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Send contributions for the next issue
by 26 March 2004 to the Editor:

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Danger of mobility scooters

People using mobility scooters are not required to have a sight test. This can lead to accidents, according to a presentation at the forum's recent conference in Birmingham.

Karen Dolling, staff nurse in the department of ophthalmology at the Sheffield Teaching Hospitals raised awareness about the use and abuse of mobility scooters.

She highlighted the fact that there is no driving licence, road tax insurance or medical examination (in particular a sight test) required to buy and use one of these vehicles.

Karen says that many partially sighted people use these vehicles and that in her area there have been a number of accidents or incidents involving these vehicles.

She has brought this matter to the attention of the Department of Transport. The department has acknowledged that there is a problem with mobility scooters and are initiating a review.

Karen will keep us informed of progress and would also be interested in your comments especially if your area has experienced problems with these vehicles. Contact her on Karen.Dolling@sth.nhs.uk

Better eye care needed in the developing world

There are 180 million people living with visual impairment world wide, 45 million are blind and 135million have low visual problems, according to the eye charity Vision 20/20.

Estimates suggest that at least 8 million people become blind each year but 80% of the world's blindness is avoidable. Vision 20/20 work to increase access to visual devices and low vision care at affordable prices.

There is a continuing need for ophthalmologist and eye care teams, ophthalmic equipment, instruments and medicines and more effective systems for referring patients, who are at risk of blindness, to treatment centres.

The International Centre for Eye Health is

always looking for subscriptions to help fund their publications and for any sponsorship towards costs. Each issue of *Community Eye Health* costs £44,000 to produce and is given on free subscription to third world countries.

An annual UK subscription costs £28 for four issues. A subscription for two years costs £50. There is also a back catalogue which you can access. Or you can sponsor a subscription for a reader in a developing country by sending in a donation.

International Resource Centre, International Centre for Eye Health, London School of Hygiene and Tropical Medicine, Keppel Street, London WC1E 7HT. Their web site address is www.jceh.co.uk. Telephone: 020 7612 7973. Email sue.stevens@lshtm.ac.uk

Editor's message

Dear colleagues,

It's newsletter time again and this year has proved to be a busy one. A number of you have contacted me with news and information which you will find in *Eyelines*. I hope it encourages the rest of you to contact me. Remember this space is yours to fill. This year our annual conference was held in Birmingham and it was good to see so many of you attending and presenting. We had what we think was a record number of speakers this year and with so many presentations we were obliged to run concurrent sessions on both Saturday and Sunday. It's so good to hear about your innovations and expanding roles.

Next year the conference is to be held in Glasgow at the Holiday Inn from 2nd to 4th July 2004. I look forward to seeing you all there.

Joan Mathison

E-learning opportunity! ENROLLING NOW FOR 2004

Further your studies with this unique e-learning opportunity for health care professionals. The UK Healthcare Education Partnership (UKHEP) is launching a new range of online modules, developed by the RCN and three leading UK universities (City University, University of Leicester and University of Ulster).

The first three modules are being launched early in 2004. Choose from leadership, user and carer involvement or clinical governance matters – or enrol for a BSc (Hons) in Health Sciences top-up degree programme that will involve combining a series of modules. All modules are taught online, using the latest in e-learning technology so you can study where and when it suits you.

Visit www.ukhep.co.uk for more information or email ukhep@rcn.org.uk

RCN and Pharm

Pharmacia have very generously agreed to fund three ophthalmic nurses to attend and give a presentation at the New Zealand Ophthalmic Conference in November. There were 20 applicants, all of an extremely high

standard, which made the job of choosing three winners very difficult. Our congratulations go to the three winners whose names were announced at the conference in Birmingham in July. They will present their chosen

Winner

Helen Gibbons, Ophthalmic Nurse Practitioner at Hinchingsbrooke NHS Trust, Huntingdon in Cambridgeshire
Ophthalmic nurse-led emergency clinic

Hinchingsbrooke is a small district general hospital serving a population of 16,000. Patients requiring emergency eye care were seen in the general eye clinic by the senior house officer (SHO). This meant continual disruption to the clinics.

A nurse-led service was implemented in order to improve the service and reduce waiting times. A nurse-led ophthalmic emergency clinic was set up running Monday to Friday from 9am to 12noon. The ophthalmic nurse practitioner takes referrals directly from patients, ward and A&E staff, and general practitioners.

The aim was to reduce long waiting times for emergency patients, to allow the main ophthalmology clinic to run more smoothly and to meet NHS targets. There would be no extra costs incurred as the ophthalmic nurse practitioner was already in post.

After the first 6 months an evaluation showed that there was a reduction in complaints and that the clinics are now better organised.

Local GPs were asked if they wanted the service to continue or revert back to the previous system, 74% were satisfied with the new service. Patients were also asked to complete questionnaires. The majority seemed pleased with the length of time they waited to be seen and with the service they received.

Further training is planned for the ophthalmic nurse practitioner so that other conditions can be treated. It is also hoped to improve communication and collaboration with the main A&E department.

Pharmacia Education Awards 2003

topic at the conference in New Zealand and hopefully at our conference in Glasgow next year. The winners are Jilly Bradshaw, a paediatric nurse at Bournemouth Eye Hospital, Shirley Miller, senior staff nurse at the

Eye Outpatient Department, Queen Margaret Hospital in Dunfermline and Helen Gibbons, Ophthalmic Nurse Practitioner at Hinchingsbrooke NHS Trust, Huntingdon in Cambridgeshire.

Well done to the other entrants

The other entrants were of equally high standard. We hope that they will think of applying again next year and of submitting abstracts for the coming conference. A list of the other entrants along with a brief description of their project can be found on the RCN Ophthalmic Nursing Forum pages on the RCN website at www.rcn.org.uk

Winner

Jilly Bradshaw, paediatric nurse at Bournemouth Eye Hospital
Improving care of the ophthalmic patient undergoing occlusion treatment

Failure to comply with occlusion treatment can lead to permanently reduced vision in an amblyopic eye. Some families find it very difficult to persuade a child to wear an occlusive patch, and often their glasses too.

In the past, as a last resort, children have been admitted to Bournemouth Eye Hospital for a period of two to four days. During the admission staff worked intensively with the child and parents to maximise use of the child's unoccluded eye, a difficult and demanding task.

Overall this practice was unsatisfactory. Admissions to the ward were haphazard. Children who were admitted were often unprepared for their stay while the families of some of those who were not admitted experienced considerable stress at home.

At one point two children were admitted for occlusion at the same time causing significant problems for the staff and families. This convinced Jilly that the service could be improved.

Jilly decided to address the issues by devising a clear nursing management plan for these children which was implemented after discussions with multi-disciplinary staff members.

Staff invited the children and their parents to come on a pre-admission visit, to fully prepare them for admission. This visit was planned at the weekly paediatric nurse-led paediatric clinic when the nursery nurse was on duty. It was decided that children would only be admitted singly due to the intensive nature of the treatment.

In 2002 the team were successful in teaching occlusion therapy to all of the 15 children admitted. Telephone advice was given to seven other families so that admission was avoided.

Admissions to the ward have been reduced from two to four days down to one day. There is less stress for staff and the orthoptists and consultants now refer patients at an earlier stage.

Winner

Shirley Miller, senior staff nurse at the Eye Outpatient Department, Queen Margaret Hospital in Dunfermline
Nurse-led dry eye clinics

General practitioners and rheumatologists referred patients to the general ophthalmic clinic which had an average six-month wait for an appointment. Patients often saw more than one staff member and rarely saw the same staff member at following visits. This resulted in poor holistic patient care.

Working in partnership with the ophthalmologist, who saw the majority of the rheumatology referrals, it was agreed that the system could be improved with the introduction of a nurse-led service.

This resulted in shorter waiting times for the patients who saw a named nurse giving continuity of care. It had advantages for the consultant as it reduced the referrals to the main clinic. It was cost effective and it improved the service. Job satisfaction for the nurse was increased.

A protocol was developed which included telephone follow-up to assess progress and subsequent management. The patient is only referred back to the ophthalmologist if there was no improvement in the condition or for punctal cautery. Rheumatologists and GPs now directly refer to the nurse-led clinic.

The service is still in its infancy but already the waiting times are greatly reduced and there has been a positive response to the clinic.

NOTICEBOARD

Local RCN ophthalmic groups

The RCN London and Southeast Ophthalmic Nursing Forum has been running since the early 1990s. It has a small membership who would like to invite anyone in the area to their meetings for informal networking. Jasmine Thombs is the current chair of the forum and can be contacted by email jasminethombs@hotmail.com

Using the noticeboard

Any local groups who want to advertise or let the forum know about their meetings, please send details to the editor.

Visual field competencies

Gillian Lucas would like to know if anyone has competencies for visual field testing? If so can you email me with your information, and I will forward it to Gillian. (Gillian, could you send me your email address again as I have accidentally deleted it! ed)

Association of Health Professionals Allied to Ophthalmology

A new association called the Association of Health Professionals Allied to Ophthalmology has recently been set up. Janet Marsden, Chair of the RCN Ophthalmic Nursing Forum has been invited to be a member of their committee, giving the forum the opportunity to be involved in what they do and achieve. Watch this space.

RCN Ophthalmic Nursing Award

Samantha Leonard, a student nurse, has been awarded funds from the RCN Ophthalmic Nursing Award to go to St Johns Eye Hospital in Jerusalem. We are looking forward to hearing how she gets on.

RCN EVENTS

RCN Ophthalmic Nursing Forum
annual conference and exhibition

Ophthalmic nursing changing perspective: sharing the vision

Friday 2 July – Sunday 4 July 2004
Radisson SAS Hotel, Glasgow

The RCN ophthalmic Nursing Forum invites you to contribute to the continuing success of this annual conference. To this end we are seeking papers from nurses and other ophthalmic healthcare professionals involved in original and innovative practice in ophthalmology.

Call for papers

The conference is intended for all nurses involved in ophthalmic care delivered in a wide range of settings, both in the community and hospital setting. Nurses will have the opportunity to:

- update their clinical knowledge
- view latest products
- network with peers.

For further information please contact:

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