## Looking to the future

The Implementation project has now been funded until September 2005. During this time the LVSIG will be concentrating on plans for the future.



To augment their ideas and to keep secure the future of the growing network of

LVSCs an evaluation is taking place led by Gillian Hundt of Warwick University and carried out by Andrew Gibson. Prior to being involved in research Andrew worked as a care manager for 8 years gaining experience in health, social services and the voluntary sector. Although new to the field of visual impairment he is finding issues such as inequality of provision and fragmentation of services to be very familiar.

The evaluation is viewing the philosophy underpinning the Implementation work – that is the creation of more and better LV services through the setting up of LVSCs. To establish if the LVSCs have made a change and to investigate

further the work of the LVSCs the task has been divided into three parts.

## •Collecting information from LVSCs. -

A new questionnaire will enable information about the work of each LVSC to be documented. Also at the Implementation office an updated database will hold more detailed data about the activities of each LVSC.

•Regional meetings. – LVSCs in the South West, the Midlands and also London have been chosen to take part in specially arranged regional meetings. They are designed to be participatory in nature so that LVSC members can meet and learn from other areas as well as inform the evaluation. The first took place in late July at the Birmingham RNIB offices involving members from the Midlands.

## Special focus groups and

interview. – Focus group sessions are planned for the LVSIG and with the Implementation Officer and other key members and will explore ideas for future development. Results and a report on this work will be available at the end of 2004. So offer your views via the questionnaires or to Mary Bairstow at the Implementation Office.

'Bold View' is a quarterly newsletter written and edited by Mary Bairstow for the LVSIG. It is distributed to people and organisations with an interest in low vision. The aim is to inform people of the progress of LV Implementation. Articles about specific projects are reviewed by local contacts. Comments and contributions are welcome. Copy date for inclusion in the Winter issue is November 26th 2004.

BV-LVSIG 7 2004 Autumn

# - Böld View

**Low Vision Services Implementation Group Newsletter** 

## **National Conference welcomes the 50th Committee**



This year the National Low Vision Implementation Group held its third national conference at Whirlow Grange in Sheffield. The aim of the day was, as in previous years, to encourage the development of low vision services firmly centred on the needs of service users through both the education of 'coal–face' practitioners and support of LVSC's

members. With this in mind a series of lectures and workshops ran concurrently enabling people to attend sessions of particular interest.

The proceedings got off to a fitting start with Margaret Bell, a service user from North Yorkshire, receiving flowers and a certificate to mark the establishment of the 50th Low Vision Services Committee (LVSC) in Hambleton and Richmondshire. This LVSC has been particularly keen to ensure that service users are represented at their meetings. When the idea of the LVSC was launched at Thirsk Racecourse there were at least as many service users as professionals in attendance.

This central role of service users in all aspects of service development was repeated during the day. Another key theme was that of agencies

working collaboratively to effect change. One of the well received talks was led by Marek Karas (freelance LV optometrist/consultant). Marek discussed how different professionals might gain from both working and training together. Other talks included information on genetic eye diseases, electronic viewing devices and nutrition. All speakers were well received, being rated good or very good. Overall people rated the day as being very good and only one attendee said that they would not want to attend a similar day next year.



**Inside: Childrens issues ● Eye Care Services ● LV evaluation** 

### What's the new view?

Spring and early Summer has seen a flurry of activity and several LVSCs have been set up within quite a short time period. Hopefully this was not simply due to the added competition to become the 50th! There are now 59 LVSCs and there are dates set for inaugural meetings in new areas across the country. This means that there should be over 60 Committees by the time the next newsletter is published. It is some time since we have printed a full list, but rather than take up column space we suggest you visit the low vision section of the Vision 2020 website.

Instructions are provided on the site about how to join the Low Vision Group and once you enter you simply follow library links. A list of committees and active areas is held in this section — www.vision2020uk.org.uk/microsite.

## 'Consider provision for specialist groups'

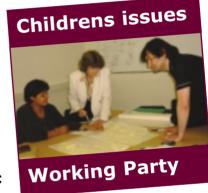
Many LVSCs especially those that have been established for some time have begun to look at particular issues affecting services for specialist groups.

In Surrey the LVSC noted the need to pay particular attention to the needs of people with learning disabilities. A piece of research has been carried out to identify some of the issues locally. When the outcomes of this are published we hope to feature some of the points raised in a special article.

Children and young people are a group that the national Low Vision Services Implementation Group (LVSIG) has taken a special interest in. A recent survey of LVSCs noted that only in about half (48%) of the areas covered by LVSCs could specialist services for children be identified. In early July a working party met in London to try and look at key concerns and to suggest means

by which LVSCs might tackle some of these issues.

Next issue we will look at some areas where LVSCs are looking at the needs of minority ethnic groups.



## LVSC activity

- ✓ Merton, Sutton and Wandsworth LVSC is establishing a new service after success with its bid for funding (see over).
- ✓ Birmingham has produced a prototype Low Vision Passport which will be used in LV services across Birmingham.
- ✓ Dorset and Sandwell are hoping to set up service user groups to support and inform the work of the LVSC.
- ✓ In Stoke on Trent, South Tyneside and the Lakes work is taking place to establish smaller more locally focused groups.

## **Explaining the jargon**

In this edition we concentrate on the recent government initiative to look at LV services as part of a wider concern about chronic eye disease. Andrew Kent, from the NHS Modernisation Agency was the keynote speaker at the National Conference and explained many of the terms listed. Basic details are given, but for more information visit the DoH website or the Vision 2020 site following links to LV pathways.

## **Eye Care Services Steering Group**

 Set up by Ministers in December
2002 to look at the modernisation of NHS eyecare services, focusing on integrated, patient—centred services, and improving access, choice, waiting times and quality. The Steering Group established subgroups to develop model care pathways for cataract, glaucoma, low vision and ARMD.

The pathways – Plans describing the details of how people may expect to receive a good, efficient and timely service provided in a suitable setting.

Pilot areas – The areas that have proposed new models of service and been funded to trial these ideas. The three LV pathway sites are Merton Sutton and Wandsworth, Gateshead and Barking and Havering.

NHS Modernisation Agency – Set up in 2001 it oversees the work of the pilots and supports the NHS and partner organisations in modernising services and improving experiences and outcomes for patients. The first of its five basic rules is to look at matters as if through the service users eyes.

## **Proposed Low Vision Pathway**

## Patient referred to Low Vision Service (LVS).

•Referral may be from secondary care, GP, social worker, rehabilitation officer, community nurse, OT etc or may be self referral. •Patient may have an LVI, RVI or CVI. •Patients are contacted by LVS within 10 working days.

#### Patient attends LVS.

- •Service is seamless across health, social care and the voluntary sector.
- •A full sight test forms part of the assessment. •Patient is given information on eye condition, entitlements etc as well as local services.
- •Counselling and advice on employment or education is available.
- •Spectacles, LV aids, advice (esp. lighting, contrast and size) and home adaptations are discussed and made available as appropriate. •Referral to other areas of health and social care as needed, including certification.

## Patient has follow up visits as needed.

•Visits may take place in the patient's home or elsewhere. •Visit will be by appropriate member of the LV team.

#### Service enables re-access.