

# **Cross-Party Group on Visual Impairment**

**Tuesday 10 May, 18.00-19.00 via Teams**

## **Minute**

## **Present**

### **MSPs**

1. Stuart McMillan MSP
2. Paul O’Kane MSP
3. Colin Smyth MSP

### **Invited guests**

1. Maree Todd MSP, Minister for Public Health, Women’s Health and Sport [speaker]
2. Mike Stewart, Scottish Government [speaker]
3. Samantha Burns, Scottish Government
4. Gillian Heavie, Scottish Government
5. Cora Macleod, Scottish Government
6. Karen Mowat, Scottish Government
7. Janet Pooley, Scottish Government
8. Susan Shippey, Scottish Government
9. Lesley-Anne Watt, Scottish Government
10. Morven Brooks, Chief Executive, Disability Equality Scotland [speaker]
11. Marie Harrower
12. Ian Buchanan, Disability Equality Scotland

### **Observers**

Deborah Roebuck, Abbvie Ltd

### **Non-MSP Group Members**

1. James Adams, RNIB Scotland
2. Paul Bartley, Optelec Ltd
3. Claire Black, NHS Education for Scotland
4. Ian Brown, RNIB Scotland

5. Catriona Burness, RNIB Scotland
6. Scott Cassidy, Blind Veterans UK
7. Claire Forde, RNIB Scotland Advisory Group
8. Laura Gray, Macular Society
9. Colin Hilditch, Sight Scotland and Sight Scotland Veterans
10. Thelma Ingram
11. Margaret Jackson, RNIB Scotland
12. Natasha Johnston, Visibility Scotland
13. Laura Jones, RNIB Scotland
14. Joan Kerr
15. Maureen Macmillan, Sight Action
16. Jo MacQueen, RNIB Scotland
17. Maureen McAllister, Versus Arthritis
18. Elizabeth McCann, Moray House School of Education and Sport, University of Edinburgh
19. Philippa Mason, Glaucoma UK
20. Rod Murchison
21. Hussein Patwa
22. Sally Paterson, Vision Support Service, Aberdeen City Council
23. Amira Petrescu, Police Scotland
24. Nicoletta Primo, Sight Scotland and Sight Scotland Veterans
25. Alison Rae, Dundee Blind & Partially Sighted Society
26. Mary Rasmussen
27. Professor John Ravenscroft, Scottish Sensory Centre, University of Edinburgh
28. Ann Robertson, NESS
29. Dennis Robertson
30. Terry Robinson
31. Allan Russell, RNIB Connect Radio
32. Kirin Saeed
33. Angus Scott, NHS Forth Valley
34. Craig Spalding, Sight Scotland and Sight Scotland Veterans
35. Colette Walker
36. Laura Walker, Visibility Scotland
37. Sandra Wilson
38. Jacquie Winning, Forth Valley Sensory Centre

## Apologies

1. Jeremy Balfour MSP
2. Bruce Christie, RNIB Scotland Advisory Group
3. Jacqueline Cowan, Police Scotland

4. Niall Foley, Guide Dogs Scotland
5. Amanda Foster
6. Sheila Hands, NHS Tayside Disability Equality Network
7. Hawys Kilday, Sight Scotland
8. Sheila Mackenzie, Scottish Sensory Centre, Moray House School of Education & Sport, University of Edinburgh
9. Gillian Mitchell, Sight Action
10. Terry Moody
11. Mike Moore, Guide Dogs Scotland
12. Ken Reid
13. Fiona Sandford, Visionary
14. Ken Swa
15. Alan Stewart

### **Agenda item 1 - Welcome, introductions and apologies**

Stuart McMillan MSP welcomed everyone to the meeting. Introductions and apologies were acknowledged, and the General Data Protection Regulation (GDPR) statement was read.

The group agreed that the Secretary would write to congratulate Councillors Robert Mooney and Cate Vallis on being elected and wish them success in their tenure. The Secretary will also write to Hazel McFarlane offering condolences from the CPGVI as her mother, Nan McFarlane, passed away recently.

**Action: The Secretary to write as agreed.**

### **Agenda item 2 - Approval of minutes**

Approval of minutes of the last meeting (22 February 2022). The minutes were proposed by Nicoletta Primo and seconded by James Adams and approved by the meeting.

### **Agenda item 3 - Matters arising**

3.1. Sandra Wilson had submitted a note on cataract waiting times inserted under Agenda item 6.1, AOCB - this will be taken as the first item at AOCB.

3.2. In relation to vision rehabilitation and habilitation services in Scotland, the Scottish Visual Services Steering Group had a meeting

with government officials. Laura Walker/Hazel McFarlane to update CPG in due course.

3.3. Report re traffic lights in Scotland - Most (29 of the 32) Scottish Local Authorities have now submitted responses to the questions relating to traffic lights within their area. There is a lot of information to consider, each council providing the information in a slightly different format which will take time to pull together. The CPGVI will be updated in due course.

## **Agenda item 4 - Eye Health**

Maree Todd MSP, Minister for Public Health, Women's Health and Sport - Update from Minister.

Maree Todd thanked the CPGVI for inviting her and said that Mike Stewart, Head of Community Eyecare Policy, the Scottish Government, would cover the details of eyecare reform.

She highlighted key points beforehand.

Firstly, the NHS is no longer on an emergency footing although it is under unprecedented pressures which include a backlog and longer waiting times in Hospital Eye Services (HES). Therefore, it is more important than ever that the Scottish Government review how they deliver NHS services and are investing in new national-level Services to manage more patients, ease pressures and allow more people to access eye care closer to home.

Secondly, on the matter of Eye Health awareness raising, whilst the Eye.scot website has been well received, the Scottish Government acknowledge they need to do more to promote eye health. This includes highlighting the free NHS-funded eye examination which has the potential to pick up on conditions before something becomes serious. Scotland is currently the only UK nation to provide free universal eye examinations.

Maree Todd MSP will keep the group updated with the developments and initiatives.

Mike Stewart, Head of Community Eyecare Policy, went on to give greater details on the Scottish Government plans as follows:

Three new national community-based eyecare services are being developed by the Scottish Government, which will support patients being

managed closer to their home and, amongst other things, help reduce pressure in other areas of the NHS and social care.

### **Anterior eye condition management by Independent Prescribing (IP) community optometrists**

IP community optometrists will be supported under General Ophthalmic Services to examine and manage patients with a specified range of anterior (front) eye conditions who either self-present or are referred from non-IP optometrists who would normally refer such patients to the HES for treatment. This will help alleviate waiting times pressures in secondary care and reduce the burden on General Practice.

### **Community Glaucoma Service (CGS)**

The CGS will involve accrediting community optometrists to manage lower risk glaucoma and treated ocular hypertension patients discharged from the hospital eye service. Patients will not be discharged from the HES until they have been registered with an accredited CGS provider in the community. The care will be supported with an electronic patient record which is accessible to both the accredited community optometrists and HES clinicians. The CGS is expected to begin rolling out in a small number of Boards in 2022/23 and then eventually being rolled out nationally.

### **National Low Vision Service (NLVS)**

The Low Vision Services Review published in April 2017 reported on how low vision services across Scotland were being delivered. The review identified a number of challenges to consider for future planning of services, including access, service capacity and effective integration and signposting between service providers. Service provision across Scotland was found to be variable, with often poor access and lengthy waiting times.

The Scottish Government is developing plans for a NLVS for Scotland, provided in the community to visually impaired people by accredited community optometrists and dispensing opticians. This service will standardise service provision across Scotland, improve access and reduce waiting times. It will also increase secondary care capacity in most NHS Board areas via the transfer of hospital-based services to primary care.

There are no restrictions on how patients can be referred into the service (i.e., self-referral will be permitted). Once registered with a NLVS

provider, the patient will receive a low vision assessment which will check a range of criteria and can include supporting referrals to other services such as mental health services (which would be via the patient's GP with the patient's agreement). All accredited providers must agree to provide a domiciliary service to those who are eligible.

The ALLIANCE has been carrying out patient engagement work for the Scottish Government to ensure that the patient voice is reflected in the design and development of the service.

### **Eye Health Awareness Raising**

It is important that more is done to improve eye health awareness raising in Scotland. This includes ensuring people are sufficiently informed on services (such as free NHS-funded eye examinations) and benefits (such as NHS optical vouchers) available to them. The "Right care Right place" information leaflet sent out during the pandemic included information on this and the Eyes.Scot website is trying to bring together information in this area in one place.

The Scottish Government plan to undertake targeted and general eye health awareness raising. In terms of targeted awareness raising, areas that will be considered include children and young people (and their parents) and people living in more deprived (lower Scottish Index of Multiple Deprivation (SIMD)) areas (lower SIMD areas) where published data demonstrates there is lower uptake of NHS-funded eye examinations than in more affluent (higher SIMD) areas.

**Action: Mike Stewart to share notes in advance of the minutes being produced.**

### **Question and Answer**

Joan Kerr asked if there any statistics with regards to patients who have been discharged to community optometrists and how many of these individuals are engaging or are disengaged? If there are no statistics could the uptake be monitored going forward? She also asked about the campaign on eye health awareness.

Philippa Mason said that Glaucoma UK welcomes the CGS.

Gillian Syme said that optometrists in Fife and other Board areas are already engaged in the provision of locally run and managed community eyecare services beyond General Ophthalmic Services. Feedback they

have received from customers has been very positive with many saying it saves them lengthy waits for hospital appointments. The services includes both glaucoma services and diabetic screening. It was noted by Gillian that optometry practices are likely keeping their own separate customer records.

Maree Todd MSP highlighted that evidence from patient engagement is that people prefer to access care closer to home and perceive it to be safe and high quality. There will be robust safeguards in place to ensure that patients under the CGS for example will not get lost in the system, and the Minister indicated she is happy to keep the group updated on progress of the new services.

It is not yet known what the eye health awareness raising work will look like in terms of delivery. The key messages to be delivered are broadly known, and the SG intends to use the Scottish Eyecare for Everyone (SEE) group established shortly before the onset of the COVID-19 pandemic to help shape how the awareness raising work will be delivered.

Thelma Ingram asked what information is available for those with multiple eye conditions and highlighted the Scottish Government will have to recover a lot of trust from patients as some people feel they've fallen off the system.

Mike Stewart said that patients with the most sight-threatening conditions will continue to be managed by the hospital. Patients under the CGS, for example, will only be those who are clinically identified to be lower risk glaucoma patients or those with treated ocular hypertension. If a patient's glaucoma condition deteriorates sufficiently then they will be referred back into the HES.

There are no plans just now for a Community AMD (Age related Macular Degeneration) service but there is substantial capacity in the community to potentially support this in the future.

There was further discussion surrounding patient notes and if medical notes would be accessible under the community-based services. Mike agreed to investigate the retention period of such information. [Post-meeting, Mike confirmed that the current working assumption is that patient notes on the Electronic Patient Record for ophthalmology/optometry will be held for a minimum of seven years from the date of the patient's last attendance, but it is likely that NHS Scotland

will retain records for the entire period that the patient is registered with NHS Scotland. This is to ensure safe treatment and enable clinical audit.]

Maree Todd MSP expressed her desire to take away the point on the complexity of joining up multiple services and that she is keen patients with multiple conditions are treated efficiently.

Stuart McMillan MSP thanked the minister Maree Todd MSP and Mike Stewart for their contribution to the meeting.

## **Agenda item 5 - Braille Labelling**

Morven Brooks, Chief Executive, Disability Equality Scotland - Braille Labelling on Food Products.

Morven acknowledged that the CPG was running behind time and therefore condensed her presentation as it would be circulated again after the meeting.

Disability Equality Scotland is working with various organisations, namely Sight Scotland and Oban and District Access Panel to launch a campaign to ask the government to promote and support braille labelling on the packaging of food products.

Currently, braille labelling is only required for medicines. The responsibility for labelling legislation is moving to the Scottish and UK Governments.

The aim of the campaign is to have a legal requirement to include braille labelling on food products. This could help facilitate independence for those with a visual impairment.

The campaign group have been regularly meeting every couple of months and have met with other organisations including the Scottish Braille Press and plan on contacting the BBC Radio 4 "In Touch" programme to help promote the campaign. Disability Equality Scotland are seeking support from the CPGVI members to back their campaign. Anyone who is interested please email [morven@disabilityequality.scot](mailto:morven@disabilityequality.scot).

### **Action: The Secretary to re-circulate a copy of Morven's presentation to the CPGVI.**

Stuart McMillan MSP indicated that he could table a parliamentary question and, in future, a parliamentary motion which would help with



awareness raising, and potentially be considered for debate, parliamentary time permitting.

## **Agenda item 6 - Any other competent business**

6.1. Sandra Wilson - cataract waiting times.

While there is good provision for cataract surgery across Scotland, waiting times are a cause for concern, citing 10 months in Fife and two years in Lanarkshire.

People can be on only one waiting list which means there could be unfilled spaces in parts of the country.

Waiting for cataract surgery causes great anxiety to people who fear for their eyesight. This fear can lead to serious mental health problems thus putting a strain on already stretched services.

Borders General has taken on private company to do cataract procedures. Sandra asked if the Scottish Government would look at the model used in Borders General to assist hospitals to get through the backlog of patients and to prevent other issues and pressures on health and social services later down the line.

Gillian Syme noted patients are not being referred at the stage they would have previously been referred but delayed until the patient's vision is worse so as not to overload hospital. However, badly affected patients are referred. The GCS trial aims to alleviate the whole problem of waiting list backlogs being freeing up the hospital ophthalmologists.

The minister Maree Todd MSP said lot of work is currently going on to tackle this issue. The Scottish Government are looking at introducing national treatment centres. Extra money is flowing into NHS to tackle this backlog, but each day elective surgery is cancelled it compounds the problem. She acknowledged Lanarkshire has had one of the toughest times in the pandemic, but there is mutual aid between health boards to try to alleviate the problem.

This week hospital admissions were going down, but the last three months have been the toughest experienced yet.

**Action: The Secretary will collaborate with Sandra Wilson on writing to the minister on concerns on waiting times.**

6.2. In relation to vision rehabilitation and habilitation services in Scotland, the Scottish Visual Services Steering Group had a meeting with government officials in April. They are now drafting a proposal on rehabilitation and Laura Walker/Hazel McFarlane will further update CPG in due course.

### **Agenda item 7 - Date of next meeting**

To be confirmed. Discussions are taking place within the Scottish Parliament on the potential of holding hybrid CPGs.

Stuart McMillan MSP thanked everyone for attending and for their contributions.