

Eye Health JSNA Prioritisation Workshop

Wednesday 28 November 2018, 09:30am, County Hall

Eye Health JSNA background and key issues

Scope

- Focus on adults 18+
- Lancashire and South Cumbria Integrated Care System (ICS) area
- Covers the 12 county districts of Lancashire plus Blackburn with Darwen, Blackpool, Barrow-in-Furness, South Lakeland and parts of Copeland and Craven
- A population of around 1.7 million

Key Issues

Prevention and protection:

- 50% of sight loss avoidable
- All health conditions linked with eye health are increasing over time
- Interventions and advice for at-risk groups
- Diabetes diagnosis rates are in line with national but people who are undiagnosed are missing out on screening.
- Estimated 3,446 falls attributable to visual impairment in 2015 (266 requiring hospital treatment)

Services:

- Retinal screening invitations across the ICS vary from 72% - 81% England (79%)
- Not all who are diagnosed are certified or registered
- The service pathways are unclear
- Clinical decision making for cataract surgery can vary across areas
- 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
- Inconsistent recording practices for sight loss registers
- Can't currently link health data with social care data
- Some data not yet available at ICS area level
- General Ophthalmic Services data is not readily available

Quality of life:

- 3,866 with significant sight loss also have dementia
- 2,600 with learning difficulties
- 1/3 on registers have additional disability
- Feelings of wellbeing are lower for those with sight loss compared to the general population
- Availability and accessibility of support services
- More likely to have no qualifications, lower status job or be unemployed
- Estimated 10,630 of working age living with sight loss in ICS
- Access issues to mobility and transport

Inequalities:

- 82% of sight loss in ICS is in those aged >65
- More women suffer from sight loss than men (because they live longer)
- More likely to be from a BME groups
- Links to economic status and deprivation
- Diabetes diagnosis (17+) rate varies across the area, from 68% Fylde - 92% Preston
- Eye Clinic Liaison Officer support is not guaranteed
- Lancashire sight loss register suggests people from BME groups slightly less likely to be registered

Information and advice:

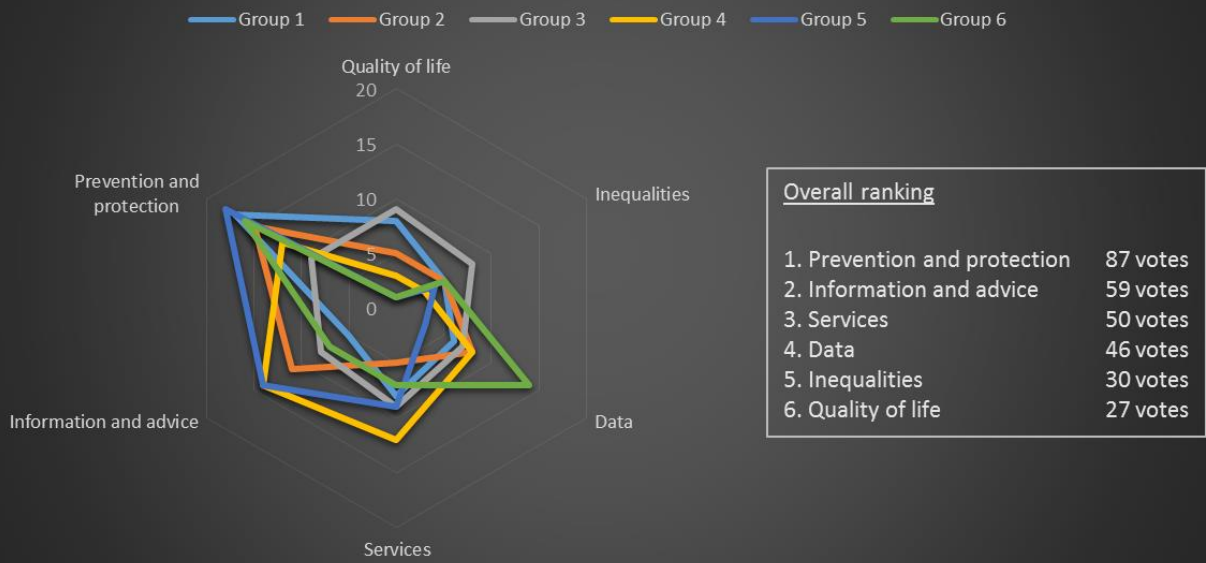
- Is the information there?
- Do people know it's there?
- Is the information in an accessible format?
- Is there also information for families, friends and carers?
- Is information and advice available at the right time?
- People want to understand their eye condition

Workshops

Workshop 1 - Issues

The groups were asked to identify priorities by choosing their top three out of the six key issues identified. The groups then divided poker chips between the key issues in in order of importance. The poker chips were totalled for all groups to provide the overall ranking of the issues. These results are represented below:

Priorities for eye health - group voting exercise results



Prevention and protection received 87 votes, information and advice received 59 votes, services got 50 votes, data 46 votes, inequalities 30 votes and quality of life 27 votes. The overall results show that prevention and protection was seen as the highest priority issue. It was also felt that by tackling the other issues, this would lead to a better quality of life and will reduce inequalities for people with sight loss.

Workshop 2 – Recommendations

In the second workshop, the groups were asked to put together some recommendations that would tackle the key issues. The recommendations relating to each issue are listed below in priority order:

1	Prevention and protection	Information and training available in schools; sight advice centres linking in with schools; planning ahead from children to adult services; eye health to be included as part of general health checks; awareness campaigns for eye health, related conditions and where to get help; awareness sessions in eye clinics; make it a requirement for all drivers to have regular sight tests.
2	Information and advice	One website for the ICS with information and advice; agencies working together (e.g. information and leaflets given when getting blood pressure tested); training courses for health and local authority professionals; ECLOs should be available to everyone; review hospital admin systems to make sure appointment information is accessible across all departments; provide a single point of contact for information and guidance.
3	Services	Audit of health services' accessibility policies; reduce DNAs and the health implications by

		improving accessibility, provide multi-disciplinary eye services across the ICS, use the JSNA to influence commissioning decisions; target waiting lists for fast-tracked appointments; introduce a national pathway of accepted standards, streamline and improve the infrastructure of the voluntary sector; work together to secure funding.
4	Data	Data needs to be more streamlined and linked together; consistent data sharing; a joint data system; use the data to inform service provision and influence decision makers.
5	Inequalities	Improve information and advice and the registration process in local areas.
6	Quality of life	By implementing the recommendations for the key issues, quality of life will be improved.

Next steps

We now welcome any further specific recommendations stakeholders may have on any of the above priorities. Please send any recommendations to businessintelligence.jsna@lancashire.gov.uk

Members of the eye health project group will also collect evidence of what works in tackling these priority issues. The list of recommendations will then be sent round to stakeholders for your approval and final comments before publishing. It is anticipated that the final priorities and recommendations document will be published by the end of March 2019, after sign-off by the Lancashire Health and Wellbeing Board.

General feedback on the event

This event was well attended and well received by the stakeholder group. The presentation was found to be very informative. The voting in workshop one worked well and was easy to understand. By choosing the top three issues it produced a more focused discussion in the groups. It was interesting to see that the majority of the groups voted for prevention and protection as their number one priority issue. The group also came away with a sense that there is real commitment to act on the outcomes from the event.

The JSNA team now welcomes any further comments delegates may have regarding the event, as this will help us to design future events. Please email: businessintelligence.jsna@lancashire.gov.uk