

A Vision Strategy for the Dudley Borough

Creating pathways and joined-up services



Dudley Vision Strategy Stakeholder Group
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Dudley Vision Strategy Stakeholder Group

The Dudley Vision Strategy Stakeholder Group was formed in May 2014. It set out to assess the state of eye health in the borough, identify what eye care services were being provided, and any opportunities to improve eye health and eyecare services. The different members of the group are listed below.

Phil Ambler	Thomas Pocklington Trust
Ann Askew	Dudley Metropolitan Borough Council
Mary Bairstow	Vision 2020 UK
Charles Barlow	Dudley Local Optical Committee
Wendy Brooks	Dudley Metropolitan Borough Council
David Brown	Local Eye Health Network, NHS England, West Midlands
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Tapiwa Mtemachani	Dudley Clinical Commissioning Group
Claire Roberts	Local Eye Health Network, NHS England, West Midlands
Marie Spittle	Dudley Metropolitan Borough Council
Will Thornton	Thomas Pocklington Trust

Foreword



I am very pleased, on behalf of the Dudley Vision Strategy Stakeholder Group, to remark on the strong commitment and determination of all those involved to produce a ground breaking Vision Strategy for the Dudley Borough. It has taken much collaborative effort and deliberation to end up with a strategy that can be adopted and used by others to help ensure people do not

suffer sight loss where it is preventable and services work well for those that are affected by sight loss or blindness.

I hope the Dudley Council Health and Wellbeing Board will endorse the Vision Strategy. At the same time, taking steps to ensure it remains a living document by getting relevant partners to sign up to it. Then monitoring performance on the implementation of its key recommendations to ensure there are integrated and well-functioning eye health and care services operating across the borough.



Jayne Emery
Chief Officer, Healthwatch Dudley
Chair, Dudley Vision Strategy Stakeholder Group

Thomas Pocklington Trust, Vision 2020 UK, Birmingham Vision, Dudley Clinical Commissioning Group, NHS England Local Eye Health Network West Midlands



Key messages

Demand for eyecare services and help for people with sight loss is growing alongside an ageing population. At the same time, the numbers of people accessing eyecare services, for example, from black, Asian and minority ethnic groups or who have learning disabilities or dementia are not as high as they should be.

Partnership working and coordinated activity on a much bigger scale is needed to deal with the main causes of sight loss (obesity, diabetes, smoking and high blood pressure). In turn, high levels of preventable sight loss are unacceptable. More joined-up action to radically change the way eyecare services are designed and provided is needed to improve

Failure to act decisively to deal with eyecare problems now will be very bad for a large number of people, the economy and society in the future. There must be improved interorganisational collaboration and cooperation to effectively develop strategies to improve eye health and care.

Good things are happening in the Dudley borough including the new and innovative Healthy Living Optician Scheme - the first of its kind in England. However, the borough lags behind other areas nationally and locally in terms of the types of services provided by community optometrists and opticians.

Co-production that involves the public and people accessing eyecare services in their design and how they are provided will help to ensure there are integrated and well thought through eyecare pathways that meet their needs.

Why have a vision strategy?

This Vision Strategy for the Dudley Borough draws on the views and experiences of people with sight loss and the professionals and others who work with them. The stakeholder group involved in its development wanted to ensure that these views could be used to inform the design, procurement and provision of services that help to prevent sight loss or improve the quality of life for people living with sight loss (see Appendix 1, on page 53). In addition, it can be used to assess the provision of such services against the government's 'Outcomes Frameworks for the NHS¹, Public Health² and Adult Social Care'.³

In 2010, the Conservative and Liberal coalition government policy document 'Healthy Lives, Healthy People: Improving outcomes and supporting transparency' was published. It included a measure on eye health (assessing the numbers of people losing their sight as a result of three common causes: glaucoma, age-related macular degeneration and diabetic retinopathy).⁴ Then in 2012, the coalition government recognised there was a need to do more to reduce high levels of preventable sight loss.

The College of Optometrists welcomed the decision to prioritise improving eye health and the announcement of the first ever commitment to tackling preventable sight loss.⁵ They remarked that all of the stakeholders with an interest in eye health would need to work better together to improve rates of early detection and treatment of eye problems to reduce the number of people experiencing sight loss in the future.⁶ Subsequently, the UK Vision Strategy for

¹ Department of Health, The NHS Outcomes Framework 2012/13
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131723.pdf

² HM Government, Public Health Outcomes Framework 2013-2016
<https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>

³ HM Government, Adult Social Care Outcomes Framework 2013/14
<https://www.gov.uk/government/publications/the-adult-social-care-outcomes-framework-2013-to-2014>

⁴ Department of Health (2010) Healthy Lives, Healthy People: our strategy for public health in England, <https://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england>

⁵ The College of Optometrists (2012) Government prioritises eye health and the fight against preventable sight loss, <http://www.college-optometrists.org/en/college/news/index.cfm/Government%20indicators%20Jan%202012>

⁶ The College of Optometrists (2012), Government prioritises eye health and the fight against preventable sight loss, <http://www.college-optometrists.org/en/college/news/college-news.cfm/Government%20indicators%20Jan%202012>

2013-2018 included proposals on how to get more people looking after their eyes through better access to information and services.

In 2013, the Royal College of General Practitioners made eye health a clinical priority for general practice to ensure doctor's services that are accessible to people with sight loss.⁷

The three main causes of sight loss, much of it preventable, are glaucoma, cataracts and diabetic retinopathy. In turn, sight loss is more prevalent among older people, some black, Asian and minority ethnic groups, people with learning disabilities or dementia. Lifestyle factors such as drinking too much, smoking and being overweight can also increase an individual's risk of experiencing sight loss. It is estimated there will be around 2.45 million people living with sight loss in the UK by 2020 with half of it being preventable.⁸

The UK Vision Strategy 2013-18 points out it is necessary to raise awareness and understanding of eye health and focus, in particular, on those people who are at most at risk of being affected by eye disease. More needs to be done to provide eye health and care services that are more joined-up and better able to meet the needs of different people.⁹

The local context

The Dudley Metropolitan Borough is centrally located within the Black Country. It includes the three main towns Dudley, Halesowen and Stourbridge and is further divided into five townships, which are Brierley Hill (including Kingswinford), Dudley and Netherton, Sedgley, Halesowen, and Stourbridge.

The 2011 Census, estimated the population of the borough was 312,925 (with a later mid-2013 estimate indicating a population of 314,427). It comprised (where data was collected) 89 per cent White English, Welsh, Scot, Northern Irish or British and 10.8 per cent black, Asian and minority ethnic groups (see Table 1, on page 12).¹⁰

⁷ Royal College of General Practitioners (2013) Eye Health, <http://www.rcgp.org.uk/eyehealth>

⁸ Royal National Institute for the Blind, Sight Loss Data Tool, Version 3
<http://www.rnib.org.uk/knowledge-and-research-hub-key-information-and-statistics/sight-loss-data-tool>

⁹ UK Vision Strategy 2013-2018: Setting the direction for eye health and sight loss services, VISION 2020 UK,
http://www.vision2020uk.org.uk/ukvisionstrategy/core/core_picker/download.asp?id=538&file_title=UK+Vision+Strategy+2013-2018+PDF

¹⁰ 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>

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

In the Dudley borough information on eye health and care services was obtained from an evidence base on sight loss and its impacts on people (see page 16) and a questionnaire survey on eye care and sight loss services (see page 30). There are examples of good work being done to address eye health problems and improve access to eye care services. However, there is an ongoing need for relevant partner organisation collaboration and work with communities and individuals to ensure everyone is able to get easy and effective access to eye care services.

In turn, without ongoing collaborative and coordinated action to improve eye health and care services the number of people affected by sight loss will be higher than it need be in the future. And there will be increased costs to the NHS and social care services and the economy through loss of employment and increased reliance on benefits.

Good things are happening

There are good things going on in the borough in relation to eye health and eye care services. For example, there are accredited optometrists offering people a choice of cataract treatment centres and able to refer directly to those centres taking pressure off general practitioners. At the same time, Dudley Office of Public Health has developed the first Healthy Living Optician scheme in England, where it is possible for people to access a range of public health services at an opticians. And there is a high level of support for the hospital-based eye clinic liaison officer service and the work it is doing with people experiencing sight loss.

Findings from the questionnaire survey show that in the borough most of the people responding to questions on opticians services indicated high levels of satisfaction with opticians knowledge and the advice they received on eye health and care. The people who had home visits from an optician mostly found it easy to get a convenient appointment and rated the service excellent or good. And most of the people answering a question on diabetic eye screening services indicated they were conveniently located and rated them as excellent or good.

Around three quarters of people answering a question on hospital based eyecare services indicated they had no difficulty accessing the eye clinic and were able to get a convenient appointment whilst rating the eye clinic and services provided by the eye clinic liaison officer services as excellent or good.

Meanwhile, there is the Dudley Multi-speciality Community Provider Vanguard designed to move specialist care out of hospitals into the community. It offers a clear opportunity to think about how eye health and care services are part of a new person centred approach to healthcare and the provision of integrated and coordinated services.¹¹

Room for improvement

There is scope to improve eye health and eyecare services in the borough to make it easier for more people to get access to the help they need when they need it. And reduce the number of people who are affected by preventable sight loss. More partnership work needs to be done to raise awareness on eye health and the importance of regular eye examinations. An ageing population and people living longer adds to the importance of awareness raising activities and planning to meet demand for eye care services in the future.

In turn, the different stakeholders with an interest in eye health and eyecare need to identify and remove all of the obstacles that prevent or make it unnecessarily difficult for people to get access to eyecare information or services.

More collective action must be taken to deal with the main causes of sight loss (obesity, diabetes, smoking, and high blood pressure) in a more joined-up way. At the same time, a greater percentage of eye problems must be diagnosed earlier (especially among at risk ethnic minority and disadvantaged groups or people with learning disabilities or dementia).

¹¹ Dudley Multi-speciality Community Provider Vanguard:
<https://www.england.nhs.uk/ourwork/futurenhs/new-care-models/community-sites/#sixteen>

Changes in community eyecare have occurred in other parts of the UK that bring into question the idea that the borough is as innovative as it could be when it comes to the provision of eyecare services. For example, a Primary Eyecare Acute Referral Scheme (PEARS) that supports accredited optometrists to provide eyecare services outside of hospital and makes it possible to undertake an eye examination in a person's home is available in other parts of the Black Country but not in the Dudley borough.

It is likely more people with sight loss would benefit from having a Certificate of Vision Impairment, where they are eligible. And more people with sight loss (or sight and hearing loss) would be likely to benefit from being registered with the local authority.

How to make eyecare even better

There is much fragmentation of primary and secondary eye health and care services in the borough despite the good things that are happening. It is necessary to work towards having better integrated eyecare services and a better functioning pathway for eye health (see Diagram 1, below).



Diagram 1: A vision pathway and the integration of services

The development of an effective vision pathway and sustainable improvements in eye health and care services will only be achieved in circumstances where there is genuine relevant stakeholder involvement in discussions and decisions on priorities for action.

Three key objectives for the creation of an inclusive vision pathway are outlined in Diagram 2, below.

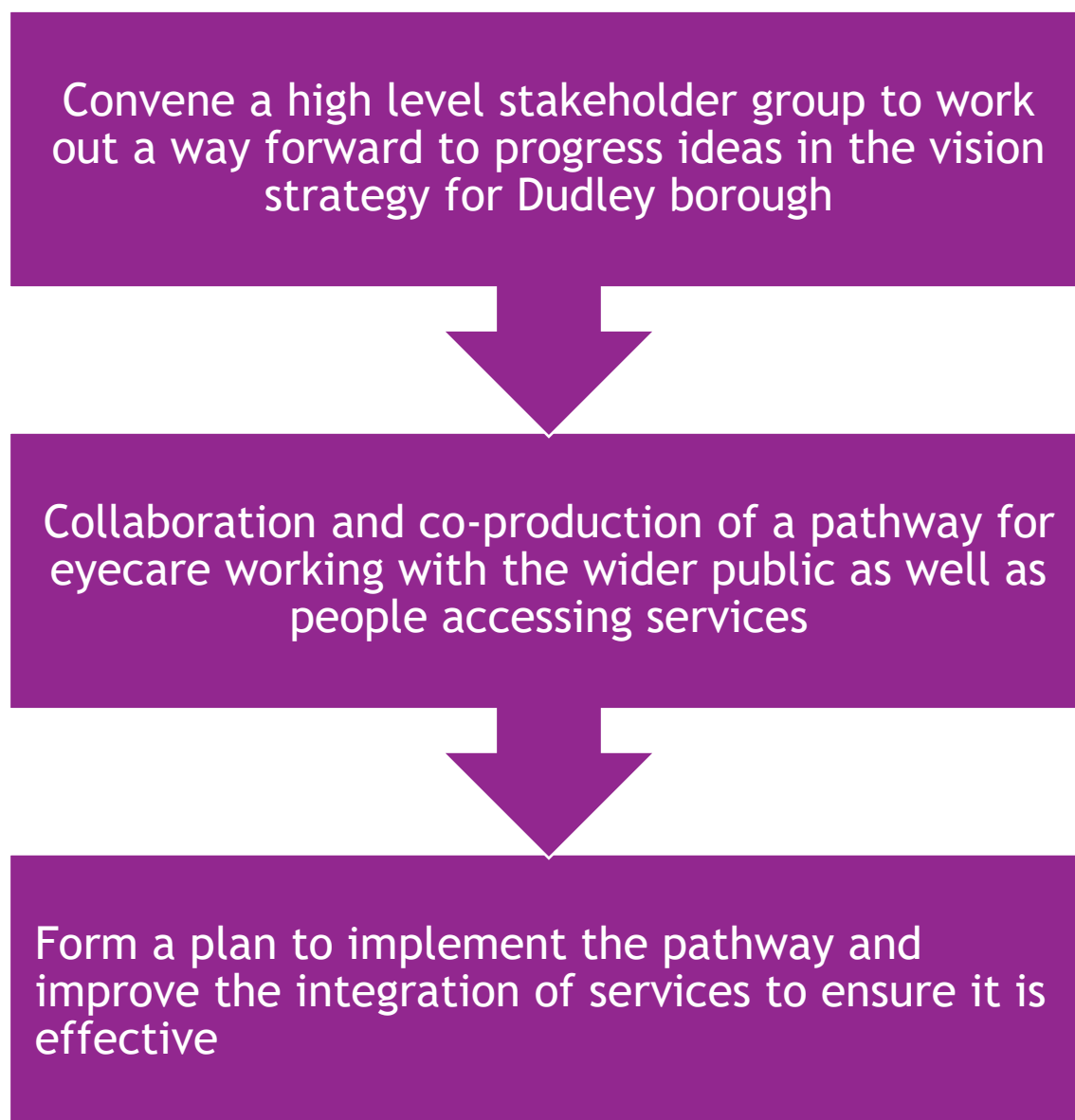


Diagram 2: Three priorities for action to improve eyecare services

Crucially, priorities for action must be co-produced together with the citizens of the borough (including lesser heard groups) to ensure a person centred approach to service design and procurement is adopted at the local level.

People's stories

Keith

Is 89 years old and has lived in the same large detached house since he was 11 years old. He wants to stay there for as long as is possible. He had studied social sciences at university and was an assistant director of social services. Keith had had trouble with his sight for many years - glaucoma and then age related macular degeneration. He also has arthritis and takes medication for pain in his legs. He used to enjoy watching films and dancing, misses not being able to drive, and spends a lot of time now listening to music.

Keith had recently been to hospital on two different occasions after falling at home. His first fall was whilst trying to get from his armchair to his bed and the second was at his front door. His carers, who help him to live at home, found him on the floor and sought medical help for him. He was not pleased with some of the care he received at hospital saying sometimes staff had been rough with him. Once he was back home his package of care was changed with carers visiting more often - in the morning to help him out of bed, lunch time, afternoon and at night time to help him back into bed. He was happy that the carers were coming more often as he felt safer and had more company.

Keith tends to sit at home in his chair for most of the day with the phone next to him in case anybody calls. The only people he talks to are his carers. Keith said he would like to be able to get out of the house but was not sure how to get help with this.

Jennifer

Has lived for around nine years with sight loss and used to go to meetings of the Macular Society before she had to stop driving. She tried going by bus but found it difficult - she can't see the numbers of the buses. Jennifer also felt a lot of the people at the meetings were much older than her. It used to take her 15 minutes in her car to go to the post office in Hagley but it now takes one-and-a-half hours on the bus so the day must be much more planned than it used

to be. Jennifer worked at the Broad Meadow Primary School but it was difficult to carry on when she kept having time off for hospital visits.

The hospital was very good when she was first diagnosed with macular degeneration. She goes to the eye clinic every twelve months and the hospital tell her to go to the opticians and they do the best they can for her vision. She has strong bifocals. The surgeons at the hospital would not remove the cataract from her eye as it would make her vision worse. She is one step away from being classed as partially sighted.

Jennifer has read bits about supplements that deter eye conditions from getting worse and has been told about these by the hospital. However, you cannot get them on the NHS and a two month supply is around thirty pounds. She finds this annoying as the NHS should recommend things that are free and not expensive. If they are a genuine help they should be prescribed.

Someone from the Thomas Pocklington Trust came to visit and loaned her a magnifying glass with a light. This has been one of the best things she has had to help with her sight loss. She also has a kindle with a backlight which makes it is easier to read. There are things out there if you are prepared to buy them, for example, electronic magnifiers but they start at £300!

Jennifer feels lucky that she has close family and friends and people at church are also very good and visit often. Her son lives at home and helps with organising taxis. She struggles to see things in the supermarket and needs to get down on the floor to see prices or pick items up and use her magnifying glass. She heard Sainsbury's pharmacy can print prescriptions and medicines in big font. It is a struggle reading the newspaper and filling in forms is really hard, even signing for things is tricky. Crossing the road can be tricky, it is easier where there is a controlled crossing. Cooking is also hard, you can get talking scales but they are costly.

Harvey

Is 9 years old, has a weak left eye and wears glasses. He goes to the opticians every 6 months but doesn't like going. This is because the tests that are done are painful. He goes to the opticians with his mum and dad. At the opticians they show him pictures and he has to say what they are. Harvey started wearing glasses when he was 2 years old. He goes to the Beacon Centre for the Blind youth group because it is fun and there is lots of cool stuff to do. Harvey does not like wearing glasses because his friends don't wear them and he feels odd.

Emma

Is 15 years old and started wearing glasses when she was 3 years old. She is used to them and doesn't mind wearing them. Emma has a 'lazy' eye that she describes as 'wobbly' when she takes her glasses off. She struggles when looking at a book on her table at school and finds reading difficult. She cannot see green pen on the white boards at school so her teachers have been informed not to use them. Emma visits her opticians three times a year and likes going. They like to check her glasses to see if they are still strong enough for her vision.

Emma has had issues with people calling her names at school and tries to ignore them. People tend to take the mickey when she takes her glasses off in the school toilets to wash them, because apparently she looks quite different. Emma told her teachers about this and they had a word with the people who were calling names. There is not much more they can do.

It is annoying when she goes swimming with her friends because she can't see very well in the swimming pool without her glasses. Apart from this she feels she can do everything she wants to do wearing her glasses.

Emma has been told she may be able to have contact lenses in the future which she is really excited about.

Mitch

Is 15 years old and has had glasses for as long as he can remember. He was fifteen weeks premature at birth and thinks this is the reason for his sight problems. He visits the opticians once a year and finds it interesting because he can learn about his eyes and see how they are doing. On his most recent visit he was told to be careful with physical activity and stopped taking part in rugby or boxing. He enjoys football but has to be careful, for example, when heading the ball because his glasses get in the way or fall off of his face.

Mitch feels his school is very supportive when it comes to protecting him and making adjustments in light of his sight problems. He has to have posters made and work printed in large font. However, he finds this annoying as it is different to everyone else in his class. Mitch also uses a tablet in lessons but doesn't like to since his friends moan at the teachers and ask why they can't use a tablet as well. They think he is getting special treatment.

Mitch has had to deal with bullying over the years. He has been called 'four eyes' and 'speccy' and has used violence to stop himself from being bullied. He finds it annoying that his friends can see perfectly and he cannot and sometimes hates wearing glasses.

He struggles with steps at school when it is dark and wishes that they were better lit. Mitch recalled how he had struggled walking back home from school as the street lamps were extremely bright and he could not see many objects in front of him. He bumped into a dustbin and was able to laugh it off but it is an example of how having sight problems can affect somebody.

Sight loss and its impacts

In this section the evidence base for sight loss and its impacts on people is set out. It informed the thinking of the Vision Strategy Stakeholder Group and underpinned the development of the Vision Strategy for the Dudley Borough. It also examines the implications of a growing population and people living longer, health inequalities, and financial constraints on NHS resources for policies on eye care and the prevention of sight loss.

Prevalence and costs

Interestingly, having low vision is not considered to be a long-term condition. It is estimated that in 2015 there are around 2.03 million people in the UK living with sight loss (around 640,000 of them with moderate or severe sight loss impacting significantly on their daily lives was). Meanwhile, it is estimated there will be around 10,700 people in the Dudley borough living with sight loss. If nothing changes it is estimated there will be almost 12,000 people living with sight loss by 2020 and around 13,000 people living with sight loss by 2025.¹²

In 2014, there were 1,810 residents registered with the local authority as living with sight loss (955 registered as blind and 855 as partially sighted). In addition, figures for England show that 26 percent of registered blind and 23 percent of registered partially sighted people were also recorded as having an additional hearing related disability.¹³

Health data for 2014 show there were 140 people in the borough registered as blind or partially sighted and also affected by a hearing related disability.¹⁴ However, data extrapolated from Centre for Disability research findings show that in 2010 there were likely to be an upper estimated figure of around 3,480 people affected by both sight and hearing loss.

¹² Office for National Statistics, Subnational Population Projections, 2012 based, <http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2014-05-29>

¹³ Health and Social Care Information Centre (2014) Registered Blind and Partially Sighted People, Year ending 31 March 2014, England, <http://www.hscic.gov.uk/searchcatalogue?productid=15353&q=blind+and+partially+sighted&sort=Relevance&size=10&page=1#top>

¹⁴ Ibid.

If nothing changed it was forecast this figure would increase to around 4,800 people affected by both sight and hearing loss by 2030.¹⁵

However, not all people who are eligible to register as living with sight loss do so. In some cases people may be waiting for treatment and not yet have a Certificate of Vision Impairment (CVI), which is a precursor to registration. Alternatively, a person's ophthalmologist may not understand the benefits of registration and therefore may not provide information on the CVI or they are not yet at a stage where they are eligible to register (but might nevertheless need support to help them with their daily living).

In 2015, the estimated in-direct cost of sight loss to the UK economy was £5.7 billion (mainly attributed to informal care provided by a family member, friend or neighbour but also lower employment rates, specialist equipment and modifications).¹⁶ In 2013-14 the NHS England total annual direct healthcare expenditure on problems of vision was approximately £1.6 billion (this includes hospital care, NHS sight tests, prescriptions and medication).¹⁷ In 2015, the Dudley borough estimated direct spend on problems of vision related health services was £10.2 million.¹⁸ The estimated in-direct spend associated with supporting people affected by problems of vision was £30 million.¹⁹

It is difficult to accurately assess the precise economic and social costs of sight loss that are linked with people experiencing poor physical or psychological wellbeing, isolation and reduced capacity to contribute to civil society.

Causes of sight loss

Some of the increase in the numbers of people experiencing sight loss can be attributed to an ageing population (since sight loss is directly linked to ageing). Sight loss can affect anyone but is more common in older people with 20 per cent of people aged 75 and over affected and 50 per cent of people aged 90

¹⁵ Robertson, J. and Emerson, E. (2010) Estimating the Number of People with Co-Occurring Vision and Hearing Impairments in the UK, Centre for Disability Research, Lancaster University, [http://www.research.lancs.ac.uk/portal/en/publications/estimating-the-number-of-people-with-cooccurring-vision-and-hearing-impairments-in-the-uk\(e25a9d72-82c0-4040-ae7-bb43a4bb773b\)/export.html](http://www.research.lancs.ac.uk/portal/en/publications/estimating-the-number-of-people-with-cooccurring-vision-and-hearing-impairments-in-the-uk(e25a9d72-82c0-4040-ae7-bb43a4bb773b)/export.html)

¹⁶ Office for National Statistics (2013) Subnational Population Projections for 2015, <http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2014-05-29>

¹⁷ NHS England, 2013-14 Clinical Commissioning Group Programme Budgeting Benchmarking Tool, <https://www.england.nhs.uk/resources/resources-for-ccgs/prog-budgeting/>

¹⁸ Ibid.

¹⁹ Office for National Statistics (2013) Subnational Population Projections for 2015, <http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2014-05-29>

and over affected.²⁰ At the same time, within local populations some people are more at risk of being affected by sight loss than others (for example among black, Asian and minority ethnic groups or those with learning disabilities or dementia) whilst lifestyle related factors (such as smoking, obesity and diabetes) also impact on the numbers of people affected by sight loss in an area.²¹

Leading eye conditions

The leading causes of sight loss are age-related macular degeneration, cataracts, diabetic retinopathy and glaucoma.²² The prevalence of these eye conditions in the Dudley borough is shown in Table 2, below (many people will have early stage disease and not be experiencing noticeable sight and some will have more than one eye condition).²³

Condition	Current Prevalence
Age-related macular degeneration	17630
Cataracts	3500
Diabetic retinopathy	6210
Glaucoma	3000
Total	30340

Table 2: Estimates of people with major sight loss conditions

Age-related macular degeneration causes damage to the macula, a small spot near the centre of the retina and the part of the eye needed for sharp, central vision. It is a major cause of blindness in the UK.²⁴ Cataract is the most common cause of blindness in the world and cataract surgery is the most

²⁰ Slade, J. (2014) UK Vision Strategy, Eye health data summary, a review of published data in England, Royal National Institute for the Blind, <http://www.rnib.org.uk/knowledge-and-research-hub/key-information-and-statistics>

²¹ Sinclair, A, Ryan, B and Hill, D (2014) Sight loss in older people: The essential guide for general practice, Royal National Institute for the Blind, <http://www.rcgp.org.uk/~media/Files/CIRC/Eye%20Health/RCGP-Sight-Loss-in-Older-People-A-Guide-for-GPs.ashx>

²² World Health Organization, Prevention of Blindness and visual impairment, Causes of blindness and visual impairment, <http://www.who.int/blindness/causes/en/>

²³ Royal National Institute for the Blind, Sight Loss Data Tool, Version 3, Eye Conditions Prevalence 2015, (using Office for National Statistics (2013) Subnational Population Projections for 2015 - 2012 based projections release and National Eye Health Epidemiological Model (2013), <http://www.rnib.org.uk/knowledge-and-research-hub-key-information-and-statistics/sight-loss-data-tool>

²⁴ Macular Society, About Macular Conditions, <https://www.macularsociety.org/?gclid=CMvBx8Dr1swCFUieGwod8HsPYQ>

common surgical procedure carried out in NHS hospitals with more than 300,000 procedures carried out each year.²⁵

Glaucoma is pressure in the eye that causes damage to the optic nerve and is the second most common cause of blindness in the world after cataract.²⁶ Diabetic retinopathy is a complication of diabetes resulting in damage to the blood vessels in the eye and is a common cause of blindness in the UK (particularly amongst the working age population).²⁷

Meanwhile, people from black and Asian ethnic groups are at increased risk of developing some of the more common eye conditions that can result in sight loss (see Table 3, below) and are less likely to be accessing eye care services.²⁸

Ethnic group	Increased sight loss risk
African and Caribbean	Age related macular degeneration (loss of central vision)
African and Caribbean	Glaucoma (pressure in the eye)
African, Caribbean and Asian	Diabetic retinopathy (damage to the back of the eye caused by high sugar levels)
Asian	Cataracts (clouding of the lens of the eye)

Table 3: Black, Asian and minority ethnic groups and sight loss

It is necessary to understand what cultural and social barriers can prevent people from such groups from accessing eye health and eyecare services.²⁹

²⁵ NHS Choices, Cataract Surgery, <http://www.nhs.uk/Conditions/Cataract-surgery/Pages/Introduction.aspx>

²⁶ Fight For Sight: The Eye Research Charity, Glaucoma - What is it? <http://www.fightforsight.org.uk/about-the-eye/a-z-eye-conditions/glaucoma/?gclid=CNz66Nfs1swCFEYK0wodQEAHgw>

²⁷ Diabetes.co.uk, the global diabetes community, diabetic retinopathy, <http://www.diabetes.co.uk/diabetes-complications/diabetic-retinopathy.html>

²⁸ Leamon S, Hayden C, Lee H, Trudinger D, Appelbee E, Hurrell D L and Richardson I (2014) Improving access to optometry services for people at risk of preventable sight loss: a qualitative study in five UK locations, Journal of Public Health, Vol.36, No.4 pp667-73, <http://jpubhealth.oxfordjournals.org/content/36/4/667.full.pdf+html?sid=53f31268-c893-4eac-ae84-27ee208804eb>

²⁹ Minassian, D and Reidy, A (2009) Future Sight Loss UK 2: An epidemiological and economic model for sight loss in the decade 2010-2020, Epivision and Royal National Institute for the Blind: <http://www.rnib.org.uk/knowledge-and-research-hub/research-reports/general-research/future-sight-loss-uk-2>

General health and the eyes

Hypertension or high blood pressure and stroke or transient ischaemic attack can lead to damage to the eye and in particular the retina. At the same time, heart health and good circulation are essential to eye health. In 2014-15 there were 55,702 people living in the Dudley borough on a general practice hypertension register. And there were 6,404 people on a general practice register who had experienced a stroke. Around 60 per cent of stroke survivors will experience blurred vision, loss of part of the visual field, double vision or tunnel vision. In turn, there were 12,674 people on a general practice coronary heart disease register.³⁰

Diabetes mellitus is a major cause of sight loss. In 2014-15 there were 17, 855 people living in the Dudley borough on a general practice diabetes register.³¹ These figures exclude young people aged under seventeen or affected by gestational (pregnancy) related diabetes. In turn, the national guidelines on screening for diabetic retinopathy do not apply to children under the age of twelve. Around 80 per cent of people with diabetes will develop diabetic retinopathy within ten years of the onset of the disease.³²

Neurological conditions such as multiple sclerosis, Parkinson's disease and dementia can all result in sight loss. An eye condition can also co-exist with a neurological condition. In both cases people may be affected by a loss of functional vision.³³ In 2013-14 there were 1,914 people in the Dudley borough general practice registered population known to be affected by dementia. Many more people will be living with undiagnosed dementia. In turn, at least two per cent of a local population aged 75 and over will have dementia and some sight loss.³⁴ Based on 2011 Census figures and subnational population projections for 2016 this equates to around 600 people in the Dudley borough.³⁵

³⁰ Health and Social Care Information Centre, The Quality and Outcomes Framework 2014-15 <http://www.hscic.gov.uk/catalogue/PUB18887>

³¹ Ibid, <http://www.hscic.gov.uk/catalogue/PUB18887>

³² Klein, B.E. (2007) Overview of epidemiologic studies of diabetic retinopathy, *Ophthalmic Epidemiology*, Vol.14, No.4, pp.179-83, <http://ije.oxfordjournals.org/content/early/2012/10/17/ije.dys161.full.pdf+html>

³³ McKeefry, D and Bartlett, R (2010) Improving vision and eye health care to people with dementia, University of Bradford and Thomas Pocklington Trust: <http://www.pocklington-trust.org.uk/research/publications/rdp8.htm>

³⁴ Trigg, R and Jones, R (2005) Dementia and Blindness, Research Institute for the Care of the Elderly, St Martin's Hospital Bath and Thomas Pocklington Trust: <http://www.pocklington-trust.org.uk/research/publications/rf6.htm>

³⁵ Office for National Statistics, Census 2011, Dudley Metropolitan Borough population: <http://www.neighbourhood.statistics.gov.uk/HTMLDocs/dvc183/index.html#4/95/7/null/null/false/false/na/1>

Adults with learning disabilities are ten times more likely to be partially sighted or blind than the general population. The Learning Disabilities Observatory has estimated approximately 9.3 per cent of adults (or almost one-in-ten people aged 18 and over) with learning disabilities experience sight loss. In addition, children with learning disabilities are 28 times more likely to have a serious sight problem than other children.³⁶ In 2013-14 there were 1,288 adults on a general practice learning disability register in the Dudley borough.³⁷ However, it is estimated that only about 20 per cent of adults with learning disabilities are on such a register or known to learning disability services.³⁸

Using Learning Disabilities Observatory findings and the number of adults on a general practice learning disabilities register in the borough it can be estimated that the number of adults with learning disabilities living in the borough in 2013/14 was closer to 6440. In turn, there would be around 600 people with learning disabilities experiencing sight loss. At the same time, a minority of people with a learning disability get regular and effective sight tests according to SeeAbility an organisation that works with adults who are visually impaired and have other disabilities³⁹

Some types of cancer can necessitate the removal of one or both eyes. At the same time, brain, nasal and sinus cancers can cause problems with vision as can cancer of the nasopharynx (the tube that connects the nose to the back of the mouth).

Meanwhile, accidents (especially those affecting the head and face) can cause damage to the eyes or optic nerves that is sometimes permanent.

³⁶ SeeAbility (2015), An equal right to sight: why eye care for children with learning disabilities needs reform, <https://www.seeability.org/who-we-are/media-centre/research/an-equal-right-to-sight>

³⁷ Health and Social Care Information Centre, Indicator Portal, <https://indicators.ic.nhs.uk/webview/>

³⁸ 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

³⁹ Local Optical Committee Support Unit (2012), Community Eye Care for Adults & Young People with Learning Disabilities, <http://www.locsu.co.uk/community-services-pathways/community-eye-care-pathway-for-adults-and-young-pe>

Wellbeing and lifestyle

The World Health Organization views blindness as a public health issue directly linked with demographic and lifestyle factors.⁴⁰ In 2015, the Dudley borough was ranked 118 out of 326 in England (where a rank of 1 signifies the most deprived area).⁴¹ It has been estimated that three out of four people with sight loss are living in or on the margins of poverty.⁴² According to an End Child Poverty report, published in 2014, there were 26.4 per cent of children in the Dudley borough living in households where total income was less than 60 per cent of the national average income after housing costs are deducted.⁴³

Three main factors can be identified as the negative implications of sight loss on socio-economic wellbeing. They are:

- **Lack of happiness:** since sight loss can cause isolation and mental health problems. Some people go through a process similar to bereavement, where they experience a range of emotions including shock, anger and denial of their condition.
- **Lack of knowledge:** about how common lifestyle choices (e.g., smoking and drinking) can affect eye health means opportunities to prevent sight loss are missed.
- **Lack of economic productivity:** caused by unemployment or under-employment as a result of sight loss. People with sight loss are also often reliant on health and social care systems for help with their condition.⁴⁴

⁴⁰ World Health Organization (2014) Visual impairment and blindness, <http://www.who.int/mediacentre/factsheets/fs282/en/>

⁴¹ The English Indices of Deprivation 2015, Local Authority District Summaries, Department for Communities and Local Government, <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>

⁴² Vale, D (2004) Unseen: neglect, isolation and household poverty amongst older people with sight loss, Royal National Institute for the Blind, <http://www.scie-socialcareonline.org.uk/unseen-neglect-isolation-and-household-poverty-amongst-older-people-with-sight-loss/r/a11G00000181nWIAQ>

⁴³ End Child Poverty Action, Child Poverty Map of the UK (2014), <http://www.endchildpoverty.org.uk/poverty-in-your-area/>

⁴⁴ Sight Loss UK (2013) The latest evidence, Royal National Institute for the Blind, <http://www.rnib.org.uk/knowledge-and-research-hub/research-reports/general-research/sight-loss-UK-2013>

Smoking, alcohol and obesity

In 2015, the estimated smoking prevalence in the Dudley borough stood at 19.4 per cent of the population aged 18 and over. Approximately 16.1 per cent of pregnant women were smoking at the time of delivery. And there were 520 smoking related deaths each year.⁴⁵ Smoking increases the risk of sight loss. Smokers are, for example, 50 per cent more likely to develop macular degeneration than non-smokers and to do so at an earlier age.⁴⁶

Excessive alcohol consumption over a long period of time is a risk factor in eye disease. Alcohol consumption during pregnancy has been linked to ocular abnormalities in children.⁴⁷ And amongst older people hospital admissions are often related to alcohol use.⁴⁸ In 2011, the rate of alcohol related harm hospital stays in the Dudley borough was running at 2,396 stays per year, significantly worse than the England average.⁴⁹

Obesity in adults is a risk factor in macular degeneration, glaucoma, diabetic retinopathy and cataracts.⁵⁰ Based on 2011 Census figures it is estimated 27.8 per cent of adults aged 16 and over are obese, which is worse than the England average.⁵¹

⁴⁵ Public Health England, Dudley Unitary Authority, Health Profile (2015), <http://www.apho.org.uk/resource/item.aspx?RID=50323>

⁴⁶ Klein, R., Knutson, M.D., Cruickshanks, K.J. and Klein, B.E.K. (2008) Further Observation on the Association Between Smoking and the Long-term Incidence and Progression of Age-related Macular Degeneration: The Beaver Dam Eye Study, *Archive of Ophthalmology*, Vol.126, No.1: <http://archophth.jamanetwork.com/article.aspx?articleid=420243>

⁴⁷ Hiratsuka, Y and Li, G (2001) Alcohol and Eye-Disease: A Review of Epidemiologic Studies, *Journal of Studies on Alcohol and Drugs*, Vol.62, No.3, <http://www.jsad.com/doi/abs/10.15288/jsa.2001.62.397>

⁴⁸ Institute of Alcohol Studies, Older people's drinking habits: Very little, very often, <http://www.ias.org.uk/Alcohol-knowledge-centre/Alcohol-and-older-people/Factsheets/Older-peoples-drinking-habits-Very-little-very-often.aspx>

⁴⁹ Public Health England, Dudley Unitary Authority, Health Profile 2015, <http://www.apho.org.uk/resource/item.aspx?RID=50323>

⁵⁰ Cheung, N. and Wong, T.Y. (2007) Obesity and Eye Diseases, *Survey of Ophthalmology*, vol.52, No.2, [http://www.surveyophthalmol.com/article/S0039-6257\(06\)00260-8/abstract](http://www.surveyophthalmol.com/article/S0039-6257(06)00260-8/abstract)

⁵¹ Public Health England, Dudley Unitary Authority, Health Profile 2015, <http://www.apho.org.uk/resource/item.aspx?RID=50323>

Quality of life

Some of the main ways sight loss can impact on a person's quality of life are outlined in Table 4, below.

Description	Impact on wellbeing
Depression	People with sight loss are more at risk of suffering from depression than their sighted peers. Older people with sight loss are three times more likely to suffer from depression than their sighted peers
Social isolation	Social isolation may follow on from sight loss, reduced mobility, fewer hobbies and being less active
Falls	People with sight loss are twice as likely to have multiple falls leading to injury than their sighted peers

Table 4: Visual impairment and wellbeing⁵²

Eyecare in the Dudley Borough

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

Ophthalmic practitioners and optometrists (qualified to undertake eye examinations) are usually part of a team that includes opticians qualified to design and fit spectacles, other types of technician and administration staff.

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

⁵² Burmedi, D., Becker, S., Heyl, V., Wahl, H.V. and Himmelsbach, I (2002) Emotional and social consequences of age-related low vision, International Society for Low-vision Research and Rehabilitation, Vol.4, No.1, <http://www.tandfonline.com/doi/abs/10.1076/vimr.4.1.47.15634?journalCode=ivir20> Nyman, S.R., Gosney, M.A. and Victor, C.R. (2010), Emotional well-being in people with sight loss: lessons from the grey literature, British Journal of Visual Impairment, Vol.28, No.3 <http://jvi.sagepub.com/content/28/3/175.abstract> Legood, R., Scuffham, P. and Cryer, C. (2002) Are we blind to injuries in the visually impaired? A review of the literature, Injury Prevention, Vol.8, No.2, <http://injuryprevention.bmj.com/content/8/2/155.full>

there is a problem with their eye sight.⁵³ Factors including how easy it is to book 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.⁵⁴

Eyecare in the community

The Local Optical Committee Support Unit (LOCSU) that supports the development of local eye services has produced a map of local eye care services as commissioned by Clinical Commissioning Groups in England and delivered by community optometrists and opticians.

Their LOCSU interactive map shows which community eyecare pathways are available where. In the Dudley borough accredited community optometrists and opticians are commissioned to provide a cataract referral service. They can offer a choice of cataract treatment centres and refer people to them directly, thereby streamlining the process for them and general practitioners. Meanwhile, in nearby Herefordshire they are commissioned to provide enhanced cataract referral, cataract post-operation, children's vision, glaucoma referral refinement, low vision, ocular hypertension monitoring and minor eye conditions services.⁵⁵

The Dudley borough lags behind some other parts of England in terms of the types of enhanced eyecare services that are provided by community optometrists and opticians. Indeed, in Birmingham, Sandwell, Solihull, Walsall and Wolverhampton there are optometry-based community services that include a minor eye conditions service (to manage less complex eye conditions) and follow on tests on aspects of eye health and vision. Such services save people from having to unnecessarily visit a hospital, reduce avoidable pressure on hospital eye clinics, and make the diagnosis of disease quicker and easier for the people concerned.

⁵³ 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>

⁵⁴ 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>

⁵⁵ Local Optical Committee Support Unit, map of local eye care services, <http://www.locsu.co.uk/community-services-pathways/community-services-table>

In the Dudley borough However, an innovative approach to eyecare developed by the Dudley Office for Public Health is the first Healthy Living Optician scheme in England. It builds on the Healthy Living Pharmacy initiative. And means it is possible for people to access a range of public health services in optician's practices. These services can include:

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

The provision of home visits by opticians in the borough exists as part of an NHS England national contract for eyecare services.

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 work with 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 around the Dudley borough 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.⁵⁶

In the Dudley borough a single ECLO provides advice and support for people that includes helping to ensure things go smoothly for those who have a Certificate of Vision Impairment and are transitioning between health and social care services. In turn, it was remarked that the ECLO has done much work to forge links between the community and clinicians.

⁵⁶ Subramanian, A., Conway, M. and Gillespie-Gallery, H. (2011) The Role of eye clinic liaison officers, City University London and Royal National Institute for the Blind, <http://www.rnib.org.uk/knowledge-and-research-hub/research-reports/early-reach-research/role-of-eiclo>

Registration as sight impaired

For people with sight loss access to support is most often triggered by a Certificate of Vision Impairment (CVI) issued by an ophthalmologist when initial or ongoing treatment or correction of their sight loss is not possible. The CVI is sent to the local authority which is responsible for contacting the person and inviting them to be registered (as sight impaired or severely sight impaired) and have their needs for support assessed. Support can include getting access to information and advice and emotional and practical help with day-to-day living.

People waiting for, or undergoing, treatment for their eye condition may not be eligible for a CVI or registration with the local authority but can still receive support through a Low Vision Clinic.

In 2014, there were 955 people registered as blind and 855 people registered as partially blind living in the Dudley borough. During the year ending 31 March 2014 there were 95 people newly registered as blind and 90 people newly registered as partially sighted.⁵⁷ However, there are people who are not registered and should be or have sight loss but are not eligible for a CVI who may still require assistance and support. In turn, there is a low vision pathway document for the borough that outlines the expected flow of referrals through the eye care system and how communications should work for people accessing eye and social care services (see Appendix 2, on page 54).

Sensory loss and low vision services

In the Dudley borough a Sensory Loss Team provides support to people aged 18 and over who have sight, hearing or dual sensory loss. The team has 3.5 full-time equivalent staff. Their main work involves:

- Registering people appropriately with the local authority
- Assessing people's needs arising from sight or hearing loss
- Providing advice and emotional support
- Providing help with rehabilitation and equipment to facilitate independence

⁵⁷ Registered Blind and Partially Sighted People (2014), NHS Health and Social Care Information Centre, <http://www.hscic.gov.uk/catalogue/PUB14798>

Referrals can come from the person experiencing sight, hearing or dual sensory loss themselves, a general practitioner, an optometrist, a hospital, adult social care services or a community nurse.

Community or hospital based low vision services provide information and advice on magnifiers for reading, lighting for the home or workplace, and other aids to maximize whatever level of vision a person still possesses. Such practical support is designed for people whose sight loss does not require hospital based treatment and those whose ophthalmological treatment has been completed.

Additional support for people with sight loss in the Dudley borough comprises help with psychological wellbeing (an Improving Access to Psychological Therapies service) and practical support for every-day living provided by the Beacon Centre for the Blind (including an Active Eyes social and sporting group, information technology training, help with employment, Braille transcription and a volunteer visitor scheme). There are also specialist children's sensory loss and rehabilitation services available in the borough.

Living with sight loss

For a person experiencing sight loss maximising their independence is often important for them. All aspects of a person's life may be affected by their sight loss and it is crucial local services respond appropriately to meet their needs. This section explores the circumstances people with sight loss find themselves in on a daily basis when trying to get on with their life and what needs to be done to make things easier for them.

Transport and getting about

The Dudley borough is one of a number of local authorities that are part of CENTRO the passenger transport executive for the West Midlands area. There are a number of day and night bus services operating in the area with talking buses on some routes. Across the West Midlands most buses have a level access with the pavement making it easier for people to alight. A charity operated Ring and Ride is available between 8.00am and 11.00pm seven days a week all year round (apart from Christmas day). It is funded by Dudley Metropolitan Borough Council and other West Midlands local authorities through CENTRO.

In the borough the Dudley Taxi Card scheme operates for people whose sight loss or mobility makes it difficult for them to use public transport. The service is subsidised by Dudley Metropolitan Borough Council. They pay an amount per trip and the person using the service also makes a contribution to cover the costs of the service. Regulations applying to the service mean there is a limit

on the number and length of trips that can occur each month and during the year.

As far as train and metro services are concerned there is one local rail station, at Coseley, in the Dudley borough area and two stations just outside of the borough area. These stations provide local services to Birmingham and Wolverhampton and links to destinations across the UK. All of the local stations on the Centro network are staffed during office hours and are fitted with a passenger activated help point with audible train information and connection to a central control centre. The Midland Metro network does not come into the Dudley borough area but some people in the borough will use the service. All Metro trams are fitted with audible announcements of stops and provide level access to the carriages. Stations are provided with tactile paving to denote platform edges and safe crossing points.

The Dudley borough Highway Assets Management Plan sets out how local streets, lighting, road surfaces, markings, structures (such as bridges), street signs, trees, hedges and planted areas will be designed and managed.⁵⁸ It feeds into the Transport Strategy for the borough, which in turn is a part of the Dudley Borough Development Strategy.⁵⁹

Employment and education

In 2015, Royal National Institute for the Blind labour force research showed 66 per cent of people with sight loss of working age were not in employment. The findings also showed government employment initiatives often failed to get many people with sight loss jobs or into training.⁶⁰ Support into employment in the Dudley borough is provided by:

- Job Centre Plus helping people to find work and get access to benefits and specialist support (where a person has a disability)

⁵⁸ Dudley Metropolitan Borough Council, Highways Assets Management Plan 2015-20, <http://www.dudley.gov.uk/resident/parking-roads/roads-highways-and-pavements/>

⁵⁹ Dudley Metropolitan Borough Council, Dudley Borough Development Strategy 2014, <http://www.dudley.gov.uk/resident/planning/planning-policy/local-plan/devstrat/>

⁶⁰ Labour Force Survey 2015, Royal National Institute for the Blind, <http://www.rnib.org.uk/knowledge-and-research-hub-research-reports/employment-research/labour-force-survey-2015>

- Action for Blind People helping those with sight loss to keep a job (with advice on support for travel to work and aids in the workplace), take up self-employment, access work experience opportunities and obtain information on careers
- Beacon Centre for the Blind, the sight loss society for the area, helping to support people to get jobs through their work scheme

Regarding school based education in the Dudley borough there is a visual impairment teaching service, which employs specialist teachers. The council policy is to have children with a visual impairment taught, wherever possible, in mainstream schools as well as specialist centres. In turn, at the further education level in the borough there are centres that undertake equalities impact assessments and provide information on accessibility for prospective students.

At the higher education level centres exist outside of the borough area (e.g., Wolverhampton and Birmingham). They also undertake equalities impact assessments and provide information on accessibility for prospective students. There is also an adult education and lifelong learning service in the borough. It provides a range of vocational and practical courses some of which may be relevant to people with sight loss.

Leisure activities

Getting access to shops and leisure facilities can be a major challenge for people with sight loss. A number of the leisure centres in the Dudley borough aim to be fully accessible to people with sight loss (including accommodating guide dogs and providing information in Braille and large print). There are theatre facilities that provide touch tours and narrated performances.

Some cinemas can also provide information in Braille or large print and narrated performances. A number of libraries in the borough can accommodate guide dogs, provide information in Braille and large print and offer audio books. There are various social clubs that offer particular activities for people with sight loss.

A number of supermarkets can accommodate guide dogs and provide information in Braille or large print and access to sighted helpers in store. There are talking cash machines in the borough area and many bank branches offer extra assistance to customers who have sight loss.

Information and welfare rights

A recurring theme in the lives of people with sight loss is the need to ensure that information on different health and welfare matters is available in a timely way and in accessible formats. For example, information about doctors or other health care appointments, eye conditions, and benefits.

Meanwhile, it is also important for timely and easily accessible information (e.g. on health and education matters) to be available for people who are normally sighted or have sight loss and are the parents of a school-age child with sight loss. Carers supporting people with sight loss should also be able to get access to information that helps them in their role.

Help with housing

Most people want to live in their own home for as long as possible. People with sight loss may value a known and familiar home because they can easily find their way around and are confident about moving about in it. Housing policies that maximize independence can include lettings where living with sight loss has been considered, sight sensitive assessments for improvements, adaptations and repairs and targeted housing assessments and redecorations that help people with sight loss to live independently.

In the Dudley borough there are Housing Improvement Agencies and handy person services offering help to people including those with sight loss to remain in their homes for as long as they want and is possible. In some instances housing staff have undertaken specific sight loss awareness training.

Guide dogs

Guide dogs are essential for some people with sight loss to help them with their mobility and to maintain independence. In the Dudley borough guide dogs and other services offered by Guide Dogs for the Blind are provided through a regional base in Shrewsbury. In addition to providing guide dogs the Shropshire team has a volunteer visitor scheme called My Guide that provides a volunteer sighted guide for people who may be unable or unwilling to have a guide dog.

Questionnaire survey

In this section details of people's responses to questions on eye health and how they use eye care services are outlined. In total, 166 people completed some or all of the questions relevant to them. The questionnaire survey was given to people visiting the Beacon Centre for the Blind, Dudley Metropolitan Borough Council premises (including Adult Social Care Low Vision services) and the Macular Society. It had to be completed and returned to the offices of Healthwatch Dudley by 14th August 2015. It could be accessed on-line through the Healthwatch Dudley website (see Appendix 3, on page 59).

People's details

In total 157 people responded to a question on gender (100 female, 56 male and 1 transgender - see Table 5, below).

Female	Male	Trans	Total
100	56	1	157

Table 5: Gender

In turn, 157 people responded to a question on age. The majority (116) were aged 60 and over. A much smaller number (24) were aged between 18 and 49 (see Table 6, below).

Under 18	18-29	30-39	40-49	50-59	60-69	70-79	80 +	Total
1	2	9	13	21	25	30	56	157

Table 6: Age

A total of 156 people answered a question on ethnic origin. Of these the majority (146) indicated they were White British (see Appendix 4, on page 67 for a full breakdown of people's ethnic origin).

A question on the postcode area where people are resident showed the higher response rates (10 or more) were in B63 (Halesowen), DY3 (Sedgley, Gornal, Himley and Swindon), DY8 (Stourbridge, Wordsley and Amblecote), DY6 (Kingswinford and Wall Heath), DY1 (Dudley) and DY5 (Brierley Hill, Pensnett and Quarry Bank). See Appendix 5, on page 68 for a full outline of people's residency by postcode area.

The high street optician

A total of 162 people responded to a question on the use of high street opticians in the two year period July 2013 to July 2015. There were 74 people who had visited a high street optician one or two times over the two year period and 26 people had visited a high street optician more than twice over the two year period. In turn, 62 people indicated that they never visit a high street optician (see Figure 1, below).

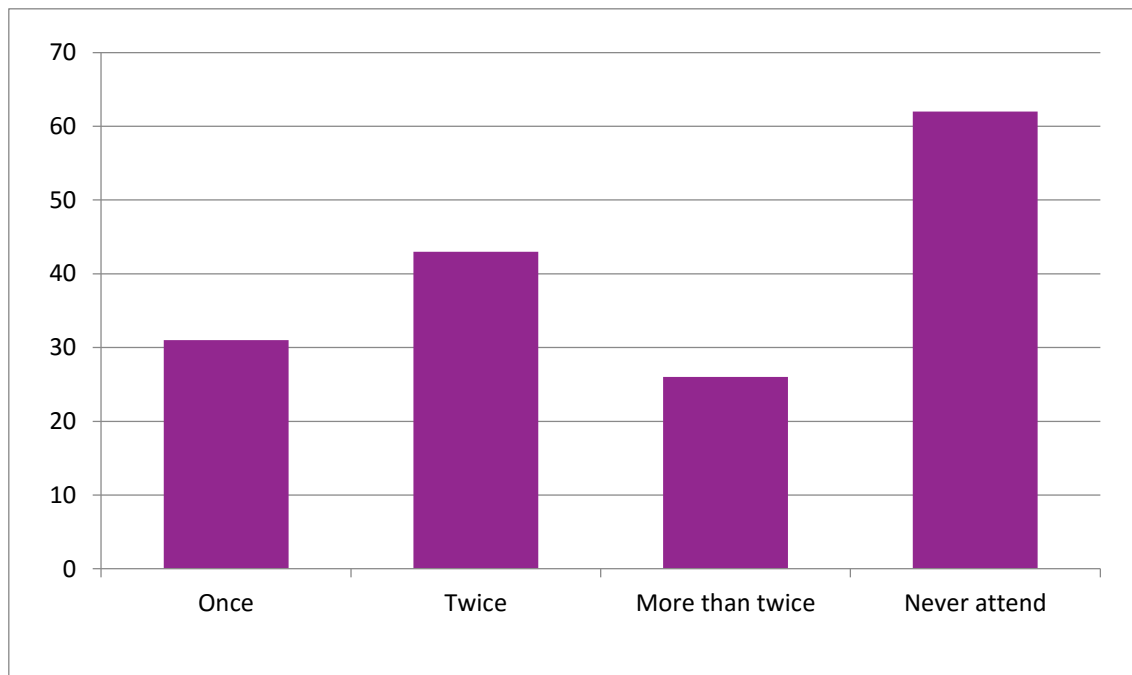


Figure 1: Visited a high street optician

Reasons to visit

For the people who visited a high street optician there was a question on their reasons for visiting. It was possible to tick more than one option in response to the question. In total 113 people answered the question. Of these 81 people visited for a routine sight test and 36 people visited for a routine eye health check. In turn, 34 people visited to get help with spectacle repairs or purchase spectacles and 30 people visited in order for their standard of vision to be monitored. Less common reasons for visiting the opticians were for contact lens checks, to have a work or driving related eye examination or obtain low vision aids (see Figure 2, on page 38).

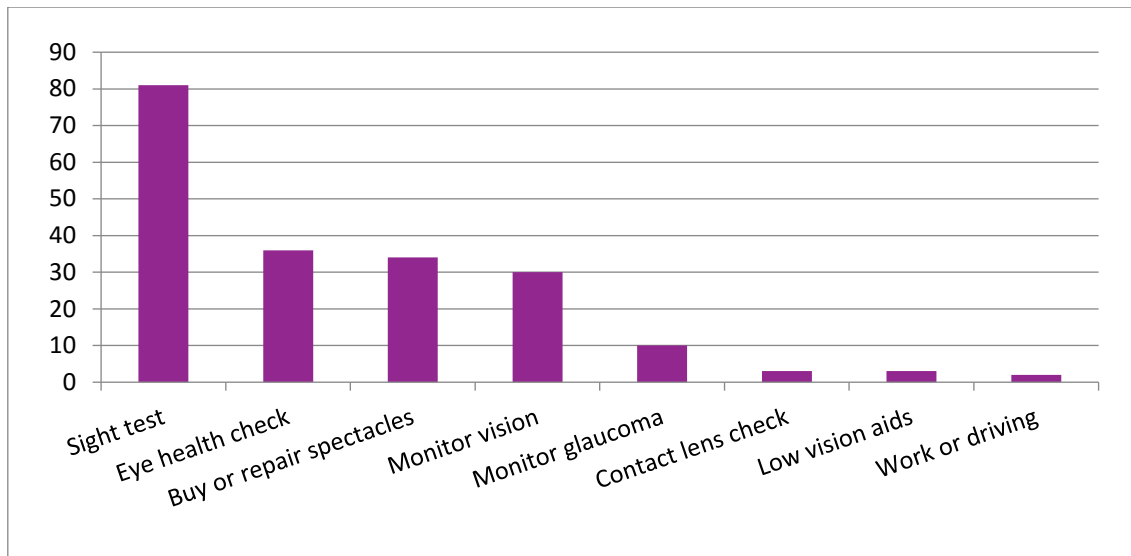


Figure 2: Reasons for optician visits

Sometimes the visit to the optician's was by a blind person needing a check-up to monitor eye health (6 people), a person having problems with vision (7 people), for a diabetes related eye health check (3 people) or check on the state of macular degeneration (5 people).

Reasons given for not visiting

There were 50 people who responded to a question on why they had not visited a high street optician in the past two years. Again, people could tick more than one option in response to the question. There were 9 people who did not visit for a routine sight test, 5 people who did not think a visit was necessary, 2 people who did not have time to attend an appointment and 2 people who had not made their next appointment (see Figure 3, below).

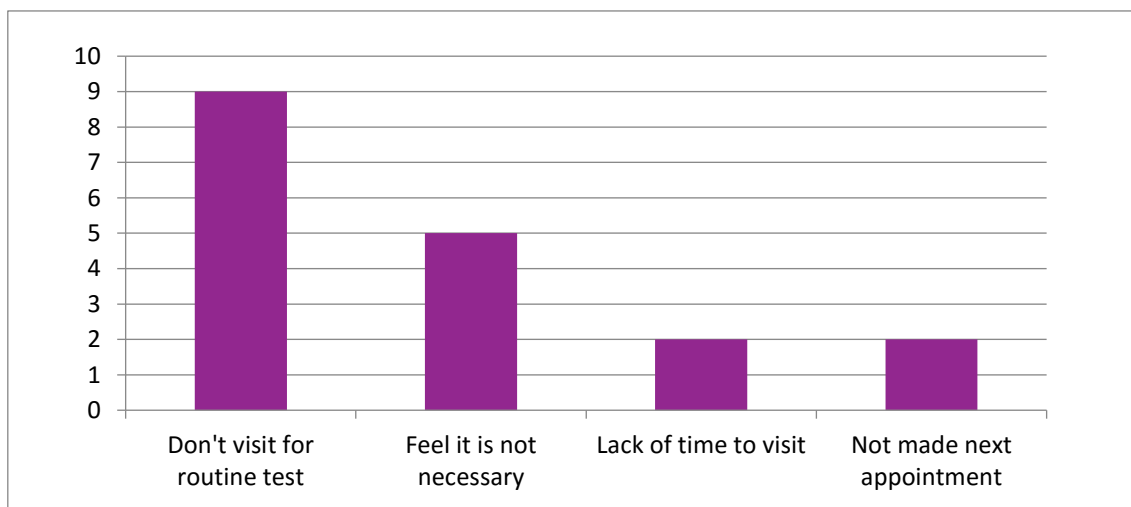


Figure 3: Reasons for not visiting an optician

In addition, 13 people were blind and felt there was no reason to visit a high street optician (and instead had hospital appointments), 9 people had visits from an optician at home and 5 people commented that an optician could not do anything for their eye condition.

Sight tests and health

In total, 160 people answered a question on health indications and sight tests. Of these 135 people indicated an awareness that regular eye tests can help with detecting eye health conditions (including those caused by diabetes and high blood pressure). However, 25 people were not aware of this being a feature of the sight test (see Diagram 3, below).

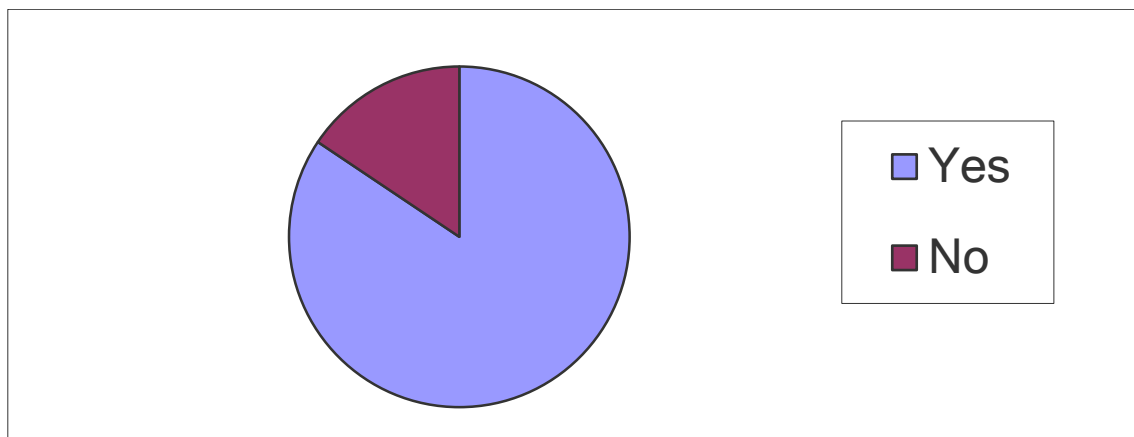


Diagram 3: Awareness of eye examinations as an indicator of health

Happiness with advice

A total of 103 people indicated they were happy with optician's advice on prescriptions for spectacles, 100 people were happy with advice on their eye health.

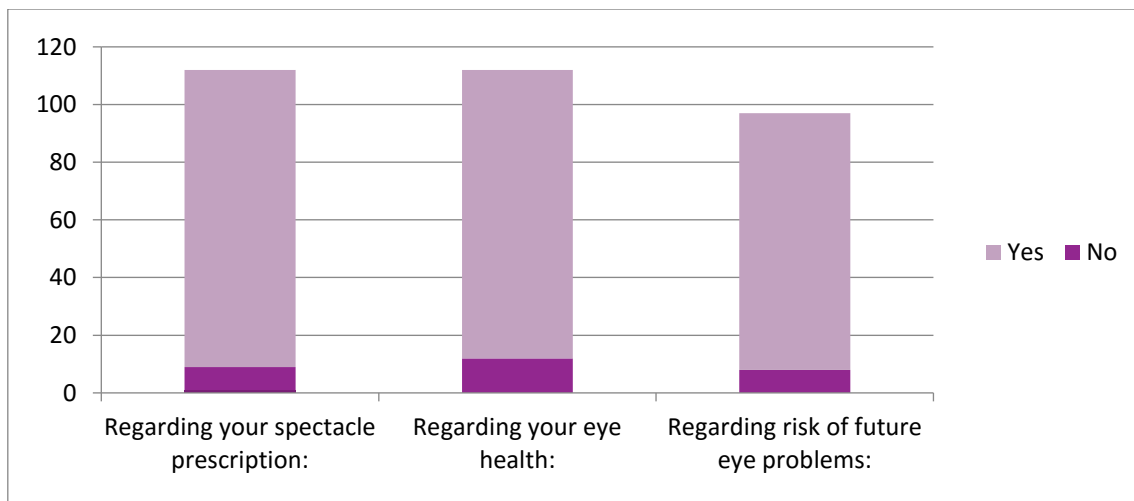


Figure 4: Happiness with optician's advice

And 89 people were happy with advice on the risk of future eye problems. People could tick more than one option in response to the question (see Figure 4, on page 39).

Trust in opticians' knowledge

A question on people's trust in the optician's knowledge obtained 121 responses with 53 indicating an excellent level, 56 people indicating a good level of trust and 11 people indicating a fair level of trust (see Figure 5, below).

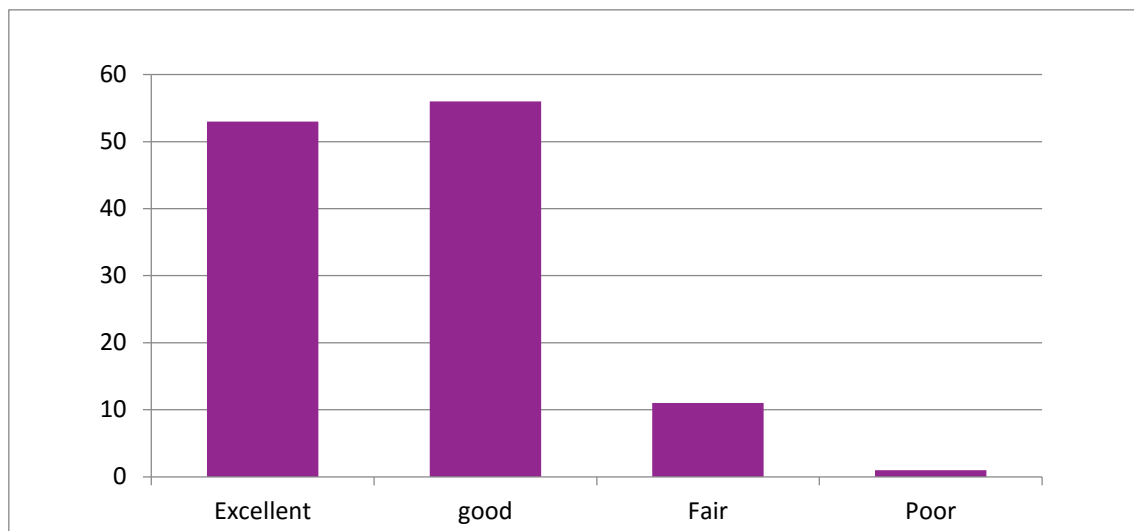


Figure 5: Trust in opticians knowledge

Domiciliary eyecare

There were 156 responses to a question on whether people had knowledge of domiciliary eye care services (home visits).

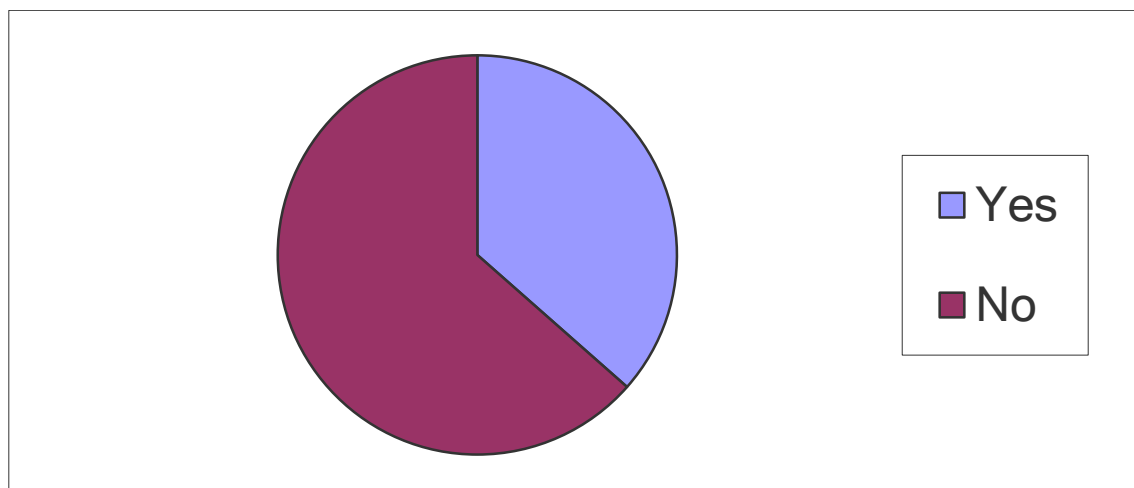


Diagram 4: Knowledge of domiciliary eye services

In total 99 people indicated they had not heard of domiciliary eye care services and 57 people indicated they had heard of domiciliary eye care services (see Diagram 4, on page 40).

A question on whether people used domiciliary eye care services obtained 154 responses with 140 people indicating they do not use these services and 14 people indicating they do use these services (see Diagram 5, below).

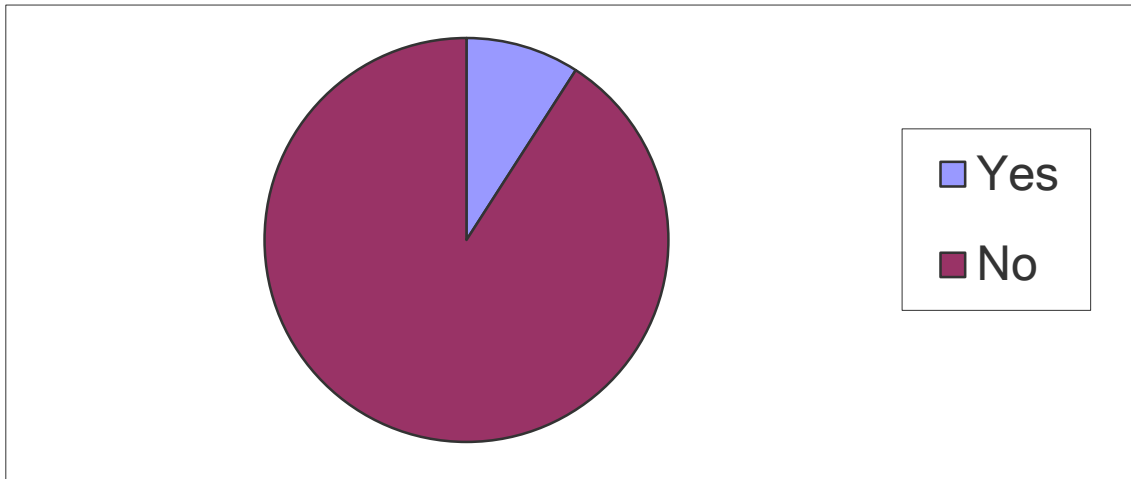


Diagram 5: Domiciliary eye service use

The people who indicated they used domiciliary eye care services were asked a further 3 questions relating to these services. A question on whether it was easy to find an optician to do a home visit obtained 15 responses. Of these 13 people indicated that it was easy to find an optician to do a home visit and 2 people indicated it was not easy to find an optician to do a home visit (see Diagram 6, below).

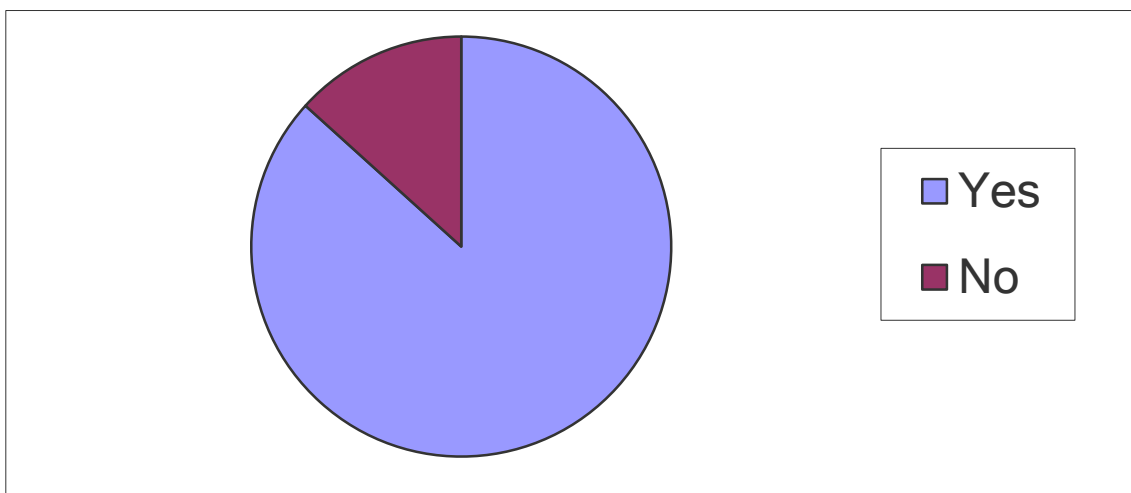


Diagram 6: Easy to book home visits

A question on domiciliary eye care services appointments obtained 20 responses with 18 answering no they did not experience difficulty getting an appointment and 2 people answering yes they did experience difficulty getting an appointment (see Diagram 7, below).

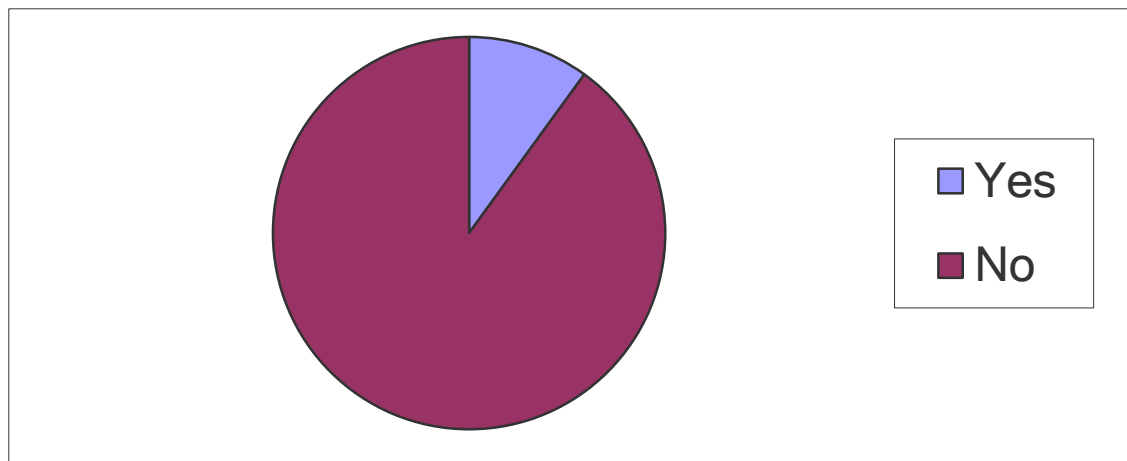


Diagram 7: Difficulty getting convenient appointment times

A question on the quality of domiciliary eye care services obtained 19 responses. Of these 4 people indicated they were excellent, 12 people indicated they were good and 3 people indicated they were fair (see Figure 6, below).

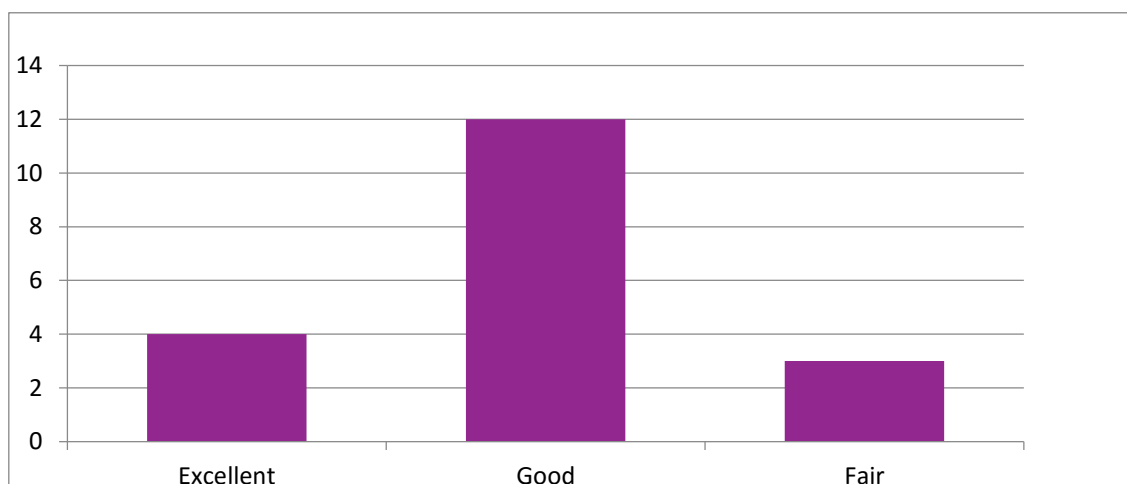


Figure 6: Quality of domiciliary eyecare services received

In terms of the high street optician's service and what could be improved 3 people suggested there was more time spent with them explaining different spectacle lens options, 3 people wanted more information on macular degeneration and 2 people wanted the option of more frequent home visits.

Help with personal care

There were 154 responses obtained to a question on whether people regularly receive help with their personal care. Of these 85 people indicated they received help and 69 people indicated they received no help (see Diagram 8, below).

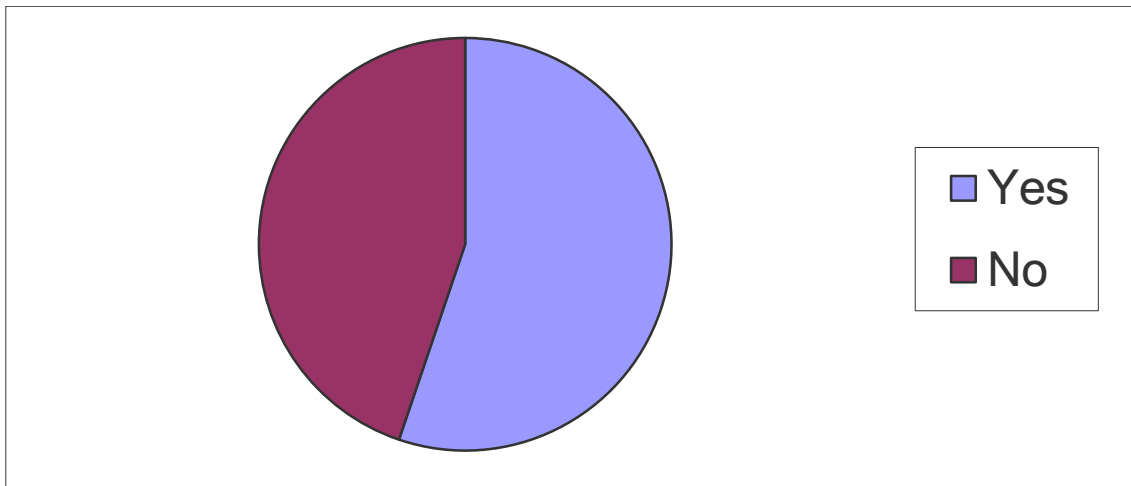


Diagram 8: Regularly receive help with personal care

For the people that indicated they received help with their personal care a further question was asked on who helps them with that care.

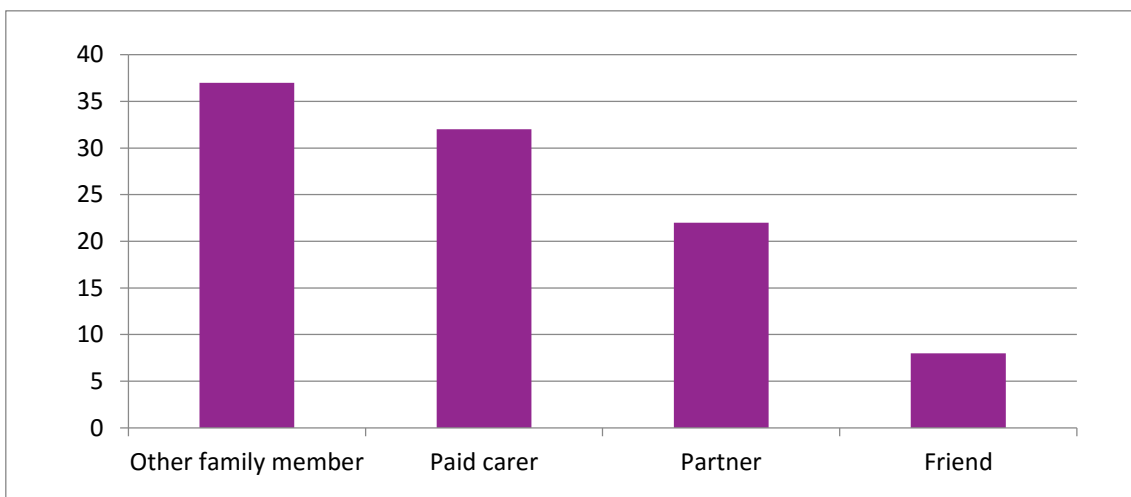


Figure 7: Who helps with personal care

A total of 99 responses were obtained to the question with 37 people indicating they got help from another family member, 32 people indicating they got help from a paid carer, 22 people indicating they got help from a partner and 8 people indicating they got help from a friend (see Figure 7, above).

Diabetic eye screening services

A question on whether a person attends a diabetic eye screening clinic obtained 153 responses. Of these 139 people indicated they did not use this service and 14 people indicated they did (see Diagram 9, below).

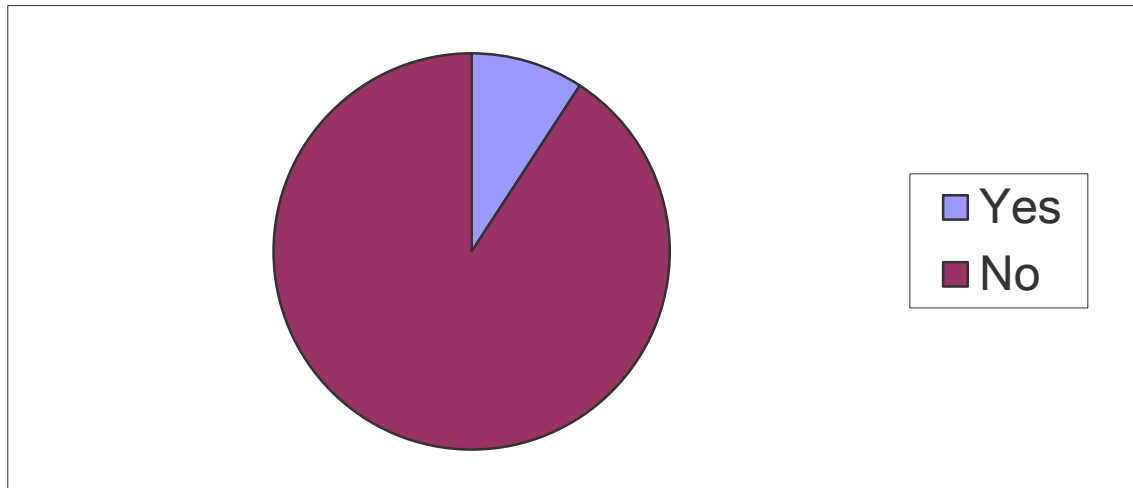


Diagram 9: Attendance at a diabetic eye screening service

In turn, 20 responses were obtained to a question on whether people had difficulty accessing diabetic eye screening services.

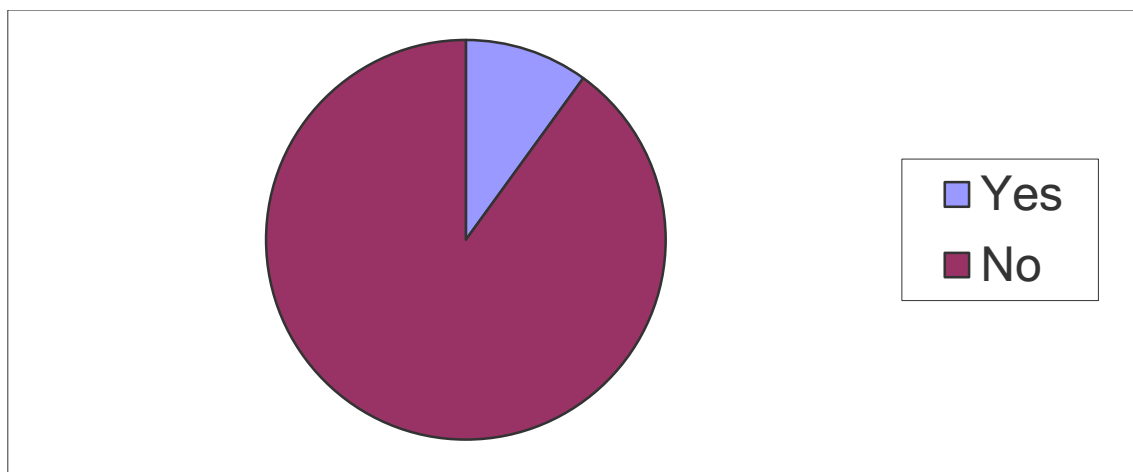


Diagram 10: Difficulty accessing diabetic eye screening services

In total 18 people indicated they had experienced difficulty accessing diabetic eye screening services and 2 people indicated they had experienced difficulty accessing these services (see Diagram 10, above).

In turn, there was a question on whether people using diabetic eye screening services had experienced difficulty getting a convenient appointment which was answered by 25 people.

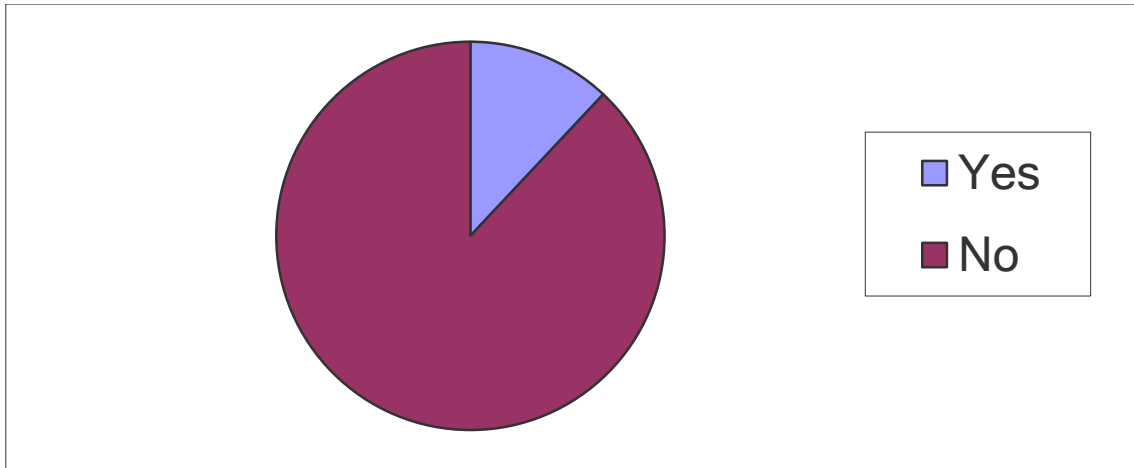


Diagram 11: Difficulty getting convenient diabetic eye screening services appointments

Of these 22 people indicated they had not experienced difficulty getting a convenient appointment and 3 people indicated they had experienced difficulty getting a convenient appointment (see Diagram 11, above).

A question on the convenience of the location of the diabetic eye screening service obtained 21 responses. Of these 16 people indicated the service was in a convenient location for them and 5 people indicated it was not in a convenient location for them (see Diagram 12, below).

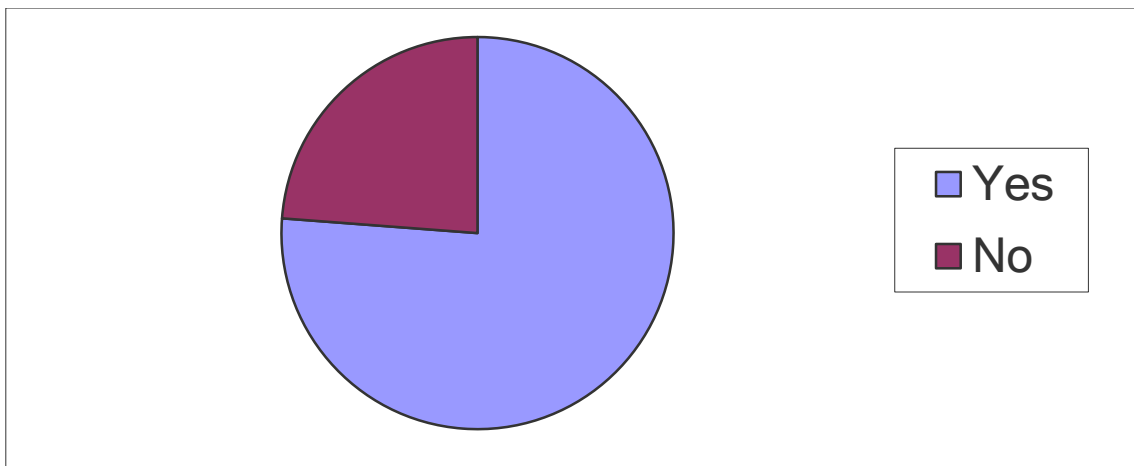


Diagram 12: Convenient diabetic eye screening services location

A question on how people rate the diabetic eye screening service obtained 20 responses. Of these 4 people rated the service as excellent, 15 people rated it good and 1 person rated it fair (see Figure 8, on page 46).

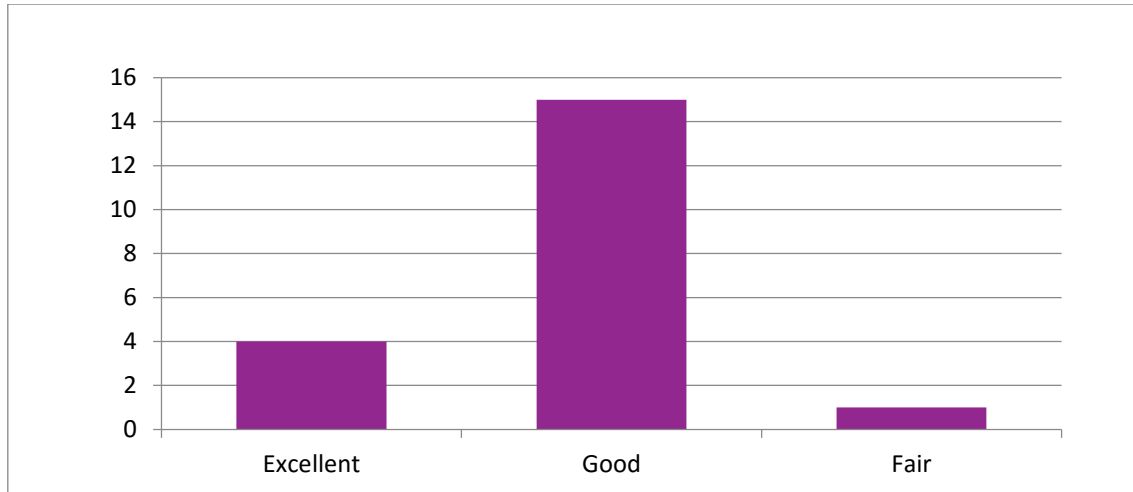


Figure 8: Rating the diabetic eye screening service

At the same time, 5 people indicated they visited a diabetic eye screening service provided by a Birmingham hospital, 2 people indicated they went to Russells Hall Hospital in Dudley and 2 people used a high street optician to access the service.

The hospital eye clinic

People were asked a question on whether they currently attend a hospital eye care service (eye clinic). In total there were 140 responses obtained to the question where it was felt to be relevant. Of these 84 people indicated that they do not attend an eye clinic at hospital and 56 people indicated that they do attend an eye clinic at hospital (see Diagram 13, below).

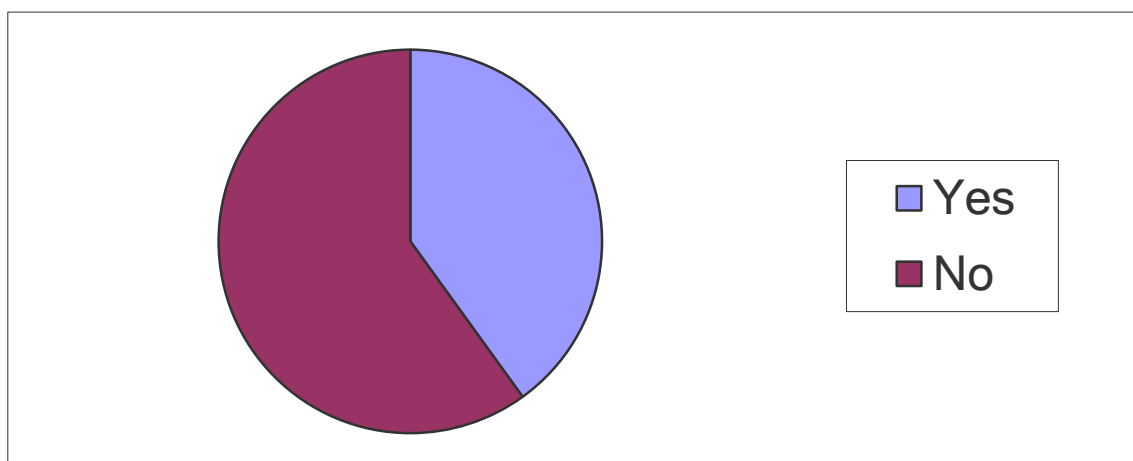


Diagram 13: Attendance at a hospital eye clinic

There were 28 people who indicated they were attending an eye clinic at the Russells Hall Hospital in Dudley, 5 people were going to the New Cross Hospital in Wolverhampton, 3 people were going to the Corbett Hospital in Stourbridge and 5 people were going to hospitals in Birmingham.

In turn, 56 responses were obtained to a question on the reason for attending a hospital based eye clinic. A total of 49 people indicated that they used the hospital eye care service on a routine basis and 7 people indicated that they had used the service in an emergency (see Diagram 14, below).

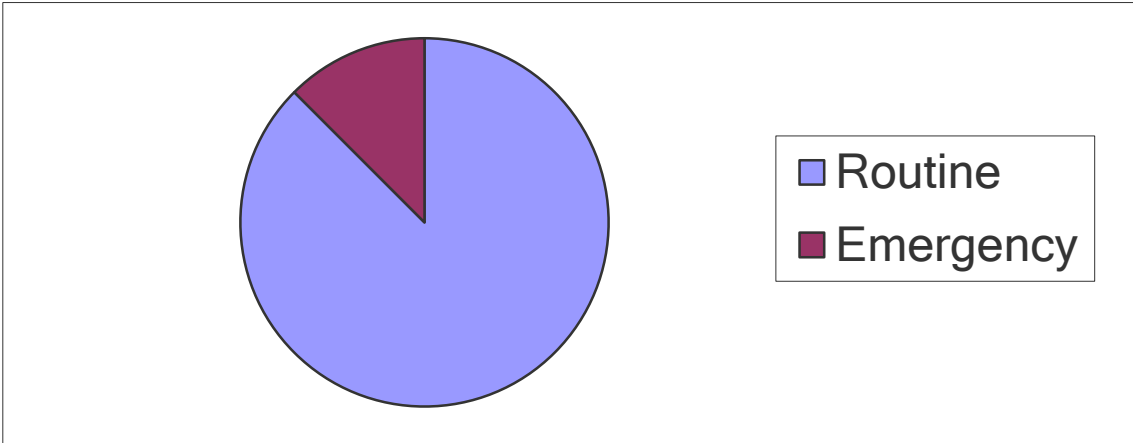


Diagram 14: Reason for attending hospital eye clinic

A question on whether accessing the hospital eye care service was difficult or not obtained 55 responses. There were 42 people who indicated no they had not experienced difficulty in accessing the service and 13 people who indicated yes they had experienced difficulty accessing the service (see Diagram 15, below).

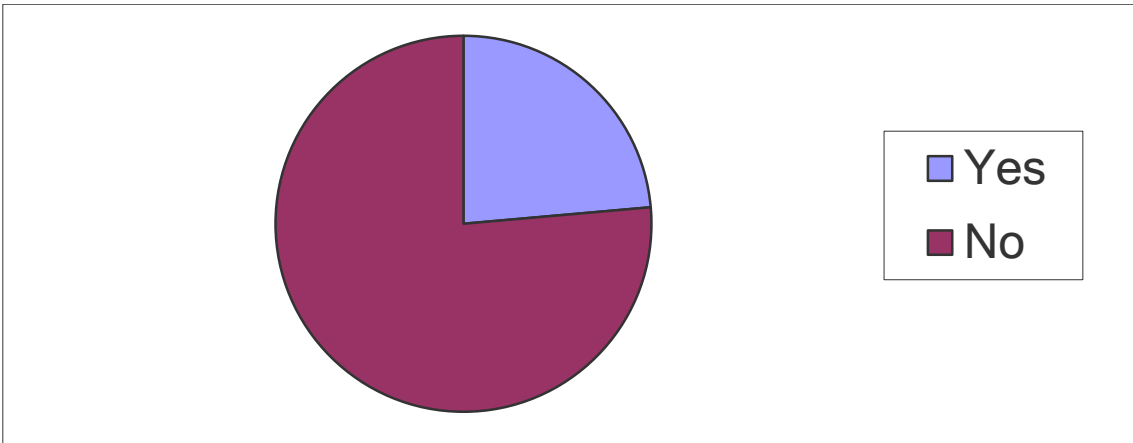


Diagram 15: Difficulty accessing hospital eyecare services

In terms of difficulty accessing hospital eye care services 5 people indicated it was because appointments were hard to get or they had to wait a long time for an appointment, 2 people commented it was because of problems they experienced related to having a learning disability or mobility issue and one person remarked that the hospital was overdue in making an appointment for them.

A question on how people travel to hospital eye care services obtained 58 responses. Of these 26 people travelled by car, 14 people travelled by bus, 10 people travelled by taxi, 6 people travelled by ambulance and 2 people travelled on foot (see Figure 9, below).

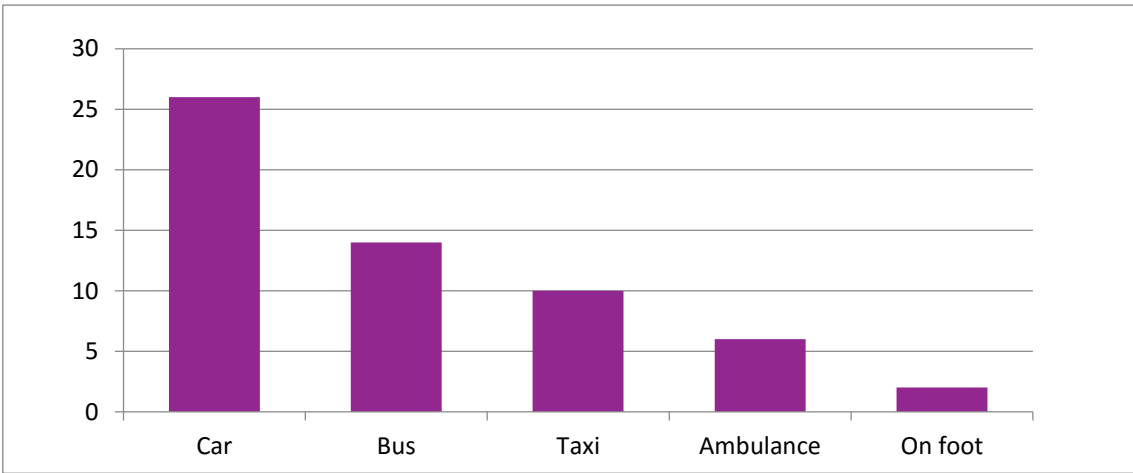


Figure 9: Travel to hospital

A question on getting a convenient appointment at the hospital eye care service obtained 58 responses. Of these 49 people indicated no they had not experienced difficulty getting a convenient appointment and 9 people indicated yes they had experienced difficulty getting a convenient appointment (see Diagram 16, below).

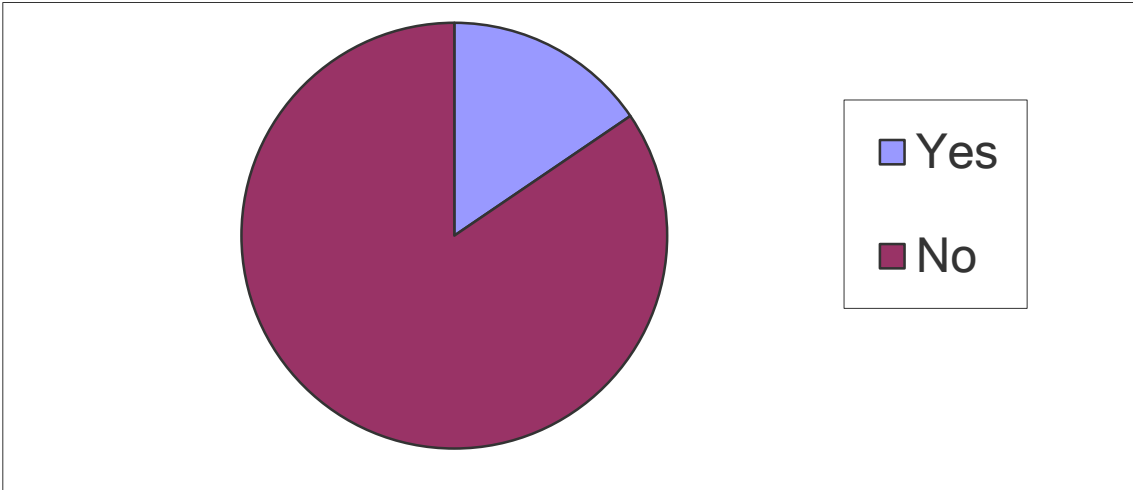


Diagram 16: Difficulty getting a convenient hospital appointment

A total of 63 responses were obtained to a question on the quality of hospital eye care services. Of these 30 people indicated that the service was excellent, 24 people indicated that it was good, 8 people indicated it was fair and 1 person indicated it was poor (see Figure 10, below).

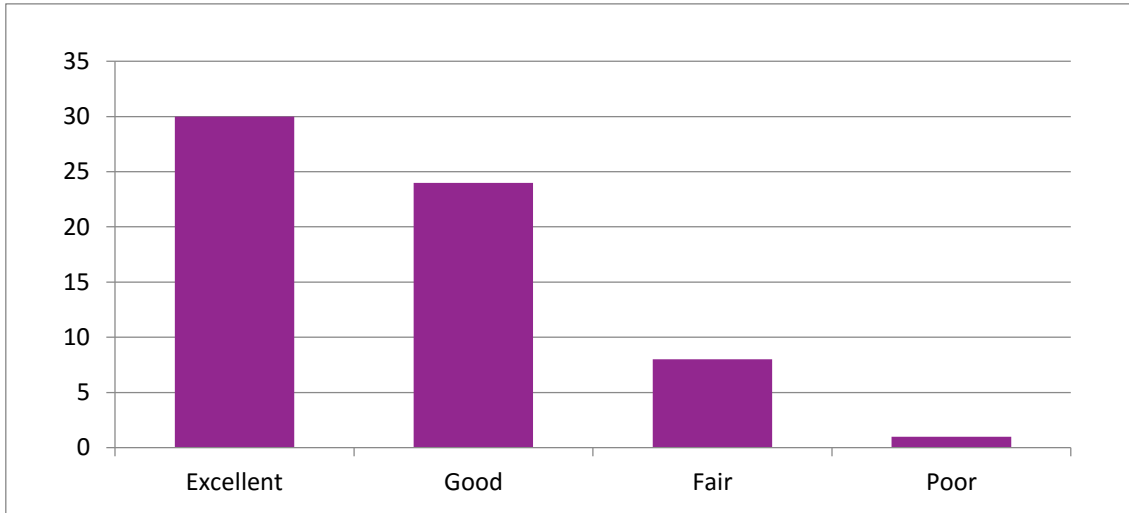


Figure 10: Quality of hospital eye care services

A question on the quality of the Eye Clinic Liaison officer (ECLO) service received 31 responses where it was deemed relevant. Of these 15 people indicated that the service was excellent, 10 people indicated it was good, 5 people indicated it was fair and 1 person indicated it was poor (see Figure 11, below).

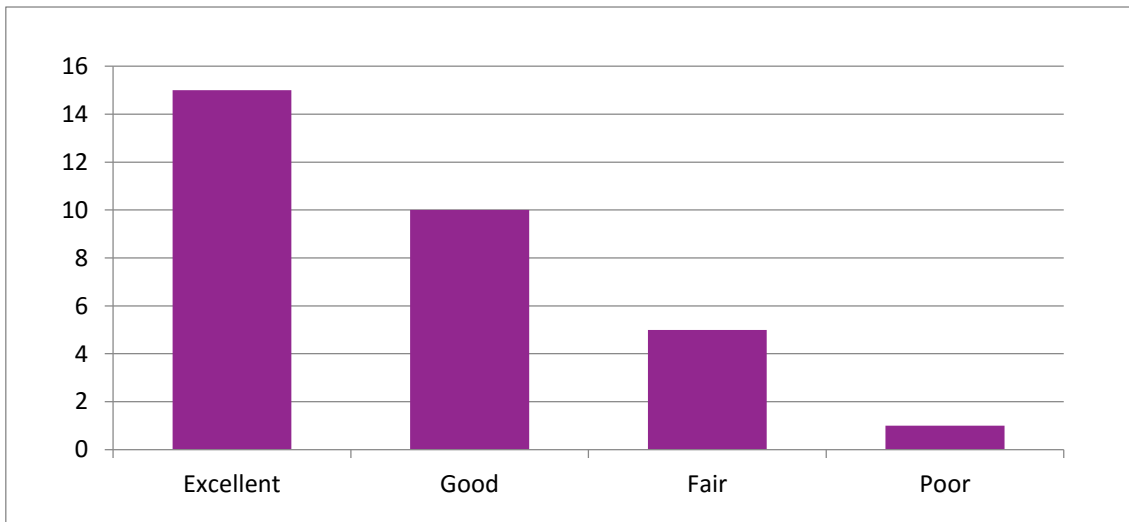


Figure 11: Eye Clinic Liaison Officer service

In terms of how the hospital eye care service could be improved 5 people indicated waiting times could be shorter, 3 people felt there could be opportunities to reduce delays in getting appointments and 1 person felt appointments could be easier to arrange.

A question was asked on whether people would, wherever possible, prefer eye care services to be delivered in hospital or the community obtained 61 responses. Of these 42 people indicated that they would prefer to visit hospital for treatment and 19 people indicated they would prefer to visit a high street optician (see Diagram 17, below).

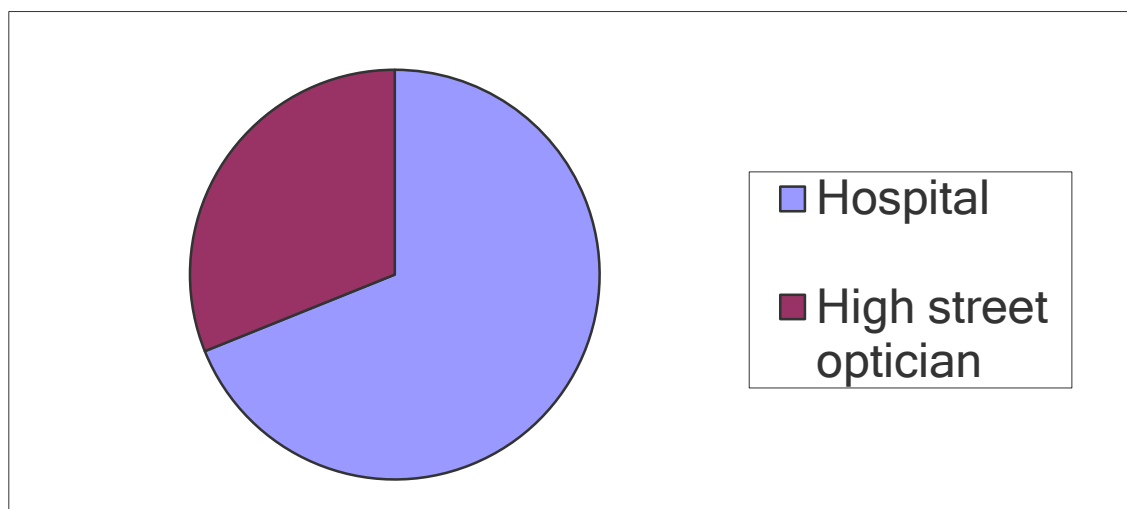


Diagram 17: Preference for hospital or community-based services

Vision support services

People were asked a question on whether they had accessed vision support services. There were 155 responses obtained with 112 people indicating they had not accessed these services and 40 people indicating that they had accessed vision support services (see Diagram 18, below).

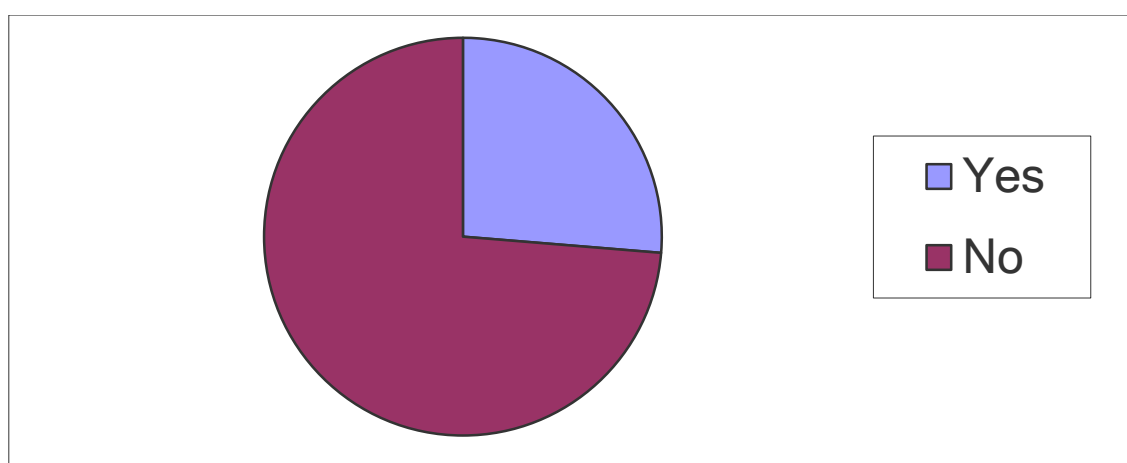


Diagram 18: Accessing vision support services

For the people who indicated that they had used vision support services a further question was asked on which particular service they had used to help with their mobility if this was relevant. It was possible to tick more than one

option in response to the question. There were 10 people who had sought access to sighted guiding techniques, 10 people had accessed orientation and mobility training, 7 people had accessed advice on using public transport safely, 7 people had sought help with making the most of other senses, 6 people had accessed advice on safely crossing roads, 5 people had accessed help with building or room familiarisation and 3 people had accessed help on accessing buildings (see Figure 12, below).

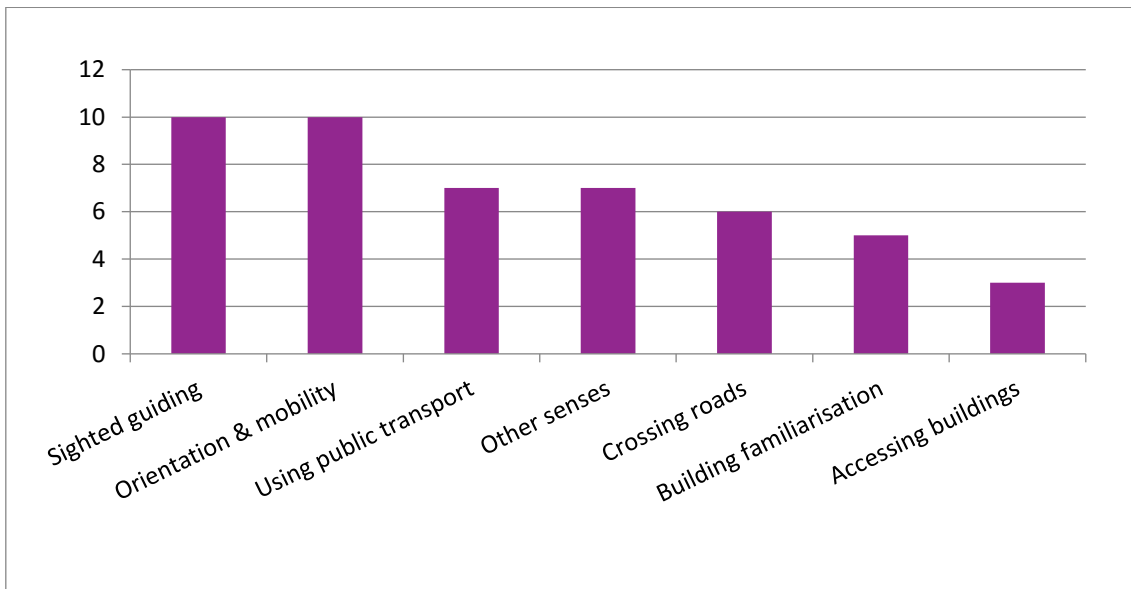


Figure 12: Access to vision support services (mobility)

A similar question was asked for people who had accessed vision support services but was focused on whether they had done so for help with daily living. It was possible to tick more than one option in response to the question (see Figure 13, below).

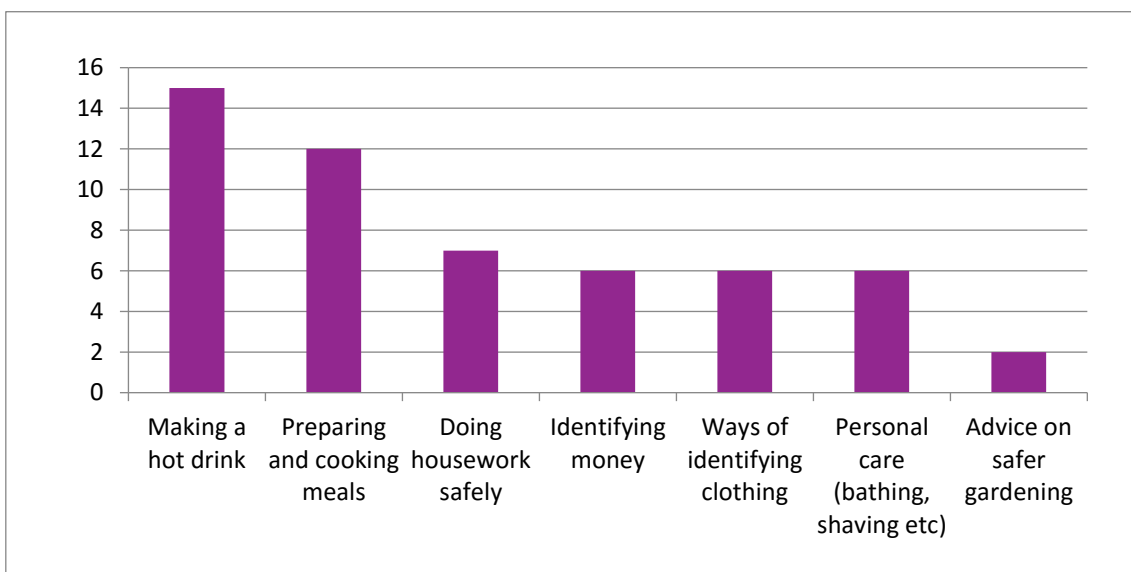


Figure 13: Access to vision support services (daily living)

In total there were 23 respondents. Of these 15 people indicated had help with making hot drinks, 12 people had help with preparing and cooking meals, 7 people had help with doing housework safely, 6 people had help with personal care, 6 people had help with identifying money, 6 people had help with identifying clothing and 2 people had help with safe gardening.

A similar question was asked on help with communications obtained by accessing the vision support service. It was possible for people to tick more than one option in response to the question (see Figure 14, below).

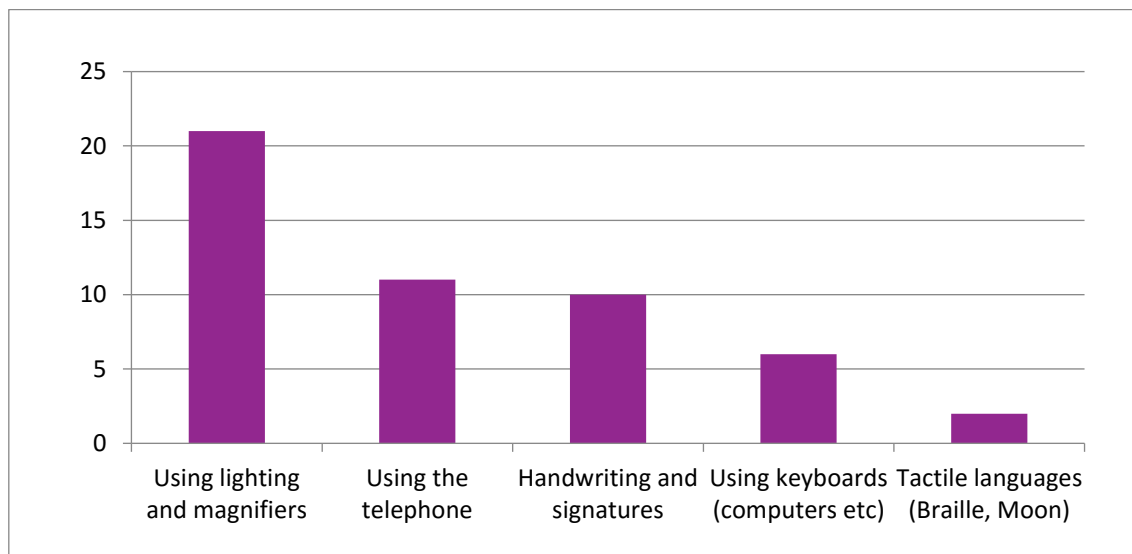


Figure 14: Access to vision support services (communications)

In total there were 28 respondents. Of these 21 people indicated they had received help with using lighting and magnifiers, 11 people had received help with using a telephone, 10 people had received help with handwriting and signatures, 6 people had received help with using a computer keyboard and 2 people had received help with a tactile language such as braille or moon.

Appendices

Appendix 1: Dudley Vision Strategy Working Group Terms of Reference

Context

- Significant reductions are occurring in health and social care funding
- Population data and public health profiles indicate an ageing population and a forecast increase in diseases with sight loss potential such as diabetes
- As a consequence significant changes are necessary in health and social care delivery to meet changing needs and funding constraints
- Collaboration and co-production are necessary to develop the required services

Purpose

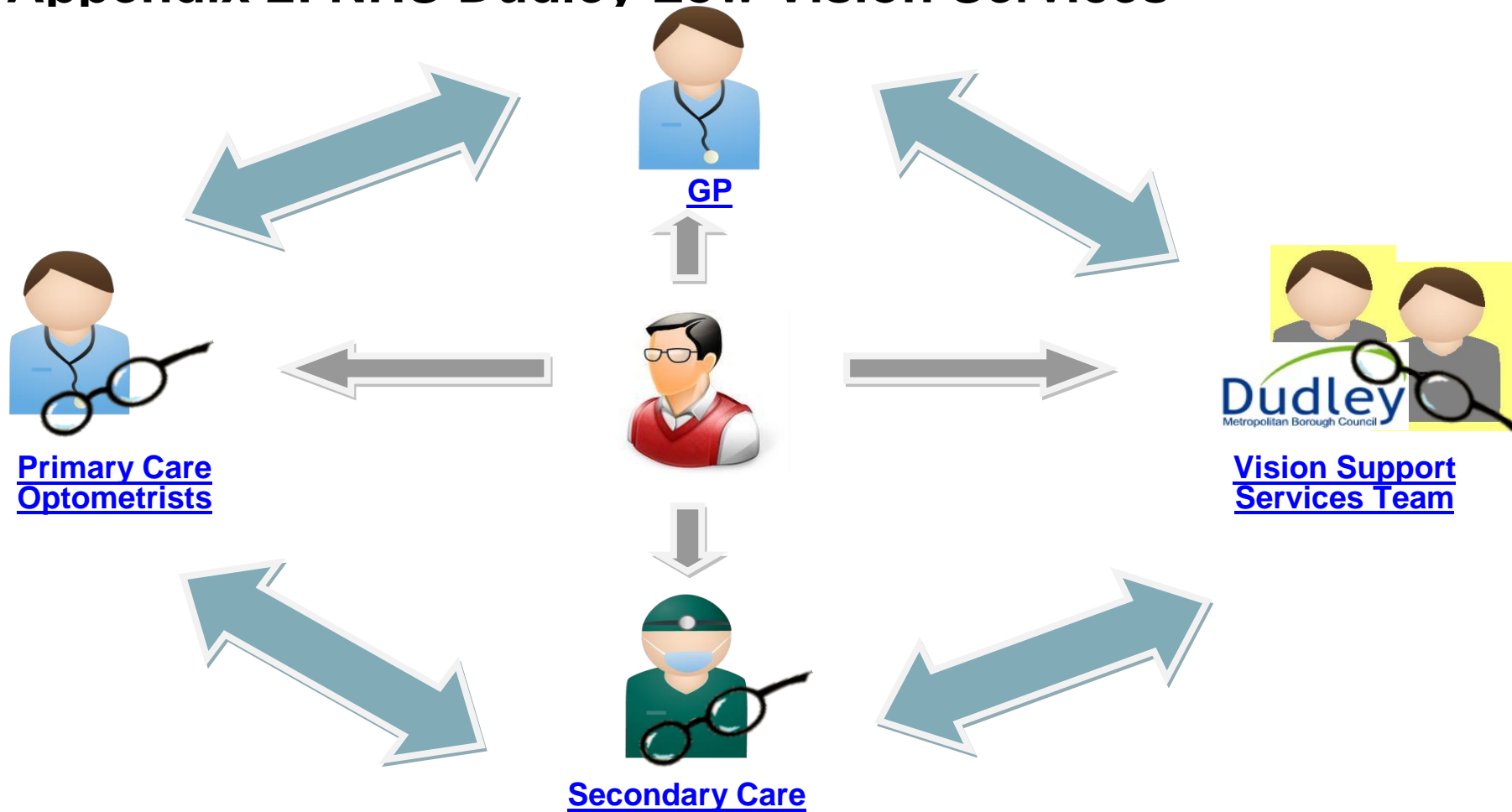
- To bring together an initial stakeholder group of relevant parties to consider the draft vision document
- To raise awareness of the new NHS Local Eye Health Networks and their role
- To identify helpful inputs to a revision of the Joint Strategic Needs Assessment (JSNA)
- To agree next steps that help co-produce future proof VI services across the Dudley Borough

Approach

Given the significance of the changes occurring, the variety of existing services and providers and growing future demand, a strategic approach is required, one model is that of developing local vision strategies.

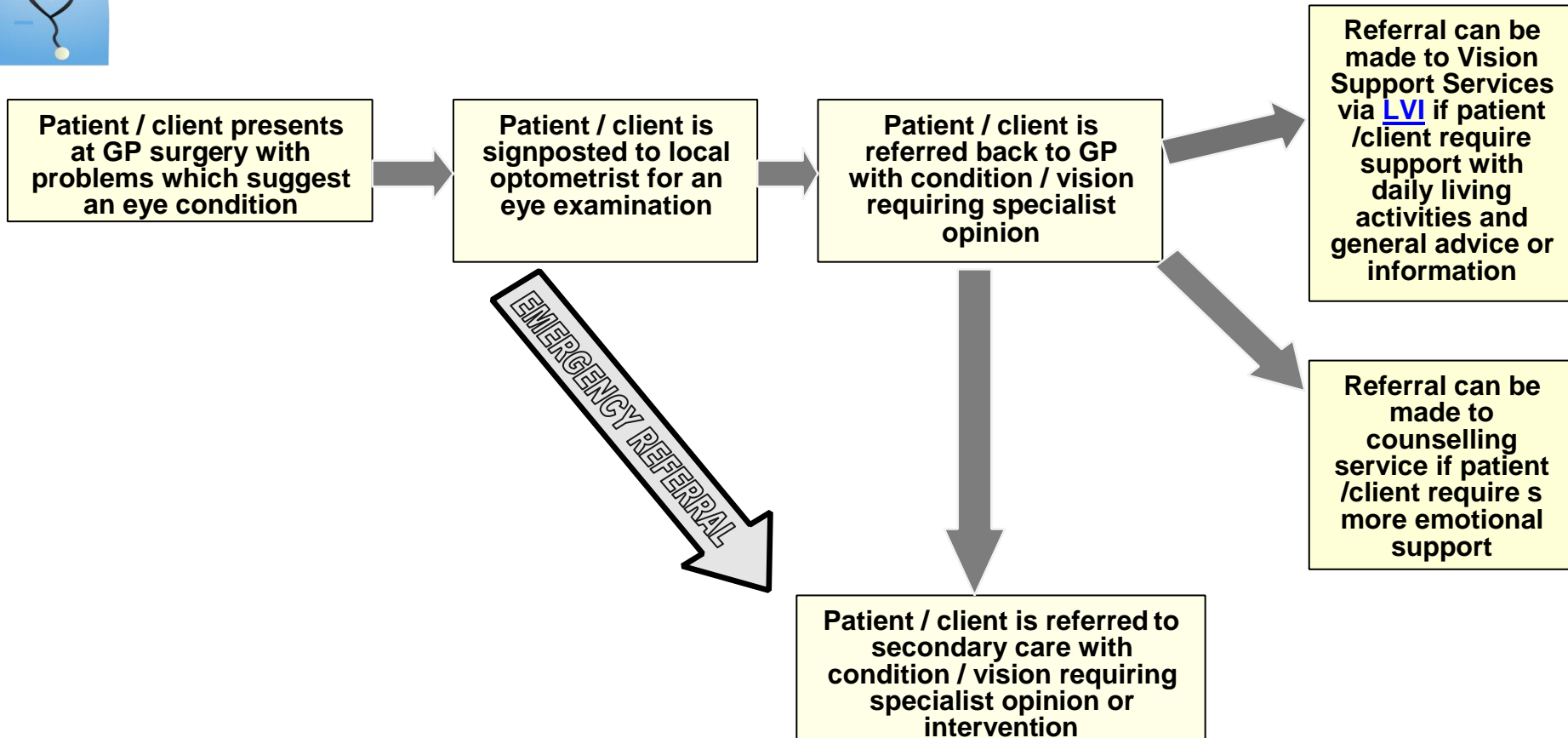
- Using a local vision strategy template adopted by Thomas Pocklington Trust across 32 London Boroughs, Beacon Centre has developed a first draft document for Dudley Borough.
- Its purpose is as a reference document to facilitate a round table discussion of how current and future service needs are met and to help inform their collaborative development

Appendix 2: NHS Dudley Low Vision Services



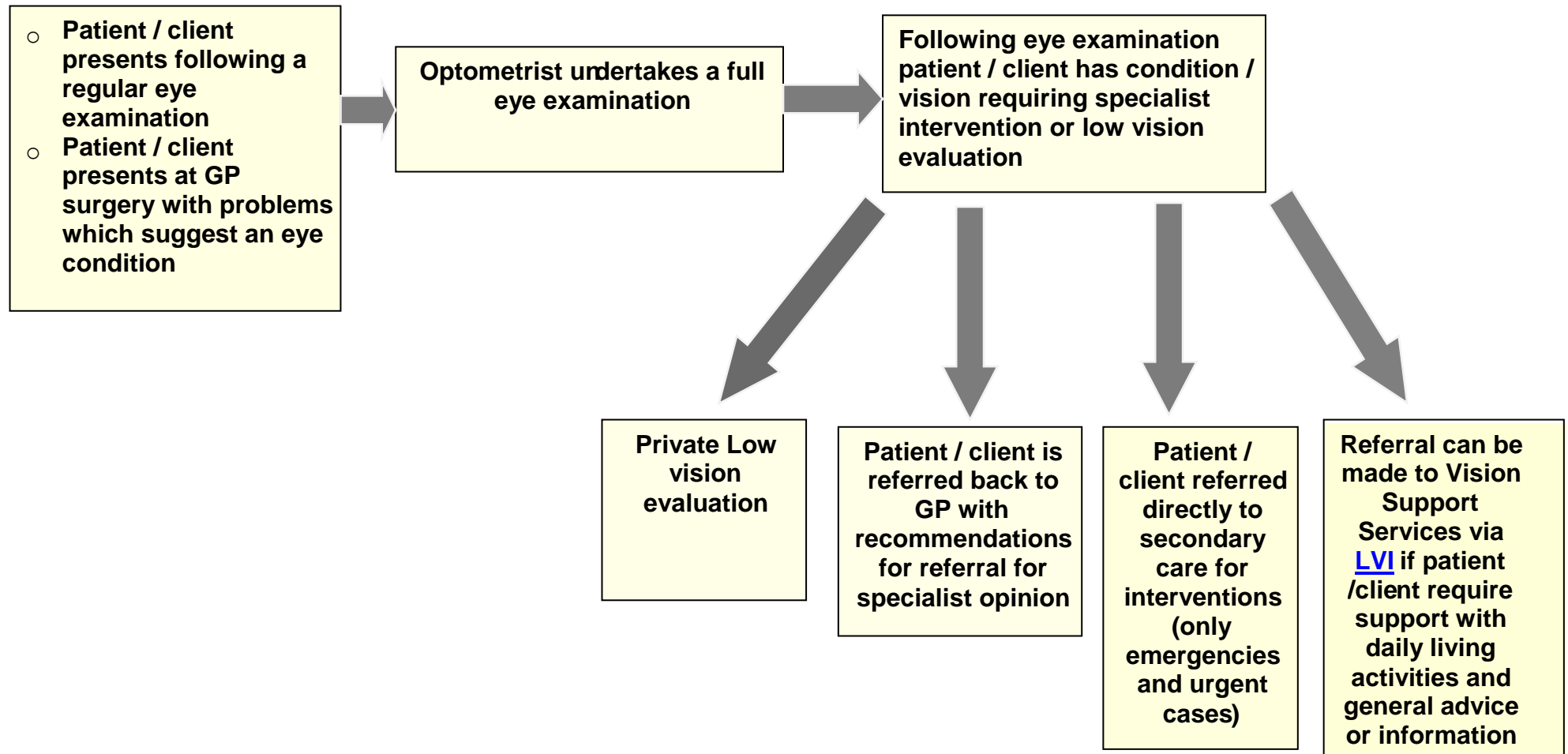


GP



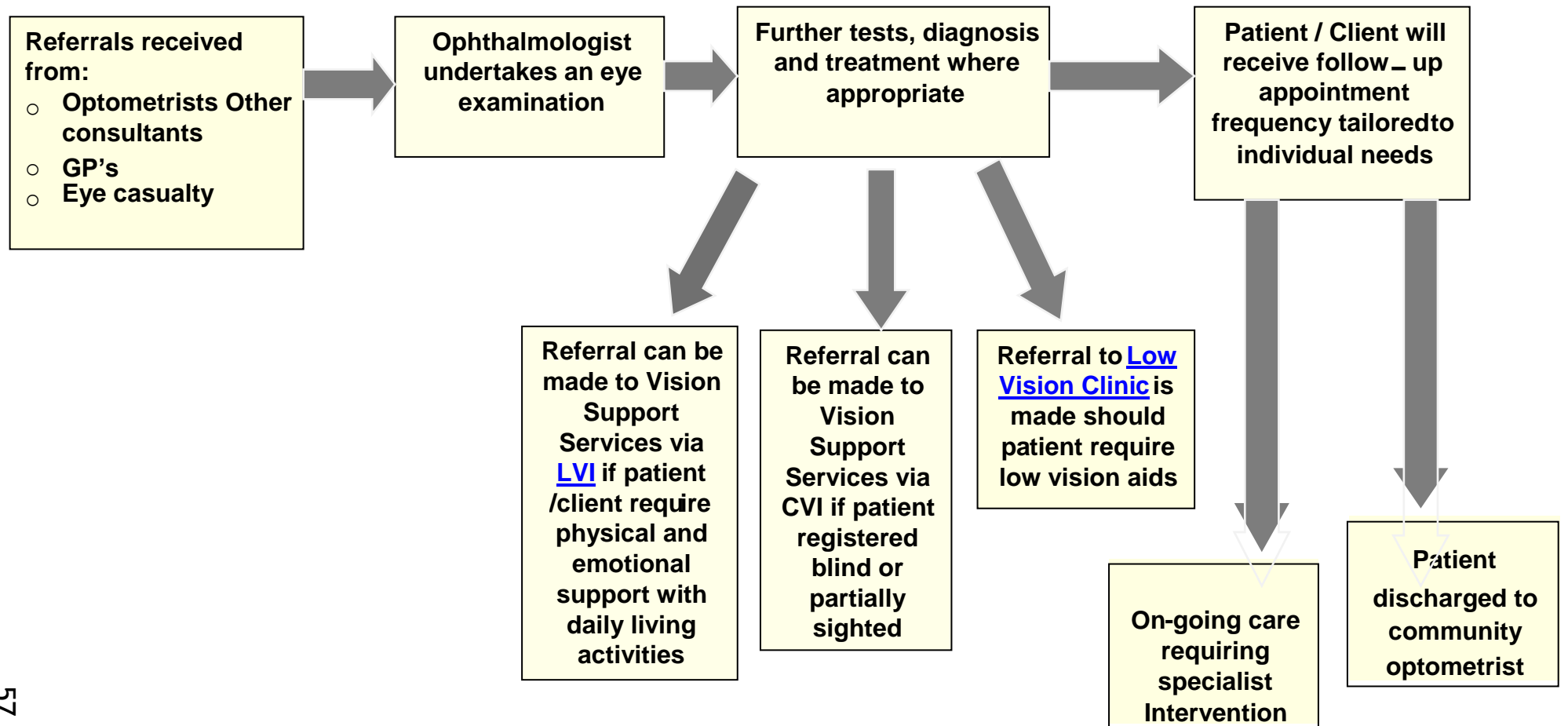


Primary Care Optometrists



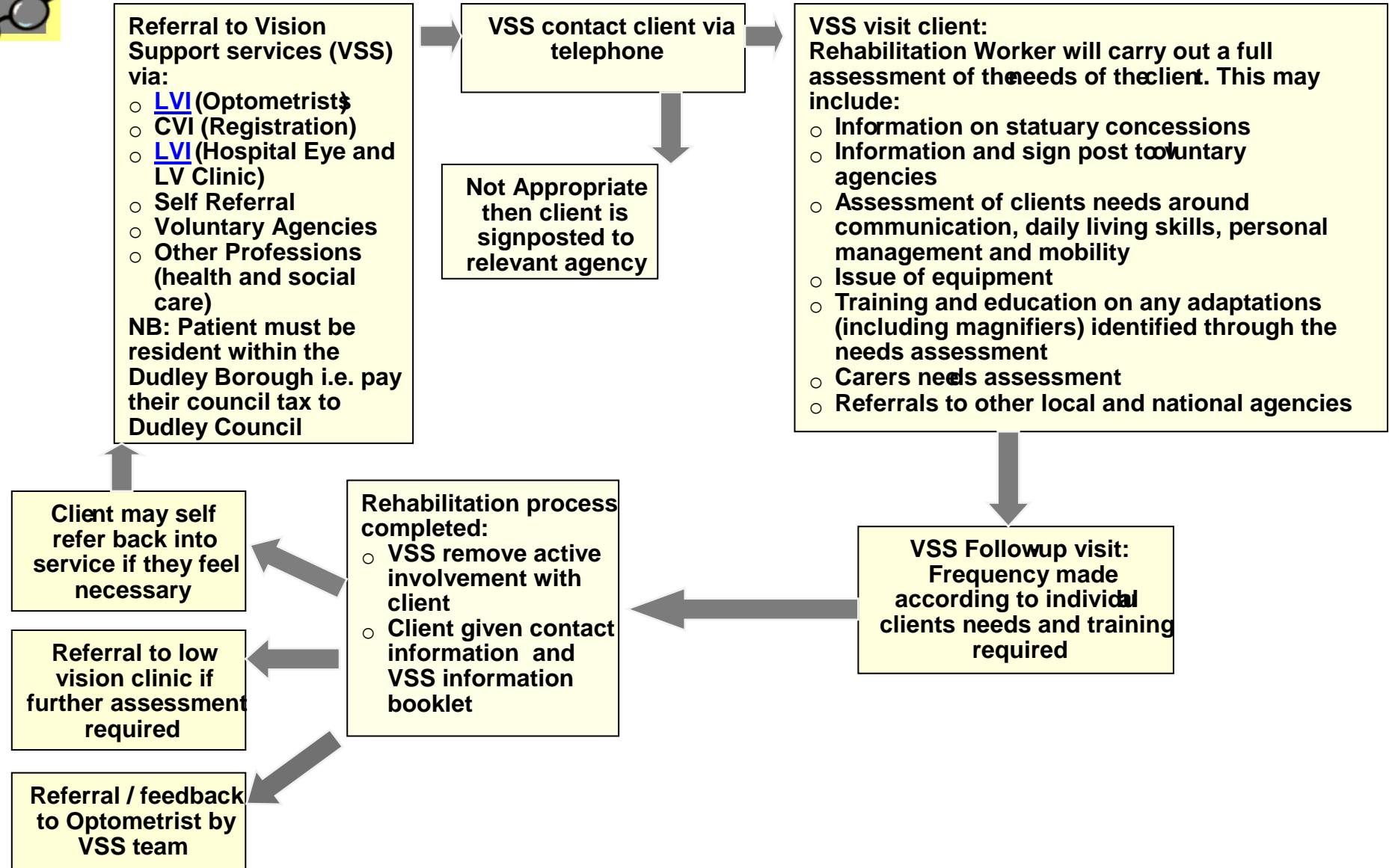


Secondary Care – Eye Clinic





Vision Support Services Team



Appendix 3: Questionnaire survey

Dudley Low Vision Group How do you use eyecare services?

As part of the development of local eyecare services the Dudley Borough Low Vision Group wants to identify areas where there is a need for the improvement of services currently provided. We now need to know more about how people are currently using eyecare services. We would be grateful if you would take a few minutes to answer some questions to enable us to better understand your experiences of using eyecare services.

Please be honest with your answers so we can accurately assess where opticians and eye clinics are performing well and where there is a need for improvement. All of the information you provide is confidential and you will not be identifiable in any report that is produced on the findings from the survey.

This form is also available online at: www.healthwatchdudley.co.uk/surveys

Please either complete the questionnaire online or return in the postage paid envelope provided by Friday 14 August 2015

Thank you for your time.

1. How often have you visited a high street optician in the last two years?

- Once Twice More than twice
 Never attend

2. If you visited a high street optician in the last two years please say why (tick all that apply):

- | | |
|---|--|
| <input type="checkbox"/> For a routine sight test | <input type="checkbox"/> For a routine eye health check |
| <input type="checkbox"/> For a contact lens check | <input type="checkbox"/> To purchase or repair spectacles |
| <input type="checkbox"/> For monitoring glaucoma | <input type="checkbox"/> To monitor the standard of vision |
| <input type="checkbox"/> Required for work or driving | <input type="checkbox"/> Low Vision Aids |
| <input type="checkbox"/> Other | |

If other please specify:

3. If you have not visited a high street optician in the last two years please say why (tick all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Do not attend routine sight tests | <input type="checkbox"/> Have not made next appointment |
| <input type="checkbox"/> Do not think it is necessary | <input type="checkbox"/> Cannot afford spectacles |
| <input type="checkbox"/> No time to attend appointments | <input type="checkbox"/> Other |

If other please specify:

4. A regular sight test is not just to check if you need spectacles it can be an assessment of overall health. It can detect eye conditions that have no symptoms, as well as diabetes and high blood pressure. Were you aware of this?

- Yes No

5. Are you happy with the advice you receive from your optician?
Regarding your spectacle prescription:

- Yes No Not Applicable

Regarding your eye health:

- Yes No Not Applicable

Regarding risk of future eye problems:

- Yes No Not Applicable

6. How would you rate your trust in the optician's knowledge and advice?

- Excellent Good Fair Poor
 N/A

What works well or could be improved in the opticians you use?

7. Do you know about the Domiciliary Eye Service (home visits for people who need them)?

- Yes No

Do you use the Domiciliary Eye Service (home visits)?

Yes No

If **NO** go to **Question 8**

If **YES** was it easy to find an optician who would do a home visit?

Yes No

Do you have difficulty getting convenient appointment times?

Yes No

How would you rate the service you receive?

Excellent Good Fair Poor

What works well for you or could be improved with the Domiciliary Eye Service (home visits)?

8. Do you regularly receive help with your care?

Yes No

If **NO** go to **Question 9**

If **YES** who do you receive regular care from (tick all that apply)?

Partner Other family member
 Friend Paid carer

Is there anything that could be done to better support you with your care?

9. Do you currently attend the Diabetic Eye Screening Service?

Yes No

If **NO** go to **Question 10**

If YES, which location do you normally use?

Do you have difficulty accessing the service?

Yes No

If YES, please explain why:

Do you have difficulty getting a convenient appointment?

Yes No

Is the screening centre in a convenient location?

Yes No

If NO, where would you like to be screened?

How would you rate the service you receive?

Excellent Good Fair Poor

What works well for you or could be improved with the Diabetic Eye Screening Service?

10. Do you currently attend the Hospital Eye Service (eye clinic)?

Yes No Not Applicable

If NO, go to Question 11

If YES, where do you normally attend?

Was this a routine or an emergency appointment?

Routine Emergency

Do you have difficulty accessing services?

Yes No

If YES, please explain why:

How do you travel to your appointment?

Car Bus Train On foot
 Other

If Other, please specify:

Do you have difficulty getting convenient appointment times?

Yes No

Are the Hospital Eye Services (eye clinics) in convenient locations?

Yes No

How would you rate the service you receive?

Excellent Good Fair Poor

**At the hospital if you were seen by the Eye Clinic Liaison Officer (ECLO)
How would you rate the service you received?**

Excellent Good Fair Poor
 N/A

If a community scheme for your eye condition existed, for example, at your high street optician instead of the hospital eye clinic, which would you prefer?

Hospital

High street optician

What works well for you or could be improved with the Hospital Eye Service (eye clinic)?

11. Have you accessed the Vision Support Service?

Yes

No

If No go to **Question 12**

If YES which services have you accessed (tick all that apply)?

Mobility

Sighted guiding techniques

Advice on safely crossing roads

Using public transport safely

Building or room familiarisation

Advice on accessing buildings

Orientation/mobility training

Making the most of other senses

Daily Living

Personal care (bathing etc)

Ways of identifying clothing

Making a hot drink

Preparing and cooking meals

Identifying money

Doing housework safely

Advice on safer gardening

Communication

Using the telephone

Using lighting and magnifiers

Handwriting and signatures

Using keyboards (computers)

Tactile languages (Braille, Moon)

Other (please specify):

12. A bit about you:

Your postcode (first part e.g. DY5, WV14)

Age:

- Under 18 18-29 30-39 40-49 50-59
 60-69 79-79 80 & over Prefer not to say

Gender:

- Female Male Trans Prefer not to say

Ethnic origin

- | | |
|---|---|
| <input type="checkbox"/> White British | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Gypsy/Traveller | <input type="checkbox"/> Any other Asian background |
| <input type="checkbox"/> Any other White background | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> African |
| <input type="checkbox"/> White and Black African | <input type="checkbox"/> Any other Black background |
| <input type="checkbox"/> White and Asian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Any other mixed background | <input type="checkbox"/> Arab |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Prefer not to say |

Other ethnic group (please specify):

If you would like to talk to someone about eye health or eye care services write your name and contact details in the box below.

Name:

Address:

Telephone:

Email:

The Dudley Borough Low Vision Group comprises representatives from Healthwatch Dudley, Community Pharmacies, Thomas Pocklington Trust, Dudley Metropolitan Borough Council, Support Group for Age Related Macular Degeneration, Beacon Centre for the Blind, Local Eye Health Network, Local Optical Committee, Vision 2020 UK and Dudley Clinical Commissioning Group. The Group has been meeting to develop a Low Vision Strategy for the borough that will be presented to the Dudley borough Health and Wellbeing Board and provide a framework for providing more integrated and effective eye health and care services.

Healthwatch Dudley is the consumer champion for both health and social care services provided for adults and children in the Dudley borough. It listens to public and patient views and experiences relating to doctors, dentists, opticians, pharmacists, hospital stays or how a family member is accessing day care or nursing home services. It can share these views and experiences with people who make decisions about health and social care services.

Healthwatch Dudley

Tel: 03000 111 001

Email: hello@healthwatchdudley.co.uk

Website: www.healthwatchdudley.co.uk

Twitter: @HWDudley

Appendix 4: Ethnicity

Ethnicity	Response
White British	146
White Irish	0
Gypsy Traveller	0
Any other White background	1
White and Black Caribbean	1
White and Black African	0
White and Asian	0
Any other mixed background	1
Indian	1
Pakistani	0
Bangladeshi	0
Any other Asian background	1
Caribbean	2
African	0
Any other Black background	2
Chinese	0
Arab	0
Prefer not to say	1
Other	5
Total	161

Appendix 5: Postcode (where a person is resident - first part)

Postcode	Response	Postcode	Response
DY1	11	WV1	5
DY2	5	WV4	8
DY3	17	WV6	2
DY4	1	WV10	3
DY5	13	WV11	2
DY6	11	WV14	4
DY8	16	GA6	1
DY9	6	B24	1
DY0	1	B63	20
BY6	1	B64	3
B62	6	B69	1

Healthwatch Dudley

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