

What is the picture in Lancashire and South Cumbria?

Services

Inconsistent services while prevalence of visual impairment (VI) has been consistent.

Disparity between local authorities (LAs) and clinical commissioning groups (CCGs).

Differences/variations of service provision across the area. The quality, variability, availability of signposting and information.

No explanation to the differences in service provision.

Services are often a postcode lottery, with people having different experiences depending upon where they live.

Disjointed services – more joint working and sharing information about work streams.

The provision of services for children and young people (links to special educational needs and disabilities).

Partnership working

Agencies/organisations fail to connect with each other.

Registration

The process is too difficult. Would be great if ophthalmology services and consultants could register people.

Sight loss pathways

Inconsistent across the region

Employment

Inequality of opportunity (links to transport, access to employment for example).

Other

Terminology used – should we talk about sensory impairment rather than sight loss

Assets

Not known what assets there are in Lancashire/South Cumbria

Prevention

Improve outcomes through prevention (eye examinations and diabetes), with better awareness of spotting early signs.

Health

Sight loss is not considered as important as dementia/cancer etc.

People

Number of visual impaired people is increasing (older population increasing).

Technology

Access to services reduced by lack of technological input.

What questions do we need to ask and why?

The questions from the workshop have been grouped around a number of themes.

These are not set and are open to discussion, negotiation and change. See the appendix for further details. The themes are:

1. Services and providers
2. Registration process and referral pathway
3. Eye clinic liaison officers (ECLO)
4. People with a visual impairment
5. Health and wellbeing – wider considerations
6. Assets and organisations
7. Employment and community involvement
8. Other

How do these fit with the England Vision Strategy?

1. Prevention: to improve eye health and prevent sight loss across England within diverse groups and the wider population
2. Commissioning: to promote effective commissioning strategies across health and social care supporting an integrated and person-centred pathway.
3. Services: adults, children and young people and their families access to the right services, advice and support when eye health and sight loss problems arise.
4. Independence: adults, children and young people can learn, relearn or retain key life skills on a continuing basis as driven by their needs, with access to appropriate professional support, aids and adaptations including technology.
5. Self-determination: to develop and enable face to face and online peer support opportunities and self-help and self-advocacy resources to empower adults, children, young people and their families to achieve their aspirations.
6. Inclusion: to promote inclusive environments and equality of opportunity to enable blind and partially sighted people to fully participate, contribute and live independently.

How do these link with the 'Seeing it my Way' outcomes?

That I:

- understand my eye condition and the registration process
- have someone to talk to
- can look after myself, my health, my home and my family
- receive statutory benefits and information and support that I need
- can make the best use of the sight I have

- can access information making the most of the advantages that technology brings
- can get out and about
- have the tools, skills and confidence to communicate
- have equal access to education and lifelong learning
- can work and volunteer.

Next steps

- Quantitative data: start data collection around demographics, population projections, health conditions, data from the ROVI, etc.
- Qualitative data: areas for consideration with a focus group.
- Consider outputs, such as reports, and how these will be presented/published.
- Consider how these fit with the England Vision Strategy and Seeing it my Way outcomes.
- Allocate tasks to project group members.

Appendix – questions from the scoping event

1. Services and providers

Question	Why do we need to ask this?
<p>What services are there?</p> <p>What are the gaps? Can we undertake a gap analysis?</p> <p>What do we need in the future?</p> <ul style="list-style-type: none"> • Role of information technology (IT) • Prevention of sight loss <p>How do we ensure that services are not a postcode lottery?</p>	<p>Services are varied across the county/South Cumbria</p> <p>Review funding, social prescribing and preventative care and the roles of:</p> <ul style="list-style-type: none"> • primary care – GPs, pharmacists • secondary care – eye clinics • third sector • equipment providers (OrCam – technology to support VI people) • social services – register of visual impairment • community services (optometrists) • A&E <p>An understanding of how to get uniformed commissioning with services/organisations working together.</p>
<p>What services are available/needed?</p> <p>Why are there differences in quality, variability, and availability of services/signposting to information?</p> <p>Where are the services and who can access them?</p> <p>High-level mapping of service provision across the sustainability and transformation partnership (STP) footprint</p>	<p>Need to recognise the volume of services needed to support people with sight loss and how to match these needs to services. Enables reduced pressure on existing services. Vital to offer early support. Important to target support, resources, etc and to make services equitable.</p> <p>Inequalities in provision</p>
<p>How many visually impaired people engage with rehabilitation services (including adults, children and young people)?</p>	<p>There is a question about appropriate resources invested in rehabilitation.</p>
<p>What domiciliary services are available?</p>	<p>Support for people in their own homes, ensures all the population is covered. Sight loss is often an age-related disability.</p>

Question	Why do we need to ask this?
How do we ensure people get early help from low vision services?	The role of the rehabilitation officer for visually impaired (ROVI).
How do you think services are provided? Role of secondary care providers (such as hospital trusts).	Ocular hypertension Cataract Minor eye (pathways) Diabetes – potential
How can we influence the clinical commissioning groups?	
How do we get providers to work together for the benefit of the end user?	Better collaboration will mean better outcomes.
Are services set up to attract people who aren't using them? For example, times of day services are open, geographic location.	Are there ways to make accessing services easier? Peer support is really important.
Could other services, such as libraries, could be used?	Different ways of providing information/signposting/promoting services. New channels for information provision.
How many outpatients appointments are being missed and why? What are the consequences? Can people be seen elsewhere by somebody else, eg a nurse practitioner	People can lose their eyesight because their follow-up appointment is cancelled and there's no follow-up. This happens due to pressure on the system, eg emergencies.
Where does care navigation fit in to it all?	Care navigation refers to assistance offered to patients and carers in identifying and accessing the systems and support available to them within health, social care and beyond. This means we can give people the information and support they need.

2. Registration process and referral pathway

Question	Why do we need to ask this?
<p>Consistency:</p> <p>Identifying the problem early</p> <p>Training new practitioners</p> <p>Standardised pathways – sight loss should be written into all clinical pathways.</p>	<p>Raise the profile of sight loss as a long-term condition, its impact on the wider determinants of health and make sight loss awareness everybody's business. Early intervention and provision of services could save time and money (putting a value on provision).</p>
What are the referral pathways to all organisations?	Need to improve understanding of how/why to refer.
What is the understanding of the registration process? Why are people wary of registering?	Drop in registration numbers in an ageing population.
How does urgency of referral vary from best practice guidance? By geography.	Particularly important for wet macular. Follow best practice and reduce inequality.
The registration process is too difficult.	Would be great if ophthalmology services/consultants could register people rather than them having to wait for hours at a hospital. Could be done at wet macular clinic, but there may be a psychological barrier as it would involve them admitting failure.
How do we encourage GPs to signpost people to opticians?	Important as it is quicker, better for the patient, leads to earlier diagnosis and less activity in primary care.
How do GPs know who's affected and what do they do when they find out?	GPs present an opportunity to signpost patients but also if this was flagged up on screen they could direct patients to the room rather than bring their name up on an electronic board they can't see!!

3. Eye clinic liaison officers

Question	Why do we need to ask this?
At what point do people need information about their eye condition? Why isn't there an eye clinic liaison officer (ECLO) and information in every clinic?	Early reach is important – the role of the ECLO in this. It is a key service and a useful resource for signposting.
Are ECLOs used effectively? How many are there in the area? Do ECLOs feel they are being used effectively?	Background information to identify potential gaps. Not everyone has an ECLO and it is a postcode lottery. Is it possible to implement someone out in the community to support? Funding for ECLOs is not standardised. Some people are 75% Royal National Institute of Blind People (RNIB)/25% CCG funded

4. People with a visual impairment

Question	Why do we need to ask this?
How many people with a visual impairment are in care homes?	The increasing ageing population – future projections of sight loss and co-morbidity.
Hidden sight loss and hard to reach groups – how do we engage with these people? How do we stop people slipping through the net?	Need to raise awareness of sight loss and what is available to help people. Need to understand the key points of access and discharge – early intervention is key.
Where are the people who have needs but aren't accessing services?	This information would help target people with needs and would be useful at GP practice level. Where is this information held? Probably not on EMIS system (electronic patient record system for use in primary care).
What is the experience of having a visual impairment?	Really important – communication in a world of change.
What practical support is out there to enable people to get on with their lives? What information is out there for families? What support and information is available for children	To empower and support people (including the person with sight loss/visual impairment). Information is power. Important to understand that information and support is different for people at different stages of life and of the sight loss journey.

Question	Why do we need to ask this?
and young people. Is the information accessible?	
What emotional and peer support is there?	Sight loss is closely linked to the bereavement process. Understand more what people need.

5. Health and wellbeing – wider considerations

Question	Why do we need to ask this?
To what extent are falls and other health conditions attributable to sight loss?	This could be used to devise a fall reduction strategy Dementia and diabetes and sight loss – there is a disconnection between these.
Quality-adjusted life years (QALY) – quality and quantity of life lived and assesses the value of money of medical interventions.	To balance the qualitative with the quantitative.

6. Assets and organisations

Question	Why do we need to ask this?
What assets are there? These can include resources, property, community cohesion, or public realm for example.	Make people aware of what is available in an area/locality. Would a directory of services be useful?
What good practice is out there?	Understand how to apply it to other areas, raise the profile of organisations as experts
What does your organisation do?	Produce a checklist for organisations on how they help visually impaired people. Why aren't associations like Headway , Diabetes UK , Stroke Association included in supporting information (eg booklets)?
Mapping of organisations' geographical reach	Key stakeholders have a clear map of service provision.

7. Employment and community involvement

Question	Why do we need to ask this?
How can we promote employment? What issues are there with access to employment?	Giving people access to work and suitable jobs, and the benefits of being in quality and meaningful employment has wider benefits (see the Marmot review). The Staying in work checklist. Would help us understand and address the issues and solve some of the problems.
What services are available for people with sight loss who work?	Ensure people who work also have access to services.
How many visually impaired persons are employed by partners?	Provide examples of good practice in supporting people in work.
Why aren't people with VI being more active in the community?	Opportunities to increase employment and reduce discrimination.
Is visual impairment the main issue for people who are unemployed, or are there other issues?	This would help us know what assistance/support is needed to gain employment.

8. Other

Question	Why do we need to ask this?
How can we make adjustments that are not all financially based?	Need to know how to make the best use of technology
Digital technology – how can we use it?	See above