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Ymchwiliad i'r Adolygiad Blaenoriaethau ar gyfer y Pwyllgor Iechyd, Gofal
Cymdeithasol a Chwaraeon

Inquiry into the Priorities for the Health, Social Care and Sport Committee

Ymateb gan: Sefydliad Cenedlaethol Brenhinol Pobl Ddall Cymru

Response from: Royal National Institute of Blind People Cymru

RNIB Cymru Submission to the Health, Social Care and Sport Committee call for priorities for its future work programme

1. RNIB Cymru welcomes this opportunity to contribute to the forward work programme for the new Health, Social Care and Sport Committee.
2. RNIB Cymru is Wales' largest sight loss charity and works on behalf of over 100,000 people in Wales with vision impairment.
3. We provide support, advice and information to people living with sight loss across Wales, as well as campaigning for improvements to services and raising awareness of the issues facing blind and partially sighted people.
4. We acknowledge the progress made by the Health and Social care Committee during the fourth Assembly, but believe that that there are significant challenges for the new Committee to ensure that the level of Health and Social Care in Wales is fit for purpose to meet its long term social priorities within a context of rising costs, increasing demand, and an ageing population.
5. Whilst the previous Committee undertook some important work into specific areas of health, there was not enough emphasis placed on the prevalence of certain conditions. As research suggests that people will be living with a number of health conditions simultaneously in the future, it is crucial to ensure that there is a solid evidence base on which future policies and legislation can be developed.

6. In its submission to the previous Committees legacy report, we highlighted the need for more transparency in the process by which the committee identifies and develops its inquiry agenda. We believe that Committee needs to be clear on whether its focus is to scrutinise and future-proof Welsh Government policies or to develop an evidence base which will ensure key health, social care and sport issues are fully explored.
7. As with all Assembly Committees the need to be proactive in identifying potential issues for discussion remains extremely important and we welcome this opportunity to highlight areas which we believe need to be prioritised in the Committees future work programme.
8. RNIB Cymru believes that the Committee should undertake an inquiry into eye health in Wales given that over 50% of sight loss is avoidable, yet as many as 1 in 10 people in Wales have never had an eye test.
9. An inquiry into the Welsh Government's Delivery Plan, 'Together for Health: Eye Health Care 2013-2018' and a scrutiny session on Welsh Government's delivery could provide an opportunity to understand and measure the impact of eye conditions and treatment provision across Wales
10. The current Welsh Government plan runs until 2018, and we believe that an inquiry could provide a timely and influential consideration of the current situation early in the new Assembly.

11. There are an estimated 106,000 people with sight loss in Wales. (Access Economics (2009), Future Sight Loss UK 1: the economic impact of partial sight and blindness in the UK adult population, RNIB)
12. It is projected that the number of people with sight loss will double by 2050 (Access Economics (2009), Future Sight Loss UK 1: the economic impact of partial sight and blindness in the UK adult population, RNIB) and so there is a very real need to understand the nature of the challenge and the means of addressing the demands which will be put on health and social services over the medium to short term.
13. RNIB Cymru does recognise that the Welsh Government has placed a higher priority on ophthalmology over the past year or so, but we believe that a clear, thematic review would focus work in the years ahead to ensure the system is robust, fit for purpose and that the relevant reporting and IT systems are in place to monitor patients' journeys through the health service, to ensure that patients receive the relevant, timely and appropriate treatment.
14. In response to the specific topics highlighted in Committees consultation we submit the following comments on relevant headings
 - i)* Integration of Health and Social Care services and
 - ii)* Primary care
15. We note the existing legislative framework and the future requirements for local authorities under the Social Services and Wellbeing (Wales) Act 2014 and the Well-Being of Future Generations (Wales) Act 2015, and consider this to be an

opportune time to look at opportunities for closer integration of health and social care.

16. As existing standards for quality of care are predominantly hospital focused there is a need to consider how these standards can be extended to primary care providers to ensure a seamless quality experience wherever patients enter the service, whether it be from GP surgeries, Pharmacists or Clinics in order to make real progress in reducing the number of avoidable sight loss conditions, whether this is through the delivery of existing legislation or through new legislation.
17. RNIB Cymru welcomes the focus on greater cooperation and partnership in social services provision. We support the Welsh Government's strategic aim of removing fragmentation and delivering integrated support for citizens. Too often blind and partially sighted people experience fragmented care, leaving them isolated and without the help they need to live well with their condition.
18. A key priority of the Welsh Government's Eye Care Plan is to ensure integration of services. Combined with the strengthened legislation included in the Social Services and Wellbeing (Wales) Act, there is a critical opportunity to make a step-change in the integration of health and social care services accessed by people with sight loss. This has the potential to significantly improve both the experiences of services that blind and partially sighted people have, but also their quality of life.
19. One practical example of how links between health and social services can be improved is through Eye Clinic Liaison Officers. Situated in hospital eye clinics, Eye Clinic Liaison Officers (ECLOs) offer both emotional support and practical

help to people at the point of diagnosis with sight loss, including signposting to social services and other statutory and third sector organisations.

20. We also believe that Committee has an important role in ensuring that the Social Services and Wellbeing (Wales) Act, delivers on the stated Welsh Government policy outcomes and addresses any unintended consequences.
21. RNIB Cymru remains concerned about the impact of the eligibility regulations on people with sight loss. Currently, the eligibility assessment relies on a range of preventative services available within the community; yet it is not yet clear what sorts of services these will be and how budget pressures will impact on delivery for example
22. RNIB Cymru is also concerned about the lack of clarity on the future of rehabilitation services for people with visual impairment in Wales, which also makes it difficult to assess the impact of the eligibility regulations on the ground, we believe that Committee will need to ensure that the regulations are subject to regular scrutiny to ensure that they are fit for purpose.
23. RNIB Cymru would like to see health services in Wales deliver excellent services for people with sensory loss. At present there is great commitment from Welsh Government around the area of accessible information, communication and the built environment, with the launch of the All Wales Accessible Healthcare Standards by the Health Minister in 2013; however nearly two years on, the standards have still not been implemented fully.

24. The joint report between Action on Hearing Loss, RNIB Cymru and Sense in December 2014 showed that many people were still experiencing difficulties in accessing information in their preferred format or being able to access instructions on their medicine. (One Year On, the All Wales Standards for communication and information for people with sensory loss, December 2014, RNIB Cymru, Action on Hearing Loss Cymru and Sense Cymru, accessible from the following location:

http://www.rnib.org.uk/sites/default/files/One_year_on_report%20-final.docx)

25. The Health and Social Care Committee could take evidence on how these standards could be applied across the health service to inform and improve services for people living with multi-sensory impairment and other age-related conditions.

Waiting Times

26. In the 2014 RNIB Cymru report, 'Real patients coming to real harm' Ophthalmology services in Wales, the conclusions starkly pointed out that patients go blind whilst on waiting lists. The report conservatively estimates that each year in Wales 48 patients are losing their sight due to the length of time spent waiting to be seen in ophthalmology departments, due to a mismatch between demand and capacity - the number of ophthalmology patients is growing however the capacity to treat them is not.

27. An ageing population, more treatment options and an increase in some underlying causes of sight loss, such as diabetes and obesity, have increased demand for ophthalmology appointments. Targets set by the Welsh Government mean that priority is given to the first

appointment which means that patients who need follow up appointments and treatments often have to wait much longer than they should. In that time their sight can deteriorate rapidly without the appropriate treatment.

28. RNIB Cymru believes that everyone in Wales has a right to timely access to high quality specialist care including cataract surgery and NICE approved treatments for degenerative eye conditions.
29. At present the Referral to Treatment Time target (RTT) only focuses on the initial diagnosis and first treatment. There is no target for follow up eye appointments, and therefore the risks to the patient cannot be adequately managed.
30. As most sight loss conditions are degenerative, but also treatable and blindness preventable, a clinically led target is required. We believe that Committee should also consider the impact of intelligent targets which have been designed in consultation with clinicians, to ensure that patients get timely access to safe, efficient and effective service.

Loneliness and isolation among older people

31. Currently 1 in 3 of those over the age of 75 has sight loss and by the age of 90 this rises to 1 in 2 (Access Economics (2009), Future Sight Loss UK 1: the economic impact of partial sight and blindness in the UK adult population, RNIB)
32. Older people with sight loss, particularly those over the age of 75, are often living with up to three or more long term health conditions, making it even more of a challenge to maintain independence, social networks and wellbeing and many need care and support (Tate R, Smeeth L, Evans, J,

Fletcher A, Owen C, Rudnicka A, 2005.) The Prevalence of Visual Impairment in the UK: a review of the literature. RNIB.

33. Sight loss impacts on every aspect of a person's life: their physical and mental health, their ability to live independently, their ability to find or keep a job, their family and social life.

Older people with sight loss are at greater risk of social isolation than the general population, because they experience more difficulty getting out and about, they are also more likely to experience negative outcomes in relation to health, economic wellbeing and social and civic participation (Nazroo J and Zimdars A, 2010). **Social inclusion, social circumstances and the quality of life of visually impaired older people.** Thomas Pocklington Trust

In addition, many older people with sight loss do not regard the use of the internet as an activity that is open to them. (Edwards A, 2012). **Tackling digital exclusion – Older blind and partially sighted people and the internet.** RNIB.

34. There is a higher prevalence of sight loss among people with certain other conditions. In particular, Up to 70 per cent of people who survive a stroke have difficulty seeing or processing visual information (MacDiarmid S, Rowe F, 2007). Interdisciplinary aspects of vision and communication deficits following stroke. British and Irish Orthoptic Journal vol 4, pp21–26.
35. It is estimated that 2.5% of people over 75 years suffer with dementia and sight loss. This figure is likely to be an underestimate because studies have not accounted for individuals who are considered to be 'untestable'.

36. The degree to which a person with dementia is able to cope will be influenced by their sight loss (Roy Jones and Dr Richard Trigg, 2007), Dementia and serious sight loss, Thomas Pocklington Trust. Occasional paper number 11, February 2007
37. As the population ages, the number of people with both dementia and sight loss will increase. This makes it extremely important to ensure that any discussions on loneliness and isolation also examines the underlying issues of such as the need for appropriate pathways for diagnosing and managing co morbidity and examining the opportunities for future proofed housing, and access to public transport, which all have an effect on confidence and social inclusion.
38. RNIB Cymru support public organisations to deliver improved services for people with sensory loss through our own accredited programme 'Visibly Better'. (Information accessible from the following location: <http://www.rnib.org.uk/wales-cymru-how-we-can-help/designing-accessible-housing-and-buildings>) This programme highlights actions that organisations should take to ensure their services and environments are fully accessible for people with sensory loss.
39. RNIB Cymru recognises the increasing pressures on budgets across the health sector, but is concerned that health priorities need to take into consideration the fact that as people age, the number of people living with more than one condition increases and means that they require more support from the health service and social care services.
40. It is vital that health and social care services are equipped to deal with people who have more than one condition, in

addition to helping people with sight loss to live independently. If people with sight loss are not supported, the cost of sight loss to the health service will increase significantly over time.