

Cross Party Group in the Scottish Parliament on Visual Impairment

Minutes of the Cross Party Group for Visual Impairment meeting held on Wednesday 11 March 2015 in Committee Room 3, Scottish Parliament.

Present:

Stuart McMillan MSP

Neil Bibby MSP

Dr Richard Simpson MSP

James Adams, RNIB Scotland

Alex Bowerman, Scottish Government

Elaine Brackenridge, Royal Blind

Catriona Burness, RNIB Scotland

Amanda Burt

Marion Butchart, Novartis

Pamela Chater

Jamie Cuthbertson, Macular Society

Jane Donnelly, Insight Radio

Jacquie Dougall, Scottish Government

Margaret Duncan, Scottish Government

Richard Hellewell, Royal Blind

Jane Horsburgh, Guide Dogs

Colin Howie, Scottish Council on Visual Impairment

Caitlin Howie, RNIB Scotland

Sarah Hughes, Royal Blind

Frances Johnson, Dennis Robertson MSP's office

John Legg, RNIB Scotland

David McKerral, National Federation for the Blind

Paul McCloskey, CEC Libraries

Hazel McFarlane, RNIB Scotland

Gillian Mitchell, Sight Action

Robert Mooney, Community

James Mowat

Rod Murchison

Christine Polland

Mary Rasmussen

Ken Reid, Vision Strategy

Terry Robinson

Hal Rollason, Optometry Scotland

Allan Russell, Insight Radio

Kim Smith, Scottish Council on Visual Impairment

Mhairi Thurston, UK Vision Group on Counselling

Kate Wallace, Visualise

Paul Warner

Helen Wilkinson, RNIB Scotland

Sandra Wilson

1. Welcome and Introductions

Stuart McMillan MSP welcomed everyone to the meeting and introductions were made.

2. Apologies

Apologies were received from:

Dennis Robertson MSP

Mo Colvin, RNIB Scotland

Kay Eadie, Allergan

Dominic Everett, RNIB Scotland

Clair Henderson, RNIB Scotland

Sheena Guz, ADA (Scotland)

Hussein Patwa

Wendy Rankin, Guide Dogs

John Ravenscroft, SSC

Susan Robinson

Janelle Scotland, ASTN

Ken Swa

William Wykes, Eyecare Scotland

3. Minutes of the previous meetings, held on 8 October 2014 and 4 December 2014

The minutes of the meetings held on 8 October 2014 and 4 December 2014 were approved, proposed by Ken Reid and seconded by Hal Rollason.

4. Matters Arising

There were no matters arising not already on the agenda.

5. Election of Office Bearers

The Convenor explained that Parliamentary regulations require an annual election of the Group's office bearers at the AGM. The following nominations had been received and were seconded by Richard Simpson MSP.

Convenor: Stuart McMillan MSP

Vice Convenors: Neil Bibby MSP

Dennis Robertson MSP

Secretary / Treasurer: James Adams

No further nominations were received. The office bearers were elected by acclaim as detailed above.

Action

- The annual return for the Group will be prepared and submitted – Secretary / Convenor

6. Access Support National Ophthalmology Workstream

The Convenor invited Margaret Duncan, Alex Bowerman and Jacquie Dougall of the Scottish Government to give their report. Margaret Duncan thanked the Group for the opportunity to give an update on the National Ophthalmology Workstream, noting it was a year since the last report. Jacquie Dougall and Alex Bowerman updated the group on activity over the last year, including the following key points:

- Ophthalmology Implementation Workstream firmly established in 2014 with significant progress made against the recommendations of the initial report

- The key aims of the implementation plan were to balance capacity with demand on a sustainable basis; streamline pathways, booking processes and realign clinic templates; up-skill the workforce to ensure that patients can be reviewed in the most appropriate care setting for their condition; work collaboratively across primary and secondary care; ensure best practice is embedded as common practice for the benefit of all patients across Scotland
- The national framework supports good practices and innovative ways of working to achieve sustainable service delivery and safe, effective, patient centred care through 4 key elements, as detailed below.
- Workforce: vital to extend staff competencies and capacity, e.g. nurses to perform intra-vitreous injections allowing medical staff to concentrate on procedures only they can do. There is good evidence from across NHS GG&C of the success of this approach.
- Primary secondary care working: There is a good example of shared care in NHS Ayrshire and Arran where 12 optometry practices are involved in the follow-up of a cohort of patients with Age Related Macular Degeneration and diabetic retinopathy.
- Using information as intelligence to assess the capacity required within each service and using technology to work in different ways. This ties in with the fourth priority concerning timing of patient bookings at the crucial period required for their eye condition and significant progress is being made across many Boards, including Dumfries and Galloway, Forth Valley, GG&C, Tayside and Lothian.
- As the series of changes develop the focus will be on embedding these best practice examples uniformly across eye services.
- The intention is to hold a national conference at the end of the year where experiences can be shared, benefits discussed and outputs assessed with all stakeholders.

There followed detailed discussion covering

- Linkage between clinics to reduce repeat visits to hospitals for different clinics particularly for those travelling long distances e.g. Highlands. This is not yet happening but ultimately it is planned to develop such a holistic approach.
- Update on the roll out of the eyecare integration programme following the Government's £6.6M investment in 2010. Hal Rollason, Optometry Scotland, updated the group that there have been issues linking e-referral to both Ophthalmology and GPs which are being addressed. E-payment will go live next month. The Ophthalmology Workstream is liaising with this project about potential bottlenecks.

- Richard Simpson MSP queried the ongoing use of expensive medication for Wet AMD when cheaper, as effective drugs are available. Margaret Duncan agreed to look into this and report back to the group.
- Richard Simpson MSP raised the use of the NHS Patient Opinion feedback mechanism by those living with sight loss. Prior to promoting this across the sector, the accessibility of the system must be reviewed.
- The report and direction of travel was welcomed but there were queries around the timescale of implementation to ensure parity of provision across the country. Alex Bowerman noted the intention is to develop the Change Champions and then work with late adopters / stragglers. The project has started small, but aims big. The importance of ensuring the pace of improvement was stressed and it was noted that significant progress was expected over the next year at which point the project would take stock. A further report to the Group in March 2016 was agreed with an interim update in c. 6 months.

Action

- Margaret Duncan to report back on Wet AMD medication
- Interim update to be given at October or December 2015 meeting and a full update at March 2016.

7. Extending access to Library, Council and Community Services

Paul McCloskey from City of Edinburgh Council Libraries updated the Group on the above project. The aim is to improve access to library and council services for blind and partially sighted people, enabling them to live more independent lives and embedding this is the day to day library service throughout the Council area. Paul outlined the importance of the Six Steps programme (see Appendix 1). The project is increasing blind and partially sighted people's confidence through the use of technology. The main project outcomes include:

- Greater confidence in using technology
- Sharing learning with others
- Participation in social group, reducing isolation
- Increase in new library members
- Increase in number of book clubs

The project is sustainable as it is delivered by local library staff and the equipment is provided as part of existing Council budgets.

There followed discussion around sharing best practice and delivery of the 6 steps across Scotland. Other Councils are working towards the 6 steps, but

Edinburgh Council are acknowledged to be leading on this initiative. The Convenor raised the use of this project as part of the Cosla benchmarking tool. Paul will discuss this with colleagues. Access to RNIB's talking book collection was discussed and the use of mobile libraries to deliver similar projects.

Action

- Paul McCloskey to raise possible inclusion in Cosla benchmarking with colleagues.

[Note: The Convenor left the meeting for Parliamentary business. Neil Bibby MSP, Vice-Convenor, assumed the Chair]

8. Accessible Health Information

Hazel McFarlane, RNIB Scotland reported on the provision of accessible health information, a key aspect of the Scottish Vision Strategy. It is estimated that 188,000 people are living with significant sight loss in Scotland, but only around 34,000 are registered. Registration is voluntary and only 23-28% of those eligible for registration choose to do so. The number of people with sight loss is expected to double by 2020 and it is vital that these people have access to health information in a format to suit them.

RNIB Scotland research in 2010 showed that only 10% blind and partially sighted people received health information in a format they could access, with the majority relying on relatives, friends and carers. This represents a loss of autonomy and privacy and the Patient's Rights Act states that all reasonable steps should be taken to ensure patients are supplied with information in an accessible form. RNIB Scotland are currently charting provision across the health boards of the inclusion of a mandatory field on the Sci gateway regarding patient notification which is essential to ensure a patient's preferred format is recorded. The results will be collated and shared to encourage national uptake, ensuring consistent provision of accessible health information.

Ken Reid shared his experiences of accessing the national bowel screening programme. The first time he reported that the service was not accessible to him he was told he would be recorded as having "refused to submit"; on the second and third occasion he was told the test submitted had failed, but no reason could be given. There is now a possible solution for this particular example awaiting approval, but it is illustrative of the issues blind and partially sighted people face. Other options, such as assistance from the district nurse were discussed and also why the screening programme is age-limited, ceasing at the age of 74. Dr Richard Simpson MSP noted that the age limit is based on studies around cost effectiveness and harm vs. benefit levels.

The Deputy Convenor noted he would raise a question regarding the bowel screening programme with the relevant Minister and encourage the early approval of the alternative bowel screening method which is under consideration.

Actions

- Deputy Convenor to raise the issue of an accessible bowel screening programme with the Minister for Public Health.

9. SVS update

Carry forward until next meeting due to time constraints.

10. AOCB

10.1. Lighting in the Scottish Parliament: Ken Reid reported that the lighting in the main hall of the Parliament had been changed significantly following consultation with a focus group of people with reduced / residual vision. Initial feedback on the changes is very positive and refers to a substantial improvement.

10.2. Eyecare Integration Programme: Hal Rollason, Optometry Scotland, noted that the programme is at a critical stage with the roll-out of e-referrals and e-payments. It was agreed a full report should be given at the next meeting.

10.3. Low Vision Aids: Gillian Mitchell, Sight Action, raised the point that people living with hearing loss are provided are eligible to receive a hearing aid at a cost of £2,400, but if you are living with sight loss you are only entitled to a handheld magnifier. This is an important issue and it was agreed to cover this subject at the next meeting.

Action

- Eyecare Integration Programme to be added to May meeting agenda.
- Low Vision Aids to be added to May meeting agenda.

12. Future meetings

- 1pm on Wednesday 27 May (Committee Room 1)
- 1pm on Wednesday 7 October (Committee Room 1)
- 5pm on Thursday 3 December (Committee Room 3)