

Life after sight loss

How helpful is counselling?

Who listens to carers?

Beyond the rhetoric

Re-ablement

A peg for rehab services?

Ophthalmic nursing

What's happening to CPD?

Eye health

The benefits of exercise

Working life

What technology means to me



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New Beacon

NB



How do you get on with modern technology? When software clashes or the PC is having an off-day, or we're simply overwhelmed with emails, it's easy to wish ourselves back into the pre-computer age. But our Working Life feature on the wide range of digital equipment used by eye health and sight loss professionals leaves no doubt that technological developments can be very positive for professionals, patients and clients – even if the learning curve is sometimes painful!

Less clear is the impact of other developments in our professional lives, especially that of spending cuts and restructuring of local authority services and the NHS. This month our Career Focus homes in on two areas of special concern to NB readers – the role of rehab workers in the 're-ablement' agenda, and the future of education and training for ophthalmic nurses.

NB readers are well acquainted with the psychological distress caused by sight loss, and the importance of emotional support. But how helpful is it to offer formal counselling sessions as part of low vision services? Two sites, in Gateshead and London, have been involved in a pilot project which examines this question, and we report on significant findings on the value of such provision.

Included in this month's NB is a reader survey aimed at finding out what you think of the magazine. I do hope you will find a few minutes to let us have your views, which will be of vital assistance to us in planning future issues.

Ann Lee, Editor, NB

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Reader survey: Tell us your views on NB

Don't miss your chance to give us your feedback on NB and help to shape the future of the magazine. Please see the questionnaire included with this month's issue.

If the form is missing in your copy of the magazine, or you'd prefer to have an online version in Word, please contact us at nbmagazine@rnib.org.uk or visit rnib.org.uk/nbmagazine

National Eye Health Week 13-19 June

The second National Eye Health Week will take place from 13-19 June, when eye care charities, organisations and professionals from across the UK are joining together to promote the importance of eye health and the need for regular sight tests for all.

People taking part in events around the country will be promoting four simple messages:

- 1.8 million people in the UK are living with sight loss. For over half of these, a simple sight test and new spectacles could really help
- A sight test can detect early signs of conditions like glaucoma, which can be treated if found soon enough
- During a sight test, other health conditions such as diabetes or high blood pressure may be detected
- For healthy eyes, people should eat well, refrain from smoking and wear eye protection in bright sunlight

The Week is also being promoted by the UK Vision Strategy, which will be holding its annual conference at the Queen Elizabeth II Conference Centre, Westminster, on 16 June.

Speakers at the Conference include Lord Howe, Parliamentary Under Secretary of State with responsibility for eye care, Professor Alistair Burns, National Clinical Director for Dementia at the Department of Health, and Michael Sobanja, Chief Executive of the NHS Alliance.

The Conference will see the launch of commissioning guidance for GP consortia, and include sessions on improving eye care provision, new research, technological innovation for healthcare professionals and services for children.

Techshare 2011, a pan-disability conference and exhibition of assistive technology hosted by RNIB, will take place as one of the streams of the event, featuring developments in mobile phone and reading technology and integration of assistive technology into product design.

Links

→ National Eye Health Week:
visionmatters.org.uk

Vision UK 2011 Conference:
vision2020uk.org.uk/UKVisionstrategy



Lords attack “savage Government policies”

Lord Low of Dalston, former Chairman of RNIB, has attacked cuts in support for disabled people as “particularly savage policies going far beyond anything contemplated in the Thatcher era”. During a debate in the House of Lords, Lord Low said that the cuts in Employment and Support Allowance (ESA) and Disability Living Allowance (DLA) would cause great hardship and have a devastating effect on the lives of hundreds of thousands of disabled people.

In a wide-ranging debate calling attention to the impact of Government policies on disabled people, held in the week before the Hardest Hit march and lobby of Parliament, Lord Low and fellow peers described the impact of the cuts on both benefits and local authority services. The debate also saw the maiden speech of Conservative peer Lord Fellowes of Stafford (Julian Fellowes), who described the time limitation on ESA as “a false economy”.

Lord Low spoke of the false rhetoric around welfare, which painted disabled people as welfare cheats. Most of the stories in the press about disabled scroungers were not about disabled people at all, but about non-disabled people pretending to be disabled, he said. “The vast majority of incapacity benefit claimants have been on benefit for at least five years, which puts them a very long way indeed from the labour market”, said Lord Low, adding that the changes in the Work Capability Assessment would mean that around a quarter of these claimants would fail to qualify for ESA. “Can the Minister say what support will be available for disabled people who fail the Work Capability Assessment but nevertheless face significant barriers in finding work?”

Lord Low also spoke of the ‘double whammy’ caused by the fact that 80 per cent of councils in England will cut their help to disabled people by the end of the financial year.

In conclusion, he added that cuts in ESA (£2billion) and DLA (£2.17billion) would mean a bigger disability contribution to reducing the deficit than that sought through the banking levy (£2.5billion). “This therefore represents a clear choice on the part of Government to go for welfare rather than the parts of the economy that caused the problem in the first place.”

- For the full debate, see Hansard: www.publications.parliament.uk/pa/ld201011/ldhansrd/text/110505-0001.htm#11050562000604
- The Hardest Hit march and rally: see Policy and Campaigning, page 12



Lord Low talks to a reporter from Insight Radio (insightradio.co.uk)

Telephone friends must reach out to people with sight loss

Linking together people with sight loss can give as much enjoyment to a ‘befriender’ as to the person receiving their call. So says a new report by Thomas Pocklington Trust which has examined telephone befriending (‘telebefriending’) schemes.

In a Pocklington pilot scheme in Balham, South London, both people with sight loss and the volunteers making the calls found that telebefriending increased their confidence, reduced isolation and provided vital emotional support.

The paper – ‘Telebefriending and telephone support services for people with sight loss’ – assesses the impact of such schemes, which connect isolated people to trained callers, mostly through one-to-one conversations.

The schemes are invaluable, says the paper, not just to reduce isolation but to link people with support they might otherwise miss. People with sight loss reported that the Balham scheme increased their sense of well-being and connected them to the

community. It also gave them a social structure and something to look forward to – as well as helping them to feel safe, since they were reassured that someone from outside was taking an interest.

The paper says that there is a need for schemes run by national and local societies across the UK to specifically target people with sight loss – offering them friendship as well as recognising their potential as highly effective volunteers.

The study calls for researchers to help develop services – in particular to investigate how telebefriending can reach people who don’t have contact with other support services, and how it can be effective within existing sight loss services.

RNIB provides the largest telebefriending service for blind and partially sighted adults in the UK. For more information telephone 0845 330 3723 or go to rnib.org.uk/talkandsupport

Blind MSP elected to Scottish Parliament

The first blind person to sit in the Scottish Parliament was elected last month as a member of the winning party. Dennis Robertson, representing the Scottish National Party, was elected to serve as MSP for Aberdeenshire West.

Dennis Robertson was registered blind at the age of 11 and educated at the Royal Blind School in Edinburgh. He qualified as a social worker in 1983 and worked in Greenock before joining the Guide Dogs for the Blind Association as its Service Development Co-ordinator for Scotland and Northern Ireland, and later worked for one of Scotland’s leading sensory impairment charities in Aberdeen.

- The impact of Scotland’s election results: see Policy and Campaigning, page 14.

Avastin and Lucentis are equally effective in treating AMD, study shows

The cancer drug Avastin may be as effective as the more expensive drug Lucentis at treating wet AMD, according to results from the first year of a two-year trial which pits the two drugs in head-to-head comparison. The trial was funded in America by the National Institute of Health (NIH).

The report, from the Comparison of AMD Treatments Trials (CATT), was published in the New England Journal of Medicine at the end of April. Dr David M Brown, retinal surgeon at The Methodist Hospital, oversaw the study, part of a large-scale multi-centred clinical trial.

The two drugs – Lucentis (ranibizumab) and Avastin (bevacizumab) – are chemically similar, but Lucentis is a different compound from Avastin and requires different methods of design and manufacture. Both are anti-VEGF treatments, and Avastin has shown some success in its unlicensed use as a vastly cheaper alternative for treating wet AMD. However, it has not completed large scale clinical trials for this use or been approved by NICE (in the UK) or the Food and Drugs Administration (in the US), although it has been approved for the treatment of certain types of bowel cancer.

The CATT trial was launched in 2008 to compare Lucentis and Avastin for treatment of wet AMD, and has now reported results

for 1,185 patients treated at 43 clinical centres in the USA. Patients were treated with either Lucentis or Avastin, and change in visual acuity was used as the outcome measure. The improvement in both groups was virtually identical.

AMD (age-related macular degeneration) is a major cause of central vision loss in people over the age of 50. The 'wet' form, characterised by leaking blood vessels, accounts for most of AMD-related blindness and can result in severe and sudden vision loss.

The patient group AMD International has sounded a note of caution about the CATT results. It warns that the trials do not test for possible side-effects of Avastin. "Safety comparisons, notwithstanding efficacy similarities, are not yet powerful enough to make conclusions that should alter public policy... Cost savings should not trump safety concerns in ocular disease any more than in cardiac disease."

A number of other trials comparing Lucentis and Avastin are currently taking place in Australia, Europe and South America, and in England an appraisal by NICE is being considered (see NB, February 2011). The pharmaceutical company Roche, which manufactures Avastin, has not given its consent for the 'off-label' use of the drug.

Make a Noise in Libraries Fortnight is 10 years old!

This month will mark the 10th anniversary of Make a Noise in Libraries Fortnight (MANIL), run by RNIB National Library Service. The campaign, which runs from 6 to 19 June, aims to bring blind and partially sighted people and libraries together to improve access to books and information.

Public libraries have an obligation to provide accessible services to people with sight loss as members of the local community. Many libraries are doing an excellent job, but standards of provision vary from place to place. Whilst most libraries provide some books in audio and large print, generally the range and choice of titles in alternative formats is limited. The provision of other services such as reading groups, access to the internet and accessible catalogues is patchy.



Members of the Chesterfield Libraries Listening Group

Since 2001, RNIB National Library Service has promoted Make a Noise in Libraries Fortnight across the UK, encouraging and supporting libraries to launch new accessible services and organise activities to showcase what they offer. Events over the years have ranged from reading groups, author talks and children's rhyme time sessions to drumming workshops, storytelling and live music and poetry performances. Many libraries have held open days and IT taster sessions, often in conjunction with local societies and sensory impairment teams, reaching out to people in their area.

From the start, a key part of the MANIL campaign has been the importance of blind and partially sighted people speaking up about their reading needs. Many people with sight loss have never ventured over the threshold of their local library or, if they have lost their sight in later life, often assume their library no longer has anything to offer them. By using and asking for services, individuals can highlight the need and demand for accessible books and information – a vitally important message at a time when library budgets are under severe financial pressure. And, of course, people may be pleasantly surprised by what they find and discover new ways of reading.

That is exactly what happened to Heather Watson from Aberdeenshire last year. She says: "I am so glad that Inverurie Library organised their MANIL event. I can honestly

say it has made a huge difference to me. I had given up trying to read books with my younger son and missed this time with him dearly, but I can once again enjoy doing this. I also now receive the local paper in audio format, am a member of the local book club, have a better idea of the titles available and how to order audio books and lastly the confidence to ask for help if I need it.”

What’s happening in 2011?

Our 10th anniversary theme is ebooks, which have the potential to transform access to books for people with sight problems or other print impairments. If ebooks are accessible, they can be read in one of three ways: as audio, braille or large print, allowing readers to choose the method that works for them.

This year, between 6 to 19 June, over 100 blind and partially sighted people will be contacting their local library to find out if ebooks are available where they live and, if not, whether their library has plans to introduce them. Where possible, they will join up and report back to us on all aspects of the service – from signing up to staff support, downloading and the actual reading experience. This will help build a better picture of what ebook services are available in public libraries and how accessible they are.

As usual, we will be offering libraries free promotional materials and online resources including posters, bookmarks, themed book lists, activity ideas and practical advice about running and promoting reading events for people with sight loss. A number of Talking Book narrators will also be giving talks in libraries this year about their recording work for RNIB.



Children with their certificates after solving braille clues on a library treasure hunt at Doncaster Library

MANIL – an ongoing success story

Since its inception 10 years ago, MANIL has evolved into a well-respected campaign in the library sector. In the current climate of library cutbacks and closures, we are particularly pleased to have maintained a high level of support this year. Libraries recognise that MANIL is a cost-effective and easy way to promote and develop their provision for readers with sight loss, helping to meet their social inclusion agenda.

Simon Wallace, Community and Diversity Manager at Southend Libraries, says: “We have supported MANIL since it began 10 years ago. It is a simple and effective form of ‘win-win’ partnership working, and something that any library service or their customers can easily take part in.”

For further information, visit rnib.org.uk/manil or contact Megan Gilks, RNIB National Library Service, on 0161 355 2080

In the know

Vision Research News

Vision Research News brings together social research projects in the field of vision, providing summaries of the key findings from recent research, information about new commissioned projects and other relevant news for those working in vision research.

Vision Research News is put together by members of the VISION 2020 UK Social Research Committee and includes representatives from The Guide Dogs for the Blind Association, The College of Optometrists, RNIB and Thomas Pocklington Trust. The team are currently developing the publication to maximise its potential as a key resource for sharing evidence and its implications, and are inviting organisations to share their research. It can be a completed project, a recently commissioned piece of work of interest to the community or just a piece of relevant news.

To contribute to Vision Research News, be added to the email distribution list or receive more information, email martin.cordiner@college-optometrists.org

Secondhand smoking can lead to addiction, says study

Smoking can lead to addiction in those around the smokers, according to a new study by the US National Institute on Drug Abuse. The research shows that smoking around children can lead to future nicotine addiction.

Scientists used scans to show that one hour of exposure to secondhand smoke in an enclosed area allows nicotine to reach the brain and bind to receptors targeted by direct exposure to tobacco smoke.

Dr Arthur Brody, of the Department of Psychiatry and Biobehavioral Sciences at the University of California, Los Angeles, said: "This study gives concrete evidence to support policies that ban smoking in public places."

The study was published last month in the Archives of General Psychiatry:
<http://archpsyc.ama-assn.org>

Carers' Hub

The Carers' Hub website – created by two leading national carers' charities, Crossroads Care and The Princess Royal Trust for Carers – has been awarded over £160,000 by the Department of Health's Innovation, Excellence and Service Development Fund.

The three-year grant will be used to support the charities' innovative new website, which helps health and social care commissioners develop and deliver support for unpaid carers.

This month, charities supporting six million carers around the UK will celebrate Carers Week (13-19 June) with events around the country. The results of the annual carers survey will be announced on 13 June.

Links

→ www.carershub.org
www.carersweek.org

Are we caring for carers?: see Talking Point, page 16.

Paralympics

The British Paralympic Association has announced the appointment of Tim Hollingsworth as its new Chief Executive. He joins the association from UK Sport, where he was Chief Operating Officer.



The Paralympic Games take place between 29 August and 9 September 2012, with 20 sports taking place at 19 venues. Tickets go on sale on the London 2012 ticketing website from 9 September 2011, with applications accepted until 30 September. More than half of the two million tickets available will be priced at £10 or less. Tickets for the Opening and Closing Ceremonies start at £20.12, with a top price of £500 for the Opening Ceremony.

Links

→ tickets.london2012.com

Falls awareness event focuses on vision problems

This year's Falls Awareness Week (20-24 June) will focus on the link between reduced vision and falls.

Every year, more than three million people aged over 65, including half of those aged 80+, will have a fall. The

consequences can be devastating, both physically and emotionally, says Age UK, which is promoting events asking older people to 'Watch Your Step' and attend activities which help reduce the risk of falling.

Helena Herklots, Services Director at Age UK, said: "It is not just falls themselves that have an impact. The fear of falling can have a devastating effect on confidence – limiting daily activities and reducing independence." Simple steps such as having regular eye tests and wearing the right prescription glasses can help balance and confidence, she added.

Links

→ www.ageuk.org.uk/health-wellbeing/national-falls-awareness-week



Equality Impact Assessments

The Department for Work and Pensions has published its latest batch of Equality Impact Assessments, including those for the Jobseeker's Allowance (Employment, Skills and Enterprise Scheme) Regulations 2011 and the proposed closure of the Disability Employment Advisory Committee, which provides strategic advice to Ministers and officials about the employment of disabled people.

Equality Impact Assessments involve assessing the likely or actual effects of new policies or services on people in respect of disability, gender and racial equality, and are intended to ensure that people's needs are taken into account when the Government develops or implements a new policy or service.

Links

→ dwp.gov.uk/publications/impact-assessments/equality-impact-assessments/2011

Policy and campaigning

It's been an eventful month. Dan Scorer reports on the 'Hardest Hit' march and lobby of Parliament, while Ian Brown looks at the significance of the momentous election results for people with sight loss in Scotland.

The Hardest Hit

On 11 May thousands of disabled people, their families and supporters came to Westminster to protest about cuts to benefits, social care support and local authority services. People gathered along the Thames embankment next to Parliament and listened to speeches from leaders of disabled people's organisations, disabled campaigners and senior politicians.

Jane Asher, President of the National Autistic Society, Parkinson's UK and Arthritis Care, said that the Government's cuts to disability benefits risked leaving vulnerable people impoverished, confined to their homes, and without access to appropriate services and support networks. "The Hardest Hit campaign brought disabled people, their families, carers, charities and other organisations together to send a unified message to the Government – that these cuts must be re-thought."



Raising the banner: Jane Asher and Sally Bercow join Lord Low and other campaigners at the Hardest Hit rally

The Shadow Secretary of State for Work and Pensions, Liam Byrne, spoke about his party's work on the Welfare Reform Bill. "We want to get a message across: the Welfare Reform Bill is about to descend into the chaos that's hit the Government's plans for NHS changes."

Dame Anne Begg, Chair of the House of Commons Work and Pensions Select Committee, highlighted the huge numbers of disabled people who are worried about their futures, but could not attend the march.

Thousands marched on a route past Parliament. Hundreds of campaigners later met their MPs across Westminster to convey their views on the Welfare Reform Bill and cuts to services. The march was organised jointly by the UK Disabled People's Council and the Disability Benefits Consortium. It brought together individuals and over 40 organisations, as well as celebrities and politicians.

In response to a statement by Maria Miller, Minister for Disabled People, that it was not right that the UK had a benefits system where more alcoholics and drug addicts were receiving Disability Living Allowance than blind people, RNIB Director Fazilet Hadi said: "The disability benefits system should support disabled people irrespective of their disability and based on their individual needs. Maria Miller has shown that she is out of touch with the needs of the people she is supposed to be representing in Government."

Jaspal Dhani, Chief Executive of the United Kingdom Disabled People's Council, summed up the mood of the rally when he said:

“Today London hosted one of the biggest protests ever by disabled people, their families and friends against the cuts. It’s now up to the Government to listen to what we are saying: stop the cuts.”

Welfare Reform Bill

The Bill has continued its Committee Stage in the House of Commons, with key amendments tabled and debated on issues such as the time limit on Employment and Support Allowance (ESA), the Universal Credit and reform of Disability Living Allowance (DLA).

There has been little movement on the part of the Government in response to amendments on key areas of concern tabled both by Liberal Democrat and Labour members of the Committee.

Universal Credit

The key concern arising from the introduction of the Universal Credit from 2013 is the loss of the current Severe Disability Premium, which is paid to disabled people who claim the middle or higher rate DLA care component and do not have anyone caring for them. This represents a potential loss of over £50 per week, but Ministers have not been receptive to concerns.

Employment and Support Allowance

Numerous amendments have been debated relating to the issue of time-limiting contributory ESA to 12 months, after which claimants will be given a means test based on savings and also income of a partner in work. The Government has not tried to defend the 12-month time limit on the basis of evidence, instead arguing that it is justified on principle, with JSA (Jobseekers’ Allowance) claimants receiving six months’ contributory benefit, and 12 months for ESA.

Pushed on whether the time limit of 12 months had been selected as representing an evidence-based point at which most disabled people on ESA are expected to have entered work, or adapted to their impairment or health condition, the Minister, Chris Grayling, confirmed it had not been selected on either basis.

Disability Living Allowance

At the time of writing, the Bill Committee is about to embark on debate of Government plans to introduce, from 2013, the Personal Independence Payment, replacing DLA for new claimants. Draft regulations setting out more of the Government’s thinking, which have just been published, are concerning in a number of ways.

The regulations set out assessment criteria for PIP that will see severely visually impaired people assessed on the basis of whether they have adapted to their impairment, with the ‘enhanced’ rate of the mobility component aimed at those people who have not adapted.

In relation to the proposal to factor successful use of aids and equipment into the Personal Independence Payment assessment, the regulations state that, “Guide dogs are not considered aids or appliances. They may, however, help an individual to follow a journey safely and reliably.” The Minister for Disabled People has given reassurances that using a guide dog will not lead to a potential reduction in a PIP award.

The Bill will see its final House of Commons stage in June, before transferring over to the House of Lords, where debate will take place into the autumn.

A political vision for Scotland?

Ian Brown of RNIB Scotland looks at the significance of the recent election results

Within two decades the number of Scots with significant sight loss could double to over 360,000.

With each medical admission costing £1,790 in Scotland, research has estimated the cost of sight loss for one person to be equal to ten hospital admissions. Already up to one in six out-patient appointments at some Scottish hospitals are for eye care.

To contain this projected increase, RNIB Scotland launched a manifesto for last month's Scottish Parliament elections setting out what steps need to be taken. With the Scottish National Party (SNP) back in power in Holyrood, we need to keep pressing on these vital issues.

Although, at present, the number of people in Scotland registered as blind and partially sighted is around 37,000, there are actually at least 180,000 Scots with a significant sight problem.

So why should this figure double? Mainly it's due to an ageing population and persistently poor health record.

John Legg, director of RNIB Scotland, said: "As a matter of urgency, the new Scottish Government needs to take measures now to contain this potentially explosive increase. We believe the proposals in our manifesto can help to do this."

Free eye examinations

So what is to be done? Firstly, RNIB Scotland pressed all political parties to preserve free eye examinations, introduced in 2006, as a vital

step in diagnosing preventable sight loss. Last year 1.78 million Scots had free eye examinations, and 80,000 were referred on for further potentially sight-saving treatment.

The SNP manifesto has promised to retain these.

Learning disability and visual impairment

More than three-quarters of people with a learning disability are estimated to have sight difficulties. But thousands may go undiagnosed because they have difficulty in communicating the problem. And the prevalence of sight problems increases dramatically with the severity of the learning disability and with age.

RNIB Scotland wants all people with a learning disability to get a formal check-up of their vision as part of their community care assessment. We would also like each health board to have a project assessment worker to carry out a functional assessment of vision that would better prepare the client for a formal eye examination with an ophthalmologist.

Emotional support

People who are diagnosed with sight loss should receive more emotional support, the RNIB Scotland manifesto also says.

"Sight loss can cause trauma, affect people's mental health and wellbeing and impact hugely on their lifestyle," said Legg. "Too often they are told the name and nature of their condition, but get no help in coming to terms with what can be devastating news."

Accessible information

RNIB Scotland is also calling for all patients with sight loss to receive healthcare

information in formats they can understand. Only one in ten blind or partially sighted Scots received healthcare information in their preferred format, according to a survey done last year. Yet people's health could be at risk if prescriptions, letters of diagnosis, test results and other information are not accessible.

Some respondents reported having missed appointments, had difficulty understanding their medical conditions, or had even taken the wrong amount of medication. In other cases, people felt their sense of privacy and confidentiality was undermined when they had to ask others to read personal information to them about their health.

Employment

Public bodies could deploy a rarely used European Union ruling that allows them to reserve procurement contracts to social businesses that employ workers with disabilities. There are around 8,500 people of working age in Scotland who are blind or partially sighted.

"If every public body in Scotland used the EU's 'Article 19' directive then this would give a massive boost to employment opportunities for people with disabilities," explains Legg. "It was the last Scottish Government's policy that every public body should reserve at least one contract under the directive. To date, though, we know of only a handful that have."

Education

Given most blind or partially sighted schoolchildren are now educated within mainstream schools, the manifesto is calling for the new Scottish Government to ensure that all educational materials are transcribed to a consistent professional standard.

"The participation of children with disabilities in mainstream education is now well established," said Legg. "But evidence indicates that the quality of provision can be

patchy and that learning materials are not made available in accessible formats such as braille, audio or large print."

Schools should also give pupils a better understanding of disability, says the manifesto. RNIB Scotland's 'Haggeye' youth forum has already embarked on a year-long campaign to combat the bullying that some of its members have experienced by sending a resource kit to schools in Scotland explaining the nature of sight loss.

Prevention

Prevention must be at the heart of eye health strategy and we must target those most at risk. People from some ethnic minority backgrounds, for instance, are more vulnerable. Those of South Asian origin are six times more likely to develop Type 2 diabetes.

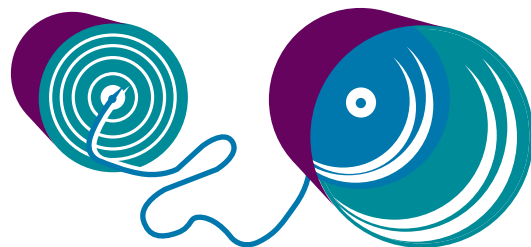
RNIB Scotland also wants the Scottish Health Department to commission a five-year forward plan for services concerning macular-related diseases such as age-related macular degeneration.

Looking ahead

"The good news is that Scotland is actually on the way to being a world-leader in eye health," emphasises John Legg. "We were the first country in the UK to introduce free eye examinations; the first to approve the drug Lucentis on the NHS for people with macular degeneration; the first to invest in state-of-the-art digital imaging technology that reduces the waiting times from opticians to eye clinics.

"But we mustn't be complacent. As a society, we are going to find that sight loss, and all the attendant problems it brings, will be much more common place than we are currently used to. Spend-to-save may be a tough message in today's economic climate, but where necessary we are calling on politicians to bite the bullet: it does make sense."

Talking point



Who cares for carers?

As Carers Week (13-19 June) approaches, questions are being asked about how the Coalition Government will fund and deliver a fair and sustainable social care service. The Government has yet to answer, but carers make it clear that reform is crucial. Sarah Underwood reports.

Headline news from Carers UK – reporting that care provided by friends and family to ill, frail or disabled relatives is worth £119 billion a year (up from £87 billion in 2007) – is alarming, not least because this figure will continue to rise unless the Government sets out a strategy for social care that it is able and willing to fund and deliver.

According to the Carers UK research, carried out in collaboration with the University of Leeds, there are around 6.4 million people in the UK providing unpaid care that would otherwise cost the Government £18 an hour, meaning each carer saves the Government about £18,500 a year.

Not surprisingly, Carers UK argues that society must do more to support the growing number of carers. Chief Executive Imelda Redmond reflects the thoughts of most carers and caring charities, as well as the Labour Party, when she says: “With an ageing population, caring is becoming a fact of life for every family. Yet, while families are meeting this challenge, many are struggling with little or no help, or facing cuts to the care services and benefits they rely on.

“Unless we urgently rethink how our society supports carers, we will see increasing numbers pushed to breaking point – forced out of work and into poverty, ill health and isolation. These new figures send a clear message: carers contribute so much and they deserve better in return.”

“Unless we urgently rethink how our society supports carers, we will see increasing numbers pushed to breaking point – forced out of work and into poverty, ill health and isolation”

Redmond’s concerns are frequently repeated by Government ministers, but action and funding have been slow to materialise. In 2008 the Department of Health’s report ‘Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own’ outlined the Government’s vision that by 2018, “carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals’ needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, while enabling the person they support to be a full and equal citizen.”

The realisation of that vision is still way over the horizon, and the Coalition Government has since put down its own markers. In November 2010, it published the report 'A vision for adult social care: capable communities and active citizens', promoting personal budgets for care. It also announced £400 million in funding for carers' breaks.

Later that month, the Government published a second report, 'Recognised, valued and supported: next steps for the carers strategy'. Government care services minister Paul Burstow noted four Government priorities to bolster support for carers: identification and recognition of carers; realising and releasing potential of carers; a life outside of caring; and supporting carers to stay healthy. He said: "Identifying and supporting carers is critical... Today's strategy outlines a number of ways to ensure carers continue to feel valued and lead full and rewarding lives."

Impact of cuts

Care organisations welcome any hint of positive activity by the Government, but remain unconvinced that it would improve the lives of carers. The Shadow Health and Social Care Minister, Emily Thornberry, finds few positives in the Government minister's rhetoric. "The good news is that the Government talks a good talk. It advocates for carers, but does nothing. Its policies are not about looking after carers. They are all about money and will make the most vulnerable and marginalised people pay the highest price," she says.

To prove her point and demonstrate the devastation that could result from local authority budget cuts, Thornberry has surveyed local governments about social care. She received answers to her questions from 40 per cent of local authorities and they are not promising: 88 per cent are increasing

charges for services; 54 per cent are reducing funding for voluntary social care organisations; 63 per cent are closing care homes and day centres; and 16 per cent are increasing the eligibility criteria that individuals must reach to be awarded social care services.

"With eight per cent year on year cuts to local authority budgets, there will be a massive impact going forward on carers and those who need to be cared for," she says.

Thornberry sees little hope for the successful integration of health and social care and worries that Government welfare reform has set money saving targets without looking at what can be saved. She says that if Disability Living Allowance (DLA) is cut, as is expected after new assessments for the benefit are introduced from 2013, then Carers Allowance – already the poorest benefit at £55.55 a week, and dependent on the cared-for person receiving DLA at the middle or highest rate and the carer caring for at least 35 hours a week – will also go.

However, Thornberry sees the setting up of the independent Dilnot Commission, responsible for the review of the funding system for care and support in England, as a positive move. Formed in July 2010, the commission will provide recommendations and advice on how to implement the best option on funding to the Government next month.

Organisations including Carers UK, Counsel and Care, and Age UK have also welcomed the Dilnot Commission and, to some extent, the refreshment of the carers strategy made by the Government last November. But the reality remains that the number of unpaid carers is rising and the funding and services to help them is falling. →

→ “The Government has made some changes, but things like £400 million for carers’ breaks aren’t enough. Carers need support all the time to live their own lives and be carers. There needs to be reform of the care and support system, and carers who often feel forgotten need to be recognised,” says Steve McIntosh, Policy and Public Affairs Officer at Carers UK. “We are confident the Government sees it can’t put off reform any longer, but social care has been chronically under-funded for years and this could be made worse by local government cuts. The challenge is to deliver what carers need, but reductions in local authority spending and cuts in disability benefits could mean more families are pushed to breaking point. For some carers, care allowance and DLA are their only income. For others, services such as day care mean they can go out to work. These benefits and services are crucial.”

Caring for carers

Caroline Bernard, Deputy Chief Executive of Counsel and Care, an advice service for people over 60, agrees that policy in documents such as the ‘Next Steps’ report begins to shape the kind of services and access to advice carers need, and offers personalisation for individuals with disability to select services, but comments: “What happens in reality is critical. The carers strategy will be delivered in a difficult climate and cuts will affect how carers live. Personalisation should mean carers can live as normally as possible, but in some areas cuts mean services just aren’t there.”

Acknowledging the need for a long-term strategy for carers that includes support for carers to stay in the workplace, in the short term Bernard says: “One major challenge is to ensure that carers don’t break down and need care themselves. Carers must be recognised, treated as equals and included in care models.”

As well as cuts in local authority services, carers also face diminishing support from the voluntary sector. As Elizabeth Feltoe, Age UK Care Services Policy Adviser, explains: “Ideally, we would like charities to exist free of state support, but most provide services on behalf of local authorities. An unintended consequence of Government cuts is damage to the voluntary sector such that there won’t be resources to meet needs.”

“One major challenge is to ensure that carers don’t break down and need care themselves. Carers must be recognised, treated as equals and included in care models”

Age UK, and other caring organisations, believe there is nothing wrong with the development of private sector care services, but notes that these are few and far between, with carers often poorly paid and unrecognised for their work. Feltoe says: “We need to be positive about the private sector. If people want to pay for services and carers make a profit without exploiting anyone, everyone wins.”

A combination of Government and private funding could be part of the answer to the shortfall in care services, but there are other developments that can reduce the cost of delivering care. McIntosh describes telehealth and telecare systems that use sensors and monitors in disabled people’s homes to alert family members if the person needs help. “Some local authorities have invested in these systems, and evidence shows they give disabled people and their families more independence.”

Carolyn's experience

The use of such technologies is being encouraged by Carers UK, but they do not feature in rural Wales, where Carolyn Hunt cares for her 94-year-old mother. Carolyn's mother lost most of her sight to macular degeneration nine years ago, and since the start of this year she has been bed-bound. Like many carers, Carolyn had to give up activities outside the house to care for her mother. She could not get care through social services because care services in the area where she lives are in crisis, and an attempt to find private services through Yellow Pages proved equally unproductive.

Recently, after putting a notice in a local shop window, she has found someone who helps her care for her mother for 16 hours a week. The Rowan Organisation, a charity supporting older and disabled people, funds some of this care, but the family still has to survive on a low income.

“Some days are great, others are not. Sooner or later I won't be doing this any more, but I won't regret having done it”

Carolyn explains: “Being a carer has changed my psychology as I am much more tied down, but in an unpredictable way. People don't understand that life changes dramatically when you are caring for someone in a condition of tremendous flux. How could you be employed if you don't know what you will be doing the next afternoon? I was at university studying for a part-time archaeology degree, something I had always wanted to do. I had a social life and lovely friends, but had to defer in my final year to care for my mother.”

Before her mother lost her sight, Carolyn was working part time, with a larger income than she does now. “Financially we have been affected,” she says. “The Government should do more, we have had to struggle for everything we need, and there also needs to be better access to information.”

As Carers Week approaches, the views of carers like Carolyn are being canvassed to discover what can really make a difference to their lives. Without doubt, funding of care services, access to information, employer flexibility and support in the community will be raised, but so too will the poignant words of carers like Carolyn explain why more than six million people struggle to care for relatives and friends. As she concludes: “I never wanted to be a nurse and I always said I couldn't do what I am doing. I get depressed – some days are great, others are not. Sooner or later I won't be doing this any more, but I won't regret having done it.”

Links

→ carersweek.org

Over to you

‘Talking point’ is a series featuring discussion of key issues in eye care and sight loss. A vital part of this debate is the contribution of readers.

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Counselling and emotional support in low vision services

The ESaC Project

“Counselling brought to my attention that there’s a life after. Even if you do go blind it doesn’t mean it’s the end of the world.”

How helpful are counselling services for people who lose their sight? A recent project was designed to explore the impact of providing emotional support and counselling as part of a low vision service. Counsellor Louise Bowen, psychologist Martina Leeven and project manager Pamela Lacy report on their findings.

In 2007 RNIB commissioned the University of Liverpool to evaluate a three-year emotional support and counselling project (ESaC) based within two low vision clinics. The two sites involved were Sight Service in Gateshead and RNIB’s Low Vision Centre in London. In each site a part-time counsellor worked alongside a team of optometrists, sensory rehabilitation workers and other low vision staff.

The aim of this work (funded by GlaxoSmithKline) was to explore the impact of emotional support and counselling as part of an integrated low vision service, and to provide evidence to support policy makers in commissioning counselling services for visually impaired people.

To measure changes in subjective well-being, problems/symptoms, functioning and risk,

a quantitative psychological assessment tool, CORE-OM (Clinical Outcomes in Routine Evaluation – Outcome Measure), was used. A total of 35 service users (55 per cent) provided CORE data before and after counselling. In addition, a range of qualitative investigations were undertaken, including a review of service user needs and expectations, in depth interviews with service users, interviews with service providers, and questionnaires with relatives and friends about their perception of the impact of ESaC services on service users.

Significant findings from the research:

- The pre-intervention CORE results showed that most service users fell within a clinical population, showing high levels of psychological distress before starting counselling.

- By the end of therapy these levels of psychological distress had shown a statistically significant improvement (mean CORE scores reduced from 53.34 to 30.83), representing a considerable improvement in psychological well-being during the course of counselling.
- Issues that were addressed in counselling were:
 - Depression and psychological distress
 - Bereavement
 - Relationship difficulties
 - Physical health problems
 - Loss of confidence, social withdrawal and isolation

A humanistic approach

When isolation is so prevalent in the client group, especially with older people, relational work has been found to be particularly useful. Using a collaborative rather than therapist-directed approach – being open, accepting and non-judgemental, and holding open a safe space for the client – fostered growth of the client’s autonomy and self-esteem. It has been a bespoke approach, meeting each individual with whatever the therapist felt would best serve the client at each moment.

Elements of CBT (cognitive behavioural therapy) were at times useful when working with aspects of depression and anxiety. However, this method did raise accessibility issues with such things as form-filling, thought diaries or visually based diagrams.

The practice model has been predominantly holistic, working with a whole range of bio-psycho-social aspects of experience: internal psychological processes, the physical/functional and relational/social.

What service users said

“I think it’s just good talking to someone who is impartial to your situation... It’s harder to talk to your friends or your family...” Rachel, 16, Gateshead

“How was it helpful with [the counsellor]? Because it brought to my attention that there’s a life after. Even if you do go blind it doesn’t mean it’s the end of the world. She actually filled me in as to how to cope with it. She helped with... the things that you could actually do in the voluntary sector, that didn’t mean you were finished with work or whatever.” Bill, 72, Gateshead

“She’d listen, she’s not laying it on you – ‘you have to do this, you should expect this’. She lets you speak, and then she will just gently add something like ‘if you look at it this way or you look at it that way’.” Alicia, 75, London

Therapist experience

“I sit in front of my client and put aside thoughts of rescue and sympathy. I focus on being present, receptive. He longs, as he puts it, for ‘the miracle to happen’ and his sight to return, but what he does not want is pity. ‘I just want to be heard,’ he tells me.

“There is a huge presence of grief in the work. Often loss of sight evokes previous losses. On reflection, characterising the work solely in terms of grief places the visual impairment experience in a locus characterised by lack rather than difference, which allies it too solidly with the medical rather than social model of disability.

“There are existential questions: Why me? Who am I now? What does my life mean now? How self-support and environmental support are accessed and calibrated becomes crucial. →

→ “Asking for help, refusing unwanted help, assertiveness issues loom large, with all the associated work around self-confidence and self-esteem. Then there is the social realm (‘how am I seen?’) and the ‘thousand signifiers’ blindness carries in society. There is the challenge of self-definition, of authorship of one’s own narrative.

“I realise that over the years I have become adept at offering the counsellor’s shorthand cues of empathy: the ‘understanding’ eyes and smile. With my sightless client these become far less important. While eye contact plays a clear role in terms of attunement, affect regulation and attachment development, with my visually impaired clients my tone of voice, carried on my breath and affected by my whole body, becomes key.

“There is a power differential between each client and counsellor, much as we try to lessen this. It is exacerbated when the counsellor is sighted and the client is not. Trust is central – in the self, the body, the environment and in the therapist.

When there is trust again then, in [the author] Stephen Kuusisto’s words in ‘Planet of the blind’, the dark has its own sunlight’ and the human paradoxes of experience, sighted and blind, counsellor and client, can be integrated with acceptance and enrichment.”

Key features of ESaC

The hallmarks of the ESaC service were its integration, accessibility, flexibility, and the fact that it was based in a non-medical environment.

Integrating the counselling service within the multi-professional team of the low vision centre meant that professionals were able to share and broaden their own understanding of sight loss, while also providing holistic and containing support for service users during a time of high distress and anxiety. Team work between counsellors and rehabilitation workers was particularly fruitful, as the emotional impact of sight loss can be a barrier for people in making use of rehab services.

Access to counselling was facilitated through team referral and self-referral at all stages of the sight loss journey, not just close to diagnosis. Accessibility was also stressed in the actual physical premises, the information provided as well as the types of therapeutic interventions used.

“There are service users seen here that are so distressed by their eye condition that they are not in the right frame of mind to accept low vision aids without working through their anxieties and feelings of loss first.” (Rehabilitation worker, London)



Counsellors maintained flexibility in their contracting with clients, being able to offer weekly or fortnightly counselling on the premises, over the phone or by home visits.

Offering counselling in a non-medical setting meant that clients could benefit from signposting to other services and information that the low vision centre offered. It also provided an opportunity to see other visually impaired people leading a 'normal life', a kind of role-modelling that was experienced as empowering and giving a new sense of identity and belonging.

“Counsellors maintained flexibility in their contracting with clients, being able to offer weekly or fortnightly counselling on the premises, over the phone or by home visits”

Challenges integrating counselling into a low vision practice

Defining the difference between informal emotional support that is offered by rehabilitation workers and optometrists and the more formalised support of counsellors, and gently reframing some of these roles within the team, was a way to ensure appropriate referrals and manage boundaries between professionals and within the service as a whole. Some team members did struggle, feeling drawn in to offer the emotional support themselves, but once the service was established it was quickly seen as a great asset to have a counselling service, representing the gold standard for low vision practice.

“There are many patients that I see for whom it is a relief to me to know that I can arrange counselling directly. The fact that it is attached to the service is reassuring as it means that the

service user is definitely followed up and not lost in the general referral system, and they are seen by a counsellor who understands the specific needs of a person who is experiencing sight loss.” (Lead optometrist, London)

In summary

The evaluation has demonstrated that ESaC services served a client group that clearly represented a clinical population. ESaC services were both highly valued and had a significant impact on those who used them, as well as the team members who referred to them.

By the end of their course of counselling, users exhibited a significant reduction in their level of psychological distress, to the extent that they can be said to have recovered. This change is statistically significant, which means that it can be confidently claimed that if the services were to be extended and offered to a similar client group, similar levels of improvement would be shown.

For the full research report, please go to rnib.org.uk/esac

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Re-ablement: A peg to hang rehabilitation services on?

What is re-ablement, and how does it differ from rehabilitation?

Rehabilitation officer Simon Labbett draws some distinctions, and looks at the opportunities presented by the re-ablement agenda

Times are changing. Where formerly the word 'rehabilitation' elicited polite nods from social care managers with no experience of visual impairment services, now there's a glimmer of recognition – because it sounds a bit like re-ablement.

That's only just a real word, but it starts with the same two letters as 'rehabilitation'. 'Re-ablement' is also a word that every social care manager in England is fighting to define and come to grips with. And with good reason. Whether you call it 'step-down', 'intake' or something else, re-ablement is an approach Government want to believe in, and one of the few areas that has had some money thrown at in the last spending review. And, as several disbanded sensory teams can testify, local services are being radically reconfigured to accommodate it.

This article sets out to look at how the roll-out of re-ablement really should move on the debate for the rehab profession, and also seeks to draw some clear differences between the two which we can communicate to managers.

What is re-ablement?

Definitions and practices seem to vary widely. In some local authorities it is primarily a hospital-discharge model, but for others its frame of operation is wider. The common

thread is that an intensive burst of home-care services that emphasises independence reduces the need for long-term care packages. The Department of Health's Care Services Efficiency Delivery (CSED) has been instrumental in driving support and guidance for the whole re-ablement agenda. CSED offers this definition: "Re-ablement services tend to adopt a social model of support... for those not at high risk of admission to hospital, but who need support to continue living independently in the community." This definition offers us opportunities and threats. The opportunities lie in the similarity of the description and the positive evidence base now emerging. The threat lies in managers (and rehab workers) not being able to give a clear distinction.

What's the difference?

Last year the Social Care Association (SCA), Guide Dogs, Visionary and the Association of Directors of Adult Social Services (ADASS) set out to define the difference between re-ablement and visual impairment rehabilitation. On the basis of this work, ADASS sent a briefing out last spring, which included the following:

"Evidence from service users is that rehabilitation is a long-term process born out of a long-term condition. It encompasses mobility and other independence skills, emotional support and the development of new communication skills and cannot necessarily reach a successful conclusion within a six-week time frame (the nominal standard period offered through re-ablement). In principle, it is right that rehabilitation should precede any longer-term care plans as,

until a course of rehabilitation has been undertaken, it is impossible for either client or practitioner to confidently predict the level of long-term support (if any) that will be needed to maintain independence.”

Our briefing also emphasises that rehabilitation cannot necessarily be boxed into a single piece of work and may need to take place at various points in time over a longer period. However, we need to reassure our managers that rehabilitation is not a goal-less, open-ended proposition. It should be, as Jenny Pearce, CEO at the visual impairment charity Vista, succinctly puts it, “time limited, but not time prescribed”.

We also need to stress that some elements of visual impairment rehabilitation really don't correspond to re-ablement at all, such as transition work, or work with learning disabled adults, both of which employ a habilitative life-skills approach.

Evidence base

For all of us who are concerned at the lack of research evidence base for the efficacy of rehabilitation work, we should take heart from research that shows the efficacy of re-ablement. Last year York University, commissioned by CSED, published ‘Home care re-ablement: Prospective longitudinal study’.

This research compared 10 local authority settings (including comparison sites with no re-ablement) and drew a very strong conclusion: that a process which empowers people to set their goals and relearn or adapt skills they already have makes them feel better in themselves and reduces markedly the need for care services. Furthermore, it is cost-efficient over the long term. (For details see the link to the research at the end of this article. It's long! Chapter 9 of the 2010 research – ‘Discussions and conclusions’ is a summary.)

Where does rehabilitation fit?

Sensory teams are becoming less common. Some workers find themselves in newly formed re-ablement or transformation teams. A small, but tantalising, paragraph in the research suggests that it doesn't matter where people are sited: “What was considered more important [in getting access to a range of professional skills] was having adequate and rapid access to occupational therapists (OTs) and other specialists [e.g. rehab officers] rather than having those professionals necessarily embedded in the re-ablement team.”

Another research finding is crucial in defining our role in the future: “High quality assessment at the start of re-ablement was considered essential in setting up appropriate support arrangements.” At a recent meeting of the London Visual Impairment Forum, Leah Bowen, Lead Officer with Lewisham Visual Impairment Team, described the significantly improved profile that rehabilitation has in their new adult social care structure/processes. She explained that all referrals received by the department's single point of access team, as well as all hospital discharges, are considered for re-ablement. Anyone with a visual impairment as their main disability is assessed by a rehabilitation officer.

This means that opportunities for improved independence are explored before any care package is considered. If re-ablement is an option, the rehab officer may initially provide some specialist rehabilitation, such as safe use of cooker/knives.

The next step is to devise the re-ablement programme, which is delivered by Lewisham's in-house home care team within the six-week time frame. All members of the team have received visual impairment awareness training. Typical re-ablement programmes are practising cooking skills, making drinks, managing domestic tasks or medication. →

→ The carers are able to reinforce new skills, practise old ones and generally build confidence. The rehab officers still continue to deliver a specialist rehabilitation service, including orientation and mobility.

Leah also points out that the arrival of authority-wide shared electronic records have also benefited the profile of the rehabilitation specialism. Now their involvement with visually impaired people is clear to see. It increases awareness and benefits all, as services are more joined up. Suddenly the service has recognition and value.

Where next?

Steady on, will optimism break out amongst the profession?

In Lewisham, as in most other authorities, re-ablement/rehabilitation is becoming the default position. Rehabilitation officers need to make a case to lead on specialist assessments and on devising and leading the programme. SCA, Visionary and Guide Dogs will be going back to ADASS just over a year on. We aim to restate our message, targeting it at those in the ADASS personalisation network.

Further reading

www.csed.dh.gov.uk/homeCareReablement/Toolkit (click on 'prospective longitudinal study' and 'retrospective longitudinal study'). To read the ADASS briefing note, please email simon.labbett@bradford.gov.uk.

Jenny Pearce notes that the web page of Leicestershire County Council's successful homecare/re-ablement programme is actually titled 'Homecare rehabilitation/re-ablement'. It was one of the sites in the York research: www.leics.gov.uk/index/social_services/support_home/rehabilitation/hart_team

- Simon Labbett is Chair of the Joint Consultative Network of Rehabilitation Workers, Social Care Association

Ophthalmic nursing:

What's happening to professional development?

Eighteen months ago, NB reported on promising developments in education for ophthalmic nurses, which included a number of university courses offering nursing degrees or continuing professional development. It seemed fair to assume that, as the number of patients attending hospital eye clinics escalated, the number of suitably qualified ophthalmic nurses would rise in proportion.

Is education for ophthalmic nurses continuing to keep pace? As questions are raised over the future of specialist courses, Mary Shaw, Senior Lecturer at the University of Manchester, and Janet Marsden, Professor of Ophthalmology and Emergency Care at Manchester Metropolitan University, talk to NB about their concerns.

The current scene

Ophthalmic nurse training is very sparsely set out across the UK – there are only a handful of universities currently offering it. And different universities have different types of programme: there is no standard to determine the exact set of skills that the individual will have on completion of a programme.

The offering varies from university to university. We have some programmes at undergraduate level which include modules at level 6, the final year of a degree. Others offer a complete degree pathway, and we also have some postgraduate ophthalmic education. There's an MSc in ophthalmic practice at the Metropolitan University in Manchester, for example, and there are two Master's level glaucoma modules at the University of Manchester, designed to meet the NICE guidelines on glaucoma care.

The delivery of courses also varies. Many are taught, but there are two modules (from Bournemouth and Hull universities) that are run online, with no specific attendance required.

A question of funding

Until now, continued professional development (CPD) has been funded through strategic health authorities. But with changes in the structure of the NHS, the funding source will move. Many universities have already anticipated this by stopping CPD and/or ophthalmic modules. So we're losing the ophthalmic specialist programme by stealth, and nobody appears to have any overall vision of what education provision for ophthalmic nurses should be!

At local level, the trend is towards local, in-house skills training to meet specific need, a cheaper option than paying for nurses to have specialist education. And the Trusts are focusing on lower-skilled assistant practitioners rather than on registrants. While junior doctors have statutory education in place because they're on a training pathway, the same does not apply to nurses. The NHS has no obligation to provide any education curriculum for nurses other than mandatory instruction regarding such things as lifting and handling. There is a general requirement to

keep nurses up to date, but they don't have to do anything specific.

The choice that NHS employers are facing is between two models: a training model, where you sit alongside somebody, learn a skill and then go and do it; or an education model, where you learn the background to a subject and everything around it, and you can apply your knowledge in different circumstances to meet the needs of individual patients. It's clear which model most employers now prefer. But there's ample research, both from the US and the UK, to show that the higher the education level of the nurse, the better the outcomes are for the patient.

Trusts are really not interested in this. Many managers appear to be aiming for the lowest common denominator. We have examples of students whose NHS employers won't even give them study days whilst undertaking online courses on glaucoma care. Some students also struggle to get supernumerary status in one clinic per week. These students have had to take holidays in order to complete the course. Yet the only benefit of the course is in the work area, to provide better patient care!

Standard setting

Part of the problem is that there is no central standard-setting body – nothing to say what competences ophthalmic nurses should have, and how their education should be organised and regulated.

Until the 1980s we had the Ophthalmic Nursing Board, and then the Boards for England, Scotland, Wales and Northern Ireland. Now their function is devolved to the universities which provide courses, and there is no communication between them on this subject. Even if there were a standard set by the universities, there's nothing that →

→ requires the hospital Trusts – the employers – to adhere to it.

In the absence of such a standard, all we have is the ophthalmic competence framework developed by the RCN Ophthalmic Nursing Forum. This has had a wide circulation and is known to the Trusts – but it has no statutory force.

This situation may be contrasted with that in another specialism, burns care, where there are major service developments in the pipeline and a burns network co-ordinating burns care across England, partly because of the ongoing threat of terrorist incidents. There's a whole new strategy on burns, and fortunately some very forward-thinking nurses are involved. It is likely that every burns unit will need to have a particular proportion of its staff educated through a university-based education in the care of people with burns. Why don't we have the same requirements for eye patients? Is it because NHS employers, who have no specialist knowledge, assume that all that ophthalmic nurses do is put eye drops in, and that this can easily be done by healthcare assistants?

In the meantime, more advanced treatments and guidelines on care, like those for AMD and glaucoma, are being recommended by NICE, and have the potential to benefit large numbers of patients. But further down the line, there may be few university centres able to equip nurses to support such developments if Trusts don't send their staff and the courses are no longer viable!

A call for action

The current Health and Social Care Bill fails to provide any answers. We need to lobby both Government and the Council of Deans to make them more aware of these issues.

There is also a question mark over nursing education in general, since the commissioning body for university education is being merged into one general body for all nursing, medicine and allied health education. The fear is that it will be dominated by medicine to the exclusion of nurses' interests. Getting nurses away from the coalface to do any education is already difficult, even if managers have the will!

The nurses' website Frontline First (frontlinefirst.rcn.org.uk) shows that other specialisms are being affected in similar ways, and also describes the general ravages of spending cuts on patient care.

It's already been established that care is optimal where you have a specialist trained registrant to manage it. What we need now is a return to something like an ophthalmic nursing board, giving control from the centre about what competences and training are required, and also a requirement that a proportion of staff of ophthalmic units need to have a specialist nurse qualification. If burns units can do it, so can we!

Further information

'The nature, scope and value of ophthalmic nursing'. Royal College of Nursing. Third edition, 2009.

www.rcn.org.uk/__data/assets/pdf_file/0010/258490/003521.pdf

NICE glaucoma guideline:
www.nice.org.uk/CG85

- Mary Shaw teaches courses in glaucoma care at the University of Manchester:
www.nursing.manchester.ac.uk

What I do

Laura Hughes

Founder, group co-ordinator and treasurer for the charity Moorvision



Moorvision is a support group for families of blind and visually impaired children in Devon. As well as running the charity on a voluntary basis, Laura is a part-time transcription officer assistant at RNIB Transcription Centre South West. She has a 12-year-old daughter, Tirion, who is partially sighted.

Moorvision started in 2007 – the name came from the fact that we live on Dartmoor. The initial idea was to try and get some of the families together from rural villages around Dartmoor, where there is often just one visually impaired child in each town or village, but it very quickly spread to the whole of Devon and surrounding areas such as Cornwall and Dorset. We started with five families, and after four years we now have 68.

We are a registered charity and aim to support families with blind or partially sighted children with or without special needs; some have very complex needs and others have milder additional needs. We also include all the siblings of the families, so they don't get left out. We have children and young adults up to the age of 21 who range from having very mild to full sight loss, and after a couple of years we decided to include parents who themselves are partially sighted or blind, some of whom also have children who are visually impaired.

Support network

As a support group, we largely provide days out and activities for children with sight loss

and their families, including sporting and social events and an annual residential trip. We have recently organised a teenage pizza making day at Pizza Express and a farm activity day for the younger children. Upcoming events include our annual residential trip at a specialist activity centre, an adventure quest day, canoeing and BBQ this summer, and later a visit to an adventure park. We also host evenings where speakers talk to parents about particular topics, as well as parent social evenings with a range of leisure activities.

Within the families we support, 75 per cent of the children are the only child in their schools with a visual impairment, so these social events allow them to come together and have the most fantastic time. What's lovely is the way the children make friends and how there is no barrier between the visually impaired children and the sighted siblings. Children tend to form groups based on age and sex rather than disability. For some of the children, it is the only contact they have with other visually impaired children, so it's valuable to see them together, and equally to see parents swapping ideas and books for their kids. →

→ How it began

I was inspired to start the charity when Tirion was very young. About 13 years ago, I was a volunteer for RNIB's transcription centre in Ivybridge while I was expecting my daughter and had given up my full-time job. I had no idea there was any history of sight loss in my family and that I was due to have a child with a sight problem. After we left the hospital with our daughter – just days old – we took her from the maternity ward to the eye hospital and left with the vague diagnosis that there was something wrong with her eyes. As the years went on they said her sight was not forming and had deficiencies, but no one ever spoke to us about any of the support services available. Had I not done that previous voluntary work for RNIB I would have been utterly at a loss to help my daughter with her eye condition, which we later found out results from a condition called double elevator palsy and a malfunction of the optic nerve.

My daughter is registered partially sighted, but she manages very well. For the first few years we struggled. Fortunately we had help from RNIB, but it was still hard to get support from our local services. As time went on we found out more information about services and benefits and quickly ensured we had everything in place. Three years after the birth of my daughter, I had my son Tom, who was also diagnosed with sight problems. Being the second child he was diagnosed with his condition earlier and more treatment was available – so now he can see fully, which is brilliant, but it's also pretty hard for us that our daughter is still partially sighted.

I always promised myself that the day Tom went to school I would set up a group for families with visually impaired children. It seemed insane that people were coming away from hospitals with blind and partially sighted children and had no idea where to go to for support – particularly in a rural area like

Devon where people are more isolated. Sight loss is one of the least common disabilities and children who are in mainstream schools are often the only one. It's tough for my daughter in a 2000-strong comprehensive. So when the time came I applied for a grant, went through the set up process and training, and six months later we opened Moorvision.

Stepping up

To run the charity, I had financial and legal training and had to learn such things as running committees. The Council of Voluntary Services (CVS) were a big help, and also crucial in obtaining grants and providing training. Over the years we have advertised the service through the Devon education department, through other charities, with posters in hospitals and opticians and by word of mouth. The VI Advisory Service within the County Council's sensory support team is also an excellent resource. In fact, the County Council has been fantastic, providing funding and positive promotion.

I work from home, with just a desk, a filing cabinet and computer. Almost everything I do is on computer, and if there are times when I need more space, such as when



I do our newsletter, I tend to spread out over the living room floor, but my family doesn't seem to mind! Our charity committee consists of seven people – five parents and two retired professionals, one an ex-teacher and the other a former rehabilitation officer. We also have a new fundraiser.

Each family I meet in my work is different, so there's no typical scenario. Perhaps one of the best examples is a couple, Mark and Christina, who are mum and dad to five-year-old

Charlotte, with another baby on the way. Charlotte has Leber's Congenital Amaurosis (LCA) and is registered blind. They joined the group when Charlotte was 18 months old, knowing very little about external support. Since then they have become committee members and we have provided funding for them to do one of RNIB's braille courses to help their daughter with school work.

Partnerships and challenges

As a charity we work closely with RNIB, who gave us a fairly large grant to get us on our feet, enabling us to provide such things as low vision aids training, a tactile toy library and a set of accessible image books. We also work with Action for Blind people through the 'Actionnaires' clubs, where our children regularly join their sporting events in Plymouth. We work with the National Blind Children's Society, where our children are able to go on trips and joint events, and we use their customised book service. We work with VICTA, Blatchington Court Trust and Look, who provide funding and arrange trips for the children.

I find that my job as a transcription officer for RNIB is beneficial to the charity. It's useful for me to produce material in large print and braille and other formats we may need. I am also able to keep abreast of relevant news and the wider sight loss community and pass it on, and I find that RNIB are very supportive of my work with Moorvision.

Looking ahead

One area that is causing us concern is that of the political and social changes with regard to the Disability Living Allowance and tax credit for parents with visually impaired children. Another area of concern is that when we started Moorvision most of our children were very young. In a few years' time they will be young adults, and we don't want them to

leave Moorvision and have nowhere to go on to. I think this question of transition is one of the biggest gaps in services for disabled children and young adults, and we feel it is an area where we really want to make an impact.

Moorvision is growing, and there is hardly a week that goes by that we don't gain a new member. We've also started to work with a group that is forming in Somerset, hoping to do some joint activities together as well as giving advice. We would like to do more



residential trips and more fundraising, and building on our partnerships with other organisations is also important.

For the Olympic year we are planning a fantastic programme of sporting activities for the children. Sports are usually very challenging for visually impaired children, so we try to ensure that all our sports are accessible to the children.

The best part of my job is seeing all the children together, who wouldn't otherwise have any contact with visually impaired and other children. On a recent trip, a little boy came up to me and said "I love Moorvision and I love you", and I just thought I don't care how much hard work it is – that for me says everything.

Links

- Moorvision: moorvision.org
- RNIB Transcription Centre South West: rnib.org.uk/livingwithsightloss/leisureculture/music/readingmusic

Working life

What technology means to me



NB talked to four eye health and sight loss professionals about the technology that they find is now essential for their work supporting people with sight loss

Andrew Dodgson
Provision Solutions

We supply rehabilitation sight loss specialists to statutory and voluntary sector organisations in the UK, and also deliver BTEC qualifications in visual impairment rehabilitation studies internationally. All our courses are internet-based. Most of the students who have a visual impairment like being able to customise our online content to their preferred reading format. Interestingly, they embrace internet learning more readily than some of our sighted students, who still prefer to supplement the online course with a traditional course booklet, which gives them the flexibility to read the material anywhere on the go. I'm of the opinion that it is good to provide information in a variety of forms, rather than keeping to one way of doing things.

In the office we use both Apple Macs and Windows PCs to try to cover everything. Transfers between the two systems occasionally cause clashes. We always make sure that we have someone in the team with up to date technology skills, as it is essential to embrace new technologies.

We encourage our students to get to grips with new technology and see how it can benefit their work, but also believe it's our role to nudge them onto the next thing, so that the profession keeps up the skills required. However, we recently tried to introduce QR (Quick Response) tags, which deliver online information using the camera on your smartphone – but we had to admit that our students were simply not ready for them.

“New technology is only as good as the support in place to teach people how to use it”

New technology, such as sonic canes, or GPS (satellite) way-finding technology, can be useful for blind and partially sighted people. But we're acutely aware that it is just one aspect of a bigger picture. New technology is only as good as the support in place to teach people how to use it. I wouldn't advocate its use without the support needed to help someone learn it. For example, satellite technology places demands on the user to pay attention to many different things at the same time, while staying safe. To take full advantage of it, you have to have the underlying competency in orientation and mobility and already be a good traveller. Likewise, computer access technology is great, but people need support and training to learn how to use it and be sufficiently IT literate to work

with it effectively, so that they can quickly get up to speed for their employer.

We use Skype a lot to keep down the cost of meetings and travel. I'd love to be able to use it on my iPhone as well. To be able to access the internet everywhere would make a massive difference. My biggest wish is for technology to become cheaper and more joined up so that you're not paying lots of separate charges.

My iPhone is the most important technology in my life. I can use it for emails and the internet, but don't have to have the email switched on all the time. Friends with Blackberries have emails pinging at them constantly, which makes it much harder to switch off from work. The iPhone gives me better control and it's good as a phone too!

Julia Swann

Ophthalmic nurse practitioner

Ophthalmic nurse practitioners do a lot of work that junior doctors used to do, including laser repairs and minor ops.

All of our clinicians' rooms are equipped with PCs, and a few colleagues are moving onto palmtops. However, our patient records are still predominantly paper based. We have a wonderful software program called Medisoft Ophthalmology, which is used in the majority of clinics. Programmes are ready customised for particular eye conditions, and it also generates prescriptions and follow-up letters to GPs. The only downside is that our hospital computer system is rather old, so if clinic is really busy and the clinicians are using it at once, it can become a bit slow.

We had an initial afternoon training session about Medisoft, but basically we've learned on the job by using it. One of our consultants is a director of Medisoft so he's shared all the knowhow with us and is able to keep us

updated on programme developments. The graphs it generates are brilliant, and in the Lucentis clinic, for example, you can see at a glance if someone's level of vision has dropped or when they last had a treatment. This helps considerably with planning further treatments.

“It would be fantastic if, whenever GPs or optometrists needed to refer a patient with an eye condition, they could send a digital photo with the referral”

One of the biggest benefits of digital technology is that the photos we take, for example in fluorescein clinics, can be accessed immediately. They can also be sent to colleagues in other consulting rooms, so the consultant can review the image and have it in front of them for their consultation.

It would be fantastic if, whenever GPs or optometrists needed to refer a patient with an eye condition, they could send a digital photo with the referral. This would give us a much better idea of whether the person needed to be seen urgently or not. A wider network capable of sending images between opticians, GPs and hospital eye clinics would make a massive difference to patient care. For people with low vision, I think ebooks like Kindles are going to make a massive difference, as you can change the text size so easily. They're light and portable and they're not too expensive.

Christine Durnion

Manager, BlindVoice UK

BlindVoice was launched by a group of like-minded blind and partially sighted people in the Stockton area, and works to →

→ support people with sight loss in a number of ways, including help with job-seeking skills, emotional support and social activities.

We couldn't live without email in the office and for communicating with all our volunteers. One of the things that BlindVoice offers is one-to-one computer training for people with sight loss. Sometimes people who don't want to join a social group begin by doing a computer course with us. As they grow in confidence many become more involved in the social support on offer.

Our technology centre was set up with Lottery funding seven years ago and we've just received an Awards for All grant to update it all. We currently have computers with a range of access software, including Zoomtext with speech, JAWS screenreader, and Guide, which is more limited but easy to use and excellent for people who want to be able to scan in a letter and have access to some of the more accessible internet sites. Guide (now supplied by Dolphin) was developed in the North East of England by a visually impaired user.

We teach the European Computer Driving Licence, which certifies that people are competent in the use of computers and common applications. Our Chairman, who is 80, has just completed it!



He was really surprised that as a blind person he enjoyed PowerPoint, which he had initially dismissed as largely being about pictures. We also teach people seeking employment to use JAWS. Our next venture is a pilot to teach people how to shop on the internet, as it would make a big difference to our members' independence to be able to do their weekly shop online.

Our social groups, all run by members, use email to send each other information about the activities for the coming months and to let each other know how many places to book.

“There are still too many blind people who think learning to use a computer would be too complicated”

Some of our visually impaired volunteers use phones with GPS and wouldn't be without them. But sometimes people choose an older phone because they are familiar with it. It's about your comfort zone really.

BlindVoice also offers braille and audio transcription services, and we've just been successful in gaining funding to upgrade our equipment: new embossers and a CD printer which is a much faster model, enabling us to copy and print 50 CDs at a time. We like our CDs to be branded for our customers with logos and titles so that they look professional.

Technology has played a vital role in the life of our volunteer co-ordinator. She was a teacher who lost her sight over one weekend and then was at home for six years before contacting BlindVoice. She learned to use a PC, became a trustee and gained the post of volunteer co-ordinator over several sighted applicants.

The PC has made a huge difference to blind and partially sighted people. It's opened up access to libraries and to free downloads. Lots of blind people don't have a TV but use BBC iPlayer. There are still too many blind people who think learning to use a computer would be too complicated. We supported a deafblind young man to learn to use a computer and it opened up a whole new world for him. He's of the opinion that if he can do it anyone can.

Technology is getting much more user friendly. Our chairman recently bought a Dolphin Guide computer package and it was delivered a day later to his home all set up and ready to work. No installation and registration of software is needed – just plug in and go.

- Information about the access technology mentioned is available from rnib.org.uk/shop

Roshini Sanders Clinical lead, Ophthalmology, NHS Fife

We set up a pilot study in NHS Fife which enabled three community optometry practices to send us digital images of the eye when making referrals using NHSmail. The 18-month pilot involved 350 patients. It was so successful that following the pilot we rolled out the electronic referral system to the whole of the Fife region.

We've now had electronic referral in Fife since 2007 and have processed over 40,000 new referrals. The trends and savings from the pilots are all sustained. Ten per cent of patients are deemed urgent, with sight-threatening disease such as macular degeneration. These urgent patients are seen within hours or a few days. Twenty per cent of referrals do not need an appointment because

we can make an e-diagnosis using the image sent by the optometrist. This is particularly useful for people with suspected glaucoma, patients with known diabetic retinopathy, people who have non-progressive retinal lesions and scars, and people with dry macular degeneration, for which there isn't a treatment. The remaining patients are prioritised according to need.

Fife now has the shortest waiting times for ophthalmology, with no new patients waiting longer than four weeks for an appointment. We are the only health board in Scotland that sees fewer patients than are referred to us. This digital technology has enabled us to reduce the attendance at eye casualty by 20 per cent, and also to reduce our 'Did not attend' rate in eye clinics by 10 per cent.

“Twenty per cent of referrals do not need an appointment because we can make an e-diagnosis using the image sent by the optometrist”

It took about a year to roll this out to optometry practices across Fife, and it's working really well. Based on our experience the Scottish Parliament has passed a business case for £7 million to support electronic connection between community optometry practices and hospital eye clinics. This will be rolled out across Scotland over three years from September 2012.

Electronic communication with digital images has made the biggest difference to my work as an ophthalmologist and is undoubtedly the way that eye services are going to be provided in the future.

Getting moving

Radhika Holmström looks at exercise and eye health

“Our eyes are a vulnerable part of the whole system – you only have a few nerves to go wrong, and you have a major effect on the eyesight,” says Professor Ian Grierson of Liverpool University. It is hardly surprising, then, that exercise – or the lack of it – impacts severely on eye health.

Activity and health

The latest Active People Survey from Sport England shows that very few people in England are managing a regular three half-hour sessions of ‘moderate intensity’ a week. The proportion is highest – yet still only 26 per cent and dropping – among adults aged up to 34; it’s 16.3 per cent for people aged between 34 and 55; and only seven per cent in people over this age (1). There’s no reason to suggest that other parts of the UK are substantially different.

Yet all the evidence shows that regular exercise makes a central contribution to physical and mental health. The recommendations vary – from a total of 30 minutes of ‘moderate’ exercise (such as brisk walking, gardening or even strenuous housework) over the course of a day (2) to adding in two weight-bearing sessions a week, as well as a balance-based session for people over 65 (3). But what isn’t in doubt is the sheer difference that a ‘reasonable amount’ of regular exercise should make.



“Physical activity can reduce the number of people who die prematurely, just as quitting smoking does,” argues Cathy Ross, who is a cardiac nurse at the British Heart Foundation. “People who are physically active are half as likely to get cardiovascular disease as those that are inactive.” The evidence for pretty well any other health condition (with some caveats: see below) is much the same. In addition, there’s considerable evidence that physical activity boosts mental health as well, to the extent that the Royal College of Psychiatrists recommends physical activity as an effective treatment for mild depression (4).

Exercise and health conditions that affect sight

When it comes to eye health, physical activity is particularly important in tackling conditions such as diabetes and hypertension (high blood pressure). Some of this is the straightforward effect of exercise on weight. ‘Normal’ levels of vigorous exercise (as opposed to serious training for several hours a day) do not usually work as a weight loss strategy on their own, but they make a very important contribution first to losing weight and second to keeping it off (5). Given that both type 2 diabetes and hypertension are linked to being overweight, there is an obvious health implication for exercise here. However, the benefits also go beyond this.

Getting moving: five key points

- Get a realistic gauge of how much activity you do actually get. “When people do surveys, they tend to over-report by about 30 to 40 per cent,” Buckley points out. A pedometer helps here – compare your current levels with the recommended 10,000 steps a day.
- The clichés like ‘take the stairs’ and ‘get off the bus early’ are annoying, but worth bearing in mind. If it is possible to negotiate the environment, do build in those small extra bits of movement that contribute.
- Group activity – and the commitment that comes with it – work well for many people: from a class to a ‘gym buddy’ [see NB, August 2010].
- Outdoor activity is often harder to set up for people with sight problems, but it is not off-limits. The Ramblers Association and Walking for Health are both good places to start; and less structured outdoor activities run by BTCV (British Trust for Conservation Volunteers) also welcome blind and partially sighted people.
- Stick with it. To create a habit you need to repeat the behaviour in the same situation. Health researchers from University College London estimate that it takes around 66 days to make it automatic (13).

In the case of diabetes, it appears that exercise actively helps get better blood sugar control. This is because muscles use more glucose when they are working: the muscle cells take up more sugar, and overall blood sugar levels drop as a result. In fact one of the most recent studies – a review of existing literature, published this May in the *Journal of*

the American Medical Association – concluded that exercise can be as effective in controlling glucose levels in people with type 2 diabetes as adding an additional drug (6). In other words, exercise can help lower the risk of developing diabetic retinopathy in type 2 diabetes.

Hypertension interacts with diabetes and a whole host of other conditions which threaten sight [see NB, June 2008] as well as causing its own forms of hypertensive retinopathy. In people with extremely high blood pressure, exercise is not recommended without medical advice, because exercise does temporarily raise the blood pressure further in everyone. In people with levels below 180/100, however, the Blood Pressure Association recommends taking up some form of aerobic (not weight-lifting) activity, such as cycling or swimming, to exercise the heart and blood vessels.

Exercise and specific eye conditions

Perhaps not surprisingly, exercise appears to have some direct impact on the risk of developing or progressing with specific eye conditions. Researchers from the University of Wisconsin have been doing successive studies looking at the impact of exercise on the risk of age-related macular degeneration (AMD). A study published five years ago in the *British Journal of Ophthalmology*, which followed nearly 4,000 men and women over 15 years, found that those with an active lifestyle (defined as “regular activity with sweating three or more times per week”) were 70 per cent less likely to develop AMD than those with a sedentary lifestyle. The research took other risk factors (such as weight, blood fat levels and age) into account before reaching this conclusion: and also found that regular walkers (defined as walking more than 12 blocks daily) were 30 per cent less likely to get the disease (7). →

→ It may, of course, not have been exercise alone. Most people who exercise regularly also eat a fairly healthy diet, and AMD is the eye condition that is most clearly affected by diet, particularly fruit and vegetables. A second study, published in the Archives of Ophthalmology last December, looked at ‘multiple lifestyle factors’ affecting AMD in 1,313 women, and again confirmed a link with physical activity and a reduced risk of developing the disease (8). At the moment it is not possible to separate out ‘exercise’ completely from ‘diet’ (and in practical terms it is probably not very constructive to do so either).

Instead, points out lead investigator Dr Julie Mares, who is the Professor of Ophthalmology and Visual Sciences at the University of Wisconsin School of Medicine and Public Health, “we need to be reminded that what we can do for ourselves with diet and exercise is so much more powerful than taking a single nutrient or dietary supplement”.

Eye exercises

The ‘Bates method’ of eye exercises was first published in William Bates’ book ‘Perfect sight without glasses’ in 1920, and still enjoys some popularity. Other types of ‘visual training’ are also in use. However, ophthalmologists remain extremely unimpressed by these. A comprehensive review published by the American Academy of Ophthalmology in 2004 concluded that, “No evidence was found that visual training has any effect on the progression of myopia ... hyperopia or astigmatism... [or] improves vision lost through disease processes such as age-related macular degeneration, glaucoma, or diabetic retinopathy”, and this view is fairly representative of the profession in general.

Exercise also affects the blood flow in the eye, and the ‘intraocular pressure’ which is associated with around 75 per cent of glaucoma cases (although this pressure is not the sole cause). Physical exercise reduces this pressure, and physical fitness overall is associated with a lower pressure level to start with. In people who already have glaucoma, exercise lowers intraocular pressure more than for those who don’t. A review of the literature to date, published in the Journal of Glaucoma in 2009, concluded that “exercise in glaucoma patients results in acutely lowered intraocular pressure and lower baseline intraocular pressure” but that “the effects of exercise on the prevention of glaucoma and glaucomatous progression remain unknown” (9).

Exercise risks

However, exercise can carry its own risks. People with high blood pressure, for instance, should actively avoid activities like weightlifting. The British Heart Foundation also advises people with existing heart conditions to avoid strenuous activity such as lifting weights, press-ups or exercise which could result in chest pains or getting up from the floor quickly. And people with diabetes, who are already prone to foot problems, should be particularly wary about this.

There are also some direct threats to the eye. The impact of weightlifting on the body extends to intraocular pressure, which can rise to very high levels in professional weightlifters (10). And there is some evidence that young people who have advanced glaucoma can actually have a temporary loss of vision while exercising (11). For people who are particularly prone to retinal detachment – such as people with conditions like Marfan Syndrome – activities such as high diving and contact sports can be particularly risky.

In fact, contact sports such as boxing can also increase the risk of retinal detachment in

people who were not previously considered at risk; and exercise can sometimes cause other eye damage as well. “Sports injuries can be quite damaging,” says Larry Benjamin, consultant ophthalmologist at Stoke Mandeville Hospital. “Squash balls are probably the worst, travelling very fast and fitting into the orbit quite well. It’s not uncommon for a rapidly moving squash ball to rupture the entire eye, and it’s often the good players who are hurt because they’re looking behind them to see the other player, who lashes out and the ball lands into the eye. Those can be devastating injuries, and difficult to repair.” Dr Caroline MacEwen, who heads the ophthalmology department of the University of Dundee, estimates that sport is responsible for between 25 to 40 per cent of all eye injuries severe enough to require hospital admission, and around a third of these injuries are potentially sight-threatening. Soccer, rugby, hockey and the racquet sports are the main culprits (12).

Getting more exercise

The whole issue of how you get people exercising more is preoccupying public health

specialists – and that is without the additional barriers that many blind and partially sighted people face. Running and cycling are not an option for many people; and the logistics of getting to a class or swimming pool (especially transport) can be more complicated to sort out than for fully sighted people.

“In today’s society, we have to make a conscious effort to regain the level of physical activity that we need. And you have to find something that you are confident about and you enjoy,” says Dr John Buckley of the University of Chester, who is also president of the British Association for Cardiovascular Prevention and Rehabilitation. “If you enjoy it, it’ll become habit forming.” “Work out what may go wrong with your plans and have strategies for that,” adds Dr Jennifer Cumming, who is a lecturer in sport and exercise psychology at the University of Birmingham.

“Set a goal within the context of all the possible benefits you could gain,” Buckley concludes. It isn’t always easy to get going: but those benefits are so immense that it really is worth sticking with.

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How accessible are travel websites?

Most of us use the internet to research and book holidays, but what if you have a visual impairment or you're blind? A survey first published in *Which?* magazine assesses which websites will make the process easier for you.

When it comes to planning a holiday or short break, the first thing most of us do is switch on our computer and search online for the best deals. But what if you have a visual impairment, or you can't see at all? Does this mean the entire internet is out of bounds?

The Department for Business, Innovation and Skills (BIS) launched its eAccessibility Action Plan in October 2010, promising to "ensure accessibility, affordability and equal participation for disabled users in the digital economy". In December 2010, a new Web Accessibility Code of Practice was launched by the British Standards Institute, designed to help organisations develop an accessibility strategy for their websites.

Yet despite these efforts and the fact that there are internationally recognised standards on accessibility, many companies still fail to adhere to the guidelines.

Currently, the Disability and Equality Act 2010 states that websites must not exclude anyone with a disability, but the lengths to which websites go to meet this requirement varies. If a person with a disability finds a website is inaccessible then they could have grounds to issue a claim under this legislation.

So just how accessible are the most widely used travel websites?



Access all areas?

We asked experts at RNIB to assess our chosen travel sites (see opposite). From the assessments, it was clear that the design and layout of a website make a big difference to how accessible it is. This particularly affects people with a visual impairment as they often require costly assistive technology in order to read a site. This includes screenreaders that read aloud what is displayed on screen, or 'screen magnification' technology, which magnifies what appears on screen.

Most of the websites had some form of accessibility issue, making them difficult, or in some instances impossible, for visually impaired users to navigate.

Common issues

Poorly labelled search options were a problem for screenreader users on some sites and they often felt overwhelmed by the vast amount of information available. Other issues included the confusing language and phrases used on some

sites, which often failed to provide a clear indication of what information was required.

Our research

We selected 10 of the most visited travel websites for our assessment, chosen from our website satisfaction survey (see Which?, January 2011, 'One click wonders', p46). We asked experts from the RNIB web access team to commission four volunteers to assess these websites for us. Each assessor was asked to perform a common task related to each website, such as booking a holiday, flight, rail travel or to research hotels in a specific destination. Our assessors have different sight levels; one is fully sighted, one partially sighted and two are blind. Testers used the most popular screenreader and magnifier technology in the UK (JAWS and ZoomText, respectively).

Tour operator and online agents

Top choice: [Expedia.co.uk](https://www.expedia.co.uk)

Overview: This site was the most accessible, though one of our partially blind assessors found some pages difficult due to the amount of empty space between related information.

Pros: A clear background made it easy for all users to navigate.

Cons: Hotel prices were difficult to pinpoint; some aspects, such as check-boxes and calendars, could be better labelled.

[Lastminute.com](https://www.lastminute.com)

Overview: All our assessors found this site confusing at various stages. One big problem was that the site incorrectly informed one of our blind testers that there were no rooms available for her particular search.

Pros: Overall, the site was moderately easy to use for all.

Cons: Distracting colours and animated banners; shortcuts to access keys clashed with screenreader technology.

[Thomson.co.uk](https://www.thomson.co.uk)

Overview: Both our blind users found the holiday search very difficult because items such as destination choices and departure dates were inconsistently picked up by their screenreading technology.

Pros: The structure of the headings; colourful website with clear background.

Cons: Too many filter options to reach a price; screenreaders failed to pick up vital information.

[Trailfinders](https://www.trailfinders.com)

Overview: Overall, this site was pleasant and easy to use. But the timetable for the chosen tour was impossible to read using a screenreader and very difficult for users of screen-magnification technology.

Pros: Well structured, with plenty of headings; easy to find most of the information required.

Cons: Impossible to read timetable information; lack of online booking facility.

Transport

Top choice: [British Airways](https://www.britishairways.com)

Overview: The BA site was accessible and our testers completed the task with ease. The biggest problem was the use of different colours to indicate cheapest fares. Our blind users had to scroll through the flights and remember the price for each individual flight.

Pros: Easy to navigate and find required information.

Cons: Colours showing cheapest flight prices unreadable.

[easyJet](https://www.easyjet.com)

Overview: Both our blind users struggled with adding flights to their baskets. While the easyJet website has a warning about this, it's easy to miss. The screenreading technology did not pick up decimal points in the ticket prices,

inadvertently making them seem very expensive.

Pros: Clearly presented information on the flight search.

Cons: Poor colour contrast; account needed to buy tickets.

Ryanair

Overview: The animated banners on the home page were distracting for our sighted user, while the colour combination of dark blue text on light blue was problematic for our partially sighted users. The confusing price breakdown was difficult for our blind users to decipher.

Pros: Despite the cheap flights, no other pros were noted.

Cons: Confusing price breakdown; ads larger than the search box.

The trainline

Overview: It was very easy to search for a train, but selecting the correct ticket proved difficult. The table containing all available tickets was extremely difficult for our screen-magnification user to read. The hover boxes that appear over a ticket price also proved problematic.

Pros: Simple search facility; more accessible version available.

Cons: Poorly laid out tables; complex ticket pricing confusing.

Travel research

Top choice: travelsupermarket.com

Overview: Sighted and partially sighted users found this site simple to use, with easy-to-refine search criteria. However, it was difficult for our blind users to know which fields were mandatory. Search results were difficult to navigate with a screenreader.

Pros: Easy to refine your criteria and filter search results.

Cons: Results page tricky to scroll with screenreader.

Tripadvisor

Overview: Our blind users were unable to complete the task we set for them for this site. Our sighted user had difficulty with the slider controls on the 'refine search' option. The 'Updating your results' message was not read by the assistive technology used.

Pros: The site contained useful travel information.

Cons: Too much information on the screen; difficult for screenreader users.

Notes

This article appeared in the April 2011 issue of Which? Magazine, and is reprinted by kind permission of Which? Ltd.

Ryanair has changed its website since the original work for the article was done.

Further information

Contact RNIB Web Access Team

0303 123 9999

rnib.org.uk/wac; webaccess@rnib.org.uk

Fixing the web

Fix the Web is a campaign that has been launched to tackle the problem of inaccessible websites on a large scale. It encourages people with disabilities to report any accessibility problems they have with a website. Volunteers then assess and take forward the issue to the webmaster in question, in order to reach a solution and raise awareness.

For more information, see rnib.org.uk/livingwithsightloss/computersphones/usingyourpc/Pages/fix_the_web.aspx

sight village



unmissable for

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Birmingham

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July 12-14th



New Bingley Hall,
Hockley, B18 5BE



Sponsored by:

Manchester



September 27th

Renaissance Manchester Hotel,
Blackfriars Street, M3 2EQ



Sponsored by:

London

Sponsored by:



November 1&2nd

Kensington Town Hall,
London, W8 7NX



end users employers professionals public sector



For people who are blind or partially sighted, professionals working in the field and employers, QAC Sight Village exhibitions are essential sources of information and hands-on experience with technology, support services and daily living equipment.

Products for everyday living

Summer reading

RNIB has some great reading material on offer:

National Talking Newspapers and Magazines catalogue

Imagine having an accessible newsagent in your high street and that's National Talking Newspapers and Magazines (NTNM). They've been running since 1974 and deliver over 230 top publications in accessible formats to suit readers such as audio (principally on CD), audio download, online or in DAISY. If you know anyone who might benefit from this service, please share the news about the new catalogue. Alternatively you can call NTNM on 01435 866102 or email them at info@tnauk.org.uk. Website: tnauk.org.uk



Holy Bible: Authorised King James Version

RNIB, in conjunction with Torch Trust and Wycliffe Associates (UK), has produced a DAISY edition (803028) of one of the most widely known and quoted versions of the Bible. It is faithful to the original scriptures and read by professional actors. Approximately 98 hours of reading, price £9.99.

New range of magnifiers on the horizon!

Following many requests, from mid-June RNIB will be stocking a range of handheld, stand and illuminated magnifiers (up to 6x magnification).

To help refresh best practice and top tips for using a magnifier, order a free copy of our 'Choosing your magnifier' booklet. It will guide you through the pros and cons of magnifiers, and explain what the difference in lenses mean to users. It also advises which one is best for specific tasks and how to make the most out of good lighting when using a magnifier. Booklet available in large print (IP419P), braille (IP419BR) and audio CD (IP419CD).



RNIB at Sight Village Birmingham

QAC Sight Village takes place from 12 to 14 July at New Bingley Hall, Hockley, Birmingham, B18 5BE. RNIB will be there once again with many products and publications available to explore, including its magnifier range. Come and update yourself on the very latest that's available to blind or partially sighted people. One other new introduction will be the iGlasses[®], as well as the opportunity to join RNIB's various bite-size seminars running throughout each day. You could also arrange a day's visit for a local group.

The exhibition is free to enter and guaranteed to fill a day with exploring new services and technology. For further information on RNIB at Sight Village visit rnib.org.uk/sightvillage

- For queries and further information, contact RNIB's Helpline on 0303 123 9999 or email shop@rnib.org.uk

Diary



Make a note of courses and events that are coming soon

Fees and contact details for listings

For a listing of up to 50 words, the fee is £30.00+VAT, and for 50 words and above it is £35.00+VAT. Entries for the July issue should reach us by 6 June.

Please note new contact details: Landmark Publishing Services, telephone 020 7520 9474, email amf@lps.co.uk or sharon@lps.co.uk

Note: Notices from non-profit organisations are now eligible for a single free listing provided it does not exceed 50 words. Please edit your copy before sending it, mark it 'free listing', and send it to nbmagazine@rnib.org.uk

Wales & West Vision Conference 2011

7 July

Main Hall, University of Newport, Caerleon Campus, South Wales

The conference will be chaired by Mike Brace CBE, Chief Executive, Vision 2020 UK

This event is jointly organised by Sight Support and Social Care Association (SCA)

The conference will include talks on:

- Dementia and sight loss
- Vision loss and falls
- Low Vision Service Model Evaluation (LOVSME)

Lunchtime exhibition

Conference fee

(including refreshments and lunch):
Normal price: £90/delegate

Early Bird offer (book before 12 June):
£80/delegate

Two or more from the same organisation:
£150 for two delegates

Special offer for first 30 SCA members who book – £45/delegate (half-price)

For further details contact: Nirmala Pisavadia
01495 763650, Nirmala@sightsupport.org.uk

Recognising potential

Hull: 11 August, 12.30am to 4.30pm

SeeAbility's training course exclusively for rehabilitation workers to focus on the needs of people with a learning disability and

explore how to adapt rehabilitation and habilitation techniques.

Cost: £40

To find out more and book your place, visit www.seeability.org/training

Blatchington Court Trust Awards Scheme 2011/12

Applications will be welcomed from charities, groups, companies and statutory bodies anywhere in the UK. The Scheme has an annual budget of £60,000.

Applications need to describe costed proposals or schemes which accord with Blatchington Court Trust's objective, which is to assist the development of young people aged between 0 and 30 who are vision impaired. It must be clear that the proposals or schemes will make a real difference in the development of the young people who will benefit – and confirm that any other finance required is in place or promised.

Whilst any such proposals or schemes will be considered, those that may well be of particular interest should relate directly to support for individuals in the above category rather than to research or funding the salaries of workers in sister charities. Most grants awarded are for under £5,000.

Applications must be received by Blatchington Court Trust by 16 September 2011. If you would like to apply please contact Alison Evans at BCT – telephone 01273 727222 or email alison@blatchingtoncourt.org.uk for an application form.

Geoff Lockwood
Clerk to the Trust

Nystagmus Network Open Day

North-west London, 22 October

Details of speakers and activities will be announced shortly.

For more information contact John Sanders, NN Development Manager, telephone 0845 634 2630, email john.sanders@nystagmusnet.org

Jobs etc.

Rates and booking details available on request.

Please note new contact details:

Anne Marie Fox, Landmark Publishing Services, telephone 020 7520 9474, email amf@lps.co.uk or sharon@lps.co.uk

Services

Experienced brailist/proofreader

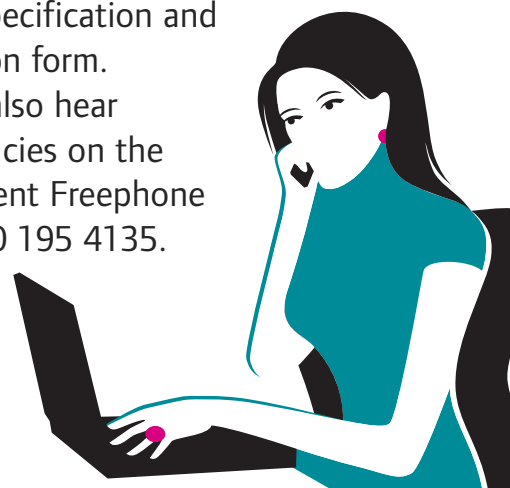
offers transcription service. For further information please contact: Judith Furse, 23 Masefield Avenue, Swindon, SN2 7HT. Telephone 01793 644346.

E-mail: info.swindonbraille@talktalk.net

Vacancies at RNIB

All vacancies that are advertised externally can be found on the RNIB website rnib.org.uk/jobs. You will be able to download the job description, person specification and application form.

You can also hear the vacancies on the Recruitment Freephone line, 0800 195 4135.



SIGHT SUPPORT

£23,570 - £26,010 full time equivalent – flexible working & job share considered.

Following promotion, we are looking for a Rehabilitation Worker to join our team in South East Wales.

As an innovative and creative team, we are looking for someone who is fully or nearly qualified, and who is enthusiastic and hard working. You will be undertaking assessments and delivering programmes of rehabilitation training as well as taking part in new developments in the rehabilitation field.

More information and an application pack available from
postman@sightsupport.org.uk

Closing date 24th June 2011



more opportunities come to you with Randstad Care

Randstad Care is the UK's leading health & social care recruiter. We have excellent locum and permanent opportunities for **Mobility & Rehabilitation Officers** for the Visually Impaired, across the UK. To find out more, contact Duane Francis today on **0207 421 4450** or email newbeacon@randstadcare.co.uk

 randstad care



St Dunstan's is a national charity which promotes the independence of ex-Service men and women who have acquired vision impairment and in some cases, additional disabilities.

Rehabilitation Officer (ROVI)

**£27,832 per annum plus an annually reviewed market supplement (currently set at 10%)
 35 hours per week** **Sheffield with some UK travel**

We are looking for a motivated and dedicated individual to join our team of Rehabilitation Officers. The successful candidate will provide the full range of VI rehabilitation and training services to our beneficiaries including assessments and training in orientation and mobility, communications, low vision and independent living skills as well as carrying out home visits which may require occasional overnight stays.

The successful candidate will have a DipHE in Rehabilitation Studies (VI) or an equivalent qualification, be computer literate in Microsoft Word, Excel and Outlook and have effective communication skills.

Benefits include free life assurance, free parking, pension scheme and an employee assistance programme in an excellent working environment.

Please visit our website at www.st-dunstans.org.uk to download an application pack. If you are unable to access the website please request an application by emailing recruitment@st-dunstans.org.uk or telephoning 01273 391497 (24 hour answerphone).

Closing date: Thursday 30 June 2011.

Interviews will be held during the afternoon of Wednesday 13 July 2011 or during the morning of Thursday 14 July 2011.

The position is subject to Enhanced Criminal Records Bureau disclosure.

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