



Partneriaeth
Ranbarthol
Gorllewin
Morgannwg

West
Glamorgan
Regional
Partnership



POPULATION NEEDS ASSESSMENT
2022 - 2027

SENSORY
IMPAIRMENT

If you require this information in an alternative format, please contact the
West Glamorgan Transformation Office via email at
west.glamorgan@swansea.gov.uk

1. WHAT IS MEANT BY 'SENSORY IMPAIRMENT'?

Sensory impairment is something that will affect us all in some way during our lifetime. Whether we care for someone, have a relative or friend, or we ourselves experience sight and/or hearing difficulties - we are all impacted to some degree.





There are three significant areas of sensory impairment – sight, hearing and dual sensory impairment (also referred to as deafblind).

The region has worked with both the [RNID](#) and [RNIB](#) to develop this chapter at a high level. It is appreciated that there will be gaps in terms of involvement from local partners such as the Health Board and Local Authorities, however we will address these gaps over the next year to include both qualitative and quantitative data to help improve the interdependencies between sensory impairment and other conditions.


SIGHT IMPAIRMENT (SIGHT LOSS, PARTIALLY SIGHTED AND BLINDNESS)

The [International Classification of Diseases 11 \(2018\)](#) classifies sight impairment into two groups, distance and near presenting vision impairment.

Distance vision impairment:

-  Mild –visual acuity worse than 6/12 to 6/18
-  Moderate –visual acuity worse than 6/18 to 6/60
-  Severe –visual acuity worse than 6/60 to 3/60
-  Blindness –visual acuity worse than 3/60.

Near vision impairment:



-  Near visual acuity worse than N6 or M.08 at 40cm.

A person's experience of sight impairment varies depending upon many different factors. This includes for example, the availability of prevention and treatment interventions, access to vision rehabilitation (including assistive products such as glasses or white canes), and whether the person experiences problems with inaccessible buildings, transport and information.

Source: www.who.int/news-room/fact-sheets/detail/blindness-and-visual-impairment#:~:text=Mild%20%E2%80%93visual%20acuity%20worse%20than.acuity%20worse%20than%203%2F60

For the sight impairment data relating to our region, we have used the RNIB data tool, which is the UK's biggest collection of eye health datasets. It collates a wide range of publicly available datasets and allows users to view local area data easily in a report or as data tables - [Sight Loss Data Tool - RNIB - See differently](#).

According to the data tool, the figures for our region are as follows:

-  Swansea has 8400 people living with sight loss, and 1423 people who are registered blind or partially sighted.
-  Neath Port Talbot has 4,930 people living with sight loss, and 894 people who are registered blind or partially sighted.

Those affected by sight impairment can be also come under the following categories:

People in later life

The older you are, the greater your risk of sight loss. There are 1.2 million people living with sight loss who are aged 75 years and over in the UK. The proportion of people living with sight loss is:

- one in nine people aged 60 years and over
- one in five people aged 75 years and over
- one in two people aged 90 years and over.

Source: [Eye health and sight loss stats and facts.pdf \(rnib.org.uk\)](#)

Children and young people

There are more than 25,000 blind and partially sighted children aged 16 years and under in the UK. As many as half of these children have other disabilities. Some children are at higher risk of vision impairment, including those who are very premature and very low birth weight babies, children from the most economically deprived backgrounds and children with learning difficulties.

Source: [Eye health and sight loss stats and facts.pdf \(rnib.org.uk\)](#)

People on low incomes

Prevalence of sight loss is associated with having a lower income. Difficulty in getting to an optometrist and concerns about the cost of glasses can result in people not going for eye tests as often as they want, or delaying visits until they experience symptoms.

Source: [Eye health and sight loss stats and facts.pdf \(rnib.org.uk\)](#)

People from ethnic communities

- People from certain ethnic communities are at greater risk of some of the leading causes of sight loss yet many are unaware of this:
- Black African and Caribbean people are four to eight times more at risk of developing certain forms of glaucoma compared to white people
- The risk of diabetic eye disease is around three times greater in South Asian people compared to white people
- Black African and Caribbean people are also at a higher risk of diabetic eye disease.

Source: [Eye health and sight loss stats and facts.pdf \(rnib.org.uk\)](#)

COVID-19 has exacerbated the situation and brought further inequalities. It has had a devastating impact on the health and social care system in Wales, for patients and for staff who have been at the forefront. Demand on NHS eye care is now outstripping capacity to deliver safe and effective services.

The lockdown measures have also had a disproportionate impact on sight impaired people in Wales. Social distancing is difficult – if not impossible – for those who cannot use vision to judge distance.

According to a RNIB Cymru ‘Sight loss in Wales’ briefing, the number of people who experience sight loss is expected to increase dramatically. In fact, by 2050, the number of people with sight loss is expected to double.

Indirect costs associated with sight loss cost the Welsh economy around £268 million every year. This includes costs due to lower employment rates and unpaid care provision. It is estimated that the

associated reduction in wellbeing and health due to living with sight loss totals £1 billion every year in Wales.

Source: RNIB Cymru Briefing (See Appendix 1)

Data taken from Social Care Wales in the following table shows the number of people who have severe sight impairment and some form of sight impairment within our region:

Adults over 18 years

Measure	Number of severely sight impaired people aged 18 - 64 years		Number of severely sight impaired people aged 65+ years		Number of sight impaired people aged 18 - 64 years		Number of sight impaired people aged 65+ years		Total	
	Neath Port Talbot	Swansea	Neath Port Talbot	Swansea	Neath Port Talbot	Swansea	Neath Port Talbot	Swansea	Neath Port Talbot	Swansea
2016-17	117	194	343	417	127	157	344	369	931	1137
2017-18	119	205	331	529	119	168	345	490	914	1392
2018-19	120	210	300	523	129	163	321	492	870	1388

Children 0 to 17 years

Measure	Number of severely sight impaired people aged 5 - 17 years		Number of severely sight impaired people aged under 5 years		Number of sight impaired people aged 5 - 17 years		Number of sight impaired people aged under 5 years		Total	
	Neath Port Talbot	Swansea	Neath Port Talbot	Swansea	Neath Port Talbot	Swansea	Neath Port Talbot	Swansea	Neath Port Talbot	Swansea
2016-17	0	10	0	1	0	29	0	1	0	41
2017-18	11	11	2	0	11	26	2	0	26	37
2018-19	12	11	1	0	10	24	1	0	24	35

Although the data is to 2018-19, there is an assumption that the numbers of people with a sight impairment will increase in line with the growth of the general population.

HEARING IMPAIRMENT (HEARING LOSS, HARD OF HEARING AND DEAFNESS)

The [World Health Organisation](#) states:

“A person who is not able to hear as well as someone with normal hearing – hearing thresholds of 20 dB or better in both ears – is said to have hearing loss. Hearing loss may be mild, moderate, severe, or profound. It can affect one ear or both ears, and leads to difficulty in hearing conversational speech or loud sounds.

'Hard of hearing' refers to people with hearing loss ranging from mild to severe. People who are hard of hearing usually communicate through spoken language and can benefit from hearing aids, cochlear implants, and other assistive devices as well as captioning.

'Deaf' people mostly have profound hearing loss, which implies very little or no hearing. They often use sign language for communication”.

A recent study in Wales showed that 80% of participants believe that their hearing loss made it harder for them to use services. The experiences of people with sensory impairments using public services in Wales are being gathered, including their interactions with housing, social services and GP surgeries.

The most recently available figures from the Office for National Statistics based estimates established in 2014 show that the estimated number of people with hearing loss in the West Glamorgan region is 70,000.

Swansea Bay University Health Board

Local Authority area	Total population (according to ONS 2014 estimates)	Estimated number with hearing loss (rounded to the nearest 500)
Swansea	241,297	43,500
Neath Port Talbot	140,490	26,500
Total	381,787	70,000

Source: ONS - Number of people with hearing loss of at least 25 dBHL in each Local Authority area in the Wales using 2014 ONS estimates

If we assume a rate of growth based on the 2.4% rate of growth of the general population from 381,787 to the current mid-year estimate of

390,949, the estimated number of people with hearing loss would be approximately 71,700 in West Glamorgan.

The '[All Wales Standards for Communication and Information for People with Sensory Loss](#)', introduced in 2013, mean that people should have automatic access to British Sign Language interpreters if they feel they need one, plus, alternative ways of booking appointments should be offered if it is difficult to communicate by phone.

Source: [Policy and research in Wales - RNID](#)

If untreated, hearing loss affects the ability of people to communicate with others and can lead to social isolation (Gopinath et al, 2012; Pronk et al, 2011) and depression (Saito et al, 2010). There is also strong evidence of a link between hearing loss and dementia (Lin et al, 2011).

Evidence suggests that the timely provision of hearing aids can reduce these risks and improve quality of life (Mulrow et al, 1990; Deal et al, 2015), but people wait on average 10 years before seeking help, and GPs fail to refer up to 45% of people reporting hearing loss to NHS hearing services (Davis et al, 2007).

Source: [Hearing-Matters-report--Wales-Supplement.pdf \(rnid.org.uk\)](#)

More [recent research from the United States of America](#) shows that hearing loss to be the biggest modifiable risk linked to dementia.

“Hearing loss had the highest PAF for dementia in our first report, using a meta-analysis of studies of people with normal baseline cognition and hearing loss present at a threshold of 25 dB, which is the WHO threshold for hearing loss. In the 2017 Commission, we found an RR of 1.9 for dementia in populations followed up over 9–17 years, with the long follow-up times making reverse causation bias unlikely.

A subsequent meta-analysis using the same three prospective studies measuring hearing using audiometry at baseline, found an increased risk of dementia (OR 1.3, 95% CI 1.0–1.6) per 10 dB of worsening of hearing loss.

A cross-sectional study of 6,451 individuals designed to be representative of the US population, with a mean age of 59.4 years,

found a decrease in cognition with every 10 dB reduction in hearing, which continued to below the clinical threshold so that subclinical levels of hearing impairment (below 25 dB) were significantly related to lower cognition.

Although the aetiology still needs further clarification, a small US prospective cohort study of 194 adults without baseline cognitive impairment, (baseline mean age 54.5 years), and at least two brain MRIs, with a mean of 19 years follow-up, found that midlife hearing impairment measured by audiometry, is associated with steeper temporal lobe volume loss, including in the hippocampus and entorhinal cortex.

A 25-year prospective study of 3,777 people aged 65 years or older found increased dementia incidence in those with self-reported hearing problems except in those using hearing aids. Similarly, a cross-sectional study found hearing loss was only associated with worse cognition in those not using hearing aids. A US nationally representative survey of 2040 people older than 50 years, tested every two years for 18 years, found immediate and delayed recall deteriorated less after initiation of hearing aid use, adjusting for other risk factors.

Hearing aid use was the largest factor protecting from decline (regression coefficient β for higher episodic memory 1.53; $p < 0.001$) adjusting for protective and harmful factors.”

Source: [Dementia prevention, intervention, and care: 2020 report of the Lancet Commission - The Lancet](#)

(PDF link to report - [Dementia prevention, intervention, and care: 2020 report of the Lancet Commission](#)).

DUAL SENSORY IMPAIRMENT / DEAFBLINDNESS

Dual sensory impairment is a category within its own right, and can also be referred to as deafblindness, deafblind or multi-sensory impairment. It covers a broad range of conditions and comprises a combination of both hearing and sight impairment.

The most common population cohort affected by dual sensory impairment is older people.

Organisations such as [Sense](#) and [Deafblind UK](#) are dedicated to supporting those affected by dual sensory loss, but there is a lack of reliable data to indicate numbers within our region.

Further work is required to increase awareness and understanding of dual sensory impairment and its impact.

2. FACTORS AFFECTING PEOPLE WITH A SENSORY IMPAIRMENT

This section aims to highlight the factors that link sensory impairments and other conditions. It needs to be recognised that sensory impairments can exacerbate other health conditions, and this needs to be reflected in planning undertaken by stakeholders.

Dementia and Sight Loss

Sight loss is typically under-diagnosed in people with dementia because one condition can mask or be mistaken for another. A recent study into the prevalence of dementia and sight loss found nearly one-third of people with dementia also had significant sight loss. Almost half of the study participants could have their sight loss corrected by wearing up to-date spectacle prescriptions.

Source: [Dementia and Sight Loss \(rnib.org.uk\)](#)

RNIB have undertaken further research on dementia and sight loss - [Dementia and sight loss: looking after your eyes - RNIB - See differently](#)

Stroke and Sight Loss

About one-third of stroke survivors experience sight loss. Most people who have sight issues after a stroke do not regain full vision. Some recovery is possible – this will usually occur within the first few months after a stroke. Training, equipment and home modifications can help those affected to live as independently and safely as possible.

Source: [Stroke-related eye conditions - RNIB - See differently](#)

Learning Disability and Sight Loss

People with a learning disability are ten times more likely to have serious sight problems, and this will be much higher for people with severe or profound learning disabilities.

Source: [Learning Disability and Sight loss.pdf \(rnib.org.uk\)](#)

Diabetes and Sight Loss

Diabetes can affect the eyes in a number of ways:

- 🌈 The changes in blood sugar levels caused by diabetes can affect the lens inside the eye, especially when diabetes isn't controlled. These changes can result in blurred vision, which can change throughout the day and from day to day, depending on blood sugar levels.
- 🌈 Diabetes can cause the lens in the eye to become cloudy. This condition is known as a cataract. If you have diabetes, you're more likely to develop a cataract, and diabetes can cause cataracts to develop at an earlier age.
- 🌈 Some people with diabetes may develop glaucoma, an eye condition that can cause damage to the optic nerve, often due to raised pressure inside the eye.
- 🌈 Over time, diabetes can affect the network of blood vessels supplying the retina at the back of the eye, affecting how the retina works. This is known as diabetic retinopathy. There are different types of diabetic retinopathy and how it can affect vision will depend on the severity of the changes to the blood vessels.
- 🌈 Diabetes can also be associated with, or increase the risk of, other eye conditions including retinal vessel occlusion, corneal eye conditions or eye muscle problems.

Not everyone who has diabetes develops an eye condition.

Source: [Eye conditions related to diabetes - RNIB - See differently](#)

Diabetic macular oedema (DMO) is a complication of diabetes that can lead to irreversible sight loss. It is a build-up of fluid in the macula due to leaky blood vessels damaged by high blood sugar due to diabetes. It is one of the most common causes of sight loss in the working age group. There are currently around 300,000 people living with the condition in the UK. However, the effects of DMO are still not well known, with recent research from Australia showing only a quarter (26%) of people aged 50-70 are aware of DMO. Less is known about the levels of understanding in the UK.

Source: [Macular Society](#) research report – Patient Perceptions – Macular diabetic oedema – June 2021

Falls

Although anyone maybe at risk of falling, it is important to be aware that people with sight loss are more likely to fall and have multiple falls than those without sight loss of similar age.

- 🧩 2.5% of people over the age of 75 are likely to have dementia and significant sight loss.
- 🧩 Someone living with dementia is up to 8 times more likely to fall than someone without the disease.
- 🧩 Someone living with dementia is three times more likely to sustain a fracture following a fall.
- 🧩 Someone living with sight loss is twice as likely to fall.

Source: [https://www.rnib.org.uk/practice note for NHS Scotland](https://www.rnib.org.uk/practice-note-for-NHS-Scotland)

Mental Health

Older people with sight loss experience lower levels of wellbeing than those without. The [Depression in Visual Impairment Trial \(DEPVIT\) study](#) carried out by the University of Cardiff found that nearly half of those with sight loss experience significant depressive symptoms.

Source: [Sight loss: What we needed to know \(rnib.org.uk\)](#)

People with sight impairments may experience mental health difficulties for a variety of reasons. Included among these is the emotional distress that is associated with losing one's sight. Blindness is reported to be one of the most feared health problems; survey data indicate that a greater proportion of individuals fear blindness than fear cancer or paralysis. Self-reported reactions to vision loss include anxiety, worry frustration, social withdrawal, and embarrassment. Additionally, for individuals with progressive vision loss, substantial fear and anxiety may be experienced in anticipation of further reductions in sight. Qualitative data indicate that people with vision loss and blindness may develop negative self-perceptions as a result of societal stigma and experience feelings of loss, similar to bereavement. Vision-specific distress (i.e., emotional reactions to vision loss) has been identified as a robust predictor of depressive symptom severity, independent of degree and duration of vision impairment. Importantly, while vision-specific

distress and depression may be strongly related, they are also distinct in their associated risk factors. Thus, distress that is associated with vision loss may be a mechanism by which depression risk is increased in some people with visual impairment.

Source: [Visual Impairment and Mental Health: Unmet Needs and Treatment Options \(nih.gov\)](#)

Housing

“All social housing landlords in Wales should deliver support in line with the guidelines in our best practice document, including training all staff in deaf awareness and communications tips. The Welsh Government needs to monitor the performance of housing providers, to make sure they are following this guidance and meeting their duties”.

Source: [Hearing-Matters-report- -Wales-Supplement.pdf \(rnid.org.uk\)](#)

People in private accommodation should also be aware of what is available to them through their local authority. Assistive technology to help them hear the phone, doorbell and TV could be made more readily accessible, and awareness of such services better publicised.

Transport

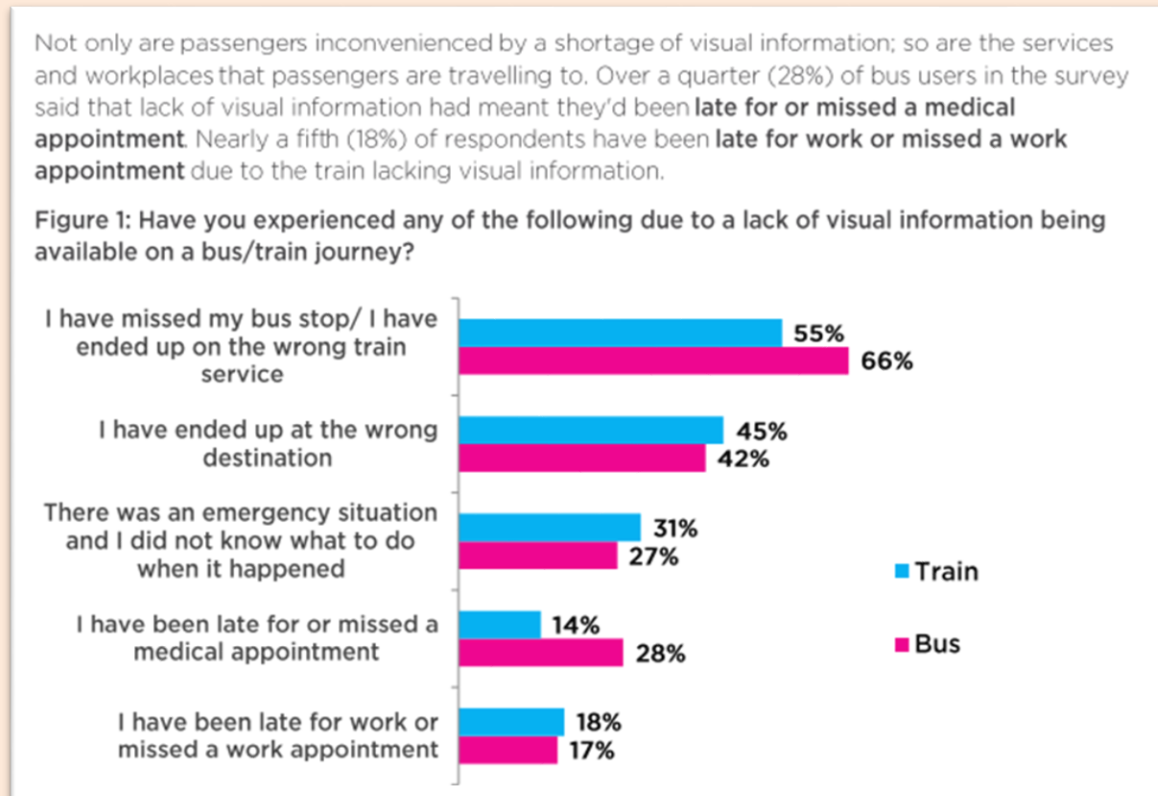
In 2018, [RNID conducted a survey based on accessible transport](#). The results suggest there are issues with accessibility on the bus and rail network. Generally, findings between buses and trains were similar – the only exception was that experiences of using audio-visual screens on trains tended to be better than on buses.

The survey of 291 people with hearing loss found that:

- 🎧 Good quality visual real-time information is lacking. Only 37% of respondents said that buses visually announce the next stop.
- 🎧 This absence of real-time information can create potentially dangerous situations: nearly a third (31%) of people asked said that due to a lack of visual information, there'd been an emergency situation on a train and they did not know what to do.
- 🎧 There is a willingness of staff on buses and trains to help people with hearing loss, but deaf awareness skills amongst staff could be improved.
- 🎧 Vehicle and station design could be improved to enhance accessibility. Background noise is the most problematic aspect of

navigating a station or bus, followed by glass screens at ticket desks.

The following graphic shows that when using a bus, 28% of respondents were late for a medical appointment through a shortage of visual information.



Source: [Transport-Survey-2018_report.pdf \(rnid.org.uk\)](https://www.rnid.org.uk/transport-survey-2018-report.pdf)

Access to Health

Despite the requirements of [The Standards](#), findings of research conducted by RNID suggest that people who are deaf or have hearing loss are still being forced to use the phone, go to their GP surgery in person, or rely on other people to book appointments on their behalf:

- 🎨 More than a third (36%) of survey respondents visit their GP surgery in person to book appointments, but only 17% said they prefer to book appointments in this way.
- 🎨 More than a quarter (29%) said that they ask a family member, friend or support worker to call their GP surgery on their behalf. But a much smaller proportion, 18%, said they wanted other people to book GP appointments for them.

- 🌸 Around a quarter (22%) of survey respondents said they experienced difficulties booking urgent same-day appointments or getting urgent medical advice when their GP surgery was closed.

Difficulties when accessing GP services

- 🌸 More than half (56%) experienced difficulties because urgent same-day appointments can only be booked by phone.
- 🌸 15% of survey respondents also said they had experienced difficulties because they were offered a same-day phone consultation by their GP surgery.

Source: [Good-Practice-Wales.pdf \(rnid.org.uk\)](#)

Impact of Coronavirus

47% of people with hearing loss have reported that the pandemic has affected their access to healthcare and treatment for non-coronavirus related issues, compared to 16% of non-disabled people.

Source: [Office for National Statistics \(ONS\), 2020, Coronavirus and the social impacts on disabled people in Great Britain: July 2020.](#)

Further research will determine the impact of the pandemic on those affected by sight impairment.

Technology enabled care / Remote appointments:

According to [RNID](#), 7 out of 10 (71%) of respondents felt that their communication needs would not be met during a remote appointment. More worryingly, nearly 60% of respondents admitted they had ‘put off’ seeking medical advice from their GPs since the introduction of remote appointments, leaving them at risk of not receiving vital medical care. For those who were able to book a remote appointment, 43% felt that their communication needs were not met during the appointment, and a further 29% left their appointment without a clear understanding of the information given to them.

As one respondent explained: *“Because I was having to concentrate on what the doctor was saying, I found I could not keep up because I was having to analyse each word whilst he was still speaking the next one. The result was at the end of the conversation, despite taking notes, I was left confused.”*

Source: [Access-to-remote-GP-appointments-during-COVID-19-report FINAL.pdf \(rnid.org.uk\)](#)

In summary, “Missed diagnosis and poor treatment of people who are deaf costs the NHS £30 million every year.”

Source: [Good-Practice-Wales.pdf \(rnid.org.uk\)](https://www.rnid.org.uk/good-practice-wales.pdf)

3. SERVICES USED BY PEOPLE WITH A SENSORY IMPAIRMENT

There are a number of specific services delivered by Swansea Bay University Health Board (SBUHB). Local data from Stats Wales has been gathered by the West Glamorgan Research, Innovation and Improvement (RI&I) Hub in the absence of data from the Health Board.

Ophthalmology - SBUHB

The following table indicates that the number of sight tests carried out by the Health Board during the COVID-19 pandemic decreased significantly between 2019 and 2021.

Swansea Bay University Health Board

Measure	Indicator	2019-20	2020-21
Total sight tests: eligible patients (3)	Sight tests: adults holding a low income certificate	150	250
Total sight tests: eligible patients (3)	Sight tests: adults receiving Income Support (5)	5,451	2,699
Total sight tests: eligible patients (3)	Sight tests: adults receiving Job Seekers Allowance	500	2,049
Total sight tests: eligible patients (3)	Sight tests: adults receiving Tax Credit (6)	4,051	1,499
Total sight tests: eligible patients (3)	Sight tests: children aged 15 or under	21,655	9,795
Total sight tests: eligible patients (3)	Sight tests: close relatives aged 40 and over of glaucoma sufferers	4,501	4,148
Total sight tests: eligible patients (3)	Sight tests: diabetics/glaucoma sufferers (7)	3,601	4,498
Total sight tests: eligible patients (3)	Sight tests: persons aged 60 and over (4)	52,711	12,793
Total sight tests: eligible patients (3)	Sight tests: persons requiring complex lenses	450	250
Total sight tests: eligible patients (3)	Sight tests: registered blind/partially sighted	0	50
Total sight tests: eligible patients (3)	Sight tests: students aged 16 - 18	3,601	1,699
Total sight tests: eligible patients (3)	Sight tests: Universal Credit (8)	2,250	100
Total sight tests: eligible patients (3)	Total sight tests: eligible patients (3)	98,921	39,829

Eye Clinic Liaison Officers, or ECLOs, are based at most hospital eye clinics. They offer information, guidance and emotional support.





Audiology - SBUHB

The Primary Care Audiology service provides wax removal and first contact hearing and tinnitus assessment advice in an effective cluster based model. It has a number of objectives, including improved


pathways, reduced demand on GPs and secondary services and quicker diagnosis of treatment time sensitive sudden sensorineural hearing loss.

Having been developed in response to the [National Framework of Action for people who are D/deaf or hard of hearing](#), the service is not aligned with one particular West Glamorgan programme, however it supports the programmes in the following ways:


Wellbeing and Mental Health

-  access to early specialist tinnitus advice can help to avoid the mental health consequences of tinnitus.
-  improved access to hearing assessment, advice and management is important to reduce the risk of developing dementia. (Unmanaged hearing loss in middle age accounts for 8% of the risk of developing dementia).
-  access to wax removal and reducing barriers to hearing health assessments, advice and management will reduce the burden of hearing loss on social isolation.
-  A hearing and dementia pathway being developed in collaboration with Improvement Cymru places Primary Care Audiology services as a key entry point.



Home First

-  Primary Care Audiology includes a domiciliary wax removal service. Access to wax removal will help ease communication barriers experienced by people being cared for at home.

Building Community Resilience

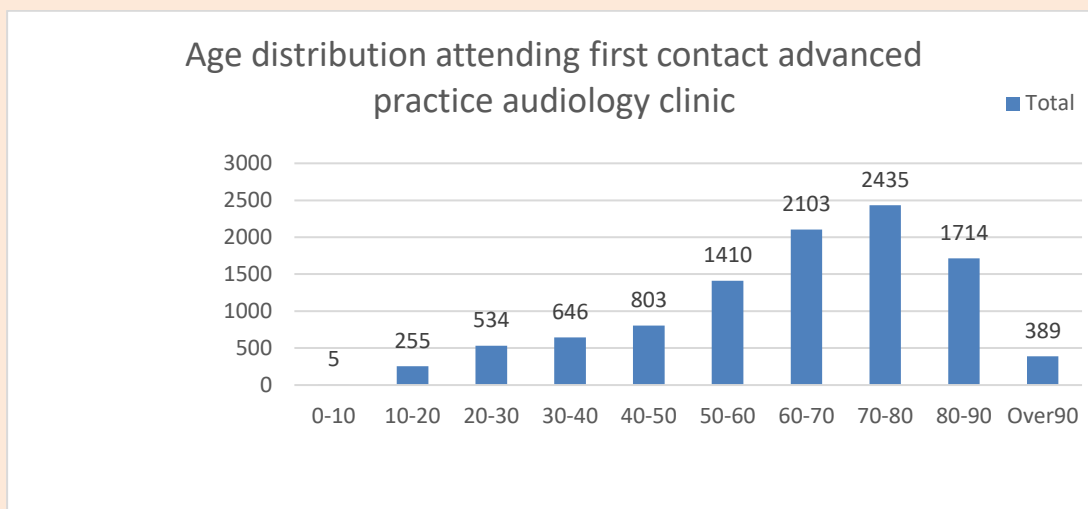
-  With a focus on self-management of wax and tinnitus, the service aims to increase the abilities of the community to manage these common but impactful conditions.

Supporting People Programme

-  reduced demand on secondary services (Ear, Nose and Throat (ENT)).
-  promotion of equality by providing accessible services closer to home in local communities.

The specific service and pathways have been developed in collaboration with ENT and Primary Care within Swansea Bay University Health Board. Close working and communication between these services is key, for example, including the use of video otoscopy technology to seek advice from ENT. By integrating the service into Primary Care, including the use of Primary Care patient management systems, communication with GPs is maximised. There are clear pathways for referral and communication to and from the sensory support teams in social care from audiology.

Problematic wax and acquired hearing loss predominately affects older people. The following graph reveals the impact that the service has on older people.



Rehabilitation Officers for Vision Impaired (ROVI)

The current number of Rehabilitation Officers for Vision Impaired (ROVI) workforce in West Glamorgan is as follows:

Local authority	*No. of ROVIs (FTE)	Population estimate	Minimum standard	% Difference
Swansea	1.5	246,993	3.5	-57%
Neath Port Talbot	1.0	143,315	2.0	-50%
West Glamorgan	2.5	390,308	5.5	-54%

* Based on a ratio of 1: 70,000

The Association of Directors of Adult Social Services (ADASS) and Social Services Improvement Agency (SSIA, now part of Social Care Wales) approved guidance is that a local authority should be employing a minimum number of one ROVI per 70,000 population; best practice is one ROVI per 50,000 population.








Source: State of the Nation Report: Service to Adults with Sight Loss in Wales [\[Word\]](#)

Third Sector and Voluntary Services

The sight loss sector in Wales recognises Perspectif as the tool to identify these services, and it is available at: <http://www.wcb-ccd.org.uk/perspectif/index.php>.

[Sight Life](#) provides local services and lifelong support so that blind and partially sighted people across South Wales can enjoy independent, fulfilled lives. Set up in 1865, Sight Life is one of the oldest charities in Wales.

Their remit includes:

-  Access to sport, leisure and interest activities
-  Technology support
-  Home visits/assessments
-  Independence courses and workshops – to help with shopping, transport, money management and other essential daily living skills.
-  Information, advice and signposting
-  Advice and support on products and gadgets
-  Social and support groups, which build confidence and provide peer support.

Working in Partnership – [Sight Life](#)

Sight Life works in partnership with a wide range of organisations. They have partnerships with local authorities, health boards and other third sector organisations to improve the lives of blind and partially sighted people across Cardiff, Swansea, Neath Port Talbot and Rhondda Cynon Taf.

The partnership work with VIWG (Vision Impairment West Glamorgan) has enabled Sight Life to source funding to deliver projects in Swansea Neath and Port Talbot, including Cooking Project, Falls Prevention and

Make the Change, which aim to develop independence, confidence, and skills around adapting to life with sight loss and/or dual sensory loss. Sight Life also work closely with RNIB on services relating to children and families, education, employment, and welfare benefits advice.

In addition, Sight Life work with a wide range of public and third-sector organisations to ensure people with sight loss have a voice in their community and can shape local and national services.

Low Vision Service Wales









Another critical service is Low Vision Service Wales – provided by Optometrists or Dispensing Optometrists accredited as Low Vision Practitioners in a Primary Care setting. People accessing the service are able to receive aids to support with day-to-day activities, and are also offered advice and guidance. Practitioners are also able to signpost people to third sector providers for further support.

There are currently 17 practices that provide the Low Vision Service to patients in West Glamorgan.



Local Authorities

Swansea's Sensory Services Team provides assessment, training, equipment and primary social work interventions.

Some of the support offered for hearing impaired people includes:

-  Work with clients who are Deaf, deaf and deafblind
-  Qualified British Sign Language (BSL)
-  Assessment of environmental equipment
-  Promotion of wearing hearing aids
-  Work with audiology for early intervention
-  Promoting independence so that a client does not have to rely on other people
-  Work closely with the Deaf/deaf community
-  Keeping up to date with new technology.

Some of the support offered for vision impaired people includes:

-  Specialist assessment, training and support
-  Administering legal sight impairment registers

- 🌸 Primary social work support for vision loss
- 🌸 Vision rehab intervention
- 🌸 Development and delivery of person-centred training
- 🌸 Identifying needs and issuing specialist equipment
- 🌸 Offering advice and support to staff/teams on vision impairment, across all sectors.

The service offers support to people who have both visual and hearing impairments. This includes:

- 🌸 Specialist assessments – Children, Transition and Adults
- 🌸 Recommendation / provision of specialist equipment
- 🌸 Communication passports
- 🌸 Working collaboratively with other colleagues in Social Care, Health, Third Sector and Education
- 🌸 Specialist one to one support – Communicator Guides / Intervenors
- 🌸 Identifying and maintaining registers of D/deaf-blind people
- 🌸 Provision of specialist training.

In Neath Port Talbot, the Sensory Support Team provide specialist support to enable anyone with a sensory impairment to live as independently as possible.

Some of the support offered for Deaf and Hearing impaired people includes:

- 🌸 Work with clients who are Deaf and Hearing impaired
- 🌸 Qualified British Sign Language (BSL)
- 🌸 Information, Advice and Assistance and assessment of needs
- 🌸 Provision of equipment and minor adaptations
- 🌸 Promotion of wearing hearing aids and facilitation of repairs
- 🌸 Work with audiology for early intervention
- 🌸 Promoting independence and supporting individuals to achieve personal outcomes
- 🌸 Keeping up to date with new technology
- 🌸 Develop links with third sector organisations
- 🌸 Arranging for registration (depending on audiology reports).

Some of the support offered for Deaf/Blind people includes:

- 🌸 Work with clients who are Deaf/Blind
- 🌸 Information, Advice and Assistance and assessment of needs
Provision of equipment and minor adaptations
- 🌸 Work with relevant services, including ophthalmology and audiology
- 🌸 Promoting independence and supporting individuals to achieve personal outcomes
- 🌸 Keeping up to date with new technology
- 🌸 Develop links with third sector organisations
- 🌸 Arranging for registration.

Some of the support offered for sight impaired people includes:

- 🌸 Specialist assessment, training and support
- 🌸 Vision Rehabilitation intervention – functional vision, mobility, independent living skills, technology
- 🌸 Assessment for and provide specialist equipment
- 🌸 Advise/support all staff/teams on vision impairment, across all sectors
- 🌸 Promoting independence and supporting individuals to achieve personal outcomes
- 🌸 Keeping up to date with new technology
- 🌸 Develop links with third sector organisations
- 🌸 Arranging for registration.

There are a number of initiatives from Welsh Government and a range of other organisations that focus on supporting people with sensory impairments. Some key areas of work are outlined below:

Sight impairment

“Vision is the most fundamental sense we use in living our daily lives. From the moment we wake up and wonder what time it is and choose what clothes to put on, to the moment we get into bed and reach for a book to read to calm us to sleep.

Losing sight in a sighted world is not something most people can imagine and, for many, is a truly frightening prospect. Yet it happens to at least 100 people a day.”

If this happened to any of us, we would surely want the support of a trained professional who can listen to our anxieties and fears, who can give calm, practical advice from the outset and who can teach us new skills as we learn to adapt to our new circumstances. That professional is the Rehabilitation Officer for Visually Impaired People (ROVI).

Source: http://www.wcb-ccd.org.uk/downloads/addressing_a_workforce_crisis_in_wales.pdf

Hearing impairment

Hearing impairment is associated with an increased risk of social isolation and loneliness, mental health issues including depression, cognitive decline and dementia. Encouragingly, there is growing evidence that hearing aids can reduce these risks.

Hearing aids improve a person's ability to communicate, maintain relationships and social engagement, and improve independence and quality of life. However, all hearing aids need regular maintenance to keep them working effectively and may need adjustments or repairs from time to time. Most people who use hearing aids are older adults who may have difficulty maintaining their hearing aids due to limitations to their manual dexterity, sight loss or other health issues. A previous survey of people who use our hearing aid support services found that 42% of respondents felt that they would not be able to change their hearing aid's tubing even if they were shown how to. RNID's hearing aid support services aim to address these issues, so that people continue to use their hearing aids, are able to hear well with them, and ultimately get the most benefit from them.

“The overwhelming message from people accessing the service is that of all the changes that happen as a result of accessing the service, what matters most to them is being able to continue using their hearing aids and having hearing aids that are well maintained and work effectively. This allows them to hear well, communicate more easily, and maintain their relationships and connections with the world around them. This in turn allows them to continue with ‘life as normal’. An important outcome of the service is the reassurance it provides that this can happen.”

Source: RNID Hearing Aid support services report, April 2021

Health and Social Care and the Third Sector

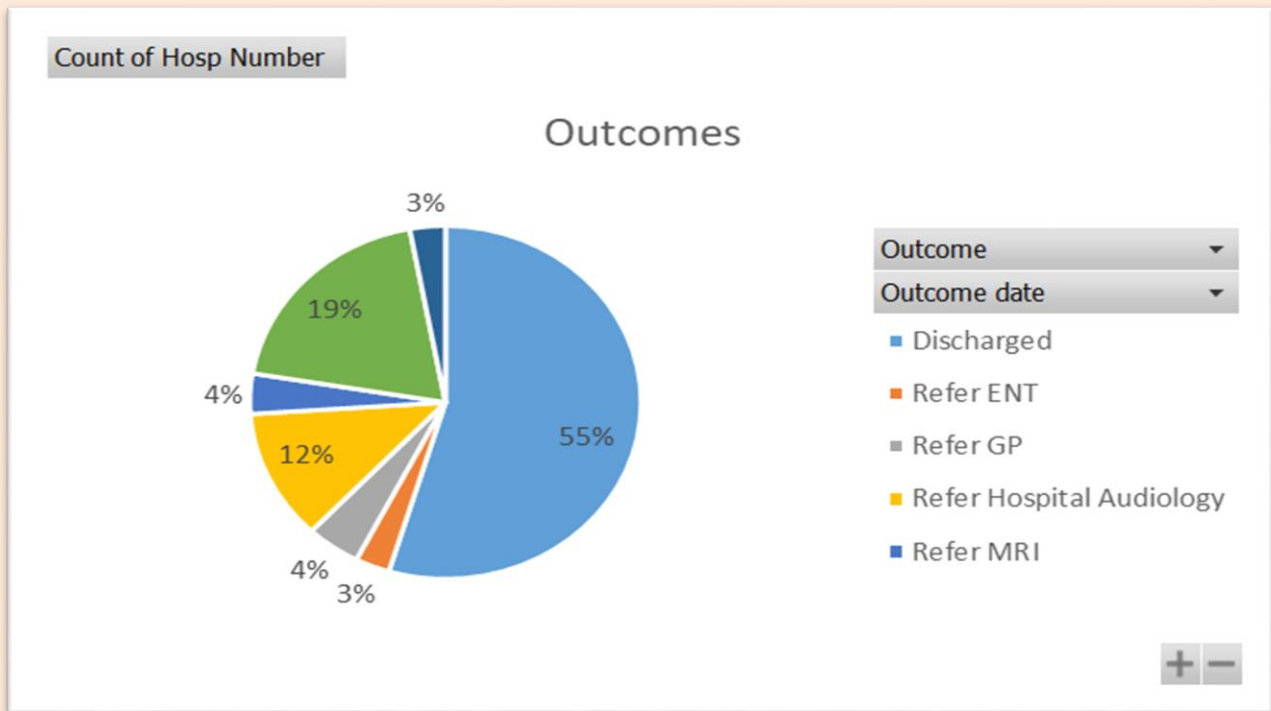
Audiology - SBUHB

The service has reduced referrals to ENT and reduced demand on GPs. The Audiology team are developing a Primary Care Audiology training programme and will submit this to the British Academy of Audiology for consideration for development in to a Higher Training Scheme Module. Also in collaboration with ENT, the team are applying for accreditation with the British Society of Audiology for a wax removal course.

The team won the 'Team of the Year' award at the British Academy of Audiology conference in November 2021. They also won the NHS Wales Award 2018 in the category 'developing a sustainable workforce' and were finalists in the 2019 Advancing Healthcare Awards within the 'innovation in healthcare' category.

A wax management leaflet has been developed and the team has contributed to the creation of an All-Wales advice leaflet for wax management. New referral and treatment pathways have been developed, data collection enhanced and Patient Reported Outcome Measures (PROMS) developed.

Outcomes of Primary Care appointments are very stable. Data for October to December 2021 are displayed below. They show a low referral rate to ENT. Additionally, only 3-4 % of patients require a consultation with their GP, which suggests that patients are appropriately accessing the service. A larger number are referred to Audiology for hearing management, which is appropriate and the service is identifying and referring a number of patients who require imaging at the Primary Care Audiology level, rather than requiring a secondary appointment to identify this need.



Local Authorities

In supporting the cohort during the pandemic, Sensory Services Teams within the region examined how they are working and what needs to be done going forward.

The following highlights particular issues and ways forward:

- 🧩 Receiving higher volume of crisis cases due to COVID-19
- 🧩 Targeted and outcome driven practices
- 🧩 More focus on reducing isolation and supporting mental health and wellbeing
- 🧩 New multi-disciplinary and multi-functional approach to dealing with the waiting list
- 🧩 Flexible response to a referral, by allocating appropriate staff to meet specific needs
- 🧩 Team now acts as a resource to support other services/teams/professionals
- 🧩 Challenged traditional working practices – develop hybrid / alternative methods
- 🧩 Better integration with other services – e.g. social care, health, voluntary and education
- 🧩 Improved communications within the team
- 🧩 New staff – Social Worker/Rehab Officers

-  Investing in and updating specialist equipment.

4. WHAT GAPS HAVE BEEN IDENTIFIED AND WHAT DO WE NEED TO PLAN FOR?

Through the work of key partners, some progress has been made but more needs to be done based on the recommendations outlined below.

Sight Loss - Key recommendations

The following recommendations are sourced from the publication: Wales Council for the Blind - addressing a workforce crisis in Wales (linked above).

Oversight of profession

There needs to be formal recognition of the ROVIs' responsibilities and the safety of the public. The forthcoming regulation of the profession under the Professional Standards Authority should be recognised by Social Care Wales to encourage the standards to be adopted by each local authority.

Supervision

The requirement for professional supervision of ROVIs is implicit in the standards. Where there is no supervisor available to support the ROVI in relation to their role, a peripatetic ROVI supervisor should be engaged for the purpose.

Regional working

Consideration should be given to sharing resources across county boundaries (with supervision, for example). This could fall within the remit of the Regional Partnership Boards.


Better data capture and outcome measurement

Data need to be captured on the referrals to outside agencies where someone presents with sight impairment. All inquiries for support should be logged, including the actions taken, and made available for inspection by sensory teams in order to identify situations where individuals who could benefit from ROVI support are being inappropriately forwarded on to other agencies.

The outcomes measure tool developed in Rhondda Cynon Taf should be adopted across Wales, particularly where no similar tool is used, and the data gathered for Wales-wide analysis. Service user satisfaction data should be routinely recorded and used for service improvement.

 **Clear pathway with routes to other services for unmet need**

Unmet need (a need that cannot be met by the ROVI) must be dealt with by other skilled workers, such as a mental health worker. These workers or agencies must be quickly and clearly identified to enable swift referrals into support where the ROVI cannot safely provide an intervention.

 **Promoting understanding of roles and what to expect**

Better information needs to reach the public and affiliated workers to ensure a fuller understanding of the ROVI's purpose. The public needs to know what they can expect from the service, and how to access it. They need to gain an understanding of the kinds of interventions available to them so that they don't fall at the first hurdle – namely, the 'What Matters?' conversation. The affiliated workers must understand how the ROVI fits within a larger social care context, so that ROVIs are not treated as an afterthought. They must understand that the ROVI can provide support that reduces the pressure on other services.

 **Strong workforce development plan**

The scarcity of ROVIs needs to be anticipated and addressed through a workforce development plan for each local authority. Although this study looks at the short-term problem of staff retiring from an already under-strength workforce, the problem does not go away – it needs to be kept under review.

 **Rehabilitation Course and Apprenticeships**

The creation of the satellite Rehabilitation course can help to address the shortage of trained ROVIs. By making the course available in Wales, it is more easily taken up by people already working in associated fields. It can also be responsive to demand; since the workforce is a small one there is only an occasional need to refresh the workforce with newly trained officers.

The Apprenticeship model, as used in England, would offer a cost effective way of getting people trained up when demand for new officers is anticipated. A similar apprenticeship model could be established in Wales with Welsh Government support.

Investment in Continuing Professional Development (CPD)

Greater investment in CPD is essential for maintaining a robust and well-informed service. Local authorities and third sector providers should recognize the value in nurturing their workforce and release more time and money to allow ROVIs to take up CPD opportunities.



Establish an advisory board

To establish an advisory board with representatives from local authorities, local health boards, Third Sector, Social Care Wales and Welsh Government to implement the above recommendations.




Hearing Loss- Key actions

The latest [Action for Hearing Loss Cymru](#) (now rebranded as RNID) report outlines the following actions which identify some preventative measures that will support sectors of the population that experience some form of hearing loss.

Public health:

-  The Welsh Government should make tackling the growing prevalence and impact of hearing loss a national priority.
-  The UK's National Screening Committee should introduce hearing screening for all people aged over 65 in Wales.

Hearing services:

-  The Welsh Government should consistently monitor performance against quality standards and publish the results.
-  Local Health Boards (LHBs) must commission and properly fund high quality hearing services and make sure all the people who could benefit from hearing aids continue to receive them free of charge on the NHS.
-  GPs and audiologists should improve the quality of their information and deliver ongoing support, which meets the needs of people with hearing loss.

- 🌸 The Welsh Government and LHBs should work in partnership with voluntary sector service providers. They should continue to fund the essential 'Hear to Help' hearing clinics and other community-based, NHS aftercare audiology services across Wales.
- 🌸 LHBs, GPs and Social Services must deliver consistent, high-quality support services for people suffering with tinnitus.

Equipment and support:

- 🌸 The Welsh Government should enforce requirements, under the new legislation, to provide equipment to and support for people with hearing loss.
- 🌸 The Welsh Government should ensure lip reading classes are available for all those who could benefit.

Social care:

- 🌸 The Welsh Government should work with third sector partners to ensure there is an appropriate level of support available across Wales for deaf people with additional needs.
- 🌸 Local authorities should consider people's communication needs when allocating funds for personal budgets, and make sure social workers are appropriately skilled to carry out assessments for people who are deaf.

Housing:

- 🌸 All social housing landlords in Wales should deliver support in line with the guidelines outlined in their best practice document, including training all staff in deaf awareness and communications tips.
- 🌸 The Welsh Government needs to monitor the performance of housing providers, to make sure they are following this guidance and meeting their duties.

Source: [Hearing-Matters-report- -Wales-Supplement.pdf \(rnid.org.uk\)](#)

Good Practice Wales RNID have developed some recommendations in relation to GP surgeries and the use of remote appointments. These are:

- 🌸 GP surgeries should offer a range of different contact methods, such as email, text/SMS message, textphone, Next Generation Text (NGT) Service and remote BSL video-interpreting services.

- 🌐 Online access can also be a simple and accessible way for many people who are deaf or have hearing loss to contact their GP surgery, book appointments, order repeat prescriptions or receive test results. Many GP surgeries already offer online access for their patients and, given the accessibility benefits, they should consider promoting these services directly to people who are deaf or have hearing loss.
- 🌐 GP surgeries should also ensure online services are accessible for people who are deaf. As a minimum, online information should be written in plain English. To ensure online services are accessible for everyone, GP surgeries should also consider producing BSL videos of key documents and other important information, such as complaints policies.

Source: [Access-to-remote-GP-appointments-during-COVID-19-report_FINAL.pdf \(rnid.org.uk\)](#)

Results and recommendations from the [Action on Hearing Loss Transport survey](#):

Transport operators should:

- 🌐 Provide a range of options for people to access real-time information: apps; trained and available staff; and working screens
- 🌐 If transport operators have apps which send some real-time information, these should be advertised to increase awareness
- 🌐 Promote the use of 'assistance cards' which passengers can show staff to communicate how they might need help.
- 🌐 Hearing loops should be installed, signposted, and tested regularly to ensure they are working
- 🌐 If glass screens are needed, then they need to be kept clean to enable lip-reading for people with hearing loss
- 🌐 There should be help points and desks which are in a quieter part of the station. These should be reserved for people who require support with accessibility.

Source: [Transport-Survey-2018_report.pdf \(rnid.org.uk\)](#)

Children and Sensory Loss:

Services for children remain mixed, with evidence of very limited provision in several local authorities. Education, health and social care

are still working too independently in many areas. Early years support needs more careful thought and should be family-centred. Services should support the whole child from birth or the point of diagnosis, without delayed access to the right support at the right time. Services are best co-ordinated around education, but with a multi-agency approach supporting work in non-educational settings. There is strong evidence that early intervention has the strongest impact.

There is a need for a continued focus on workforce planning for Qualified Teacher of Children and Young People with Vision Impairment (QTVI) and habilitation specialists building on the recent work of the Welsh Government. To deliver a structured programme of support, local authorities should be employing at least one accredited habilitation specialist per 100 CYPVI.

The transfer from children to adult services tends to happen at different points during the young person's journey and requires more consistency and focus.

Despite ongoing budgetary restraints, all sectors must come together to develop new ways of working based on recent and emerging legislation.

5. CONCLUSION AND GAPS IDENTIFIED

Whilst the national developments are welcome, how they are delivered by local authorities will be the real test. Ongoing development and planning, especially in terms of cross-sector working and in workforce numbers and improvement, will be paramount in this. Given recent and ongoing legislative changes in Wales, there is a real opportunity for all sectors to work together to improve services for Welsh CYPVI. This includes the Welsh Government, health, social services and education providers working alongside the voluntary sector to make a difference.

Partnership working is the only way to provide services that will ensure that Welsh CYPVI achieve their full potential and have the skills to be ready for adult life. This can only be achieved with early intervention by the right people at the right time.








Source: State of the Nation Report: Services to Children and Young People with Sight Loss in Wales [\[Word\]](#)

Those affected by sensory impairment have faced numerous barriers and challenges over recent years. The lack of awareness and accessibility difficulties experienced during the COVID-19 pandemic has magnified issues faced by this cohort. The evidence from this chapter also highlights an increase in service demand.

Persistent barriers such as mental health inequalities remain a problem, and the lack of awareness of sensory impairment (including dual sensory impairment) in the health and social care sector and more broadly needs to be addressed. These challenges require a collaborative, co-productive, regional approach to transforming services and changing attitudes to sensory impairment (covering prevention, assessment, treatment and ongoing support for all people of West Glamorgan).

In summary, there are some specific gaps that are apparent from the assessment that need to be incorporated into regional work and local service plans. A more joined up approach to facilitate new ways of working is needed.

Gaps highlighted within this assessment include:

-  Services such as improved awareness of technology.
-  Access to transport.
-  Access to services in health and appointments.
-  Increase in ROVI personnel.
-  Closer involvement by all partners on sensory impairment related matters.
-  Further exploration on children affected by sensory impairment, including habilitation services.
-  Data and further analysis required on those with dual sensory impairment.

Appendix 1

RNIB Cymru briefing

1. Sight loss in Wales

Around 111,000 people live with sight loss in Wales today.

- Swansea: 8,400
- NPT: 4930
- Bridgend: 4970



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.

Covid-19 has exacerbated the situation and these inequalities. It has had a devastating impact on the health and social care system in Wales, for patients and for staff who have been at the forefront. Demand on NHS eye care is now outstripping capacity to deliver a safe and effective services.

The lockdown measures introduced due to coronavirus also had a disproportionate impact on blind and partially sighted people in Wales. Social distancing is by definition more difficult – if not impossible – for those who cannot use vision to judge distance.

We know the numbers living with sight loss will increase dramatically. By 2050, the number of people with sight loss is expected to double.

Indirect costs associated with sight loss cost the Welsh economy around £268 million every year. This includes costs due to lower employment rates and unpaid care provision. It is estimated that the associated reduction in wellbeing and health due to living with sight loss totals £1 billion every year in Wales. ¹

The barriers people with sight loss face every day, which already create a deep inequity, and needs radical change.

The key issues affecting blind and partially sighted people in Wales – Swansea, NPT, Bridgend

¹ [Deloitte Access Economics \(2017\). Incidence and risk of sight loss and blindness in the UK. RNIB.](#)

Issue 1: The continued delays and/or cancellation of appointments at eye clinics is leading to too many people in Wales losing their sight unnecessarily.

The Welsh Government introduced Eye Care Measures to support Health Boards to prioritise patients based on their clinical needs. Wales became the first country in the UK to implement these dedicated targets for Ophthalmology in 2018.

For a number of serious eye conditions regular monitoring and treatment is essential to reduce the risk of patients losing their sight unnecessarily. Delays to their treatment can put people at risk of irreversible sight loss. The Measures prioritise all new and follow up patients based on their clinical need and every patient is given an individual target date. Of the three categories, “HRF1” patients are patients at “risk of irreversible harm or significant adverse outcome should their target date be missed”. Latest Eye Care Measures data shows that **more than half** of eye care patients at the highest risk of sight loss are waiting more than 25% beyond their clinical target - about 65,000 patients.

In Swansea Bay only 46.3 per cent of the highest risk patients were seen within target date or within 25 per cent beyond target date, therefore at immediate risk of permanent sight loss or irreversible harm. [Patients waiting for an ophthalmology outpatient appointment \(gov.wales\)](https://gov.wales/patients-waiting-for-an-ophthalmology-outpatient-appointment)

Pre-pandemic, a Wales Audit Office report revealed that waiting times in Wales NHS are longer now than ever before (ophthalmology is second worst of all disciplines).

Since coronavirus hit, we know that the eye service is experiencing a huge backlog across all eye conditions. People have lost sight because of the additional wait and the true cost has yet to be ascertained.

There are more than 300,000 out-patient attendances each year for hospital eye services (more than 10% of all hospital outpatient visits in Wales – the busiest outpatient service) and historically capacity has been unable to meet the current demand.

Over the next 20 years ophthalmology demand is projected to increase by 16% for conditions such as glaucoma, 47% for age related macular degeneration, 50% for conditions such as cataract, and up to as high as 80% for diabetic retinopathy.

Current workforce capacity to provide specialist hospital eye services is extremely limited. The Royal College of Ophthalmologists 2018 census reported an extra 230 consultant posts were required across the UK to meet rising demand for services - a significant number of posts remain

unfilled in Wales. The [Welsh Government has announced measures to continue to upskill and support optometrists to see more patients in the community](#). Optometrists with higher qualifications can diagnose, manage and treat more patients in primary care, improving patients' access to care close to home. This approach will reduce the demand on the hospital eye service. RNIB supports this move but much like hospital services, the daily capacity of optometrist to treat patients has significantly decreased due to pandemic restrictions and a lengthy backlog of higher risk and more complex cases will still need managing.

Solutions and priority actions:

A key factor in delivering the government's vision for eye care in Wales is the need to develop a pan-Wales eye care workforce plan that is clearly linked to capacity and demand data. Whilst some individual Health Boards are demonstrating good examples of workforce planning on a local scale, if we are to achieve service redesign and deliver additional capacity to meet current and future demand within the eye care system right across Wales, the pace of change must increase, and the work must be overseen by government at a national level.

The Eye Care Delivery Plan has now come to an end. The Welsh Government must be clear now what the ophthalmic direction is for local Health Boards.

The move to primary care is hugely important to enabling more capacity in eye clinics for patients with the most serious conditions.

Another critical factor is the implementation of pan-Wales Electronic Patient Record (EPR) system.

Reporting on the Measures was paused for a period during the pandemic. However, the Eye Care Measures must now be properly embedded in Health Board practise and action plans be developed to tackle performance and backlog.

Actions

- Ensure that transforming eye care services is a priority and that health boards have a clear improvement plan to achieve the targets set in the Eye Care Measures.
- Develop a pan-Wales eye care workforce plan that is clearly linked to capacity and demand data. This must be driven by government.

- Urgently increase and oversee the pace of change in health boards especially in light of the backlog and changes necessitated by Covid-19.
- Tackle the waiting list problem Wales-wide through sharing innovative practises across Wales and implementing these models rigorously and efficiently.
- Ensure the better integration of community optometry and hospital eye services and furthering the model of shared care.

Issue 2: Blind and partially sighted people in Wales are not receiving information from health services in an accessible format.

People with sight loss in Wales are not currently able to understand and make informed decisions about their own healthcare because information is not given to them in an appropriate format - and they are not routinely communicated with in a way that is appropriate to their needs.

The pandemic has shone light on the fact that the current IT systems are not fit for purpose. People received shielding letters in formats they were not able to read. More recently, vaccination appointment letters were also inaccessible to many.

Ineffective communication with patients with sensory loss is a patient safety issue. Patients are at risk by not receiving the right support to enable them to engage in and fully understand consultations with healthcare professionals.

The previous Senedd's Equality, Local Government and Communities Inquiry into Covid-19 found deficiencies in the provision of information and guidance in accessible formats during the pandemic. It called for the appointment of an accessibility lead within the Welsh Government to oversee production of all key public information in accessible formats. RNIB research conducted in April and May 2020 supports the Committee's findings. It shows that during the pandemic, one in four (26 per cent) respondents had struggled to get written information in a format that they could read and 17 per cent said that they had struggled to access online information.

The All-Wales Standards for Accessible Information and Communication were introduced by the Welsh Government in 2013, and since November 2017, GP surgeries in Wales have had the functionality to identify and record the information and communication needs of their patients with

sensory loss. However, these have not led to demonstrable change for blind and partially sighted people in Wales.

Solutions and priority actions:

NHS services should ensure that people with sight loss are asked about their communication needs and any information is provided in their preferred accessible format. This should include: receiving letters, test results and appointment reminders in an accessible format by right and without fight, enabling the same levels of independence and privacy expected by everyone else.

Key staff within HBs should receive training to better understand the communication needs of blind and partially sighted people and how to meet their communication preferences.

- Systems should be in place in primary and secondary care to record patients' communication preferences and to support staff to proactively deliver on patients' stated preferences.
- Health Boards should allocate senior level "owners" who are responsible for the implementation of the standards so that lack of compliance is taken more seriously.
- Welsh Government should appoint a national lead for accessible information responsible for ensuring accessibility is embedded into communications and ensure compliance
- HBs must robustly implement the Standards and they must be clear with the public how they will do this.
- HBs must report on progress in implementing the Standards and reports must be made available for public scrutiny.
- Welsh Government must clarify what the consequences are for HBs who fail to comply with the Standards.
- The HB should put in place a campaign to ensure blind and partially sighted people are more aware of their rights.

Issue 3: The decline in the provision of Vision Rehabilitation in Wales means that many blind and partially sighted people are failing to receive this vital support.

In recent years, there has been a substantial decline in the number of Vision Rehabilitation Officers in Wales. In some areas of Wales people

are waiting **upwards of 12 months** to see a ROVI (Rehabilitation Officer for the Visually Impaired).

- Swansea has 0.5 ROVIs. Minimum best practice is 3.5. Under resourced by 86 per cent.
- NPT has 1 mobility officer. Min best practice is 2. Under resourced by 50 per cent.
- Bridgend has 2 ROVI's Minimum best practice is 2.1. Under resourced by 5.1 per cent.

The role of the ROVI is to build confidence, provide emotional support, regain lost and teach new skills, and maintain independence and choice. Giving that falls in Wales are estimated to cost the NHS £67 million per year, and that half of those are directly attributable to sight loss, early rehabilitation interventions provided by this service is likely to have an enormous impact.

With many blind and partially sighted people failing to receive the vision rehabilitation support, we are likely to see an increase in the knock on impact to other services in health and social care.

While already under-resourced, there are also no clear plans for workforce renewal.

Please see Rehabilitation Officers for visual Impairment: Addressing a workforce crisis in Wales. Aug 21. (Attached)

Solutions and priority actions:

Local Authorities must address the workforce situation as a matter of urgency. Only 6 Local Authorities in Wales currently meet the recommended minimum standard and there is no plan for training and recruitment of future ROVIs. A ROVI must undertake a two-year foundation degree course, and many LAs have been unwilling to commit funding for this purpose. This must change.

Another key issue is that in some areas, referral pathways are clearer than in others, leading to more referrals to the service. The process of issuing Certificates of Visual Impairments can be slow, impacting on the offer and signposting to rehabilitation support.

During the pandemic, assessments in every authority in Wales assessments were/are being carried out over the telephone and rehabilitation plans drawn up that cannot be delivered. There will be an increase in the number of people with sight loss waiting for rehabilitation as a result and this must be factored in to resource planning.

Key calls:

- Local Authorities must be held accountable for delivering Vision Rehabilitation support and post-pandemic plans put in place for managing the backlog.
- Every Local Authority must adopt the minimum industry standard of 1 ROVI to 70,000 population, and make a commitment to invest in training new ROVIs.
- All Local Authorities must establish a clear referral pathway to and from Low Vision Service Wales.
- All Local Authorities must ensure that new referrals receive an “assessment of need” from a qualified ROVI.

Issue 3: Blind and partially sighted people experience difficulties in getting around the places they visit, work and live which can make leading a full and active life very difficult.

The ability to use public transport and make walking journeys independently is of fundamental importance to blind and partially sighted people.

People with sight loss say that lack of accessible transport is one of the biggest problems facing them and severely restricts their independence and freedom. But as well as transport, buildings, shared spaces and pavement and street layouts also affect how blind and partially sighted people navigate their way through their daily lives – a challenge made even more pronounced by social distancing requirements.

2021 research from the RNIB found that the most common barriers facing blind and partially sighted people when navigating streets are:

- detecting and keeping out of the way of moving vehicles
- the importance of detectable kerbs and crossings
- the hazards of cluttered pavements.

Currently, built environments, which include schools, hospitals, homes and transport hubs are not always accessible which means that people with sensory loss often lack confidence in getting on with their daily lives. Shared public spaces such as areas where pedestrians, e-scooters and cyclists are expected to share the same area are not currently developed with blind and partially sighted people in mind to ensure everyone’s safety. And street clutter, such as the location of A-boards, furniture outside cafes and dock-less bikes are often not thought through and can lead to people with sight loss getting injured.

Solutions and priority actions:

- Local authorities:
- Need to embed accessibility into their street planning, ensuring that potential negative impacts are mitigated.
- Significantly improve the accessibility of buses and trains, including the introduction of audio announcements on all bus services in Wales.
- Introduce pavement licensing regulations to ensure that street furniture and other obstructions do not compromise pavement accessibility.
- Ban street advertising boards.
- Install accessibly designed, signal control pedestrian crossings at all crossing points over cycle lanes.
- Put in place measures to ensure e-scooters are safe for pedestrians.
- Monitor street accessibility regularly, ensure consistency of street layouts and act quickly when pavement obstructions are found.
- Enforce the pavement parking ban coming into effect in June 2022.
- Actively raise awareness of the hazards facing blind and partially sighted people through local channels.

October 21