

VISION LOSS

Summary:

- With an ageing population in East Sussex, as well as longer survival of children and young people with complex needs, the needs for primary care and secondary care eye services will continue to increase.
- Recovery of activity after the pandemic within primary and secondary care eye services is ongoing.
- Sight loss is not an inevitable part of ageing, an estimated 50% of sight loss is avoidable.ⁱ
- Primary prevention of sight loss is intricately linked to maintaining overall good health. Optimising public health prevention programmes to reduce obesity, increase exercise and stop smoking may prevent or delay the onset of eye disease.ⁱⁱ
- Secondary prevention is central to maintaining vision or slowing the progression of diseases which can result in sight loss. Tertiary prevention can help people adapt to their eye disability and maximise their quality of life.

Introduction:

Why is sight loss important?

Our sight is a most precious special sense which enables us to survive and interact with the outside world. Seeing allows us to appreciate the people around us and the beauty of the world we live in.

Avoidable sight loss is recognised as a critical and modifiable public health issue which is recognised as a key priority by the WHO (World Health Organization) ⁱⁱⁱ and Vision UK.^{iv}

Around 2 million people in the UK are living with some form of sight loss, with this expected to rise to 2.7 million by 2030. Maintaining good eye health is central to maintaining good mental, social and physical health. Vision loss is associated with a reduction in overall quality of life, mental health, independence, mobility, educational attainment, and employment.

Vision impairment accounts for an increasing proportion of Years Lived with Disability as people age [both in England and in East Sussex].^v

Vision loss includes:

- people who are registered blind or partially sighted
- people whose vision is better than the levels that qualify for registration, but that still has a significant impact on their daily life (for example, not being able to drive)
- people who are awaiting or having treatment such as eye injections or surgery that may improve their sight
- people whose sight loss could be improved by wearing correctly prescribed glasses or contact lenses

This JSNA briefing discusses the risks of losing our sight, the consequences, and gives an overview of how sight loss is being managed in East Sussex. We have referred extensively to the following references.^{1,2}

Defining key terms

What is sight loss/vision loss?

Vision loss is defined as a decreased ability to see to such an extent that it causes problems which are not fixable by usual means, such as wearing glasses or contact lenses.

Refractive sight problems [refractive errors] are the problems with our vision which can be corrected by wearing glasses. These include near-sightedness, far-sightedness, presbyopia, and astigmatism.

How is vision assessed?

An eye care professional [optometrist or ophthalmologist] assesses a person's vision by measuring:

- Visual acuity -central vision, the vision you use to see detail [read books, watch television]
- Visual fields - how much you can see around the edge of your vision, while looking straight ahead

¹ This briefing is an abridged version of a more detailed report about eye health and sight loss in East Sussex from the RNIB in 2021 for which we are most grateful. This has been updated with additional local information.

² [Atlas of variation in risk factors and healthcare for vision](#)

We have referred extensively to this report and are most grateful for the advice within.

Measuring sight loss

Visual acuity is measured by reading down an eye chart while wearing any glasses or contact lenses. The test for visual acuity is known as a Snellen test and usually consists of several rows of letters which get smaller as you read down the chart.

The field of vision in each eye is measured by a “visual field test”.

Following a Snellen test, an individual may meet the criteria for being sight impaired (partially sighted) or severely sight impaired (blind)

Certificates of Visual Impairment

A Certificate of Vision Impairment (CVI) certifies a person as either sight impaired (partially sighted) or severely sight impaired (blind). Each certificate is signed by a consultant ophthalmologist and a copy sent to the person's local social services department.

Upon receipt of the CVI form, the social services department offers registration and signposting to other relevant advice and services.

Key outcomes

What can be done to prevent sight loss?

Sight loss is not an inevitable part of ageing, and an estimated 50% of sight loss is avoidable.^{vi}

Primary prevention of sight loss is intricately linked to maintaining overall good health. Public health prevention programmes to reduce obesity, increase exercise and stop smoking may prevent or delay the onset of eye disease.^{vii}

Secondary prevention is central to maintaining vision or slowing the progression of diseases which can result in sight loss and is dependent on the organisation and delivery of health services to meet need and demand. An example of secondary prevention is management of diabetic retinopathy.

Tertiary prevention requires social services and voluntary organisations to support people who are blind or partially sighted to live independently and to adapt to living with their eye condition.

How many people in East Sussex are estimated to have sight loss now?

At the 2021 Census, the total population of East Sussex was 545,800.^{viii} East Sussex has a higher proportion of people aged 65 years and over compared to the average for England. Of the total population in East Sussex:

- 20% are aged 18 or under
- 54% are aged 18-64
- 26% are aged 65 and over

Adults living with sight loss

There were an estimated 26,000 people living with sight loss in 2022 in East Sussex. This total includes around 16,700 people living with mild; 5,710 with moderate partial sight; and 3,600 people living with blindness, Table 2.^{ix} The figures include people whose vision is better than the degree of sight loss that would qualify for being registered as visually impaired, but sight loss still has a significant impact on their daily life.

The estimated population prevalence of sight loss is higher in East Sussex compared to the average for England with 4.6% of the total population living with sight loss, compared to 3.3% nationally.^x This is because East Sussex has an older population structure than England.

Table 1 summarises the total numbers with sight loss by district and boroughs within East Sussex in 2022:

Table 1 Total numbers of persons with sight loss by local authority in the UK, England and in East Sussex in 2022

	Estimated number of working age people living with sight loss (18-64) (2022)	Estimated number of older people living with sight loss aged 65-74 (2022)	Estimated number of older people living with sight loss aged 75-84 (2022)	Estimated number of older people living with sight loss 85 and over (2022)	Estimated number of children who are blind aged 0-17 (2022)	Estimated number of children who are partially sighted aged 0-17 (2022)
United Kingdom	427,000	429,000	639,000	713,000	7,170	21,500
England	358,000	357,000	536,000	605,000	6,110	18,340
East Sussex	3,730	4,790	7,670	9,620	50	160
Eastbourne	660	820	1,400	1,970	10	30
Hastings	620	680	890	1,150	10	30
Lewes	690	880	1,420	1,870	10	30
Rother	650	1,010	1,710	2,080	10	20
Wealden	1,110	1,410	2,260	2,560	20	50

Source: [RNIB \(Royal National Institute for the Blind\) Sight Loss Data Tool - statistics on sight loss | RNIB | RNIB.](#)

The weblink also includes estimates of changes in each major type of vision loss by 2032.

Age profile: the majority of people living with sight loss are the elderly, Table 2.

Table 2 Age distribution of sight loss in adults by local authority in East Sussex in 2022

	Estimated number of working age people living with sight loss (18-64) (2022)	Estimated number of older people living with sight loss aged 65-74 (2022)	Estimated number of older people living with sight loss aged 75-84 (2022)	Estimated number of older people living with sight loss 85 and over (2022)
East Sussex	3,730	4,790	7,670	9,620
Eastbourne	660	820	1,400	1,970
Hastings	620	680	890	1,150
Lewes	690	880	1,420	1,870
Rother	650	1,010	1,710	2,080
Wealden	1,110	1,410	2,260	2,560

Source: [RNIB Sight Loss Data Tool - statistics on sight loss](#) | RNIB | RNIB

New Certification of Visual Impairment [CVI]

In 2022/23, a total of 267 Certificates of Vision Impairment [CVIs] were issued in East Sussex.^{xi} In East Sussex, this is a rate of 48.5 certificates [CVIs] per 100,000 people, a significantly higher rate compared to 42.5 per 100,000 people in England. Table 3 summarises the new certifications of visual impairment [CVIs] for the main causes of preventable sight loss.

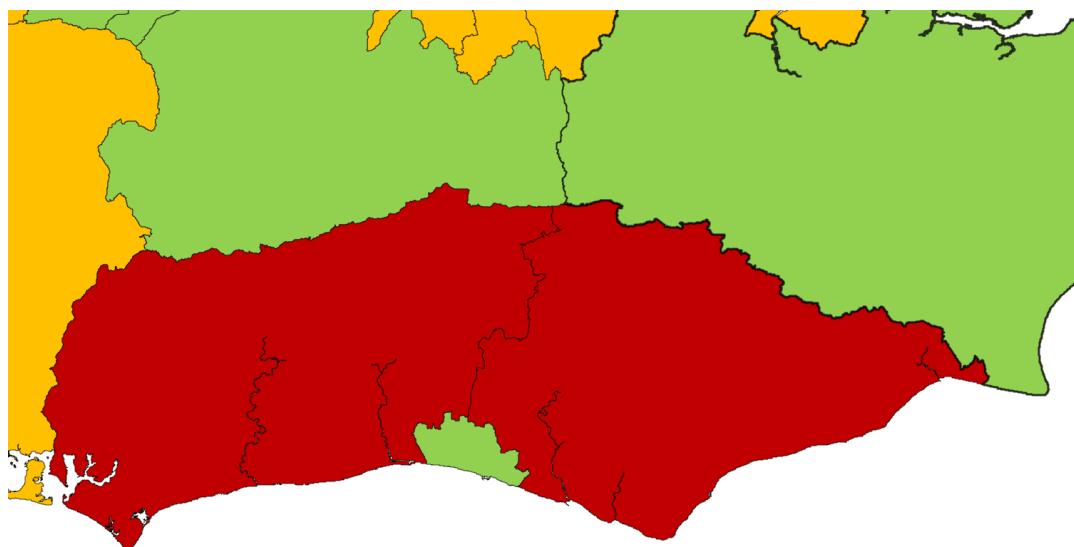
Table 3 New certifications of visual impairment [CVIs] for the main causes of preventable sight loss in 2022/23

Indicator	Count	East Sussex Rate per 100,000	England Rate per 100,000	Statistically significant
Age related macular degeneration	135	92.8	105.6	Not significantly different
Glaucoma	51	15.5	13.5	Not significantly different
Diabetic eye disease	14	2.9	2.9	Not significantly different
Sight loss certifications	267	48.5	42.5	Significantly higher

Source: Fingertips. n.s. not significant

Maps comparing each of these indicators with other local authorities in England can be found at: [Vision - Data - OHID \(Office for Health Improvement and Disparities\) \(phe.org.uk\)](#)
An example comparing crude rates per 100,000 of new certifications of sight loss in 2022/23 across local authorities in the South-East Region is shown in Figure 1.

Figure 1 Crude rates per 100,000 of new certifications of sight loss in 2022/23



Better 95% **Similar** **Worse 95%** | Source: Fingertips

New registrations of blind and partially sighted persons

A difference in number of registrations and certificates may be due to time taken from certification to registration. Not all people with a CVI certificate choose to join the register.

National and Local Policy and Strategy:

The System and Assurance Framework for Eye Health (SAFE).^{xii}

SAFE provides the overarching framework for strategic, population-based planning, commissioning and provision of eye health service systems. It includes the whole pathway of care.

National and local context - known health inequalities

Who is at most risk?

Incidence and prevalence: by county/district/borough (smaller area if appropriate), IMD (Index of Multiple Deprivation) (Index of Multiple Deprivation) quintile

The lifetime risk of permanent sight loss or blindness is estimated to be 1 in 5 people. This risk is higher for women, with almost 1 in 4 women at risk of permanent sight loss or blindness compared to 1 in 8 men.^{xiii}

Equalities groups

Older people

The older you are the greater the risk of sight loss. The RNIB estimates around 79% of people living with sight loss are over the age of 64, with the ‘oldest old’ at greatest risk: 1 in every 3 people aged 85 and over are living with sight loss.^{xiv}

Sight loss can lead to an increased risk of poverty. It can increase the risk of depression, falls and hip fractures,^{xv} and loss of independence.^{xvi}

Older people may be living with several different sight-related problems. Fourteen per cent of people aged 65+ have sight loss which affects their day-to-day living.^{xvii}

The main causes of sight loss are:

- uncorrected refractive error [39%]
- Age-related Macular Degeneration [AMD] [23%]
- cataract [19%]
- glaucoma [7%]
- diabetic eye disease [5%]^{xviii}

Sight loss in older people is frequently caused by refractive error and cataract. Both conditions can be diagnosed by a simple eye test. In most cases the person's sight could be improved by prescribing the correct lenses [glasses] and cataract surgery [for an opaque lens] when needed.

Children

Children at higher risk of vision impairment include those who are very premature and very low birth weight babies; those from an ethnic minority group; children from the most economically deprived areas and children with learning difficulties.^{xix,xx}

Sight loss in children may be due to genetic mutations, birth defects, nutritional deficiencies [for example Vitamin A deficiency], infections [for example toxoplasmosis], injuries, and other causes more commonly found in the developing world [for example river blindness]. Severe retinopathy of prematurity, cataracts, and refractive error are also causes.

The overall cumulative incidence of visual impairment, severe visual impairment, or blindness is 10 per 10,000 children in the UK.^{xxi} Almost half of all visual impairment in

children is due to cerebral visual impairment [a problem with the visual pathways in the brain and not in the eye itself].^{xxii},

About 1 per cent or 24,000 people aged 0-17 in the UK have sight loss.^{xxiii} Around half of these children and young people will have additional disabilities and special educational needs.

This figure includes:

- children who are registered blind or partially sighted
- children who are living with sight loss but who are not registered blind or partially sighted

In East Sussex, in 2022 there are an estimated:

- 210 blind and partially sighted children and young people aged 0-17 years [50 blind, 160 partially sighted]

In England the estimated number of children and Young People [aged 0-17] who are blind is 6,110 and partially sighted is 18,340 in 2022.^{xxiv}

Race & Ethnicity: People from black and minority ethnic communities are at greater risk of some of the leading causes of sight loss, notably diabetes.

People of Black African and Caribbean ethnicity are at a four to eight times greater risk of developing open angle glaucoma.^{xxv} People of South Asian and Black ethnicity are at a significantly higher risk of diabetic eye disease. ^{xxvi}

East Sussex has a lower proportion of people from minority ethnic groups than the average for England. At the 2021 Census, 93.9% of the population of East Sussex are white, 2.3% are of mixed ethnicity, 2.1% Asian, 0.8% Black and 0.9% described themselves as “other”.

Gender: Two-thirds of people living with sight loss are women. Incidence estimates suggest women are more likely to experience sight loss or blindness due to both being at higher risk and because more women are in older age groups.

Sexual orientation: LGBTQ+ communities have higher levels of health risk behaviours, such as smoking, and drug and alcohol use. ^{xxvii}

There is some evidence of a link between the use of amyl nitrate, a drug commonly used in the LGBTQ+ community,^{xxviii} and fluctuating vision.

Gay males are more likely to have vision loss.^{xxix}

Disability: People with learning disabilities experience elevated levels of sight problems at all ages.

Adults with learning disabilities are ten times more likely to experience sight loss than the

general population.^{xxx}

Children with a learning disability are 28 times more likely to have a serious sight problem.^{xxxii}

Many of the risk factors, associated with eye conditions are more likely to be present for people with learning disabilities than the general population.^{xxxiii,xxxiv}

Transgender: Transgender individuals experience challenges with regards to discrimination and access to health care. The effects of cross-sex hormone therapy can affect the management of eye [ophthalmic] disease and other conditions.^{xxxv}

Religion/belief: N/A

Carers: Older carers are likely to have sight loss themselves and may not be able to attend to their own vision-related needs. This will also pose additional challenges when caring for others.

As the population ages, the number of older people who are informal carers is growing, particularly in those aged 85 and over. This group may not recognise themselves as carers, and may be at increased risk of isolation, loneliness and mental health issues.^{xxxvi}

Pregnancy, maternity, breastfeeding: Many physiologic and pathologic eye [ocular] changes can occur during pregnancy.^{xxxvii} Major physiologic changes include refractive changes, lacrimal [tear] gland dysfunction, and changes in Intra-Ocular Pressure. Most of these effects resolve spontaneously after the baby is born.

Pregnancy can lead to specific pathologic conditions occurring.

Pre-existing eye conditions such as diabetic retinopathy, uveitis, and toxoplasmosis can present challenges in pregnant women.

Marriage / civil partnership: N/A

Eye health inequalities (national and local)

As many as 50% of cases of blindness and serious sight loss could be prevented if detected and treated in time.^{xxxviii}

Why is sight loss associated with poverty?

Socio-economic deprivation is a contributing cause of sight loss and socio-economic deprivation is an outcome of sight loss. This is the case at both the individual and community level.

Older people in the poorest fifth of the population in England were at 80% higher risk of developing a severe visual impairment than those in the wealthiest fifth.^{xxxix} Nationally,

three out of four blind or partially sighted older people live in poverty, or on its margins, compared with one in four older people overall.^{xxxix}

People living in more deprived areas are more likely to develop diabetes and diabetic retinopathy because of the greater prevalence of obesity predisposing to diabetes and are less likely to attend diabetic retinal eye screening.^{xl}

Smoking

People living in areas of greater deprivation are more likely to smoke. Smoking increases the risk of sight threatening eye conditions.^{xli} Cigarette smoke contains toxic chemicals that can irritate and harm the eyes. Heavy metals, such as lead, and copper can collect in the lens [the transparent bit behind the pupil and brings rays of light into focus at the back of the eye] and can lead to cataracts [where the lens becomes cloudy].

Smoking can make diabetes-related sight problems worse by damaging blood vessels at the back of the eye (the retina). Smokers are around three times more likely to get Age-related Macular Degeneration, a condition affecting a person's central vision. Loss of central vision means losing the ability to see fine details, affecting reading and watching TV. Smokers are 16 times more likely than non-smokers to develop sudden loss of vision caused by optic neuropathy, where the blood supply to the optic nerve at the back of the eye becomes blocked.

Late diagnosis of eye problems

The take-up of sight tests is lower than would be expected in areas of social deprivation. This can be due to different perceptions of the benefits of having eye tests and the availability of opticians [optometrists]. This can lead to later detection of preventable conditions and increased sight loss due to late treatment [for glaucoma and diabetic eye disease for example.]

Those aged over 60 are entitled to an NHS sight test every two years, or more regularly if deemed clinically necessary by an ophthalmic practitioner or optometrist. Please see the NHS list of people eligible for free tests and subsidised lenses.^{xlii}

Service provision and use:

Community Eye services [opticians] Community Optometrists

Optometrists are the specialists who carry out sight tests, also known as eye examinations. Most optometrists work in high street optical practices [opticians]. Some work in hospitals, and others provide services in care homes and other settings.

Optometrists prescribe spectacles and contact lenses to the estimated three-quarters of

the population who need vision correction. They are often the first people to identify common sight-threatening conditions like cataract, glaucoma and age-related macular degeneration. They can then refer patients to hospital eye services for diagnosis and treatment.

Optometrists can also identify other serious diseases, including diabetes and cancer.

Optometrists can:

- Provide treatment for patients with minor eye conditions who would otherwise present at their GP (General Practitioner) or emergency departments
- Reduce the number of unnecessary referrals to ophthalmology outpatient departments
- Monitor and follow-up appropriate patients in the community after surgery, instead of in hospital, therefore freeing up hospital appointment slots for first-time attendees and those who need the care of an ophthalmologist

Independent prescribing (IP) optometrists are qualified to provide additional diagnosis and treatment.

Hospital Eye [Ophthalmology] services

Ophthalmologists diagnose and treat a range of problems including red and painful eye, those related to a change in vision, double vision and squint, children's eye complaints, eyelid problems, neurological eye problems and trauma.

The ophthalmology team consists of ophthalmologists, nurses and health care professionals such as orthoptists, optometrists and ophthalmic technicians. The team work very closely with many other specialities including the emergency department, maxillofacial and ENT (Ear Nose and Throat) teams, neurologists, endocrinologists and paediatricians.

Ophthalmology (eye) services in East Sussex are provided at Bexhill Hospital, the Conquest Hospital in Hastings and Eastbourne Hospital.

Rehabilitation for eye problems

Eye Clinic Liaison Officers [ECLOs] are based within eye clinics or hospitals and can help link with other services.^{xliii} They play a key role in helping patients, recently diagnosed with an eye condition, or who are experiencing changes in their eyesight, to understand the impact of their diagnosis. They also provide patients with emotional and practical support. These officers are available at University Hospitals Sussex and at East Sussex Healthcare Trust.

Rehabilitation aims to maximise independence and quality of life for people with sight loss. This is required by the Care Act 2014. The Act specifies that: assessments are carried out by

competent, skilled people; rehabilitation is not limited to six weeks; that minor aids and adaptations must be free, and information must be accessible.

Vision rehabilitation is a period of training delivered by Rehabilitation Officers, often called ROVIs. It is designed to help people with sight loss maintain their independence through relearning practical daily and mobility skills.

A team of Rehabilitation Officers for the Visually Impaired (ROVI's) is in Brighton & Hove. At the Low Vision Clinic people receive advice, information, support and aids.

Vision Impairment in the Armed Forces Community and Emergency Services

There are 50,000 blind veterans across the UK that need support. Healthcare professionals are encouraged to signpost blind and vision impaired ex-Service men and women to vital sight loss services and support, regardless of how they lost their sight.

Blind Veterans UK are the leading organisation supporting vision impaired ex-Service men and women, regardless of when or for how long they served. (They also assist those who have been injured in the line of duty coming from the emergency services). Blind Veterans UK get blind veterans back on their feet, recovering their independence and discovering a life beyond sight loss. Referrals are made from the Sussex Eye Hospital to Blind Veterans UK, which has a world-renowned centre just outside Brighton.

Service activity

Vision outpatient attendance rates

Nationally, the system is recovering after the pandemic. East Sussex had one of in the highest rates [significant at the 99.8% level] of outpatient attendances in 2022 in England. East Sussex also has a higher rate than England [significant at 95% level] using a person-based calculation.^{xliv}

Admissions to hospital for cataract surgery in persons over 65

Nationally, cataract surgery in the system is recovering after the pandemic. However, East Sussex has one of the lowest rates of cataract surgery in 2022, a very significantly lower rate than England at the 99.8% level.^{xlv} This is an undesirable situation because a cataract impairs quality of life and predisposes to falls.

Admissions for retinal detachment surgery

Retinal detachment refers to the separation of the retina from the surrounding tissues. The process results in progressive loss of vision and can lead to permanent visual loss in the affected eye. Retinal detachment is one of the most common eye emergencies in England.

Nationally the system for retinal detachment surgery is recovering after the pandemic. In East Sussex, the rate of retinal detachment surgery is one of the lowest compared to England in 2021/22, with a recovering trend. The rates are lower than in Brighton and Hove and West Sussex. Source: PHOF.

Intravitreal injections (this is a method of injecting medications directly to the eye)

Nationally the system for intravitreal injections is recovering after the pandemic.

In East Sussex, the rate of intravitreal injections has been higher than in England, higher than Brighton and Hove and West Sussex, and with an increasing trend in 2021/22. Source: PHOF

Diabetic eye screening

About 7% of the UK population has diabetes (diagnosed and undiagnosed). Source: DiabetesUK 2023.

The uptake of screening among those who were invited in the East Sussex Diabetic Eye Screening Programme [DESP] in 2022/23 is shown in Table 4. More people take up the offer of eye screening as they age.

Table 4 Uptake of Diabetic Eye Screening Programme in East Sussex in 2022/23

Age Group	Invited	Invited vs Eligible	Screened	Screened vs Eligible	Uptake (Screened vs Invited)
40-44	526	85.95%	417	68.14%	79%
45-49	777	87.70%	620	69.98%	79%
50-54	1,295	84.36%	1,093	71.21%	84%
55-59	1,929	85.73%	1,657	73.64%	85%
60-64	2,345	88.69%	2,106	79.65%	89%

65-69	2,572	90.15%	2,359	82.68%	91%
70-74	2,875	91.82%	2,699	86.20%	93%

Source: East Sussex DESP programme

The uptake [all ages] of the Diabetic Eye Screening Programme [DESP] in 2022/23, Q2, was 78.3% [England] and 82% [SE Region].

Benefits

In East Sussex in February 2023, there were 617 people with visual disorders or diseases claiming either Personal Independence Payment (PIP) or Disabled Living Allowance (DLA), of whom 338 (55%) were of working age (16-64). 23.7% (80 claimants in 2022/23) of these working age claimants were still claiming DLA, down from 28.0% in May 2020.

Between November 2021 and October 2022 there were only 8 DLA to PIP reassessments of people who were classified as “Blind” or “Deaf/blind”.

Source: DWP (Department for Work and Pensions) StatXplore

Long term support from Adult Social Care

There were 55 clients whose primary support need was visual impairment and an additional 16 whose primary support need was dual impairment in 2022/23.^{xlvi}

Transport

Blue badges are parking badges for disabled people. Local authorities issue them to individuals and organisations concerned with the care of disabled people. A Blue Badge is valid for a period of three years. People who are registered as blind are automatically entitled to a blue badge if they register for one (there is no further assessment of need).

In East Sussex, 280 blue badges were issued to people for visual impairment (blind) in 2022. 500 blue badges were held by people registered blind between 1st April 2023 and 30th September 2023.^{xlvi}

Education

A statement of special educational needs (SEN) is issued to children to set out any additional help required in the education setting.

As of December 2023, in East Sussex there are 21 pupils with an East Sussex EHCP (Education, Health and Care Plans) that records a primary need of Visual Impairment. Of these, 6 are in Further Education, 8 are in secondary school, 7 are in primary school.

Although the estimates of children and young people blind or partially sighted from the [RNIB](#) are greater, only a small proportion of these have been formally assessed as requiring an Education and Health Care Plan [and which states visual impairment as their primary need].

THE EAST SUSSEX SENSORY NEEDS SERVICE VISION IMPAIRMENT TEAM

The Vision Impairment (VI) Team is part of the Inclusion, Special Educational Needs and Disability Services (ISEND). The team supports children and young people (CYP) with VI, their families, settings and schools from the time of diagnosis until the end of their education in East Sussex.

The VI Team is made up of: qualified teachers of VI; specialist teaching assistants; a technical resource officer; and a Habilitation and Mobility Officer.

Referrals

If there are any concerns around the vision of a child or young person [CYP], people are advised to seek medical advice in the first instance. There is an open referral system, accepting referrals from hospitals, families, and other professionals. Contact details are provided below. Settings and Schools can refer through the front door pathway.

The team works in partnership with the child or young person [CYP], their parents and carers, settings and schools. They also collaborate with a range of other professionals including the NHS, social-care services and voluntary organisations.

Adults

ESCC (East Sussex County Council) supports employment of people with disabilities and sensory impairments to help them secure or maintain paid or voluntary work

Predicting Future Need:

How many people will have sight threatening eye conditions in future?

Future projections of people who will have sight loss [overall]

By 2032 there are expected to be 32,100 people in total East Sussex who will be living with sight loss, Table 5.

Table 5: Change in estimated numbers living with sight loss in East Sussex 2022 to 2032 [all ages]

Severity of sight loss	2022	2032
Partial	Mild 16,700	Mild 20,600
	Moderate 5,710	Moderate 6,970
Severe	3,600	4,520
Total	26,000	32,100

Source: [RNIB sight loss data tool](#)

These projections are based on estimated ageing structure of the East Sussex population. No assumptions have been made about any change in the age-specific prevalence of diabetes in future.

The next section highlights estimates for all people living with common eye conditions. This includes people who have already experienced sight loss because of these eye conditions, people who have been diagnosed but have not experienced any sight loss yet, and people who are currently undiagnosed.

Age-related Macular Degeneration (AMD)

This condition commonly affects people over the age of 50 and is the leading cause of blindness. There are two main types of AMD:

Wet AMD can develop quickly affecting central vision in a brief period of time. Early identification and treatment of wet AMD is vital. Treatment can halt the further development of scarring, but lost sight cannot be restored.

Dry AMD can develop slowly and take a long time to progress. There is currently no treatment for dry AMD. People with early and moderate stages of dry AMD are not eligible for registration, but it does have an impact upon daily life, for example a person may have to stop driving.

Cataract

Cataract is a common eye condition that is prevalent in older people. The lens becomes less transparent and turns misty or cloudy. Cataracts over time can get worse and impact upon vision. A straightforward operation replaces the lens with an artificial one. Numerous studies have demonstrated the benefits of cataract surgery in improving life quality and reducing the number of falls.

Glaucoma

This is a group of eye conditions in which the optic nerve can be damaged due to changes in eye pressure. Damage to sight can usually be minimised by early diagnosis in conjunction with careful regular observation and treatment. Many glaucoma patients will attend regular appointments and take eye drops for the rest of their lives to prevent deterioration of vision. Some forms of glaucoma can be treated with laser surgery and surgery.

Diabetic eye disease

People with diabetes are at risk of diabetic eye disease, which can affect the blood vessels in the eye. This can lead to permanent sight loss. Screening and early diagnosis with appropriate intervention is essential.

Table 6 summarises changes expected in the numbers of people with different types of sight threatening eye disease in East Sussex.^{xlvi} These trends assume that the underlying prevalence rates of these eye conditions stay the same until 2032. As the population ages, more people will be living with age-related eye conditions and sight loss.

Table 6 Estimates of number of people with sight-threatening eye conditions in East Sussex in 2022 and 2032

	2022	2032
Early stage AMD	34,100	40,400
Late stage dry AMD	2,740	3,470
Late stage wet AMD	5,610	7,210
Cataract	8,720	11,100
Ocular hypertension	12,800	13,700
Glaucoma	8,020	9,660
Diabetes	42,100	46,600
Diabetic retinopathy	11,400	12,200
Severe retinopathy	1,050	1,120

Source: RNIB

Views of children, parents, carers, and professionals:

[East Sussex Vision Support](#) has valuable insights and ways to assist blind and partially sighted people.

Evidence of Effectiveness/best practice:

The body of evidence on best practice and evidence of effectiveness e.g., NICE guidance or national policy, or local evidence if available

Commissioning Guidance^{xlix}

Guidance documents on a range of conditions and issues to support commissioners in their work includes:

- [Eye Health Network for London: Achieving Better Outcomes - Executive summary \(PDF\)](#)
- [Royal College of Ophthalmologists Commissioning Guide: Adult Cataract Surgery 2015 \(revised 2018\) \(PDF\)](#)
- [Royal College of Ophthalmologists Commissioning Guide: Glaucoma \(Recommendations\) - Executive summary\(PDF\)](#)
- [VISION UK Portfolio of Indicators for Eye Health and Care \(2018 update\) \(XLS\)](#)

National Quality improvements

The NICE Quality standard will help contribute to improvements by:

- reducing avoidable sight loss in adults with serious eye disorders
- improving health-related quality of life for adults with serious eye disorders
- ensuring patient safety incidents are reported for adults with serious eye disorders
- addressing the social isolation of adults with serious eye disorders

What are our plans now and in the future?

What actions are being taken to address unmet need?

According to the WHO, eye examination and vision screening should be offered at least once a year to adults over the age of 50 years.^{li}

In the case of any systemic disease (e.g. diabetes, hypertension) or treatments with an impact on eye health (e.g. taking corticosteroids) comprehensive eye examinations are recommended more frequently, according to the severity of the disease or the frequency and duration of treatments.

Assessment of vision can be performed in primary care. Comprehensive eye examination is performed by trained eye care professionals [optometrists].

Plans include commissioning eye care services in the context of the core20plus five approach to address inequalities.

This will include:

- Encouraging the uptake of NHS sight tests
- Addressing inequalities in accessing cataract surgery
- Increasing the uptake of diabetic eye screening
- Developing eye care services in primary care [for persons with new acute symptoms and post-eye surgery follow ups]

Vision assessment should be aligned with other health checks offered to older adults, wherever feasible.

Conclusion

Sight loss is not an inevitable part of ageing, an estimated 50% of sight loss is avoidable.^{lii}

With an ageing population, as well as longer survival of children and young people with complex needs, the needs for primary and secondary care eye services will continue to increase in East Sussex.

Recovery to pre-pandemic levels of primary care optician [optometry] services and secondary care hospital [ophthalmic] services is ongoing.

Primary prevention of sight loss is intricately linked to maintaining overall good health. Public health prevention programmes aim to improve nutrition, reduce obesity, increase exercise and stop smoking and may prevent or delay the onset of eye disease.^{liii} Immunisation programmes can also prevent avoidable sight loss.

Reducing inequalities in primary and secondary care eye services which maintain vision and prevent further vision loss is key.

Optimising access to tertiary prevention services is equally important. Social services and voluntary organisations will continue to support people who are blind or partially sighted to live independently and to adapt to living with their eye condition.

References:

Links to main evidence sources:

- A detailed summary of can be found at:

[Atlas of variation in risk factors and healthcare for vision](#)

We have quoted sections from this resource in this East Sussex summary and are most grateful to the authors of the atlas of variation report.

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