Where have all the old folks gone?  
A report on access and uptake of NHS sight tests in the over 60s

Abstract

Aim: Visual impairment affects people of all ages, but its prevalence increases with age. The aim of this initiative was to better understand the uptake of NHS sight tests in Walsall in the over 60s age group.

Methods: The following data were analysed: i) NHS sight tests for England and Walsall Healthcare NHS Trust; ii) ophthalmic manpower in England and Walsall from April 2008 to March 2013; iii) the location of practices in the borough of Walsall.

Results: We noted a steady increase in the uptake of NHS sight tests (9%) and domiciliary sight tests (17%) in England from April 2008 to March 2013. In Walsall, the uptake of NHS sight tests was marginally lower for the same period (8%), but showed an increase of 11.7% in domiciliary sight tests. There was a significant reduction in the uptake of NHS sight tests from the over 60s in Walsall, from 42.58% in 2008/09 to 23% in 2012/13. This in contrast to a steady uptake of about 44% over the same period in England for the same age group.

We noted fewer practitioners per 100,000 population in Walsall compared with the national picture and a neighbouring statistically equivalent primary care trust. Fewer practices are located in the east of the borough and outside the inner ring road, and considerable areas of Walsall are not within a 15-minute walking distance of an optometric practice—a significant factor for attenuation of attendance.

Conclusions: There has been a substantial decrease in the uptake of NHS sight tests in the over 60s in Walsall over a five-year period. The low uptake of sight tests among older people is a major shortcoming of present arrangements at meeting the eye health needs of Walsall residents. This is exacerbated by a lower than national average of ophthalmic practitioners per 100,000 population in Walsall.

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Methods
Activity data on NHS sight tests in England and Walsall Healthcare NHS Trust, as well as data on ophthalmic manpower in England and Walsall from April 2008 to March 2013 were analysed (Health and Social Care Information Centre (HSCIC), 2014a; 2014b). The locations of local optometric practices relative to a ‘heat map’ of the residential density of the over 60s population in Walsall was mapped.

Results

Uptake of sight tests
Results show that, from April 2008 to March 2013, there has been a steady increase in the uptake of both NHS sight tests (9%), under the ‘mandatory’ contract, and domiciliary sight tests (17%), which account for about 3% of the total sight tests carried out under the GOS ‘additional services’ contract. This may partly be explained by the greater incentive now provided on fees claimable from the NHS for domiciliary sight-testing services, which has led to specialist domiciliary firms emerging to provide this service (HSCIC, 2014a) (Figure 1).

There was an 8% increase in the total uptake of NHS sight tests conducted in Walsall from April 2008 to March 2013 (marginally below the national average for the same period), with a peak in 2011/12 when social marketing activity to promote eye health was undertaken by the Communications Department of Walsall Healthcare NHS Trust and the principle author of this article. There was an 11.7% increase in the uptake of domiciliary sight tests in Walsall over the same period, which was considerably lower than the national average, suggesting there may be insufficient provision of such services for local residents. In Walsall, NHS domiciliary sight tests account for about 2.9% of the total number of NHS sight tests (Figure 2).

We also found a reduction in the uptake of NHS sight tests in the over 60s in Walsall, from 42.58% in 2008/09 to 23% in 2012/13 (Figure 3). This compares with a steady uptake of about 44% over the same period nationally for the same age group (Figure 4).

As NHS sight tests are funded by the Government, only one factor of eligibility (i.e. age) is normally taken into account and it is possible that patients aged 60 years and over may have been previously recorded as eligible for an NHS sight test under another category. This may account for shifting in terms of patient categorisation, but the change over the past five years is too substantial to be explained simply as a re-categorisation issue. This data is confounded by the possibility that some over 60s who may have attended for sight tests outside the borough are now deceased; a less likely possibility is that they may have elected to pay for their sight test privately. The low uptake of sight tests among older people in Walsall is a major shortcoming of present arrangements at meeting the eye health needs of Walsall residents.

Ophthalmic manpower
As shown in Figure 5, there are fewer practitioners per 100,000 population in Walsall compared with the national picture and a neighbouring statistically equivalent primary care trust (Dudley).

Eye health service coverage
Figure 6 illustrates the poor coverage of sight-testing services for older people in Walsall, where a substantial number of the population live further than the 800-metre attendance attenuation threshold.
found by Simmons (2009). Not enough practices are located in the east of the borough, outside the inner ring road, where the majority of the older population live, and considerable areas are not within a 15-minute walking distance to the optometric practice; this is denoted by the areas circled in Figure 6, which indicate a 15-minute (i.e. 800-metre) walking radius to the optometric practice.

**Discussion**

**Location of service providers**

The current GOS mandatory contract to provide sight tests in primary care settings does not take into account the location of the provider with respect to the need for ophthalmic services at the location in question, nor the ease of access to the services for the local population, save for the requirement of compliance with ‘all relevant legislation and [...] regard to all relevant guidance issued by the Board or the Secretary of State’, which would cover disability access provisions (Association of Optometrists, 2013).

At present, the contract encourages locating practices that provide GOS sight-testing services in commercial settings, which may not necessarily be where the need for sight testing is (i.e. the most visually vulnerable and the older patient). The actual GOS sight testing has paradoxically become a ‘loss leader’ because of the underpayment of sight tests under the auspices of the NHS, which is then recouped by sales of spectacles, as evidenced by the disproportionately high levels of product-orientated promotional activity in the industry.

**Barriers to accessing sight tests**

Barriers to accessing sight tests by the general population include (RNIB, 2007):

- Lack of knowledge of entitlement and access to NHS sight tests
- Failure to recognise the importance of regular eye tests for combating eye disease
- Transport restrictions
- Concerns about the cost of glasses and/or prescriptions
- Fear of complications
- The cost of eye tests for those who do not receive free eye care services

The Black and minority ethnic population faces additional barriers to accessing eye tests. These include (Johnson and Morjaria-Keval, 2007):

- A tendency to be more remote from statutory services and less well connected to mainstream service providers
- Language needs, such as interpretation, translation and information in community languages.

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**Figure 3. Distribution of NHS sight tests for eligible categories in England, 2008–2013**

From: Health and Social Care Information Centre, 2014a
Hirji and Marsden (2012) found that older patients in Dudley were reluctant to attend eye examinations due to:

- A tacit acceptance that sight failure was a part of growing old
- Poor understanding of the range of conditions that can be discovered from the sight test
- The cost of spectacles.

More recently, Shickle and Griffin’s (2014) study in Leeds with participants mostly over 60 years confirmed much of what has been published about the barriers to attending for sight tests. In addition, they found that:

- Patients felt very vulnerable about getting the tests ‘wrong’ and looking foolish
- Wearing spectacles was associated with appearing old and frail
- Many mistrusted optometrists
- Many had experienced ‘hard sell’ techniques.

The findings of this study suggest there is an urgent need for the effective social marketing of eye health and NHS sight tests to older people. A review of access to optometry for older people, including a more detailed survey of current locations of optometric practices, their opening hours, the services they provide, and the provision of domiciliary sight-testing services, is essential and should be key in deciding whether to award GOS sight-testing contracts or indeed renew current ones.

There is a need to create opportunities for GOS sight-testing services to be provided in non-retail locations (e.g. general practices) and for mobile optometry service providers to provide GOS sight-testing services in settings and locations that do not currently have easy access to optometry services. It would not be out of place to suggest that Public Health England could consider incentivising potential optometry contractors to open optometry practices in locations that currently have poor or limited access to optometric services, or only authorising GOS contracts to optometric practices based on an independent eye health needs assessment of the area.

Conclusions

There has been a reduction in the over 60s taking up GOS sight tests in Walsall over a five-year period. The low uptake of sight tests among older people in Walsall is a major shortcoming of present arrangements at meeting the eye health needs of Walsall residents. This is exacerbated by a lower than national average of ophthalmic practitioners per 100,000 population in Walsall.

This study found that the provision of GOS sight tests in the borough of Walsall is inadequate, particularly for people aged 60 years and over. At present, there are insufficient numbers of ophthalmic practitioners in Walsall. Optometric practices are not located within easy access of older people, and there may well be inadequate provision of domiciliary sight-testing services as well.

Conflict of interest: none declared.
Figure 5. Ophthalmic practitioners per 100 000 population, 2008–2013
From: Health and Social Care Information Centre, 2014b

Figure 6. Location of NHS sight test contractors relative to the over 60s population in Walsall
From: Walsall Council, 2014

References

Evans JR, Fletcher AE, Wormald RP et al (2002) Prevalence of visual impairment in people aged 75 years and
Key points

- Visual impairment affects people of all ages, but its prevalence increases with age. Despite this, older people in the UK do not necessarily take up their entitlement of a regular eye examination and 7–34% of older people may be living with correctable visual impairment.

- The low uptake of sight tests among older people in Walsall is a major shortcoming of present arrangements at meeting the eye health needs of Walsall residents.

- There is an urgent need for effective social marketing of eye health and NHS General Ophthalmic Services (GOS) sight tests to older people.

- A review of access to optometry for older people, including a more detailed survey of current locations of optometric practices, their opening hours, the services they provide, and the provision of domiciliary sight-testing services, is essential and should be key in deciding whether to award GOS sight-testing contracts or renew current ones.

- There is a need to create opportunities for GOS sight-testing services to be provided in non-retail locations (e.g., general practices) and for mobile optometry service providers to provide GOS sight-testing services in settings and locations that do not currently have easy access to optometry services.

Sight test • Access • Eye care • Over 60s

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