# Lancashire sight loss briefing

Source: RNIB Sight Loss Data Tool Version 5.2

Date created: March 2023

Geography level: County

## Headline summary

### Local area stats

* Total population: 1,227,076
* Proportion aged 75: 10% - higher than the national average.
* Proportion that are from BAME communities: 8% - lower than the national average.
* Proportion of people with “bad” or “very bad” health: 6.30% - worse than the national average.
* Proportion of people with a long-term health condition or disability: 20% - similar to the national average.

### Eye health stats for local Integrated Care System

* Percentage of GP population aged 65+: 20% - similar to the national average.
* Total outpatient appointments: 168,335.
* Total inpatient procedures: 8,310.

### Sight loss stats

* Number of people estimated to be living with sight loss: 44,000.
* 2032 projection for sight loss population: 53,200.
* Number of registered blind or partially sighted people: 6,375.
* Number of Certificates of Vision Impairment in 2020/21: 469.

### UK stats

* One in five people will start to live with sight loss in their lifetime.
* Every day 250 people start to lose their sight.

## Contents

[1. Introduction 2](#_Toc130202290)

[2. General population 3](#_Toc130202291)

[3. Eye health and social care landscape 7](#_Toc130202292)

[4. Sight threatening eye conditions 12](#_Toc130202293)

[5. People living with sight loss 14](#_Toc130202294)

[6. Additional health problems and disabilities 19](#_Toc130202295)

[Additional information 21](#_Toc130202296)

[References 21](#_Toc130202297)

## 1. Introduction

### Background

This report has been generated using RNIB’s Sight Loss Data Tool. It provides a range of indicators relevant to blind and partially sighted people and those at risk of sight loss in Lancashire.

The aim of this report is to bring together relevant data at a local level to help supplement knowledge about the different factors that can influence provision on the ground. Much of the data in this report requires local interpretation.

### Impact of sight loss

Around two million people live with sight loss in the UK today. And it can be tough. From difficulty accessing treatment and services, to a lack of emotional and practical support, blind and partially sighted people each face their own set of challenges every day.

RNIB’s vision is for a world where blind and partially sighted people participate equally and our purpose in helping to achieve that is to break down the barriers for people with sight loss.

### Definitions

This report includes information about the general population, people with a potentially sight threatening eye condition or additional health problems linked to higher prevalence of sight loss, and also people living with sight loss.

The number of people living with sight loss has been taken from a systematic review of available evidence to help understand how commonly vision problems were occurring in the population. The basis for these estimates is the World Health Organisation’s definition of blindness and partial sight, which equates to the point at which someone should stop driving in the UK.

### Further information

There is a comprehensive set of guidance notes to accompany this report. These notes provide further information on the data used, including notes on terminology and limitations. Further information can be found at [www.rnib.org.uk/datatool](http://www.rnib.org.uk/datatool).

Whilst every effort has been made to ensure the accuracy of the information in this report, sometimes mistakes do happen or information has changed. If you notice anything that doesn’t look right, please let us know.

If you have any questions, please contact us at research@rnib.org.uk.

## 2. General population

This section provides an overview of the general population in Lancashire, including information on demographics and public health metrics that are linked to increased risk of sight loss.

Public attitudes have also been identified as a key barrier for blind and partially sighted people. The general public can have a key impact on independence and inclusion.

* 60 per cent of the UK population think that there is a lot or a fair amount of discrimination against blind and partially sighted people.
* More than one-third of blind and partially sighted people say that they sometimes or frequently experience negative attitudes from the general public because of their sight loss.
* People of working age are more likely to say that they have been treated unfairly because of their sight loss.
* Four out of every 10 blind and partially sighted people were not able to make all the journeys that they want or need to make.

### 2.1 Local area summary

Lancashire is a county in the North West region of England. It forms part of the Integrated Care System of Lancashire and South Cumbria.

### 2.2 Demographics

There are 1,227,076 people living in Lancashire. Of the total population:

* 21% are aged 17 or under.
* 59% are aged 18-64.
* 21% are aged over 65.

The older you are, the greater your risk of sight loss. The proportion of people aged 75 years and over in Lancashire is higher than the average for England - 10% of the population are aged 75 plus, compared to 9% in England.

##### Table: Population by age band

|  |  |  |
| --- | --- | --- |
| Age band | Population | Percentage |
| 0-4 | 65,173 | 5% |
| 5-17 | 187,811 | 15% |
| 18-29 | 179,917 | 15% |
| 30-49 | 288,837 | 24% |
| 50-64 | 249,701 | 20% |
| 65-74 | 138,544 | 11% |
| 75-84 | 85,061 | 7% |
| 85+ | 32,032 | 3% |

Note: Percentages may not sum to 100 due to rounding.

### 2.3 Ethnicity

People from different ethnic communities are at greater risk of some of the leading causes of sight loss.

The proportion of people from minority ethnic groups is lower than the average for England, 8% of the population are from minority ethnic groups, compared to 15% in England.

##### Table: Total population by ethnicity

|  |  |  |
| --- | --- | --- |
| Ethnicity | Population | Percentage |
| White | 1,080,687 | 92% |
| Mixed ethnicity | 12,724 | 1% |
| Asian / Asian British | 66,243 | 6% |
| Black / Black British | 4,098 | 0% |
| Other ethnic groups | 7,587 | 1% |

Note: Percentages may not sum to 100 due to rounding.

### 2.4 Health

Sight loss can be linked to poor health and other health conditions. Certain risk factors can also increase the chance of sight loss. For example, smoking can double the risk of AMD and obesity increases the risk of developing diabetes which can cause sight loss.

The general health of people in Lancashire is worse than the England average.

* Life expectancy for women compared to the national average: lower
* Life expectancy for men compared to the national average: lower
* 20% of people have a long-term health condition or disability that limits their day to day life – compared to the national average of 18%.
* 6.30% of people describe their health as either 'bad' or 'very bad” – worse than the national average of 55%.
* 67% of adults classified as overweight or obese – compared to a national average of 63%.
* 24% of adults do not get the recommended amount of physical activity per week – compared to a national average of 23%.
* 14%of adults are smokers – compared to a national average of 12%.

### 2.5 Local labour market

Local employment data broken down by sight loss is not available. However, general labour market figures and the gap in the employment rate between those with a long-term health condition and the general population indicates the inequality in employment.

The unemployment rate in Lancashire is 4%, which is similar to the national average of 4.9%.

The gap in employment rate for people with a long term health condition is 12%, compared to a national average of 10.6%.

### 2.6 Socio-economics

People living in more deprived areas are at a greater risk of sight loss. The deprivation rank of an area is ordered by 1st being the most deprived and higher numbers being less deprived:

* Lancashire is the 70th most deprived local authority in England.
* 15% of the local area is within the 10% most deprived areas in the whole of England.

### 2.7 Impact of societal attitudes and inclusion

Public attitudes towards sight loss are rooted in stereotypes and a lack of knowledge about blindness and partial sight. The majority of the UK general population agrees that blind and partially sighted people are not treated the same as everyone else.

One of the main influences that drives greater feelings of positivity towards blind and partially sighted people is exposure. A greater familiarity results in more positive associations, a greater understanding as well as an increased sense of confidence in one’s ability to provide appropriate support.

Despite legislation that aims to protect the rights of blind and partially sighted people, the accessibility of products, information and services is still not an area where people with sight loss have equality of experience. Whether this is being able to independently read instructions on grocery packaging, being able to enjoy favourite TV shows with audio description or getting information from health services in accessible formats, blind and partially sighted people experience a significant information and inclusion gap because of their vision impairment.

Transport systems, pavements and built environments are often not designed to be fully inclusive of people with a vision impairment. People with sight loss are unable to drive so, for journeys that cannot be made by walking, rely on public transport, taxis and lifts from friends or relatives. Navigating streets, public spaces and buildings can be a challenge for people with sight loss, particularly if the environment is unfamiliar, changeable or not designed in an accessible way.

## 3. Eye health and social care landscape

This section provides an overview of eye health and social care landscape from the perspective of pre-hospital, in hospital, and post-hospital services in Lancashire and South Cumbria ICS.

In the future we plan to develop and expand this section to be more focused on patient experiences, but currently the data (where is exists) is more focused on service outputs.

No one should experience sight loss without the appropriate support. Despite advancements in clinical treatments over the last decade, less attention has been paid to the patient pathway as a whole, from pre- to post-diagnosis, and the support mechanisms within this. As a result, many individuals find themselves ill equipped to live with their sight loss and the increased risk of poor wellbeing, low confidence and the impact this has on daily life.

* Only 17 per cent of people experiencing sight loss were offered emotional support in relation to their deteriorating vision.
* People with sight loss were more than twice as likely to have experienced difficulties with unhappiness or depression than the UK average.
* More than 40 per cent of blind and partially sighted people feel moderately or completely cut off from the people and things around them.

### 3.1 Pre-hospital

#### GP areas

Across Lancashire and South Cumbria, the percentage of GP registered population aged 65+ is 20% and aged 85+ is 3%.

The GP Patient Survey assesses patients’ experience of healthcare services provided by GP practices, including experience of access, making appointments, the quality of care received from healthcare professionals, patient health and experience of NHS services when their GP practice was closed.

Latest national data and breakdowns for each CCG can be found at the [NHS Digital GP Survey homepage](https://www.england.nhs.uk/statistics/statistical-work-areas/gp-patient-survey/). In a future SLDT update we plan to conduct additional analysis on the GP Survey in order to provide data of the experiences of patients with sight loss.

#### Eye tests

In England there were 13,355,060 NHS-funded eye tests carried out in 2019/20. This represents an increase of 1% from 2018/19 and of 38.2% since 2002/03.

Data for NHS-funded eye tests is only available at a national level in England. NHS Digital removed any breakdowns to do with geographical areas as it was not possible to accurately assign eye tests to each area, which made these figures misleading.

#### Diabetic eye screening

Across England, 2,680,758 eligible patients were invited for diabetic eye screening in 2018/19, this was 95.1% of the total number of eligible patients. A total of 2,313,762 attended their screening appointment, a take up rate of 82.6%.

Performance of local Diabetic Eye Screening Programmes can vary considerably. Local screening data can be accessed on the gov.uk [Diabetic Eye Screening pages](https://www.gov.uk/government/publications/diabetic-eye-screening-2018-to-2019-data).

### 3.2 In hospital

Eye health care is provided predominately in outpatient services. However, the mandated data collection for outpatient activity is not as detailed as inpatient care. For example, there is no mandatory requirement for hospital episode statistics outpatient episodes to be coded by diagnosis or by procedure.

Information in this section has been provided at Integrated Care Service-level. Further breakdowns by NHS Trusts are available from [NHS Digital’s Hospital Episode Statistics](https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/hospital-episode-statistics).

#### Outpatient appointments

There were 316,955 vision related outpatient appointments in Lancashire and South Cumbria in 2019/20. The attendance rate was 17,875 per 100,000 people. This includes the specialities of ophthalmology, medical ophthalmology, paediatric ophthalmology, orthoptics and optometry.

In the most recent year, 2020/21, a total of 168,335 ophthamology attendances were recorded. This figure is considerably lower than normal attendance levels due to the pandemic. And it only includes the speciality of ophthalmology, with the other vision related attendances not included in the data source.

#### Inpatient procedures

Some eye conditions, such as lens removal for cataract or laser treatment for diabetic retinopathy, require a patient to have a surgical procedure.

In Lancashire and South Cumbria:

* There were 8,310 ophthalmology inpatient procedures (also known as finished consultant episodes) in 2020/21.
* There were 16,400 admissions for cataract procedures in 2019/20, a rate of 4,672 per 100,000 people.

#### Waiting times

Since the pandemic, the backlog in patients requiring eye care has resulted in an increase to appointment waiting times with more urgent cases are prioritised. Referral to treatment time data can show local variation in waiting times.

In Lancashire and South Cumbria, as of January 2022, 29% of patients were waiting longer than 18 weeks to start non-emergency consultant-led treatment, compared to a national average of 38%. This was 14,048 patients.

The Earliest Clinically Appropriate Date (ECAD) records the clinically safe review date for ophthalmology follow-up patients. An appointment or procedure that significantly exceeds this date may lead to a patient's condition worsening and the patient losing their sight, which potentially could have been avoided.

The completion rate for ECAD is currently very low and so data has not been included. Once data quality has been improved we will include clinically appropriate date metrics in the SLDT.

#### Eye Care Liaison Officers

Eye Care Liaison Officers or ECLOs, providing a sight loss advice service, are based within eye clinics or hospitals. They play an important role in helping patients recently diagnosed with an eye condition or who are experiences changes in their vision to understand the impact of their diagnosis and provide patients with emotional and practical support.

ECLO support is not available in every NHS Trust or Health Board. RNIB has collected information about where support is available. This only includes qualified ECLOs, trained by RNIB, and there may be other support services available locally.

In the Lancashire and South Cumbria, 100% of the NHS Trusts in the ICS had access to an ECLO service.

### 3.3 Post hospital

#### Vision rehabilitation

Rehabilitation is the structured support put in place by a local authority (or commissioned agency) to maximise independence and quality of life for people with sight loss, as required by the Care Act 2014. Timely referral and delivery of rehabilitation can have a significant impact in developing independence skills for people who have experienced sight loss.

The mapping data we currently hold on the vision rehabilitation offer in local authorities is out of date. When workforce and service data has been updated we will include it in a future update to the Sight Loss Data Tool.

For further information on the benefits associated with vision rehabilitation please reference [Demonstrating the impact and value of vision rehabilitation](https://www.rnib.org.uk/professionals/knowledge-and-research-hub/research-reports/early-reach-research/rehab-cost-avoidance) report on the RNIB website.

#### Voluntary sector

The Sightline Directory provides more information on services aimed at helping blind and partially sighted people, providing information on both national and local services. Please visit [www.sightlinedirectory.org.uk](http://www.sightlinedirectory.org.uk) for more details.

### 3.4 Impact of the lack of essential support and poor wellbeing

Being told you are losing your sight can be difficult to come to terms with, with common effects being depression and reduced wellbeing. But many people do not receive essential support in relation to their sight loss.

Having to re-learn how to do everyday things is the reality of losing your sight. This can include everything from re-learning how to make a cup of tea to moving safely around your local area. But provision of specialist rehabilitation services varies across the country, and most people do not receive practical support with mobility or practical tasks such as preparing food.

Overall, feelings of wellbeing are lower among blind and partially sighted people compared to the UK average. This includes feelings of unhappiness or depression, worthlessness and lack of confidence.

Blind and partially sighted people can feel cut off from the people and things around them. This is compounded by inaccessible information, difficulty with everyday tasks such as shopping for groceries and problems navigating pavements or using public transport.

## 4. Sight threatening eye conditions

The figures presented in this section highlight estimates for all people living with certain eye conditions in Lancashire.

This includes people who have experienced sight loss as a result of these eye conditions, people who have been diagnosed but have not experienced any sight loss yet, and also those people who are undiagnosed.

If you need more information about specific eye conditions, or eye health basics, RNIB’s website has a comprehensive range of [Eye Health information](https://www.rnib.org.uk/advice/eye-health).

### 4.1 Age-related macular degeneration (AMD)

AMD causes changes to the macula, which leads to problems with your central vision. Your central vision is the vision you use when you’re looking straight at something, for example when you’re reading or watching television.

AMD is the leading cause of blindness and severe sight loss in the UK. There are two main types:

* Wet AMD can develop quickly affecting central vision in a short 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.

In Lancashire, we estimate that:

* 60,200 people are living with the early stages of AMD;
* 4,530 are living with late-stage dry AMD;
* 9,290 are living with late-stage wet AMD.
* 13,100 combined late-stage AMD.

Between 2022 and 2032 there is estimated to be an increase of 25% in the number of people living with late-stage AMD.

### 4.2 Cataract

Cataract is a common eye condition that is prevalent in older people. The lens becomes less transparent and turns misty or cloudy. Cataracts often get worse over time and the impact upon vision may be difficult to notice. The usual treatment is an operation to replace the lens with an artificial one.

In Lancashire, we estimate that 14,600 people are living with cataract.

Between 2022 and 2032 there is estimated to be an increase of 25% in the number of people living with cataract.

### 4.3 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.

In Lancashire, we estimate that 25,900people are living with ocular hypertension. A further 14,300 people are living with glaucoma.

Between 2022 and 2032 there is estimated to be an increase of 17% in the number of people living with glaucoma.

### 4.4 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.

In Lancashire, we estimate that:

* 82,600 adults have diagnosed diabetes.
* 24,400 people are living with diabetic retinopathy.
* Of these, 2,250 have severe diabetic retinopathy, a later stage of the disease that is likely to result in significant and potentially certifiable sight loss.

Between 2022 and 2032 there is estimated to be an increase of 6% in the number of people living with diabetic retinopathy.

## 5. People living with sight loss

This section provides an overview of the number of people impacted by sight loss in the Lancashire and the impact that this has on their daily life.

* Only one in four registered blind and partially sighted people of working age are in employment.
* Half of blind and partially sighted people are always or frequently limited in the activities that they would like to take part in.
* 36% of blind and partially sighted people never use the internet or don’t have access to it. This is significantly higher than the UK average of 10%.

### 5.1 UK overview

More than two million people are estimated to be living with sight loss in the UK today. This sight loss is severe enough to have a significant impact on their daily lives. This figure 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.

The main causes of sight loss are:

* Uncorrected refracted error – 39 per cent
* AMD – 23 per cent
* Cataract – 19 per cent
* Glaucoma – 7 per cent
* Diabetic eye disease – 5 per cent

### 5.2 Lancashire

In Lancashire there are an estimated 44,000 people living with sight loss. This includes around:

* 28,300 people living with mild sight loss.
* 9,830 people living with moderate sight loss
* 5,920 people living with severe sight loss.

Note: these figures include 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).

The estimated prevalence of sight loss in Lancashire is 3.60% which is higher than the average for England of 3.3%. This estimate is based on age and gender. A range of other factors could potentially impact on the prevalence of sight loss in the local area including higher proportions of BAME communities, the number of people in low-income households and access to healthcare services.

#### Age profile

In terms of the age profile of the people living with sight loss in Lancashire, we estimate that:

* 510 are aged 0 to 17 years
* 7,910 are aged 18 to 64 years
* 8,810 are aged 65 to 74 years
* 13,200 are aged 75 to 84 years
* 13,700 are aged 85 years and over

\*Figures may not sum due to rounding and different prevalence estimates for vision impairment in children.

#### Future projections

By 2032 there are expected to be 53,200 people in Lancashire living with sight loss, an estimated increase of 21% over the next decade.

##### Table: Estimated prevalence of sight loss over time, by severity

|  |  |  |
| --- | --- | --- |
| Severity of sight loss | 2022 | 2032 |
| Mild sight loss | 28,300 | 34,100 |
| Moderate sight loss | 9,830 | 11,700 |
| Severe sight loss | 5,920 | 7,290 |
| Total  | 44,000 | 53,200 |

### 5.3 Certification of Vision Impairment

A Certificate of Vision Impairment (CVI) certifies a person as either sight impaired (partially sighted) or severely sight impaired (blind). The purpose of the CVI is to provide a formal referral route for someone with sight loss to social care services.

Each CVI form is signed by a consultant ophthalmologist in an eye clinic and a copy is sent to the person's local social services department. Upon receipt of the CVI, social services offer registration and other relevant advice and services.

#### Number of CVIs

In 2020/21, 469 Certificates of Vision Impairment were issued in the Lancashire.

Due to the impact of the pandemic on hospital eye care services, the number of people receiving a CVI in this latest year is likely to be significantly lower than usual. Depending on how much lower, this could mean a considerable backlog of patients and CVIs over the coming years.

In Lancashire, the number of CVIs in 2020/21 changed by -22% compared to the previous year.

#### Rate of CVIs

The rate of CVIs issued per 100,000 people in Lancashire was 38, compared to 29 per 100,000 people in England. In the previous year, the national rate was 41 per 100,000 people.

The rate of certification for three leading eye conditions are listed below:

* The rate of age related macular degeneration was 87 CVIs per 100,000 people over 65 years – compared to the England average of 105.
* The rate of glaucoma was 13.1 CVIs per 100,000 people over 40 years – compared to the England average of 13.
* The rate of diabetic eye disease was 1 CVIs per 100,000 people over 12 years – compared to the England average of 3.

There have been numerous initiatives to support better identification of need and recording of CVI so that people get access to the support they need. A higher rate of certification may indicate a positive response to this work.

### 5.4 Registration

Upon receipt of a completed CVI form, the social services department offer registration as blind or partially sighted and other relevant advice and support. Registers of blind and partially sighted people are maintained by all local authorities to help them plan and deliver services.

In Lancashire, there are 6,375 people registered as blind or partially sighted. Roughly half are registered as blind and half as partially sighted.

##### Table: Registered blind or partially sighted by age band

|  |  |  |  |
| --- | --- | --- | --- |
| Age band | Registered blind | Registered partially slighted | Total |
| 0-17 | 75 | 100 | 175 |
| 18-49 | 370 | 415 | 785 |
| 50-64 | 350 | 455 | 805 |
| 65-74 | 315 | 400 | 715 |
| 75+ | 1,780 | 2,115 | 3,895 |
| Total | 2,890 | 3,485 | 6,375 |

#### Additional disabilities

1,145 of the people registered as blind or partially sighted in Lancashire have also been recorded as having an additional disability by the local authority.

#### New registrations

In the year 2019/20, there were 330 new registrations of blind and partially sighted people in Lancashire. This compares to 604 new CVIs in the same year. The number of new registrations in 2019/20 as percentage of CVIs issued was 55%.

If everyone receiving a CVI joined their local authority register of blind and partially sighted people, we would expect the number of new registrations to be fairly similar to the number of CVIs. This would mean close to 100%. Small differences are possible due to natural fluctuations in CVIs issued in a given year and the time it may take for someone to join the register after receiving a CVI.

However, often registrations are slightly lower as not everyone chooses to join the register, possibly because of a lack of knowledge of the benefits to them. Any substantial difference between the numbers of new registrations and CVIs could indicate potential issues in the process from CVI to registration or errors in the published data. Any issues could be related to the administrative process from CVI to offering registration which might not be operating consistently, or there may be some unusual factors affecting the process such as a backlog of CVIs or registrations.

#### Rate of registration

In Lancashire there are 523 registered blind or partially sighted people per 100,000 population. This compares to an overall rate of 492 for England.

#### Note on registration data

Registration data is submitted by local authorities to NHS Digital. Sometimes there can be data quality issues. If you have any questions regarding the accuracy of these numbers, contact the relevant local authority with responsibility for holding the register.

### 5.5 Impact of sight loss

The majority of visually impaired children are educated in inclusive (mainstream) education, but many children are being deprived of specialist support due to variation in service provision, and learning materials and exams are not consistently made available in alternative formats. This results in lower educational attainment compared to children without a special educational need. Around half of children with a vision impairment will have additional disabilities and additional special educational needs.

People with sight loss have a lower employment rate compared to the UK average. The majority of blind and partially sighted say that they feel that their sight loss has stopped them reaching their full potential at work.

Many blind and partially sighted people have reduced opportunities to do the things they would like to take part in. This includes general leisure pursuits, and things like sports and fitness, civic and cultural engagement and access to volunteering opportunities.

We know that technology is a key enabler for people to feel more connected and more independent. But there is a significant generational divide in its use. Younger blind and partially sighted people are much more likely to be using the internet, a computer or a smartphone compared to older people.

## 6. Additional health problems and disabilities

Many blind and partially sighted people are also living with other health problems or disabilities. Sight loss is linked to age, and as we get older we are more likely to be living with many health conditions at the same time.

### 6.1 Stroke

Around 60% of people who experience strokes will also experience some form of visual impairment immediately after their stroke. There are national guidelines recommending specialist vision assessment for stroke survivors who have a suspected visual problem.

In the area we estimate that 6,930 people have a long-standing health condition after experiencing a stroke.

### 6.2 Dementia

Prevalence estimates suggest that over 1 million people in the UK have some form of dementia. Prevalence of sight loss is higher among people with dementia, especially those living in care homes.

In Lancashire we estimate that 21,900 people are living with dementia. Within this group it is estimated that 7,770 people have dementia and vision impairment.

### 6.3 Learning disabilities

People with learning disabilities are 10 times more likely to experience sight loss than the general population.

In Lancashire we estimate that 1,540 adults have a learning disability and partial sight. A further 430 adults have a learning disability and blindness.

### 6.4 Hearing impairment

In Lancashire we estimate that 144,000 people have a moderate or severe hearing impairment, and 3,130 people have a profound hearing impairment.

### 6.5 Dual sensory loss

An estimated 8,380 people are living with some degree of dual sensory loss in Lancashire. Of these people, it is estimated that 3,260 are living with severe dual sensory loss.

### 6.6 Falls

Falls are more common, and are more likely to have serious outcomes, amongst older people. In some cases, falls can lead to serious medical problems and a range of adverse outcomes for health and wellbeing.

In Lancashire we estimated that:

* 5,610 people with sight loss aged over 65 experience a fall per year.
* Of these falls, 2,650 are directly attributable to sight loss.
* 460 people aged over 65 with sight loss experience a severe fall per year (here, a severe fall is defined as a fall that results in hospital admission through A&E).
* Of these severe falls, 220 are directly attributable to sight loss.

## Additional information

RNIB is a leading source of information on sight loss and the issues affecting blind and partially sighted people.

Our Research and Knowledge Hub contains key information and statistics about blind and partially sighted people including our Sight Loss Data Tool, which provides information about sight loss at a local level throughout the UK. You’ll also find research reports on a range of topics including employment, education, technology, accessibility and more.

Visit our Knowledge and Research Hub at: [www.rnib.org.uk/research](http://www.rnib.org.uk/research).

## References

This section provides a brief overview of the sources of evidence used in this report.

There is a separate, more comprehensive, set of guidance notes also available to accompany this report. These guidance notes provide further information on the data and evidence sources, including full references, notes on terminology and limitations. Further information can be found at [www.rnib.org.uk/datatool](http://www.rnib.org.uk/datatool).

Further information on the impact of sight loss can be found in RNIB’s [Key statistics about sight loss](https://www.rnib.org.uk/health-social-care-and-education-professionals/knowledge-and-research-hub/research-reports/general-research/key-statistics-about-sight-loss?msclkid=bea2b806b4cf11ec988df972323f0578).

### General population

Demographic data come from the most recent estimates and projections available from the relevant national statistics agency.

Public health, socio-economic and labour market data also come from the most recent national statistics.

Some benchmarking is available in the original source material, but where this isn’t published we have developed our own benchmarking tool in order to provide these insights. Further details can be found in the SLDT guidance notes.

### Eye health and social care landscape

As health and social care is devolved across the four UK nations, the range of sources in this section varies considerably depending on the geography of the report.

The latest publications available from health authorities covering primary and secondary care have been used. We have also utilised other resources like the [NHS Vision Atlas](https://fingertips.phe.org.uk/profile/atlas-of-variation), but this is only available in England.

Further details on the indicators and sources used in this section by UK nation can be found in the SLDT guidance notes.

### Sight threatening eye conditions

Most of the prevalence estimates for sight threatening eye conditions come from the [National Eye Health Epidemiological Model](http://eyehealthmodel.org/?msclkid=db5dcbb5b4d011ec8eff41b94ba4b69d). The base prevalence rates are then applied to the most recent estimates and projections available from the relevant national statistics agency

### People living with sight loss

Prevalence estimates for the number of people living with sight loss come from the Deloitte Access Economics report [The economic impact of sight loss and blindness in the UK adult population](https://www.rnib.org.uk/professionals/knowledge-and-research-hub/research-reports/general-research/economic-impact-sight-loss?msclkid=13496c8cb4d011ec950282bcb9079480). The base prevalence rates are then applied to the most recent estimates and projections available from the relevant national statistics agency.

Certification of Vision Impairment and registration data come from the most recent publication in each nation.

### Additional health problems and disabilities

We have combined the latest underlying prevalence estimates for stroke, dementia. learning disabilities, hearing impairment, dual sensory loss and falls, with population estimates from the relevant national statistics agency.