

Implementation Plan for England

2009-2014

UK Vision
Strategy



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Foreword



The quality of our vision has a significant impact on our lives. The loss or impairment of vision can reduce the quality of life substantially – leaving people feeling isolated, disempowered and depressed. This is a key issue and we need to encourage people to work together to improve services to prevent sight loss, treat eye conditions and support people living with sight loss where that is needed.

The demands for eye care services will increase as people live longer and this presents a real challenge for the health and social care system.

In this context, the development of the UK Vision Strategy and the Implementation Plan for England is timely and welcome. Its aims match, in many ways, what the NHS and social care services are seeking to do.

In England, health and social care services are moving from a system where people have to accept what is on offer, to one where they have greater control over identifying the type of support or help they want and more choice about and influence over the services they receive. We want to see improvements in the life chances of disabled people, including people with visual impairments, by promoting their inclusion and participation in their communities and enabling them to have more control over their lives.

For service delivery, improving commissioning is a key priority for the NHS and social care services and this is the way that we expect to see improvements for patients. I hope the Implementation Plan can contribute to helping foster improvements in commissioning, to better meet the needs of people. In England, given its size and the diversity of the health needs of different communities, this commissioning needs to be owned and managed locally.

The Department will support this and we have set up the Eye Care Strategy Group. The Group draws together key experts from the NHS, social care, health professions and the voluntary sector. It aims to identify and, if necessary, develop and disseminate guidance on best practice, in relation to eye care and eye health promotion and services.

As its initial priorities, the group agreed that it would work on identification of an age-related macular degeneration pathway to facilitate early treatment and review the Department of Health Commissioning Toolkit for Community Eye Care Services in the light of the UK Vision Strategy.

I hope that the Eye Care Strategy Group will work closely with the group that is leading the implementation of the UK Vision Strategy, and help provide the guidance and evidence base for commissioners to draw upon in service planning, to deliver improvements to better meet the challenges of maintaining eye health and caring for people with vision problems.

I am delighted to welcome the launch of the England Implementation Plan for the UK Vision Strategy.

A handwritten signature in black ink, appearing to read 'Ann Keen', with a stylized, cursive script.

Ann Keen, Parliamentary Under-Secretary of State for Health Services

Message from the Local Government Association



When the UK Vision Strategy was launched it came as a wake-up call. Although around 50% of sight loss is avoidable and although most people fear loss of sight more than cancer, very few of us do anything about getting our eyes tested until there is a problem. This is a very significant and growing problem. RNIB estimates that there are nearly 2 million people with sight problems in the UK, with around 100 additional people per day joining them. Demographic and other population changes mean that the incidence of avoidable poor eye health is likely to increase sharply, as will the avoidable costs to public services and to people's lives.

The launch of the Strategy was therefore very welcome. Its aims are straightforward:

- to improve the eye health of the people of the UK
- to eliminate avoidable sight loss and deliver excellent support to people who have lost their sight
- to enhance the inclusion, participation and independence of people with sight loss

However, the challenges to delivery are very real and cannot be addressed by the responses of a single organisation or service.

Ensuring best use of scarce resources that can make a difference to people's lives includes making sure that good-quality, accessible information and advice is available to people to support preventative eye care, making sure that streets are well-lit and in good repair, and ensuring that specialist health and social care services are in place and work effectively with each other.

Delivering solutions that can make a difference to people's lives requires effective local leadership and strategic and operational action that pulls together the range of organisations and individuals that can support local change, including people with experience of sight loss, local societies and associations and other voluntary organisations as well as local public and independent sector organisations and service providers.

A handwritten signature in black ink, appearing to read 'David Rogers'. The signature is written in a cursive, slightly slanted style.

Councillor David Rogers OBE, Chair, LGA Wellbeing Board

Introduction

The UK Vision Strategy sets out a framework for the development of eye health and sight loss services. In addition, it addresses widespread ignorance regarding eye care and the impact of sight loss. The UK Vision Strategy aims to:

- improve the eye health of the people of the UK
- eliminate avoidable sight loss and deliver excellent support to those with vision impairment
- enhance the inclusion, participation and independence of blind and partially sighted people

Further details of the UK Vision Strategy may be found in Appendix 2.

The England Implementation Plan has taken these aims and developed from them a set of suggested actions. These actions will form the basis for implementation of the Strategy in England.

At-Risk and Seldom-Heard Groups

Some groups of people have specific needs. Though it is not possible to cover every specific issue in this plan, these issues should be taken into consideration. For example, people with learning disabilities, people with dual sensory loss and people from ethnic minority backgrounds all have particular needs and so all actions should seek the inclusion of such groups wherever possible.

The England Implementation Plan outlines:

- a range of priority areas
- the actions required to achieve them
- a suggested infrastructure to support implementation
- the timescale for action
- success indicators

England Implementation Structures

Delivery of the overall UK Vision Strategy is led by the Strategic Advisory Group, membership of which is shown in Appendix 4. This Group is part of the VISION 2020 UK structure (Appendix 2).

The development of the England Implementation Plan has been led by the England Implementation Group. This is a cross-sector group, membership of which is shown in Appendix 4. The England Implementation Group will continue to monitor and review the England Implementation Plan and is accountable to the UK Vision Strategy Advisory Group.

Local Implementation Structures

A local area may be defined as a Primary Care Trust (PCT) area or a local authority boundary. However, in taking forward the UK Vision Strategy agenda, a local partnership may work across these boundaries to include more than one PCT or local authority area. Definition of a local area should take local custom and practice into consideration.

The England Implementation Group strongly recommends that local areas set up local Vision Strategy Groups that engage the full range of key partners, including user groups (Appendix 1 Reference 2.6, page 21). Examples of other organisations that should be included in such groups are given in Appendix 3. These local groups should aim to align themselves with local joint commissioning and strategic partnerships, to ensure that they are in the best position to influence change.

The ease with which such a local partnership is assembled will depend on local circumstances, such as the existence or otherwise of established joint working in eye care and sight loss. The UK Vision Strategy Implementation Team, with its network of extended support, can provide assistance in setting up local Vision Strategy Groups. The Team can also help to link up relevant local groups with others doing similar work in their respective regions.

Success Indicators

The England Implementation Plan suggests some success indicators to assist those involved in implementation to chart progress. The indicators, set out in the plan, have been chosen on the basis that they:

- relate to the experience of the end user
- reflect the full breadth of the UK Vision Strategy
- are necessary to measure progress
- should not be unduly difficult to gather
- comprise existing data wherever possible

The England Implementation Plan success indicators will be linked in, as far as is practicable, to local or regional performance management measures.

Although all areas are urged to adopt these indicators in order to provide consistent evidence of England-wide success, local areas may want to collect and analyse other relevant data in addition to this. One route to measuring performance successfully is to ask: “What will have changed?” and “How will we know?” It is important that consideration is given to appropriate ways of measuring change at the start of all initiatives.

Details of Public Service Agreements (PSAs) are given in Appendix 5. These show government priorities in public service delivery and are developed across all government departments. Several PSAs are relevant to the UK Vision Strategy and could be used in considering the performance of statutory organisations nationally and locally.

To support local areas in establishing possible measures, the UK Vision Strategy Implementation Team will be providing examples of emerging good practice from around England and the UK, both through the regular updating of the UK Vision Strategy Action Pack and via the UK Vision Strategy website. The Action Pack can be obtained from the UK Vision Strategy Implementation Team. Contact details can be found at the end of this document.

Top Level Priorities

Given the breadth of the UK Vision Strategy agenda and the many potential actions that will contribute to achieving its outcomes, a national list of top level priorities has been discussed and agreed through the England Implementation Group. This will enable a structured, focused and achievable approach to implementation.

These priority areas will apply throughout the first five-year implementation period, at the end of which there will be a full review of the Strategy.

These top level priorities are at the core of the UK Vision Strategy and cover minimum implementation action that should be achieved by 2014.

The timescale for achieving significant progress on these core priorities is as follows:

Level 1 priorities – December 2010

Level 2 priorities – December 2012

Level 3 priorities – December 2014

A more detailed breakdown of the priority areas, actions required and success indicators can be found in Appendix 1 on pages 16 to 26. Priorities are listed by outcome. Priorities for children and young people are included in the main body of the plan, but are also summarised separately for ease of reference on pages 27 and 28.

Level 1 Priorities

Significant progress by December 2010

UK Vision Strategy Outcome 1:

- **Maximise the uptake of eye tests amongst eligible groups**

National: Conduct a single multi-agency national campaign with a focus on at-risk groups.

Local: Promote sight tests, focusing on at-risk groups.
(Appendix 1 reference: 1.2 and 1.5).

- **Increase awareness of eye health amongst children, their families and carers**

National: Embed eye health awareness in the school curriculum.

Local: Provide training to teaching staff in schools at both primary and secondary school level to deliver this module.
(Appendix 1 reference: 1.4).

UK Vision Strategy Outcome 2:

- **Commissioning and development of integrated community eye care and sight loss services**

National: Evaluate potential care pathways that conform to World Class Commissioning standards.

Local: Adopt evidence-based approach to the delivery of eye health and sight loss services, using best available information.
(Appendix 1 reference: 2.1).

- **Eye care and sight loss services should include emotional support as an integrated part of the service**

National: Promote the 'support at the point of diagnosis' model among eye care providers.

Local: Establish support at point of diagnosis.
(Appendix 1 reference: 2.2).

UK Vision Strategy Outcome 3:

- **Remove barriers to employment**

National and local: Promote and improve available support provision to employers and employees with sight loss, including Access to Work. (Appendix 1 reference: 3.4).

- **Benefits provision reflecting the additional financial cost arising from sight loss to assure equality of opportunity and quality of life**

National: Maximise the take-up of benefits among people with sight loss, including, from 2011, the higher rate mobility component of DLA for those with a severe visual impairment.

Local: Publicise available benefits, including the new rules governing access to higher rate mobility component. Promote the continuation of Attendance Allowance.

(Appendix 1 reference: 3.1 and 3.5).

- **Accessible transport**

National: Develop national standard for the provision of audio information on buses and coaches.

Local: Develop and initiate Disability Equality training to staff.

(Appendix 1 reference: 3.9).

Level 2 Priorities

Significant progress by December 2012

UK Vision Strategy Outcome 1:

- **Public health championing of active eye/vision health promotion**

National: Ensure the inclusion of the eye health message in all relevant national public health campaigns.

Local: Ensure the inclusion of the eye health message in all relevant local public health campaigns.

(Appendix 1 reference: 1.1).

- **Prevention of avoidable eye disease in children**

National: Promote current best practice in screening guidelines for neonates, pre-schoolers, schoolchildren and for children with special needs.

Local: Implement current best practice in screening.

(Appendix 1 reference: 1.4).

UK Vision Strategy Outcome 2:

- **Ensure timely referral to specialist eye care when appropriate**

National: Promote national care pathways.

Local: Streamline referral routes into specialist eye care services.

(Appendix 1 reference: 2.1 and 2.4).

- **Ensure timely access to (re)habilitative services**

National: Promote National Occupational Standards.

Local: Implement National Occupational Standards and streamline referral routes for service provision.

(Appendix 1 reference: 2.3).

- **Ensure children and their families/carers experience a seamless pathway through eye care and support services**

National: Promote integrated children's care pathways.

Local: Implement integrated children's care pathways.

(Appendix 1 reference: 2.1).

UK Vision Strategy Outcome 3:

- **Removing barriers to education**

National: Campaign for accessible materials for school children with sight loss.

Local: Encourage local further/higher education providers to make provision accessible.

(Appendix 1 reference: 3.2, 3.3 and 3.6).

- **Accessible materials**

National: Promote the provision of books and magazines in accessible formats.

Local: Encourage local health providers to use accessible formats for information material.

(Appendix 1 reference: 3.2, 3.6, also 2.5 and 2.7).

- **Accessible commercial services**

National: Develop a specific, accredited vocational programme aimed at all workers with a customer-facing role.

Local: Raise awareness of the needs of people with sight loss amongst service providers.

(Appendix 1 reference: 3.8).

Level 3 Priorities

Significant progress by December 2014

UK Vision Strategy Outcome 1:

- **Health, social care and education practitioner understanding of eye health**

National: Establish programme of eye health awareness training amongst practitioners (prioritising those working with 'seldom-heard' groups, or with children with special needs).

Local: Deliver a programme of awareness training.
(Appendix 1 reference: 1.3).

UK Vision Strategy Outcome 2:

- **Ensure people with established low vision have regular eye tests**

National: Promote the National Recommended Standards for Low Vision Services.

Local: Ensure regular sight tests are included in the care and support plans of people with low vision.
(Appendix 1 reference: 2.3).

- **Falls prevention and sight loss**

National: Promote sight loss support and eye care as part of falls prevention programmes.

Local: Include sight testing in local assessments of risk of falls.
(Appendix 1 reference: 2.4).

UK Vision Strategy Outcome 3:

- **Accessible television**

National: Promote the development of talking programme guides for digital television and extend audio description.

(Appendix 1 reference: 3.7).

Appendix 1: Detailed Priority Areas for England

Outcome 1:

Improve the eye health of the people of the UK

1.1 Eye health as a public health priority

Objective: General public awareness of eye health issues.

National actions: Develop communications strategy.

Local actions: Ensure eye health messages appear in local campaigns and plans.

Success indicators: Raised awareness of eye health, assessed by survey.

1.2 Increasing understanding of eye health through cross-sector education and campaigns that concentrate specifically on eye health and the importance of regular sight tests

Objective: Greater recognition of the importance of early detection of eye disease and the benefits of regular sight testing.

National actions: National campaign on the benefits of regular sight testing.

Local actions: Targeted local campaigns to promote sight test, entitlements to free tests and vouchers amongst eligible and high-risk groups.

Success indicators: Increase in total number of sight tests year on year, including domiciliary and NHS figures.

1.3 Increasing understanding of eye health among health, social care and education practitioners

Objective: Improved direction to services for people at risk.

National actions: Develop training courses and materials.

Local actions: Establish programme of eye health awareness training amongst practitioners.

Success indicators: Training in place.

Numbers of people receiving training.

1.4 Identifying and addressing potential sight loss among children and young people

Objective: Raising awareness of children, families and carers of eye health and the benefits of sight testing.

National actions: Develop communications strategy specifically for children's issues.

Local actions: Promote awareness of eye health and sight tests in schools.

Promote screening on or before school entry.

Success indicators: Numbers of schools raising awareness.

Numbers of children being screened, currently and in future years.

1.5 Identifying and addressing potential sight loss in at-risk groups

Objective: At-risk groups identified and targeted to increase awareness of access to appropriate sight tests.

Increase awareness of cultural barriers to access to eye care.

National actions: Include in communications strategy, promoting retinal screening and use of appropriate testing for people with learning disability or dual sensory loss.

Local actions: Identify local at-risk communities.
Undertake awareness-raising events.

Success indicators: Numbers of eye tests undertaken under NHS eligibility criteria for diabetes and glaucoma.

Number of optometrists offering enhanced sight tests for people with learning disability and those with dual sensory loss.

Outcome 2:

Eliminating avoidable sight loss and delivering excellent support for people with sight loss

2.1 Commissioning fully integrated and effective eye care and sight loss services

Objective: An integrated primary and secondary eye care service with seamless pathways through health, social care and the third sector.

Improved transition from medical to social support.

Rapid access for children and families to support at point of diagnosis.

Joint commissioning of health and social care.

Provision of excellent low vision services.

National actions: Commissioning of eye care to be reviewed in the light of UK Vision Strategy, World Class Commissioning and other policy documents.

Community eye care to be provided closer to people's homes.

Review and revise eye care commissioning policy and guidance.

Development and promotion of recommended standards for low vision services.

Local actions: PCTs review services, develop new community eye care contract specification and streamline referral routes to specialist eye care.

Support in all paediatric eye clinics.

Establish local joint commissioning.

Establish local Vision Strategy group within commissioning structures.

Ensure low vision services committees are in place.

Review existing low vision services and implement guidance.

Success indicators: Measurable reduction in appointment waiting times.

Numbers of support posts established.

Numbers of children's posts established.

Numbers of jointly commissioned services.

Numbers of local Vision Strategy groups established.

Numbers of active low-vision committees.

2.2 Eye care and sight loss services should include emotional support

Counselling and peer group support should be available.

Objective: Emotional and practical support to be available at point of diagnosis.

National actions: National support for the agreed model of provision.

Development of children's support services including educational input.

Local actions: Support posts in all eye clinics, offering emotional support, practical guidance and access to local peer support groups.

Success indicators: Numbers of posts established.

Number of such posts meeting agreed criteria for quality.

2.3 The wider impact of blindness on independence and quality of life should be acknowledged

Objective: Full assessments of need, covering all aspects of life should be available, including daily living, mobility, communication equipment, housing adaptations and individual budgets.

National actions: Review of the current model of rehabilitation services.

Ensure local authority indicators include support for sight loss.

Develop guidance for assessors on Fair Access to Care for people with sight loss.

Local actions: Review local arrangements for access to services.

Provide information on rights and benefits.

Include sight loss in Single Assessment Process.

Success indicators: Number of authorities where services are offered on the basis of need rather than registration status.

Number of authorities that make contact with new referrals within two days and carry out assessments within 28 days.

2.4 Services for disabled and older people should be easy to access

Objective: People with other major health conditions or disabilities can obtain eye care and support easily.

National actions: Review pathways for age related eye conditions.

Include sight loss in national falls prevention strategy.

Local actions: PCTs commission services near people's homes.

Review of provision of domiciliary eye care services.

Services have easy physical access.

Local older people's organisations promote eye health.

Success indicators: Number of community based eye care services.

Number of active organisations for older people.

2.5 Service users should be able to make informed decisions relating to treatment, care and support

Objective: Provision of information in accessible formats, giving details of treatment and support options, benefits and direct payments.

National actions: Ensure advocacy services are available. Create national spokespeople, with appropriate training, from amongst service users.

Local actions: Involve local users on local strategy groups. Ensure information and advocacy services are available to service users.

Promote personal budgets.

Offer brokering service on personal budgets.

Success indicators: Numbers of service users on local bodies. Numbers of blind and partially sighted people taking up personal budgets.

2.6 A meaningful role for user groups

Objective: User input to service design and in promoting user views.

National actions: Establish national service user forum.

Local actions: Establish local user consultation forum.

Provide support to users to ensure participation.

Success indicators: Number of user groups and forums in place.

2.7 Reliable, accessible and relevant information should be easily available

Objective: Enable people to understand their options, select services and make informed decisions.

National actions: Promote accessible eye health information services.

Map eye care and support services currently available.

Local actions: Produce local information on services with direction as appropriate including alternative formats.

Local organisations develop eye health information on their websites. Create local service directory.

Success indicators: Numbers of PCTs, GP practices and hospitals providing accessible information in all formats.

Numbers of web sites.

Number of local directories.

Outcome 3:

Inclusion, participation and independence for people with sight loss

3.1 Increasing awareness of rights and services among all individuals with sight loss

Objective: Greater awareness to increase take-up of services and increase confidence in seeking equal treatment.

National actions: Ensure that visual impairment is integrated with other equality publicity.

Partnership working with other disability organisations.

Public education campaign to inform blind and partially sighted people of their rights.

Local actions: Local organisations informing people of their rights. Establish provision of advocacy services.

Success indicators: Number of local organisations with a rights advice service for people with sight loss.

Increased levels of knowledge about rights among people with sight loss.

Number of campaigning partnerships in place.

3.2 Education and vocational training should be accessible to people of all ages

Objective: Children and young people have full access to the curriculum and equality of opportunity and participation.

National actions: Promote accessible educational materials. Accelerate processes for receipt of Disabled Student Allowance. Maximise opportunities for non-vocational training as a route to employment.

Strengthen OFSTED focus on special educational needs.

Promote consistency via guidance and minimum standards in provision of visual impairment teaching service.

Local actions: Ensure support for people with sight loss in education at every level.

Ensure people with sight loss have access to transport, premises, curriculum, examinations and learning support.

Local education providers offer JAWS software in schools, colleges and libraries.

Provide training on the needs of children with sight loss in local schools.

Develop programmes for the promotion of sport and other activities.

Success indicators: Number of people with sight loss obtaining academic or vocational qualifications.

Number of colleges offering specialist support for people with sight loss. Number of schools receiving training.

Number of schools offering sport options for children with visual impairment.

3.3 A clear and smooth transition pathway from children's and young people's services to adult services should be established

Objective: Rights to benefits should not be lost and access to support, eye care services and education should be maintained.

National actions: Develop transition information network and transition support programmes.

Local actions: Coach young people in communication and self-confidence skills for accessing work at the time of the 14+ review.

Success indicators: Number of children with plans and services in place at ages 16 and 19.

3.4 People with sight loss should have equal access to job opportunities

Objective: Challenge discrimination in recruitment and employment practices.

Increase supported employment.

Increase awareness of Access to Work Scheme.

National actions: Co-ordinate voluntary sector employment services.

Provision of resource pack for employers.

Local actions: Provide IT training locally.

Offer training in self-esteem and social skills.

Raise awareness of available support schemes to employers.

Success indicators: Numbers of people with sight loss employed by major local employers.

Number of dedicated training courses available.

3.5 Benefits provision should acknowledge the additional financial costs arising from sight loss

Objective: To assure equality of opportunity and quality of life.

National actions: Maximise the take-up of benefits among people with sight loss, including from 2011 the higher rate mobility component of DLA.

Campaign for continued access to Attendance Allowance and full recognition of the additional travel costs they face.

Local actions: Publicise available benefits, including the new rules governing access to higher rate mobility component of DLA.

Join Attendance Allowance Campaign.

Success indicators: Number of local organisations offering information on benefits.

Number of local organisations signed up to the campaign.

3.6 Current and future advances in technology should be made readily available to people with sight loss

Objective: Universal access to and training for the continuing development of the web and mobile communication technologies, including low-cost, affordable adaptations and equipment.

National actions: Ensure latest assistive technology is available at affordable cost.

Local actions: Develop local training programmes.

Develop and operate local IT helplines.

Success indicators: Affordability of new technology.

Availability of training courses.

Number of blind and partially sighted people using technology.

3.7 Leisure activities should be accessible to everyone with sight loss

Objective: Accessible sport, exercise, holidays, television, radio, reading, films and the performing arts.

National actions: Promote access to leisure centres.

Increased audio description on television, film and DVD.

Local actions: Make all local leisure facilities, services and events accessible.

Success indicators: Number of visually impaired people using local leisure facilities.

Accessibility of 20% of TV programmes, 75% of top 100 films, 35% of top 100 DVDs.

Number of schools offering specialised sporting opportunities, e.g. goalball.

3.8 Public and commercial services should be fully accessible

Objective: Accessible pharmaceutical labelling.

Accessible housing.

Accessible labelling and signage in shops, lifts and transport systems.

National actions: National campaign on all accessibility issues which are part of everyday life.

Local actions: Local campaigns and monitoring.

Success indicators: Significant increase in numbers of businesses offering accessible information, services and guidance.

3.9 Moving around the external environment should be made as easy as possible

Objective: Clear pavements, safe crossings, bold signage.

Accessible transport.

National actions: National campaigns run jointly by national organisations.

Nationally agreed training to be made available to transport staff.

Local actions: Local authorities to work towards safer streets and bolder signage.

Success indicators: Increased evidence of audio information on transport systems.

Undertakings from local authorities to improve the safety of their streets.

Priority actions for children and young people

Objective: Increase awareness of eye health among children, families and carers.

National actions: Develop accredited training module.

Local actions: VI service or local organisation provides training to schools.

Success indicators: Number of children receiving training in eye health.

Objective: Active eye care and vision promotion within wider public health messages.

National actions: Include eye health risks of MMR in national MMR vaccination uptake campaigns.

Local actions: Include eye health risks of MMR in local MMR vaccination uptake campaigns.

Success indicators: Year-on-year increase in MMR vaccination uptake.

Objective: Prevention of avoidable eye disease in children.

National actions: Develop screening guidelines.

Local actions: Raise awareness of symptoms and conditions indicative of treatable or preventable visual impairment in babies and young children.

Success indicators: Increased awareness amongst GPs and children's services.

Objective: School children are routinely screened through eye tests.
National actions: Screening guidelines.
Local actions: Screening programme in local schools.
Success indicators: Number of eye tests carried out among school children.

Objective: Children and families experience seamless pathways through eye care services.
National actions: Promote children's care pathways.
Local actions: Integrate local children's eye care pathways.
Success indicators: Number of local areas with co-ordinated community based optometry and orthoptic clinics.

Objective: Accessible education for children with sight loss.
National actions: Strengthen Ofsted focus on special educational needs.
Local actions: Training programme for teachers and teaching assistants.
Success indicators: Ratio of teachers for visually impaired children to the general population.

Appendix 2: The UK Vision Strategy

The UK Vision Strategy responds to the World Health Assembly Resolution of 2003, which urged the development and implementation of plans to tackle vision impairment, now known as the VISION 2020 global initiative, The Right to Sight. This global initiative seeks the worldwide elimination of avoidable blindness and the minimisation of disability from vision impairment by the year 2020. It is co-ordinated jointly by the World Health Organisation (WHO) and the International Agency for the Prevention of Blindness (IAPB), which has an international membership of non-governmental organisations (NGOs), professional associations, eye care institutions and corporations.

The UK government has pledged its support for the resolution and the Strategy has subsequently been developed by a strong and united alliance of statutory health and social care bodies, voluntary organisations, eye health professionals and service users under the auspices of VISION 2020 UK.

The UK Vision Strategy has three Strategy Outcomes and identifies the Priority Actions needed to achieve radical change and improvement. It provides a high-level framework for change, and the subsequent development of implementation plans will translate the Strategy into change on the ground.

Strategy Outcome 1

Improving the eye health of the people of the UK

Five-year aim: To raise awareness and understanding of eye health among the public, including those people most at risk of eye disease, to allow every individual to develop personal responsibility for eye health and to achieve maximum eye health for all. To raise awareness of eye health among health and social care practitioners, and to ensure the early detection of sight loss and prevention where possible.

Strategy Outcome 2

Eliminating avoidable sight loss and delivering excellent support for people with sight loss

Five-year aim: To improve the coordination, integration, reach and effectiveness of eye health services, and services and support for those people with permanent sight loss.

Strategy Outcome 3

Inclusion, participation and independence for people with sight loss

Five-year aim: To improve the attitudes, awareness and actions of service providers, employers and the public towards people with sight loss and to remove significant barriers to inclusion, so that people with sight loss can exercise independence, control and choice. To achieve improved compliance with disability discrimination legislation.

The Strategy was developed by a wide-ranging alliance of statutory health and social care bodies, voluntary sector organisations, eye health professionals and service users. This powerful combination gives the Strategy a credibility that cannot be ignored. The Strategy Outcomes and Priority Actions have been defined by the combined voices of all these groups, and the many individuals who have contributed. The Strategy Outcomes and Priority Actions align with the health and wellbeing goals of all the UK governments.

The Strategy is underpinned by the following values:

- fair and equitable access for all members of society to eye health, eye care and sight loss services
- person-centred delivery of excellent services and support in the most appropriate way for each individual
- evidence-based policies and services to guide resource allocation and effective services
- awareness of and respect for people with sight loss and full compliance with equality legislation

The Strategy seeks a major change for the better in the UK's eye health, eye care and sight loss services: a determined and united cross-sector approach will make that change a reality.

A full copy of the UK Vision Strategy can be obtained from the UK Vision Strategy Project Team. Email: ukvisionstrategy@rnib.org.uk.
Telephone: 020 7391 2157.

Appendix 3: **Partners in local implementation**

Key partners for implementation locally include:

- Local service user or patients groups
- Primary Care Trusts (PCTs)
- PCT commissioners
- GP commissioning groups
- Regional directors of public health
- Local optical committees
- Ophthalmologists, optometrists, orthoptists and ophthalmic nurses working in hospitals and the community
- Local authority social care commissioners
- Local authority sensory support teams
- Representative of local authority transport committee
- Rail services area managers
- Local Employment Services Disability Employment Adviser
- Local Involvement Networks (LINKs)
- Voluntary sector sight loss support providers
- Joint agency teams for children's services where these are in place (social care, education and health)
- Representatives of children's services and education where joint agency teams are not in place
- Representatives of local authority leisure services

More information on local implementation can be found in the UK Vision Strategy Action Pack.

Appendix 4:

Membership of the UK Vision Strategy Advisory Group

Lesley-Anne Alexander, Chief Executive, RNIB (Chair)

Nick Astbury, Immediate Past President, Royal College of Ophthalmologists

Rosie Auld, Chair, British and Irish Orthoptic Society

Mike Brace, Chief Executive, VISION 2020 UK

Ann Bristow, Policy Lead for Sensory Impairment, Association of Directors of Adult Social Services

Bob Hughes, Eye Health Alliance and Chief Executive, Association of Optometrists

Yvonne Needham, Chair, Ophthalmic Nurses Forum

Dr Andrew Partner, Royal College of General Practitioners

Stephen Remington, Chief Executive, Action for Blind People

Malcolm Swinburn, Former Chair, NALSVI and Chief Executive, South Lincolnshire Blind Society

Bridget Warr, Chief Executive, Guide Dogs

Jo Webber, Deputy Policy Director, NHS Confederation

UK Vision Strategy Implementation Team

Fazilet Hadi, RNIB Group Director, Inclusive Society

Anita Lightstone, Programme Director

Harsha Gajjar, Project Manager

Deborah Hamlin, Interim Senior Project Manager

Janelle Heath, Communications Manager

Lisa Hughes, Project Support Officer

Joy Myint, Senior Adviser

Senior Programme Manager (to be appointed)

Membership of England Implementation Group

David Scott-Ralphs, SeeAbility and Vice-chair, VISION 2020 UK (Chair)

David Allen, RNIB

Rosie Auld, British and Irish Orthoptic Society

Nick Bason, Employers' Forum on Disability

Nicholas Black, Association of Dispensing Opticians

Sue Brown, Sense

Vanda Brown, Age Concern England

Paul Carroll, Association of Optometrists

Andy Cassels-Brown, Consultant Ophthalmologist in Community Eye Health

Vivienne Cencora, Tower Hamlets Primary Care Trust

Wendy Franks, Royal College of Ophthalmologists

Carl Freeman, Guide Dogs

Stephen Golden, Transport for London

Andrew Kitchen, College of Optometrists (lay member)

Janet Marsden, Royal College of Nursing Ophthalmic Group

Olga Miller, Institute of Education

Dr Andrew Partner, Royal College of General Practitioners

Elizabeth Percy, Action for Blind People

Dimple Shah, Association of Optometrists

Kate Skilton, Devon County Council

Sue Taylor, NALSVI. Gateshead Sight Services

Norma Town, National Federation of the Blind

Ex Officio

Nick Astbury, VISION 2020 UK

David Lye, Department of Health

Supporting groups for specialist topics (input/attendance as required)

VISION 2020 UK special interest groups, as appropriate.

Appendix 5:

Public Service Agreements

Public Service Agreements (PSAs) are the performance framework by which central government drives forward the delivery of public services. Under the 2007 Comprehensive Spending Review the government produced 30 PSAs, which are measured by a total of 198 national indicators. The PSAs might be useful in discussions with national and local government, as all government departments have to produce them and then set targets and indicate how they will be achieved. The list below shows the PSAs with the most relevance to the UK Vision Strategy.

- PSA 2 Improve the skills of the population
- PSA 8 Maximise employment opportunity for all
- PSA10 Raise the educational achievement of all children and young people
- PSA 11 Narrow the gap in educational achievement between children from low income and disadvantaged backgrounds and their peers
- PSA 12 Improve the health and well being of young children
- PSA 14 Increase the number of children and young people on the path to success
- PSA 15 Address the disadvantage that individuals experience because of their gender, race, disability, age, sexual orientation, religion and belief
- PSA 16 Increase the proportion of socially excluded adults in settled accommodation and employment education and housing
- PSA 17 Tackle poverty and promote greater independence and well being in later life
- PSA 18 Promote better health and well being for all
- PSA 19 Promote better care for all
- PSA 21 Build more cohesive, empowered and active communities

Appendix 6: Glossary of Terms

Cataract: a clouding of the eye's natural lens, often linked to ageing or to diabetes.

Certificate of Visual Impairment (CVI): the registration form for patients eligible for certification as sight impaired (partial sight) or severely sight impaired (blind), which can only be signed by a consultant ophthalmologist.

Diabetic retinopathy: damage to the blood vessels at the back of the eye caused by poor control of blood sugar levels.

Disability Discrimination Act (DDA): legislation to promote civil rights for disabled people and protect disabled people from discrimination.

Disability Living Allowance (DLA): tax-free benefit for children and adults who need help with personal care or have walking difficulties because they are disabled.

Domiciliary care: care delivered at home or similar.

Evidence-based: the methodical review, evaluation and implementation of existing research to ensure, for example, the delivery of optimal care.

Eye Care Liaison and Information Officer (ECLIO) / Eye Clinic Liaison Officer (ECLO): a point of contact who provides a frontline support and information service for those with visual or ocular concerns or for carers of people with visual impairment. The role acts as a link between health, social and community care.

Glaucoma: a group of disorders often associated with a raised internal eye pressure which can damage the optic nerve.

GPwSI: a GP with a specialist interest in ophthalmology.

Information prescriptions: a source of information to guide people to links and resources regarding their health, care and available services and support.

Low Vision Leaflet (LVL): a self-referral letter sent to social services to request advice and support for problems with vision loss.

Macular degeneration: usually age-related, this is the deterioration of the part of the retina responsible for the sharp, central vision needed to read or drive, for example.

Nystagmus: an involuntary eye movement, usually regular and repetitive.

Ocular hypertension: higher-than-normal internal pressure in the eye, associated with an increased risk of glaucoma.

Ophthalmic medical practitioner: medically qualified, with postgraduate training in ophthalmology, can also issue prescriptions in the same way as optometrists.

Ophthalmic nurse: has general nursing training plus specialist training in hospital eye departments, assists in surgery and manages patients with glaucoma, cataract, low vision and other eye conditions.

Ophthalmologist: examines, diagnoses and treats diseases of the eye, prescribes medicine, performs surgery and typically works in a hospital.

Optician (or dispensing optician): advises on and supplies spectacles and low vision aids, and sometimes contact lenses.

Optometrist: examines eyes, tests sight, gives advice on visual problems, and prescribes and dispenses spectacles, contact lenses and other visual aids. Some optometrists may be involved in other aspects of eye care, working with ophthalmologists.

Orthoptist: diagnoses and treats vision defects and abnormal eye movements, usually as part of a hospital care team; orthoptists are also expert in matters relating to children's vision.

Personal Child Health Record: a record of a child's growth and development, designed to enhance communication between parents and health professionals.

Primary Care: in relation to the care of eyes, the provision of first contact care for eye conditions. Primary care health services are generally based in the local community.

Primary Care Trust (PCT): There are 152 PCTs in England. Their primary remit is to provide or commission primary and community services, and to commission secondary care. This involves ascertaining the health needs and improving the health and well-being of people in the area they serve, by working in partnership with primary and secondary health care providers and other local organisations and authorities.

Qualified Teacher of the Visually Impaired: QTVIs have extra training in working with children with visual impairment, and work in special and mainstream schools or within visual impairment service teams.

Referral of Visual Impairment (RVI): form sent by hospital eye service staff, including optometrists, to alert social services (with the patient's consent) that a patient has vision impairment and would benefit from an assessment.

Rehabilitation worker: provides specialist assessment, training and advice to anyone with a vision impairment; some work within social services, others with voluntary organisations.

Secondary Care: a term used for treatment by specialists to whom a patient has been referred by primary care providers. Secondary care is generally hospital-based.

Sight impaired/severely sight impaired: the terms that recently replaced partially sighted and blind for registration and certification purposes.

Strategic Health Authority (SHA): there are currently 10 SHAs in England and their primary remit is to manage the NHS at a regional level and ensure that policy dictated by the Department of Health is adhered to. This includes ensuring services are up to standard, improving and expanding services and ensuring that national priorities are covered. The SHA is also a link between the NHS and the Department of Health. Each SHA contains a number of NHS Trusts (including PCTs) which the SHA monitors and supervises.

Tertiary Care: a term used for the provision of highly specialised consultative services, usually involving expert investigation or treatment.

World-class Commissioning: a Department of Health initiative to deliver outstanding performance in the commissioning of health and care services in the NHS. It states that PCTs are primarily commissioning bodies responsible for leading the health and well-being of the local population.

The England Implementation Plan was prepared by Deborah Hamlin and James Woodhead with support and assistance from the UK Vision Strategy Implementation Team.

For further information, please contact:

UK Vision Strategy Implementation Team

RNIB

105 Judd Street

London

WC1H 9NE

Telephone: +44 (0)20 7388 1266

Fax: +44 (0)20 7388 2034

Email: ukvisionstrategy@rnib.org.uk

Web address:

www.vision2020uk.org.uk/ukvisionstrategy