

**Gloucestershire
Local Involvement Network (LINK)**

**Access to
Health and Social Care services
by the Visually Impaired**

Task Group Report

October 2011

*“Gloucestershire LINK will help influence,
improve or change the way local health and
social care services are planned and delivered”*

CONTENTS

1 Introduction	Page 3
2 Membership	Page 4
3 Process	Page 4
3.1 Policies	Page 5
3.2 Comments	Page 9
3.3 Questionnaire	Page 14
3.4 Talks	Page 27
3.5 Patient Pathway	Page 30
3.6 Other Requests for Information	Page 34
4 Conclusions	Page 35
5 Recommendations	Page 38
Acknowledgments	Page 40
Appendices	Page 41
References	Page 57

1. Introduction

Local Involvement Networks (LINK) were set up in April 2008 as part of the legislation in the Local Government and Public Involvement in Health Act 2007. One of the primary functions of LINKs is to collect views from patients, carers and the public about health and social care services in their local authority area. These views are passed on to the Commissioners, Providers and Regulators of the services, to help improve or change these services.

In June 2008, the NHS Information Centre for Health and Social Care reported 309,265 people were registered as blind and partially sighted in England, with 3,415 registered in Gloucestershire (figures per district are not available). These statistics do not take account of those affected by poor vision but not registered. Additionally, an ageing population will lead to an increase in age-related eye diseases such as macular degeneration, glaucoma and diabetic retinopathy.

In 1998 the Royal National Institute of Blind People (RNIB) published a report, “Ill informed”, which showed that the health information needs of blind and partially sighted people were not being met. In response to changes in the law, in particular the Disability Discrimination Act (2005) a further report was commissioned by the RNIB in March 2009¹. This found that the majority of blind and partially sighted people were still not receiving health information in accessible formats.

Gloucestershire LINK became aware of this issue when it was raised at public events in 2009/10. This was followed by a meeting with Barbara Marshall, Chair of Gloucestershire LINK and RNIB representatives Tara Melton, Regional Campaigns Manager, South West and Oliver Stevenson. The RNIB introduced their “Losing Patients” campaign (Sept 2009) which empowers blind and partially sighted people to secure accessible information from the NHS. Following this meeting the issue was discussed at the next meeting of the LINK Stewardship Board (LSB) where members agreed that a short term task group be formed as part of the 2010/11 work plan to look into “Access to Health and Social Care services by the Visually Impaired”.

The Terms of Reference for this task group are included at Appendix 1. Its aims are:

- To review access by the visually impaired to health and social care services in Gloucestershire taking into account the views expressed by patients, carers and members of the public
- To make recommendations to improve the services to the Commissioners, Providers and Regulators in Gloucestershire

2. Membership

All LINK members who had expressed an interest in sensory impairment were invited to be part of the task group. The resulting membership represented a variety of backgrounds and organisations and included 4 service users. The Chair of the group was Jenny Hincks, a member of the LSB, who cares for a close family member who is severely sight impaired.

The membership of the task group can be found in Appendix 2

3. Process

The group held a total of 7 meetings approximately every 6 weeks. Following an initial discussion about the RNIB research it was agreed that the group would follow the process below:

- Request copies of policies and procedures from the Providers and Commissioners of the services in relation to access to health and social care services by the visually impaired
- Gather comments, including case studies, from members of the task group and from the public at community engagement events
- Design and circulate a questionnaire to gather experiences of the visually impaired in accessing health and social care services in Gloucestershire
- Request talks from Gloucestershire County Association for the Blind and Gloucestershire County Council's Sensory Services Team
- Map patient pathways for the visually impaired across all services
- Make any additional Requests for Information arising from patient experiences

3.1 Policies

Requests for copies of policies and procedures were made in relation to access to services by the visually impaired. Requests were sent to:

- **Commissioners**

- NHS Gloucestershire
- Gloucestershire County Council

- **Providers**

- Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT)
- Gloucestershire Care Services Board
- Gloucestershire County Council, Community & Adult Care Directorate
- 2gether NHS Foundation Trust
- Great Western Ambulance Service (GWAS)

A further request was made to GHNHSFT asking for the number of concerns and complaints made by patients/carers with a visual impairment during the financial year 2009/10. A list of the documents received from the Commissioners and Providers of the services are included at Appendix 3. Copies of these documents are available on request.

Comments made by members of the task group on the documents received are summarised as follows:-

Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT)

It was noted that several of the policies received from GHNHSFT were due for review:

- Procedure for Alert Stickers - May 2007
- Managing Diversity Policy - September 2001
- Nursing and Midwifery Practice: Policy and Procedure Protocol for Care of Guide Dogs - issue: March 2004, review: March 2005
- Clinical Policy for Assistance Dogs – Sept 2007

Procedure for Alert Stickers (May 2007)

The task group felt that the use of “alert” stickers was essential and that they should be placed in a visible position on a patient’s records.

Clinical Policy for Assistance Dogs (Sept 2007)

The task group felt this was a clear policy which covered all eventualities.

Trust Policy for Interpreting and Translating Guide. September 2005 (out of date, currently being re-written)

This document contained excellent flowcharts with regard to dealing with visually impaired admissions to hospital and the use of the national “eye” symbol.

Following a request for the updated version of the document, *Interpreting and Translation Policy*, ratified on 5 July 2011, the group were disappointed that all specific references to services for the visually impaired had been removed including the flowcharts dealing with admissions to hospital by the visually impaired.

LINK has gathered clear evidence that in a number of instances the above policies are not being implemented adequately. See case studies at Appendix 4 and comments at Appendix 5.

Gloucestershire Care Services Board

A request for copies of policies & procedures for Community Hospitals was made to the Care Services Board in August 2010. Due to a resignation and several staff changes, a response was not received until February 2011. The group felt that the letter received from the Care Services Board did not give enough detail and that a policy should be available.

Gloucestershire County Council (GCC)

It was noted that the following policies were due for review:

- Sensory Equipment Policy. Issue: March 2005, Review: December 2008
 - Direct Payment and Equipment Policy. September 2006
 - Direct Payments. Policy and Procedures. Updated May 2008
 - Interpretation and Translation. Updated October 2008
 - Blue Badge Parking Scheme for Disabled Drivers and Passengers. Revised October 2007
-

Interpretation and Translation Policy

This policy made no reference to information being produced in large print or audio versions.

“Your Circle” information sheet on services available to the visually impaired

The group recognised the importance of the “Your Circle” information sheet but identified that some of the contact details on the document required updating and Gloucestershire County Council were notified as a matter of urgency. The amended information sheet is now available to download from the County Council website. Stocks of the information sheets are not kept but if copies are required in an alternative format, they can be provided on request. The task group expressed their concern that copies are only available on request.

Generally the task group felt that the County Council policies were very thorough but contained so much information it was hard to find what you were looking for. It was felt that a summary sheet might be useful.

2gether NHS Foundation Trust

Introduction to the Disability Equality Scheme 2009 – 2012.

The following comments were made:

- Page 9 of 9 offered the document in large print, Braille, audio cassette, CD-DVD or other languages. The task group felt that this page should be at the front of the document
- It was noted that this document was a draft

Great Western Ambulance Service (GWAS)

The task group felt that the Computer Aided Design (CAD) flagging and care plan service currently being introduced by GWAS would be beneficial for the visually impaired.

The group sent a further Request for Information to GWAS regarding staff training:

Question 1. What percentage of GWAS staff received training in 2010/11?

Answer 1. “99% of GWAS staff have completed the Mandatory Training Workbook between 2009-11. This includes elements of dealing with disability. 80% of staff completed face to face statutory and mandatory training during 2010-11. This includes elements of communication and treating people according to their needs”

Question 2. Do the volunteer drivers used in the Patient Transport Service receive similar training?

Answer 2. “All volunteer drivers complete the trust’s Mandatory Training Workbook which covers issues such as equality and diversity, protecting the public and manual handling. Our Operations Centre utilise them appropriately so that they do not transport patients with significant disabilities, these patients are transported by GWAS staff. As a trust, though, we are moving away from using volunteer drivers and to employing trust staff”

The group commented that these figures do not show an improvement year on year and it was not clear if staff had any specific training related to the visually impaired

Request for concerns and complaints made to GHNHSFT

A verbal response was received confirming that no concerns or complaints had been received in 2009/10 relating to access to services by the visually impaired.

3.2 Comments received from members of the group and the public

Members of the task group included service users, carers of service users and people who had come into contact with the visually impaired in the course of their work. Their experiences were gathered along with comments received at Gloucestershire LINK public events.

A summary of emerging themes is shown below together with case studies from service users.

A full list of comments is included at Appendix 5.

Examples of some of the themes emerging from the comments:-

Signage both internal and external (particularly toilets)

"In the audiology/ophthalmology department at Gloucester Royal Hospital I could not see the signs which said where I should register"

Training for health care professionals in dealing with the visually impaired

"Problems occur for people with visual impairment when they have multiple conditions. In other clinics they do not deal with visual impairment"

Use of the national "eye" symbol

"When hospitalised, the visually impaired patient had no sign over the bed, nobody checked to see if he could eat or read the menu"

Hospital appointment letters

"The print on appointment letters from the hospital is too small and too faint"

Hospital menus

"When I was in the hospital I could not read the menu, the print was too small. I could not see the potato on the white plate"

Treatment

"A visually impaired patient came home from Gloucester Royal Hospital on 27th February 2011 after undergoing major surgery in the oncology department. He was in hospital for two weeks and received "5 star treatment". The nurses were very considerate of his visual impairment"

Complaints Procedure

“A visually impaired person was in a ward closed due to infection. Whilst there, he was given bad news regarding his loss of sight and feeling distressed he requested an urgent visit from his wife. He was told he couldn't see his wife. He took the matter into his own hands and left the ward to meet his wife. He asked to make a complaint and was given a form which he was unable to read. The nurse walked away knowing he was visually impaired”

GP surgeries

“At my GP surgery I cannot see the boxes to tick on the repeat prescription form. Other information does not comply with the Equality Act 2010”

Low vision clinic

“The low vision clinic is very helpful. Sue Stevens is really great!”

Podiatry

“A lady with Macular Degeneration (lives in Stroud) had been unable to get an appointment for NHS podiatry services even though she cannot see well enough to cut her toenails”

Sensory Services Team

“Sue Stevens of the Sensory Services Team was really helpful”

Closure of Services

“My friend, who is visually impaired, is worried about the proposed closure of Hatherley Day Centre. She goes to a support group for the visually impaired there”

Referrals

“As I work in an opticians I find it frustrating the lack of communication between the Hospital Eye Service/local practices/GP”s. There is an inconsistency when referring patients via the GP to the Hospital Eye Service and GPs not responding. It appears those able to persist will get treatment, consequently vulnerable patients don't get equal care”

Case Study A

This case study took place in February 2011.

The partially sighted patient presented at his GP surgery and was referred to Cheltenham General Hospital and hospital transport was arranged.

The transport arrived within 5 minutes. The patient had his white cane so the paramedic could see he was visually impaired. He was helped into the back of the vehicle and told where the step was. On arrival at the hospital the paramedic got a wheelchair and took him to Accident and Emergency making sure he was checked in and taken to the right area. He was admitted to Accident and Emergency at approximately 12 noon.

The patient was taken to a bed quite quickly. The nurse came and checked his blood pressure. Whilst tests were being undertaken the patient was not given any explanation of what was happening or what was going to happen next. The doctor arrived about an hour later and only at this point was he asked about his vision.

At no time was the patient asked if he wanted the “eye symbol” displayed above his bed. The patient was not familiarised with his surroundings and had to ask another patient where the toilet was.

The patient was not offered any food or drink. At 9pm he asked if there was any possibility of food and was told it was too late for food as the kitchens had closed. The only food available was from a vending machine. He was given directions to the vending machine but not shown how to get there. On the way back to his bed the patient had trouble finding the way but was not offered any help.

He could not find the buzzer on his bed so was unable to get assistance. The light next to the bed did not work. On asking the nurse it became apparent that it did not have a bulb in it. No attempt was made to replace the bulb.

The patient had to sleep in his underwear as no pyjamas were made available. The following day the patient waited all morning to be seen. It was decided no further treatment was necessary and he could be discharged. However discharge did not take place until late that afternoon because he had to wait for his cannula to be removed.

On discharge the patient was advised that no transport was available to take him home. He had to take the bus home but was offered no assistance and had to ask a porter to help him find the bus stop.

Case study B

C is severely sight impaired and in June 2011 attended two separate appointments at Gloucester Royal Hospital.

Appointment 1

Appointment with the Neuro Psychologist at Gloucester Royal Hospital.

Parking was in the new multi-storey car park which is at one end of the hospital site. There was no covered walkway to get to the far side of the hospital and in order to walk on a pavement it was necessary to go a long way round to the footpath that runs along the road. Signage to the department could only be seen from the road and not by anyone approaching on foot. Additionally the sign was obscured by undergrowth.

On arrival there was an unmanned reception desk with a small sign telling you to go around the corner to telephone the department required. An unaccompanied visually impaired person could not have managed this process unaided.

Once in the department the doctor (who had been pre-warned by the patient's wife that he was visually impaired) was very attentive and empathetic. The patient was collected and returned to the waiting area.

Appointment 2

Appointment in Ward 6A (in the Tower Block), Gloucester Royal Hospital four days later for a minor procedure.

The patient arrived carrying a white stick and using his walker. The nurse was unaware of his visual impairment and asked him to wait in the corridor. After being informed of his visual impairment the nurse took him to an examination room to wait but did not request any further details of his visual impairment. After a 30 minute wait a doctor came and introduced himself. He had not been informed of the patient's visual impairment nor did he pick up on it. The doctor explained the procedure and any

complications that might occur. The patient was given an authorisation sheet to sign and on telling the doctor that he was visually impaired, the doctor suggested that his wife read it to him. An alternative format was not requested nor was it offered. He signed the paper and his wife was asked to counter sign it. Only at this point was he asked about his visual impairment.

The doctor made sure the patient was in the right place and explained fully what was happening. The presence of the nurse was very calming. Once the procedure was complete he was not offered any assistance in getting dressed. This was quite a challenge as he had to take into account the wires associated with his hearing and speech aids. He was escorted out of the room and on seeing the patient's wife, the doctor left him in the corridor without any further explanation.

The lift in which they left the building had no voice and the buttons were not brailled. A visually impaired person could not have managed the lift alone.

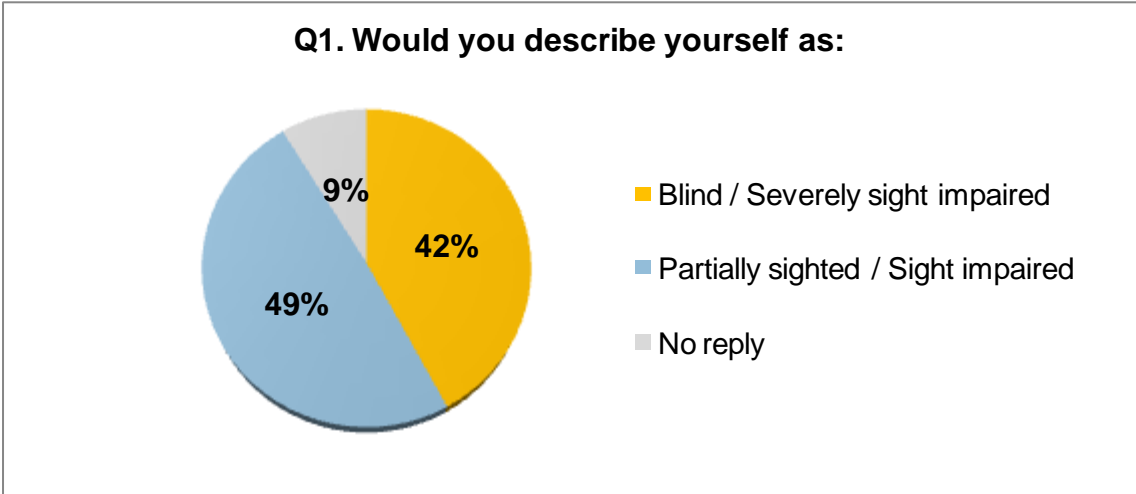
3.3 Questionnaire

A questionnaire was designed by the task group to gather the experiences of the visually impaired with regard to accessing health and social care services (copy included at Appendix 6) The survey took place between November 2010 and January 2011. All LINK members were sent an e-alert making them aware of the survey and contact was made with all visually impaired groups on the task group database (circulation list included at Appendix 7) The questionnaire was also accessible through the Gloslink website and in large and standard print hard copy. The questionnaire was not requested in any other format.

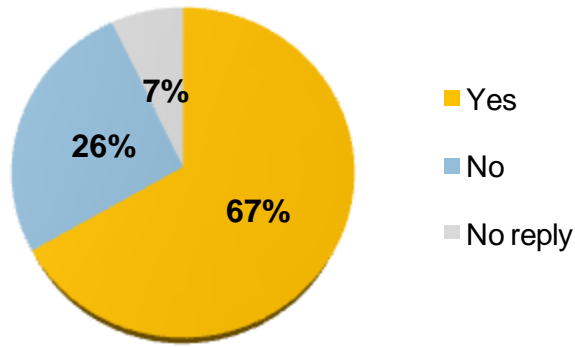
A total of 57 questionnaires were completed, 32 of which were completed on-line. Over 90% of the responses were from severely sight impaired or sight impaired individuals of whom 71% were aged 65 or over. Responses were received from all six districts in Gloucestershire.

**Review of Access to Health and Social Care Services
for the Visually Impaired**

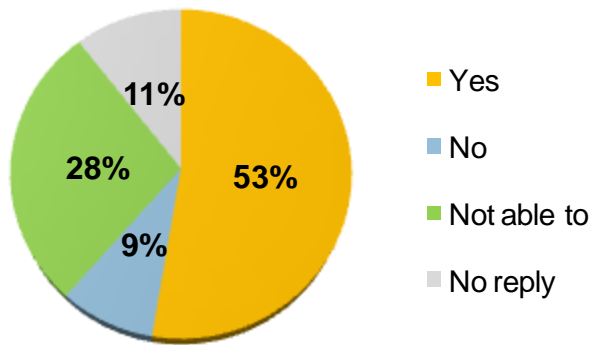
- The survey took place in late 2010/early 2011
- 57 questionnaires were completed (32 web + 25 paper)
- Unless otherwise specified, all percentages are out 57
- Percentages in pie charts may add to 101% or 99% due to rounding



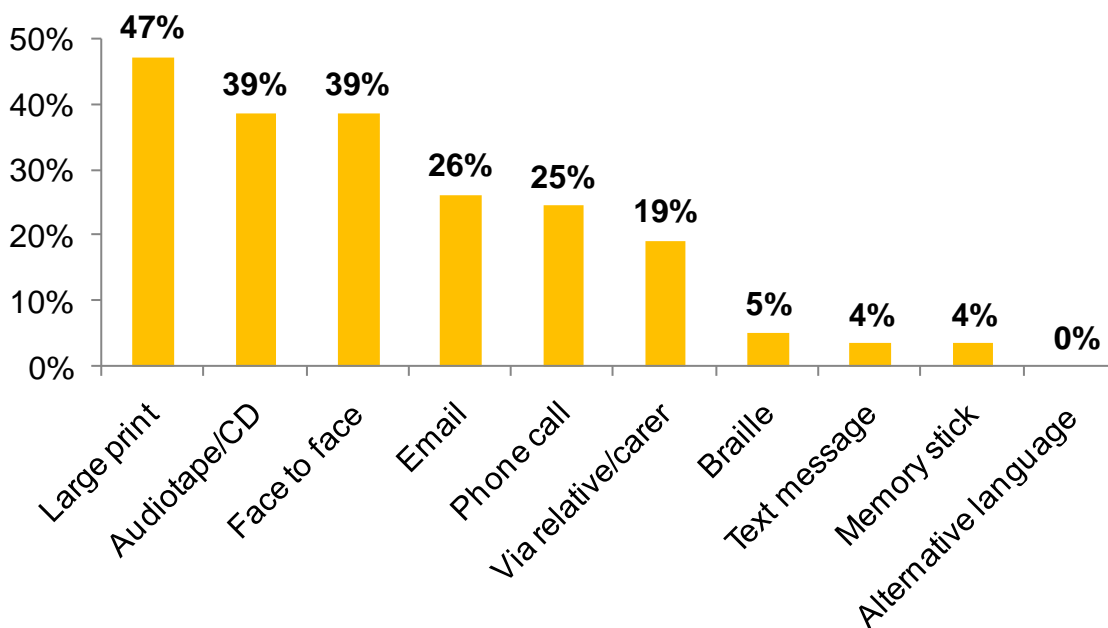
Q2. Are you aware that by law you have a right to information about health and social care in a form most appropriate to your needs?



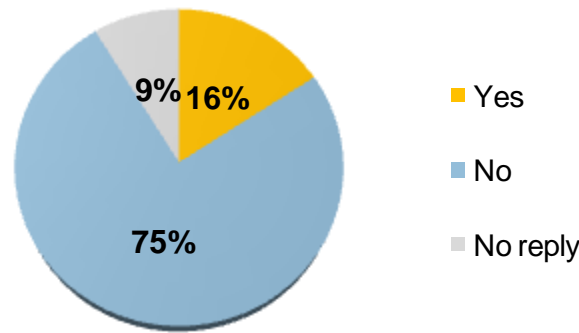
Q3. Do you prefer to read health and social care information for yourself?



Q4. If available, how would you prefer to receive health and social care information? (tick all that apply)



Q5. Have you ever been asked in which format you require health and social care information?



Q6. If yes, in which setting have you been asked?

(tick all that apply)

The answers to this question relate to the 16% of respondents (9 people) who said they have been asked in which format they require health and social care information.

Hospital outpatient.....	4 people
Hospital inpatient.....	1 person
GP.....	3 people
Pharmacy.....	1 person
Day centre	1 person
Dentist.....	0 people
Care home.....	0 people

Other

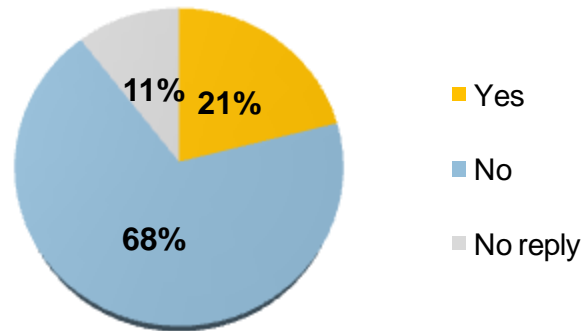
- At Macular Degeneration Society meeting and at home I read “Side View” also I have a Merlin reading machine
- Macular & GCAB. Moderneyes send info in large print.
- GCAB Newsletter and Modern Eyes magazine
- LINK

Q7. Has this happened more than once?

The answers to this question relate to the 9 people who said they have been asked in which format they require health and social care information.

Yes.....	5 people (56% of 9 people)
No.....	4 person (44% of 9 people)

Q8. Have you ever asked for health and social care information in an alternative format?



Q9. If no, why is this?

- Able to manage myself
- At the moment my eye problem does not affect reading information. Without the injections I receive at Gloucester Royal Hospital my sight would have been badly affected.
- Because with my low vision aids, I can read normal sized print so don't feel the need to have it in other formats
- No reason so far
- No reason to at present
- The occasion hasn't arisen
- It just never occurred to me to ask for anything in large print
- I've never thought about it
- I have never asked and it hasn't been offered
- Never been offered the opportunity
- Never got the choice
- Because I did not know that it was available
- Did not know it was available
- I did not know I could get it in a different format
- I wasn't aware I could
- Because I am under 18 and my Mum/carer deals with information
- Because my wife reads it for me
- Carer helps
- I ask my daughter what information is available
- I usually take someone with me who takes the information for me
- Information is dealt with by my daughter and read and discussed with me
- I don't ask for anything as I am fortunate in the family I have
- My carer provides all information
- Not yet necessary. My carer copes and my daughter is a nurse.
- Have information from GCAB, RNIB in large print. Also St Dunstons.
- I can use alternative methods

- Partly because I have rarely required printed information from services listed and also because I have a video magnifier at home to enlarge written material.
- I already get too much to read and often the info is repeated. Some take a long time to say what is obvious.
- I find it far too confusing
- You often receive a look that says you've asked for the impossible
- Too much fuss
- Offered large print initially
- Don't know
- Not sure

Q10. If yes, in which setting? (*tick all that apply*)

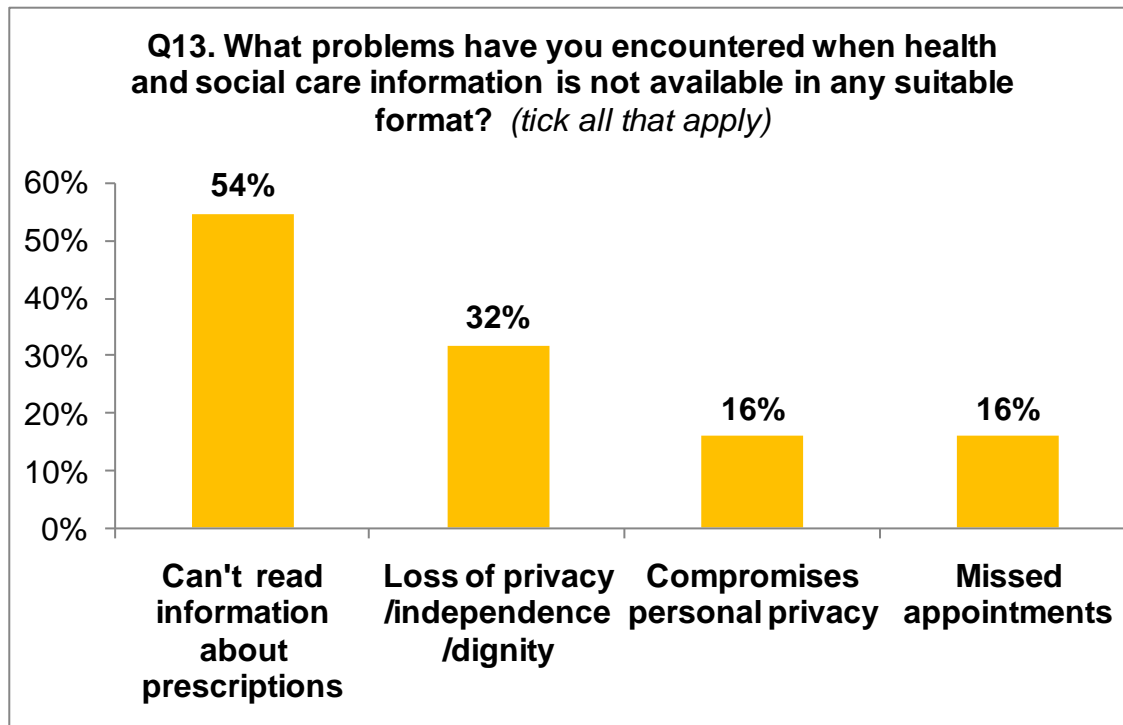
Q11. Were you provided with the format you requested?

Q12. If no, was an alternative offered?

The answers to Q10-12 relate to the 21% of respondents (12 people) who said they have asked for health and social care information in an alternative format.

The results are summarised in the grid below. For example, **5** people asked for health and social care information as a **hospital outpatient**; **3** of these were provided with the format requested but **2** were not; in **1** of these **2** cases an alternative was offered, while in **1** it was not.

	Q10. In which setting?	Q11. Were you provided with the format you requested?	Q12. If no, was an alternative offered?
Hospital outpatient	5	3 Yes, 2 No	1 Yes, 1 No
Hospital inpatient	3	2 Yes, 1 No	1 No
GP	3	2 Yes, 1 No	1 No
Pharmacy	3	3 Yes, 0 No	-
Dentist	0	-	-
Day centre	0	-	-
Care home	0	-	-
Other (NHS Direct)	1	0 Yes, 1 No	1 No

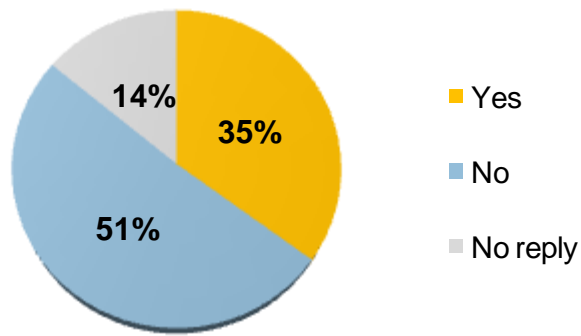


N.B. 25 respondents (44%) did not tick any of the above options.

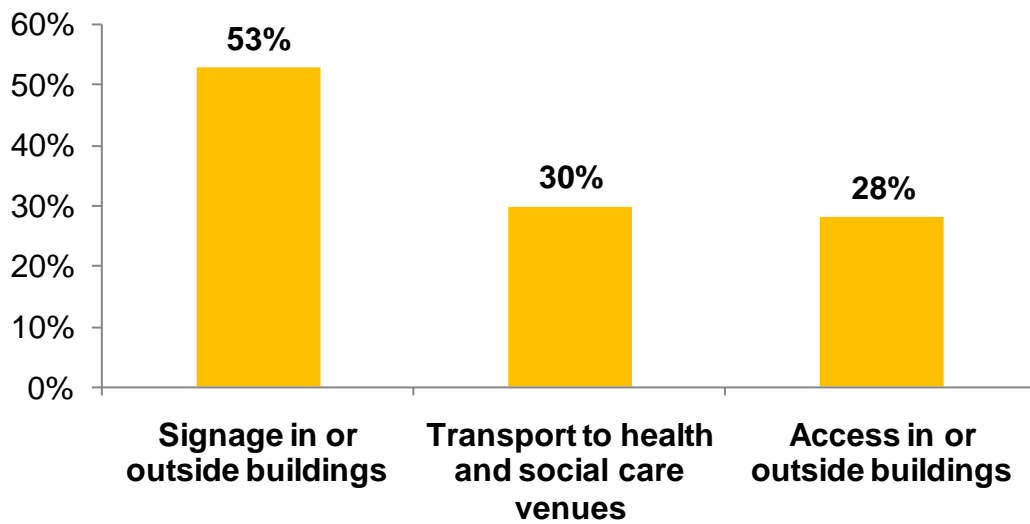
Q13 – Other

- At present I am on chemotherapy and on an all day appointment my wife has to stay with me to check the labels on the chemo that is being given to me as I cannot read the labels to make sure they are mine
- The usual prescription information is too small a print and I require a bright light and a magnifying glass to access it
- Cannot read notices in waiting room – use check-in system
- Unable to read menu whilst in hospital for a short stay
- Have friend who is usually able to help at present
- I haven't missed appointments because my daughter keeps track of them for me.
- My carer reads all information.
- My carer, support worker reads all my post and she explains things to me
- My wife reminds me of appointments
- None, as I have a daughter carer
- All the above would apply if I didn't have a partner and a video magnifier
- Can't understand what is written due to learning difficulty
- I don't know what I don't know!
- None

Q14. Are you aware of the use of the national 'eye' symbol in health and social care settings?



Q15. Which of these areas have you had problems with in relation to health and social care? (tick all that apply)

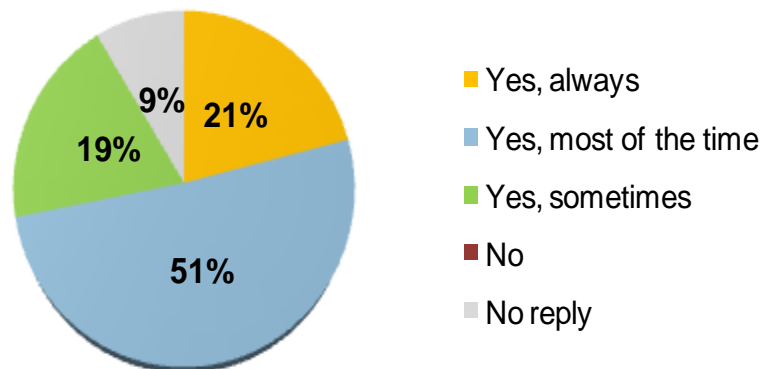


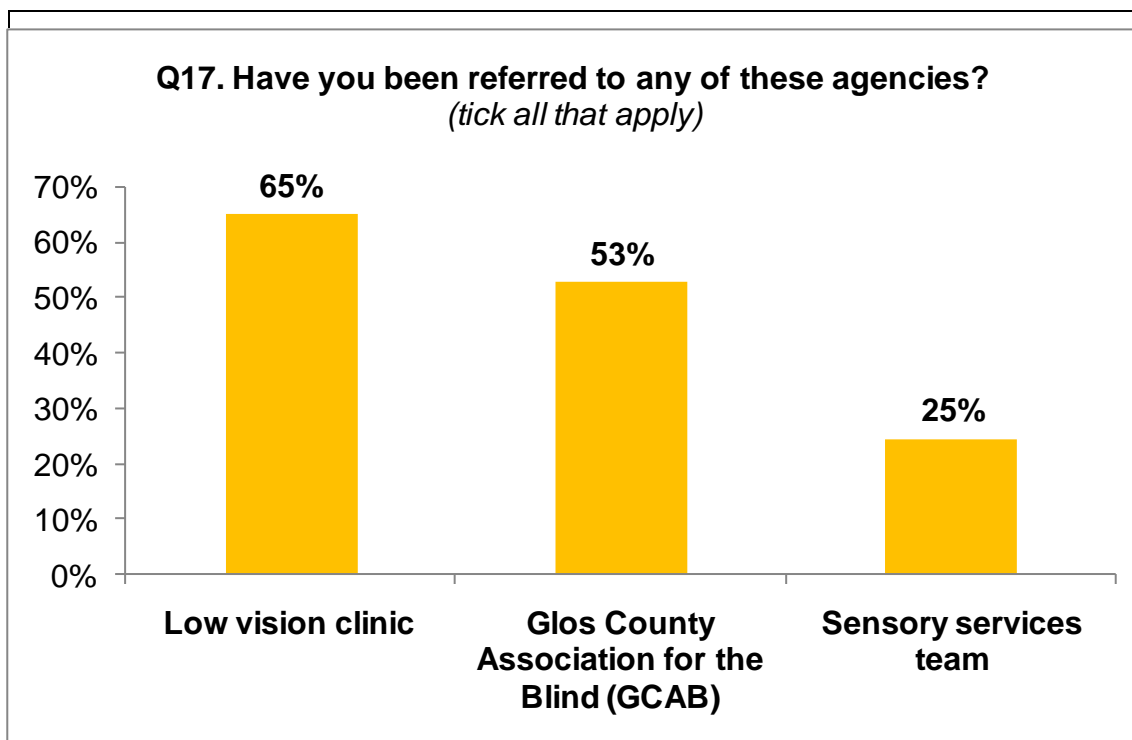
N.B. 17 respondents (30%) did not tick any of the above options.

Q15 – Other

- Access to services such as restaurant, toilets etc.
- I can't see signs, but always have someone with me
- My carer takes me to all my health appointments. I would not be able to read signage, I would not understand.
- Bus numbers and timetables
- Disabled parking bays full
- Friend transports me
- I rely on a guide to get me to the place
- Finding the way around places
- I use a carer/support worker to attend appointments
- Always accompanied
- Not applicable as I have a carer
- Limited by deafness

Q16. Do you feel that medical and care staff are sympathetic to your needs?

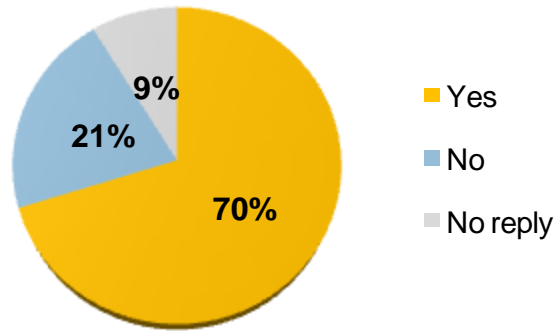




Q17 – Other

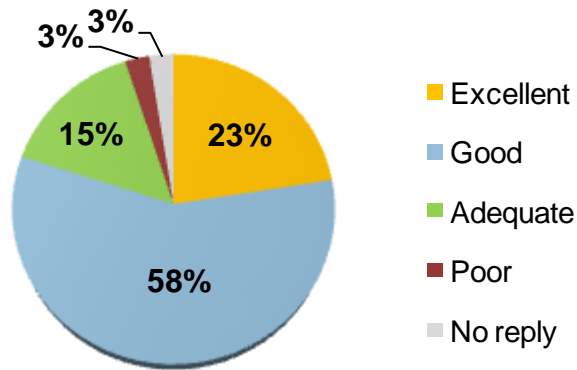
- RNIB
- RNIB, St Dunstons by MD Club in Cheltenham
- RNIB, Torch Trust
- RNIB, Macular
- Macular Degeneration Society
- I found out about the Talking Newspaper from a leaflet at the optician. Talking Books and Calibre.
- Guide Dogs for my dog
- The Forge
- Visit eye clinic annually
- Others, not associated with a disability (e.g. Orthopaedic, Urology and Skin Clinics.)
- We found GCAB independently, they were not referred to us
- Have been to GCAB although I found this myself
- Only by people I've known through personal contact. Never by a professional body.

Q18. Do you have any other medical conditions?



Q19. If Yes, what is your experience in other health and social care departments?

N.B. The percentages in this chart are out of 40; this is the number of people who answered Yes to Q18.



Q19 – Please give details

- All hospitals vary but GRH is very good
- I am treated very well. I always attend appointments with my career, support worker.
- I had major surgery some time ago. I was treated very well.
- I have arthritis, some members of staff e.g. nurses are quite considerate and helpful
- When I did have a short stay two and a half years ago I was well cared for
- Mum has an excellent GP at Leckhampton surgery. Apart from the eye clinic at Cheltenham General she has also been to the renal, ENT, fracture clinic, cardiac, MRI and CT dept and whenever and whichever department we have been in she has always been treated very well
- On medication for thyroid, surgery normally very good
- Regular attendance at GRH hearing clinic. Service is good but always long waits
- I was looked after with great kindness in both x-ray and orthopaedic consultant's clinic once they knew I had severe sight impairment. I found information from various health departments aren't always passed on from one to another.
- My son also has cerebral palsy and as a 17 year old has so far come under paediatric care which has been very comprehensive. I, as his carer, am concerned about how he will manage to obtain information as an adult.
- When going for outpatients appointments, the signs around the area are not always that good. Also the information screens are too high and small to be able to read so information about the clinic can be missed – for example, if they are running late, or even if you're sitting in the right area.
- When in hospital I kept having to ask for my medication as the night staff didn't give it out. I had to keep ringing the bell to be taken to the toilet as the staff seemed to disappear. No Braille menu so had to rely on my family to fill it in for me.
- Other clinics are specialists for their own specialisms and not for sight impairment, and that gives rise to poor knowledge how to deal with certain situations and separation of symptoms
- I visit Lydney or Gloucester hospitals annually. My husband usually takes me and we work around his work.
- This year I fell and broke my femur. I am awaiting knee repair operation. I have a hearing aid. Now eye injections likely. All above at Cheltenham General Hospital and one eye examination at Gloucester.
- Hip replacement, prostatectomy, two hernias, minor ops for non-invasive skin cancers
- High BP, diabetes, cancer
- High blood pressure
- Hearing impaired

Q20. Do you have any suggestions/experiences you want to share, good or bad?

- Good things at Cheltenham General. Increase in number of disabled parking places. Good pathway in block yellow to guide to vision testing/low vision area
- Very impressed with Cheltenham Hospital Outpatient Eye Department. The only appointments I have attended that ran to time.
- I use Access to Work which pays for taxis to my place of work. This keeps me in work and has made me feel independent again. Without this valuable service I would not be able to get to work, or it would cause great problems as I work varied shifts which can start as early as 05-30hrs and finish as late as 01-00hrs. I also work night shifts. I am most grateful for this service which is provided by The Department for Work and Pensions. It may help people in a similar situation to me.
- Join an MD or blind club. Share information at lectures or just social “get togethers”. Keep asking for help.
- At the Thursday clinic for Macular Degeneration at Gloucester Royal Hospital, the staff have been most helpful. Two visits running I was given priority treatment as my husband was close to dying and as soon as I arrived at the clinic I was seen by staff to save me waiting. Living in the Forest of Dean travelling to Gloucester is a time consuming operation, one which cannot be done on public transport. Some of us pay for Dial-a-Ride hospital transport; some are funded by social services or other appropriate body. It would be beneficial to all who live in the Forest of Dean if a clinic could be established in either or both of our local hospitals – the Dilke and Lydney. Extra rooms have recently been opened at both hospitals.
- When I had cataract operations earlier this year the only booklet was in print. I asked for Braille or audio and nothing was available. I phoned RNIB and they were able to provide me with a booklet in Braille explaining cataracts.
- While many of the medical professionals are aware, to a limited extent, not all are sufficiently aware of simple things like keeping talking if you want me to follow you. Many of the non-professionals such as admin and reception staff have little idea at all of how to deal with some issues such as either treating me like I am cruising on fumes, or staring wondering what to do next. Even simply putting paperwork into my hand rather than holding it out expecting me to know it's there.
- When reading with very poor sight or listening with hearing aids it takes far longer to absorb information. Writers should try to be BRIEF, CONCISE and avoid too much repetition. Worst are those who are more concerned with selling items such as hearing aids and are anxious to tell one how wonderful designers of equipment and after-sales CARE PLANS are. The NHS is generally good, I am not keen on private medicine. I make this assessment because we have recently had bad news from the media about individual hospitals with dreadful cases of indifferent to poor performances! That's enough – I don't want to be guilty of "wordiness" myself.

- Appointment letters are frequently in very faint type which I am unable to see
- Appointment letters for eye departments are always difficult to read as they are just in standard size print and not very good print either. Please can we have these in large print?
- Nurse had to read the menu to me when an in patient
- Signage for toilets, it is difficult to distinguish between ladies and gents with the small symbol. Perhaps there could be a different coloured light for each door to be made more universal.
- Toilet facilities could be more clearly marked on doors. Feel embarrassed having to ask. Went into a toilet while on holiday and all the walls were glass mirrors and I couldn't find my way out.
- The eye sign should be used more widely. In my experience with a visually impaired elderly mother all agencies should be much more aware of the need to provide accessible information.
- Delayed or overlooked annual check-up appointments at Cheltenham General.
- When taking antibiotics after treatment this year, for the first few days in hospital when I did not want to eat, porridge and soup was available. Then it disappeared from the menu and we were faced with sandwiches suitable for coalminers.
- There is no local doctor's surgery in Tuffley and travelling to my doctors in Barton Street is difficult. I am completely unable to do this on my own.
- I went through a traumatic time when applying for the middle rate of the care component of the Disability Living allowance. I was rejected twice and had to go to tribunal in the end for it to be agreed.
- I feel the general public should be made more aware of the many problems that have to be faced when people are diagnosed with sight loss.
- When someone is registered either blind or partially sighted they should be offered counselling, a visit from a social worker or whoever is in charge of dealing with household needs. A mobility trainer if they are going to use a cane and a volunteer to help take them shopping etc. I am quite young and independent but for elderly people I think this should be a must. Instead of giving money to families who have a hard job to get off their backsides to go to work spend the money on those who have actually paid some into it.

3.4 Talks

In order to gather more information about the services available to the visually impaired, the task group invited Sue Stevens from the County Council's Sensory Services Team and Steve Martin from Gloucestershire County Association for the Blind to give some background on their work.

3.4.1 Gloucestershire County Council's Sensory Services Team

Sue Stevens, Rehabilitation Worker for the Visually Impaired, Sensory Services Team and Barbara Rowe, Team Manager of the Sensory Services Team gave a presentation to the group about their work.

Anyone can refer into the Sensory Services Team. The team makes contact with the service user within 48 hours of the referral and makes a visit within 28 days. The Sensory Services Team provides support to the visually impaired in the following areas:

- **Daily Living Skills**

Support is provided to enable visually impaired people to carry out everyday tasks such as making a meal or being able to continue with hobbies such as photography, bowls or cricket.

- **Mobility**

Mobility and orientation have a big effect on confidence. Sufferers are taught how to work with a long cane, how to work with their other senses and to take account of clues around them.

- **Communication**

- Training in 'SuperNova' (a software programme which is a screen reader offering magnification, speech and Braille support)
- Work with 'Access to Work' to help find and keep visually impaired people in work
- Teach "Braille" and "Moon"
- Link to local courses for the visually impaired
- Provide tailored templates to help with writing
- Provide lighting assessments for general and task lighting

- **Work with other agencies**

- **Health Professionals**

- Sessions in the Low Vision Aid Clinic are provided monthly at Cheltenham General Hospital
- Work with the optometrist in the hospital, dealing with questions about practical difficulties encountered by the patients. This enables cross referrals to be made quickly and successfully

- **Libraries**

- **Local and National Charities**

Charities such as Gloucestershire County Association for the Blind (GCAB), St Dunstons, Disability Employment Adviser, Access to Work

Eye Clinic Liaison Officer (ECLO)

Sue Stevens described the role of an Eye Clinic Liaison Officer (ECLO). An ECLO provides a frontline service for people who are newly diagnosed with a visual impairment and trying to deal with the emotional trauma and practical challenges of sight loss. They provide information about eye conditions and their impact on everyday life, give emotional support as well as sources of practical and financial assistance. They also act as a bridge between health and social services, connecting patients with rehabilitation services and local and national support groups. The ECLO role in Gloucestershire would be based in the hospital and work closely with medical and nursing staff. Funding has not yet been finalised for the provision of an ECLO in Gloucestershire.

3.4.2 Gloucestershire County Association for the Blind (GCAB)

Steve Martin, General Manger of GCAB provided some background on the work of GCAB.

GCAB is 153 years old and is part of “Visionary”, a national organisation linking local sight loss charities. The aim of GCAB is to improve the lives and independence of visually impaired people throughout the county. It does this in a variety of ways:

- Resource Centre in Cheltenham providing equipment and aids to the visually impaired
 - Providing computer lessons using ‘Guide’ and ‘Supernova’ software
 - Theatre group trips to the Everyman theatre in Cheltenham. Sighted guide training has been provided to the staff at the theatre
-

- Young person's group providing activities such as rock climbing, skiing etc
- Hospital information service. GCAB are currently negotiating to recruit and employ an Eye Clinic Liaison Officer (ECLO) for Cheltenham and Gloucester hospitals. They are hoping to finalise this in the next 12 months
- 2 visiting advisers provide support and advice in areas such as benefits, living skills etc. This service is provided as an enhancement to the service provided by the Gloucestershire County Council, Sensory Services Team
- 4 outreach offices provide weekly sessions in Cirencester, Gloucester, Stroud and Moreton-in-Marsh.
- Volunteer service. As well as employing 10 staff GCAB also have 137 volunteers situated throughout the county. All volunteers are CRB checked. They provide support in a variety of ways including office work, fundraising, visiting people in their own homes and providing support in hospital
- Low vision awareness training is provided on request and includes businesses, the police force and staff in care homes
- Transcription service into "Braille"
- Counselling service provided to the visually impaired or their carers
- Supporting other Blind organisations e.g. Talking Newspaper

3.5 Patient Pathway

In order to clarify the patient pathway the following diagrams were produced and discussed

- **Registration of Visual Impairment**

Registration of visual impairment occurs when an ophthalmologist completes a Certificate of Visual Impairment (CVI). A copy of this certificate is sent to the patient, the Royal College of Ophthalmology, the Department of Health (to audit visual impairment in the UK and inform future demand for services) the Social Care Sensory Services Team, the patient's GP and the Gloucestershire Hospitals NHS Foundation Trust.

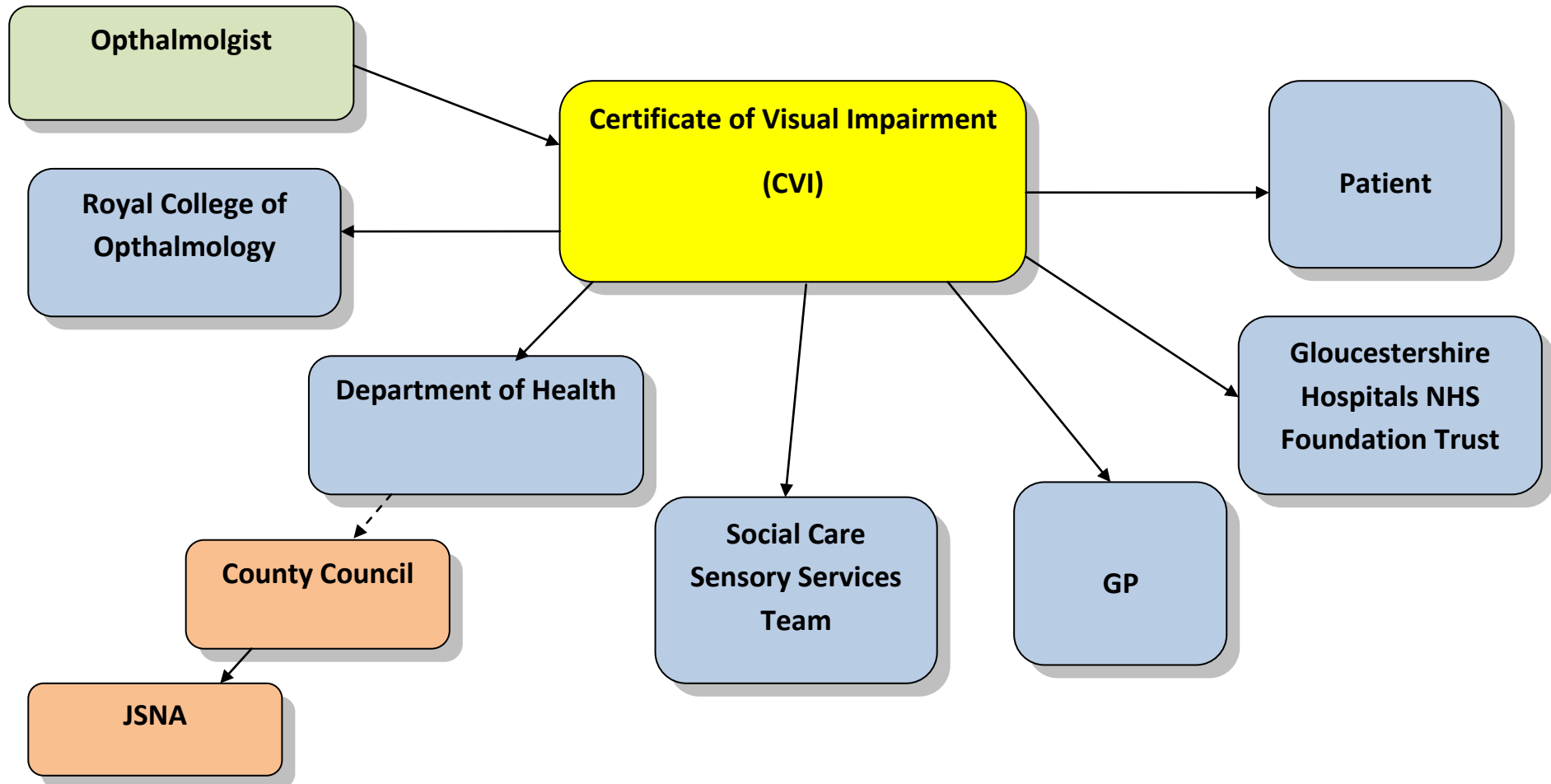
- **Patient pathway to GCC, Sensory Services Team**

Referral to the Sensory Services Team may occur from a variety of sources in addition to the CVI. A Referral of Visual Impairment (RVI) completed by an optometrist or a Low Vision Leaflet (LVL) completed by the patient on the recommendation of an optometrist. Additionally referrals may come via the optometrist, the Low Vision Aid Clinic or a Voluntary Organisation such as Gloucestershire County Association for the Blind (with the patient's consent)

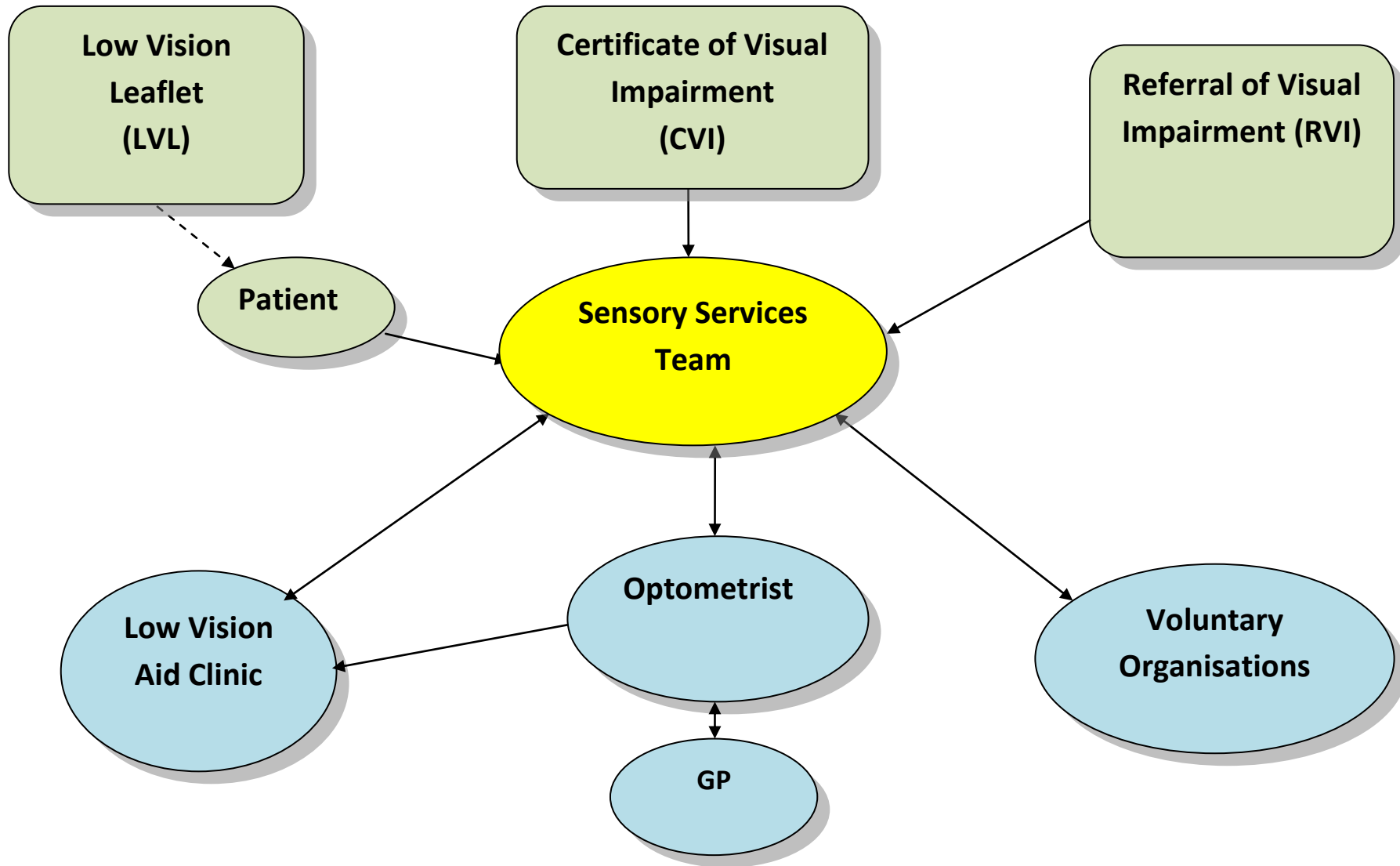
- **Referral to the Low Vision Aid Clinic**

Referral to the Low Vision Aid Clinic can be made via the Sensory Services Team, the optometrist, ophthalmologist or via the patient's GP. Referral from an optician can only be made via the GP.

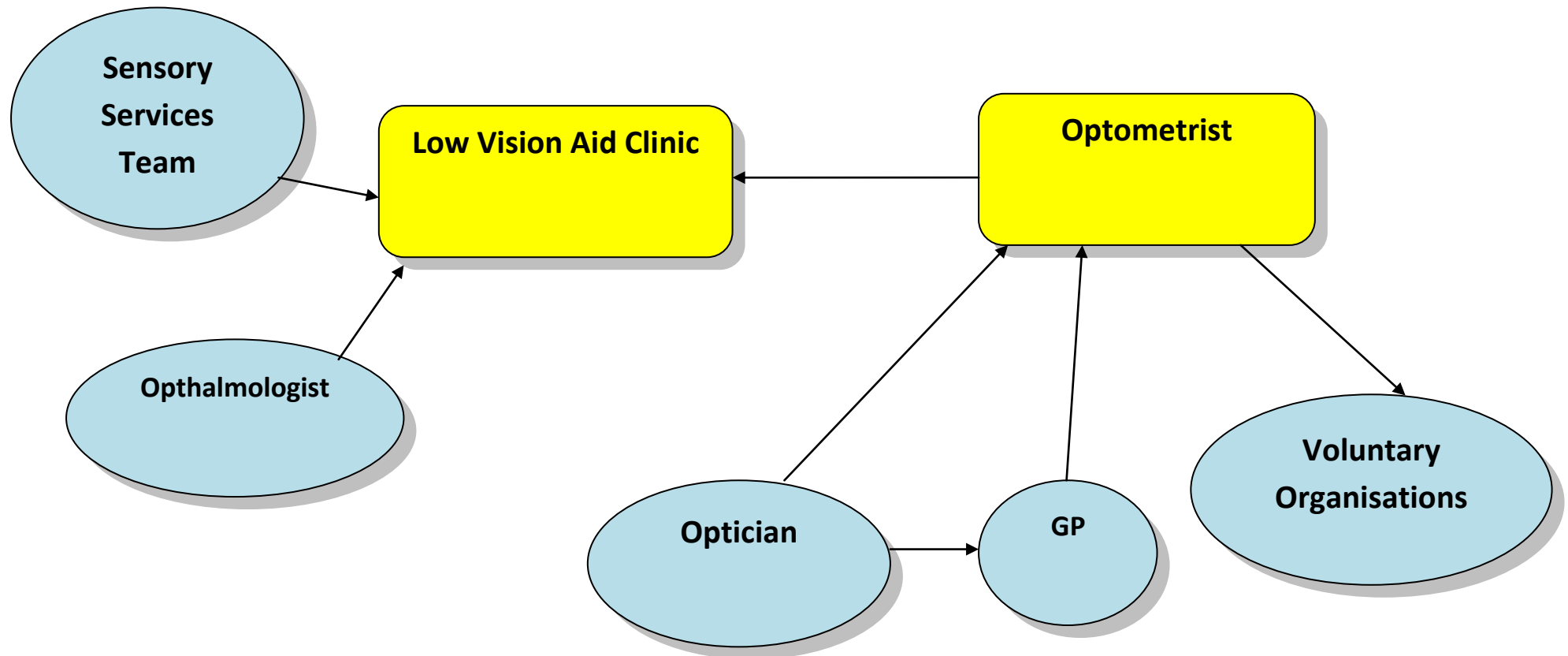
**Patient Pathway
Registration of Visual Impairment**



Patient Pathway to Gloucestershire County Council, Sensory Services Team



Referrals to the Low Vision Aid Clinic



3.6 Other requests for information

3.6.1 Large print menu

A series of comments similar to the one below prompted a request to the Catering Manager of GHNHSFT for further information in respect of the availability of larger print menus for the visually impaired.

“Menus in the hospital are very hard to read for a visually impaired person”

A very helpful letter was received from GHNHSFT which recognised the limitations of the menus for the visually impaired. Over the past few years meal choice in the hospital has been expanded, resulting in the font size of the menu being reduced in size. Larger print menus are not available and generally nursing staff are relied upon to assist patients with a visual impairment. A recent suggestion has been to use volunteers as menu aids to visit each Ward, collect the menu cards and provide patients with any assistance required.

3.6.2 Labelling of medicines

54% of respondents to the LINK survey cited an inability to read prescriptions as a problem they encountered when information is not available in a suitable format. The Chair of Gloucestershire LINK wrote to the pharmacy lead of NHS Gloucestershire requesting more information regarding the labelling of medicines for the visually impaired. The response provided a link to the RNIB website which detailed a free service whereby a Patient Information Leaflet (PIL) can be requested in an alternative format and also a template letter for the visually impaired to give to the community pharmacist requesting information in an alternative format.

The group agreed that the information provided was useful but that further work needed to be carried out before the task group could make a clear recommendation.

3.6.3 Update on the provision of an ECLO

Prior to publication of the report, clarification was sought on the status of the provision of an ECLO. GCAB are currently employing a part-time member of staff in the Low Vision Aid Clinic to carry out a survey in order to gather statistics to justify the need for a full time ECLO. This data will then be used to make a submission to the National Lottery Fund.

4. Conclusions

Based on the findings of the survey, comments gathered from the task group, public events and from policy documents received from the Commissioners and Providers of the service, the following conclusions were reached:

Policies

- Gloucestershire Hospitals NHS Foundation Trust had excellent policies covering almost every eventuality, but these are not always implemented. However a recently ratified update to the Interpreting and Translation Policy had removed the detailed flowcharts relating to admission to the hospital for the visually impaired and the use of the national “eye” symbol. The procedure relating to “alert” stickers is also not always implemented
- NHS Gloucestershire, GWAS and the 2gether Trust had no specific policies for the Visually Impaired other than a standard statement about Equality of Access
- There is little evidence of consistent staff training in relation to the policies
- Where policies were available, a number were considerably out of date and did not have a review date
- Gloucestershire County Council provided a very thorough set of policies

Gloucestershire LINK survey

The Gloucestershire LINK questionnaire replicated many of the findings from the national RNIB study from March 2009. It showed that the majority of respondents (75%) had never been asked in what format they required health and social care information. The preferred methods of receiving information were shown to be large print, audiotape/CD, face to face, email and via a carer/relative. The questionnaire showed that the problems encountered, as a result of inadequate information, included not being able to read information about prescriptions, loss of privacy/dignity and missed appointments due to small print on letters.

Patient Experience

Inpatient

Where policies were in place, reports of patient experience and the results of the questionnaire showed issues in the following areas:

- Initial assessment for a visually impaired patient
- Familiarisation with the hospital environment
- Use of the national “eye” symbol
- Use of “alert” sticker on patient’s notes
- Obstructions left on the ward
- Menus difficult to read

Outpatients and in the community

Issues that arose with frequency related to:

- Signage being often too high or too small, toilet signage is a particular problem.
- The print on appointment letters is usually standard size and often faint
- Lack of awareness by staff of the needs of a visually impaired person
- Information regarding visually impaired patients not passed between departments or health care settings
- Information sheets relevant to the visually impaired not always available on site and only on request
- Lifts are not adapted for the use of the visually impaired
- There is a lack of provision of NHS funded foot care services which causes a problem for many people with a visual impairment

Pharmacy

A variety of issues arose with respect to both hospital and community pharmacies

- Braille translations on medicine packaging are often covered by a sticker
- Patient Information Leaflets are often not available in an alternative format and do not always include information on the side-effects of medication
- Medication in dosette boxes is not always available if requested by a patient with a visual impairment, which is particularly important if the patient lives alone
- There is a wide variation in the quality of service provided by pharmacies, both in community and hospital settings

Statutory and Voluntary Organisations

There are a wide variety of voluntary organisations providing vital support in all areas of life to the visually impaired in Gloucestershire (list included at Appendix 8). These range from the provision of all-round support by the Gloucestershire County Association for the Blind (GCAB) to the more specific Macular Degeneration Societies, dissemination of information via the talking newspapers and sports clubs such as the Visually Handicapped Bowls Club. These organisations improve the lives and independence of the visually impaired throughout the county.

Patient experience consistently praises the work of the Gloucestershire County Council Sensory Services Team. This team plays an essential role in dealing with the emotional trauma and practical challenges of sight loss.

The survey currently being undertaken in GHNHSFT by GCAB will assess the viability of a full time Eye Clinic Liaison Officer (ECLO), although funding for employment of the ECLO is still to be confirmed.

Patient Pathway

The completed Certificate of Visual Impairment (CVI) is copied nationally to the Royal College of Ophthalmology for epidemiological purposes and locally to GHNHSFT, the patient's GP and the Sensory Services Team. Patient feedback suggested that this information is not being recorded on the patient's notes particularly in GP's surgeries

The patient pathways, identified by the group, showed referrals to be working satisfactorily with the exception of referral to the Low Vision Aid Clinic. There are inconsistencies in this area and it appears some GPs make referrals and others are not able to do so.

5. Recommendations

The task group felt that consistency of approach would benefit all care settings and make the following recommendations:

5.1 Policies

- Standard policies and procedures should be in place throughout all the care settings in Gloucestershire and reviewed at regular intervals
- An initial assessment on admission of a visually impaired person to a care setting should be included in all policies
- Consistent training in awareness of the needs of the visually impaired should be undertaken for all staff in care settings
- The use of the “eye” symbol and “alert” stickers should be standard practice (with the consent of the patient)

5.2 Access

- Signage both internal and external should be improved, particularly in parts of the GHNHSFT. Signs should be at eye level, well lit in a large font with contrasting colours (bigger, bolder, brighter). This is particularly important on toilet doors throughout the hospitals.
- All lifts should have brailled buttons or voice guidance
- Assistance in reading and completing menus should be made available. LINK is aware of the limitations in this area and recommend that they continue to work with the Catering Manager of GHNHSFT to find a solution
- As previously recommended by the LINK podiatry task group, consideration should be given to the provision of NHS funded foot care services across Gloucestershire

5.3 Referrals

- Referrals made to any health care setting should include reference to the patient’s visual impairment (with the patient’s consent)
- There should be consistencies in referral by GPs to the Low Vision Aid Clinic
- Receipt of a copy of the Certificate of Visual Impairment (CVI) should be logged centrally in a patient’s record so that there is immediate awareness of the patients visual impairment

5.4 Information

- “Your Circle” information sheets should be freely available and widely publicised through voluntary organisations such as GCAB, Talking Newspapers, Modern Eyes etc
- Appointment letters should be in large print or provided in a format requested by the patient. It is recognised that this may be problematic with the “Choose and Book” system (administered at a national level)
- The issues over labelling of medicines both in hospital and community pharmacies should be addressed. Large print information leaflets about medications and their side effects should be easily available

5.5 Support

- Full use should be made of the RNIB and many other excellent voluntary organisations both nationally and locally that exist to support the visually impaired
- Serious consideration should be given to the provision of an Eye Clinic Liaison Officer (ECLO). An effective ECLO would help support the work of the Sensory Services Team. It would also have an indirect impact in raising awareness of visual impairment issues throughout the hospital

Acknowledgments

Gloucestershire LINK wishes to thank all members of the task group for their contribution to this piece of work. Additional thanks are extended to the following organisations and individuals:

- Sue Stevens, Sensory Services Team, Gloucestershire County Council
- Steve Martin, Gloucestershire County Association for the Blind
- Royal National Institute of Blind People (RNIB)
- The individuals and organisations who took part in the survey
- NHS Gloucestershire
- Gloucestershire Hospitals NHS Foundation Trust
- Gloucestershire County Council's, Community and Adult Care Directorate
- Great Western Ambulance Service (GWAS)

APPENDICES

Appendix 1 Terms of Reference	Page 42
Appendix 2 Membership of task group	Page 43
Appendix 3 Documents received from the Commissioners and Providers of the services	Page 44
Appendix 4 Case studies	Page 46
Appendix 5 Comments received from the task group and at public events	Page 49
Appendix 6 Questionnaire	Page 51
Appendix 7 Circulation of Questionnaire	Page 55
Appendix 8 List of Voluntary Organisations	Page 56

Gloucestershire Local Involvement Network (LINK)

Terms of Reference

Access by the Visually Impaired to Health and Social Care Services Task Group

Aim

- To review access by the visually impaired to health and social care services in Gloucestershire taking into account the views expressed by patients, carers and members of the public
- To make recommendations to improve the services to the Commissioners, Providers and Regulators in Gloucestershire

Objectives

- To identify where problems have been encountered
- To review the relevant policies and procedures for the visually impaired of all the Commissioners and Providers in Gloucestershire
- To review the literature for national policies on access to services for the visually impaired
- To identify areas for improvement and change
- To submit a report with conclusions and recommendations to the LINK Stewardship Board for onward transmission to the Commissioners, Providers and Regulators (to expect a response within 20 working days)

Membership

- Any LINK member (Active and Participant) who has expressed an interest in sensory services and sensory impairment
- The group should not exceed 20 members

Frequency of meetings

- This is a short term group and forms part of the LINK work plan for 2010/11
- Meetings will be arranged through the Host (GRCC) and supported by the Host team
- No more than six weeks between each meeting

Review Date

- The results of the final report to be reviewed six months after the report completion date

**Members of the Gloucestershire Local Involvement Network
(LINK) Task Group for Access to Health and Social Care Services by
the Visually Impaired**

- Jenny Hincks
- Charles Hincks
- Barbara Marshall
- Gerald Tween
- Michael Dyke
- Jim Rollinson
- David Hearne
- Oliver Stevenson
- Fiona Miles

Documents Received from the Commissioners and Providers

Commissioners

NHS Gloucestershire

NHS Gloucestershire advised that all contracts with existing providers are asked to comply with Equality and Diversity Legislation using standard Department of Health wording. A copy of the standard/minimum Equality Clause for all public sector providers was provided. NHS Gloucestershire and Gloucestershire Care Services offer a translation and interpretation service which includes the provision of publications and patient information in large print and Braille.

Providers

Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT)

- Procedure for Alert Stickers. May 2007
- Managing Diversity Policy. September 2001
- Nursing and Midwifery Practice: Policy and Procedure Protocol for Care of Guide Dogs. Issue: March 2004, Review: March 2005
- Trust Policy for the Disability Equality Scheme. Issue: January 2010, Review: January 2013
- Property & Medical Engineering Shared Service System. Disability Access Audits Issue: Jan 2010, Review: Jan 2013
- Trust Clinical Policy for Assistance Dogs. Issue: September 2007, Review: September 2010
- Interpreting and Translation Guide. September 2005
- Revised Interpreting and Translation Policy ratified on 5 July 2011

NHS Gloucestershire Care Services Board

The Care Services Board provided a letter containing the following information:

- At the time of assessment, staff will identify the mechanisms and support used by each individual in their home environment. Additional support (such as volunteers) or interventions (lighting) are arranged where appropriate
- Information is available in a range of formats and staff can call upon the expertise of The Sensory Services Team.

Gloucestershire County Council, Community & Adult Care Directorate

- Sensory Equipment Policy. Issue: March 2005, Review: December 2008
- Direct Payment and Equipment Policy. September 2006
- Direct Payments. Policy and Procedures. Updated May 2008
- Interpretation and Translation. Updated October 2008
- Blue Badge Parking Scheme for Disabled Drivers and Passengers. Revised October 2007
- “Your Circle” information sheet on services available to the visually impaired

2gether NHS Foundation Trust

The 2gether Trust informed the LINK that it does not have any specific policies for the visually impaired but provided the document “Introduction to the Disability Equality Scheme 2009 – 2012” which outlines their commitment to ensure equitable care for all users.

Great Western Ambulance Service (GWAS)

A letter was provided detailing the following services in place in respect of access to health and social care services:

- Single Equality Strategy, copy provided
- Website with disability access
- Documents/information available in audio format
- Recruitment and retention of staff with a disability
- Training of staff in emergency control, patient transport, accident and emergency, out of hours and clinical desk. Training is provided in disabilities, communication skills and treating the individual according to their needs
- The Trust is rolling out its Computer Aided Design flagging and care plan service, where individuals can choose to have their current conditions or care plans recorded on the call centre system so that the ambulance service is alerted to the individual's needs
- Patient transport service tailors its service according to patient need and would therefore ensure that an individual who is partially sighted or blind is given the appropriate care and service to assist them whilst in our care and handing over to other services

Case Study A

This case study took place in February 2011.

The partially sighted patient presented at his GP surgery and was referred to Cheltenham General Hospital and hospital transport was arranged.

The transport arrived within 5 minutes. The patient had his white cane so the paramedic could see he was visually impaired. He was helped into the back of the vehicle and told where the step was. On arrival at the hospital the paramedic got a wheelchair and took him to Accident and Emergency making sure he was checked in and taken to the right area. He was admitted to Accident and Emergency at approximately 12 noon.

The patient was taken to a bed quite quickly. The nurse came and checked his blood pressure. Whilst tests were being undertaken the patient was not given any explanation of what was happening or what was going to happen next. The doctor arrived about an hour later and only at this point was he asked about his vision.

At no time was the patient asked if he wanted the “eye symbol” displayed above his bed. The patient was not familiarised with his surroundings and had to ask another patient where the toilet was.

The patient was not offered any food or drink. At 9pm he asked if there was any possibility of food and was told it was too late for food as the kitchens had closed. The only food available was from a vending machine. He was given directions to the vending machine but not shown how to get there. On the way back to his bed the patient had trouble finding the way but was not offered any help.

He could not find the buzzer on his bed so was unable to get assistance. The light next to the bed did not work. On asking the nurse it became apparent that it did not have a bulb in it. No attempt was made to replace the bulb.

The patient had to sleep in his underwear as no pyjamas were made available. The following day the patient waited all morning to be seen. It was decided no further treatment was necessary and he could be discharged. However discharge did not take place until late that afternoon because he had to wait for his cannula to be removed.

On discharge the patient was advised that no transport was available to take him home. He had to take the bus home but was offered no assistance and had to ask a porter to help him find the bus stop.

- **Case study B**

C is severely sight impaired and in June 2011 attended two separate appointments at Gloucester Royal Hospital.

Appointment 1

Appointment with the Neuro Psychologist at Gloucester Royal Hospital.

Parking was in the new multi-storey car park which is at one end of the hospital site. There is no covered walkway to get to the far side of the hospital and in order to walk on a pavement it is necessary to go a long way round to the footpath that runs along the road. Signage to the department could only be seen from the road and not by anyone approaching on foot. Additionally the sign was obscured by undergrowth.

On arrival there was an unmanned reception desk with a small sign telling you to go around the corner to telephone the department required. An unaccompanied visually impaired person could not have managed this process unaided.

Once in the department the doctor (who had been pre-warned by C's wife that C was visually impaired) was very attentive and empathetic. C was collected and returned to the waiting area.

Appointment 2

Appointment in Ward 6A (in the Tower Block), Gloucester Royal Hospital four days later for a minor procedure.

C arrived carrying a white stick and using his walker. The nurse was unaware of his visual impairment and asked him to wait in the corridor. After being informed of C's visual impairment the nurse took him to an examination room to wait but did not request any further details of his visual impairment. After a 30 minute wait a doctor came and introduced himself. He had not been informed of C's visual impairment nor did he pick up on it. The doctor explained the procedure and any complications that might occur. C

was given an authorisation sheet to sign and on telling the doctor that he was visually impaired, the doctor suggested that his wife read it to him. An alternative format was not requested nor was it offered. C signed the paper and his wife was asked to counter sign it. Only at this point was C asked about his visual impairment.

The doctor made sure C was in the right place and explained fully what was happening. The presence of the nurse was very calming. Once the procedure was complete C was not offered any assistance in getting dressed. This was quite a challenge as he had to take into account the wires associated with his hearing and speech aids. He was escorted out of the room and on seeing C's wife, the doctor left C in the corridor without any further explanation.

The lift in which they left the building had no voice and the buttons were not brailled. A visually impaired person could not have managed the lift alone.

Comments received from the task group and at public events

- Signage in hospital departments is a problem and also public facilities i.e. toilets.
- In the audiology/ophthalmology department at Gloucester Royal Hospital I could not see the signs which said where I should register
- Perhaps signage should be black on yellow? Nearly always black on matt silver. Suggested symbols for toilets, maybe triangle for ladies and 2 rectangles for gents. Bold, black on yellow could be universally used
- Poor signage, e.g. Gloucester Royal Hospital Audiology Department
- Staff in the hospital should be given disability awareness training with regular updates
- Porters are not informed if a patient is visually impaired
- Staff do not keep the visually impaired patient informed of what is happening, e.g. they do not introduce themselves or tell the patient if they are about to touch them
- Are health care professionals trained in dealing with visually impaired patients?
- Problems occur for people with visual impairment when they have multiple conditions. In other clinics they do not deal with visual impairment
- Severely sight impaired person recently underwent hospital treatment, at no time was a sticker or notice regarding his visual impairment displayed by his bed. On discharge there was a very long wait for medication which the patient already had at home
- When hospitalised, the visually impaired patient had no sign over the bed, nobody checked to see if he could eat or read the menu
- Over the Christmas period I was in Gloucester Royal cardio ward. There was no reasonable adjustment for me, especially in the administration of medicine. The eye symbol was too small. When I moved ward the eye symbol was not moved with me
- No evidence of use of the “eye” symbol
- Didn’t know there was an “eye” sticker. There is a need to get information out there
- No familiarisation of the ward is offered, including the position of the call bell
- The print on appointment letters from the hospital is too small and very faint
- Appointment letters are hard to read, the print is often too small and faint
- External agencies are not notified that the visually impaired patient is in hospital
- Obstacles are not removed from the ward or generally around the hospital
- Menus in the hospital are very hard to read for a visually impaired person (in contravention of the Disability Discrimination Act)
- When I was in the hospital I could not read the menu, the print was too small. I could not see the potato on the white plate
- The complaints procedure is not suitable for a visually impaired person. A LINK member was given the wrong medication in hospital and complained to PALS. PALS informed him that he had to complain in writing. After explaining he was visually impaired it was suggested that his wife complete the complaint for him.

The patient wanted an independent person to do it but was told his wife had to do it

- A visually impaired person was in a ward which was closed due to infection. Whilst there he was given bad news regarding his loss of sight and feeling distressed he requested an urgent visit from his wife. He was told he couldn't see his wife. He took the matter into his own hands and left the ward to meet with his wife. He asked to make a complaint and was given a form which he was unable to read. The nurse walked away knowing he was visually impaired
- GP on Brookfield Road has a computerised booking in system, I have never been shown how to use it and have to use the reception desk. When the receptionist asks "Can I help you?" I don't know if she is talking to me.
- At GP surgery I cannot see the boxes to tick on the repeat prescription form. Other information does not comply with the Equality Act 2010
- GP in Cirencester no longer carries out blood tests. Now have to go to the hospital which involves either walking over a footbridge or catching the bus which is not easy for a visually impaired person
- The low vision clinic is very helpful, Sue Stevens is really great
- I attend the eye clinic at GRH for lucentis treatment. I am very pleased with the way they have dealt with me
- A lady with Macular Degeneration (lives in Stroud) has been unable to get an appointment for NHS podiatry services even though she cannot see well enough to cut her toenails
- My friend who is visually impaired is worried about the proposed closure of Hatherley Day Centre in April 2011. She goes to a support group for the visually impaired there
- A visual impaired patient came home from Gloucester Royal Hospital on 27 February 2011 after undergoing major surgery in the oncology dept. He was in hospital for two weeks and received "5 star treatment". The nurses were very considerate of his visual impairment
- I rely on my son to sort out my tablets. I didn't know about large print
- Elderly partially sighted lady had a cataract operation and told to put in eye drops every so many hours. As she lived alone and had no relative living near her she couldn't do this effectively
- Patient suffered an ocular migraine. Referred from the optician to the GP to Gloucester General Hospital. Eventually admitted to AAU at Cheltenham General where an MRI scan was carried out. Poor communication. On discharge had to wait from 5pm to 9pm for a prescription
- Visually impaired person has never had an assessment or been offered any equipment around the house
- As I work in an opticians I find it frustrating the lack of communication between the Hospital Eye Service / local practices / GP's. There is an inconsistency when referring patients via the GP to the Hospital Eye Service and GPs not responding. It appears those able to persist will get treatment, consequently vulnerable patients don't get equal care

Questionnaire

**Gloucestershire Local Involvement Network (LINK)
Review of Access to Health and Social
Care Services for the Visually Impaired**

The Gloucestershire LINK is a network of local people, groups and community organisations who want to help shape health and social care services commissioned and provided in Gloucestershire. The Glos LINK has statutory duties and powers and will act in accordance with the Local Government and Public Involvement in Health Act 2007. Reviewing access to Health and Social Care Services for the Visually Impaired is a task within the LINK workplan which has been approved by the Gloucestershire LINK Stewardship Board.

As part of the review, we would be grateful if you could complete this survey.

Q1 Would you describe yourself as

Blind / Severely sight impaired
Partially sighted / Sight impaired

Q2 Are you aware that by law you have a right to information about health and social care in a form most appropriate to your needs?

Yes
No

Q3 Do you prefer to read health and social care information for yourself?

Yes
No
Not able to

Q4 If available, how would you prefer to receive health and social care information? (tick all that apply)

Large print
Audiotape/CD
Email
Braille
Face to face
Phone call
Text message
Via relative/carer
Memory stick
Alternative language
Other (please state)

Q5 Have you ever been asked in which format you require health and social care information?

Yes
No

Q6 If yes, in which setting have you been asked? (Tick all that apply)

GP

Hospital outpatient

Hospital inpatient

Care home

Day centre

Pharmacy

Dentist

Other (please state)

Q7 Has this happened more than once?

Yes

No

Q8 Have you ever asked for health and social care information in an alternative format?

Yes

No

Q9 If no,why is this?

Q10 If yes, in which setting? (tick all that apply)

GP

Hospital outpatient

Hospital inpatient

Care Home

Day centre

Pharmacy

Dentist

Other (please state)

Q11 Were you provided with the format you requested?

Yes

No

Q12 If no, was an alternative offered?

Yes

No

Q13 What problems have you encountered when health and social care information is not available in any suitable format? (tick all that apply)

Can't read information about prescriptions

Compromises personal privacy

Loss of privacy / independence / dignity

Missed appointments

Other (please state)

Q14 Are you aware of the use of the national “eye” symbol in health and social care settings?

Yes
No

Q15 Which of these areas have you had problems with in relation to health and social care? (tick all that apply)

Signage in or outside buildings
Access in or outside buildings
Transport to health and social care venues
Other (please state)

Q16 Do you feel that medical and care staff are sympathetic to your needs?

Yes, always
Yes, most of the time
Yes, sometimes
No

Q17 Have you been referred to any of these agencies?

Low vision clinic
Sensory services team
Glos County Association for the Blind (GCAB)
Other (please state)

Q18 Do you have any other medical conditions?

Yes
No

Q19 If Yes, what is your experience in other health and social care departments?

Excellent
Good
Adequate
Poor

Please give details:

Q20 Do you have any suggestions / experiences you want to share, good or bad?

The following information is optional:

Q21 Are you:

Male
Female

Q22 Please tick your age group:

- Under 16
- Age 16-24
- Age 25-34
- Age 35-44
- Age 45-54
- Age 55-64
- Age 65-74
- Age 75 or over

Q23 In which district do you live?

- Cotswold
- Stroud
- Tewkesbury
- Forest of Dean
- Cheltenham
- Gloucester

Thank you for your time

Circulation of Questionnaires

Gloucestershire County Association for the Blind (GCAB)

The Forge Centre, Cinderford

Modern Eyes – THE MAGAZINE

The Cotswold Listener, Talking Newspaper

Gloucester Talking Newspaper

Five Valley Sounds

Cheltenham Blind Club

Cheltenham VIP Club

Cirencester Blind Club & Partially Sighted Club

Stroud & Stonehouse Blind Club

Dursley & Wotton Blind Club

Gloucester Blind Club

Bishops Cleeve / Winchcombe Blind Club

Torch Trust Christian Fellowship, Gloucester

Torch Trust Christian Fellowship, Cheltenham

Cheltenham MD Society

Visually Handicapped Bowls Club

LOOK Gloucestershire

Tenpin Bowling Club

Link on Stow Disability Service

LINK members

Members of the public met at community engagement events

Voluntary Organisations for the Visually Impaired in Gloucestershire

Gloucestershire County Association for the Blind (GCAB)

Modern Eyes – THE MAGAZINE

Forest Sensory Services (formerly The Forge, Cinderford)

The Cotswold Listener

Corinium Talking News

Forest News

Gloucester Talking Newspaper

Five Valley Sounds

Cheltenham Blind Club

Cheltenham VIP Club

Cirencester Blind Club & Partially Sighted Club

Stroud & Stonehouse Blind Club

Dursley & Wotton Blind Club

Gloucester Blind Club

Bishops Cleeve/Winchcombe Blind Club

Torch Trust Christian Fellowship, Gloucester

Torch Trust Christian Fellowship, Cheltenham

Cheltenham MD Society

Cirencester MD Society

Gloucester MD Society

Stroud/Nailsworth MD Society

Stroud MD Society

Cheltenham & Gloucester Visually Handicapped Bowls Club

LOOK Gloucestershire

Gloucestershire Meteors Tenpin Bowling Club

References/Bibliography

1. RNIB commissioned research June 2009, "Towards an inclusive health service: a report into the availability of health information for blind and partially sighted people"