

Children's Visual Impairment Services Greater Glasgow and Clyde

Getting It Right for VI Children

Annual Report 2015 - 2016



www.i-needs.org

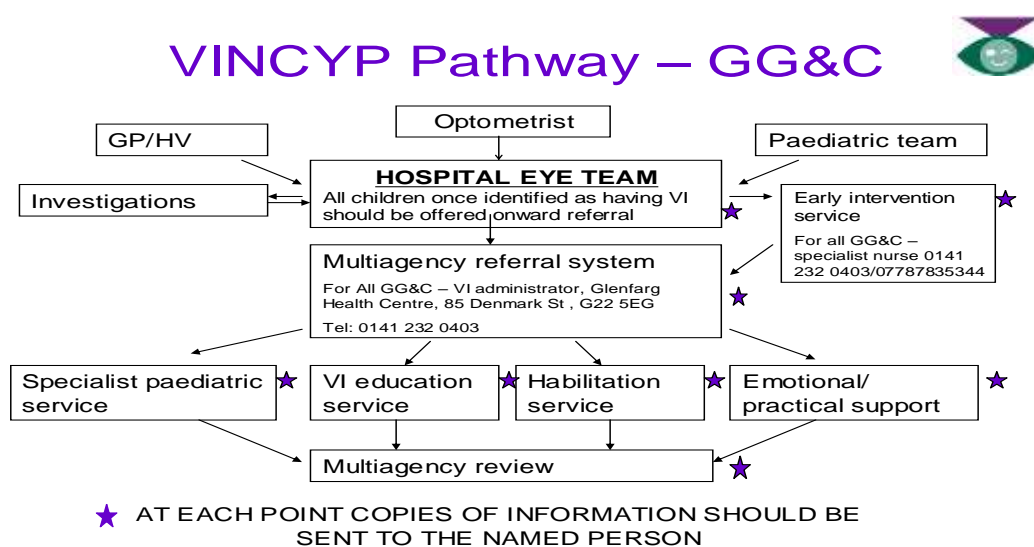
1. Introduction

In the last 8 years since the introduction of coordinated multiagency services for children with visual impairment (VI) across Greater Glasgow and Clyde significant progress has been made despite the challenges of funding pressures across all organisations. The practice of working together has become embedded and awareness of the wider specific needs of children with VI has increased. Activity and progress is again demonstrated within the content of this report.

Significant change has occurred at national level with the introduction of VINCYP the national managed clinical network for children and young people with visual impairment. This is a body ,approved by Scottish Government and involving NHS, local authority and voluntary sector professionals, whose role it is to improve services and outcomes for children with visual impairment. National standards have been produced and our challenge is to develop a plan and move towards meeting each of these. This will require to be addressed through both the steering group and within individual organisations across the Health Board and Local Authorities. The self evaluation report of our services matched to the national standards is attached (Appendix 1). This demonstrates that across our area we meet several of the standards at present but highlights areas where a plan requires to be developed to meet these. It should be noted that ours are the first services in Scotland to publish this information and we thank services for their openness

2. Integrated care pathways

The central referral pathway from all eye departments across GG&CNHSB is used to refer children to appropriate visual services timeously (available via staffnet) . This system is embedded in the practice of clinicians seeing children regularly, and is now reflected in each health board nationally.



3. Data collection

Data system

The database holds information about children with visual impairment across GG&C to allow for monitoring of due dates for review meetings etc and to quickly identify information when requested. The accuracy of information on children known to all services continues to improve year on year although it is not clear and cannot be proven that this has been achieved for all children. Seeking consent at joint clinics and allocating a professional to seek this following a VIRG has helped to improve awareness, but still at times it is forgotten. Encouragingly however, it is clear that failure to record formal consent for sharing has not denied access to services with more children accessing clinics and receiving advice via VIRG meetings than consents recorded. The introduction of the national VINCYP datasytem in summer 2016 will entail consent for this being taken again for all, but the local system to ensure review etc will remain in place.

Table 1. Children recorded on database July 2016

	Consent held and confirmed VI 2016	Known to health with VI but consent not yet taken	No of Children with VI who have attended a jt clinic or not requiring this	No of children with VI who have had a VIRG completed /scheduled
Glasgow	161	30	175	167
East Dunbartonshire	18	2	17	17
West Dunbartonshire	22	5	23	25
East Renfrewshire	31	2	31	31
Renfrewshire	49	9	52	50
Inverclyde	20	4	21	24
Total	301	52	319	314

Total no of children within GG&C with a known visual impairment = 353. This is lower than would be expected from national estimates suggesting some children are still not identified to all services

It is encouraging to note that most of children for whom consent to share information is not held have attended a joint clinic or been discussed at a multiagency review group and that lack of consent reflects, in the main, a failure to formally request and record this rather than a situation where children's needs are not being identified and managed by multiagency teams. It should be noted that not all children attending clinics have a confirmed visual impairment as part of the role of these clinics is to determine this.

4. Multiagency review

Visual Impairment Review Groups (VIRGs) continue to meet regularly in each local authority area according to an annual schedule and produce individual VI specialist advisory reports for children to support their overall care plan. The groups advise professionals on management, identify gaps and duplications in services and report them to relevant service managers in order to effect change for individuals and improve services. These groups are also responsible for updating service information for their area. The number of meetings scheduled was calculated approximately according to population per local authority. The number of children discussed per meeting was increased this year in order to meet needs, reflecting the pressures of numbers. This was possible due to experience of these meetings gained within the team. This proved challenging but manageable.

Table 2. No of multiagency meetings and care plans produced in 2015/16

	Meetings 14/15	Individual Reports 14/15	Meetings 15/16	Individual Reports 15/16
Glasgow	13	39	15	59
East Dunbartonshire	3	9	3	9
West Dunbartonshire	3	9	3	9
East Renfrewshire	3	8	3	9
Renfrewshire	5	14	6	22
Inverclyde	3	9	3	9
Total	30	88	33	117

Issues identified as gaps / difficulties within services :

In the majority of cases the recommendations made at a VIRG can be progressed. However, as part of the role a log is kept of difficulties. For much of the year, following a retirement, no representation was available from Glasgow social work. This situation has been resolved and permanent representation identified. Almost all schools provided a representative at the meetings with only 3 recorded instances of the school neither attending or providing information. In these cases it is difficult to give best advice and make robust recommendations.

Lack of habilitation services again featured frequently. In Inverclyde and East Dunbartonshire where no service exists, in West Dunbartonshire due to long term leave and in Glasgow where only a very limited service was available, with little or no access for children who were young or had other additional support needs. Lack of qualified VI teacher input was of concern both in Glasgow and East Dunbartonshire for children with other additional needs, and also specifically for 2 Braille learners.

There were other single issues raised such as access to equipment for home, difficulties in accessing technology at school due to IT system set up and communication failures with failure to transfer information between educational establishments and one non response to referral .

Service managers have been alerted to these issues through their representatives and have been asked to address them. Some habilitation support has been available through Visibility on an individual basis and Glasgow have advertised for a replacement habilitation specialist .East Dunbarton have a member of staff on the training course for habilitation .

5. Service provision

a) Joint Functional Vision Assessment (FVA) Clinics

These clinics, run jointly between health and education, take place in the 6 LA areas and involve an orthoptist, optometrist, occupational therapist, VI Teachers and paediatrician. They are held outwith eye clinics in order to improve cooperation and achieve a more accurate assessment of everyday function. Feedback from parents and professionals indicates that this is beneficial. Accommodation is variable and there are difficulties in East Dunbartonshire in finding premises suitable with accomodation now being within Bishopbriggs High School. Renfrewshire and West Dunbartonshire are within health premises as no other accomodation could be found. There is good accomodation provided by education within Glasgow, and social work in Inverclyde. All accomodation at present allows a full number of appointments

Table 3.Joint functional vision assessments

	No of Clinics		No of appts offered		No of patients attended	
	2014/15	2015/16	2014/15	2015/16	2014/15	2015/16
Glasgow	18	18	53	54	42	42
East Dunbartonshire	2*	3	4	7	4	6
West Dunbartonshire	3	3	9	9	6	3
East Renfrewshire	3	2	8	5	5	5
Renfrewshire	5	6	12	18	9	12
Inverclyde	3	3	8	7	6	3
Total	34	35	94	100	72	71

*1 clinic cancelled due to no VI teacher available

Clinics and the resultant reports continue to be well received by parents and professionals. A second follow up survey was conducted to seek feedback from teachers: APPENDIX 2

At these clinics assessment for and provision of basic independence and low vision aids continues. This allows immediate access for children avoiding additional waits and clinics.

Training continues to be provided to a wide range of professionals including doctors, orthoptists, occupational therapists from GGC and other health boards, VI teachers from our and other local authorities, and habilitation specialists again from our own and other organisations.

b) Habilitation Training (Child Mobility and Independent Living Skills)

As highlighted through the VIRGs lack of services for children continue to be of concern.

Habilitation training remains a high priority for the group as lack of this affects individual's social opportunities, employment prospects, educational opportunities and finances in addition to increasing the financial burden on the state. Economic pressures along with cessation of training in Scotland and lack of a recognised professional structure and organisation have compounded difficulties. This is a difficulty nationally and solutions continue to be being sought through various eyecare groups and Scottish Government.

The West of Scotland mobility network which was created by our group to provide professional support and CPD opportunities is again meeting twice per year .

c) Early Intervention Nurse Specialist

This part-time post covering all GG&C is a permanent post funded by Specialist Children's Services GG&CNHS Board. The nurse provides support and information to families following identification of their child having a visual impairment. She maintains close links with eye clinic clinicians within the children's hospital, provides telephone advice, home visits, ward visits, advice on play and interaction , works closely with Visibility in the provision of parent and toddler groups and links with VI teachers once they become involved. She is mainly involved with families of young children but also supports young people who suffer visual loss in teenage years .

This model of service for supporting parents and children has been recognised nationally as a good model of practice.

d) Low Vision Aid Service

This service is designed to allow VI teachers to refer directly and to provide child specific clinics when they can attend with their pupils. Arrangements are in place across all areas, the clinics within Gartnavel have now been transferred to the Royal Hospital for Children to provide a better environment and more appropriate aids .

6. Information / Communication www.i-needs.org

The i-needs website was launched in 2013 . This is sponsored by the Childrens VI Steering Group and run/ monitored on its behalf by Visibility. It has been designed with parents and a significant amount of the content is provided and directed by them. It was created to help in directing parents to the most useful information (identified by our parents and professionals) and give practical information on toys etc and local service information. Positive feedback has been received from families locally but also from national organisations. The web address is printed on all joint clinic reports and on business cards which professionals have been encouraged to give to families Further development of the site information is underway through the work of Visibility's family workers , the VI specialist nurse and the children and families .

7. Monitoring and Strategic Overview

The Children's Visual Impairment Steering Group with representation from all local authorities and the voluntary agencies meets biannually. The purpose of this group is to : maintain progress, monitor effectiveness, promote interagency working and links , develop services, promote research and act as a local expert group for local and central government.

8. Future Priorities

Improvement in our services , and hence outcomes for children , should be planned around the guidance produced by VINCYP . A baseline evaluation of service is attached and work around this to improve services will be identified by the steering group and within each area. A priority for all services relates to ensuring and maintaining a skilled workforce, particularly this year when there are two local authorities in which the only qualified VI teacher is to retire in summer 2016 and the second paediatrician supporting services left the health board in march 2016 .

Dr Katherine Spowart, Consultant Community Paediatrician and Clinical Lead Children's Visual Impairment Services GG&CNHSB

Appendix 1

GG&C VINCYP Evaluation Result – 2016

The questions below are based on the VINCYP national standards and pathway. Items have been completed for each health board/local authority or service to provide a baseline picture.

Health Board/Local Authority/Service completing:

GG&C, East Dunbartonshire, East Renfrewshire, Glasgow, Inverclyde, Renfrewshire and West Dunbartonshire.

	YES/NO	RHC	GARTNAVEL	RAH	VICTORIA	STOBHILL	GRI	INVERCLYDE	Identify individual service or comment
1	There is one address that eye clinics in this health board send all referrals to, to get support services for children with VI	Y	Y	Y	Y	Y	Y	Y	Children's VI Services, Glenfarg Health Centre, 85 Denmark St, Glasgow, G22 5EG Details on staffnet and sent to all Ophthalmologists and Orthoptists
2	There is a named Ophthalmologist with a role for children with VI (1 name per eye dept)	Y	Y	Y	Y	Y	Y	Y	Individuals In departments with specific paediatric service , all others via clinical director
3	There is a named Paediatrician with a role for children with VI (1 per Health Board)	Y	Y	Y	Y	Y	Y	Y	Dr K Spowart Children's VI Services, Glenfarg Health Centre, 85 Denmark St, Glasgow, G22 5EG
4	In Eye Clinics all children are seen in child only clinics	Y	N	N	N	N	N	N	Some but not all clinics in adult depts are child-only. Solutions are being sought by managers. In some subspecialty clinics the numbers are too small and delays caused by creating these would compromise care
5	All Eye Clinics where children are seen have a children's waiting area	Y	N	Y	N	Y	N	N	Discussion has taken place with service managers as to how this could be achieved in all depts. RHC engaged to support this in terms of toys and advice

		RHC	GARTNAVEL	RAH	VICTORIA	STOBHILL	GRI	INVERCLYDE	Identify individual service or comment
6	There is a policy within eye clinics to send copies of letters to parents of children with VI	part	N	N	N	N	N	N	This is not at present common practice other than in Vision Assessment Clinic but has been highlighted to staff by service manager
7	In the Eye Clinic there is a system for patient feedback	non specific	non specific	non specific	non specific	non specific	non specific	non specific	There is no specific system in place. There is a generic health Board on-line system only. Gartnavel report that they plan to introduce a friends and family feedback system
8	There is written information in Eye Clinics, to give parents information on identifying a child with VI	Y	Y	Y	Y	Y	Y	Y	Cards with national Website VINCYP (www.vincyp.scot.nhs.uk) and local GGC website (www.ineeds.org) have been issued to all eye clinics. Clinic posters can be ordered by orthoptists
9	There is guidance available in all clinics on how and where to refer children for investigation (MRI, VEP, OCT, retinal photos, fluorescein angio, genetics, LVA	part	part	part	part	part	part	part	Some guidance for staff is on the staffnet internal website. Other information may only be available from colleagues directly
10	There is guidance in the clinics on referral to the central referral point and functional vision clinic	Y	Y	Y	Y	Y	Y	Y	On staffnet Forms sent to all departments
11	There is a neurodisability Team/Teams within each Health Board and the address/es for referrals is notified to the central referral point.	Y	Y	Y	Y	Y	Y	Y	7 Teams, addresses kept by VI Administrator

Social Services/Voluntary

	YES/NO	EAST DUN	EAST REN	GLASGOW	INVCLYDE	RENFREW	WEST DUN	Identify individual service or comment
15	Within each local authority there is a habilitation service and the address for referrals is notified to the central referral point	No service Referrals sent to social work	Y	Y service provided by education	No service Referrals sent to social work	Y	Y	Services are shared with adults other than in Glasgow. Visibility provides some input to individual children via time-limited project funding on request Information on ratios of children to habilitation specialist is not available but ratio appears variable across areas
16	The habilitation service has a target of providing an assessment of need by a qualified habilitation specialist within 4 weeks	n/a	Target time 6 wks rather than 4 wks	no	n/a	no	no	% of referrals meeting target time East ren report they meet 6 wk target in 95% of cases Visibility- No target
17	The habilitation service notifies the referrer/ referral system once an assessment has been undertaken	n/a	now occurs	no	n/a	no	no	Forms for this are issued by VI admin along with the referral

Education

	YES/NO	EAST DUN	EAST REN	GLASGOW	INVCLYDE	RENFREW	WEST DUN	Identify individual service or comment
12	Within each local authority there is a VI Teaching Service and the address for referrals is notified to the central referral point	Y	Y	Y	Y	Y	Y	Address available at www.i-needs.org
13	The VI Teaching Service has a target of providing an assessment of need by a QTVI for children within 4 weeks	No target All by QTVI	Yes Target All by QTVI	No Target Not all by QTVI	No target All by QTVI	Yes Target Most but not all by QTVI	No target Not by QTVI	East Renfrewshire estimate they meet the 4 week target in 90% of cases
14	The VI Teaching Service notifies the referrer/referral system once an assessment has been undertaken	Most	All	Occasional	No	Occasional	No	Forms are issued to VI Teachers by VI admin along with the referral

Health/Local Authority and/or Voluntary Organisations

	YES/NO	EAST DUN	EAST REN	GLASGOW	INVCLYDE	RENFREW	WEST DUN	Identify individual service or comment
18	There is a specific VI early intervention service to refer to (can respond within 5 working days)	Y	Y	Y	Y	Y	Y	VI Specialist Nurse Children's VI Services, Glenfarg Health Centre, Details on staffnet and in eye clinics
19	There is a service which provides emotional support to children within the health board or local authority and the address is notified to central point	No	No	No	Yes VI SW Service	Yes VI SW Service	No	Some support provided across all areas by VI Specialist Nurse Some support also provided by Visibility and RNIB through time-limited projects
20	There is a system which ensures that VI specialists from health, education, social work and voluntary sector meet to review the VI needs of individual children at an agreed time following referral	Y	Y	Y	Y	Y	Y	Visual Impairment Review Group System, coordinated by VI Administrator SCS

APPENDIX 2

Joint Functional Vision Clinics Teacher feedback 2015

Class and VI teachers of those children seen from Aug 2014 – Jan 2015 surveyed

33 children seen – 66 surveys sent

Return

	East Ren	Inverc	Renfrew	West D	Glasgow	East D
VI teacher	2 (100%)	2 (100%)	3(100%) (1 blank)	4 (100%) (all blank)	19 (86%) (4 blank)	No clinic
Class teacher	2 (100%)	2 (100%)	2 (66%)	1 (25%)	15 (68%)	

Total response - VI teachers 30 (of which 9 not completed)

Class teachers 22

Report received ? VI teachers - 19/21 - Inverclyde (typing delay)
Glasgow (teacher UTA clinic, missed)
Class teachers 21/22 - East Ren (not passed on by HeadTeacher)

Was report clear ? 100%, yes

Was the information provided new or already known?

	VI teachers	Class teachers
New	8 (42%)	9 (43%)
Confirmed that already known	2 (10%)	6 (28%)
Both	9 (48%)	6 (28%)

Was the advice helpful?

VI teachers – 100% helpful

Class teachers – 93% helpful, 7% partly helpful

Are you able to carry out the advice?

VI teachers (19)

– all advice 14

some advice 3

no – 2 children not being supported

Class Teachers (20)

- all advice 19

Some advice 2

Is Advice helpful in supporting the child?

VI teachers – 17 (100%) yes

Class teacher – 20 (95%) yes, 1 no response

Has the child benefitted?

VI teachers - 17 (100%) yes

Class teachers – 20 (95%) yes, 1 no response

Comments

VI Teachers:-

“Report very helpful for transition phase as pupil due to transfer to the reception class at local school”.

“It was very helpful to see the assessment undertaken and hear the results. All strategies suggested have been taken on board by school staff who work with child and we all feel she is benefitting from this”.

“Assessment was very helpful and enabled me to give up to date information to nursery staff who are with child on a daily basis”.

Class Teachers:-

“I found the report very useful and informative”.

“Working with Visual Impairment Services has further supported staff with aiding child’s development and experiences at nursery by reinforcing strategies and learning techniques as well as sharing information between agencies beneficial to child”.

“It would be useful to speak to and discuss child’s vision with someone who has more ideas about how to help child in school e.g. at PE, ICT skills etc”.

“I found the report very useful and informative to help child and to support him”.

“A questionnaire prior to clinic would allow staff working with child to give suggested strategies and/or ask questions which may be answered by clinic”.

“Visit was informing and useful to daily work in class and it was good to know we are supporting child well”.

“The input from the service helped us to create a new plan for the child based on the report and recommendations”.

“Service has been valuable in raising my awareness of small things that can be done in class to help child”.

“We feel that the report has given us the clearest and most up to date advice and we were able to update the font used from N36 to N14”.

“Is there an option for this service to be carried out in school? It would have been great to speak to someone at the time of assessment. Maybe a pre-assessment meeting or questionnaire?”

As a result of the feedback from the class teachers we now send a questionnaire to the teacher to allow him/her to feed information in to the assessment if the child is not already known to the VI teaching service .

Appendix 3

Children's Visual Impairment Steering Group

	Professional Role	Organisation Represented
Alan Burns	Social Work Manager	Inverclyde Council
Valerie Breck	Operational Director	Visibility
Dominic Everett	Children and Family Officer	RNIB
Julie Steel	Quality Improvement Officer	Glasgow Education
Julia Haugh-Reid	Head Teacher	Glasgow Education
Kevin McNaught	SW Team Leader	Glasgow Social Work
Barbara Mulhern	VI Teacher	West Dunbartonshire Council
Sandra Metcalfe	Senior Social Worker	Renfrewshire Council
Katherine Spowart	Consultant Paediatrician	GG&C, SCS & link to hospital eye service
Helen Steven	VI Teacher	East Renfrewshire Council
Diana Frater	VI Teacher	East Dunbartonshire Council
Vacant	Paediatric Ophthalmologist	Hospital Eye Service
Vacant	Children's Service manager	Sense

Appendix 4 – Reporting pathways

Glasgow

Education

Colin Crawford , Education Officer, Inclusion

Health

Jamie Redfern, General Manager of Royal Hospital for Children

Stephen McLeod, Head of SCS

Lee Urquart , service manager (disability) SCS

Jim Bretherton, Ophthalmology Service Manager , Acute Services for GGC

HSCP

Mike Burns , Head of Childrens services

Ann-Marie Rafferty , Head of Locality, North-East.

Jackie Kerr , Head of Locality , North West

David Walker , head of Locality , South

East Dunbartonshire

Education

Jacqueline MacDonald, Chief Education Officer

Health (as Glasgow)

Social Work

Freda McShane, Chief Social Work Officer

West Dunbartonshire

Education

Laura Mason, Chief Education Officer

Health (as Glasgow plus)

Sheila Downie, service manager SCS

HSCP

Jackie Irvine , Head of Childrens Health, Care & Criminal Justice

East Renfrewshire

Education

Mhairi Shaw, Head of Education Services

Health (as Glasgow)

HSCP

Julie Murray, Chief Officer

Renfrewshire

Education

Gordon McKinlay, Head of Schools

Health (as Glasgow plus)

G McDaid, Service manager for SCS

HSCP

Peter MacLeod, Chief Social Work Officer

Inverclyde

Education

Head of Education Services

Health (as Glasgow plus)

Fiona Houlihan , Children's Service Manager

HSCP

Sharon McAlees, Childrens Services and Criminal Justice