Scottish Vision Strategy
Success in Sight?
Interim Review 2012
Foreword.

I welcome this Review from the Scottish Vision Strategy Advisory Group, which sets out successes, challenges and opportunities for eye care in Scotland. Straight away, I would also like to offer my thanks to those who have worked hard and contributed to all that has been achieved to date.

Since the initial strategy was developed, there have been significant changes in the global financial context, as well as here in Scotland within our own policy environment.

With a strengthened focus upon Prevention and Anticipatory Care, the findings of the Christie Commission, the development of Joint Sensory Services, the Doran Review, Self Directed Support and Reshaping Care for Older People, make this an appropriate time to review the original Scottish Vision Strategy.

It is widely recognised that the changing demographics and an increased incidence of chronic diseases like diabetes are bringing greater demands to society’s resources, including within our Health Service and our Social Care sector. In response, we need to innovate, prioritise, and continually seek and develop more effective working models in order to ensure eye care resources are maximised and properly targeted towards providing the best possible eye care services.

This updated strategy reflects some of the tremendous achievements over the last four years, including a Scottish Government investment of £6.6m over a 10 year period, which will enable optometrists to electronically refer patients to Hospital Eye Services, a commitment to devise a Scottish Sensory Impairment Strategy, and the development of integrated care networks and pathways. It also sets out the Group’s recommended next steps for the remainder of the strategy period, including matching demand with capacity through the development of a five year plan for AMD services, raising awareness of eye health and sight loss, and re-shaping rehabilitation services to meet growing demand.

The Scottish Government is keen that the excellent working partnership across the eye care sector and with other key stakeholders continues, and that the recommendations contained within this Review are fully explored. Ultimately, we also look forward to realising the ambition of eliminating avoidable sight loss by 2020.

MICHAEL MATHESON MSP
Minister for Public Health
Introduction.

‘VISION 2020: The Right to Sight’ is a global initiative by the World Health Organisation and the International Agency for Preventable Blindness. The Scottish Vision Strategy (SVS) was established by a wide alliance of statutory health and social care bodies, voluntary organisations, eye health professionals, government representatives and service users to make a lasting difference to the eye health of Scottish people and to improve the lives of those who have lost sight.

The SVS aims to develop a straightforward process for maintaining eye health, which prevents avoidable sight loss and offers timely and appropriate services. For people living with sight loss, the SVS seeks to ensure speedy referrals, person-centred care pathways and more rational and cost effective methods of operating.

To achieve this, an Implementation Plan was drawn up in 2008 with clear objectives and outcomes.

The plan had three strategic objectives:

1. To improve the eye health of the people of Scotland.
2. To eliminate avoidable sight loss and deliver excellent support to those with a visual impairment.
3. To enhance the inclusion, participation and independence of blind and partially sighted people.

Although set out over a five year period, significant policy and financial changes have highlighted the need to review the progress and re-focus our energies for the remaining term of the strategy.

This review outlines progress, notes best practice and identifies those areas where further progress is required.
Scotland has had notable success in developing eye care services over the last decade and has received wide acclaim for innovations in Optometry, Ophthalmology and Community Support Services. However, there have been a number of significant developments in the last three years which place the plan in a different context. While the three strategic objectives remain the same and retain their relevance, the significant changes in context include:

1. The Economic Climate.
2. The Christie Commission.
5. Electronic patient referrals from Optometrists to hospital eye services.
6. The Doran Review.
7. Self-Directed Support and Care.
8. Reshaping Care for Older People.

1. With the current fiscal deficit, a reduction in spending across Health Boards and Local Authorities is almost inevitable over the period 2012-2015. At a time of fiscal restraint and increasing demand linked to demographic changes, the Scottish Government is committed to improving its effective management of existing resources and avoiding unnecessary future spend through preventative strategies.

2. The Christie Commission (2011) estimated that up to 40% of all public service spending “could have been avoided by prioritising a preventative approach.”

Its report has laid heavy emphasis on restructuring public spending around strategies to minimise the costs of future health and social problems through preventative measures. Through the provision of early access to support for patients who are newly diagnosed as blind or partially sighted, the Scottish Governments policy on anticipatory care would be
addressed and the need for unnecessary or avoidable health and social care interventions would be avoided.

3. A national alliance between Eye Care Scotland, Optometry Scotland and RNIB Scotland has seen the establishment of the Scottish Eyecare Group (SEG). The group has been central to supporting the SVS, including promoting models of best practice, encouraging integrated working, influencing national policy and improving the quality of eye health services generally. SEG has developed a number of ‘building blocks’ from prevention and early detection through to aspects of care, monitoring and treatment. It has also identified the need for leadership, planning and management of services and proposes integration with national quality assurance arrangements.

Through this approach, SEG is leading the development of integrated working, improving patient’s referral/pathways and contributing towards:

- Helping to achieve waiting time targets.
- Improving the balance of care.
- Improving quality of services.
- Effective use of resources.
- Involving people in the future development of services.

4. The Scottish Government is committed to devising a Scottish Sensory Impairment Strategy during 2012 that will further develop the successful ‘one-stop shop’ model for all sensory impairment needs, improving access to services and removing barriers to inclusion.

This commitment has strong cross party support within the Parliament and also widespread support at local authority and health board level. It is envisaged that the SVS will complement the new strategy and over time, will play an important role in improving sensory services in Scotland.

5. Initiatives around an integrated electronic referral to hospital eye care services (HES) have shown that the innovative use of existing NHS IT infrastructure has immense potential for improving patient service/outcomes through enhanced communication between community optometry and HES. Results from local initiatives have been used to develop a Scotland-wide electronic referral system.

A national event was staged in September 2011 to raise awareness amongst practitioners and key stakeholders.

6. The Doran review: Every child has the right to become a successful learner, confident individual, effective contributor and responsible citizen - wherever their learning is taking place. Some will face barriers to learning and will need additional support to enable them to make the most of their educational opportunities and to realise their potential. The Education (Additional Support for Learning) (Scotland) Act 2004, which has been strengthened and updated through the Education (Additional Support for Learning) (Scotland) Act 2009, provides the legal framework for identifying and addressing additional support needs.

In September 2010, the Scottish Government committed £6.6m over a 10 year period to implement a new system across Scotland by April 2014.
For some children and young people, their complex range of additional support needs may be beyond the capacity of an individual Local Authority to cater for and may require access to regional or national provision.

The Doran Review will consider whether the current system is achieving the best possible outcomes for Scotland’s children and young people, and recommend any improvements necessary.

Recommendations are to be made to the Scottish Government in Spring 2012.

7. Self-Directed Support and Care:

More than 100,000 Scottish people of all ages receive social care and support.

This will include people who have a physical disability, people who are elderly and infirm, people who have a learning disability, sensory impairment, dementia, mental health problem, autism and a range of long-term conditions. Those who receive support should be at the heart of decision making about that support and the Self-Directed Support Bill intends to address the following:

- Introduce the language and terminology of Self-Directed Support into statute.
- Provide a consistent, clear framework in law.
- Impose firm duties on Local Authorities to provide the various options available to citizens - making it clear that it is the citizen’s choice as to how much choice and control they want to have.
- Widen eligibility to those who have been excluded up to this point, such as carers and people on compulsory treatment orders.
- Consolidate, modernise and clarify existing laws on direct payments.

In response to this programme for change, and as part of the 2012 Spending Review, Scottish Ministers have announced that an £80m Change Fund for older people’s services will be made available to Community Health Partnerships.


The programme gives consistency and meaning to the three Quality Ambitions within the NHS Quality Strategy, which focus on delivering; ‘partnerships between the NHS and those seeking care and support; care that is reliably safe; and appropriate, timely and efficient care and treatment’. The funding is directed to rebalancing care, support and service provision towards anticipatory care and preventative service delivery.

The individual and combined impact of these areas has had and will have a marked impact on the future delivery of eye care services in Scotland.
Progress and Highlights.

The review has highlighted that substantial progress has been made in each of the three strategy outcome areas that follow. Health Boards, Local Authorities and their partners, professional bodies and both national and regional voluntary organisations have evidenced their commitment to the SVS by identifying significant progress and development across an array of services and issues. In a number of regions, including Edinburgh and Lothians, Fife, Glasgow and Clyde, Grampian and Scottish Borders, special events have been held to drive forward the implementation arrangements. The principles of the SVS and its Implementation Plan have been enthusiastically embraced with significant modernisation being undertaken to improve the quality and consistency of service delivery.

The success evidenced overleaf reflects the substantial progress made in a number of regions across Scotland. Consequently, it should be noted that not every region has fully addressed each of the outcome objectives set out in the SVS implementation plan.
In 2006, the Scottish Government made a substantial investment in Optometry services, to ensure access to free eye health checks for all and to radically and comprehensively improve the provision of community eye care services across Scotland.

In addition to this, in 2007, the Scottish Government committed to the further implementation of the Eyecare Review through the investment of £2.6 million “pump prime” funding to be allocated to pilot projects across Scotland.

### 1.1 Raise awareness and understanding of eye health.

1. The Scottish Government funded a Managed Care Network (MCN) on Uveitis.
2. The Cross Party Group on Visual Impairment at the Scottish Parliament has acted as an effective forum for progressing each of the strategic outcomes with the SVS. In relation to eye health, it has helped to tackle issues around AMD and sight loss following stroke.
3. Seven of the ten recommendations within the Scottish Government Eyecare Review have been implemented:
   - An integrated, patient-centred approach should be taken to the design of eye care services, both for children and adults.
   - The planning of services should be based on a broad definition of visual impairment, to include those who have additional disabilities or impairments. The particular needs of members of minority ethnic groups should be taken into account.
   - The principles underlying the CVISTA scheme in Tayside should be applied across Scotland. For adult services, the lessons learned in the study of three localities should influence local developments.
   - The extended role of the optometrist should be used to strengthen both clinical management of patients and their links to community support.
Three areas where recommendations have not been fully implemented are:

- The certification and registration system should be modernised in line with recent changes made in England and the clinical criteria for certification should be broadened.
- The patient’s need for assistance should be based on an individual assessment of need rather than on registration status.
- Minimum service standards should be established to ensure that patients receive a consistent quality of service across Scotland.

Below is a summary of progress which has been made in each of these areas:

A Review of the Registration process for blind and partially sighted people in Scotland, funded by the Scottish Government, has been conducted. Subject to approval, the recommendations from this review will undergo consultation with a view to implementation.

Notification schemes have been established in a number of areas aimed at assisting individuals prior to the formal registration process. The Scottish Government is committed to introducing a Scottish Sensory Impairment Strategy during 2012/13, which is expected to look at minimum service standards.

1.2 Raise awareness of people most at risk.

1. The ‘What Would You Lose’ campaign was a Scotland-wide initiative to ask people what they would miss most if they lost their sight. Iconic images were projected onto the shape of an eye to highlight 10 key historic images which people may have missed had they lost their sight. The campaign aimed to encourage the Scottish public to think about what they would miss, and the importance of having an eye examination to ensure that healthy eyes are maintained and eye disease can be caught early.

3. An Optometry training DVD called ‘Bridge to Vision: Eye Examinations for people with a Learning Disability’ was launched in June 2010 through funding from the Scottish Government. The DVD was distributed extensively across Scotland and the UK (1,260 copies). It has also been incorporated into the formal training programmes of Cardiff, Ulster and Glasgow Vision Schools.

4. Previous research and community engagement has highlighted a need to address low awareness of eye care services/entitlements and low prioritisation of eye health amongst Ethnic Minority Groups. A community engagement project, based in Glasgow, has been developing methods to help reduce avoidable sight loss for Ethnic Minority Groups at a local level, in particular the Pakistani community which has a high density population in this area. In Edinburgh, NHS Lothian has initiated active involvement of this group as part of their response to the eye care review and most recently, the Scottish Government has released new funding to improve access to sensory services for Ethnic Minority people living in Edinburgh.

A community engagement project in Glasgow, managed by RNIB Scotland, is carrying out a project which will determine how to reduce the rates of avoidable sight loss among Ethnic Minority Groups. (See 1.5)

1.3 Enable every individual to take personal responsibility.

1. Free Eye Health Checks, promoting better wellbeing, have been in place across Scotland since 2006, enabling people to take more responsibility for their own eye health and general wellbeing by availing themselves of eye health checks.

2. The active involvement of service users and their carers in the provision of care is encouraged across all Health Board areas.

1.4 Raise awareness of Eye Health Care among Health and Social Care providers.

1. Some workforce training issues are beginning to be met through, for example, the development of new training for Orthoptists at Glasgow Caledonian University. A new four year honours degree in Orthoptics has been developed and was approved by the University and the Health Professions Council (HPC) in October 2011, subject to some minor conditions. This work was funded by NES (NHS Education for Scotland) and the first cohort of 12 students should commence in 2012, with the first graduates coming out in 2016. The development of modular training approaches offers a potential way forward for other training, including rehabilitation.

2. Information on eye care and support services is provided accessibly through a range of websites, Guide Dogs Scotland www.guidedogs.org.uk/aboutus/localtoyou/scotland RNIB Scotland www.rnib.org.uk/aboutus/contactdetails/scotland/Pages/scotland.aspx

Forth Valley Sensory Centre (FVSC) has developed joint adult low vision clinics, registration clinics and paediatric clinics in partnership with NHS Forth Valley Ophthalmology and Social Work Services. (See 1.5/2.1)
with a formal consultation period to follow, with the aim of fully exploring the recommendations set out in the report.

2. The new integrated electronic referral system between optometrists and HES is aimed at improving patient service through enhanced communication between community optometry and HES. Benefits which we identified from earlier similar local pilots include shorter waiting times and improved access to the appropriate clinicians.

3. The Scottish Government has committed to a prevention strategy within health care, following on from the Christie Commission, Independent Budget Review and Scottish Parliament Finance Committee reports.

In 2010, the Scottish Government committed £6.6m over a 10 year period to introduce the new system across Scotland by April 2014.

3. The Scottish Government has committed to a prevention strategy within health care, following on from the Christie Commission, Independent Budget Review and Scottish Parliament Finance Committee reports.
4. A Scottish Vision and Stroke Network was set up in 2011 and is a collaboration between stroke charities, vision charities, health care professionals, researchers and people affected by stroke.

Research has been conducted over the last three years to identify the benefits and harms of preventative and therapeutic interventions for the recovery and management of visual problems following stroke. The research has also determined current practice in Scotland and has assessed prevalence rates of visual problems following stroke. Papers have been peer reviewed and published.

5. Stroke is the third most common cause of death and the most frequent cause of severe adult disability in Scotland, with approximately 15,000 new cases per year.

It is estimated that one in five adults over the age of 75 are living with sight loss, rising to one in two people over the age of 90.

6. Currently 71,000 people in Scotland have dementia.

The prevalence of dementia increases with age, around 1.5% of the 65-69 year old population is affected. This increases to one in three in the 90 plus age group. Similarly, the prevalence of sight loss increases with age.

The Scottish Government has funded research to assess the levels of eye health care, undetected sight loss, sight loss and vision support in adults who have been newly diagnosed with dementia.

Visibility’s health team is working closely with NHSGGC Community Falls Prevention Programme to deliver falls prevention support. The work includes case identification and tailored support to people with a visual impairment. The team provides advice, support and information to reduce the risk of falls. Referral pathways have been negotiated and put in place between the two services with onward referrals as appropriate to the local authority visual impairment teams. An information leaflet has been developed and disseminated in addition to training sessions being delivered to frontline staff. (See 1.5)
Strategy

Outcome 2 – To eliminate avoidable sight loss and deliver excellent support to those with a visual impairment.

2.1 Improve coordination, integration, reach and effectiveness of Eye Health Services and support.

1. A report of the ‘National reviews of services for disabled children’ was published in 2011, with a key focus on transition between services for young people.

2. The new integrated electronic referral system between optometrists and HES will be implemented by April 2014 across Scotland.

3. Vision Support Services (VSS) or their equivalents have been established to assist patients attending eye clinics with practical and emotional support at the point of diagnosis to improve links between acute services and community support. The VSS are now in place supported by a range of organisations (Fife Society for the Blind, NESS, RNIB Scotland, Sight Action, The Forth Valley Sensory Centre and Visibility) in a large number of localities across Scotland including; Ayrshire and Arran, Borders, Fife, Forth Valley, Grampian, Greater Glasgow and Clyde, Highland, Lothian, Shetland, Tayside and the Western Isles.

4. There has been a notable shift in the balance of care in some Health Board areas, including Ayrshire and Arran, Fife, Grampian, Greater Glasgow and Clyde and Lanarkshire, where pathways have shifted the balance of care from the acute sector to Community Optometrists. These changes have facilitated the improved delivery of patient services.

North East Sensory Services (NESS) now has a full joint sensory service in Aberdeen and Moray which provides comprehensive statutory and non-statutory support for those who are visually impaired and/or deaf or hearing impaired. Additionally, NESS provides a wide range of non-statutory services which covers the whole of Grampian, including Aberdeenshire. (See 2.1)
Progress identified in 1.1, item 3; 1.2, item 4; 1.4, item 4; 1.5, item 4; 2.2, item 1; 2.2, item 3; 3.3, item 2 and 3.6, item 1 also applies here.

Sight Action in the Highlands has successfully implemented an optometry referral pathway since November 2009 which has seen an increase of referrals up some 400% from the community optometrists. (See 2.1/3.6)

5. Health Boards have been asked by the Scottish Government to review their Eye Health Care premises to determine their accessibility. This is an ongoing process and one limited by resources, but some improvements have occurred, for example, in AMD (Age-related Macular Degeneration) and Glaucoma services.

6. Two Managed Care Networks (MCNs) are in place; a locality based network in Lothian and a national condition-based network on Uveitis. When in place (April 2014), the new integrated electronic referral system between optometrists and HES will assist Health Boards and their partners to further develop care pathways.

2.2 And for those with permanent sight loss.

1. Dual sensory projects have been developed across Scotland including: Argyll, Ayrshire and Arran, Edinburgh and Lothians, Fife, Forth Valley, Grampian, Greater Glasgow and Clyde, Highland, West Dunbartonshire and Western Isles.

2. Vision Support Services have ensured that people with significant sight loss are sign-posted to the appropriate services for their needs. This has enabled both timely and relevant support for those who have developed sight loss.

3. Referral pathways have been scoped, developed and improved. Standards of care have been developed to reflect local need and a number of areas are progressing to auditing of effectiveness of pathways. Enhanced staff training across partner organisations has taken place since 2008, and should continue.


The links between sight loss and a person’s mental health have been well documented and the review of the strategy will be a key step forward in acknowledging the links between mental health and other conditions.

Deaf Action employs two Sensory Support Workers to work across Argyll & Bute, working with Argyll & Bute Council to access and provide practical and emotional support to people with visual and/or hearing loss in rural areas. Visibility has provided training and support to Deaf Action staff. (See 2.1)

Progress identified in 1.1, item 3 also applies here.

‘Guide Dogs Scotland: Mobility with people with complex needs’ is a project where clients include people who have additional needs other than sight loss. The project aims to expand this field through the sharing of information and greater collaboration with other organisations and to train dogs to be dual purpose or have additional skills such as responding to hand signals for people with dual sensory impairments, guiding visually impaired wheelchair users and detecting the onset of seizures in diabetics. A partnership between Hearing Dogs and Guide Dogs has successfully trained Scotland’s first dual qualified dog for a client with dual sensory loss. (See 2.1)
Strategy
Outcome 3 -
To enhance the inclusion, participation and independence of blind and partially sighted people.

3.1 Improve the attitudes and actions of service providers.

1. Awareness of both the unacceptably high levels of unemployment amongst blind and partially sighted people and the incapacity and cost of unemployment has been raised through various campaigns, conferences, networks, publications and collaborations.

2. A guide for bus operators entitled ‘Tips for Bus Drivers - How to help blind and partially sighted passengers’ has been produced by Guide Dogs Scotland and widely disseminated to bus operators across Scotland.

3. ‘Haggeye’ is a forum of blind and partially sighted young people. One of Haggeye’s key focuses is inclusion - that all young people should have the opportunity to learn about inclusion and the barriers faced by those with disabilities. Haggeye has developed an educational toolkit - ‘Stop and Stare’ - to explain the issues that blind and partially sighted young people experience.

North East Sensory Services (NESS), via the Fairer Scotland Fund has developed, in Aberdeen, an employment support service to help service users to find or sustain employment, and access training to get closer to the job market. (See 3.2)

Royal Blind has opened ‘Kidscene’, an integrated out-of-school club in which children with sight loss, and some with other impairments, are positively integrated with a majority who have sight. (See 3.4)
3.2 Improve the attitudes and actions of employers to ensure the numbers of blind and partially sighted people in the labour market increase.

1. Through the Scottish Government’s social enterprise initiatives and the new community jobs programme, new training and employment opportunities are being developed.

2. Promotion of the abilities which blind and partially sighted people have and can contribute to the workforce has been raised through various campaigns, conferences, networks, publications and collaborations.

North East Sensory Services (NESS) has developed a Young Person’s Service which supports young people and their families in a number of ways. Partly funded from BBC Children in Need, this project helps service users engage with their education providers, helps with preparing to leave school and helps develop peer support in social settings. (See 3.4)

West Dunbartonshire Council has launched in 2011 a resource pack for all pharmacies in the area to help visually impaired patients understand their prescriptions. The resource pack was developed in partnership with patients, carers, a number of voluntary organisations and West Dunbartonshire Council. (See 3.1/3.4)

3.3 Improve the attitudes and actions of the public toward people with sight loss.

1. ‘Visible Communities’ is a five year funded project which works within local communities to improve attitudes and awareness to visual impairment. The project works across the West Coast of Scotland and encourages those affected by visual impairment to become involved in their own communities.

‘My Guide’ is a pilot led by Guide Dogs Scotland, administered through joint working with the Forth Valley Sensory Centre (FVSC). Launched in 2011, volunteers have been trained to deliver a guiding service to isolated blind and partially sighted people to enable them to remain connected to their community by taking their first steps towards mobility. They may then gain the confidence to move onto formal mobility training. (See 3.5)

2. In 2010, the ‘Cost of Sight Loss 2010-2020’ report was launched by RNIB Scotland, Eyecare Scotland and Optometry Scotland, stating the economic case for investment in eye care services and prevention strategies.

Scottish War Blinded is running a pilot Outreach Service which provides a broad range of support to those people it was constitutionally set up to help. It is already acting as an exemplar of good practice in providing emotional support and guidance in a way that is fully networked and integrated with local and regional services for people with sight loss and services for forces veterans, as well as its own rehabilitation staff and centre. (See 3.4)

Launch of the ‘Transitions Template for Success’ by RNIB Scotland, funded by Skills Development Scotland. (See 3.5)
3.4 Remove barriers to inclusion.

1. A ‘Talking Bus Campaign’ has taken place to raise awareness and promote the needs and benefits of on-board visual and auditory announcements of next bus stop information for blind and partially sighted passengers. The campaign targeted bus operators and decision makers, with local success achieved in some areas, including Lothian Buses.

2. An information booklet on ‘Inclusive Streets: Design principles for blind and partially sighted people’ has been produced and disseminated across the country by Guide Dogs Scotland.

3. The Scottish Council on Visual Impairment (SCOVI) was re-launched under a new and stronger constitution in 2011. Formerly known as the Scottish National Federation for the Welfare of the Blind (SNFWB) since 1917, SCOVI is an umbrella organisation committed to promoting equality and opportunity for people affected by serious sight loss across Scotland. A mission set out by the Council is for blind and partially-sighted people throughout Scotland to lead independent and inclusive lives.

3.5 Exercise independence, control and choice.

1. The provision of Peer Support groups that seek to enable those with sight loss to exercise increased independence has been developed across Scotland delivered by a range of local authorities and organisations including Fife Society for the Blind, Forth Valley Sensory Centre, North East Sensory Services, RNIB Scotland, Sight Action and Visibility.

2. Accessible ATMs are soon to be rolled out across the UK by a number of banks. It is hoped that further banks will follow over the next two years.

3. Some progress has been made in raising the profile of the barriers that blind and partially sighted people face when shopping independently. This includes some major retailers offering personal shopping services and assistance. In a campaign context the ‘Go Shop’ award scheme is developing year on year.

3.6 To improve compliance with the Disability Discrimination Act.

1. The Patients Rights Act (Scotland) 2011 ensures that by law, a 12 week treatment time guarantee is in place. It also ensures that any information provided through Health Boards in Scotland will be in a format which the individual understands and finds accessible to their needs. In some Health Board areas, accessible information policies are being developed (NHS Greater Glasgow and Clyde).

2. Research was conducted in 2010 (Thurston et al) to determine how accessible health information is for blind and partially sighted people across Scotland. The findings from the research helped to raise the profile of their specific needs and were used as contributing evidence to the development of both the Patients Rights Act (Scotland) 2011 and the developments within NHSGGC.

3. The policy context for ensuring that employers are supported to comply with employment code of best practice now sits with the Equalities Act (2010). This is also ongoing.
The Scottish Government has made significant investment in eye care services across Scotland since 2006.

Whilst this has enabled important developments to take place, it has been acknowledged by the SVS Advisory Group that there are further areas where improvement can be made throughout the remaining phase of the SVS.

Whilst acknowledging potential resourcing and priority implications, the Group’s recommendations are set out below:

1. Reshaping rehabilitation services to meet growing demand.
2. Implementing Self-Directed Support to improve choice and control.
3. Raising awareness of sight loss.
4. Improving accessibility to services and amenities.
5. Implementing a 5 year plan for AMD services.
6. Shifting the balance of care.
Strategy Outcome 1: Improving the eye health of people of Scotland.

1.1 Raise awareness and understanding of eye health.

1. Health Improvement.
• Explore the potential of developing systematic monitoring of eye health care.
• Explore the best use of IT in relation to electronic patient records (EPR) for general eye health.

1.2 Raise awareness of people most at risk.

1. Raise the profile of eye health care within the Public Health agenda.
• Explore the potential of outcome measures.
• Scope out approaches to developing Public Health perspectives in relation to eye health.

1.3 Enable every individual to take personal responsibility.

• Promote Public Health campaigns focusing on eye health care and self-management.

1.4 Raise awareness of Eye Health Care among Health and Social Care providers.

1. Long term conditions.
• Encourage Health Boards and their partners to develop links to the long term conditions strategy with specified outcomes, milestones and measures to demonstrate continuous improvement in eye care services.

• Promote the prioritisation of eyecare needs and anticipatory care responses within the Long-Term Conditions Strategy.

1.5 Early detection of sight loss and prevention.

1. Anticipatory care.
• Encourage Health Boards and their partners to develop anticipatory responses to the management of eye health within assessment services, particularly for high risk groups such as, stroke, learning disability, dementia and diabetes. This should also apply to marginalised groups including, minority ethnic groups, isolated elderly people, people living on low incomes and children.

2. Minority Ethnic groups.
• Build on the current work being undertaken with Minority Ethnic communities.

3. Eye Health Checks.
• Continue to promote Eye Health Checks to everyone in Scotland to ensure that sight-threatening conditions are identified earlier, when treatment can arrest or reverse damage.
Strategy Outcome 2: 
To eliminate avoidable sight loss and deliver excellent support to those with a visual impairment.

2.1 Improve coordination, integration, reach and effectiveness of Eye Health Services and support.

1. Implementation of the new integrated electronic referral system between optometrists and HES.
   - The Scottish Government should monitor the implementation and impact of the new system between optometrists and HES.
   - Health Boards should introduce the new system by April 2014.
   - Maximise the data collated for Public Health outcomes.
   - Consider any wider options for maximising the use of the new system.
   - Develop a communication strategy for the new system as part of a wider public health campaign.

2. AMD Services.
   - Commission a five year forward plan for the provision of services concerning macular related diseases such as Age-Related Macular Degeneration (the leading cause of sight loss among older people).
   - Encourage Health Boards and their partners to assess resources for AMD services and the match between demand and capacity.

   - The Scottish Sensory Impairment Strategy will be published during 2012/13.
   - Resource the implementation of the above Strategy.
   - Produce an action plan for implementing and taking forward the new Scottish Sensory Strategy.

   - Ensure that Local Authorities build effective assessment processes which take full account of the impact of sight loss, known and unknown, on an individual’s wider health and well being, and that Direct Payments truly reflect the person’s care needs.
   - Review the current eligibility criteria and where sensory impairment sits within this.
   - Encourage Health Boards and their partners to provide staff training on sensory impairment.
   - Development of Sensory Champions in each Health Board area.
   - Promote the development of community practice; covering eye health care.
   - Ensure that sensory reports are incorporated into Health, Care and Support plans, including Self-Directed Support plans.

5. Work-force.
   - Discuss improvements to workforce training at a future Cross Party Group meeting.
Strategy Outcome 3: To enhance the inclusion, participation and independence of blind and partially sighted people.

3.1 Improve the attitudes and actions of service providers.

1. Education.
- Ensure blind and partially sighted learners have access to the same educational materials at the same time as their peers, in line with the Equality Act.
- Ensure there are no technical barriers to accessing educational materials when systems are updated (refreshed).
- Improve wi-fi access for portable devices, such as Braille note-takers, that are increasingly used by blind and partially sighted pupils.
- Ensure general visual impairment awareness is given to all teachers and learning assistants.
- Equip visually impaired children and young people for independence through adequate provision of comprehensive habilitation services which are followed through in the work of the classroom team.
- Provide training for teachers and learning assistants on enabling independence.

- Monitor the implementation of the Patients Rights Act (Scotland) 2011 across Health Boards to ensure that accessible information and support to people with sight loss is available and publicised.
- Promote the implementation of the tele-health strategy in relation to sight loss.
3.2 Improve the attitudes and actions of employers to ensure the numbers of blind and partially sighted people in the labour market increase.

1. Employment.
   • Prioritise the reduction of the unemployment rate for blind and partially sighted people in Scotland (74%, Cairns et al. 2008).
   • Ensure that quality is consistent in relation to support for job seekers and that Local Authorities are fully aware of the specialist services available.
   • Encourage Local Authorities to maximise use of Article 19 and help support disabled and blind and partially sighted people.
   • Encourage employability initiatives in Scotland to ensure their existing services can be accessed by people with sight loss and that people with sight loss are able to access a continuum of employability support.
   • Include specific skills development training for employment, working in social enterprises and social firms, self employment options, paid and unpaid work experience opportunities and voluntary work to give blind and partially sighted people the work history required to compete in the current labour market.

2. Youth Employment.
   • Promote the development of social firms, social enterprise and self-employment opportunities and other local authority provision for young people with a visual impairment.
   • The Scottish Government should conduct a longitudinal study to monitor and track the progress and placements of young people with a visual impairment.

3.3 Improve the attitudes and actions of the public toward people with sight loss.

1. Disability Harassment.
   • ‘Hidden in plain sight’, the final report of an inquiry by the Equality and Human Rights Commission (EHRC) into disability-related harassment, uncovers that harassment is a commonplace experience for disabled people through a culture of disbelief and systemic institutional failures. Encourage all public bodies to adopt the recommendations within the report.
3.4 Remove barriers to inclusion.

1. Barriers.
   • Take account of the Scottish Vision Strategy in implementing the Doran Review.
   • Continue to address the existing barriers in the built environment, to transport and in the ever developing technological infrastructure which restrict the opportunities available to blind and partially sighted people.
   • Promote accessible transport and associated infrastructure.
   • Ensure when procuring transport services that operators are providing up to date accessible modes of transport and services, for example, installation of on-board bus and coach audio and visual next stop announcements.
   • Promote measurable outcomes for improving accessibility when procuring transport services, for example, included in the Rail 2014 franchise reporting process.
   • Promote the needs of blind and partially sighted people across national and local built environment and planning policy development and guidance.
   • Promote the use of Equality Impact Assessments that include and reflect the needs of blind and partially sighted people.

2. Mobility.
   • Ensure the provision of a comprehensive assessment of individuals’ mobility through an appropriately staffed and qualified mobility service.
   • Develop the provision of an ongoing orientation and mobility training programme to visually impaired children and young people. The programme should encompass all transition stages and any training programmes should involve parents and carers.

   • Ensure that the specific information needs of minority ethnic groups are addressed in relation to eye care and sight loss issues.
   • Promote models developed through pilot work to access services in an appropriate and timely manner.

3.5 Exercise independence, control and choice.

   • Ensure that expert advice and support is available so that people with sight loss, and other disabilities, are able to maximise the income they are entitled to so they can live with independence and dignity.
   • Consider the development of a National Income Maximisation service with the purpose of providing expert advice to disabled people on their welfare rights.

2. Children and Young people.
   • Develop the need for qualified ‘habilitation’ specialists, able to deliver appropriate training in independent living, orientation and mobility for children and young people across Scotland. The Graduate Certificate/Diploma in Habilitation and Disabilities of Sight provided by the University of Edinburgh provides a potential model.

3. Reading.
   • Ensure accessible reading materials so that blind and partially sighted people are not marginalised.

   • Enable blind and partially sighted people to acquire the awareness, skills and knowledge of digital access.
   • Encourage public bodies to ensure that their online presences, in the shape of websites, are accessible to blind and partially sighted people.
Appendix 1: Overall ‘Best Practice’ examples.

**Argyll and Bute.**
- Argyll and Bute Council delivers a domiciliary low vision assessment service to people in remote areas to reduce the need for older, disabled people having to travel long distances from rural and island communities. *(See 3.4)*

**Forth Valley Sensory Centre (FVSC).**
- A joint sensory service focusing upon hearing impairment, vision impairment and dual sensory impairment has been developed from a social work perspective in partnership with FVSC. *(See 2.1)*
- A peer support group is in place in the FVSC where visually impaired people come together to chat to those who have recently lost their sight. In most cases, people move on from this group to either a men’s or ladies’ group which together have around 20 attending regularly. *(See 2.1)*
- ‘My Guide’ is a joint pilot with the FVSC and Guide Dogs Scotland. Launched in 2011, volunteers have been trained to deliver a guiding service to isolated blind and partially sighted people to enable them to remain connected to their community by taking their first steps towards mobility. They may then gain the confidence to move onto formal mobility training. *(See 3.5)*
- NVT Stroke assessment and a shared pathway with NHS Forth Valley covering the REACH Team, Ophthalmology and Social Work services. This will mean they aim to provide a much better and more joined up service to those suffering stroke and a visual impairment. *(See 1.4)*
- FVSC has worked with the Joint Improvement Team (JIT) and the University of Stirling to produce a best practice guide on tele-care and sensory impairment. This work is continuing with the use of technology through the University of Glasgow and University of Edinburgh. *(See 3.6)*

**Guide Dogs Scotland.**
- ‘Buddy Dogs’ is a Guide Dogs Scotland pilot scheme aimed at preparing individuals for guide dog ownership and developing their confidence to move towards independent mobility. For example, placing a buddy dog in a family with a visually impaired child to encourage the child’s early steps towards independence by providing responsibility and routines for grooming and exercising. So far one buddy dog has been placed in Scotland. *(See 3.4)*
- Measuring the Impact of Mobility Services. At the research phase this project aims to develop a measuring tool to identify net mobility gain i.e. to measure the impact that Guide Dog’s mobility services has on blind and partially sighted people, and will be used to inform service development and improvement. *(See 2.1)*

**North East Sensory Services (NESS).**
- NESS made training available on awareness on Sensory Loss for all professionals. This is about to be expanded with the appointment of a full time Training Officer, funded from Sensory Strategy money. It is hoped this project will not only inform professionals but develop a programme of awareness training for schools, businesses and community groups, thus making the general public more aware of the needs and abilities of people with a sensory loss. *(See 3.1)*
- NESS has developed a Hospital Information Service, again funded from Sensory Strategy money. It has a post holder based at the Eye Clinic and the Audiology Clinic, which helps fast track service users into its service and also helps those not supported via their statutory services, access non statutory provision. *(See 2.1)*
RSS is making all of their information available in a service user's chosen format from their in-house digital recording studio. Information is available in large print, Braille, CD, MP3 download and now BSL DVD. These services are also available for commercial sale. (See 3.6)

NESS has fully equipped its resource centres in Aberdeen and Elgin to be fully accessible, with particular mind to the needs of those with a sensory loss. It has also trained 16 front line staff in British Sign Language (BSL) to level 2. (See 3.1/3.6)

NESS has developed with Lottery funding a Befriending Scheme to support more service users to live and engage in their community. (See 3.3)

RNIB Scotland.

- RNIB Scotland and Alzheimer Scotland have been working together to bridge the information and education gap around sight loss and dementia. Two 'Bridge to Vision' (Dementia) pilot projects have been conducted in Glasgow and West Dumbarton. Working together, both organisations have developed a series of factsheets and specific training on Dementia and Sight Loss. (See 1.2/1.5)

- RNIB Scotland has received Government funding for a twelve month post to identify and work with six long-stay care homes in the Glasgow area supporting people with dementia. The key purpose of this role is to raise awareness of support staff of vision needs, to carry out an environmental audit of the service and then identify and train vision champions within each service to sustain the work and ensure that people with dementia have their vision needs identified, treated and understood. (See 1.2/1.5)

- RNIB Scotland has received funding from the Fife Sensory Impairment Service to set up a referral route to pilot Functional Vision Assessments (FVA) to support the clinical assessment of adults who have acquired cognitive loss and communication problems due to dementia, Alzheimer’s, stroke or trauma. These assessments have the support of Fife NHS Community Psychiatric Nurses. In addition the work is piloting two training sessions to emphasise the under detection of sensory loss in people who have complex needs. The evaluation from this work will help to inform key stakeholders. (See 1.2/1.5)

- RNIB Scotland has received funding from NHS Fife’s Kirkcaldy and Levenmouth Local Mental Health Partnership to implement a small pilot project, bringing together the expertise of health, social care and voluntary organisations to develop systems for inclusion of eye healthcare assessments in the overall assessment of people who may have dementia or other complex needs. The project has developed a referral pathway which ensures that eye health checks are an integral part of care for those with dementia and has also trained and informed family carers about the impact of sight problems alongside dementia, including how best to support their family member’s vision needs. (See 1.2/1.5)

- RNIB Scotland has received funding through the Carers Strategy to work with NHS Fife Glenrothes Hospital to conduct a small pilot study which will support those people with dementia, who are currently hospitalised, in their transition and discharge back to their own home. The project will include visual awareness and dementia training, functional vision assessments and joint working with hospital Occupational Therapists to complete an environmental assessment to reduce the risk of falls and injury, adapting the person’s environment to meet their vision needs. (See 1.2/1.5)
Appendix 1: Overall ‘Best Practice’ examples.

- RNIB Scotland has delivered a ‘Colour Brush in Darkness’ Art Project for 12 blind and partially sighted young people (age range from 10-22) in Edinburgh with funding from the Big Lottery. This project has staged two major exhibitions, one at the Scottish Parliament and another at Patriot Hall, and was one of three finalists in this year’s Herald Awards. Another exhibition is planned for this coming year and the group goes from strength to strength. (See 3.4)

Royal Blind.

- In 2010 Royal Blind launched its Forward Vision service which enables young adults with complex needs as well as a visual impairment to continue their development beyond school leaving age and so maximise their capacity for inclusion and access to services. (See 3.4)

Scottish War Blinded.

- Undertaken award winning work with veterans who have neurological sight loss which is being carried out in partnership between Visibility and the Scottish War-Blinded. (See 1.2)

Visibility.

- Visibility offers visual and sensory impairment training on a commercial basis, similar to that of NESS, to professionals within Health and Corporate settings. (See 3.1)

- Award winning work with veterans who have neurological sight loss which is being carried out in partnership with the Scottish War-Blinded. (See 1.2)

- In partnership with NHS Ayrshire and Arran, Visibility is working to develop opportunities for people with a visual impairment to access activities to improve their mental and physical health. (See 3.4)

Appendix 2: A glossary of terms.

- AMD. Age-related Macular Degeneration.

- Article 19. Article 19 of the European Union procurement directive allows public sector contracts to be reserved for workplaces where more than 50% of employees are disabled.

- Befriending Scheme. A volunteer scheme which offers friendship and support to vulnerable and isolated people.

- BSL. British Sign Language.

- Integrated Electronic Referral System. A system of referral between Optometrists and Hospital Eyecare Services (HES) aimed at improving patient service through enhanced communication between community optometry and HES.

- Certification and Registration system. The system to Certify and Register people voluntarily as either blind or partially sighted.

- Change Fund. The Re-shaping Care for Older People Change Fund is a Scottish Government initiative that is aiming to improve services for older people by shifting care towards anticipatory care and preventative spend.

- CHCP. Community Health (and Care) Partnerships.

- Christie Commission. The Christie Commission, chaired by Campbell Christie, was tasked by the Scottish Government to look at the future delivery of Public Services in Scotland. Reported in 2011.
Community Health Partnerships. Community Health Partnerships develop innovative, public-private partnerships that aim to improve the health and well-being of local communities by transforming NHS and local authority services.

Cross Party Group on Visual Impairment. The Cross-Party Group on Visual Impairment draws together backbench MSPs and the blind and partially sighted sector in Scotland to identify issues competent to the Scottish Parliament and seeks to influence policy, legislation and decision makers to better reflect the needs of blind and partially sighted people.

CVISTA scheme. CVISTA is an inter-agency group of professionals in Tayside working in a coordinated way to provide services for children with visual impairment and their families.

Direct Payments. If your local authority decides that you need community care or children’s services, you can opt to buy the services yourself. This is called direct payments. If you get direct payments you must use it to arrange services that meet your assessed needs. It is not money to spend as you choose.

Fairer Scotland Fund. The Scottish Government is committed to working with local government and others to address the social and economic disparities that exist between our most deprived communities, entire local authority areas and the rest of Scotland.

Functional Vision Assessments (FVA). Functional vision assessments establish how people make use of their sight. They are normally done in school or at home instead of in a clinical setting.

Haggeye. Haggeye is an RNIB Scotland project that works across Scotland to bring together young people aged 12-25 years old with sight loss. Haggeye aims to make a difference by campaigning for accessible services, facilities and opportunities, both locally and nationally.

HES. Hospital Eyecare Services.

Joint Improvement Team (JIT). JIT is co-sponsored by the Scottish Government, the Convention of Scottish Local Authorities (COSLA) and NHS Scotland. Their core team are based in Edinburgh in the Directorate for Health and Social Care Integration, but they work directly with partnerships across the country. Their remit includes joint working between health, local authorities and the independent sector delivers better, faster, safer, closer services.

Long Term Conditions Strategy. The strategy of the Long Term Conditions Alliance Scotland (an independent Charity led by its members) aims to make the lives of people with long term conditions better.

MCN (Managed Care Network). Managed Care Networks extend the principles of clinical networks to health and social care. Managed Clinical Networks focus on the equitable provision of high quality clinical services, by linked groups of primary, secondary and tertiary care health professionals. Managed Clinical Networks tend to be condition-specific.

Mental Health Strategy for Scotland. Proposals for a new national mental health strategy bringing together work to improve mental health services.
Appendix 2: A glossary of terms.

NHS Education for Scotland (NHS Education for Scotland) is a special Health Board responsible for supporting NHS services in Scotland by developing and delivering education and training for those who work in NHS Scotland.

Neurological sight loss. Vision impairment or vision loss resulting from an acquired brain injury (also known as ABI VI) is caused by damage to the areas of the brain that are responsible for sight. The many causes include stroke, brain tumour, head injury and infections such as meningitis.

Nursing, Midwifery and Allied Health Professions Research Unit (NMAHP) at Glasgow Caledonian University.

National Vocational Training courses (NVT).

Ophthalmology. Ophthalmology is the branch of medicine that deals with the anatomy, physiology and diseases of the eye. An ophthalmologist is a specialist in medical and surgical eye problems.

Optometry. Optometry is a health care profession concerned with the health of the eyes and related structures, as well as vision, visual systems, and vision information processing in humans. Optometrists are licensed medical professionals trained to prescribe and fit lenses to improve vision, and to diagnose and treat various eye diseases.

Optometry Scotland. Optometry Scotland is a non-profit organisation established to develop and represent the views of the entire Optometry sector.

Orthoptists. Orthoptists examine patients with eye problems especially those related to ocular motility, binocular vision, amblyopia (lazy eye) or strabismus (squint). Orthoptists diagnose these problems and determine appropriate management. Some perform vision screening of children in schools and community health centres.

Patients Rights Act (Scotland) 2011. The Patient Rights (Scotland) Act, aims to improve patients’ experiences of using health services and support people to become more involved in their health and health care.

REACH Community Health Project is a third sector organisation with a strategic role in improving the health care provision of Black and Ethnic Minority (BME) communities in Scotland.

Orthoptists. Orthoptists examine patients with eye problems especially those related to ocular motility, binocular vision, amblyopia (lazy eye) or strabismus (squint). Orthoptists diagnose these problems and determine appropriate management. Some perform vision screening of children in schools and community health centres.

Self-Directed Support. Self-directed support is a strategy to allow people to take control of the support they need to live independently.

Transitions Template for Success. ‘Template for Success’ details the support that young people need to make a successful transition from school into training, education and work.

Uveitis. The Uvea is made up of the iris, the ciliary body and the choroid of the eye. When any part of the uvea becomes inflamed then it is called Uveitis. There are many different types of Uveitis.

Vision Impairment Scotland. Vision Impairment Scotland is an organisation that supports children with visual impairment and their parents.
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