Foreword

This is the annual report for Low Vision Service Wales for the period of April 1st 2013 to March 31st 2014. The report sets out to summarise the activity and performance of the service, to inform about notable events and achievements as well as listing some of our plans for taking the service forward.

It has been a busy year with a number of changes in staff and location and a steady rise in annual assessment numbers. The launch of the WG Eyecare Plan has had a significant impact on the way we look at taking the service forward and highlights the importance of everyone in the sector working together, to transmit the message loud and clear about the necessity to value the health of our eyes, and to get them regularly checked.

Where problems are found then often the Primary Care Low Vision Service can help to advise patients (no matter their age), their families and carers as to how to make the most of what sight that they do have. By providing the time, tools (low vision aids), expert knowledge, advice and onward referrals locally, the Low Vision Service Wales can bring about a significant improvement in quality of life and coping skills as well as helping the patient to better self manage and understand their own eye condition/s.

The service has been in existence for over ten years now and continues to receive praise and positive feedback from patients, family members, health and social care professionals, voluntary organisations and the Minister for Health himself. We certainly do not rest upon our laurels and will continue to work increasingly hard to raise the profile and knowledge of the service across all platforms in Wales whilst ensuring quality and efficacy is constantly monitored and improved.

We welcome your comments or feedback on this report, you will find contact details for the service on the last page.

History and background

Since 2004 The Welsh Government (WG) has funded a primary care rehabilitation service for both adults and children with a visual impairment
living in Wales. This is known as the Low Vision Service Wales (LVSW) and is hosted centrally by Hywel Dda University Health Board (HDUHB).

Prior to 2004, people in Wales with a visual impairment could find themselves not only needing to travel substantial distances, but often waiting 6 – 18 months for a hospital appointment for free help with their low vision needs. At that time there were no other NHS options.

A visual impairment or deteriorating sight can cause, or contribute to, a number of significant problems including:

- Medicine mismanagement
- Loss of independence and confidence
- Increase in social isolation and depression
- An inability to cook/clean/shop
- Increased risk of falls, burns and/or malnutrition
- Problems with education/employment/travel

It was recognised that with a little extra training, high street Optometrists and Dispensing Opticians could be accredited to deliver a specialist visual rehabilitation service to patients in Wales in their local community. The Low Vision Service Wales was therefore created to ensure that patients are assessed and helped in a primary care local setting. An assessment is usually offered within two weeks and if necessary can be arranged to take place in the patient’s own home.

Low Vision Service Wales is now an important part of primary eye care in Wales. The service enables Optometry Practices to offer solutions to patients in the form of advice and low vision aids when spectacles/lenses no longer work. It also allows the accredited practitioner to signpost to other health care professionals, social services and local voluntary groups and societies as necessary.

In conjunction with other Wales Eyecare Services (WECS) many patients with non-treatable conditions (such as dry age-related macular degeneration) can be fully managed in primary care until they are eligible for registration as sight impaired.
How the Service works

This enhanced NHS service is completely free of charge and provides for both visually impaired adults and children, however the majority of the LVSW patients are of advanced age (median age= 82 years).

Anyone struggling to read newspaper print with their strongest lenses or glasses is likely to be eligible for referral. A recent eyesight test that shows a visual acuity (both eyes, best corrected) of N6 or worse or 6/12 or worse will confirm this.

Registration as Sight Impaired (SI) or Severely Sight Impaired (SSI) is not required to access the LVSW

The Low Vision Service accredited practitioner will:

1. Offer up to an hour long specialist low vision assessment within the patient’s own community, usually within two weeks
2. Trial, prescribe and dispense from a wide range of low vision aids, including electronic and manual magnifiers, lamps, and some non optical devices, completely free of charge to the patient.
3. Provide in depth information and advice on eye conditions and their management
4. Refer to Ophthalmology, Social Services, GP’s, Education Providers and Employment Services as necessary
5. Advise and signpost to local resources, support groups and services
6. Provide replacements for lost or broken low vision aids as well as upgrading and recycling current aids as and when patient circumstances change.
7. Accept direct referrals from a wide range of health, social care and education professionals, carers, families, friends and patients themselves.

So far the LVSW has carried out over 48,500 low vision assessments with over 120,000 individual low vision aids being prescribed on free long term loan to patients who require them. This accounts for over 28,000 individual low vision patients being seen through the service to date. (figures correct as of April 2014)
**Staffing and funding**

The service is administered for all of Wales through the LVSW Team in HDUHB. The service has a dedicated full time Manager, three Admin Team members (employed by HDUHB) with a part time Clinical Lead employed through WOPEC on an honorary HDUHB NHS contract. All operational costs (including salaries) for the service are underwritten by WG - annexe a

Service Manager (full time) Donna Thomas - HDUHB
Admin Team member (full time) – Peter Mathias - HDUHB
Admin Team member (full time) – Karen Richardson - HDUHB
Admin Team Member (30 hours per week) – Ruth Grant - HDUHB
Clinical Lead – 1 day per week – Rebecca John – WOPEC, Cardiff University (honorary NHS contract HDUHB) – professionally accountable to Chief Optometric Adviser

The LVSW is professionally and clinically accountable through HDUHB to Deputy Director of Primary Care, Community, Mental Health and Long Term Care – Jill Paterson

**Training and Accreditation for LVSW practitioners**

The LVSW currently has 187 accredited practitioners who offer the service out of approx 190 Optometry practices throughout Wales.

Accreditation training usually takes place twice a year and the total number able to be accredited at any one time is currently capped at a maximum of 200 by Welsh Government.

To become accredited to provide the LVSW, Optometrists and Dispensing Opticians complete two post-graduate master’s level modules in Low Vision with Cardiff University and undertake tuition in LVSW specific process and protocols. This is done via distance learning and 2 contact days which consist mainly of practical tutorials. Successful completion results in the award of the Certificate in Low Vision from the College of Optometrists and accreditation to the LVSW. The process takes approximately 6 months.

New training places are awarded as per geographical needs based audit.
Re-accreditation

Each practitioner is required to undergo re-accreditation training every three years. Training is guided by service developments, audits and practitioner input and consists of distance learning lectures and a multidisciplinary contact training day.

The next round of re-accreditations will take place around the country and will be completed by end of 2014. The following topics will be included:

- Peli lenses
- POVA/safeguarding children
- Depression, falls, audiology
- Peer review
- Audit results.

Clinical Governance and Quality Assurance

The success of the community based LVSW is dependent upon every eligible patient being able to access a consistently high standard of clinical care across Wales.

The process of audit ensures the level of clinical care desired for patients with low vision is delivered, identifies areas where care could be improved and highlights areas for service development.

The most recent three areas of audit were identified, these were:

1. The number of low vision assessments undertaken by all accredited practitioners over a 12 month period.
2. The Follow Up and Second Annual Assessments of patients seen within the LVSW.
3. The prescribing habits of practitioners within the LVSW.

These audits and the resultant recommendations are summarised below.
1) **Audit 1 - Annual Low Vision Assessment Numbers undertaken by all accredited Optometrists within the Low Vision Service Wales (LVSW) 2012-2013.**

**Introduction**
There are currently 187 practitioners across Wales who are accredited to perform Low Vision Assessments within the Low Vision Service Wales. (LVSW) The success of the service is dependent on patients being able to access a high quality Low Vision service across Wales.

**Aim**
1. Determine practitioner activity across Wales.
2. Remove practitioners who have been inactive over a specified time period.
3. Determine geographical distribution of Low Vision practitioners across Wales and therefore identify areas of need for Low Vision service provision.

**Results**
Of the 186 accredited practitioners:

1. 16 had not performed any LVA assessments in the specified time period.
2. 17 practitioners had performed equal to or less than 5 assessments in the specified time period.
3. The most number of LVA assessments performed by a single practitioner in the 12 month period was 402.
4. Most performed 11-20 assessments per year.

**Actions**
- 7 practitioners who had not performed any assessments were removed from accredited list.
- 4 practitioners who had performed less than 5 assessments were removed from list.
- ‘Active’ practitioner mapped across wales and areas of need identified.
- 13 new practitioners accredited to provide LVSW. Only 2 were from areas not identified as ‘need’, were giving places for continuation of service.
**Recommendations**

1. A minimum number of low vision assessments to be performed by each practitioner providing the service. Failure to meet requirements will result from removal of accredited list.

2. Practitioner activity and location continually monitored to ensure that the limited accreditation places are in the first instance used to address areas of geographical service need.

**Population over the age of 65 per accredited Low Vision Practitioner**
Introduction

A protocol for the Low Vision Service Wales (LVSW) was set up when the service was first developed. The service is now 10 years old and the protocol hasn’t been reviewed since. The protocol states:

One assessment each year
An individual should usually have only one assessment each year. After the initial two month follow up, practitioners should follow up people at their own discretion. It is expected that most people will be offered an assessment annually, although they may choose not to have one.

Aim and Method

Anecdotal evidence in the form of complaints from service users and social services, suggested that practitioners were not following this protocol. The Low Vision Service Wales (LVSW) database was utilised to determine the proportion of patients who attended for a second annual assessment following their initial assessment.
Results

A total of 3533 new LVA assessments were carried out between 1st April 2010 and 31st March 2011. Only 17% of patients attended between 12-15 months later for a second annual assessment. A further 13% of patients attended for a second annual assessment but outside of the specified recommended protocol (16-24 months).

7% of patients were seen for a second annual assessment more than 24 months later than the initial assessment.

Patients who attended for a second annual assessment within 15 months were more satisfied and able at 18 months. They reported a higher use of LVAs although didn’t have a higher number of LVAs than the group of patients who were not seen again.

Recommendations

- LVSW protocol to state that patients should always be offered a low vision assessment on an annual basis. A record of the recall should be kept by the practice.

- LVSW protocol to state that where applicable and possible, a low vision assessment may be performed in conjunction with the patients’ annual sight test.

- LVSW practitioners to be educated (through re accreditation) about audit findings and the importance of providing annual low vision assessments to those patients accessing the service.

3) Audit 3 - Prescribing Habits of Optometrists within the LVSW at Initial LVSW assessments. April 2012- March 2013

Introduction

There is a large range of low vision aids available through the Low Vision Service Wales (LVSW). Patients should always be offered a range of aids from
those available. It is expected that practitioners will have preferred aids however, it is essential that patients get the whole range of aids offered to them and that the most appropriate aids for the given visual tasks are prescribed. 

Previously the prescribing habits of the service as a whole and individual practitioners has not formally been assessed. LVSW guidance states that up to 5 visual aids may be dispensed at the initial LVSW assessment. It is recognised by the service that there will be instances where it is appropriate that more visual aids are dispensed, and conversely instances where the LVSW assessment does not result in the prescribing of any aids.

Aim

Determine prescribing habits with regards to number and types of low vision aids dispensed per practitioner and across the LVSW as a whole.

Method

The LVSW database was utilised to establish the number and type of visual aids dispensed by each practitioner for each initial LVSW assessment performed over a 12 month period from April 2012-March 2013.

Results

A total of 3569 initial assessments were carried out between April 2012 and March 2013. From these assessments a total of 7437 aids were dispensed. This is an average of 2 per assessment.

A single aid being dispensed at the initial appointment is the most common outcome. 151 assessments resulted in no visual aid being dispensed, and in only 15 cases were 6 or more aids dispensed. The maximum number of aids dispensed from one appointment was 7 (n=1) and the minimum 0 (n=151). From the 7437 aids dispensed, the majority (4781) were of the hand/stand classification.

The least often prescribed aids were of the spectacle mounted and electronic variety. 1299 of the total aids given were from the accessory classification, 775 were lights and 454 were distance aids.
There is huge variability with regards to the types of LVAs dispensed. Even some of the most active LVSW practitioners have failed to dispense any aids from certain categories and can show obvious preference of prescribing one type of aid over another.

With regards to the least active practitioners, there is a large proportion of hand/stand aids given. Of the 34 least active practitioners, 11 gave only hand/stand magnifiers. In this group there were no electronic or spectacle mounted aids given at all, and only a very small number of distance aids.

**Recommendations**

1) More training should be given on those visual aids which are least often given. Re-accreditation in April 2014 provides an opportunity for this for all practitioners.

2) To maintain a high standard of low vision practice, there should be a minimum number of LVSW assessments that a practitioner is required to do per annum to remain as an accredited practitioner.

**Achievements for the LVSW for the year**

On April 16\textsuperscript{th} 2014 the Service was fortunate to receive a visit from The Minister for Health and Social Services, Professor Mark Drakeford. The Minister was given a short presentation about the Service and then spent some time meeting and chatting to the staff about the work that the Service does as well as taking part in a short mock Low Vision Assessment with the Clinical Lead Rebecca John (pictured above).
Pictured below are members of the Low Vision Service Wales and Hywel Dda University Health Board during the Ministerial visit in April 2014.

Quote from Professor Mark Drakeford following the visit:

“I was also pleased to witness the excellent work carried out by the Low Vision Service Wales, which is an excellent example of how services can be moved out of hospitals and into the community, while also improving the quality of care provided to patients”

Office Move

The service successfully relocated in December 2013 to permanent offices on the old Teilo ward at Glangwili General Hospital.

Clinical Lead

Rebecca John came on board with the service as the part time Clinical lead in April 2013 replacing Dr Barbara Ryan who left to take up the post of Optometric Advisor to WG.
New Accreditations

Through Cardiff University and the LVSW accreditation process 9 new Practitioners have so far been accredited to provide the service in 2014.

WG Eye Health Care Plan

The LVSW Manager is a member of the WG Eye Health Steering Group responsible for creating, overseeing and implementing the Eye Health Care plan for Wales. This plan was launched in September 2013 and maps out future plans for further enhancing Eyecare services in Wales over the next five years.

Eyecare Website

The LVSW manager chaired the Website working group that designed and created the new Eye Care Website for Wales.

The website contains lots of information about primary eye care services in Wales, including Eye Health Examination Wales, Diabetic Retinopathy Screening Service Wales, Low Vision Service Wales and advice on children’s eye care and other support services available.

The website is deliberately split into two distinct areas; one area offers advice and service information for the public, and the other section details referral criteria and clinical information for GPs and other interested health professionals and support workers to access.

Perhaps most importantly, the site has a search facility (by postcode or area) that will help people find their nearest high street Optometry Practices where Practitioners have undergone additional training to be able to offer enhanced eye care services. To access the site visit www.eyecare.wales.nhs.uk
New Eyecare logos

LVSW manager chaired the Logo working group that designed, commissioned and road tested the new logos for all the Wales Eye Care Services (WECS)

Each Eye Care service has been assigned its own colour and comes under the overall umbrella logo for Wales Eye Care Service (WECS) shown above. This will enable eye care messages and information to be packaged and delivered in a professional and recognisable way to health care professionals, third sector and the general public as part of the eye health care plans key objectives

The new low vision logo is:

This particular logo will shortly be produced as a window sticker. All practices offering the Low Vision Service Wales will be expected to display the logo in their practice window.

Recycling

For the year the service recycled 630 individual Low Vision Aids which (barring postage costs) made a direct saving to the Service of £40,850.01. Included in this total were 174 Compact + units and 109 lamps.

Statistics for financial year 2013/14

The following tables and charts are extracted from Eye Care Statistics for Wales 2013-14 and are presented here with permission from WG Knowledge and Analytical Services.
Tables 10, 11 and 12 and Charts 10 and 11 show assessment statistics for the Low Vision Service Wales for 2012-13 and 2013-14

- A total of 7,237 assessments were carried out by the service during 2013-14, a rise from 6,851 in 2013-13;
- Around two thirds (65.9 percent) of these were for patients aged 80 or over.

### Table 10: Low vision service assessments by age of patient, 2013-14

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Under 19 years</th>
<th>19 - 59 years</th>
<th>60 - 79 years</th>
<th>80 years or over</th>
<th>Total Assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betsi Cadwaladr</td>
<td>25</td>
<td>54</td>
<td>287</td>
<td>878</td>
<td>1,244</td>
</tr>
<tr>
<td>Powys</td>
<td>4</td>
<td>16</td>
<td>55</td>
<td>180</td>
<td>255</td>
</tr>
<tr>
<td>Hywel Dda</td>
<td>19</td>
<td>77</td>
<td>277</td>
<td>730</td>
<td>1,103</td>
</tr>
<tr>
<td>Abertawe Bro</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morgannwg</td>
<td>11</td>
<td>112</td>
<td>386</td>
<td>917</td>
<td>1,426</td>
</tr>
<tr>
<td>Cwm Taf</td>
<td>7</td>
<td>48</td>
<td>180</td>
<td>382</td>
<td>617</td>
</tr>
<tr>
<td>Aneurin Bevan</td>
<td>11</td>
<td>110</td>
<td>339</td>
<td>861</td>
<td>1,321</td>
</tr>
<tr>
<td>Cardiff and Vale</td>
<td>31</td>
<td>119</td>
<td>297</td>
<td>824</td>
<td>1,271</td>
</tr>
<tr>
<td>Wales</td>
<td>108</td>
<td>536</td>
<td>1,821</td>
<td>4,772</td>
<td>7,237</td>
</tr>
</tbody>
</table>

**Source:** Low Vision Service Wales

### Table 11: Low vision service assessments by age of patient, 2012-13

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Under 19 years</th>
<th>19 - 59 years</th>
<th>60 - 79 years</th>
<th>80 years or over</th>
<th>Total Assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betsi Cadwaladr</td>
<td>24</td>
<td>67</td>
<td>246</td>
<td>775</td>
<td>1,112</td>
</tr>
<tr>
<td>Powys</td>
<td>2</td>
<td>22</td>
<td>67</td>
<td>152</td>
<td>243</td>
</tr>
<tr>
<td>Hywel Dda</td>
<td>14</td>
<td>70</td>
<td>255</td>
<td>718</td>
<td>1,057</td>
</tr>
<tr>
<td>Abertawe Bro</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morgannwg</td>
<td>20</td>
<td>99</td>
<td>383</td>
<td>945</td>
<td>1,447</td>
</tr>
<tr>
<td>Cwm Taf</td>
<td>8</td>
<td>52</td>
<td>188</td>
<td>407</td>
<td>655</td>
</tr>
<tr>
<td>Aneurin Bevan</td>
<td>10</td>
<td>97</td>
<td>338</td>
<td>804</td>
<td>1,249</td>
</tr>
<tr>
<td>Cardiff and Vale</td>
<td>25</td>
<td>83</td>
<td>275</td>
<td>705</td>
<td>1,088</td>
</tr>
<tr>
<td>Wales</td>
<td>103</td>
<td>490</td>
<td>1,752</td>
<td>4,506</td>
<td>6,851</td>
</tr>
</tbody>
</table>

**Source:** Low Vision Service Wales
Chart 10: Low Vision Service Wales assessments by age group or patient (percentage) for 2012-13 and 2013-14

Table 12: Number of patients reporting following conditions by Health Board, 2013-14 (a)

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Wet AMD</th>
<th>Dry AMD</th>
<th>Glaucoma</th>
<th>Diabetic</th>
<th>Cataracts</th>
<th>Nystagmus</th>
<th>Hearing Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betsi Cadwaladr</td>
<td>281</td>
<td>709</td>
<td>194</td>
<td>62</td>
<td>407</td>
<td>17</td>
<td>417</td>
</tr>
<tr>
<td>Powys</td>
<td>63</td>
<td>162</td>
<td>33</td>
<td>16</td>
<td>67</td>
<td>7</td>
<td>24</td>
</tr>
<tr>
<td>Hywel Dda</td>
<td>161</td>
<td>573</td>
<td>164</td>
<td>75</td>
<td>502</td>
<td>25</td>
<td>184</td>
</tr>
<tr>
<td>Abertawe Bro</td>
<td>219</td>
<td>796</td>
<td>232</td>
<td>124</td>
<td>458</td>
<td>28</td>
<td>350</td>
</tr>
<tr>
<td>Morgannwg</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cwm Taf</td>
<td>128</td>
<td>350</td>
<td>88</td>
<td>42</td>
<td>206</td>
<td>7</td>
<td>105</td>
</tr>
<tr>
<td>Aneurin Bevan</td>
<td>256</td>
<td>677</td>
<td>165</td>
<td>83</td>
<td>551</td>
<td>30</td>
<td>234</td>
</tr>
<tr>
<td>Cardiff and Vale</td>
<td>294</td>
<td>566</td>
<td>169</td>
<td>83</td>
<td>393</td>
<td>38</td>
<td>196</td>
</tr>
<tr>
<td><strong>Wales</strong></td>
<td><strong>1,402</strong></td>
<td><strong>3,833</strong></td>
<td><strong>1,045</strong></td>
<td><strong>485</strong></td>
<td><strong>2,584</strong></td>
<td><strong>152</strong></td>
<td><strong>1,510</strong></td>
</tr>
</tbody>
</table>

(a) Multiple conditions can be reported each assessment.

- Additional data from the LVSW database (and not presented in table) shows that:
  - 44.2 per cent of assessments were for patients who lived alone;
  - 20.9 per cent of assessments were for domiciliary visits;
  - 65.2 per cent of assessments were for female patients.
Chart 11: Patients reporting following conditions as a percentage of all assessments 2013-14 (a)

(a) Multiple conditions can be reported at each assessment.

- Patients reported dry age related macular degeneration (AMD) in more than half of assessments, cataracts in just under one third of assessments and hearing problems and wet AMD in around a fifth.

Tables 13 and 14 show statistics for referrals of new patients to and form the Low Vision Service Wales and the visual acuity of patients for 2013-14

- A total of 3,645 new patient referrals were made to the LVSW and a total of 1,048 new patient referrals were made from the LVSW in 2013-14
- Over three quarters (76 per cent) of people assessed by the LVSW had a visual acuity of worse than 6/12
Table 13: New patient referrals to LVSW and from LVSW by referral source/destination, Wales 2013-14

<table>
<thead>
<tr>
<th>Referral Source</th>
<th>New patient referrals (a) to LVSW from:</th>
<th>New patient referrals (b) (c) from LVSW to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>Optometrist</td>
<td>2,225</td>
<td>62.2</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>352</td>
<td>9.8</td>
</tr>
<tr>
<td>Social services</td>
<td>398</td>
<td>11.1</td>
</tr>
<tr>
<td>Voluntary sector</td>
<td>90</td>
<td>2.5</td>
</tr>
<tr>
<td>GPs</td>
<td>28</td>
<td>0.8</td>
</tr>
<tr>
<td>Friend/relative/self</td>
<td>322</td>
<td>9.0</td>
</tr>
<tr>
<td>Other sources/destinations (c)</td>
<td>164</td>
<td>4.6</td>
</tr>
<tr>
<td><strong>Total (d)</strong></td>
<td>3,579</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Low Vision Service Wales

(a) New patients only.
(b) Note that some patients are referred to more than one service.
(c) Other sources/destinations include education, employment or other.
(d) Total with a recorded referral source; in addition 66 referrals to LVSW had no recorded source.

Table 14: Low Vision Service Wales assessments by visual acuity recorded and Health Board, 2013-14

<table>
<thead>
<tr>
<th>Visual acuity (a)</th>
<th>Betsi Cad.</th>
<th>Powys</th>
<th>Hywel Dda</th>
<th>ABMU</th>
<th>Cwm Taf</th>
<th>Aneurin Bevan</th>
<th>Card. Vale</th>
<th>Wales Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/12 or better</td>
<td>297</td>
<td>46</td>
<td>304</td>
<td>298</td>
<td>187</td>
<td>307</td>
<td>287</td>
<td>1,726</td>
</tr>
<tr>
<td>Worse than 6/12 but better than 6/60</td>
<td>678</td>
<td>142</td>
<td>577</td>
<td>777</td>
<td>312</td>
<td>688</td>
<td>661</td>
<td>3,835</td>
</tr>
<tr>
<td>6/60 or worse (b)</td>
<td>267</td>
<td>67</td>
<td>221</td>
<td>351</td>
<td>118</td>
<td>324</td>
<td>321</td>
<td>1,669</td>
</tr>
<tr>
<td>Total stated (c)</td>
<td>1,242</td>
<td>255</td>
<td>1,102</td>
<td>1,426</td>
<td>617</td>
<td>1,319</td>
<td>1,269</td>
<td>7,230</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Visual acuity (a)</th>
<th>Betsi Cad.</th>
<th>Powys</th>
<th>Hywel Dda</th>
<th>ABMU</th>
<th>Cwm Taf</th>
<th>Aneurin Bevan</th>
<th>Card. Vale</th>
<th>Wales Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/12 or better</td>
<td>24</td>
<td>18</td>
<td>28</td>
<td>21</td>
<td>30</td>
<td>23</td>
<td>23</td>
<td>24</td>
</tr>
<tr>
<td>Worse than 6/12 but better than 6/60</td>
<td>55</td>
<td>56</td>
<td>52</td>
<td>54</td>
<td>51</td>
<td>52</td>
<td>52</td>
<td>53</td>
</tr>
<tr>
<td>6/60 or worse (b)</td>
<td>21</td>
<td>26</td>
<td>20</td>
<td>25</td>
<td>19</td>
<td>25</td>
<td>25</td>
<td>23</td>
</tr>
<tr>
<td>Total stated (c)</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

(a) Visual acuity is measured according to the “Snellen fraction” by comparing the distance in meters at which a patient can correctly identify a letter compared with a “normal” sighted person;
so for example, 6/6 means that at six meters test distance the person could correctly identify a letter that a “normal” sighted person should see at 6 meters i.e. “normal” vision. 6/12 means that at 6 meters test distance the person could correctly identify a letter that a “normal” sighted person should see at 12 meters

b) Includes patients who can see hand movements only and those who could not perceive light

c) The table excludes 7 assessments where visual acuity was not recorded; this is likely to be related to patients who were not able to perform the tests.

Future plans

- Re-accreditation for all existing LVSW practitioners to be completed by end of 2014

- Annual Report - Full LVSW report to be published end of June of each year.

- Scanners - 4 desktop scanners have been purchased and LVSW are in negotiation with NWIS to provide developmental time to implement changes to the database to allow records to be scanned and attached directly to patient record cards.

- Electronic record cards – All options on this are to be explored in line with other EPR proposals currently being investigated by NWIS and WG

- Ensure that LVSW is fully embedded within community across Wales and establish further patient experience and outcomes measures

- Continue to build on our governance and performance through rolling programme of individual clinical practice and audits/visits

- Rewrite and publish new service manual, record cards, and all new service information for roll out at re-accreditation

- Continue to develop new ways of working with other Professional groups, Social Services and the Third Sector

- Improve early identification and signposting of patients at risk of falls/depression and dual sensory loss.
• Ongoing development of patient education and self management

• Continue to take a proactive approach to the promotion of Wales Eyecare Services to both professionals and the public

For further information about the Low Vision Service Wales, please contact:

Donna Thomas - Manager
Low Vision Service Wales
Hywel Dda University Health Board
Teilo
Glangwili General Hospital
Dolgwili Road
Carmarthen
SA31 2AF

donna.thomas6@wales.nhs.uk

Tel: 01267 248794