Don’t Lose Sight…
Preventing avoidable sight loss in Suffolk

In 2011 there were approximately 25,700 people living with sight loss in Suffolk. This is set to increase by around 25% to 32,010 by 2020.

To obtain more detailed prevalence statistics for Suffolk visit: www.rnib.org.uk/datatool

Sight Loss can have a huge emotional and financial impact. It can prevent people from undertaking paid employment, driving, preparing food safely and socialising.

In 2008, the direct and indirect costs of sight loss were £6.5 billion and this is estimated to have risen to £7.9 billion in 2013.

RNIB are calling upon local authorities and health and wellbeing boards to work with Clinical Commissioning Groups to ensure that people do not lose their sight unnecessarily.

1. Sight loss in your area

Sight loss prevention is a clear public health priority and a sight loss prevention indicator is included in the NHS Public Health Outcomes Framework.

The indicator measures the number of Certificates of Visual Impairment (CVI); which relates to the number of people certified as partially sighted or blind due to diabetic retinopathy, age-related macular degeneration (AMD) and glaucoma. These certificates are completed by doctors in hospital eye clinics and sent to Moorfields Eye Hospital to be collated.

Tackling these three conditions is the primary public health challenge in eye care. They are the biggest causes of certifiable blindness in England but, with the right care, at the right time, people can be treated effectively and, in many cases, their sight saved.
The levels of CVI data in Suffolk compared to the rest of England are:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMD</td>
<td>Similar</td>
</tr>
<tr>
<td>Diabetic retinopathy</td>
<td>Similar</td>
</tr>
<tr>
<td>Glaucoma</td>
<td>Similar</td>
</tr>
<tr>
<td>CVI data for avoidable sight loss</td>
<td>Higher</td>
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This means that commissioners and public health professionals in Suffolk must review service provision for eye care. No patient in Suffolk should be losing their sight unnecessarily.

**Recommendation One**

Public health, Health and Wellbeing Board members and commissioners should monitor data relating to the sight loss prevention indicator and take action to reduce avoidable sight loss in their area.

**2. Information for public health professionals**

**Joint Strategic Needs Assessments and Health and Wellbeing Strategies**

JSNA provides information about the needs of the local population. Commissioners are meant to reference the JSNA when commissioning services. The current JSNA for Suffolk does not include information on either those at risk of developing sight loss or those with sight loss.

This oversight potentially makes it more difficult to commission services for the 25,700 people believed to be living with sight loss in Suffolk and as a result could increase health inequalities.

**Recommendation Two**

Suffolk council and Health and Wellbeing Board include information on people with or at risk of sight loss in the Joint Strategic Needs Assessment. RNIB, as part of the UK Vision strategy, has produced guidance on eye health and sight loss information to include within a JSNA: [http://www.commissioningforeyecare.org.uk/jsnaguidance](http://www.commissioningforeyecare.org.uk/jsnaguidance)
Older people and falls

The risk of sight loss increases with age and Suffolk has an ageing population. It is estimated that there are 103,200 people over the age of 70 and this is set to rise to 140,000 by 2020. Older people should be encouraged to have regular eye tests to ensure they are wearing the correct prescription glasses and to identify any signs of early eye disease.

Older people with sight loss are more prone to falls than their sighted peers. The risk of injury from falls is nearly twice as high and so is the rate of hip fractures. In 2009, falls due to sight loss cost the NHS £25 million and this does not include long-term institutional care.

Recommendation Three

A multi-disciplinary falls strategy is produced which clearly sets out a plan for both preventing falls in people with sight loss and supporting those who experience a fall.

Smoking cessation programmes

The link between smoking and AMD is as strong as the link between smoking and lung cancer. Smoking is also linked to other eye diseases. Evidence suggests that highlighting the link between smoking and sight loss is a strong incentive for people to give up or reduce their smoking.

According to 2011/12 data Suffolk has a similar level to the national average of adults over the age of 18 who smoke at 20.4%.

Recommendation Four

Smoking cessation programmes should include messages about the link between sight loss and AMD.

Diabetic eye screening

Diabetic Retinopathy is the leading cause of sight loss in the UK among working age people. Retinopathy, as with other diabetic eye diseases, is often preventable if diabetes is managed and people attend regular screening to detect any early signs of eye disease.
Recent figures published by the Department of Health from January to March 2013 show that

- **100% of those identified as qualifying were invited to attend screening**
- **87% people took up screening; this is above the 80% recommended rate.**
- **11% of people were excluded from screening**

**Recommendation Five**

Local diabetic eye screening programmes should achieve 100 per cent rates of invitation to screening, and meet and maintain rates of 80 per cent and above take-up. Programmes should also monitor rates of exclusion and address any problems if the level is high.

**3. Information for commissioners**

Lack of capacity in eye hospitals is a major concern across England and it affects the outcome of treatment for glaucoma, wet AMD, diabetic eye disease, cataract and other treatable eye conditions.

**Recommendation Six**

Commissioners must have a clear picture of capacity issues in their area and they should ask themselves the following key questions to ensure patients have timely access to diagnosis and treatment:

http://tinyurl.com/eyecarecommissioning.

**Treatment of wet Age–related Macular Degeneration**

Around 40,000 people per year develop wet AMD. The condition affects central vision which is used for reading and recognising faces. Sight loss due to wet AMD is rapid but can be halted with treatment. Royal Collage of Ophthalmologist guidelines state that patients should be diagnosed within one week of presentation and treated within a further seven days.
West Suffolk NHS Foundation Trust has a rapid referral system in place but according to its response to our FOI request on this topic in 2013 does not collect data for referral to treatment times which means it is difficult to determine whether patients in the area are able to access wet AMD treatment within the recommended two week timeframe.

Ipswich Hospital NHS Trust has a rapid referral system in place but according to its response to our FOI request on this topic in 2013 they do record patient referral to treatment time but the majority of patients are not diagnosed and treated within two weeks as recommended by the Royal college of Ophthalmologists.

Cataract surgery

In 2012/13, 340,809 cataract operations were performed by the NHS. A cataract is the clouding of the natural lens which causes vision to appear to be washed out. It also produces glare from lights. A cataract can be easily treated with a replacement artificial lens in a 30 minute operation and is one of the most cost-effective surgical procedures carried out by the NHS. Many CCGs restrict access to surgery using arbitrary thresholds.

NHS Great Yarmouth and Waveney CCG has a treatment policy with some restrictions including a visual acuity threshold in place but also exemptions. The number of patients receiving cataract operations in the area in 2012/13 was 749 per 100,000 people compared to the national average of 700. This suggests that patients should be able to access surgery when they need it.

NHS West Suffolk CCG has a treatment policy with very restrictive visual acuity requirements which means that patients are only eligible for surgery if their vision has dropped below an arbitrary threshold on the eye test chart. This would not take into account problems that the patient is likely to face in everyday life from glare, for example when driving at night. The number of patients receiving cataract operations in the area in 2012/13 was 565 per 100,000 people compared to the national average of 700. This suggests that patients cannot always access surgery when they need it.

NHS Ipswich and East Suffolk CCG also has a treatment policy with very restrictive visual acuity requirements which means that patients are only eligible for surgery if their vision has dropped below an arbitrary threshold on the eye test chart. This would not take into account problems that the patient is likely to face in everyday life from glare, for example when driving at night. The number of patients receiving cataract operations in the area in 2012/13 was 336 per 100,000 people compared to the national average of 700. This suggests that patients are often unable to access surgery when they need it.
Monitoring Glaucoma follow-up appointments

Approximately 266,000 people are living with detected glaucoma in the UK and a further 191,000 people do not know they have the condition. Glaucoma affects peripheral vision, which is used for navigation and avoiding obstacles. The condition is caused by raised but pain free eye pressure and can lead to significant visual field loss without the sufferer being aware. An eye test can detect raised eye pressure before it causes damage and the condition can be effectively managed with daily eye drops to prevent or limit further damage. However, patients must have access to timely follow-up appointments in order to make sure that their medication is working.

In 2011/12, Ipswich Hospital NHS Trust could not tell us how many glaucoma follow-up appointments are delayed or cancelled beyond when clinically appropriate as they do not record this information.

In 2011/12, West Suffolk NHS Foundation Trust could not tell us how many glaucoma follow-up appointments are delayed or cancelled beyond when clinically appropriate as they do not record this information.

Next Steps…

For further information and advice on how to meet the recommendations set out in this briefing, please contact:

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