

## County Durham Low Vision Services Committee

(3<sup>rd</sup>) Meeting 29 January 2009 at 9.30 a.m.

### Minutes

**Venue:** Committee Room 1A, County Hall, Durham

**Present:** Andy Nuttall (Chair), Geoff Foster, Rachel Emery, Emma Keeble, Heather Hebden, Simon Berry, Barbara Pratt, Linda Curtis, Derek Illingworth, Ann Adcock, Sharon Meadows, Chris Steele, Jim Welch, Margaret Welch, Reti Winward.

**Apologies:** Leigh Nicholson, Phil Smith, Cathie Burke, Pauline Morphet.

**Content:** Andy welcomed everyone to the meeting and a round of introductions followed.

### Minutes

The minutes were agreed as a correct record.

### Matters Arising

The Durham Sight Loss Survey Partnership research report was presented at a meeting of stakeholders in November 2008 and was well received. The report's recommendations should form part of any action planning undertaken in future by the LVSC.

County Durham Sensory Alliance, which is a stakeholder group comprising all those people working in the sensory loss field in Durham, has not met since September 08 but will meet again in February or March of this year. Rachel

and Emma would like to join this group and it was agreed that they could do this.

### Eye Care Pathway Subgroup

The objective of this group was to clarify the eye care pathways through secondary care – at Sunderland Eye Infirmary, University Hospital North Durham, Bishop Auckland and Shotley Bridge Clinics and separately for children.

RE stated that her aim was to achieve parity between areas, identify service gaps and streamline the pathway to ensure prompt and effective treatment. To do this the current baseline for people attending different hospitals has been explored although information on services in Newcastle and the RVI has not yet been obtained. Rachel and Emma will be meeting next week with Kevin Gales, the head of optometry at Newcastle to complete the pathway work.

The group has mapped what currently happens in order to find out where the gaps are and how to fill them. Gaps have been identified in four main areas – primary care, secondary care, social services and the voluntary and community sector.

In the primary sector there is potential to enhance services and take out the GP step in the process. The process may be streamlined by reducing waiting times by utilising different referral processes.

In the secondary sector more input from Eye Clinic Liaison Officers (ECLO) is needed and Rachel has submitted a bid for funding linked to the Annual Operational Plan (AOP) to get more ECLO time. The outcome of the bid will be announced after the review which took place on 26/27<sup>th</sup> January 2009.

Rachel explained that, in the PCT, bids for funding are put in based on PCT priorities. Low Vision is always low down in the priority list and so she is now hooking it onto other, higher priority agendas such as older people and public health. She has bid for the health element of the low vision pathway to enhance the primary care side of things.

Rachel is still trying to engage with clinicians. It is important that consultants are on board to ensure that the pathway works. She proposed that this group continues to work in partnership but that a Clinical Advisory Subgroup, limited to clinical personnel also be set up. This was agreed.

In developing the low vision service a service specification is needed detailing the current pathway, the new pathway and who is going to deliver the service. Independent advice on the clinical side is needed for this, hence the importance of having the Clinical Advisory subgroup.

It was noted that Simon has identified a specialist GP who wants to get involved with the LVSC.

Rachel explained that GPs have something called a QOF which is a quality system that pays them for some of the work they do. If they had this for low vision then it would be hard to take GPs out of the system but it looks as though this is not the case.

It was queried how the PCT tendering process would work if they got the cash. Rachel explained that if it was a new service the invitation would go to any willing provider. However, if the services are already being provided the tender offer only goes to existing providers.

If the ECLO money was received Action for Blind People would be the first place that the PCT would go as they are an existing provider.

The need to engage with consultant ophthalmologists was reaffirmed and it was pointed out that they are very busy people so it is important to consider carefully how to do this. The subgroup suggestion is one way. Another possibility put forward was that the LVSC could chair one of the monthly Clinical Governance meetings. It was agreed that what happens at Sunderland is good and this group wants to replicate this elsewhere.

The length of the PCT funding was queried. Rachel shared that once obtained it will be ongoing, initially for a few years but then constantly recurring unless there are issues like cessation of need for service. The need to improve the whole pathway is evident and Rachel is very confident that the money will be forthcoming.

The time scale for finding a provider was queried. This will be 28 weeks from invitation to decision if it goes out to any willing provider (i.e. is a new service). It will be quicker if it just goes to existing providers.

Information about a National event held last Tuesday on Eye Care Pathways was shared. Apparently the best practice is to have a local eye care forum like this group so Durham already has one and is leading the way!

It was queried whether or not the eye care pathway subgroup needed to meet again. It was thought not as the pathway has now been mapped – Rachel will send this map round to everyone for information. However, Rachel still needs to get the Clinical subgroup together. This will include people from this group who work in health.

**Action RE**

### Communication and Information subgroup

This group has looked at the CD for Cumbria produced by Gil Smith and found that it seems to be geared to macular degeneration. It was thought that a CD of general information should be produced together with CDs with specific information for specific conditions. The group cannot really take things forward until the pathway is sorted.

It was pointed out that information could be made available through all our websites. One of the key recommendations from the Sight Loss Survey was that work should be undertaken to improve the quality and accessibility of information held on web pages. It was agreed by all that these need to be improved. It was agreed that work on these should begin now. It was also suggested and agreed that any CDs should include relevant local website addresses.

Andy gave out copies of a new referral leaflet which he is proposing to place in relevant locations. It was suggested that these should also be made available in large print and on CD. The PCT may be able to help with the cost of producing and distributing these and Andy agreed to find out what the costs would be and inform Rachel of these.

### **Action AN**

It was pointed out that it is very hard for people with sight loss to find information. Suggestions for places to put the leaflets were given including pharmacies and GP surgeries. Libraries were not thought to be good places as people stop going to them when they lose their sight. It was pointed out that it is important to have a sign with LARGE print identifying where leaflets relating to sight loss are to be found.

Information about a roadshow in Newcastle hosted by RNIB on Monday 26<sup>th</sup> was shared. The purpose of the event was to stimulate local partnerships to raise the profile of and respond to, the UK Vision Strategy.

The group reflected that they were well ahead in partnership terms, responding to the local agenda positively. The Newcastle conference reported that a UK Vision Strategy Implementation Plan for England is due to be launched in the Spring relating to the three main outcomes of the Strategy.

It was suggested that this group could become a Vision Strategy group once the pathway is sorted out. There is a plan to produce a Low Vision Champion in each region but this was not mentioned at the Road show Apparently Leeds is doing some good work in this area so this group may like to visit them. Durham may even become a model for others!

### Sight Loss Survey Report

The recommendations from this report were briefly considered. It was pointed out that people suffering from sight loss need support at the start, someone to talk to to help sort out all their questions and issues around how they will cope with things now.

It was agreed that the profile of sensory loss needs to be raised.

It was queried whether copies of the report had been sent to focus group members. Most people have been sent them but not all yet. It was suggested that these people could be a group to use again. Concern was then expressed that whatever system is set up to inform people etc. it is not rigid but flexible so that it can be tailored to people's needs and wants.

Sharon shared that the report had been sent out to regional managers of Action for Blind People. She reported on Liverpool securing funding in the order of £60,000 for development of low vision services.

#### Any other business

AN informed the committee of the drafting a local joint commissioning strategy including in it services for adults with long term conditions, physical disabilities and sensory loss. The framework will outline the commissioning intentions of NHS County Durham, Durham County Council and Darlington Borough Council for the three years 2009 – 2012. The completed first draft is due out in March for consultation. This will be circulated to members of this group.

#### **Action AN**

A date for another meeting of this group was then agreed and the meeting closed.

#### **Next meeting:**

**Thursday 30 April 2009 at 9.30am,  
County Hall, Committee Room 1b  
(tea, coffee and biscuits on arrival)**

RW 29/01/09