

Visual Impairment (VIP) Action Group
Minutes of meeting
6th March 2009

Ref: sjc090309 – 1 minutes

<p>Present</p>	<p>Mike Taun (MT) – Devon County Association for the Blind (DCAB) Kay Haywood (KH) – Vision OM Mette Langdahl (ML) - Living Options Richard Shuker (RS) – Action for Blind People Dave Abbott (DA) – Axminster Visually Impaired Support Group Barry Nicholson (BN) – County Councillor Mel Argent (MA) – Devon LINK Lynne Robertson (LR) – Devon LINK Sandra Chapman (SC) – Devon LINK</p>	<p>Action</p>
<p>Apologies</p>	<p>Derrick Roach – Devon LINK Interim Steering Group Debbie Stafford – Fusion/Living Options</p>	
<p>Introductions</p>	<p>LINK Team Introductions</p> <p>MA gave an insight to the structure of the LINK Community Engagement Team and LR gave an insight to her position supporting the CEW and explained that the Devon LINK is a patient and public involvement initiative supported by the Department of Health to ensure that people in Devon have a say in health and social Care services.</p> <p>Action Group Introductions</p> <p>MT - representing DCAB</p>	

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DA - Has run Axminster Visually Impaired Support group since last October and the group is growing
RS – representing Action for Blind People
ML – representing Living Options Devon who has a large user group of visually impaired members
KH – representing a small group in Ottery St Mary called Vision OM which started 10 years
BN - County Cllr and East Devon District Council, Councillor for Honiton St Michaels which covers all Colyvale including Colyton and Colyford.

A brief summary of what has lead up to this meeting and where we go from here was given by MA. Launch events round Devon last Autumn where we gathered issues and concerns, one of which was on the access of services for visually impaired people followed by DCAB submitting a similar issue. Following further discussions, the issues were put to the ISG and the issue was put onto the LINK work plan. This Task and Finish Group has now been set up to look at how participants within the LINK can get involved and take this issue forward to make some changes. The LINK will facilitate this work but not lead in. Our role as the host is to support the group.

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MA has done some research both locally and nationally as explained how the LINK research assistant is accessible to the VIP group as a resource, having already sent letters to Devon County, Royal Devon & Exeter Hospital to find out what is happening to improve services. This can be collated and sent to the lead to feedback.

Discussion with the Royal National Institute for the Blind South West Campaigns worker, Tara Melton who is also keen to be kept informed. Information about the Bristol project who are working on similar issues with their LINK. This groups can cross reference work being done across the SW with other groups

(MA produced a report from the North Devon Primary Care Patient and Public Involvement Forum in 2004 about access issues for patients with hearing and sight impairment which focussed on doctor's surgeries for reference). **MA to find out outcomes as a result of this survey.**

Issues for Action

MA has explored the issues raised in more detail by consulting with the 2 original referrers. Issues as follows:

1. Preferred format of information for VI people including printed material / signage/ email / telephone mainly for appointments

MA

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and visits to hospital. Lorna Davis (LINK Research Assistant) has written to ask for clarity of what hospitals already provide – **awaiting reply**

2. Support of sighted guides and/or dedicated information point at hospitals etc. meet and greet person / trained volunteers (MA cited Berkshire as an example)

3. Transport to appointments especially in rural areas. Poor bus services / difficult to see the bus number – hospital transport / help scheme expensive. (Senior Council already looking at)

4. Improved information and support at point of diagnosis (POD) / a trained presence to meet and advise at the eye clinic / peer support and emotional ongoing support. **(Action for Blind People has a team of 9 people in Devon. Already aware of a POD scheme in Redcar and Middlesbrough. Can support LINK with RD&E and other hospitals in Devon)**

5. More awareness training for staff in hospitals and doctors surgeries (flagging up system).

6. Information on medication needs to be in readable print (e.g. for side effects)

7. Cost of injections and availability locally?

8. North Devon – delays in seeing eye consultant / casualty does not always oblige / told to go to GP. 70 mile round trip to Torbay while ND hospital being refurbished

Terms of Reference

The **Purpose** of the VIP Action Group is to improve services for people with visual impairment in Devon and to raise awareness of the necessities of Visually Impaired People

The **Membership** of the group is made up of those who have desire to contribute to stated purpose (above)

The **Membership** can co-opt others on who are not registered participants although LINK participants must be in the majority

The **Membership** of the group will have a maximum of 10 but others will be able to contribute views through email / phone etc.

Roles and Responsibilities

The group are accountable to LINK Steering Group and will submit regular reports and updates

Letters drafted by the group will be sent via

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the LINK on headed paper (legislative responsibility for monitoring and recording)

Members will declare any interests that may be perceived by others as a conflict of interest. These conflicts must be reported to the Host

The group will meet monthly for the 1st 6 months (to be reviewed after 3 months).

Venues to include: See Hear Centre, Barnstaple, EDVSA Ottery St Mary, Clifton Hotel, Teignmouth and Living Options, Exeter.

The group will record meetings and forward to the host within one week of meeting (RS volunteered his support worker to take minutes)

The Group will adhere to Devon LINK governance framework and code of conduct.

Members will represent views of their group and not their own personal views

Members must enable and encourage all members of the group to take part

The group must elect a lead member to be responsible for ensuring the group functions appropriately and achieves its purpose
(Richard Shuker elected as lead and his

support worker was volunteered to record meetings)

RS

Decision Making

All activity must be agreed by at least 51% (quorum) of the group.

Any decisions to be referred to the Steering Group for approval

Host Support

The host will ensure relevant papers are accessible to all members, 1 week in advance

Host can arrange meeting venues, if appropriate, liaise with lead member with regard to agenda.

Host will pay expenses

Time Scale / Reporting

Group will be for 6 months initially

Report will be submitted to the Steering Group, at the end of the project on the group's activities. Upon approval this will be published

A template and support for the report will be

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provided by the host.

The names, but not personal details of members will be made available to stakeholders and public

LR explained the process of taking these concerns / issues forward. Research and findings submitted to the Trust / service provider on behalf of the Devon LINK VIP Group. We expect a response within 20 days (Freedom of Information Act). The Devon LINK has the power to take the issue forward to the Health and Social Care Overview and Scrutiny Committee in Devon who monitor health and social care in Devon and are a group of elected members who monitor health and social care services i.e. consulting with local people and letting them know of changes. Ultimately if the LINK deem that more action is necessary, the LINK can refer issues to the Department of Health.

The LINK would not expect an issue to stay on the work plan for more than 12 months

Action Plan

At this point the Action Group discussed achievable targets and will work on the following:

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1. Develop a POD Scheme in Devon Hospitals - having trained support at point of diagnosis and ongoing emotional support. Devon LINK to support Action for Blind People to move forward this project.

2. Awareness training for staff in hospitals. (GP surgeries on hold) MT would be prepared to be a mentor for staff.

3. Trained Volunteers to 'Meet and Greet' in hospital foyers.

Any other Business

Letters to be sent to all large hospitals(including Derriford) to ask what support / staff training they provide

Link in with hospital volunteer schemes (WRVS and League of Friends) e.g. Send copy of hospital correspondence

Draft letter to ask hospitals what training they currently provide

**Next Meeting: Tuesday 7th April 2009
11am – 1pm
Clifton Hotel, Teignmouth**

LORNA

ML (by 13/3)

DA (by 13/3)

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