

## **Low Vision Service Mapping – Sussex**

### **1. Introduction**

The purpose of this briefing is to assess current Low Vision Service (LVS) coverage across West Sussex, East Sussex and Brighton & Hove. The LVS provides a specialist service to support people in making the most of their available sight.

Data modelling and geospatial mapping have been applied alongside local knowledge to investigate who currently does or does not have access to vital Low Vision Services across these areas.

### **2. How many people live with sight loss in East Sussex, Brighton and Hove, West Sussex, Worthing?**

#### **2.1 Demand summary**

The estimated population of 40,700 people living with sight loss represents the potential demand for low vision services (RNIB Sight Loss Data Tool, 2018).

It is important to note that Sussex, outside of a few urban areas, has a much higher proportion of older people than most of the UK. Sight loss becomes considerably more common with age with one in five people aged 75 and older living with sight loss.

The three CCGs with over 2.8% of their population living with sight loss are in the top 10 of all English CCGs by proportion with sight loss. This means demand in these three CCGs is higher than across most of England making low vision services vital to support the population in need.

#### **2.2 Demand description and table**

RNIB's living with sight loss estimates have been applied to the local population to determine the number of people for whom sight loss has a significant impact on their lives (i.e. sight below the legal

driving limit). The estimates include the main eye conditions (AMD, glaucoma, cataract, diabetic retinopathy) and other less common conditions.

It is important to note that the estimates used can be considered **conservative** estimates as they exclude uncorrected refractive error, which is a leading yet correctable cause of avoidable sight loss, particularly in older populations.

Low vision aids are useful to anyone with poor sight regardless of registration or even if the condition is permanent. The estimated population living with sight loss represents the number of people in the area who could benefit from a LVS.

Across the seven CCGs in West Sussex, East Sussex and Brighton & Hove, there are estimated to be over 40,700 people living with sight loss that affects their daily lives, excluding those with refractive error. This represents the potential population who would benefit from the Low Vision Service to make the most of their sight and to continue with normal, everyday activities with the aid of tools, such as magnifiers.

The table below shows the breakdown of the 40,700 by CCG area and the proportion of the total population estimated to be living with sight loss (excluding refractive error). This proportion is **above the national average of 1.9% in five of the seven CCGs due to the older population in these areas.**

**Table 1: Living with sight loss numbers and proportion of CCG population with sight loss by CCG**

<b>CCG name</b>	<b>Living with sight loss estimate 2016, minus RE</b>	<b>Sight loss as proportion of CCG population</b>
High Weald Lewes Havens CCG	4,250	<b>2.5%</b>
Horsham and Mid Sussex CCG	5,100	<b>2.2%</b>
Brighton and Hove CCG	4,450	1.5%
Crawley CCG	1,730	1.6%
Eastbourne, Hailsham and Seaford CCG	5,820	3.1%

Hastings and Rother CCG	5,120	2.8%
Coastal West Sussex CCG	14,190	2.8%

### **3. Where are Low Vision Services and how are they funded?**

#### **3.1 Access to the LVS summary**

In summary, it is clear there is a patchwork of different forms of LVS delivered across Sussex by different organisations with some residents unable to access a funded service at all. The absence of a consistent, quality service across Sussex is of added concern given the ageing population and higher demand for low vision services across the local CCGs when compared to others across England.

The service in Brighton and Hove CCG is temporary and will cease in March 2019. It is positive the service remained after the previous funding came to an end, however the current situation is unsustainable. The low vision service is delivered by Rehabilitation Officers for Visually Impaired (ROVIs) people and funded by Brighton and Hove Adult Social Care. Patients are recommended to arrange an appointment with a community optician/optometrist for a sight test prior to accessing the LVS through the ROVIs. This is at cost to the patient unless they are NHS eligible.

Low vision services for patients who live within Hastings and Rother CCG and Eastbourne, Hailsham and Seaford CCG is delivered by qualified optometrists based at Eastbourne and Hasting hospitals, funded by East Sussex Healthcare Trust. East Sussex Vision Care offer Low Vision Support Workers to compliment the low vision service. This is funded by the East Sussex local authority. However, the local authority budget for 2019/20 is under heavy pressure and funding for the service is at risk of being cut.

In Crawley CCG and Horsham and Mid Sussex CCG, the LVS is delivered through Crawley and Horsham Hospitals funded by Surrey and Sussex Healthcare Trust. 4Sight deliver the service under a sub-contractor agreement with Sight for Surrey. The 4Sight practitioner leading on this clinic is not an optometrist but has completed the Optima low vision two-day course. Across mid-Sussex, patients can access the service if they have not attended

the eye clinic through GP referral. A service was previously available at Haywards Heath Hospital however this is no longer in place. Patients are required to access a ROVI assessment and pay for any equipment or a self-funded low vision assessment through 4Sight.

There is no LVS in High Weald Lewes Havens CCG. Patients would need to contact 4Sight and fund their own low vision assessments and equipment needs.

Patients in Coastal West Sussex CCG can be issued with a Hospital Eye Services Prescription in local hospitals by 4Sight Sight Loss Advisors. This can be redeemed for a low vision assessment and free equipment at participating opticians. However, this requires specific vision eligibility criteria to be met which is not a requirement for other services.

In addition, 4Sight provide low vision assessments at a fee across Sussex. The drop-in charge is £15 and home visits are around £25 (varying depending where the patient lives). The 4Sight practitioner leading on this clinic is not an optometrist but has completed the Optima low vision two-day course. Patients pay for any low vision aids.

### 3.1 Access to LVS table

The seven CCGs are listed below with details of whether a LVS is available and who it is funded by. The funding arrangement is different for each CCG with some areas being funded by the local authority or an NHS Trust with specific criteria for access to the service.

**Table 2: Low vision service information by CCG**

<b>CCG name</b>	<b>Low Vision Service</b>	<b>Funder</b>	<b>Concerns</b>
Brighton and Hove CCG	<ul style="list-style-type: none"> <li>• Yes – temporary.</li> <li>• Based at a local authority building.</li> <li>• Delivered by ROVIs rather than optoms.</li> </ul>	<ul style="list-style-type: none"> <li>• Local authority, Brighton &amp; Hove (ROVI cover)</li> </ul>	<ul style="list-style-type: none"> <li>• At risk if local authority funding ends</li> <li>• Sight test recommend er at patient</li> </ul>

			cost unless NHS eligible before accessing the service.
Crawley CCG	<ul style="list-style-type: none"> <li>• Yes, at Crawley Hospital</li> <li>• Delivered by 4Sight, staff leading delivery have completed the 2 day Optima Low Vision training</li> </ul>	<ul style="list-style-type: none"> <li>• SASH funded (NHS Trust)</li> </ul>	<ul style="list-style-type: none"> <li>• n/a</li> </ul>
Eastbourne, Hailsham and Seaford CCG	<ul style="list-style-type: none"> <li>• Yes, at Eastbourne DGH.</li> <li>• LVS delivered by NHS Trust optoms &amp; orthoptists.</li> <li>• Eastbourne Blind Society and East Sussex Association for Blind and Partially Sighted People also provide a Low Vision Support Worker.</li> <li>• However LV Support Worker not full time service so some patients reliant on referrals.</li> </ul>	<ul style="list-style-type: none"> <li>• East Sussex Healthcare Trust</li> <li>• LV Support Worker contract held by East Sussex Vision Care and funded by Adult Social Care, East Sussex local authority</li> </ul>	<ul style="list-style-type: none"> <li>• Low Vision Support Workers not in clinic full-time so risk of missing some patients</li> <li>• No Eye Clinic Liaison Officer (ECLO) employed by trust</li> </ul>
Horsham and Mid Sussex CCG	<ul style="list-style-type: none"> <li>• Service available at Horsham hospital and Crawley hospital delivered by 4Sight, staff leading delivery have completed the 2 day Optima Low Vision training</li> <li>• If do not attend</li> </ul>	<ul style="list-style-type: none"> <li>• LVS funded by SASH (NHS Trust)</li> </ul>	<ul style="list-style-type: none"> <li>• LVS service funded by SASH on yearly contract.</li> <li>• No service at Haywards Heath, can be fee for</li> </ul>

	<p>hospital, GP can make referral to LVS.</p> <ul style="list-style-type: none"> <li>• No service at Haywards Heath – 4Sight fee service available (Princess Royal Hospital)</li> </ul>		<p>assessment and equipment</p>
High Weald Lewes Havens CCG	<ul style="list-style-type: none"> <li>• No service.</li> <li>• Only fee service from 4Sight</li> </ul>	<ul style="list-style-type: none"> <li>• Previously CCG (in Brighton)</li> </ul>	<ul style="list-style-type: none"> <li>• No service</li> </ul>
NHS Hastings and Rother CCG	<ul style="list-style-type: none"> <li>• Yes, at Conquest and Eastbourne hospitals.</li> <li>• Delivered through East Sussex Healthcare Trust</li> <li>• Hastings and Rother Voluntary Association no longer have LV Support Worker in place but do have presence at some clinics in Conquest.</li> <li>• East Sussex Association for the Blind (ESAB) attend Bexhill AMD unit once or twice a week.</li> <li>• However, not full time service so some patients reliant on referrals</li> </ul>	<ul style="list-style-type: none"> <li>• East Sussex Healthcare Trust</li> <li>• LV Support Worker contract held by East Sussex Vision Care and funded by Adult Social Care, East Sussex local authority</li> </ul>	<ul style="list-style-type: none"> <li>• At risk if local authority funding ends</li> <li>• No ECLO employed by the trust</li> </ul>
NHS Coastal West Sussex CCG	<ul style="list-style-type: none"> <li>• 4Sight Sight Loss Advisors in Worthing and Chichester hospitals can issue a Hospital Eye Services Prescription which</li> </ul>	<ul style="list-style-type: none"> <li>• Funded through Hospital Eye Services Prescription, Trust / CCG</li> </ul>	<ul style="list-style-type: none"> <li>• Eligibility criteria</li> </ul>

	<p>can be redeemed for assessment and free magnifier at participating opticians.</p> <ul style="list-style-type: none"> <li>• Requires vision eligibility criteria to be met.</li> </ul>		
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#### **4. How many people have access and do not have access to a LVS?**

Six CCGs currently have access to a funded LVS service, totalling 90% of the population of Sussex. However, some patients in the Haywards Heath area would be required to pay for their assessment and or equipment, which is estimated to be 20% of the local CCG population. This reduces the population with access to a funded LVS to 87% across Sussex.

- 35,400 people with sight loss have access to a service.

13% of the population of Sussex has no access to a funded LVS.

- This totals 5,290 people with sight loss who are potentially in need of the service.

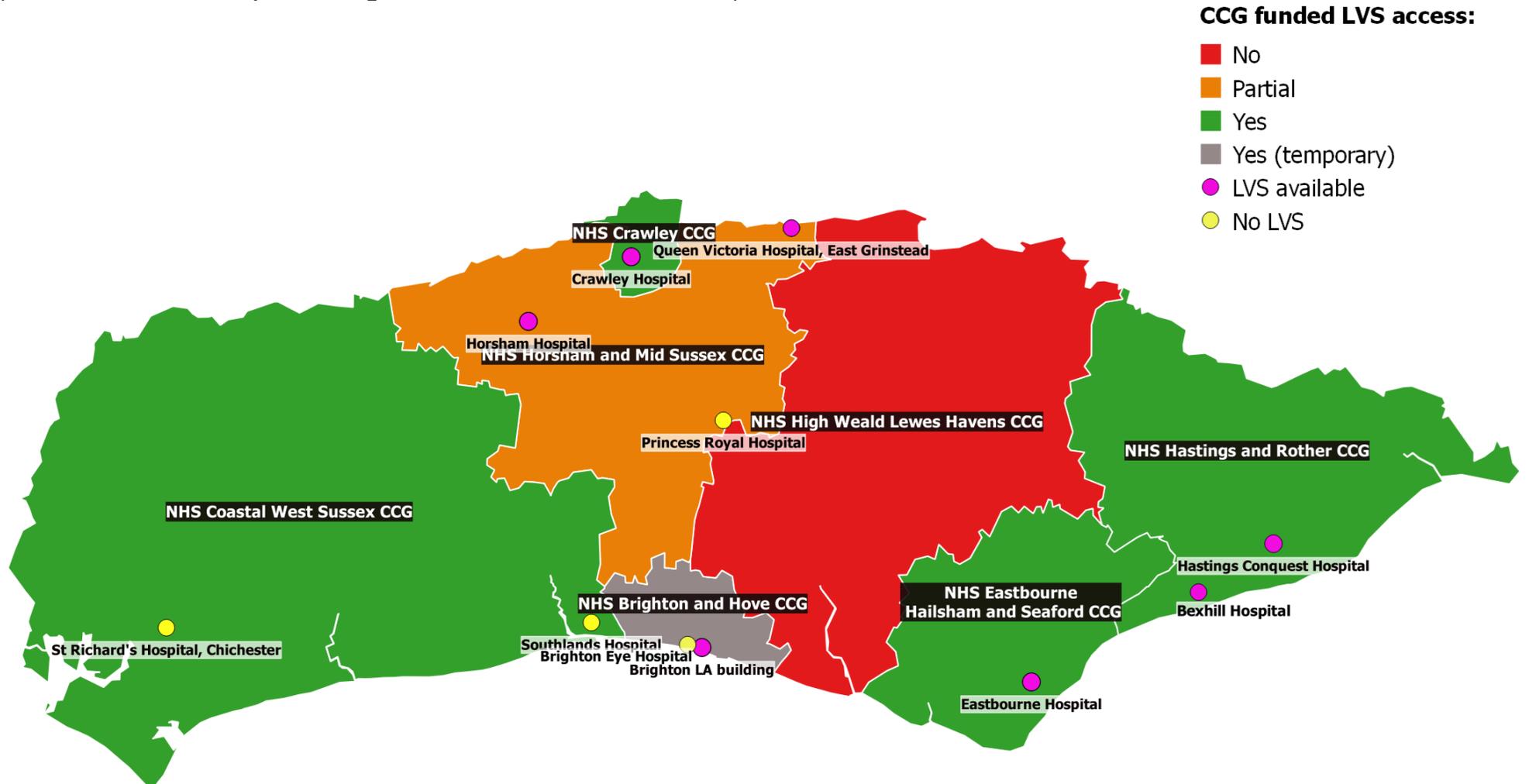
However, due to differences in commissioning and provision, a full, secure service is not available to all those with access.

- 4,460 people with sight loss in Brighton and Hove are at risk of losing their funded service once Brighton and Hove LA funding ends. This is 11% of the population with sight loss in Sussex.

This totals 24% of people with sight loss in Sussex who either do not have access to a funded LVS or their access is at risk due to local authority budget cuts.

## 5. Where do people have access to a LVS: Map

(Also available in separate high-resolution PDF document)



## 5.1 Map description

The map shows boundaries for the seven CCG's across Sussex. The CCGs are shaded based on whether residents have access to a LVS. About a fifth of the map is shaded red to indicate no access to a LVS as the CCG without access covers a large land area. Around two thirds of the map is shaded green indicating the CCGs with access to a LVS. The remainder is shaded orange to indicate partial access in Horsham and Mid Sussex with a small area representing Brighton and Hove shaded grey to indicate temporary access to a LVS.

There are seven pins on the map showing where the existing hospital LVSs are situated with one pin in each CCG with access or temporary access to the service except for two pins in the Hastings and Rother CCG hospitals. The locations are Crawley Hospital, Horsham Hospital, Queen Victoria Hospital in East Grinstead, Eastbourne Hospital, Hastings Conquest Hospital, Bexhill Hospital and a Brighton & Hove local authority building. The LVS is accessed through participating opticians in West Sussex rather than hospitals however, the locations are unknown and do not appear on the map.

There are also four pins with hospital locations where an LVS is not available. These include St Richard's Hospital in Chichester, Southlands Hospital, Brighton Eye Hospital and Princess Royal Hospital.

The CCG's access to funded LVS is listed below:

- Eastbourne, Hailsham and Seaford CCG has access to a LVS
- Crawley CCG has access to a LVS
- Hastings and Rother CCG has access to a LVS
- Coastal West Sussex CCG has access to a LVS
- Brighton and Hove CCG has temporary access to a LVS
- Horsham and Mid Sussex CCG has partial access to a LVS due to the absence of a service at Haywards Heath
- High Weald Lewes Havens CCG doesn't have access to a LVS

## **6. Further reading**

Evidencing the positive impact Low Vision Services bring to patients and building services on best practice is key to protecting quality services. The LVS is an under researched area, so there are no key statistics to draw on. However, there are some useful studies looking at the different methods of delivery and the positive impact of the service on patients' lives.

### **Delivery models**

There are many different ways to deliver low vision services. An article in *Optometry in Practice* provides a useful description of different service models (Charlton, 2011). The range of models described include the traditional UK model of hospital low vision services situated in eye clinics, the role of Low Vision Workers in assisting people in using the correct aids, the integration with rehabilitation services and delivery through community opticians, where privately funded low vision services are generally available. All of these models are visible in Sussex, demonstrating the inconsistent local approach by commissioning bodies.

There is currently no standard model of delivery across the UK, although the Wales Low Vision Service has standardised delivery across Wales.

### **Low Vision, Habilitation and Rehabilitation Framework**

To provide guidance for commissioners, the Clinical Council for Eye Health Commissioning has produced a framework describing best practice and quality indicators for the commissioning of Low Vision Services. The Low Vision, Habilitation and Rehabilitation Framework acknowledges the currently fragmented system for commissioning these key services for people with sight loss.

Before commissioning or re-designing the service, an eye health needs assessment should be completed to establish priorities. Effective local clinical leadership is essential, as is integrating the LVS, habilitation and rehabilitation with community, hospital and local authority services and employing professionals with appropriate training and qualifications for their roles. Providing a consistent, shared approach in line with the framework recommendations will ensure equal access to vital services with

will ultimately improve the quality of life for people living with sight loss. Further details on the framework can be found [here](#).

### **Low Vision Service Model Evaluation (LOVSME)**

A study from 2002, now dated, estimated that there were at least 155,000 low vision service users annually with the bulk provided by hospital eye departments. The study found apparent inadequacies in service provision in terms of distribution, magnitude, and coordination. The [results](#) highlight a need to review current services with LOVESME following up on this research. This is useful background, although the research is now outdated.

The LOVSME project aimed to profile a range of Low Vision Services to describe the different approaches, professionals involved and pathways and identify costs, outcomes measures and good practice. A Low Vision Services Assessment Framework was developed as a tool to help service providers evaluate different aspects of their service, and to establish a baseline for future service development. It comprises 15 sets of questions covering key aspects of service provision, in terms of both the services on offer (eg, provision of LV aids; assessment of psychological needs) and supporting infrastructure (eg, buildings; staffing; record-keeping). Further details on the framework and comparison of different models can be found [here](#) (Dickenson et al, 2011).

### **Wales model**

Since 2004, the Wales Low Vision Service (WLVS) has been successfully delivered through community-based opticians, all trained to deliver the service. It is funded through NHS Wales. In the first 9 months of the WLVS, the overall number of NHS-funded low-vision appointments in Wales increased by 51.7% and waiting times reduced from 50% waiting 6 months or more for a low-vision assessment to 70% waiting less than 2 weeks (Charlton, 2011).

A comparison with hospital low-vision services in the same period has found no significant difference in effectiveness between the community and hospital services in terms of visual ability, patient satisfaction, use of low-vision aids and near visual acuity (Court et al. 2011).

## Impact

One key study from 2012 evaluated evidence from approximately 160 studies and states that low-vision services can help people with a visual impairment, rehabilitation services can result in improved reading ability and are valued by service users (Binns, 2012).

Individual studies have demonstrated improvements in mood and reduced depression following interventions such as a low vision service. For example, one study found reductions in functional disability and depression in patients using optical aids (Horowitz, 2006). There are a wide range of studies finding positive wellbeing and independence benefits for rehabilitation service users including the application of low vision aids.

## References

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