

Blackpool

**Joint Strategic Health Needs and
Assets Assessment**

Eye Health and Sight Loss

January 2016

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Executive Summary

With the overall aim of improving the quality of care and to commission patient centred services, this Eye Care and Sight Loss Health Needs and Assets Assessment intends to inform the Eye Care Strategy which will support stakeholders in the future commissioning of services and promote collaborative working.

The aim is also to raise awareness of eye health amongst the general public, encompassing those people most at risk of eye disease, which will allow and support individuals to develop personal responsibility for their own eye health. Additionally it is the intention to raise awareness with health and social care practitioners and to ensure the early detection of sight loss and prevention where possible.

This Needs and Assets Assessment outlines the current health, social and economic landscape, identifies the future trends indicating increases in the numbers of people with sight loss, considers the impact of responding to the consequent demand for services, and details present service provision. The document also considers local and national strategies and identifies current gaps in services, recommending provision for Blackpool's future sight loss priorities.

Collaboration was central to the development and production of this Needs and Assets Assessment, which forms part of Blackpool's Joint Strategic Health Needs and Assets Assessment. Participating partners included, local health and social care services, as well as the voluntary sector, patient/service user groups and advisory agencies.

Introduction

Almost two million people in the UK are living with sight loss that has a significant impact on their daily lives. Furthermore, the number of people living with sight loss is anticipated to increase over the coming decade and it is therefore important, when planning for local support and preventative services, that the needs of people with sight loss and those at risk of losing their sight are understood.

This Joint Strategic Health Needs and Assets Assessment for Eye Health and Sight Loss intends to inform the Blackpool Eye Care Strategy, which will support stakeholders in the future commissioning of person centred services, improve the quality of care services, discuss broader health and social issues associated with eye health and sight loss, support campaigns and promote collaborative working. The aim is also to raise the general public's awareness of eye health, encompassing those most at risk of eye disease and encouraging and supporting individuals to develop personal responsibility for their own eye health. It is also the intention to raise awareness with health and social care practitioners to ensure prevention and the early detection of sight loss.

Blackpool Joint Strategic Health Needs and Assets Assessment

A working group was created to inform, develop and produce the Blackpool Joint Strategic Health Needs and Assets Assessment for Eye Health and Sight Loss. The group consists of professionals representing the services currently providing support to the people of Blackpool with sight loss.

Stephen Gough	Local Professional Networks Manager, NHS England
Ruth Cuthbert	Optometric Advisor, NHS England
Stephen Boydell	Principal Public Health Intelligence Practitioner, Blackpool Council
Tracy Elliott	Rehabilitation Officer for Vision Impaired, Blackpool Council
Ronnie Chikwama	Business Development Manager, Action for Blind People
Carole Holmes	Service User
Nick Gradwell	Service User
Judith Harrison	Senior Manager, Community Services, N Vision – Blackpool, Fylde and Wyre Society for the Blind
Ruth Lambert	Chief Executive, N Vision – Blackpool, Fylde and Wyre Society for the Blind

Together the group co-ordinated and identified the key areas where it is believed there currently exists gaps in service provision for people with sight loss, or where improvements can be made.

Understanding Eye Health and Sight Loss

Definition of Visual Impairment

Sight loss can be described as; when sight cannot be corrected medically or by using glasses or contact lenses.

When a person becomes aware of a sight problem, or a problem has been highlighted by an Optometrist during an eye health check, the person can be referred via GP or Optometrist to the Ophthalmologist based within the Eye Clinic at the hospital.

There are two main areas that are considered when someone's vision is measured:

- **Visual acuity** – which is the central vision and used to look at objects in detail, such as reading a book or watching television.
- **Visual field** – which is the ability to see around the edge of vision whilst looking straight ahead.

There are two main categories of sight loss:

- **Sight Impaired (Partially Sighted)** where the level of the sight loss is moderate.
- **Severely Sight Impaired (Blind)** where the level of sight loss is so severe that activities, that rely on sight, become impossible.

Partial Sight or sight impairment, is usually defined as:

- Having very poor visual acuity but having a full field of vision, or
- Having a combination of moderate visual acuity and a reduced field of vision, or having blurriness or cloudiness in the central vision, or
- Having relatively good visual acuity but a lot of the field of vision is missing.

The legal definition of severe sight impairment (blindness) is when 'a person is so blind that they cannot do any work for which eyesight is essential'.

This usually falls into three categories:

- Having extremely poor visual acuity but having a full field of vision.
- Having poor visual acuity and a severe reduction in the field of vision.
- Having average visual acuity and an extremely reduced field of vision.

Facts and Figures

Certificate of Visual Impairment and Registration

The Certificate of Visual Impairment, (CVI), was introduced in September 2005 to replace the BD8 form. It provides information about the eye health condition of the patient, but unlike the BD8, it also provides additional information that helps to determine additional challenges the patient may have in managing their visual impairment such as whether they also have a hearing loss or poor mobility.

There are two levels of registration;

- sight impaired/partially sighted
- severely sight impaired/blind.

From the results of measurements of both detail and peripheral sight, the Consultant Ophthalmologist will complete a Certificate of Visual Impairment (CVI) thus certificating the patient for registration. It is only a Consultant Ophthalmologist who can certificate a patient and will determine whether the patient is eligible to be placed on the register as sight impaired/partially sighted or as severely sight impaired/blind.

If the patient is eligible, a copy of the CVI will be sent to the patient, one copy to their own GP, a copy is retained by the hospital, one is sent for national statistics and a copy is sent to Blackpool Council's Adult Sensory Team.

When the CVI is referred to Blackpool Council's Adult Sensory Team, the patient is contacted and asked whether they wish to accept registration. Should the patient wish to do so, they are entered on the Blackpool Social Services register. Registration is voluntary and not all of those who have been sent a CVI will choose to be placed on the register.

This does not affect their eligibility to access services from the Sensory Team, but may affect their eligibility to certain benefits requiring official proof of disability.

The register for people who are sight impaired/partially sighted or severely sight impaired/blind, is currently held and maintained by Blackpool Council's Adult Sensory Team.

National Context

There are 1.86 million people in the UK living with sight loss. One in five people aged 75 and over, and one in two people aged 90 and over, are living with sight loss in the UK.

By 2020 the number of people in the UK living with sight loss is predicted to increase by 22% and will double to almost 4 million people by the year 2050. The increase can be attributed chiefly to an ageing population; over 80% of sight loss occurs in people aged over 80 years.

Every day, 100 people in the UK start to lose their sight and over 50% of sight loss can be avoided.

The associated costs and demands on NHS outpatient services are high with ophthalmology having the second highest number of attendances of any clinical speciality in 2012-2013.

In 2008 the costs associated with the treatment of eye disease, partial sight and blindness amounted to a total of £22 billion. This figure includes £2 billion in direct costs (primarily hospital treatment, optometry services, residential care and community care services), £4 billion in indirect costs (primarily lower employment and informal care) and £15 billion of what is called 'burden of disease', which measures the impact of sight loss on quality of life.

Nearly half of partially sighted and blind people feel 'moderately' or 'completely' cut off from people and things around them.

Further information regarding national facts and figures about prevailing sight loss can be found from the [RNIB](#) and [Action for Blind](#) websites.

Local Context

The total population of Blackpool is approximately 142,000. There are estimated to be 4,810 people, i.e. 3.4% of the total population of Blackpool, living with sight loss. This estimate includes 590 people living with severe sight loss (blindness).

In Blackpool 535 people are registered as severely sight impaired or blind and 730 are registered as partially sighted or sight impaired. 130 of this registered population are also recorded with other disabilities. However, as registration with the local authority is voluntary and as the vast majority of those with visual impairment do not become registered (due to stigma, lack of awareness etc.), these figures are an under representation of the true picture.

Future projections indicate that the number of people living in Blackpool with sight loss will rise to 5,130 by 2020 i.e. 3.5% of the total population. This is anticipated to increase further to 4.1% by 2030.

The visually impaired register for Blackpool is held and maintained within Blackpool Council's Adult Sensory Team. The Team registers approximately 8 new referrals per month registered as, sight impaired or severely sight impaired and received 164 referrals from 1st April 2014 to 31st March 2015. These included referrals for people who also have hearing loss, or a combined sensory loss.

N Vision, Blackpool, Fylde and Wyre Society for the Blind are a local independent charity providing services and support to anyone with reduced vision living in the Blackpool, Fylde and Wyre areas, regardless of age or means. N Vision currently has 1,018 adults, who are Blackpool residents, on their database. 97 new referrals were made to N Vision between 1st April 2014 and 31st March 2015, 33 of whom were certificated as sight impaired and 31 as severely sight impaired. The remaining 33 were not knowingly certificated but approached N Vision for support for their reduced vision. In the same period 98 Blackpool residents were archived from the database, which is indicative of the continuing annual trend of retaining a static number due to the database demography. For example, Blackpool has a younger transient population and those with poor sight move into the area, seek help, and then move on. Similarly, older clients leave the database due to deteriorating health or death. Further information is available from www.nvision-nw.co.uk

Socio-Economic Factors Affecting Sight Loss

Poverty and Deprivation

Research has demonstrated that three out of four people with visual impairment live in, or on the margins of poverty. This means that those living with sight loss are also more likely to be some of the most economically vulnerable in the community. Those with a low life expectancy are also more likely to develop sight loss later on in life, due to poorer health indicators throughout their lives.

Blackpool is identified as a deprived area and the 2015 [indices of deprivation](#) ranks Blackpool as the most deprived of 326 Local Authority areas in England, based on both the average LSOA score and concentration of deprivation measures

Ethnicity

Ethnicity also affects the chances of developing a visual impairment and people from black and minority ethnic communities are at greater risk of some of the leading causes of sight loss. In Blackpool, of the total population of 142,100, 96.7% are White and 3.3% are from Black and Minority Ethnic Communities.

Age-Related Macular Degeneration (AMD) – is more common in White and Chinese people, however, Black people are more at risk of developing AMD when aged under 60 than White or Asian people.

Glaucoma – is more common in people of African, African-Caribbean, South East Asia or Chinese origins.

Cataracts – people of Asian origin are at greater risk of developing cataracts.

Diabetic Retinopathy – is more common in people of African, African-Caribbean or Asian origins.

People from Black and Minority Ethnic Communities are at greater risk of not accessing community based eye-care services.

www.ons.gov.uk/ons/datasets-and-tables.

Lifestyle Factors

Understanding current lifestyle trends may be one of the strongest indicators there is for predicting future eye health and planning low vision services. The main lifestyle factors, listed below, also indicate expectations of their relative importance to increase or decrease in the next few years.

Ageing – improved public health, nutrition and lifestyle means that people in the UK are living longer. In Blackpool the number of people aged 60+ will increase from 36,700 in 2011 to 38,300 in 2020. Unfortunately, 80% of those who are partially sighted or blind are aged 60+. As a consequence, the number of people who suffer from sight loss living in Blackpool will increase from 4,810 in 2011 to 5,130 in 2020. Ageing also increases the likelihood of Macular Degeneration, Cataracts and Glaucoma. Rehabilitation for sight loss in older people may need to take into account other age related health problems e.g. poor mobility or dementia. www.rnib.org.uk

Smoking – the link between smoking and macular degeneration is well documented. Smokers are 50% more likely to develop the condition and at an earlier age. The cessation of smoking (for a period of 20 years) has also been shown to reverse the damage caused by smoking.

[The Beaver Dam Eye Study, Klein R et al, Archive of Ophthalmology 2008](#)

Obesity – research has demonstrated that the effects of obesity and being overweight puts people at increased risk of developing at least four major blinding eye diseases: Age-Related Macular Degeneration, Glaucoma, Diabetic Retinopathy and Cataracts.

[Seddon JM et al, Archive of Ophthalmology 2008](#)

Alcohol – there is a clear association between excessive consumption of alcohol over a sustained period of time and the development of the four major eye diseases, although the reason for this is not currently clear. In addition, alcohol consumption by women during pregnancy has also been linked to ocular abnormalities in children. Accidents resulting in sight loss are often linked to intoxication and recent research on alcohol use amongst older people suggests that while consumption tends to be higher, older people also exhibit a lower tolerance to its effects.

[Hiratsuka and Li, Alcohol and Eye Disease 2001](#)

Public Health Outcomes Framework

Public Health England states that ‘the [Public Health Outcomes Framework](#) sets out a vision for public health, desired outcomes and the indicators that will help us understand how well public health is being improved and protected.’ These measures are monitored locally by the Blackpool Health and Wellbeing Board. There are five indicators specifically related to eye health and sight loss:

- 4.12i - Preventable sight loss - age related macular degeneration (AMD)
- 4.12ii - Preventable sight loss – glaucoma
- 4.12iii - Preventable sight loss - diabetic eye disease
- 4.12iv - Preventable sight loss - sight loss certifications
- 2.21vii - Access to non-cancer screening programmes - diabetic retinopathy

Blackpool’s current position against these outcome measures can be viewed [here](#) using the Public Health England tool.

Prevalence of Sight Loss in Blackpool – Major Eye Conditions

It is recognised that there are many conditions that can cause sight loss e.g. cancer, head/eye injury, neurological conditions, stroke etc., however, this document will describe the most prevalent. The prevalence of sight loss increases significantly after the age of 65 years. This means that the incidence of age-related macular degeneration, cataract, glaucoma and diabetic retinopathy will all increase in proportion to the increase in the older population.

Age-Related Macular Degeneration (AMD)

Age-Related Macular Degeneration (AMD) is an eye condition that affects a tiny part of the retina at the back of the eye, called the macula. AMD causes problems with the central vision, usually in both eyes, but does not lead to total loss of sight and is not painful. This sight loss usually happens gradually over time, although it can sometimes be rapid. AMD affects the vision used when looking directly at something, for example when reading or watching television. AMD may make the central vision distorted or blurry and, over a period of time, may cause a blank patch in the centre of vision. AMD does not affect the peripheral vision, which means that it will not cause complete blindness. AMD is the most common form of sight loss in the UK and there are two main types; Dry AMD and Wet AMD.

Figure 1 – Estimated Number of People Living with Age-Related Macular Degeneration

	2011	2015	2020
Early stage AMD	6,306	6,337	6,713
Late stage dry AMD	496	497	525
Late stage wet AMD	1,006	1,014	1,080
Total late stage AMD (any type)	1,423	1,433	1,523

Source: [RNIB Sight Loss Data Tool](#)

Cataract

Cataracts are a very common eye condition and are usually a result of the ageing process. However, other common causes include: diabetes, trauma and medication. The lens inside the eye gradually changes and becomes less transparent. A lens that has turned misty, or cloudy, is said to have a cataract. Over time a cataract can get worse, gradually making the vision mistier. A straightforward operation can usually remove the misty lens and replace it with an artificial lens to enable clearer sight.

Figure 2 – Estimated Number of People Living with Cataract

	2011	2015	2020
Number of people living with cataract	1,539	1,566	1,691

Source: [RNIB Sight Loss Data Tool](#)

Glaucoma

Glaucoma is the name given to a group of eye conditions that cause optic nerve damage, which affects vision. Glaucoma damages the optic nerve at the point where it leaves the eye (the optic disc) and then onto the brain, where sight is interpreted. Ocular hypertension is a clinical term describing the presence of elevated intraocular pressure in the absence of optic nerve damage or visual field loss. Elevated intraocular pressure is an important risk factor for glaucoma.

Figure 3 – Estimated Number of People Living with Glaucoma

	2011	2015	2020
Number of people with glaucoma	1,361	1,341	1,366
Number of people with ocular hypertension	2,963	2,918	2,973

Source: [RNIB Sight Loss Data Tool](#)

Diabetic Retinopathy

All people with diabetes are at risk of getting diabetic retinopathy, which 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), but good control of blood sugar levels, cholesterol and blood pressure minimises this risk. If diabetic retinopathy is not treated, it can cause blindness. Everyone with diabetes who is 12 years old or over should have their eyes examined once a year for signs of damage. As well as having a regular eye examination, everyone with diabetes should also attend for diabetic eye screening.

On the Diabetic Eye Screening Programme Register, there are currently 54 Blackpool patients who are registered as Sight Impaired/Severely Sight Impaired.

Read more about diabetic eye screening:

<http://www.nhs.uk/Conditions/Diabetes/Pages/diabetic-eye-screening.aspx>

Figure 4 – Estimated Number of People Living with Diabetic Retinopathy

	2011	2015	2020
Background diabetic retinopathy	2,607	2,611	2,647
Non proliferative and proliferative diabetic retinopathy	298	298	303

Source: [RNIB Sight Loss Data Tool](#)

Figure 5 – Proportion of Eligible Patients Attending Retinal Screening

	2012/13
Proportion of eligible patients attending retinal screening	74%

Source: [RNIB Sight Loss Data Tool](#)

Cost and Impact

Direct and Indirect Costs of Sight Loss

There are a number of different costs associated with the provision of eye health services, such as inpatient procedures, outpatient procedures, residential and community care services.

In England, the average spend on problems of vision was £40,900 per 1,000 head of the population in 2010-11; a total cost of £2.14 billion that year. However, at present it is difficult to separate the costs between eye care and supporting people with sight loss, as they are entwined in the commissioning of services. As part of the UK Vision Strategy, it is recognised that many of these services play a role in the prevention of sight loss, and some of the treatments are not directly linked to sight loss, but to the care of a person's eyes.

The main direct healthcare costs associated with eye care are:

Primary Care

- Primary ophthalmic/optometry service.
- Prescribing and pharmacy – primary care prescribing relating to ophthalmology.

Secondary Care

- Inpatient elective and day cases – all admitted patient care ophthalmology activity, which takes place in a hospital setting where admission is either elective or a day case.
- Outpatient – expenditure relating to ophthalmology outpatient attendance or procedures.

Figure 6 – Healthcare Expenditure

2011/12	
Total NHS spent on problems of vision – Blackpool	£7,370,159

Source: [RNIB Sight Loss Data Tool](#)

	Blackpool	North West	England
Healthcare expenditure per person	£53.42	£44.66	£42.10

Source: [RNIB Sight Loss Data Tool](#)

Indirect costs on the UK economy in the year 2010-11, as a result of sight loss, totalled £5.1 billion. Indirect costs include a range of costs, the largest element being informal care provided to partially sighted and blind people by family and friends. Other significant elements are lower rates of employment, absenteeism and the cost of specialist equipment. Full details can be found in the Access Economics report “[Future Sight Loss UK 1](#)”.

Blackpool	
Indirect cost of sight loss	£13,598,000

Source: [RNIB Sight Loss Data Tool](#)

Impact

Having low vision does not mean that a person may no longer be able to work. With the help of assistive technology, training and support, many people who are either partially sighted or blind can continue to work, in often very demanding roles. When a person becomes visually impaired suddenly, there is likely to be extensive care and mobility needs. Loss of vision in this way will require a period of training, adaptation and the learning of new skills. During this period the person is likely to require assistance, several times a day with a range of activities. This period of rehabilitation and adjustment may take up to two years, however the time taken by an individual does vary. It should be noted that some people will require on-going support with practical tasks, even after rehabilitation.

When the onset of visual impairment has been gradual, most people make progressive adjustments over a period of time. However, it is also recognised that the majority of people lose their sight when they are older. In some cases progressive adjustment actually means a progressive restriction of activities, which they are no longer confident or capable of undertaking alone. It needs to be considered whether it is reasonable to expect them to neglect such activities, or whether assistance is required to continue. Sudden changes in circumstances, e.g. moving home, may affect an individual's independence in unfamiliar surroundings and further adaptation may be necessary.

Hassell et al demonstrated a statistically significant restriction in leisure and work, social and consumer interaction and personal and household difficulties between those with mild to moderate impairment and those with severe impairment, the latter experiencing a worse quality of life.

An Eye Health Pathway ‘Looking Up’ and personal testament ‘I’m a Modern Visually Impaired Person’ both detail individuals’ perspectives of what an Eye Health Pathway might provide and reflects the changes in needs over a life span. [Appendices 1 and 2](#)

Employment

Only around a third of partially sighted and blind people of working age are in employment. Government schemes have failed to place partially sighted and blind people in work and training and employment opportunities for those who need additional assistance to access the labour market is reducing. It is not possible to provide information about employment for partially sighted and blind people at a local level. However, we can provide some information about the local labour market.

- There are an estimated 16,463 people of working age living with sight loss
- 275 people of working age are registered partially sighted or blind
- There is a 15% gap in the employment rate between people with a long-term health condition and the overall population.

	Blackpool	North West	England
Estimated number of people of working age living with sight loss	920	45,755	343,251
Number of people of working age registered as partially sighted or blind	275	10,935	70,760
Unemployment rate of people aged 16-64	8%	8%	7%
Proportion of population that drive to work in a car or van	57%	63%	57%
Gap in the employment rate between those with a long- term health condition and the overall employment rate	15%	11%	9%

Source: [RNIB Sight Loss Data Tool](#)

Job Centre Plus provides support into work, access to benefits and specialist support for people who are disabled, including the Government's Access to Work Scheme. This Scheme offers grant assistance for practical support such as specialist equipment, transport fares to work or a support worker. (www.gov.uk/access-to-work)

Nationally, Action for Blind People supports people with visual impairment to keep a job (including advice on support for travelling to work and in the workplace), be self-employed, find and take up work experience opportunities and provides careers guidance.

Further Education, Training and Life-Long Learning

The Blackpool and Fylde College offers a diverse range of Further Education, Training and Life-Long learning opportunities and includes vocational and practical courses.

Housing

Most people want to live in their own home for as long as they can. People with sight loss may particularly value a known and familiar home because they can find their way around and are confident moving about.

Housing policies that maximise independence can include letting policies that address sight loss, sight sensitive assessments for improvements, adaptations, repairs and redecorations and targeted housing assessments.

Leisure Activities, Shopping, Banking and Other Services

The UK has probably the most developed internet shopping market in the world. This considerably expands the opportunities for visually impaired people to engage with the wider economy, as access to goods is not inhibited by mobility. This could however, have the unfortunate effect of curtailing the support currently given to individuals to conduct their own shopping, an activity that is often a form of social engagement, as well as a necessity.

The Blackpool Low Vision Information booklet details information regarding leisure centres, theatres, cinemas, libraries, social clubs, supermarkets, talking cash machines, museums, theme parks, sports arena, football clubs and places of historical or cultural interest.

[The Blackpool Low Vision Information Booklet \(hard copy only\) is available from Blackpool Council's Sensory Team.](#)

Accessible Information

A recurring theme in the lives of people with sight loss is the need to ensure that information is available in an accessible format and in a timely way. Examples include: information about GP and other health care appointments, understanding eye conditions, accessing benefits/seeking advice, dealing with household bills, etc. Another important consideration is the accessibility of information for visually impaired people who are parents of school-age children, which is a separate and distinct area from information available for parents of visually impaired school-age children.

Welfare Rights

Understanding entitlement and access to welfare rights and benefits is an important element of independence for people with a visual impairment. Support is provided by Blackpool Citizens Advice and Department for Work and Pensions.

Support for carers of visually impaired people, or for visually impaired people who are themselves carers, is provided by the Blackpool Carers Centre.

The Impact of Welfare Reform

In 2012, 45% of working age registered blind and partially sighted people described their financial situation as 'just getting by' or worse. 85% of partially sighted and blind people of working age currently rely on Disability Living Allowance (DLA) to help them meet the extra costs that they have every day as a result of their sight loss, allowing them to live independently. As part of the Welfare Reform Act 2012, the DLA will gradually be replaced by the Personal Independence Payment (PIP), over the next few years. The eligibility criteria for PIP suggests that some partially sighted people would not qualify for the daily living component of this new benefit, e.g. under the activity on Communicating. ([Sight Loss UK, 2012, RNIB](#)).

In addition, the introduction of Universal Credit as well as other welfare changes, such as Housing Benefit, may mean that a greater number of people with sight problems have to rely increasingly on stretched local authority social services departments and voluntary sector organisations for support to remain independent.

Research in 2013 identified the following:

- 13,300 households affected by changes to housing benefit regarding under-occupation, the so-called 'bedroom tax'.
- 49,000 households affected by changes to council tax benefit.
- 5,600 households affected by changes from DLA to PIP
- 17,200 households affected by changes to Incapacity Benefit.

The total loss in income as a result of these changes is estimated to be £217 million.
www.shu.ac.uk

Prevention

It is vital to continue with working towards the elimination of avoidable sight loss. As the demand for unavoidable sight loss increases, this will impact on the capacity and cost of continuing to treat these people to the standard required.

Local statutory agencies need to consider ways to educate people about the importance of regular eye health checks, so that eye conditions which, can be easily treated when detected early, can prevent any or further sight loss. Equally, by having regular eye examinations, early detection of potentially life threatening conditions such as heart disease, high blood pressure, hypertension, certain types of cancer and even early detection of dementia, diabetes can be diagnosed and treated much more effectively and with much less impact on the health budget and more efficient use of resources.

NICE guidance on having eye health checks and what to do if an eye condition is found can be accessed via the website www.nhs.uk. In addition the College of Optometrists website www.lookafteryoureyes.org also contains some useful information.

Being able to detect such life threatening conditions at an earlier stage, not only makes management much cheaper and less invasive, but also prevents additional complications that can impact on a person's life. Preventing sight loss or reducing the amount of sight loss, will delay and/or reduce the need for potential care packages to supporting daily living, reduce the risks of further injury through such incidents such as burns or falls, reduce the isolation factor caused by people losing confidence to go out and help prevent the risks to health by having to adopt a more sedentary life style and the associated possible mental health issues arising from isolation and inactivity e.g. depression.

Other health risks associated with sight loss also include potential food poisoning if unable to read 'use by' dates, monitor cleanliness of work surfaces and distinguishing when food has cooked all through. Being able to effectively monitor bodily changes such as visual changes to moles, blood in stools etc., will also place somebody with sight loss at a greater risk of not accessing treatment early enough to result in a cure.

By making eye health more prominent in the provision of health services generally, there would be significant savings on the provision of more acute and expensive treatments, not only for the eye conditions themselves, but also for the type of health conditions listed previously.

Savings would also be made within the social care provision budgets and with less need for care packages, would consequently reduce demand for support to maintain a manageable overall service budget.

Sight Loss and Other Factors

Sight Loss and Learning Disabilities

There is a high prevalence rate of sight loss amongst adults with learning disabilities and they are more likely to have a greater need for prescription glasses than people without learning disabilities. An estimated 96,500 adults with learning disabilities in the UK, including 42,000 known to the statutory services, are partially sighted or blind. This means that nearly one in 10 adults, (9.3%), of the adult learning disabilities population are partially sighted or blind. Adults with learning disabilities are 10 times more likely to be partially sighted or blind than the general population. National information also indicates that in 2008 only half the people with a learning disability had received an eye examination in the past 12 months and that the proportion of people with learning disabilities who have regular eye examinations reduces as the severity of their disability increases.

In addition, nearly 6 out of 10 people with learning disabilities require glasses to correct their vision, reinforcing the need for regular eye examinations. However, it is recognised that a longer examination time is needed and a lack of access to regular eye care increases the risk of unnecessary sight loss. Unfortunately, parents/carers may decide that to wear glasses is one more issue to worry about, despite the fact that the person with learning disabilities may derive some benefits from having clear vision. Someone with learning disabilities, who is losing their sight and yet unable to communicate what is happening, can become confused or angry. This can cause behavioural problems and potentially result in a lack of confidence, loneliness and isolation.

www.hscic.gov.uk. www.seeability.org

Sight Loss and Falls

Compared to their sighted peers, partially sighted and blind people are 1.7 times more likely to fall and 1.9 times more likely to have multiple falls leading to injury, such as fractured hips. Falls are also more common and more likely to have serious outcomes amongst older people. In some cases falls can lead to serious medical problems and a range of adverse outcomes for health and well being.

	Blackpool	North West	England
Total number of falls	7,276	310,127	2,310,251
Falls amongst partially sighted and blind people	585	24,934	185,744
Falls directly attributable to sight loss	277	11,785	87,790
Falls amongst partially sighted and blind people that required a hospital admission	46	1,962	14,716
Falls directly attributable to sight loss that required hospital admission	22	927	6,955

Source: RNIB Sight Loss Data Tool

Dual Sensory Loss

Dual sensory loss requires highly specialised support to enable both communication and mobility. Sense UK has suggested that the deaf blind population are significantly underestimated and therefore the recorded figures of dual registrations for Blackpool are likely to be far lower than actual prevalence. The Centre for Disability Research has estimated that the number of people with deaf blindness will increase by 60% in the next 18 years.

Dual Registrations	
New Registrations	Total Number of Registrations
10	116

Source: www.sense.org.uk

Mental Health

Evidence shows that the emotional and psychological impact of sight loss is profound and that depression amongst people with sight loss is significantly higher than the population in general. The '[Seeing it My Way](#)' document outlines the outcomes which people with sight loss have said are important to them. The first outcome is having someone to talk to and this is key to enable a person with sight loss to come to terms with the condition and the impact on their lives. The UK Vision Strategy stresses that 'too many people who have lost some or all of their sight do not receive the support they need to deal with the emotional trauma of sight loss or manage basic everyday tasks'. Older people with sight loss are three times more likely to suffer from depression than their sighted peers. Social isolation may follow reduced mobility, loss of activities, hobbies and an increased reliance on family and friends. Loss of functional vision may also affect people with dementia and it is increasingly recognised that dementias may co-exist with an eye condition or directly cause sight loss. At least 2% of the local population, over the age of 75 will have dementia and visual impairment and this is likely to be a conservative estimate.

www.pocklington-trust.org.uk

Transport and Mobility

Public transport is a key component in empowering and enabling a visually impaired person to be independent and to access and attend employment, training and social events etc. In order to ensure quality of service and facility provision, Blackpool Council included visually impaired people and representative organisations in delivering disability awareness training for public transport drivers and consulted on plans and issues relating to 'shared spaces' initiatives and highway changes. These examples of collaborative working have proved to be highly successful, resulting in a safer and accessible environment for visually impaired people.

Other alternatives available in Blackpool include, taxi's, mini-cabs, Dial a Ride, trams and trains.

There is a legal obligation for individuals to inform the Driver and Vehicle Agency Licensing (DVLA) when diagnosed with a condition known to cause low vision. If registered as having a sight impairment or a severe sight impairment, The DVLA will assume that the driving licence is no longer valid and individual is unable to drive. Occasionally, exceptions are made for people with mild sight impairment, however, this will require the completion of a DVLA questionnaire by the GP.

The [Blackpool Highway Assets Management Plan](#) details how the local streets, lighting, road surfaces, markings, structures (e.g. bridges), street signs, trees, hedges and planted areas will be managed. In addition reports of any unauthorised pavement obstructions (e.g. signs, car parking etc.) are reported to Blackpool Council for remedial action. Mobility is also enhanced, both inside and outside building by good lighting and the effective use of contrasting colours for surfaces, fixtures and fittings.

National and Local Strategies (current best practices)

In considering the best models for Blackpool, reference was made to the UK Vision Strategy

The UK Vision Strategy launched '[Seeing it My Way](#)' which identified key outcomes that people with sight loss identified as being important to them. The new UK Vision Strategy was launched in June 2013, and revised key elements to set out a framework for change and the development of excellent services to build a society in which avoidable sight loss is eliminated and full inclusion becomes accepted practice.

There are three key elements to the UK Vision Strategy:

1. Everyone in the UK looks after their eyes and their sight

- To raise awareness and understanding of eye health, particularly focussing on the people most at risk of developing eye disease.
- Encourage every individual to develop personal responsibility for their eye health and sight.
- Raise awareness of eye health and the impact of sight loss amongst health and social care practitioners and ensure the early detection of sight loss and prevention where possible.

2. Everyone with an eye condition receives timely treatment and, if permanent sight loss occurs, early and appropriate services and support are available and accessible to all.

- Improve co-ordination, integration, reach and effectiveness of eye health and eye care services.
- Ensure that, when permanent sight loss occurs, emotional support, habilitation and/or rehabilitation be provided in a timely fashion, enabling people to retain or regain their independence.

3. A society in which people with sight loss can fully participate.

- Improve attitudes, awareness and actions within education, employment and other services.
- Ensure that children and young people with sight impairment can take their place in society.
- Achieve improved compliance with equality legislation and best practice.

NICE guidance on having eye health checks and what to do if an eye condition is found can be accessed via the website www.nhs.uk. In addition the College of Optometrists website www.lookafteryoureyes.org also provides information.

Current Services

Eye Health has already been recognised as a major and growing health and well-being priority for our area: e.g. there is an extensive outpatient department at the Blackpool Victoria Hospital, innovative major local campaigns e.g. by the CCG to help tackle or prevent sight loss, a dedicated local authority based Rehabilitation Worker (ROVI) and the long established and valued provision of a qualified Eye Clinic Liaison Officer (ECLO) to assist newly diagnosed referrals etc.

[Appendix 3: The Blackpool Eye Care and Sight Loss Pathway.](#)

Optometrists and Dispensing Opticians

Optometrists and Dispensing Opticians, working in the community, may identify patients with reduced vision. If these patients have not previously been seen by a Consultant Ophthalmologist, they will be referred for a further opinion. However, if patients have been seen and discharged and there is no change in their eye condition, then they can be referred to the Community Low Vision Scheme detailed below.

When the CVI's were introduced in 2005, they were accompanied by Letters of Visual Impairment (LVI's), for use by optometrists in alerting other service providers of any difficulties resulting from sight loss at an earlier stage, even pre-hospital, if necessary. This initiative was never effectively adopted but could be re-introduced as a tool to more proactively link up a greater number of professionals involved in eye care. A wider awareness of support available will increase the number of people accessing support at various points, signposting much earlier and helping to avoid problems escalating to the point of crisis and/or accidents occurring.

Health and Social Care

Blackpool NHS Hospitals/Private Hospitals

The Eye Clinic Liaison Officer (ECLO) is employed by N Vision and is based in the Ophthalmic Department, Blackpool Victoria Hospital and N Vision's Low Vision Centre. The officer fulfils a vital role in supporting patients at the point of diagnosis of their eye condition. Offering both emotional and practical support, the ECLO can ensure that patients receive both timely and appropriate assistance at the beginning of their journey towards the acceptance of their sight loss.

The ECLO will see all Certificates of Visual Impairment issued at the hospital and makes contact with the patients. It is possible that patients receiving injections for the treatment of Wet Macular Degeneration will not be considered for certification. However, those patients whose visual impairment does not fall within certification limits can still seek and receive assistance from the ECLO, N Vision and the Blackpool Council's Sensory Team.

Children and Young People Services

The number of children and young people with visual impairment is increasing, which is demonstrated by a steady year on year increase of children registered as partially sighted or blind. On average 364 children per month are seen by both a Consultant Ophthalmologist and an Orthoptist at the Blackpool Victoria Hospital.

Vision impairment in children is a low incidence, high impact disability. Children with vision impairment have different needs to adults with sight loss. In order to reduce lifelong inequalities, it is important that support is provided from birth, throughout childhood and the transition into adulthood. If this support is not received and then during their development, life chances can be severely limited.

Significant vision impairment can delay early childhood development and learning; including social communication, mobility and everyday living skills. Children with vision impairment are at risk of poor outcomes across a range of emotional and social well being indicators, which can have an effect on adult life, limiting work opportunities. It can also have a major impact on the well being and coping capacities of the family.

Children with vision impairment have various degrees and types of vision loss. The two common definitions of vision impairment in children are:

Medical definition – based on clinical measures of vision, in particular measures of visual acuity.

Functional definition – focuses on how an individual child's vision impairment affects the way that they learn, develop and carry out everyday activities. The child or young person's vision impairment interferes with optimal development, learning and achievements, unless adaptations are made in the methods of presenting learning experiences, the nature of the materials used and/or the learning environment.

The term 'learning' includes not just academic learning but the acquisition of mobility, life and social skills that in the cases of a child or young person would be provided through habilitation education. The definition includes children and young people with additional disabilities/impairments, including those with profound and complex needs.

Causes of Vision Impairment in Children

The causes of vision impairment in childhood are generally different to the causes of sight loss in adults. The four most common causes are:

- **Cerebral Vision Impairment** - is ante or post-natal damage to the vision processing parts of the brain. Cerebral vision impairment accounts for 48% of blindness in children and 32% and 45% of all children with vision impairment.
- **Optic Nerve Disorders** – are a group of conditions where the optic nerve doesn't transmit light signals to the brain correctly and accounts for about 28% of severe vision impairment in children.
- **Retinal or Macular dystrophies** – are umbrella terms for a range of inherited conditions which cause the retina to not function correctly. A significant proportion of children with retinal dystrophies have serious co-morbidity, with 13% having dual vision and hearing impairment.
- **Congenital Cataracts** – can cause significant sight loss, which is preventable if it is detected and quickly treated. It is estimated that 200-300 children are born with this condition each year in the UK.

Children at most risk of Vision Impairment

Particular groups are more at risk of developing a visual impairment:

- **Premature and low birth weight** – babies are at risk of under development of ocular structure, increased risk of squint, cerebral vision impairment and retinopathy of prematurity.
- **Maternal infections** – such as measles and rubella can cause childhood vision impairment.
- **Alcohol and drug exposure** – a high percentage of children suffering from foetal alcohol syndrome have vision impairment and develop eye abnormalities. Maternal drug use affects the development of the eye and visual system causing sight loss.
- **Smoking** – exposure to maternal smoking increases the risk of prematurity, low birth weight and ocular complication.
- **Children with Learning Disabilities** – have a very high prevalence of vision impairment, which is estimated to be 5.6% in the 0-19 aged population.

Support for Parents and Children

Time of Diagnosis – parents require information and support to help them understand and accept their child's vision impairment and its implications in terms of any specialist needs.

Early support for babies and young children with vision impairment - a prompt referral to the Blackpool Early Years' Service is required and on-going support is provided by Blackpool Council's Sensory Service and a qualified teacher. Support is particularly important in the first two years as development of social and communication skills can be seriously impeded.

Education – education services have statutory responsibilities under Special Educational Needs (SEN) and equalities legislation. Approximately two thirds of children are educated in mainstream schools or mainstream schools additionally resourced for learners with vision impairment.

Mobility and Low Vision Assessments – children with vision impairment require training in mobility and independence skills, including daily living activities. Low vision assessment, advice and dispensing of aids are important to assist children in all aspects of independent living.

Low Vision Services

Whilst the title 'Low Vision Services' encompasses all that is offered to those with visual impairment, we will in this context refer to the Community Low Vision Scheme which offers the opportunity for those individuals who might benefit from the use of a magnifier, to see one of the participating optometrists, operating the scheme and be loaned a magnifier. If at any time the patient feels that they cannot use a magnifier or that there has been a fluctuation in their vision, they can return to the optometrist and be loaned a different one. The Low Vision Aids (LVA's) are provided by one of the participating optometrists operating the scheme and managed by Gary Hardwick, Optometrist. [The list of current providers can be obtained from Gary Hardwick, 27, Park Street, Lytham, FY8 5LU Tel: 01253 794522 Fax: 01253 735885, N Vision www.nvision-nw.co.uk](#), or via the web link [www.lancslva.weebly.com](#). Patients can access the service by referral from GP's, Health

Visitors, other optometrists, Low Vision organisations, the Rehabilitation Officer for Vision Impaired or self referral. An up to date prescription, prior to the assessment, is necessary to ensure the best possible result is achieved from using any LVA's provided. Following the receipt of the LVA, the patient attends a follow up appointment 6 weeks later to confirm the aid is working and if not, a further assessment is arranged. If all is well, the patient is seen 12 months later.

N Vision also offers a follow-up service to the Scheme. There is the facility for clients to attend Information Sessions where, in an informal group setting, the opportunity is provided to learn of the range of other services and equipment available, so that all the needs of the patient are addressed ensuring that they can remain as independent as they wish to be.

The Rehabilitation Officer also provides further support in maximising the effectiveness of using the magnifier in the person's own home, if this is required.

It is further recognised that as technology becomes increasingly important in everyday life, it is essential that partially sighted and blind people should be introduced to the range of assistive software available to help them and consequently this is becoming a major part of the LVA follow-up service.

Blackpool Council's Sensory Service

Blackpool Council's Sensory Team currently provides the following equipment, subject to assessment outcome:

- Liquid level indicators, suitable for use by people with dual sensory loss
- White Support canes
- Symbol canes
- Guide Canes
- Long Canes
- Hard of Hearing Smoke alarm, fitted by Lancashire Fire and Rescue
- Bellmans system fitted by C & R – dependent on some residual vision
- Mountcastle fitted by electricians – dependent on some residual vision

Visual Impairment Rehabilitation

Blackpool Council employs a Rehabilitation Officer for the Visually Impaired (ROVI) who can provide:

- Information about local and national services and activities
- Advice, support and equipment to help you manage at home
- Advice on practical and social issues (also to signpost onto other agencies if required)
- Advice, training and support with getting out and about
- Teaching of Braille or Moon, maintaining the skill of writing and accessing your computer/telephone

This is not an exhaustive list and the support is flexible to incorporate the wide range of support and advice available.

Library Services for Visually Impaired People

There are a variety of library services available both locally and nationally for people with sight loss to access. Local services include:

- Blackpool Library Service stock large print and audio books. They also offer a playaway option. This is a book recorded onto an individual player that is as small as an MP3 player and can be taken on holidays or used when out and about. They also offer a housebound service for those who are unable to get to the library. This is a free service.
- N Vision provides a Talking News Service where volunteers read and record selected articles from the local newspapers and magazines onto memory sticks, which are then dispatched weekly to people. There is one-off joining fee for the service to cover equipment costs, but is free to use thereafter.
- Calibre Talking Books is a national charity providing audio books on loan, via the post, throughout the UK. They have a large selection of books on audio that can be played on people's own audio systems. There is a one-off joining fee but is free to use thereafter.
- RNIB Talking Books are another national charity providing books in audio format. They also have an extensive range of material to choose from.

Steering Groups and Networks

The Blackpool Low Vision Committee is currently hosted by Blackpool Council's Sensory Service (Visual Impairment) and was established in 2004 in response to the UK Vision Strategy. The Committee comprises representatives from Blackpool Council, Blackpool Clinical Commissioning Group (CCG), Service Users, Blackpool and Fylde College, Healthwatch, N Vision and Action for Blind People. The Committee has a consultative role, which includes the design and accessibility of places and areas within Blackpool to facilitate and maintain independence and safety to the visually impaired community. A pathway for service users to directly influence and shape the services they receive, both from Social Services and external organisations and businesses, has also been developed and implemented.

The Local Eye Health Network is a clinically led, multi-disciplinary network, established by NHS England, to improve the integration and delivery of patient centred eye health services with improved outcomes. The main functions are to:

- Improve access to sight tests for hard to reach groups.
- Support effective Eye Health Needs Assessments.
- Redesign local services in line with national eye health pathways
- Develop integrated eye health services across primary, secondary and social care based on patient needs and improved outcomes.

The North and West Lancashire Local Optometric Committee (NWLOC) is the official organisation representing optometrists and opticians within North and West Lancashire including Blackpool. The Local Optometric Committee (LOC) helps to organise and manage some of the various community schemes. [The website is http://nwloc.com.](http://nwloc.com)

Other Service Providers

The Blackpool Low Vision Information Booklet (hard copy only) is hosted by and available from Blackpool Council's Sensory Team and provides additional information regarding other service providers, contact details, and the range of support offered.

Assets and Provision

The purpose of the Blackpool Joint Strategic Health Needs and Assets Assessment is to identify the strengths of current activities, services provision and assets, including gaps and examples of good practice and cost effective approaches. As part of the process to achieve this purpose, a Consultation Workshop was held on 25th November 2015. Event participants were representative of the sight impaired community and included service users, carers, service providers and inter-agency representatives. The event was facilitated by N Vision, Blackpool, Fylde and Wyre Society for the Blind.

[**Appendix 4: Consultation Workshop Programme**](#)

Strengths of Current Service Provision

Participants in the Consultation Workshop identified the following strengths of current service provision.

Employment:

Access to Work – Training.

N Vision – working with businesses and providing visual awareness training. There are some good examples of support from businesses, services etc.

Education, Further Education, Training and Lifelong Learning:

N Vision - Cooking Skills training also promotes a healthy lifestyle and good nutrition.

Action for Blind People – Living with Sight Loss course and the available range of practical aids.

1 to 1 Information Technology Training – supports IT needs in everyday life e.g. On-line Shopping, Banking, Reading, Telephone etc.

Leisure Activities, Shopping and Banking:

Blackpool Council Leisure Services – excellent accessibility and staff awareness of visual impairment. Provides opportunities for socialising and accessible facilities for swimming and the gym.

The Grand Theatre – accessibility and staff awareness of visual impairment. Audio description and 1 to 1 support is also available.

Blackpool Football Club – audio description is available.

Banking – Banks were commended for generally providing a positive experience including; 1 to 1 assistance with supportive staff who will read and explain documents, provide free on-line training, the use of headsets at cash machines, coloured and tactile debit/credit cards, information, cheque books and correspondence are available in large print, braille and moon.

Accessible Information:

Utility companies - Telephone, Water, Gas/Electricity providers will produce large print invoices, but individuals must register to receive these.

Transport and Mobility:

Blackpool Council ROVI – Mobility training is time responsive.

Blackpool Transport – staff training in visual awareness is commended.

N Vision – the ‘Green Line’ directing service users from Squires Gate to the Low Vision Centre promotes and encourages independent mobility.

Independent Living:

N Vision - Low Vision Aids Scheme and Centre provides practical and emotional support for service users and carers.

Health and Social Care Services:

Whitegate Medical Centre – excellent support from staff at the foot and ankle clinic.
Eye Clinic Liaison Officer (ECLO) Service – empowers patients by providing timely and quality support and information, such as referral to local and national support services; support with registering as partially sighted/blind and referral to social services; initial emotional support; information on issues relating to welfare rights, equipment etc.

Gaps in Current Service Provision

Participants in the Consultation Event identified the following gaps of current service provision.

Employment:

Access to Work – poor or disparity in information provided for younger people.
Gaps in training, development and employment provision for visually impaired people.
Peer support in employment is not usually available.
Employers have little understanding of or do not comply with equal opportunities legislation.
Evidence of stereotypical jobs for visually impaired people, resulting in a high proportion of visually impaired people in receipt of benefits.
Employers have little understanding of what is available to support visually impaired people in employment.
Gap in preparing individuals to inform prospective and current employers of support available e.g. accessible information, visual aids etc.

Education, Further Education, Training and Lifelong Learning:

Education – Educational support is not always appropriate for visually impaired pupils. However, when one to one support is required there can be difficulties in obtaining this provision.

Further Education – There is a gap in the support available for young people who continue into adult further education.

Leisure Activities, Shopping and Banking:

Theatres and Entertainment Venues – variable publicity regarding the support and access available for visually impaired people.

Walking Group - needs to be re-launched.

Accessible Information:

Information – The Blackpool Low Vision Information Booklet is a resource not sufficiently or widely publicised and needs to be available in an accessible format via a web-site. The Register of Certificated Visually Impaired People could provide a source of information for communication purposes, recognising the compliance requirements of Data Protection legislation.

Information Technology - The technology needs in order to increase access to Government services, e.g. benefits, tax etc., requires review and development.

There is disparity in the accessibility of IT resources in libraries and the availability of trained staff to provide support.

Mental Health:

Formal and Informal Support – Informal peer support is the preferred method of addressing mental health needs and alleviate the effects of stress. However, there is a lack of local peer support groups and individual advocacy provision, specific to the needs of people with visual impairment and sight loss.

Counselling – The stigma of accessing mental health services e.g. counselling, reduced access to formal support.

Occupational Health Services staff require additional training to effectively support people with sight loss/visual impairment and resulting mental health issues e.g. depression.

Health and Social Care:

General Practitioners, Dentists and Pharmacists - Appointments, prescriptions and medication are not in accessible formats. Buildings are often difficult to negotiate with inadequate signage. The whole experience of accessing health and social care provision is often stressful and as a result, sometimes avoided.

Children and Young People Services:

Transition into adulthood – when age 18 is reached support becomes sporadic or ends. Communication - need to communicate with these age groups through social media e.g. facebook, twitter etc.

Younger Activity Groups – have been successful in developing friendships, sharing experience and empathy, peer support, alleviating mental health issues and building confidence.

Rehabilitation Centre – should include training in life skills.

N Vision, Low Vision Centre - needs to be more appealing to younger people and provide appropriate services and support.

Children's Services – need an ECLO equivalent. The current ECLO provides support to registered services users only and refers on to other more appropriate services and support.

Recommendations

These Recommendations have been informed by the Consultation outcomes and the UK Vision Strategy and the three outcome areas.

1. Everyone in the UK looks after their eyes and their sight.

- a. To raise awareness of how important good eye health is and the need to have regular eye health checks so to detect sight loss.
- b. To promote eye examination and eye care services by targeting and encouraging referrals and signposting from specific health services for individuals at increased risk of sight loss due to falls, diabetes, alcohol, smoking, blood pressure, substance misuse etc.
- c. To ensure appropriate support is provided to enable independence.

2. Eliminating avoidable sight loss and delivering excellent support for people with sight loss.

- a. To review the paper based referral process from community optometrists in order to improve the process and implement e-referral. For e-referral to be possible, community optometrists will need a secure NHS e-mail address. To be given an NHS e-mail address, the community optometrists will be required to complete the IG Toolkit. Funding is needed for the completion of the IG Toolkit.
- b. To critically review the certification of visual impairment and registration process, identifying how the process can be improved, and reviewing how an electronic system can be implemented as a priority.
- c. To ensure that the health and social care needs, for people with sight loss, are reassessed at regular intervals and their programme of care is adjusted accordingly.
- d. The pathway for eye health for children be reassessed with a view to implementing a more structured and monitored process and encourage a greater number of parents to access the pathway.
- e. To review how the role of the ECLO can be extended to include children's services and to identify funding and resources to ensure sustainability of the ECLO in the long term.

3. Inclusion, participation and independence for people with sight loss.

- a. To ensure that the Blackpool Low Vision Booklet continues to map and clearly identify the services which provide interventions and support to people with sight loss in Blackpool. To broaden the accessibility of the Booklet by developing a web based version.

- b. To develop the provision of specialist visual impairment rehabilitation services for children and young people where they are not in education and not supported by Blackpool Council's Sensory Support Service.
- c. To review how people with sight loss, who are supported by the Blackpool Council's Sensory Support Service, receive equipment and aids to support independent, daily living in their home. To ensure the timely supply, and training in the use of, appropriate equipment and aids, regardless of means. To ensure that mobility training can be accessed when deemed appropriate by the individual with sight loss.
- d. To develop and implement an effective transition process for young people from children's services to adult services.
- e. To review how the information held on the register of visual impairment can be used to disseminate information to people with sight loss.
- f. To explore the development and promote sight loss peer support group/s. Recognising the benefits that peer support can provide and how a supportive setting can encourage people with visual impairment to discuss their concerns, access services and support and regain or maintain their independence. The groups would be developed in consultation with participants and reflect differing needs, ages, interests etc.
- g. To support the development of individuals through the provision of peer groups and 1 to 1 ambassadorial/advocacy support to ensure that visually impaired people are encouraged and enabled to access education, training and development and employment opportunities. The support will be person-centred, flexible, timely and available for all age groups.
- h. To continue to promote accessible public transport and work with Blackpool Transport and its providers to enable accessibility for people with sight loss to maintain their independence.
- i. To raise awareness and consider how the introduction of new technologies can be utilised by people with sight loss and to support them to access and use technologies to regain or maintain their independence.
- j. To ensure that the current Low Vision Aids Scheme is funded and resourced to enable and support sustainability and the development in future service provision e.g. to promote the availability and benefit of electronic devices over traditional low vision aids.

Appendices

Appendix 1:

An Eye Health Pathway – ‘Looking Up’, the view from a visually impaired person.

‘A million deaths are just a statistic, but each one is a tragedy’ (Joseph Stalin). The limitations of just one person’s perspective are obvious, but when examined in detail such a view can cast much more light on the issues than reliance purely on numeric data. The tables below are a single person’s perspective of what an Eye Health Pathway might ‘look’ like for a service user. As such it is only illustrative but still can be a useful model for further consultation and or service planning etc. The tables move chronologically from left to right and the rows in each column describe the stage of the pathway, what it would or might entail if it works well for the user, and below this what is often in place and or works not so well for the user. For this exercise there are 8 suggested stages in this pathway but these are not prescriptive. The final stage tends to resume the cycle as far as an individual is concerned but reflects the changes in their needs over their life span.

Stages of the pathway....	Stage 1. Prevention.	Stage 2. Early Detection.	Stage 3. Diagnosis	Stage 4. Post Diagnosis Treatments.
‘ positive experience....	In my area the local Health and Well Being Board use a ‘JSNA’ which includes the risks of sight loss alongside more deadly killers and physical long term chronic conditions. There are well supported prevention campaigns that even reach would be Tarzans like me, a man of 35. Even I know that keeping healthy includes not losing my sight, job, and driving licence so I have an occasional eye health check and cut out smoking and reduce too many other bad health kicks.	By my early 40's I already know that I have had a long term sight problem which has not yet surfaced but might and, at this time I have an eye check that detects my serious loss of sight at an early stage. This then leads to a rapid referral to my local eye consultants. I am still working so appointment times are flexible around my work times.	My local out patients are well aware that this will be a first time for a very stressful experience. Staff from the receptionist to the consultant tell me and check with me at each stage of my day at the out patients. It takes several hours but staff are on hand to check up that people are ok or if any help may be needed for example, finding the loo or somewhere to have a snack whilst powerful eye drops reduce my sight during the day.	Some treatment may be available but further tests would be needed at a regional centre. I am informed of the likelihood of these having some impact and the choice to proceed is left with me. I pursue this option.

			My consultant explains the most likely diagnosis and next steps checking my understanding and taking care not to talk in jargon.	
A more negative experience....	<p>My area 'Health and Well Being' Board do not really see how eye health fits into the big picture alongside the real killers like CVD, Cancer and Stroke or the long term ones like COPD so there's little action on prevention.</p> <p>This all suits a typical fella like me because I don't go near doctors anyway. I'm far too busy and need my only free time for having some fun.</p>	I know my sight has been a bit bad since I was a lad, but it comes as a real shock when at last I go to the doctor and she asks me to count her held up fingers and I can't. I'm really not that surprised though because I've known things were not right for a long time, and if anything have smoked and drank even more than I would usually, and, have had increasing arguments with the wife instead of talking about things.	<p>When I go to the out patients they make me feel about 10 again. The staff shout out my full name and it reminds me of attending my first infant class. As the day proceeds I'm no wiser and no one explains any stage of the tests and the consultant says they don't really know the name but its some form of retinal disease which will not get better but may not get much worse...they don't really know. He gives me a form to say I'm now blind, and a note for my doctor. He also refers me to the local blind society and the social services to get vision aides and a white cane. I'm terrified.</p>	<p>I go to other centres to seek cures but this is not forthcoming. All these options are a waste of time and I only realise some months later that in fact at this time I had depression which I've not had previously, and largely had to overcome myself. Why did this not get picked up? During my depression I make some very bad decisions which it takes me a long time to overcome.</p>

Stages of pathway continued....	Stage 5. Post Diagnosis non medical support	Stage 6. Further Medical Treatment.	Stage 7. Medium/long Term Rehabilitation	Stage 8. Further prevention etc.
A positive experience continued....	The consultant tells me that he is also immediately concerned at my wider well being as well as my sight problems. He asks me to attend the local liaison service run by the blind society. He explains that they can start to give me some emotional and other support so that things can start to help me and my family cope. I meet the local rep and they help me to get some counselling and advice from other local people who have lived through sight loss. I have some stuff explained about the different services I now need. These include social services, the DWP, local support groups and advice for me and my wife who has up to now had to bear it all as now my carer. This comes at a good time because inside I have been terrified but unable to talk about it yet with my wife friends or	My local out patients ask me to attend periodically for tests to monitor the eye disease, but after some years it seems to be stable and I only have checks with them every 5 years unless otherwise triggered. On some later consultations the clinic updates me on the most recent developments around my condition. There are no miracle cures but I am told of various drug trials which may alleviate some of the worst effects of my sight loss in the future. The out patients keep me on a log of those who may benefit in time this way.	With the help of the local blind society and the local authority rehab service I learn how to ensure my mobility on local or national transport, keep up activities and do keep fit and other physical exercise lost to me when my sight went. I eventually manage to retain some of my work skills using assistive software. I eventually manage to resume work but as the I.T. continues to change to such things as 'touch screens' my sight loss again causes me to have to yet again cease work. Changes in benefits are a constant source of stress but due to earlier good advice and actions I have at least some pension incomes and have secured a decent DLA level to at least ensure some	My area health and local authorities and their services are well connected. They work well together to meet the complex needs of people like me. For example, my advice around my sight loss helps me to have annual optician based eye health checks to make sure I don't add to my eye conditions. My GP check ups include a quick eye check reminder when they do my regular overall check up now that I am in my late 50's. Services including the voluntary sector round here realise that overall health prevention is a combination of both staying as active and involved as people can but also ensuring the best and widest access to tests or check-ups that cut across sight, dental health, auditory physical and cognitive

	family. My eventual decision to stop working is only then made after a lot of good advice.		security for my family.	faculties. This is now vital as I am getting much older. I will not live forever but this seems the best policy for my well being. On one check up my optician detects the early build up of pressure in my eyes. On a medical check up my life long tendency to have high blood pressure is also detected as this goes quite high for a while. Both these early stage conditions are successfully treated, as is high cholesterol, and, even higher than ideal blood sugar. My weight is still a bit too high but at least I avoid obesity by having a weigh in more often. Life expectancy in my area gets better, but just as important for people like me is that I do not experience loss of connection to the community or independence. The longer I remain an active consuming member of the community coincides with less time relying
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				on substantial packages of community based or hospital based care.
A more negative experience continued....	<p>No one detects that I am now traumatised and not very well placed to sort out my problems. I quit work in a panic and move house only to find that I cannot secure sufficient income to afford anything other than poor accommodation for my family. I go through a protracted period of re adjustment leading to a state of basic income and welfare security that makes me bitter and not inclined to lose what little I have. I still smoke too much and I put on weight now I go out less.</p>	<p>My eye consultant refers me to tests in a national centre and they tell me they have seen cases like this that may just be treatable if I agree to more tests. These include sitting whilst medical students look at my eyes and talk across me like I am a plastic manikin. The tests also include some retinal photography that is so painful I cannot see for a day after this. They write to let me know some weeks later that there is nothing they can do.</p> <p>Whilst my sight loss seems complete to me, I certainly now make up for my previous lack of attendance at medical services. I have high blood pressure and become quite obese and show signs of the angina that my family are prone to.</p>	<p>I do not have much contact with the local blind society or rehab services as I cannot see the point. My life is not very active due to my sight loss and not wishing to lose my hard won basic incapacity benefits. I am still able to enjoy my beer and cigarettes and resolve that you can't live forever so you might as well enjoy yourself.</p>	<p>It seems an odd and sad irony that I eventually also find that I have another eye disease, this time one caused due to my diabetes type 2 which I suffer from after my late 50's. My weight is also now a real problem though in my later years I no longer need to suffer the indignities of constant DWP assessments once my state pension kicks in. Unfortunately it is not long after this before other physical complications caused by my diabetes are added to by my now almost complete blindness. I can at least be relieved that my resulting quite substantial care package from this time onwards is almost entirely state funded, so I can still enjoy my few luxuries.</p>

Appendix 2

Personal Testament of Brian Casey

by Karl Child

"I am a modern visually impaired person"

If you receive an e-mail from Brian, his signature reads 'Brian Casey, Low Vision Worker, N Vision' but it's very clear that Brian is much more than that, he's an inspiration and an ambassador for all visually impaired people living in the Blackpool, Fylde and Wyre areas.

Brian had a very ordinary upbringing with his father, mother and sister in Hemel Hampstead, Hertfordshire where he worked as a mechanic, enjoying hobbies including motor racing with his father, football and also playing squash for the county. On 11th August, aged 23, towards the end of a county squash game, Brian was accidentally hit in his left temple by the racquet of his opponent. A small laceration and drop of blood didn't stop him from playing and they finished the match. After the game, Brian was advised to go to hospital, although he felt OK, where nurses established he could see how many fingers they were holding in front of him and sent him on his way.

Life continued and he returned to work as a mechanic, bought a brand new car, played football and went to motor racing events for exactly twelve months until on 11th August aged 24, during a five-a-side football match, Brian was hit in the face by the ball. Another sporting accident that had this time broken his cheekbone and affected the vision in his right eye. *"At that point then, I realised that I couldn't see out of my other eye, and I didn't know. All that time and I didn't know, a whole year went past and I didn't know my sight had gone in my left eye".*

Following the accident, Brian spent three months in Watford General Hospital's Ophthalmology ward. Complete bed rest with patches over both eyes, not knowing if he was blind or what was going to happen was terrifying. After the three months he was sent to Moorfields Eye Hospital in London, which is known as 'the best eye hospital in Europe' where he was registered as blind and told there was nothing they could do to help him and that he should contact Social Services who offered him a bus and rail pass and again sent him on his way.

Brian was let go from work shortly after and depression kicked in, not knowing what to do. *"I can remember going to a party with all my friends because I used to have a lot of friends in those days, and I was thinking, what am I doing here, I'm just sat here, they've sat me in the middle of the room with a drink in my hand, everyone else is enjoying themselves at the party and it was just horrible. That made me think then, my life is going to change big time".*

Determined not to give up, Brian attended the Royal National Institute of the Blind (RNIB) Rehabilitation Centre at Manor House, Torquay. The centre offered a variety of classes from basket weaving and hockey to injection moulding. *"They had a scoreboard of who beat records and how many you could do, and that's what spurred me on, because it was something like 169 someone had done, and I managed to do 500 in the time"*. Driven to continue to exceeding and after having beaten all of the records held at Manor House, Brian decided he wanted to take up catering and become the first visually impaired person at the centre to work in their kitchens. This also came with a few sneaky privileges including playing cards with the staff at lunch times and having slightly better lunches than others, but most importantly he felt 'normal' again and it made him realise he was able to do that little bit more.

Since leaving Manor House, Brian has held several jobs including working for an exhibition company with his father as a painter, as a maintenance man at Rossall School, Fleetwood and most recently at N Vision, where he began as a volunteer, was offered a position and has been working ever since with the charity to help others with visual impairments as they embark on their own journey to independence. Having experienced sight loss himself, Brian is the perfect person to mentor and guide people living in the area who are looking for someone to talk to about their sight. He has recently been successful in persuading Blackpool Council to paint a green line on the pavement from Starr Gate tram stop to N Vision's Low Vision Centre, via the nearest bus stop, making getting to the centre easier for people with visual impairments. He has also secured a wide range of visual aid kits for optometrists in the North. Saying that Brian is driven to succeed and help others is almost an understatement. Nothing has ever held him back, from achieving goals and living what others consider a 'normal life', from riding his bike, to taking his wife Beverly on holidays abroad. Everything Brian does, and every way he thinks, makes him a very modern visually impaired person indeed.

The final word is from Brian *"I'm glad to be visually impaired now, that's how far I've come, because I wouldn't be in this position if I wasn't visually impaired, doing this job that I love, the best job I've ever had. I wouldn't be able to inspire people and hopefully change their lives"*.

Appendix 3:

The Blackpool Eye Care and Sight Loss Pathway

Stage 1

Local eye-health campaigns promote eye-health awareness amongst GPs and encourage individuals to visit their local Optician.

Stage 2

Optometrist notes abnormality during regular eye test and diagnoses eye condition	GP suspects loss of vision
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Stage 3

Patient is referred to the Ophthalmologist for further examination and/or treatment.	Patient/Carer self-refers to the Community Low Vision scheme and is issued with low vision aid/s if appropriate.
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Stage 4

Patient is registered as blind or partially sighted.
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Stage 5

Patient is referred to and meets the Eye Clinic Liaison Officer, who guides the patient through the rest of the process and pathway.
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Stage 6

Patient/Carer are advised on the support and benefits available and guided through the access and application process.
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Stage 7

The Blackpool Rehabilitation Officer for the Visually Impaired (ROVI), completes a specialist assessment of Visual Impairment social care, addressing the specific needs of the patient

Stage 8

Individual begins rehabilitation with ROVI	Day to day community social care begins and carers receive respite support. Introduction to the range of additional services and support available.
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Stage 9

Ensure that patient's health and social care needs are reassessed at regular intervals and the programme of care is adjusted accordingly.

Stage 10

Patient is re-enabled for an active, independent and fulfilling life.

The patient can withdraw or access the pathway at any time and decide if specific stages are appropriate to them e.g. Stage 4, Registration.

With or without registration, this pathway is available to patients/carers.

'Carer' can include family and friends and does not specifically indicate the level of care and support provided, which must be person-centred and flexible to meet needs.

Appendix 4: Consultation Workshop Programme

Blackpool Joint Strategic Needs Assessment – Eye Health

Service Users and Carers Consultation Workshop

**2.00 p.m. – 4.00 p.m. Wednesday 25th November 2015
at Sharples Hall, N Vision, Bosworth Place, Blackpool.**

Programme

2.00 p.m.	Arrival and Registration Housekeeping Introductions Agenda: Purpose, Roles and Rules Overview: Why are we here today?
2.15 p.m.	Session 1: What services and support are available in your area? What do you value? What is working well? What makes it work well
2.45 p.m.	Session 2: What are the gaps? What services and support do you need now?
3.15 p.m.	Session 3: Recommendations What services and support do you think you would need in the future?
3.45 p.m.	Feedback and Summation What will happen next
4.00 p.m.	End of Workshop