

# **Cross Party Group on Visual Impairment in the Scottish Parliament**

**#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.

## **Minutes of the Cross-Party Group on Visual Impairment meeting held on Wednesday 3 March, 15.00 - 16.30, Virtual Meeting via Microsoft Teams**

**Present: See annex.**

### **1. Welcome and introductions.**

Convenor Stuart McMillan was unable to attend due to an ongoing Committee. By agreement, James Adams, Director of RNIB Scotland, took the chair.

### **2. Attendees and apologies: See annex.**

### **3. Minutes of the meeting and AGM of the Cross-Party Group on Visual Impairment held on 9 September 2020.**

No points were raised. The minutes of last meeting were proposed by Colin Smyth MSP, and seconded by Terry Robinson and agreed. The minutes were formally agreed again when Miles Briggs MSP joined the meeting making it quorate.

### **4. Matters Arising**

No matters were raised.

## **5. Panel Discussion - Coronavirus and its impact on the mental health of blind and partially sighted people**

### **5.1 Richard Baker, Head of Policy, Public Affairs and Research, Sight Scotland and Sight Scotland Veterans**

Richard Baker introduced research Sight Scotland has conducted on the impact of COVID-19 on mental health for blind and partially sighted people and summarised two pre-pandemic reports published under Sight Scotland and Sight Scotland Veterans former names (Royal Blind and Scottish War Blinded) on the impacts of sight loss on social isolation and mental health.

The report 'Social Connections and Sight Loss' found:

- 90% of people supported by Sight Scotland and Sight Scotland Veterans had experienced loneliness and nearly two thirds of research participants said their sight loss had directly contributed to feelings of isolation.

The report 'Emotional Support for Sight Loss' published in partnership with the Mental Health Foundation in 2019 consulted with nearly 400 blind and partially sighted people.

- The majority indicated they had experienced challenges to their mental health as a result of their visual impairment.
- 85% said that sight loss had had an impact on their emotional wellbeing.
- Two-thirds of respondents stated they had not been put in touch with a service to support them to deal with the emotional impact of their sight loss following diagnosis.
- The three main challenges to emotional wellbeing were identified as:
  - Worries about the future
  - Anxiousness
  - Being upset and feeling angry
- The causes of these challenges were highlighted as:
  - A loss of confidence
  - Diminished self-esteem and inability to undertake activities they had previously been able to engage in
  - The ability to engage in their community with services and activities

Mental health challenges for blind and partially sighted people continues to be a priority area for Sight Scotland and Sight Scotland Veterans.

In summer 2020 the organisations conducted research into the effects of the pandemic on blind and partially sighted people, which involved over 400 participants. The key findings of this survey:

- 70% of respondents said their sight loss had made lockdown a worse experience.
- Over 40% were not confident about going back into the community while social distancing measures were in place.
- 15% believed there is enough support for people with sight loss other than that provided by charities.
- 7% felt there is adequate support for their families and carers.
- 90% believed there is insufficient awareness of visual impairment among the general public.

This research found these significant concerns were heightened by problems in coping with social distancing resulted from visual impairment, and a lack of awareness of the need for patience, kindness and help from others for blind and partially sighted people.

In some instances, this resulted in visually impaired people being targeted with discrimination and intimidating behaviour. The following are some direct quotes from respondents:

- "I once bumped into someone and they shouted at me that 'I shouldn't be out.' I was unsure if I should report this to the police."
- "I feel there is a lot of ignorance around sight impairment. People have been discriminatory and abused me, pushed me onto the road. People walk out in front of you when you're out in community."
- "If there are a lot of people coming towards me, I find I can't get out of the way quickly. They then bump into me and blame me. I tend to go out for shopping when it is quieter, and I take a taxi as I am not yet confident taking a bus due to social distancing."
- "My confidence has taken a shake since lockdown. I had to be persuaded by my family to go out for a walk, something I would have been able to do without thinking before."
- "As time has gone on, I have found myself getting depressed as there is little I can do to occupy my time. Other people can take up hobbies, etc, but I need help with most things because of my visual impairment."

This research shows why we need better inclusion for blind and partially sighted people, and why we have to tackle persistent lack of awareness of visual impairment in our communities. Sight Scotland's 2019 Scottish Parliament manifesto, alongside other sight loss charities, calls for a new national low vision service. Through this people would be offered mental health support at the point of diagnosis with an eye condition.

## **5.2 Amanda Hawkins, Specialist Lead for Counselling and Wellbeing, RNIB**

Ms Hawkins gave an account of a young person with sight loss who had received support in reaching their long-standing goal of starting a degree on campus at university. However, due to the pandemic and restrictions on education provision, they had to return home and consequently experienced suicidal feelings.

Ms Hawkins said this illustrated how the roots and coping mechanisms many individuals had built up over time were taken away overnight due to COVID-19. While technology has played a key role in mitigating the effect of the restrictions, not everyone has had the means through equipment or sufficient internet connection, or the knowledge and confidence to make use of this. Nor can technology replace all aspects of life.

RNIB introduced emergency mental health sessions as the pandemic emerged, to enable blind and partially sighted people to speak with a specialist advisor on their coping mechanisms and how they could be adapted to the pandemic. Feedback from service users found these sessions very useful.

A record was kept of the recurring issues relayed to counsellors at the early emergence of COVID-19, which were:

- Fear of dying alone at home, concern they would not be found due to not seeing friends or family and having no visitors indoors.
- Concerns around getting groceries and running out of food.

As the pandemic continued and restrictions and guidance developed, the most frequent issues became:

- Confusion about the restrictions and how to manage social distancing.
- Fear of other members of the public being hostile towards blind and partially sighted people.

Ms Hawkins said that blind and partially sighted people already felt isolated due to their sight loss, and that the pandemic had added another layer of isolation leading to 'twice-olation'.

RNIB continues to offer emergency mental health sessions, and a concerted effort is being made to encourage people to use them. Many have been averse to requesting a session due to feeling others are more deserving of them.

The issues being relayed most recently through the mental health sessions have been:

- The effect of long-term isolation which has led to despondency and anxiety.
- Becoming used to their own company and worried about adapting to seeing people again and further change.

Ms Hawkins expressed concern that we may experience a rise in post-traumatic stress disorder once the restrictions begin to ease and aspects of normality return, as individuals cope in the immediacy of a crisis. It is crucial that the support services people need are available particularly at that time.

## **Questions and Discussion**

Graham Findlay highlighted that some people with sight loss have been harder hit with the impact on their mental health. Last week North East Sensory Services wrote to Jeane Freeman, Health Secretary to request that people with sight and hearing loss be considered as a priority group to receive the COVID-19 vaccine. This was requested on the basis that those with sensory loss find it more difficult to socially distance and have more 'touch points' as they navigate outside the home, putting them at greater risk of contracting the virus. Mr Findlay asked whether this is a stance the group would consider supporting.

James Adams stated that a consortium of charities at UK-level including RNIB have written to those responsible for the UK vaccination programme to request vaccine prioritisation for blind and partially sighted people. He agreed to investigate what response had been received and to pass this to Graham Findlay.

Graham Findlay responded that as health is devolved to Scotland, this request would need to be made separately to the Scottish Government.

Colette Walker described her personal situation regarding her son who is in residential care and is blind, autistic and has other learning disabilities. During the present lockdown, her son is unable to go outside and she has been unable to see him since Christmas eve. She urged reconsideration of visiting rights for young and elderly people with visual impairments and supported the suggestion that young disabled adults should receive the vaccine as priority.

James Adams suggested this could be raised with Stuart McMillan, and that the CPG could consider writing to the Scottish Government on this matter.

Colette Walker stated she had written to Jeane Freeman on these issues but had yet to receive a reply.

Terry Robinson recounted his experience of receiving the vaccine at Louisa Jordan as 'chaotic'. A marshal expected the taxi driver who transported Mr Robinson to the Louisa Jordan to escort him along the 200m walk to the entrance of the building. He did not think those he encountered understood visual impairment. He was also concerned by the amount of walking involved for those with reduced mobility.

Mr Robinson stated that as he is keenly involved with radio this has mitigated feelings of isolation, but he has missed other hobbies not possible under current restrictions.

Allan Russell stated he is registered blind but does not think he should be vaccinated until delivery has reached his age group. However, he felt that if individuals have other medical needs then they should be vaccinated earlier. Mr Russell recounted measures he takes to protect himself and others outside of his home, including carrying sanitiser and wearing thin gloves.

Amanda Hawkins highlighted that although the panel discussion was scheduled to focus on mental health, contributions had turned to vaccination. She reiterated her concern that individuals are storing up the impact COVID-19 is having on our mental health and we will be dealing with the impact of this later.

Ms Hawkins stated that sessions had found older people who used to walk to the shops every day now do less exercise than before COVID-19 restrictions. There is a likelihood that people are getting physically older earlier, and this will have an impact on mental health.

Kirin Easton agreed that the longer-term effects they are experiencing is less of an immediate priority. The Asian community is continually told they are more vulnerable to COVID-19 due to ethnicity. As we ease out of restrictions, measures which are easier to tackle than mental health are likely to be prioritised.

Gillian Mitchell stated that the mental health of their clients was an issue prior to COVID-19. Helen Court and Gillian Mitchell have examined a low vision service modelled on that currently operational in Wales. This has included focusing on the 'woolly' questions regarding mental health, such as 'How are you feeling today?'. Gillian Mitchell is working to develop questions around mental health which will result in measurable outcomes which could be implemented within their Highlands services.

Amanda Hawkins responded that service users have echoed the same sentiments as Kirin Easton, quotes including “The fight to exist is hard enough when you are blind and partially sighted” and “This fight is too hard, I've had enough”. The Mental Health Committee in the UK Parliament is exploring standardising and using GAD2 as a universal tool for anyone working on sight loss and mental health to create a unified database. In practice this could be used by ECLOs and anyone on the frontline of service provision and would involve two questions.

Richard Baker supported statements made by Kirin Easton and Amanda Hawkins. Mr Baker stated we need to be ready as we emerge from restrictions to respond to the increased need that will be there.

## **Action points**

To consult with the Convener Stuart McMillan on the CPG writing to the Scottish Government on:

1. Vaccine priority.
2. Reconsideration of visiting rights for young and elderly people with visual impairments.

## **7. Any other competent business (AOCB).**

**7.1. Miles Briggs MSP - Princess Alexandra Eye Pavilion and the cancellation of funding for a replacement eye hospital in Edinburgh.**

Miles Briggs MSP provided background on the situation surrounding the Scottish Government's reversal of a decision to fund a replacement Princess Alexandra Eye Pavilion (PAEP) in Edinburgh. Since this announcement there has been no clarity on the 'dispersed model' of community services. MSPs met with Jeane Freeman and NHS Lothian with the latter now tasked with drawing up how these services will be delivered in future.

From speaking with people in Edinburgh, Miles Briggs MSP has not found support for the dispersed model proposed. There is support for a replacement eye pavilion. He is seeking feedback from professionals on future service provision.

## **Discussion**

David Quigley of Optometry Scotland said they have read correspondence from the Scottish Government which contradicts the assumption that chronic care will be delivered in the community and none in a facility like the Eye Pavilion. Optometry Scotland are to produce a report on the understanding between optometrists and ophthalmologists on optimal service delivery.

Mr Quigley stated that a low vision service has been approved by the Scottish Government, but funding has not been allocated to it. Community optometrists would like to be involved across Scotland in low vision services. Eye examinations typically take around 30 minutes, and not all professionals are afforded that length of time with claimants. Mr Quigley said that while not all chronic conditions could be managed in the community, there are things community optometrists could help secondary professionals with. A difficulty in developing a national standard surrounds the variation across health boards which is to be overcome. They hope to offer further clarity following discussions with Eye Health Scotland.

As someone living in rural East Lothian and a PAEP patient for around 30 years, Ken Reid shared the concern expressed by Miles Briggs MSP regarding the future of PAEP. There is a regular train service to Edinburgh and PAEP. However, if treatment was transferred to Livingston it would be necessary to travel into Edinburgh and onwards using an unfamiliar route to an unfamiliar town, a 'challenging prospect'. Most of this area's public transport routes link the county with the city, not cross-county. Many people may find it difficult to go to the



community service and difficult to get to an alternative PAEP in Livingston. Mr Reid wished that this issue be kept on the agenda.

Mark O'Donnell thanked Miles Briggs MSP and Daniel Johnson MSP for pursuing this issue. Mr O'Donnell highlighted losing the opportunity to link into and strengthen academic centres of excellence, placing the replacement Eye Pavilion in a leading place for clinical trials and research into eye health. Research into eye health is already poor, not just in Scotland. Mr O'Donnell felt the cost of this lost opportunity should also be considered.

Miles Briggs MSP thanked members for their contributions. From communication with NHS Lothian they hope a consultation will be held on future service delivery and a plan to be supplied around April. Mr Briggs announced his intention alongside Daniel Johnson MSP to hold a virtual roundtable focused on this topic and offered to circulate an invitation to CPG members when details are finalised.

**7.3. Debbie McGill, Association of British Dispensing Opticians - ask the SG, through the CGPVI, for an update on the position regarding the national low vision project that was supposed to be rolled out last year but wasn't due to COVID.**

James Adams proposed that the CPG write to the Scottish Government for an update on the low vision service and ask whether there remains an intention to confirm funding for it.

Debbie McGill stated they felt it was important to request clarity on funding as the services of the Low Vision Service could have been provided by optical practices which remained open throughout the pandemic. Optometrists could have provided some of the support people did not receive during the pandemic.

David Quigley responded that clarity on the qualifications required to provide aspects of the Low Vision Service would be welcome to clarify whether dispensing opticians could play a role in service delivery.

**Action point**

1. It was agreed to write to the Scottish Government seeking an update on the proposed low vision service.

## **7.2. Colette Walker - pre-COVID reduction of beds in Gartnavel eye wards and cancelled operations due to staff having to go to other hospitals to deal with Covid during the pandemic.**

Colette Walker has attended Gartnavel Eye Hospital since services moved from West Glasgow Hospital. She was concerned about the lack of beds and staff for overnight care in particular.

All theatres were closed except for emergencies during the pandemic. This has had an impact on those requiring urgent surgery to minimise pain.

## **8. Dates of next meetings - to be determined after the Scottish Parliament Elections**

James Adams stated that this was the final meeting of the Cross-Party Group on Visual Impairment in this parliamentary term. They wished MSPs all the best in the coming election and expressed hope that afterwards the CPGVI would be re-established. Dates for future meetings will be circulated, depending upon this outcome.

## **ANNEX: SEDERUNT**

### **Present**

#### **MSP CPG Members**

Colin Smyth MSP

Miles Briggs MSP

#### **Panel Speakers**

Richard Baker, Sight Scotland

Amanda Hawkin, RNIB

#### **CPG members present**

James Adams, RNIB Scotland

Richard Baker, Sight Scotland and Sight Scotland Veterans

Anne-Marie Barry, Guide Dogs Scotland

Paul Bartley, Optelec

Ian Brown, RNIB Scotland

Catriona Burness, RNIB Scotland

Marion Butchart, Novartis

Sally Cameron, seescape

Campbell Chalmers, RNIB

Sheila Chappell, seescape

Alex Cowan, Office of Miles Briggs MSP

Stephanie Davies, RNIB Scotland

Niall Foley, Guide Dogs Scotland

Laura Gray, Macular Society

Rory Hannon, Family Fund

Ian Hughes, Associated Optical

Laura Jones, RNIB Scotland

Matthew Leitch, Office of Stuart McMillan MSP

Maureen McAllister, Versus Arthritis UK

Hazel McFarlane, Macular Society

Debbie McGill, ABDO

Jacqueline McGuire, Angus Council

Maureen Macmillan, Sight Action

Linda Middlemist, Guide Dogs Scotland

Gillian Mitchell, Sight Action

Terry Moody, RNIB Scotland Committee

Eilidh Morrison, Member of the Scottish Youth Parliament

Rod Murchison

Mark O'Donnell, Sight Scotland and Sight Scotland Veterans  
David Quigley, Optometry Scotland  
Professor John Ravenscroft, Scottish Sensory Centre, University of  
Edinburgh  
Ken Reid, RNIB Scotland Committee  
Terry Robinson, RNIB Scotland Committee  
Allan Russell, RNIB Connect Radio  
Kirin Saeed, RNIB Scotland Committee  
Brenda Smart, Sight Action  
Alan Stewart  
Danny Sweeney, North Ayrshire Council  
Colette Walker  
Sandra Wilson, RNIB Scotland Committee  
Jacquie Winning, Forth Valley Sensory Centre

## **Apologies**

Apologies

Salena Begley, Family Fund  
Jeremy Balfour MSP  
Neil Bibby MSP  
John Donaldson, Sight Scotland and Sight Scotland Veterans  
Claire Forde, Haggeye and Member of the Scottish Youth Parliament  
Amanda Foster  
Gwenn McCreath, Vision PK  
Stuart McMillan MSP  
Hussein Patwa  
Susan Robinson  
Stephanie Rose, Police Scotland  
Fiona Sandford, Visionary  
Janelle Scotland, ASTN  
Davina Shiell, Sight Scotland and Sight Scotland Veterans  
Mhairi Thurston