



Sight testing services in Tower Hamlets

Aims

Tower Hamlets primary care trust commissioned the Public Health Action Support Team (PHAST) and Mayhew Harper Associates Ltd. to undertake a care needs assessment for eye health, to inform the 'Eye Health Strategy' in Tower Hamlets so as to improve the outcomes and quality of life for people with poor health, taking both health and social needs into consideration.

What we did

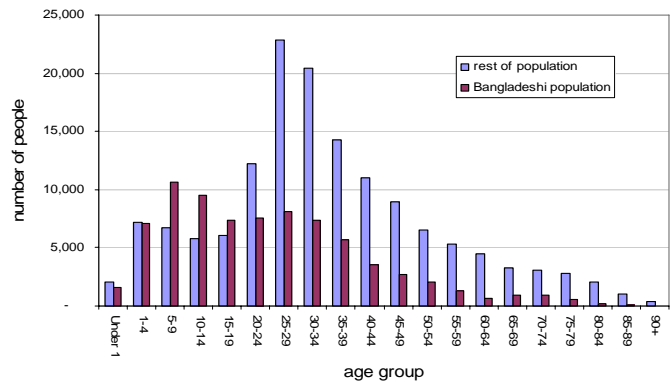
Eye health is closely linked with age, ethnicity and socio-economic risk factors. Mayhew Harper Associates Ltd adopted the Neighbourhood Knowledge Management, *nkm*, approach using a 'cleaned' GP register, checked against the school census and then geo-referenced to the Local Land and Property Gazetteer (LLPG). To simplify the analysis we used two bands of ethnicity: Bangladeshi and 'other' (mainly white). Bangladeshis can be identified using school census data and name recognition. We identified where each high risk sub-group lives in relation to eye test providers and looked at the volume of NHS sight tests by provider and location in order to observe any material differences in accessibility and activity levels.

Outputs

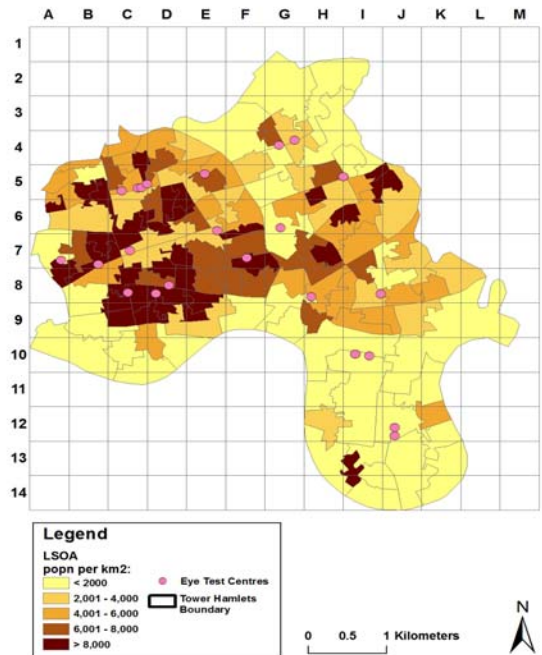
We found that the Bangladeshi population is both smaller (78k) and much younger than the non-Bangladeshi population (147k). However, there is proportionately a far greater take up of free sight tests in the Bangladeshi population of which around 30k a year are conducted in Tower Hamlets.

This is partly because we believe that, for reasons of lower average incomes, qualifying entitlement to free NHS sight tests is greater in the Bangladeshi than in the non-Bangladeshi populations, although it is estimated that 57% of the whole population of Tower Hamlets is eligible on grounds of age, income or health so that the differences in take up are still unexpectedly high.

The higher uptake in the Bangladeshi population also appears to be a function of better geographical access to sight test centres. It is concluded that people living in social housing, co-habiting people and people of Bangladeshi origin tend to be closer to a sight test provider than other groups of the population due to the distribution of sight test centres. Older people (65+ years) had notably worse geographical access than other groups and this significantly affected the frequency with which they had sight tests performed. Our report recommended that sight testing facilities should be made more available and that the PCT would investigate whether sight testing could be provided for example in GP surgeries.



Age structure of Bangladeshi and 'other' populations



Density of Bangladeshi population by super output area showing locations of sight test providers

Tailoring services to local needs

NEIGHBOURHOOD KNOWLEDGE MANAGEMENT

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