Best Practice Guidelines
Visual Impairment
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Acknowledgements

NHS Greater Glasgow and Clyde (NHSGGC) would like to thank the Royal National Institute of Blind People Scotland (RNIB Scotland) and Visibility for their assistance in developing these Best Practice Guidelines.

The organisation’s thanks are extended to all who have contributed to the development of these guidelines: John Legg, Director; Clair Henderson, Senior Research Officer; James Adams, Policy Manager; Clare Jewell, Service Development Officer from RNIB Scotland; Shelagh Palmer, Health Co-ordinator; Celia Traynor, Jamie Bruce and Heather Campbell, Patient Support Workers from Visibility; Deborah MacMillan and Iain Cooper service user and member of the Better Access to Health (BATH) Group.

Finally NHSGGC is grateful for the contributions from all who took part in the two consultation events which helped to inform these Best Practice Guidelines.
Executive Summary

Background

The purpose of this document is to develop a set of Best Practice Guidelines for all NHS Greater Glasgow and Clyde (NHSGGC) staff. They have been developed to help improve communication for patients, visitors, carers and other key stakeholders with sensory impairment. They outline what the organisation needs to address in order to meet the needs of visually impaired people to promote safe effective practice. Deaf, hearing impaired and Deafblind Best Practice Guidelines have been developed as a separate document, available at www.equalitiesinhealth.org

There are almost around 188,000 people living with sight problems in Scotland. Many of these people are elderly and 90% of blind and partially sighted people are over 60. It is estimated that 1 in 8 of the general population has some degree of sight loss. However, it is well documented that blind and partially sighted registration data underestimates the number of people living with a significant visual impairment.

By 2031, the number of people with significant sight problems in Scotland is set to double to around 400,000. Approximately 40% of the population will be over 60 and, therefore, the problems associated with visual impairment will increase. In addition, there is a growing incidence in key underlying causes of sight loss, such as obesity and diabetes. These statistics have considerable implications for NHSGGC.

In NHSGGC there are about 20,000 people with a visual impairment using the full range of health and care services and it is important that they have the best possible experience of and access to services and support.

This document examines disability legislation with regard to access to services by disabled people and makes recommendations for reasonable adjustments for disabled people to enable equitable access to services for all.

This organisation is committed to ensuring equality issues are addressed under the NHSGGC Equality Scheme 2010-2013. NHSGGC promotes inequality sensitive practice in all of its services, covering all protected characteristics; race, disability, gender, sexual orientation, religion, age socioeconomic status as well as social class.
Process

NHSGGC has a duty of care for everyone who requests or requires its services. The organisation is committed to improving services for visually impaired people through evidence based practice and partnership working. As a result, these guidelines have been developed in partnership with the Royal National Institute of Blind People Scotland (RNIB Scotland) and Visibility to highlight best practice.

As part of this process two consultation events were held and the following areas were explored.

- Issues relating to accessing NHSGGC services
- Issues relating to communication when using NHSGGC services
- Issues relating to support and equipment

Main findings

Feedback from consultation has highlighted four main areas which cause barriers to access:

- Staff attitudes towards people who are visually impaired
- Staff awareness in relation to the needs of people who are sensory impaired
- Lack of patient information in different formats
- Signage and wayfinding

Recommendations: Priorities

In response to these findings an Action Plan has been developed to take forward the following priorities:

- Implement Visual Impairment Best Practice Guidelines
- Additional focus and support in relation to good practice in priority areas e.g. Ophthalmology Clinics and Wards or Development of best practice with regard to all aspects of visual impairment in priority areas
- Access to additional Sensory Impairment training for priority staff e.g. staff in Ophthalmology Clinics and Wards
- Training for medical staff in relation to registering people with Visual Impairment requires urgent attention
- There needs to be an additional focus building on the availability of the existing patient support service at the Gartnavel and the Victoria Infirmary
- Improve staff knowledge and awareness of equipment available to help people who are visually impaired.
- Review of support services provided by voluntary organisations and increase in provision to ensure equitable access to these services across NHSGGC.
- Raising awareness of staff responsibility in relation to providing patient information in different formats in line with the Accessible Information Policy (AIP)
- Ensure the AIP is implemented fully and proactively in areas of priority e.g. Ophthalmology
- Develop a Signage / Wayfinding Policy
- Conduct assessments of all NHSGGC car parks
- Pilot a volunteer ‘meet and greet’ service for people with visual impairment with special emphasis in priority areas such as Ophthalmology Clinics
- Develop guidance for staff in relation to medication management and visual impairment

The document has highlighted legislation, best practice and has included consultation with service users addressing issues such as access, communication and support to aid safe effective practice.

Mechanisms have already been put in place such as developing an Accessible Information Policy, an Assistance Dog Policy and development of a Signage Policy to help ensure disabled people can access services. However, additional work is required to ensure NHSGGC has better accessible services for visually impaired people.

NHSGGC is working in partnership with expert organisations including Visibility, RNIB Scotland, Deafblind Scotland, Action on Hearing Loss and Deaf Connections, Guide Dogs for the Blind and Hearing Dogs for Deaf People to ensure good practice is shared and updated on a regular basis.

The organisation is committed to addressing issues and working closely by engaging with sensory impaired people in developing an inequalities sensitive service that truly meet the needs of people with sensory impairments.
1. Introduction

The purpose of this document is to develop a set of Best Practice Guidelines for all NHS Greater Glasgow and Clyde (NHSGGC) staff. They have been developed to help improve communication for patients, visitors, carers and other key stakeholders with sensory impairment. They outline what the organisation needs to address in order to meet the needs of visually impaired people to promote safe, effective practice. Deaf, hearing impaired and Deafblind Best Practice Guidelines have been developed as a separate document, available at [www.equalitiesinhealth.org](http://www.equalitiesinhealth.org).

NHSGGC has a duty of care for everyone who requests or requires its services. The organisation is committed to improving services for visually impaired people through evidence based practice and partnership working. As a result, these guidelines have been developed in partnership with the Royal National Institute of Blind People Scotland (RNIB) and Visibility to highlight best practice.

In NHSGGC there are about 20,000 people with a visual impairment using the full range of health and care services and it is important that they have the best possible experience of and access to services and support.

This document examines disability legislation with regard to access to services by disabled people and makes recommendations for reasonable adjustments for disabled people to enable them equitable access to all services.

The organisation is committed to ensuring equality issues are addressed under the NHSGGC Equality Scheme 2010-2013. NHSGGC promotes inequality sensitive practice in all of its services, covering all protected characteristics; race, disability, gender, sexual orientation, religion, age socioeconomic status as well as social class.

The guidelines support the implementation of the NHSGGC Equality Scheme 2010-2013 and covers goals number 4 and 5:

- Removes obstacles to services and health information caused by inequality
- Uses an understanding of inequality and discrimination when devising and delivering treatment and care.
2. Background

There are almost around 188,000 people living with sight problems in Scotland\(^2\). Many of these people are elderly and 90% of blind and partially sighted people are over 60. It is estimated that 1 in 8 of the general population has some degree of sight loss\(^1\). However, it is well documented that blind and partially sighted registration data underestimates the number of people living with a significant visual impairment\(^2\).

Over the next 30 years approximately 40% of the UK population will be over 60 and, therefore, the problems associated with visual impairment will increase\(^3\). RNIB document suggests that three out of four blind or partially sighted people live in poverty or in its margins\(^19\) and only 34% of blind and partially sighted people are employed\(^20\). The RNIB’s Network 1000: Scotland report found that only one quarter of Scottish Blind and partially sighted people were in work, which is less than the rest of the UK as a whole\(^30\). In addition, there is a growing incidence in key underlying causes of sight loss, such as obesity and diabetes\(^21\). These statistics have considerable implications for NHSGGC.

Hidden Sight loss

1. Learning Disability – There are estimated to be over 120,000 people in Scotland with a learning disability - Adults with learning disabilities are 10 times more likely to be blind or partially sighted than the general population\(^22\). At least one in three people with a learning disability will also have serious sight loss. Over the last ten years RNIB has assessed the vision of more than 1000 people with learning disabilities; approximately 80 per cent had some degree of sight loss. Often this sight loss had previously gone undetected\(^4\).

2. Acquired Brain – Brain Injury has been described as the silent epidemic sweeping the world. 30-35% of the population diagnosed with brain injury have associated neurological visual impairment\(^5\). This is thought to be an under estimate and could be as high as 70%.

3. Stroke – Stroke is the most common cause of adult disability. Every year an estimated 150,000 people in the UK suffer a stroke. In Scotland there are 15,000 new cases per year. Most strokes happen to people who are over the age of 65 but it can occur in all age groups. Some of the vision problems that occur as a result of a stroke include loss of part of vision or loss of visual field\(^23\).
4. Falls - According to Age UK, more than 3 million people in the UK over the age of 65 will have a fall. 80% of people with a visual impairment are over 60 and older people with a visual impairment have double the risk of falling. At least one third of those over the age of 65 will experience at least one fall in each year and this increases to half of those aged over 80 years.

5. Dementia - There is a 5% prevalence of dementia in people aged over 65. Research indicates that more than 12% of people over 75 have sight loss. Evidence also suggests higher rates of sight loss among older people with dementia. Difficulties in detection and diagnosis of sight loss may be compounded by the presence of dementia, as ophthalmological examination requires a high level of patient co-operation.

Patients with visual impairment often undergo harrowing journeys from the point of first symptoms until diagnosis. Patients range from having support in the system, either GP or Hospital Specialist support, to having little or no support after a diagnosis of being blind or partially sighted. These patients are lost in the system and it is often difficult for these patients to get advice, equipment and benefits which might offer a better quality of life. Some patients with deteriorating eyesight see this as part of old age and do not enter a system.

The RNIB document that three out of four blind or partially sighted people live in poverty or in its margins and only 34% of blind and partially sighted people are employed.

The Scottish Vision Strategy (SVS) launched in 2008, was established by a wide alliance of statutory health and social care bodies, voluntary organisations, eye health professionals, government representatives and service users to make a lasting difference to the eye health of the Scottish people to improve the lives of those who have loss sight. The strategy sets out three outcomes:

- Improving the eye health of the people of the UK
- Eliminating avoidable sight loss and delivering excellent support for people with sight loss
- Inclusion, participation and independence for people with sight loss.

Although set out over a five year period, significant policy and financial changes have highlighted the need to review progress and re-focus our energies for the remaining term of the strategy. A review of the SVS was launched in March 2012 and outlines the key areas of focus for the coming years.
3. Legal Responsibilities

The Disability Discrimination Act 1995 (DDA) introduced measures aimed at eliminating the discrimination often faced by disabled people. In 2006 the Disability Equality Duty became law.

The Disability Discrimination Act (DDA) 1996 made it unlawful for disabled people to be treated less favourably than other people, without justification, in areas such as service provision. The DDA recognises very limited circumstances in which there may be ‘justification’ for treating a disabled person less favourably than other people.

One in five of the population of Scotland, nearly one million people, has rights under the Disability Discrimination Act (DDA). The Equality Act (2010) also prohibits direct discrimination towards disabled people in the provision of goods and services which covers the NHS.

The Patients Rights (Scotland) Act 2011 aims to improve patients' experiences of using health services and support to become more involved in their health and health care. It will be able to achieve the Scottish Government’s Health Care Quality Strategy person-centred ambition for an NHS based on mutually beneficial partnerships between patients, their families and those delivering healthcare services. For blind and partially sighted people, the Bill has enormous value because the Act gives all patients the right that the health care they receive is to consider their needs, consider what would be of optimum benefit to them and encourage them to take part in decisions about their health and wellbeing, providing information and support for them to do so.

Within the Act, a set of Health Care Principles is laid out which specifically focuses upon the provision of information and communication in a way that the patient can understand. Each NHS body must ensure that information and advice, either verbal or written, is given to a patient in a way the patient can understand and all relevant NHS Bodies must check with the patient, and where appropriate other relevant persons, to ensure that the information given has been understood. These principles also apply to the general information and materials relating to the provision of health care and support services, so ensuring that consideration is given to accessibility for all patients.
3.1 Making Adjustments and Taking Reasonable Steps for an Organisation

The Disability Discrimination Act states that service providers may not discriminate against a visually impaired person by refusing to provide a service or offer a service of a lower standard or on less favorable terms, on the grounds of visual impairment. Service providers must also make adjustments to the way in which they provide goods or services to enable visually impaired people access to them.

Reasonable adjustments are required wherever disabled patients or potential patients would otherwise be at a substantial disadvantage compared with non-disabled people. The organisation must be proactive in providing accessible information and be able to provide all information in different formats such as large print, audio and Braille when requested or required. Assistance dogs should also be welcomed.

For guidance, staff should refer to the NHSGGC Accessible Information Policy and Toolkit. The Accessible Information Toolkit has been produced to support implementation of the policy, available at www.staffnet.com

4. General Information

4.1 Loss of Sight and Blindness

Only 4% of the Visually Impaired population see nothing at all. No dark, no light and the remaining 96% will have some vision which they will be able to use. This may be as little as seeing shadows but may be some remaining central or peripheral vision.

Five Most Prevalent Eye Conditions

- Macular Degeneration
- Diabetic Retinopathy
- Glaucoma
- Retinitis Pigmentosa
- Cataracts

There are many different types of eye conditions which lead to sight loss. It is important that people regularly have their eyes tested by an optician as many eye conditions and illnesses can be identified during a regular eye test.
Although becoming accustomed to living with a visual impairment can be frustrating, there are aids, equipment and services that can help to make the situation easier to cope with. Magnifiers and task lights can improve reading ability as can some hi-tech aids such as a CCTV or an Eezee Reader.

With regard to daily living, there are many simple pieces of equipment that can make life easier in the home. For example, special markers can be placed on the cooker so that it is simpler to set the temperature and a small gadget can help with pouring boiling water when making cups of tea.

Many simple aids can be purchased from the Royal National Institute of Blind People Scotland (tel: 0131 652 3140), or when registered either blind or partially sighted the patient may be given these free of charge by a Patient Support Worker. There are Patient Support Workers based at for example, the Gartnavel General Hospital Glasgow or aides can also be provided by the Sensory Impairment Team from the local social work department.

For more information on equipment, the registration process and your local sensory impairment team, contact Visibility's advice and information line on 0141 332 4632 or RNIB's help line on 0303 123 9999. A list of suppliers is available in Appendix F

Macular Degeneration

Macular Degeneration (MD) is the leading cause of visual impairment in the UK. The macular is the central part of the retina which is responsible for detailed vision. As the eyes age, the layer of the retina that nourishes and maintains the cells in the macular can start to malfunction. This leads to a breakdown of cells in the macular which results in the loss of central vision.

MD is most commonly found in people aged 65 and over, with the risk of developing the condition doubling in women aged 75 and over. For this reason, it is sometimes referred to as 'Age Related Macular Degeneration' or ARMD.

As MD normally progresses gradually, people may only slowly notice changes in their vision. In the early stages, vision may be blurry or distorted and there may be problems with glare and adapting between light and dark conditions. As the macular cells continue to degenerate, the loss of central vision begins to affect the ability to read, see fine detail and recognise faces. People with MD do, however, retain their peripheral vision.
Diabetic Retinopathy

Diabetic retinopathy is a serious eye condition that can result from diabetes. The retina is the light sensitive area at the back of the eye which acts rather like the film in a camera. It converts light rays into electrical impulses which are transmitted through the optic nerve to the brain. The retina contains a network of tiny blood vessels which can be damaged as a result of elevated sugar levels in the blood. This damage leads to diabetic retinopathy.

With Diabetic Retinopathy, the areas of your vision may be blocked out leaving you with patchy vision. This can make orientation difficult, as you do not have a full visual appreciation of your environment. As central vision loss is also part of this condition, you will also probably experience difficulty in reading and seeing other fine detail as described above. Furthermore, driving may be prohibited; depending on the severity of your sight loss. It is therefore, extremely important that staff encourage patients to attend for their routine retinal screening appointment.

For more information on Diabetic Retinopathy contact:

Diabetes UK Scotland
Venlaw,
349 Bath Street
Glasgow
G2 4AA
Tel: 0141 245 6380

Web: [www.diabetes.org.uk/scotland](http://www.diabetes.org.uk/scotland)
Glaucoma

Glaucoma is an eye condition that affects 2 people in 100 over the age of 40 in the UK. Glaucoma causes damage to the optic nerve and normally results from a combination of increased pressure in the eye and a weakness in the optic nerve. The eyeball needs to maintain a certain level of pressure to keep in shape and function properly, but if too much fluid is produced by the eye or if it cannot escape due to a blockage, pressure increases and damage can be caused.

Early symptoms of glaucoma are often difficult to detect, as your vision may seem normal. For this reason, it is important to have regular eye tests over the age of 40, or at all ages if there is a family history of the condition. If glaucoma goes untreated, it can lead to 'tunnel vision'. Sight is lost from the outer part of the visual field, so that eventually vision can be compared to looking through a tunnel or a long tube.

For more information on Glaucoma contact:

The International Glaucoma Association
Woodcote House
15 Highpoint Business Village
Henwood
Ashford
Kent
TN24 8DH
Tel: 01233 648170
Web: www.glaucoma-association.com

Retinitis Pigmentosa

Retinitis Pigmentosa (RP) is the name given to a group of eye conditions that affect the retina and cause gradual, progressive sight loss. Vision can be lost in different ways but the cause of all RP-related conditions is damage to the retina’s ability to respond to light. Although vision deteriorates over time, it is rare for people with RP to go totally blind. This is also true of 'Age Related Macular Degeneration'

The most common symptoms of RP are difficulty seeing in dusky or poorly lit conditions and a narrowing of the visual field. This narrowing creates the effect of 'tunnel vision', where sight is lost from either the 2 outer or the upper and lower visual fields. Vision can eventually be compared to looking through a tunnel or a long tube. The early symptoms of RP normally develop between the ages of 10 and 30.
For more information on Retinitis Pigmentosa contact:

The British Retinitis Pigmentosa Society
PO Box 350
Buckingham
MK18 5EL
Tel: 01280 821 334 (office)
Tel: 01280 860 363 (helpline)
Web: www.brps.org.uk

Cataracts

A cataract is a clouding of the lens of the eye which leads to blurred vision and can be compared to looking through frosted glass or a very dirty car windscreen. They affect many people over the age of 60, as well as younger people who have other eye conditions. The symptoms of cataracts, as well as blurred vision, include being dazzled by bright light, the impression that glasses are dirty or scratched and faded colour vision.

Cataracts are treated through a simple operation that is normally carried out under local anesthetic. The damaged lens is removed and a permanent, plastic replacement lens is inserted. After the operation, most people notice an instant improvement in their sight. Normally, however, it takes several months for the eye to completely heal and for the vision to be fully restored.

Information, advice and support can be obtained from Visibility or RNIB Scotland.

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<tr>
<th>Visibility</th>
<th>RNIB Scotland</th>
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<tbody>
<tr>
<td>2 Queens Crescent</td>
<td>12-14 Hillside Crescent</td>
</tr>
<tr>
<td>Glasgow</td>
<td>Edinburgh</td>
</tr>
<tr>
<td>G4 9BW</td>
<td>EH7 5EA</td>
</tr>
<tr>
<td>Tel: 0141 332 4632</td>
<td>Tel: 0131 652 3140</td>
</tr>
<tr>
<td>Web: <a href="http://www.visibility.org.uk">www.visibility.org.uk</a></td>
<td>Web: <a href="mailto:rnibscotland@rnib.org.uk">rnibscotland@rnib.org.uk</a></td>
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4.2 Registered Blind and Partially Sighted

In 2010 there were approximately 35,000 people registered as blind or partially sighted in Scotland\(^2\). Approximately 1/3 of these are within the Greater Glasgow and Clyde area. The majority, 55 per cent, of those on the register were blind and 45 per cent were partially sighted. Three-quarters (75 per cent) of those registered were over the age of 65. 11,158 persons (32 per cent) of those registered as visually impaired had additional disabilities\(^2\).

Patients can only be registered by a Consultant Ophthalmologist who will complete a BP1 form. This will then make it easier for patients to access help that they may need. People will be entitled to concessions including bus and rail concessions, blind person tax and discounts on TV licensing. They may also be able to claim welfare benefits including Attendance Allowance or Disability Living Allowance. For a full range of benefits and how to claim see The RNIB booklet, 'The benefits of registering'\(^\text{17}\). Additional support is also available in the Visibility information pack 'Where to now' which is designed to help people learning to live with sight loss. It helps people to find what help is available and where to access it\(^\text{18}\).

**National Realities of sight loss (RNIB)**

- Only 8 per cent of registered blind and partially sighted people were offered formal counseling by the eye clinic, either at the time of diagnosis or later

- In the year after registration, less than a quarter (23 per cent) of people who lost their sight say they were offered mobility training to help them get around independently

- 48 per cent of blind and partially sighted people feel 'moderately' or 'completely' cut off from people and things around them

- Older people with sight loss are almost three times more likely to experience depression than people with good vision

- Only one-third of registered blind and partially sighted people of working age are in employment\(^\text{21}\).
4.3 Barriers To Healthcare for People Who Are Visually Impaired

Recent research conducted by the RNIB found that only 10% of all communications from health services to blind and partially sighted participants were received in their preferred reading format. Also only one in ten people were aware they had the right to receive information in a format they could read\textsuperscript{15}.

NHSGGC staff should always check with patients what their particular needs are and in what format they would prefer their information. All staff should ensure that they access this for their patients. The organisation uses the RNIB Scotland Transcription Service which provide a number of formats:

- Braille- A touch reading and writing system for the blind and visually impaired.
- Large print
- Audio CD
- MP3s
- DAISY, cassette
- Tactile diagrams
- Moon-The Moon alphabet consists of embossed shapes which can be read by touch. Some of the Moon letters resemble the letters of the Latin alphabet; others are simplified letters or other shapes.
- E-text

NHSGGC staff, therefore, requires to be aware that people with sensory impairment may have additional needs. Staff will also need the skills and knowledge to meet these needs. This includes awareness of sensory impairment, different communication support as well as patience and understanding to offer people tailored explanation and reassurance in relation to their care.
4.4  **Aids/Equipment**

There is a wide range of equipment available to help support people with visual impairments. If patients are registered partially sighted or Blind they should be provided with some aids and equipment by visual impairment specialist service within the social work department.

For example:

- Talking watches and clocks
- Liquid level indicators
- Range of kitchen gadgets
- Signature guides
- Big button phone
- Task lights which shine light directly onto what you are doing
- Range of computer-aided technology
- Other electrical gadgets
Examples of Some Equipment

For more information, contact Visibility on 0141 332 4632 or Some Other Organisations which stock this equipment are:

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<tr>
<th>Organisation</th>
<th>Telephone Number</th>
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<tr>
<td>RNIB Scotland</td>
<td>0131 652 3140</td>
<td><a href="http://www.rnibscotland.org.uk">www.rnibscotland.org.uk</a></td>
</tr>
<tr>
<td>Cobolt Systems</td>
<td>01493 700 172</td>
<td><a href="http://www.cobolt.co.uk">www.cobolt.co.uk</a></td>
</tr>
<tr>
<td>Optima Low Vision Services</td>
<td>01803 864 218</td>
<td><a href="http://www.optimalowvision.co.uk">www.optimalowvision.co.uk</a></td>
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5. Consultation Events

A major issue for NHSGGC is to ensure the organisation has relevant and up-to-date information through on-going dialogue with patients. This includes people’s preferred choice of equipment and communication at both population and patient level. Information captured through this consultation highlights current patients’ perception of the services they use.

The information will help NHSGGC to plan, design and deliver appropriate and robust services for people with sensory impairment.

To date, there has been engagement with the public in relation to establishing the NHS Communication Support and Language Plan, The Equality Scheme 2010-2013 and the Accessible Information Policy.

In order to access information to inform best practice for people with visual impairment, a consultation process was developed to engage with people with visual impairments using NHSGGC services.

5.1 Methodology

Two events were held in partnership with RNIB Scotland and Visibility. Service users were asked about their experiences in relation to the following areas:

- Questions relating to accessing NHSGGC services
- Questions relating to communication when using services
- Questions relating to support and equipment

5.2 User Feedback from Consultation Events

5.2.1 Access to Services: Issues

The two events highlighted a number of barriers that exist when it comes to accessing NHSGGC services. These range from accessing information about the different services, making appointments and receiving information prior to their appointment, during their consultation and post discharge.

Participants reported that the majority of staff were not aware of the availability of information in different formats or where to access this for their patients. Other areas of difficulty identified were signage and wayfinding.
Comments

"The biggest barrier we often experience is the car parking. At Gartnavel hospital we had to park at the back of the hospital (illegally!) because all of the disabled spaces were full. And that was after circling round 3/4 times.”

"I often have difficulties with Gartnavel due to getting the train. I normally get the train from Hyndland and there is no path or structured pavement to get to the hospital from the station. It is very difficult to find where you are going or where you are. You have to walk in front of ambulances - in some cases, dodge ambulances.”

"There are often no signs to direct you until you are actually down at the building you need to be at...it is guess work. Before you know it, the building you are at is not the one you were looking for. This is especially the case when you are on your feet walking there. It is clearer in some hospitals than others - they all seem to have different approaches to signage.”

“I was in the doctor’s surgery and I asked the secretary could I get that leaflet in a format that I could read. She informed me that they didn’t do that, so I went through a long process, including the RNIB contact, but getting the information has been put on hold.”

“When I attended for physiotherapy at the Royal Alexandria Hospital and requested information in large print this was not a problem. The Physiotherapist got it for me there and then.”

“I try to use the NHS website, but it’s not the most accessible. There is far too many graphics. There isn’t the option that I could find anyway, of a non-graphics option. There also is no option to increase text size. I’ve had to get a sighted colleague to get the information off the NHS website for me as the information is overlaid on a photograph of the hospital, therefore I couldn’t get access to the information.” (NHS general website)

“I have missed a few appointments as they came in print. A phone call would be great if they left a message.”

“My husband used to go to the Royal for screening, and he would follow the brown stripe on the wall (heading to the required dept.), and in the middle of the corridor the brown stripe stopped. So you still have to ask someone.”
“If you can’t see colours or shapes then you can’t see the signs (or colour co-ordinated directions)”

“Good communication and information in different formats is essential. We are not asking for special treatments just asking to be treated as ‘normal’ people.”

“Staff in the NHS aren’t good at coming forward and offering assistance.”

“Scotrail are a really good example. They are very good at assisting people who are visually impaired.”

"Scotrail have a really good greeter service with people in high visibility jackets and before you have even walked two steps you are asked if you would like any assistance, which is amazing."

**Access to Services: Good Practice Suggestions**

A number of examples of good practice were identified by participants:

- There should be a reception desk permanently staffed by volunteers who can assist people with visual impairment
- There should be good clear signage at eye level which has good colour contrast & large print
- There should be adequate car parking available for disabled drivers
- Hospital appointments should be made by phone for visually impaired people
- Large print appointment cards should be used to make follow up appointments
- Information should be available in different formats
- There should be a local database which allows staff to access information in the patient’s preferred format
- Websites should be accessible to visually impaired people
- The good practice of Scotrail could be adopted by NHS
- Voice or motion activated fobs which tell patients verbally where they are would be helpful
5.2.2 Communication Issues

Participants generally expressed concern regarding the general attitudes of staff towards people with disabilities as being on the whole, unsatisfactory. Participants felt staff do not know how to speak to people who are disabled and are unaware of good communication skills, especially when communicating with people with visual impairment.

The most important priority raised was the issue relating to staff training. The group felt sensitive issues relating to registering people blind are not dealt with in an appropriate manner.

They also reported they were not adequately supported by nursing and medical staff after diagnosis. This support was provided by the disability organisations Visibility and RNIB Scotland.

The group also felt confidentiality and consent need to be addressed better. Currently some staff were tougher in the way they discussed consent. However, other staff did not appear to appreciate patients could not see the consent form, and therefore were not able to understand all the points documented on the form. Confidentiality also did not appear to be adhered to by all the staff. For example some staff did not ask patient’s permission before discussing things with the family or carers.

Difficulties in relation to medication management were also highlighted; where patients had difficulties in relation to following instructions when complying with prescribed medication. In some cases this included not being able to differentiate between the different types of medication they were taking. It was reported that some staff were better at understanding these difficulties and were able to assist the patients, for example, offering in depth instructions in relation to taking their medication. Other staff also offered aids such as dosette boxes.

Comments

“It is fair to say that the awareness of staff of how to guide blind or partially sighted people varies significantly…it is not that people are not willing, but they don't know what to do. Experiences have been both good and bad. People are clumsy with it…in hospitals, the staff are slightly better, but the GP surgeries not so much…”

"I am really lucky because I have a sighted family and friends who I rely on to read stuff for me. Information is generally given in a written format and
the onus is on the individual to ask for accessible information rather than being offered."

“You never receive anything in large print so if I am getting information about things that I don't want my family to know about, and then I struggle. It needs to come out the way you want it.”

“Every time I go to hospital I have to explain I have visual impairment. This should be noted somewhere and travel with me everywhere. Staff don’t pass on the information.”

“When a person is being told they have lost their sight, for whatever reason, it can be very upsetting when just after being told this you are also told: ‘There is nothing else we can do for you; you do not need to come back. Good bye’.”

“When I attended for my appointment I was seen by a registrar and they were continually interrupted by other staff asking them about other patients’ tests.”

“I had a friend with me when I went to the hospital. When I was leaving the consulting room my friend came to the door to help me. The doctor just started telling her all about my operation. Luckily, my friend was squeamish and just said she didn’t want to know.”

“When I had to sign consent for my operation I wasn’t able to read what I was signing and the doctor didn’t read out all the side effects of the laser that was on the form. The only way I knew this was because the next time another doctor read everything out to me before I signed the consent.”

“They don’t listen to people who are visually impaired, they just ignore you. You are a second class citizen.”

“Compassion doesn’t cost anything.”

“People don’t like to complain in case this affects their care. They don’t want to be seen as a problem patient.”

**Communication: Good practice Suggestions**

A number of examples of good practice were identified by participants:

- Staff attitudes to visually impaired people need to be addressed through training
• Visual Impairment awareness should be addressed at new staff induction training as well as there being visual awareness training available to all staff
• Staff should introduce themselves
• Staff should have name badges which are easily read by people with visual impairment - large print black on yellow are good
• Staff should be proactive in offering assistance to visually impaired people
• Doctors should read out the consent form to all visually impaired patients
• Pharmacists and doctors should ensure patients with visual impairments are aware of how to take their medication and it should be dispensed in a way which is best for the individual. Using dosette boxes, pen friends and dispensing tablets in a different form should all be available

5.2.3 Support and Equipment

“There is no support offered after you get your diagnosis. They weren’t good at dealing with your loss.”

“If it wasn’t for Visibility I don’t know what I would have done.”

“I had great support, personally, (from the NHS). I handpicked my doctors and got the best for myself. For those parents (of children with cerebral issues) there is no help whatsoever. There is a grey area where parents, children or adults have functional types of disabilities, and they are not helped. So there should be help there for them.”

“The staff attitude when I asked for help to fill in (forms) was appalling.”

Good Practice Suggestions

A number of examples of good practice were identified by participants:

• More access to support from Visibility
• Sensory Impairment training for staff
• Training for medical staff in relation to registering people
• Support in areas for children and their parents with cerebral visual impairments
• Using a coloured contrast dishcloth or mat is helpful when dispensing daily medication at home
Pictures taken at two consultation events
6. Current Practice: Acute Division

6.1 Patient Support Service

Gartnavel Hospital

This is a partnership between Visibility and Gartnavel Hospital and was the first service of its kind when developed in 2002. Patient Support Workers are available to talk to patients at the point of diagnosis when patients may be anxious about the impact of their sight loss and be uncertain of what support is available to help. The service has continued to grow over the last 9 years and the service is now considered an integral part of the Eye Department by both the patients and medical staff.

The Patient Support Service is available to anyone attending Gartnavel Hospital Eye Department and Low Vision Service and offers patients the time and space to talk through any concerns or anxieties relating to their sight loss. This is offered in a relaxed, non-medical and confidential setting and a selection of equipment to help independent living is also available for demonstration purposes. Information on support services is available and ensures patients attending are informed of where and how to access support.

The Patient Support Service is located in Optometry Room 8 within the Eye Department of Gartnavel Hospital and staff are available Monday to Friday between 9am and 5pm. No appointment is necessary however, appointments can be made in advance by calling 0141 211 6753.

Recently the service has also been extended to include the New Victoria Hospital where there is a Patient Support Worker at the Eye Clinic on the second floor. This service is available on a Tuesday between 1pm and 5pm. No appointment is necessary however, appointments can be made in advance by calling 0141 211 6753.

All NHSGGC staff should be aware of how to signpost patients to this service.

Inverclyde Hospital

In addition to this, Visibility works in partnership with the optometrists at the new Low Vision Clinic at Inverclyde Hospital. Visibility and Inverclyde Visual Impairment Team provide information, support and follow up to patients attending the clinic.
Other Hospitals: Visibility is also delighted to have a Patient Support Service referral system in place with the following Hospitals:

- Glasgow Royal Infirmary
- Southern General Hospital
- Stobhill Hospital

Patients referred from these Hospitals will initially receive a telephone call with follow up support as required. However, currently patients referred from these other hospitals are usually seen at the Gartnavel or Victoria Hospital.

http://www.visibility.org.uk/what-we-do/services/

6.2 Assessment of Communication Needs

People have different reasons for requiring communication support. English may not be their first language, they may have literacy issues or may have suffered a stroke or acquired brain injury. It is estimated that there are 65,000 people in Glasgow who need literacy support.

Communication is a dynamic two-way process and is necessary to develop a relationship between patients and practitioners. All patients should have their communication needs assessed. To date this can be done formally or informally. Formal assessment may be undertaken with the help of visual aids. The types of aids used depend on an individual patient’s particular needs and may be determined by the patient’s condition. Assessment may also be carried out informally with practitioners establishing a rapport with the individual patient. Particular attention is required to promote good two-way communication to ensure safe, effective practice.

The communication support that is required by an individual should be identified and embedded in the continuing care plans and reassessed on a regular basis throughout the “Patient’s Journey”. The information should be recorded in the case notes and incorporated when accessing additional referral pathways to other parts of the system.

Poor communication can affect the ability to give consent. The Adult with Incapacity Act (2000) states that communication support needs must be considered prior to any decision regarding capacity is met. This is a clinical and a legislative risk for the organisation.

NHSGGC is currently developing best practice guidelines for assessing communication needs. This includes asking patients a set of questions.
prior to assessing individual communication needs which will highlight if there are particular difficulties which require to be addressed. Further information on this project is available in the NHSGGC Communication Support Language Strategy and Action Plan.

A patient journey is outlined in appendix D

6.3 Accessible Information Policy

The Accessible Information Toolkit has been produced to support implementation of the NHSGGC Accessible Information Policy.

What is accessible information?

Accessible information is information that is presented in a format that is easily used and understood by its intended audience. For example, plain English is writing that the intended audience can read, understand and act upon the first time they read it.

Accessible formats, often referred to as alternative formats, include documents and other items produced, for example, in Braille, on audiotape or in large print size. Formats refer to the nature of the document, communication method, publication or information rather than the content.

When we talk about accessible information it is important to remember that we are not talking about watering down the content or creating a summary. It is taking information from a form that is not accessible to an individual and converting, translating or interpreting it into a form the individual can access.

Why is providing accessible information important?

NHSGGC generates masses of information for staff, patients and the general public. Ensuring that this information is accessible enables all to:

- Participate e.g. enables informed choice and consent
- Claim their rights and entitlements as providers and users of our services
- Obtain and understand the information they need to ensure safe, effective treatment and care
- Take responsibility for the quality of their own lives e.g. supports patients in managing their own health conditions
As a public authority, NHSGGC is legally required to produce information in accessible formats, to promote equality and eliminate discrimination with regard to disability, race and gender.

This toolkit provides a step-by-step guide on how to plan, prepare and create information that meets the requirements of the NHSGGC Accessible Information Policy with the main aims being:

- to improve the quality and standard of information provision for patients, carers and other stakeholders in NHSGGC;
- to ensure all information is available in accessible formats to meet the needs of patients, carers and other stakeholders.

6.4 Pharmacy and Medication

The best way for health care staff to help patients get the most from their medicines is to simply ask how they are managing with their medicines and try to find a mutually appropriate solution for each patient.

Staff should:

- Ensure the patient understands how to take their medicines
- Ensure the patient knows how to use inhalers / eye drops etc.
- Ensure the patient knows useful tips for medication management (see appendix A)

Best Practice Guidance:

- Staff should consider ways to display / give the information in Appendix A to let patients and their relatives know that the above options are available. Not all patients will ask so staff must be proactive
- As part of routinely asking patients about visual impairment, and / or how people are managing with their medicines, build in information for all patients about the various aids and devices that may make things easier
- The RNIB offer a medicine leaflet line service called X-PIL which assists people with visual impairments access information about their medication
• The RNIB medicine leaflet line ensures patient information leaflets supplied with medicines are accessible to all including those with sight problems

• When you call the number line, people can listen to the leaflet information or the RNIB medicine leaflet line can also provide PIL in a number of formats:
  - Large /clear print
  - Braille
  - Audio CD

• The RNIB medicine Leaflet Line is free and available 24 hours a day 7 days a week. Call 0800 198 5000.

To access the correct information about the medication, patients have to provide a code number on their medication. This is available as a number and is also on the box in Braille. The service will ensure patients understand how and where to access this information. NHSGGC is currently reviewing medication information to ensure it is available in the correct format for all.16

6.5 Assistance Dogs

Assistance Dogs are permitted access into NHSGGC premises. Under certain circumstances access may be denied, for example, access into high risk areas like High Dependency and Oncology wards. However, this will be rare and there must be justifiable grounds for denying an assistance dog access. Ultimately, the decision will be the responsibility of the person in charge of the particular area.

All staff should have a clear understanding of assistance dogs. Staff should be aware of the different types of support provided by assistance dogs and the support needs of patients when the patient or visitor has been separated from the assistance dog.

NHSGGC has an Assistance Dog Policy providing guidance to staff on assistance dogs. The policy sets out the requirements of NHSGGC to support access for patients with assistance dogs. The policy applies to all employees of NHSGGC in all locations, patients, carers and visitors.13

The policy can be accessed at www.equalitiesinhealth.org
Two service users and their assistance dogs visiting a Glasgow Hospital

6.6 Wayfinding and Access

The term wayfinding describes the process used to navigate round an environment. Signage plays a key role in any wayfinding system and it is imperative this links to other information people will receive to help access services.

NHSGGC signage currently differs across the organisation depending on the hospital or healthcare facility. This can be confusing for service users and can be seen as a barrier to accessing services.

This problem can be compounded when English is not the first language or when people may have learning difficulties, visual impairments or other disabilities. It is important that the organisation meets the individual needs of its service users to promote access by all.

In 2006 the Disability Equality Duty (DED) came into force. It places a duty on NHS Boards to proactively build disability equality into all their functions and addresses barriers to access.

The Better Access to Health Group (BATH) is a public involvement group which helps NHSGGC look at design issues from a disabled service user perspective. In its 2009 report on the New Victoria and Stobhill Hospitals, the group recommended that NHSGGC should give
consideration to developing and adopting a corporate approach to signage. This corporate approach will assist public understanding at all sites and help remove barriers to access. The BATH group has been involved in the development of a NHSGGC Signage Policy.

However, signage is only one aspect of wayfing and NHSGGC is currently exploring different options in relation to wayfing such as audio interactive maps which describe information for patients and visitors. This would be able to describe for example, the location of the disabled parking bays at each hospital. The current NHSGGC website information will also undergo Equality Impact Assessment to ensure it is robust and particularly meets the needs of Disabled people accessing services.

The organisation is also working in partnership with RNIB Scotland to develop a volunteer meet and greet scheme. Volunteers from RNIB Scotland who are aware of the specific issues of visually impaired people will help those with visual impairment access services. Existing volunteers will also be offered sensory impairment training to ensure they are aware of the particular needs of sensory impaired people.

Access to buildings can be difficult; therefore, important points such as good signage, lighting and colour contrasts are helpful. Automatic doors and anti-glare glass are equally important. Patient safety is paramount and the use of contrasting colours on floors and walls is helpful, as are handrails on stairs. Tactile information in lifts and a clear voice indicating the level and exit are also beneficial.

The organisation has recently undertaken a Pilot Access Audit at the Ophthalmology Outpatient Department services at the Gartnavel General Hospital Glasgow (GGH). This involved using a new User Involvement Access Audit tool and process which involved the BATH group in its development. As a result, it is anticipated that the Facilities Directorate will now use this tool and model to role out Access Audits helping to ensure any access issues can be addressed.

It is anticipated that there will be additional focus at the GGH Eye Clinic to become a model of good practice in NHSGGC.
6.7 Staff Training

To meet the needs of those 20,000 people with a visual impairment using NHSGGC services all staff and especially frontline staff should be aware of the needs of visually impaired people and know how to incorporate this knowledge and understanding into their day to day practice. For this purpose, NHSGGC and Visibility have developed a visual awareness e-module to raise awareness of visual impairment and how it impacts on health and health care services. Topics include:

- Myths and Facts
- Categories of Visual Impairment
- Responding to Patients with Visual Impairment
- Support and Advice
- Assessment

This module is available to all staff through LearnPro. For further information, please visit:

http://www.staffnet.ggc.scot.nhs.uk/Human%20Resources/Learning%20and%20Education/E-Learning/Pages/NewE-LearningHomepage.aspx

7. Gaps and Priorities

7.1 Access: Information and Buildings

Although there is a NHSGGC Accessible Information Policy available in conjunction with an Accessible Information Toolkit for developing patient information, there remains a problem with patients accessing information in different formats.

Some staff have been proactive in offering information in different formats however, according to the Visually Impaired Community, there needs to be greater awareness among staff of their responsibility under legislation to offer patients information in their preferred format.

It was also noted that there should be alternative ways to make appointments available apart from letter e.g. by telephone. Appointment letters would be beneficial in large print too.

Volunteers to assist Visually Impaired people access services would be very helpful. Currently wayfinding and signage remains a problem in most NHSGGC Hospitals for Visually Impaired people. NHSGGC Signage for
the majority of Visually Impaired attending the focus groups was reported as challenging.

7.2 Communication

It has been reported during consultation that some staff are more equipped to offer assistance to Visually Impaired people than others. Again NHSGGC staff attitudes and lack of communication skills were highlighted as an issue by the focus groups. People felt that the general attitude of the NHSGGC did not match the good practice of other external organisations such as Scotrail who demonstrated examples of good practice.

Staff currently have access to a Visual Impairment e-learning module. However, it was felt that there needs to be additional practical elements in priority areas e.g. how to guide a Visually Impaired person. This cannot be achieved through e-learning alone.

7.3 Medication Management

It was reported that some GPs and Pharmacies are better than others at taking people’s Visual Impairment into account in relation to medication management. Some staff are more proactive in finding solutions to difficulties experienced by patients with taking medication. Developing Best Practice Guidance for staff would be beneficial and ensure safe effective practice. This could include offering appropriate aids to meet individual patient needs and would assist patients to comply with medication for example, using a Penfriend or Dossette Box.

7.4 Support and Equipment

The process of registering a patient blind or partially sighted requires to be addressed. There were few positive experiences reported by the focus groups. They felt that on the whole medical staff do not deal with registration in a compassionate way. People felt medical staff were not good at dealing with the ‘loss’ aspect of this process. Registration can only be through a Consultant Ophthalmologist and they should be aware of and address the fundamental needs of their patients in relation to this difficult process.

There appears to be little or no understanding by medical and nursing staff of the importance of the needs for practical and emotional support to people faced with the loss of vision. There is however, excellent support offered by Visibility based in the Gartnavel and Victoria Hospitals. To
maximise this service staff should be proactive and promote the service to all patients, carers and colleagues.

Currently patients from other hospitals including Southern General, Glasgow Royal Infirmary, and Inverclyde can also be referred to the Patient Support Service based at the Gartnavel and new Victoria hospital. However, at present patients can not be seen at the eye clinic at the referring hospital as there is no Patient Support Service based at these other hospitals.

RNIB Scotland also offers support and access to equipment to help with every day activities.

One member of the group reported that they had experienced limited support for children with Visual Impairments and also for the parents and carers. However, this experience was some time ago.

Robust integrated care pathways have been developed. A central referral pathway from all eye departments across GG&CNHSB is now used to refer children to appropriate local services. This process is clinically supervised by the clinical lead for children's visual impairment services and administered by the Visual Impairment (VI) administrator. All referrals are screened through the Vision Service based in Possilpark Health Centre Glasgow.

Children with Visual Impairment receive joint functional vision assessment. These clinics run jointly between health and education and run in the 6 Local Authority areas involving an Orthoptist, Optometrist, Occupational Therapist, VI Teachers and Paediatrician. The children also receive a multiagency review.

Visual Impairment Review Groups meet regularly in each local authority area according to an annual schedule and have been found to be useful in sharing information, increasing knowledge, and in identifying children’s needs and ways of supporting them appropriately.

There is also an early intervention Nurse Specialist in the team. The nurse provides rapid support to the parents/carers of newly diagnosed children and interaction training to families through video interaction guidance. Some input is brief, involving phone contact only whilst other is long-term and ongoing dependent on the needs of the child and family.33.
Key Successes and Future Developments

Key successes

- Provision of joint clinics across all local authorities
- Provision of multiagency care plans for children within all local authorities
- Ability to share information with appropriate consent
- Development of a tailored LVA service for children
- Introduction of training course for child habilitation specialists and provision of network to support them

Future developments

- Development of arrangements for sharing specialist equipment across LA boundaries
- Develop parent accessible information

NB. It is imperative that services which are attended by high numbers of people with Visual Impairment must ensure their services address potential barriers in relation to access, communication, medication management and patient support in addition to also following good practise in relation to Visual Impairment.
7.5 Recommendations and Priorities

- Implement Visual Impairment Best Practice Guidelines
- Additional focus and support in relation to good practice in priority areas e.g. Ophthalmology Clinics and Wards or Development of best practice with regard to all aspects of visual impairment in priority areas
- Access to additional Sensory Impairment training for priority staff e.g. staff in Ophthalmology Clinics and Wards
- Training for medical staff in relation to registering people with Visual Impairment requires urgent attention
- There needs to be an additional focus building on the availability of the existing patient support service at the Gartnavel and the Victoria Infirmary
- Improve staff knowledge and awareness of equipment available to help people who are visually impaired.
- Review of support services provided by voluntary organisations and increase in provision to ensure equitable access to these services across NHSGGC.
- Raising awareness of staff responsibility in relation to providing patient information in different formats in line with the Accessible Information Policy (AIP)
- Ensure the AIP is implemented fully and proactively in areas of priority e.g. Ophthalmology
- Develop a Signage / Way finding Policy
- Conduct assessments of all NHSGGC car parks
- Pilot a volunteer ‘meet and greet’ service for people with visual impairment with special emphasis in priority areas such as Ophthalmology Clinics
- Develop guidance for staff in relation to medication management and visual impairment

An Action Plan will be developed to take forward the priority recommendations.
7.6 Role of NHSGGC Staff

All members of NHSGGC should:

- Treat visually impaired people with dignity and respect
- Always ask what the individual's particular needs are. This should include meeting the needs of work colleagues/staff with Visual Impairments
- Be aware of their patients’ communication needs and should check the patients have understood the information given
- Document patients’ sensory impairment and it should be clearly visible in the case notes
- Be aware of and provide relevant information in accessible formats, for example large print, Easy Read for those with a Learning Disability or Plain English for patients where English is not their first language
- Actively inform patients of their entitlement and availability to communication support and information in different formats
- Be aware of how to operate different sensory impairment equipment in the department, for example textphones and loop systems and be aware of who is responsible for the maintenance of the equipment
- Be aware of existing **FIRE** procedure. Patients who are visually impaired will need assistance in the event of a **FIRE** evacuation
- Engage regularly with service users and obtain feedback from visually impaired people. Involving them in service design and re-design will ensure that these people’s specific needs can be met
- Consider visual awareness training as part of their continuing personal development plan (PDP), use the e-learning modules
- Be able to signpost patients to specialist organisations who can offer additional support, for example, Visibility, RNIB and Deafblind Scotland

**Useful organisations addresses and websites are available on page 49**

- See Appendix A for useful medication tips for patients
- See Appendix B for tips for guiding
- See Appendix C for points to remember
- See Appendix D for the patients’ journey
- See Appendix E for the procedure for booking BSL and Foreign Language Interpreters and Deafblind Communicators
- See Appendix F for a list of organisations who supply aids
8. Conclusion

NHSGGC is committed to addressing issues highlighted in this document and is working closely by engaging with sensory impaired people to develop a sensitive service that truly meets the needs of all visually impaired people including staff with visual impairments.

The organisation is working in partnership with experts from Visibility, RNIB Scotland Deafblind Scotland, Action on Hearing Loss, Deaf Connections, Guide Dogs for the Blind, and Hearing Dogs for Deaf People to encourage good practice is shared and adopted on a regular basis.

To date, NHSGGC have already developed the Accessible Information Policy and Toolkit, the Assistance Dog Policy and the new Sensory Impairment Training. All should help to remove barriers to people with visual impairment and help them access services.

During the development of the best practice guidelines some examples of good practice already underway were highlighted these include:
• Signage and wayfinding
• Accessing patient information in different formats
• Continuing to develop staff awareness in relation to sensory impairment
• The need to develop medication management guidance
• Car park assessments across NHSGGC.

It is clear that steady progress has been made but several areas still require further attention. In conjunction with RNIB Scotland, NHSGGC is exploring ways of providing patients wayfinding support by developing a volunteer meet and greet service.

Although there is already an excellent patient support service available in the Victoria and Gartnavel eye clinics, it is clear from these findings that an increase in similar patient support services is required to cover clinics across other hospitals to ensure an equitable service for all patients.

NHSGGC is working closely with expert organisations and consulting with service users to adopt best practice with additional focus on key hospitals. Overall NHSGGC is working towards a robust service to meet the needs of visually impaired patients.
APPENDIX A

Tips for Patients

Suggestions that you can make to patients include:

- Use tactile markers:
  - rubber bands
  - coloured dots
  - staples
  - bumpons, raised coloured dots that can be stuck onto a person’s medicine
- Penfriend and Audio Labeller: works with labels that are uniquely numbered so that the Penfriend can recognise each recording and read it back to you
- Talking Labels: provide audible guidance on identifying and taking medications. The label attaches to a standard medication pack. A message can be recorded and stored and can be played back at any time by pressing the buttons
- Use a suitable magnifying glass or magnifying glasses (advice available from Optometrists or the Low Vision Aid service)
- Open bottles or pop tablets over a large tray with a solid rim to catch any that may fall
- Use reminder functions on mobile phones/talking clock/watch etc to prompt when to take medicines
- Take medicines at the same time every day
- Keep medicines in the same place - and it may be helpful to put morning medicines on, for example, the top shelf of the bathroom cabinet and evening medicines on a lower shelf
- Link taking medicines to daily routines, e.g. place medication next to cereal box
- Stick large print reminders/images/photographs at key places, e.g. front of the fridge, by the TV, next to the kettle, on the back of the toilet door etc, to act as visual reminders to take medication
- Try a dosette box - there are different styles available
- Use any aids available to assist with delivery of eye drops etc

August 2012
Tips for Guiding

• Ask whether a person would like assistance
• Where does the person want to go and how they would like to be guided?
• Give the person time to grip and walk off.
• Give the person adequate room for obstacles
• Look for hazards – ground, ahead and above
• Explain any loud noises which may alarm
• Explain changes in surfaces e.g. grass, puddles
• Don’t use guiding arm to point at things
• Try to walk at other person’s pace
• Some people may need more time due to other health issues, e.g. arthritis
# APPENDIX C

## Points to Remember

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<thead>
<tr>
<th>Condition</th>
<th>Change</th>
<th>Description</th>
<th>Problems</th>
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<tbody>
<tr>
<td>Macular Degeneration</td>
<td>Central vision loss</td>
<td>Blind/grey spot in the middle of vision</td>
<td>• Close work</td>
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<td></td>
<td></td>
<td></td>
<td>• Reading</td>
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<td>• Recognising faces</td>
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<td>Glaucoma</td>
<td>Peripheral vision loss</td>
<td>Loss of side vision</td>
<td>• Walking around</td>
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<td>Tunnel vision</td>
<td>• Bumping into things</td>
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<td>• Knocking things over</td>
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<tr>
<td>Cataracts</td>
<td>General blurring</td>
<td>Like looking through a dirty window</td>
<td>• Recognising faces</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fuzzy, washed out</td>
<td>• Watching television</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Telling time</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Walking around</td>
</tr>
<tr>
<td>Diabetic Retinopathy</td>
<td>All of above</td>
<td>All of above</td>
<td>All of above</td>
</tr>
</tbody>
</table>
APPENDIX D
PATIENT JOURNEY

INDIVIDUAL WITH SIGHT DIFFICULTIES

- GP
- OPTICIAN
- OPHTHALMOLOGY
- REGISTERED
- NOT REGISTERED
- BP1
- SOCIAL WORK
- VOL ORGS
- Visibility
- RNIB
- GDBA
- Struggling with poor vision, not / no longer in contact with services and support

LVA CLINIC
Appendix E
Interpreting Services

Interpreting Policy and Procedure: www.equalitiesinhealth.org
Appendix F
List of Organisations who supply aids

Suppliers list

There are many suppliers of low vision equipment but the following is a list identifies some of the key suppliers.

RNIB
RNIB Scotland
Tel: 0131 652 3140
Web: rnibscotland@rnib.org.uk

RNIB
Tel: 0303 123 9999
Shop on line: http://onlineshop.rnib.org.uk
Email: cservices@rnib.org.uk

ic Independent Living Catalogue.
Tel/fax: 01226 762513
Buy on line www.ic-online.co.uk

Cobolt.
Tel: 01493 700172
Website: http://www.cobolt.co.uk

The Daylight Company Ltd
Tel: 0208 964 1200
Website: www.daylightcompany.com

OPTIMA Low Vision Services Ltd.
Tel: 01803 864218
Website www.optimalowvision.co.uk

Centre for Sensory Impaired People (CSIP),
Tel: 0141 276 5252
Website www.glasgowonline.co.uk
References


2. Deteriorating vision, falls and older people: the links 2005 Visibility

3. Evaluation report patient support services at Gartnavel Hospital Eye Department 2004.


6. Falls, Look Out Information Leaflet 2011

7. NHS Greater Glasgow and Clyde, Equality Scheme

8. The Disability Discrimination Act (DDA) 1995 and 2005


11 NHS Greater Glasgow and Clyde Accessible Information Policy 2010

12 NHS Greater Glasgow and Clyde Communication Support and Language Strategy and Action Plan

13. NHS Greater Glasgow and Clyde assistance Dog Policy 2010


15 Accessibility of health information for blind and partially sighted people Mhairi Thurston and Dr Alan Thurston RBIB 2010

16 http://xpil.medicines.org.uk/RNIBinfo.aspx


17. RNIB the benefits of registering as blind or partially sighted

18. Visibility Information Pack Where to Now
19. Unseen RNIB 2004


24. Information from RNIB


26. A National Statistics Publication for Scotland Registered Blind and Partially Sighted Persons, Scotland 2010

27. Let’s see if we can help: Managing Medicines: A visual impairment resource NHS Greater Glasgow and Clyde. April 2011


31. Boyce, T. 2011. Falls – costs, numbers and links with visual impairment. UK; RNIB.


Useful Telephone Numbers and Web Addresses

Useful Links

Visibility aims to provide information and support to people with sight loss living in the west of Scotland. Below is a selection of other organisations that you may find useful.

Centre for Sensory Impaired People (CSIP),
17 Gullane Street,
Partick,
Glasgow G11 6AH
Voice: 0141 276 5252
Fax: 0141 276 5297

Glasgow G11 6AH
www.glasgowonlin.co.uk

Monday to Thursday 8.45am to 4.45pm
Friday 8.45am to 3.55pm

Local Authority Visual Impairment/Social Work Services

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argyle and Bute, Visual Impairment Team</td>
<td>01369 701 066</td>
</tr>
<tr>
<td>East Ayrshire</td>
<td>01563 576 930</td>
</tr>
<tr>
<td>East Dunbartonshire</td>
<td>0141 355 2200</td>
</tr>
<tr>
<td>East Renfrewshire</td>
<td>0141 577 8484</td>
</tr>
<tr>
<td>Glasgow Visual Impairment Team</td>
<td>0141 2765252</td>
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<tr>
<td>Inverclyde</td>
<td>01475 714 350</td>
</tr>
<tr>
<td>North Ayrshire</td>
<td>01294 276 650</td>
</tr>
<tr>
<td>North Lanarkshire</td>
<td>01698 274470</td>
</tr>
<tr>
<td>Renfrewshire</td>
<td>0141 847 4977</td>
</tr>
<tr>
<td>South Ayrshire</td>
<td>01292 616 261</td>
</tr>
<tr>
<td>South Lanarkshire</td>
<td>01698 884656</td>
</tr>
<tr>
<td>West Dunbartonshire</td>
<td>01389 737900</td>
</tr>
<tr>
<td>Organisation</td>
<td>Website</td>
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<tr>
<td>------------------------------------</td>
<td>------------------------------</td>
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<tr>
<td>Royal National Institute of the Blind</td>
<td><a href="http://www.rnib.org.uk">www.rnib.org.uk</a></td>
</tr>
<tr>
<td></td>
<td><a href="http://www.rnib.org.uk/Scotland">www.rnib.org.uk/Scotland</a></td>
</tr>
<tr>
<td>Action for Blind People</td>
<td><a href="http://www.afbp.org">www.afbp.org</a></td>
</tr>
<tr>
<td>Guide Dogs for the Blind</td>
<td><a href="http://www.guidedogs.co.uk">www.guidedogs.co.uk</a></td>
</tr>
<tr>
<td>Insight Radio</td>
<td><a href="http://www.insightradio.co.uk">www.insightradio.co.uk</a></td>
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<tr>
<td>Talking Newspapers</td>
<td><a href="http://www.tnauk.org.uk">www.tnauk.org.uk</a></td>
</tr>
<tr>
<td>Disability Rights Commission</td>
<td><a href="http://www.drc-gb.org">www.drc-gb.org</a></td>
</tr>
<tr>
<td>Care Commission</td>
<td><a href="http://www.carecommission.com">www.carecommission.com</a></td>
</tr>
<tr>
<td>Deafblind Scotland</td>
<td><a href="http://www.deafblindscotland.org.uk">www.deafblindscotland.org.uk</a></td>
</tr>
<tr>
<td>Scottish Talking Newspapers</td>
<td><a href="http://www.astn.org.uk">www.astn.org.uk</a></td>
</tr>
<tr>
<td>Disabled Go - Access Guides</td>
<td><a href="http://www.disabledgo.com">www.disabledgo.com</a></td>
</tr>
<tr>
<td>Cue and Review Recording Service</td>
<td><a href="http://www.cueandreview.org.uk">www.cueandreview.org.uk</a></td>
</tr>
</tbody>
</table>

For further information or advice contact:
Anne Taylor
Senior Equality and Diversity Adviser
NHS Greater Glasgow and Clyde
Gartnavel Royal hospital
West House
1055 Great Western Road
Glasgow  G12  OXH

anne.taylor@ggc.scot.nhs.uk