



Birmingham and Solihull Eye Health and Sight Loss Evidence Base 2018

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Produced by: West Midlands Local Eye Health Network (LEHN) and
England Vision Strategy

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The following organisations contributed to this evidence base:

NHS England

NHS Birmingham and Solihull Clinical Commissioning Group

Birmingham VI Partnership

RNIB

Thomas Pocklington Trust

University Hospitals Birmingham NHS Foundation Trust

Sandwell and West Birmingham Hospitals NHS Trust

Birmingham Local Optical Committee

Birmingham Local Medical Committee

Birmingham City Council

Solihull Metropolitan Borough Council

Solihull Local Optical Committee

Solihull Local Medical Committee

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- UK Vision Strategy
- Seeing It My Way
- Adult UK Eye Health and Sight Loss Pathway
- VISION 2020 UK – Pathway for Children and Young People (0 to 25 years) with Vision Impairment, and their Families
- National voluntary organisations

References

Executive Summary

The Birmingham and Solihull (Eye Health and Sight Loss Evidence Base (Evidence Base):

- Sets out the current landscape for eye health and visual impairment support provision in the area,
- Identifies service and delivery considerations
- Makes recommendations for current and future service provision

The Birmingham and Solihull Evidence Base aims to provide a single resource for the planning, commissioning, delivery and evaluation of services for eye health and visual impairment.

This Evidence Base has been developed by the West Midlands Local Eye Health Network (WM LEHN) and the England Vision Strategy (EVS) to support the aims of the Birmingham and Solihull Single Transformation Partnership (Live Healthy, Live Happy).

About this Evidence Base

Through the West Midlands Local Eye Health Network, the Birmingham and Solihull evidence base brings together professionals, patients and service users across the whole eye health and sight loss pathway to evidence current and future service requirements, resulting in a cross sector plan of action that supports the implementation of Outcome Frameworks for the NHS, Public Health and Adult Social Care.

According to RNIB 50% of visual impairment is avoidable (¹). Greater awareness of eye health, improved sight loss pathways, more timely detection of eye disease and changes to individuals' lifestyles are some of the factors that can reduce this. Reducing unnecessary sight loss can be more cost effective within local areas whilst actually helping to maintain good health, wellbeing and independence for individuals through the modification of lifestyle and increased awareness of visual impairment.

The evidence base also covers the services and support available for people living with sight loss, with the purpose of identifying gaps in provision and opportunities to develop a more person-centred approach to health and care so that people living with sight loss can expect the same life outcomes as their sighted peers.

Recommended Actions

This document is designed to be a useful resource for those who are planning and commissioning eye health and sight loss services across Birmingham and Solihull.

Although developing this Evidence Base has been a significant piece of work, the real test of this work will be the way in which is useful to those who are designing, planning, commissioning and delivering local services to meet local needs.

Action area one: gaps in service provision

This Evidence Base identifies a **gap** between the anticipated eye health needs of the local population and the levels of delivery and demand within eye care services.

We invite local commissioners to refer to the information in this document and use it to support planning, prioritisation and commissioning processes to ensure that local services are able to meet the needs of people who need access to eye health services and long term support to live with sight loss.

Action area two: inequality

This Evidence Base identifies several service areas where there is **inequality** of service provision and uptake within Birmingham and Solihull.

We invite local commissioners and providers to reflect on the picture presented by this document and use it to identify the ways in which their services respond to the needs it identifies, in particular to address gaps within and between existing services and providers.

Action area three: collaboration

This Evidence Base highlights the need for an ongoing programme of **collaboration**. We, as members and partners within the Local Eye Health Network, will work together and in support of the Birmingham and Solihull STP to improve services across the eye health and sight loss journey and to inform the early work of the emerging Eye Health Quality Improvement Group.

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National Policy Context

General policies

The **Equality Act 2010** requires all organisations that provide a service to the public to make reasonable adjustments to those services to ensure they are accessible to everyone. ²

The **Accessible Information Standard**, launched in 2015, further aims to ensure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. This includes making sure that people get information in different formats if they need it, for example in large print, easy read or via email. The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss. The Standard applies to service providers across the NHS and adult social care system, and it specifically aims to improve the quality and safety of care received by individuals with information and communication needs, and their ability to be involved in autonomous decision-making about their health, care and wellbeing. ³

Vision UK brings together the UK Vision Strategy and Vision 2020 UK. Vision UK will work in collaboration with partners across the eye health and sight loss sector to deliver positive change for blind and partially sighted people.

- Priority area 1: Improve the nation's eye health and end sight loss
- Priority area 2: Improve support across eye health and social care services
- Priority area 3: Improve awareness of sight loss and create an inclusive society for all⁴

As part of Vision UK's country led approach, in England, leading organisations are working together to deliver a plan for change called the England Vision Strategy. The England Vision Strategy has identified six priorities across the eye health and sight loss pathway as the key building blocks for change.⁵

The six key priorities of the England Vision Strategy are:

Prevention: To improve eye health and prevent sight loss across England within diverse groups and the wider population.

Commissioning: To promote effective commissioning strategies across health and social care supporting an integrated and person-centred pathway.

Services: Adults, children, young people and their families have access to the right services, advice and support when eye health and sight loss problems arise.

Independence: Adults, children and young people can learn, relearn or retain key life skills on a continuing basis as driven by their needs with access to appropriate professional support, aids and adaptations including technology.

Self-determination: To develop and enable face to face and online peer support opportunities and self-help and self-advocacy resources to empower adults, children, young people and their families to achieve their aspirations.

Inclusion: To promote inclusive environments and equality of opportunity to enable blind and partially sighted people to fully participate, contribute and live independently.

Seeing It My Way (SIMW) Outcomes Framework - A universal quality and outcomes framework developed by blind and partially sighted people. Seeing It My Way is embedded in the work of Vision UK. The purpose of 'Seeing It My Way' is to influence how services are delivered and inform those who commission services, to ensure that blind and partially sighted people benefit from these outcomes.⁶

Social care and education policies

The **Care Act 2014** places some specific duties on Local Authorities to improve services for people with sensory impairments. This includes stipulation that assessments are carried out by skilled and trained specialists. It also specifies the continuation of the sight impairment registration process.⁷

The **Children and Families Act 2014** and its supporting document, **the Special Educational Needs and Disability Code of Practice**, require Education, Health and Care Plans for children and young people to take

account of the implications of sensory impairment on a child's development for teaching and learning. Children and Young People with Special Educational Needs and Disabilities may have an assessment for an Education, Health and Care Plan and a personal budget. The assessment process will include advice from a teacher with a Mandatory Qualification for sensory impairment. The entitlement to a plan will continue until the age of 25 years, should the young person remain in education.⁽⁸⁾⁽⁹⁾

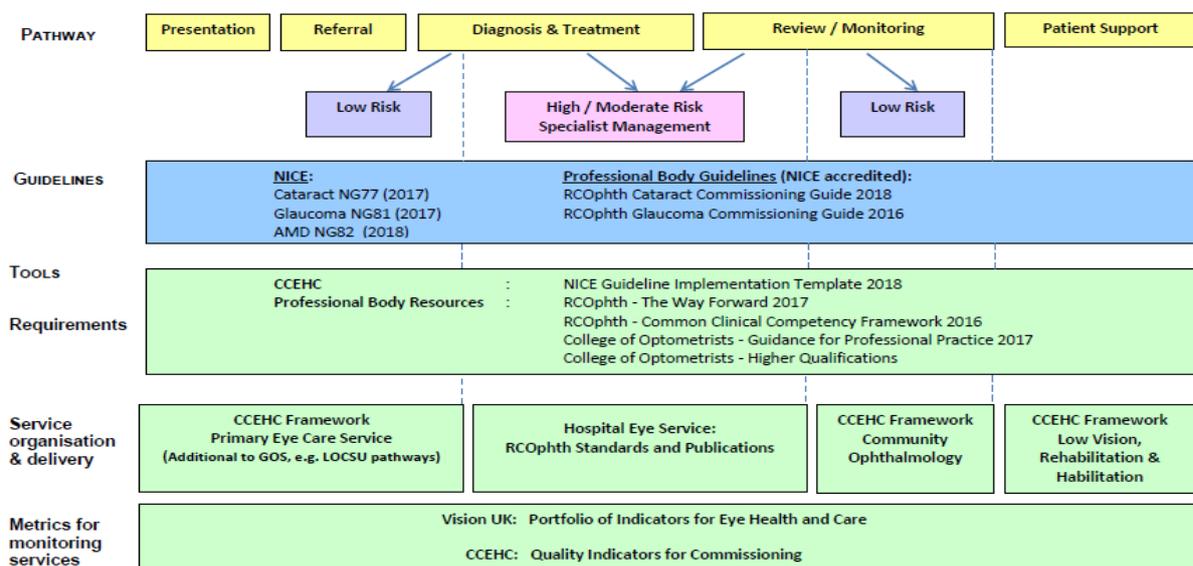
Health policies

The **Public Health Outcomes Framework** has specific indicators related to preventable blindness (Age-related Macular Degeneration, Glaucoma, Diabetic Eye Disease) and the rate of sight impairment certifications.¹⁰

The Clinical Council for Eye Health Commissioning regularly publishes frameworks and guidance. Most recently CCEHC published **SAFE - Systems and assurance framework for eye health**. It is stated “SAFE presents the core constructs and technical tools to support high level, strategic planning, commissioning and provision of eye health and care services. It provides the basis for commissioners, provider organisations and clinicians to adopt a systems-based approach, covering whole pathways and working across traditional service footprints, to deliver efficiencies and transformation at scale. The clinical areas currently covered by SAFE include cataract, glaucoma and age-related macular degeneration.”

CLINICAL COUNCIL
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System and Assurance Framework for Eye-health (SAFE)



The Five Year Forward View published by NHS England in 2014 covers a range of themes such as public health, ill-health prevention, empowering patients and communities, strengthening primary care and making further efficiencies within the health service. **Next Steps on the Five Year Forward View** was subsequently published in 2017 to take stock of progress and set out priorities for the next two years.

Ophthalmology High Impact Interventions

NHS England through their Elective Care Transformation Programme has been working with key national stakeholders (including the Royal College of Ophthalmologists) to produce a specification outlining the key actions necessary to improve safety in elective ophthalmology pathways.

This intervention is a joint initiative between the NHS England Elective Care Transformation Programme and the Getting It Right First Time Programme. For the intervention to be successful, it will require local systems to work together to support the necessary transformation of ophthalmology services.

The three key actions are intended to ensure the timely assessment and follow up of those most at risk of sight loss due to chronic eye conditions. They can be summarised as follows:

NHSE High Impact Intervention Actions

Aim - To successfully prioritise the treatment and care of those patients most at risk of coming to significant harm from delays, **it is essential to carry out three actions:**

1. **Hospital Eye Services (HES) to develop failsafe prioritisation processes and policies** to manage risk of harm to ophthalmology patients.
2. **Hospital Eye Services (HES) to undertake a clinical risk and prioritisation audit of existing ophthalmology patients.**
3. **CCGs/STPs to undertake local eye health capacity reviews** to understand local demand for eye services and to ensure that capacity matches demand with appropriate use of resources and risk stratification.

Whilst each of these actions could be taken in isolation, **they are interdependent and should be carried out together.**

This intervention complements current key policy documents, guidance and recommendations, building on the work of the Royal College of Ophthalmologists and their three step plan. It is also supported by NICE guidance and reflects the recommendations of the former National Patient Safety Agency, the RNIB and the Clinical Council for Eye Health Commissioning, in their System and Assurance Framework for Eye-health.

NHS RightCare

NHS RightCare is a national programme of NHS England committed to improve health and outcomes by supporting local systems to reduce unwarranted variation and ensure people access the right care, in the right place, at the right time. The programme is designed to make best use of available resources and help deliver a financially sustainable health system.

The 'RightCare approach' works at a local level with CCGs, STPs and their stakeholders to:

- Identify key pathway and system priorities based on the intelligence to improve outcomes and reduce spend. This is the **Where to Look** stage of the RightCare approach.
- Plan for change, understand priorities and what impact the changes will have. This is the **What to Change** stage.
- Deliver change, developing optimal value solutions at a local level for the whole population. This is the **How to Change** stage.

RightCare Vision Packs

RightCare vision packs have recently been developed to provide information on spending related to eye health and sight loss and a range of outcome measures, information on the most common procedures and diagnoses for specific conditions. The packs help CCGs begin work on phase two of the NHS RightCare approach 'What to Change' by using indicative data to identify improvement opportunities:

Indicators in this pack cover the following areas:

- Diabetic eye screening
- Spend on primary care prescribing

- Referral to treatment
- Inpatient admissions
- Cataract (inpatient) waiting times
- Programme budgeting spend

Other indicators include:

- Falls due to sight loss
- Social care
- Patients newly registered as partially sighted/blind

Local context

Birmingham and Solihull – Sustainable Transformation Partnership

Vision

Our vision is to help everyone in Birmingham and Solihull to live the healthiest, and happiest lives possible.

Childhood and adolescence

- A healthy start in life
- Single local maternity system
- Improving mental health for children and young people

Adulthood and work

- Promoting health and well-being, and managing chronic disease
- Staff health and well being
- Promoting skills and prosperity
- Breaking the cycle of deprivation

Ageing and later life

- Ageing well and improving health and care for older people
- Creating a better experience at the end of life

Enablers

- Improving air quality for a healthier environment
- Broadening access to urgent care
- Digital innovation and integration
- Making the best use of the public estate

Work of the West Midlands Local Eye Health Network (LEHN) to date

The West Midlands LEHN has undertaken a number of initiatives to address these issues:

- LEHN Chairs worked with NHS England communications team to develop media plans, with the aim of producing consistent messaging about eye health and sight loss at a local level.
- West Midlands (WM) LEHN worked with West Midlands Quality Review Service (WMQRS) to develop and promote the use of eye care patient pathway quality standards, published in December 2016 (www.wmqrs.nhs.uk). The LEHN was shortlisted for the 2016 Vision 2020 UK Astbury award for collaboration across the eye health and sight loss sectors for this work.
- Extensive dementia and sight loss training: organised by WM LEHN, funded by HEE and delivered by RNIB. Over 700 places offered across West Midlands. The LEHN won the National Optometric Conference Poster Competition for this work in 2017.
- Eye Heroes: Promoting eye health in schools across the West Midlands
- Co-ordinated approach to National Eye Health Week: raising awareness of eye health and promoting the importance of regular eye tests.
- WM LEHN produced an animation video to promote regular sight tests and healthy lifestyles
- Joint work with dental and pharmacy LPNs (Local Professional Networks) in West Midlands on diabetes
- Birmingham Sight Loss Council (BSLC) is now the 'critical friend' of Birmingham and Solihull CCG Project Team and is supporting the setup of the Minor Eye Conditions Service across Birmingham to complement the service already operating across Solihull.

The picture of sight loss

Birmingham:

The estimated resident population of Birmingham is 1,111,307 (GP registered population is 1,299,000 which includes 236,000 in the West Birmingham part of Sandwell and West Birmingham CCG).

8,620 people are registered as living with sight loss ⁽¹¹⁾. 4,035 are registered as blind (or Severely Sight Impaired) and 4,585 as partially sighted (or Sight Impaired).

Some people who are eligible to register choose not to do so, others may be waiting for treatment and not be given the Certificate of Vision Impairment (CVI) that precedes registration, and for others their ophthalmologist may not understand the benefits of registration and so may not offer a CVI.

RNIB's estimate of 27,570 is a truer reflection of sight loss in Birmingham. This figure includes people who have sight loss at a level to receive a CVI, but more importantly, it also includes a wider group of people whose sight is not low enough to qualify for a CVI/registration but nevertheless is severe enough to affect their daily lives (i.e. below the legal driving limit). It also includes people with correctable sight loss - either for refractive error or cataracts. This figure is likely to increase to an estimated 28,990 people by 2020 ⁽¹²⁾.

Solihull:

210,445 people are resident in Solihull ⁽¹³⁾ (GP registered population in the Solihull locality is 238,000).

1,030 of whom are registered as living with sight loss. 565 are registered as blind (or Severely Sight Impaired) and 465 as partially sighted (or Sight Impaired) ⁽¹⁴⁾.

RNIB estimate of 7,650 is a truer reflection of the number of people living with sight loss in Solihull, likely to increase to an estimated 8,280 people by 2020 ⁽¹⁵⁾.

Over 50 per cent of sight loss is correctable or avoidable ⁽¹⁶⁾.

Prevalence of sight loss¹⁷

Estimated number of people living with sight loss

Area	Mild sight loss	Moderate Sight loss	Severe Sight loss	Total Population	Prevalence
Birmingham	17,860	6,140	3,570	27,570	2.5%
Solihull	4,930	1,690	1,030	7,650	3.6%
West Midlands	116,990	40,490	24,040	181,510	3.0%
England	1,098,430	379,610	225,240	1,703,400	3.1%

Estimated number of people living with sight loss (2020)

Area	Mild sight loss	Moderate Sight loss	Severe Sight loss	Total Population	Prevalence
Birmingham	18,770	6,450	3,770	28,990	2.5%
Solihull	5,330	1,820	1,130	8,280	3.8%
West Midlands	126,260	43,600	26,220	196,080	3.2%
England	1,189,440	411,190	246,100	1,846,730	3.2%

Estimated number of people living with sight loss (2030)

Area	Mild sight loss	Moderate Sight loss	Severe Sight loss	Total Population	Prevalence
Birmingham	22,310	7,590	4,560	34,460	2.8%
Solihull	6,580	2,200	1,430	10,210	4.5%
West Midlands	158,760	53,580	33,980	246,320	3.7%
England	1,516,590	513,590	323,390	2,353,570	3.9%

Certification of Vision Impairment

Area	Total number of CVIs (2014/15)	Rate of certification per 100,000 people (2014/15)	% change in rate since 2012/13	Rate of age related macular degeneration CVIs per 100k people over 65 (2014/15)	Rate of glaucoma CVIs per 100k people over 40 (2014/15)
Birmingham	394	36	6%	113	9
Solihull	80	38	-18%	127	14
West Midlands	2,040	36	11%	103	11
England	23,017	42	1%	118	13

Registration

Overall number people registered as either blind or partially sighted (2013/14)

Area	0-17 years	18-49 years	50-64 years	65-74 years	75+ years	Total registered blind or partially sighted	Rate of registration per 100,000 people	Proportion of people registered also with additional disability	% change since 2010/11
Birmingham	300	1,125	850	570	4,900	7,740	709	25%	0%
Solihull	25	145	105	105	660	1,030	493	29%	2%
West Midlands	835	4,290	3,470	2,960	18,455	30,015	529	35%	0%
England	9,535	37,780	32,980	28,605	182,200	291,100	540	35%	-3%

Sight Threatening Eye Conditions

Estimated number of people at risk of or living with sight loss due to early stage AMD

Area	2016	2020	2025	2030	% change 2015 to 2030
Birmingham	35,810	37,010	39,870	43,150	20%
Solihull	9,850	10,930	11,890	12,800	30%
West Midlands	239,540	263,210	288,600	312,930	31%
England	2,235,720	2,461,810	2,727,360	2,994,180	34%

Estimated number of people at risk of or living with sight loss due to late stage dry AMD

Area	2016	2020	2025	2030	% change 2015 to 2030
Birmingham	2,660	2,810	3,050	3,390	27%
Solihull	790	880	1,000	1,120	42%
West Midlands	18,220	20,440	23,280	26,460	45%
England	169,710	188,770	216,710	249,990	47%

Estimated number of people at risk of or living with sight loss due to late stage wet AMD

Area	2016	2020	2025	2030	% change 2015 to 2030
Birmingham	5,520	6,520	6,350	7,080	28%
Solihull	1,610	1,750	2,060	2,350	46%
West Midlands	37,440	42,920	48,140	55,230	48%
England	349,230	406,240	447,860	522,060	49%

Estimated number of people at risk of or living with sight loss due to cataract

Area	2016	2020	2025	2030	% change 2015 to 2030
Birmingham	8,450	9,030	9,820	10,950	30%
Solihull	2,480	2,800	3,150	3,570	44%
West Midlands	58,190	65,630	74,440	84,860	46%
England	541,270	611,650	693,400	804,140	49%

Estimated number of people at risk of or living with sight loss due to glaucoma

Area	2015	2020	2025	2030	% change 2015 to 2030
Birmingham	8,930	9,260	9,700	10,070	13%
Solihull	2,050	2,090	2,160	2,220	8%
West Midlands	52,770	54,430	56,590	58,230	10%
England	505,890	528,890	554,000	572,870	13%

Estimated number of people at risk of or living with sight loss due to severe diabetic retinopathy (of total with DR)

Area	2016	2020	2025	2030	% change 2015 to 2030
Birmingham	1,940	1,980	2,050	2,130	10%
Solihull	380	390	400	410	8%
West Midlands	10,420	10,560	10,870	11,170	7%
England	100,320	101,840	105,430	109,290	9%

Estimated number of people living with diabetes

Area	2016	2020	2025	2030	% change 2015 to 2030
Birmingham	59,790	61,080	64,210	67,720	13%
Solihull	14,060	14,470	15,110	15,810	12%
West Midlands	360,980	372,720	391,020	409,040	13%
England	3,428,080	3,576,500	3,785,170	3,994,360	17%

Proportion of patients who were invited to and attended a retinal screening appointment

	2012/13
Birmingham	74.2%
Solihull	79.0%
WEST MIDLANDS	78.9%
ENGLAND	79.1%

Note:

This indicates that 25.8% in Birmingham and 21% in Solihull did not attend (DNA) a retinal screening appointment.

Public Health Outcomes Framework: sight loss indicators

Birmingham:

The crude rates of sight loss in Birmingham for the most common eye conditions are as follows:

- 4.12i Age-related macular degeneration [AMD] in those aged 65+ = 113.3 per 100,000 (**better than** the England comparator of 118.1)
- 4.12ii Glaucoma in those aged over 40 = 9.2 per 100,000 (**better than** the England comparator of 12.8)
- 4.12iii Diabetic retinopathy in those aged 12+ = 4.1 per 100,000 (**worse than** the England comparator of 3.2)
- 4.12iv Sight loss certifications = 35.8 per 100,000 (**better than** the England comparator of 42.4) (18).

Solihull:

The crude rates of sight loss in Solihull for the most common eye conditions are as follows:

- 4.12i Age-related macular degeneration [AMD] in those aged 65+ = 127.1 per 100,000 (**worse than** the England comparator of 118.1)
- 4.12ii Glaucoma in those aged 40+ = 14.0 per 100,000 (**worse than** the England comparator of 12.8)
- 4.12iii Diabetic retinopathy in those aged 12+ = 0.0 per 100,000 (**better than** the England comparator of 3.2)
- 4.12iv Sight loss certifications = 38.1 per 100,000 (**better than** the England comparator of 42.4) (19).

However, these sight loss indicators only account for those who are certified blind or partially sighted.

Other causes of sight loss include cataracts, accidents and trauma, cancer, neurological conditions and stroke. Genetic eye conditions may result in vision that deteriorates over a period of time or may be obvious from birth or childhood. Sight loss or blindness may also be present from birth as a result of prenatal abnormalities. RNIB has comprehensive information on a wide range of acquired and genetic eye conditions (20).

Costs associated with sight loss

Birmingham and Solihull:

In 2013-14 NHS England published Programme Budget spend by the Birmingham and Solihull CCGs on 'Problems of Vision' was as follows:

CCG Name	Total Spend £m	Spend per 100,00 £m
Birmingham South Central	7.4	3.0
Birmingham CrossCity	25.9	3.4
Solihull	8.7	3.6
TOTAL	42.0	3.3

Note:

The above figures:

exclude the West Birmingham GP registered population within Sandwell and West Birmingham CCG.

include the costs to the NHS of eye health and low vision services such as hospital admission for cataract surgery or glaucoma treatment ⁽²¹⁾.

exclude the associated and secondary costs to the NHS for accidents that arise from visual impairment, for example, or non-compliance with medication due to inaccessible information.

RNIB estimates the indirect cost of sight loss in Birmingham to be £73.1 million annually ⁽²²⁾. This is based on the estimate that the indirect cost of sight loss to the UK economy is £5.3 billion annually. These costs arise from unpaid and informal care provided by friends and family of visually impaired people, the low rate of employment among people with a visual impairment and the cost of specialist equipment and support services (it does not include the cost of making environments and services accessible for people with visual impairment).

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Groups at increased risk of sight loss

Older people

One in five people aged 75 and over are living with sight loss, rising to half of all people aged over 90 (23).

In Birmingham, on a resident basis, 70,415 people are estimated to be aged over 75, and 20,738 people are aged over 85 (24).

In Solihull, on a resident basis, 19,944 people are aged over 75, and 6,003 people are aged over 85 (25).

Proportion of population by age band (mid-2016 estimates)

	0-4 yrs	5-17 yrs	18-29 yrs	30-49 yrs	50-64 yrs	65-74 yrs	75-84 yrs	85+ yrs
Birmingham	7.6%	17.8%	20.6%	26.1%	14.9%	6.7%	4.3%	1.9%
Solihull	5.9%	15.8%	12.9%	24.7%	19.7%	11.2%	6.7%	3.1%
West Midlands	6.3%	15.6%	16.1%	25.5%	18.2%	10.0%	5.9%	2.4%
England	6.2%	15.1%	15.7%	26.6%	18.4%	9.8%	5.7%	2.4%

People from black and minority ethnic backgrounds

People from black and minority ethnic communities are at greater risk of some of the leading causes of sight loss (26).

- Black people are at greater risk of developing age related macular degeneration [AMD] when aged under 60 than white or Asian people. However, white people are at greater risk of developing AMD when aged over 60.
- Asian people have a greater risk of developing cataracts.
- Black and Asian people have a higher risk of developing diabetic retinopathy

- Black people have a higher risk of developing glaucoma.
- People from black and minority ethnic communities are less likely to take up community based eye care services.

The ethnic composition of Birmingham in the 2011 Census was (27):

- White: 58% (White British, White Irish, White Other)
- Black: 9% (Caribbean, African, Black British)
- South Asian: 25% (Pakistani, Indian, Bangladeshi and other Asian/mixed)
- Chinese or other ethnic group: 3% (Chinese, other Asian)
- Mixed ethnic: 4% (mixed white/black, mixed white/Asian, other mixed)

The ethnic composition of Solihull in the 2011 Census was (28):

- White: 89% (White British, White Irish, White Other)
- Black: 2% (Caribbean, African, Black British)
- South Asian: 6% (Pakistani, Indian, Bangladeshi and other Asian/mixed)
- Chinese or other ethnic group: 1% (Chinese, other Asian)
- Mixed ethnic: 2% (mixed white/black, mixed white/Asian, other mixed)

Population by ethnic group (2011)

	White	Mixed ethnicity	Asian / Asian British	Black / Black British	Other ethnic group
Birmingham	621,636	47,605	272,928	96,360	34,516
Solihull	184,244	4,404	12,655	3,239	2,132
West Midlands	4,633,669	131,714	573,161	182,125	81,178
England	45,281,142	1,192,879	3,763,900	1,846,614	927,921

Proportion of population by ethnic group (2011)

	White	Mixed ethnicity	Asian / Asian British	Black / Black British	Other ethnic group
Birmingham	57.9%	4.4%	25.4%	9.0%	3.2%
Solihull	89.2%	2.1%	6.1%	1.6%	1.0%
West Midlands	82.7%	2.4%	10.2%	3.3%	1.5%
England	85.4%	2.3%	7.1%	3.5%	1.8%

People with learning disabilities

Adults with learning disabilities are ten times more likely to be blind or partially sighted than the general population. The estimated prevalence of blindness and partial sight in the adult learning disabilities population is 9.3 per cent (29).

In Birmingham, it is estimated that 16,394 people over the age of 20 are living with a learning disability. ⁽³⁰⁾ In 2015 the number of estimated people with a learning disability and a visual impairment (partial sight) in Birmingham was 1,190 and the number of estimated people with a learning disability and blindness was 350 ⁽³¹⁾.

The NHS Information Centre lists 50 Birmingham residents who were registered blind or partially sighted on 31 March 2014 and who also have a learning disability, although adults with learning disabilities are ten times more likely to have a visual impairment so the true number is likely to be far higher (32).

In Solihull It is estimated that there are 3,283 adults over the age of 20 with a learning disability. ⁽³³⁾ Estimates indicate that 330 people in Solihull are living with a learning disability and sight loss ⁽³⁴⁾. The NHS

Information Centre lists 30 Solihull residents who are registered blind or partially sighted and who also have a learning disability.

Nearly six out of ten people with learning disabilities require glasses to correct their vision. Research has found only 51 per cent of people with a learning disability have received an eye examination in the previous twelve months, and for people with profound multiple disabilities this drops to 41 per cent (35).

Diagnosis of visual impairment in people with severe learning disabilities presents several problems for the health care professional. People with learning disabilities can struggle to use traditional sight tests which are based on reading and letter recognition and may be less able to express to others that they feel their eye sight is deteriorating. Optometrists may adapt by allowing extra time when examining patients, encouraging repeat visits to obtain a full report, taking time to speak clearly and use simple terms when communicating with the patient as well as using pictures and images when checking their sight if required. (College of Optometrists - <http://guidance.college-optometrists.org/guidance-contents/knowledge-skills-and-performance-domain/examining-patients-with-learning-disabilities/#open:83>) but, unlike dental services for example, **no specific enhanced sight test pathways have been commissioned.**

SeeAbility lists a number of optical practices in the Birmingham area that have shared information on their services for people with learning disabilities: <https://www.seeability.org/find-an-optometrist>.

People with dementia

Loss of functional vision may affect people with dementia and it is increasingly recognised that dementias may co-exist with an eye condition or directly cause sight loss. People with dementia may struggle to express that their sight is deteriorating, and they may find it difficult to remember how their sight has declined over time.

At least 2 per cent of the local population over the age of 75 will have dementia and visual impairment; this is likely to be a conservative estimate (36). 70,415 people in Birmingham are aged over 75, suggesting at least 1,408 people are likely to have dementia and sight loss. 19,944

people in Solihull are over 75, suggesting at least 399 are likely to have dementia and sight loss.

Optical staff are able to participate in a Dementia Friends training session through the Alzheimer's Society to better understand what it is like to live with dementia and turn that understanding into action.

People who are deafblind

As of March 2014 there were 1,700 registered blind or partially sighted people in Birmingham who were also registered as deaf or hard of hearing (37). The actual prevalence is likely to be far higher than the recorded figures. Sense UK estimate there were **5,386** deafblind people in Birmingham in 2015 (38).

As of March 2014 there were 55 registered blind or partially sighted people in Solihull who were also registered as deaf or hard of hearing (39). Sense UK estimate there were **1,479** deafblind people in Solihull in 2015 (40)

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Wellbeing consequences of sight loss

Depression, social isolation and loneliness

Over one third of older people with sight loss are living with depression (41).

57% of social care users in Birmingham and 58% of care users in Solihull have stated that they feel socially isolated (⁴²).

44 per cent of blind and partially sighted people report that they feel "moderately" or "completely" cut off from people and things around them (43). Half of older people with a visual impairment experience loneliness, compared with only about one third of the general population of older people (44).

Poverty

49 per cent of people with sight loss live in a household where the weekly income is less than £300, and people with sight loss are twice as likely as those with no impairment to have a weekly household income of less than £300. 41 per cent of people with sight loss describe themselves as having “some or great difficulty in making ends meet” (45).

Birmingham is a deprived area, it is ranked 7 out of 152 Local Authority Areas in England where a rank of 1 signifies the most deprived area.

Solihull, on the other hand, is not a deprived area; it ranks 112 out of 152 Local Authority areas, although pockets of deprivation still exist in parts of North Solihull and South Solihull around Solihull Lodge-(46).

Falls

Compared to their sighted peers, blind and partially sighted people are 1.7 times more likely to fall and 1.9 times more likely to have multiple falls leading to injury, such as fractured hips (47). 47 per cent of falls in the visually impaired population are directly attributable to visual impairment, and it is estimated that the cost to the NHS of falls associated with sight loss is at least £25.1 million per annum (48).

A report titled ‘Let’s Keep Moving’ published by Birmingham City Council highlights the need for older people to have more regular eye tests and to have trained activity coordinators as a way of preventing falls amongst this age group (49).

Falls (2015)

	Est no. of falls in the general population	No. of people 65+ with sight loss who experienced a fall	No. of people 65+ with sight loss who experienced a severe fall	No. of people 65+ who experienced a fall directly attributable to sight loss	No. of people 65+ who experienced a severe fall directly attributable to sight loss
Birmingham	39,073	3,141	251	1,485	119
Solihull	11,846	952	75	450	35
West Midlands	278,422	22,385	1,746	10,580	825
England	2,581,796	207,576	16,147	98,108	7,632

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Modifiable risk factors for sight loss

Knowledge of demographic profiles and local people's lifestyles in Birmingham and Solihull can prove useful indicators into future prevalence of sight loss locally. Many lifestyle related causes of sight loss are already priority action areas across the region.

Smoking

Smoking increases the risk of sight loss. Smokers are 50% more likely to develop macular degeneration than non-smokers and to do so at an earlier age. Stopping smoking for twenty years can reduce the risk. Smokers are twice as likely as non-smokers to develop certain types of cataract, and smoking can double the likelihood of developing advanced diabetic retinopathy (50).

In 2015, Birmingham's smoking prevalence rate for adults stood at 16%, compared to a national average of 17%. (51).

Stop smoking measures in Birmingham include:

- A Call to Quit helpline – provides support for people who want to stop smoking and acts as a gateway to other services around health and smoking.
- Drop-in clinics where people can receive face to face advice and guidance to help them to stop smoking (52).

The 2014 Joint Strategic Needs Assessment (JSNA) for Birmingham does not make the link between smoking and sight loss (53).

Solihull's smoking prevalence rate stands at 12%.

Stop smoking measures in Solihull include:

- Access to the 'Quit 51 Stop Smoking' programme, which is a free service to anyone wishing to give up smoking. Information on the website suggests that people are four times more likely to give up smoking after being on the programme. The programme gives people information, support and advice delivered by trained staff (54).

Solihull's JSNA does not make reference to the link between smoking and sight loss.

Obesity

Obesity is associated with an increased risk of macular degeneration, glaucoma, diabetic retinopathy and cataracts (55).

In Birmingham the excess weight for 4-5 year olds stands at 23.2%, and 39.2% for 10-11 year olds. This then rises to 65.4% in adults (56).

Excess weight is usually defined as a Body Mass Index (BMI) greater than 25.0.

Measures that are being taken in Birmingham to reduce obesity include:

- A change for life programme, where people are encouraged to be healthy by planning meals and changing their lifestyle (57).
- There are also the usual support groups such as slimming world, where people are encouraged to follow a food plan in order to help lose excess weight.

The 2014 JSNA for Birmingham does not make apparent the link between obesity and sight loss (58).

In Solihull data from the Public Health Outcomes Framework states that the excess weight in 4-5 year olds stands at 19.4% and 30.3% of 10-11 year olds, this then rises to 63.6% in adults.

Measures that are being taken in Solihull to reduce obesity include:

- A weight Management service where people can get support on healthy eating and how to stay active.
- Services such as weight watchers and weight management drop-ins can be accessed by anyone.
- Individuals can be referred by their GPs and other health professionals.
- Services for families with children under 16 years also exist. These services are for children who have been assessed as obese through the National Childhood Measurement Programme and can be referred by schools or other health professionals who have a concern about their weight. The programme includes support with exercise, learning how to cook healthily and guidance on how to adopt a healthy lifestyle (59).

The JSNA for Solihull does not make apparent the link between obesity and sight loss.

Alcohol

Heavy alcohol consumption over a sustained period of time is associated with increased risk of AMD (60) and cataract (61). Alcohol consumption during pregnancy has been linked to ocular abnormalities in children (62).

According to the Local Alcohol Profiles between 2011-2014:

- 30.9% of adults in Birmingham abstained from drinking alcohol (higher than that reported for England – 15.5%),
- 13.6% of the adult population reported binge drinking on their heaviest drinking day (lower than that reported for England – 16.5%),
- 18.9% of adults consumed over 14 units of alcohol a week (lower than that reported for England – 25.7%) (⁶³).

Measures that are being taken in Birmingham to reduce alcohol consumption include:

- A Reach Out and Recovery Service to help those who have issues with drugs and alcohol misuse,
- Rehabilitation programmes and services to support those who have an addiction to Alcohol (⁶⁴).

The 2014 JSNA for Birmingham does not make the link between alcohol and sight loss.

According to the Local Alcohol Profiles between 2011-2014:

- 13.5% of adults in Solihull abstained from drinking alcohol (lower than that reported for England – 15.5%),
- 12.8% of the adult population reported binge drinking on their heaviest drinking day (lower than that reported for England – 16.5%),
- 25.2% of adults consumed over 14 units of alcohol a week (lower than that reported for England – 25.7%) (⁶⁵).

Measures that are being taken in Solihull to reduce alcohol consumption include:

- The Solihull Integrated Addiction service which is a single point of contact for people concerned about their own or another person's alcohol consumption. The service acts as a gateway service and

can provide information or sign post/refer people to another service as appropriate ⁽⁶⁶⁾.

Solihull's JSNA does not make reference to the link between alcohol consumption and sight loss.

High blood pressure and stroke

High blood pressure can lead to damage to the retina and deterioration of eye health.

The 2 CCGs that covered most of Birmingham recorded the prevalence rate of hypertension in 2015-2016 as:

- NHS Birmingham Cross City CCG: 12.80
- NHS Birmingham South and Central CCG: 11.36

According to Solihull CCG In Solihull the prevalence rate for high blood pressure is 15.23% ⁽⁶⁷⁾.

Strokes can be both a direct cause of sight loss, and an indicator of potential sight loss. Around 60 per cent of stroke survivors have some sort of visual dysfunction following stroke ⁽⁶⁸⁾.

The 2 CCGs that covered most of Birmingham (Birmingham Cross City, Birmingham South and Central) recorded 15,086 cases of Strokes or Transient Ischaemic Attacks (TIAs) in the year 2015-16 ⁽⁶⁹⁾.

Solihull CCG recorded 4,656 Strokes and TIAs during 2015-2016 ⁽⁷⁰⁾.

It is important that supportive procedures are in place for people who have developed sight loss following a stroke. Sudden sight loss can be very stressful, and it is possible that the patient may also have developed other disabilities (temporary or long-term) as a result of the stroke.

Though a community stroke service exists in Birmingham for people aged over 16 who have had a stroke, it is unclear what provision is made for people who may be suffering from sight loss as a result of a stroke or who may have had pre-existing sight loss, and what rehabilitation services associated with vision are available. ⁽⁷¹⁾.

While a stroke service exists in Solihull, there is no service that focuses on sight loss as a result of a stroke ⁽⁷²⁾.

Diabetes

Diabetes UK estimate there are 3.2 million people diagnosed with diabetes in the UK, with a further 630,000 living with diabetes but unaware of their condition (73). Within twenty years of diagnosis nearly all people with Type 1 and almost two thirds of people with Type 2 diabetes have some degree of retinopathy. People with diabetes are twice as likely to develop cataracts or glaucoma than the general population (74).

Figures covering 2015-16 show that in the 2 CCGs that covered most of Birmingham (Birmingham Cross City; Birmingham South and Central), GP Practices recorded 63,911 cases of Diabetes in those aged 17+ (75).

In the year to March 2016, Solihull CCG recorded 13,953 patients aged over 17 years as having Diabetes (76).

Diabetic eye screening for patients aged over twelve in the West Midlands is delivered by Heart of England NHS Foundation Trust. Screening takes place at a range of hospital, community, GP and optician sites across Birmingham. Patients can choose the location of their screening (77).

National guidelines suggest children will not get screened for diabetic retinopathy until they are at least 12 years old.

Diabetes UK can provide support for children with diabetes⁷⁸.

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Diagnosis and Treatment of Sight Loss

Promoting eye health and preventing avoidable sight loss

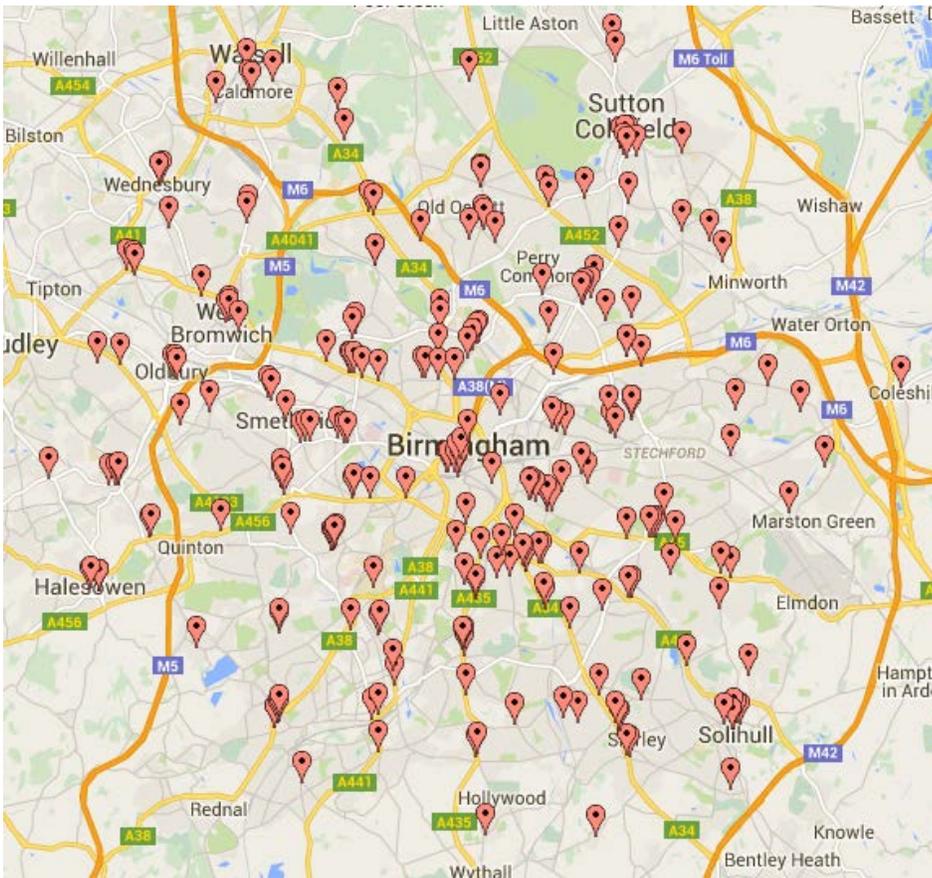
Local public health campaigns that raise awareness of the risk of sight loss and promote good eye-health spark the process of prevention, diagnosis and treatment. Research suggests that targeting black and minority ethnic communities that are at risk of certain eye conditions is particularly effective ⁽⁷⁹⁾.

Eye Heroes is a campaign which equips children with the knowledge of the importance of having regular eye tests and what life can be like living with poor eye health. The aim of the campaign is for the children to share the knowledge with family and others in the community about the importance of having regular eye tests. The campaign is seeking to target those who are afraid to get their eyes tested due to language barriers, poverty and social isolation. Eye health professionals, through the West Midlands LEHN, have backed this campaign in an effort to tackle avoidable sight loss. ⁽⁸⁰⁾.

Sight tests and referrals - optometrists

Optometrists such as those based in High Street opticians or large retail parks provide most of the regular eye examinations in Birmingham and Solihull. There are 166 high street optometrists in Birmingham, serving a population of 1,111,307; one optometrist per 6,695 people. ⁽⁸¹⁾. There are 26 optical practices in Solihull. ⁸²

There appears to be a good spread of optometrists across the Birmingham and Solihull area. The map below is based on data from the NHS Choices website.



Distribution of optometrists in and around Birmingham and Solihull.

Research shows most people don't understand the value of a regular eye examination and that people only visit an optometrist when they sense a problem with their sight, but ease of transport and understanding that there is no need to buy spectacles at the same time as an eye examination make it more likely that people will visit their optician regularly (83).

In the year 2015-2016, 696,788 sight tests were funded by the NHS in the Birmingham and the Black country area team which includes Solihull, (84). It is not possible to determine the overall number of sight tests carried out for residents in Birmingham or Solihull as some people pay privately for sight tests and there is no requirement for people to use a local optician.

The RNIB estimates a rate of 28,199 sight tests per 100,000 population in the Birmingham and Black Country area team during 2015/ 2016, which is above the national average.

People with learning disabilities may have particular needs in eye examinations. LOCSU does not list any community enhanced eye care

services for people with learning disabilities in Birmingham and the Black Country ⁽⁸⁵⁾.

However, SeeAbility list a number of optical practices in the Birmingham area that have shared information on their services for people with learning disabilities at www.seeability.org/find-an-optometrist

For people who are unable to attend an optometrist's practice, domiciliary eye examinations may be provided at home.

General Practice services

Eye health accounts for 4.5 million General Practice (GP) consultations annually. In 2013 eye health of older people was made a clinical priority for GPs (86). The programme aimed to enable GPs to prevent avoidable sight loss and associated conditions in older patients, provide referrals into eye care service for patients with 'correctable' sight loss and ensure patients with permanent sight loss maintain their independence by helping them to access rehabilitation and other support services. April 2016 saw a regional workshop for GPs in Birmingham, in addition to the previously developed information resources and the new GP eye health network.

The referral route in Birmingham from primary care Optometry to secondary care (hospitals) is done via direct referral, and a copy sent to the GP. (Referral pathways from other healthcare professionals may differ). The referral route in Solihull is for a patient to be referred via the GP except for the pre-op cataract direct referral, intra-ocular pressure repeat measurement (IOPRM) and the WET AMD fast track direct referral (as detailed in Community Services below).

Birmingham and Solihull Local Optical Committees have highlighted this difference in referral routes, expressing a preference for direct referral from community optometry to secondary care as a mechanism to streamline the pathway and reduce the burden on GP practices. They also expressed their support for the wider role that community optometrists play in delivering primary eye care services such as Minor Eye Conditions Service (MECS) which is detailed below in the section on community based services. They have welcomed plans for its wider roll-out across Birmingham from October 2018.

NHS England (West Midlands) supported Focus Birmingham to carry out some accessibility audits and training at 18 GP practices around the city (⁸⁷). A range of barriers to accessing primary care were identified, including:

- Physical Barriers: difficulty travelling to the practice or navigating within the practice,
- Communication Barriers: inability to read written information, visual 'calling' systems, reliance on posters in practice to promote services,
- Procedural Barriers: inability to fill in forms, use computerised check-in, etc.
- Medical Barriers: failing to recognise visual signs of illness,
- Human or Behavioural Barriers: experiencing practice staff's lack of awareness and understanding of how to support the needs of people with visual impairment.

"When someone says 'there's a seat over there' it may as well be on the moon" Graham

"What do people not understand about being partially sighted or blind? I can't see!" Linda

Other findings highlighted a general lack of understanding of sight loss, and of its prevalence. 38% of practice staff felt that people with a visual impairment visit the practice rarely or never, whilst in reality around 1 in 40 GP appointments will be for someone with significant sight loss. Even in a medium sized practice this is one per day. After only a one hour training session, staff were more familiar with the ways in which they could make their services and information more accessible and were more confident that they could assist patients with visual impairment to access primary care.

Hospital based eye health services

People are referred to hospital based eye clinics or departments for diagnosis and treatment for conditions that cannot, at least in certain situations, be provided in community or primary care settings.

University Hospitals Birmingham NHS Foundation Trust

Queen Elizabeth Hospital is part of University Hospitals Birmingham NHS Foundation Trust and is located in Edgbaston. The purpose built department has 16 consultant ophthalmologists covering the full range of specialist tertiary services. The eye service is supported by an Orthoptic Department, Optometrists, ophthalmic technicians, an ECLO and a Low Vision Nurse Service. There is close communication with consultants in other specialities particularly with other regional services. There is significant collaboration through ophthalmic involvement in many multidisciplinary clinical services. It hosts the largest neuro-ophthalmology service in the country. It has a considerable reputation in training with both deanery trainees and a fellowship program in most subspecialties. It has an active research program from basic science through to phase III clinical trials.

(⁸⁸).

Birmingham Heartlands Hospital (BHH), Solihull Hospital, Good Hope Hospital in Sutton Coldfield, Birmingham Chest Clinic in Birmingham City Centre and Solihull Community Services are also part of University Hospitals Birmingham NHS Foundation Trust. The Ophthalmology Department is staffed by a core medical team of twelve Consultant Ophthalmologists, five Associate Specialist Ophthalmologists, three Specialty Doctors and five trainees. Theatre sessions operate in the day cases units at Solihull Hospital, Good Hope and Birmingham Heartlands Hospitals. A comprehensive range of general and specialist out-patient ophthalmology clinics operate at Heartland, Good Hope and Solihull Hospitals where specialty services include care for corneal and diabetic eye disease, glaucoma, medical retinal disorders, adult and paediatric strabismus, and oculoplastic disorders supported by the Optometry and Orthoptics departments. The Orthoptic Department covers Heartlands, Good Hope and Solihull Hospitals and provides school vision screening (⁸⁹)(⁹⁰).

Supra-regional ophthalmology services are provided in collaboration with the Birmingham and Midland Eye Centre (Sandwell and West Birmingham NHS Trust).

Birmingham Women's and Children's Hospital Foundation Trust

Birmingham Women's and Children's Hospital Foundation Trust Eye Department is located at the Birmingham Children's Hospital site in the city centre. The Eye Department comprises of a core clinical team of three Consultant Ophthalmologists, two fellows, two deanery trainees, 12 orthoptists, two nurses and three optometrists who work closely to provide care for children as in- and out-patients from Birmingham, across the UK and internationally. The Eye department offers special orthoptic-led services such as retinoblastoma service, contact lens clinics and diagnostic support such as i-Care tonometry, OCT. The Department sees an average of 25,000 children in Outpatients each year. The Eye department also has a team of more than 7 visiting consultant ophthalmologists helping to deliver subspecialist regional and supra-regional services ⁽⁹¹⁾.

Sandwell and West Birmingham Hospitals NHS Trust

Sandwell and West Birmingham Hospitals NHS Trust provides general and tertiary level ophthalmology services at the Birmingham and Midland Eye Centre (BMEC), based at City Hospital including Outpatient and Theatre sessions at Sandwell General Hospital. BMEC provides the only inpatient ophthalmology beds in the locality, a 7 day Ophthalmic ED service covering a population of around 3.5 million and 4 dedicated Ophthalmic Theatres. Specialist Visual Function, Optometry and Orthoptic clinics are run together with our OPD clinics seeing 150,000 patients per annum. Patients with sight impairments are supported by Eye Clinic Liaison Officer who signposts them to available supporting services within the region. The orthoptic service also offers vision screening services covering Sandwell and West Birmingham areas. Patients with BMEC hosts the National Behcet's Centre and has a strong ophthalmic research commitment helping to shape Ophthalmology for the future ⁽⁹²⁾.

NHS England's Referral to Treatment (RTT) guidelines state that patients should not have to wait more than 18 weeks from the point of referral for consultant-led treatment ⁽⁹³⁾.

Waiting times performance to the end of February 2018 is detailed in the table below

Provider	Admitted	Non-Admitted	Incomplete
	90th percentile	95th Percentile	92nd Percentile
Heart of England NHS Foundation Trust	22 to 23 weeks	23 to 24 weeks	17 to 18 weeks
Sandwell & West Birmingham NHS Foundation Trust	28 to 29 weeks	18 to 19 weeks	17 to 18 weeks
University Hospitals Birmingham NHS Foundation Trust	18 to 19 weeks	45 to 46 weeks	33 to 34 weeks
University Hospitals Coventry & Warwickshire NHS Foundation Trust	Low activity	Low activity	45 to 46 weeks
South Warwickshire NHS Foundation Trust	Low activity	15 to 16 weeks	Low activity
Birmingham Woman's and Children's Hospital NHS Foundation Trust	Low activity	Low activity	Low activity
The Royal Orthopaedic Hospital NHS Foundation Trust	Low activity	Low activity	Low activity
BMI - The Edgebaston Hospital	Low activity	Low activity	Low activity
BMI - The Priory Hospital	Low activity	Low activity	Low activity
BMI - The Meridian Hospital	Low activity	Low activity	Low activity
Aspen Healthcare - Midland Eye	16 to 17 weeks	9 to 10 weeks	15 to 16 weeks
Spire Parkway Hospital	Low activity	Low activity	Low activity
Spire Little Aston	Low activity	Low activity	Low activity

Community based eye health services

In Birmingham, the former Birmingham Cross City CCG and Birmingham South Central CCG did not universally commissioned contracts for IOP (Intra-ocular Pressure) repeat measures and direct referral of cataracts (with choice). There is some evidence that the former reduces pressure on eye clinics and hospitals and makes diagnosis quicker and easier for patients. All optometric practices are able to provide choice when referring for cataracts, as there is no accreditation needed. A Minor Eye Conditions Service (MECS) will be operational from October 2018. It will help to further reduce the pressure on NHS outpatient, A&E clinics and GP practices through timely assessment, diagnosis and management of specific eye related issues by accredited Optometrists in primary care. Locally, this has already been introduced in Sandwell, West Birmingham, Wolverhampton and Walsall.

In Solihull and Sandwell and West Birmingham, the extended primary care services, supports accredited optometrists to provide services outside an eye clinic or hospital. Services provided include:

- Minor Eye Conditions Service (MECS) – which offers assessment of people with recent onset eye problems. For MECS, routine referrals are direct to the Optometrist with a copy to GP, but for urgent MECS referrals the local protocol is followed where the Optometrist will phone BMEC and request an appointment. The referral will be faxed in advance and a copy given to the patient to take (ie. the GP is not faxed automatically by the software provider).
- Pre-Op cataract referral system where accredited optometrists carry out Dilated retinal examination and get the patient to complete a self-assessment health questionnaire. The referral is then sent directly to the hospital of choice and a copy is sent to their GP. This eliminates the need for the patient to visit their GP in order to send details about their medical history and quality of life assessment to the hospital eye service.
- IOPRM – which enables improved assessment of eye pressure in an eye examination.

Solihull has 19 out of 25 optical practices that provide some or all of these services ⁽⁹⁴⁾

For October 2018 a single specified Community Medical Ophthalmology (CMO) service will operate across all of Birmingham and Solihull. At least half of its capacity will be available for new and follow-up Glaucoma

patients relieving some of the existing capacity pressures experienced by the local Hospital Eye Service. This will replace the existing Solihull CMO service as well as a CMO service covering a limited part of Central Birmingham.

In addition there are cataract surgery services provided by:

- Aspen Midland Eye Hospital, central Solihull
- Optegra Eye Hospital, Aston, Birmingham
- BMI Healthcare, Edgbaston and Priory Hospitals, Birmingham
- Ramsey Westbourne Centre, Edgbaston, Birmingham.

Low vision services

Community or hospital based low vision services offer training in techniques to maximise the use of existing vision and advice about suitable magnifiers, lighting and other tools for individual patients. This practical support is designed for people whose visual impairment is affecting their daily lives, whether they are undergoing treatment or have significant uncorrectable sight loss.

Among other points, the Clinical Council for Eye Health Commissioning recommend that in a local area there should be:

- “Agreement on whole system pathways for low vision to minimise duplication and streamlining processes.
- Low vision services working as seamlessly as possible with other services including primary care, community, HES, education, social care, voluntary and charity organisations, and stroke, learning disability, habilitation, rehabilitation and falls teams.
- Timely referral to low vision services from primary care, community ophthalmology or the voluntary sector supported by ECLOs.”⁹⁵

A number of low vision services are available in and around Birmingham and Solihull.

Low vision services are available at Good Hope Hospital Eye Clinic. Patients do not have to be certified or registered partially sighted or blind, and the service is open to adults, children, and people with learning disabilities. Low visual aids and other equipment are available on a free loan basis (⁹⁶).

Community based low vision services are one of a number of services offered by the charity Focus Birmingham, who run an optometrist-led service and have a large range of resources and equipment available for loan or purchase (⁹⁷). This service also offers counselling, peer support groups, welfare help, independent living advice and IT training.

A low vision clinic is available at Aston University in the Optometry Clinic (⁹⁸).

Birmingham and Midland Eye Centre provide low vision assessments as part of their Optometry clinic, working closely with Focus Birmingham (⁹⁹).

University Hospital Birmingham NHS Foundation Trust operates low vision clinics led by Optometrists at Heartlands, Solihull and Good Hope Hospitals.

In Solihull for patients that require Low Vision Support

Solihull Sight Loss Resource Centre

Address: Solihull Central Library, First Floor, Homer Road, Solihull, West Midlands, B91 3RG

Tel: 0121 704 7880

Is operated by RNIB under contract to Solihull Social Services. The resource centre is staffed by volunteers from 10.15 - 12.15 Monday to Friday, or you can make an appointment by calling 07974 250 797 or 0121 704 7880.

Services offered include:

- home assessment
- mobility training
- everyday living skills training
- provision of equipment to assist with everyday living
- information and advice
- social coffee mornings once a month
- Eccentric Viewing Training
- braille lessons
- everyday products and equipment to try
- basic computer training

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Certification and Registration

Certification and registration are optional for people with sight loss. It is a two stage process with Certification completed in the hospital and Registration being the responsibility of the local authority.

The RNIB booklet: Starting Out: Benefits, Concessions and Registration explains the Certification and Registration process thus:

"The steps involved in certification and registration

1. Your eye specialist determines that you are eligible to be certified as sight impaired or severely sight impaired.
2. Your eye specialist completes the Certificate of Vision Impairment (CVI).
3. The eye specialist sends copies of the certificate to you, your GP and your local social services department.
4. Social services contact you to confirm if you agree to be registered with a sight impairment by being placed on their confidential register of blind and partially sighted people.
5. After you are registered, social services will contact you to arrange a social care assessment of your needs and services such as rehabilitation." ⁽¹⁰⁰⁾

Registration and assessment can lead to a range of support, including information and advice, practical guidance, and financial and emotional support, so it is important that all those who are eligible for a CVI are invited to register with the Local Authority and have their needs assessed.

In 2015/2016

- In Birmingham there were 387 CVIs issued, a sharp drop on the 530 CVIs issued in 2013/ 2014(101).
- In Solihull there were 106 CVIs issued, which is also lower than the 140 CVIs issued in 2013/ 2014(102).

People waiting for, or undergoing, treatment for their eye condition, may not be eligible for a CVI or registration, but are still eligible for an assessment of need by local authority sensory teams, and support from Low Vision Clinics and the voluntary sector.

Timely access to support, prior to or soon after a CVI is issued, is enabled when clinical and social care staff, voluntary organisations and sight loss

charities work together to share information and ensure that people affected by sight loss can find the support they need.

Solihull Social Services have contracted RNIB (formally Action for Blind People) to deliver support to adults with a visual impairment in Solihull. Support includes access to a resource centre where people can get advice and support on a range of issues surrounding sight loss including: assistive technology, information/advice and rehabilitation (¹⁰³).

There is some cross-referral between the voluntary sector and social services, but there is currently no formal pathway to ensure all people with visual impairment receive the full range of support available to them.

Eye clinic liaison officers (ECLOs)

ECLOs work with hospital eye clinics to provide information and practical support for people newly diagnosed with sight loss. They may also provide initial emotional support for patients coming to terms with their diagnosis.

RNIB have found that though an investment in an ECLO of £1 can net a return of £10.57 to health and social care budgets (¹⁰⁴), only 53 per cent of hospitals providing outpatient ophthalmology services have some form of early intervention support available to patients (105).

There is currently an ECLO in Birmingham Midland Eye Centre (BMEC) and Queen Elizabeth Hospitals. There is a volunteer-led information service in Heartlands and Solihull Hospitals and RNIB is in discussion with the Trust about the potential for this to become a full ECLO service in the future, with the ultimate aim of ensuring the service is funded by the CCG as part of the Ophthalmology service.

Regarding children and young people with visual impairment, feedback from the Specialist Inclusion Support Service (SISS)/SEND (0-25 in Solihull) suggests that liaison with the hospital could be improved. An improved referral process would ensure that children and families receive the emotional and practical support that they need at a time when it can have maximum benefit. .

Unlike many other areas of England, the ECLO posts in Birmingham and Solihull that do exist are entirely funded by donations from the third sector. The sustainability of this arrangement is uncertain and adds

emphasis to the importance of an area-wide solution to the provision of early intervention and emotional support. As can be seen from the table below, there is substantial variation of service between hospitals which has the effect of reducing the potential positive impact of effective emotional support and signposting.

BSol ECLO provision:

Area	Venue	Provision	Provider	Service provided	Funder	Notes
Birmingham	<p>Birmingham Midland Eye Centre (BMEC), part of City Hospital</p> <p>(Sandwell and West Birmingham NHS Trust)</p>	<p>ECLO works at hospital Monday – Friday 8.30am – 4.30pm</p>	<p>Birmingham Vision</p>	<p>Fully trained ECLO. Offers one to one emotional support, information, advice and guidance via referrals from NHS consultants and any clinical staff.</p> <p>Processes all CVIs for newly registered patients (once received from consultant).</p> <p>Signposts to outside services for additional support (employment support, benefits, counselling, daily living skills etc)</p> <p>Takes part in weekly Low Vision Clinic.</p>	<p>Birmingham Vision / Thomas Pocklington Trust</p>	<p>Has an open door policy so patients can be seen on the same day as their appointment with their consultant.</p> <p>Hosts regular events and stands in the hospital for a range of topics including technology, daily living gadgets, campaign events e.g. National Eye Health Week and others.</p>

				<p>Takes part in monthly Paediatric Genetic Clinic.</p> <p>Provides leaflets to patients and families.</p>		
Birmingham	<p>Queen Elizabeth Hospital Birmingham</p> <p>(NHS University Hospitals Birmingham, NHS Foundation Trust)</p>	<p>ECLO works at hospital Monday – Friday 8.30am – 4.30pm</p>	<p>Birmingham Vision</p>	<p>Fully trained ECLO. Offers one to one emotional support, information, advice and guidance via referrals from NHS consultants and any clinical staff.</p> <p>Support on part 3 of CVI when received from consultant – ECLO receives a copy when finalised.</p> <p>Signposts to outside services for additional support (employment support, benefits, counselling, daily living skills etc)</p>	<p>Birmingham Vision/ Thomas Pocklington Trust</p>	<p>Has an open door policy so patients can be seen on the same day as their appointment with their consultant.</p> <p>Hosts regular events and stands in the hospital for a range of topics including technology, daily living gadgets, campaign events e.g. National Eye Health Week and others.</p>

				<p>Takes part in monthly Low Vision Clinic.</p> <p>Takes part in 3 rare disease clinics including Charge Clinic, Wolfram Clinic, LMBBS Clinic. Clinics run monthly on consecutive Friday afternoons.</p> <p>Provides leaflets to patients and families.</p>		
	Birmingham Childrens Hospital			<p>No ECLO or family support in place.</p> <p>Strong Family support team in place - that could possibly linked in with</p>		
Solihull	Solihull General	Volunteer-Led IAG Service	RNIB		RNIB	
B'ham	Heartlands	Volunteer-Led IAG Service	RNIB		RNIB	

Sandwell	Sandwell General Hospital (Sandwell and West B'ham NHS Trust)	Part time ECLO Mon 9.00-4.00 Wed 9.00 –3.30 Thu 9.00-3.30	Sandwell MBC	Fully trained ECLO. Offers one to one emotional support, information, advice and guidance via referrals from NHS consultants and any clinical staff. Processes all CVIs for newly registered patients (once received from consultant). Signposts to outside services for additional support (employment support, benefits, counselling, daily living skills etc) Takes part in weekly Low Vision Clinic. Attend weekly Stroke Clinic. Provide Information, advice and guidance	Sandwell MBC (Sensory Services)	Has an open door policy so patients can be seen on the same day as their appointment with their consultant. Hosts regular events and stands in the hospital for a range of topics including technology, daily living gadgets, campaign events e.g. National Eye Health Week and others. Runs a messaging service where patients and carers can leave their details for ECLO to take follow up action.
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				to families / carers		Promotes Eye Health events in the Borough along with Voluntary sector to make residents aware about the eye health issues . Takes part in Sensory awareness courses.
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Sensory services – social work and rehabilitation

In Birmingham, services for adults with a visual impairment are provided by the Birmingham City Council Visual Impairment Service, which has a social work team and a rehabilitation team. Potential service users do not have to be registered as blind or partially sighted to apply for these services (¹⁰⁶). Services for people with a hearing impairment are provided by Birmingham Institute for the Deaf.

Birmingham Sight Loss Council and Birmingham Vision Impairment Partnership are currently working with Birmingham City Council to inform and improve the Sensory Service in 2018.

In Solihull Social Services have contracted RNIB (formally Action for Blind People) to deliver support to adults with a visual impairment in the borough.

RNIB Solihull Sensory Services – rehabilitation and support

RNIB's early intervention service based at Solihull Library, is delivered by two full-time qualified Rehab Officers who specialise in visual impairment, one of which also has British Sign Language (BSL) stages 1 and 2 qualification, and full-time Independent Living Coordinator. The service, which has been delivered by RNIB/ Action for Blind People for over 20 years, delivers a personalised sensory service for people with visual impairments that provides;

- High quality personalised information, advice and guidance (including specialist disability benefits advice) to people who have, or who develop sight loss, empowering people to have choice and make informed decisions around managing their lives and the support they receive.
- A detailed personalised evaluation of their needs, which will be carried out by a qualified visual impairment professional.
- Bespoke support to enable people to remain independent, live in their own homes and manage their own lives and reduce the number of people accessing acute social care and health services.

- Support to attend activity based sessions that reduce social isolation, encourage involvement and promote well-being, including our popular community-based coffee mornings and kitchen skills and cookery classes.

Support includes;

- Mobility support and training in mobility skills both in the home and in the community, which will enable people to continue to live and travel unaided and empower them to remain independent.
- Training in independent living skills including food and drink preparation.
- Assessing need and providing assistance with accessing adaptive technology and equipment that enables people to overcome barriers at home caused by their sight loss, enabling them to continue to live independently.
- Addressing communication needs which can include formal tutoring in the use of Braille.
- Support people (particularly older people who may not use computers and smart phones) to become confident users of a range of technology so that they can benefit from adaptive technologies that is available to support communication and reduce isolation.
- Deliver support to people (and their families and carers) to help them manage the psychological effects of a diagnosis of sight loss.

Referrals to Sensory Services are via Solihull Hospital Eye Clinic (CVIs), RNIB Helpline, self-referrals (including family and friends), statutory i.e. Social Services, Occupational Therapists and the Resource Area at Solihull Library which is staffed by volunteers.

The service is promoted to all communities including the hard to reach groups such as the deprived communities of North Solihull, in order to ensure equality of access.

The delivery team has a caseload and waiting list management processes in place that is compliant (and successfully achieves) the FACS guidelines target (2 days to contact - 28 days to assessment). The team

has the flexibility to prioritise urgent cases such as safeguarding issues or where there are carer or job retention problems that need prompt action.

As part of the Solihull Library based advice hub, the team work closely with commissioned and other third sector partners including DIAL, Age UK, Solihull CAB, Sustain, Relate, and Aquarius.

The service is due to be recommissioned in summer 2018 as part of the local authority's ambition to align and integrate prevention and earliest intervention services under the Community Well-being Phase One Programme. The service is expecting to have to bear a significant reduction in funding as part of this process.

Demonstrating the impact and value of vision rehabilitation

Research has shown that investment in care and support to assist adults with 'moderate care needs' generates a return of £1.30 for every £1 invested (107).

In 2017 RNIB commissioned the Office for Public Management (OPM) to explore whether there is an economic return from providing vision rehabilitation services. OPM applied cost avoidance analysis, informed by HM Treasury guidelines, to the service provided by the voluntary organisation Sight for Surrey, on behalf of Surrey County Council.

In 2015/6, 702 people received a 'specialist assessment' from Sight for Surrey, over two home visits which could include provision of equipment. 284 went on to receive in-depth rehabilitation, lasting from 1 to 30 sessions. The total cost of Sight for Surrey's service was calculated at just over £900,000; equivalent to £1,300 per referral.

Key findings for vision rehabilitation

Four areas of benefits for blind and partially sighted people from vision rehabilitation were identified:

1. Functional independence: improved mobility, ability to travel, daily living and less reliance on families and carers.
2. Personal safety: fewer accidents, A&E visits, GP appointments and hospital stays.
3. Emotional wellbeing: increased confidence, acceptance, feeling safer and enjoyment.

4. Social participation: increased community involvement and communications.

Benefits for family and informal carers included:

- reduced burden of care
- increased confidence service users have support
- decreased feelings of worry or anxiety.

Even if these positive outcomes were experienced by just 10 per cent of Sight for Surrey's service users the total value of costs avoided, reduced or deferred is **£3,423,844** per year. This is **£3,168,022** of health and social care costs, including reduced need for home care and deferred need for residential care, and **£255,823** of costs for service users, their families and carers. Details of how these costs were calculated are available in the report "Demonstrating the impact and value of vision rehabilitation"¹⁰⁸ This research could inform consideration of vision rehabilitation service design and the value which the services offer in Birmingham and Solihull.

Psychological, emotional and practical support

ECLOs, Rehabilitation services and local sight loss organisations can provide a range of support for people affected by sight loss, for example Sight Loss Counselling services, befriending and home assessment, advice on benefits and concessions and the RNIB's 'Living with Sight Loss' course.

Birmingham's Improving Access to Psychological Therapies (IAPT) service is delivered by Birmingham and Solihull Mental Health NHS Foundation Trust and is known as Birmingham Healthy Minds. The service can be accessed through self-referral or through a GP, and offers advice, information and brief psychological talking therapies for people aged 16 and over, who are often feeling anxious, low in mood or depressed (¹⁰⁹). The equivalent Solihull service is commissioned from Coventry and Warwickshire Partnership NHS Trust.

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Local voluntary organisations

Birmingham Vision aims to support local residents by working to reduce the impact of sight loss. They aim to promote dignity and opportunity and believe that working in partnership is the best way to ensure that people living with sight loss receive a timely and quality service. They provide an ECLO service, Rehabilitation support and run social groups, which aim to reach out to blind and partially sighted people from different religious and cultural backgrounds (¹¹⁰).

Focus Birmingham provides advice and support to people living with sight loss and other disabilities. They have a range of services including: Low Vision Clinics, Community VI Services, Befriending and Social Inclusion,, specialist Day Services, Supported Living, Independent Living Advice, community activities and a helpline (¹¹¹).

New Outlook is a charity that aims to support blind and partially sighted people as well as those with other disabilities to live independently. They provide care services for people living at home, for people out in the community and operate a few residential homes (¹¹²).

Birmingham VI Partnership

The Birmingham VI Partnership is an active forum made up of a wide range of local organisations involved in the delivery of services and support for people with visual impairment. The Partnership enables these organisations to work cooperatively and collectively to make sure that individuals and families who are affected by sight loss have access to the support that they need.

The Birmingham Sight Loss Council (BSLC) is a group of volunteers who themselves are blind or partially sighted. They act as advocates, campaigners and negotiators for almost 30,000 blind and partially sighted people in Birmingham. The BSLC campaigns on issues that affect people with sight loss, works with organisations to help improve their understanding of visual impairment, and if necessary, advises on common sense changes that will make life easier for people with sight loss in the Birmingham area.

Guide Dogs UK provides mobility training, family support and a My Guide service across the city.

RNIB has a UK wide telephone Sight Loss Advice Service which provides information, advice and guidance on a range of topics, including eye conditions, certification and registration, technology, products and equipment, financial support and welfare entitlements, advocacy, education, children and young people's services, employment, housing, leisure and reading emotional support, counselling and mental health and further sources of support. It also has local Network Teams who work with the blind and partially sighted community to help create peer to peer support groups. Specialist services including employment retention, confidence-building, children and young peoples' services and assistive technology, are delivered by regionally – based specialist coordinators. ⁽¹¹³⁾.

Macular Society provides local support groups, support services, information, guidance and advice to anyone affected by macular disease ⁽¹¹⁴⁾.

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Provision for children and young people

Prevalence of vision impairment in CYP

There are over 25,000 blind and partially sighted children in the UK aged 0-16. As many as half of these children may have other disabilities (115).

300 children and young people aged under 18 years are registered with a visual impairment in Birmingham (116). RNIB estimates that there are 531 children and young people who are blind or partially sighted aged 0-16 years; this is a more likely figure as it is based on national prevalence figures.

25 children and young people aged under 18 are registered with a visual impairment in Solihull (117). RNIB estimate of 97 is a more likely figure (118).

Blind and partially sighted children and young people face barriers in education, obtaining paid employment, living independently and participating in sport and social activities (119).

Detection of sight loss and child screening programmes

The Healthy Child Programme includes the National Screening Guidelines which state that there are three key stages at which all children should receive screening tests (120): the new-born examination, the six to eight weeks review, and the pre-school or school-entry vision check at the age of four-to five years. Poor vision can impair learning and it is important that every child's vision is checked regularly.

School entry vision screening service through which every child receives an eye test during their reception year is offered in every primary school in Birmingham, including special schools and religious schools. At this test, the child's eyes are tested for squints, for the co-ordination between the two eyes and for problems with the vision.

This service is currently offered throughout Birmingham by 3 providers: The Birmingham Community Healthcare Paediatric Eye Service provides screening for approximately 5000 children in mainstream schools and 6

special schools; Sandwell and West Birmingham NHS Trust provides screening for approximately 10,288 in mainstream schools and 298 in special schools and Heart of England NHS Foundation Trust provides screening to approximately 10,000 children in mainstream schools.

If an eye problem is found, then the child is referred to their local opticians or to the nearest community clinic for further testing including local Ophthalmology Departments depending on the issue. Children who meet the criteria can be certified as severely sight impaired or sight impaired, and after treatment by ophthalmologists may be signposted to ECLO services (subject to location) for further support and CVIs sent to the Local Authority for registration (¹²¹).

Health staff can then work closely with Qualified Teachers of the Visually Impaired (QTVIs) to provide a joined up service offering advice and support to meet the visual needs of children when they have been identified through a screening programme.

The Low Vision Service provided by Focus Birmingham provides clinical and support services to children and their families, taking referrals from the screening programmes outlined above, and from local GPs and Optometrists.

There is no screening programme in Solihull Schools. This raises concerns that children's visual difficulties are not detected, and will not be treated in time (i.e. before 8 years old for some correctable conditions), nor receive the appropriate services.

Children's sensory loss and habilitation services

Children and young people aged up to 25 years with needs which require coordinated provision from education, health and social care services are eligible for Education, Health and Care (EHC) Plans and may be eligible for individual budgets. The 2014 Children and Families Act does not specifically refer to visual impairment (122).

Children's Sensory Support

Birmingham's Access to Education service includes the Sensory Support service for children and young people with a visual impairment aged up to 25 years (¹²³). Early Years support is provided by My Care in Birmingham

(¹²⁴). Both services work in partnership with other agencies to ensure children with a visual impairment and their families are supported to access education, training, and leisure services and to develop into independent adults where possible.

Birmingham City Council offers free Habilitation – or Mobility and Independent living skills for children and young people with a visual impairment from age two to 18. Visual loss need not be their prime disability and they do not need to have an Education Health and Care Plan.

The team comprises four Mobility Officers all of whom are qualified Habilitation Specialists registered with the MISE professional practitioners' register. Pupils will be assessed; then may be offered individual mobility lessons in school or in their home area and/or independent living skills on a one to one basis or in small groups in a mobility teaching room. The service runs year-round.

Guide Dogs' Children and Young People services (formally known as Blind Children UK) are a voluntary organisation with a hub in Birmingham who work across the United Kingdom. The charity offers expert advice and emotional support for families, education support, family recreation events, large print books, grants for technology equipment and where appropriate, habilitation training from birth to age 25. All services except the large print books are free to the service user (¹²⁵). The charity works with children from birth to age 25 who do not need to be registered as sight impaired or severely sight impaired.

Though not specifically designed for children with a visual impairment, support is available through Birmingham's Paediatric Occupational Therapy Service for children experiencing difficulty with visual perception, gross motor skills, fine motor skills, sensory processing or self-help skills (¹²⁶). A multi-disciplinary team of Occupational Therapists and other health professionals provide support to the child in school and home settings and provide advice and strategies to support the child's development. Children with a visual impairment and an additional disability are likely to benefit from this service, although ideally services would be provided by specialists in visual impairment.

Children's sensory loss and habilitation services in Solihull include support in education (accessing the curriculum, advising teachers on how

best to support a child with a vision impairment and skills such as touch typing and Braille), providing support to children and their families in order to help them to understand their vision impairment and support with mobility and training (¹²⁷).

Transition services

The Transitions team in Birmingham works with children and their families at all stages of transition in the education process, from starting school to moving into employment (¹²⁸).

The Specialist Inclusion Support Service (SISS) in Solihull provides services to visually impaired young people to bridge the gap between childhood and adulthood. The Team for Children with Sensory and Physical Impairments support transition into and between settings including transition to college. They support children from 0 years up until they leave school. The service supports people with a hearing impairment, a visual impairment and those with multiple disabilities (¹²⁹).

Education for children with a visual impairment

Primary and secondary education

As far as possible, children with a visual impairment in Birmingham and Solihull are educated in mainstream schools with support from qualified teachers of the visually impaired (QTVIs).

Priestly Smith School is located in Great Barr and provides education for visually aged children aged from two to nineteen years. Children will have (or be in the process of getting) a Statement of Special Educational Need or Education Health Care Plan in which vision is listed as a significant need. Children may join the school at any age between 2 and 19 years and at any point during the academic year. Pupils at Priestley Smith School are drawn from a wide area which extends beyond the city boundaries into Solihull, Wolverhampton, Dudley and Sandwell. All the pupils at the school have severe sight loss and a number of them have additional physical or learning difficulties. All teaching staff are qualified teachers of the visually impaired.

The school shares its campus with a number of mainstream schools, meaning that pupils are able to benefit from a mainstream education with fully sighted children as well as a specifically tailored education involving hands-on experiences, Braille teaching, specialist ICT teaching, touch-typing, mobility training and an accredited programme for the delivery of Independent Living Skills. Children are entered for end of school exams such as GCSEs. Pupils are able to take part in a number of extracurricular activities, and there is a support group for ex-pupils (¹³⁰).

Solihull Visual Impairment Team is part of the larger Specialist Inclusion Support Service (SISS). There are three qualified teachers of the visually impaired (QTVIs) and one teacher for multi-sensory impaired children. The team also has three inclusion support specialist who are able to provide blocks of intervention on specific skills. The local authority listens to the wishes of the child and parents and considers the child's needs with the majority of children being taught in their local mainstream school. Children with specific needs are educated at specialist VI provision at Priestley Smith School or the VI Resource Base at Plantsbrook Secondary School.

Further and higher education

Queen Alexandra College in Harborne provides educational, vocational and life preparation courses for young people aged 16-25 with a visual impairment and/or additional disabilities. Courses are full time and residential accommodation is available. The college accepts students from Birmingham and nationwide (¹³¹).

There are a number of higher education establishments in Birmingham, including Aston University, University of Birmingham, Birmingham City University and Newman University and a range of colleges offering further education.

Solihull has two main centres for further education, together with 10 schools with a Sixth Form attached to their school (¹³²). Young people who attend a Sixth Form attached to a school continue to be supported by the Visually Impaired Team within the Specialist inclusion Support Service (SISS). The two colleges provide support through their own staff, but may request additional specialist support from outside agencies.

It is unclear what accessibility provisions these establishments have for people with a vision impairment, however, the SISS is able to liaise with schools and colleges in order to make them aware of pupil's support requirements.

Higher education in Solihull is offered by the University Centre – Solihull College. It is unclear what provisions they have in place for students with a vision impairment, as their website only provides generic information about accessibility services (¹³³).

Children and young people should be supported to access further and higher education through student disability services at their chosen institution.

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Living with sight loss

Maximising an individual's independence is important to a person with sight loss. All aspects of a person's life may be greatly affected by their sight loss, and it is vital that local services respond to the needs of visually impaired people to enable them to lead active and independent lives. There is a legal duty to make reasonable adjustments and to anticipate the reasonable adjustments people might need, such as information in accessible formats.

There is often a period of delay between obtaining a Certificate of Visual Impairment and receiving rehabilitation assessment and support from Social Services and the third sector. **This can currently be a 6 month delay in Birmingham.** This is leaving newly diagnosed visually impaired individuals without the timely support they need and manifests itself in many having to leave employment, which results in them losing confidence and pushes many into poverty and long term mental health issues.

Whilst the Equality Act (2010) requires reasonable adjustments to be made to service provision, since the removal of legal aid for disabled people, many organisations and public bodies view their responsibilities under the Act as optional. Seeking to live independently continues to be a constant frustrating battle for people with a Visual impairment.

Employment and training

Evidence shows that 73% of people with a visual impairment of working age are not in employment (¹³⁴). This has decreased by 6% in the last decade despite the Government's pledge to halve the disability employment gap. Government schemes fail to place blind and partially sighted people in work and that training and employment opportunities for those who need additional assistance to access the labour market are dwindling (135). Of those visually impaired people assigned to the Work Programme (Jun'11 to Mar'15), only 8% were helped into paid employment, equating to just 90 people.

Employment support

Job Centre Plus in Birmingham provides support into work, access to benefits and specialist support for people who are disabled.

Access to Work (ATW) funds support for disabled workers in order to enable them to continue in or start work. A range of different types of support is eligible for funding including adaptations to work premises, specialist equipment, work related travel costs, and the provision of support workers. In the period from April 2015 to March 2016, 5,270 visually impaired people were helped by Access to Work(¹³⁶). Around 14 per cent of the entire ATW spend goes to supporting visually impaired individuals with an average spend per person per year of £4,500 on visually impaired individuals (¹³⁷).

The Birmingham Sight Loss Council (BSLC) has recently written a report on Employment services available to people living with sight loss in Birmingham. It found a number of gaps such as the Access to Work process, known to be notoriously difficult and lengthy. Whilst support may be offered by RNIB and Birmingham Vision, this doesn't make the process any quicker or easier as the frustration comes from the drawn-out waiting times for assessments and then for funding to be allocated.

Along with Access to Work, BSLC found that the biggest gap in service delivery is in Technology. Many people with sight loss looking for work will need some form of Access Technology to carry out a basic job search or attend an employability course. Employers will also expect some level of

digital skills from any new starters, so gaining this knowledge is vital for anyone looking for work. Training needs to be provided to use access technology and currently the only organisation with such facilities is Beacon Centre in Wolverhampton.

Other organisations that provide employment support in Birmingham and surrounding areas include RNIB, Birmingham Vision, Queen Alexandra College and BID Services (although their services are more focused on hearing loss they are looking into expanding their provision in the future).

The Library of Birmingham does have computers with Access Software available, however, it is difficult to book on to these, then finding the correct computer is hard because of the labelling and it should also be noted that the log on screen does not have Access Software meaning support is required from staff which is not always available.

Adult education and training providers

The Birmingham Education Service lists 16 colleges and centres that provide a range of courses for adults, ranging from language courses right the way through to vocational courses such as health and social care, hair dressing and IT. It is unclear what provisions they have for blind and partially sighted learners, but they do have a dedicated learning support service to support students (¹³⁸).

Housing

Housing is important for people with sight loss value. A familiar, safe home with good lighting and suitable adaptations can support an individual in maintaining their independence, health and wellbeing.

Birmingham City Council works in conjunction with a project called 'Supporting People', which aims to give vulnerable groups (including those with sight loss) advice and guidance on finding appropriate and safe housing, and helps to implement support that will improve quality of life (but not support relating to care) e.g, support to combat social isolation (¹³⁹). The Supporting People project provides some funding for Focus Birmingham and Birmingham Institute for the Deaf to support individuals with sensory impairment to find suitable accommodation, but generally Supported Living accommodation specifically adapted for

people with sight loss is limited, although provision is often made through more general housing schemes.

Care homes

400,000 people across the UK live in a care home. The majority of care home residents are older people or people with a learning disability. RNIB estimate around half of care home residents may have a degree of sight loss that impacts on their daily life. Care England has produced a number of resources on steps to improve the lives of care home residents with sensory loss (140).

Domiciliary Sight Tests

In Birmingham domiciliary links can be found on Birmingham LOC website - <http://www.loc-net.org.uk/birmingham/opticians-providing-home-visits-in-birmingham/>

In Solihull information on some of the optical practices offering domiciliary eye-testing are listed on the website below:

<http://www.housingcare.org/service/list/s-43-eye-care/l-406-solihull.aspx>

C&D Barlow Domiciliary Opticians also offer a home visiting service.

A project has been launched to trial the use of Eyes Right Toolkit (ERT)¹⁴¹, developed by Thomas Pocklington Trust, as a vision screening tool for the elderly in care homes as an initiative to prevent falls in the region. This is a collaborative project between Local Eye Health Network and Fitness, an organisation that delivers fitness training for care home residents in the West Midlands. The project will last three months and aims to visit six care homes in Birmingham and Solihull, offering vision screening for approximately 100 residents. Residents who fail their vision screening will receive onsite eye health check by qualified optometrists who provide eye tests in care home. Data collection includes referral rate as well as feedback from both the residents and care home staff about the ERT and its effectiveness in falls prevention in practice.

Carers

Nearly six and a half million people within the United Kingdom provide unpaid care, including one and a half million people who provide unpaid

care for 50 hours per week or more (142). A significant proportion of those cared for are likely to be living with sight loss and carers for others may themselves be living with sight loss.

Public transport

In the West Midlands, we are not aware of an overall transport strategy for the promotion of safe independent travel for the visually impaired or the wider disabled community.

Currently there are a number of separate forums covering a subset of the transport network in the West Midlands, and we continue to request for a single multi disability and multi modal accessibility forum to help shape our future public transport accessibility in our region and ensure a future joined-up strategy.

Currently we are aware of the following forums operating:

- West Midlands Trains;
- New Street Station Access forum (Network Rail)

There is currently no forum relating to either the tram or bus network in the West Midlands area.

Recent initiatives by the Birmingham Sight Loss Council having included:

- 1) Requesting disabled boarding zone tactile markers for the West Midlands Metro (Tram) extension, in line with provision already delivered in Manchester and Edinburgh.
- 2) Highlighting defects with talking buses in our city centre.
- 3) Seeking out and being accepted to help Beta test the new multi modal app being delivered by National Express to Transport for West Midlands, which will replace the existing NetWM app which is inaccessible to the visually impaired.

Buses

Buses are England's most used form of public transport. With over 4.65 billion passengers journeys a year nationally, they account for over 60% of all public transport trips in the UK.

There are almost 30,000 people living with sight loss in Birmingham, many of whom rely on bus travel to get around and to remain independent.

From March 2016 to February 2017 there were 8,119,161 disabled bus journeys in the region, and over a period of 3 months there were 223 new disabled bus travel cards issued by Network West Midlands, yet only 112 were used on 1,423 journeys.

There are currently 31 different bus operators in the West Midlands area. The largest operator by a significant margin is National Express West Midlands.

In October 2017 members of the Birmingham Sight Loss Council took part in the filming of a new Disability Awareness training video for bus drivers. This initiative was mainly funded by Transport for West Midlands and will be made available to all bus operators in the region. National Express hosted the filming and has committed to using the finished product in their training of new drivers. This video encompasses all disabilities, including sight loss, and seeks to provide practical advice to bus drivers, building on National Express West Midlands' signing of the RNIB Bus Charter in 2016.

The only operator in Birmingham to have implemented Talking Bus / Next Stop announcement system is National Express West Midlands. The number of buses in the West Midlands with Talking Bus announcements installed equates to about 17% of the overall fleet. This contrasts to 100% of the Transport for London Fleet. In addition to this, the Talking Bus fleet stops talking in the main Birmingham city centre, which reduces the community's confidence in using the bus network.



Image – a Platinum bus approaching a bus stop^[1].

Guide Dogs has campaigned nationally for the delivery of talking buses outside of London, resulting in its inclusion in the Bus Services Bill (2017). The Secretary of State is currently intending to do further consultation and no delivery schedule has been provided in relation to further roll out.

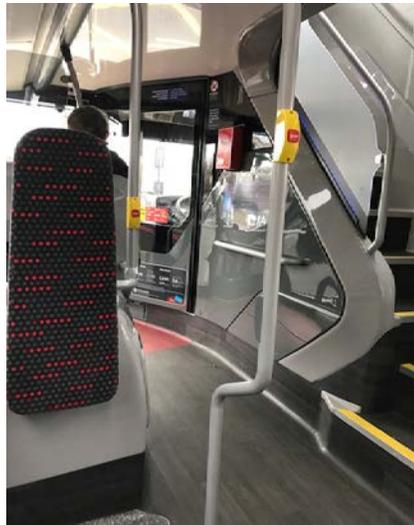


Image - the interior of a new National Express Platinum bus with grab poles the same colour as the surroundings.

The Birmingham Sight Loss Council has also raised concerns to National Express West Midlands during 2017 about new buses having grab poles the same colour as the floor and walls, therefore lacking high contrast visibility. Concerns have been raised that this could cause harm to others when vision impaired people fail to hold on at the crucial moment and fall onto other passengers.

Ring & Ride

Ring & Ride provides a service for people who are unable to use public transport. Users are able to call the service and travel to different locations around the city. The service is free for those who have a network or bus pass, however the national concessionary bus pass is not valid. Journeys must be booked 24 hours in advance and registered users can book up to 6 journeys in advance per year. Registration is free, however, each journey costs £1 Monday-Saturday before 19:00; £2 after 19:00 and all day Sunday. Carers are also able to travel with the

passenger, and they pay £2 to travel between Monday-Saturday before 19:00 and £4 after 19:00 and all day Sunday (¹⁴³).

Taxis and minicabs

Whilst Birmingham City Council delivers disability awareness training to all new taxi licensors, many taxis operate with licenses obtained in other boroughs, which do not provide such training.

Many guide dog owners face on-going issues with accessing taxi services, and refusals and drive offs are still commonplace in the region. Like many other parts of the country, even reported instances seldom reach Licensing committees or tribunal due to lack of evidence.

Since April 2015, Birmingham City Council Licensing Authority has prosecuted or attempted to prosecute 15 drivers for refusing to transport a guide dog.

Of the people surveyed by the Birmingham Sight Loss Council, 66.7% have experienced poor service from a taxi company or driver related to their sight loss.

Trains, trams and underground

The main train operator in the region is West Midlands Trains with further operators Virgin, Arriva Trains Wales, Chiltern and Cross Country operating services.

Train company staff have a good level of sight awareness training, yet the Birmingham Sight Loss Council report that there is an issue around joined-up communication between train operating companies, and there are still many stories of passengers with sight loss being left on trains. Currently there is no clear Passenger Assistance feedback process, so there is no clear picture of service delivery.

Work undertaken in 2017 by the Birmingham Sight Loss Council indicates that whilst step free access in the West Midlands is available at 71% of stations, only 45% of stations have installed platform edge tactiles for visually impaired passenger safety.

As part of the new West Midlands Trains franchise, the Department for Transport has placed an order for new carriages, which will greatly increase the number of trains delivering automated next stop announcements.

Streets and street furniture

A national survey by Guide Dogs revealed 65% of blind and partially sighted people have suffered a minor injury due to street clutter such as advertising boards and 9% sustained a major injury which required medical treatment.

In the West Midlands Pavement Parking is a daily issue encountered by the sight loss community. The West Midlands Police Road Harm Reduction Team is currently monitoring pavement parking.

The Birmingham Sight Loss Council also received feedback that tactile cone provision on crossing control points varies greatly between local authorities. Also, where visually impaired residents report issues with crossing points or tactile paving in their area, such fixes are often ignored or at best delivered slowly under current austerity measures.

Of those that have reported an issue, 42.9% of people surveyed said that the issue still hasn't been resolved, the same percentage of people said that it was resolved but it took a long time and only 14.3% of people said that the issue was solved promptly.

Shopping and banking

For some visually impaired people, it can be challenging to access shops and services, particularly using public transport.

RNIB successfully campaigned for many high street banks to introduce 'talking' cash machines. RNIB provide a number of resources around banking, including locations of talking cash points and rights surrounding access (144).

Sports

Birmingham Vision has a Sports development officer in place. He offers a wide range of sporting activities. Having access to a good sports network

helps, improve health and wellbeing and social isolation. There are a number of sporting clubs available that offer assistance to people with a visual impairment

Libraries

In terms of accessibility, the Library of Birmingham website states that:

- Colour contrast throughout the building has been carefully considered
- All glass has markings on it so that it is more easily seen
- Braille and embossed signs are used on toilets and lift lobbies throughout the building
- Audio information in lifts
- An audio guide, including a tour, is available for people with visual impairments.
- Braille copies of the Visitor Guide are available from the reception desk
- Supernova is available on every computer.
- Readit touch - a sophisticated desktop reading machine and magnifier - is available on the Knowledge Floor (level 2)
- Clearview Speech (a table top machine which magnifies and reads aloud) available in the Children's Library
- Clear Reader + (a portable text reader, similar to Readit touch) is kept in the Children's library and can be used throughout the building
- Accessible keyboard for people who work better with large keys and bold colours are available in the Children's Library
- Large trackball mouse (makes controlling the pointer on screen easier) is available in the Children's Library
- Good selection of audio books and large print books

Social clubs

Birmingham Vision and Focus Birmingham support a range of social clubs and activities in the area that offer visually impaired people opportunities to socialise and to access hobbies and interests.

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Appendix

Vision UK

Vision UK is the independent partnership organisation which works with other organisations in the eye health and sight loss sector for the benefit of blind and partially sighted people, their communities and the general population including those at risk of sight loss.

Priority areas

- 1: Improve the nation's eye health and end sight loss
- 2: Improve support across eye health and social care services
- 3: Improve awareness of sight loss and create an inclusive society for all

More information can be found here: <https://www.visionuk.org.uk>

England Vision Strategy

The six key priorities of the England Vision Strategy are:

Prevention: To improve eye health and prevent sight loss across England within diverse groups and the wider population.

Commissioning: To promote effective commissioning strategies across health and social care supporting an integrated and person-centred pathway.

Services: Adults, children, young people and their families have access to the right services, advice and support when eye health and sight loss problems arise.

Independence: Adults, children and young people can learn, relearn or retain key life skills on a continuing basis as driven by their needs with access to appropriate professional support, aids and adaptations including technology.

Self-determination: To develop and enable face to face and online peer support opportunities and self-help and self-advocacy resources to empower adults, children, young people and their families to achieve their aspirations.

Inclusion: To promote inclusive environments and equality of opportunity to enable blind and partially sighted people to fully participate, contribute and live independently.

Seeing It My Way Outcomes

Developed by blind and partially sighted people, Seeing It My Way is embedded in the work of the UK Vision Strategy, a partnership of organisations formed to transform eye health and sight loss services. In the autumn of 2011, blind and partially sighted people were asked to support the development of these outcomes for Seeing It My Way, so that it would have real authority in the years to come with commissioners of services.

A total of 1,182 individuals responded via post, telephone and internet, or by taking part in a discussion group. The following ten outcomes reflect those responses.

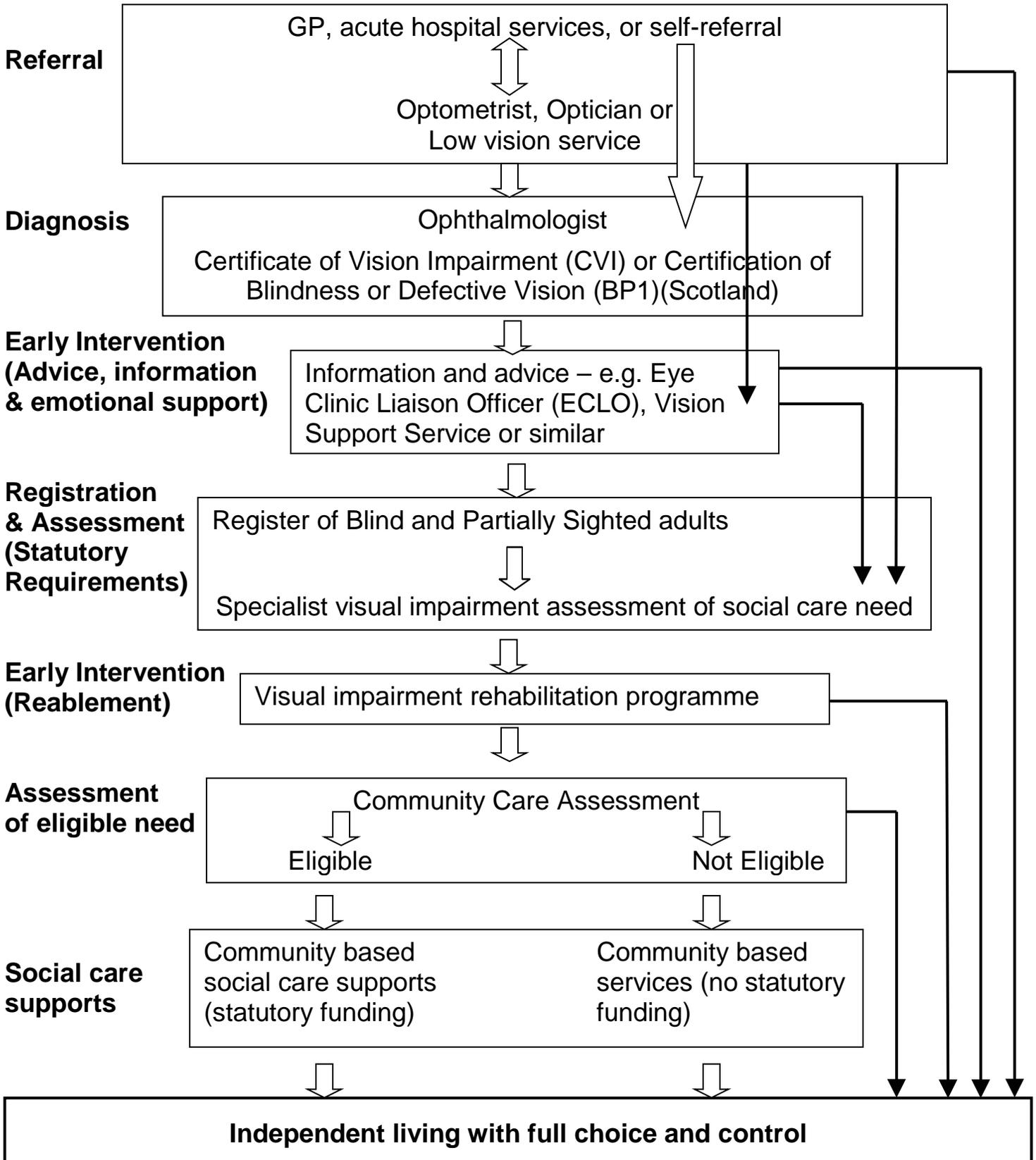
1. I understand my eye condition and the registration process
2. I have someone to talk to
3. I can look after myself, my health, my home and my family
4. I receive statutory benefits and information and support that I need
5. I can make the best use of the sight I have
6. I can access information making the most of the advantages that technology brings
7. I can get out and about
8. I have the tools, skills and confidence to communicate
9. I have equal access to education and life long learning
10. I can work and volunteer

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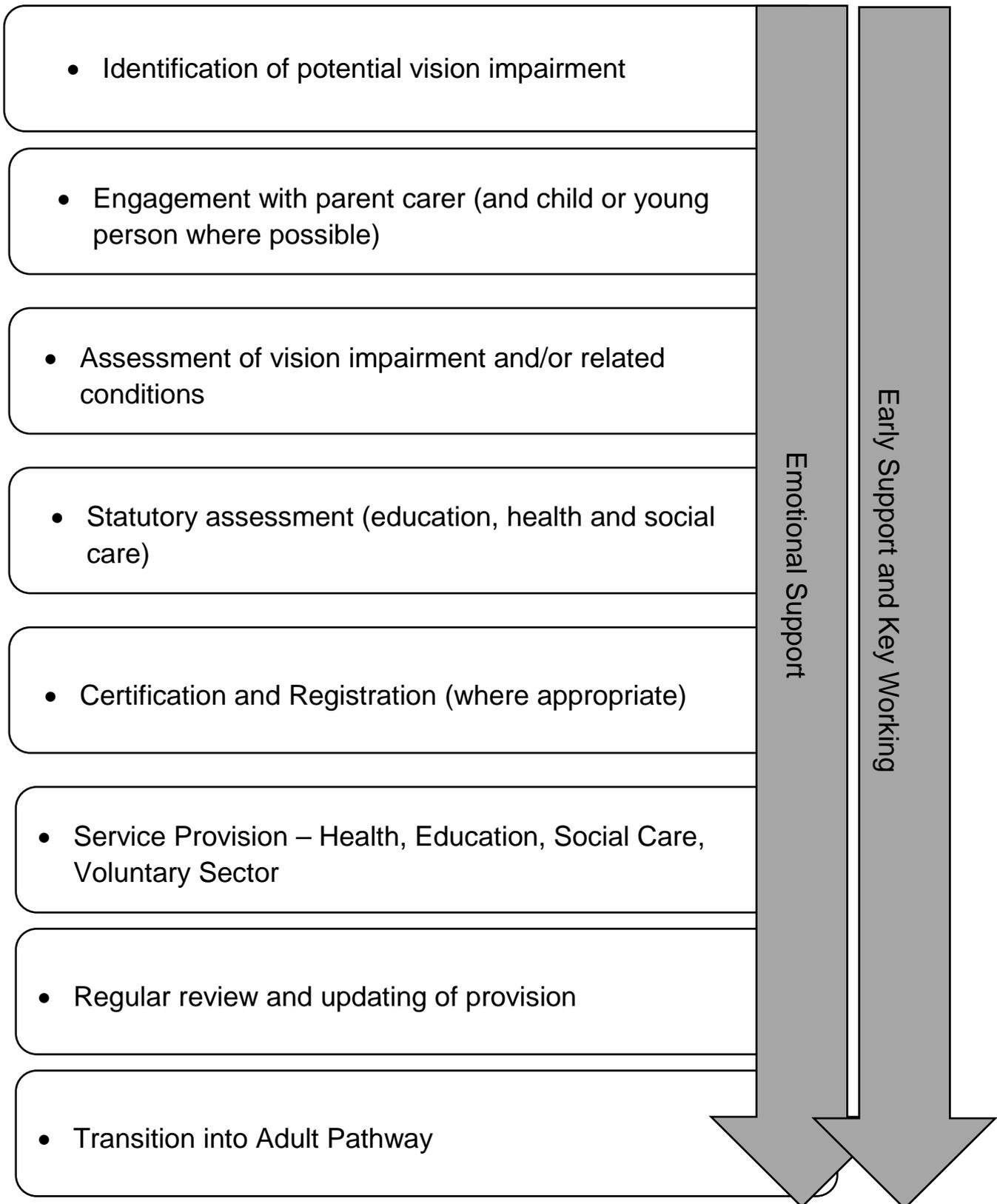
The Adult UK Eye Health and Sight Loss Pathway

Processes

Systems and Structures



VISION 2020 UK – Pathway for Children and Young People (0 to 25 years) with Vision Impairment, and their Families



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