreter via a webcam and the internet. This will shortly be installed in Council one-stop-shop access points and offered to local GPs.

Recommendations for Commissioners

Install Sign Translate in all local GP practices and Council access points.

Follow a successful pilot project, “mainstream” the Hear to Meet service, as a service provided by the Council’s sensory service.

Information campaign to raise awareness and increase take up of diagnostic, preventative and support services.

Make assistive equipment more readily available to people who are deaf and hard of hearing via the retail market model.