



Wales Vision Strategy

Implementation plan

2010 to 2014

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1. What is the Wales Vision Strategy?

The UK Vision Strategy is a VISION 2020 UK initiative led by RNIB to develop a unified plan for action on all issues relating to vision across the four countries of the UK. It was launched in April 2008 in response to the World Health Assembly VISION2020 resolution to reduce avoidable blindness by the year 2020 and improve support and services for blind and partially sighted people. People with sight loss, users of eye care services, eye health and social care professionals and statutory and voluntary organisations all played a role in developing the Strategy. This cross-sector input, which involved over 650 organisations and respondents, is the Strategy's major strength. A united approach across all the relevant sectors is key to achieving the aims that will benefit everyone across the UK.

The Wales Vision Strategy Implementation Plan 2010 to 2013 sets out the Welsh commitment to deliver against the three priorities within the UK Vision Strategy. The Wales plan has been produced by the Wales Advisory Group which includes representation drawn from many professional groups involved in delivery services for people with sight loss and those involved in prevention of sight loss. The Chair of the Wales Vision Strategy Advisory Group and the Welsh Assembly Government official also attend the UK Vision Strategy Advisory Group.

The Vision Strategy presents an opportunity for us to build on progress that has already been achieved in Wales. The objectives cannot be addressed by one sector or one organisation. A co-ordinated approach is needed to maximise the effectiveness of scarce resources and deliver sustainable change at a strategic and operational level.

The challenge cannot be understated as the number of people with sight loss is projected to increase significantly by 2020. The prevalence of sight loss in Wales is 9 percent above that of England. Eighteen of the twenty two local authorities in Wales have a higher prevalence than England due to a much greater proportion of people aged over 65 years.

- **Half of all sight loss is avoidable**
- **There are 115,000 people with sight loss in Wales,**
- **Sight loss costs an estimated £107 million every year in direct costs (Wales).**

¹ Access Economics was commissioned by RNIB to estimate the economic impact of partial sight and blindness in the UK adult population. The results of the study indicate that partial sight and blindness places a large economic cost on the UK, totalling £22 billion in 2008. Direct health care system costs amount to £2.14 billion and indirect costs to £4.34 billion. This study has also for the first time put a quality of life cost on sight loss, estimated at £15.5 billion for the UK with 29 percent due to refractive error. The study projects a sharp increase in sight loss due to the four main eye diseases by 2020, including a 31 percent increase in the number of people who are blind or partially sighted because of Age Related Macular Degeneration, 20 percent increase in the number of people with cataracts, 25 percent increase in the number of people suffering with sight loss because of glaucoma and 15 percent increase in the number of people who are blind or partially sighted because of diabetic retinopathy.

The Welsh Assembly Government Welsh Eye Care Initiative established Wales as a world leader in eye health services. Other achievements have made a huge difference to people in Wales, including the Welsh Assembly Government's decision to invest in sight saving treatments for Wet Age Related Macular Degeneration. There are many examples of partnership work across the sectors and foundations have been established for us to take this plan forward.

This Implementation Plan has three key outcomes which mirror those of the UK Vision Strategy:-

- (1) Improving the eye health of the people of Wales
 - (2) Eliminating avoidable sight loss and delivering excellent support to people with sight loss.
 - (3) Inclusion, participation and independence for people with sight loss.
- All four governments of the UK have given the UK Vision Strategy their support and have country plans and steering groups in place.

The Wales Vision Strategy Advisory Group includes representation from professionals across the sectors, including neurologists/ neuroscience researchers, orthoptists, optometrists, ophthalmologists, Royal College of Nursing, RNIB Cymru, RNID, NALSVI, The Guide Dogs for the Blind (Guide Dogs), Wales Council for the Blind, social services and the Welsh Assembly Government.

Sight loss has a huge impact on a person's quality of life. People with sight loss are far more likely to have a fall, suffer from depression and become

¹ Future sight loss UK (1): The economic impact of partial sight and blindness in the UK adult population. Report by Access Economics Pty Limited for RNIB

isolated. Over 66 per cent of people with sight problems of working age are unemployed, whilst 78 per cent of older blind and partially sighted people live in poverty, with a household income of less than £195 a week.

2. Objectives, Actions and Timelines

Outcome One: Improving the Eye Health of people in Wales

Objective	Action Plan	Timescale
1.1 Objective To increase the number of people having a regular eye health check	Benchmark existing uptake of General Ophthalmic Services (GOS) and Welsh Eye Care Initiative (WECI) examination and establish Eye Health Promotion Task and Finish Group	Annual benchmark and activity plan report to Wales Vision Strategy Advisory Group (WVSAG) 2011
	Health Board promotion teams deliver effective eye health promotion.	2011
	National Eye Health Promotion Campaign to include promotion of General Ophthalmic Services (GOS), Primary Eyecare Acute Referral Scheme (PEARS), Welsh Eye Health Examination (WEHE) and low vision services.	2013
	Eye Health becomes an integral part of primary health services, including the adoption of eye health as a long term condition within the primary care agenda.	2013
	Eye health statistics and demographics data	

Objective	Action Plan	Timescale
	become an integral part of NHS Annual Operating Framework and health and well being strategies	
1.2. Objective Establish an all Wales eye health programme for children	Establish Task and Finish group with representation from all agencies involved in children's eye health; benchmark current provision and make recommendations to Minister	April 2012
1.3. Objective Targeted work streams to increase the availability and uptake of eye health checks and hospital eye service for communities most at risk of eye disease and sight loss ((including ethnic minority, older people, low income, people with additional disabilities and people in long term care).	Review barriers to uptake of GOS and WEHE for eligible high risk groups. Review of barriers to hospital eye service for target group. Two pilots established in hospital eye service. Evaluation of pilots published and recommendations implemented	August 2011 August 2011 December 2011 September 2012
1.4. Objective Increase uptake of community eye care services (including General Ophthalmic Services (GOS) and Welsh Eye Care Initiative (WECI) and voluntary sector services	To develop and implement a health promotion plan of WECI schemes including to GPs and high risk groups. Work in partnership with advisory group members and statutory and voluntary sector stakeholders to maximise opportunities to promote schemes.	2013 Promotion 2011, further activity identified for 2012. Mainstreamed by Welsh Assembly Government by 2014

Objective	Action Plan	Timescale
<p>1.5. Objective GPs routinely remind patients to have an eye health check.</p>	<p>To ensure that eye health guidance is integrated into primary care pathways (including Map of Medicine pathways).</p>	<p>2012</p>
<p>1.6. Objective Increase of eye health checks and low vision services to children and adults with a learning disability.</p>	<p>Targeted work stream to increase expertise and take up of services for people with learning disabilities.</p> <p>Establish evidence base, make recommendations and implement services to ensure children in specialist schools have access to appropriate eye health checks/screening.</p> <p>GPs undertaking annual health checks routinely remind patients of eye health checks</p>	<p>2012</p> <p>2012</p> <p>2013</p>
<p>1.7. Objective Pilot study to assess the number of people who have a fall as a result of uncorrected vision or eye disease.</p>	<p>Study undertaken in Rhondda Cynon Taff.</p> <p>Report and recommendations presented to Wales Vision Strategy Advisory Group and minister.</p>	<p>2010</p> <p>2011</p>
<p>1.8. Objective To ensure effective patient pathways between Low Vision Schemes and other health and social care providers</p>	<p>Map of pathways produced with recommendations and implementation plan</p>	<p>2012</p>

Objective	Action Plan	Timescale
1.9. Objective To recognise and implement best practice in access and communication within the NHS (primary and secondary care)	Work in partnership with Health Inspectorate Wales to ensure best practice in relation to access to services for people with sensory loss.	2011

Objective	Action Plan	Timescale
<p>1.10. Objective</p> <p>Sharing best practice to improve access for Glaucoma patients.</p>	<p>Develop new business case to support roll out of shared care pathway for Glaucoma patients.</p> <p>Ensure a robust evaluation of new care pathways and disseminate the findings</p> <p>To implement a Glaucoma referral refinement plan as part of Welsh Eye Health Examination (WEHE)</p>	<p>April 2010</p> <p>June 2012.</p> <p>2012</p>
<p>1.11. Objective</p> <p>Increase the number of people with eye disease being monitored and treated in primary care to free up capacity within the hospital eye clinic.</p>	<p>Development and implementation of shared care pathways for main eye conditions to maximise patient outcomes and modernise eye care pathways in partnership with National Leadership and Innovation Agency for Health (NLIAH), NHS Trusts and primary care partners. Pathways mainstreamed in statutory sector including Map of Medicine.</p> <p>To ensure high quality evaluation is an integral part of all new pathways.</p>	<p>2012</p>

Objective	Action Plan	Timescale
<p>1.12. Objective</p> <p>Ensure timely access to new sight saving treatments (approved by NICE, AWMSG etc.)</p>	<p>Advisory Group to be kept informed of new treatments and work in partnership with NHS, AWMSG, primary care and officials to ensure timely/appropriate provision of treatments.</p>	<p>Annual review by WVSAG</p>
<p>1.13. Objective</p> <p>Improving community access to eye care by training primary care practitioners in eye care / health e.g. pharmacist and GPs</p>	<p>Task and Finish Group established to make recommendations</p>	<p>Initial 12 months report followed by 12 monthly update</p>

Outcome 2: Eliminating avoidable sight loss and delivering excellent support to people with sight loss

Objective	Action Plan	Timescale
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Objective	Action Plan	Timescale
<p>2.1. Objective</p> <p>Patients diagnosed with permanent sight loss will receive appropriate emotional support, signposting and quality information to maximise independence and their ability and opportunity to make choices about rehabilitation and community support needs.</p>	<p>Implementation of pilot services to 2000 patients.</p> <p>Developing a robust evidence base as to the effectiveness of ECLO intervention, City University, RNIB and NLIAH.</p> <p>Eye Clinic Liaison Officers (ECLO) based in hospital eye clinics according to evidence base and population/patient attendance to deliver patient support for adults and children at the point of diagnosis.</p>	<p>2010</p> <p>2011</p> <p>2014</p>
<p>2.2. Objective</p> <p>NHS to implement a unified electronic record for primary and secondary health services (Glaucoma Pilot)</p>	<p>WVSAG to work in partnership with Glaucoma Pilot Steering Group and Glaucoma Pilot. Secondary and primary care implement electronic record.</p>	<p>2012</p>
<p>2.3. Objective</p> <p>Raise awareness of eye health care / impact of sight loss among health and social service providers</p>	<p>Training /awareness programme developed and implemented</p>	<p>2012</p>

Objective	Action Plan	Timescale
<p>2.4. Objective Seamless eye care pathways established and embedded in primary care, secondary care and social services to provide patient centred services.</p>	<p>NHS, Social services, optometrists and other partners to implement shared care pathways for main eye conditions. Pathways integrated in Map of Medicine and commissioning mechanisms.</p>	<p>2012</p>
<p>2.5. Objective To reduce the A and E presentation rates by ensuring older people have corrected vision and access sight saving treatments</p>	<p>Establish local pilot - identify the impact on the NHS of uncorrected vision and sight loss in patients presenting to hospital who have had a fall.</p> <p>Implement recommendations to improve eye health.</p> <p>Reduce presentations to A&E.</p>	<p>2011</p> <p>2013</p> <p>2014</p>
<p>2.6. Objective All providers within eye health services ensure information systems support data sharing across partners</p>	<p>NLIAH Eyecare Project.</p>	<p>2012</p>
<p>2.7. Objective Appropriate screening and support for people with visual loss due to neurological disease e.g., stroke</p>	<p>TBA</p>	<p>TBA</p>
<p>2.8. Objective Support for children with a visual impairment</p>	<p>Establish standards and auditing mechanisms to ensure provision of integrated multi-disciplinary services.</p>	<p>TBA</p>

Objective	Action Plan	Timescale
<p>2.9. Objective Post assessment care of children with cerebral visual impairment</p>	<p>Ensure adequate expertise in the assessment and management of children including improved multidisciplinary working with health, social care and educational services</p>	<p>TBA</p>
<p>2.10 Objective To ensure children and adults with a visual impairment have access to appropriate emotional support</p>	<p>To determine the prevalence of clinical depression in people using the WLVS.</p> <p>To pilot 2 interventions to alleviate depression in this group.</p>	<p>2012</p> <p>2013.</p>

Outcome 3 Inclusion, participation and independence for people with sight loss

Objective	Action Plan	Timescale
<p>3.1. Objective Peer support groups for people with eye care needs and their carers are provided or commissioned</p>	<p>To establish best practice guidance from advocacy and peer support agencies.</p>	<p>2010</p>
	<p>To pilot the delivery of peer focussed support models in 3 Local Authorities, including 2 rural areas,</p>	<p>2011</p>
	<p>To recommend and develop an affordable model for adoption throughout Wales.</p>	<p>2012</p>

Objective	Action Plan	Timescale
<p>3.2. Objective Deaf blind</p>	<p>To incorporate the needs of people with dual sensory loss where relevant in the Wales Vision Strategy Implementation Plan. Initial mapping and consultation with key partners.</p>	<p>2010</p>
<p>3.3. Objective To ensure that rehabilitation is delivered by a registered and appropriately trained workforce</p>	<p>To work alongside UK partners, the Welsh Rehabilitation Officers Forum (WROF) and Care Council Wales to protect the rehabilitation worker profession and implement the registration of VI rehabilitation officers for Wales.</p> <p>To implement a quality standard review of existing rehabilitation officers and develop a competency baseline.</p> <p>To ensure the availability of QCF level 4,5 and 6 workforce development courses for new and existing rehabilitation officers.</p> <p>To ensure all authorities employ a trained workforce.</p>	<p>November 2010</p> <p>April 2010</p> <p>September 2011</p> <p>2013</p>

Objective	Action Plan	Timescale
<p>3.4. Objective</p> <p>To develop strong visual impairment social care teams by universal adoption of the WLGA Good Practice Guidelines for Social Care</p>	<p>To establish VI Benchmarking Network standards within the Annual Council Framework process.</p> <p>To establish regional service improvement collaborative for social services in Wales.</p> <p>To deliver a pilot scheme to increase access to social care and improve outcomes.</p>	<p>April 2010</p> <p>October 2010</p> <p>April 2011</p>
<p>3.5. Objective</p> <p>Reduce the levels of poverty association with visual impairment by maximising the take up of benefits among people with sight loss</p>	<p>Existing services are developed to ensure timely and quality access to welfare rights advice / advocacy support.</p>	<p>2012</p>
<p>3.6. Objective</p> <p>Increase the production of accessible educational materials within primary, secondary and further education.</p> <p>Strengthen focus on special educational needs for children with a visual impairment</p> <p>Ensure that all children with a visual impairment have a smooth transition pathway from young people to adult services, including education, social care and employment.</p>	<p>All children have access to accessible curriculum, classroom and other education materials.</p> <p>Children have access to support through transitions in compulsory and further and higher education.</p> <p>Further Integration of Health, Educational and Social services for children.</p>	<p>TBA</p> <p>TBA</p> <p>TBA</p>

Objective	Action Plan	Timescale
<p>3.7. Objective Reduce unemployment rate of people with sight loss.</p>	<p>Improve the attitudes and actions of employers to ensure the numbers of blind and partially sighted people in the labour market increase.</p> <p>To increase employment opportunities for people with a visual impairment by increasing the awareness of Access to Work, and Work with employers to comply with good practice in the recruitment process.</p>	<p>2010.</p> <p>2013</p>
<p>3.8. Objective Ensuring that the principles of inclusive design are integral to any development in the pedestrian and built environment.</p>	<p>Local authorities develop clear consultation and involvement strategies that set requirements for communication with blind and partially sighted people including materials in accessible formats and tactile models explaining the proposals where appropriate.</p> <p>Ensuring the policies of the Welsh Assembly Government and the guidance issued to local planning and highway authorities reflect inclusive design, and that they are used by authorities and developers.</p> <p>Local authorities conduct an Equality Impact Assessment and provide an Access Statement on all proposed</p>	<p>2010</p> <p>2011</p> <p>2011</p>

Objective	Action Plan	Timescale
	<p>developments in the street environment.</p> <p>Progress made with regard to all pedestrian environments being accessible and safe for blind and partially sighted people and other vulnerable pedestrians</p>	2012

Objective	Action Plan	Timescale
<p>3.9. Objective</p> <p>To improve the compliance with the Disability Discrimination Act 1995, and other equality legislation and schemes</p>	<p>Wales Vision Strategy Advisory Group to identify compliance legislation for each priority within this Implementation Plan and disseminate to key stakeholders. Monitor throughout the life of the strategy.</p>	<p>Timescale ongoing.</p>
<p>3.10. Objective</p> <p>To ensure that all modes of public transport are accessible and available to blind and partially sighted people</p>	<p>Welsh Assembly Government to advise stakeholders of compliance and legislative obligations.</p> <p>Transport providers in Wales to fulfil the current legal requirements to provide accurate accessible information to blind and partially sighted people.</p> <p>Transport providers to train their staff in disability awareness and equality.</p> <p>To encourage the provision of audible and visual information of route, destination and next stop on all bus services in Wales.</p>	<p>2010</p> <p>2011</p> <p>2011</p> <p>2011</p>

3. Appendix 1 : Wales Advisory Group Members

Sarah Rochira, RNIB Cymru (Chair)

David Allen, RNIB

Nick Astbury, UK Vision Strategy

Chris Blyth, Royal College of Ophthalmologists/Chair of Welsh Retinal Group

Martyn Bracewell, Senior Lecturer in Neurology & Neuroscience, Bangor University, BCU Health Board and the Walton Centre for Neurology & Neurosurgery

John Carter, Long Term Conditions and Older Person Lead, Welsh Assembly Government

Nicola Crews, Education Services Manager RNIB Cymru

Anita Davies and Carys Henry, NALSVI

Andrea Gordon, Guide Dogs

Nick Hawksworth, Royal College of Ophthalmologists

Ceri Jackson, Head of Sight Loss Prevention, RNIB Cymru

Ian Jones, Optometry Wales

Helen Jukes-Hughes, RCN Wales/North Wales Trust

Anita Lightstone, Programme Director, UK Vision Strategy

Gerry Lynch, Welsh Assembly Government

Suzanne Martin, Chairman, Welsh Branch, British and Irish Orthoptic Society

Yvonne Millward, All Wales Orthoptic Advisory Committee

Barbara Ryan, School of Optometry and Vision Sciences/Vice Chair of Ethnic Minority Steering Group for Eye Health

Phil Stevens, Wales Council for the Blind

Moyna Wilkinson, Chair of Health and Social Care Group, Association of Directors of Social Services Cymru

Richard Williams, RNID Cymru