

Minutes of the Cross-Party Group on Visual Impairment

Wednesday 4 September 2024, 18.00 – 19.30

Online meeting via Teams

Present

MSPs

1. Neil Bibby MSP
2. Stuart McMillan MSP

Invited guests

1. Roz McCall MSP, Convener of the Cross-Party Group (CPG) on Deafness Working Group on Sensory Care and Dementia
2. Eilidh Thomson, Vice Chair, Optometry Scotland

Observers

1. Colette Dunsmore, Scottish Government
2. Ellie May Garnish
3. Paul Hewitt, Apellis
4. Karen Mowat, Scottish Government
5. Mike Stewart, Scottish Government

Non-MSP Group Members

1. James Adams, RNIB Scotland
2. Deirdre Aitken, Sight Action
3. Paul Bartley, Optelec
4. Alan Bell, North East Sensory Services
5. Jordan Black, SAVIE
6. Catriona Burness, RNIB Scotland
7. Kay Eadie, Bayer
8. Claire Forde, RNIB Scotland Advisory Group
9. Amanda Foster
10. Raquel Garrido-Soriano, Visionary UK
11. Laura Gray, Macular Society
12. Gillian Hallard, RNIB Scotland
13. Sheila Hands, NHS Tayside
14. Kirstie Henderson, RNIB Scotland
15. Thelma Ingram
16. Laura Jones, RNIB Scotland

17. Seonaid Knox, Office of Stuart McMillan MSP
18. Laura Lindsay, Dundee Blind & Partially Sighted Society
19. Adam Lodge, Visibility Scotland
20. Jo MacQueen, RNIB Scotland
21. Dan Meikle, RNIB Scotland
22. Mike Moore, Guide Dogs Scotland
23. Rod Murchison
24. Sally Paterson, Vision Support Service, Aberdeen City Council
25. Nicoletta Primo, Sight Scotland and Sight Scotland Veterans
26. Mary Rasmussen
27. Jonathan Reid, The ALLIANCE - Scottish Sensory Hub
28. Terry Robinson
29. Kirin Saeed, RNIB Scotland Advisory Group
30. Lewis Shaw, The ALLIANCE - Scottish Sensory Hub
31. Alan Stewart
32. Cirta Tooth
33. Hannah Tweed, The ALLIANCE - Scottish Sensory Hub
34. Laura Walker, Visibility Scotland
35. David Weir
36. Jacquie Winning, Forth Valley Sensory Centre

Apologies

1. Salena Begley, Family Fund
2. Claire Black, NHS Education for Scotland
3. Miles Briggs MSP
4. Scott Cassidy, Blind Veterans UK
5. Tanya Castell, RNIB Trustee
6. Eileen Clarkson, RNIB Scotland
7. Niall Foley, Guide Dogs Scotland
8. Margaret Jackson, RNIB Scotland
9. Maureen McAllister
10. Maureen Macmillan, Sight Action
11. David Mckerral
12. Hussein Patwa
13. Professor John Ravenscroft, Scottish Sensory Centre, University of Edinburgh
14. Allan Russell, Connect Radio
15. Tom Skelton, RNIB
16. Colin Smyth MSP
17. Danny Sweeney

Cross-Party Group in the Scottish Parliament on Visual Impairment #CPGVI

Purpose of the group:

The Cross-Party Group on Visual Impairment draws together the blind and partially sighted sector in Scotland to identify issues competent to the Scottish Parliament and seeks, in a reasonable fashion, to influence policy, legislation and decision makers to better reflect the needs of blind and partially sighted people.

Agenda

Agenda item 1 - Welcome, introductions and apologies

The Convener Stuart McMillan welcomed everyone to the online meeting. He read out the GDPR statement and asked anyone who did not wish to be named in the publicly available minutes to inform the CPGVI Secretary, Catriona Burness.

Agenda item 2 – Roz McCall MSP - an update on the work of the Cross-Party Group (CPG) on Deafness Working Group on Sensory Care and Dementia

Roz McCall MSP, Chair of the Cross-Party Group on Deafness (CPGD), spoke about the working group on Sensory Care and Dementia.

She referred to the growing numbers of individuals living in Scotland who are affected by dual sensory loss and noted links which exist between sensory loss and dementia. For example, hearing loss has been closely related to an increasing risk of dementia, particularly amongst an ageing population.

The CPG on Deafness has set up a working group to look at developing sensory and dementia care standards for those receiving support within care homes and from care services at home.

This work covers three key areas:

1. Data collection regarding incidences of deafness, blindness, and deaf blindness.
2. Assessments to identify sensory care needs amongst people with dementia.
3. Implementation – to enable social care staff to provide the best possible care to people affected by sensory loss and dementia.

In July 2024, three short surveys were conducted to explore how sensory needs are integrated into dementia assessments. The surveys also gathered information on post-diagnosis support available for those with sensory loss and dementia.

There was a high response rate to the surveys which gathered information from a range of professionals including GPs, community health practitioners, and those working in dementia clinics, NHS audiology services, and Allied Health Professionals. Early analysis of the findings has identified a good awareness of the need to include sensory loss in dementia assessments but low awareness of tools available to do this. A fuller report will be available later in the year.

The Convener thanked Roz McCall for her presentation and opened for questions and comments.

Questions and comments

Question 1. Eilidh Thomson raised the issue of electronic patient records and the lack of continuity on gathering data across the Scottish Health Boards. She suggested it would be useful if the working group could consider this as part of its recommendations.

Hannah Tweed agreed and said survey respondents have also noted variations in referral pathways between audiology and dementia. Further work on this would be welcome.

Question 2. Thelma Ingram asked what degree of registration takes place for hearing impairment.

Hannah Tweed cited the Montreal Cognitive Assessment (MoCA-HA) Testing for assessing levels of hearing impairment and dementia. She also spoke about the challenges of conducting tests when people are already resident in care homes. Undiagnosed cases in care homes can have a significant impact on the level of care a person will receive.

Question 3. Alan Stewart commented on the importance of definitions used. For example, very few people understand what Severely Sight Impaired (SSI) and Sight Impaired (SI) means. He asked if this also applied to definitions of hearing impairment.

Roz McCall said that the question of definition comes up repeatedly and it is important to be accurate.

Hannah Tweed added that “hearing loss” and “hard of hearing” can cover a range of definitions and conditions. The clear definition of “deafblindness” now used in Scotland is a crucial step toward recognising and diagnosing combined sight and hearing loss at the earliest point.

Question 4: Sheila Hands asked about the flexibility of the test for hearing loss. For example, how is it applied to people with communication needs, including people who are visually impaired or use British Sign Language (BSL), and distinguishing between levels of hearing loss. She also asked whether Ophthalmology Departments took part in the surveys.

Roz McCall said that having a proper set of guidelines for this will help deliver a better standard of care.

Hannah Tweed said that survey feedback from Allied Health Professionals noted the impact the environment can have on hearing test outcomes. It is hoped the standards which are developed will include recommendations to cover test settings as well as the accuracy of tests for people with different communication needs. Respondents recognised that referral pathways need to be developed between a range of settings and services, including care homes, care at home, community audiology and dementia clinics.

Question/comment 5: Jonathan Reid mentioned a literature review and body of work on the Tactile Working Memory Scale (TWMS) by Jude Nichols, Annika Johannessen and Trees van Nunen, and published by the Nordic Welfare Centre. The TWMS is used to assess cognition within a deafblind population, rather than dementia within sight loss. However, there may well be a wider application for the work – it optimises an assessment for people living with sensory loss by analysing the bodily-tactile modality and detecting cognition, thus could prove beneficial within the field of dementia and sensory loss. He would be happy to share more on this work which has also been peer reviewed. See <https://nordicwelfare.org/en/publikationer/tactile-working-memory-scale-a-professional-manual/>.

Action Point 2.1

It was agreed to circulate contact details for Hannah Tweed and Amy White of the ALLIANCE – Scottish Sensory Hub to CPGVI members should anyone have further questions, comments, or contributions to make on this work.

Stuart McMillan thanked all who had contributed towards discussion. Ros McCall also thanked the CPGVI for allowing the time to discuss this important piece of work.

Agenda item 3 - AGM and Election of Office Bearers

The Convener opened the AGM and election of office bearers. He noted the existing office bearers are willing to continue in roles and no other nominations were received prior to this meeting.

Neil Bibby MSP facilitated the election of the CPGVI Convener. The AGM confirmed existing office-bearers in position:

Convener: Stuart McMillan MSP

Proposed: Neil Bibby MSP

Seconded: Terry Robinson

Stuart McMillan thanked those present and looks forward to working with the CPGVI over the next twelve months.

Vice Convener: Neil Bibby MSP

Proposed: Stuart McMillan MSP

Seconded: Hannah Tweed, The Alliance – Scottish Sensory Hub

Secretariat: Catriona Burness, Parliamentary and Policy Manager, RNIB Scotland

Proposed: Neil Bibby MSP

Seconded: Terry Robinson

Agenda item 4 - Approval of minutes of meeting of 21 February 2024

The minutes were confirmed as correct.

Proposed: Alan Stewart

Seconded: Stuart McMillan MSP

Agenda item 5: Action Points from the CPGVI meeting of 21 February 2024

The Action Points were all completed. Information was circulated to members on 2 May 2024 ahead of an anticipated CPGVI meeting on 5 June 2024. However, this meeting was postponed due to the general election on 4 July. For ease of reference, the information is given again

below, and an information note on voting facilities elsewhere was sent out with the meeting papers.

ACTIONS from Agenda Item 4

4.1. Contact details

It was agreed to circulate contact details for Chris Highcock, Secretary to the Electoral Management Board for Scotland (EMBS). His email address is chris.highcock@edinburgh.gov.uk.

4.2. EMB links

James Adams will link with the EMB to enable contacts between local authority election offices and local sight loss organisations if required.

4.3. Information on voting facilities elsewhere

The Convener asked group members to either send in questions, comments, or information to be passed on to the Scottish Government Elections Team and the EMB via the CPG Secretary.

Thanks to Cirta Tooth for providing information on voting facilities for people with a visual impairment in the Netherlands and to Raquel Garrido-Soriano for sending information on Spain. Ken Reid also commented on the importance of training for polling station staff. Please see the attached note.

ACTION from Agenda Item 5

5.1. Information on Voter ID from the Electoral Commission

The Electoral Commission to send contact details and information on Voter ID requirements for circulation to CPGVI members. Organisations are also welcome to get in touch to discuss hosting an event to raise awareness.

Catherine Heggie of the Electoral Commission forwarded the following links relating to the need for Voter ID at polling stations in Scotland for the then upcoming UK General Election:

[Electoral Commission voter ID information page](#)

[Electoral Commission voter ID resources](#) – including communication resources for organisations who want to raise awareness of the new requirement, and a voter booklet in [audio](#), [braille](#) and [plain text](#) versions.

The Electoral Commission will be producing resources specifically for the UK general election once the date is confirmed, including information specifically to support blind and partially sighted voters.

Catherine agreed to share her contact details in case any organisations would like to work with the Electoral Commission ahead of the election. Her email address is cheggie@electoralcommission.org.uk.
Completed: Information was circulated to members on 2 May 2024.

ACTION from Agenda Item 7

7.1. Terms of reference for the Cross-Party Group (CPG) on Deafness Working Group on Sensory Care and Dementia

The CPGVI Secretariat to circulate the terms of reference for the Cross-Party Group (CPG) on Deafness Working Group on Sensory Care and Dementia and inform the CGP on Deafness of any expressions of interest from CPGVI members. Information was circulated to members on 22 February.

Danny Sweeney (now an individual CPGVI member following retirement) and Deirdre Aitken of Sight Action expressed interest in joining and their details were forwarded.

7.2. Invitation to update the CPGVI on the Cross-Party Group on Deafness (CPGD) working group on Sensory Care and Dementia
Roz McCall MSP, Chair of the Cross-Party Group on Deafness (CPGD) working group on Sensory Care and Dementia, spoke under Item 2 of the agenda during this meeting.

Agenda item 6 - Eilidh Thomson, Vice Chair, Optometry Scotland – Developments in community optometry in Scotland

Eilidh Thomson, Vice-Chair of Optometry Scotland, presented on developments in community optometry in Scotland.

She outlined changes to the Community Optometry Undergraduate scheme. The four-year honours degree course will be replaced with a five-year Masters degree. This will help streamline the qualification process. Previous arrangements saw students graduate after four years followed by a one-year work placement. The change to a five-year programme will include place-based training in the final year.

She highlighted Scotland's ambitions to incorporate independent prescribing into the Masters degree. This will help expand the role and responsibilities of what optometrists can do, vastly improving the care and treatment which optometrists can provide.

There are calls for optometry to become a controlled subject, in line with dentistry and some other health professions. This could result in the Scottish Government setting how many places should be offered by universities in Scotland. At present, the current workforce faces greater demand and given an increasing ageing population there are calls to enhance the role of optometrists and dispensing technicians in community and primary healthcare settings to better serve the needs of communities.

Work is underway to establish an Anterior Eye Scheme so that optometrists can prescribe treatment, should an eyecare emergency present itself. Only those with a prescriber qualification can prescribe treatment in community optometry settings. This means that if a patient presents with an eyecare emergency, an optometrist without this qualification must refer the patient to hospital to get a prescription.

Inter-referrals from other on-prescribing services into this type of service could streamline the entire process, enabling patients' quicker access to treatment. There are many benefits to this model, including cost savings for the NHS, a reduction in waiting times and patients' needs being met more quickly.

There are calls to have this model of working implemented as soon as possible. Initial discussions were stalled in 2022. Optometry Scotland is keen to keep the pressure up and asked those present to help support awareness amongst parliamentarians, including their own MSPs.

Eilidh Thomson also spoke about the Low Vision Scheme. The scheme is currently stalled since fees for community optometrists and dispensing optometrists have not been confirmed.

An expert working group of optometrists is exploring other developments to take the pressure off secondary healthcare services. For example, Optical Coherence Tomography (OCT) scans provide a 3D image of the eye which can sometimes detect eye conditions earlier and prevent further complications if the right treatment is provided. A select number of grants enabled community optometrists to purchase OCT scanning equipment in 2008. However, since then no further funding has been made available. Many of these machines are now out of date.

Patients can pay for a 3D scan of their eyes at opticians; however, this creates a two-tier system between those who can afford it to pay for one, and those who cannot afford it.

If 3D scans of the eye became available universally, it could save resources in the long term and provide opportunities for community optometrists to share images with consultants to decide whether treatment is required or not.

Colette Dunsmore referred to the Scottish Government's short life working group looking at gaps in care, specifically within domiciliary optometry services, which delivers support at home. Maintaining this level of service, particularly in rural and remote areas, present challenges due to available funding, but it is hoped to ensure domiciliary optometry services remain available to those who require it.

Questions and comments followed.

Questions and comments

Several organisations – the Scottish Sensory Hub, RNIB Scotland and Sight Scotland - offered their support to establishing a low vision service in the community. Reference was made to the Scottish Collaborative Optometry-Ophthalmology Network e-research (SCONe) project.

Thelma Ingram asked about communication between community optometrists and hospitals. Her impression is that there have been changes but it varies across health board areas. She recognised there tends to be effective communication when it comes to referring patients into hospital services. However, challenges exist when making referrals out of hospital services. This could be down to accessing clinical records and the low numbers of optometrists who have completed training to access patient clinical records. More are required.

Alan Stewart called for OCT eye scans to become part of the standard eye test or to establish standards so that optometrists could conduct OCT scans for patients with concerning symptoms. Although it may not be feasible to have an OCT scan in every practice, pathways and criteria could be used to manage access to this facility.

Terry Robinson commented that OCT scans could diagnose certain eye conditions. This could, in the long-term, mean a patient has a better outcome, whilst also helping to inform service provision such as rehabilitation if cases were identified.

Action Point 6.1

The CPG Secretary will share information from the chat facility of the Teams meeting and contacts via the CPGVI mailing list.

Agenda Item 7 - Any other competent business

7.1 Passing of Sandra Wilson

James Adams shared the sad news that Sandra Wilson, former Chair of RNIB Scotland, member of the CPGVI and a great supporter of the sight loss community in Scotland, recently passed away. She was a formidable character and an outstanding advocate for all blind and partially sighted people in Scotland and will be sorely missed by many.

Stuart McMillan also noted Sandra's immense contribution and the assistance she provided to others and requested the CPGVI express condolences to her family and friends.

Action Point 7.1

The Secretary will forward family contact details to Stuart McMillan so condolences can be sent from CPGVI.

7.2 RNIB Scotland Braille 200 Reception

RNIB Scotland is holding a reception in the Scottish Parliament in January 2025, hosted by Stuart McMillan MSP, to mark the 200th anniversary of the invention of braille. James Adams said that invitations will be circulated to the CPG members when arrangements are fully confirmed. Spaces will be available to those on the invitation list on a first come, first served basis.

Action Point 7.2

The Secretary will inform the CPG members of the date, with formal invitations to follow in November.

7.3 Stuart McMillan, MSP - Parliamentary Question on retaining free eye health examinations in Scotland

Stuart McMillan reported that he had asked the Cabinet Secretary for Finance to confirm whether free eye health examinations will remain in Scotland. The Finance Secretary confirmed free eye examinations will be safeguarded in Scotland. Eilidh Thomson and James Adams thanked Stuart McMillan for asking and highlighting this important issue.

Agenda item 8 - Date of next meeting

Wednesday 20 November, 13.00-14.15, Committee Room 1, Scottish Parliament and online.

The meeting closed with thanks to all present.