



NHSGGC Staff Guidelines

Working with People with a

Visual Impairment

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Introduction

By 2031, the amount of people who experience significant sight loss, currently around 188,000 people in Scotland, will potentially double; this is due, in part to an aging population and, in part to the increase in health conditions such as obesity and diabetes which are associated with visual impairment (Boswell & Kail 2016). For any health board, therefore, these projections verify the fundamental need for staff to continue working hard to ensure all patients, including the visually impaired, have the best possible experience of accessing relevant support and services.

Legislative Context

The Disability Discrimination Act (DDA) 1995 introduced measures to eliminate discrimination often faced by disabled people. These measures were then superseded by the Equality Duty as laid out by The Equality Act 2010 (NHSGGC [1] 2018). This Act serves to combine and improve upon the measures contained within the range of equalities legislation from the preceding forty years and covers a range of protected characteristics; namely, Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation. The 2010 Act also has a Public Sector Equality Duty which requires public bodies to have;

“due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities...The broad purpose of the equality duty is to integrate consideration of equality and good relations into the day-to-day business of public authorities.”

(Equalities & Human Rights Commission [EHRC] 2017).

The consideration of equality and good relations in NHSGGC’s daily business is fully explained in the document “A Fairer NHS Greater Glasgow & Clyde” (NHSGGC [1] 2018). It details the ways in which NHSGGC is fully committed to ensuring equalities issues are addressed regardless of race, disability, gender, sexual orientation, religion, age, socio-economic status and/or social class.

The relevant legislation also makes provision for reasonable adjustments to be made which take account of what an individual requires in order to access any service in an equitable manner. For example, in relation to visual impairment, NHSGGC must be proactive in providing accessible information (2018 [2]) and in ensuring assistance dogs are welcomed into its departments and services where appropriate (NHSGGC 2018 [4]).

General Information – Visual Impairment

For a range of reasons, some people can be born without vision or with varying degrees of visual impairment meaning that they may see nothing or have differing levels/types of sight. Still other people can have a visual impairment which changes/increases over time or which may develop at different points in their life.

N.B It is worth noting that due to the spectrum of visual impairment, a person may not “present” with expected visual cues such as dark glasses, a stick or a guide dog.

Eye Diseases

According to the National Eye Research Centre (NERC 2018) there are more than one hundred recognised eye diseases. Some of the most common of these are;

- Age Related Macular Degeneration [AMD] - AMD is a painless eye condition that leads to a gradual loss of central vision. As the central vision becomes increasingly blurred symptoms include:
 - ✓ difficulty reading printed or written text (because it appears blurry)
 - ✓ colours appear less vibrant
 - ✓ difficulty recognising people's faces

Around 600,000 people in the UK currently have sight loss of this type and approximately 70,000 new cases are diagnosed every year.

- **Diabetic Retinopathy** - Diabetic retinopathy is a common complication of diabetes which can lead to the loss of central vision. It occurs when high blood sugar levels damage the cells at the back of the eye, known as the retina. Left untreated it can lead to blindness. Therefore, it is important for people with diabetes to keep their blood sugar levels under control and to have their eyes examined once a year for signs of damage.
- **Glaucoma** - The most common cause of sight loss amongst those of working age, this is a term that describes a group of eye conditions causing pressure to be raised in the eye (due to blockage of drainage tubes) which then damages the optic nerve and increasingly causes sight loss. It can often affect both eyes, usually in varying degrees; meaning one eye may develop glaucoma quicker than the other.
- **Retinitis Pigmentosa [R.P]** – R.P is the name given to a group of diseases of the retina, collectively called inherited retinal dystrophies. They all lead to a gradual progressive reduction in vision, with night vision and peripheral vision being the first things that are noticed. Later, reading vision (detailed vision), colour vision, and central ('straight-ahead') vision become affected. These conditions can become apparent at different ages and although the rate of deterioration can vary it is usually very slow with changes

occurring over years rather than months. RP affects approximately 1 in 3,000 to 4,000 people.

- **Cataracts** – When these develop they cause the lens of the eye to become less transparent and so the passage of light through it is distorted, resulting in cloudy or misty vision. Although this is the leading cause of blindness globally it can be easily treated with around 350,000 cataract operations performed by the NHS each year.

Further information on particular conditions can be accessed from the NERC (2018) or via the Royal National Institute for the Blind's [RNIB's] Eye Conditions A-Z (RNIB 2018 [1]).

Vision & the Effects of Stroke

Up to two thirds of people experience changes in their vision both as a symptom and as a result of a stroke, however, it is not uncommon for such changes to go undetected (Visibility 2018) . Symptoms which occur can include;

- getting lost in familiar environments
- bumping into things/people on one side
- difficulty recognising objects or faces
- not finding things which seem obvious to others
- ignoring food on one side of the plate
- seeing double or having vision which is hazy and blurred

- difficulty moving through crowded areas
- increased sensitivity to bright light

Falls – Visual Impairment as a Contributory Factor

Reducing the risk of falls in people with a visual impairment is vital. Certainly many factors can contribute to the risk of a fall but it has been shown that visual impairment is one of the most central. Visibility who work closely with health and social care (see appendix 4 for contact details for relevant areas) to reduce such risk tell us that older people with a visual impairment are twice as likely to fall than others of a similar age and that 80% of people with a visual impairment are over 60 (2018).

Information & Support

Organisations which provide information and support to visually impaired people include, for example (see appendix 4 for these and other organisations);

- RNIB – “We recognise everyone’s unique experience of sight loss and offer help and support for blind and partially sighted people” (RNIB 2018 [2]). RNIB is one of the UK’s leading sight loss charities and the largest community of blind and partially sighted people

- **VISIBILITY** – “Visibility is a charity supporting children and adults who are blind or partially sighted in the west of Scotland and Dumfries and Galloway... If you are losing your sight, have been told your sight is not going to get better or you have been living with blindness or partial sight for a long time, Visibility can help you (Visibility 2018).
- **GUIDE DOGS (Scotland)** – “Our Edinburgh, Forfar and Glasgow teams provide life-changing mobility services to adults, children and young people with sight loss throughout Scotland. It’s our mission to not rest until people who are blind or partially sighted can enjoy the same freedom of movement as everyone else” (Guide Dogs Scotland 2018).

Tips for Healthcare Professionals

NHSGGC require an understanding of the additional support needs that a person with a visual impairment may have. They are also required to have the skills and knowledge to assist in meeting such needs. This would include;

- awareness of visual impairment, including an awareness of potential barriers for a person with visual impairment and how these may be addressed
- patience and understanding with which to offer people tailored explanation and reassurance in relation to their care.

The RNIB (2014) supports the aforementioned requirements within its top tips for healthcare professionals which look at the potential barriers to healthcare for visually impaired people and the ways in which those barriers can be addressed;

(a) General tips

- Introduce yourself. People with sight loss might not recognise a uniform or badge - tell them who you are, your role and what tasks you will be performing. Also, explain if another person is present and why.
- If you are unsure how best to help someone with a visual impairment ask them. Bear in mind that visual impairment exists at different levels for different people. For example, one person may see very little or nothing whilst someone else may see things in a particular way. Both individuals may require assistance but such assistance would differ. Remember also that it may not always be apparent that someone has a visual impairment.

- If a person needs guiding, always ask them how they would like to be guided (see Appendix 2 & Appendix 3). Don't hold the person's arm, rather whilst holding your arm by your side (but held upward at the elbow), let them hold your arm at the elbow. While you're walking you might tell them where you're going and what to be aware of (for example, when you're going up and down steps).
- If the person wants to sit down, you can put their hand on the back of a chair so that they can feel the back and arms. Some people with a visual impairment prefer to follow their guide's arm with their hand to reach the back of the chair. If unsure ask the person concerned.
- People are often required to use interactive displays to sign in for appointments, take a turn when waiting for tests, or when being called in for appointments. Visual displays and touch screen monitors are not accessible to many people with sight loss so make sure tactile and or audio enabled screens and announcements accompany the displays, or that someone is always available to offer assistance.

- Make sure any information required is in a format which can be utilised. If you are not sure what this is, ask the person concerned. (See Clear To All – Accessible information Policy for further information on how to achieve this within NHSGGC {NHSGGC 2018 [2]})
- If you are dispensing medication, make sure that the person you dispense it to understands what each item is and where to get further accessible information, particularly if there are multiple brands with different packaging available (see Appendix 1).
- Give clear verbal instructions and information during examinations or medical tests. Also ensure that the person is aware if someone else is in the room and explain who they are and their purpose for being there.
- If you call patients in from a waiting room to a consultation, please wait for them and ask if they need assistance. Tell a person with a visual impairment when you are moving away from them or leaving the room.

(b) As an inpatient -

- When patients arrive, tell them about their surroundings so that they know where they are in a room and who is around them. Make sure all furniture around their bed and their possessions are kept in the same place so that they know where to find them. Help

them use the entertainment system - which is often inaccessible to people with sight loss.

- Make sure that a person with visual impairment is aware when food or drink (and what it is) has been placed in front of them and ask them if they need help. - For some people the clock method maybe of use (e.g. fish at 6 o'clock, potatoes/ rice at 12 o'clock and vegetables at 3 and 9 o'clock) provided they are familiar with it (check with the person). It can also help for some people to have the use of plates, cutlery and trays etc in highly contrasting colours. Check with the individual if either of these methods or something else would assist them in eating their food.
- Many people are happy to have an identifying symbol on their bed or on their notes so that staff are aware they have sight loss. Ask the person concerned what they would prefer.

Summary of Guidelines for Practice

All members of NHSGGC staff should;

- Treat visually impaired people with dignity and respect
- Always ask what an individual's particular needs are .This should include meeting the needs of work colleagues /staff with Visual Impairments

- Communicate with patients about their appointments in an appropriate format (see Clear to All - accessible information policy NHSGGC [2] 2018)
- Actively inform patients of their entitlement and availability to communication support and information in different formats
- Check that patients have understood the information given to them
- Record patients' sensory impairment so that it is clearly visible in the case notes – both electronic and paper where both exist
- Consider visual awareness training as part of their continuing personal development plan (PDP), use the e learning modules
- Be able to signpost patients to specialist organisations who can offer additional support, for example, Visibility, RNIB and Deafblind Scotland (see Appendix 4).

Visibility Patient Support Service

Within NHSGGC Visibility offer a Patient Support Service to people with a visual impairment and also to those who provide may be providing them with support. The provision of information can also include advice for NHSGGC staff. Although the service works in several hospitals, it is not full time on each site and is best contacted via Visibility's main

telephone number (0141 332 4632) so that enquiries can be properly directed.

N.B These Guidelines are due for review in January 2022.

Appendix 1 – Useful Tips for Medication Management

The best way for health care staff to assist patients in getting the most from their medicines is to talk directly with the person to find a solution to any difficulties they may have and so to ensure they understand how to use the medications prescribed in the way they are intended to be taken.

Staff should:

(i) Ensure the patient understands how to take their medicines. Is X-Pil needed? (<https://www.medicines.org.uk/emc/xpil>);

X-PIL ensures that patient information leaflets (PILs) supplied with medicines are accessible to everyone, including those with sight problems (It is collaboration between Datapharm, the RNIB and the Pharmaceutical industry). The Royal National Institute of Blind People (RNIB) Medicine Leaflet Line number is: **0800 198 5000**.

When you call they will need to find the correct PIL and will ask for:

- The name of the medicine
- The medicine's product code number

Requests for information can be made in large/clear print, in Braille or on audio CD

(ii) Ensure the patient knows how to use inhalers / eye drops etc.

(iii) Ensure the patient is aware of the useful tips such as;

- Use tactile markers such as bumpons (raised coloured dots)
- Talking Labels: provide audible guidance on identifying and taking medications. The label attaches to a standard medication pack. A message can be recorded and stored and can be played back at any time by pressing the buttons
- Use a suitable magnifying glass or magnifying glasses (advice available from Optometrists or the Low Vision Aid service)
- Use reminder functions on mobile phones/talking clock/watch etc to prompt when to take medicines
- Take medicines at the same time every day

Further information can be found at;

(<http://www.wdhscp.org.uk/media/1021/visual-impairment-resource-pack-managing-medicines-apr-2011.pdf>) - Managing Medicines: A Visual Impairment Resource

Appendix 2

Ten Tips to Guiding a Person with Sight Loss

(<https://www.rnib.org.uk/nb-online/top-tips-guiding>)

1. Always offer assistance first, not everyone will need help
2. Introduce yourself - ask the person where they want to go and how they wish to be guided
3. Ensure you are one step ahead of the person you are guiding
4. Give instructions where necessary but don't overdo it
5. Be aware of hazards at ground level and at head height and inform the person being guided well in advance.
6. When guiding, give information about the people who are present and the environment as you move around
7. Explain your actions as you go along.
8. When approaching seating, tell the person where the seat is and guide their hand to the back and seat of the chair, so that they can sit down independently
9. Remember to allow extra space around obstacles
10. Most people with a visual impairment have some form of sight. It is always best to ask them as this may help you with guiding.

YouTube videos produced by Guide Dogs are also available;

Sighted Guiding - How to help blind and partially-sighted people pt 1

<https://www.youtube.com/watch?v=yEoY6NeISs4>

& Sighted Guiding - How to help blind and partially-sighted people pt 2
https://www.youtube.com/watch?v=K_tvyxIfPJ0

Appendix 3

How to Communicate with Blind & Partially Sighted People [including those with a guide dog] - Providing Sighted Guidance

(<https://www.guidedogs.org.uk/media/5356/medical-facilities-access-guide.pdf>)

Staff should know how to communicate with blind and partially sighted people and provide sighted guide support. This should be addressed through disability awareness training for all current and new staff.

- When meeting a blind or partially sighted person, introduce yourself and tell them who you are and what your role is in the medical centre/facility.
- When addressing a person with a guide dog, speak to the person, not the dog.
- Ask the person what assistance is needed rather than making assumptions as to what might be required.
- If the person asks to be guided to another part of the facility, stand by the person's side and allow them to take hold of your arm/elbow in order to guide them along. Staff should not take hold of the person and drag or push them in a particular direction.
- When guiding a person with a guide dog, stand by the person's right hand side (usually the guide dog will be on the left) and adopt the same procedure as above. Never take hold of a guide dog's lead or harness

and if the owner tells the dog to do something do not interfere as this may confuse the guide dog.

When guiding a blind or partially sighted person through a facility or outdoors, tell the person where they are going and what obstacles or hazards might be approaching. They need to be told in advance about doors opening towards or away from them and about steps, kerbs or slopes going up or down to allow them time to adjust to their surroundings. This should prevent accident and injury.

- It is helpful to explain the layout of a facility to a blind or partially sighted person and when doing this, remember to ask the person what information might be useful before bombarding them with too much detail. Explain room layouts (consultation rooms, treatment rooms, waiting rooms, toilet facilities etc) in a simple way by asking the blind or partially sighted person to stand with their back against the entrance door and then talking them through the picture which is now in front of them. For instance: “The chairs are arranged in straight rows to the left and the door leading to the consultation room is straight ahead”. If there are any potentially dangerous items, e.g. fire extinguishers or protruding radiators, tell the person where they are and what they are. Items which may cause a trip hazard (cables, rugs etc) should be removed where possible or placed against a wall to minimise risk.
- Good communication is vital for all patients but even more so for blind and partially sighted people. Where possible, information should be provided in the requested format so that they are not excluded.

Appendix 4 – Useful Contacts

- East Dunbartonshire Sensory Impairment Team Social Work Department, Kirkintilloch Health and Care Centre, 10 Saramago Street, Kirkintilloch, Lanarkshire, G66 3BF 0300 123 4510
- East Renfrewshire The service aims to provide information, advice and practical support to adults and children who are experiencing a sight loss. **Single Point of Access (SPOA)**
Tel: 0141 451 0866
- Deafblind Scotland 1 Neasham Drive, Lenzie, Kirkintilloch, Glasgow G66 3FA
Telephone 0141 777 6111
Mini com 0141 777 5822
Text 07715421377
Email us at info@dbscotland.org.uk
- Guide Dog Scotland - Glasgow Mobility Team
Axis House, 12 Auchingramont Road, Hamilton, Lanarkshire, ML3 6JT
Glasgow@guidedogs.org.uk
0345 1430206

- Glasgow Health & Social Care Partnership, Centre for Sensory Impaired People 17 Gullane Street, Partick, Glasgow G11 6AH - 0141 276 5252
- Inverclyde Centre for Independent Living 10-16 Gibshill Road Greenock
PA15 2UP Telephone 01475 714 350
- Renfrewshire Council offers a range of services to residents with a significant sensory impairment - Adult Services Referral Team (ASeRT) Single Point of Access (SPOA) 0300 300 1380
adultservicesreferral.sw@renfrewshire.gov.uk
- RNIB (head office) 12-14 Hillside Crescent, Edinburgh EH7 5EA
Telephone: 0131 652 3140 General inquiries contact
rnibscotland@rnib.org.uk
- Scottish War Blinded – For All Veterans With Sight Loss
50 Gillespie Crescent, Edinburgh, EH10 4JB Tel: 0131 229 1456
<https://www.royalblind.org>
- Visibility 2 Queens Crescent, Glasgow G4 9BW 0141 332 4632
info@visibility.org.uk
- West Dunbartonshire Sensory Impairment Team 16 Church Street
Dumbarton G82 1QL 01389 776499

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<https://www.nhsggc.org.uk/your-health/equalities-in-health> NHSGGC

<https://www.nhsggc.org.uk/your-health/equalities-in-health> NHSGGC

NHSGGC (2018 [2]) Clear to All: Creating Clear Information for Everyone

<http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/AIP/AIP%20Refresh/AIPStartPage.html> (n.b currently under review Dec'18)

NHSGGC (2018 [3]) Spoken Language, British Sign Language and Communication Support Interpreting Policy

https://www.nhsggc.org.uk/media/226427/nhsggc_policy_interpreting.pdf

NHSGGC (2018 [4]) Assistance Dog Policy

<http://www.equalitiesinhealth.org/Link-Files/NHSGGC%20Assistance%20Dog%20Policy%202015.pdf> (n.b currently under review Dec'18)

RNIB (2014) Top tips for healthcare professionals

<https://www.rnib.org.uk/top-tips-healthcare-professionals>

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RNIB (2018 [2]) RNIB – About Us <https://www.rnib.org.uk/who-we-are>

Visibility (2018) We're more than a charity. We're a community.

<https://www.visibility.org.uk/>