Scottish Vision Strategy 2013-18



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Foreword

Foreword by Michael Matheson MSP

It is a privilege to introduce this updated Scottish Vision Strategy, which has played a huge part in developing Scotland's eye care services over the last few years. This document lays out how this success can be built upon to meet our ambition to create consistent world class eye care services. The strategy is Scotland's contribution to the World Health Assembly's resolution to eliminate avoidable sight loss by 2020.

It sets out a blueprint for improvements in eye care services in Scotland. It gives direction to the work in the sector and draws together a package of reforms that will improve the journey for Scots through health and social care to ensure they have the best possible service.

Scotland has already made tremendous strides in recent years. The roll out of the Eye Care Integration programme, and free eye health checks puts eye health at the forefront of healthcare.

In addition, the development of the Scottish Government's sensory impairment strategy 'See Hear: A Strategic Framework for Meeting the Needs of People with a Sensory Impairment' should raise the profile of hearing, vision and dual sensory impairment and complement the work of the Scottish Vision Strategy.

There are tremendous demographic challenges to meet, with an ageing population and an increase in conditions such as diabetes, which can increase the risk of sight loss. By developing the strategy through an effective cross-sector partnership we can continue to make a difference and reduce sight loss amongst Scots.

The Scottish Government looks forward to playing its part in realising the aspirations and ambitions advocated in the Scottish Vision Strategy.

Michael Matheson MSP Minister for Public Health Scottish Government

Introduction

The Scottish Vision Strategy, launched in 2008 in response to the World Health Assembly Resolution, outlined plans for a sustained drive to tackle visual impairment and preventable sight loss.

Five years on, the Scottish Government remains committed to a strategy that reflects Scotland's devolved responsibilities in areas such as health, education, social care and transport. It is an approach that has allowed us to set priorities and activities firmly within Scotland's policy and service delivery framework.

The past five years have seen considerable advances in eye care in Scotland. Since the strategy was launched, these have included the availability of free eye examinations, a new eye care integration project that speeds up the transfer of information between optometrists and ophthalmologists, and 'See Hear', a new strategic framework for meeting the needs of people with a sensory impairment. Optometrists have been awarded a frontline role in treating more routine eye problems, while progress has been made in identifying 'hidden' sight loss among those least able to communicate a problem, such as people with a learning disability or dementia.



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William Wykes Chair, Eyecare Scotland



Samantha Watson Chair, Optometry Scotland





John Legg Director, Royal National Institute of Blind People Scotland



supporting blind and partially sighted people

Sally Paterson Chair, Scottish Association for Visual Impairment Education

This revision of the strategy realigns its aims in light of changing government policy, technological innovation, the latest research findings and the prevailing economic environment. It continues to enjoy the endorsement of a wide alliance of statutory, health and social care bodies, voluntary organisations, eye health professionals and individuals.

We think the prospects for people with sightthreatening conditions are more optimistic than they were five years ago, and that life is better for those with sight loss. We want the Scottish Vision Strategy to help ensure it will be even better in five years time.



Paul S Haines

Paul Baines Chair, Scottish Eyecare Group



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Richard Hellewell Chair, Scottish Council on Visual Impairment



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The Scottish Context

Scotland has a chance to be a world leader in integrated eve care. There are more independent prescribing optometrists in Scotland than the rest of the UK, a number that continues to rise. Care within optometry practices has increased substantially over the past decade, with new levels of equipment, diagnostic tests, monitoring facilities, and enhanced integration between primary and secondary care and social and voluntary services. Our new eye care integration approach provides a simpler patient pathway, with faster access to care and treatment, and a better outcome for more people, enabling them to retain their vision longer. Referrals have increased by six per cent year on year in Scotland, compared with 20 per cent in **England**.



However, the need for a coherent strategy is as urgent as ever. Sight loss is projected to double over the next two decades in Scotland, to almost 400,000 people, unless steps are taken now to contain the increase.

Demand for eye care services in Scotland is already outstripping capacity. With an ageing population and treatments now available for conditions that were previously untreatable, this need will increase. To meet this, it is essential patients are treated in the most effective and efficient manner possible. Optimally, there should be a one-stop service with minimal duplication, improved communication within and between primary and secondary care, and greater clarity of professional roles and responsibilities. Space will also be an issue; there is already a need for more clean rooms in eye clinics, for example.

Current and projected public expenditure has placed even greater emphasis on preventative measures. The Christie Commission's 2011 report on public spending estimated as much as 40 per cent could have been saved. It emphasised restructuring spending around measures to minimise the costs of future health and social problems. This resonates with the Scottish Vision Strategy's own emphasis on prevention. Someone with diabetes, for example, has a ten to 20 times greater chance of being registered blind. However, early diagnosis and treatment can prevent up to 98 per cent of severe sight loss and the earlier the treatment the more likely it is to be effective.

It also underlines the continuing importance of free eye examinations in identifying sightthreatening conditions and other conditions such as diabetes, arteriosclerosis and tumours.

Research has shown this policy has encouraged more Scots to get their eyes examined. But more

- By 2021, 40 per cent of the population will be over 50 – a significant proportion of sight loss is related to age; one in eight over-75s and one in three over-90s have serious sight loss.
- The number of Scots with sight loss could double between now and 2030, unless steps are taken to contain this projected increase. Already up to one in six out-patient appointments at some hospitals are for eye-care.
- The Christie Commission Commission's report on the future of public spending estimated 40 per cent of public service spending 'could have been avoided by prioritising a preventative approach'.
- International research has shown a four-fold return on investment in early eye care intervention.

needs to be done to reach the most excluded groups where take-up remains low. This suggests the message has not yet got through about the importance of eye examinations in detecting sight loss and other health conditions, or that eye examinations are now universally free.

Significant changes in the Scottish policy context will also influence the future development of eye care services. Firstly, the introduction of 'See Hear' in 2013, a strategic framework for meeting the needs of people with a sensory impairment, will see a move from single sensory services to a seamless provision for those experiencing sight and/or hearing loss in Scotland. Secondly, the Public Bodies (Joint Working) (Scotland) Bill looks towards joining up health and social care services. This aims to improve outcomes for people by providing consistent quality of services, ensuring people are not unnecessarily delayed in hospital, and developing services that allow people to stay safely at home for longer.

Moves are also underway to review the formal system of registration for blind and partially sighted people in Scotland.

Values

The Scottish Vision Strategy is underpinned by core values. These are:

- Fair and equitable access for all members of society to eye health, eye care and sight loss services, particularly ensuring equity for those who, for whatever reason, encounter the greatest difficulty in achieving this.
- Person-centered delivery of excellent services and support in the most appropriate way for everyone, in line with their personal preferences.
- Evidence-based policies and services to guide resource allocation and effective services.
- Awareness of and respect for people with sight loss and full compliance with equality legislation.
- Prioritisation of research to reduce the incidence of future sight loss and ensure effective support for people who have sight loss.

Strategy Outcome 1

Everyone in Scotland knows how to look after their eyes and their sight.

In the next five years, we will work to:

- raise awareness and understanding of eye health, particularly focusing on people most at risk of eye disease.
- encourage every individual to develop personal responsibility for eye health and to achieve maximum eye health for all.
- raise awareness of eye health and the impact of sight loss among health and social care practitioners and ensure the early detection of sight loss and prevention where possible.

Priority Actions:

- 1.1 To make eye health a public health priority, with robust research and sound data collection. Use should be made of data following the national implementation of the groundbreaking eye care integration approach.
- 1.2 To increase public and professional understanding of eye health through crosssector education and campaigns that concentrate specifically on eye health, and emphasise the role of routine sight tests to identify the need for spectacles or the early signs of disease, and follow with an appropriate referral. Such tests should be carried out at appropriate intervals in

line with accepted best practice, including audit and evaluation of outcomes. This is particularly important for those at higher risk of sight loss.

- 1.3 To increase the understanding of eye health among health and social care and education practitioners, through training and development programmes. Professionals working with groups at a higher risk of sight loss should be prioritised.
- 1.4 To identify and address potential sight problems among children and young people, and support the development work of the Managed Clinical Network (MCN) for children and young people with a visual impairment.
- 1.5 To identify and address potential sight loss for all individuals with health conditions where sight loss is a known correlate, and increase awareness of these among healthcare practitioners, including eye health practitioners.
- 1.6 To promote investment in further research to reduce sight loss through development of interventions for conditions that are currently untreatable, and also to build an evidence base for effective rehabilitation and support

- Free NHS eye examinations were introduced in Scotland in April 2006. In 2012, more than 1.9 million NHS eye examinations took place. An additional 2,000 people per month had been referred for sight saving treatments.
- Both smoking and obesity can double the probability of sight loss. Scotland has the second highest level of obesity in the developed world (after the USA). Meanwhile, adult smoking rates in Scotland (25 per cent) have remained consistently higher than in England (20 per cent).
- People of South Asian origin are up to six times more likely to develop Type 2 diabetes than Caucasians. Those of African/Caribbean origin up to three times more likely. Some forms of glaucoma are more than three times more prevalent among people of Afro/ Caribbean and Chinese descent, and are often more severe.





- There are around 188,000 people in Scotland with significant sight loss. The number of registered blind and partially sighted people now stands at around 34,500. However, registration is voluntary and research indicates that as few as 23-38 per cent of eligible people are actually registered.
- £6.6 million has been made available to roll out the new eye care integration approach which emails photographs of people's eyes taken at optometrists to hospital ophthalmology departments.
- Since their approval by the Scottish Medicines Consortium, take up of sight-saving drugs has been impressive in arresting the effects of Wet Age-Related Macular Degeneration (AMD), the biggest cause of sight loss in Scotland, and in some cases restoring levels of sight.

Strategy Outcome 2

Everyone with an eye condition receives timely treatment and, if permanent sight loss occurs, there are early and appropriate services and support.

In the next five years, we will work to:

- improve the coordination, integration, reach and effectiveness of eye health services.
- ensure that, when permanent sight loss occurs, emotional support, habilitation and/ or rehabilitation will be provided in a timely fashion, enabling people to retain or regain their independence.

Priority Actions:

- 2.1 To improve access to eye health treatments and sight loss services for all individuals, especially those who are already experiencing sight loss, or groups known to be at higher risk. Such groups will include (but are not exclusive to) people with complex needs, learning disability, the homeless, people from Black and Minority Ethnic groups, or from areas of significant socio-economic disadvantage.
- 2.2 Support the establishment of a truly integrated eye care and sight loss service. This should include community optometrists as the first port of call, hospital-based ophthalmologists, social care services and the voluntary sector. The new eye care integration approach (which will roll out across Scotland in 2013) will allow for more efficient and effective referrals

from optometry to ophthalmology. It will reduce unnecessary referrals, while patients requiring further treatment will be referred to the most appropriate specialist at their first hospital appointment.

The new system will allow for even more efficient use of hospital facilities to enable shorter waiting times, and quicker treatment (particularly important for Wet Macular Degeneration). It will also facilitate the discharge from hospitals of people with stable conditions who can be monitored by their community optometrist.

- 2.3 To provide reliable, accessible and relevant information on eye conditions, eye care, sight loss services, support networks and legal entitlements, which should be easily available in a range of formats and languages, to enable people to understand their options, select services and make informed decisions. In the case of children, this should be extended to parents and guardians and, where the person would find it helpful, those who support them or an independent advocate should be involved.
- 2.4 To make emotional support an integrated part of eye care and sight loss services. Services such as tailored counseling

should be standard for users and for those supporting them as soon as a potential problem is identified. Links to peer support networks should also be offered.

- 2.5 To develop treatments and support services based on robust research to improve outcomes and give better value.
- 2.6 To ensure habilitation/rehabilitation are available as soon as necessary and reflect the needs of the individual, build confidence and skills and be agreed by the person (and/ or their carer). Services should also focus on the prevention of secondary impacts of sight loss, such as falls, depression and social isolation.
- 2.7 To ensure timely assessments, from the initial stage onwards, which consider all aspects of a person's life and communication needs, including those related to education and employment. These assessments should be followed up at regular intervals. Services, support, community equipment, housing adaptations or a personal budget should be provided, if needed, to enable people to have choice and control over their lives.
- 2.8 To increase understanding of the impact of sight loss among health and social care and education and employment practitioners through training and development.
- 2.9 To involve people with sight loss, their carers, and groups in the development, design and delivery of services to ensure that these meet the needs of the service user.

- Only one in ten blind or partially sighted people received information from healthcare providers in a format they could access, according to one survey. This denies their right to confidentiality and choice and could even endanger their safety.
- 66 per cent of people of working age who are registered as blind and partially sighted are not in paid employment. This group is nearly five times more likely to have not been in paid employment for five years or more than the general population.
- Research by Aberdeen University
 has confirmed that before free eye
 health checks were introduced in
 Scotland in 2006 fewer Scots had
 their eyes examined than elsewhere
 in the UK. However, two years later,
 the difference had reduced. But more
 must be done to encourage excluded
 groups to have their eyes examined.
- Diabetic retinopathy is the single biggest cause of sight loss among Scots of working age. Around 247,000 Scots have Type 1 or 2 diabetes, a figure increasing by roughly ten per cent annually. An estimated 49,000 are believed to have the more common Type 2 condition but are not yet diagnosed.

Strategy Outcome 3

A society where people with sight loss can fully participate.

In the next five years, we will work to:

- improve attitudes, awareness and actions within education, employment and other services.
- ensure that children and young people with sight impairment can take their place in society.
- achieve improved compliance with equality legislation.

Priority Actions:

- 3.1 To increase awareness of rights and services among all individuals with sight loss, and their families, parents and carers, and improve uptake of services and increase confidence in seeking equal treatment.
- 3.2 To support equality of access to education and vocational training, including access to all materials for people of all ages with sight loss. Children and young people should be assured full access to the curriculum and equality of opportunity. Children should have the opportunity to build confidence in their abilities through full participation, including social activities. Children with sight loss and additional or complex disabilities should receive the best possible education and care in the environment that is best suited to their needs.
- 3.3 To establish or maintain a clear and smooth transition pathway from children's and young

people's services to adult services, thus ensuring young people are enabled to fulfill their potential and build their confidence, and ensure that rights to benefits and support are not lost during this process. This applies equally to health services and social care services. Attention should be paid to other periods of transition, such as between primary and secondary education.

- 3.4 To help employers ensure that recruitment and employment processes do not discriminate against people with sight loss. This should be assisted and supported by government initiatives. There should be opportunities for supported employment for people with sight loss and additional disabilities. Employers and the general public should be made aware of the support available through Access to Work and other government schemes which help to supply assistive technology and other support mechanisms.
- 3.5 To support the provision of benefits that includes recognition of the additional financial costs arising from blindness and sight loss. These should be adjusted to support equality of opportunity and quality of life to increase independence. Access to benefit provision should be straightforward with clear guidance on how to apply to enable greater uptake.

- Less than seven per cent of books are published in braille, large print and audio formats.
- Almost 75 per cent of those registered as blind or partially sighted are aged over 64. Three out of four blind or partially sighted older people live in poverty or less than half the mean national income.
- 3.6 To ensure people with sight loss have access to information in the formats of their choice. Current and future advances in technology should, from initiation, be developed to be fully accessible without additional cost, in particular the continuing development of the web and mobile communication technologies. Training in the use of new technologies should be available, affordable and ongoing.
- 3.7 To help ensure leisure activities are fully accessible to everyone with sight loss, including sport, exercise, holidays, hobbies, television, radio, reading, films and the visual and performing arts.
- 3.8 To help ensure public and commercial services, such as housing, council services, surgeries, shops and banks, are fully accessible to people with sight loss; as well as products such as washing machines, cookers and central heating controls.

- 3.9 To enable people with sight loss to move around freely and safely by implementing the principles of inclusive design, including clear pavements, safe crossings, and the use of bold and contrasting signage.
- 3.10 To support transport providers in the delivery of accessible 'end to end journeys': for example, appropriate transport interchanges and booking and ticketing facilities, as well as the provision of real time information technology, such as 'talking' buses.



Leadership for implementation

The Scottish Vision Strategy is steered by a Strategic Advisory Group, representing optometrists, health professionals, third sector organisations and the Scottish Government. This is working, both nationally and locally, to ensure we meet our commitment to the World Health Assembly resolution.

This group reports on the implementation of the Scottish Vision Strategy to the Scottish Parliament's Cross Party Group on Visual Impairment. The latter draws together around 60 people from across the sight loss sector and offers a direct interface with the Scottish Parliament.

An implementation plan for the updated Scottish Vision Strategy will be developed by March 2014. This will outline in detail the key objectives to ensure the implementation of the strategy within the next five years.

In addition, it is anticipated that locality partnerships involving local authorities, health boards and the voluntary sector will develop their own plan in response to the Scottish Government's 'See Hear: a Strategic Plan for Meeting the Needs of People with a Sensory Impairment in Scotland'. We will work to ensure that the Scottish Vision Strategy's objectives are embedded within each locality plan to guide the development of vision services under this new model of delivery. A range of existing mechanisms will also be utilised, including the Managed Clinical Network for Children and Young People, the Scottish Association for Visual Impairment Education, the Scottish Eye Care Group, the Scottish Council on Visual Impairment, eye Care Scotland, Optometry Scotland, the Association of Directors of Social Work and the Scottish Vision and Stroke Network

Continued and coordinated leadership will be essential in the delivery of the Scottish Vision Strategy.



Appendix A

Scottish Vision Strategy - development and support

Scottish Vision Strategy Advisory Group Members:

Association of Directors of Social Work Eyecare Scotland Guide Dogs Scotland Health and Social Care Team, Scottish Government Optometry Scotland Royal Blind School Royal National Institute of Blind People Scotland Scottish Council on Visual Impairment Scottish Eye Care Group UK Vision Strategy University of Abertay, Dundee Vision Ambassadors Vision Impairment Network for Counselling and Emotional Support





Appendix B

Seeing It My Way and the 'See Hear' Scottish Sight Loss Pathway.

'Seeing It My Way' is an initiative to ensure that every blind and partially sighted person, regardless of age, ethnicity, extent of sight loss, other disabilities, or location has access to the same range of information and support in order to live independently.

The outcomes below are those that blind and partially sighted people have told us are most important to them and which they want to make a reality.

Seeing It My Way outcomes:

Outcome 1: That I understand my eye condition and the registration process.

Definition: I will know what my eye condition is and what it means for me, my family and carers. Someone will talk me through the certification and registration processes, what they mean and the benefits they can offer.

Outcome 2: That I have someone to talk to.

Definition: I will have help to come to terms with my condition and to understand the changes and adjustments I may need to make to the way I live. This support will be appropriate to my needs, whether it is advice or professional counselling.

Outcome 3: That I can look after myself, my health, my home and my family.

Definition: I will be able to look after myself

and this means I may need to learn new ways of completing tasks that others take for granted. I will be able to look after my home, deal with money and go shopping. I will need to be able to move around inside my home and learn different ways of doing things.

Outcome 4: That I receive statutory benefits and information and support that I need.

Definition: I will understand my rights and receive the financial benefits and concessions that I am entitled to and any ongoing support when I need it.

Outcome 5: That I can make the best use of the sight I have.

Definition: I will have any remaining sight professionally assessed and then have training to use appropriate low vision aids, such as magnifiers. I will be advised on how to make the most of my sight and this will include how to light my home more effectively.

Outcome 6: That I can access information making the most of the advantages that technology brings.

Definition: I will be provided with information in a format that I can read. I will be informed about any technology that may help me and I will be kept up to date with new developments and products such as mobiles and smartphones. I will be able to access ongoing training and advice so that I can really make the most use of technological devices and equipment.

Outcome 7: That I can get out and about.

Definition: I will be able to travel outside my home confidently and safely and on my own terms.

Outcome 8: That I have the tools, skills and confidence to communicate.

Definition: I may need to learn new ways of reading, writing and keeping in touch. This might include using new and different forms of technology.

Outcome 9: That I have equal access to education and lifelong learning.

Definition: As a blind or partially sighted child, young person or mature learner, I will have access to education, with specialist teaching support across the curriculum and appropriate learning materials. I am likely to need special equipment and magnification or speech technology on my computer and I may find it useful to learn braille.

Outcome 10: That I can work and volunteer.

Definition: I will be able to work or volunteer and play a full part in society. In order for me to do this, I may need to access training and skills development. Employers will treat me equally alongside other colleagues.



'See Hear' Scottish Sight Loss Pathway

'See Hear' is a strategic framework for meeting the needs of people with a sensory impairment in Scotland. Note: 'SI' in the diagram below refers to 'sensory impairment'.



Appendix C

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