Vista evidence to the All Party Parliamentary Group on Eye Health and Visual Impairment 28th November 2017.

Hello I'm Paul Bott the Chief Executive of Vista. Vista is the local sight loss charity for Leicester, Leicestershire and Rutland.

Today, I'd like to talk about three areas

1. Unmet and unrecognised need
2. Recommendations and 'tools' which already exist that are not being used
3. Local variance from national prevalence - warranted need

Vista holds the statutory register for the local authority, we work across health and social care.

We provide Rehabilitation and Children's habilitation, a wide range of community based services and provide care homes offering 24 hour care, two for people with sight loss and a learning disability and two for older people with sight loss including a specialist provision for people with sight loss and dementia.

We have very good links with the local hospitals, and CCGs, we host the low vision clinic and provide and fund ECLO's, Eye Clinic Liaison Officers, in every eye clinic in the area, that is at Leicester Royal Infirmary, Coalville, Harborough, Loughborough, Hinckley, Melton and Oakham, and we have a paediatric ECLO in the Children's Eye Clinic, which is still the only paediatric ECLO in England – we are aware of one in NI.

Whilst Vista is an exemplar of good practice, with a marvellous concentration of services for people with sight loss in the UK, we are not a national organisation and so I can't offer a national perspective on eye health, because our focus is on the local.

At Vista, we are focussed on the eye health needs of local population, and because we hold the statutory register, for Leicester, Leicestershire and

Rutland, we know that as of this morning there are 6,095 people registered as blind or partially sighted from a total population of 1,045,000.

From the register we know that in Leicester, Leicestershire and Rutland, in 2016 we had 58 registrations per 100,000 in the year compared to the data from the Public Health Outcome Framework, which is that nationally this is just 41.9 registrations per 100,000 people(PHOF 4.12.iv)

From the register we also know that we had an increase in the previous year in children being registered, 52 in 2015 to 72 in 2016, though we are not yet clear whether this is a blip or the beginning of a trend.

Looking at the other metrics on preventable sight loss in the PHOF per 100,000 against the data we hold in the local register for Leicester, Leicestershire and Rutland.

4.12i ARMD - PHOF data 114 per 100,000 but on the local register we have 2300 for a population of 1million people, that is an incidence twice the national fig. And has grown in each of the previous 3 years from 1952.

Similar story for

4.12ii Glaucoma – National 12.8 per 100,000 locally we have 536 people registered that's 4 times the national figure

4.12.iii Diabetic – 2.9 per 100,000 locally we have 361 that's 10 times the national figure.

The question is whether we are an anomaly because of the demography of Leicester, Leicestershire and Rutland or whether its a more accurate reflection of level of actual need because of the concentration of services in Leicester, Leicestershire and Rutland?

I'd like to think that we are a more accurate reflection. For this APPG making recommendations about what is needed on the future of Eye Health and Visual Impairment its important to start with the right information.

In starting to plan, commission and deliver eye care services its important to recognise local variance, using local information to better meet the needs of the local population.

That's the question asked by this inquiry - How can commissioning, planning and delivery of eye care services be improved?

I think at the beginning we need to define the term 'improved' – is it reaching more people, reducing number of people losing their sight, being more cost effective? I ask this because there is a current disconnect between meeting increased need and budgetary pressures.

If it is about reaching more people to reduce the number of people losing their sight then I'd like to put in a call for local sight loss organisations, as having fantastic reach into their local communities.

Vista have developed outreach programmes, mobile vision screening, children vision screening programme, app development and run information campaigns on eye health including wet AMD with partners like Novartis.

The primary issue that we see in safeguarding peoples sight is encouraging people to get their eye's tested by an optometrist. Most important is to reach communities that are under served currently we address this through outreach programmes.

We always point people to their optometrists, however for low income families the conversations we have had are that optometrist are seen as retailers rather than health professionals, and the question I've been asked is why would I go to a glasses shop when I can't afford glasses?

We have outreach programmes in Leicester, Leicestershire and Rutland and what we have seen year on year, is an increase on the numbers of people seen by our ECLO's in eye clinics over the past 3 years from 6,000 people to 8,214 in 2016.

We can't prove cause and effect but it is an interesting correlation and we do have a belief that we are driving a recognition of demand for eye health services.

On recognising demand, we're doing a piece of work around children vision screening.

In 2013, Uk National Screening Committee recommended that orthoptic led vision screening should be offered to all 4 and 5 year olds to identify conditions like amblyopia (abnormal vision system development) and prompt access to treatment.

This was reviewed by the UK National Screening Committee (Public health England- published the service specification) and the same recommendation made again on the 24th October 2017.

It's our understanding that children are not being offered this nationally. Whilst provision exists in most areas, around 80% we think, LLR is one of those areas where vision screening is not offered. So we've developed a programme to screen children's vision in schools as part of a wider education programme engaging 4 and 5 years olds.

We've just launched this so are not getting the coverage across the 4,500 4 and 5 years olds across LLR yet but in the Bradford vision screening programme covering 5,700 children in 2011/12 Alison Bruce's research showed a 97% effective screening in schools, 16% referred on to optometrists and 6% referred through to Hospital Eye services for follow up - 6% of the 4,500 children in LLR is 270 children.

Screening is effective, but it should be noted that in the Bradford Study of those referred to hospitals eye services 1/3 failed to attend - even though the children have been identified as needing a follow up. This points to something else going on so that people are not accessing health services.

I've given a very quick overview on the local picture but from this I'd like to pick out a few key points

Recommendations

1. Recognition of the importance of good data –
   Vista has the reach it does partly because we have the local register. The data we have is good, and should be better used in planning rather than relying on the widely used POPPI and PANSI predictive tools (Oxford Brooks Projecting Older People Population Information, Projecting Adult Needs and Service Information).
   In recognising that if the wish is to better meet real demand, you can't meet this need until you know what it is and in planning for what comes next in improving health outcomes, it needs to be based on the best possible numbers.

2. Recognition of the variance in local need - The importance of providing a service that varies to meet local need, not homogenous delivery across the country.

3. Recognition that tools already exists to support eye health - like the UK National Screening Committee recommendation on children's vision screening, but that this is not implemented across the country, though it should be. This is also true for the Accessible information standard and International standards for Wet AMD.

Thank you for your attention and for giving me the opportunity to present evidence today.