

Cross Party Group on Visual Impairment in the Scottish Parliament

Minutes of the Cross Party Group on Visual Impairment meeting held on Tuesday 8 May in Committee Room 4, Scottish Parliament

Members present:

Tom Arthur MSP; Richard Baker, Royal Blind; Paul Bartley, Optelec; Neil Bibby MSP; Elaine Brackenridge, Royal Blind School; Valerie Breck, Visibility; Ian Brown, RNIB Scotland; Catriona Burness, RNIB Scotland; Maggie Chapman, SCOVI; Matthew Clark, RNIB Scotland Committee/Haggeye; Ian Clement; Dominic Everett, Royal Blind School; Anne Marie Fleming, RNIB Scotland; Claire Forde, Scottish Youth Parliament/Haggeye; Rhoda Grant MSP; Carl Hodson, Fife Society for the Blind; Jane Horsburgh, Guide Dogs Scotland; Allan Irons, Visibility; Joanne King (assistant to Kirin Saeed); Matthew Leitch, Office of Stuart McMillan MSP; Sheila Mackenzie, Scottish Sensory Centre; Maureen Macmillan, Sight Action; Debbie McGill; The British Association of Dispensing Optometrists, Stuart McMillan MSP; Gillian Mitchell, Sight Action; Terry Moody, RNIB Scotland; Sally Paterson, Royal Blind; Nicola Pick, RNIB Scotland; Professor John Ravenscroft, University of Edinburgh; Ken Reid, UK Vision Ambassador; Ann Robertson, North East Sensory Services; Elizabeth Robertson; Hal Rollason, Optometry Scotland; Angela Russell, Royal Blind School; Kirin Saeed; Janelle Scotland, Association of Scottish Talking Newspapers (ASTN); Carolyn Scott, SCOVI; Davina Shiell, Royal Blind; Steven Sutherland, Scottish Youth Parliament/Haggeye; Colette Walker; Sandra Wilson, Chair, RNIB Scotland; Cate Vallis, RNIB Scotland; Dr Alexandros Zangelidis, University of Aberdeen

1. Welcome and introductions

Stuart McMillan MSP welcomed everyone to the meeting.

2. Apologies

James Adams, RNIB Scotland; Tom Arthur MSP; Jackie Baillie MSP; Colin Beattie MSP; Miles Briggs MSP; Campbell Chalmers, RNIB Scotland; Pamela Chater, Macular Society; Helen Court, Sight Action; Jamie Cuthbertson, Macular Society; John Donaldson, Scottish Braille Press; Jane Donnelly, Connect Radio;

Fiona Finlayson, Dundee Blind & Partially Sighted Society; Niall Foley, Guide Dogs Scotland; John Furze, Macular Society; Mairi Graham; Bob Ironside, Vision PK; Laura Jones, RNIB Scotland; Linda Middlemist, Guide Dogs Scotland; Mark O'Donnell, Royal Blind & Scottish War Blinded; Hussein Patwa, RNIB Scotland Committee; Mary Rasmussen; Terry Robinson, RNIB Scotland Committee; Stephanie Rose, Police Scotland; Allan Russell, Connect Radio; Fiona Sandford, Visionary; Angus Scott, NHS Forth Valley; Colin Smyth MSP; Dr Mhairi Thurston, Abertay University.

3. Minutes of the AGM and meeting held on 6 February 2018

The minutes of the last meeting held on 6 February were proposed by Ken Reid and seconded by Maggie Chapman.

4. Matters arising

- 4.1. The letters from John Swinney MSP and the Scottish Conservatives that were circulated ahead of the meeting were found to be in an inaccessible pdf format. They were then transcribed and forwarded in an accessible format. In future correspondence CPGVI will request that any reply documents are sent as a word file.
- 4.2. John Swinney MSP, the Deputy First Minister and Cabinet Secretary for Education and Skills, wrote to the CPGVI in response to our query about when the Ravenscroft report will be published. He said that it was planned to be submitted in line with the work plan by the end of March. The committee clerks informed us that the report has yet to be published and we have not had a reply to our email to the ministerial office asking for an update.
- 4.3. The Disability Agenda Scotland (DAS) organised joint CPG meeting on social security with Jeane Freeman MSP took place on 19 April. Sandra Wilson will update CPGVI on this under agenda point seven.
- 4.4. The SNP and Scottish Conservatives have replied to our email on how they ensure that elections are accessible. Stuart McMillan MSP has spoken to Tavish Scott MSP, Patrick Harvie MSP and Neil Bibby MSP to ask them to contact their respective party offices to chase a response.

5. Registration

Dr Kathy Spowart of the Visual Impairment Network for Children and Young People (VINCYP) could not make the meeting. This contribution will be rescheduled to a future CPGVI meeting.

6. Eyecare

6.1. Dr Alexandros Zangelidis, University of Aberdeen

Dr Alexandros Zangelidis outlined the two main findings from his research: that there are wider health benefits to free eye examinations, and that social inequalities have an impact on take up of free eye examinations. The eye examinations in Scotland are more than a simple eye test, they offer a more comprehensive eye examination and may help in the detection of conditions like diabetes, high cholesterol, some cancer and high blood pressure. Aim one of the research was to answer the question 'Has there been higher take up of eye examinations in Scotland since 2006?'; aim two was to explore social inequalities in the uptake of eye examinations; and aim three was to examine whether wider health benefits could be achieved through the wider access and the more comprehensive nature of the eye examinations that the eye care reform offers. They found that take up increased by four to five per cent in the upper income bracket (top 25 per cent of income distribution) but that there was no increase in the lower income bracket (bottom 25 per cent of income distribution).

However, there has been progress since the free eye care policy was introduced. The point of an eye check-up has changed from getting a test that can tell you if you need glasses, to a more comprehensive test that can detect a variety of conditions.

Before the introduction of the policy in 2006, people in the higher income bracket had a higher demand for blood pressure exams but the incidence of being diagnosed with high blood pressure was lower compared to other income groups. After the policy was introduced there was an increase in the detection of hypertension through a higher uptake of eye examinations but only for the top 25 per cent of income distribution. Specifically, the likelihood of having a blood pressure examination increased by seven percentage points, whereas the likelihood of reporting high blood pressure problems increased by three percentage points.

Dr Zangelidis summarised his findings. There has been an increase in the take up of eye examinations and they give the

individual wider health benefits but social inequalities in the demand for health care remain and that inequality has widened over the time that the policy has been in place. It would be helpful if there was a focus on what can be done to encourage people from lower income backgrounds to take advantage of free eye examinations.

6.2. Hal Rollason, Optometry Scotland

Hal Rollason said that he had seen an improvement in attitudes towards health in lower income areas but was disappointed that this had not translated across to an uptake of free eye health examinations. He commented that since 2005 we have been promised a public health campaign in this area. There was a strong recommendation in the 2006 Community Eye Care Services Review for a national campaign on this issue. Ten years ago Grampian had a campaign that used advertising to highlight the benefits of eye examinations but not much has happened since then and there are similar poor levels of awareness in Grampian as there are in the rest of Scotland.

He stressed the importance on having a national message on this. People coming Optometry practices increasingly were for red eyes, floaters and flashing lights but they still don't consider that eye examinations can detect more than just eye conditions.

6.3. CPG contributions

Stuart McMillan MSP said that when he was promoting free eye health tests in Greenock during National Eye Health Week in 2016, people were switched off to it. They didn't think that an eye health test would be free or useful.

Ian Clement made the point that no one was asking the question 'Why do people not know about these eye examinations?' and that there needs to be an understanding of that.

Jane Horsburgh suggested that we should ask why people are not taking up their free examinations.

Ken Reid noted that the data the research is based on is from 2008 and would like to know if there had been an uptake across demographics in the last ten years and if there was any comparison data.

Dr Zangelidis responded to Ken saying that they hadn't pursued comparison data and that the reason they focused on data from that time period (2001-2008) was that they wanted to observe the take up of eye examinations before and after the policy was introduced and also to assess take up between Scotland and a comparable region, England.

Mr Rollason made the point that there are similar social inequalities across many health initiatives and that further data is being released on Thursday 10 May which may help this discussion.

Carl Hodson said that people had to trust the optometrist they chose and that this had been affected by the policy mainly being delivered by the private sector.

Claire Forde relayed her experience of being diagnosed with an eye condition through a free eye examination and stressed the importance of people taking advantage of their free eye health check. She also asked if there was anything Haggeye could be doing to help.

In response to Carl Hodson's points, Mr Rollason said that there has been an increase in eye examination take up since the policy was introduced and that optometrists see 80,000 people a year who otherwise would have gone to hospital. He said he thought that competition was good as it gives better value for the NHS. He suggested that CPGVI could ask the Scottish Government about launching a public awareness campaign.

Action Points

Stuart McMillan MSP will table some parliamentary questions on his own initiative.

- On behalf of the CPG, he will write to the Scottish Government to ask about launching a public awareness campaign.
- The research articles by Dr Alexandros Zangelidis and colleagues will be circulated to the CPG membership.

7. Social Security

Chair of RNIB Scotland, Sandra Wilson presented key points from the joint CPG meeting on social security with Social Security Minister Jeane Freeman which took place at the third attempt to

hold it on 19 April 2018. The meeting brought together four CPGs – the CPGs on Visual Impairment, Disability, Learning Disability and Carers. It was chaired by Jeremy Balfour MSP and Stuart McMillan MSP.

The Minister emphasised her desire to create a rights-based social security system and underlined the importance of the lived experience of those on benefits. The Scottish Government has brought together Social Security Experience Panels to look at all aspects of the system, including the application process.

It will be important to ensure that all monies due to Scotland as a consequence of devolution of benefits come to Scotland. The Motability contract will have to be recast for Scotland.

The system is based on a new definition of ‘disability’. It aims to cut down on regular assessments; to ensure that the panel assessor will be a specialist in the primary condition being assessed; and to increase the length of awards. Accessible information is close to our hearts and we welcome the passage of amendments on accessibility.

Terry Moody underlined the importance of having assessors with a good knowledge of sight loss.

8. Any other competent business

8.1. Colette Walker – experiences of inappropriate parking within Glasgow hospitals and how healthcare premises are not accessible for visually impaired patients.

Colette circulated photos she had taken of pavement parking around hospitals. She said that it would be impossible to get around inappropriately parked vehicles in a wheelchair or with a pram and was difficult with a visual impairment. Colette has written to the Cabinet Secretary for Health, Shona Robison MSP, on the issue but has not yet received a response. She asked that CPGVI write to Shona Robison MSP about the policy on pavement parking around hospitals.

Colette highlighted that the new Queen Elizabeth University Hospital in Glasgow is also inaccessible in other ways. It is difficult to make out some signs as the colours don’t contrast well and the pillars are painted the same colour as the walls meaning that they

blend in. She had also found issues with lifts such as disability buttons that you would need to be able to see to know it was there.

Ian Clement said that he had found a similar problem with signage in Waverley Station as the signs are white and blue and reflective. Paul Bartley made the point that the pavement parking that Colette described wouldn't happen in England as parking attendants would fine the drivers and that whilst CPG members may not like it, restoring hospital parking charges would regulate driver behaviour. Ninewells is the only hospital in Scotland which currently charges for car parking. The cost is £2 per day and he has not seen parking problems there.

Ken Reid said that this was part of a wider problem and that pavement parking was an issue everywhere.

Matthew Clarke pointed out that a bill on pavement parking had been presented in the last session of the Scottish Parliament.

Catriona Burness reported that the previous Private Members Bills at both Holyrood and Westminster fell before the last elections. The content of Sandra White's previous Private Members Bill at Holyrood will be taken forward by the Scottish Government's forthcoming Transport Bill. Publication of the Transport Bill is anticipated by the end of June 2018.

Action Points

On behalf of the CPG, Stuart McMillan MSP will write to:

- The Cabinet Secretary for Health;
- The Chief Executive of Greater Glasgow and Clyde Health Board on the specific points raised about the Queen Elizabeth Hospital;
- The Chief Executives of other Scottish Health Boards about the issue of problem parking and hospital building accessibility;
- The minister responsible for planning, Kevin Stewart, the Minister for Local Government & Housing to emphasise the need to consult with access panels and other stakeholders over hospital accessibility.

9. Date of next meeting:

- Tuesday 11 September 2018, 13:00 – 14:30, Fleming Room, CR3