

## RESPONSE TO CONSULTATION QUESTIONS (AS STIPULATED ON PAGES 3 THROUGH 7 ON THE CONSULTATION DOCUMENT):

### Question 1

The strategy follows the following themes:

- Risk reduction and health promotion.
- Recognition and identification.
- Assessment and diagnosis.
- Living as well as possible for as long as possible with dementia.
- The need for increased support in the community.
- More specialist care and support
- Supporting the plan:
  - Education and training
  - Research.

Do you feel there should be any additional themes included?

No

### Question 2

Within each theme we have identified a number of proposed key actions. Do you feel these are the right ones?

Partly.

Optometrists could be a key partner in improving a dementia patient's quality of life, following diagnosis.

Many common dementia symptoms directly affect vision. Evidence shows that if a patient with dementia also has impaired vision, their quality of life and cognitive functionality can be significantly reduced. The symptoms of visual impairment and dementia can be difficult to separate without regular eye examinations. Diagnosing and correcting visual impairment can improve quality of life and can reduce the related co-morbidities among the dementia population. The [Prevalence of Visual Impairment in Dementia \(PrOVIDe\)](#) project was a NIHR funded, collaborative research project led by the College of Optometrists, and carried out in partnership with the Alzheimer's Society, Thomas Pocklington Trust, University College London, Newcastle University, City University London, the University of Birmingham, and Trinity College, Dublin. Evidence from the [PrOVIDe project](#) shows that effective eye examinations are possible in most patients who have dementia. As optometrists regularly see the segment of the population who are most at risk of developing dementia, they are in a good position to make positive differences to their lives by taking the appropriate steps to correct their visual impairment.

- The College Of Optometrists is already in the process of producing resources for patients and carers, offering essential information on the importance of eye health for people with dementia. At diagnosis stage, these could be extremely useful for the wellbeing of the patient and/or their carer. Indeed, within the strategy, the third key action on page 26 in the section *Early support and treatment for people with dementia and carers/families following diagnosis* imposes a duty on health boards to ensure that information packs are offered to patients and carers – we strongly advise that information on the link between vision and dementia that highlights the potential complications and promotes the need for regular eye examinations, be included in these packs.
- In reference to the first proposed key action on page 29 of the strategy (in the *Support for education and training of staff* section), could funding be made available to help make optometry practices across Wales become dementia friendly organisations? Possibly

facilitated through the recently legislated [Wales Eye Care Services \(WECS\)](#), this would be an easy route to equipping an entire section of the primary care team, who regularly treat the population that are most vulnerable with the essential dementia care skills.

- Page 29 (*Living in rural settings*) – the availability of [Domiciliary Eye Care](#) services should be promoted here.
- Page 20 (*Recognition and referral*) - Health Boards should include optometry in their published care-pathways.

### **Question 3**

**The strategy describes what services should be available for people and their families and carers to live well in the community for as long as possible.**

**What do you think are the key features of this type of service?**

For reasons described above, domiciliary eye care services and high street optometrists could be a key partner in a service that helps dementia patients live well in the community for as long as possible.

### **Question 4**

**Within the final Together for a Dementia Friendly Wales we would like to include examples of notable practice. If you have any which you would like to highlight, please do so here.**

**Please explain why you think it is an area of good practice e.g. an evidence base, an achieved accreditation award.**

n/a

### **Question 5**

**Within the document we have highlighted the advantages of using telehealth, telecare and assistive technologies to help people live more independently and safely within their own home.**

**What do you think the challenges and barriers are in making this happen and how could you overcome these?**

Cost of necessary equipment and/or technology required for patients and practitioners is going to be the largest barrier to implementing the services described within the strategy.

Also, would the effective operability of such technology be in question among the dementia population, due to issues of memory and cognitive impairment? Would additional carer training be necessary?

### **Question 6**

**Do you think the key actions will provide a positive impact for people based on the following protected characteristics:-**

- Disability
- Race
- Gender and gender reassignment
- Age
- Religion and belief and non-belief
- Sexual orientation
- Human Rights
- Children and young people

Yes

### **Question 7**

**Do you think the key actions will provide a positive impact on the opportunities for use of the Welsh language?**

n/a

### **Question 8**

#### **Additional comments**

We recommend that The [Prevalence of Visual Impairment in Dementia \(PrOVIDe\)](#) be included in the notable research section.

In terms of the performance indicators on page 51, we urge that optometry practices be included as a “primary care setting” and that optometrists as individuals are included in percentages of NHS employed staff.

### **Question 9**

#### **Additional sources of information**

The [Prevalence of Visual Impairment in Dementia \(PrOVIDe\)](#)  
<https://www.college-optometrists.org/the-college/research/research-projects/provide-dementia.html>

Vision function abnormalities in Alzheimer disease – a systematic review (2014), Tzekov & Mullan

<https://www.ncbi.nlm.nih.gov/pubmed/24309127>