

**EYE HEALTH REVIEW GROUP
25 November 2015**

PRESENT – Councillors Newall (in the Chair), EA Richmond and Tostevin.

APOLOGIES – Councillors Donoghue, Nutt, S Richmond and J Taylor.

OFFICERS – Jacky Wilson, Assistant Rehabilitation Officer for the Visually Impaired and Karen Graves, Democratic Officer.

ALSO IN ATTENDANCE – Debbie Hackworth, GOLD Co-ordinator; Brenda Marshall, GOLD Member; Linda Oliver, Engagement Officer (North East and Cumbria), Guide Dogs for the Blind Association; Jodie Craggs, Healthwatch Darlington; Julie Curry, Darlington Social Club for the Blind; and Adele Hawkins-Waterfall, Volunteer Campaigner, Royal National Institute of Blind People (RNIB).

Purpose of the Meeting – To gain an understanding of the impact of poor eye health on individuals of all ages; establish what eye issues affect the residents of Darlington and ascertain what Pathways of Care for sight loss and eye conditions are available for residents of Darlington.

Councillor Newall welcomed everyone to the meeting and in doing so outlined the work of the Eye Health Review Group and its planned approach.

Points Discussed and Considered –

- The Assistant Rehabilitation Officer for the Visually Impaired outlined her role at Vane House Resource Centre which included assessing a person's needs resulting from their visual loss and designing/undertaking an individualised programme of rehabilitation training which will include typing and computer skills, Braille and Independent cooking skills.
- The Resource Centre had been designed to achieve a suitable environment for people with a visual impairment and was open five days per week Monday to Friday; although there used to be a 'drop-in' service it was now appointment only due to staff resources; it was also noted that although a full rehabilitation service was offered it had now depleted and that there were 770 people in the Borough on the Register with a Certificate of Vision Impairment (CVI);
- Referrals are taken from professionals, family and friends or from the individual; contact should be made through Adult or Children's Social Services where basic details are taken and possible referral to the Rehabilitation Team at Vane House; the Rehabilitation Team will complete an assessment of needs, carry out rehabilitation services where necessary and complete registration if required;
- The Resource Centre is also used as a showcase for other professional groups such as Doctors surgeries and Housing Associations, where consultation can take place with specialist workers providing relevant information and awareness on implications of visual loss;

- The Group were informed that the first point of contact for eye health was a local optician for information and advice on sight tests, glasses and contact lenses although a GP should be contacted if there were concerns regarding deteriorating vision;
- A GP advises on medical treatment or arranges a consultant ophthalmologist appointment at the Hospital who will assesses visual loss and determine eligibility for registration; once determined the ophthalmologist completes and signs the certificate of visual impairment (CVI) and provides a copy for the patient, GP and Social Services; Registration is completed by Social Services and a yellow registration card with registration number is provided for the patient;
- The local authority is legally bound to maintain the register and keep it up to date; the two registration categories are sight impaired (partially sighted) and severely sight impaired (blind);
- Close links with the hospital eye department is vital to ensure a timely response to people who find their vision is deteriorating or to receive news of registration, support and advice; an assessment can be offered to promote and enable independence and prevent isolation and despair;
- The Group were informed that there were six computers at the Centre used for demonstration purposes, teaching and rehabilitation programmes and, with prior arrangement, personal use all with specialist software including Supernova (a fully combined magnifier and screen reader), JAWS (a computer screen reader programme that allowed users to read the screen with text-to-speech or refreshable braille display), Zoomtext and Kurzweil together with a scanner, printer, Braille printer and Closed Circuit TV; weekly rehabilitation sessions are one to two hours per session;
- There is also a display of small items of general equipment including a specially designed and equipped teaching kitchen with a talking microwave, cooker with tactile controls and a range of small pieces of equipment; equipment could be issued following an assessment of need undertaken by the Rehabilitation Officer.
- Small pieces of equipment such as liquid levellers, signature guides, bumpers, watches and clocks could also be issued as it was often quite difficult to determine from a catalogue whether or not the equipment was suitable for that person;
- It was pleasing to note that the service worked closely with schools and colleges and that Service users benefitted from ideas shared, friendships and a growing confidence as it could be isolating to have a visual impairment;
- The Service also worked closely with Guide Dogs for the Blind Association, RNIB and Action for Blind People and Dawn Rafferty, Eye Clinic Liaison Officer (ECLO) based in the Ophthalmology Department at Darlington Memorial Hospital (DMH); the Low Vision Aids Clinic based at DMH was also considered a useful resource base;

- It was stated that if a GP was unable to offer a solution to a patient with sight loss they would be eligible to be certified which gives access to services such as the Rehabilitation Service; it was also stated that sometimes sight impairment was not the primary need of a person which resulted in relevant services not being offered/sought;
- It was recognised that some people resisted registration as they were embarrassed or felt stigmatised;
- The Group was astonished to learn that, although there were a lot of brain injuries and strokes in younger people, gaps existed in the services for them;
- Members of the Group wore masks which simulated various sight conditions and were advised of a Smart Phone App called Vision Sim which enabled users to choose a sight condition and its severity and experience it through the Smart Phone camera lens;
- The Guide Dogs for the Blind Association representative highlighted that there were different difficulties for people depending upon their condition and its severity, ranging from choosing which clothes to wear and loss of independence as unable to drive or work; sight loss was compared to a journey consisting of learning to cope and living the best life possible; as sight deteriorated a person could grieve for what they had lost and were sometimes unable to ask for support and guidance;
- It was reported that the ECLO service was a useful resource although it was stressed that diagnosed people needed the referral to the Rehabilitation Service in order to access ECLO; concerns were expressed that referrals were not always passed on in a timely manner and often resulted in people not being able to access services for some time, bulk referrals also placed pressure on the Rehabilitation Officer;
- The Group noted that it was imperative for people to have regular eye tests as some sight conditions were preventable if detected early enough; the key messages to convey were early intervention, prevention and awareness; it was considered that being told an eye condition exists had more impact than being given a leaflet; Diabetic screening was also relevant in detecting eye conditions;
- Referrals to Guide Dogs for the Blind Association commented that referrals in the north east generally came from where the biggest support was with less referrals being from south of the Tyne; more independence often resulted in less financial drain on society;
- Mike Dooley trained people for My Guide, a volunteer service provided by Guide Dogs for the Blind Association, which aimed to help people with sight loss get out of their homes and engage with their community, rebuilding their confidence and independence;
- The Guide Dogs for the Blind Association stressed that a person who was losing their sight needed the correct support and guidance and in doing so referred to a 45 year old man who, after suffering a stroke, had lost his sight, became

unemployed, suffered severe depression, became suicidal and accessed mental health services in an attempt to find help and support; sight loss is a very important specialist area and an Early Intervention Officer would ensure that the correct support was given when needed;

- Group were informed that the Darlington Social Club for the Blind was self-funding as it had a tenanted refurbished flat providing an income; the Club was run by mainly elderly visually impaired people and on Tuesdays at 10.30am it was open house for coffee and a chat; other services included a regular club at the Baptist Church, Day Trips to various locations and a Knitting Club; the representative of the Social Club advised that membership was £20 per annum although it was recognised that very few young people attended;
- Concerns were expressed that young people were in the minority, with only two or three in a major town/city, resulting in feelings of isolation; it was also felt that many young people hide their condition and often visual impairment was not recognised if a cane or guide dog was not present;
- Different conditions brought different challenges and varying degrees of help and support, social services no longer offered short-term intervention although it was felt this was needed; sight loss was diverse with many conditions making it more difficult to get the correct equipment to help;
- Simple changes could greatly help visually impaired people such as red place mat under dinner plates, coloured door frames and coloured light switches;
- Reference was made to the availability of publications electronically and on Audio CD providing aid to people with dyslexia and learning difficulties;
- It was reported that it was now a statutory obligation as part of the Care Act to maintain a Deaf/Blind Register although communications between Audiology and Social Care needed improving; and
- Guide Dogs for the Blind were against shared areas for access as roads and pavements blended into one and electric buses were too quiet to detect; overhanging shrubbery were also a cause for concern.

IT WAS AGREED – (a) That the thanks of this Review be extended to all attendees for their very informative contribution to the meeting.

(b) That a further meeting be arranged to give consideration to the Group's draft conclusions and recommendations.