# The barriers and enablers that affect access to primary and secondary eye care services across England, Wales, Scotland and Northern Ireland

## Introduction

This research briefing presents the findings of a study to identify the barriers and enablers that affect access to primary and secondary eye care services across England, Wales, Scotland and Northern Ireland.

The research is part of RNIB's Community Engagement Projects (CEPs), an initiative developed at five sites across the UK, with the aim of developing evidence based eye health interventions to help increase uptake of eye care services and treatment.

CEP sites have been established in Bradford, Cwm Taf (South Wales), Glasgow, Hackney (East London) and West Belfast. Each site is working with a particular group known to be at risk of developing avoidable sight loss. Moreover, in addition to examining access to primary care services, the research in each site is also focusing on secondary care services associated with a specific sight loss condition.

Previous activities undertaken as part of the CEP programme of work include an eye health equity profile in each site to identify current patterns of service delivery and uptake, and a review of previous intervention strategies to promote attendance at eye care services. More information on these activities is available on the RNIB website: <http://www.rnib.org.uk/aboutus/Research/reports/prevention/Pages/prevention.aspx>

The overall aim of current study was to better understand what prompts members of the target population living in each of the CEP sites to attend eye care services and what the barriers to attendance are. The specific aims of the study were:

1. To identify the barriers and enablers to accessing primary and secondary eye care services;
2. Design and develop intervention strategies to increase the uptake of eye care services among people at risk of developing avoidable sight loss.

The research was undertaken by Shared Intelligence, an independent research consultancy. The findings of the research were used to develop intervention strategies to be implemented in each site, designed to increase the uptake of eye care services among the target communities.

This briefing provides a synthesis of the findings and key messages from the five localities and summarises the interventions that have been agreed for each site.

## Method

The study consisted of qualitative research with community members, service users and services providers in each of the sites.

The target population in each site and the specific eye condition under investigation in terms of secondary care was as follows:

* Bradford — diabetic retinopathy in the Pakistani population, aged 40 to 65;
* Cwm Taf — glaucoma in the white, deprived population, aged 40 to 65;
* Glasgow — diabetic retinopathy in the Pakistani population, aged 40 to 65;
* Hackney — glaucoma in the African and African-Caribbean population, aged 40 to 65;
* West Belfast — glaucoma in white, deprived population, aged 40 to 65.

The qualitative research consisted of:

* Focus groups with people from the target population — to explore attitudes to eye health, explore motivations for and barriers to uptake of eye examinations, and identify recommendations for improving access to primary eye care services.
* Semi-structured interviews with people from the target population who have been referred to secondary care — to identify motivations for and barriers to concordance with secondary care treatment and how eye health services and pathways could be improved.
* Semi-structured interviews with service providers and managers in eye health primary and secondary care — to gather experiences and views about service provision, perceptions of service take up and access to primary and secondary eye care services from the target group, and ideas on how to improve eye health pathways and access.
* Interviews and focus groups with Diabetic Retinopathy Screening (DRS) service users in Bradford and Glasgow — to explore enablers and barriers to accessing this service and to concordance with treatment.

The findings from these different pieces of fieldwork were synthesised and analysed to identify learning, which was used to derive an initial set of relatively broad recommendations to reduce avoidable sight loss in the target populations.

The findings and suggested recommendations were presented for discussion to a Local Advisory Group established at each site and other local stakeholders at a series of workshops. These workshops were facilitated by members of the Shared Intelligence team to encourage discussion about how to use the evidence from the study to improve access to primary and secondary eye health services. Small group discussions resulted in ideas for interventions to respond to the research findings.

RNIB, in conjunction with the Local Advisory Groups, subsequently prioritised the interventions for trialling over an eighteen-month period to evaluate their effectiveness.

## Key findings from the research

The research identified key barriers and enablers that affect access to and uptake of eye care services. These can be broadly categorised into factors affecting primary care and secondary care.

### Barriers and enablers to accessing primary eye care services

1. **Limited community awareness of eye health** — the findings indicate there is a limited awareness or understanding of eye health, which is understood almost exclusively in relation to having good or poor sight. Sight, however, is seen as very important – often the most important sense – and there is a fear of blindness.
2. **Symptom-led demand for eye examinations** — individuals from all communities accessed optometry service primarily in response to deteriorating sight. Symptom-led demand means that eye conditions are not always detected in the early stages, so patients do not access timely treatment.
3. **The cost and retail element associated with primary care** — the perceived structure and orientation of optometry towards retailing and the sale of glasses appears to encourage the community to view eye examinations (undertaken in retail premises) as different from other primary health prevention.

### Barriers and enablers to accessing secondary eye care services

1. **Organisation and administration of secondary care services** — many patients find the eye care system to be fragmented and confusing. This perception can exacerbate an already anxious experience and create a barrier to subsequent engagement.
2. **Interaction between clinician and patient** — poor patient experiences of interaction within clinicians and other service providers, and consequent lack of information or explanation, can act as significant barriers to patients’ subsequent engagement with secondary care. Conversely, continuity in treatment is likely to encourage attendance.

### Proposed Intervention Strategies

The findings from the research provided the basis for a collaborative process with partners in each site. Through this, specific interventions were developed to increase the uptake of eye care services. The specific interventions proposed for each site are given below.

#### Hackney site

1. A **pilot glaucoma case-finding programme** that tests the impact and efficacy of targeted glaucoma screening in a GP Practice for African and African-Caribbean patients invited via their GP.

#### Cwm Taf site

1. **Ophthalmic Diagnostic and Treatment Centre —** anurse led facility to provide diagnosis and monitoring of ocular hypertension and stable glaucoma in the community.

#### West Belfast site

1. **Public Health campaign** **—** delivered in partnership with community members to raise awareness and provide information about eye health and entitlements to encourage attendance for regular eye examinations.
2. **Community glaucoma support programme —** glaucoma patients and families receive a tailored support programme designed to aid concordance with treatment and care.

#### Bradford site

1. **Community based engagement campaign —** health professionals and community networks disseminate key messages about diabetes and eye health to Pakistani people.
2. **Self-care management document for people diagnosed with diabetes —** the development of a self-care document to help diagnosed diabetics manage their condition and ongoing treatment, with specific reference to eye health.
3. **Improving the patient pathway (seamless care) —** development of a seamless care pathway through:

* A text message service for people with diabetes to remind them to attend their DRS appointment.
* A targeted telephone reminder service administered by a bilingual worker, to encourage people to attend appointments at the diabetic retinopathy clinic.

#### Glasgow site

1. **Community engagement strategy —** to raise awareness and provide information on eye health to encourage people from the Pakistani community to attend for regular eye examinations.
2. **Key messages campaign (primary care)** **—** working with community members and key health professionals to develop and key messages for Pakistani people with diabetes to promote attendance at eye examinations and DRS.
3. **Key messages campaign (Diabetic Retinopathy Screening Service) —** working with DRS staff to provide consistent messages to members of the community with diabetes in order to promote attendance at regular eye examinations.

## 4. Conclusions

The research has identified a number of interconnected barriers and enablers that affect access to primary and secondary eye care services by people at risk of avoidable sight loss.

* Limited awareness of eye health was a feature of all five sites and was observable in people who had and had not attended eye examinations. The study also found that most people go for eye examinations on the basis of symptom–led demand, usually due to worsening sight.
* The retail setting and advertising of commercial opticians often acts as a barrier to attendance and may act to negatively impact on the perception of a visit to the optometrist as health seeking behaviour.
* For those people who have been referred to secondary eye care services, the research found that people often feel motivated to attend appointments and adhere to their treatment.
* The organisation of the service system, in terms of the management of appointments, waiting times and non-attendance can result in poor experiences and thus present barriers to continuing concordance with both attendance and treatment. Conversely, positive experiences of ‘the system’ and interaction with clinicians can be enablers.

The findings have formed the basis of a series of intervention strategies designed to increase the uptake of eye care services among people from at risk communities. These include community education programmes, targeted screening programmes and secondary care community support and advice services.

The interventions will launch in each of the sites during the spring and summer of 2012 and RNIB has appointed the London School of Hygiene and Tropical Medicine to evaluate the interventions. The evaluation will consist of:

* Outcome evaluation — to examine the impact of the interventions in changing people's knowledge and behaviour
* Process evaluation — to examine if the interventions reached the target population as planned
* Economic evaluation — to examine the cost consequence of the intervention implemented at each site.

The evaluation will run until early 2014.

## 5. Further information

* The full report can be downloaded from the RNIB website at <http://www.rnib.org.uk/aboutus/Research/reports/prevention/Pages/CEP_barriers_enablers.aspx>
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