

# Access to eyecare

## What are people saying?

The views of people from black, Asian and minority ethnic groups and people with learning disabilities or dementia

A report for: West Midlands Local Eye Health Network



March 2016

**healthwatch**  
Dudley



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# Key messages

## Communications

- Make information and advice on eyecare easy to access and understand
- Get the message out on the need for regular eye checks
- Provide clear explanations on services, entitlements and procedures.
- Clearly explain what is happening before and during the eye test
- Ensure people feel comfortable about asking questions
- Provide adequate time for consultations and conversations on eye health and care
- Be innovative and use technology where appropriate to improve communications on appointments, reminders and providing advice

## Premises

- Ensure all areas are large enough to meet the needs of people who need to be accompanied or use special equipment
- Design and decorate premises in ways that help to ensure people are comfortable and safe
- Be innovative and use technology where appropriate to improve communications and information giving in waiting areas
- Consider providing access to toilet, drinks and other facilities that might help to make people more comfortable

## Staff

- Explore the opportunities for people to see the same optician
- Ensure staff introduce themselves - 'hello my name is ...'
- Routinely and regularly ask questions about health and medications
- Be friendly, approachable and respectful
- Ask people how they feel and whether anything could be improved
- Avoid using jargon or overly technical language
- Invest in training on working with black, Asian and minority ethnic groups and people with learning disabilities or dementia

## Eye test

- Spend more time on the eye test if necessary
- Pay attention to providing explanations and reassurance
- Adapt the test where this is helpful
- Provide clear and easily understandable information on the outcomes of the test
- Expand outreach activity to increase the numbers of at risk or vulnerable people accessing eyecare services
- Ensure people know about domiciliary eyecare services

# Introduction

This research report elaborates on engagement work undertaken with people from Black, Asian and minority ethnic groups, people with learning disabilities or their carers and people with dementia or their carers, living in the Dudley borough. The aim was to improve understanding of how they were accessing (or not) high street optician and other eyecare services. The research was undertaken by Healthwatch Dudley, the local consumer champion in health and care, on behalf of the Local Eye Health Network, NHS England, West Midlands, a key driver for innovation and improvement across the whole eye care health economy.

The research comprised of a questionnaire survey, meetings with organisations in the community and in-depth conversations with individuals. The main findings illustrate the importance of getting communications and the provision of information to work effectively for opticians and people accessing eyecare services, providing accessible and comfortable premises, and ensuring the eye test and other eyecare procedures work well for all of the people who should be accessing eyecare services

## Eyecare policy

The UK Vision Strategy 2013-2018 suggests it is necessary to ‘Raise awareness and understanding of eye health’ and there is a need to focus, in particular, on those people most at risk of eye disease. People from Black, Asian and other ethnic minority groups, and those living with learning disabilities or dementia all fall into this category. The strategy goes on to remark that more needed to be done to improve the way that different eye care services work together to meet the needs of different communities and groups of people.<sup>1</sup>

In 2013, the Royal College of General Practitioners made eye health a clinical priority for general practice and doctor’s services that are accessible to people with sight loss.<sup>2</sup> Meanwhile, the Royal National Institute for the Blind has pointed out that it is necessary to bring the voice of the public and more particularly those accessing eyecare services into the heart of discussions and

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<sup>1</sup> Vision 2020, UK Vision Strategy 2013-2018: Setting the direction for eye health and sight loss services,  
[http://www.vision2020uk.org.uk/ukvisionstrategy/core/core\\_picker/download.asp?id=538&filetitle=UK+Vision+Strategy+2013-2018+PDF](http://www.vision2020uk.org.uk/ukvisionstrategy/core/core_picker/download.asp?id=538&filetitle=UK+Vision+Strategy+2013-2018+PDF)

<sup>2</sup> Royal College of General Practitioners (2013) Eye Health,  
<http://www.rcgp.org.uk/eyehealth>

decision making processes to ensure they effectively meet eye health and care needs.<sup>3</sup> Eyecare services need to be convenient for people to access and reach out to those who are less likely to use them.<sup>4</sup>

# Dudley Metropolitan Borough

The Dudley Metropolitan Borough is centrally located within the Black Country. It includes the towns of Dudley, Halesowen and Stourbridge. The 2011 Census estimated the population was 312,925 (with a later mid-2013 estimate indicating a population of 314,427). Where people’s ethnicity was known, comprised 89 per cent White English, Welsh, Scot, Northern Irish or British and 10.8 per cent black, Asian and minority ethnic (BAME) groups.

Ethnic Group	%
White English, Welsh, Scot, Northern Irish, British, White Irish, White Gypsy or Irish Traveller	89
Other White	1.0
White and Black Caribbean, White and Black African, White and Asian, other Mixed Ethnic Group	1.8
Indian, Pakistani, Bangladeshi	5.2
Chinese, other Asian	0.8
Black African, Black Caribbean, other Black	1.4
Arab	0.4
Other Ethnic Group	0.2

Table 1: Ethnicity of people living in the Dudley borough

<sup>3</sup> Royal National Institute for the Blind (2014) Driving local change for effective and efficient eyecare services: Sharing our learning from the Commissioning for Effectiveness and Efficiency project,  
[http://www.vision2020uk.org.uk/ukvisionstrategy/core/core\\_picker/download.asp?id=705](http://www.vision2020uk.org.uk/ukvisionstrategy/core/core_picker/download.asp?id=705)

<sup>4</sup> NHS England (2014) Improving eye health and reducing sight loss - a call to action,  
<http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/eye-cta/>

The BAME groups are, in the main, Indian, Pakistani and Bangladeshi, White and Black or Asian, and Black African or Caribbean. In addition, there are newer influxes of Polish, Latvian and Lithuanian groups (see Table 1, on page 13).<sup>5</sup>

## Eye health and at risk groups

People may have a poor understanding of the value of a regular eye examination and only visit an optician when they feel there is a problem with their eye sight.<sup>6</sup> In turn, people from Black, Asian and other minority ethnic groups, people with learning disabilities and people with dementia are all less likely to be accessing routine eye care services than the general population.

In 2014-15, there were 1,472 adults on general practice learning disability registers in the Dudley borough.<sup>7</sup> However, it is estimated that around 80 per cent of adults with learning disabilities are not on such registers or are not known to learning disability services.<sup>8</sup> In turn, adults with learning disabilities are ten times more likely to be affected by sight loss than the general population. And the numbers of people with learning disabilities who have regular eye examinations reduces as the severity of their disability increases.<sup>9</sup>

At the same time, in 2014-15, there were 2,392 people on Dudley borough general practice registers known to be affected by dementia (with many more people living with undiagnosed dementia).<sup>10</sup>

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<sup>5</sup> Office for National Statistics (2012) Population and Household Estimates for the UK, 2011 Census, <http://www.ons.gov.uk/ons/guide-method/census/2011/census-data/2011-census-data-catalogue/index.html>

<sup>6</sup> Iliffe, S., Kharicha, K and Wijeyekoon, S (2013) Improving uptake of eye care among older people: developing a training programme for GPs, Research Findings No.37, University College London, <http://www.pocklington-trust.org.uk/researchandknowledge/publications/rf37.htm>

<sup>7</sup> NHS England, Health and Social Care Information Centre: <https://indicators.ic.nhs.uk/webview/>

<sup>8</sup> Emerson, E., Hatton, C., Roibertson, J., Roberts, H., Baines, S., Evison, F., and Glover, G. (2012) People with Learning Disabilities in England 2011, Improving Health and Lives: Learning Disabilities Observatory: [https://www.improvinghealthandlives.org.uk/publications/1063/People\\_with\\_Learning\\_Disabilities\\_in\\_England\\_2011](https://www.improvinghealthandlives.org.uk/publications/1063/People_with_Learning_Disabilities_in_England_2011)

<sup>9</sup> Emerson, E and Hatton, C (2008) Estimating Future Need for Adult Social Care Services for People with Learning Disabilities in England, Centre for Disability Research, [http://www.research.lancs.ac.uk/portal/en/publications/-/74b177c0-646f-45d9-8d94-806b5f565ed9\).html](http://www.research.lancs.ac.uk/portal/en/publications/-/74b177c0-646f-45d9-8d94-806b5f565ed9).html)

<sup>10</sup> NHS England, Health and Social Care Information Centre: <https://indicators.ic.nhs.uk/webview/>

The leading causes of sight loss in the borough are age-related macular degeneration, diabetic retinopathy, cataracts and glaucoma (see Table 2, below).<sup>11</sup> People can be affected by more than one of these eye conditions and may have early stage disease which means they experience little or no impact on their sight.

Eye Condition	Prevalence
Age-related macular degeneration	16,310
Diabetic retinopathy	6,250
Cataracts	3,180
Glaucoma	2,949
<b>Total</b>	<b>28,689</b>

Table 2: Estimates of people with major sight loss conditions

If there are people not getting effective help with eye health matters or access to eyecare services the impacts on them and the costs to the economy can be significant when eye disease goes undetected and they experience eye damage or are affected by sight loss. In 2015, the estimated cost of sight loss to the UK economy was £5.7 billion (mainly attributed to the informal care provided by family members, friends or neighbours but also lower employment rates, and the need for specialist equipment and modifications to homes).<sup>12</sup> In turn, it was estimated the Dudley Clinical Commissioning Group spent £10,243,928 on problems associated with vision.<sup>13</sup>

<sup>11</sup> Royal National Institute for the Blind, Sight Loss Data Tool, Version 3, 2015, <http://www.rnib.org.uk/knowledge-and-research-hub-key-information-and-statistics/sight-loss-data-tool>

<sup>12</sup> Ibid: <http://www.rnib.org.uk/knowledge-and-research-hub-key-information-and-statistics/sight-loss-data-tool>

<sup>13</sup> Ibid, <https://indicators.ic.nhs.uk/webview/>

# Eyecare in the Dudley Borough

In 2013, the Royal College of General Practitioners made eye health a clinical priority for general practice and doctor's services that are accessible to people with sight loss.<sup>14</sup>

Optometrists, such as those based in high street opticians, provide most of the regular eye examinations for people in the general population including those with sight loss.

People are referred to hospital eye clinics for the diagnosis and treatment of eye disease that cannot be identified and dealt with at the doctor's surgery or eye clinic.

## Optometrists

In December 2012, there were 78 ophthalmic practitioners or optometrists (qualified to undertake eye examinations) working out of high street opticians in the Dudley borough.<sup>15</sup> They are usually part of a team that includes opticians qualified to design and fit spectacles, other types of technician and administration staff. The last statistics released for the Dudley Primary Care Trust in 2012-13 showed that for that period 79,734 NHS sight tests were carried out in the area.<sup>16</sup>

There is evidence that shows many people have a poor understanding of the value of a regular eye examination and only visit an optician when they feel there is a problem with their eye sight.<sup>17</sup> Factors including how easy it is to book

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<sup>14</sup> Royal College of General Practitioners (2013), Eye Health, <http://www.rcgp.org.uk/eyehealth>

<sup>15</sup> NHS England, Health and Social Care Information Centre, General Ophthalmic Services: Workforce Statistics for England and Wales, December 2012: <https://catalogue.ic.nhs.uk/publications/primary-care/eye-care/gene-opht-serv-acti-eng-wal-mar-12/gene-opht-serv-work-eng-wal-12-anx3.xls>

<sup>16</sup> NHS England, Health and Social Care Information Centre, General Ophthalmic Services Activity, 2012-13, <http://www.hscic.gov.uk/searchcatalogue?productid=12003&q=title%3a%22General+Ophthalmic+Services+Activity+statistics%22&sort=Relevance&size=10&page=1#top>

<sup>17</sup> Evans, B and Jessa, Z (2008) Improving the detection of correctable low vision in older people, Institute of Optometry and Thomas Pocklington Trust: <http://www.pocklington-trust.org.uk/research/publications/rf18op15.htm> Iliffe, S., Kharicha, K and Wijeyekoon, S (2013) Improving uptake of eye care among older people: developing a training programme for GPs, Research Findings No.37, University College London and Thomas Pocklington Trust, <http://www.pocklington-trust.org.uk/researchandknowledge/publications/rf37.htm>

an appointment for an eye test, travel to an optician's premises, and knowing that there is no need to buy spectacles at the same time as having an eye test can help to determine how likely it is that people will visit an optician regularly.<sup>18</sup>

## Community-based services

In the Dudley borough accredited optometrists can offer people a choice of cataract treatment centres and refer them directly, thereby streamlining the process for them and general practitioners.

This is the only commissioned community eyecare service in the borough and was introduced by the now defunct Primary Care Trust. Subsequently, the Dudley Clinical Commissioning Group has continued to provide the service. In turn, the provision of home visits exists as part of an NHS national contract for eyecare services.

In addition, the Dudley Office of Public Health has developed the first Healthy Living Optician scheme in England. This is an innovative approach to eye care that builds on the Healthy Living Pharmacy initiative. It means it is possible for people to access a range of public health services in optician's practices. They can include:

- Help to stop smoking
- Alcohol advice and screening
- Health checks (blood pressure, glucose and cholesterol tests)
- Help with weight management

In Birmingham, Sandwell, Solihull, Walsall and Wolverhampton there are optometry-based community services. They include a Minor Eye Conditions Service to manage less complex eye conditions and a service to provide follow on tests on aspects of eye health and vision. These services save people from having to unnecessarily visit a hospital eye clinic, reduce avoidable pressure on hospital eye clinics and make the diagnosis of disease quicker and easier for the people concerned. These services have not, to date, been commissioned by Dudley Clinical Commissioning Group.

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<sup>18</sup> Hayden, C (2012) The barriers and enablers that affect access to primary and secondary eye care services across England, Wales, Scotland and Northern Ireland, Shared Intelligence and Royal National Institute for the Blind, <http://www.rnib.org.uk/knowledge-and-research-hub/research-reports/prevention-sight-loss/access-eye-care>

# Hospital eyecare

The Russells Hall Hospital, Part of the Dudley Group NHS Foundation Trust, provides ophthalmology and orthoptist services in the Dudley borough. Ophthalmologists are medically trained doctors with specialist skills in the diagnosis, treatment and prevention of diseases of the eye and visual system. Orthoptists help people who typically have amblyopia (lazy eye) or strabismus (squint).

Eye Clinic Liaison Officers (ECLOs) work with hospital eye clinics to provide information and practical support for people newly diagnosed with sight loss. They may also provide initial emotional support for people coming to terms with their diagnosis. Information obtained from hospital staff in different locations shows a high level of support for the work of the ECLO and a feeling that they can significantly improve a person's experiences of using eye health services.<sup>19</sup>

## Local Eye Health Network

This work was commissioned by the Local Eye Health Network, Birmingham, Solihull and Black Country. Since it was commissioned, the network has increased its geography to align with NHS England West Midlands.

The Local Eye Health Network, NHS England, West Midlands provides the opportunity for eye health professionals - together with patients and the voluntary sector - to show leadership, identify priorities and re-design services and pathways to meet patient and population needs.

## Healthwatch Dudley

The Department for Health allocates funds to local authorities in England to provide Healthwatch services in their area. Healthwatch Dudley is the consumer champion for health and care in the Dudley borough. It is interested in people's views on and experiences of getting access (or not) to health care services

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<sup>19</sup> Subramanian, A., Conway, M. and Gillespie-Gallery, H. (2011) The Role of eye clinic liaison officers, City University London, <http://www.rnib.org.uk/knowledge-and-research-hub/research-reports/early-reach-research/role-of-eclo>

(hospitals, general practice, dentists, opticians, pharmacists and nursing and care homes).

Healthwatch Dudley shares its research findings with people making decisions on the design, procurement and delivery of health and care services. The aim is to help ensure these services are, wherever possible, co-produced through collaborative working that involves the public in discussions and decision making processes to decide how to meet genuine needs.<sup>20</sup>

## Research methods

The research focused on people from Black, Asian and other minority ethnic groups, people with learning disabilities and people with dementia and how they were accessing (or not) eye health and eye care services in the Dudley borough. A mixed methods approach was used to gather information and comprised of:

- A questionnaire survey
- Focus group sessions
- In-depth conversations

The questionnaire survey was designed and set up using the SurveyMonkey tool and was made available in paper-based and on-line formats.<sup>21</sup> It was used to gather information, of a mainly quantitative type, on people's experiences of accessing advice on eye health and eye care services. It was made up of mainly closed, multiple-choice and Lickert scale type questions with some free text boxes included for comments.

Focus group work and case studies, comprised of in-depth semi-structured conversations with people, constituted the qualitative element of the research. People were able to tell their own stories about eye health and eye care services.

An individual's responses to the questionnaire survey and focus group work remained confidential and informed consent was obtained for their participation in the research and the groups or individuals involved in one-to-one conversations. The permission of individuals was sought to reproduce case study material and use their names.

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<sup>20</sup> Healthwatch Dudley: <http://healthwatchdudley.co.uk/>

<sup>21</sup> SurveyMonkey, <https://www.surveymonkey.com/>

It was pointed out participation in the research was optional and people could withdraw from any activities at any time. It was explained how research findings would be managed and used and what feedback on findings participants could expect in the future.

## Making sense of information

The questionnaire survey responses were analysed using SurveyMonkey tools and the findings set out in various figures, tables and graphs. A systematic analysis of the qualitative information collected was also undertaken. It comprised of the labelling and coding of text to begin to describe and elaborate on ideas. Then, through a process of careful comparison and sorting it was possible to start to identify patterns and categories of information that help to improve understanding of people' behaviour and actions (see Diagram 1, below).

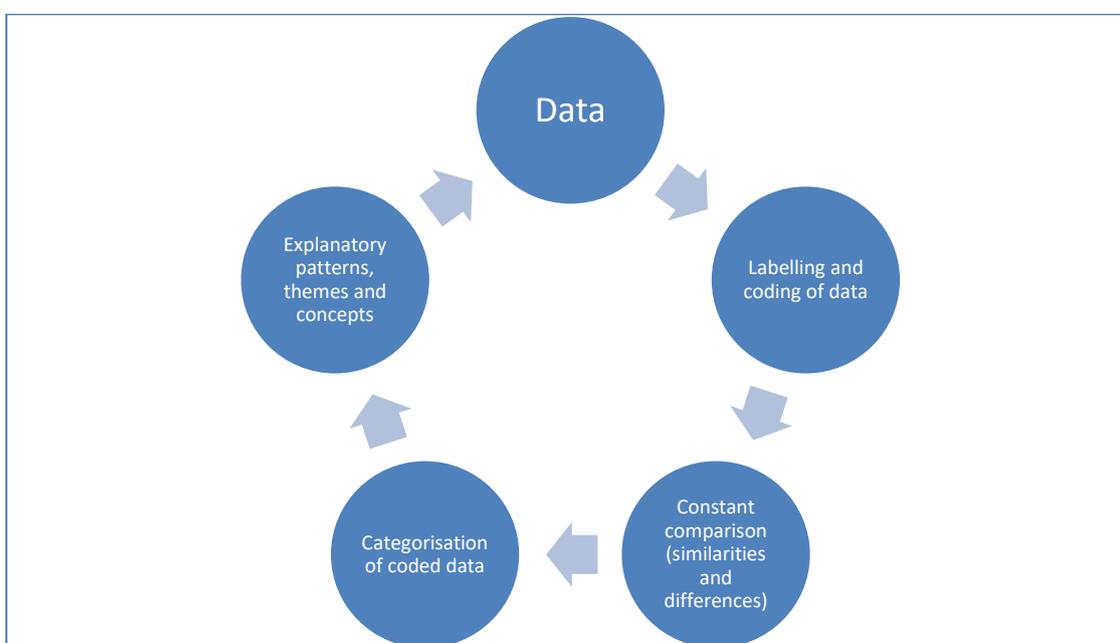


Diagram 1: Making sense of information

## Questionnaire survey findings

This section on the questionnaire survey is separated into three parts elaborating on the findings relating to Black, Asian and other minority ethnic groups, people with learning disabilities and people with dementia and their responses to questions on eye health and care.

# Black, Asian and Minority Ethnic Groups

In total 20 people from a Black, Asian or minority ethnic group responded to the questionnaire survey. Of these 18 were female and 2 were male. Their age ranges are set out in Table 3, below.

18 or under	19-24	25-34	35-49	50-64	65-74	75-84	85 or over	Prefer not to say
0	1	1	2	5	4	3	2	1

Table 3: Age

The Dudley postcode areas where people were resident (where known) are shown in Table 4, below).

DY1	DY2	DY3	DY4	DY5	B69
7	4	2	2	2	1

Table 4: Postcode area where resident

The ethnicity of people is shown in Table 5, below. There were 9 people who indicated they were Caribbean, 2 people who indicated they were Pakistani and one person who was White Irish. There were 8 people who selected the other category (one of whom indicated they were Black British).

White Irish	1
Pakistani	2
Caribbean	9
Other	8

Table 5: Ethnicity

There were 14 people who indicated they were aware of any particular eye health conditions that may affect them and 4 people who indicated they were not aware of any particular eye health conditions that may affect them (see Diagram 2, on page 22).

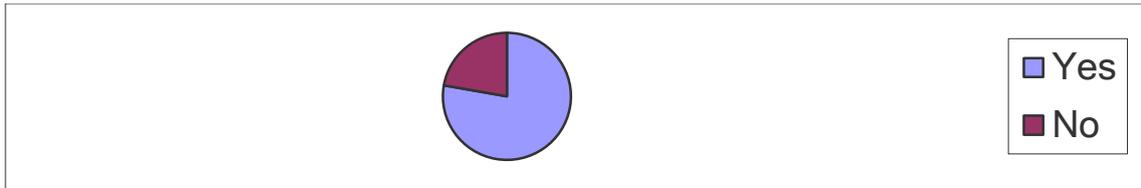


Diagram 2: Awareness of eye health conditions

There were 3 people who indicated they had a learning disability and they all indicated they were not aware of any particular eye health condition that may affect them.

In total 19 people indicated they used a high street optician - in addition one person indicated they got a home visit from an optician (see Diagram 3, below).

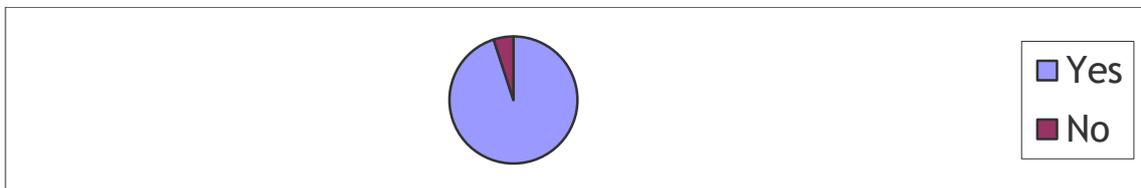


Diagram 3: Using a high street optician

A question on opticians waiting areas and environment shows 16 people indicated there was comfortable seating and a member of staff to talk to before seeing the optician. At the same time, 11 people indicated there were information leaflets, 9 people indicated there were books or magazines, 7 people indicated there was a television or monitor screen displaying information and advertisements, and 4 people indicated there were drinks facilities (see Figure 1, below).

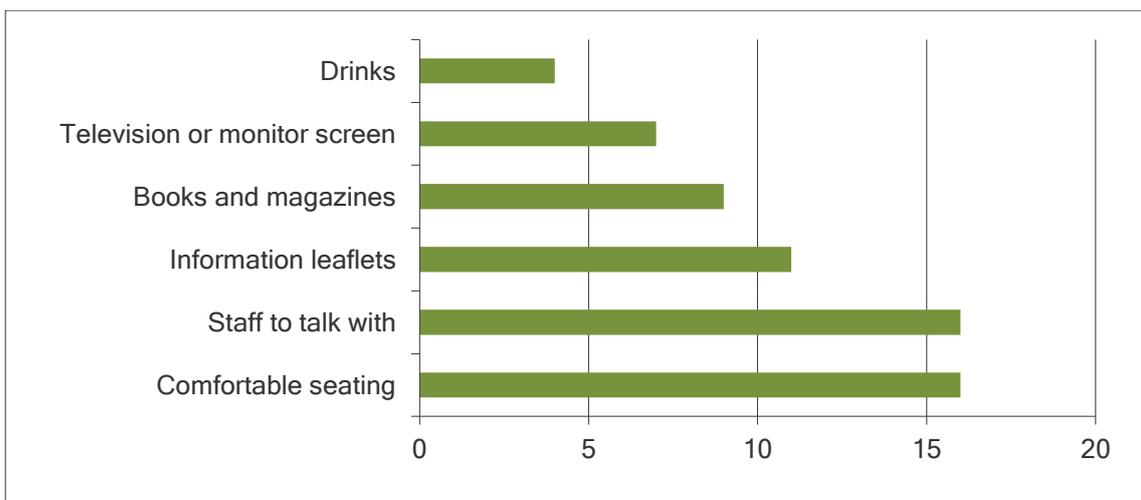


Figure 1: Opticians waiting area environment

Overall, on a question about the decoration and attractiveness of opticians' premises 11 people gave a rating of 1 or 2 towards the very attractive end on a scale of 1 to 6 where 1 was very attractive and 6 was very unattractive. Likewise 3 people gave a rating of between 4 and 6 towards the very unattractive end of the scale (see Table 6, below).

Very attractive	1	2	3	4	5	6	Very unattractive
	2	9	5	2	1	0	

Table 6: Opticians decoration and attractiveness

In terms of feeling safe at the opticians waiting area 19 people gave a rating of 1 or 2 towards the very safe end on a scale of 1 to 6 where 1 was very safe and 6 was very unsafe (see Table 7, below).

Very safe	1	2	3	4	5	6	Very unsafe
	5	14	0	0	0	0	

Table 7: Opticians waiting areas and safety

Similarly, a question on how comfortable the room was at the opticians where the eye test was carried out shows 13 people gave a rating of 1 or 2 towards the very comfortable end on a scale of 1 to 6 where 1 was very comfortable and 6 was very uncomfortable. In addition, 2 people gave a rating of 4 or 5 towards the very uncomfortable end of the scale (see Table 8, below).

Very comfortable	1	2	3	4	5	6	Very uncomfortable
	3	10	4	0	1	1	

Table 8: Comfortable room for the eye test

Regarding space for someone to be accompanied by a family member or carer in the room where the eye test was undertaken there were 8 people who indicated they felt there was sufficient room - one person felt there was insufficient room. Meanwhile, 10 people indicated the question was not applicable to them (see Figure 2, on page 24).

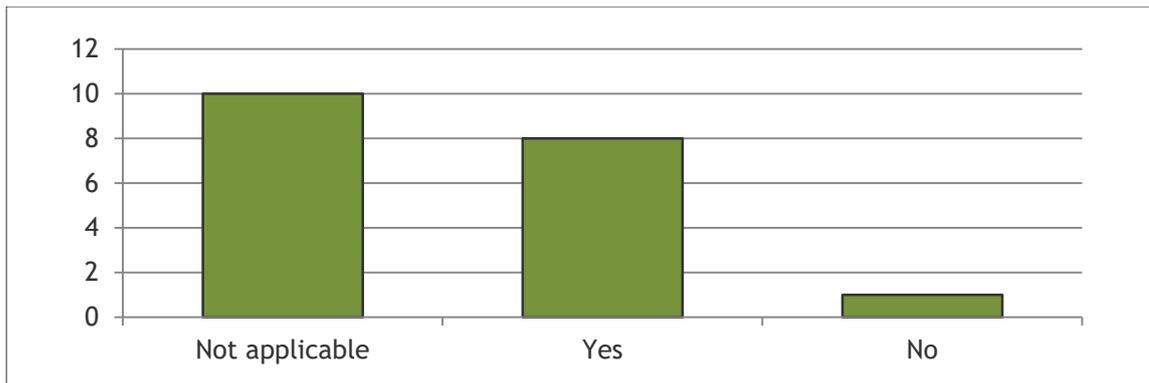


Figure 2: Room for accompaniment in the eye test room

In turn, a question on awareness of the possibility of home visits by opticians shows 9 people indicated they were aware of the availability of home visits and 10 people were not aware of the availability of home visits (see Diagram 4, below).

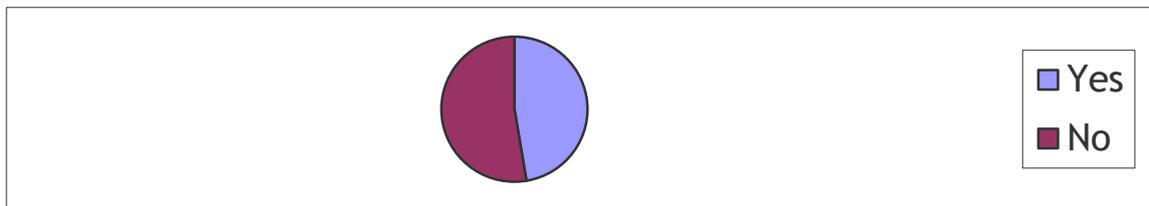


Diagram 4: Awareness of home visits by opticians

One person indicated they had visits at home from an optician. They received notification to explain what would happen during the home visit and were satisfied with the explanation of what they would need to do during the home visit. They felt there was sufficient room at home for the eye test to be undertaken and able to comply with a request to darken the room if it was forthcoming. No charge was made for having a home visit.

Overall, 17 people indicated they used a preferred opticians and 2 people indicated they did not have a preferred opticians (see Diagram 5, below).

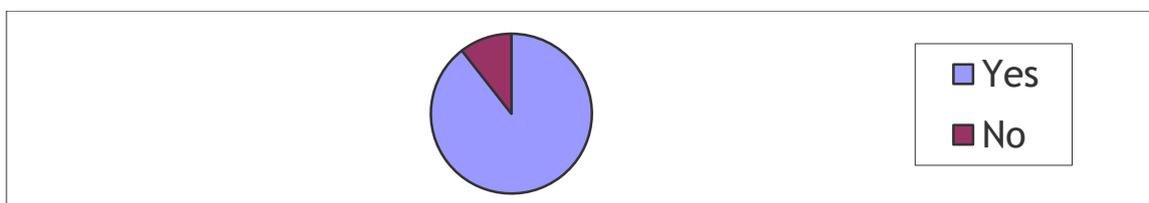


Diagram 5: Preferred opticians

In turn, 9 people indicated they used an opticians' chain and 9 people indicated they use an independent opticians.

In terms of how often opticians are used 10 people indicated it was once a year, 4 people indicated it was once every two years, 2 people indicated it was more than twice a year, one person indicated it was twice a year, one person indicated it was every eighteen months and one person indicated it was more than every two years. One person indicated they use opticians services when they have a problem (see Figure 3, below).

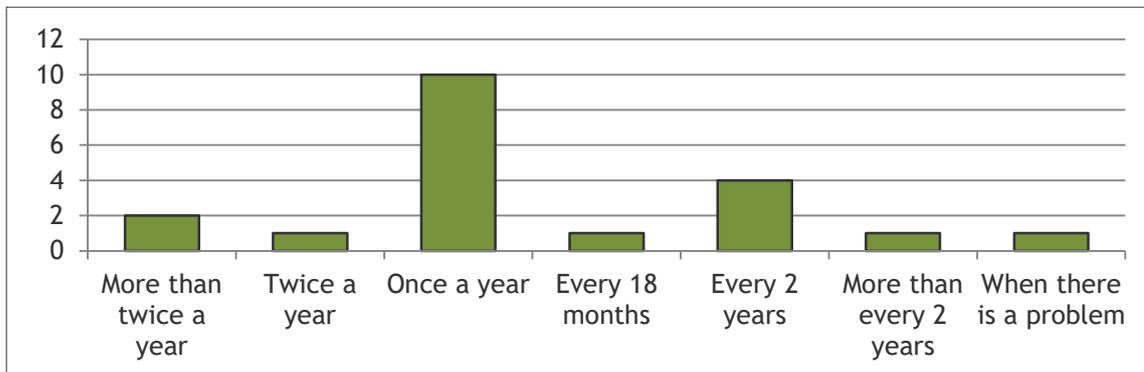


Figure 3: Use of opticians services

A question on how long it takes to get an opticians appointment shows 5 people indicated a wait of between 2 to 5 days, 3 people indicated a wait of one week, and one person indicated a wait of two weeks. There were 11 people who received a letter informing them of their next appointment (see Figure 4, below).

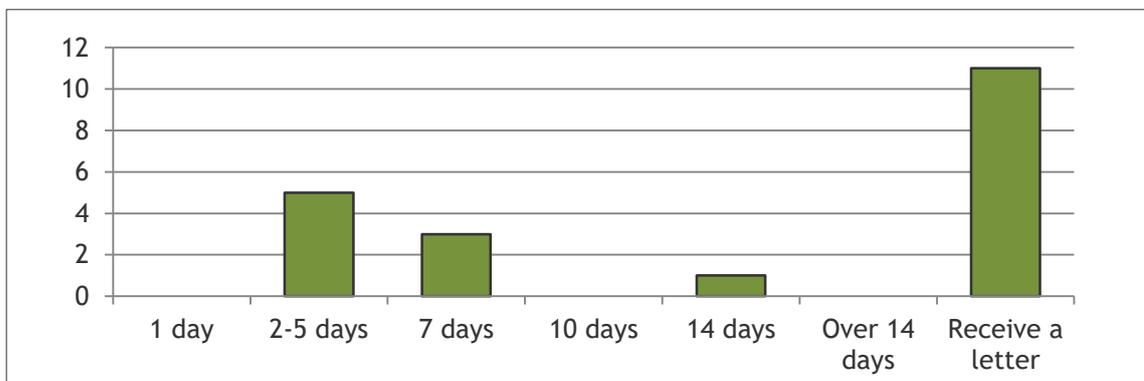


Figure 4: Wait for optician's appointment

A subsequent question on whether opticians staff introduce themselves shows 13 people indicating they did introduce themselves, 2 people indicating that they sometimes introduced themselves and 5 people indicating that they did not introduce themselves (see Figure 5, on page 26).

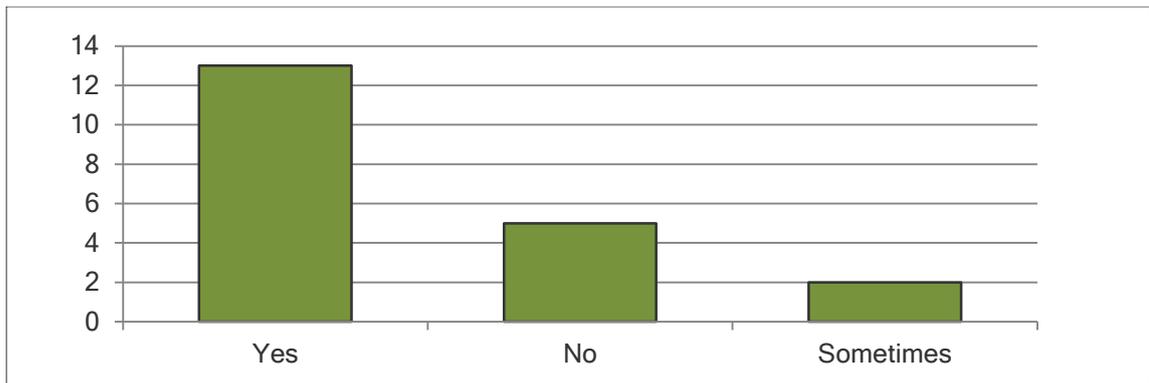


Figure 5: Staff introduce themselves

A question on completing paperwork for the optician shows 4 people indicated they did have to complete paperwork 15 people indicated they did not have to complete paperwork (see Diagram 6, below).

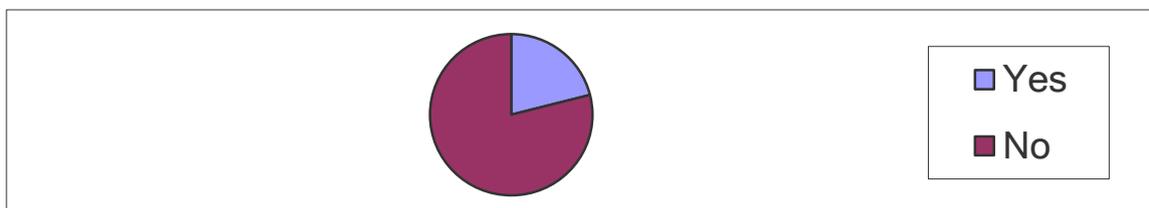


Diagram 6: Having to complete paperwork

In turn, 3 people indicated they get help with completing paperwork.

Regarding seeing the same optician 5 people indicated they get to see the same optician for an eye test and 14 people indicated they do not see the same optician each time for an eye test (see Diagram 7, below).

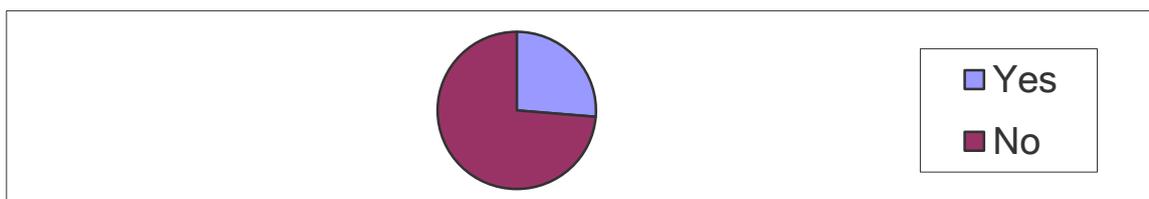


Diagram 7: Seeing the same optician

A supplementary question for those not seeing the same optician each time for an eye test asking if they would prefer to see the same optician each time shows 8 people (out of a total of 14 people not seeing the same each time they had an eye test) indicated they would prefer to see the same optician (see Diagram 8, on page 27).

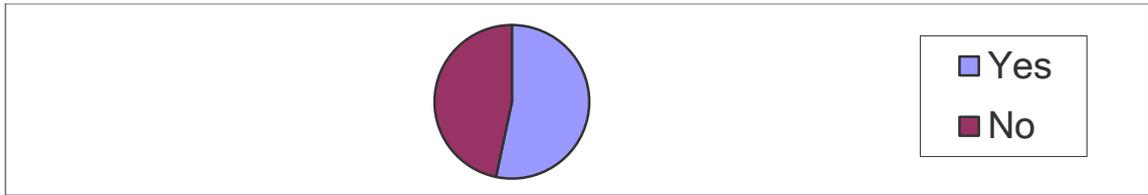


Diagram 8: Would prefer to see same optician - where this is not already happening

A question on whether the optician asks about health conditions they may need to know about 14 people indicated they are asked about their health, 4 people indicated they are sometimes asked about their health and 2 people indicated they are not asked about their health (see Figure 6, below).

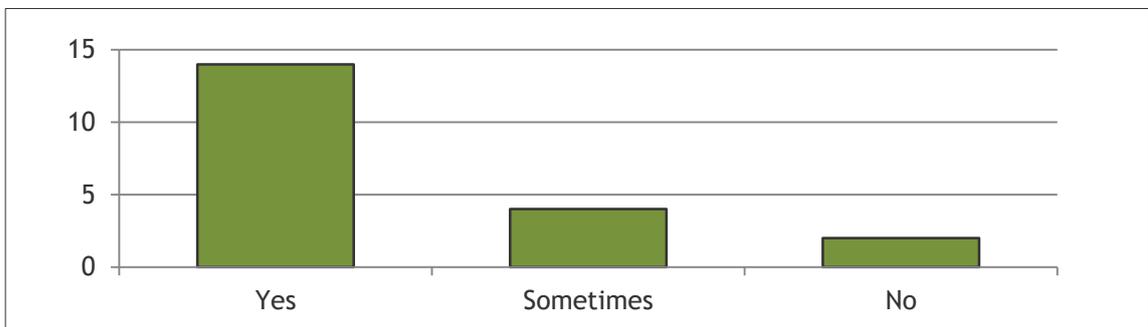


Figure 6: Questions about health conditions

Similarly, a question on whether the optician asks about medication a person might be taking shows 15 people indicated they were asked a question about medications, 3 people indicated they were sometimes asked a question about medications and 2 people indicated they were not asked a question about medications (see Figure 7, below).

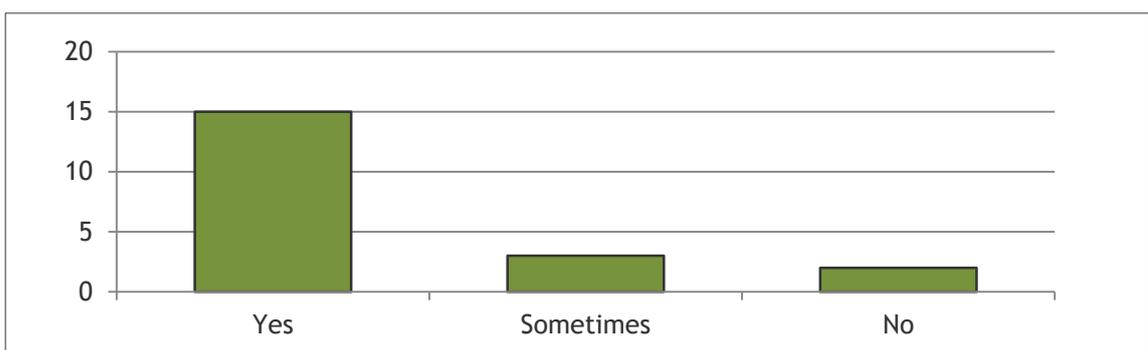


Figure 7: Questions about medications

For the people who indicated they had been asked about their health and any medications they might be taking there was a supplementary question on whether they were happy to talk with the optician about such matters. There were 17 people who indicated they were happy to talk about their health or

medications and 2 people who indicated they were not happy to talk about their health or medications (see Diagram 9, below).

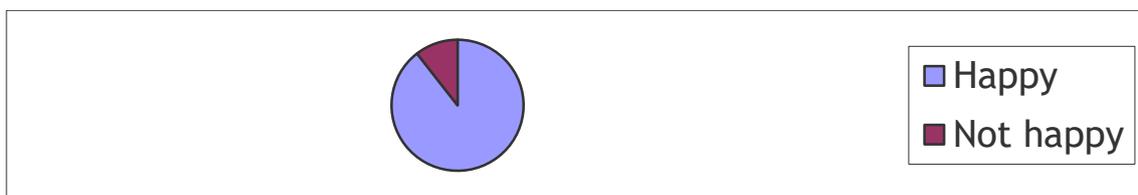


Diagram 9: Talking about health and medications

Regarding getting extra help from the optician due to a health conditions or medication being taken 16 people indicated they did not get extra help and 3 people indicated they did get extra help (see Diagram 10, below).

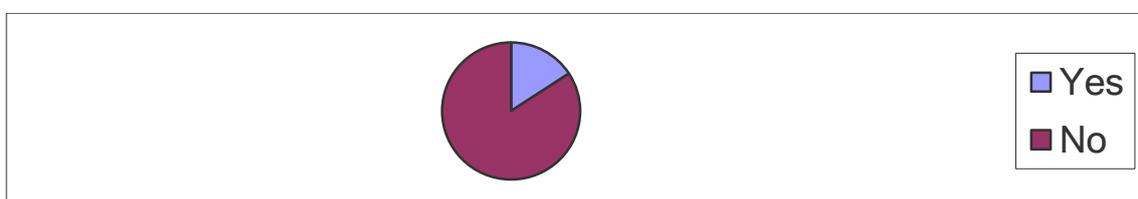


Diagram 10: Getting extra help

In turn, a question on communications shows 2 people indicated they got help with communicating with the optician and 18 people did not get any help with communicating with the optician (see Diagram 11, below).

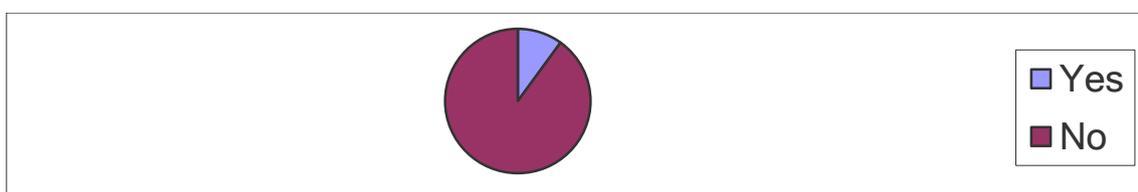


Diagram 11: Help with communications

A question on feeling comfortable telling the optician when something is not understood shows 18 people gave a rating of 1 or 2 towards the very comfortable end on a scale of 1 to 6 where 1 was very comfortable and 6 was very uncomfortable. Meanwhile, one person gave a rating of 6 at the very uncomfortable end of the scale (see Table 9, below).

Very comfortable	1	2	3	4	5	6	Very uncomfortable
	8	10	1	0	0	1	

Table 9: Feeling comfortable asking questions

In terms of adaptations to the eye test 17 people indicated it was adapted to make it easier to undertake, 2 people indicated it was not adapted and one person indicated it was sometimes adapted to make it easier to undertake (see Figure 8, below).

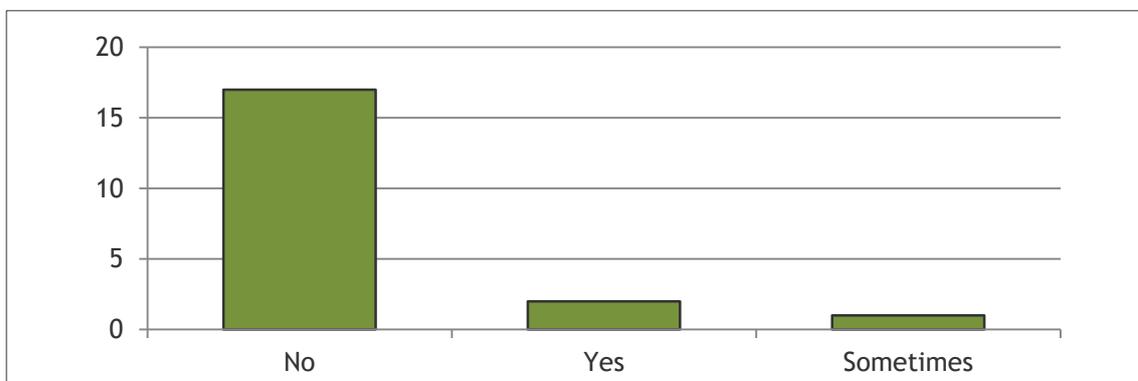


Figure 8: Adaptions to eye test

A subsequent question asks what methods are used to undertake the eye test. There were 20 people who indicated letters were used, 10 people who indicated colours were used and 5 people who indicated shapes were used - people were able to tick more than one box in response to this question (see Figure 9, below).

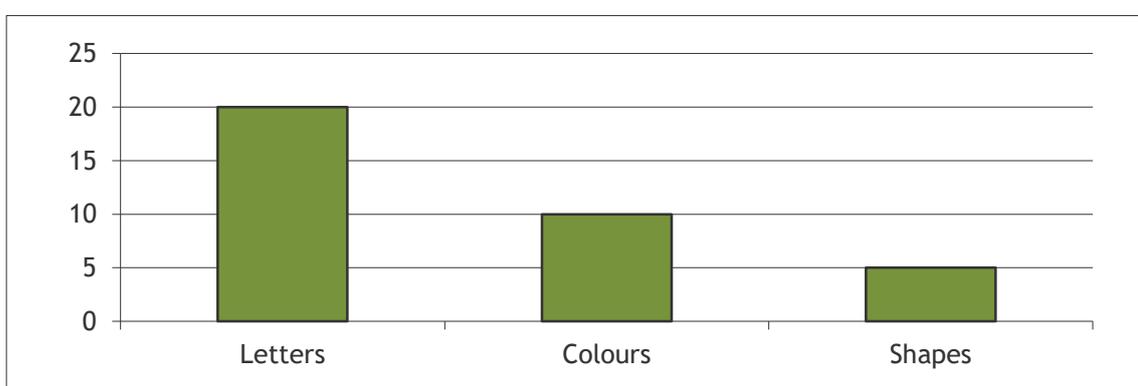


Figure 9: Eye test methods

A question on satisfaction with the way the optician explains what is happening during the eye test shows 17 people gave a rating of 1 or 2 towards the very satisfied end on a scale of 1 to 6 where 1 was very satisfied and 6 was very unsatisfied (see Table 10, below).

Very satisfied	1	2	3	4	5	6	Very unsatisfied
	4	13	1	2	0	0	

Table 10: Satisfaction with explanations

A general question on the quality of the eye test shows 19 people gave a rating of 1 or 2 towards the very high quality end on a scale of 1 to 6 where 1 was very high quality and 6 was very low quality (see Table 11, below).

Very high quality	1	2	3	4	5	6	Very low quality
	5	14	1	0	0	0	

Table 11: Quality of eye test

Meanwhile, a question on whether there were any parts of the eye test that were uncomfortable shows 9 people indicated there were not any parts of the eye test that were uncomfortable for them and 11 people indicated there were parts of the eye test that were uncomfortable for them (see Diagram 12, below).

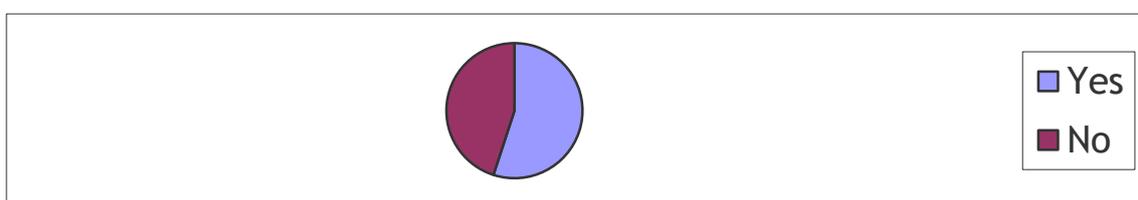


Diagram 12: Comfortable eye test

There were 20 people who had been prescribed spectacles. Of these 17 people indicated they felt the optician gave them sufficient options when choosing lenses and 2 people felt the optician did not give them sufficient options when choosing lenses (see Diagram 13, below).

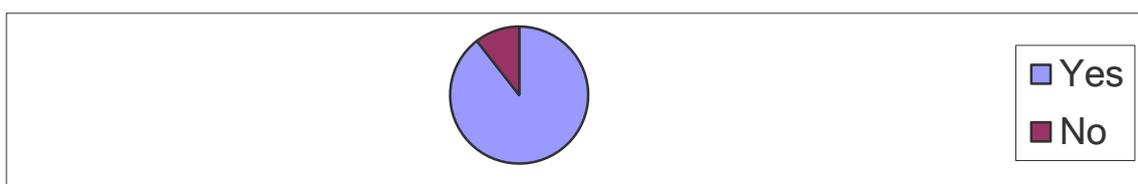


Diagram 13: Sufficient lens options

At the same time, 10 people indicated they got help with the cost of spectacles.

In terms of monies spent on spectacle 6 people indicated they spent up to £100 on spectacles, 4 people indicated they spent between £101 and £300 on spectacles, 2 people indicated they spent between £301 and £400 on spectacles and 2 people indicated they spent £401 or more on spectacles (see Table 12, on page 31).

0-£100	£101-£300	£301-£400	£401 or more
6	4	2	2

Table 12: Spending on spectacles

A subsequent question asked about the type of lenses people have when purchasing spectacles. It shows 9 people indicated they have single vision lenses, 5 people have bifocal lenses and 4 people have varifocal lenses (see Figure 10, below).

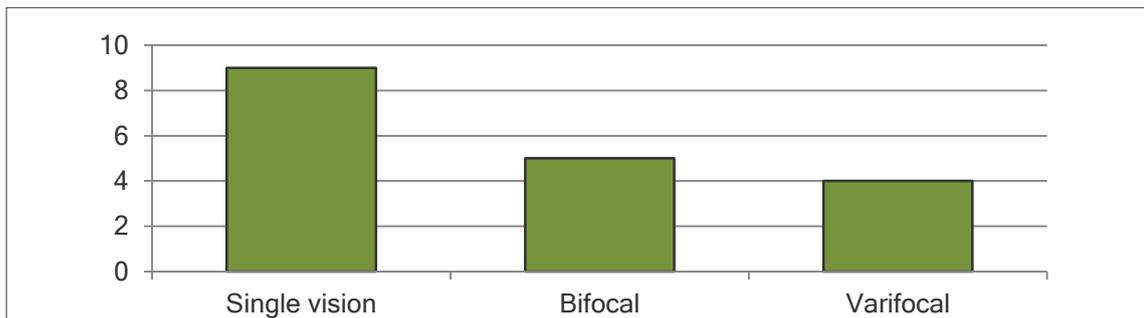


Figure 10: Type of lens

Regarding most recent experiences of using opticians services 19 people indicated they were helpful, 18 people indicated they were polite, 18 people indicated they were professional, 14 people indicated they were respectful, 13 people indicated they were kind and 5 people indicated they were serious. Meanwhile, 2 people indicated they were rude, one person indicated they were unhelpful and one person indicated they were disrespectful - people were able to tick more than one box in response to the question (see Figure 11, below).

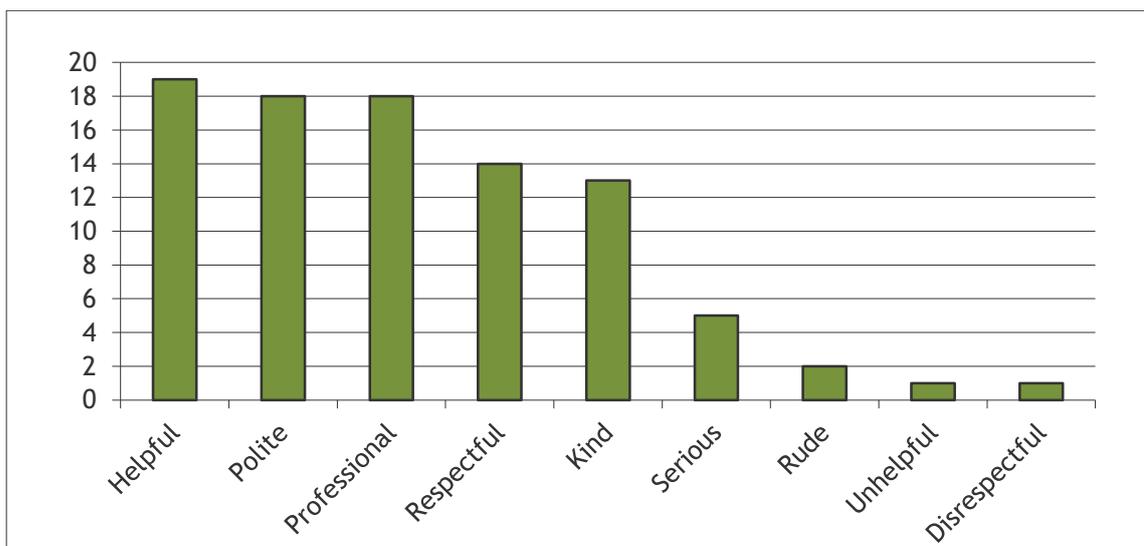


Figure 11: Experience of most recent use of opticians

# People with learning disabilities

In total there were 43 responses to the questionnaire survey from people with learning disabilities, 24 were female and 19 were male. Of these 39 people described themselves as White British, 2 people described themselves as Caribbean and one person described themselves as Black British. One person indicated that they were also affected by dementia.

There were 40 people who answered a question on age. The age of people ranged between 19 and 24 to 85 and over. The majority of people were aged between 35 and 64 (see Figure 12, below).

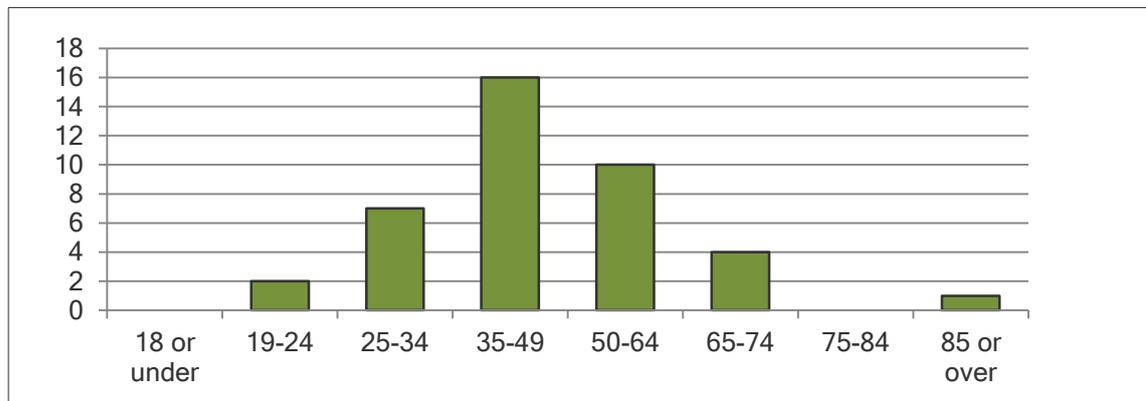


Figure 12: Age

The different postcode areas where people were resident in the Dudley borough are listed in Table 13, below.

DY1	DY2	DY3	DY5	DY6	DY8	DY9	B62	B63
5	3	3	3	3	4	3	1	13

Table 13: Postcode area where resident

A question on awareness of eye health conditions that might be particularly likely to affect someone with learning disabilities shows 29 people indicated they were not aware of any such conditions whilst 12 people indicated they were see Diagram 14, below).

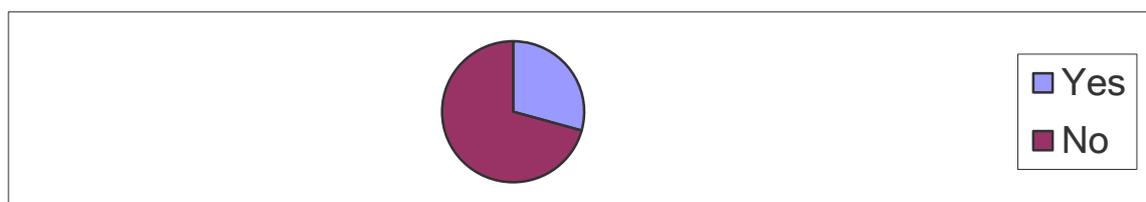


Diagram 14: Awareness of eye conditions affecting persons with learning disabilities

In turn, 39 people indicated they were using a high street optician and 5 people indicated they were not - they were getting home visits from an optician (see Diagram 15, below).

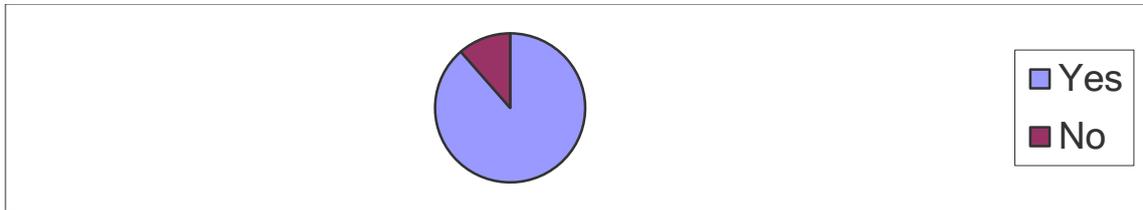


Diagram 15: Use of a high street optician

A question on opticians surroundings shows 30 people indicated there were staff to talk to prior to seeing the optician, 32 people indicated there was comfortable seating, 9 people indicated there was a television or monitor displaying information, 31 people indicate there were information leaflets, 29 people indicated there were books or magazines, and 12 indicated there was access to drinks facilities - people were able tick more than one box in answer to this question (see Figure 13, below).

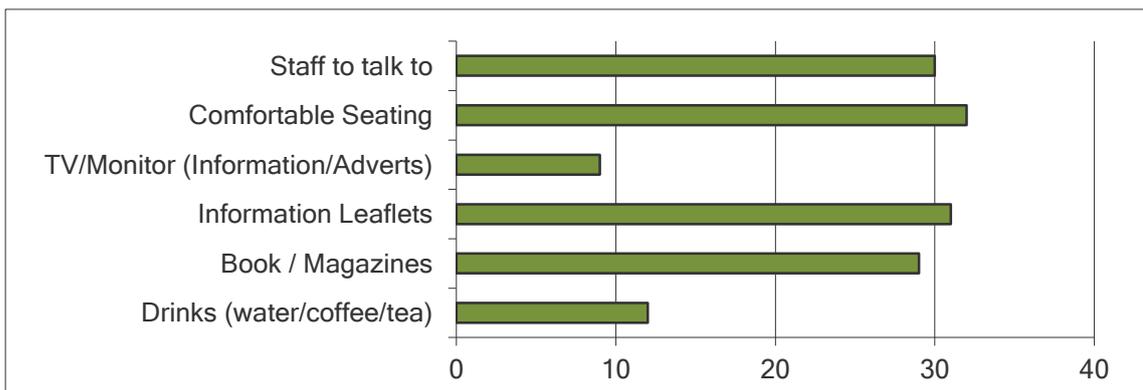


Figure 13: Opticians surroundings

Overall, 31 people gave a rating of 1 or 2 for the decoration and attractiveness of the opticians premises they used, on a scale of 1 to 6 where 1 was very attractive and 6 was very unattractive. In turn, 7 people gave a rating between 4 and 6 towards the very unattractive end of the scale (see Table 14, below).

Very attractive	1	2	3	4	5	6	Very unattractive
	12	11	8	4	3	0	

Table 14: Decoration and attractiveness at the opticians

In terms of how safe people felt in the opticians waiting area 34 people gave a rating of 1 or towards the very safe end on a scale of 1 to 6 where 1 was very safe and 6 was very unsafe. In turn, 3 people gave a rating of 5 towards the very unsafe end of the scale (see Table 15, below).

Very safe	1	2	3	4	5	6	Very unsafe
	22	12	2	0	3	0	

Table 15: Feeling safe in the opticians waiting area

Similarly, on the comfort of the room at the opticians where the eye test was undertaken 27 people gave a rating of 1 or 2 towards the very comfortable end on a scale of 1 to 6 where 1 was very comfortable and 6 was very uncomfortable. In turn, 6 people gave a rating of between 4 and 6 towards the very uncomfortable end of the scale (see Table 16, below).

Very comfortable	1	2	3	4	5	6	Very uncomfortable
	18	9	6	5	1	0	

Table 16: Comfort of the room where eye test is undertaken

There were 39 people who indicated they felt there was sufficient space for a family member or carer to accompany them when they had their eye test and 5 people who felt there was insufficient space for this to be an option (see Diagram 16, below).

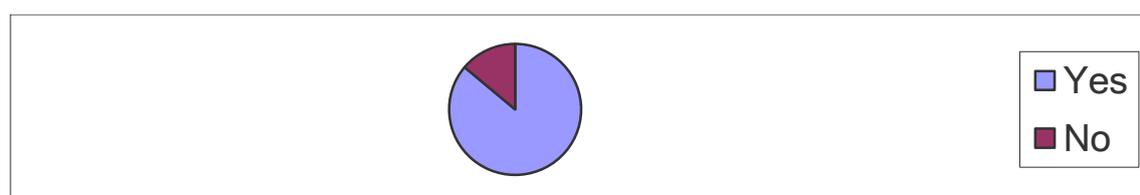


Diagram 16: Space for accompaniment during eye test

Meanwhile, 28 people indicated they did not know about the availability of home visits by opticians and 11 people indicated they were aware of this service (see Diagram 17, below).

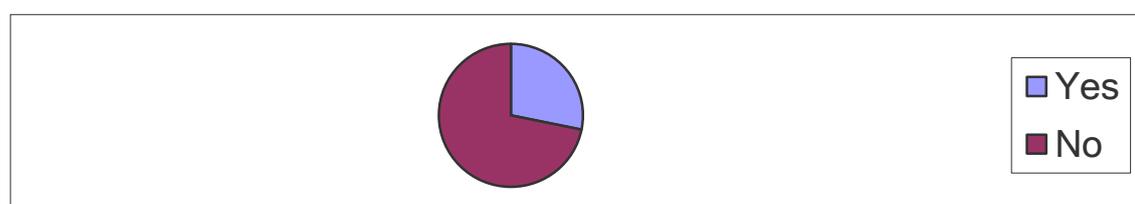


Diagram 17: Awareness of home visit service

With reference to home visits by an optician 4 people indicated they accessed this service and 40 people indicated they did not access this service (see Diagram 18, below).

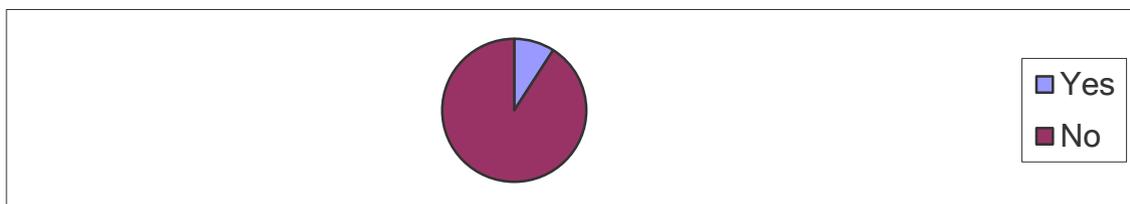


Diagram 18: Home visits

Of those getting a home visit from an optician one person indicated they always received notification (either by letter, telephone call or email) explaining what would happen and 3 people indicated they sometimes received such notification. All of the people getting a home visit were satisfied with the explanation of what they might need to do during a home visit (for example closing curtains to provide a darkened area and sufficient clear space for the test to be undertaken).

They also indicated there was enough space at home for the eye test to be easily carried out and they were able to darken the room if required to do so. Nobody indicated they were charged for a home visit by an optician.

A total of 30 people indicated they had a preferred opticians that they used and 5 people indicated they did not (see Diagram 19, below).

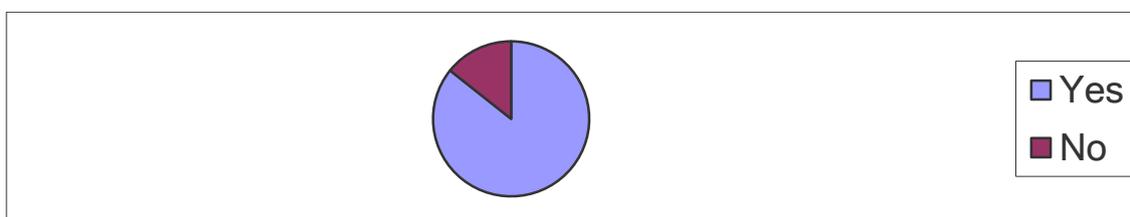


Diagram 19: Preferred opticians

A number of people indicated what type of opticians they used with 15 of them using independent opticians and 11 using chains.

A question on the frequency of use of opticians services shows 23 people using them once a year, one person using them every eighteen months, 9 people using them every 2 years, one person using them more than twice a year and 6 people when they have a problem (see Figure 14, on page 36).

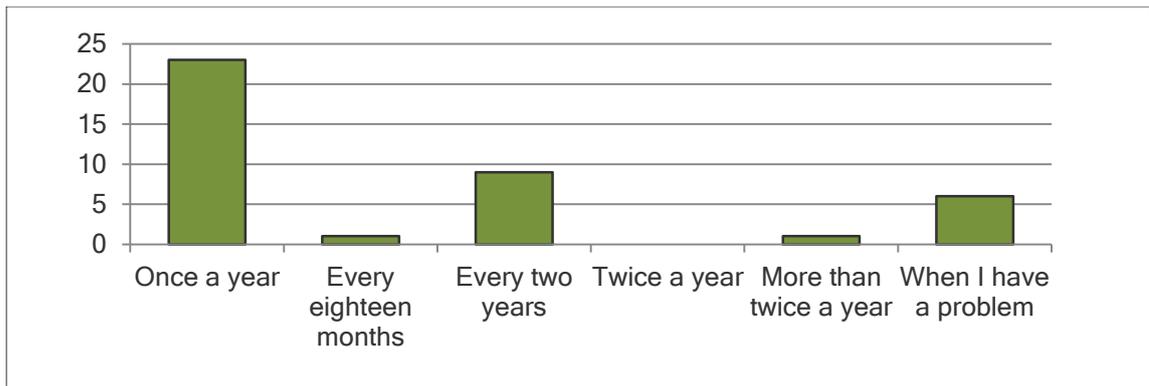


Figure 14: How often optician's services are used

A question on waiting times for an optician's appointment shows 3 people indicated a wait of 1 day, 6 people indicated a wait of between 2 and 5 days, 5 people indicated a wait of one week, and 2 people indicated a wait of more than two weeks (see Figure 15, below).

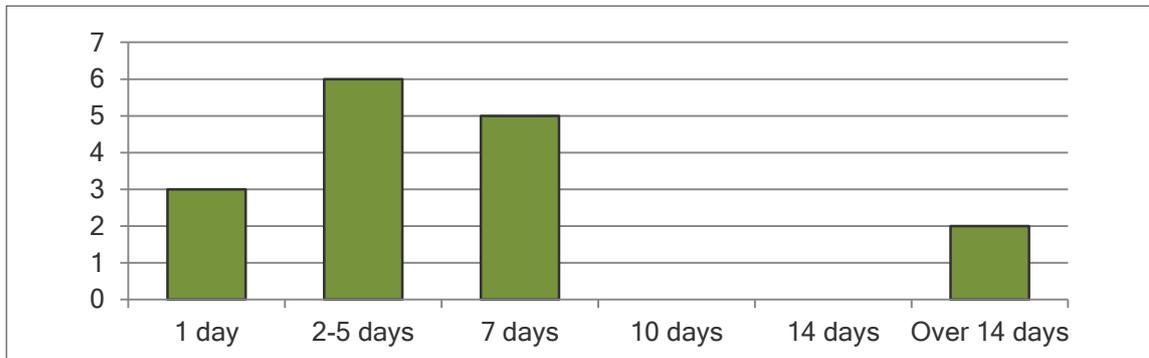


Figure 15: Wait for an optician's appointment

In addition, 21 people indicated they get a letter and one person telephone call detailing the time and date of their next appointment.

At the opticians 27 people indicated staff introduced themselves, 7 people indicated they sometimes introduced themselves and 9 people indicated they did not introduce themselves (see Figure 16, below).

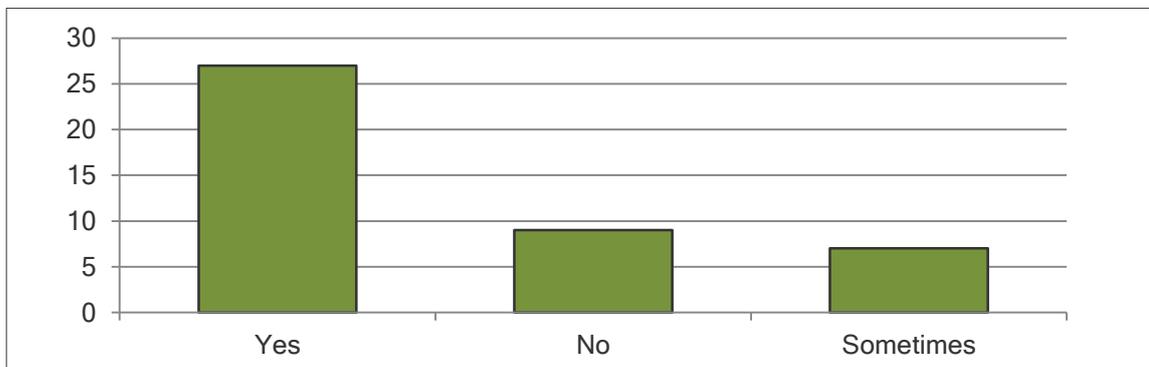


Figure 16: Optician staff introduce themselves

At the same time, 25 people indicated they needed to complete paperwork for the optician whilst 15 people indicated they did not need to complete paperwork (see Diagram 20, below).

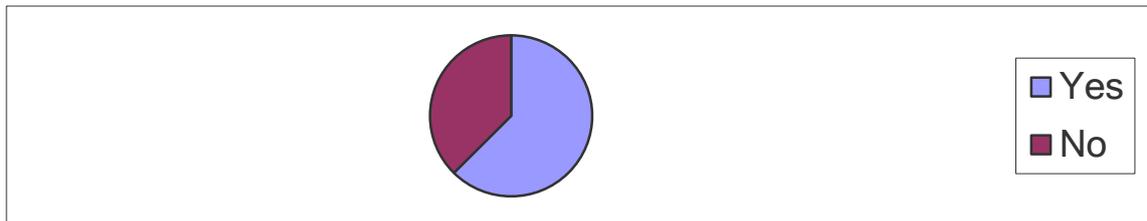


Diagram 20: Have to complete paperwork for optician

Meanwhile, 24 people indicated they get help completing paperwork for the optician, 7 people indicated they do not get and 2 people indicated they sometimes get help (see Figure 17, below).

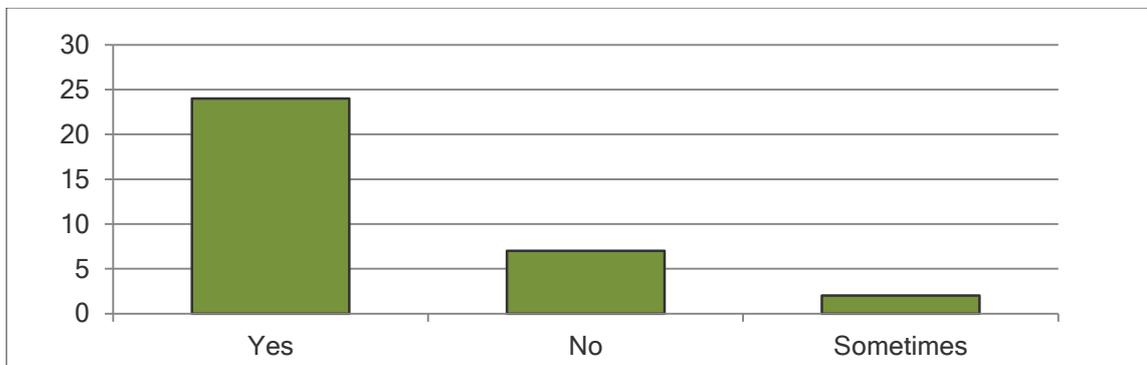


Figure 17: Help with completing paperwork

In terms of the types of help people got to help complete paperwork for an optician it was mainly provided by a staff member at an opticians or a carer.

A question on seeing the same optician for eye tests shows that 24 people get to see the same optician for their eye tests, 4 get to see the same optician sometimes and 12 people do not get to see the same optician each time they have an eye test (see Figure 18, below).

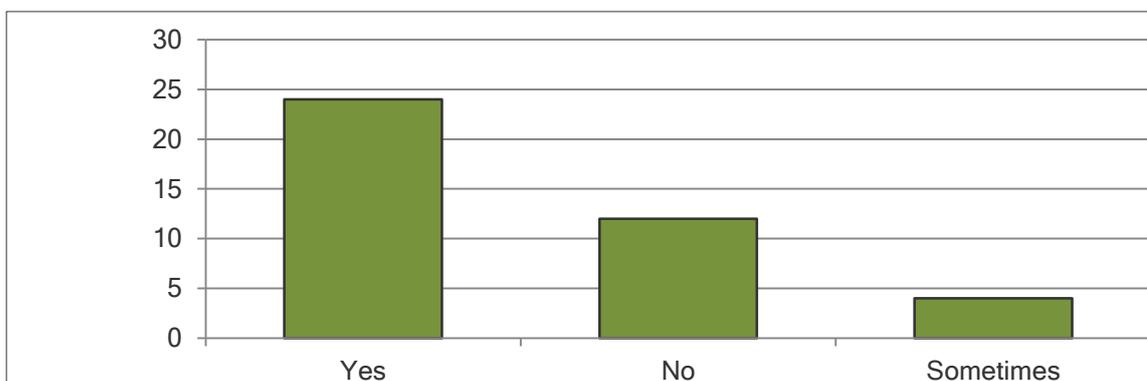


Figure 18: Seeing the same optician

A subsequent question to people who did not see the same optician each time they had an eye test which asked whether they would prefer to see the same optician shows 6 people who indicated they would prefer to see the same optician.

On opticians asking about health conditions 30 people indicated they were asked such questions, 9 people indicated they were sometimes asked such questions and 4 people indicated they were not asked such questions (see Figure 19, below).

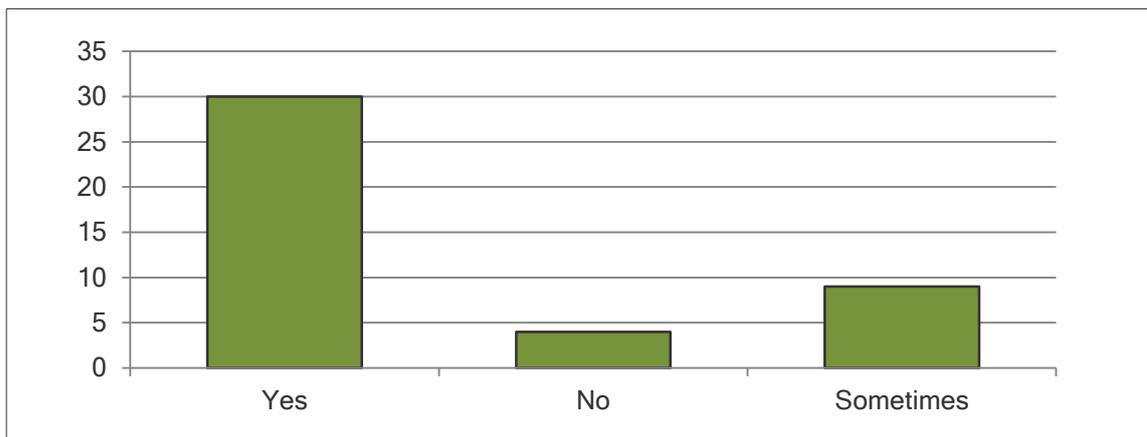


Figure 19: Questions about health conditions

Similarly, on opticians asking about medications 28 people indicated they were asked such questions, 12 people indicated they were not asked such questions and 2 people indicated they were not asked any questions about whether they were taking medications (see Figure 20, below).

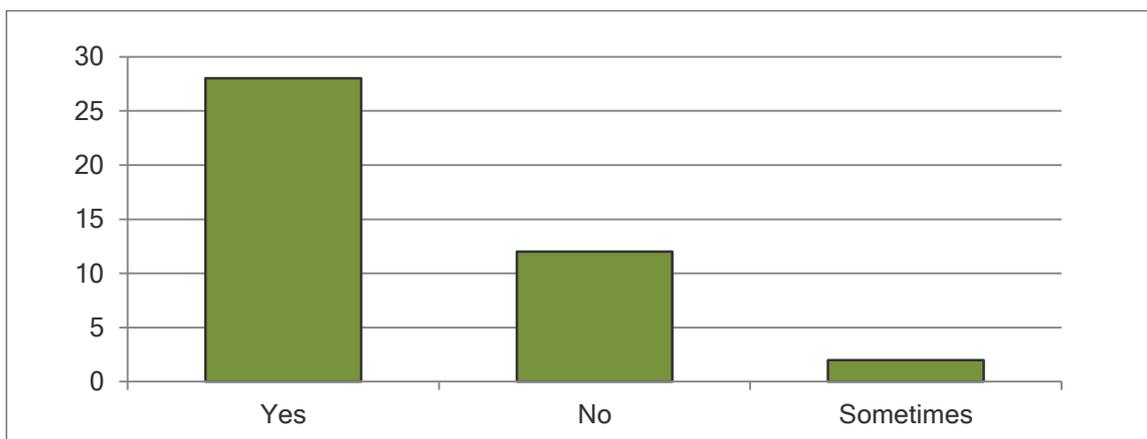


Figure 20: Questions about medications

For those indicating they talked with the optician about their health or medication they were taking a question was asked about how happy they were to talk with the optician about such matters. The findings show 25 people were

happy to talk about such matters and 2 people were not (see Diagram 21, below).

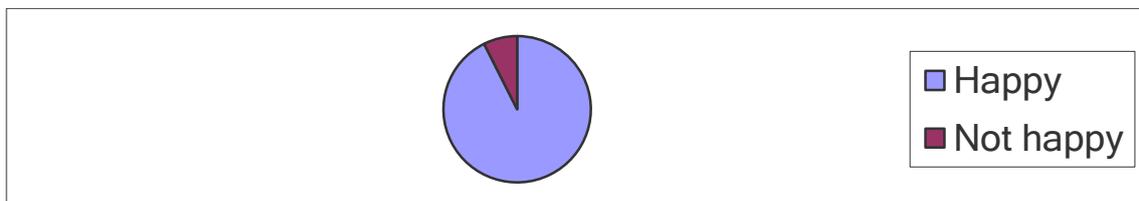


Diagram 21: Happy to talk with optician about health or medication

Of those with a health condition or taking medication there were 32 people getting extra help and 8 people not getting extra help (see Diagram 22, below).

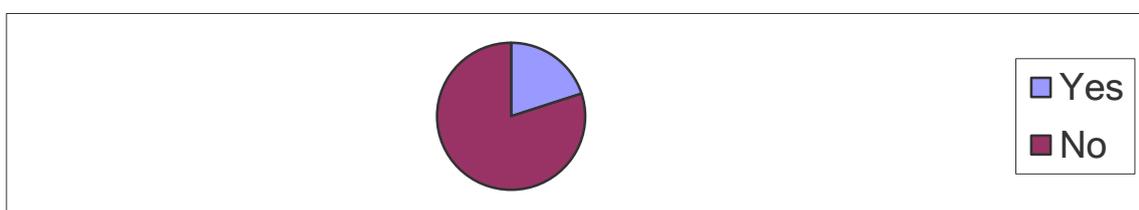


Diagram 22: Extra help because of a health condition or medication

Overall 16 people were getting help with communicating with the optician, 2 people were sometimes getting such help and 25 people were not getting any help with communicating with the optician (see Figure 21, below).

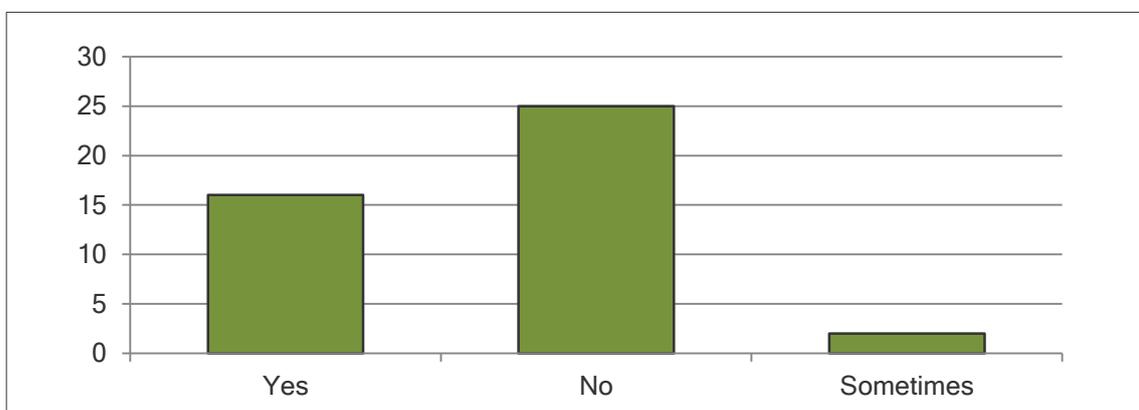


Figure 21: Help communicating with the optician

For people getting help with communicating with the optician it was in the main provided by a family member or carer.

A question on how comfortable people were with informing the optician when they did not understand what was happening shows 30 people gave a rating of 1 or 2 towards the very comfortable end on a scale of 1 to 6 where 1 was very comfortable and 6 was very uncomfortable. At the same time, 9 people gave a

rating between 4 and 6 towards the very uncomfortable end of the scale (see Table 17, below).

Very comfortable	1	2	3	4	5	6	Very uncomfortable
	18	12	4	4	2	3	

Table 17: Feeling comfortable asking questions

Regarding the optician adapting the eye test to make it easier to undertake 21 people indicated they felt the optician did adapt the eye test to make it easier for them, 5 people felt the test was sometimes adapted and 14 people felt it was not adapted at any time (see Figure 22, below).

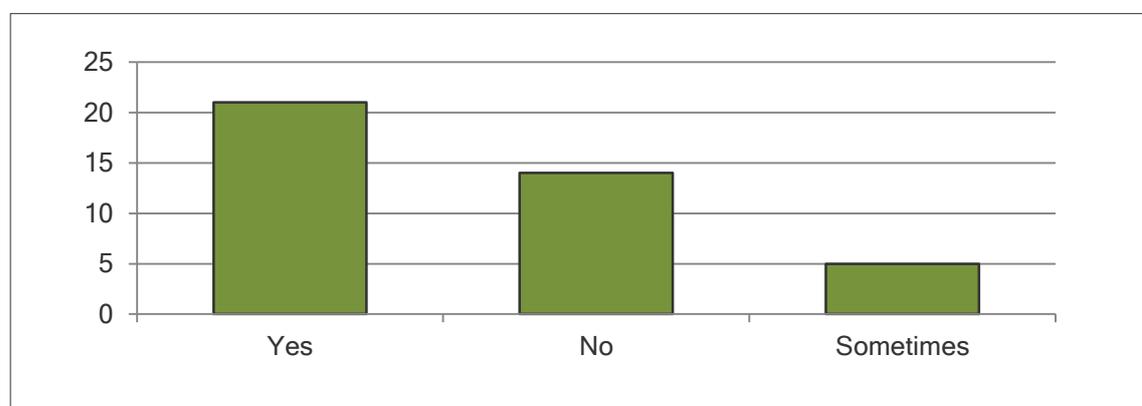


Figure 22: Adaptions to the eye test

Similarly, in terms of the eye test itself 34 people indicated letters were used, 17 people indicated shapes were used and 23 people indicated colours were used (see Figure 23, below).

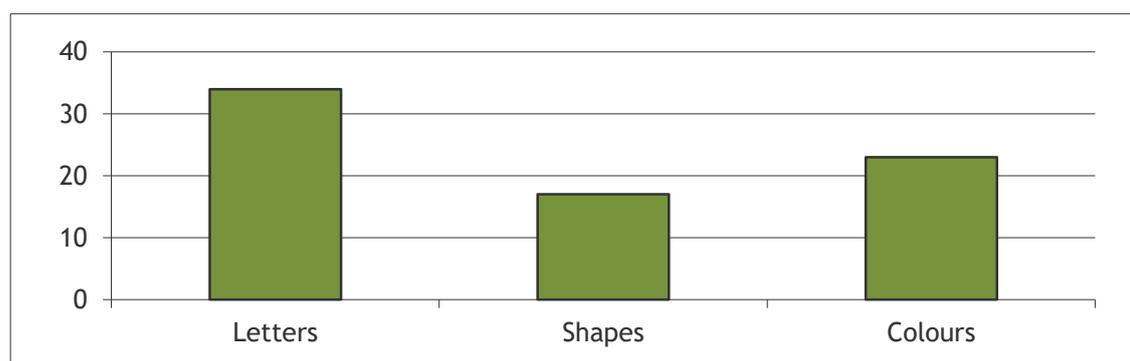


Figure 23: Eye test components

A question on satisfaction with the way the optician explains what is happening during an eye test shows 31 people gave a rating of 1 or 2 towards the very satisfied end on a scale of 1 to 6 where 1 was very satisfied and 6 was very

unsatisfied. In turn, 2 people gave a rating between 4 and 6 towards the very unsatisfied end of the scale (see Table 18, below).

Very satisfied	1	2	3	4	5	6	Very unsatisfied
	21	10	9	0	1	1	

Table 18: Satisfaction with opticians' explanations

A follow on question on the quality of the eye test shows 27 people gave a rating of 1 or 2 towards the very high quality end of a scale of 1 to 6 where 1 was very high quality and 6 was very low quality. There was one person who gave a score of between 4 and 6 towards the very low quality end of the scale (see Table 19, below).

Very high quality	1	2	3	4	5	6	Very low quality
	18	9	10	3	1	0	

Table 19: Quality of the eye test

Of those who answered a question on whether there were any parts of the eye test that were uncomfortable for them 27 people indicated there were not any parts of the eye test that were uncomfortable for them whereas 14 people indicated there were parts of the test that were uncomfortable for them (see Diagram 23, below).

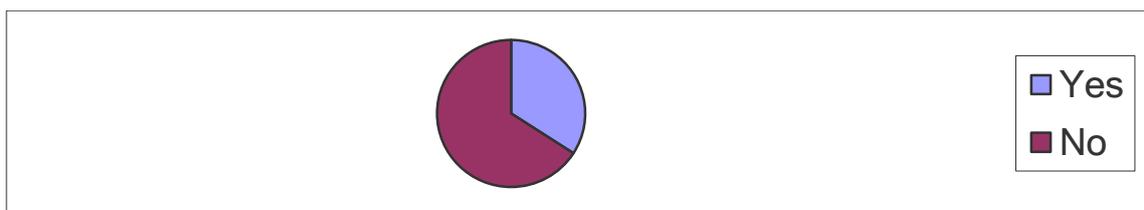


Diagram 23: The eye test was a comfortable experience

There were 35 people who had been prescribed spectacles. Of these 31 people felt that the optician gave them sufficient options when choosing lenses whereas 2 people felt that they had not (see Diagram 24, below).

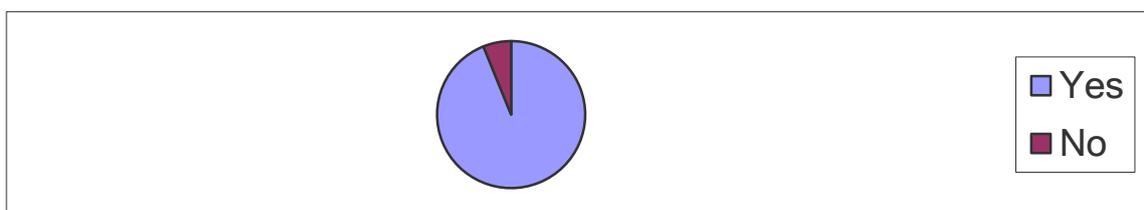


Diagram 24: Sufficient choice of spectacle lens

At the same time, 27 people were getting help with the cost of spectacles (see Diagram 25, below).

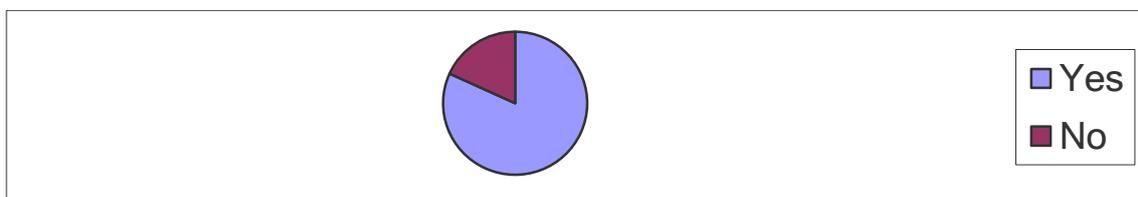


Diagram 25: Help with cost of spectacles

A question on the monies spent on spectacles shows 20 people indicated they spend up to £100 and 6 people indicated they spend between £101 and £300. One person indicated they spend more than £400 (see Table 20, below).

0-£100	£101-£300	£301-£400	£401 or more
20	6	0	1

Table 20: Spending on spectacles

Regarding lens type 17 people indicated they have a single vision prescription, 5 people indicated they have a varifocal prescription and one person indicated they have a bifocal prescription. There were 11 people who indicated they did not know what lens type they were prescribed (see Figure 24, below).

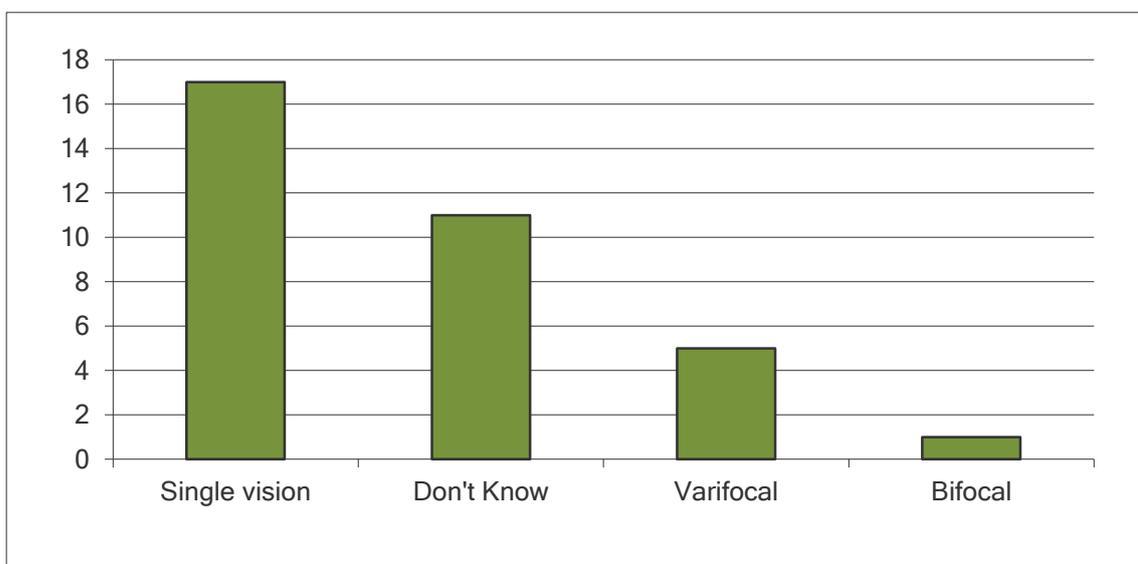


Figure 24: Type of lens

34 people indicated they were helpful, 31 people indicated they were polite, 30 people indicated they were kind, 29 people indicated they were professional and 28 people indicated they were respectful. There were 10 people who

indicated the optician was serious - it was possible to tick more than one option in response to the question (see Figure 25, below).

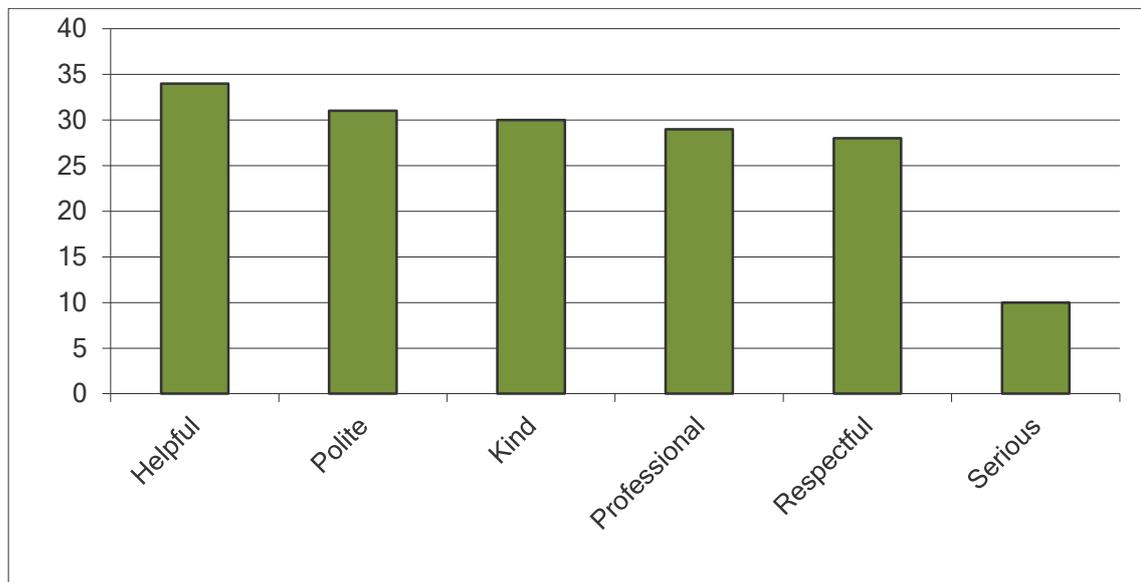


Figure 25: Description of optician

## People with dementia

In total there were 12 questionnaire survey responses from people with dementia, 6 female and 6 male. Of these one person was 65-74 years of age, 6 people were 75-84 years of age, and 5 people were 85 years of age and over. And 11 of them were accessing a high street optician - one person was not because they had visits from an optician at home (see Diagram 26, below).

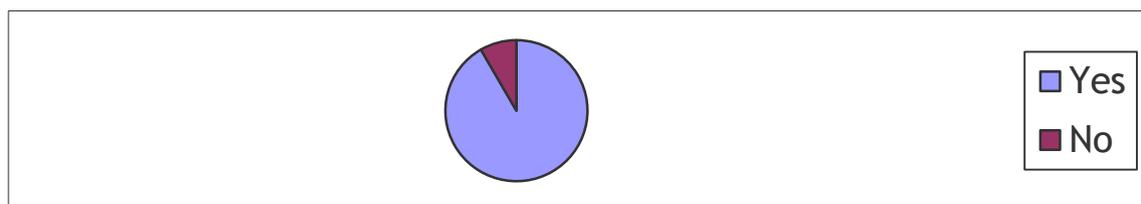


Diagram 26: access to opticians' services

In turn, 11 people with dementia answered a question on opticians waiting area environment and services (see Table 21, on page 44).

Option	Available	Not Available
Drinks (water/coffee/tea)	2	9
Books and magazines	5	6
Information leaflets	9	2
Television or monitor information	1	10
Comfortable seating	11	0
Staff to talk to before seeing optician	11	0

Table 21: Opticians waiting area environment

In total, 9 people indicated there were no facilities for drinks at the optician's they used, 10 people indicated there was no television or monitor screen providing information or messages, and 5 people indicated there were no books or magazines in the waiting area. Meanwhile, the seating arrangements were comfortable, there were information leaflets available, and also staff to talk to.

Overall, 8 people indicated the decoration of the opticians they used was more towards the very attractive end of a scale where 1 was very attractive and 6 was very unattractive (see Table 22, below).

Very attractive	1	2	3	4	5	6	Very unattractive
	5	3	1	0	1	0	

Table 22: Attractiveness of opticians' premises

Regarding having dementia and feeling safe in opticians premises 10 people indicated they felt very safe at levels 1 or 2 on a scale where 1 was very safe and 6 was very unsafe (see Table 23, below).

Very safe	1	2	3	4	5	6	Very unsafe
	8	2	0	1	0	0	

Table 23: opticians waiting areas and safety

A question on how comfortable the room where an eye examination was carried out was answered by 11 people with 9 of them giving a rating of 1 or 2 on a scale of 6 where 1 was very comfortable and 6 was very uncomfortable (see Table 24, below).

Very comfortable	1	2	3	4	5	6	Very uncomfortable
	8	1	2	0	0	0	

Table 24: Rooms for eye examinations and comfort

In turn, 10 people indicated there was enough room for them (and any accompanying family member or carer) to be with them during their eye test whilst one person indicated that there was not sufficient room (see Diagram 27, below).

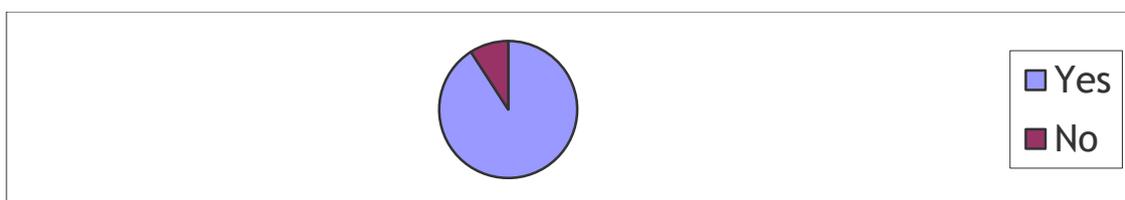


Diagram 27: Sitting room for a family member of carer

Of 11 responses there 10 people who used a preferred optician. In turn, 5 people were aware that it was possible to have a home visit from an optician and 6 people were not aware of such a service (see Diagram 28, below).

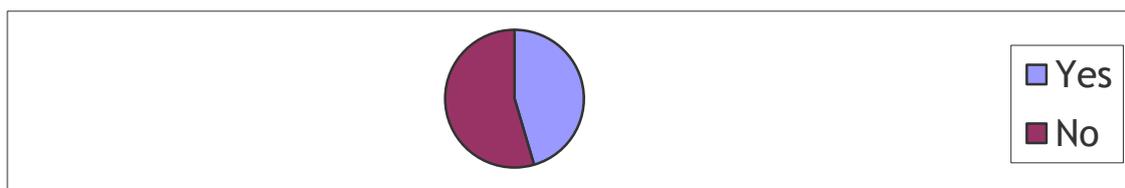


Diagram 28: Knowledge of home visits

Of the eleven people who responded to the question on awareness of home visits by opticians there was just one person accessing this service. They indicated that they were not charged for this service and received a communication explaining what would happen. They also indicated there was enough room at their home for the eye test to be easily carried out.

Regarding how often respondents with dementia use their optician 7 people indicated it was once a year, 2 people indicated it was once every 2, and 2 people indicated it would be when they had a problem with their eyes. One

person indicated they visited their optician around every 18 months (see Figure 26, below).

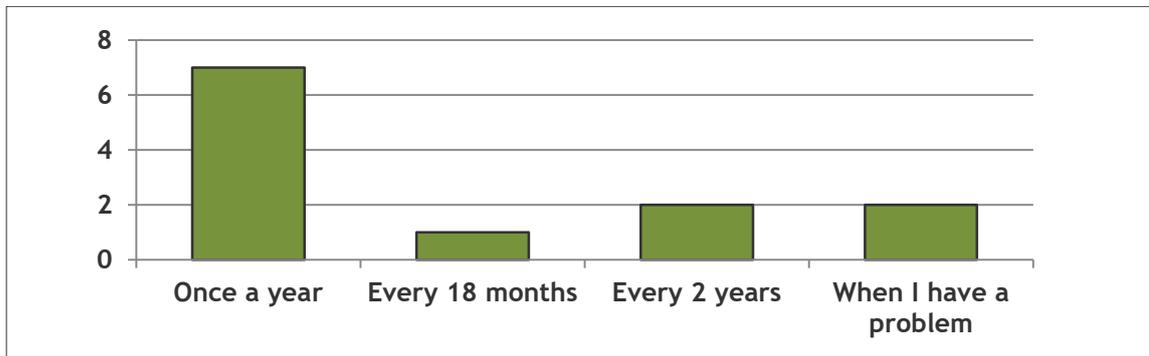


Figure 26: Visits to the opticians

A question on waiting for an optician's appointment shows 4 people indicated a usual wait of between 2 and 5 days and 4 people indicated a usual wait of one week. In addition, 2 people indicated they received a letter about their next appointment and one indicated they received a telephone call about their next appointment (see Figure 27, below).



Figure 27: Wait for an appointment

Regarding opticians' employees introducing themselves to visitors to their premises 9 people indicated that this did happen, 2 people indicated that this sometimes happened and one person indicated that this did not happen (see Figure 28, below).

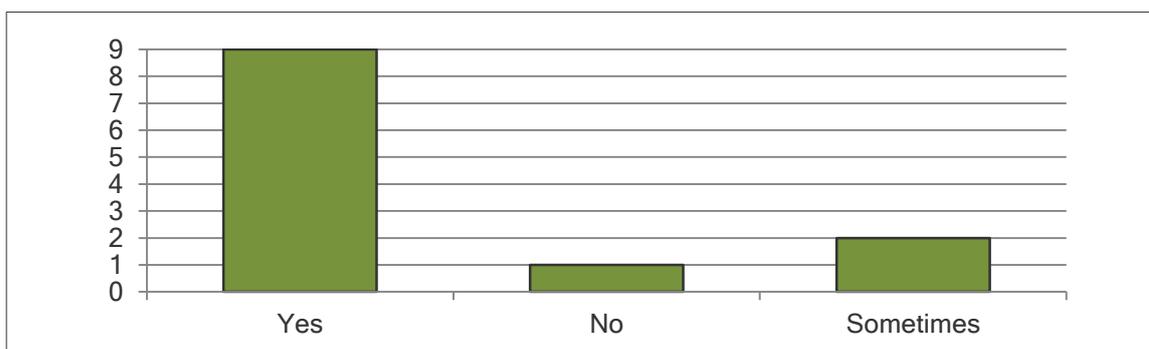


Figure 28: Opticians employees introducing themselves

On completing paperwork for the optician 3 people indicated they had needed to complete paperwork for their optician and 6 people indicated that they had not needed to complete paperwork for their optician (see Figure 29, below).

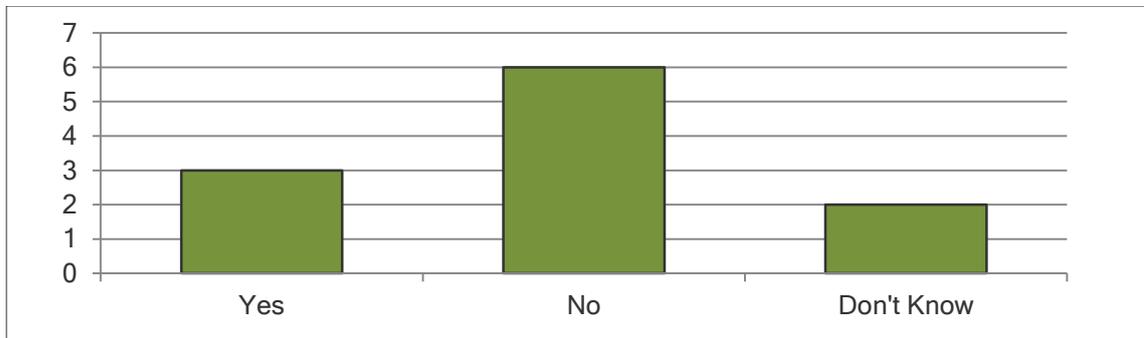


Figure 29: Need to complete paperwork for the optician

In turn, 2 people indicated that they received help to complete paperwork and one person indicated that they sometimes received help to complete paperwork.

Meanwhile, 5 people indicated that they were able to see the same optician each time they had an eye test, 4 people indicated that they were not able to see the same optician each time they had an eye test, and 3 people indicated that they were sometimes able to see the same optician (see Figure 30, below).

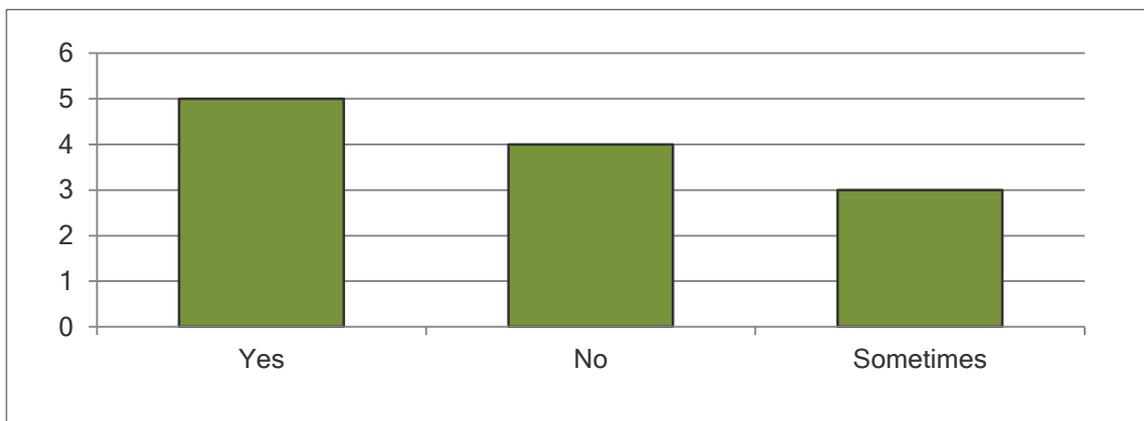


Figure 30: Seeing the same optician

Of the people who do not see the same optician each time they have an eye test 2 indicated that they would prefer to see the same optician.

Regarding the optician asking if a person had any health conditions that they may need to know about 7 people indicated they were asked such a question, 3 people indicated they were sometimes asked such a question, and 2 people indicated that they were not asked a question about their health (see Figure 31, on page 48).

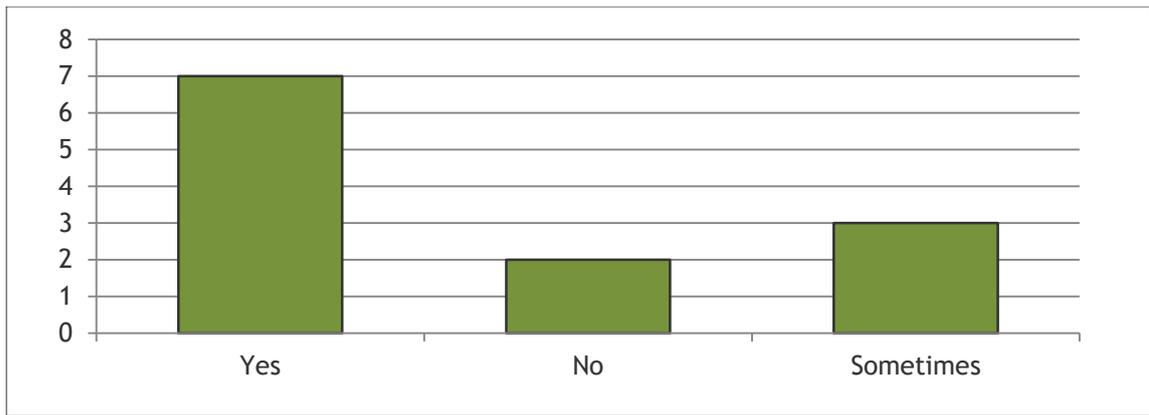


Figure 31: Questions about health conditions

Similarly, on a question about whether the optician asked about medications a person might be taking 6 people indicated they were asked such a question, 4 people indicated they were not asked such a question, and one person indicated they were sometimes asked whether they were taking any medication (see Figure 32, below).

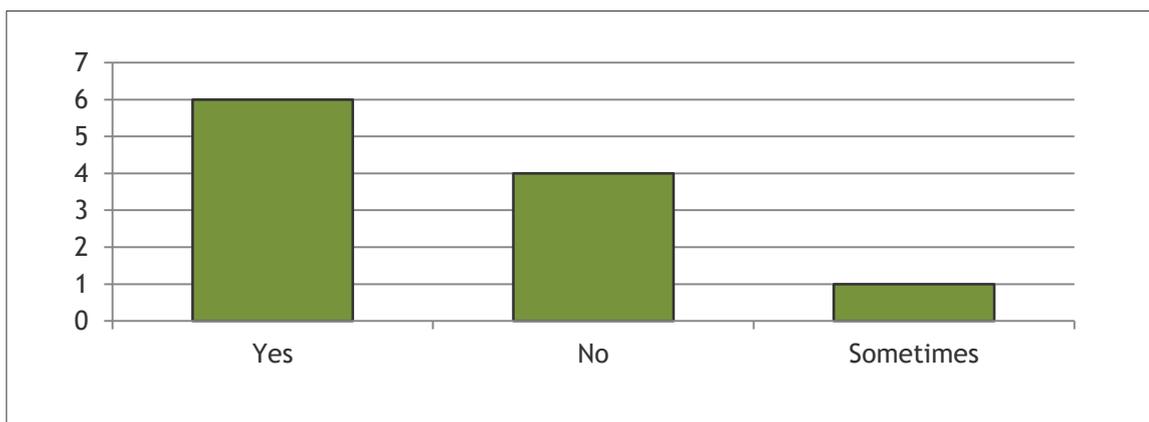


Figure 32: Questions about medications

All of the 6 people asked about whether they were taking medication were happy about being asked the question. In addition, 2 people indicated they got extra help from the optician because of a health condition or a medicine they were taking.

A question on getting help to communicate with the communication shows 4 people indicated they did get help to communicate, 7 people indicated they did not get help to communicate, and one person indicated they sometimes got help to communicate (see Figure 33, on page 49).

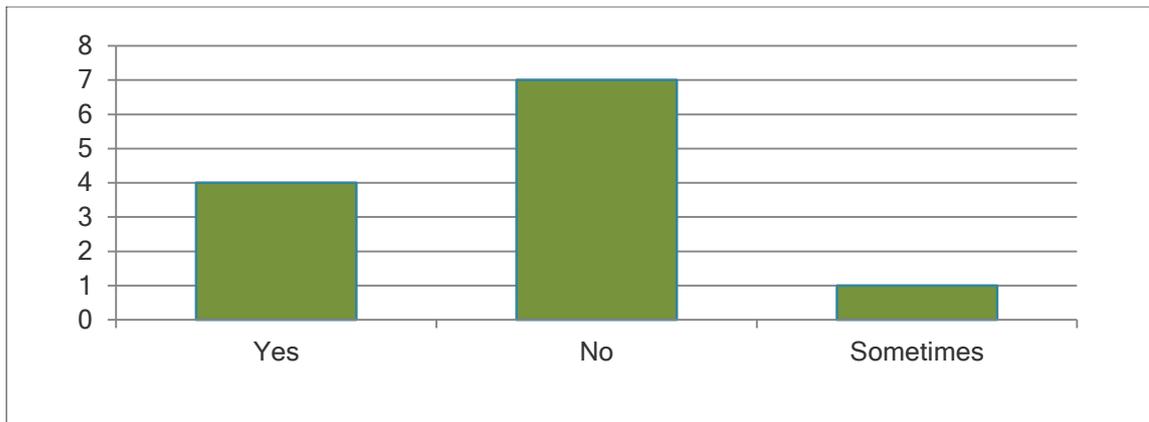


Figure 33: Help with communications

A question about how comfortable people were with informing the optician when they did not understand what was happening shows 7 people gave a rating of 1 and 2 towards the very comfortable end on a scale of 1 to 6 where 1 was very comfortable and 6 was very uncomfortable (see Table 25, below).

Very comfortable	1	2	3	4	5	6	Very uncomfortable
	6	1	3	1	0	0	

Table 25: Feeling comfortable to ask questions about what is happening

In turn, one person indicated that the optician adapted the eye test to make it easier for them and one person indicated that the optician sometimes adapted the eye test to make it easier for them.

Examining the features of the eye test shows all 11 of the people who answered the question indicated letters were used, 2 people indicated shapes were used, and 3 people indicated colours were - it was possible to tick more than one box in answer to this question (see Figure 34, below).

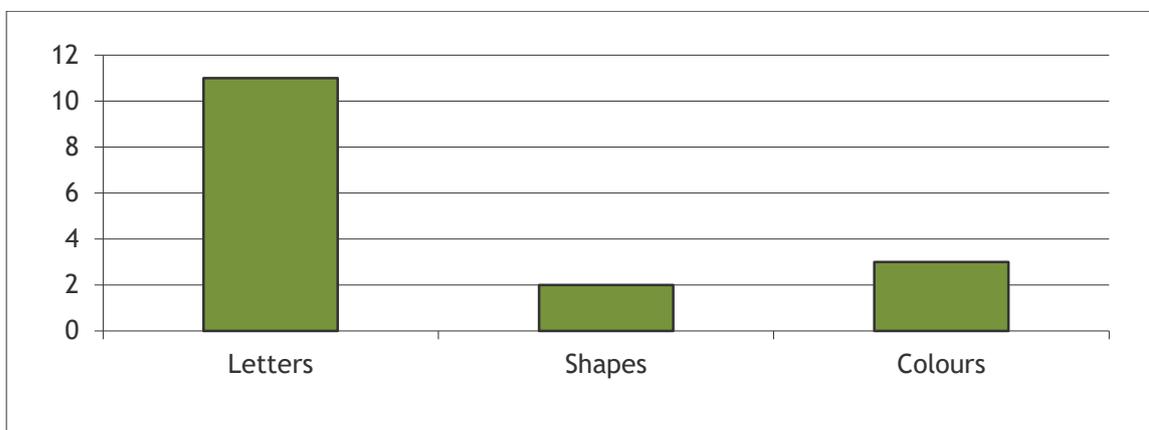


Figure 34: Features of the eye test

Regarding satisfaction with the way the optician explains what was happening during an eye test 10 people gave a rating of 1 or 2 towards the very satisfied end on a scale of 1 to 6 where 1 was very satisfied and 6 was very unsatisfied (see Table 26, below).

Very satisfied	1	2	3	4	5	6	Very unsatisfied
	8	2	0	1	0	0	

Table 26: Satisfaction with optician explanations

Similarly, a general question on the quality of the eye test shows 9 people gave a rating of 1 or 2 towards the very high quality end on a scale of 1 to 6 where 1 was very high quality and 6 was very low quality (see Table 27, below).

Very high quality	1	2	3	4	5	6	Very low quality
	8	1	1	1	0	0	

Table 27: Quality of eye tests

In turn, 10 people indicated there were no parts of the eye test that were uncomfortable for them and one person indicated there were parts of the eye test that were uncomfortable for them.

In total, 11 of the people with dementia had been prescribed spectacles (one person indicated they had sometimes been prescribed spectacles). Meanwhile, 9 people felt the optician gave them enough options when choosing lenses and 2 people felt that their optician did not (see Diagram 29, below).

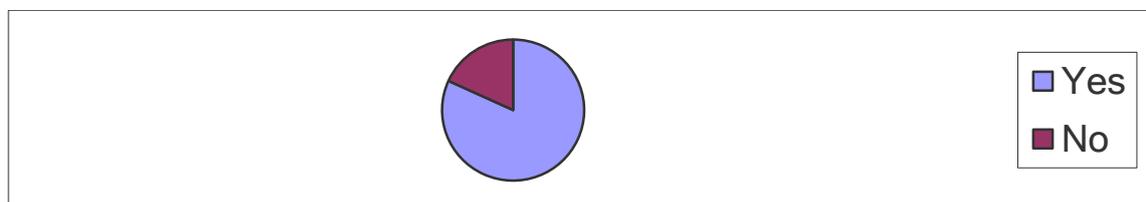


Diagram 29: Sufficient options when choosing lenses

At the same time, 4 people were getting help with the cost of their spectacles. In terms of spending on spectacles 3 people indicated it was up to £100, 6 people indicated it was between £101 and £300, and one person indicated it was between £301 and £400.

A question on spectacle lens types shows 5 people indicating they have single vision lenses, 3 people indicating they have bifocal lenses, and 2 people indicating they have vari-focal lenses. And one person indicated they did not know what lenses they had (see Figure 35, below).

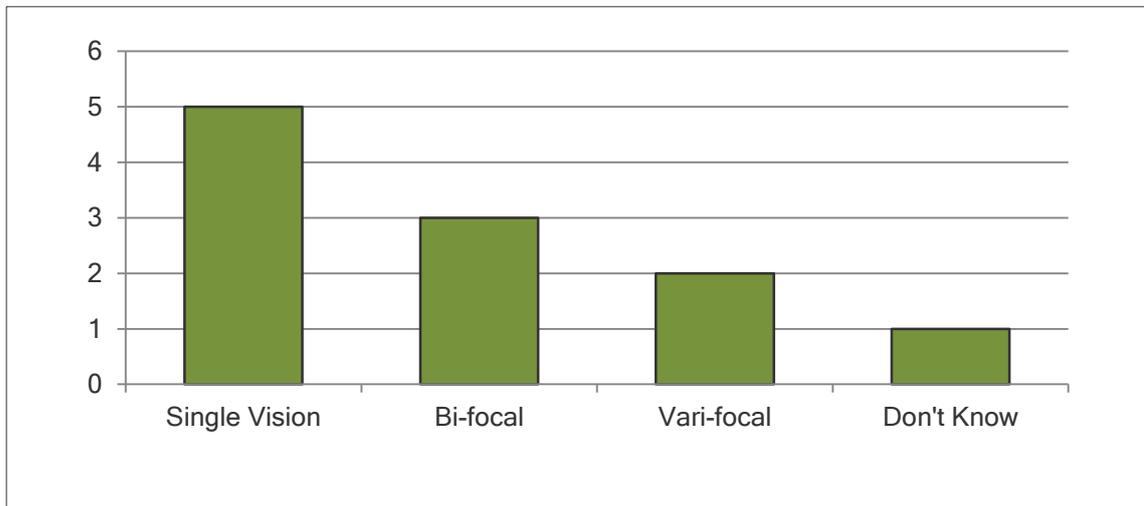


Figure 35: Spectacle lens types

On describing their most recent experience of accessing an optician's and views on the optician 10 people indicated they were professional, 9 people indicated they were helpful, polite and respectful, 7 people indicated they were kind, and one person indicated they were serious or unhelpful - people were able to tick more than one box in response to this question (see Figure 36, below).

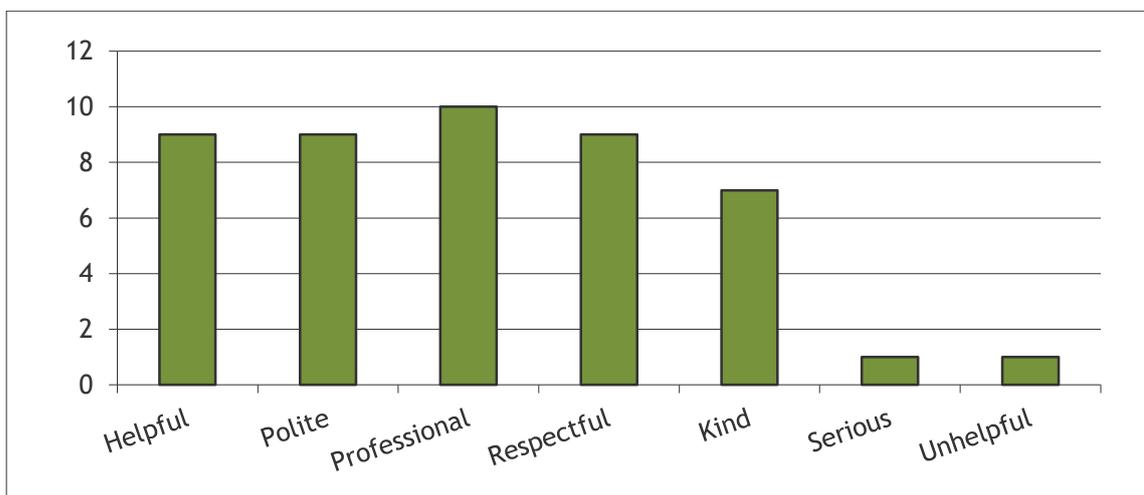


Figure 36: Description of optician

# People's stories

The following case studies are abridged accounts of people's experiences of using opticians or other eye care services.

## *Colin and Gina*

Colin was diagnosed with dementia in 2013 and says he can't remember a lot of things now. Colin and Gina go to an opticians in Halesowen, which they think is very good. They used to go there when Colin was making jewellery (around 20 years ago) as he couldn't see what he was doing some of the time, but they sorted it out. Colin likes to dress up as Father Christmas to cheer others up.



Colin at home with Gina

They have been to nearly all the opticians in Halesowen but have found the one they use now to be the best since Colin has had dementia.

Before Colin was diagnosed [with dementia] his driving was getting quite erratic and he was seeing things that weren't there. Colin is converting songs into Welsh and Punjabi as it gives him something to do now he can't drive, he can't read the words but he knows the songs. He can't read the newspaper either so he puts it in the bin.

When he was teaching in Summer Lane he couldn't read from the standard text, he can read in his own time but not when people are waiting to hear him.

At [the opticians] if Colin doesn't understand what they are asking they try it in different ways, so if he can't see the lines of letters they have used pictures. They told them [Colin and Gina] they were Dementia Friends and supporting the Alzheimer's Society, so that is why they go back there.

In other opticians Colin couldn't understand what they were asking. They went to one optician for a diabetes [related eye] test (Colin has Type 2) and the woman there was awful, she wasn't very patient and she didn't know how to deal with him.

[Colin and Gina] feel the optician's they use gives them enough time and they feel reassured they are understood and [Colin] gets the glasses he needs. They are aware of what is going on with Colin and the staff are friendly and helpful. They feel all opticians should be trained in dementia awareness.

## ***Pauline***

Pauline had used the domiciliary eye care service before her husband, who has dementia, went into a home. The way they set up the equipment was impractical, they placed it on the sideboard and asked Pauline to darken the room.

It was the middle of summer and Pauline had light curtains so it was hard to do this. She had no prior warning that she would need to adapt the home for the eye test, or any instruction on what would happen.

They tested both Pauline and her husband's eyes. Later she went to an optician on the high street and asked if they did home visits, they replied that they did. However, the person who Pauline spoke to didn't know how the home visits took place was not very helpful. Pauline mentioned her husband had dementia and needed a home visit [from an optician] but had not been given any leaflets or information about home visits for people with dementia. Optician services should be informed and clear about how they will deal with people who have dementia and might want a home visit.

## ***Steven***

Steven is 25 years old, has learning difficulties and has needed glasses since the age of two. His mother and father were aware that his vision was poor so they have taken him to the opticians since he was very little. Steven has had and worn glasses throughout childhood and at school, and found that they are a necessity as he cannot see without them. From when he can remember, Steven has always attended the same opticians.

As Steven got older he experienced fits and felt that this could have worsened his eye sight. He was experiencing 'floaters' in the eye, which blurred his vision, as well as a type of white light from time to time which meant he was unable to see. In recent years, Steven has attended the opticians without an appointment and has told them about the 'floaters' and 'white lights' that he could see. He was seen straight away and was told to take drops which would help the 'floaters' to disappear. He took the drops and was bed ridden for three days which really upset him.

He was annoyed that the optician did not tell him about the side effects from the eye drops, as he had to call in sick at work. In hindsight, Steven is glad he took the eye drops because he believes they have helped his eyes, but he is annoyed he was not pre-warned of the issues when taking them.

Steven has found out he has a weak left eye and the attachments are loose which means he cannot see very well out of it. He has been told he cannot drive.

The receptionist at the opticians is very friendly and the opticians are professional. They are not chatty but he doesn't mind this as he knows that they are taking their job seriously - however, a little more chat at times would be good. He feels the waiting area is small but nice and is happy to sit on his own and wait for the optician. He does not feel that he would like anything improved in the waiting area.

The eye examination room is large and he feels this is better than having a bigger waiting area. When he goes into the eye examination room he reads the letters on a screen in front of him whilst the optician blocks out his left eye then his right eye, as well he shines a light into his eyes to test the backs of them. The optician used to give him a thick book which was full of shapes and colours and ask him to read out what they were, but this hasn't happened for a while.

Steven said there was one occasion when his glasses were wrong due to miscommunication about the measurements of his lenses and frames, resulting in him having to go back to change them. The optician did not charge him any extra and fixed the glasses straightaway. Steven says he is more than capable of telling the optician when things aren't okay or when he doesn't understand something. The optician is up to date with his latest medication and medical history. He has been told nothing more can be done to help his left eye at the opticians but the hospital may be able to help him if he wanted to go there.

When Steven is due an [opticians] appointment he is sent a letter which is easy to read. He feels the opticians care about him and are not just after his money. He feels he can trust them.

## ***Tim***

Tim has learning difficulties and remarked that he had received a letter stating my appointment was due with the opticians. I went to book my appointment and the staff on the [reception] desk were really helpful and friendly. The person on the desk asked me to do a survey the computer and said if I needed help just to call them.

I was given time to do the survey and then told to take a seat over in the waiting area. The seats were comfortable and I was told to help myself to the drinks, tea, coffee, hot chocolate, or just water. While waiting there is plenty to do like watch television and there are also plenty of books to read.

When I went into the pre-test area a woman told me to place my chin on the chin rest on the machine then she asked if it was comfortable. She explained the first machine would check my pupils and I just needed to look at the hot air balloon. A second machine would check the pressure in my eyes using a puff of air that might make me blink or jump. Then I would need to go back to the waiting area to be called in for my eye sight test.

When I went in for my eye test another woman said take a seat on that chair over there. Then I was asked some questions about my previous eye tests. I was given plenty of time to answer questions and sometimes they were repeated for clarification. She said thank you and took me back out of the eye test room and asked the woman outside to help me to find some glasses.

After my appointment I received an e-mail with information about my test, it explained my results in lots of detail and the information was easy to understand. I feel excited when I go to the opticians.

## ***Razia***

Razia attends meetings of the Halesowen Asian Elderly Association. She said her husband had had home visits from a high street opticians and they were not very good. It took a long time to get an appointment and after the home visit and the prescription being seen to the glasses weren't right.

She had a phone call to remind her of the appointment but had no information on how to set up the room [at home] or the preparations needed for the optician. Razia also said it took a long time for the glasses to be delivered from the opticians. The optician was friendly but seemed a bit rushed and not as friendly as the opticians she used.

Razia enjoys going to her opticians and sees the same optician as she has a rapport with them.

She normally has to wait 3 to 4 days for an appointment but may need to wait longer to see her preferred optician.

## ***Cameron***

Cameron is an optician and visits the Halesowen Asian Elderly Association once a year to give information and advice on eye health. He can also test people's eyes. His mother attends association meetings and had told him about people there who were having problems with their eye sight and didn't know what to do about it. At the same time, he knows some people have problems with English not being their first language and communicating with opticians.

Cameron can speak Urdu and Punjabi so can have a good conversation with people using either of these languages. He can talk about eye health, the next steps in getting access to eyecare services, and what opticians mean when they refer to different eye problems.



Cameron outside his opticians premises

A number of the people who attend association meetings are at risk of being affected by age related eye problems so it is important, for example, to explain to people why they might need to have an appointment to see a specialist in a hospital and what the treatment will do for them. Cameron has portable eye test equipment that he can take to a meeting of the association.

A number of people who go to meetings of the association have diabetes and sometimes other diabetes related health conditions. Some people have never been to an opticians and were only aware of something being wrong with their eyes when Cameron had tested them. Other people with limited English try to take someone with them to the opticians so that they can translate for them. Cameron discovered some people had the wrong glasses and he thinks this may sometimes be due to communication issues and also a reluctance to purchase new glasses when there is a feeling they are not needed and the optician is just trying to make a sale.

There are people on low incomes, claiming benefits, or with certain eye conditions who don't know they might be eligible for free glasses. Cameron gives people advice on possible entitlements where he can.

People at the meetings of the association trust and have a rapport with Cameron and are reassured by the advice that they can go to him for help if they are struggling with their eyes. He visits between twenty and thirty people a year in their homes. The time taken to test someone's eyes at home varies depending on their condition. If, for example, someone has dementia and it is difficult to communicate the test will take longer.

Cameron has had some basic dementia training which has helped him to better understand how to adapt the eye test depending on the severity of a person's dementia. For example, he will use the 'Kay Picture' book, which has simple objects like a duck or a house that can be used with people with dementia or learning disabilities. Sometimes he will get rid of the test that asks if lenses look clearer in the right or left eye and instead use the retinopathy light to try and see what the issue is for himself. I feel every optician should be dementia trained.

The next section comprises of abridged commentaries drawing on conversations between Healthwatch Dudley staff and different groups in the Dudley borough on eye health and access to eyecare services.

## Black, Asian and minority ethnic group conversations

### *Halesowen Asian Elderly Association*

There were thirty-five people present at a meeting of the Halesowen Asian Elderly Association. It is a culturally diverse group that offers a range of services in the community, including day centre facilities and other activities.<sup>22</sup> Mrs Chaudhry, representing the Dudley Asian Women's Network, said an optician comes to the Asian Elderly Association group each year to test people's eyes. They can speak the language of the Asian elders and also deliver glasses to the St Pauls Church Hall where they meet or to people's homes.

One man said his wife could not speak English and he has to go with her to the opticians so he can translate for her. At the same time, there is only one place close to Blackheath that does diabetic eye screening, where there are also problems with language and the man needs to speak and translate for his wife.

Most people felt the optician spent sufficient time with them when they were having an eye test but if you struggle with English it can be difficult to communicate - especially where there is nobody in the family who can be with you to interpret on your behalf.

<sup>22</sup> Halesowen Asian Elderly Association: <http://www.dwmh.nhs.uk/understanding-mental-health/halesowen-asian-elderly-association/>

It would be good if an interpreter could be present at the opticians or they could be accessed through the opticians.

Mr Dar mentioned that when going through the eye test they [the optician] rushes the reading test - as a result a prescription might be wrong and the glasses not adequate to meet a person's needs.

Some places [opticians] do digital eye tests which were very good, but not many places do them because of the price and some opticians are good with children. If you are over 70 or, for example, diabetic you get a letter for a check-ups each year. Some people felt everyone should have an eye check each year.

## ***Dudley Chinese Community Association***

In total, five members of the association who attend an opticians spoke about their experiences of accessing eyecare services. The Association was originally set up for people in Dudley but has expanded into other areas of Birmingham and beyond, organising events to bring Chinese people together.<sup>23</sup> A translator was also present. They all thought that the optician spent sufficient time with them when they were having an eye test.



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<sup>23</sup> Dudley Chinese Community Association,  
<http://www.dudleyci.co.uk/kb5/dudley/asch/service.page?id=hNkmjScol2A>

Some people found language translation was an issue at the opticians. If they didn't understand the optician and the optician didn't understand them then they sometimes just carried on with some other part of the eye test. The translator that was present at the meeting said that most of those who couldn't speak very good English understood it more than they could speak it so sometimes it was frustrating when they were at the opticians.

People felt the attitude of opticians had changed and they were more commercial and only really bothered about selling glasses and getting your money rather than the health of your eyes.

A person using a smaller independent opticians felt that they were not so commercial in their approach.

It would be useful if people when they are given a statement at the end of their appointment could also have information written down in Chinese to help them better understand the condition of their eyes. At the same time, it would be good for people to have more time to ask questions rather than feeling rushed into and out of the optician's premises.

The five people taking part in the discussions were aware that individuals in the Chinese community could be at particular risk of being affected by cataracts or glaucoma when they are older.

## ***Churches Together Halesowen - Welcome Group***

A conversation was undertaken on access to eyecare services with people from Iran, Africa and Pakistan attending a Churches Together Halesowen Welcome event. They take place every Monday and welcome asylum seekers and refugees and providing support wherever possible.<sup>24</sup>

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<sup>24</sup> Halesowen Churches Together, Welcome Group:  
<http://www.dudleyci.co.uk/kb5/dudley/asch/service.page?id=ePUXYKsqz1Y>



Maryam and Mostafa

One person explained her daughter had weak eyes and goes to an opticians in Birmingham. She had had glasses that did not fit well so she did not take them in the end. She couldn't understand the optician and he didn't try to adapt his methods and just carried on, even though he was nice. Another person pointed out her sight was going so she goes to the opticians twice a year. She has diabetes so has diabetic screening and really enjoys going to the opticians. She sees the same optician if she can and will wait until he is free.

An Iranian wife and husband both use an opticians in Bearwood every two years. The woman commented that she understands the opticians and they understand her, there are no problems communicating. The opticians are nice and friendly, however she has received glasses that were not perfect. In turn, a woman having a check-up every six months at the City Hospital in Birmingham enjoyed going but found it very hard to talk to the consultants who are English there, some speak Urdu and that is great.

A woman who spoke little English remarked that her eyes were no good anymore, she used to wear glasses but after having tuberculosis they did nothing for her eyes. She has pain in both eyes. In another case a woman who spoke little English pointed out that she didn't realise she could walk into an opticians and book an appointment and get her eyes tested. She was from Africa and her

eyes had been damaged by the sun. The Queen Elizabeth Hospital in Birmingham had told her this.

One woman commented that she doesn't go to the opticians because she feels she had not needed to and felt her eyesight was fine. She would book an appointment if her eyes were bad and she couldn't see any more like she had been able to.

A woman from Ghana who had had problems with her eyes had never had them tested. The doctor's surgery she uses has an optician's service but she wasn't sure if she could use it or not.

## ***New Testament Welfare Association***

There were around seven or eight people involved in a discussion of access to eyecare services at a meeting of the New Testament Welfare Association in Dudley. It is committed to supporting the Black Caribbean elders, young people



and inhabitants in the Blowers Green, Woodside, Netherton and surrounding areas in the borough.<sup>25</sup>

All of the participants were using a high street opticians and nobody was accessing domiciliary eyecare services, although most people had heard about them. There were no reported issues of English not being a first language causing problems getting access to opticians' services.

People were mostly happy with the amount of time they were able to spend with the optician at their appointments for an eye test and felt able to ask them to repeat questions if they were unsure about something.

One person commented she felt her eye tests were rushed. People felt opticians were friendly and kind but one person remarked that they want your money so they are going to be. Most people indicated they were contacted a week before their opticians appointment to remind them of the date and time which was good. A number of people indicated their glasses were not perfect and they had issues with them, feeling the lenses were too strong or too weak.

One woman pointed out she wanted to put new lenses in her old frames and the optician informed her there would be a charge for this. But other people she had spoken to had not been charged for this procedure. There was a feeling opticians are only really after your money. One man remarked he had had more than fifteen pairs of glasses because they [the opticians] wanted him to change glasses rather than fit new lenses into old frames.

A woman commented she had filled in a feedback form [at the opticians] indicating they had not told her she had cataracts. If she had known this she wouldn't have bought a new pair of glasses that day when a few days later she would have an operation on her cataracts, which changed her prescription.

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<sup>25</sup> New Testament Welfare Association:  
<http://www.dudleyci.co.uk/kb5/dudley/asch/service.page?id=gzzi66w8EzA>

# Learning disabilities group conversations

## *Dudley Voices for Choice*

A group of ten people involved with Dudley Voices for Choice, an advocacy group working with individuals with learning disabilities came together with Healthwatch Dudley staff to talk about eye health and access to eyecare services.<sup>26</sup>

People were getting letters to remind them of their [opticians] appointments. They are easy to understand but sometimes the print could be bigger. A support worker may help a person with learning disabilities to understand a letter. On getting appointments it can be difficult to get through on the phone.



When you go for an eye test they [opticians] ask us questions about whether we have got to pay for the test. They find out if we have regular tests and you are asked to do a survey about your health. The optician can help if you get stuck. But a person can feel anxious if they are asked whether they have a learning

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<sup>26</sup> Dudley Voices for Choice, <http://dudleyvoicesforchoice.org.uk/>

disability particularly if it is viewed as being nose-y. If you are accompanied by someone on a visit to the opticians it is good when they talk to you and not that person.

In the opticians waiting area it is sometimes possible to get a drink. It was felt it was generally safe in the waiting area but it is good when staff ask you if you are okay. Regarding pre-tests they can be confusing, the puff of air can make you jump and seem to blind you, and there are different machines that look very complicated and [the optician] does not always explain what they do or what the results obtained from them mean.

During the eye test the room is very dark and small, there sometimes isn't anywhere for the person who is supporting you to sit. When letters are put on the screen you can feel rushed and are not asked if you want the test to be done more slowly or go back to a previous screen to double check your response.

After the test people get an email or a text message to tell them about prescription details and provide information about the results of the eye test. It can feel more personal and comfortable where you can see the same optician who has got to know you and they are able to adapt the eye test to meet your needs.

## ***Creative Support***

Two people who access services at Creative Support, in the Dudley borough, talked about their experiences of accessing eyecare services. A Support Worker also commented on issues she had come across regarding how people accessing Creative Support services get access to eyecare services. Creative Support is a high quality provider of person centred social care services for people with learning disabilities, mental health and other needs.<sup>27</sup>

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<sup>27</sup> Creative Support: <http://www.creativesupport.co.uk/>

It was pointed out you may need to pay for glasses even when you are on benefits and this can make them expensive for some people. One of the participants in the conversation was angry because one optician had told her she was going blind and then when she went to a different optician she was told she wasn't going blind. However, her appointment with the optician can last up to two hours so she feels she has plenty of time with them and to choose spectacles.

Some staff are rude and others are lovely. The letter she receives from the opticians explaining the date and time of her next appointment is confusing and hard to read.

The Support Worker remarked that someone she was helping had not been to an opticians for a while because she was scared at the prospect of being 'screened' - she is diabetic and needs to have drops in her eyes. She says the drops make her vision bad for a few days and she avoids going to the opticians because of this. We have found there are people who don't often access opticians because most of the time they don't feel they need to.

## Dementia group conversations

### ***Brett Young Day Centre***

There were seven 7 people who care for loved ones with dementia who came together at the Brett Young Day Centre to talk about getting access to eyecare services. In the Dudley borough anyone worried about dementia, diagnosed with the condition, their families or carers can ask for help from the borough's three dementia gateways (of which the Brett Young Day Centre is one). Staff from primary care organisations and the council's adult social care team are based in the gateways.<sup>28</sup>

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<sup>28</sup> Brett Young Day Centre: <http://www.dudley.gov.uk/resident/care-health/dudley-social-services/do-you-need-support-now/social-care-services/dementia-gateways/>

None of the participants was aware they might be able to get a home visit from an optician. Two people were using opticians in Halesowen and commented that they did not understand dementia. The opticians repeat their questions and sometimes shout if the dementia patient does not seem to hear them. A person with dementia may not be able to say how they are feeling so ultimately may get the wrong glasses. Using letters during the eye test may mean a person with dementia struggles trying to recognise them.

It was pointed out that opticians do not always adapt the eye test for people with dementia and in one instance the situation was even more complex since they had had a stroke. It should not be assumed there is someone who specialises in helping people with dementia based in an opticians. On other hand, the service at the opticians can be great.

An opticians in Halesowen adapted the eye test to meet the needs of a man with dementia so that he did not have to do the reading part. Instead, colours were used and he was better able to differentiate between them than trying to read letters out aloud. The woman at the opticians wore a 'dementia friends' badge and was available to see people with dementia.

Sometimes eye tests seemed to be rushed and people could feel under pressure to say what they could see during them. It was also felt that sometimes opticians were reluctant to provide a prescription for glasses because they did not want people to buy them from elsewhere. All of the carers were satisfied with going to the opticians once a year and felt opticians waiting areas were spacious and there was enough room for them to go with their loved one with dementia into the place where the eye test was undertaken.

# ***Dudley and Walsall Mental Health Trust, Dementia Workshop***

A conversation on access to eyecare services was undertaken with two people attending a dementia workshop organised by Dudley and Walsall Mental Health Trust. In one instance a carer and his wife who has dementia had been visiting an opticians in Bridgnorth and had not had a good experience there.

The optician raised their voice when his wife didn't understand and it got louder as time went on. They had been made to feel uncomfortable. However, the manager at the opticians came to speak with them and was very nice.

Meanwhile, a man who accompanies his wife who had dementia to the opticians in Halesowen remarked that she felt anxious and agitated because she didn't know where she was. If the optician asked her a question that she didn't understand, her husband would repeat it to her in a way that she could better understand.

On one occasion the optician was asked whether they could change the frames his wife had because they were sliding down her nose and she kept having to push them up. The optician felt they were fine and didn't need adjusting. This appeared to be a lazy response from the optician and they could have tried to adjust the frames to make his wife's life a little easier.

# ***Dudley Clinical Commissioning Group and Dudley Council - Me Myself and I***

A conversation took place with people attending a 'Me Myself and I' event at the Black Country Living Museum. It is a group for carers who support someone with dementia and meets monthly.<sup>29</sup> Most of the people with dementia were visiting an opticians and two people were having home visits.

In one case a woman from the opticians comes to do the eye test at home with her husband who has dementia. They are lovely people and helpful even though it is not that practical to do the eye test at home because there is not much room. Before home visits they had been going to the opticians and they got his glasses wrong on five occasions and he couldn't see properly for a long time.

On the other hand, for one woman home visits aren't good because of the lack of space. Her husband who has dementia now lives in a care home and someone comes in to test his eyes, he can't talk.



You need to ask questions to find out about eyecare services and sometimes opticians aren't equipped to facilitate eyecare for people with dementia. They want to sell you glasses at the end of the day is what one person remarked. Carers felt it was their responsibility to inform the optician that their loved ones

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<sup>29</sup> Me Myself and I: <http://www.dudleyccg.nhs.uk/national-judges-praise-dudley-dementia-scheme/>

had dementia and would sometimes need to ask them questions in different ways to get a response and not necessarily take the first answer as the correct response. Sometimes people with dementia seek approval and will agree with whatever the optician says.

One man with dementia who was going to an independent opticians with his wife pointed out he has a great service and spends as much time with the optician as is needed. His wife is able to point to letters on a screen, which helps him to respond better. They see the same optician each time for the eye test.

This optician's work closely with the Russells Hall Hospital eyecare service and dementia co-ordinator to help to ensure there is a good services for people with dementia. They use a step mechanism to judge how good people think they are at seeing and then a scale to work out how well they really can see. In turn, they appropriate measurement devices that are effective when working with people with dementia.

On another occasion a carer asked an opticians that was part of a high street chain about her husband who has dementia and whether he could have an appointment and was subsequently not offered one. Someone else who had been going to an opticians that was part of a high street chain complained the glasses had never been right and they had panicked when they had had things slotted in front of their eyes. And a person going to an opticians that was part of a high street chain in Stourbridge had had a good experience commenting that the optician spends time with her and had seen a shadow in one eye, which they said could develop into cataracts.

One person was told by an optician to use a magnifying glass as well as having glasses on when reading because there was nothing else they could do with her eyesight. Then she went to a different opticians and they adjusted her glasses and then she was able to see much better. Different opticians giving different opinions can be confusing.

People felt the layout of opticians was usually okay but the room for eye tests could be claustrophobic and seemed sometimes to be too small - especially if a person with dementia in a wheelchair needed to use them. One person commented they didn't understand why opticians now have a mirror in front of the board of letters in the room where the eye test takes place and this makes things more confusing. People expect opticians to have training in dementia awareness before they start working as an optician.

## Discussion

In this part of the report the main themes emerging from an analysis of the questionnaire survey responses, case studies and focus group sessions are described and commented on.

As previously stated the questionnaire survey responses comprised of a Black, Asian and ethnic minority cohort of twenty people, a learning disabilities cohort of forty-four people, and a dementia cohort of twelve people. Whilst these numbers are not large they do provide useful insights and some indications of the issues that can be examined in more detail in the future to improve understanding of how particular groups of people are accessing (or not) opticians services.

In addition, there are the findings obtained from case studies and focus group work that elaborates on people's experiences and journeys relating to their eye health and access to eyecare services.

## Communications

It seems there are people who have problems with their eye sight who do not have a clear understanding of where or when to get advice and help. Some people had never been to an opticians whilst others felt they did not need to go to an opticians until they had a problem with their eyes. In turn, the importance of regular eye checks was sometimes not well understood. And the chances of being affected by different eye conditions were also often not well understood.

It was sometimes assumed certain eye conditions (especially in older age) were inevitable and had to be put up with. There was sometimes a lack of awareness of the associations between eye problems and other health conditions.

*'We have found there are people who don't often access opticians because most of the time they don't feel they need to' (Optician)*

Communications between opticians and people from Black, Asian and minority ethnic groups or who have learning disabilities or dementia can work well. In particular, people report higher levels of satisfaction when explanations of procedures are clear and they are asked whether they can understand what is happening. It is important everyone understands each other and there are sufficient opportunities for people to ask opticians questions. An optician might need to repeat a question or the advice they are giving or a person might want to ask further questions for clarification of information.

Some people remarked that they received a letter reminding them of the need to book an appointment for an eye test. However, they were not always easy to understand. In addition, people welcomed clear and easy to understand information on the results of their eye test. In turn, there were people who felt reassured they were getting good eye care because opticians' staff spent time getting to know them and their health.

Where there was poor communications people remarked that they did not understand what opticians were telling them or what was happening to them. This meant people sometimes felt their eye test was not carried out properly and they might even be given the wrong prescription.

Where English was not a person's first language they often needed to rely on a family member, carer or friend to accompany them to the opticians and translate conversations with staff for them. It was not clear how well these informal arrangements worked for people.

*'Some people find language translation is an issue at the opticians. If they do not understand the optician and the optician does not understand them they [the optician] sometimes just carry on with some other part of the eye test' (Chinese community member)*

In turn, there were people with limited English language skills who were attending the opticians on their own and experienced difficulties communicating with staff.

For people with dementia their experience at the opticians was improved where staff had had training in how to help them with their eye test. In some instances staff wore badges showing they were dementia friendly.

There seemed to be a lack of accessible and readily available information on home visit services by opticians and how they would be carried out.

## Premises

Regarding the Black, Asian and ethnic minority cohort comprised of twenty people they were mostly using high street opticians and had a preferred opticians they use. The majority of people were satisfied with the decoration and attractiveness of opticians' premises and felt safe in the waiting area. In the main people indicated they were able to find comfortable seating and staff were available to talk to if they had a question. However, only around half the people in this group indicated information leaflets were available at the opticians they used and fewer people still indicated there were books and magazines, TV or monitor screens displaying information or drinks facilities.

In turn, the learning disabilities cohort comprised of forty-four people were also mostly using high street opticians with five getting a home visit. Around three quarters of people had a preferred opticians (with fifteen people using an independent opticians as opposed to an opticians that was part of a chain). They were, in the main, satisfied with the decoration and attractiveness of the opticians' premises.

However, seven people, sixteen percent of the cohort, indicated they were somewhat less satisfied with the decoration and attractiveness of premises. People felt safe in the opticians waiting area, felt there was comfortable seating, staff to talk to if they needed to ask a question, and information leaflets, books and magazines available. Television or monitor screens displaying information and drinks facilities were less commonly available.

The dementia cohort comprised of twelve people indicated they had in most cases a preferred opticians that they used. Again, they tended to be satisfied with the decoration and attractiveness of opticians premises. Waiting areas felt safe and, in the main, they indicated there was comfortable seating, staff to talk to if they needed to ask a question and information leaflets available. Television or monitor screens displaying information and drinks facilities were

less commonly available. Three people, twenty-five percent of the cohort remarked there were no information leaflets available at the opticians they used.

In general, people were satisfied with the size of opticians waiting areas and felt there was sufficient space for someone to accompany them if needed. There were instances where books or magazines were available to read and occasionally there was a television or monitor screen providing information on services and drinks facilities. Where the space in a waiting area was restricted it could mean people felt uncomfortable.

## Staff

The Black, Asian and ethnic minority cohort of people indicated they mostly do not see the same optician on visits to the opticians. However, about half of those not seeing the same option would prefer to see the same optician. In about a quarter of cases it was indicated opticians' staff did not introduce themselves. And about a quarter of people indicated they were never or only sometimes asked about their health or any medications they were taking. Most people were happy to talk about their health and medications if asked.

Few people got any extra help from an optician because of a health condition or medication or help with communications. Most people felt comfortable about asking questions and indicated opticians were helpful, polite and professional. Around three quarters of people indicated they were respectful and just over half of people indicated they were kind.

Meanwhile, in the case of the learning disabilities cohort of people twenty-four got to see the same optician on visits to the opticians and of the twelve people not seeing the same optician six would prefer to be able to do so. Nine people, a quarter of the cohort, indicated opticians' staff did not introduce themselves. Four people, ten percent of the cohort, were not asked about their health and twelve people, thirty percent of the cohort, were not asked about medications. People indicated they were happy to talk about their health and medications if asked.

Of the twenty five people, fifty-seven percent of the cohort, needing to complete paperwork for an optician twenty were getting help with it. And thirty two people, seventy-five percent of the cohort, got help because of a health condition or medication they were taking. Eighteen people, forty percent of the cohort, got help with communications (often from a family member or carer). Nine people, twenty percent of the cohort, indicated they were less comfortable about informing an optician when they did not know what was

happening. Opticians were viewed as helpful but around a quarter of people did not indicate they were either polite, kind, professional or respectful.

With the dementia cohort of people five were seeing the same optician on visits to the opticians and of the four people who were not seeing the same optician two of them indicated they would prefer to see the same optician. People were mostly visiting the opticians once a year with three quarters of them waiting up to one week for an appointment. They indicated opticians' staff were introducing themselves. Five people were not asked about their health and four people, a third of the cohort, were not asked about medications. People felt happy to talk about their health or medications if asked.

Three people, twenty-five percent of the cohort, indicated they had to complete paperwork for the optician and always or sometimes got help with it. In turn, five people were getting help with communications. People were, in the main, happy to ask opticians' questions when they did not understand what was happening and were mostly happy with opticians' explanations. They felt opticians were professional. Three people, twenty-five percent of the cohort, did not rate them as helpful, polite or respectful and five people did not rate them as kind.

More generally, a number of people felt reassured by seeing the same optician that they had built up a rapport with and trusted for their eye test. Often they remarked that this optician had got to know them and was able to adapt the test to meet their needs. Opticians and opticians' staff were mainly viewed as friendly and perceived to be helpful and professional. At the same time, people felt that on the whole the optician spent enough time with them and they were able to ask questions when they wanted to. They felt cared for.

*'The receptionist at the opticians is very friendly and the opticians are professional'*  
(Steven)

However, there were some instances of people being made to feel uncomfortable at the opticians. It was sometimes to do with what was viewed to be general manners such as saying hello, my name is, and please and thankyou or failing to give that little amount of extra support or assistance. In one instance it was reported an optician inappropriately raised their voice if it seemed what they were saying was not understood by the person having the eye test. In a few instances comments were made about opticians' staff being

inpatient or not knowing to deal with people affected by a learning disability or dementia.

## Eye test

Regarding Black, Asian and ethnic minority cohort of people half of them were going to the opticians once a year with three people visiting more than once a year. Most people got a letter reminding them of their appointment and the usual wait for an appointment was up to one week. A number of people were aware of eye conditions that can impact particularly on people in some Black, Asian and minority ethnic groups. Most people indicated the room where the eye test took place was comfortable and where they wanted someone to be with them there was space for this to happen.

About half of people were aware of home visit services and few people indicated there were any adaptations to the eye test for them. In all the reported instances the eye test include the use of letters, in half the instances colours and in a quarter of instances shapes. Most people were satisfied with opticians' explanations and the quality of eye test. Around half of people indicated some parts of eye test were uncomfortable for them. Where it was relevant people were mostly happy with the options provided regarding spectacle lenses

With the learning disabilities cohort of people most were going to the opticians at least once every two years. Around half of people were going to the opticians once a year. However, six people, fourteen percent of the cohort, indicated they would only go to an opticians if they felt there was a problem with their eyes. Most people were waiting up to a week for an appointment whilst a half of people indicated they got a reminder communication.

Around three quarters of people with learning disabilities were not aware of any conditions that might be more likely to affect them. In most instances it was felt there was enough space in the room where the eye test took place and it was comfortable. But six people, fourteen percent of the cohort indicated somewhat lower levels of satisfaction with the comfort of the room.

Most people felt there was enough space for someone to be with them during the eye test if this was something they wanted. However, five people, eleven percent of the cohort felt there was not enough space for this to happen. Nearly three quarters of people were not aware of home visit services. The four people getting home visits were happy with the service. Twenty six people, fifty-nine percent of the cohort, indicated the eye test was adapted for them (with the use of shapes and colours in addition to letters). People were satisfied with opticians' explanations of what was happening and the quality of the eye test.

Fourteen people, a third of the cohort, indicated some parts of the eye test were uncomfortable for them. Where it was relevant people were mostly satisfied with the choice of spectacle lenses on offer.

In the case of the dementia cohort there was less information provided on the eye test. Nevertheless, it seemed there was on the whole adequate space in the room where the eye test took place and it was comfortable. In five instances people were aware of home visit services and one person was accessing this service. People were satisfied with the quality of the eye test and where it was relevant the options available regarding spectacle lenses.

More generally, people indicated that if they needed to opticians could adapt the eye test to make it easier for them to complete. In most instances there was adequate opportunity for people to ask questions and they did not feel the eye test was rushed at all.

*‘Then I was asked some questions about my previous eye tests. I was given plenty of time to answer questions and sometimes they were repeated for clarification’ (Tim).*

Nevertheless, in a few instances people did feel their eye test was rushed and there was pressure to move quickly on with different procedures. In one case a person stated they had panicked when they had had instruments placed in front of their eyes. In addition some people are not able to easily say how they are feeling during their eye test and can feel agitated and anxious inside not knowing what to expect.

*‘Sometimes eye tests seemed to be rushed and people could feel under pressure to say what they could see during them’ (Brett Young Centre user)*

Meanwhile people who are unemployed or living on a low income might not know about any help with eyecare that they might be entitled to receive. For some other people there was a feeling that opticians were just after your money and there was a reluctance sometimes to spend money on eye tests or spectacles.

## What's next?

**Communications:** Ensure people know where to go to get help or advice on eye health and care services and find ways to change the view that it is only necessary to see an optician when you have a problem with your eyes. At the same time, it is necessary to raise awareness on eye health and its connectedness with other health conditions. There must be sufficient opportunities for the explanation of eye test and care procedures and making people feel comfortable and able to ask questions.

Being empathetic and understanding when it may be necessary to repeat questions or parts of the eye test is important. The provision of easily accessible and understandable information on eye health and care can help to reduce anxiety and avoid misunderstandings. There should be information provided in easy read and alternative to English language versions.

Correspondence and appointment reminders may need to be adapted to be easy read, in a larger print size, or an alternative language to English. Explore opportunities to use technology and social media to aid communications and spend time getting to know people. Provide access to translation services where they are needed.

**Opticians' premises:** Ensure all opticians' premises areas are large enough to meet the needs of people with disabilities or who need to be accompanied by a friend or carer. Ensure the design and decoration of premises helps to make people feel comfortable and improves people's experiences of accessing eye health and care services.

Consider, for example, how the provision of books and magazines or drinks facilities could improve people's experience of being in an optician's waiting area. At the same time, think about how television or monitor screens could be used to provide giving information and advice on eye health and care at opticians' premises.

**Staff:** Providing opportunities for people to see the same optician may be useful. Meanwhile, ensure that all staff introduce themselves to people visiting the optician's or being examined (follow the 'hello my name is' principle). Ensure staff ask questions about a person's general health and any medications they might be taking.

Be friendly, approachable and respectful. Ask people how they feel and how things might be made better for them. Speak slowly and clearly and encourage people to ask questions. Avoid jargon or overly complicated and technical language.

Invest in staff training to ensure everyone is able to work in ways that best help to improve the experience of all of the people who are or should be accessing eye health and care services (including black, Asian and minority ethnic groups and people with learning disabilities or dementia).

**The eye test:** It may be necessary to spend more time with some people than is usually required. More and better information could be provided on home visiting services. The eye test must be made as comfortable as is possible for people and where necessary they should be reassured regarding what is happening to them through careful explanation and repeated questions about how they are feeling.

The eye test may need to be adapted to get the best results depending on a person's circumstances and capacity to participate in activities or understand a line of questioning. Providing tailored and good quality information on the eye test and procedures will help to facilitate a more informed and less anxious experience of accessing eye health and care services.

It may be worth considering further the possibilities for outreach work in communities where levels of access to eye health and care services are lower than they should be.

# Appendices

## Appendix 1: Questionnaire survey



### HEALTHWATCH DUDLEY EYE HEALTH SURVEY

Healthwatch Dudley has been asked by NHS England's Local Eye Health Network to gather the views and experiences of people living in the Dudley borough on eye health and eye care services.

The Local Eye Health Network focuses on improving services and has asked Healthwatch Dudley to specifically listen to people with dementia, those with learning disabilities or who are from black, Asian and other minority ethnic groups.

If you consider yourself to fall into one of these groups, we would be grateful if you could take a few minutes to answer the questions in this survey. Please be honest with your answers. All of the information you provide is confidential and unless you give us permission, we will not identify who you are in any report that is produced on the findings from the survey.

This questionnaire survey will help the Local Eye Health Network understand how opticians' services might be improved in the future. **Thank you for your time.**

Healthwatch Dudley is the consumer champion for health and care services provided for adults and children in the Dudley borough. It listens to the views and experiences of the public and patients relating to doctors, dentists, opticians, pharmacists and hospital stays or how someone is accessing day care or nursing home services. Views and experiences can be shared with people who make

Please return this questionnaire in the post-paid envelope provided

The deadline for return of the questionnaire survey is: Friday 26<sup>th</sup>  
February 2016.

This questionnaire can also be completed online at  
[www.healthwatchdudley.co.uk/surveys](http://www.healthwatchdudley.co.uk/surveys)

**IF YOU ARE COMPLETING THIS QUESTIONNAIRE FOR SOMEONE ELSE, PLEASE ANSWER THE QUESTIONS USING THEIR PERSONAL EXPERIENCES AND VIEWS.**

**This questionnaire is to be completed only by / on behalf of people who have a learning disability, dementia and / or are from a black Asian or minority ethnic group.**

1. Do you use a High Street Optician?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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IF YOU ANSWERED YES TO THIS QUESTION, PLEASE GO TO QUESTION 2

IF YOU ANSWERED NO TO THIS QUESTION, PLEASE GO TO QUESTION 8

2. Do you have access to any of the following at the opticians you use? (Please tick the appropriate boxes)

	Available	Not Available
Drinks (water/coffee/tea)	<input type="checkbox"/>	<input type="checkbox"/>
Books / Magazines	<input type="checkbox"/>	<input type="checkbox"/>
Information Leaflets	<input type="checkbox"/>	<input type="checkbox"/>
TV/Monitor Screen (Information Adverts)	<input type="checkbox"/>	<input type="checkbox"/>
Comfortable seating	<input type="checkbox"/>	<input type="checkbox"/>
Staff to talk to before you see the optician?	<input type="checkbox"/>	<input type="checkbox"/>
Is there anything else that you would like to see available?		
<input type="text"/>		

3. How would you rate the decoration/attractiveness at the opticians? (Please tick the appropriate box on the scale below)

Very Attractive	1	2	3	4	5	6	Very Unattractive

If you answered 5 or 6 on the scale please tell us why

4. How safe do you feel in the opticians waiting area? (Please tick the appropriate box on the scale below)

Very Safe	1	2	3	4	5	6	Very Unsafe

If you answered 5 or 6 on the scale please tell us why

5. How comfortable do you find the room of the opticians where you have the eye test? (Please tick the appropriate box on the scale below).

Very Comfortable	1	2	3	4	5	6	Very Uncomfortable

If you answered 5 or 6 on the scale, please tell us why

6. Is there enough room for someone to sit with you during the eye test?

Yes		No		Not Applicable	
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7. Do you know that home visits by opticians are possible?

Yes		No	
-----	--	----	--

8. Does an optician come to your home?

Yes		No	
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IF YOU ANSWERED YES, PLEASE GO TO QUESTION 9  
 IF YOU ANSWERED NO, PLEASE GO TO QUESTION 14

9. Do you get a letter, telephone call, or e-mail to explain what will happen during the optician's home visit?

Yes		No		Sometimes	
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10. How satisfied are you with the explanation of what you will need to do during a home visit that is given by the optician? (Such as close the curtains, set up a clear space).

Very Satisfied	1	2	3	4	5	6	Very Unsatisfied

11. Is there enough space at home to easily carry out the eye test?

Yes		No		Don't know	
-----	--	----	--	------------	--

If asked by the optician, is it possible to darken the room at home to carry out the eye test?

Yes		No		I am not asked to do this	
-----	--	----	--	---------------------------	--

12. Are you charged for home visits by the optician?

Yes		No		Don't know	
-----	--	----	--	------------	--

13. Do you have a preferred opticians that you use?

Yes		No		Don't know	
-----	--	----	--	------------	--

If yes, what is the name of the Opticians?

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14. How often do you use optician services? (Please tick the appropriate answer)

<input type="radio"/> More than twice a year	<input type="radio"/> Every 18 months	<input type="radio"/> Whenever I have a problem with my eyes
<input type="radio"/> Twice a year	<input type="radio"/> Every 2 years	
<input type="radio"/> Once a year	<input type="radio"/> More than 2 years	

15. How long do you usually wait for an opticians appointment? (Please tick the appropriate answer)

<input type="radio"/> 1 day	<input type="radio"/> 14 days	<input type="radio"/> I get a text message
<input type="radio"/> 2-5 days	<input type="radio"/> Over 14 days	<input type="radio"/> I get an e-mail
<input type="radio"/> 7 days	<input type="radio"/> I get a letter	
<input type="radio"/> 10 days	<input type="radio"/> I get a phone call	

16. Do people at the opticians introduce themselves to you? (For example the receptionist or the optician)

Yes		No		Sometimes	
-----	--	----	--	-----------	--

17. Do you need to complete any paperwork for the optician?

Yes		No		Don't know	
-----	--	----	--	------------	--

18. Do you get help with any paperwork?

Yes		No		Sometimes		Not Applicable	
-----	--	----	--	-----------	--	----------------	--

If yes, please tell us what help you get

--

19. Do you get to see the same optician for eye tests?

Yes		No		Sometimes	
-----	--	----	--	-----------	--

20. If you answered NO, would you prefer to see the same optician each time you have an eye test?

Yes		No		Not Applicable	
-----	--	----	--	----------------	--

21. Does the optician ask whether you have any health conditions that they may need to know about before doing the eye test?

Yes		No		Sometimes	
-----	--	----	--	-----------	--

22. Does the Optician ask whether you have taken any medication that they may need to know about before doing the eye test?

Yes		No		Sometimes	
-----	--	----	--	-----------	--

23. If you answered YES, how do you feel about this?

Happy to talk about it		Not happy to talk about it		Not Applicable	
------------------------	--	----------------------------	--	----------------	--

24. Do you get any extra help from the optician because of a health condition or medication that you are taking?

Yes		No	
-----	--	----	--

If yes, please tell us what help you get

--

25. Do you get help communicating with the Optician?

Yes		No		Sometimes	
-----	--	----	--	-----------	--

If yes or sometimes, please specify what communication problems you have

--

26. How comfortable do you feel about telling the optician when you don't understand what is happening? (Please tick one box below)

Very Comfortable	1	2	3	4	5	6	Very Uncomfortable

If you answered 5 or 6 on the scale, please tell us why you don't feel comfortable

--

28. Does the optician adapt the eye test to make it easier for you?

Yes		No		Sometimes	
-----	--	----	--	-----------	--

If 'Yes' or 'Sometimes', please specify what the optician adapts

--

29. Does the optician use any of the following during your eye tests?

Letters		Shapes		Colours	
---------	--	--------	--	---------	--

If other, please tell us in the box below

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30. How happy are you with the time the optician spends with you during the eye test? (Please tick the appropriate box on the scale below)

Very Happy	1	2	3	4	5	6	Very Unhappy

If you ticked 5 or 6, please tell us why you were not happy

31. How satisfied are you with the way that the optician explains what is happening during the eye test?

Very Satisfied	1	2	3	4	5	6	Very Unsatisfied

If you ticked 5 or 6, please tell us why you were not satisfied

32. How would you rate the quality of eye tests that you receive? (Please tick the appropriate answer on the scale below).

Very High Quality	1	2	3	4	5	6	Very Low Quality

33. Are there any parts of the eye test that are uncomfortable for you?

Yes		No	
-----	--	----	--

If yes, please tell us what is uncomfortable

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34. Have you been prescribed glasses?

Yes		No		Sometimes	
-----	--	----	--	-----------	--

IF YOU ANSWERED **NO**, PLEASE GO TO QUESTION 39

IF YOU ANSWERED **YES** or **SOMETIMES**, PLEASE GO TO QUESTION 35

35. Do you feel that the optician gives you enough options when choosing lenses?

Yes		No	
-----	--	----	--

36. Do you get help with the costs of glasses?

Yes		No	
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37. How much would you usually spend on glasses?

0-£100	£101-£300	£301-£400	£401 or more	Prefer not to say

38. What type of lenses do you usually have?

Single Vision		Bi-focal (lens split into two parts)		Varifocal (an invisible line)		Don't know	
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39. How would you describe the optician on your most recent use of the optician's service? (Please tick all that apply)

<input type="radio"/> Helpful	<input type="radio"/> Kind	<input type="radio"/> Unhelpful
<input type="radio"/> Polite	<input type="radio"/> Serious	<input type="radio"/> Disrespectful
<input type="radio"/> Professional	<input type="radio"/> Rude	
<input type="radio"/> Respectful	<input type="radio"/> Unprofessional	

If you have been unhappy with an optician or other staff members, please tell us why?

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40. Is there anything that you think could be improved in optician services?

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41. What is your gender?

Male			Female		Transgender		Prefer not to say	
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42. What is your age?

<input type="radio"/> 18 or under	<input type="radio"/> 50-64	<input type="radio"/> Prefer not to say
<input type="radio"/> 19-24	<input type="radio"/> 65-74	
<input type="radio"/> 25-34	<input type="radio"/> 75-84	
<input type="radio"/> 35-49	<input type="radio"/> 85 or over	

43. What is the first half of your postcode?

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44. What is your ethnicity?

<input type="radio"/> White British	<input type="radio"/> White and Black African	<input type="radio"/> African
<input type="radio"/> White Irish	<input type="radio"/> White and Black Caribbean	<input type="radio"/> Caribbean
<input type="radio"/> Gypsy or Traveller	<input type="radio"/> Indian	<input type="radio"/> Arab
<input type="radio"/> White and Asian	<input type="radio"/> Pakistani	<input type="radio"/> Other
<input type="radio"/> Mixed Other	<input type="radio"/> Bangladeshi	<input type="radio"/> Prefer not to say
<input type="radio"/> Any other white background	<input type="radio"/> Any other black background	
<input type="radio"/> Any other Asian background	<input type="radio"/> Chinese	

45. If you are from a black, Asian or other minority ethnic group, are you aware of any eye health conditions that might affect you?

Yes		No		Not Applicable	
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If yes, please tell us which condition you know of that could affect you

46. Do you have a learning disability?

Yes		No	
-----	--	----	--

47. If yes, are you aware of any eye health conditions that might affect you?

Yes		No		Not Applicable	
-----	--	----	--	----------------	--

If yes, please tell us which condition you know of that could affect you

48. Do you have dementia?

Yes		No	
-----	--	----	--

49. If yes, are you aware of any eye health conditions that might affect you?

Yes		No		Not Applicable	
-----	--	----	--	----------------	--

If yes, please tell us which condition you know of that could affect you

Thank you for your time, we value your responses. Please return this questionnaire in the post-paid envelope provided to: Dudley CVS, 7 Albion Street, Brierley Hill, DY5 3EE  
The deadline for return of the questionnaire survey is: Friday 26<sup>th</sup> February 2016

# Appendix 2: Local Eye Health Network, Letter to opticians



Dear Colleague

The Local Eye Health Network, NHS England West Midlands has commissioned Healthwatch Dudley to undertake some engagement in order to better understand patient and public views on eye health and eye care services amongst three 'lesser heard' groups. These groups include Black, Asian and other minority groups, people living with dementia and people with learning disabilities. This forms part of a programme of work undertaken by the Local Eye Health Network to identify how eye care services could be improved.

The Local Eye Health network consists of a range of people interested in how eye care services are delivered including clinicians, commissioners, health and social care managers, voluntary sector organisations, patients and the public. We very much value your views and would appreciate your time in filling out this questionnaire. The results from this work will help us to understand how well we are currently meeting needs and how we might plan and deliver eye care services differently in the future.

Thank you for your support.

With kindest regards

Claire

A handwritten signature in blue ink that reads 'Claire'. The signature is written in a cursive style and is positioned above a thin horizontal line.

Claire Roberts  
Chair, Local Eye Health Network  
NHS England, West Midlands





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