

# **Eye health in Lancashire and South Cumbria**

A joint strategic needs assessment

# Programme

- 09:30 Welcome
- 09:35 Introduction from our sponsor
- 09:45 Key findings from the project
- 10:10 Workshop one – priorities
- 10:50 BREAK**
- 11:05 Workshop two – recommendations
- 12:10 Feedback from workshops
- 12:20 Next steps and close

# **An introduction from our sponsor**

County Councillor Shaun Turner, Cabinet Member for Health and Wellbeing, Lancashire County Council & Chair of the Lancashire Health and Wellbeing Board

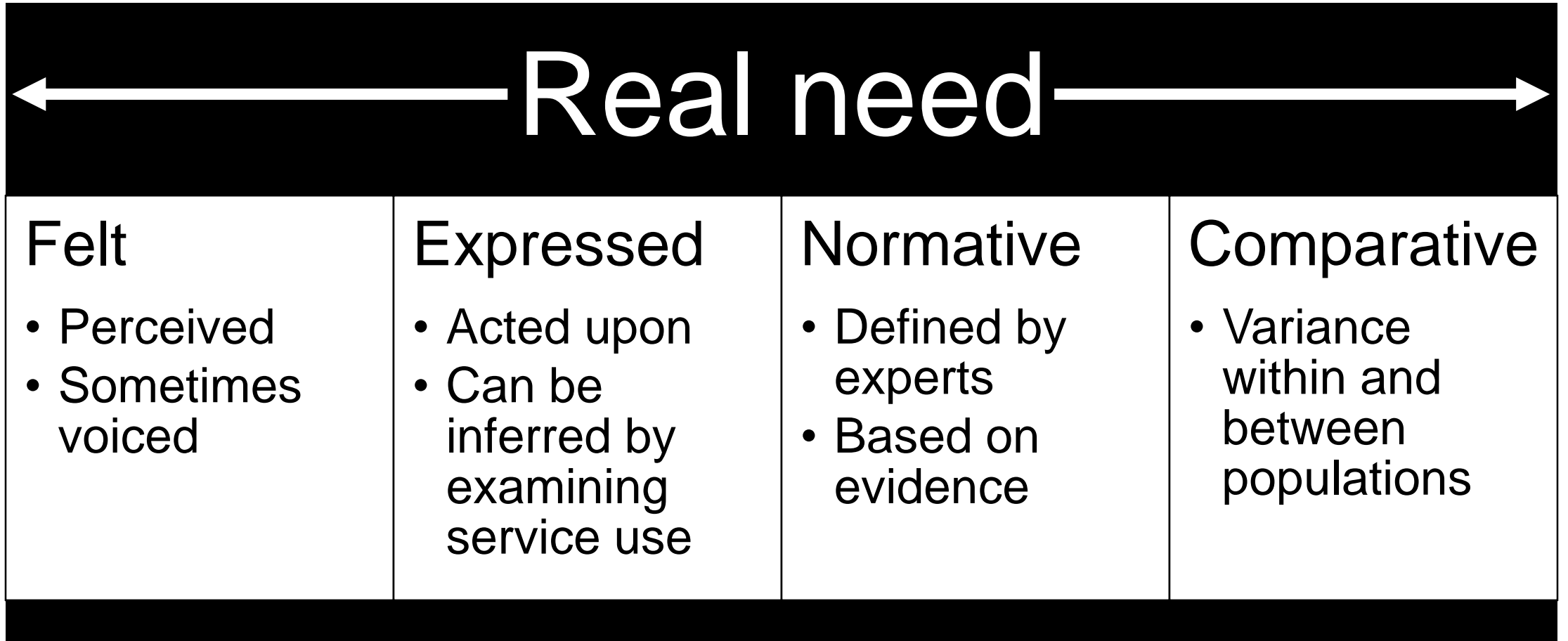
# **Key findings**

Gemma Jones, Joint Strategic Needs Assessment  
Manager, Lancashire County Council

**But first...**

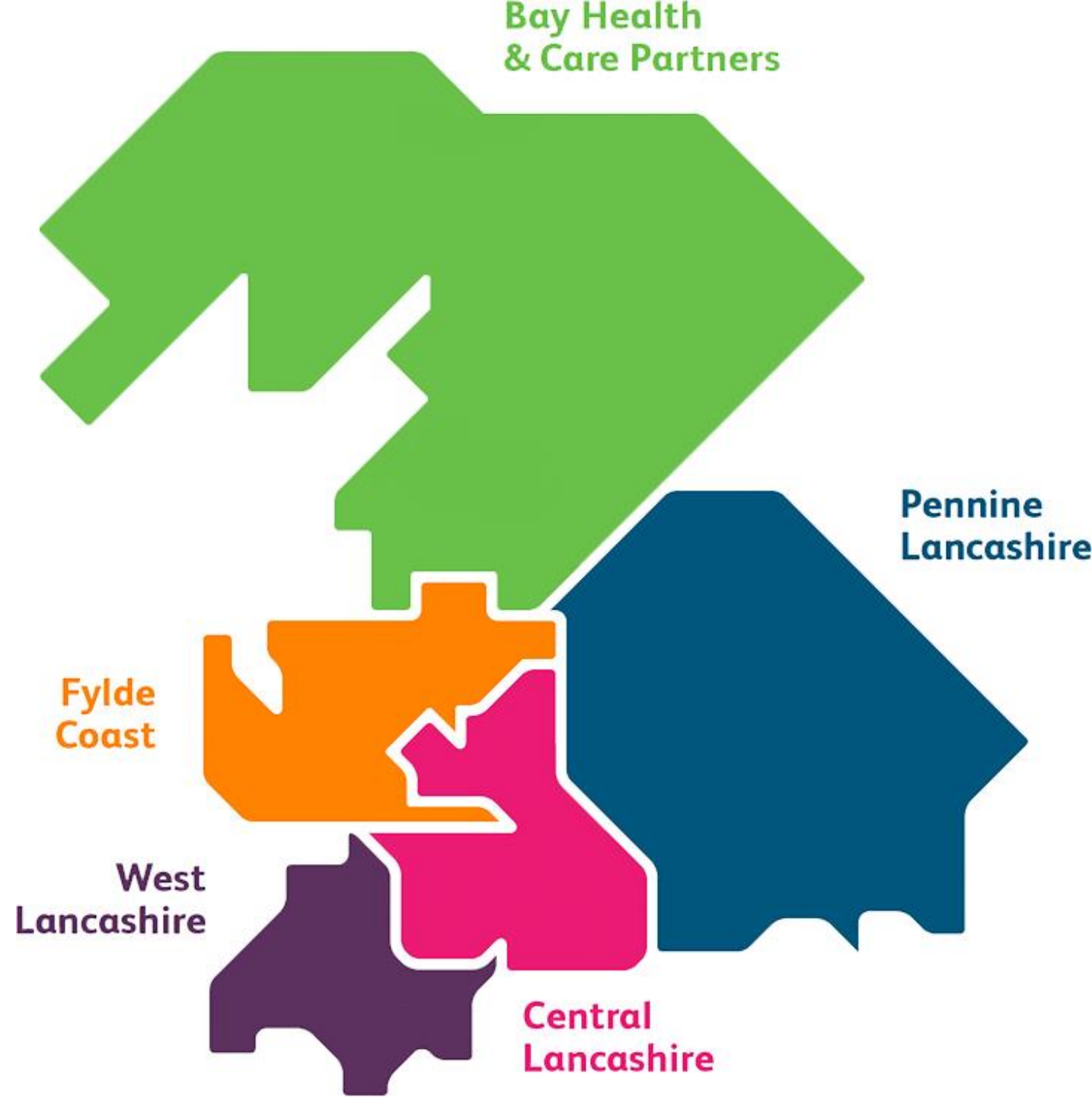
**a little primer**

# What is need?



# Scope

- Adults 18+
- Lancashire and South Cumbria Integrated Care System (ICS) area



# Sources

- England Vision Strategy (Vision UK)
- Adult UK sight loss pathway
- Seeing it my way outcomes
- Secondary data from a variety of sources
- Academic literature
- Expert knowledge



# Headline figures

- 56,670 with sight loss in 2016 - 3.4%
- 14% of those (7,690) have severe sight loss
- By 2030, 4.5% (76,590) – a 35% increase
- 1,034 Certificates of Visual Impairment, 2015/16\*
- 5,370 registered with local authority in 2017
- Estimated indirect cost in 2015 = £157m+

# Prevention and protection

- 50% of sight loss **avoidable**
- 93,840 age-related macular degeneration
- 18,640 cataract
- 16,350 glaucoma
- 34,020 diabetic retinopathy
- 112,800 diabetes
- 12,226 rheumatoid arthritis
- **All increasing over time**
- Interventions and advice for at-risk groups
- Diabetes diagnosis rate
- Diabetic retinal screening invitations
- Estimated 3,446 falls attributable to visual impairment in 2015 - 266 requiring hospital treatment

# Services

- Retinal screening invitations 72% - 81% England (79%)
- Not all who are diagnosed are certified are registered
- Follow-up?
- Service pathways unclear
- Clinical decision making for cataract surgery can vary
- General health services often don't know about or account for visual impairment
- Identified quality standards e.g. training

# Data

- Vital for understanding need and inequalities
- Commissioning decisions must be based on intelligence
- Registers - inconsistencies in recording practices for registers
- Can't currently link health data with social care data
- Some data not yet available at ICS area level
- Some data not readily available – need special permissions/connections that may be lost in the future\*
- Consultants may not be aware of benefits of registration
- In-depth detail about DNA

# Quality of life

## Health and wellbeing

- 3,866 with significant sight loss also have dementia
- 2,600 with learning difficulties
- $\frac{1}{3}$  on registers have additional disability\*
- Poorer mental health
- Emotional support – someone to talk to

## Independence and opportunity

- More likely to have no qualifications, lower status job, unemployed
- Estimated 10,630 of working age living with sight loss in ICS – hasn't declined over time
- Mobility and transport

# Inequalities

## Population groups

- 82% of SL in ICS is in those aged >65
- As a result – more women
- More likely to be BME;
- Economic status and deprivation
- BME groups more likely to have diabetes

## Services

- Diabetes diagnosis (17+) rate 68% Fylde → 92% Preston
- Variations in diabetic retinal screening across the area
- Certification – variation and change over time
- Eye Clinic Liaison Officer support is not guaranteed
- BME slightly less likely to be registered?\*

# Information and advice

- Is the information there?
- Do people know it's there?
- Is it accessible? – Media formats and channels
- Is there also information for families, friends and carers?
- Is information and advice available at the right time?
- Availability of Eye Clinic Liaison Officers
- People want to understand their eye condition

# **Session one – priorities**

But first... John's story





# Workshop one – priorities

- Prevention and protection
  - Services
  - Data
  - Quality of life
  - Inequalities
  - Information and advice
1. Three personal priorities
  2. Group discussion
  3. Million pound drop

**BREAK AT 10:50**

# **Session two – recommendations**

But first... Pippa's story



# Recommendations

- Practical considerations
  - Barriers
  - Opportunities
  - Best practice examples
  - What worked?
  - What could be changed?
  - Think outside the box!
- Quick wins?
  - What can be done quickly to have an impact?
  - **Highlight** or **circle** existing or new recommendations

**UNTIL 12:10**

# **Feedback**

Stuart Clayton, CEO, Galloways Society for the Blind

# Next steps

## JSNA project team will:

- Produce conference report
- Best practice literature review
- Produce JSNA report, clear set of recommendations
- Upload supporting intelligence
- Get sign off from Health and Wellbeing Boards
- Warm handover – briefings, showcase...

## Partners will:

- Share report with colleagues
- Take action on the recommendations (Local Eye Health Network, Primary Care Networks, Primary Care Strategic Development Board – report up to ICS)
- Baseline for commissioning plans
- Use the report to lobby and advocate for better outcomes
- Improve experiences and services for local people

# Thank you

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