Introduction/目的: Visual impairment affects people of all ages, but its prevalence increases with age. The aim of this initiative was to better understand the provision and uptake of General Ophthalmic Services (GOS) sight tests under the auspices of the NHS in Walsall by the over 60s.

Methods: GOS sight tests data for England and NHS Walsall, the data on ophthalmic manpower for England and NHS Walsall for the past five years, and the location of local ophthalmic practices relative to the residential density of the over 60s population in Walsall were examined.

Impact: There is a steady increase over the past 5 years by 9% for total GOS sight tests and 17% for Domiciliary GOS sight tests which account for about 3% of the total sight tests done under the GOS in England. This may partly be explained by the greater incentive now provided on fees claimable from the NHS for domiciliary GOS sight testing services which has led to specialist domiciliary firms emerging to provide this service (Fig 1). In Walsall, we noted an increase over the past 5 years of total GOS sight tests conducted, of 8% (marginally below the National average for the same period), with a peak in 2011/12 when some social marketing activity was undertaken by NHS Walsall’s then Communication Department and one of the authors (NH). There is a growth of 11.7% in domiciliary GOS sight tests in Walsall which is considerably below the increase in the national average over the last five years for domiciliary GOS sight tests, suggesting that there may be insufficient provision of such services for local residents. In Walsall, GOS domiciliary sight tests account for about 2.9% of the total number of GOS sight tests. We also found a decrease in the over 60s taking up GOS sight tests in Walsall reducing from 42.58% in 2008/9 to 23% in 2012/13 (Fig 3). This compares with a steady 44% uptake over the past 5 years for NHS sight tests in England for the same age group (Fig 4). Because of the fee payment of GOS sight tests, only one factor of eligibility is normally taken into account, it is possible that over 60s patients in the past may have been recorded as eligible for a GOS sight test under another category. This may explain some shifting but the change over the past 5 years is too substantial to be explained simply as a re-categorisation issue. This data is confounded by the possibility that some over 60s may have attended for sight tests outside the borough, deceased, or a less likely possibility, that they may have indeed elected to take for their other test privately. The lower uptake of sight tests among older people is a major short-coming of present arrangements at meeting eye health needs of Walsall residents. We also noted fewer practitioners per 100k population in Walsall compared to the national picture and a neighbouring statistically equivalent PCT (Fig 5). Figure 6 illustrates the poor coverage of sight-testing services for older people since a substantial number of the population live further than the 800m attendance attenuation threshold. 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 15 minutes walking distance to the optometric practice (800 m denoted by the circles) (Fig 6).

Conclusion: There is a decrease in the over 60s taking up GOS sight tests in Walsall over a five year period. Some of this may be explained by re-categorisation of eligibility, but the change over the past 5 years is too substantial to be explained simply as a re-categorisation issue and other factors may be at play. The lower take up of sight tests among older people is a major short-coming of present arrangements at meeting the needs of Walsall residents. This is exacerbated by a lower than national average of ophthalmic practitioners per 100k population in Walsall.

Discussion: The provision of GOS sight-tests in the borough of Walsall is inadequate particular for the over 60s. There are not enough ophthalmic practitioners, practices are not located with ease of access for older people in mind, and there may be inadequate provision of domiciliary sight testing services. A critical analysis and review of GOS sight testing data, ophthalmic manpower data, and locational analysis of the service providers in the first instance, can give valuable insight into factors that could be better managed to prevent avoidable sight loss. As a result of this work, numerous recommendations have emerged including:

- The need for effective social marketing of GOS sight tests to older people in Walsall.
- A review of access to optometry for older people in Walsall
  - Including a more detailed survey of current locations of ophthalmic practices, their opening hours, the services they provide, and the provision of domiciliary sight testing services
- Creating opportunities for GOS sight testing services to be provided in non-retail locations e.g. GP 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 in Walsall.
- Incentivising optometry contractors to open optometry practices in Walsall which currently have poor/limited access to optometric services.

Acknowledgement: Hughes, David - Public Health Intelligence Analyst, Public Health Walsall for Figure 6

References: