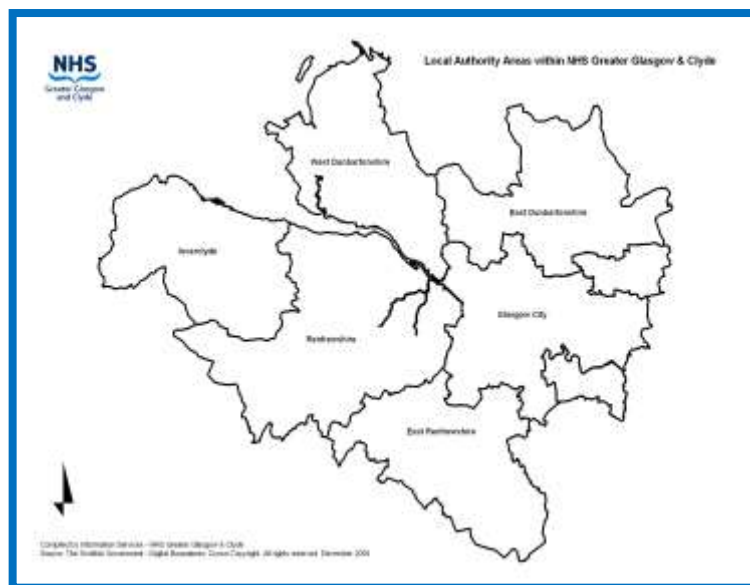


Specialist Children's Services

Children's Visual Impairment Services Greater Glasgow and Clyde

Working Together for Children with VI

Multiagency Annual Report 2019 - 2020



East Dunbartonshire Council

Inverclyde council



www.i-needs.org

Key Issues / Summary

1. Coordinated multiagency working continues across all the GG&C area involving VI specialists from health, education, social work and the voluntary sector. These services are provided in addition to the single service provision from each sector.
2. This year more multiagency child planning meetings took place than in the previous year and more children were therefore able to receive specialist advice related to their care and education. (health , education , social work , 3rd sector)
3. Marginally fewer joint clinics were able to be delivered over the year than the previous year, and fewer children were seen. Attendance rates, particularly within Glasgow City have fallen (65%) , and there is a need to address this to improve efficiency and target increased waiting times.
4. There have been significant delays in eye clinic appointments due to staffing difficulties within paediatric ophthalmology, however staffing has now increased to address this.
5. All Local authorities now have at least one Qualified VI teacher in post but many children with VI, particularly those with other support needs, continue to be assessed or supported by a teacher without VI qualifications.
6. In Glasgow there have been difficulties and long delays in getting QTVI support for babies and young children newly identified with VI, despite early support being known to be critical.
7. Access to ongoing qualified habilitation support for children with VI remains difficult, slow or not available, across all but 2 local authorities.
8. National reporting through VINCYP shows that our education and habilitation services continue to fail to be able to meet national standards for response times, 25% met for QTVIs, 3% for habilitation specialists.
9. Professionals from within our services deliver national training programmes for childhood VI, to raise standards and promote good practice.
10. The full impact of COVID on children with VI and the unavoidable withdrawal of their support is not yet known. Mitigation processes were put in place with VIRGs being delivered virtually from May 2020 and additional clinics being scheduled through summer once lockdown measures were eased. However, with restrictions remaining on numbers, delivering joint vision assessments to all those children who require them this coming year will be extremely challenging and waiting times will increase .

1. Introduction

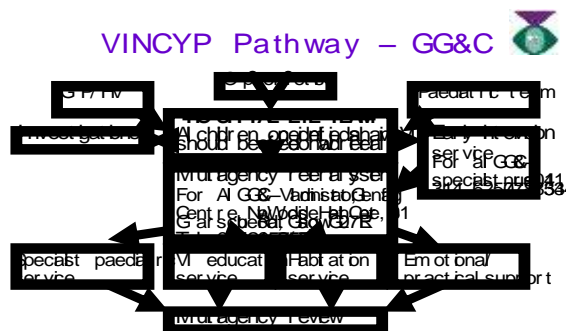
This annual report documents the work of the multiagency team across Greater Glasgow and Clyde NHS Board and its six local authorities working with children who have visual impairment (VI) and their families. These integrated services were set up in 2008 following the National Eyecare Review.

The multiagency team for children with visual impairment continue to deliver high quality integrated services with positive feedback from parents and professionals. Despite financial restrictions multiagency cooperation continues and all are working to achieve the national standards of care for children with VI. Pathways are well established, although service pressures and process continue to affect response times. Activity is reported along with gaps in services, as feedback suggests this is of value in terms of planning services and addressing the needs of children.

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. This system is embedded in the practice of clinicians seeing children regularly, and reflected within each health board nationally.

Figure 1



There is a managed generic service email address ViAdmin@ggc.scot.nhs.uk for use by all partners to reduce the vulnerability of the service to administrative change.

3. Data collection

Data system

Our database holds information about children with visual impairment across GG&C to allow for monitoring of due dates for review meetings etc and to identify information when requested. It is particularly important in being able to quickly establish when parents / young people have provided consent for their information to be shared between agencies. Work has been undertaken to improve this and all children now notified to our multiagency services have been entered (420). (Appendix 1) 414 children from GG&C have been notified to the national VINCYP data system . Both these figures are likely to be a slight underrepresentation of the total number of children

with VI within GG&C due difficulty in contacting carers re consent with historical cases, and some failures in notification to all agencies.

4. Multiagency review

Visual Impairment Review Groups (VIRGs) continue to meet regularly in each local authority area 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 services. These groups are also responsible for updating service information for their area. The number of meetings scheduled is calculated according to population per local authority and adapted when required according to demand. This year most scheduled meetings were able to be delivered but 2 were cancelled, both in Glasgow, one due to COVID and one due to non attendance of the education and social work representatives. Several individual cases also were cancelled due to lack of educational representation. Services remains innately vulnerable due to the small number of specialists for these children with low incidence disability but despite this multiagency planning continues to be delivered (Table 1).

Table 1. No of multiagency meetings and care plans produced in 2018/19

	Meetings delivered 17/18	Meetings delivered 18/19	Meetings delivered 19/20	Individual Reports produced 17/18	Individual Reports produced 18/19	Individual Reports produced 19/20
Glasgow	16	15	17	52	56	61
East Dunbartonshire	2	2	2	6	8	7
West Dunbartonshire	3	3	2	7	12	8
East Renfrewshire	3	3	3	10	11	12
Renfrewshire	5	4	6	15	16	23
Inverclyde	2	2	2	5	7	6
Total	31	29	32	95	110	117

Figure 2 . VIRG – No of multiagency care plans completed per year



Consistent, reliable administrative support and coordination from within health to ensure this service is delivered has been acknowledged by all as essential. Delivery is only

achieved with significant additional input from the clinicians involved, and the patience and perseverance of all staff.

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 identified through the process. Service managers are notified when issues are identified. Issues identified this year have been grouped below. It should be noted that, although the largest number of difficulties relate to Glasgow , it has by far the largest population, and therefore far more cases are discussed .

VIRG Organisation

Scheduling in the main has been smooth with good communication between VI administration and professionals, however some issues remain particularly with communication with Glasgow education staff . This is partly due to the inability to communicate names by email due to these communications not being GDPR compliant. The education representative within Glasgow has been unable to attend meetings on several occasions with social work representation/information also being unavailable on occasions within Glasgow and once in East Dunbartonshire. On occasions schools have failed to attend or provide information, however this is not usual (9% of cases) and not specific to one local authority. It has however caused the postponement of discussions when no QTVI is supporting the child.

Service Delivery

There have been delays in delivering services to children across all agencies and areas. Many eye clinic appointments have been delayed due to staffing shortages. Delays in the provision of QTVI support in Glasgow continue to occur, particularly in the case of young children (7 children had no contact 6 months following referral) and when support has been given, this is very limited in comparison to that provided in some other areas. Within Renfrewshire limited habilitation support has been provided, and again in Glasgow there have been delays in provision. Inverclyde continues to have no service other than that provided by Visibility on an ad hoc basis.

QTVI support for children within ASN schools has been raised frequently. This has been evident in Glasgow, East Dunbartonshire, Renfrewshire and West Dunbartonshire. Some of these difficulties have been due to departmental prioritisation of children without other additional needs, schools not appreciating the need , and in some cases staffing difficulty.

Professional Qualifications

Many children in Glasgow, Renfrewshire, West Dunbartonshire and some in East Dunbartonshire continue to be supported by teachers who do not have a VI qualification. In some cases children are learning Braille and other non-sighted methods of learning without the support of a QTVI.

Access/ Equipment

Fewer difficulties with children not being provided with necessary equipment have been highlighted , but there still can at times be delays and difficulty with this, eg switch technology. The introduction of homework apps across the primary maths curriculum within Glasgow has highlighted inequity in that it is not able to be adapted using standard

accessibility options and therefore is not accessible to children with VI. There is a need to ensure that blind children are given information on technology and apps consistently, an issue raised within Inverclyde.

Communication

There have been some difficulties, contributing to the delays in provision of services , with referral information being received by services but not passed on , or not allocated to a QTVI. This has affected Glasgow and West Dunbartonshire.

A lack of QTVIs continues to be a concern. This remains a national issue and the terms of the Education Scotland Act (teachers who teach children with VI for more than 50 % of their time require to achieve the qualification within 5 years of commencing their post.) continue to fail to be met . Across GG&C, in only 25% of cases was the national target for providing an assessment by a QTVI met (**Appendix 2**)

A lack of habilitation provision again remains a concern with training limited and support limited. Across GG&C the national target for providing an assessment was met in only 3 % of cases. (**Appendix 2**)

Not only do professionals require the baseline qualification in VI but there remains a need for ongoing training of all involved. Several of our professionals provide training through national programmes and all are encouraged to attend these.

5. Service provision

a) Joint Functional Vision Assessment (FVA) Clinics

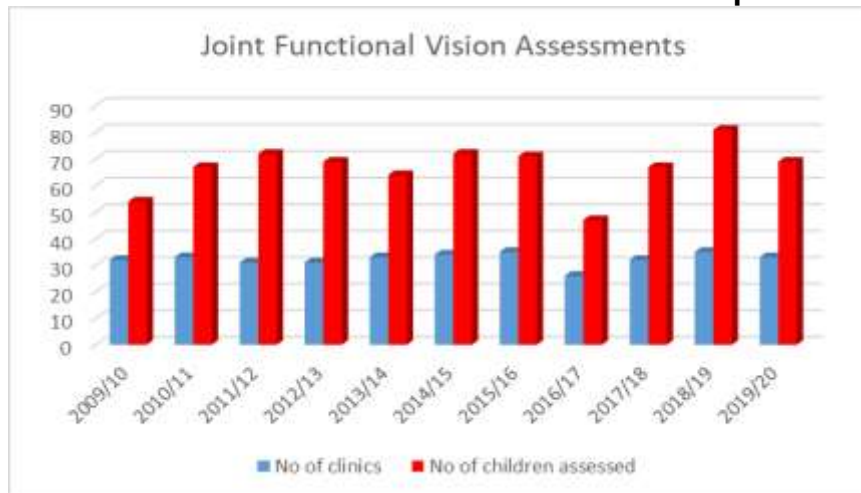
These clinics, run jointly between health and education, take place in the 6 LA areas and involve an orthoptist, optometrist, occupational therapist, VI Teacher and paediatrician. They are held outwith eye clinics in order to improve cooperation and achieve a more accurate assessment of everyday function. Capacity is limited and the aim is that all children with VI will be assessed at least once. Some children are seen on a second occasion where their presentation/needs have changed, or if they were seen initially when they were very young. Three children can be seen per clinic. Feedback from parents and professionals continues to be very positive. Accommodation is variable. The East Dunbartonshire clinic has successfully been relocated to the child development centre within the new Woodside Health Centre, Renfrewshire remains within Renfrew health centre, and West Dunbartonshire within the child development centre in Vale of Leven Hospital. Accommodation is provided by education within Glasgow, and social work in Inverclyde.

Table 2. Joint functional vision assessments

	No of clinics delivered 2018/19	No of clinics delivered 2019/20	No of appts offered 2018/19	No of appts offered 2019/20	No of appts attended 2018/19	No of appts attended 2019/20	No of appts cancel'd 2019/20	No of appts child not brought 2019/20
Glasgow	19	18*	58	55	43	36 (65%)	4	15
East Dunbartonshire	3	2	6	6	6	5		
West Dunbartonshire	3	3	7	9	7	8		1
East Renfrewshire	3	3	9	8	7	6	2	
Renfrewshire	5	5	15	14	14	12	1	1
Inverclyde	2	2	5	2	4	2		
Total	35	33	100	94	81 (81%)	69 (73%)	7	18

- 1 clinic cancelled due to COVID

Figure 3 Joint Functional Vision Assessments – Number completed



Continuing difficulties remain in ensuring appointments are fully utilised. Although it should be recognised that many of these children have significant health needs and appointments may require to be cancelled at short notice due to illness, the cancellation rate is low, but the failure to be brought rate is not. The poorest attendance is within Glasgow. Explanations may include clinic location and transport and limited communication / encouragement by referrers compared with other areas. Glasgow clinics for 2020/21 have been moved to the child development centre in the new Woodside Health Centre to comply with social distancing requirements and patients will be phoned to confirm attendance. It is hoped attendance can be improved in this way. Inverclyde appointments have not been fully utilised due to the small number of children in the area and it is hoped that children from Renfrewshire could be included in these clinics if there are appointments free and teachers available.

A child feedback form was developed this year for use within clinics. This was piloted and used with some children, but was not applicable to all. Further discussion/trials are required before this is embedded in practice.

There remains only one paediatrician, one optometrist and, in all local authorities bar Glasgow, only one QTVI able to deliver these clinics which continues to leave services vulnerable. A senior trainee in paediatrics is currently undertaking the VINCYP mentoring programme which provides formal training in the provision of paediatric visual impairment services.

At these clinics, assessment for and provision of basic independence and low vision aids continues. Over the year more than twice the number of low vision aids were issued (32) compared with the previous year . Most of these are low powered near magnifiers for home use. 7 independence aids were issued. This one-stop arrangement allows immediate access for children, avoiding additional waits and clinics.

Training continues to be provided within clinics 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. Local Authorities provide services for some children in some areas at variable levels along with contracted services from Guide Dogs and ad hoc provision from Visibility. Little progress has been made as yet in addressing this national problem despite meetings have taken place led by Scottish Government to scope the extent of the shortage nationally and devise plans to address it.

c) Early Intervention

The VI specialist nurse, working part-time and covering all GG&C continues to provide early support to children and their families following diagnosis. This is a permanent post funded by Specialist Children's Services, GG&CNHS Board. She maintains close links with eye clinic clinicians within the children's hospital, provides telephone advice, home visits, ward visits, and advice on play and interaction. She works closely with Visibility in the provision of parent support and parent and toddler groups. This service which provides support for interaction and rapid support following diagnosis has been recognised as an example of good practice by VINCYP and is the only service in Scotland which meets national standards for early intervention for children with VI. She is mainly involved with families of young children but also supports young people who suffer visual loss in childhood or the teenage years.

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. Clinics remain infrequent due to low numbers which can make linking with teachers problematic. Glasgow clinics were suspended for some time due to changes in staffing, but this has now been resolved. There is a low but steady uptake of this clinical service which remains important despite the widespread availability of electronic 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 gives 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 joint clinic reports and on business cards which professionals have been encouraged to give to families. Site information is developed and updated by Visibility's family workers, the VI specialist nurse and the children and families. The VI nurse is responsible for checking Local VI service information remains up to date at least annually . Information is currently due to be updated.

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. The meeting in April 2020 was cancelled due to COVID .

8. Future Priorities

Improvement in our services, and hence outcomes for children, continues to be planned around the guidance produced by VINCYP. We are pleased that much of our work from the GG&C service has been adopted and recommended for national use by VINCYP.

- A priority for all of our services continues to relate to ensuring and maintaining a skilled workforce: there is only one paediatrician, and optometrist with a specialist interest/expertise in VI ; many children do not have access to a qualified teacher of visual impairment; and habilitation services are not universally provided by qualified workers across the area. These issues continue to be raised locally and nationally to try to improve the quality of support children receive.
- Maximising opportunities and efficient use of appointments / meetings is vital. Loss of clinic and school time, along with restrictions on clinic numbers and visits, due to COVID has highlighted this need which had already been identified. This will be progressed by engaging all in actively ensuring attendance of patients and professionals at clinics and meetings. VIRG meetings this coming year will all be virtual, having set up, trialled and embedded this during lockdown. Cross authority working, by way of the use of appointments in other local authorities, if they are free, will be explored. Additional clinics will be delivered where possible. Despite these measures waiting times for joint assessments will rise over the coming year.

Dr Katherine Spowart, Consultant Community Paediatrician and Clinical Lead Children's Visual Impairment Services GG&CNHSB on behalf of the GG&C Childrens VI Steering Group

Appendix 1

Numbers of Children Identified with a Visual Impairment and Service Provision

Hospital eye services across GG&C provide services to children with VI from all eye departments but this is concentrated on the department within the childrens hospital where there are 3 consultant paediatric ophthalmologists along with several orthoptists and optometrists many of whom work within other eye departments in addition. Community optometrists deliver services across the area.

Community paediatric services are provided to all children across GG&C by a consultant paediatrician, optometrist, occupational therapist and nurse, all with a part-time commitment

Services and Numbers within Local Authorities.

Please note these numbers are children known to multiagency VI services. Individual services may support other children with lesser difficulty or who have not been identified to wider VI services.

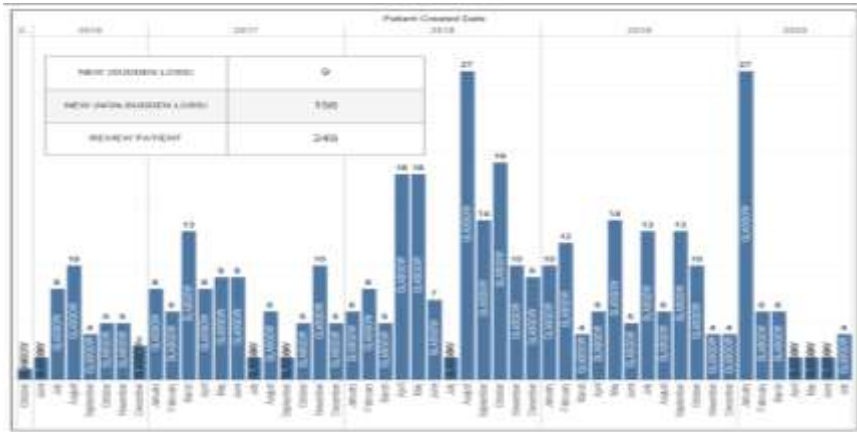
The level of service which each child requires is variable, and therefore numbers alone do not necessarily reliably indicate workload. In general children who are young, those with severe visual impairment, and those with deteriorating vision require the most support

	Children known to multiagency VI services	No of QTVIs	No of qualified Hab specialists	Additional information
Glasgow	258	6 within peripatetic service 1 within the secondary VI unit	2, one part-time	
East Dun	19	1 , part-time	0	Education contract some habilitation services from the voluntary sector
West Dun	27	1	1 shared with adult service	1 additional teacher ,part-time without VI qualification providing some support
East Ren	38	1	1 shared with adult service	1 additional QTVI , but not currently working in VI service
Renfrew	58	1 , shared with several other ASN services	1 shared with adult service	Several other teachers without qualification providing some support
Inverclyde	20	1	0	Habilitation may be requested on an ad hoc basis from the voluntary sector

Appendix 2

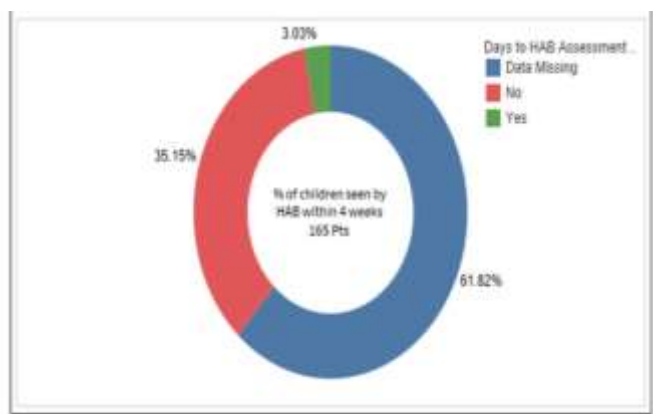
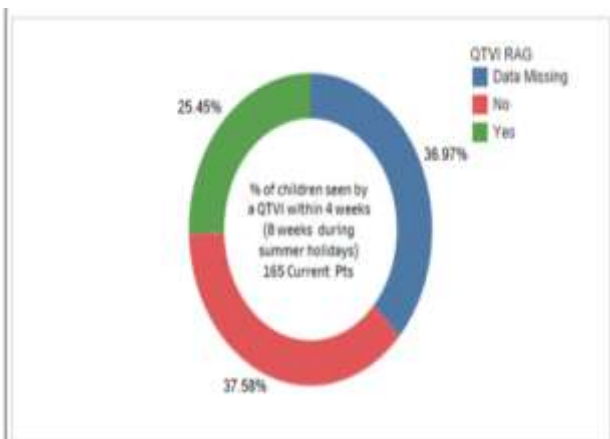
GG&C – Extract of Information from the VINCYP Clinical Audit System

At July 2020 414 children and young people living in GG&C were notified to VINCYP an increase of 115 since the previous year’s report. 165 of those notified overall were newly diagnosed. Consent for inclusion continues to be sought from previously known patients to try to ensure the data is as accurate as possible as this is not yet complete



As part of the drive to meet national standards of service delivery data is collected on the time for children to receive services following identification/referral and whether this meets national standards. This data is incomplete, partly due to an incomplete response to referrers from services and in the case of habilitation, often because there is no service provision within many months or at all. Data return has improved since last year and returns for GG&C are high in comparison to other areas

% referrals where national response to referral targets were met :



Appendix 3

Children's Visual Impairment Steering Group

	Professional Role	Organisation Represented
Patricia Lafferty	Resource Worker	Inverclyde Council
Clare Sweeney	Children and families Worker	Visibility
Anne-Marie Fleming	Children and Families Officer	RNIB
Julie Steel	Quality Improvement Officer/ Headteacher Hazelwood School	Glasgow Education
Kevin McNaught	SW Team Leader	Glasgow Social Work
Heather McColgan	VI Teacher	West Dunbartonshire Council
Sandra Metcalfe	Team Leader Social Work	Renfrewshire Council
Katherine Spowart	Consultant Paediatrician	GG&C, SCS
Hazel Leiper	VI Teacher	East Renfrewshire Council
Diana Frater	VI Teacher	East Dunbartonshire Council
Elaine McCrossan	Lead Paediatric Orthoptist	Hospital Eye Service

Appendix 4 – Reporting pathways

Glasgow

Education

Jean Miller , Head of Inclusion and Inequalities (Education)

Health

Jamie Redfern, General Manager of Royal Hospital for Children

Karen Lamb Head of Specialist Childrens Services

Jim Bretherton, Ophthalmology Service Manager , Acute Services for GGC

Social Work /HSCP

Mike Burns , Assistant Chief Officer, Childrens services

East Dunbartonshire

Education

Jacqueline MacDonald, Chief Education Officer

Health (as Glasgow)

Social Work/ HSCP

Caroline Sinclair, Interim Chief Officer , EDHSCP

West Dunbartonshire

Education

Laura Mason, Chief Education Officer

Health (as Glasgow plus)

Sheila Downie, service manager SCS

Social work/HSCP

Jonathan Hinds , Chief Social Work Officer

East Renfrewshire

Education

Mhairi Shaw, Director of Education

Health (as Glasgow)

Social work/HSCP

Kate Rocks, Chief Social Work Officer

Renfrewshire

Education

Steven Quinn , Assistant Director, Education

Health (as Glasgow plus)

G McDaid, Service manager for SCS

Social work/HSCP

John Trainer , Head of Childcare and Criminal Justice

Inverclyde

Education

Ruth Binks ,Head of Education Services

Health (as Glasgow plus)

Fiona Houlihan , Children's Service Manager

Social work/HSCP

Sharon McAlees, Chief Social Work Officer