

APPENDICES

APPENDICES

Appendix 1 RNIB Sight Loss Data Tool retrieved data for Shropshire

Appendix 2 Questions

Stage 1 – Individual interviews

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Appendix 4 RNIB - Low Vision Assessment Tool

RNIB Sight Loss Data Tool - Local authority report

Local authority **Shropshire**
Region West Midlands
Country England

**Select Local
Authority**

Instructions

Local area

- 306,129 people live in Shropshire. The age profile of the area is: 20% people aged 0-17; 59% aged 18-64; and 21% aged 65 and over.
- The ethnic background of people living in Shropshire is: 98.0% white; 0.7% mixed ethnicity; 1.0% Asian or Asian British; 0.2% Black or Black British; and 0.1% other ethnicities.
- Shropshire is ranked as the 113th out of 149 most deprived local authority in England

Living with sight loss

Almost two million people in the UK are living with sight loss that has a significant impact on their daily lives. This figure includes people who are registered blind or partially sighted and those whose sight is just better than the level which qualify for registration. It also includes people who are awaiting or having treatment and people whose vision could be improved by wearing correctly prescribed glasses.

- There are an estimated 10,940 people living with sight loss in Shropshire. Of this total, 1,330 are living with severe sight loss (blindness).
- The estimated prevalence of sight loss in the area is 3.6%, which compares to an estimated UK prevalence of 2.95%.
- By 2020 the number of people living with sight loss in Shropshire is projected to have increased to 13,800; and the number of people with severe sight loss will have increased to 1,740.

Certification

A Certification of Vision Impairment (CVI) formally certifies a person as either sight impaired (partially sighted) or severely sight impaired (blind). Each CVI form is completed by a consultant ophthalmologist in an eye clinic, with a copy sent to the local social services department and providing a formal route to social care services.

- 182 Certificates of Vision Impairment were issued in 2011/12.
- The rate of CVIs was 59.3 per 100,000 people.
- This represents an increase of 14.2% when compared to the rate of certification in 2010/11.

Registration

Upon receipt of a completed CVI form, the social services department offer registration and other relevant advice and support. Registers of blind and partially sighted people are maintained by all local authorities to help them plan and deliver services.

- There are a total of 1,445 people registered as blind or partially sighted. 710 people are registered blind and 735 people are registered partially sighted.
- The rate of registration was 472 per 100,000 people.
- 39% of registered blind and partially sighted people are also recorded as having an additional disability

Children and young people

We estimate that there are around 25,000 blind and partially sighted children and young people aged 0-16 in the UK, and 15,000 aged 17-25. Around half of these will have additional disabilities and/or special educational needs. Many of these children and young people will need help and support in order to maximise their potential in education and in other activities.

- There are an estimated 115 blind and partially sighted children aged 0-16
- There are an estimated 61 blind and partially sighted young people aged 17-25
- There are 39 pupils with a statement of special education needs (SEN) or at School Action Plus with visual impairment as their primary SEN

Older people

The older you are, the most likely your chances to be living with sight loss. One in five people aged 75 and over are living with sight loss; compared to one in two aged 90 and over. Older people with sight loss are also much more likely to have additional health conditions or disabilities.

- There are an estimated 2,200 people aged 65 to 74; 3,005 people aged 75 to 84; and 3,488 people aged 85 and over living with sight loss in the local authority
- In the general population, there are 2,857 people living in care homes, both with and without nursing. This represents 9.8% of people aged over 85.

NHS Sight Tests

People are eligible for an NHS sight test under a number of different criteria, for example aged 60+, aged 16 and under, in receipt of certain benefits, and in Scotland they are universally available to everyone. Published data on sight tests only highlights those paid by the NHS. Some eye tests are privately funded, and these are not included in this data.

- There were a total of 80,077 NHS sight tests in Shropshire

- The rate of NHS sight tests per 100,000 people was 26,075

Cost of sight loss

There are a number of different costs associated with the provision of eye health services, such as inpatient procedures, outpatient appointments and the ongoing treatment of eye conditions. There are also indirect costs caused by sight loss, including the provision of informal care by family and friends to those with sight loss.

- The total NHS programme budget spend on problems of vision in 2011/12 was £10,951,386
- This NHS programme budget spend on problems of vision equates to £37.61 per person in Shropshire
- The total estimated indirect cost of sight loss in 2011 was £30,925,000 This includes the cost of family and friends providing informal care to someone living with sight loss
- The estimated indirect cost of sight loss equates to £101.03 per person

Sight threatening eye conditions

There are a number of people who are living with a sight threatening eye condition. This includes people who have experienced sight loss as a result of age-related macular degeneration, cataract, glaucoma and diabetic retinopathy. It also includes people with the early stages of these diseases who have not experienced any reduction in their vision at this point. It is estimated that:

- 14,524 people are living with the early stages of AMD; 1,113 people are living with late stage dry AMD; and 2,282 people are living with late stage wet AMD
- 3,512 people are living with cataract
- 3,024 people are living with glaucoma
- 20,853 people have diabetes; and 88.7% of those who were offered it attended retinal screening in 2012/13
- 5,839 people are living with background diabetic retinopathy; and 667 people are living with non proliferative and proliferative diabetic retinopathy, which are later stages of the disease

Support

The provision of emotional and practical support at the right time can help people who are experiencing sight loss to retain their independence and access the support they need. Patient experience in the eye clinic is crucial. It is here that people receive their diagnosis, undergo treatment and potentially go through the process of receiving a Certificate of Vision Impairment. Equally, when someone experiences sight loss it is vital for them to have support in their homes and communities, including social care paid for by provided by local authorities.

- x out of x hospitals providing outpatient ophthalmology appointments have some form of early intervention support available in the eye clinic

A Social Care Association survey estimated that the number of Rehabilitation Officers - Visual Impairment working in Shropshire was: No data available

- In 2012/13, there were 210 blind and partially sighted people in receipt of adult social care services paid for or provided by the local authority
- 280 blind and partially sighted people are claiming Disability Living Allowance

Other health conditions and disability

There are other health conditions and/or disabilities that are relevant when thinking about services for blind and partially sighted people. Sight loss is linked to age, and as people get older they may be living with a number of different conditions at the same time. It is estimated that:

- 637 falls were directly attributable to sight loss; and 50 required hospital treatment
- 2,122 people are living with dementia
- 1,699 people are living with the consequences of a stroke
- 34,629 people are living with a moderate or severe hearing impairment; and 797 people are living with a profound hearing impairment

1. Area profile

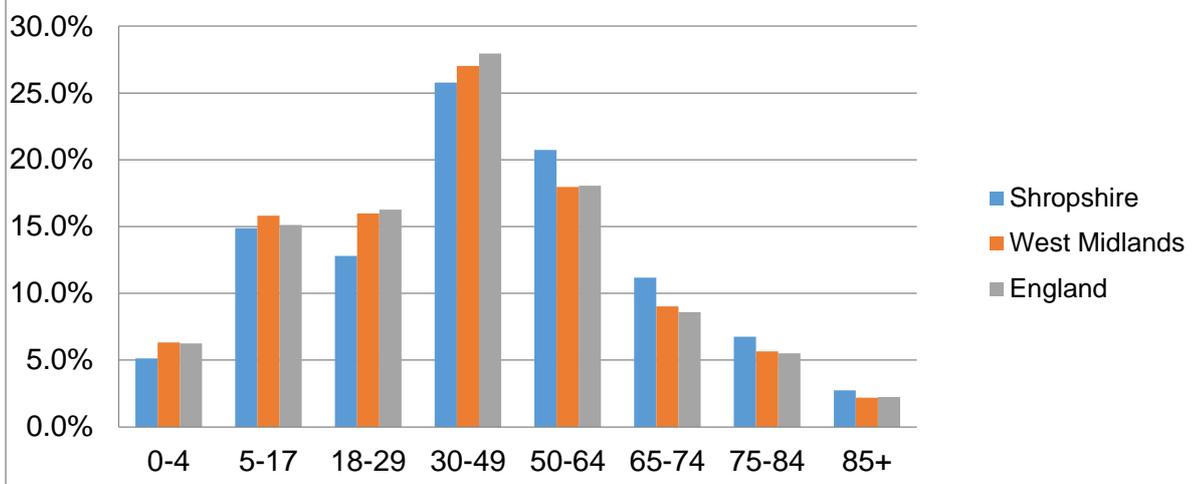
Total population by age band

	Total population
0-4	15,698
5-17	45,565
18-29	39,171
30-49	78,932
50-64	63,464
65-74	34,212
75-84	20,680
85+	8,407
Total	306,129

Proportion of population by age band

	Shropshire	West Midlands	England
0-4	5.1%	6.3%	6.3%
5-17	14.9%	15.8%	15.1%
18-29	12.8%	16.0%	16.3%
30-49	25.8%	27.0%	28.0%
50-64	20.7%	18.0%	18.1%
65-74	11.2%	9.0%	8.6%
75-84	6.8%	5.7%	5.5%
85+	2.8%	2.2%	2.2%

Population by age group

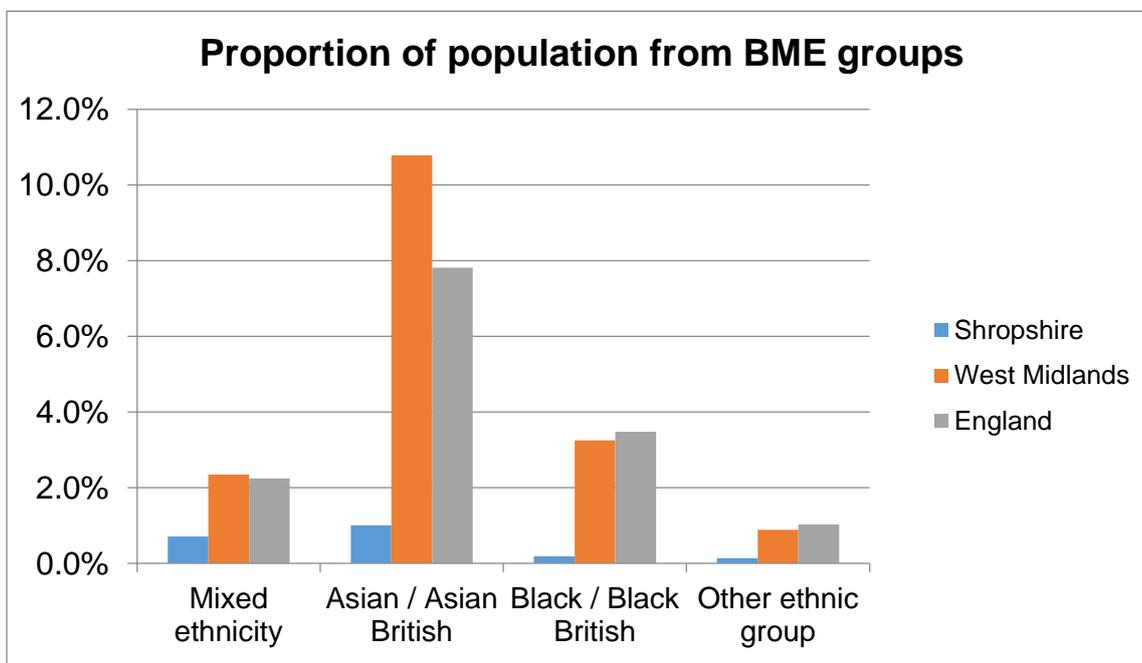


Total population by ethnicity

	Shropshire	West Midlands	England
White	299,874	4,633,669	45,281,142
Mixed ethnicity	2,168	131,714	1,192,879
Asian / Asian British	3,089	604,435	4,143,403
Black / Black British	580	182,125	1,846,614
Other ethnic group	418	49,904	548,418

Proportion of population by ethnicity

	Shropshire	West Midlands	England
White	98.0%	82.7%	85.4%
Mixed ethnicity	0.7%	2.4%	2.3%
Asian / Asian British	1.0%	10.8%	7.8%
Black / Black British	0.2%	3.3%	3.5%
Other ethnic group	0.1%	0.9%	1.0%



Deprivation

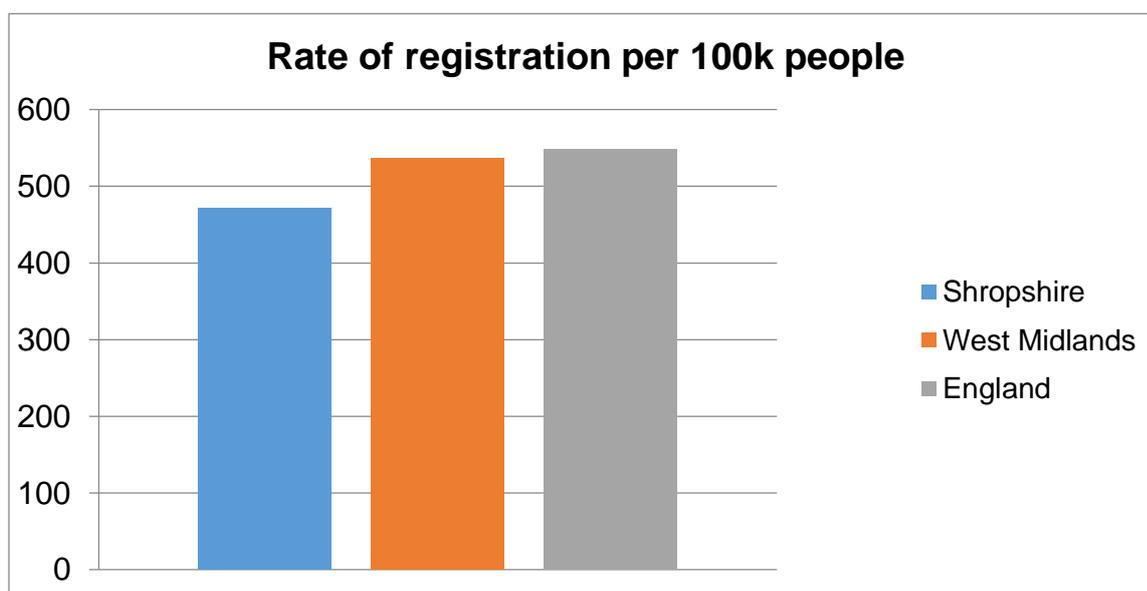
- Shropshire is ranked as the 113th out of 149 most deprived local authority in England

2. Registered blind and partially sighted people

	Registered blind	Registered partially sighted	Total
0-4	Under 5	Under 5	Under 5
5-17	10	15	25
18-49	95	65	160
50-64	95	70	165
65-74	60	75	135
75 and over	455	505	960
Overall total	710	735	1,445

	Shropshire	West Midlands	England
Proportion of registered BPS recorded as having an additional disability	38.8%	35.5%	34.7%

	Shropshire	West Midlands	England
Rate of registration per 100k people	472	536	549

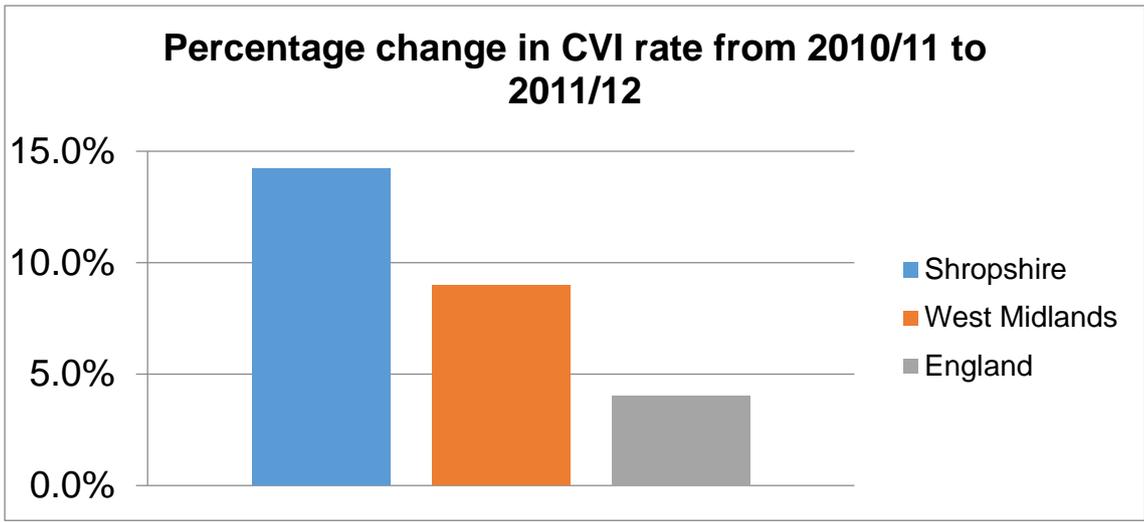


3. Certification of Vision Impairment

	Shropshire
Severely Sight Impaired CVIs in 2011/12	84
Sight Impaired CVIs in 2011/12	92
Total number of CVIs in 2011/12 (including visual status not stated)	182

	Shropshire	West Midlands	England
Rate of AMD CVIs per 100k people over 65	126.7	82.9	110.5
Rate of Glaucoma CVIs per 100k people over 40	8.7	10.4	12.8
Rate of DR CVIs per 100k people over 12	4.5	3.2	3.9
Overall rate of CVI per 100k people (all ages)	59.3	34.5	44.5

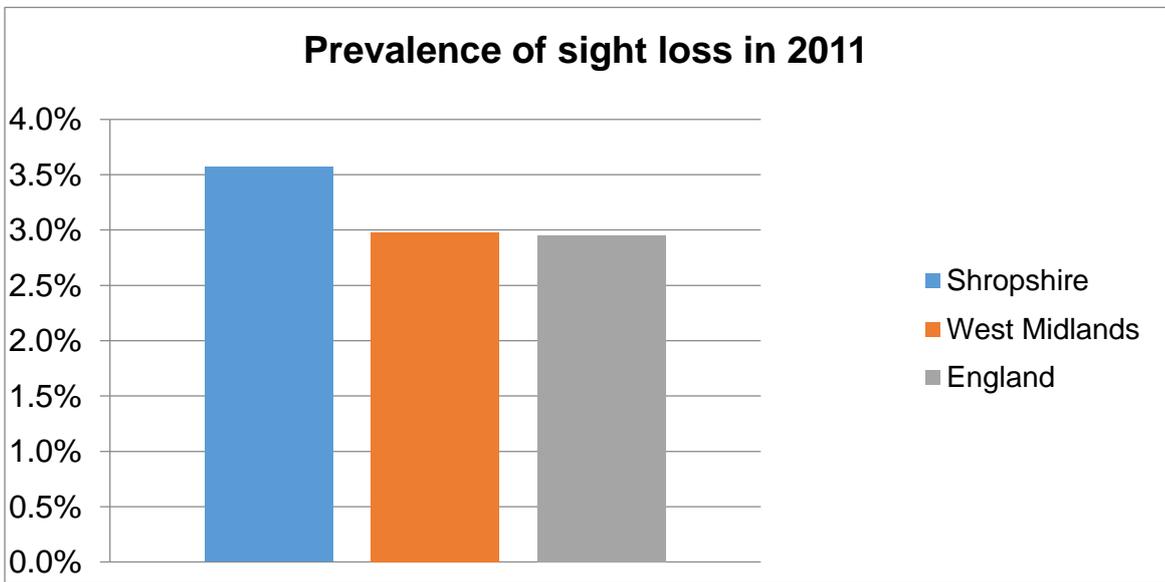
	Shropshire	West Midlands	England
Percentage change in CVI rate from 2010/11 to 2011/12	14.2%	9.0%	4.0%



4. Living with sight loss

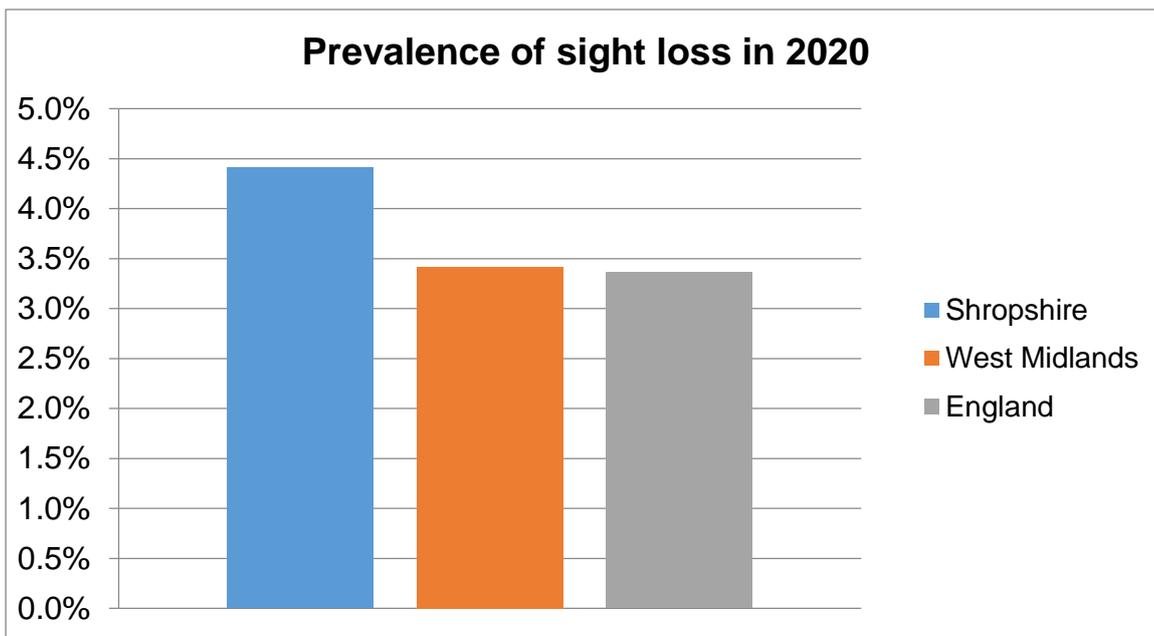
Number of people living with sight loss in 2011	10,940
Number of people living with blindness	1,330

	Shropshire	West Midlands	England
Estimated prevalence of sight loss in 2011	3.6%	3.0%	3.0%



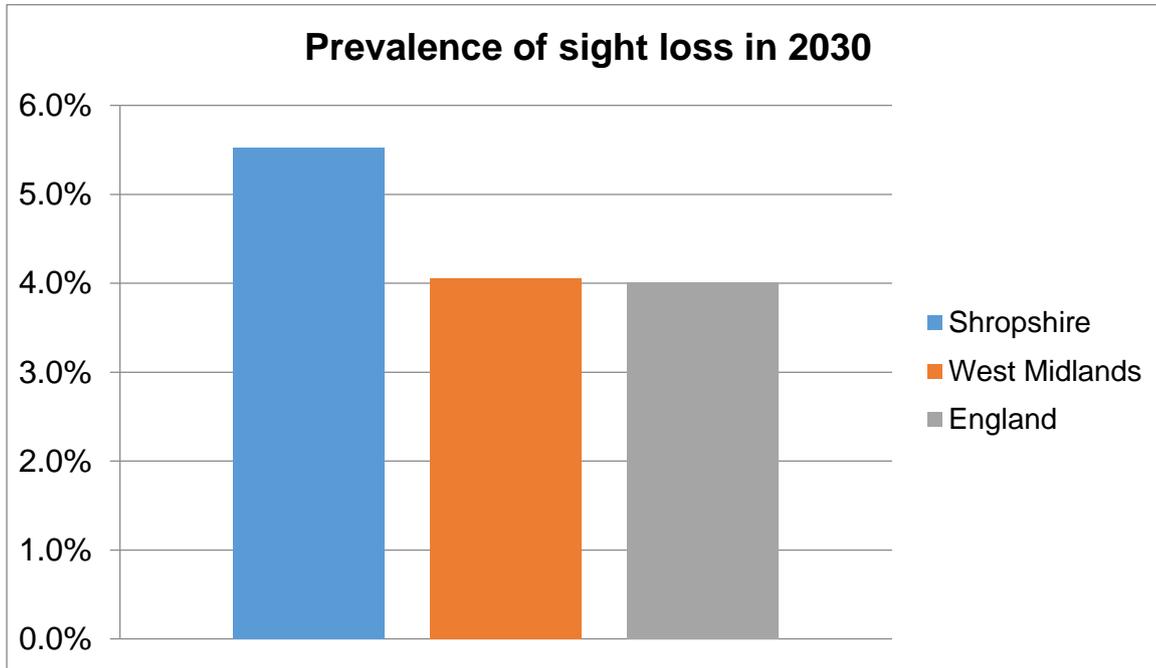
Projected number of people living with sight loss in 2020	13,800
Projected number of people living with blindness in 2020	1,740

	Shropshire	West Midlands	England
Estimated prevalence of sight loss in 2020	4.4%	3.4%	3.4%



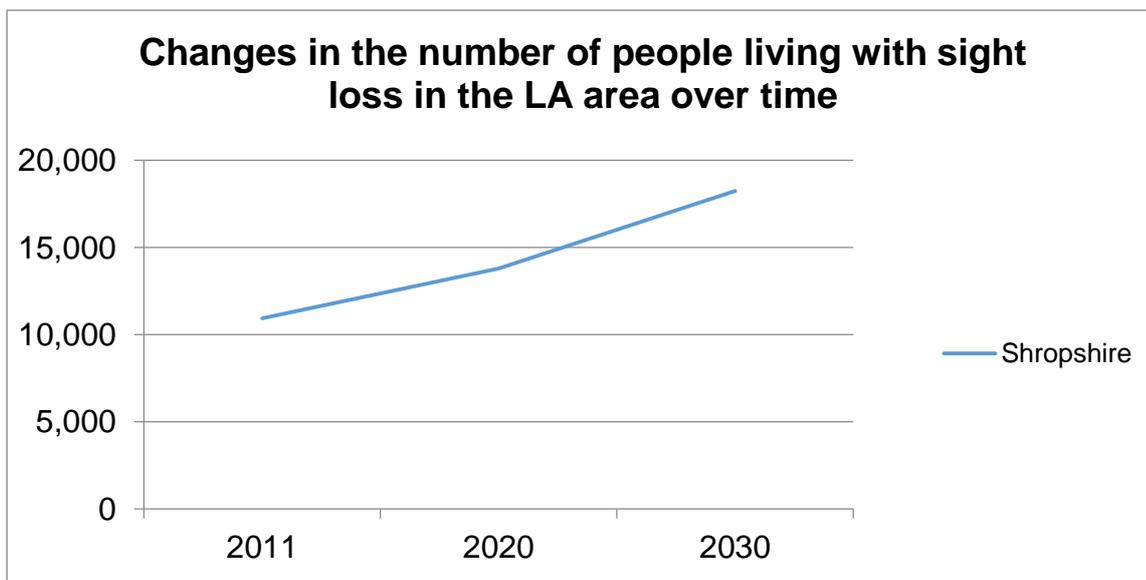
Projected number of people living with sight loss in 2030	18,240
Projected number of people living with blindness in 2030	2,420

	Shropshire	West Midlands	England
Estimated prevalence of sight loss in 2030	5.5%	4.1%	4.0%



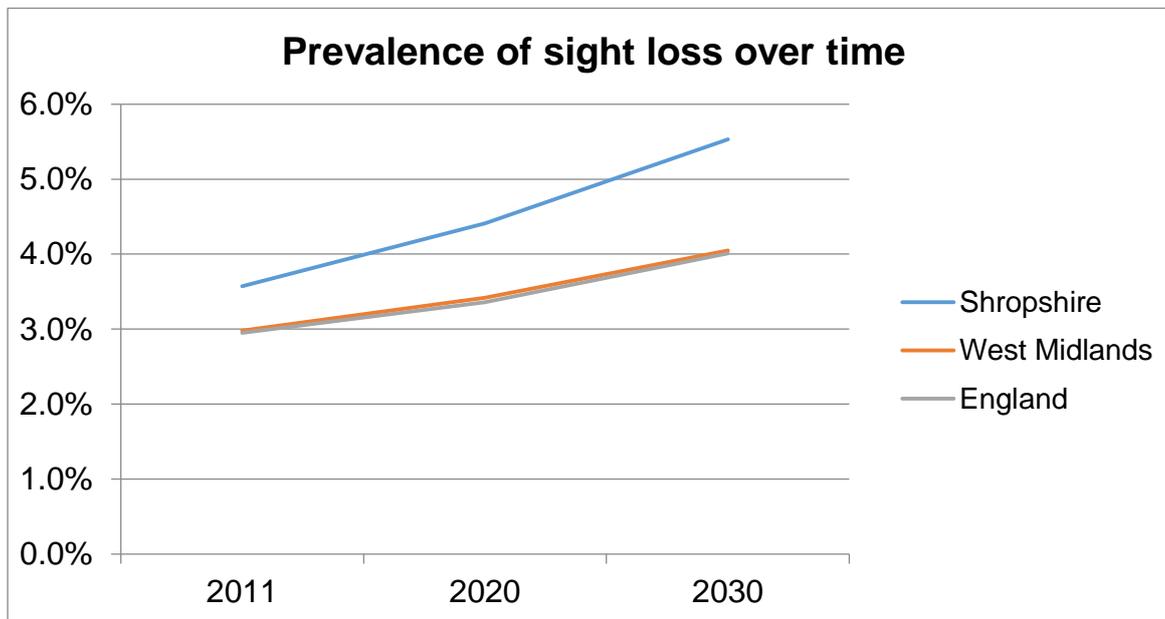
Changes in number of people living with sight loss over time

	Shropshire	West Midlands	England
2011	10,940	166,940	1,564,340
2020	13,800	202,280	1,903,330
2030	18,240	255,370	2,419,730



Changes in the prevalence of sight loss over time

	Shropshire	West Midlands	England
2011	3.6%	3.0%	3.0%
2020	4.4%	3.4%	3.4%
2030	5.5%	4.1%	4.0%



5. Children and young people

General population

	Number	Proportion
0-16	57,189	18.7%
17-25	30,952	10.1%

Blind and partially sighted population

	Blind	Partially sighted	Total
0-16	29	86	115
17-25	15	46	61

Additional needs

Estimated number of BPS children with additional needs	58
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Statement of Special Educational Need or School Action Plus

Total number of pupils with visual impairment as primary SEN	39
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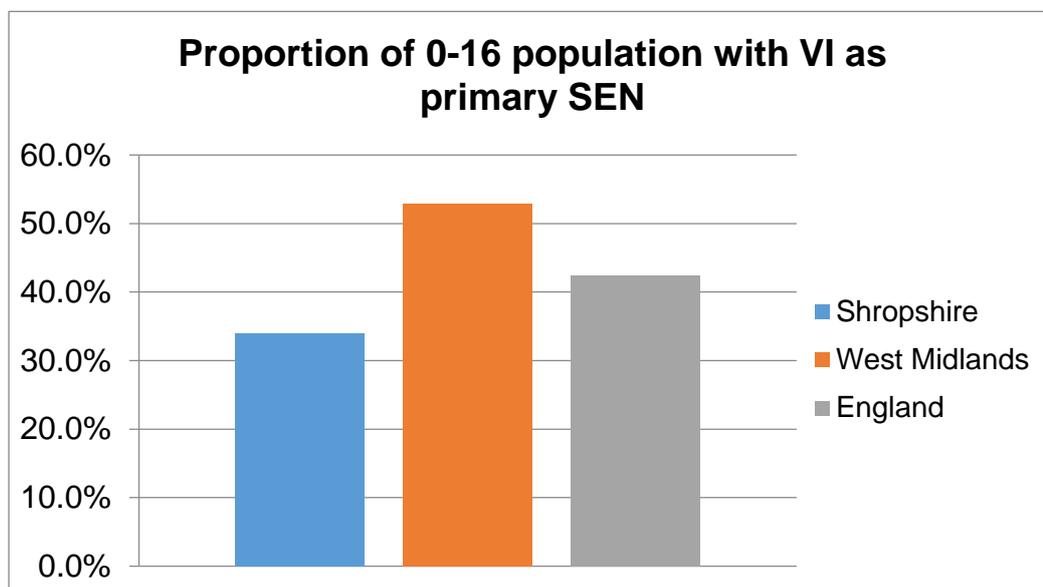
Number of pupils with visual impairment as primary SEN

	Shropshire	West Midlands	England
Primary school	20	555	4,465
Secondary school	19	470	3,830
Special school	0	210	775

Proportion of pupils with visual impairment as primary SEN

	Shropshire	West Midlands	England
Primary school	0.9%	1.4%	1.3%
Secondary school	1.4%	1.6%	1.5%
Special school	0.0%	1.6%	0.8%

	Shropshire	West Midlands	England
Proportion of BPS children aged 0-16 with visual impairment as primary SEN	33.9%	52.9%	42.5%



6. Older people

General population

	Number	Proportion
Number of people aged 65 to 74	34,212	11.2%
Number of people aged 75 to 84	20,680	6.8%
Number of people aged 85 and over	8,407	2.8%

Living with sight loss

	Total
65-74	2,200
75-84	3,005
85 and over	3,488

Care homes

Number of people living in a care home without nursing	1,740
Number of people living in a care home with nursing	1,117
Total number of people living in care homes	2,857

	Shropshire	West Midlands	England
Proportion of over population aged 85 and over living in care homes	9.8%	8.1%	8.4%

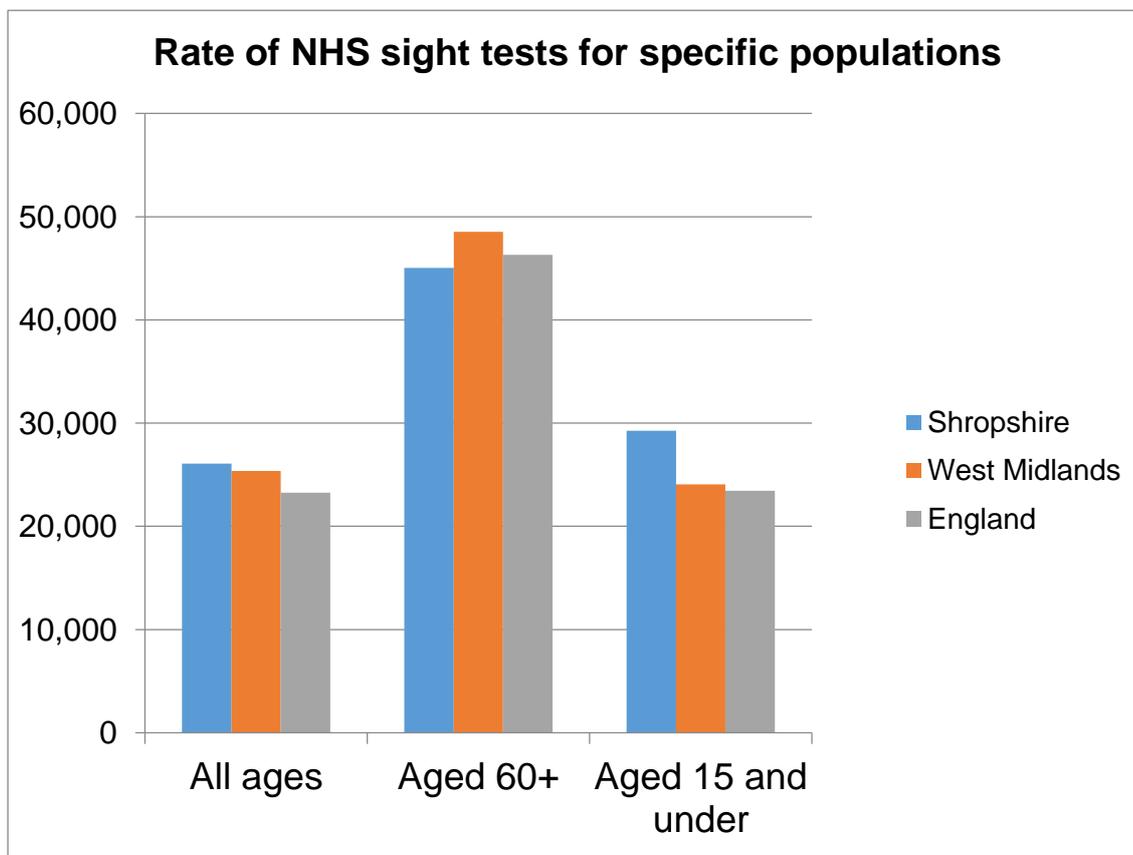
7. NHS sight tests

Number of NHS sight tests in 2012/13

	Shropshire
Total	80,077
Aged 60+	38,825
Aged 15 or under	15,489
Student aged 16-18	2,708
Income Support	6,671

Rate of NHS sight tests per 100k people in 2012/13

	Shropshire	West Midlands	England
All ages	26,075	25,380	23,276
Aged 60+	45,042	48,549	46,318
Aged 15 and under	29,258	24,057	23,449

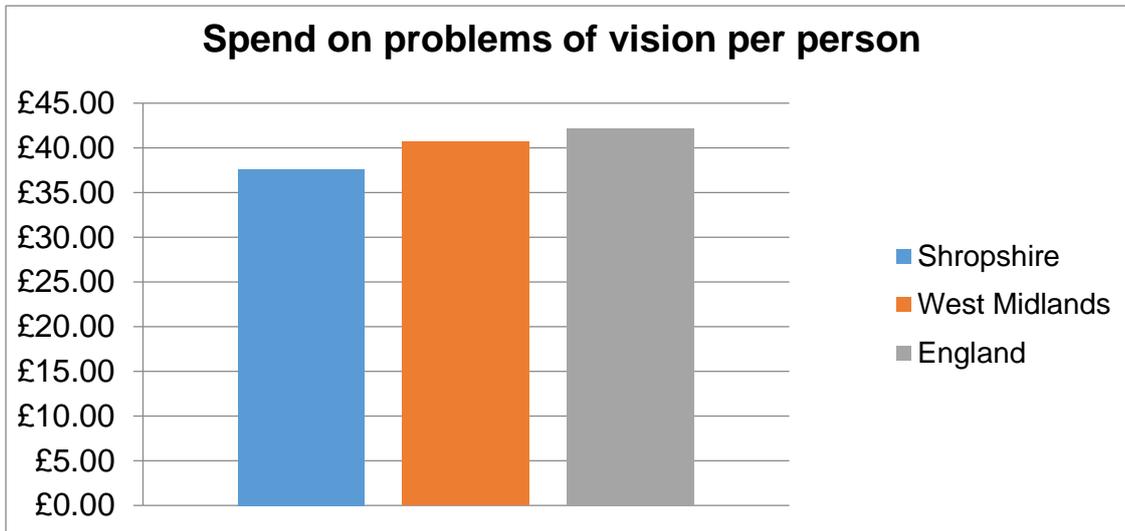


8. Cost of sight loss

Healthcare expenditure

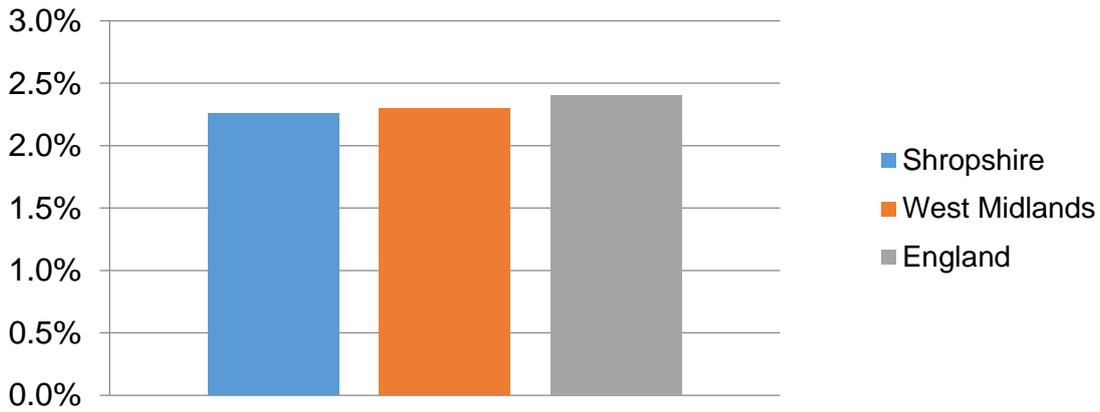
	Shropshire
Total NHS spent on problems of vision	£10,951,386

	Shropshire	West Midlands	England
Healthcare expenditure per person	£37.61	£40.70	£42.10



	Shropshire	West Midlands	England
Proportion of overall budget spent on problems of vision	2.26%	2.30%	2.40%

Proportion of overall budget spent on problems of vision

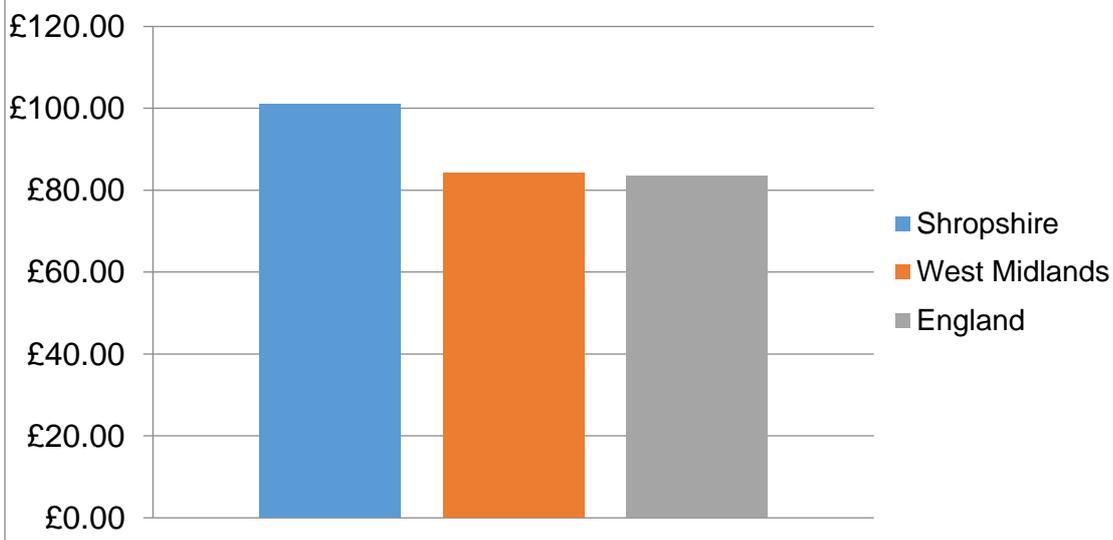


Indirect cost of sight loss

	Shropshire
Indirect cost of sight loss	£30,925,000

	Shropshire	West Midlands	England
Indirect cost of sight loss per person	£101.03	£84.22	£83.39

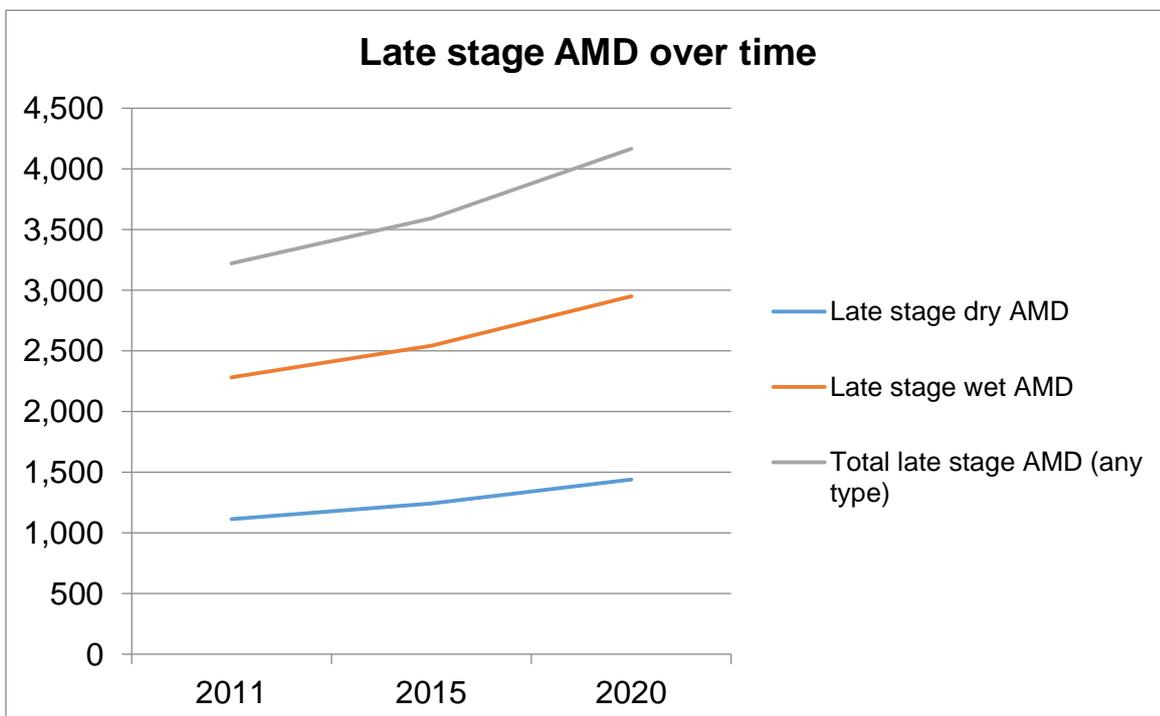
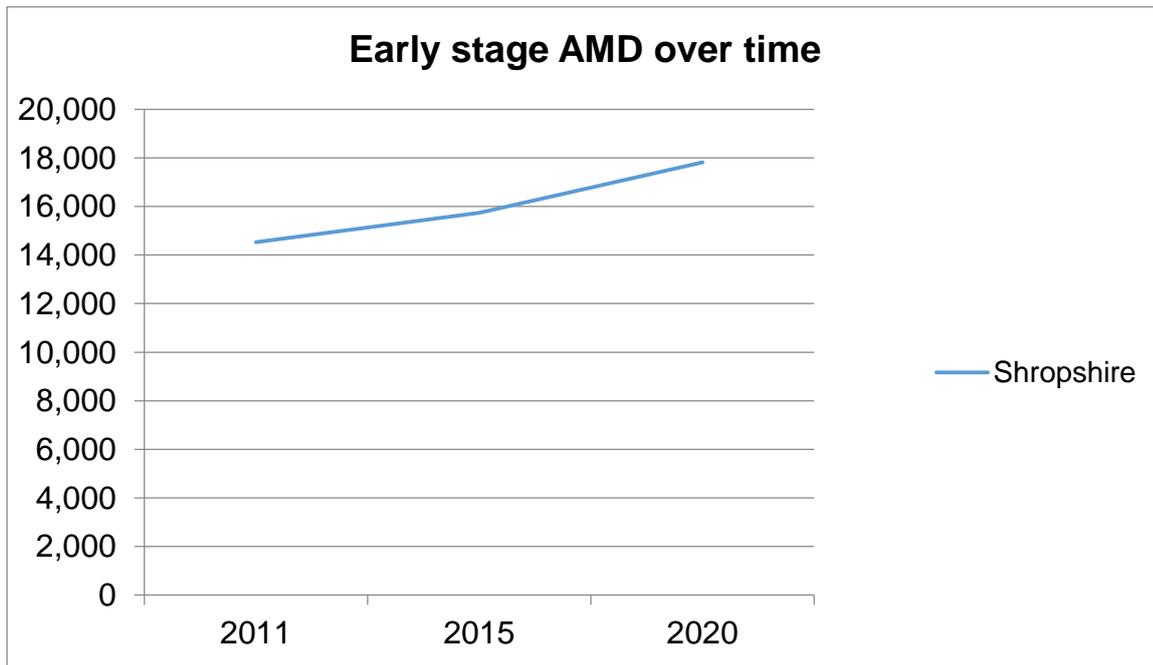
Indirect cost of sight loss per person



9. Sight threatening eye conditions

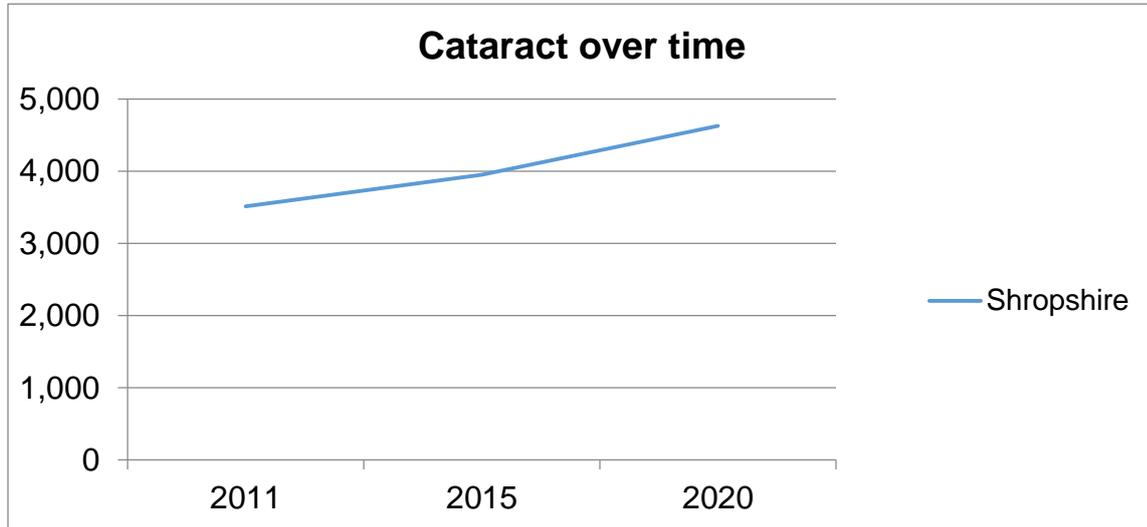
Number of people living with Age-related Macular Degeneration

	2011	2015	2020
Early stage AMD	14,524	15,742	17,811
Late stage dry AMD	1,113	1,242	1,439
Late stage wet AMD	2,282	2,542	2,950
Total late stage AMD (any type)	3,222	3,592	4,165



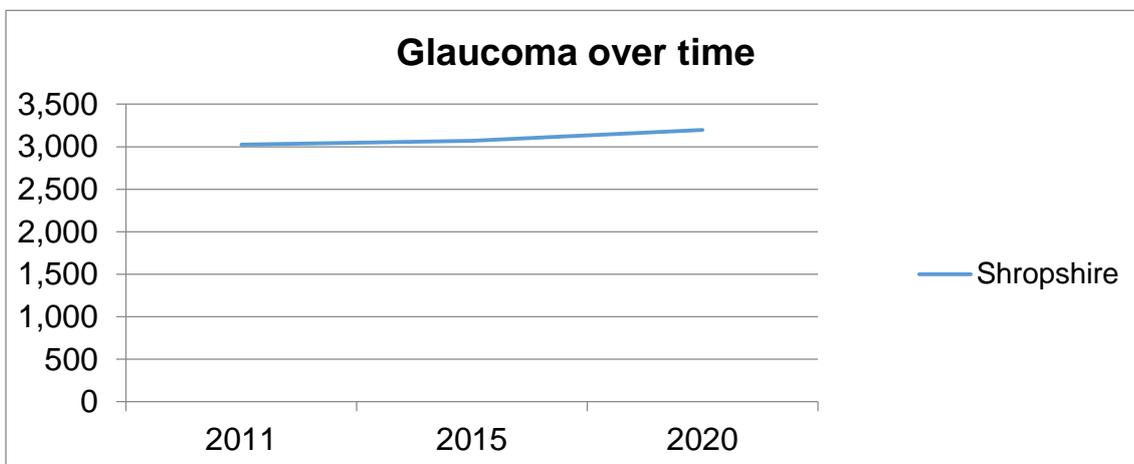
Number of people living with cataract

	2011	2015	2020
Number of people living with cataract	3,512	3,951	4,630



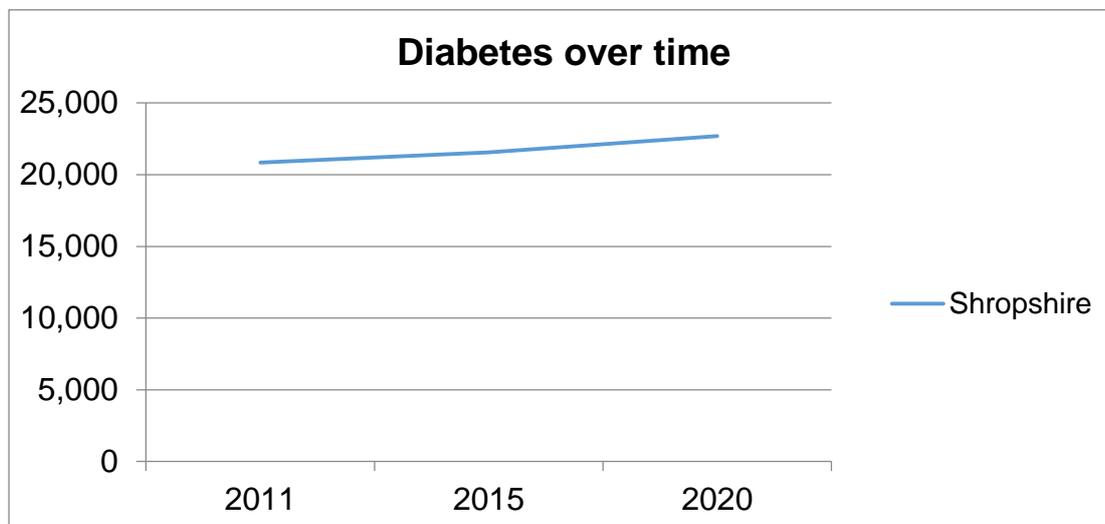
Glaucoma

	2011	2015	2020
Number of people with glaucoma	3,024	3,071	3,199
Number of people with ocular hypertension	6,582	6,685	6,963



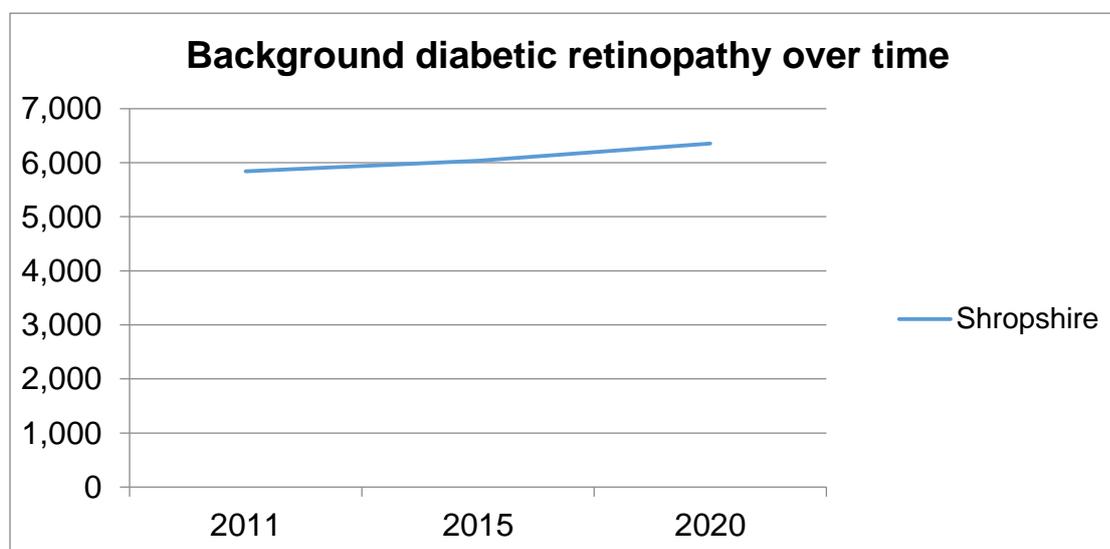
Diabetic retinopathy

	2011	2015	2020
Number of people with diabetes	20,853	21,553	22,700



	2012/13
Proportion attending retinal screening	88.7%

	2011	2015	2020
Background diabetic retinopathy	5,839	6,035	6,356
Non proliferative and proliferative diabetic retinopathy	667	690	726



10. Support

Eye clinic support

	Shropshire	West Midlands	England
Number of hospitals providing ophthalmic outpatient clinics	x	x	x
Number with early intervention support in place	x	x	x

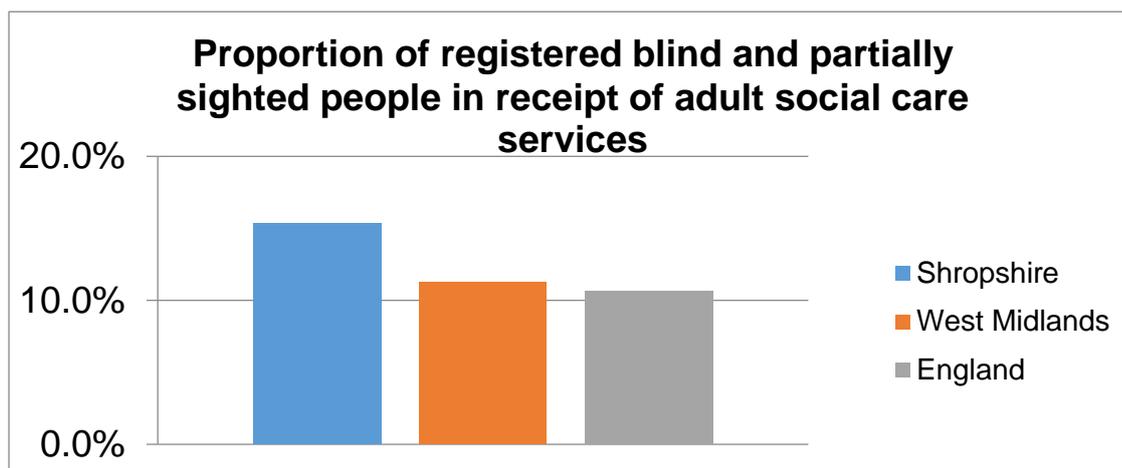
Rehabilitation support

Estimated number of Rehab Officers	x
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Social services support

	2012/13
Number of blind and partially sighted people in receipt of adult social care	210

	Shropshire	West Midlands	England
Proportion of registered BPS people in receipt of social care	15.3%	11.2%	10.6%



Financial support

Number of DLA claimants	280
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11. Other health conditions and disability

Falls

	Shropshire	West Midlands	England
Total number of falls	16,776	250,808	2,310,251

	Shropshire	West Midlands	England
Falls amongst blind and partially sighted people	1,349	20,165	185,744
Falls directly attributable to sight loss	637	9,531	87,790

	Shropshire	West Midlands	England
Total number of falls that required hospital admission	1,309	19,736	183,032

	Shropshire	West Midlands	England
Falls amongst blind and partially sighted people that required hospital admission	105	1,587	14,716
Falls directly attributable to sight loss that required hospital admission	50	750	6,955

Dementia

	Shropshire	West Midlands	England
74-85	1,487	22,440	209,492
85 and over	635	9,374	90,782
Total	2,122	31,814	300,275

Stroke

	Shropshire	West Midlands	England
65-74	675	9,980	89,602
75 and over	1,024	15,397	143,366
Total	1,699	25,378	232,968

Hearing impairment

	Moderate or severe	Profound
20-64	8,092	48
65-74	6,543	209
75-84	12,857	129
85 and over	7,136	363
Total	34,629	797

RNIB Sight loss data tool local authority report for Shropshire generated on:
27/04/2015

Guidance notes

There is a comprehensive set of guidance notes that accompany this report. These guidance notes explain the sources of all the data used in this report, how indicators have been calculated and what limitations apply to a particular dataset. If you have been given a copy of a report generated using data tool without these accompanying guidance notes, then please download them from www.rnib.org.uk/research.

Further information

Please email research@rnib.org.uk if you have any questions or comments about this resource.

RNIB publish a wide range of reports related to the circumstances of blind and partially sighted people and those at risk of sight loss. To keep up-to-date with the latest publications, including future updates to this data tool, you can sign up for email notifications at www.rnib.org.uk/research.

Disclaimer

There are around 40,000 data items in this resource. RNIB has thoroughly checked the information in this data tool for accuracy, but there still may be some errors. Please do contact us at research@rnib.org.uk if something looks out of place.

Much of the data used in this resource comes from official data. In some cases there are limitations to this data, and users of this data tool should consult the guidance notes for further information. In addition, the data tool uses national prevalence estimates for some indicators. These provide an evidence-based estimate, but do not take into account any local factors such as deprivation, rural communities, access to services, etc. Therefore, this data tool should be seen as complimentary to expert local knowledge of specific areas.

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Appendix 2: Questions

Stage 1 – Semi-structured interviews

INTERVIEW SCHEDULE

SETTLING IN

Please can you tell me a bit about your condition?

How does it affect your day-to-day life? How do you feel about that? In your daily routine are there things that help you? Hinder you?

How long have you been diagnosed?

SPECIFICS

Can you tell me a bit about your diagnosis? How did you feel?

Can you describe when you saw the consultant for the first time? How did you feel about the support you got at the time of your diagnosis? What sort of information were you given?

(Were you offered rehabilitation support?)

And can you tell me about visits to the consultant now?

What other appointments do you attend? Can you tell me a bit about those?

Communication: How are you informed about appointments? What formats? Does that suit you? Are there other methods of communication you would prefer? Do you receive follow-up appointments?

How do you get to the hospital? Expand.

How do you find the physical environment in the hospital, such as the signs, waiting rooms, doors

When you get to the hospital, how do you find the staff, other than the consultant? Is there any specific incident which illustrates the level of care? Do you feel supported?

BEYOND THE HOSPITAL

What other types of support do you have outside the hospital? Wider support – such as support groups.

How did you find out about the support groups; How do you feel about going to a support group? (In what way are they beneficial/not helpful).

WIDENING

Are there any changes you would like to see made in the hospital services?

Is there anything you feel hasn't been covered, that you'd like to mention?

Appendix 2 continued

Stage 2 – Focus Group Schedule

Introduction of who we are, and run through consent. In particular discuss confidentiality and the right to withdraw. Help people to sign the consent form.

It is important to keep control of the discussion and to not let one person dominate, or bring their own (political?) agendas to the table. To this end, I suggest that I spend ten minutes going through the findings so far, so that they understand what has been covered before:

1. experiences of sight loss, covering getting out and about, reading, and how this impacts on every day life, work opportunities lost and the impact on carers' work. Also emotional impact – feelings of frustration, anger, resignation, vulnerability. Finally impact on social life – both negative and some positives. Sight loss experienced as a hidden disability.
2. The hospital experience, acknowledging the role of GPs and ophthalmologists. Problems around accessing hospital, the physical environment, communication with staff and hospital (verbal and written) and timings.
3. Outline how helpful people find support groups for information and social support, and how people accessed this support. Acknowledge the role of the family in supporting the visually impaired.

We then establish ground rules. Take turns in speaking, raise a hand if they want a turn, respect other peoples' opinions, etc.

Topics for discussion:

The aim of the focus group is to make some practical suggestions about how the service could be improved.

1. Sight loss as a hidden disability –
Questions such as - Is the extent of your sight loss visible to other people? When you arrive at the hospital, are the staff aware of your limitations? What could they do to support you better in moving around the hospital? How could improved awareness help in consultations? How can information about sight loss be passed onto other services within the health environment (Roco's experience with the anaesthetist for his knee operation).
2. Appointment letters/information. What format would people prefer?
3. The physical environment –
Signage at PRH – how could it be improved
Seating at RSH – how could it be improved, are there problems at Telford as well in this respect
Any practical suggestions for reducing stress and helping to pass time (music? – someone to help get drinks etc if you are waiting for two plus hours, toilet facilities?)
4. Receiving support
We acknowledge how important the right support is at the right time.
What information is needed at the point of diagnosis? What can the hospital do to facilitate access to this information? What can the support groups do to facilitate access to their groups? How can the two work together?
General discussion about support – what people like and don't like

Finally, thank the participants. Ask them if they have any questions. Ask them if they would like to discuss what they thought of the focus group experience.

Appendix 3

SUPERORDINATE THEMES

THEME 1 - IMPACT OF SIGHT LOSS

Physical impact:

Work

- Dilys, l.56 we had to pack up because I just couldn't do the cooking anymore
- Judith, l.196 I'd love to have a paid job but nobody will give you the chance
- Vera, l.6 I was doing this very fine sewing for the our local museum on a Tudor bed ...and then I realised I couldn't do it properly and I had to stop it

Reading

- Dilys, l.4 I can't do any reading at all apart from with the strongest magnifying glass
- Judith, l.387 I saw there was stuff on the back that I was supposed to fill in or check and I thought "sod it" if they can't do it large print
- Roco, l. 51 it's it's a bit of a a surprise and not to be able to read means you can't get day-to-day information you know I can read large font but to convert things to large font there isn't a lot instantly
- Vera, l.911 I: you do that through listening books or audio books
V: yes and that's not easy ...cos it's not like holding a book...it's very difficult I don't concentrate I'm not intellectual in anyway

Getting around

- Dilys, l.65 not being able to drive is the worst thing after being driving since I was eighteen
- Judith, l.210 if I'm going somewhere new I'd struggle so I never go anywhere new really on my own I don't know erm so getting somebody to come with me
- Roco, l.36 and I don't like crowded places because I bump into people and things like that
- Vera. l.785 cos I came home one night in the dark and I missed the turning and I came across traffic lights and I thought "I've gone wrong those traffic lights I shouldn't have traffic lights"

Emotional impact:

Frustration:/Anxiety

- Dilys, I. 134 yeah it's shopping that's the worst thing I just that's impossible on my own like cos just ...I've got no idea what I've put in the trolley or nothing
- Imogen, I.534 it's just quite nerve wracking I always find those field of vision tests
- Judith, I.322 but I still don't like going you feel a bit het up about it
- Roco, I.33 the everyday thing that is annoying is reading
- Roco, I. 46 it it still comes as a bit of a shock and you can't you don't realise how much you rely upon visual information
- Vera, I.209 and I get so frustrated and so angry at such a waste cos I am so fit

Resignation/Acceptance:

- Dilys, I.73 we get there you struggle on but we get there
- Imogen, I.62 I don't really know the full extent of it to be honest erm wet there's there are some injections you can have but I've never been offered the injections I don't know why
- Judith, I.235 it hasn't been easy but it's a different way isn't it is if I'd have had sight er and then lost it you know what you've lost?
- Roco, I.194 but it's also important that the patient I think in my particular case understands there is absolutely no certainty that the outcome would be positive
- Vera, I.418 they said "they have no right to just brush you off like that and it's discrimination" but what's the use of fighting ..you know it's not worth it

Vulnerability/Dependence:

- Dilys, I.454 up till then like I was coping you know...not too bad sort of thing you know but then it gets you do need somebody to take you round and about all the time
- Imogen, I.904 I sometimes walk home from the town not all the way home along this road with one eye closed and not to cross the road
- Judith, I.84 I could be totally blind next year I don't know what's going to happen you know but then I'm no different to anybody else there's you could be blind next year
- Roco, I.39 I'm ...a lot more self-conscious about my awareness of where I am relative to anyone and anything else
- Vera, I.844 in the shop there they are fantastic if you want anything they will find it for you
- I: oh that's lovely

V: and you have to give them money you don't know what you're giving them you don't know what you're getting back...but they they do know us and they are very very good

Social Impact:

Hidden Disability:

- Dilys, I. 807 you've got two eyes and they work if you look at them aren't they a lot of people eye's who are blind don't move...but mine move so they don't they just think oh you know
- Imogen, I.985 they were BIG glasses my daughter sort of thinks I look like erm Ray Charles or something ...and er had these glasses on and this chap postman walked up and he gave and I said to him "Oh hello" I said "I've not seen you before"
- Roco, I.61 when when you're young and you want to conform with the rest of them ...you know you want to play football you want to do whatever...erm and so you hide it
- Vera, I.396 but other people won't they try to hide it and they are embarrassed
- Vera, I.767 cos a lot of people I've spoken to about this said they didn't want one because it showed that they were dis disabled... and they might be attacked but I thought it was an exaggeration but I didn't necessarily want to advertise the fact

Social interaction

- Dilys, I.822 so if she opened the door I wouldn't know who she was...it's the worst part of it not being able to see faces (..) it's harder to make friends
- Imogen, I.885 one night I phoned her and she said "oh I'm just going to bed I can't you know" and I thought "but it's only five to seven" and then she said "now the nights are drawing in ... it takes me...longer and there's no point in sitting downstairs can't do anything"
- Judith, I.238 I find other people are more of a problem than anything and I suppose that's what people that lose their sight late feel because you'll find I think you find out who your friends are
- Vera, I.243 I joined the society anyway and I do telephone befriending for them which is all I can do but I also get information from them and I've taken it all to the surgery I've put it up myself

Identity

- Dilys, I.732 I did typing before the computers came out the thing with hubby being in business I did all the paperwork and all the bills and everything
- Imogen, I.238 if you're always being taken to somewhere then you well your independence goes and that's part of being a person that you can do things independently
- Judith, I.23 so I am registered blind been registered blind for about fifteen years now they did that when I was diagnosed with the glaucoma

Roco, I.67 time I think now socially it's a lot more erm permissible to declare that you are partially sight or you have a disability of whatever sort
you know...you didn't do it so much fifty years ago

Vera, I.373 because I refuse to let it defeat me I'm a great walker (.) erm I walk into town I still walk into town I walk to the hospital everybody's
horrified but I say get off your backsides for God's sake

THEME 2 - ACCESS AND BARRIERS TO CARE

Accessing Care:

- Dilys, I.514 I think it was somebody at the hospital that told me actually...cos there was a secretary there that had been there for many many years and I knew her ...which is always helpful isn't it
- Imogen, I.357 I think I am er I'm just well on the conveyor belt
- Judith, I.316 it's it's demoralising going there ...it's you feel like it's like a cattlemarket
- Roco, I.290 because I'm quite good at expressing my wishes strongly without being...angry or aggressive about it erm and I'm used to dealing with professional people
- Vera, I.28 I was talking to my daughter one day and I thought you know "I know they are wrong what can I" she said "you're stupid go back to Mr X who'd done the cataracts" I said "yes but I can't go to him privately unless I am referred" she said "yes you can you ring him up direct he's treated you before"

Communication

- Dilys, I.273 the staff are good I find them very good anyway I can't complain about the staff at all
- Imogen, I.268 I do sometimes difficulty if er English hasn't been the first language because sometimes you don't always catch what somebody is saying...but then that could also apply to someone who's Welsh or Scottish or...it's just different accents
- Judith, I.394 I've never been asked you know I've never been erm asked what format I wanted it in ever they've never asked
- Roco, I.424 I now I'm in the system I get an er NHS reminder by text
- Vera, I. 585 they send it in ordinary print they they well they they'd probably enlarge it if you ask them I never thought to ask them

Physical Access and Barriers

- Dilys, I.389 and I said "well I just can't get there unless I have a hospital car or something" (Telford Apley Castle -check)
- Imogen, I.576 there's a lot of up and down if someone's going along in a wheelchair you there's not a great deal of a great deal of room (Hereford)
- Judith, I.291 I'd got Rex with me I'm trying to keep him curled up as small as possible so that no-one falls over him there's people with walking sticks white canes and what-have-you the chairs are sort of just between doorways so you've got make sure I couldn't have Rex at the side of me because he'd be blocking the doorway (Royal Shrewsbury)
- Roco, I.403 another main corridor that would erm with signs that er are maybe ten foot above your head so you can't walk up to them you'd have to jump up to them to be able to read them (Princess Royal)

Timing

- Dilys, l.317 I think they've just got too many patients and that's it but why they send you an appointment out and then about a week later they send you another one out to say that one's been cancelled
- Imogen, l.391 "I'd like to see you in six months" and he said "oh no I'll put four months cos it's gonna probably be six months by the time the actual appointment comes
- Judith, l.365 well I was a month late this time cos they cancelled me appointment and that's the other thing they're always cancelling appointments
- Roco, l. 256 they are behind they are always behind so what should have been er three three months was four months two weeks ago when I rang
- Vera, l.592 so they don't ring you with appointments or anything like that
- V: not I'm usually ringing them... "when's my next appointment" "I'm sorry Mrs X we fitting you in as soon as we can"
..." yes but you know it's over six weeks now" "oh well" (*laughs*) and so it goes on and the ones that don't do that I suppose they just wait longer

THEME 3 – SUPPORTING VISUALLY IMPAIRED

Official

- Dilys, I.462 I: did you have a social worker to help you with those forms even cos you know that was twelve years ago or
D: no I don't think so I don't think I've ever had a social worker in the house at all
- Imogen, I.551 I don't know what the nurses actually do...but I am a lay person
- Judith, I.428 it wasn't easy for her because erm I'm not really sure if the hospital you know the consultants and that really wanted her there
erm (.) for a start cos I don't think a lot of consultants from what I heard were very very erm supportive she didn't have any
space allocated to her or anything (re: ECLO)
- Roco, I.563 I think the things that he could suggest or talk about were at least twenty years behind the time
- Vera, I.304 there's the low vision clinic down the bottom which is always shut I don't know what they do in there if you go an knock on the
door they might find find a magnifying glass for you

Physical Aids

- Dilys, I.426 they said "what are you doing with that? what's that for?" and I said "it's a white stick why" he said "what's it for?" and I said
"it's because I'm registered blind" "Oh" he said "I've never seen anything like that before" he said "I thought you'd got a gun"
- Judith, I.202 obviously I've got a guide dog which I take you know he keeps me safe cos I was starting to fall over stuff and get quite you
know knocking myself about
- Roco, I.721 we found out off the web how to get erm erm a train pass so that I travel at a discounted rate with a carer
- Vera, I.322 right I got my big erm magnifying glass from them and if anything goes wrong the service from these companies is excellent
will come back to the house ...and fix it or whatever
- I: and so if you have any of those aids do you have to buy that yourself
- V: yes that cost me £1400

Mutual support

- Dilys, I.554 I do go regularly and I go cycling with them ...on the back of a tandem..yeah that's absolutely brilliant I love that I wish I'd do it
every week instead of once a month
- Imogen, I.885 and this is one of the women was really sort of low when I spoke to her at the beginning and now she's sort of "ooh hello
Imogen" nice and she's and I like to feel I've helped her

- Judith, I.591 we'd we help each other because very often somebody will come and say "I'm really having problems with doing this and that" and then somebody else will say "Oh you do it this way"
- Roco, L.644 it's my fault that I haven't gone I suppose... I haven't tried to avail myself of it then to some extent you know it is my fault it is my fault but you need to a sighted person to find out what where and when
- Vera, I.166 the groups do an awful lot of work but they can't cure us obviously ...but they are a great support I will say that and they work the people who run them work very very hard

Family support

- Dilys, I.466 (re: filling in DLA forms) I think Marie my eldest daughter and my husband and I between us we got through it sort of thing
- Dilys I.594 my grand-daughter took me once because they were short of people...and she's only twelve
- Imogen, I.217 Francis my husband he took me but for the first appointments that I was having for the macular ...he did used to have time off work to take me
- Judith, I.738 I've gone and Glen's been with me so you know I just don't really need help whether you get it if you erm if I was on my own I don't know (husband)
- Roco, I.777 my wife helps me with everything I said I've got a carer erm poor woman really erm because I don't go many places on my own ...and I certainly now er can't take my son out on my own

Appendix 4

RNIB Low Vision Assessment Tool



Low Vision Services Assessment framework A tool from RNIB Group for service providers

Introduction

The Low Vision Services Assessment Framework is a tool provided by RNIB Group for assessing the quality of care offered by providers of low vision services. It is a tool for you to use, within your service, to help you evaluate your service. This tool could be used to demonstrate the value and worth of your service and to promote discussion about whether and where there are areas for improvement and how this might be achieved.

This framework aims to help you, as a service provider, evaluate different aspects of your service, identify any 'gaps' in existing service provision and act as a starting point for future service development. Although the framework is generic and may be used by those providing particular facets of the low vision service (e.g. health, social care) it is best completed cooperatively, with all those contributing to local services being involved. If services are delivered from multiple sites it may be necessary to copy some sections of the framework. The items in this framework have been identified as being essential or desirable.

You do not need to return this completed document to RNIB but if, through using this tool, you identify gaps in your service or you require help with improvements, please contact RNIB Group as listed below:

Susannah Badger – Low Vision Services Officer

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Email: Susannah.badger@actionforblindpeople.org.uk

(Mrs) Stevie Johnson - Eye Clinic Impact Team Manager

Tel: 07943 839312

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Louise Stalker - Optometric Clinical Lead

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SECTION 1: Building and infrastructure

The following have been identified as **ESSENTIAL** requirements

	Addressed? (Yes / No)	Comments / Action plan to address
1. The building has been designed or adapted for people with visual impairment.		
2. The building has been adapted to take account of other disabilities in line with the DDA e.g. children, those with learning disabilities, dementia and neurological vision loss.		
3. Service location is well signposted from entrance to site.		
4. There is privacy for consultations.		

The following has been identified as a **DESIRABLE** requirement

5. There is a private reception area so that personal details can be recorded in privacy.		
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Commissioners of VI services should also note the importance of ensuring that the VI service is conveniently located for service users, has car parking facilities and is accessible by public transport.

SECTION 2: Staffing

The following have been identified as **ESSENTIAL** requirements

	Addressed? (Yes / No)	Comments / Action plan to address
1. Low vision practitioners have specific VI qualifications / accreditation, with communication skills training e.g. to work with clients who have problems hearing.		
2. Low vision practitioners have regular in house training / updating (continuing professional development) and management.		
3. Staff take part in multidisciplinary / multiagency working.		
4. Non-specialist staff with whom clients come into contact with have visual awareness training.		

The following has been identified as a **DESIRABLE** requirement

5. Staff attend regular external training events.		
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SECTION 3: Eligibility and appointments

The following have been identified as **ESSENTIAL** requirements

	Addressed? (Yes / No)	Comments / Action plan to address
1. The service can be accessed by referral from any health or care professional, or by self-referral.		
2. The service can be re-accessed at any time by self referral.		
3. Clients are followed up in their preferred format (e.g. by telephone), with reminders about appointments in a format they can access.		
4. All relevant needs are addressed, with a personalised plan, including signposting where relevant.		

The following has been identified as a **DESIRABLE** requirement

5. The service is publicised widely within the community and considers how it will reach different sections of the community.		
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SECTION 4: Information provided to clients

The following have been identified as **ESSENTIAL** requirements

	Addressed? (Yes / No)	Comments / Action plan to address
1. Clients are asked about their preferred format in which they would like to receive information, and all information is given this way.		
2. Information is given to clients in their preferred format, prior to visits e.g. information on the service, what will happen at the appointment, waiting time information etc.		
3. Information about the client's eye condition is provided where there is a confirmed diagnosis.		
4. Information about contrast and lighting is provided e.g. making things bigger, bolder and brighter.		
5. Where appropriate, information is provided about: <ul style="list-style-type: none">a. Local voluntary and statutory servicesb. National organisationsc. Counselling servicesd. Registration (for those with registerable vision)e. Benefits and welfare rights.		
6. Optometric and orthoptist led services should provide information about legal visual standards for driving.		

SECTION 5: Reports and records

The following have been identified as **ESSENTIAL** requirements

	Addressed? (Yes / No)	Comments / Action plan to address
1. Client records are kept securely.		
2. With the client's written consent, information is shared, as appropriate, amongst the team and with other agencies (e.g. GPs – in an optometric led service - ophthalmologists and rehabilitation professionals). This needs to be reconfirmed at each episode.		

The following has been identified as a **DESIRABLE** requirement

3. A written record of the assessment (and the rehabilitation care plan) is provided to the client, if desired. It is ESSENTIAL that all clients are asked whether they would like a copy of this.		
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SECTION 6: Service integration

The following have been identified as **ESSENTIAL** requirements

	Addressed? (Yes / No)	Comments / Action plan to address
1. The low vision service is provided by a multidisciplinary team which works closely with other agencies e.g. ophthalmology, social care, GPs, voluntary sector and emotional support services.		
2. The planning and evaluation of the service involves people from all elements of the service.		
3. Referral and/or signposting to relevant social services for a needs assessment, are completed. This should cover: a. Home safety b. Social care needs c. Travel / mobility d. Communication e. Welfare and benefits.		
4. Referral to a counselling service is offered to clients where a need exists.		

The following have been identified as **DESIRABLE** requirements

5. Clients are screened for depression by an appropriately qualified person using an established questionnaire e.g. GDS-15.		
6. Clients are offered information about appropriate peer support groups.		
7. The use of focus groups and other fora are offered for feedback purposes.		

SECTION 7: Optometric led services

The following have been identified as **ESSENTIAL** requirements

	Addressed? (Yes / No)	Comments / Action plan to address
1. If the service has a General Optical Services (GOS) contract then it should adhere to all regulations and requirements associated with this.		
2. Where a GOS test isn't carried out, pathology and refraction are checked regularly by the optometrist.		
3. The following equipment is made available during an eye examination: a. A slit lamp b. A tonometer c. An ophthalmoscope / Fundus lens is available.		

The following has been identified as a **DESIRABLE** requirement

4. Fundus photography is available.		
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SECTION 8: Visual assessment and function

The following have been identified as **ESSENTIAL** requirements

	Addressed? (Yes / No)	Comments / Action plan to address
1. Patients are encouraged to have regular eye examinations.		
2. Visual acuity can be measured appropriately (e.g. preferably using a Bailey-Lovie Chart or similar).		
3. Threshold print size can be measured appropriately.		
4. It is ESSENTIAL that the following are considered and DESIRABLE that they are measured: a. Contrast sensitivity (e.g. using a Pelli-Robson chart) b. Visual fields c. Colour vision.		

The following has been identified as a **DESIRABLE** requirement

5. Appropriate acuity and contrast sensitivity charts are available for use in children and those with learning disabilities.		
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SECTION 9: Optical low vision aid assessment

The following have been identified as **ESSENTIAL** requirements

	Addressed? (Yes / No)	Comments / Action plan to address
1. Real life tasks can be incorporated into the assessment.		
2. The following are available to clients: a. Hand and stand magnifiers b. Table mounted stand magnifiers c. Spectacle mounted plus lenses d. Hand held monocular / binoculars e. Contrast enhancing tints and glare protection shields.		
3. Clients are signposted to specialist practitioners for spectacle mounted telescopes, biopic telescopes, reverse telescopes and hemianopia prisms, where appropriate.		
4. Appropriate task lighting is discussed and recommended as appropriate.		
5. Where the clinic is not able to supply aids directly, clients are given information on how to obtain any aids which are useful to them.		

SECTION 10: Low vision aids (optical and non-optical)

The following have been identified as **ESSENTIAL** requirements

	Addressed? (Yes / No)	Comments / Action plan to address
<p>1. Referral to specialist assistive technology suppliers is made where a need is identified e.g.</p> <ul style="list-style-type: none"> a. CCTVs b. Pocket electronic magnifiers c. TV readers (e.g. Bierley monomouse) d. Head mounted video magnifiers e. Computer enhancement software. 		
<p>2. The following should be discussed with clients, where a need has been identified:</p> <ul style="list-style-type: none"> a. Aids for household tasks b. Talking books c. Aids for writing d. Reading stands e. White canes f. Leisure activities. 		
<p>3. Clients are given information on how to obtain any non optical aids which may be useful to them.</p>		
<p>4. Where appropriate, clients are trained to use eye and head movements to compensate for field loss.</p>		
<p>5. Where appropriate, clients are provided with mobility training (rehabilitation led services).</p>		

SECTION 11: Training for clients

The following have been identified as **ESSENTIAL** requirements

	Addressed? (Yes / No)	Comments / Action plan to address
1. Client training is undertaken, and information given, with regard to the use and maintenance of low vision aids. Training is ongoing until the service user is confident with use and care of equipment.		
2. Where appropriate, clients are provided with eccentric viewing and steady eye strategy training.		

SECTION 12: Audit and feedback

The following have been identified as **ESSENTIAL** requirements

	Addressed? (Yes / No)	Comments / Action plan to address
1. Audit is ongoing and reviewed annually.		
2. The service audits the age, gender and ethnicity of its clients.		
3. The service audits its use of resources e.g. number of appointments, aids provided, training sessions.		
4. The service audits patient satisfaction.		
5. All service users are given the opportunity to provide feedback.		

The following have been identified as **DESIRABLE** requirements

6. Relevant audit information is in the public domain.		
7. The use of focus groups and other fora are offered for feedback purposes.		