

7.4.2 Preventable sight loss

Why is this issue important?

Almost two million people in the UK are living with sight loss (vision being 50% less than perfect) and by 2020 this number is predicted to increase by 22%. Nationally, eye health will be particularly influenced by changes in population demographics because over 80% of sight loss occurs in people aged over 60.¹ Costs and demands on the NHS are high with ophthalmology having the second highest number of outpatient attendances in 2010/11.²

Health outcomes of eye disease are significantly better if detected and treated early. Key causal conditions for sight loss are:

- Glaucoma, a family of diseases which have characteristic structural changes in the optic nerve head and the visual field. Ocular hypertension (OHT, raised eye pressure) is a key risk factor.
- Cataract, a clinically significant frosting of the eye's natural lens.
- Diabetic retinopathy, caused when diabetes affects the blood vessels in the retina. The NHS Diabetic Eye Screening Programme aims to reduce the risk of sight loss in people with diabetes by identifying diabetic retinopathy early and ensuring patients are offered effective treatment where necessary.
- Age-related macular degeneration (AMD) is an age-related change without any obvious cause which occurs in the central area of the retina of people over 50.

Key outcomes

- **Preventable sight loss – AMD, glaucoma and diabetic retinopathy (Public Health Outcomes Framework)**
- **Access to non-cancer screening programmes: proportion of those offered screening for diabetic retinopathy who attend a digital screening event (Public Health Outcomes Framework)**

¹ Access Economics. Future Sight Loss UK 1:Economic Impact of Partial Sight and Blindness in the UK Adult population;2009.

² UK Vision Strategy. JSNA template and guidance for eye health and sight loss. July 2012

Impact in Brighton & Hove

In 2010/11, there were 980 people registered blind and 660 registered partially sighted with Brighton & Hove City Council. 70 new blind people were registered in 2010/11 and 50 partially sighted.³

Table 1. Estimated prevalence of sight conditions in Brighton & Hove, 2011/12

Condition	Estimated Prevalence
Age-related macular degeneration (AMD)	2,314 (3%) ⁴
Glaucoma	2,292 (1.5%) ⁴
Cataracts	2,422 (2%) - 8,115 (7%) ⁴
Low vision	3,197 (4%) ⁴
Diabetic Retinopathy	9,972 ⁵

Source: See references 4 and 5

Based on data from the Diabetic Retinopathy Screening Programme 9,972 people known to have diabetes also had retinopathy. This will be an underestimate because three will also be people with undiagnosed diabetes in the population with retinopathy who are not known to the screening service.

In the year up to March 2012, 82% of those who had been offered screening for diabetic retinopathy attended a screening event.⁵

The other main sight loss conditions in Brighton & Hove are cataract, glaucoma and AMD.⁶

In Brighton & Hove for 2008-10 rates of Certification of Visual Impairment related to diabetes were higher than average (3.7 per 100,000) and Brighton & Hove is in the second highest quintile for all PCTs in England.

³ Health and Social Care Information Centre. Registered Blind and Partially Sighted People. <https://catalogue.ic.nhs.uk/publications/social-care/vulnerable-adults/peop-regi-blin-part-sigh-eng-11/peop-regi-blin-part-sigh-eng-11-coun-tab.xls> [Accessed 28.05.13]

⁴ National Eye Health Epidemiological Model (NEHEM) using 2001 census data. Available at: www.eyehalthmodel.org.uk [Accessed 28.05.13]

⁵ Department of Health. Diabetic Retinopathy data. Based on number of patients with diabetes identified with retinopathy by PCT Screening Programme. Q4 2012

⁶ NHS Brighton & Hove. Rapid needs assessment: primary care in Brighton & Hove. 2011.

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A local rapid needs assessment for community eye care conducted in 2011⁶ reported that:

- There are estimated to be 1,300 people potentially eligible for cataract surgery. There were 1,208 referrals to the Sussex Eye Hospital from the community. This may suggest that a high proportion of those eligible are receiving services.
- In the population aged 50 or over, an estimated 7,841 people would be expected to have Ocular hypertension if they were measured using pneumotometry (non-contact testing). They have an increased risk of developing glaucoma.
- Estimates indicate that there will be at least 100 new cases each year of “wet” Age-related macular degeneration (development of new blood vessels). In 2009, 77 patients commenced treatment.

Where we are doing well

The 2011 local rapid needs assessment reported that:

- There were high levels of patient satisfaction with cataract services as suggested by local audit
- Qualitative interviews with local service providers showed generally high satisfaction with locally-enhanced services (LES) for cataract direct referral and post-operative care, repeat testing of Ocular hypertension and Age-related macular degeneration and the Community Optometrist
- Median waiting time for cataract surgery at the Sussex Eye Hospital was 56 days in 2009 (lower than the national median)
- Sussex Eye Hospital had a new in-house multi-disciplinary shared care glaucoma and Ocular hypertension clinic using Community Optometrists within the hospital setting

Local inequalities

The prevalence and incidence of sight loss rises considerably after the age of 75 years. As at March 2011,³ there were 980 people in the city registered as seriously sight impaired, of which 630 were aged

over 75. There were 660 people registered as sight impaired, of which 435 were aged over 75.

National evidence shows that there is a higher rate of glaucoma and AMD in Black ethnic groups, a higher rate of diabetic retinopathy in South Asian populations and higher cataract prevalence in deprived areas.²

Nationally there is a high estimated prevalence rate of sight loss amongst adults with learning disability, but there is a lower than expected number of people registered as sight impaired / seriously sight impaired who are recorded as having a learning disability on their Certificate of Visual Impairment registration (20 people in 2011).³

Predicted future need

By 2020 the number of people in the UK living with sight loss (vision being 50% less than perfect) is predicted to increase by 22% (from the current estimate of almost two million people).¹

Need for cataract treatment may increase due to the effects of smoking, an ageing population and deprivation.

The number of people aged 60 years or over is expected to increase by 9% from 48,554 in 2011 to 53,026 in 2021. With the biggest percentage change in the 90 and over age group (a 48% increase from 2,284 people in 2011 to 3,382 people in 2021).⁷

What we don't know

The proportion of elderly patients fallen or at risk of falls with the primary cause being sight loss. National evidence suggests that 47% of falls sustained by blind and partially sighted people are directly attributable to sight loss.⁸

We have limited knowledge of health inequalities, for example, the number of housebound people and the extent to which their eye care needs are met.

We have no information on equalities data in relation to blind and partially sighted people.

⁷ Office for National Statistics. Interim 2011 based sub national population projections. <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-274527> [Accessed 12/06/2013]

⁸ Boyce T. Falls – costs, numbers and links with visual impairment. RNIB 2011.

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Key evidence and policy

UK Vision Strategy (2008) Royal National Institute of Blind People - developed in response to the World Health Assembly VISION 2020 resolution to reduce avoidable blindness.

<http://www.vision2020uk.org.uk/ukvisionstrategy/>

NICE guidance on glaucoma (Clinical Guideline 85) was published in 2009 and covers the diagnosis, treatment and care of adults with “chronic open angle glaucoma,” OHT and those at high risk of developing glaucoma.

<http://publications.nice.org.uk/glaucoma-cg85>

Recommended future local priorities

1. Encourage regular sight tests to help to prevent longer term visual impairment.
2. Commissioners to strengthen use of the glaucoma/Ocular hypertension repeat-testing Local Enhanced Service (reported in the local rapid needs assessment to reduce new referrals to ophthalmology by 60%).
3. Consider ways for Community Optometrists and primary care services to improve links so they are able to effectively refer patients for services e.g. smoking cessation, falls clinics and NHS Health Checks.

Key links to other sections

- Falls and osteoporosis
- Smoking
- Diabetes
- Adults with Physical disabilities or sensory impairments
- Adults with learning disabilities

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