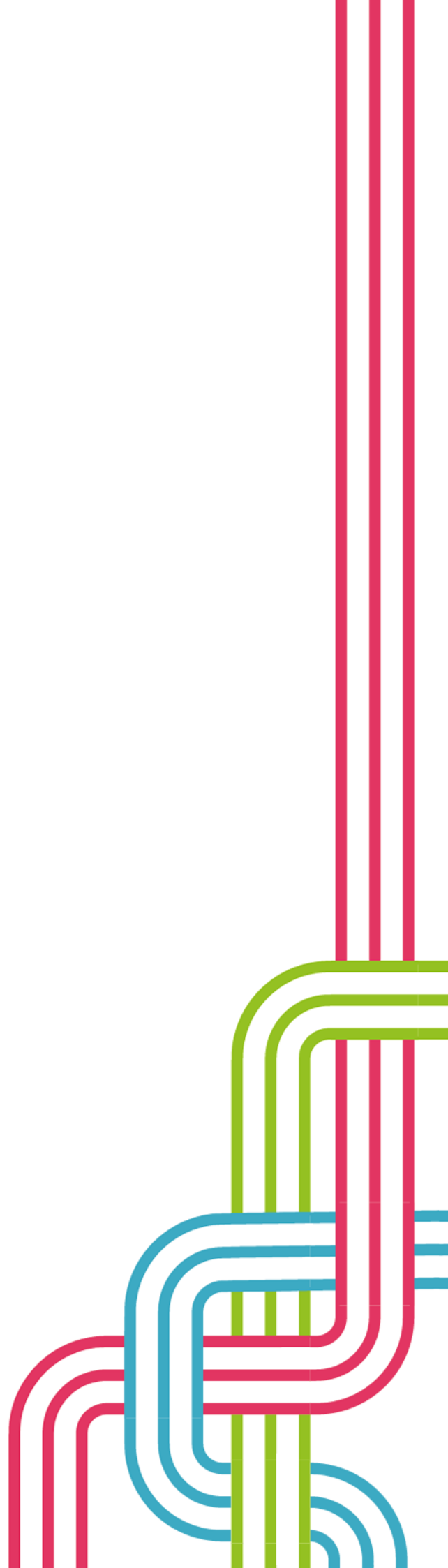


# **Sensory impairments**

## **Suffolk**

### **2023**



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## Type of report

This report is a topic profile in the Suffolk Joint Strategic Needs Assessment (JSNA), rather than a full health needs assessment. A health needs assessment is a systematic approach to understanding the needs of a population that can be used as part of the commissioning process to ensure that the most effective support is provided for those in greatest need. Health needs assessments include elements such as service mapping, stakeholder engagement, and recommendations for action. A topic profile, however, is an analysis of a specific subject, usually in response to a specific request for information. It should be utilised as an overview of the topic, rather than a comprehensive examination of the health needs of a population.

## An introduction to sensory impairments

Sensory impairments refer to conditions in which one or more of our senses (sight, hearing, smell, touch, taste, and spatial awareness) is no longer typical. We rely on these senses every day, often

without thinking too much about it. Our senses work in balance and help us react accordingly to stimuli.

Sensory impairments can hinder basic daily activities and result in social isolation and loneliness, negatively affecting quality of life<sup>3</sup>. There are different levels of sensory impairments, but for most people it is possible to live independently with the right aid and support system<sup>4</sup>. Types of sensory impairment include:

### Visual impairment (blind or partially sighted)

Visual impairment refers to a decreased ability to see, causing vision problems that are not correctable by aids such as glasses. The most severe visual impairment is blindness, where a person cannot see at all<sup>4</sup>.

When measuring a person's vision for impairments there are two main areas that are looked at<sup>5</sup>:

- **visual acuity:** This is the central vision used to look at objects in detail, such as reading a book or watching television
- **visual field:** This is the ability to see around the edge of your vision while looking straight ahead

### Hearing impairment (hard of hearing or deafness)

Hearing impairment is defined as the total or partial inability to hear sounds. There are three common types of hearing impairments, some of which can be corrected with the help of a hearing aid<sup>4</sup>:

- **hard of hearing:** reduced ability to hear sounds as other people hear them or moderate hearing loss, which can be corrected with hearing aids
- **deafness:** Lack of hearing and being unable to understand speech through hearing, or a significant hearing loss
- **profound deafness:** Total lack of hearing and being unable to detect sound at all

There are two types of ways that hearing loss can occur. Conductive hearing loss refers to hearing loss that is usually a result of a blockage caused by things such as ear wax, glue ear, or a buildup of fluid due to an ear infection. Conductive hearing loss can also be caused by a perforated ear drum or an impairment of the hearing bones.

Sensorineural hearing loss refers to hearing loss caused by sensitive hair cells either inside the cochlea or the auditory nerve (which transmits sound to the brain). These damages can be caused by age, exposure to loud noise, or as a result of an injury. There is also a possibility that hearing impairments can occur due to both conductive and sensorineural hearing loss. This is termed mixed hearing loss<sup>6</sup>.

### Dual sensory impairment (Deaf blindness)

Dual sensory impairment is the combined loss of hearing and vision to such an extent that it is almost impossible for the impaired senses to compensate for each other- also referred to as deaf blindness. Deaf blindness can be congenital, this means that someone can be born with this impairment. Additionally, deaf blindness can occur later in life primarily through injury, illness, or ageing<sup>4</sup>.

### Taste and smell impairment

People who have taste impairments either have a decrease in their ability to taste or changes in the way they perceive taste. There are three types of taste impairments<sup>7</sup>:

- **dysgeusia:** a condition in which a foul, salty, rancid, or metallic taste persists in your mouth. Dysgeusia is sometimes accompanied by **Burning Mouth Syndrome**, which is characterised by a painful burning sensation in your mouth

- **hypogeusia:** a condition in which your ability to taste is reduced
- **ageusia:** a conditions in which you're unable to taste anything

Problems with the sense of taste can have a big impact on life. Taste stimulates the desire to eat and therefore plays a key role in nutrition and dietary choices. The sense of taste also helps keep us healthy by enabling us to detect spoiled food or drinks. Some people are born with taste impairments, but most develop them after an injury or illness<sup>7</sup>.

Scientists have established five distinct flavours contributing to our sense of taste: sweet, sour, bitter, salty, and savoury. These flavours, plus the sensations of heat, coolness, and texture combine inside the mouth and are processed through the 'gustatory' sense. Taste is picked up by gustatory receptors which are located on our tongues and is strongly linked to our olfactory sense (smell). Our sense of smell is responsible for about 80% of what we taste and contributes to the perception of taste. Sense of taste and smell are so closely related that some people who go to the doctor thinking they have lost their sense of taste instead are surprised to discover they have lost their sense of smell<sup>7</sup>.

People who have smell impairments either have a decrease in their ability to smell or changes in the way they perceive odours. There are four types of smell impairments<sup>8</sup>:

- **hyposmia:** a reduced ability to detect odours
- **anosmia:** the complete inability to detect odours. In rare cases, someone may be born without a sense of smell (termed congenital anosmia)
- **parosmia:** refers to a change in the normal perception of odours, such as when the smell of something familiar is distorted, or when something that normally smells pleasant now smells foul
- **phantosmia:** the sensation of an odour that isn't there

Smell impairments have many causes. Most people who develop a smell impairment have experienced a recent illness or injury<sup>8</sup>.

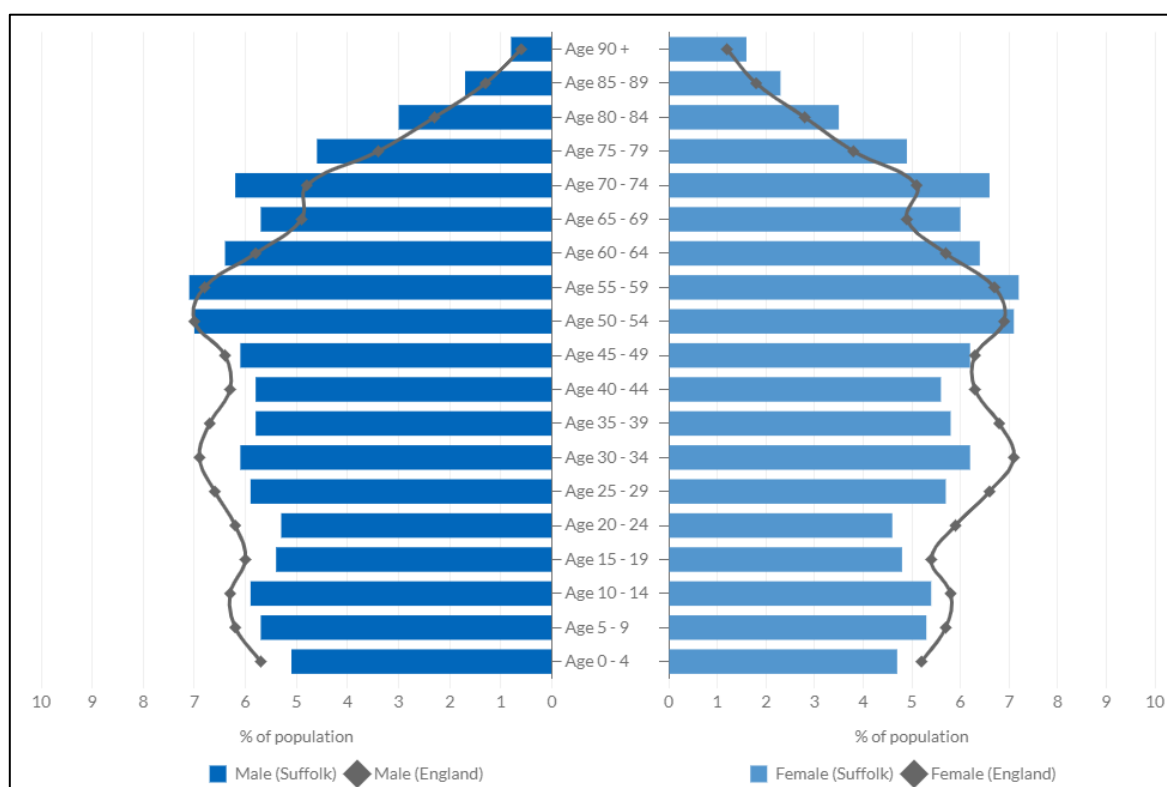
## Risk factors

There are many risk factors that influence the prevalence of sensory impairments in Suffolk's population. These include:

### Age

The older you are, the greater your risk of sensory impairment<sup>3</sup>. Suffolk has a population of 760,700, reported at the time of the 2021 Census<sup>9</sup>. Figure 1 shows the age-sex breakdown of Suffolk's population. Results show that children and young people (aged between 0 and 15 years) account for 17.1% of Suffolk residents, 1.4 percentage points lower than England estimates (18.5%). The adult population (aged between 16 and 64 years) account for 59.3%, 3.9 percentage points lower than England estimates (63.2%). 23.6% of Suffolk residents are 65 years or over, five percentage points higher than England (18.6%). This indicates that the risk of sensory impairment and demand for supporting health services may be high in Suffolk.

Figure 1: Age-sex population pyramid for Suffolk and England, as reported in the 2021 Census.



Source: [Suffolk Observatory](#)

## Sex

Sex inequalities have been observed within the prevalence of sensory impairments. Evidence has found that men were more likely to have three or more sensory impairments than women across all ages<sup>10</sup>. Research has also identified that hearing impairments were more prevalent in men than women, due to a hypothesised protective effect of estradiol (naturally occurring oestrogen) in women prior to onset menopause<sup>11</sup>

A longitudinal study investigating the relationship between self-reported sensory impairments and geriatric mental health outcomes segregated by sex was also completed<sup>12</sup>. Results showed that vision impairment was significantly associated with depression among women. Moreover, hearing impairment was significantly associated with cognitive impairment for women, but not for men. Having a dual sensory impairment was associated with depression only among men, while having dual sensory impairment was associated with cognitive impairment only among women.

Table 1 shows the population by sex for Suffolk, East of England, and England at the time of the 2021 census<sup>9</sup>. In Suffolk, 50.7% of the population was female and 49.3% of the population was Male. This is similar to the East of England and England estimates.

**Table 1: Population by sex for Suffolk compared to East of England and England, 2021**

	Suffolk	East of England	England
Females	385,976	3,228,097	28,833,712
Females (%)	50.7	51.0	51.0
Males	374,712	3,106,977	27,656,336
Males (%)	49.3	49.0	49.0

Source: [Suffolk Observatory](#)

## Ethnicity and race

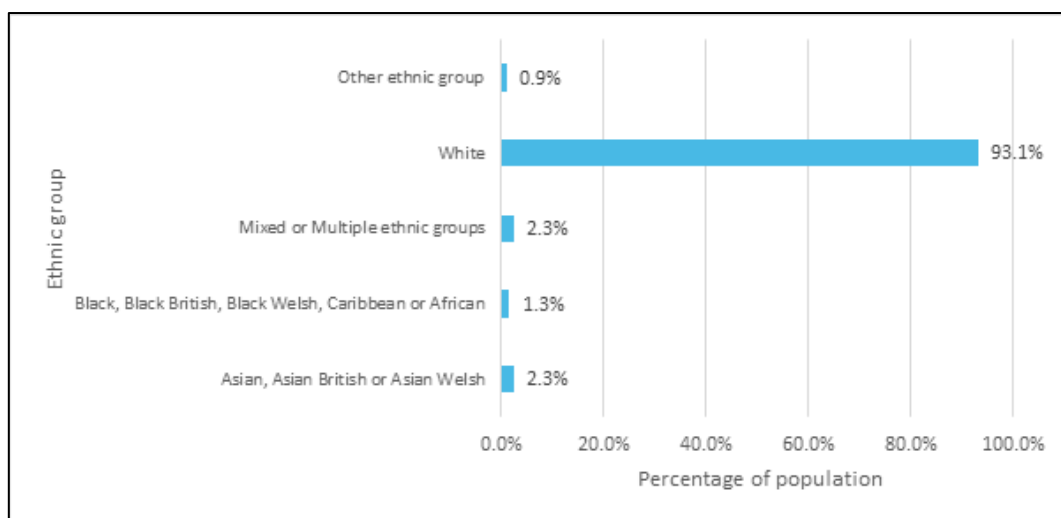
People from different ethnic communities have been shown to have a varied risk certain sensory impairments. For example, Black African and Caribbean people are four to eight times more at risk of developing certain forms of glaucoma, and the risk of diabetic eye disease is around three times greater in South Asian people<sup>13</sup>.

Additionally, cross-sectional data from the UK Biobank resource examined self-reported hearing questions from 40-69 years olds from England in Wales<sup>14</sup>. Results showed that there were lower levels of hearing aid use for people from Black African, Black Caribbean, and Indian ethnic groups, compared to the White British or Irish group.

Several studies have found a link between prevalence of smell and taste impairments with ethnicity. This includes a cross-sectional study to estimate the prevalence of, and explore potential risk factors for, taste and smell dysfunction in the general population of the USA<sup>15</sup>. Results identified that non-Hispanic Black populations had a higher prevalence of smell and taste dysfunctions compared to non-Hispanic White Americans. A systematic review and meta-analysis aiming to pool the prevalence of chemosensory (taste and smell) deficits as a result of COVID-19 was also completed<sup>16</sup>. Results showed that both the prevalence of anosmia (loss of smell) and hypogeusia (loss of taste) was three to six times higher in Caucasians compared to East Asians, with findings pointing genetic ethnic-specific differences.

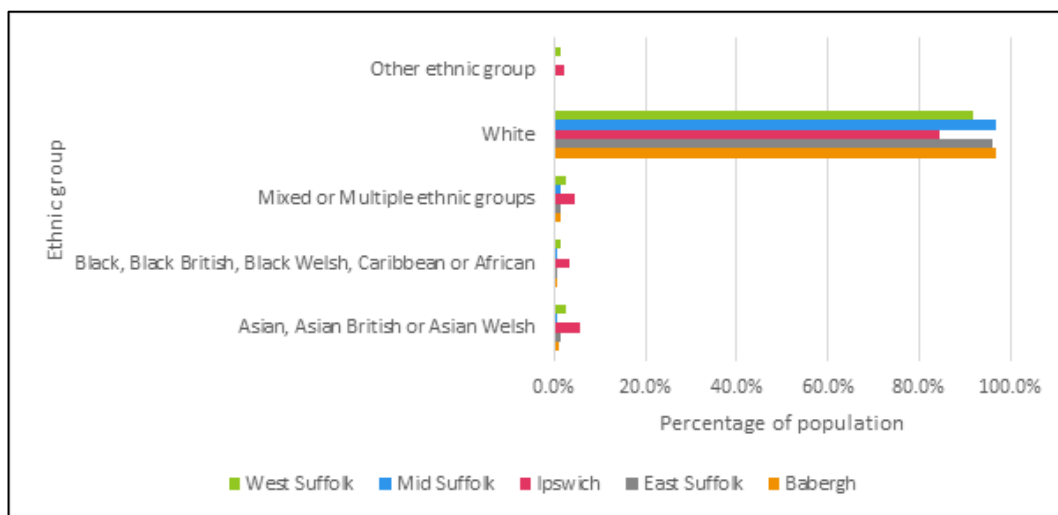
Figures 2 and 3 summarise broad ethnic groups for Suffolk residents as reported in the 2021 census. In Suffolk, 93.1% of the population were classified as White. However, a significant variation across lower-tier local authority areas was shown, with Ipswich having the lowest percentage of White population at 84.3% and Mid Suffolk having the highest percentage of White population at 96.8%.

**Figure 2: Suffolk ethnic group census 2021 estimates**



Source: [Ethnicity, 2021 Census](#)

Figure 3: Suffolk's local authorities – ethnic group census 2021 estimates



Source: [Ethnicity, 2021 Census](#)

### Poor health

Sensory impairment can be linked to poor health and other health conditions. For example, there is strong evidence that obesity is associated with elevated intraocular pressure which increases your risk of glaucoma<sup>17</sup>. Obesity also increases your risk of developing diabetes which can cause sight loss<sup>17</sup>. Evidence has also shown that the prevalence of inadequate fruit/vegetable consumption (less than 2 portions per day) is particularly high among people with vision and hearing impairments<sup>18</sup>. Fruit and vegetables are a good source of important vitamins and minerals<sup>19</sup>. Intake of specific vitamins and minerals can affect your hearing performance, some examples include:

- **vitamin B9** (folic acid) has been shown to support circulation, improving blood flow to the inner ear. This could help to improve tinnitus (ringing in ears) and sudden age-related hearing loss. It can be found in several vegetables including spinach, bok choy, asparagus and broccoli<sup>20</sup>
- **magnesium** is known as an antioxidant (a substance that removes potentially damaging oxidizing agents or free radicals in living organisms). It is known to combat free radicals and act as a protective barrier for the delicate hair cells in the inner ear. This could help prevent noise-induced hearing loss. Leafy greens, bananas and avocados are all good sources of magnesium<sup>20</sup>
- **vitamin C** (ascorbic acid) has been shown to play a critical role in consuming oxygen and maintain low levels of oxygen within the eye. Replenishing vitamin C in the lens has been shown to be a viable strategy for reducing risk of cataract formation. Citrus fruits such as oranges, kiwis and lemons are good sources of vitamin C<sup>21</sup>
- **vitamin A** (retinol) has been shown to influence degenerative conditions affecting the retina and uvea such as age-related macular degeneration and cataracts. This is because vitamin A can neutralise oxidative damage and filter high-energy blue light that reaches the eye reducing harm. Good sources of vitamin A include tomatoes, red bell peppers and mango<sup>22</sup>
- **vitamin D** (calciferol) has been shown to influence neural stem cells and progenitor cell proliferation (rapid cell growth), impacting the neuron types in the olfactory system (sense of smell)<sup>23</sup>. Vitamin D is also an immunomodulatory hormone with proven effectiveness against various upper respiratory tract infections. Research has shown that individuals suffering from vitamin D deficiency were more likely to have a severe case of COVID-19,

long COVID or symptoms associated with COVID-19. One of the main symptoms associated with COVID-19 was a loss of taste or smell<sup>24</sup>. Mushrooms, spinach, kale and oranges are all good sources of vitamin D<sup>25</sup>

Research has also shown that smoking is associated with a higher risk of sensory impairment. Smokers have lower sensory recognition capability when compared to non-smokers showing a significant positive correlation between decreased smell and taste sensitivity and smoking<sup>26</sup>. Cigarette smoking has also been shown to damage anti-oxidative systems and tissue metabolism, indicating a clear correlation between the risk of sensorineural hearing impairment and age-related macular degeneration (vision impairment) and smoking<sup>27</sup>




Increased physical activity has also been shown to improve perception and increase social skills of those with sensory impairments<sup>28</sup>.

Table 2 describes the prevalence of an array of factors associated with poor health across Suffolk local authorities, and England. Results show that none of the listed factors for Suffolk are statistically significantly worse than the national average, with statistically significantly better values for Year 6 excess weight (36.0%), and the proportion of adults meeting the recommended '5-a-day' (61.0%) than national averages. Ipswich has several factors that are statistically significantly worse than national averages, including adult smoking prevalence (22.0%), adults classified as overweight or obese (68.2%), 4/5-year-old excess weight (including obesity) (24.7%), the percentage of physically inactive adults (34.2%) and the percentage of physically active adults (54.1%). Both Babergh and Mid Suffolk report statistically significantly better scores than national averages for Year 6 excess weight including obesity, the percentage of adults meeting '5-a-day' guidelines and lower percentages of physically inactive adults.

**Table 2: Prevalence of factors of poor health for Suffolk districts and Boroughs and England**

Risk Modifiers	England	Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk
Smoking Prevalence in adults (18+) - current smokers (APS), 2021	13.0	13.2	9.8	12.1	22.0	11.7	10.6
Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS), 2020	24.5	27.2	15.1	26.8	36.4	25.8	27.6
Percentage of adults (18+) classified as overweight or obese, 2020/21	63.5	62.9	63.8	61.9	68.2	60.4	60.7
Reception: Prevalence of overweight (including obesity) (4-5 yrs), 2021/22	22.3	22.3	21.4	24.0	24.7	16.7	20.9
Year 6: Prevalence of overweight (including obesity) (10-11 yrs), 2021/22	37.8	36.0	32.6	39.0	39.4	33.7	31.9
Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults/16+ yrs),	55.4	61.0	60.0	64.8	51.9	60.3	63.3
Percentage of physically inactive adults (19+ yrs), 2020/21	23.4	23.8	16.6	19.5	34.2	19.5	28.7
Percentage of physically active adults (19+ yrs), 2020/21	65.9	65.2	73.6	67.4	54.1	68.7	63.8
Percentage of physically active children and young people (5-16 yrs), 2021/22	47.2	48.3	58.0	45.9	*	*	45.9

Compared to England average:

Better  Similar  Worse 

Source: [Fingertips: Public health data](#)

## Prevalence & projections

### Visual impairment (blind or partially sighted)

More than two million people are estimated to be living with visual impairment in the UK today<sup>1</sup>. There are 5 main causes of sight loss across the UK. Uncorrected refracted error is the most common cause of sight loss, accounting for 39% of all sight loss. This condition refers a mismatch between the refractive components of the eye and the length of the eyeball - the result is an out of focus or blurred image. This is followed by AMD, cataract, and glaucoma accounting for 23%, 19% and 7% respectively. Diabetic eye diseases accounts for 5% of sight loss<sup>1</sup>.



## Sight threatening eye conditions

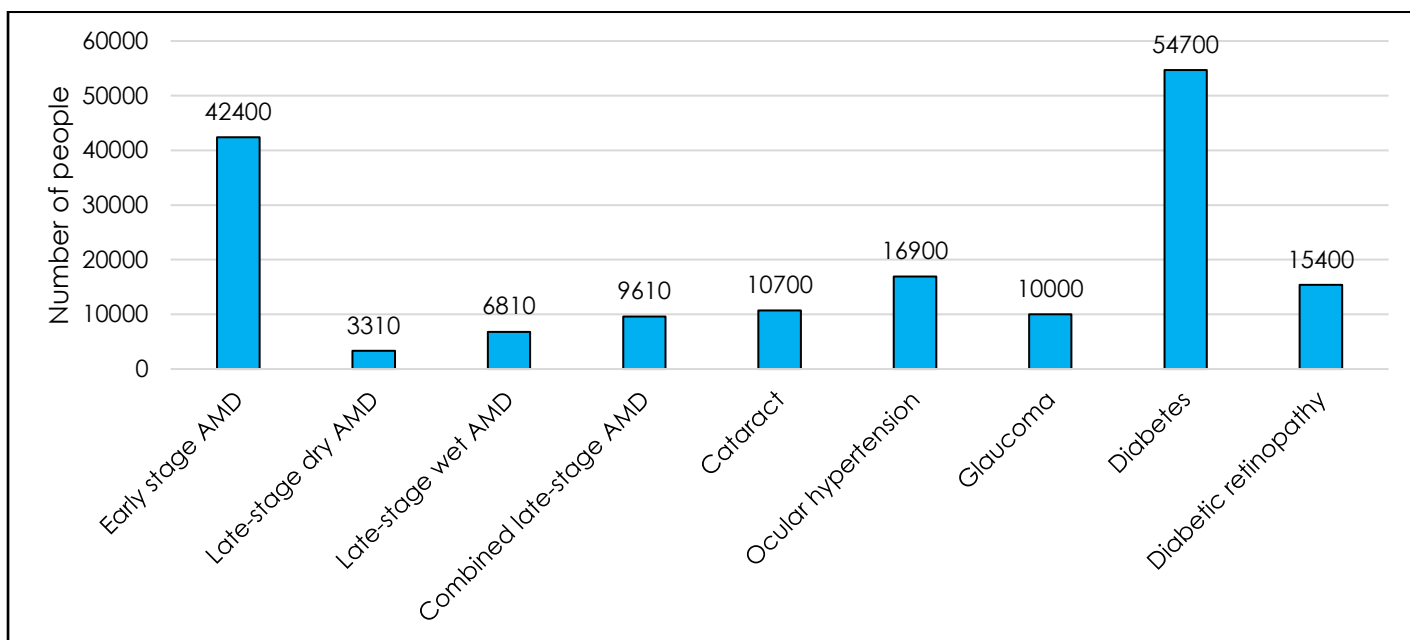
There are several conditions that can increase risk of visual impairment. This includes:

- **Age-related macular degeneration (AMD):** AMD is an eye disease that can blur your central vision. There are two main types of AMD, dry and wet. Dry AMD (also known as atrophic AMD) is where the macula (the part of your eye that processes what you see directly in front of you [your central vision]) gets thinner with age. This is the most common type of AMD. Wet AMD (also called advanced neovascular AMD) occurs when abnormal blood vessels grow in the back of the eye and damage the macula. This is less common but usually causes faster vision loss. Individuals may also have a combination of the two types. AMD is one of the leading cause of blindness and severe sight loss in the UK.
- **Cataract:** Cataracts are when the lens, a small transparent disc inside your eye, develops cloudy patches. Cataract is a common eye condition and the impact upon vision can be difficult to notice. However, cataract does often gets worse overtime.
- **Glaucoma:** Glaucoma is a common eye condition where the optic nerve, which connects the eye to the brain, becomes damaged. It is usually caused by fluid building up in the front part of the eye, which increases pressure inside the eye (also referred to as ocular hypertension). Damage to sight can usually be minimised by early diagnosis in conjunction with careful regular observation and treatment.
- **Diabetic retinopathy:** Diabetic retinopathy is a complication of diabetes, caused by high blood sugar levels damaging the back of the eye (retina). It can cause blindness if left undiagnosed and untreated. Screening and early diagnosis with appropriate intervention is essential.

Figure 5 shows the prevalence of sight threatening eye conditions across Suffolk, in 2022. Results show there are an estimated 169,830 people with sight threatening eye conditions across Suffolk in 2022. However, this may be an overestimate as there are people living with a number of different sight threatening eye conditions and includes people with the early stages of these diseases who have not experienced any reduction in their vision at this point<sup>29</sup>.

There is an estimated 42,400 people were living with early stages of AMD in Suffolk, 2022. Comparing all types of late-stage AMD, the prevalence of combined AMD was highest affecting 9,610 people. This was followed by late-stage wet AMD affecting 6,810 people. An estimate of 3,310 people were suggested to be living with late-stage dry AMD in Suffolk, 2022. 10,700 people were estimated to be living with cataracts. 16,900 people were estimated to be living with ocular hypertension (increased pressure inside the eye) and a further 10,000 people were estimated to be living with glaucoma in Suffolk, 2022. Finally, 54,700 adults across Suffolk have diagnosed diabetes. An estimated 15,400 people were living with diabetic retinopathy, of these 1,420 were living with severe diabetic retinopathy, a later stage of the disease that is likely to result in significant and potentially certifiable sight loss.

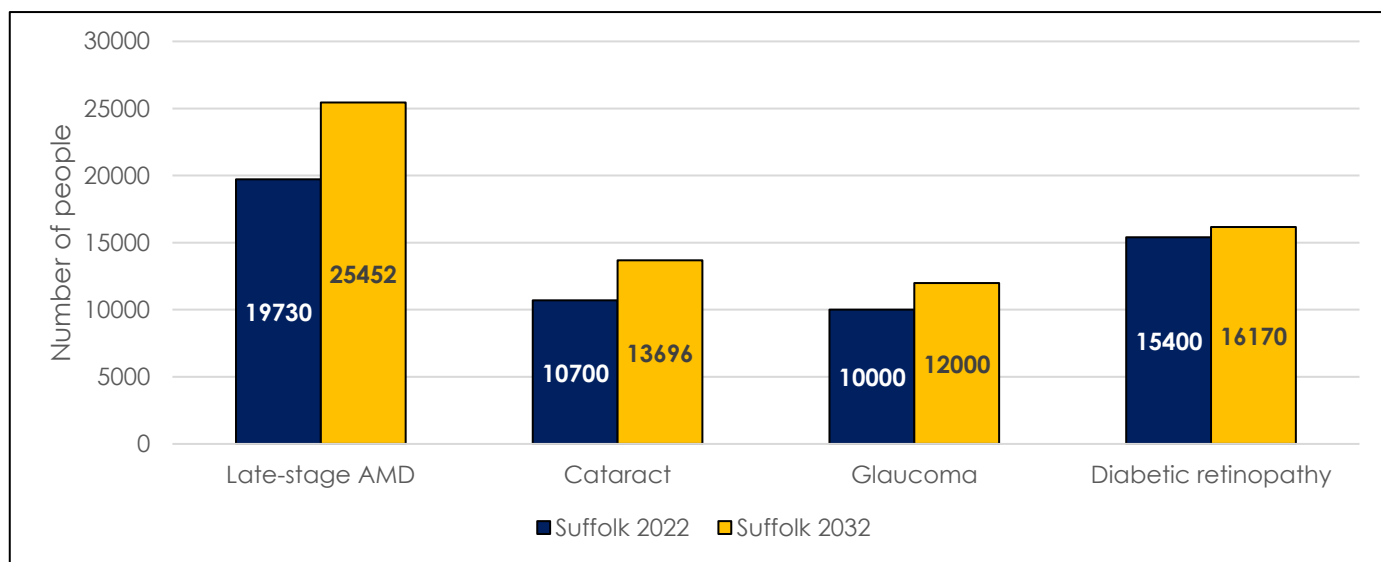
**Figure 4: The estimated prevalence of sight threatening eye conditions across Suffolk, 2022**



Source: [Royal National Institute of Blind People](#)

Figure 6 shows the available predicted prevalence of sight threatening eye conditions across Suffolk in 2032 as reported by the [Royal National Institute of Blind People](#). Compared to Suffolk prevalence in 2022, results show that the prevalence of late-stage AMD is projected to increase by 29% (5,722 people) by 2032. The prevalence of cataract is expected to increase by 28% (2,996 people) between 2022 and 2032 across Suffolk. The prevalence of glaucoma is projected to increase by 20% (2,000 people) between 2022 and 2032, and the prevalence of diabetic retinopathy is expected to increase by 5% (770 people) between 2022 and 2032.

**Figure 5: The estimated prevalence of sight threatening eye conditions across Suffolk in 2022, compared to the estimated prevalence projections for 2032**



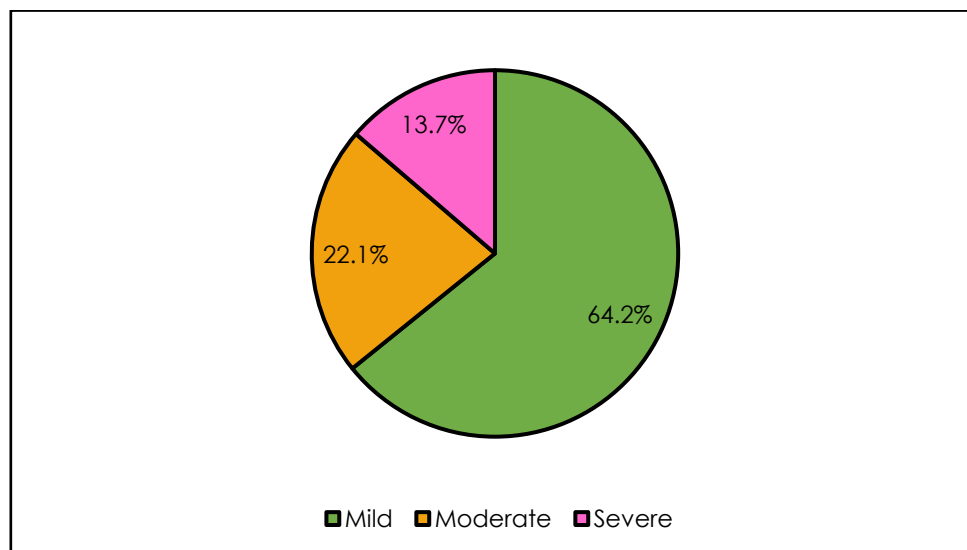
Source: [Royal National Institute of Blind People](#)

### People living with sight loss

In 2022, the estimated prevalence of sight loss in Suffolk was 4.1% this is 0.8 percentage points higher than the England estimate of 3.3%. In Suffolk, 2022, there was an estimated 31,910 people living with sight loss. Figure 7 provides a breakdown of the prevalence of sight loss across Suffolk,

2022, by severity. Of these people living with sight loss in Suffolk, 64.2% (20,500 people) were living with mild sight loss, 22.1% (7,040 people) were living with moderate sight loss, and 13.7% (4,370 people) were living with severe sight loss.

**Figure 6: A breakdown of the severity of those living with sight loss across Suffolk, 2022**



Source: [Royal National Institute of Blind People](#)

Prevalence of people living with sight loss in Suffolk increases with age. Table 3 shows the number of people living with sight loss in Suffolk, in 2022, split by age. Results show that the prevalence of people living with sight loss is highest in individuals aged 85 years and over (11,100 people) and prevalence is lowest in individuals aged 0 to 17 years (310 people).

**Table 3: Number of people living with sight loss in Suffolk split by age, 2022\***

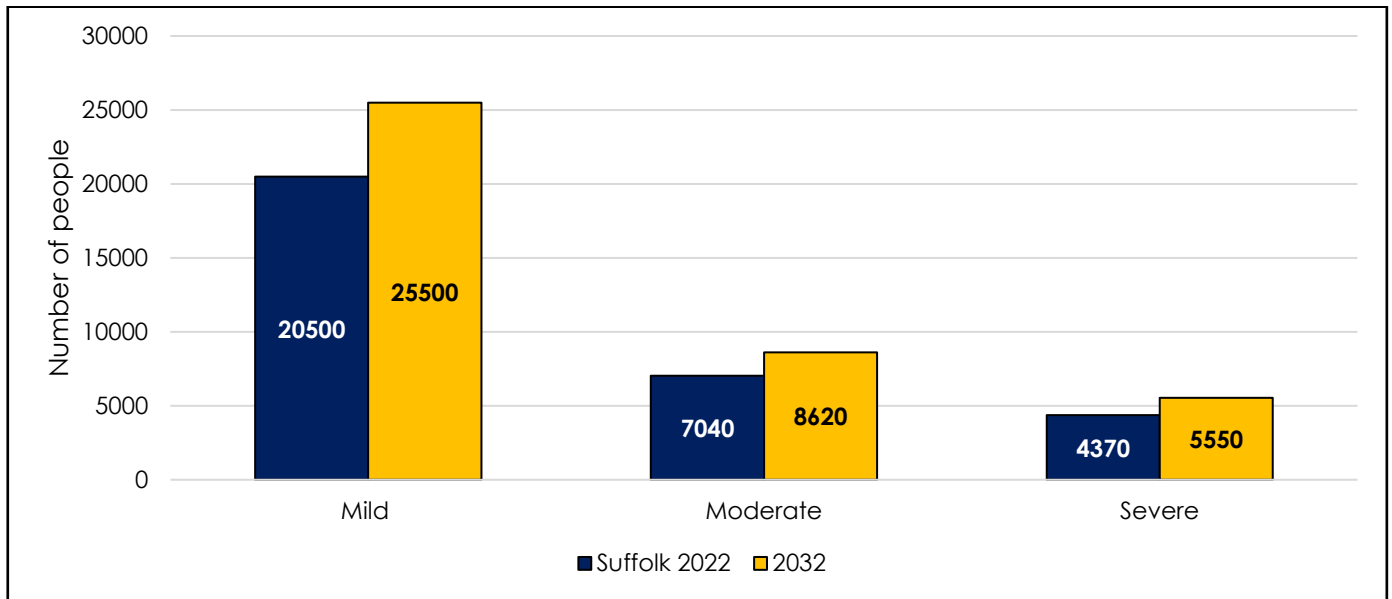
Age category	Number of people living with sight loss	Age standardised rate per 100,000 of people living with sight loss
0 to 17 years	310	210.69
18 to 64 years	4,940	1,137.33
65 to 74 years	6,050	6,464.92
75 to 84 years	9,500	15,533.79
85 years and over	11,100	45,378.36

\*Figures may not sum due to rounding and different prevalence estimates for vision impairment in children.

Source: [Royal National Institute of Blind People](#)

Figure 8 shows the 2032 projections of estimated sight loss prevalence in Suffolk, by severity, compared to prevalence estimates recorded in 2022. Compared to Suffolk prevalence in 2022, results show that the prevalence of mild sight loss is expected to increase by 24.4% (5,000 people) by 2032. Moderate sight loss prevalence is estimated to increase by 22.4% (1,580 people) by 2032. Severe sight loss is estimated to increase by 27% (1,180 people) by 2032.

**Figure 7: The estimated prevalence of sight loss, by severity, across Suffolk in 2022, compared to the estimated prevalence projections for 2032.**



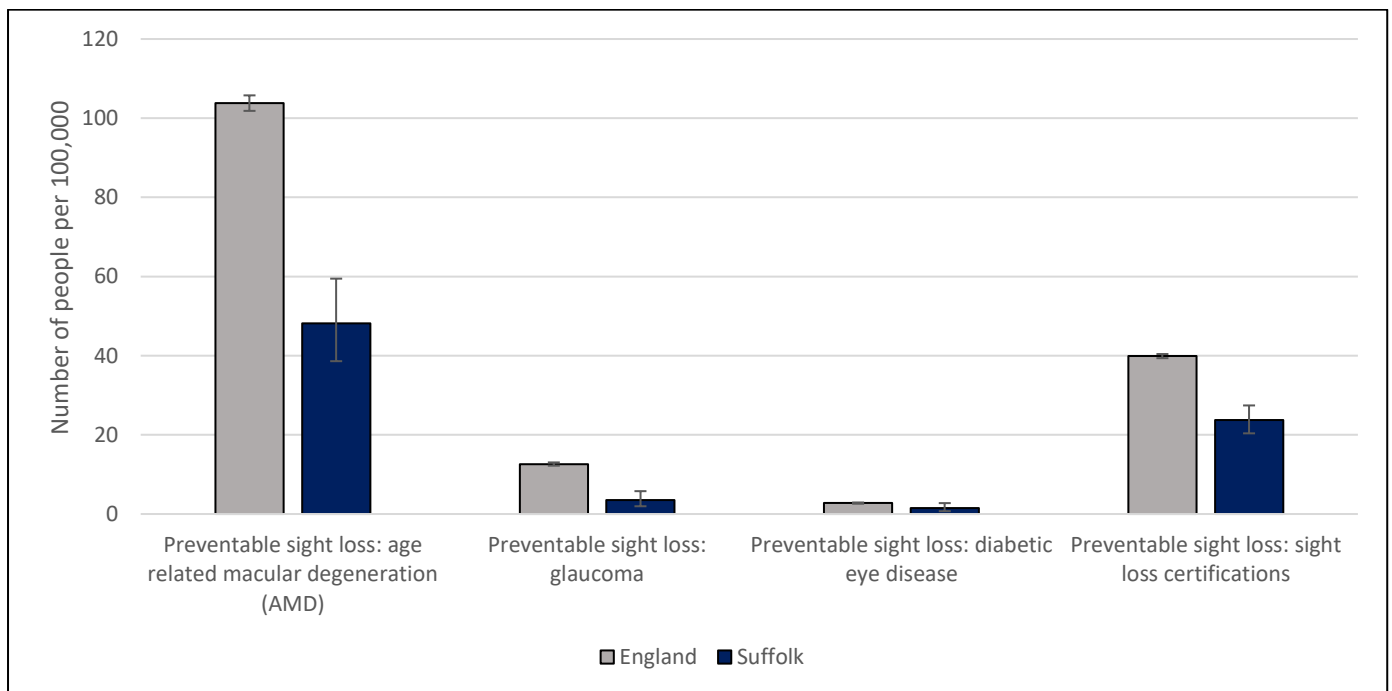
Source: [Royal National Institute of Blind People](#)

### Preventable sight loss

Research by the Royal National Institute for Blind People (RNIB) suggests that 50 percent of cases of blindness and serious sight loss could be prevented if detected and treated in time<sup>2</sup>. Whilst this is mainly due to uncorrected refractive error and untreated cataracts, the research indicates that the take up of sight tests is lower than would be expected. This is particularly the case within areas of social deprivation. Low uptake of sight tests can lead to later detection of conditions and increased sight loss due to late intervention<sup>30</sup>.

Figure 9 shows the estimated preventable sight loss as recorded by new certifications of visual impairment in Suffolk for 2021/2022 compared to England. Overall, results showed that Suffolk (2021/2022) had a statistically significantly lower number of certified preventable sight loss cases when compared to England, with a rate of 23.7 per 100,000 people, compared to 39.9 per 100,000 people respectively. In Suffolk, preventable sight loss due to age related macular degeneration (AMD) in people 65 years and over affected 48.2 per 100,000 people, statistically significantly lower than the England estimate of 103.8 per 100,000. Preventable sight loss due to glaucoma in people 40 years and over affected 3.5 per 100,000 people, statistically significantly lower than the England estimate of 12.6 per 100,000 people. Preventable sight loss due to diabetic eye disease in people aged 12 and over affected 1.5 per 100,000 people, statistically significantly lower than the England estimate of 2.76 per 100,000 people.

**Figure 8: The estimated preventable sight loss as recorded by new certifications of visual impairment split by reason, in Suffolk 2021/2022, compared to England**



Source: [Fingertips](#)

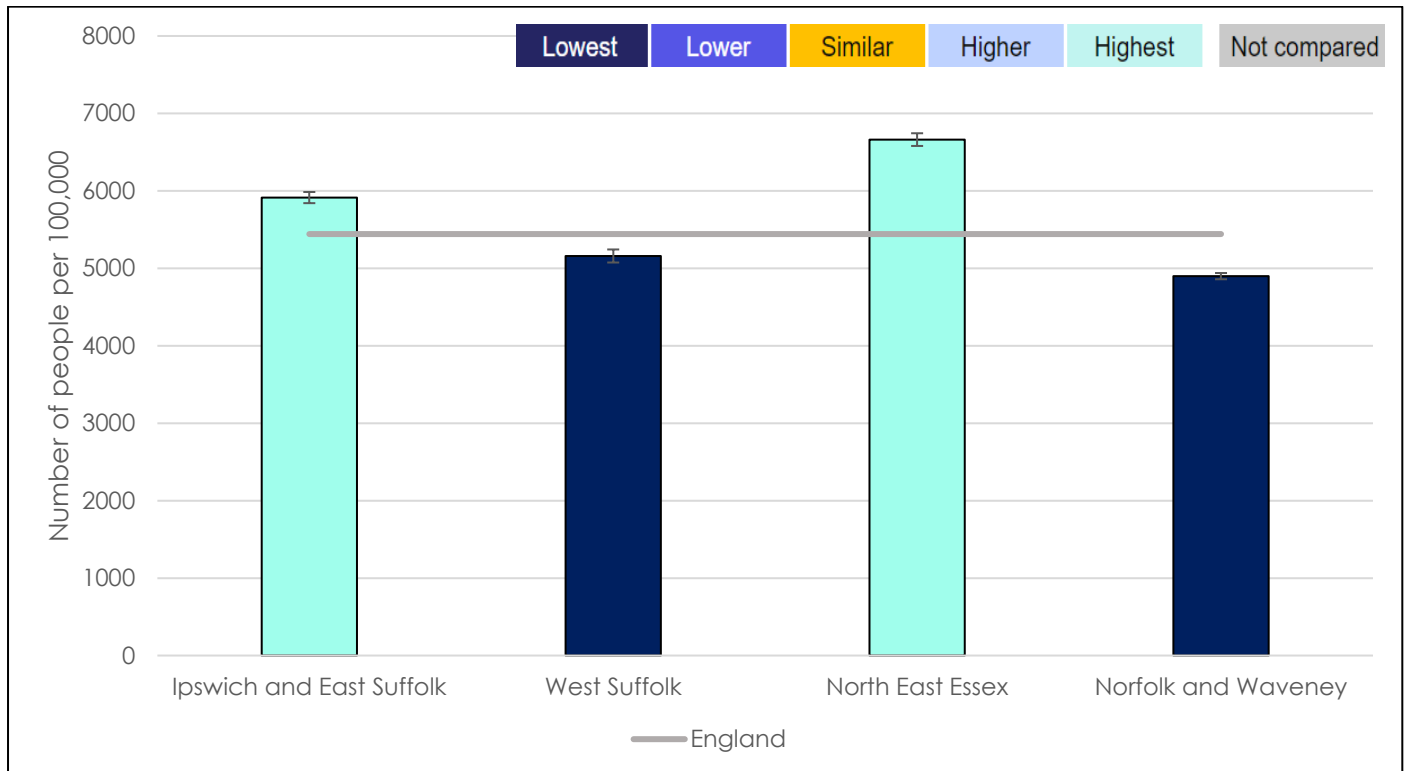
### Outpatient attendances & procedures

Vision outpatient attendance and procedure data shows overall trends in activity associated with visual impairment service provision. Highlighting variation in outpatient attendances or procedure rates can help to inform and support any necessary actions at place and at system level.

Ophthalmology (the field of medicine that focuses on the health of the eye) has been steadily increasing in size over the past decade and became the single largest specialty for outpatient attendances in England in 2017/18, overtaking trauma & orthopaedics<sup>33</sup>.

Figure 10 shows the number of individual people who attended an outpatient appointment for all vision treatment specialities, as a directly age standardised rate per 100,000 population across sub-ICB locations in Suffolk in 2021/2022, compared to England. Results show that NHS Ipswich and East Suffolk, and North East Essex Sub-ICB locations had statistically significantly higher vision outpatient attendances, with rates of 5913.2 per 100,000 and 6661.8 per 100,000 respectively, when compared to the England estimate of 5442.4 per 100,000. On the other hand, both NHS West Suffolk and Norfolk and Waveney sub-ICB locations had statistically significantly lower vision outpatient attendance, with rates of 5158.9 per 100,000 and 4899.0 per 100,000 respectively, when compared to the England estimate.

**Figure 9: The number of individual people who attended an outpatients appointment for all vision treatment specialities, as a directly age standardised rate per 100,000 population across sub-ICB locations in Suffolk, 2021/2022, compared to England**

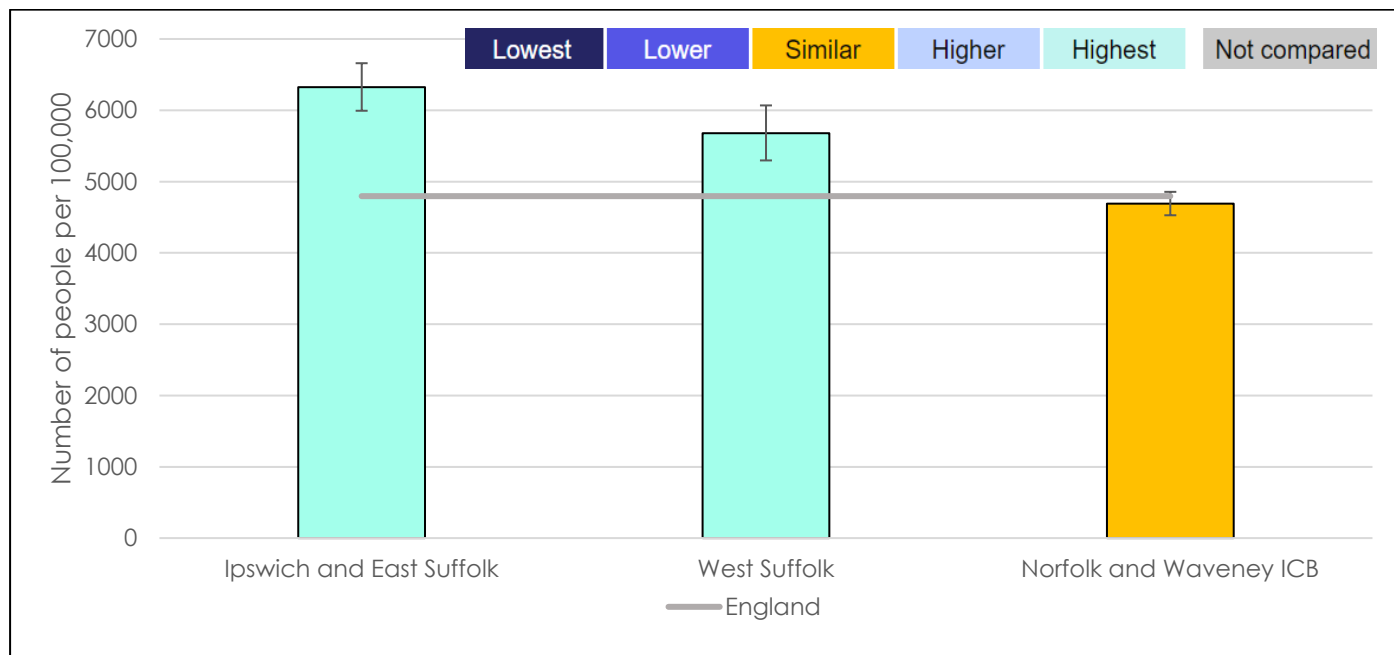


Source: [Fingertips](#)

Intravitreal injection therapy is the main treatment for the routine management of wet age related macular degeneration (AMD), diabetic macular oedema (DMO) and macular oedema, the leading causes of certifiable sight impairment and sight loss in adults in England<sup>33</sup>.

Figure 11 shows the Directly age standardised rate per 100,000 population for intravitreal injection therapy procedures in people aged 60 years and over across sub-ICB locations in Suffolk in 2021/2022, compared to England. However, data for North East Essex sub-ICB location was not published. Results show that both, Ipswich and East Suffolk and West Suffolk sub-ICB locations had statistically significantly higher rates of injection therapy procedures in people aged 60 years and over, with rates of 6324.2 per 100,000 and 5678.5 per 100,000 people respectively, compared to the England estimate of 4795.8 per 100,000 people. Norfolk and Waveney sub-ICB locations had a statistically similar rate of 4690.9 per 100,000 people compared to the England estimate.

**Figure 10: The intravitreal injection therapy procedures in people aged 60 years and over. Directly age standardised rate per 100,000 population across sub-ICB locations in Suffolk, 2021/2022, compared to England**

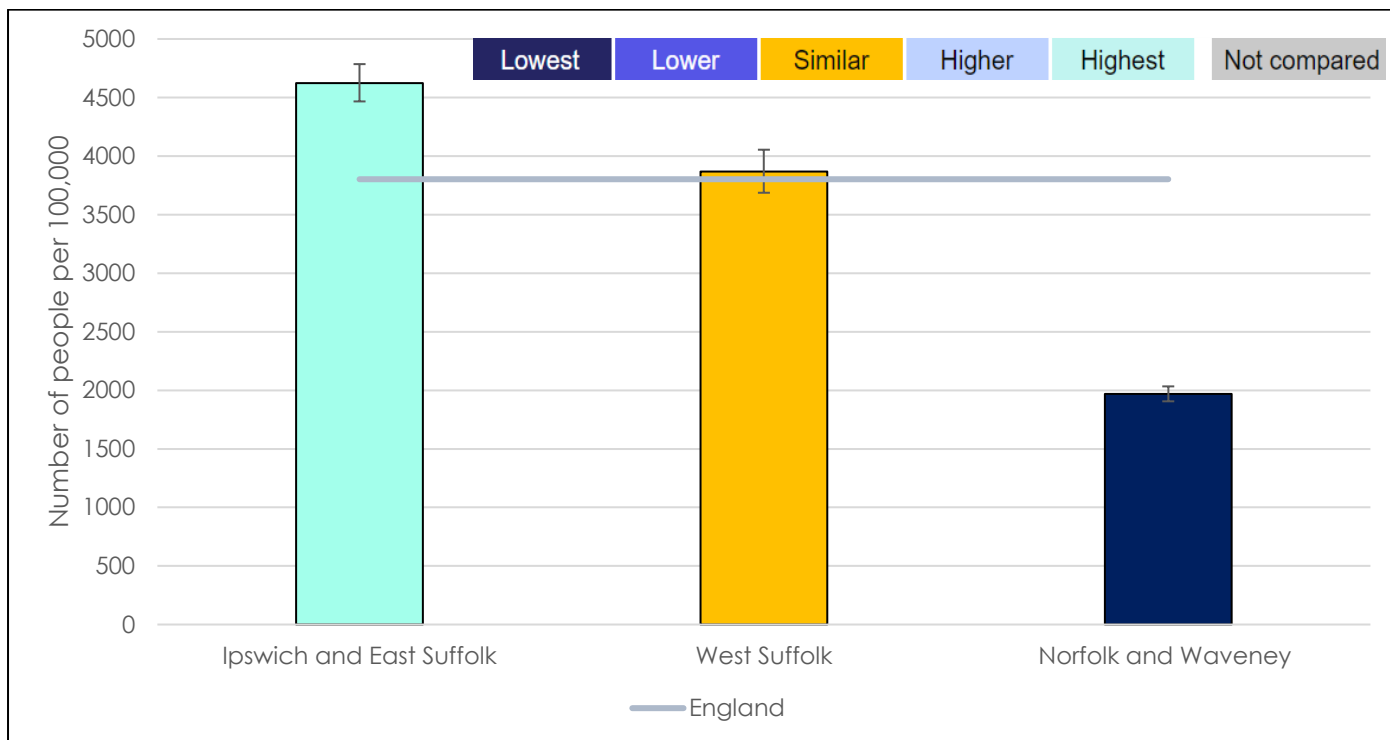


Source: [Fingertips](#)

Cataract surgery involves replacing the cloudy lens inside the eye with an artificial one. It has a high success rate in improving eyesight. It can take 2 to 6 weeks to fully recover from cataract surgery<sup>34</sup>.

Figure 12 shows the directly age standardised admission rate per 100,000 population for cataract surgery in people aged 65 years and over across sub-ICB locations in Suffolk in 2021/2022, compared to England. However, data for North East Essex was not published. Results show that Ipswich and East Suffolk had statistically significantly higher rate of admissions to hospital for cataract surgery in people aged 65 years and over, reporting 4624.4 per 100,000 people, compared to the England estimate of 3802.5 per 100,000 people. When compared to England estimates, West Suffolk had a statistically similar rate of 3868.0 per 100,000 people and Norfolk and Waveney had a statistically significantly lower rate of 1969.2 per 100,000 people.

**Figure 11: The admission to hospital for cataract surgery in people aged 65 years and over. Directly age standardised rate per 100,000 population across sub-ICB locations in Suffolk, 2021/2022, compared to England**



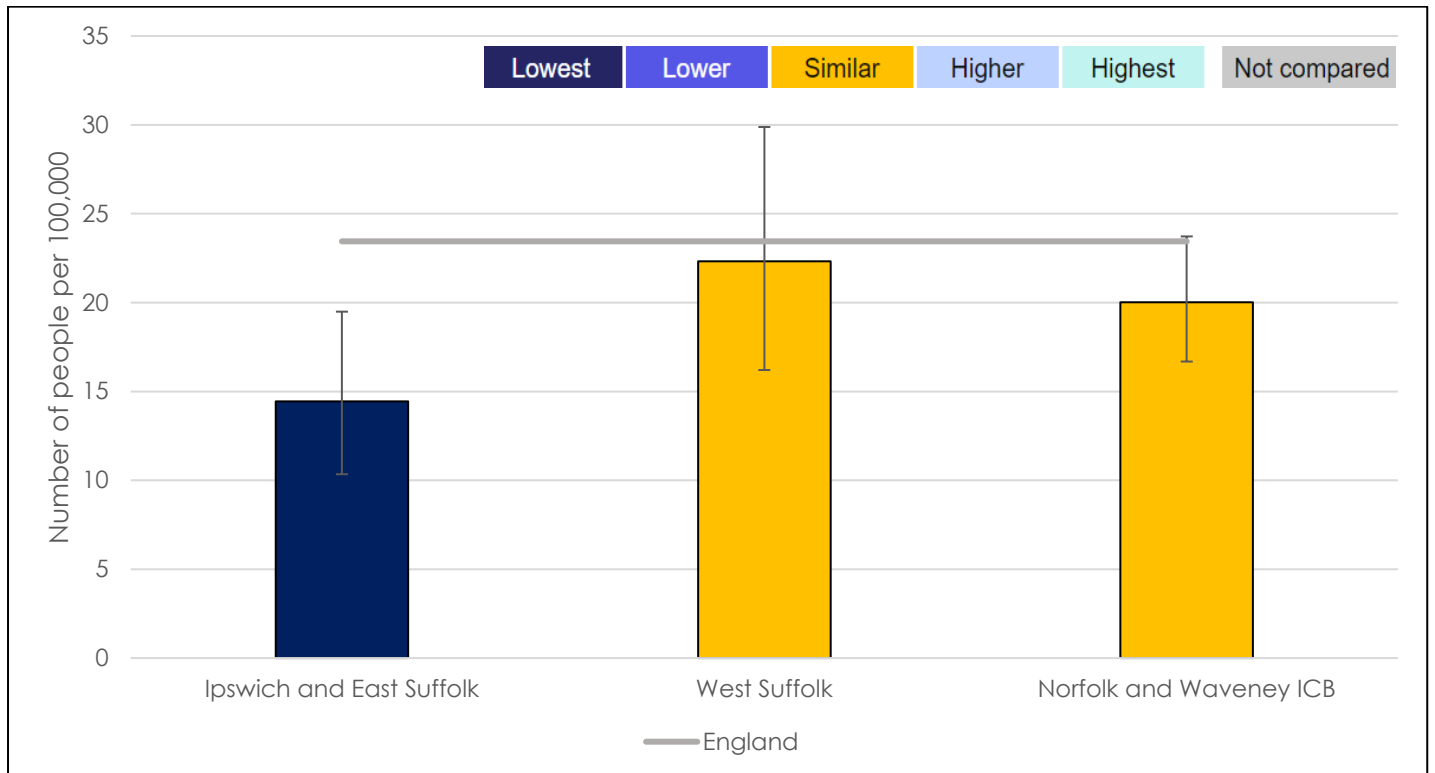
Source: [Fingertips](#)

Retinal detachment is one of the most common eye emergencies in England. The most common type of retinal detachment is rhegmatogenous retinal detachment (RRD) associated with a tear or break in the retina<sup>33</sup>.

Figure 13 shows the directly age standardised admission rate per 100,000 population for rhegmatogenous retinal detachment surgery in people aged 18 years and over, across sub-ICB locations in Suffolk, compared to England. However, data for North East Essex sub-ICB location was not published. Results show that both West Suffolk and Norfolk and Waveney had statistically similar admissions to hospital for rhegmatogenous retinal detachment surgery in people aged 18 years and over, with rates of 22.3 per 100,000 and 20.0 per 100,000 respectively, compared to the England estimate of 23.4 per 100,000 people. Ipswich and East Suffolk had a statistically significantly lower rate of 14.4 per 100,000 people when compared to England estimates.



**Figure 12: The admission to hospital for rhegmatogenous retinal detachment surgery in people aged 18 years and over. Directly age standardised rate per 100,000 population across sub-ICB locations in Suffolk, compared to England**



Source: [Fingertips](#)

Each ICB produces a Joint Forward Plan (JFP) describing how themselves and their partner trusts intend to arrange and provide NHS services to meet the needs of the population. Evidence from the SNEE JFP<sup>31</sup> highlights that demand on eye care is rapidly increasing and for acute care, is now the largest speciality when looking at outpatient appointments. The plan also states that due to weak or poorly integrated eye care services and the impact of isolation through the pandemic, many people had limited access to routine checks that can detect conditions and lead to the delivery of appropriate preventive care or treatment. Future plans highlight local work overseeing the recovery of waiting lists formed during the pandemic and now focussing on improving the local services to ensure they are joined up and delivering the very best eye health care for the local population future proofing the growth in demand in line with the growth in our aging population<sup>31</sup>.

Similarly, the Norfolk and Waveney JFP set an ambition focused on Primary Care Resilience<sup>32</sup>. An aim to integrate primary care services (including optometry) to deliver improved access to a wide range of services from a multi-disciplinary team. This could lead to the delivery of more proactive care, preventing illness and improving outcomes, for local communities closer to home<sup>32</sup>. Although, Waveney is a relatively small part of Norfolk and Waveney ICB the results show a consistent pattern of lower attendance to outpatient appointments, lower hospital admissions and lower rate of interventions and preventative procedures. Therefore, further exploring access and treatment rates for Waveney residents may support the improvement of eye care services and overall eye health.

## Other resources

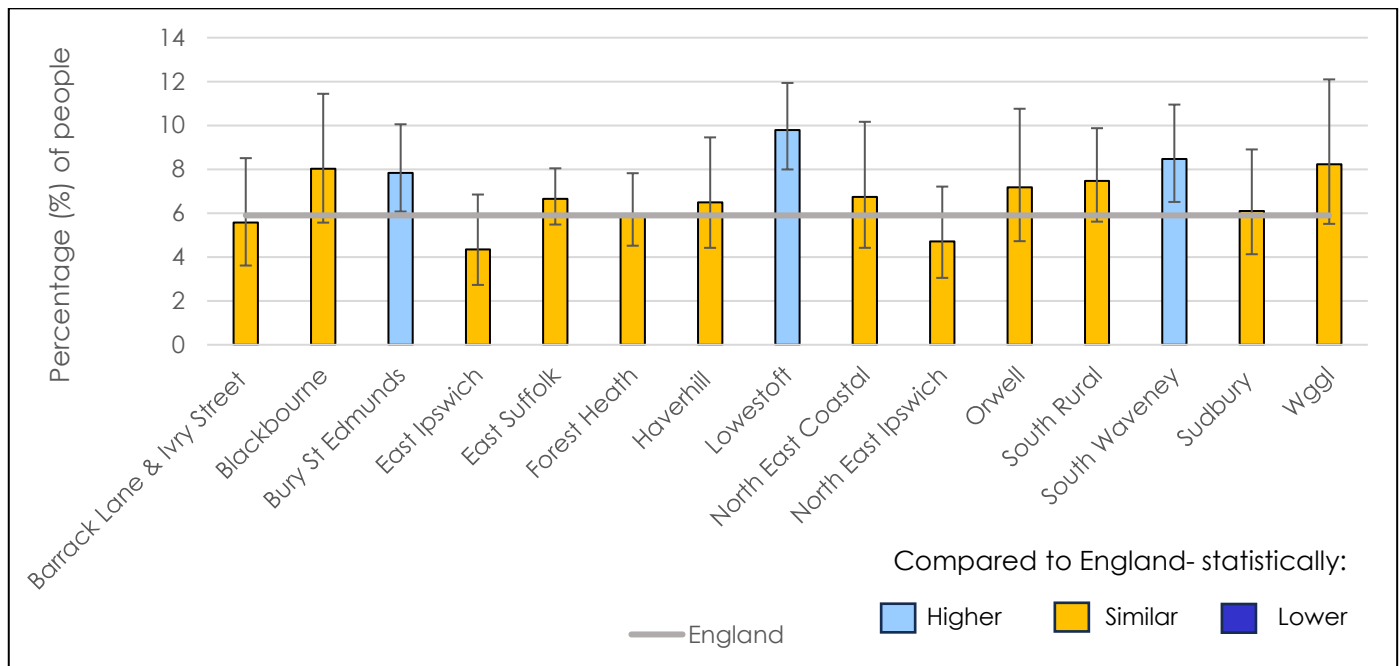
1. The Royal National Institute of the Blind (RNIB) provide an in-depth analysis regarding [specific eye conditions and eye health](#).
2. Fingertips provided data regarding [preventable sight loss, outpatient attendance and sight related procedures](#).
3. Figures for Suffolk and North East Essex Integrated Care Board (SNEE ICB) and Norfolk and Waveney ICB geographical footprints can be found using the [Sight Loss Data Tool](#).

## Hearing impairment (hard of hearing or deafness)

[Sensing Change](#) is a professional social work practice providing a range of services including support and communication to people with sight and/or hearing loss throughout Suffolk. Sensing Change estimate that, in 2023, there are over 114,000 deaf or hard of hearing people in Suffolk equating to approximately 1 in 7 of the population<sup>35</sup>.

The [2022 GP Patient Survey](#) recorded the percentage of people self-reporting deafness or hearing loss. Figure 14 shows the percentage of persons aged 16 and over reporting deafness or hearing loss in the 2022 GP Patient Survey across Suffolk Primary Care Networks (PCNs), compared to England. Results show that the majority of PCNs across Suffolk (80%) had a statistically similar percentage of people self-reporting deafness or hearing loss when compared to the England estimate of 5.57%. Lowestoft, South Waveney and Bury St Edmunds PCNs had statistically significantly higher rates of 9.79%, 8.47% and 7.84% respectively, when compared to England estimates.

**Figure 13: Percentage of persons aged 16 and over reporting deafness or hearing loss in the 2022 GP Patient Survey across Suffolk Primary Care Networks, compared to England**

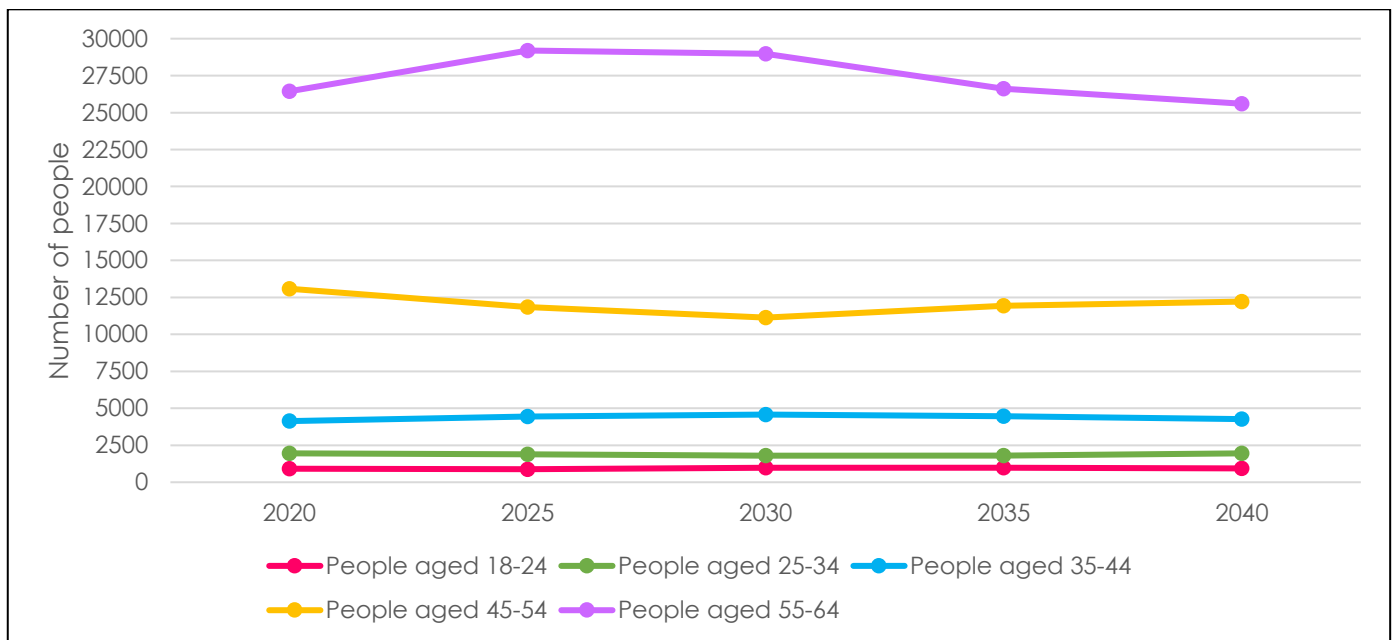


Source: [Fingertips Public Health Data](#)

Figure 15 shows the predicted sum of people in Suffolk to have some hearing loss by age group between 2020 and 2040. It is important to note that the projections have been calculated for people aged 18 to 64 years old. This means that the data excludes people younger than 18 and older than 64. Therefore, the projections only apply to Suffolk residents aged 18 to 64 years and not the total sum of Suffolk residents. Results show that prevalence of some hearing loss in Suffolk is expected to slightly increase for earlier ages (18-24, 25-34, and 35-44 years) and slightly decrease for older age groups (45-54 and 55-64 years) from 2020 to 2040. Prevalence of some hearing loss is

expected to peak between 2025 and 2035 for people aged 18-24, 35-44 and 55-64 years old. Overall, the total population aged 18-64 predicted to have some hearing loss follows a similar trend with the highest prevalence forecast for 2025 affecting 48,266 people, and the lowest prevalence forecast for 2040 affecting 44,963 people.

**Figure 14: People predicted to have some hearing loss in Suffolk, by age group projected from 2020 to 2040**



Source: [Projecting Adult Needs and Service Information \(PANSI\)](#)

Figure 16 shows the predicted sum of people in Suffolk to have severe hearing loss by age group between 2020 and 2040. Results show that the prevalence of severe hearing loss in Suffolk is expected to slightly decrease for every age group, with the exception of 18-24 years olds - projected to remain with a zero prevalence. Similarly, to some hearing loss, severe hearing loss is expected to peak between 2025 and 2035 for the 35-44 and 55-64 years age groups. Correspondingly, the total population aged 18-64 years predicted to have severe hearing loss is expected to peak in 2025 (2,893 people), and slightly decrease between 2020 to 2040 (from 2,765 to 2,656 people).

**Figure 15: People predicted to have severe hearing loss in Suffolk, by age group projected from 2020 to 2040**



Source: [Projecting Adult Needs and Service Information \(PANSI\)](#)

### Dual sensory impairment (deaf blindness)

Statistical data regarding the prevalence of dual sensory impairment (DSI) is limited. A European population-based cross-section survey has given insight to self-reported DSI and related factors<sup>36</sup>. Among the 296,677 individuals, the survey included 153,866 respondents aged 50 years old or more. The prevalence across Europe was estimated at 7.54%, and among those aged 60 years or above the prevalence was estimated at 9.23% for men and 10.94% for women. It was also highlighted that social isolation, poor self-rated health status and lower income all were associated with an increased risk of DSI<sup>36</sup>.

The RNIB estimate that 6,050 people are living with some degree of dual sensory loss in Suffolk. Of these people, it is estimated that 2,440 are living with severe dual sensory loss<sup>1</sup>.

### Taste and smell impairment

Although olfactory dysfunction (taste and smell impairment) is relatively common, statistical data regarding the prevalence is relatively limited. In recent years olfactory dysfunction (OD) has gained traction due to its identification as an early indicator of COVID-19<sup>37</sup>. Even after OD was reported as an early indicator of COVID-19, reported prevalence of OD in the general population still varies widely depending upon the metric used to assess sense of taste or smell<sup>37</sup>.

Recent online research from [YouGov](#) have shown that around 18% of adults in Britain have personally experienced smell and taste impairments themselves, and 30% know someone that has suffered from smell or taste impairments over the past 2 years<sup>38</sup>. In addition the [Office for National Statistics \(ONS\)](#) has indicated that there are around 11.34 million adults with an impaired sense of smell at any given time. This is equivalent to more than one in five adults<sup>37</sup>.

A systematic review and meta-analysis designed to report the prevalence of OD in the healthy general population was completed<sup>37</sup>. A total of 175,073 subjects were identified (mean age 63.5

years, range 18 to 101 years). The overall OD prevalence was recorded at just under 1 in 4 people (22.2%)<sup>37</sup>.

In light of the COVID-19 pandemic, a systematic review and meta-analysis aiming to clarify the proportion of individuals with persistent dysfunction of smell and taste was completed<sup>39</sup>. Results showed that a self-reported persistent smell dysfunction could develop in 5.6% of patients and a self-reported taste dysfunction could develop in 4.4% of patients. At 30, 60, 90 and 180 days respectively 74.1%, 85.8%, 90.0% and 95.7% of patients recovered their sense of smell and 78.8%, 87.7%, 90.3% and 98.0% recovered their sense of taste. Women were less likely to recover their sense of smell and taste compared to men<sup>39</sup>.

Overall, the COVID-19 pandemic increased the prevalence of taste and smell impairments, with an estimated prevalence at more than one in five adults. However, this high prevalence has been shown to be due to COVID-19, with persistent OD prevalence estimated at around one in 20.

## Community engagement

Accessible support for those who need it must be an ongoing priority for any health or care system seeking to address health inequality. There is a role for both commissioners and services to bring about the changes that will help people to access care in the future, in their preferred way.

Healthwatch Suffolk have engaged with Suffolk communities in accessible ways so they can effectively share their experiences of using health and social care services. Their aim has been to identify some of the key challenges people have faced if they have communication or support needs, and to help local systems to promote better compliance with the NHS Accessible Information Standard (AIS). This is particularly important within the context of a forthcoming national review of the AIS by NHS England.

[Healthwatch Suffolk](#) have extended their ongoing 'Your Care, Your Way' campaign to the deaf and hard of hearing communities in Suffolk. [More than 140 deaf and hard of hearing people have shared their experiences of using NHS and social care services in Suffolk.](#) Results have shown that individuals have experienced trauma because they could not communicate with NHS staff around their treatment. Individuals have also been unable to get help because their communication preferences were not logged or supported by services (e.g., because of an insistence on telephone contact by services).

There are clear opportunities to improve accessibility, and interventions do not have to be costly. It can be as simple as communicating clearly with people about how they can access services if they have communication or support needs, ensuring assistive technology is used where it is already available (e.g., making sure loop systems are maintained and turned on). Other changes may include investing in tools to support communication in services, and ensuring staff in services know how to meet people's needs under the AIS.

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