

Inequality in Primary Eyecare in the UK

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26 February, 2019

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THE COLLEGE OF
OPTOMETRISTS



“The Public Health Research Project”

Professor
Darren Shickle



Dr Sarah
Slade



26 February, 2019

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NHS Sight Test

- Age >59
- <16 (or <19 FTE)
- Benefits
- Risk factors
- Children and some benefits also get basic specs paid for
- Everyone else pays for a private test

GOS 1 Application for NHS sight test

Fill in Part 1 and sign and date Part 2. If you are under 16 or incapable of signing, your parent, carer or other person responsible for you should sign.

Part 1: Patient's details

*Select an appropriate:

Mr/Ms/Miss/Ms¹ Previous surname (if change after 1st of month)

Other names: _____ Date of birth: / /

Address: _____ Postcode: _____

** If known, fill in date which applies to you:

Date of last NHS sight test: / / NHS no²: _____ N.L.n³: _____

I am 60 or over⁴ I am under 16⁵

I am a full time student aged 16, 17 or 18⁶ and attend:

*You may be entitled to an optical voucher if you are at one of these schools. Ask the person who runs your sight.

School/College/University: _____ Postcode: _____

Do my partner receive(s):

Income Support⁷ Pension Credit guarantee credit⁸

Income based Jobseekers Allowance⁹ Tax Credits and I am/are entitled to, or named on, a valid NHS Tax Credit Exemption Certificate¹⁰

Person getting the benefit/credit¹¹ if not the patient:

Name: _____ Date of birth: / /

I am named on a valid HC2 certificate. Number: _____

I am registered blind/partially sighted¹² with the Local Authority below

I suffer from diabetes/glaucoma¹³ - my GP's details are below

I am considered to be at risk of glaucoma by an ophthalmologist at the hospital below

I am 40 or over and am the parent/brother/sister/child¹⁴ of a person who has or had glaucoma

I have been prescribed complex lenses under the NHS optical voucher scheme

GP/Local Authority/hospital: _____ Postcode: _____

Part 2: Patient's declaration

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken. I confirm I am entitled to a free sight test. To enable the NHS to check this and to prevent and detect fraud and inaccuracies, I consent to the disclosure of relevant information from this form to and by the Primary Care Trust, the Prescription Pricing Authority, my General Practitioner or Ophthalmologist, the NHS Counter Fraud and Security Management Service, the Department for Work and Pensions and Local Authorities.

I am:

** If you are incapable of signing, your parent, carer or other person responsible for you should sign and give their name

the patient Signature¹⁵: _____ Date: / /

the patient's parent, carer or guardian. Signature¹⁶: _____ Date: / /

Name (in block capitals): _____

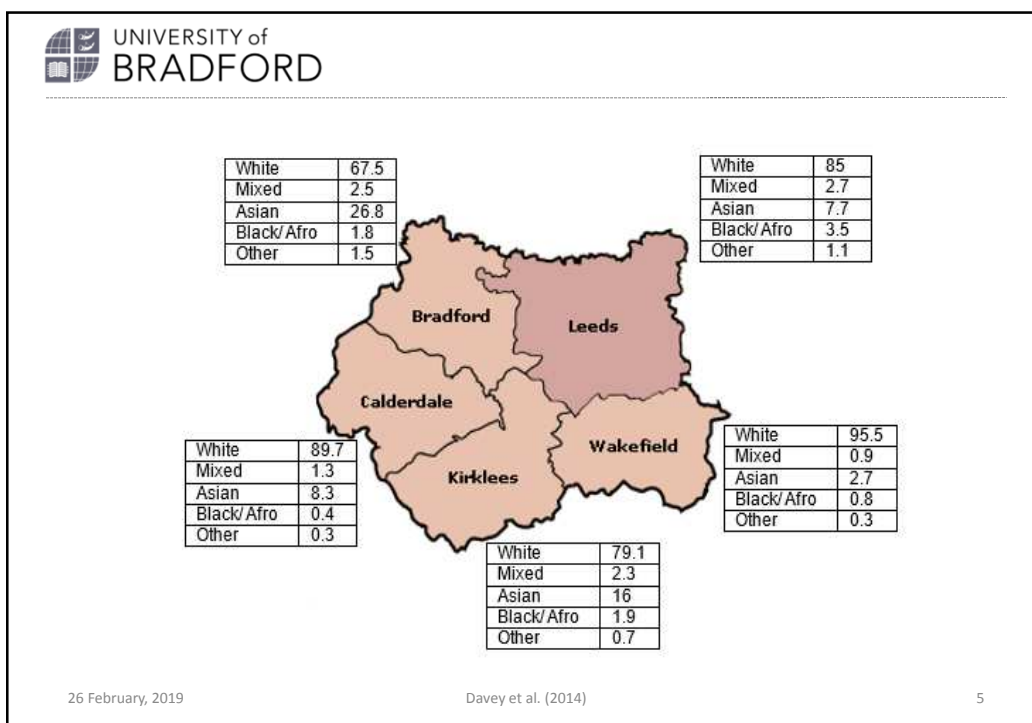
Address (if different from above): _____ Postcode: _____

I have had a sight test at home because I cannot leave home unaccompanied

NHS

Inequality in Primary Eyecare
in the UK

ETHNICITY AND VISION HEALTH INEQUALITY



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Increased Risk

- Higher prevalence of
 - Cataract in people of South Asian ethnicity (Das et al. 1994; Rauf et al. 2013)
 - Glaucoma in people of African/Caribbean/Black British ethnicity (Klein and Klein 2013; Zhang et al. 2012) & more likely to present late (Fraser et al. 1999).
 - Diabetic eye disease in people of both these ethnic groups (Klein and Klein 2013, Rauf et al. 2013)
- More likely to become sight impaired as a result (Chen 2003; Klein and Klein 2013, Pardhan et al. 2004)

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Under-registration as Sight Impaired

- Although these pathologies are more prevalent in minority ethnic groups, it has been shown that these groups are under-represented on the register of people with sight impairment (Morjaria-Keval and Johnson 2005; Pardhan and Mahomed 2002)

Why?

- Genetic factors
- Lower uptake:
 - Don't recognise that optometrists have a wider role than spectacle prescribing (Leamon et al. 2014; Patel et al. 2006)
 - Less aware of eye disease in general & unaware of increased risks due to ethnicity (College of Optom. 2011).
 - More likely to see GP as gatekeeper (Cross et al. 2007)
 - Having a nearby optometrist would increase the likelihood of having an eye test (Shickle and Griffin 2014).

Inequality in Primary Eyecare
in the UK

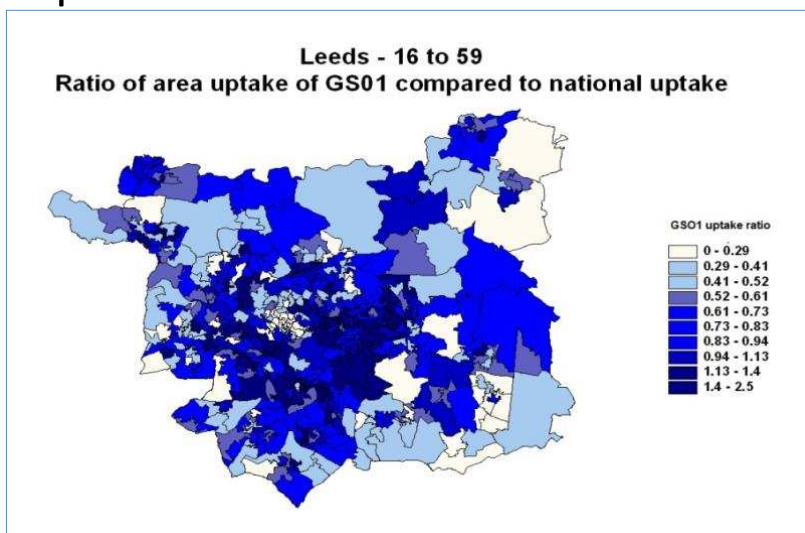
GEOGRAPHICAL VISION HEALTH INEQUALITY

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POWERPOINT PRESENTATION TEMPLATE BLUE

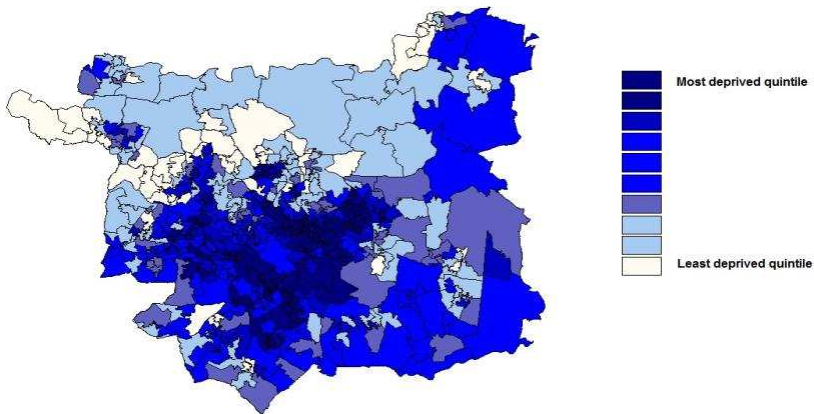
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Uptake of NHS funded tests in Leeds



(Shickle D & Farragher TM. 2015)

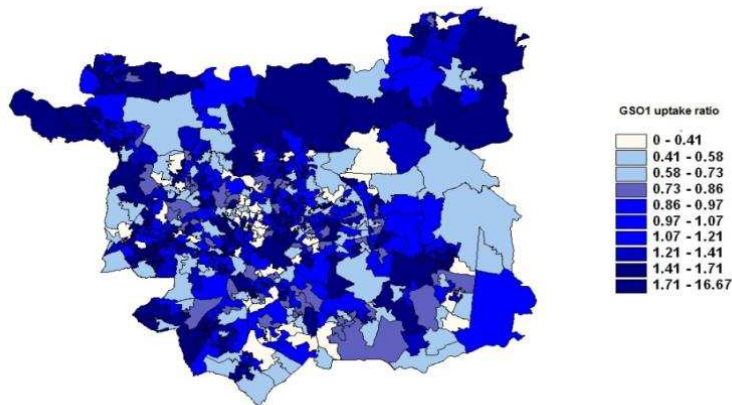
Leeds Deprivation Deciles of IMD within Leeds (first decile most deprived)



(Shickle D & Farragher TM. 2015)

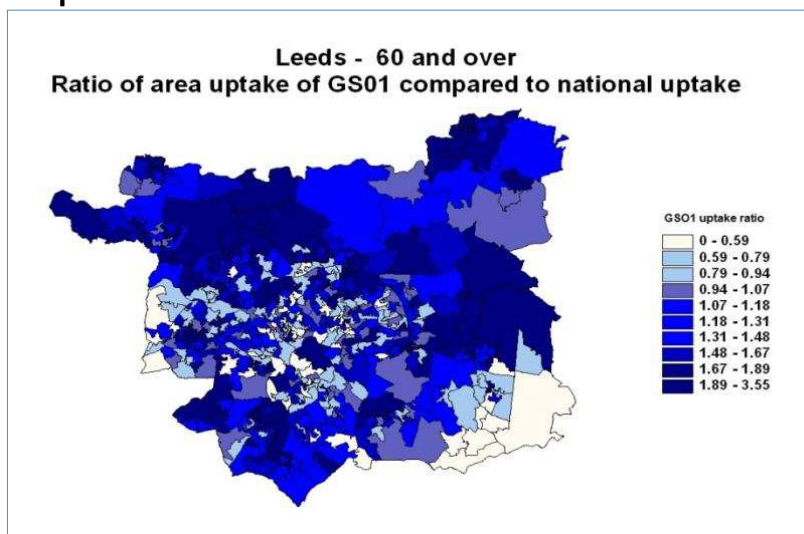
Uptake of NHS funded tests in Leeds

Leeds - under 16 Ratio of area uptake of GS01 compared to national uptake



(Shickle D & Farragher TM. 2015)

Uptake of NHS funded tests in Leeds



(Shickle D & Farragher TM. 2015)

Incidence Rate Ratio of uptake of GOS1: Leeds

n=17680	Incidence Rate Ratio (95% CI)		
	<16	16-59	60 and over
Deprivation			
1st quintile (most deprived)	1.00	1.00	1.00
2nd quintile	1.09 (0.98,1.2)	0.77 (0.71,0.83)	1.24 (1.14,1.34)
3rd quintile	1.11 (1,1.23)	0.52 (0.48,0.57)	1.24 (1.15,1.35)
4th quintile	1.07 (0.96,1.19)	0.46 (0.42,0.5)	1.51 (1.4,1.62)
5th quintile (least deprived)	1.23 (1.12,1.36)	0.49 (0.45,0.54)	1.71 (1.59,1.84)

(Shickle D & Farragher TM. 2015)

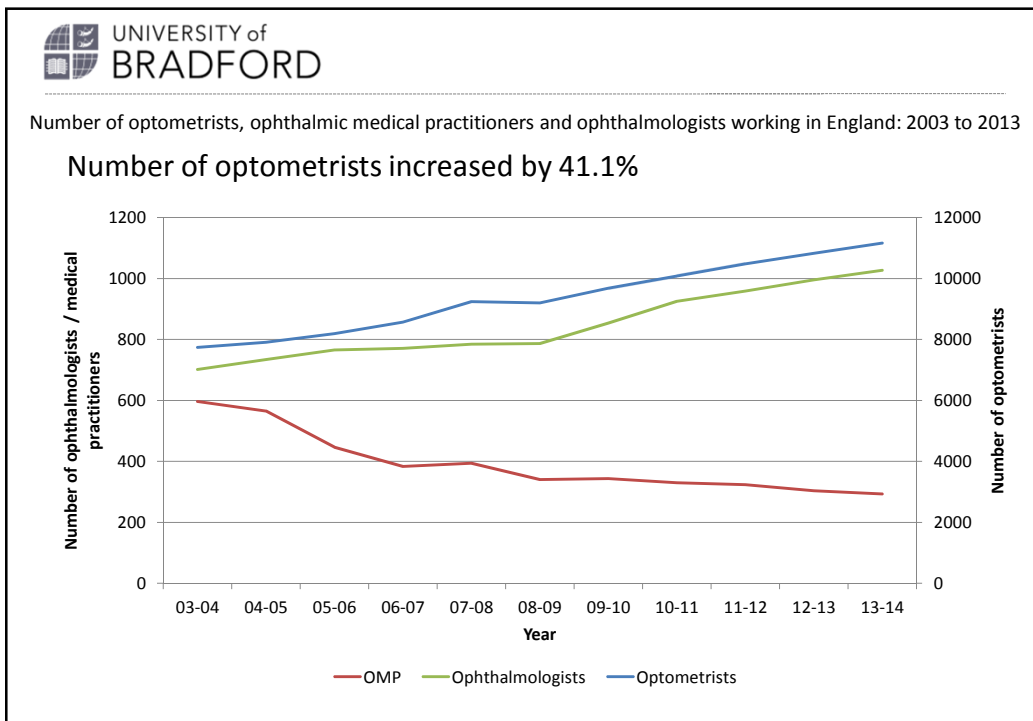
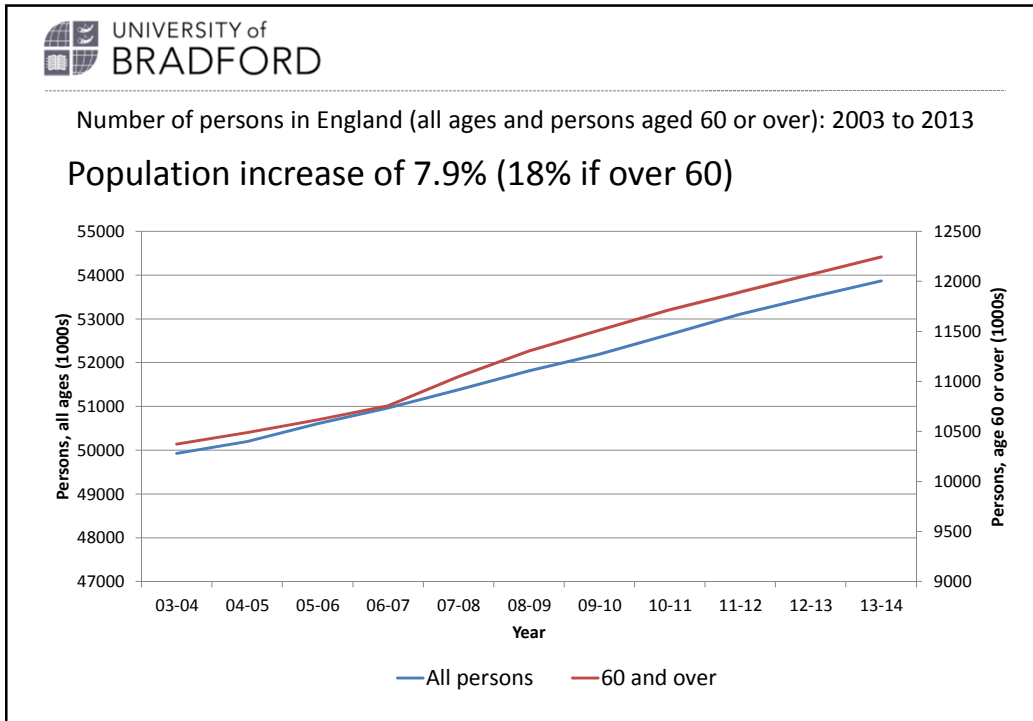
Incidence Rate Ratio of uptake of GOS1: Essex

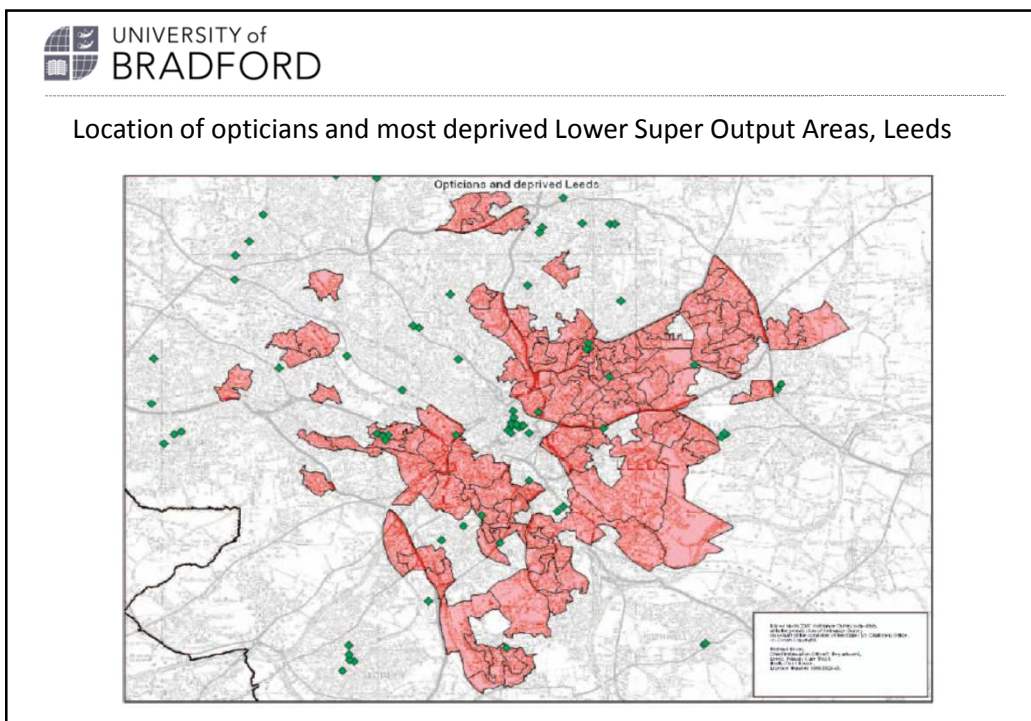
n=604126	Uptake Rate Ratio compared to national average (95% CI)			Difference in Uptake Rate Ratio (95% CI)		
	<16	16-59	60 and over	<16	16-59	60 and over
Depriv.						
1st quintile	2.14 (2.11,2.16)	1.51 (1.5,1.53)	1.91 (1.9,1.93)	-	-	-
2nd quintile	2.18 (2.15,2.2)	1.18 (1.17,1.2)	1.97 (1.96,1.99)	0.04 (0.01,0.08)	-0.33 (-0.35,-0.31)	0.06 (0.04,0.08)
3rd quintile	2.14 (2.12,2.16)	0.98 (0.97,0.99)	1.92 (1.9,1.93)	0 (-0.03,0.04)	-0.53 (-0.56,-0.51)	0 (-0.02,0.02)
4th quintile	2.21 (2.18,2.23)	0.91 (0.9,0.92)	1.97 (1.95,1.98)	0.07 (0.04,0.1)	-0.6 (-0.62,-0.58)	0.05 (0.03,0.08)
5th quintile	2.4 (2.37,2.42)	0.89 (0.88,0.91)	2.07 (2.05,2.08)	0.26 (0.23,0.3)	-0.62 (-0.64,-0.6)	0.15 (0.13,0.17)

(Shickle D, Farragher TM, Davey CJ, Slade SV, Syrett J. 2018)

The Eyecare Paradox

- Sight is viewed as important
 - Global Burden of Disease Study 2015
- Sight tests are free to at risk groups
- Why don't they come?
- Difference between need, supply and demand





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Barriers to access

- 10 focus groups of older people from deprived parts of Leeds (Shickle and Griffin 2014).
- 6 groups with students (Shickle et al. 2014)
- Topic guide
 - Why don't people have their eyes tested?
 - Knowledge of eye diseases?
 - Experience of the eye examination process?
 - How could we improve uptake?
- Most of older groups eligible for free eye tests and some eligible for free glasses
- Most had regular eye tests
- Many wore glasses or contact lenses

Sense of fatalism that poor eyesight
was something that happened as you got older

“Well I’ve a friend, and she’s literally nearly as blind as a bat, if she’s reading it’s up here, she has bad eyes, so she goes there’s no point in me going to the optician cause they can’t do anything for me.”

“Ignorance that is”

“Low expectations

“Won’t be able to do owt; no point me going”

“Perhaps some people don’t bother it’s a bit like people don’t bother to make a will cause they just don’t bother until they find they have to

“Yes but its too late then your in box!



Many of the older groups got confused during the eye examination

“Well I think when you’re getting older you get, they’ll say is that one brighter or is that one brighter, and you think I don’t which, you don’t know whether it is or it isn’t, you’re not as quick as them, when you get to that older stage”

“Don’t you think you panic a bit?”

“I think you do panic a bit”

“And you try very hard to please don’t you?”

“And you try to be so precise about it and you’re a bit
....”



Eye health is seen as a low priority

“I’m a night carer for my mother, she’s 92, so I put my mum first, then from work, when I get back at six o’clock, or the weekend, I don’t feel the weekends, you know, they go, so I do have it at the back of my mind I must I must go I need to go, but then when I put my reading glasses on I’m okay, I know there’s cataracts building up, so I need to go back and have it checked, so practice what you preach really.”

“Yes, I would make sure, even if I might cancel one appointment but I’ll make sure that I do go, something like that, which is really, you know it could be life threatening or, you know, I need to have my health obviously to look after somebody else, but yes I was only thinking that I must go.”



They were particularly concerned about the hard sell

“I must agree what our friend here says about the big sale, you’ll go in and you’ll say I like those frames there and you put them on and they’re ‘I don’t think they really suit you you’re probably better off with a pair over there’, and over there is 20 quid and over there is 80 quid, you know what I mean? Whether they’re on commission or what I don’t know. But they hard sell.”



Opticians are 'glasses shops'

“People might take the nature of going to the optician more seriously if high street opticians, like Specsavers for example, detached themselves from the fashion element of things a little bit, because when you go to the opticians you see the posters for designer frames and it feels more like a high street experience than the health experience”



Causes of inequality: Barriers to access

- Common themes
 - Cost of spectacles
 - Mistrust of optometrists
 - Fear of appearing frail
 - Being confused during the examination
 - Acceptance of poor vision as part of ageing
 - Lack of information about eye health
 - Belief that sight tests are only needed if symptomatic with vision problems
 - Poor geographical access to optometry services

Why are we here?

- What are we trained/training people to do?
 - Prevent visual impairment
 - Sell specs
- What is the business model of Optometry designed to do?
 - Prevent visual impairment
 - Sell specs

Business model vs. Uptake

- Current situation is a product of the financial reality of the profession
- Financial incentive to be a service which is well set up to detect prescription change
 - Does this mirror the public's perception of opticians?
- General Ophthalmic Services
 - Contrary to the prevention agenda?

Business model vs. Uptake

- Does it matter to the Optometric business model if there is low uptake?
 - No
 - Just need enough patients to stay in business
- Does it matter (financially) to the NHS if there is low uptake?
 - No
 - Increased social care costs

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