

**Manchester Health and Wellbeing Board
Report for Information**

Report to: Health and Wellbeing Board – 10 September 2014

Subject: Joint Strategic Needs Assessment Update (Sight Loss in Manchester)

Report of: Director of Public Health

Summary

The Board has a role in overseeing the production of the Manchester Joint Strategic Needs Assessment (JSNA). The JSNA approach agreed in Manchester encourages partners to collaborate on themes and topics that have been raised by key stakeholders. The Sight Loss theme was developed following a meeting of the Manchester Health Scrutiny Committee in November 2012.

Recommendations:

The Health and Wellbeing Board is asked to note the contents of the report

Board Priority(s) Addressed

All

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Background documents (available for public inspection):

None

1. Introduction

- 1.1 This report is to inform the Health and Wellbeing Board on how the sight loss Joint Strategic Needs Assessment chapter was developed, The working group established to produce the JSNA chapter will continue to develop and promote sight loss services in Manchester and take forward and actions in the attached report.

2. Background

- 2.1 The Sight Loss Joint Strategic Needs Assessment was developed following the presentation of a report on Sensory Loss to the Manchester Health Scrutiny Committee in November 2012 and in response to the recommendations made by the Committee
- 2.2 The Sight Loss JSNA was led by Joe Kelly, Team Manager of Sensory Team and was developed in partnership with people who use the services and key partner organisations to form a JSNA working group.
- 2.3 The Royal National Institute for the Blind (RNIB) and UK Vision 2020 had previously developed a JSNA template for local authorities, however it was enhanced locally so that it could better inform commissioners on the needs of citizens with sight loss in Manchester.
- 2.4 The Low Vision Services Committee (LVSC) which had been running for 2 years previously was strengthened to form the JSNA working group. The group included the following agencies;
- Sensory Services (Children and Families, Manchester City Council)
 - Henshaws Society for Blind People
 - Manchester Royal Eye Hospital
 - RNIB/Action for the Blind
 - Lancasterian Sensory Support Services (Education)
- 2.5 The JSNA Group worked in close consultation with Visually Impaired Steering Group. This group has been running for several years and is made up of citizens with sight loss, and has a consistent membership of 15-20 members. Through their involvement the JSNA recommendations have been informed by people who have experienced sight loss.
- 2.6 The working group also facilitated other collaborative ventures including grant applications and service innovations. A good example of this is example of this is the development of the Living with Sight loss course, run in partnership with Henshaws and the Sensory Team.

3. Overview of the Sight Loss JSNA Chapter

- 3.1 The Sight Loss JSNA document attached as appendix 1 was written in line with the three strategic outcome areas of the UK Vision Strategy 2013-2018 which are:

1. Everyone in the UK looks after their eyes and their sight
2. Everyone with an eye condition receives timely treatment and, if permanent sight loss occurs, early and appropriate services and support are available and accessible to all.
3. A society in which people with sight loss can fully participate.

The document is also written in line with the Health and Wellbeing Boards 8 strategic priorities and is divided into the following sections:

1. National and Local Context
2. Epidemiology
3. Current Services
4. Gaps in Services
5. What more do we need to know?
6. Recommendations

3.2 It is recognised that sight loss is set to double by 2050 from 2 million to 4 people with sight loss is through early intervention enabling people to get the appropriate information and support at the right time. Through the development of the JSNA it has also enabled the group to identify where the document links with other JSNA chapters such as 'Falls in Older People' and 'Obesity':

- People with sight loss are twice as likely to fall, where this sight loss is identified on hospital admission referral should be made to appropriate services to provide support and reduce future admissions.
- There are well known links between sight loss and obesity, obesity increases the risk of developing type 2 diabetes. Someone with a body mass index (BMI) of over 35 is up to 80 times more likely to develop the condition than someone with a BMI of less than 22 and with this more at risk of developing diabetic retinopathy (RNIB). People who are obese are also at higher risk macular degeneration and cataracts.

4 Next Steps

4.1 Following the presentation to the Health and Wellbeing Board the recommendations below will be considered by

- Manchester City Council Strategic Commissioning Group
- Local Representative Committees Advisory Group
- Other Forums and Groups as appropriate

The working group will continue to meet on a quarterly basis to progress the recommendations made.

Recommendation	Involved Organisation	Lead Organisation	Timescale	HWB Priorities
1. Everyone in the UK looks after their eyes and their sight				
<p>a. To inform older people of the need to have regular eye checks so to detect sight loss and prevent falls.</p> <p>b. To develop links and referral to the Falls services</p>	<p>Public Health Community Optometry Services</p> <p>Sensory Team Manchester Royal Eye Hospital Low Vision Services Falls Services</p>	<p>Public Health Optical Confederation</p> <p>Sensory Team/Low Vision Services</p>	<p>Medium Term</p> <p>Short Term</p>	<p>2,3,4,8</p> <p>4,8</p>
<p>c. To target and promote eye examination and eye care services by specific targeting of those at increased risk of sight loss</p> <p>d. To utilise Optometrists in the support of compliance regimes as provisions move in to the community. Specialist trained optometrists to support in the management of glaucoma, and</p>	<p>Public Health</p> <p>All Services Community Optometry</p> <p>Community Optometry</p>	<p>Public Health</p> <p>Optical Confederation</p> <p>Optical Confederation</p>	<p>Long Term</p> <p>Medium Term</p>	<p>2,3,4,8</p> <p>2,3,4,8</p>

monitor disease progression and drop compliance				
<p>e. To improve and promote the knowledge of sight loss amongst those working with children, ensuring early identification of children and young people with sight loss and referral to all appropriate services (including Lancasterian Sensory Support Service)</p> <p>f. To ensure appropriate support is provided to enable independence.</p>	<p>Lancasterian SSS Manchester Royal Eye Hospital Directorate of Family, Health and Wellbeing Community Optometry Services</p> <p>Lancasterian SSS Sensory Services Henshaws</p>	<p>Lancasterian Sensory Support Service</p> <p>Optical Confederation</p> <p>Lancasterian Sensory Support Service</p>	<p>Long Term</p> <p>Medium Term</p>	<p>1</p> <p>1</p>
<p>a. To review referral processes from community optometrists, where systems are paper based to review and improve process and consider e-referral</p> <p>b. An Eye Health Needs Analysis, conducted alongside a review of local eye care pathways will ensure the efficient and effective use of existing assets. This should include looking at medical</p>	<p>Community Optometry Services Manchester Royal Eye Hospital</p> <p>Community Optometry Services Manchester Royal Eye Hospital</p>	<p>Community Optometry Services</p> <p>Community Optometry Services</p>	<p>Short/Medium Term</p> <p>Medium Term</p>	<p>4,8</p> <p>3,4</p>

and social aspects of the eye care journey.				
c. To implement leaflet of visual impairment providing early identification and a pathway for social care support prior to certification as visually impaired.	Sensory Team Directorate Communications Henshaws Community Optometry Services	Directorate of Family, Health and Wellbeing Communications Sensory Team	Short Term	4,5,7,8
d. To critically review the certification of visual impairment and registration process, identifying how the process can be improved, and reviewing how an electronic system be implemented as a priority	Sensory Team Henshaws Manchester Royal Eye Hospital	Manchester Royal Eye Hospital	Short/Medium Term	4,6,7,8
To develop a pathway for the provision of formal counselling so that people with sight loss may access services at the point of diagnosis or later in the journey, recognising the need for it to be provided by qualified counsellors who have specialist knowledge of sight loss.	Manchester Royal Eye Hospital Action for Blind People RNIB Henshaws Sensory Services	Action for Blind People	Medium Term	6,8
e. To highlight the value of the Patient Support service role in	Henshaws Manchester Royal Eye	Henshaws	Medium Term	2,6,7,8

<p>the provision of information and advice at the point of diagnosis in Manchester Royal Eye Hospital. To inform clinicians and others of the presence of the service and promote the benefits of the PSS</p> <p>f. To review the role and to identify how the role of PSS or Eye Clinic Liaison officer (ECLO) can be sustained and promoted in the long term</p>	<p>Hospital Sensory Team</p> <p>Henshaws Manchester Royal Eye Hospital Sensory Services</p>	<p>Henshaws</p>	<p>Short Term</p>	<p>1,2,5,6,7,8</p>
<p>3. Inclusion, participation and independence for people with sight loss</p>				
<p>a. To map and clearly identify the services that provide interventions and support to people with sight loss in Manchester</p>	<p>All Services</p>	<p>Sensory Services</p>	<p>Short Term</p>	<p>4,6,8</p>
<p>b. To develop the provision of specialist visual impairment rehabilitation services for children and young people where they are not in education and not supported by Lancasterian Sensory Support Service.</p>	<p>Lancasterian Sensory Support Services Sensory Services Henshaws</p>	<p>Sensory Services</p>	<p>Medium Term</p>	<p>1,5,6</p>

<p>c. To review how children and young people supported by Lancastrian Sensory Support Service receive equipment and aids to independent living in their home.</p> <p>d. To develop and implement an effective transition process for young people from children's services to adult services.</p>	<p>Lancastrian Sensory Support Services Sensory Services</p> <p>Lancastrian Sensory Support Services Sensory Services Transition Team</p>	<p>Lancastrian Sensory Support Services</p> <p>Transition Team</p>	<p>Medium Term</p> <p>Medium Term</p>	<p>1,5,6</p> <p>1,5,6</p>
<p>e. To review how information held on the register of visual impairment can be used to disseminate information to people with sight loss.</p>	<p>Sensory Services Henshaws</p>	<p>Sensory Services</p>	<p>Short Term</p>	<p>6,7,8</p>
<p>f. To continue to develop and promote the Sight loss information group, recognising the benefits that peer support can provide and how the supportive setting that they provide can support the people with VI tackle their concerns and maintain their independence.</p>	<p>Henshaws Sensory Services</p>	<p>Henshaws</p>	<p>Short Term</p>	<p>2,4,5,6,7,8</p>
<p>g. To continue to promote accessible public transport and</p>	<p>Sensory Team Henshaws</p>	<p>TFGM</p>	<p>Medium/Long Term</p>	<p>6,7,8</p>

<p>work with Transport for Greater Manchester and its providers to enable accessibility for people with sight loss to maintain their independence.</p>	<p>TFGM</p>			
<p>h. To consider how new technologies can be utilised by people with sight loss to regain or maintain their independence.</p> <p>i. To promote the availability of electronic devices within the NHS where evidence shows benefit over traditional low vision aids.</p>	<p>Sensory Team Low Vision Services Henshaws</p> <p>Sensory Team Low Vision Services Henshaws</p>	<p>Sensory Team Low Vision Services</p> <p>Low Vision Services</p>	<p>Short/Medium</p> <p>Short/Medium</p>	<p>7,8</p> <p>7,8</p>

Appendix 1

Sight Loss JSNA

The JSNA working group was created to inform this sight loss JSNA. It is made up of professionals from the services that currently provide support to the people of Manchester with sight loss. The members of the group are:

Joe Kelly - Sensory services (Directorate for Families, Health and Wellbeing)
Robert Harper - Manchester Royal Eye Hospital
Syed Rahman - Manchester Local Optical Committee
Joy Fernandes - Person with sight loss
Glynis Howard - Henshaws
Robert Cooper - Henshaws
Thomas Reck - Action for Blind people
Lyndsey Armstrong - RNIB
Helen MacDougall - Lancasterian Sensory Support Service
Louise Orlandini – Lancasterian Sensory Support Service
Emma Reid - Public Health

Further feedback has been received from Deafblind UK in regards to the JSNA.

Together we have co-ordinated and identified the key areas where we believe there is currently existing gaps in services for people with sight loss, or where improvements can be made.

The JSNA applies to all individuals with sight loss, and additional needs, whether this be a learning disability, physical disability or Deafblindness to enable all persons to access services in a timely manner regardless of any additional needs.

The JSNA has been developed in line with the Health and Wellbeing Board's Strategic Priorities;

1. Getting the youngest people in our communities off to the best start
2. Educating, informing and involving the community in improving their own health and wellbeing
3. Moving more health provision into to the community
4. Providing the best treatment we can to people in the right place and at the right time
5. Turning round the lives of troubled families
6. Improving people's mental health and wellbeing
7. Bringing people into employment and leading productive lives
8. Enabling older people to keep well and live independently in their community

These priorities have been set against the recommendations made by the Sight Loss JSNA working group.

Section 1: Information about Sight Loss

National Context

Sight loss can be described as when sight cannot be corrected using glasses or contact lenses.

Visual impairment is usually classified as either 'sight impaired' or 'severely sight impaired'. These classifications are based on the results of the tests described above.

Sight impaired

Sight impairment, previously called 'partial sight', is usually defined as:

- having poor visual acuity (3/60 to 6/60) but having a full field of vision, or
- having a combination of slightly reduced visual acuity (up to 6/24) and a reduced field of vision or having blurriness or cloudiness in your central vision, or
- having relatively good visual acuity (up to 6/18) but a significantly reduced field of vision

Severely sight impaired

The legal definition of severe sight impairment (which was previously called 'blindness') is when 'a person is so blind that they cannot do any work for which eyesight is essential'.

This usually falls into one of three categories:

- having very poor visual acuity (less than 3/60), but having a full field of vision
- having poor visual acuity (between 3/60 and 6/60) and a severe reduction in your field of vision
- having slightly reduced visual acuity (6/60 or better) and a significantly reduced field of vision

([NHS Choices](#))

Statistics provided by [Action for Blind People](#) indicate that:

- Almost two million people in the UK are living with sight loss
- Over 50% of sight loss can be avoided
- Every day 100 people in the UK start losing their sight
- Nearly half of blind and partially sighted people feel 'moderately' or 'completely' cut off from people and things around them

- One in five people aged 75 and over and one in two people aged 90 and over are living with sight loss in the UK
- The prevalence of sight loss increases with age and the UK population is ageing
- The number of people in the UK with sight loss is set to increase dramatically. It is predicted that by 2050 the number of people with sight loss in the UK will double to nearly four million
- The report 'Estimating the Number of People With Co-Occurring Vision and Hearing Impairments in the UK,' ([Centre for Disability Research, Lancaster University, 2010](#)) estimates that there will be an 86% increase of people with more severe impairments of both hearing and vision in the UK, this is equivalent to 343 people per 100,000 in the general population.

Costs

At present it is difficult to separate the costs between eye care and supporting people with sight loss, as they are entwined in the commissioning of services. The main direct healthcare costs associated with eye care are within primary care, such as primary ophthalmic services and prescribing and pharmacy; and within secondary care, costs are associated with inpatient elective and day cases and outpatient services. The total direct NHS expenditure on eye health in the year 2010-11 was £2.64 billion.

However, there are a series of indirect costs of sight loss and in the year 2010-11, the total cost of unpaid care, reduced employment and other indirect costs on the UK economy as a result of sight loss was £5.3 billion. ([Sight Loss UK 2013, RNIB](#))

The RNIB published the report '[Future Sight Loss UK 2: An epidemiological and economic model for sight loss in the decade 2010-20](#)' (2009)

The key findings highlighted that:

- 1.5 million people estimated to have early age-related macular degeneration (AMD) in 2010. Additionally, 414,000 have wet AMD in one or both eyes and 194,000 have dry AMD. The total cost of AMD was estimated to be £16 billion a year
- Over 389,000 people to have cataract surgery in 2010. The total cost of cataract was estimated to be £995 million a year
- More than 748,000 people estimated to have background diabetic retinopathy (DR). 188,000 people have diabetic maculopathy, which is a more advanced stage of DR that can lead to sight loss. The total cost of DR was estimated to be £680 million a year
- 266,000 people in 2010 are estimated to have glaucoma. The total cost of glaucoma was estimated to be £542 million a year.

In addition to the direct and indirect costs of sight loss, sight loss is also closely linked with falls. Tammy Boyce's research paper '[Falls: costs, numbers and links with visual impairment](#)' (2011) suggests you can use Scuffham's formula or a modified form of it (e.g. Action for Blind People 2011) to estimate the number of falls attributed to partial sightedness and blindness. The modified formula suggests a PCT could use their own falls numbers and calculate:

- 8 per cent of falls that result in hospital admissions occur in individuals with visual impairment, costing 21 per cent of the total cost of treating accidental falls;
- 3.8 per cent of falls resulting in hospital admissions could be attributed to visual impairment, costing 10 per cent of the total cost of treating accidental falls.
- Therefore, as falls figures show that in 2010/11, there were 3,396 falls resulting in hospital admission in Manchester, using the formula above, 272 falls occurred in individuals with visual impairment and 129 of those falls could be directly attributed to their visual impairment.

In terms of local costs, in the year 2010-11, Department of Health Programme Budgeting Data showed that Manchester PCT spent £23.8m on problems of vision at 2.24% of total expenditure.

The 2011 Census showed the total population of Manchester as approximately 510,722, giving an approximate spend on problems of vision of £46.60 per head of population.

Since 2006/7, expenditure on problems of vision has increased year on year, and by 2015, expenditure is expected to reach £40m.

A report by Ethical Strategies (2003) *The Costs of Blindness* estimated that the annual costs to society for those registered as blind or partially sighted in England range from £1.4 billion to £2.9 billion (at 2002 costs). By taking RNIB evidence of under-reporting of blindness and visual impairment, the same report concludes that this increases the cost estimate to between £4.1 billion and £8.8 billion annually (Ethical Strategies 2003). RNIB estimates that half of this is avoidable through regular sight testing and early detection, implying savings of £2 billion to £4.1 billion annually (Liberating the NHS: Eye Care)

The national aggregate spend on prevention and health promotion related to problems of vision loss was £2.2 million in 2011/12 representing less than 0.1 per cent of all such spending, with several PCTs registering no spend at all. This compares unfavourably with public health spend on dental problems, which registered as over eight times more than spend on problems of vision, at £13.8 million in 2011/12 RNIB.

In response, in 2012, the UK Vision Strategy launched [Seeing it My Way](#), which identified key outcomes that people with sight loss identified as being important to them. This was followed by the [new UK Vision Strategy](#), in June 2013, which assessed the achievements to date and revised key elements of the Strategy to set

out a framework for change and the development of excellent services to build a society in which avoidable sight loss is eliminated and full inclusion becomes accepted .

There are three key elements to the UK Vision Strategy, these are as follows

1. Everyone in the UK looks after their eyes
2. Everyone with an eye condition receives timely treatment and, if permanent sight loss occurs, early and appropriate services and support are available and accessible to all
3. A society in which people with sight loss can fully participate

Public Health Outcomes Framework

In addition to the Strategy, the [Public Health Outcomes Framework](#) indicator for eye health and sight loss, introduced January 2012, means local health commissioners will have to address sight loss.

From 1st April 2013, the new eye health indicator will track the rates of sight loss arising from the three major causes of sight loss including glaucoma, AMD and diabetic retinopathy.

The Government will measure the rate of preventable sight loss from 1 April 2013 by measuring the numbers of all people who are certified sight impaired (partially sighted) or severely sight impaired (blind) and the numbers of these who have lost their sight from one of the three major causes of preventable sight loss: glaucoma, wet AMD and diabetic retinopathy.

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, in the right place, people can be treated effectively and in many cases their sight saved.

Prevention

The importance of prevention is further highlighted by the fact that 50% of sight loss is estimated to be avoidable if detected and treated early enough.

Spending on prevention initiatives is widely thought to provide long-term cost savings in health and social care terms as well as other downstream costs e.g. loss of employment due to deteriorating vision.

Investment in preventative initiatives could include:

- Access to eye health screening programmes, particularly for those from hard-to-reach groups such as black and minority ethnic (BME) communities.

- Timely access to treatment, for example, cataract surgery should be offered to all those so as to not interfere with activities of daily living, or otherwise prevent them from leading active and productive lives
- Support with treatment compliance regimes - For example, research shows that non-compliance with glaucoma treatment can range from between 25% and 40% of the population diagnosed with the condition. Non-compliance can lead to further deterioration in vision resulting in blindness in certain circumstances, Swartz (2005), Papa et al.(2006) and Nordmann et al. (2010a).
- Optometrist have a role to play here: especially under moving provisions in to the community.
- 1. There are specialist trained optometrist in management of glaucoma, not only can they manage glaucoma in the community but also monitor disease progression and but also monitor drop compliance.
- 2. Non- specialist optometrist with additional training can also monitor and provide advice on compliance.
- Implementation of NICE guidelines on the diagnosis and management of chronic open angle glaucoma (COAG) and ocular hypertension (OHT).
- Effective diabetic screening programmes there are approximately 24,000 people living with diabetes in Manchester. Regular retinal screening can prevent future loss of vision as a result of diabetes.
- Inclusion of eye health messages in smoking cessation programmes. Smoking doubles the risk of sight loss due to AMD, the most common form of sight loss, yet few people are aware of this link.
- Public health initiatives that promote the need for regular eye tests amongst the general population.
- An Eye Health Needs Analysis, conducted alongside a review of local eye care pathways will ensure the efficient and effective use of existing assets. This should include looking at medical and social aspects of the eye care journey.

Section 2: How big is the problem and who is affected?

Statistics for Manchester

The [RNIB Sight loss data tool](#) can be used to provide an estimate of the number of people with sight loss in Manchester.

This identifies that there is approximately 9,430 people in Manchester living sight loss however this could be as high as 13500 due to discrepancies of reporting certification of people with sight loss.

There are 2196 people registered as blind or severely sight impaired and 1972 people registered as partially sighted or sight impaired in Manchester.

However, as registration with the local authority is voluntary and as the vast majority of those with visual impairment do not become registered (due to stigma, lack of awareness etc.), these figures are an under representation of the true picture.

The Sensory Team received 1111 referrals since 1st April 2013 to 31st March 2014, these included referrals for people who have hearing loss, or a combined sensory loss.

In the last 12 months 2013/14 there have been 166 registrations as Sight Impaired or Severely Sight Impaired

Further information on the numbers of people with sight loss living in Manchester, are held by Lancasterian SSS and Henshaws.

It is estimated that using research, combined with online population figure for Manchester, that there is a current Deafblind population of 2500-3000 people.

Registration

In Manchester there are 2140 people registered as blind (severe sight impaired) and 1927 registered as partially sighted (sight impaired)

There are 1481 people registered blind on the register aged over 65 years. A total of 67.7% of all people on the register are over 65 + years.

There are 1317 people registered as partially sighted (sight impaired) on the register over 65 years. A total of 66.8%

The RNIB estimate that one in 3 people do not register their impairment. (RNIB 2008) in comparing this to the estimated population of people with sight loss in Manchester, it can be seen that under 50% of sight loss are registered as visually impaired or severely visually impaired.

Future Prevalence

The total population for Manchester is 510,722 (mid –year 2012 ONS data) and in 2021 is projected to increase to 532,183.

The prevalence of sight loss increases with age and the UK population is ageing. In Manchester the over 65 age group accounts for approximately 10% of the total population at 49,195, which is projected to increase to 53,451 in 2021 (interim 2011 ONS data). It is known that Manchester's older population is quite small compared with other cities, those older people who continue to live in Manchester tend to be in poorer health so require more health and social care support.

This may mean more people will be more likely to be demanding eye health care and support services in the next 10 years or so. The section below looks at the how these population increases will impact on the most common eye conditions.

Prevalence and incidence of major eye conditions causing sight loss

As we have indicated above the prevalence of sight loss increases significantly after the age of 65 years. This means that the incidence of age-related macular degeneration (AMD), cataract and glaucoma will all increase in proportion to the population increases illustrated above.

Data from the NHS Health and Social Care Information Centre (2011) suggests that in England on average 75% of people registered as blind or partially sighted are over the age of 65 and in Manchester the figure is closer to 68%.

The following figures provided by the [National Eye Health Epidemiological Model](#) (NEHEM), illustrate the projected number of cases for AMD, and glaucoma:

		AMD	Glaucoma
Current level	Total number of cases	2671	3177
	Age 18-64	614	731
	Age 65+	1816	2160
2015	Total number of cases	2778	3304
	Age 18-64	639	760
	Age 65+	1852	2203
2020	Total number of cases	2938	3494
	Age 18-64	663	789
	Age 65+	1925	2290

The three conditions above do not include glaucoma ‘suspects’, those with AMD drusen or low vision patients. Similarly, diabetic retinopathy is increasing because of its link to the increased incidence of diabetes in the population and this will need some further investigation and inclusion in a future version of this report.

The overall message to be concluded from epidemiological evidence is that the sight loss is age related and given the forecasted increase in older population, this is likely to present a challenge to health and social care planners in the future.

Impact of sight loss

Evidence shows that the emotional and psychological impact of sight loss is profound and that depression amongst people with sight loss is significantly higher than the wider population.

35% of older people living with sight loss also experience depression (Sight Loss UK 2012, RNIB). Therefore, practical and emotional support is needed for those newly diagnosed with sight loss, to maximise the chances of patients adjusting to diagnosis with minimal trauma; it also increases people’s capacity to self-manage their condition, improves health outcomes, helps people live independently and reduces

the burden on the health service by avoiding unnecessary hospital admissions (The King's Fund (2010) How to deliver high-quality, patient-centred, cost-effective care.)

Section 3: Current services

There is a wide range of services for people with sight loss in Manchester, from the identification of sight loss, to supporting people to manage and deal with their sight loss and regain their independence. The services are provided by health services, local authority and third sector organisations to provide an effective pathway for people with sight loss.

The current services provide eye care as well support to people with sight loss, and although some of the services provided are not directly linked to preventing loss of sight, they are all involved in the preventative agenda and encourage people to be aware of the importance of eye care, and regular eye checks.

Services can be roughly split into three categories, preventative, low level support and more specialist services.

Preventative services include:

- community optometry, over 50 practices in the city examine eyes, test sight and prescribe spectacles or contact lens. Specially accredited optometrist carry out diabetic retinopathy screening, glaucoma screening and management of minor eye conditions.
- Dispensing opticians, advise, fit and supply appropriate spectacles and low level vision aids to those who are partially sighted
- Library services for visually impaired people, provide a core service for people with sight loss
- Awareness raising events, organised by Royal National Institute for the Blind and partners

Early Intervention / Low-level support services include:

- Registration of visual impairment service and information pack, which provides a route to accessing social care support and sources of support both nationally and locally
- Patient Support Service at Manchester Royal Eye Hospital is provided by Henshaws Society for Blind People
- Visual impairment rehabilitation, provided by Manchester Sensory Service
- Lancasterian Sensory Support Services employ a range of staff to provide support to children and young people with a vision need, including their families

- Children and Families Teams at Henshaws specialise in working with children and parents with sight loss, often with complex needs and additional disabilities
- Supporting full and active lives among children and young people is a focus of the work of Action for Blind People
- Link workers employed by Manchester Sensory Service and the Independent Living Service operated by Action for Blind People promote access to mainstream services, e.g. welfare and housing services
- Short courses are provided by Henshaws Society for Blind People 'Independence Matters' and 'New to Sight Loss', aimed at building confidence and independence following a diagnosis of sight loss
- Provision of specialist equipment provided by Manchester Sensory Service and technology services provided by Action for Blind People help those with sight loss maintain independence
- Employment support is also available by Action for Blind People, to support those in work and those seeking work.

Specialist Services include:

- Low vision clinic, Manchester Royal Eye Hospital (MREH), which provides a comprehensive assessment of people with sight loss, who might benefit from the use of low vision aids
- Manchester Royal Eye Hospital: has a full outpatient and diagnostic suite, a macular treatment centre, operating theatres and a cataract centre, offering an extensive range of core and specialist ophthalmic services.

Section 4: Gaps in services

The gaps in services can be split into the three strategic outcome areas, outlined in the [UK Vision Strategy](#).

1. Everyone in the UK looks after their eyes and their sight

- There needs to be planned and co-ordinated campaigns to increase the awareness, among all age groups, of eye health and to ensure early detection of sight loss and prevention where possible.
- To increase public awareness about the importance of eye checks, and to make people aware of who is entitled to free eye tests
- For public health teams to identify and fulfil their function and responsibilities and identify where sight loss can be linked into existing campaigns, for example; healthy eating, stop smoking etc
- Optometrists are community based and strategically located for lead this demand. Optometrists can run awareness campaign especially from within their practice particularly during awareness weeks (Glaucoma awareness,

National Eye Health Awareness etc). Optometrists are also interested and willing to provide awareness in community settings, schools, community centres and interest groups.

- To work more closely with a range of groups where there is an obvious link with sight loss:
 - [Stroke](#)
 - [Learning Disabilities](#)
 - Supporting people residential / nursing homes
 - [Dementia](#)
 - [Falls](#)
 - Deafblind
2. Everyone with an eye condition receives timely treatment and, if permanent sight loss occurs, early and appropriate services and support are available and accessible to all
- To support and reinforce the patient support role (currently provided by Henshaws,) as research suggests access to specialist support and advice at the point of diagnosis is immeasurable. and eye clinic staff are often unable to provide the emotional and practical support their patients' need.
 - To establish an Adult Community Optical Low Vision Pathway in Manchester which would have the benefit of offering adults with sight loss, quicker access to a low vision assessment and support closer to home. The LOC Support Unit has carried out research in regards to the benefits it brings to people with sight loss.
 - To establish an electronic referral system within community optometry, to replace the present paper based system.
3. A society in which people with sight loss can fully participate
- To establish a formal pathway which offers person centred counselling, at the point of diagnosis, or when a person is ready to receive counselling, as this maybe later on in their journey. The counselling needs to be carried out by someone who has a high understanding about sight loss.
 - To review the process from certification as visually impaired to registration as visually impaired, removing delay where possible to ensure that it is an effective route into social care support.
 - To utilise the visually impaired register as a means to distribute or inform people with sight loss of new information in an accessible way.
 - To establish a formal and effective identification and referral process for children and young people with sight loss and develop transition processes from children to adult sight loss services, which would ensure that support is available to young people who are no longer supported by Lancasterian

Sensory Support Service until they reach the threshold for eligibility for adult services.

Section 5: What more do we need to know

Certificate of Visual Impairment & Registration

There appears to be a disparity between the numbers of persons certified as visually impaired or severely visually impaired and the numbers reported registered by the Sensory Team. The information received by Moorfields Eye Hospital identifies that the number of people certified is lower than expected.

Further work needs to be carried out to identify the reasons for the difference in these numbers by Manchester Royal Eye Hospital and Manchester Sensory Team, to ensure that these are reported accurately and therefore identify the number of people with sight loss in Manchester.

Sight Loss and Learning Disabilities

Further research and information is required on the number people who have learning disabilities and sight loss and the number who access sight loss services, which would help ensure that their needs are identified and being met.

[Seeability](#) identify that one in three people with learning disabilities have sight loss, and a lack of access to regular eye care puts people with learning disabilities at risk of unnecessary sight loss.

Someone who is losing sight yet unable to communicate what is happening can become confused or angry, causing behavioural problems or losing their sight may cause loss of confidence and lead to them becoming lonely or isolated.

Sight Loss and Falls

Further information is required on the number of people who are suffering from falls, as a result of their sight loss; we know that falls represent the most common and serious type of accident in older people and 1 in 3 people over the age of 65 have a major fall at least once a year.

Impact of Welfare Reform

45% of working age registered blind and partially sighted people describe their financial situation as "just getting by" or worse (Sight Loss UK, 2012, RNIB).

As the welfare system is currently going through major changes, it is crucial we know how this is impacting on people with sight loss.

RNIB's Network 1000 research tells us that 85% of blind and partially sighted people of working age currently rely on Disability Living Allowance (DLA) to help them meet the extra costs that they face every day as a result of their sight loss, allowing them to live independently.

DLA will gradually be replaced by Personal Independence Payment (PIP) over the coming years, however, the eligibility criteria for PIP suggest that some partially sighted people will not qualify for the daily living component of this new benefit, mainly affecting those currently receiving the lower rate of care of DLA. We also need to gather robust data on the numbers of people whom use the services in Manchester and what may happen to them if the service is taken away.

Section 6: What do we need to do next? (in cover report)

Section 7: Service Description

		Service/ Project	Scope & Activities	Website
1	<p>Community Optometry</p> <p>In Manchester there are currently over 50 practices providing eye services in the 3 Clinical Commissioning groups</p>	Optometrists	The optometrist examines eyes, test sight and prescribes spectacles or contact lenses for those whom need them. They also fit spectacles or contact lenses, give advice on visual problems and detect any ocular disease or abnormality, referring the patient to a medical practitioner if necessary.	<p>Practices</p> <p>Community optometrists</p> <p>Local Optical Committee</p>
		Dispensing Opticians	Advise and fit and supply the most appropriate spectacles after taking account of each patient’s visual, lifestyle and vocational needs. Dispensing opticians also play an important role in advising and dispensing low vision aids to those who are partially sighted and in advising on and dispensing to children where appropriate. They are also able to fit and provide aftercare for contact lenses after undergoing further specialist training.	

<p>2</p>	<p>Manchester Royal Eye Hospital</p> <p>Manchester Royal Eye Hospital (MREH) is the second largest Eye Hospital in Europe, serving a local catchment population of 0.5m people and a tertiary population catchment of 7m</p>	<p>Hospital</p>	<p>The hospital sees ~33,000 new referrals per year, ~25,000 emergency eye centre attendances, 115,000 out-patient follow-ups and undertakes 12,500 operations. To undertake these roles, MREH has a full out-patient and diagnostic suite, a macular treatment centre, 5 operating theatres and a Cataract Centre. The hospital is staffed by 28 consultants, medical training grade ophthalmologists, optometrists, orthoptists, nurses, technicians and administrative and clerical staff.</p> <p>The Division provides an extensive range of core and specialist ophthalmic services (including cornea, glaucoma, retina and macula, paediatrics, neuro-ophthalmology and strabismus, and oculoplastics) with facilities for both adults and children. The hospital also houses the Emergency Eye Centre (EEC), Acute Referral Centre (ARC), Ophthalmic Imaging and ultrasound facilities, Electro diagnostics and vision science, a laser unit, the Manchester Eye Bank and Ocular Prosthetics. .</p> <p>Further information and patient leaflets can be downloaded directly from the Manchester Royal Eye Hospital</p>	<p>Manchester Royal Eye Hospital Services</p>
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		<p>Low Vision Services</p>	<p>The low vision clinic based at MREH provides support to people with sight loss who have restrictions in activities that might be ameliorated through the use of low vision aids.</p> <p>The referral route for people with sight loss is as follows:</p> <ul style="list-style-type: none">• Current MREH patients with visual impairment identified as having a need for assessment are referred by medical staff or other staff groups (e.g. optometrists, orthoptists).• Referral requests from social services, qualified teachers of the visually impaired, employment services, and other agencies can be accepted provided the person is registered with an Eye hospital consultant and has had a recent ophthalmological assessment (i.e. within 12 months)• Self-referral back to the low vision clinic from patients themselves who have been assessed within the last 12 months is accepted and encouraged.• Tertiary referrals from other ophthalmic units without low vision services can be accommodated.• Referrals from GPs for patients who have an established ophthalmic diagnosis will be accepted provided the GP provides evidence of recent ophthalmological assessment (i.e. within 12 months). <p>The service includes assessment of the following: The taking of a case history and assessment of patient understanding of their VI process; the identification of the main goals (restrictions in activities); assessment of residual visual functions (including sight testing); assessment for appropriate low vision devices; optimal device(s) prescribing and handling training (on a no cost loan basis to the patient); referral to other services; and making arrangements for follow up or telephone review.</p> <p>The hospital's low vision clinic is actively engaged in R&D within the hospital and University and has led a number of</p>	
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3	Manchester Sensory Service The Sensory Team as part of the Directorate for Families, Health and Wellbeing provides holistic, person centred support for people with sight loss whom live in Manchester.	Provision of Equipment	<p>Specialist equipment is provided to people with sight loss to maintain their independence in their home and local community. There is a wide range of equipment which covers areas such as communication, daily living skills, mobility and orientation. All equipment provided is on a 'loan' basis and is free of charge currently.</p> <p>The assessment officer will provide training on how to use the equipment safely and independently where it is required.</p> <p>A full list of equipment provided can be found in the 'Sensory Equipment' catalogue</p>	MCC Sensory Services
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	<p>The service provides support according to the early intervention and preventative agenda enabling people to maintain or regain their independence.</p>	<p>Vision Impairment Rehabilitation</p>	<p>The rehabilitation service enables people with sight loss to regain their independence and build confidence to maintain their role in their family, and local community. The service provides emotional support which addresses the complex emotional needs as the person adjusts to losing their sight and having to rethink their life in different ways.</p> <p>The rehabilitation officer will support the person to adjust to living without sight, developing their daily living skills, for example preparing a meal, and will deliver mobility training, teaching the person new ways to move around their environment, which may include long cane training, developing auditory and tactile skills. This is very intense training and requires a level of commitment from the person, and may take up to 12 months.</p> <p>The rehabilitation officer will support the person with sight loss to access new ways to assimilate information, such as using technology or learning braille. This training is delivered by other organisations.</p>	
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		Sensory Linkworker	<p>The Sensory Linkworker supports the person with sight loss to identify the barriers which may exist, preventing them to access mainstream services, for example, accessibility to information. The Linkworker will support the person to ensure that the information they receive from other organisations is in an accessible format.</p> <p>The Linkworker will support the customer in regards to welfare rights and benefits, supporting the customer to complete paperwork to apply for the correct benefits.</p> <p>The Linkworker will also support customers to resolve housing issues, through working closely with social housing associations.</p>	
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		<p>Register of Visual Impairment</p>	<p>The Sensory service holds the register for people whom are certified as visually impaired or severely visually impaired.</p> <p>The register provides a route into accessing social care support, and where a person is registered as visually impaired or severely visually impaired, they are offered an assessment by a member of the team.</p> <p>Further information about the registration process can be found in the RNIB information book</p> <p>An information pack is sent out to all people whom are registered as visually impaired or severely impaired which contains information about local and national services for people with sight loss, this information pack can be found here.</p> <p>A new information suite is being set up within the Sensory service which will have 2 computers with Supanova and Guide accessibility software, and Clearview and Clear reader equipment to enable people with sight loss to access written materials.</p> <p>The Sensory service also authorises Transport for Greater Manchester concessionary permits when a person is eligible.</p>	<p>‘Benefits of registering partially sighted or blind’</p> <p>Transport for Greater Manchester</p>
<p>4</p>	<p>Lancasterian Sensory Support Service</p>		<p>The Lancasterian Sensory Support Service supports children and young people in Manchester with a vision need, and their families from birth to leaving school. They work with nurseries, and state-funded schools to share information, provide advice</p>	<p>Lancasterian Sensory Support Service</p>

			<p>and develop good practice for children and young people with a sensory need.</p> <p>The service is composed of specialist Teachers and Teaching Assistants, Mobility and Rehabilitation officers, Hearing Technicians, Resource officers and Family Support workers. Together they seek to improve both social and academic outcomes for children and young people with sensory needs in Manchester. They work closely with the health service and other organisations to achieve this need.</p>	
5	<p>Henshaws Society for Blind People</p> <p>Henshaws work with people of all ages, both children and adults, living with sight loss to empower them to take steps to change their lives for the better.</p> <p>Their Pathway to Independence helps to address the needs of people with sight loss by offering a bespoke package of support, activities and training</p>	<p>Pathway to Independence – Patient Support Service</p>	<p>Henshaws provide a Patient Support service at Manchester Royal Eye Hospital; this provides practical and emotional support to people both children and adults where they need it most at the point of diagnosis.</p>	<p>Patient Support</p>
		<p>Pathway to Independence – How can we help you?</p>	<p>The Vision Support Team provides specialist information, by telephone or in person at our Resource Centres. This includes emotional and practical support to help the person or family overcome everyday challenges and make the next step.</p>	<p>Pathway to Independence</p>
		<p>Pathway to Independence – Let's make a plan</p>	<p>Expert staff will carry out an assessment of the persons or family's needs and develop a tailored plan; giving empowerment and control. The plan will ensure a smooth transition through our Independence Matters and Friendship Matters programmes, or a relevant programme provided by one of our partners.</p>	<p>Pathway to Independence</p>

	<p>which is tailor made for each person.</p> <p>Henshaws works in close partnership with Manchester Royal Eye Hospital, Lancasterian Sensory Support Service and Manchester Sensory services to provide support to people with sight loss in Greater Manchester.</p>	<p>Pathway to Independence – Independence Matters</p>	<p>A myriad of courses that are designed to empower the person (adult or child/ young person) to live an independent life, through development of skills, confidence and self-esteem. The list below is not an exhaustive list; Living with Sight Loss Course / Skillstep Pre-vocational Training / IPAD Training / IT Training / Visual Impairment Awareness Training</p>	<p>Pathway to Independence</p>
		<p>Pathway to Independence – Friendship Matters</p>	<p>A programme of social and support groups designed to help reduce social isolation by bringing together people with similar experiences and disabilities. Group activities include Art & Crafts, Arts Galleries and Museums, Hiking, Film and Parent & Toddler Groups just to name a few.</p>	<p>Pathway to Independence</p>
<p>6</p>	<p>Action for Blind People</p> <p>Action for Blind People is a national charity with local reach. Our</p>	<p>Independent Living Service</p>	<ul style="list-style-type: none"> • Our financial inclusion service offers advice about welfare rights, including personal budgets as part of self-directed support. • Our service also provides Information and guidance to access health and social care. <p>Our housing service offers specialised support regarding issues within your home.</p>	<p>Action for Blind People</p>

	<p>Manchester team has deep roots in the local community, which helps us to best meet the needs of our blind and partially sighted service users. This grassroots approach is consistent across all of our offices throughout England.</p>	<p>Employment</p>	<ul style="list-style-type: none"> • We offer advice in retaining employment and skills development. We can also offer a personal assessment and advice on presenting your disability positively. • We are the specialist provider in Manchester for people with sight loss for government funded programmes Work Choice (Shaw Trust), Right to Control (DWP) and Work Programme (Avanta). • We have career advice for those who are unsure of what to do next. We can offer advice and guidance on using your skills and developing new ones for your chosen career. • We have information and advice for blind and partially sighted people about becoming self-employed. We also provide support for existing businesses. 	
		<p>Technology</p>	<ul style="list-style-type: none"> • Advice on meeting people’s needs. • Open days to see new technology for blind and partially sighted people. • Making enhancements so people can use different types of technology more effectively. • Advice on buying the best computer for your needs. • Assessments for work and leisure technology needs. Loan service for assistive technology 	
		<p>Children and Young Families</p>	<ul style="list-style-type: none"> • Our children, young people and family service provides a wide range of opportunities for blind and partially sighted children, young people and their families. 	

			<ul style="list-style-type: none"> We would like to encourage greater social inclusion for visually impaired children and young people, providing the opportunity for everyone to enjoy full and active lives. We aim to support family members of blind and partially sighted children and young people and help people connect with their peers. 	
7	RNIB		<p>RNIB works in partnership with Manchester Sensory Services to provide expert advice and support in regards to the development of services for people with Sight loss in Manchester. We have been involved in the development of this JSNA as well as the setting up of events to promote the awareness of sight loss in Manchester. We can also provide information around national policy context, research and statistics.</p> <p>We work to empower blind and partially sighted people across Manchester to campaign for improved services for people with sight problems. We provide advice, support, volunteering opportunities and training for anyone who wishes to improve the accessibility of services in their local area.</p> <p>Our aim is to bring local blind and partially sighted people together with service providers in order to work together to improve accessibility of their services. For example we have worked with bus operators, such as Arriva and Stagecoach, to lobby for improved transport for people with sight loss.</p> <p>We also campaign for improved access to leisure, banking and health services and aim to build links with local politicians</p>	<p>RNIB</p> <p>More information on RNIB campaigns</p>

8	<p>Library Services for Visually Impaired People</p>		<p>Manchester library services provide a core service for people with sight loss, information can be found at the Manchester City Council website</p>	<p>Library Services for Visually Impaired People</p>
9	<p>Visually Impaired Steering Group</p>		<p>The VISG is made up of people with sight loss and who live in Manchester, it has been running over 8 years and has been heavily involved in the development of social care services for people with sight loss.</p> <p>It has also been involved in a number of consultations, with Manchester City Council, and other organisations such as Transport for Greater Manchester.</p> <p>The group is currently chaired by the Sensory Team manager, representatives from MCC commissioning services, Henshaws and RNIB also attend the bi-monthly meetings.</p>	