

Older people and eye tests

Don't let age rob
you of your sight



“Poorer older people are less likely to access eye care services. They are also more likely to present too late with advanced glaucoma, to have treatment for cataract at a more advanced stage of sight loss, and to have severe diabetic retinopathy. They are perhaps less likely to access new treatment for AMD. There is good evidence of substantial unmet need (not always perceived) of avoidable sight loss among elderly people in Britain.”

Extract from speech by Richard Wormald, consultant ophthalmologist, Moorfields Eye Hospital and London School of Tropical Medicine and Hygiene, at the Eye Health Alliance’s “Dignity and Independence – transforming eye care for older people” conference, June 26, 2007, London.

Acknowledgements

We would like to thank Steve Winyard, Anita Lightstone, Andy Barrick, Sonal Rughani, Christina Nicolaidou, Matthew Athey, Charles Callanan and in particular Pritti Mehta for their valuable comments and input into the drafting of this report.

Lesley Conway and Barbara McLaughlan
RNIB

Contents

Survey results – headline figures	4
Summary and calls for action	5
1 Introduction	8
2 Sight problems and older people	10
3 The RNIB survey	11
4 Frequency of eye tests	12
4.1 Current trends	12
4.2 Breakdown according to age groups	13
4.3 Ideal frequencies	13
5 Understanding the purpose of an eye test	14
5.1 General perceptions	14
5.2 Own motivation for having an eye test	15
6 Barriers to eye tests	16
6.1 “No eye problems”	16
6.2 Cost of glasses and eye tests	17
6.3 Transport problems	21
7 Attitudes to sight loss – fear of blindness	22
8 Conclusions and calls for action	24
References	26

Survey results – headline figures

- Fear of sight loss is stronger than the fear of other disabilities: 94 per cent of respondents feared blindness more than deafness, 95 per cent feared it more than having to use a wheelchair, 88 per cent more than losing a limb and 71 per cent more than mental or emotional illness.
- Approximately half of all people aged 60 and over (47 per cent) say that they do not have an annual eye test (60 per cent of those aged 60-69, 38 per cent of those aged 70-79, 34 per cent of those aged 80-89 and 24 per cent of those aged over 90).
- 74 per cent of people aged 60 and over say that the main purpose of an eye test is to detect eye disease early or check the general health of the eye.
- The main personal reasons that people give for having an eye test are: to check their prescription (27 per cent), spot other non sight-related health issues (23 per cent), identify emerging sight problems (17 per cent), and monitor existing eye conditions (15 per cent).
- 60 per cent of respondents who had not had their eyes tested in the past two years said their main reason for not going was that they had not had a problem with their eyes.
- 17.5 per cent of respondents who had not had their eyes tested in the past two years said that the cost of glasses was the main reason why they had not been for an eye test, and in the lower income groups between 21 and 26 per cent gave this answer.
- Less than half of respondents in the lowest income groups thought they were eligible for help with the cost of glasses.
- 25 per cent of respondents aged over 80 (one in four) who had not had their eyes tested in the past two years stated that transport problems were one of the reasons why they had not had an eye test. For as many as 11 per cent in this age group this is the main reason.

Summary and calls for action

Sight loss is no longer an inevitable consequence of ageing. Cataract operations have become routine and major sight-threatening conditions such as glaucoma, diabetic retinopathy and wet AMD have become treatable in many cases. As a result, eye care policies are focusing increasingly on prevention, early detection and timely access to treatment.

They allow optometrists to identify people who have developed glaucoma or diabetic retinopathy at a time when they do not have any symptoms. They also pick up those who live with sight loss even though all they need is a new prescription of glasses or contact lenses (27 per cent of those aged over 75 who live with sight loss) (1).

Because of the increased risk of eye disease with age RNIB recommends annual eye tests for everybody aged 60 and over. However, a new survey of 5,000 people aged 60 and over carried out by Age Concern Research on behalf of RNIB shows that almost half of the population in this age group (47 per cent) do not have annual eye tests.

Consequences of inaction

The rise in the population of older people will bring an increase in the number of people developing age-related eye disease. Many of these conditions can be treated successfully if detected early. Identifying people with unnecessary sight loss is crucial since they may experience mobility problems and social isolation, may have problems taking medicines correctly and are at a significantly higher risk of falls and subsequent hospitalisation or even transfer into residential care (2) (3) (4). Given the negative impact of sight loss on a person's quality of life, it is clearly a moral imperative to prevent sight loss by maximising the chances of early detection and timely access to treatment. It also makes economic sense. If we do not prevent unnecessary sight loss, the cost of blindness, which currently stands at an annual five billion pounds (5), could spiral out of control. We need to remove the barriers to regular eye tests and as a first step this report identifies what they are and discusses how they can be tackled.

Barriers to eye tests

The survey highlights three key barriers to eye tests:

- lack of own eye health awareness
- the cost of glasses
- transport problems.

“I haven’t had any problems with my eyes”

The survey results suggest that people are generally aware that eye tests are an eye health check, whether or not they have had an eye test in the past two years. 74 per cent of respondents stated that the main purpose of an eye test is to detect eye disease early or check the general health of the eye. This is an encouraging finding since in previous years much effort has been put into raising awareness of the eye test as an eye health check. However, when it comes to individuals’ own motivation to have an eye test, ‘identifying emerging sight problems’ is not the most important reason. Checking a prescription and identifying non sight-related health issues are named more frequently. At the same time a large majority (60 per cent) of those who have not had an eye test in the past two years stated that the main reason was that they were not having any problems with their eyes.

This shows that older people lack awareness of their own potential health risk and make the incorrect assumption that it is safe to wait for sight loss symptoms before having an eye health check.

Call for action

We call on the governments of all countries in the UK as well as other stakeholders to fund effective eye health promotion activities targeted at older people that reiterate their increased risk of eye disease and help translate their understanding of the purpose of an eye test into the action of having a regular sight test.

“Glasses are too expensive”

The cost of glasses is a considerable barrier to eye tests. Overall, 17.5 per cent of respondents who had not had their eyes tested in the past two years said that the cost of glasses was the main reason why they had not had an eye test. Concern about the cost of glasses was particularly high in low income groups even though many people in these groups are likely to be eligible for financial help through NHS optical vouchers. Yet less than half of respondents in the lowest income group (under £5,200 a year) thought they were eligible for financial help.

Calls for action

We call on the governments of all countries in the UK to simplify the rules governing access to optical vouchers and to promote their availability among older people on low income.

To improve access, we call on the professional optical bodies to collect data on opticians/optometry practices providing glasses that are covered fully by the voucher value and make it available to the public.

“I can't easily get somewhere to get my eyes tested”

A final barrier to eye tests that affects particularly the very elderly is the problem of physical access. Our concern is that among those aged over 80, one respondent in four who had not had an eye test in the past two years stated that transport problems were a reason why they had not had an eye test, and one in ten said it was the main reason.

Calls for action

We call on the governments of all countries of the UK to develop comprehensive and effective strategies to ensure that the whole population is able to access a regular eye test.

Such a strategy will involve raising awareness of the availability of domiciliary eye care among older people.

To improve availability and access we call on all optical professional bodies to place a duty of best practice for optometrists to either provide domiciliary services or give patients information on how to access these.

1 Introduction

Sight loss is no longer an inevitable consequence of ageing. Yet many people do not seem to recognise that there are steps they can take to maximise their chances of preserving their sight. In general, not smoking, a good diet and a healthy weight are essential elements of sight loss prevention. Most importantly, since ageing is a key risk factor in the development of eye disease, a sight test is an essential step towards sight loss prevention among people aged over 60. Regular eye tests ensure that older people with treatable eye conditions are diagnosed early and benefit from timely access to treatment.

Early detection is particularly important in conditions such as glaucoma and diabetic eye disease as eye tests can identify them before people have noticed any effects on their sight and before any major damage is done. In addition, regular eye tests help avoid sight problems caused by incorrect prescriptions for glasses or contact lenses, as well as detecting easily treatable cataracts, both major causes of severe sight loss in people over 75 (1).

For people aged 60 and over, RNIB recommends an annual eye test because of the increased risk of degenerative eye disease due to the ageing process. In England, Wales and Northern Ireland annual eye tests are free on the NHS for people over 70. Those aged 60-69 are entitled to a free eye test every two years. However, depending on the optometrist's assessment people can be recalled for more frequent eye tests that are paid by the NHS because they are provided as a response to medical need. In 2006, Scotland introduced free eye tests for everybody. All people over 60 are entitled to a free annual eye test that has been extended to 40 minutes to include further eye health checks (6).

Various studies have been carried out to determine the most effective methods (7) to be used for a comprehensive eye test. As a result it is recommended that the modern eye examination includes a full assessment of vision for distance and near, internal and external examination of the eye, together with eye pressure measurements for those over 40 and visual field testing as appropriate.

Although eye tests are clearly an essential tool for the preservation of eye health, there have long been concerns about the number of people not having regular eye tests.

Sight test volumes were high between 1958 and 1989 when everyone was eligible for a free NHS eye test. Then followed ten years of sight test fees payable by all except children, students and those on low incomes or at risk of eye disease, resulting in a considerable drop in the take-up of eye tests.

During the 1990s, RNIB showed that fees for eye tests and anticipated cost of glasses were barriers to older people having regular sight tests (8). This evidence influenced the eventual decision by the government to reintroduce free tests for people aged 60 and over in 1999.

This decision had a tremendous effect on the take-up of NHS sight tests. In 1999-2000, the year after free eye tests for the over-60s were reintroduced, 5,434 million in this age group had an eye test on the NHS in England and Wales, an increase of 34 per cent on the previous year in this age group (9).

Still, concerns about the take-up of eye tests among older people remain. Barriers to eye testing identified previously include (8):

- a lack of appreciation of the importance of an eye tests as an essential eye health check
- people's failure to accept their own risk of eye disease
- lack of awareness of eligibility for free eye tests and help with the cost of glasses.

Our report explores whether these barriers persist and which reasons for not having eye tests should be tackled as a matter of priority.

2 Sight problems and older people

Most people develop sight problems later in life, as the prevalence of eye disease increases with age (10). This can range from being unable to see a friend across the street or read newsprint even with the aid of glasses to being registered as blind. RNIB estimates that there are 1.7 million people aged 60 and over with sight problems. With the ageing of the population and the increase in underlying conditions such as diabetes the number of people with serious sight problems is likely to double within the next 25 years unless decisive action is taken to prevent avoidable sight loss (11).

In many cases the main causes of severe sight loss (wet AMD, cataracts, glaucoma, diabetic eye disease and myopic degeneration) are treatable if detected early. Significantly, up to 27 per cent of people over 75 who are experiencing sight loss merely need a new prescription for their glasses or contact lenses and another 27 per cent have easily treatable cataracts (1).

Identifying people with unnecessary sight loss is crucial since they may experience mobility problems and social isolation, may have problems taking medicines correctly, and are at a significantly higher risk of falls and subsequent hospitalisation or even transfer into residential care (2) (3) (4).

Yet, studies suggest that older people do not visit the optician frequently enough or buy the right glasses, that GPs do not have vision checks integrated into the care of elderly people, and that older people themselves do not realise how much their vision is impaired, and have low expectations or uncertainties about the availability and effectiveness of interventions (12).

3 The RNIB survey

To inform future action in overcoming barriers to eye testing, RNIB commissioned Age Concern Research to carry out a large survey of older people in England, Wales, Scotland and Northern Ireland.

In May 2007, 5,000 questionnaires were mailed out to 50plusview Panel members aged 60 and over and responses were received from 3,848 resulting in a response rate of 77 per cent.

Please note that the sample size for Northern Ireland was very small – 12 respondents – and we are therefore unable to say whether the overall results reflect the situation in Northern Ireland. In addition, East Anglia (349 respondents) and the South East (893) were overrepresented in the sample whereas Scotland (150 respondents) was underrepresented.

The questionnaires were split into two sections: the first covered general questions about the frequency and purpose of eye tests and the second focused on personal experience with and attitudes towards eye tests.

In addition, demographic data was available on all respondents regarding age, sex, health status, social class, income groups, employment, marital status, household size, housing tenure type and car ownership. Not all of these have been used in our analysis.

We should clarify that the survey was not designed to pick up differences in behaviour and attitudes toward sight tests in different ethnic groups.

The main objectives of the survey were to:

- establish the frequency of eye tests among people aged 60 and over
- explore factors influencing frequency
- explore older people's understanding of the eye test
- identify the reasons why older people do not go for an eye test
- identify to what extent the fear of blindness might influence the take-up of eye tests.

4 Frequency of eye tests

4.1 Current trends

According to government figures the volume of sight tests in older people has been increasing steadily since the reintroduction of free testing in 1999. The overall increase in sight tests for older people carried out on the NHS in England and Wales in the last ten years is 19.5 per cent, including the boost by free testing in 1999/2000, and 8.2 per cent since the last survey in 2003/4. (9)

The table below shows the summary of all countries sight testing trends, apart from Northern Ireland for which no comparable statistics are available.

Table 1: Sight test volumes in older people in thousands, 2001/2, 2003/4 and 2005/6, Great Britain (Source: Department of Health and National Statistics Office) (9)

Year	NHS	Private	All 60+	All NHS	All Adults
2001/2	5,635	39	5,674	11,351	16,986
GB Population estimate for 60+, 2002 = 12,016					
2003/4	5,948	121	6,068	11,411	17,197
GB Population estimate for 60+, 2003 = 12,144					
2005/6	6,437	87	6,524	11,987	17,473
GB Population estimate for 60+, 2005 = 12,450					

Although the increase seen in older people's eye tests is encouraging, especially the 8.2 per cent increase from 2003/4 to 2005/6, the government figures suggest that approximately half of all people aged 60 and over are not having an annual test: 53 per cent in 2001/2, 51 per cent in 2003/4, and 48 per cent in 2005/6.

The results of our own survey show that half of all respondents (53 per cent) say they have their eyes tested at least once a year. 35 per cent say that they have an eye test every two years, and 11 per cent less often than that. The government figure of 52 per cent of older people who had their eyes tested in 2005/6 is in line with these results.

4.2 Breakdown according to age groups

When looking at frequencies we observe marked differences between different age groups: significantly fewer people between the ages of 60 and 69 say that they have their eyes tested at least once a year than those aged 70 and over (40 per cent as opposed to 63 per cent of those aged 70-79, 67 per cent of those aged 80-89 and 75 per cent of those aged over 90).

However, given the increased risk of eye disease with age the higher take-up in the older age groups is not reassuring. One person in three aged 70-85 and one person in four over the age of 90 jeopardise their eye health by not having an annual eye test.

Table 2: Frequency of eye tests, by ten-year age groups (Source: ACRS 2007)

Age group	More than once	Once	Every 2 yrs	Less often
60-69	5%	35%	47%	12%
70-79	9%	54%	28%	10%
80-89	12%	55%	23%	11%
90-99	21%	55%	21%	3%
60+	8%	45%	35%	11%

4.3 Ideal frequencies

When asked how often people should go for an eye test, 53 per cent think that people should have a test once a year, and 32 per cent of respondents say that people should have an eye test once every two years. Only a very small minority advocate less frequent eye tests and less than five per cent state that an eye test is only necessary when someone has an eye-related problem.

Interestingly, 34 per cent of people who have an eye test every two years think that the ideal frequency is annually, suggesting that their general views on frequency do not translate into the practice of having an annual eye test.

5 Understanding the purpose of the eye test

In contrast to previous studies (8) our survey reveals that understanding of the purpose of an eye test as an eye health check is at a high level. However, this does not necessarily translate into people's personal motivation to go for an eye test.

5.1 General perceptions

When survey respondents were asked for their general opinion about the purpose of eye tests the greatest proportion, as many as 74 per cent of respondents, cited 'early detection of eye disease' or 'to check the general health of the eye' as the main reasons followed by 25 per cent saying that it was 'to see if a new or stronger prescription was needed'.

The high awareness of the eye test as a means to detect eye disease early and check for the general health of the eye is a sign that awareness campaigns have succeeded in conveying the message about eye tests as eye health checks.

Importantly, awareness of eye tests as a tool to detect eye disease early and check the general health of the eye is almost as high among those who have had an eye test in the past 2-5 years as among those who have had a more recent eye test (68 per cent versus 74 per cent). Intriguingly, among those who have not had an eye test for more than five years as many as 83 per cent think that the main purpose of an eye test is early detection or a general eye health check (please note that this is based on a small sample).

We will explore further below what reasons people give for not having had an eye test in the past two years. What is clear from the results above is that we have to be careful not to assume that a better understanding of the purpose of an eye test will automatically lead to people having a regular eye test at appropriate intervals.

5.2 Own motivation for having an eye test

As stated above, general perceptions of the purpose of an eye test do not always translate into action. We asked respondents for their own motivation for having an eye test. Given that the vast majority of people say that early detection of eye disease is the main purpose of an eye test we would expect a majority of people to say that they had their own test to identify any emerging sight problems. Surprisingly, only 17 per cent of people give this answer. Instead, the most frequent reason given was “to check my prescription” (27 per cent) followed by “I know that opticians can spot other (non sight-related) health issues from checking my eyes” (23 per cent).

We could argue that it does not matter why people are having an eye test as long as they do have their eyes checked at the appropriate intervals. Nonetheless, eye health promotion professionals may need to look at these results to establish what more can be done to ensure that the high level of understanding of eye tests as eye health checks triggers the desired behaviour change of increased take-up of eye tests among people aged over 60.

Table 3: Main purpose for having an eye test, proportion of population expressing it as first choice reason (Source: ACRS 2007)

Most important reason	%
To see if new or stronger prescription is needed	25
To detect eye diseases at an early stage	59
To check the general health of the eye	15
To give people peace of mind	1.3
To get low vision aids or magnifying glasses	0.5
Not stated	5

Table 4: Main individual motivation for having an eye test, proportion of population expressing it as first choice reason (Source: ACRS 2007)

Most important reason	%
To check if my prescription has changed	27
I know that the optician can spot other (non sight-related) health issues from checking my eyes	23
To identify any emerging sight problems I have	17
I've always had regular check-ups	15
I have a condition that needs monitoring	15
This is how often I buy new glasses/contact lenses	1
I'm eligible for free eye tests	1
Not stated	8

6 Barriers to eye tests

Knowledge about the factors that motivate people to have eye tests is crucial in decisions about eye health promotion activities. As importantly, we need to know why people do not have eye tests. Our survey results suggest that awareness, cost and access to services are the main reasons that deter people from having regular eye tests.

In this section we are focusing on the group of people who have not had an eye test in the past two years. This is to reflect the current statutory situation. As a result the sample size for this part of the survey is relatively small (272 people or 7.5 per cent of respondents). Further research is required to establish whether the same reasons apply for those who have not had an eye test in the past year (rather than the past two years). However, it is reasonable to suggest that in particular reasons such as the cost of glasses and transport problems will also apply to those who have not had an eye test in the past year.

6.1 “No eye problems”

The most frequently given reason for not having had an eye test in the past two years was “I haven’t had a problem with my eyes”. 72 per cent of respondents in this category gave this reason and for 60 per cent it was the main reason for not having had a recent eye test. This suggests that the biggest barrier to having an eye test is people’s assumption that sight tests are for people with problems already.

A further 10 per cent had not thought about the need to have their eyes tested, probably again because they had not experienced any problems with their eyes.

It is vital to do more to challenge the assumption that no sight loss symptoms equates to healthy eyes since conditions such as glaucoma and diabetic retinopathy can progress significantly before patients notice any symptoms. To some extent this also applies to AMD. However, here, patients often do have some symptoms, even when only one eye is affected. Yet, only 30 per cent of patients with wet AMD present with their first eye because the symptoms are not severe or because they do not suspect eye disease as a cause. By not acting on their symptoms patients may irretrievably lose their sight in their first eye. By contrast, a regular eye test may help detect the early signs of wet AMD leading to timely treatment. In the case of dry AMD deterioration may be so slow that patients only seek advice when they experience significant sight loss. While dry AMD cannot be treated, early detection allows patients to change their lifestyle and/or take recommended nutritional supplements that may slow down progression of the disease, so an eye test detecting the condition can be beneficial.

When we consider that most people who have not had an eye test in the past two years state that the main purpose of an eye test is early detection of eye disease it may be necessary to link this message more strongly to the issue of symptoms. Early detection does not mean **as soon as** an individual notices first symptoms of sight loss it means **before** individuals realise that there is something wrong with their sight.

6.2 Cost of glasses and eye tests

When looking at the issue of cost it is important to note that the average income of respondents reflects the high proportion of retired people in the sample with three quarters of respondents in the lower income brackets of £5,200 to £15,599 (50 per cent) and £15,600 and £26,000 (25 per cent).

Socio-economic factors are highly important in older people's health (13) (14). We therefore need to establish whether the cost of eye tests and/or the cost of glasses constitute significant barriers to eye testing.

Nearly all (97 per cent) of older people in our survey wear glasses: 60 per cent wear glasses all the time, 38 per cent use them for certain sight tasks such as reading or driving.

When looking at the survey results there are important issues surrounding the cost of glasses in all age groups and to varying degrees in all social classes and income groups.

However, the cost of eye tests is clearly no longer an issue. Even in the lower income groups, among the lowest social class groups and among those aged 60-69 who are not generally entitled to a free annual eye test only a small minority (around two per cent) give this as a main reason for not having an eye test.

Cost of glasses in different age groups

Overall just over a third (35 per cent) of all respondents gave the expense of glasses or contact lenses as a reason for not having had an eye test in the past two years. When asked for the main reason the average figure is 17.5 per cent. There is one age group that stands out as most concerned about the cost of glasses. This is the group of people aged 65-69 where one person in four (26 per cent) gives the cost of glasses as their main reason for not having had a recent eye test, probably due to reduced income following retirement.

Cost of glasses in different income groups

Comparing the responses in different income groups, it is not surprising to see that among people on low income the cost of glasses is particularly often a reason for not having had a recent eye test. Among those whose income is between £2,600 and £5,199 26 per cent of respondents say that it is their main reason for not having had an eye test and the same applies to 21 per cent of those earning between £5,200 and £10,199.

Concern remains relatively high among those in the £15,600 to £20,799 income bracket with 19 per cent stating that the cost of glasses is their main reason for not having had an eye test in the past two years. It then goes down to 12 per cent among those with an income of up to £25,999 and nine per cent of those earning up to £31,199.

Table 5: Reasons for not having eyes tested in past two years = Problems with cost, by income group (Source: ACRS 2007)

Income group	Cost of glasses too expensive Main reason
Total	17.5%
Up to £2,599	0%
£2,600 – £5,199	27%
£5,200 – £10,399	24%
£10,400 – £15,599	22%
£15,600 – £20,799	19%
£20,800 – £25,999	12%
£26,000 – £31,199	9%
£31,200 – £36,399	3%

Again, the samples sizes are small. However, the concern about the cost of glasses in the lower income groups raises the issue of awareness of eligibility for vouchers to help with the cost of glasses. To find out the level of awareness we asked all respondents whether they think they are entitled to NHS optical vouchers.

Eligibility for help with the cost of glasses

Getting help with optical costs

Help towards the cost of glasses or contact lenses is given through NHS optical vouchers. The value of the voucher varies according to the patient's optical prescription, increasing as the complexity of the lenses increase. They can be redeemed at any opticians for the full or partial cost of glasses.

There are four NHS voucher values for each type of lens, between £34.60 and £173.70 for single vision, and £59.80 to £190.90 for bifocals (since April 2007).

To get help with paying for glasses or contact lenses older people qualify for vouchers to cover the cost of glasses. A voucher will be awarded if:

- they are automatically entitled to health benefits* or if they have a HC2 certificate under the NHS Low Income Scheme
- they have been prescribed complex lenses
- they attend a Hospital Eye Service because glasses need changing frequently. (Only the first pair has to be paid for. Help with the first pair can be received if they meet any of the qualifying criteria above).

If they have a HC3 certificate for partial help the value of the voucher is reduced. The value will depend on the maximum amount stated on the HC3 certificate.

*Older people will automatically qualify for health benefits if they (or their partner) are receiving guarantee credit in Pension Credit, or Working Tax Credit, and the award includes a disability element, and gross income is no more than £15,050 per year.

Vouchers are issued by the optician doing an eye test or the hospital issuing special glasses.

Registered blind or partially sighted people do not automatically receive assistance with the cost of glasses.

More information can be found at:

www.rnib.org.uk/xpedio/groups/public/documents/publicwebsite/public_health_benefits.hcsp

The survey results show a clear lack of awareness of entitlement to NHS optical vouchers: 11 per cent of respondents said that they did not know if they were eligible for help with the cost of glasses, 71 per cent thought they were not eligible and 18 per cent thought they were. In the lowest income groups (up to £5,199 annual income) less than half of respondents believed that they were eligible. This decreases further to 29 per cent of those on an annual income of up to £10,399 and 14 per cent of those on £10,400-15,599. Since these are the income groups that are most likely to be entitled to help with the cost of glasses through NHS optical vouchers their lack of awareness of their eligibility is a concern.

However, even where people are using vouchers to pay for their glasses, cost remains a factor. According to a recent government survey only 37 per cent of people paying for glasses with vouchers used the voucher to cover the full cost of their glasses. This may indicate an issue with availability, since one third of optometrists (15) do not provide glasses that can be fully paid for by vouchers. People in rural areas with less choice may be particularly affected by this (16). Or it may be a reflection of the fact that the type of glasses available on the basis of vouchers is not acceptable to many people.

Case study

Nora Morgan is a 71-year-old widow who lives on her own on a small state pension. She tries to put some money aside into a building society account every month but does not always manage to leave this untouched.

“I am lucky because we paid off the mortgage before my husband died. However, now I live on a very small income and have to plan very carefully before buying a new pair of glasses. I don’t know if I am eligible for NHS vouchers. I didn’t think that anybody was entitled to help with the cost of glasses these days. I have regular eye tests because I have been diagnosed with wet AMD but I am sure a lot of people are reluctant to have an eye test because they dread the expense of having to buy new glasses as a result.”

6.3 Transport problems

The number of practising optometrists (opticians qualified to carry out sight tests) working in the UK has increased by 37 per cent between 1996 and 2006. However, lack of coverage by opticians/optometrists in certain geographical areas or getting out to the high street optician has been thought to be a barrier to older people going for an eye test (4).

Social isolation problems are pronounced in less mobile older people and may well be a factor in preventing them from having regular eye tests (2). Lack of awareness and availability of domiciliary services has been highlighted before by RNIB (8) and the Domiciliary Eyecare Committee (4).

In our survey, a significant number of those who had not had an eye test in the past two years mention transport problems as a reason for not having an eye test (12 per cent of all respondents and 25 per cent of those aged over 80). It is a less significant reason overall when people are asked for their main reason of not having an eye test (only 2.6 per cent of all respondents) but still significant in the group of people aged over 80. In this group 11 per cent state that transport problems are their main reason for not having an eye test.

Table 6: Transport barrier to testing, by ten-year age group (Source: ACRS 2007)

	Transport problems (all reasons)	Most important reason
All	12%	2.6%
60-69	8%	0.8%
70-79	10%	2.2%
80-89	25%	11%

7 Attitudes to sight loss – fear of blindness

Of all the disabilities, a large majority of people fear sight loss the most. This strong fear of blindness has been shown previously (17) in America where 70 per cent of people said that they feared blindness more than losing a limb, 75 per cent of people feared blindness more than hearing loss, 80 per cent more than having to use a wheelchair but 60 per cent feared mental illness more than being blind.

Our survey shows that older people in the UK value their sight even more strongly. When asked to compare blindness with other disabilities 95 per cent feared blindness more than having to use a wheelchair, 94 per cent more than being deaf, 88 per cent more than losing a limb and 71 per cent more than mental or emotional illness.

Table 7: Fear of blindness in comparison to fear of other conditions (Source: ACRS 2007)

	Fear more than blindness	Fear blindness more
Mental/emotional illness	29%	71%
Losing a limb	12%	88%
Being deaf	6%	94%
Having to use a wheelchair	5%	95%

To some extent the frequency of eye tests seems to correlate with fear levels. Those who have had eye tests in the last two years are most likely to fear blindness more than any of the other disabilities mentioned in the survey.

Table 8: Blindness feared more than all four options, by time of last eye test (Source: ACRS 2007)

Within last 12 months	67%
1-2 years ago	69%
2-5 years ago	61%
5+ years ago	59%

However, the differences between the different frequency groups are relatively small which suggests that fear of blindness may not be the best motivator to change people's behaviour and ensure that they take active steps to prevent sight loss. Nonetheless, the obvious fear that people have of losing their sight should translate into increased efforts to help them detect eye disease early through regular eye tests thereby maximising their chances of avoiding permanent sight loss.

8 Conclusions and calls for action

The above report contains a wealth of information about older people's eye testing habits, their knowledge of the eye test as an eye health tool and the barriers that prevent them from having regular eye tests. This information should inform future eye health promotion activities and eye health policy for this age group.

Almost half of people aged 60 and over do not have an annual eye test. The survey confirms that barriers to eye tests among older people persist and we feel that the following three issues should be tackled as a matter of priority:

1. Lack of own eye health awareness

It appears that people are generally aware that eye tests are an eye health check whether or not they have had an eye test in the past two years. However, when it comes to individuals' motivation to have an eye test 'identifying emerging sight problems' is not the most important reason. Checking a prescription and identifying non sight-related health issues are named more frequently. At the same time a large majority of those who have not had an eye test in the past two years state that the main reason is that they are not having any problems with their eyes.

Call for action

We call on the governments of all countries in the UK as well as other stakeholders to fund increased and more effective eye health promotion activities targeted at older people that reiterate their own increased risk of eye disease and help translate their understanding of the purpose of an eye test into the action of having a regular eye test.

2. The cost of glasses

The cost of glasses is a considerable barrier to eye tests particularly in low income groups even though many people in these groups are eligible to receive NHS optical vouchers.

Calls for action

We call on the governments of all countries in the UK to simplify the rules governing access to optical vouchers and to promote their availability among older people on low income.

To improve access, we call on the professional optical bodies to collect data on opticians/optometry practices providing glasses that are covered fully by the voucher value and make it available to the public.

3. Transport problems

A final barrier to eye tests that affects particularly the very elderly is the problem of physical access. 25 per cent of respondents aged over 80 (one in four) state that transport problems are contributory factors that prevent them from having a regular eye test. For as many as 11 per cent in this age group this is the main reason.

Calls for action

We call on the governments of all the countries of the UK to develop comprehensive and effective strategies to ensure that the whole population is able to access a regular eye test.

Such a strategy will involve raising awareness of the availability of domiciliary eye care among older people.

To improve availability and access we call on all optical professional bodies to place a duty of best practice for optometrists to either provide domiciliary services or give patients information on how to access these.

References

- (1) Evans JR, Fletcher AE, Wormald RPL: Causes of visual impairment in people aged 75 and older in Britain: an add-on study to the MRC Trial on assessment and management of older people in the community. *British Journal of Ophthalmology*. 2004; 88; 365-370
- (2) Unseen and forgotten, Equal access to optometry services for people confined to home, RNIB. 2000
- (3) Heywood F and Turner L: Better outcomes, lower costs – Implications for health and social care budgets of investment in housing adaptations. The evidence. Executive summary. Office for Disability Issues. 2007
http://www.officefordisability.gov.uk/docs/better_outcomes_summary.rtf
- (4) Domiciliary Eyecare Committee: A fundamental right to sight. FODO. 2007
- (5) Winyard S: The cost of sight loss in the UK, Campaign report 23. RNIB. 2004
- (6) Scottish Executive at <http://www.scotland.gov.uk/News/Releases/2006/03/31123423>
- (7) The eyesight examination – a test of quality? Campaign Report 4. RNIB. 1997
- (8) Losing sight of blindness, Campaign Report 2. RNIB. 1997
- (9) Department of Health, Sight test volume survey accessed at <http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/opticians/sight-tests-volume-and-workforce-survey-2005-06>
- (10) Tate R et al: The prevalence of visual impairment in the UK: a literature review. Report commissioned by RNIB. 2006
- (11) McLaughlan B: Open Your Eyes – a three-point action plan to address the UK’s impending eye health crisis. Campaign report 25. RNIB. 2005
- (12) Reidy A et al: Prevalence of serious eye disease and visual impairment in a north London population: population based, cross sectional study, 1998, *BMJ* Vol 316:1643-1646.
www.bmj.com
- (13) Van der Pols JC, Thompson JR, Bates GJ, Prentice A, Finch S: Is the frequency of an eye test associated with socio-economic factors? A national cross sectional study in British elderly, *J.Epidemiol. Community Health* (1999); 53:737-738
- (14) Fletcher A, Smeeth L, Breeze E: The end of age: but not for the worse off, *Age and Ageing* 2002; 31:11-12
- (15) FODO (Federation of Ophthalmic and Dispensing Opticians). www.fodo.com
- (16) Phelps L: Unhealthy charges. CAB evidence on the impact of health changes. National Association of Citizens Advice Bureaux. 2001
- (17) Horowitz A, Brennan M, Reinhardt JP: Understanding older Americans’ attitudes, knowledge and fears about vision loss and ageing. *Journal of Social Work in Disability & Rehabilitation*, Vol. 3(3) 2004.

**Wednesday 12 September 2007
is RNIB Eye Test Action Day**

**You'll never regret
an eye test**

Over 50 per cent of sight loss
is avoidable.

You may think there's nothing
wrong with your eyes, but your
optician can detect problems you're
unaware of – and save your sight.

Regular eye tests are an important
health check and free for anyone
over 60, children and everyone in
Scotland.

Visit www.rnib.org.uk or call
0845 766 9999 to find out more
about preventable sight loss
or donate to the work of RNIB.



**supporting blind and
partially sighted people**

©RNIB 2007 Reg charity no. 226227
PR12094



Contact us

RNIB

105 Judd Street
London WC1H 9NE
Telephone 020 7388 1266
Fax 020 7388 2034

RNIB Cymru

Trident Court
East Moors Road
Cardiff CF24 5TD
Telephone 029 2045 0440
Fax 029 2044 0550

RNIB Northern Ireland

40 Linenhall Street
Belfast BT2 8BA
Telephone 028 9032 9373
Fax 028 9043 9118

RNIB Scotland

Dunedin House
25 Ravelston Terrace
Edinburgh EH4 3TP
Telephone 0131 311 8500
Fax 0131 311 8529

Visit rnib.org.uk for all the latest information from RNIB.