

**BARRIERS TO UPTAKE OF EYE CARE SERVICES BY THE INDIAN POPULATION LIVING IN EALING, WEST LONDON.****Daksha Patel**

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**Introduction** Epidemiological studies in the UK have established that the prevalence of treatable ophthalmic diseases amongst Indian immigrant populations is very high. In the 40 -60 year old age group the prevalence of age related cataract was 30 % in Asians compared to only 3 % amongst people of European descent, indicating that there is earlier onset of ophthalmic disease. A study undertaken in Southall, Ealing, where there is a sizeable Indian community, found the prevalence of blindness in the community to be 2.7 percent compared to the national prevalence of 0.2 percent. In this Ealing population the main causes of blindness were age related cataract and diabetic retinopathy which are avoidable with appropriate and timely management.

Despite, this high prevalence of eye disease, the Indian population in London does not fully utilise the available eye care services. This study in Ealing, London was aimed at determining the reasons for poor utilisation of eye care services.

**Methodology.** Qualitative research methods were used. These included: focus group discussions with community members and religious leaders, semi-structured interviews with general practitioners and Indian patients attending eye unit for the first time at Ealing hospital and non-participatory observation methods.

**Findings** This study highlights that the attitudinal barriers( misconceptions about diseases, its management and fear) rather than “cultural” issues influence the interpretation of health needs and decision making in this Ealing community. Furthermore, the negative experiences of individuals (not understanding the management, dissatisfaction with outcome, waiting lists and difficulties with appointments) contributes to consumer doubts and anxiety and “snowballing” the reluctance to utilise the health system.

Many of these issues are complex in that they can be interpreted as a result of poor communication and/or understanding between providers and consumers. The dichotomy between the community's perception about language not being a barrier and the communication difficulties experienced was unexpected. The difficulty experienced with using relatives as translators was noted.

The problems between the general practitioners and their Indian patients are beyond the context of language as they often speak the same language. However, this community perceive the role of the GP as a ‘gatekeeper’ to specialist services and this was perceived as unsympathetic and highlighted as a barrier in our study.

**Further work:**

- Develop appropriate ophthalmic health education and health services material.
- Evaluate the impact of language on patient satisfaction in specialist settings

**Key message Box**

The prevalence of visual disability in the Indian community is very high but the uptake of available services is poor. This study highlights:

- Poor awareness about eye diseases and its management
- Difficulties and dissatisfaction with health system – waiting lists, appointments etc
- Resignation of failing vision to “ fate” or part of ageing process.
- Dichotomy about language as a barrier.
- GPs seen as “gatekeepers” to specialist services

