

AN AGEING LONDON AND ITS IMPACT ON VISUALLY IMPAIRED SERVICE USERS

Greater awareness of eye health and improvements in Joint Strategic Needs Assessment for those with sight loss are essential if London is to cope with the impact of an ageing population.

The Scale of the Problem

The Future Sight Loss report from the Royal National Institute of Blind People (2011) states that “almost two million people in the UK are living with sight loss” and that “every day 100 people in the UK start losing their sight”. It is further estimated that 22 per cent of people aged 75 and over will experience sight loss and that in the UK the number of people with sight loss could double by 2050 to almost four million. On average £3.72 million per 100,000 head of population is currently spent on eye care.

What does this mean in London?

There are 309,000 people registered as blind or partially sighted in England and 39,315 of those live in London. It is estimated that only one in three visually impaired people are registered taking the figure for London closer to 120,000.

If people register their sight loss with their local authority they are entitled to various help such as concessions on travel, reductions in council tax and even welfare benefits. The council is also required to conduct an assessment of need, looking at what support may be required in the home or conducting mobility training to stop people from becoming socially isolated.

London's other contributing factor to sight loss include high prevalence of diabetes, particularly among South Asian communities. 60 per cent of those with diabetes will go on to develop diabetic retinopathy.

The Impact of Sight Loss

People with sight loss are 90 per cent more likely to have a fall than a sighted person, much more likely to live in poverty, suffer from depression, be unemployed and have problems with everyday life such as going out, cooking and reading.

The impact of sight loss on older people, who may have multiple health needs, can have devastating consequences for their quality of life. Being able to live independently, maintain a presence within the community and stay in contact with friends and family is made particularly challenging by sight loss. Older people with sight problems who live alone are three times more likely to experience depression as those with normal sight which may explain why sight loss is one of the top three causes of suicide amongst older people.

In 1999, there were 190,000 A&E attendances in England and Wales as a result of people with a visual impairment having falls. Nearly half (90,000) of these happened as a direct result of visual impairment with an estimated cost to the NHS of £130 million.

Services to support eye health, eye care and sight loss services

The “sight loss journey” for an individual starts at the point of diagnosis where sight loss is detected and treatment (where possible) is administered. But it is often here that someone’s journey ends if they are not informed about the benefits of being registered as sight impaired or severely sight impaired, or if additional support at the eye clinic is not available to provide information, advice and appropriate referrals to community and voluntary services.

Eye Clinic Liaison Officers (ECLOs) can provide invaluable emotional and practical support to patients who are diagnosed with sight loss. However, in most cases, ophthalmology departments (the second busiest departments within hospitals) do not have any non-medical support for patients.

Generally, there is a lack of co-ordination between health and social care services in the prevention of sight loss. This inhibits intervention at the earliest possible point, when it is most need and would have the most positive impact.

What can be done?

The UK Vision Strategy seeks a major transformation in the UK’s eye health, eye care and sight loss services. The 3 strategic outcomes areas are to:

1. Improve the eye health of the people in the UK by increasing awareness and ensuring early detection and prevention where possible;
2. Eliminate avoidable sight loss and deliver excellent support by improving the co-ordination, integration, reach and effectiveness of eye health services; and
3. Remove barriers to inclusion so that people with sight loss can exercise independence, control and choice.

There are a small number of local strategy implementation groups in London looking at how this can be delivered locally, but much more needs to be done if the Strategy is to have the necessary impact across London.

Joint Strategic Needs Assessments (JSNAs)

Much of the above can be influenced via a JSNA. It is important that a specific mention of eye health/visual impairment is made in the JSNA and that this is supported by improving links between health and social care providers.

Commitment to Reablement

Reablement is essential for people experience sight loss. It involves actively helping an individual to regain skills, confidence and independence, following a change in circumstances, or specific period of illness or injury, such as sight loss. However, local

authorities reablement programmes often focus on enabling people to leave hospital, putting artificial limits on the rehabilitation package. This means reablement often fails to account for the training needed for people suffering from sight loss.

Some local authorities are beginning to use personal budgets to enable individuals to buy the services they require. However, questions still remain as to how effective this will be in the context of sight loss, taking into consideration the specific barriers which impede independence.

Without comprehensive and clear guidance, a range of responses are being developed by local authorities across the country, and many are overlooking, or under-estimating the impact of sight loss and its implications for reablement.

Written for the London Health Forum by Action for Blind People.