

Sight Loss Joint Strategic Needs Assessment Profile

Health and Wellbeing Board

Date: 11 March 2015

Author: Director of Public Health

Wards: All

Locality Affected: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 The aim of this report is to inform the Health and Wellbeing Board of the initial findings of the Sight Loss JSNA Profile (Appendix 1) and raise awareness of the issue of sight loss within Swindon.
- 1.2 There are an estimated 5,300 people living with sight loss in Swindon, of these only 620 are registered as of March 2014. One of the major risk factors for sight loss is age. In Swindon there will be an estimated 61% increase in those aged over 65 by 2030 and therefore an estimated 9220 people living with sight loss in the area by 2030.
- 1.3 Many people with sight loss are able, with support, to maintain a good quality of life. However sight loss is associated with a number of co-morbidities, for example, stroke, neurological conditions, learning disabilities, dementia, falls and depression. To reduce avoidable sight loss and its impact, ensuring rapid diagnosis, appropriate and timely treatment and suitable support is vital.
- 1.4 This profile is part of the Joint Strategic Needs Assessment programme of work. It focuses on sight loss in general rather than specifically on access to ophthalmology services. A further chapter will be added based on consultation with key stakeholders, working in partnership with Swindon Healthwatch. Swindon Clinical Commissioning Group is working on a service redesign programme for ophthalmology services.

2. Recommendations

The Board is recommended to:

- 2.1 Note the findings of the Sight Loss Joint Strategic Needs Assessment Profile and ask that commissioners take note of the recommendations set out in paragraph 3.10 of this report in their commissioning intentions.

3. Detail

- 3.1 There are an estimated 5,300 people living with sight loss in Swindon, of these only 620 are registered as of March 2014. One of the major risk factors for sight loss is age. In Swindon there will be an estimated 61% increase in those aged over 65 by 2030¹ and therefore an estimated 9220 people living with sight loss in the area by 2030.

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- 3.2 Many people with sight loss are able, with support, to maintain a good quality of life. However sight loss is associated with a number of co-morbidities, for example, stroke, neurological conditions, learning disabilities, dementia, falls and depression. Poorer health outcomes are often seen in people who are affected by these conditions and are visually impaired compared to those who have the condition but are not visually impaired.
- 3.3 The costs of visual impairment include not only the direct costs associated with healthcare but also the indirect costs, such as unpaid care, adaptations and unemployment. Programme budgeting data suggest total ophthalmology healthcare expenditure for Swindon was £9 million in 2011/12, (£45.36 per person) whilst the indirect costs of sight loss have been estimated at £15 million (£71.58 per person). Cataract surgery in Swindon cost £1.2 million in 2013/14.
- 3.4 The major sight conditions in the UK are: age-related macular degeneration (AMD), glaucoma, cataract and diabetic retinopathy.
- AMD is the leading cause of certifiable sight loss and 45% of new Certificate of Visual Impairments (CVIs) in 2012/13 are due to AMD in people aged 65 and over. An estimated 7,010 people in Swindon are living with the early stages of AMD including drusen; 513 people are living with late stage dry AMD; and 1,061 people are living with late stage wet AMD. This equates to potentially about 13% of the Swindon population aged 50 and over affected.
 - Glaucoma is an asymptomatic disease that damages the optic nerve and can lead to blindness. Estimates suggest there may be around 1,756 people in Swindon with glaucoma, a further 7,297 suspected cases and 4,160 people with ocular hypertension, which is a condition that increases the risk of developing glaucoma.
 - The prevalence of cataract has been estimated at 1,865 people in Swindon in 2013. The condition was responsible for 1,482 admissions to hospital in 2013/14.
 - Diabetic retinopathy is a complication of diabetes and estimates suggest there were 12,750 adults living with diabetes in Swindon in 2013.
 - Between 2010/11 and 2012/13 incidence has increased by 16% in Swindon, a rate of increase above the national average. Given the current and on-going rise of diabetes in the UK, diabetic retinopathy is expected to have a major impact on eye services in the future. Diabetic retinopathy screening is an effective way of detecting the disease as early as possible; in Swindon screening uptake was 80.8% in 2012/13.
- 3.5 Low vision and uncorrected refractive error are also important eye health conditions. Estimates suggest there may be almost 2,637 people with impaired vision (binocular acuity <6/18) and approximately 2,247 people with low vision (binocular acuity <6/18 to 3/60) living in Swindon.
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- 3.6 Children with vision impairment have different needs from adults. In Swindon there were 91 children (aged <18) registered as blind or partially sighted as of March 2014. However, this figure is likely to be an underestimate due to issues with registration data; estimates suggest the actual number could be over 50% higher. It is estimated that only 1 in 4 children under 16 will have a NHS sight test, which is lower than the England average, meaning that there may be a number of children with some degree of undiagnosed and uncorrected visual impairment.
- 3.7 There are a range of service providers that provide eye services across Swindon borough, including optometrists, ophthalmology departments/hospital, GPs, community and voluntary sector and social care.
- 3.8 Stakeholder consultation in collaboration with Healthwatch will take place over the next 2 weeks and be part of the final report presented at the March Health and Wellbeing Board meeting.
- 3.9 This report presents a rapid profile of sight loss in Swindon. Further data are required to provide a more complete overview, however this report does provide some key recommendations. A number of additional issues have been identified for consideration when developing strategies and plans relating to eye health:
- Early detection is a priority;
 - Increasing ageing population and increase in diabetes;
 - Equity of access;
 - Good quality support services;
 - Mapping of eye health services;
 - Identify areas of best practice;
 - Link with other relevant strategies
- 3.10 This JSNA presents a rapid profile of sight loss in Swindon. It identifies a number of recommendations that will be taken forward as part of the action plan to deliver the Vision 2020 Strategy in Swindon. The recommendations are:
- 3.10.1 Investigate why Certificate of Visual Impairment rates in Swindon are lower than elsewhere and ensure that people are aware of the benefits of registration when they have their CVI assessment
- 3.10.2 To increase the number of children accessing eye tests
- 3.10.3 Take into account the projected increase in the number of older people with potential sight loss when planning services both in terms of type of condition that may need treatment and diagnosis but also the nature and accessibility of provision.
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3.10.4 Recognise the likely increase in people with co-morbidities with sight loss including dementia, and the needs of people with dual sensory loss.

3.10.5 Increase awareness of existing provision and support and ensure appropriate information is available once diagnosed, from providers, via Swindon Advice and Information Centre, and via MyCareMySupport.

3.10.6 Ensure that effective and in-depth mobility and enablement support (e.g. using a white stick, software support) and training are available to people with sight loss in Swindon in line with good practice guidelines.

3.10.7 To increase the proportion of people with diabetes who attend diabetic retinopathy screening to equal or exceed the England average

3.10.8 Raise awareness of the risk factors for sight loss conditions and prevention including lifestyle changes and regular sight tests.

4. Alternative Options

- 4.1 To not identify sight loss as a concern for the Board and not to agree the recommendations.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There are no financial or procurement implications arising from the recommendations of this report. If additional resources are needed to implement any recommendations arising from the profile, a detailed business case will be developed.

Legal and Human Rights Implications

- 5.2 Legal and Human Rights have been taken fully into account in compiling this report. In consideration of any future guidance and an understanding of best practice from elsewhere, Swindon BC would work with the NHS and other partners in order to ensure that equalities and a respect for human rights are at the heart of the development of the Swindon JSNA and that everyone in Swindon has fair access to services and are free from discrimination.

Diversity Impact Assessment

- 5.3 A diversity impact assessment has not been completed at this stage.

Risk Management

- 5.4 No specific risks identified at this stage for this report.

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6. Consultees

- 6.1 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

- 7.1 None.

8. Appendices

- 8.1 Appendix 1 - Swindon JSNA Sight Loss Profile