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## Further information

Send contributions for the next  
issue by 11 September 2007 to the  
Editor:

Janet Marsden  
email: [janet@marsden.iclow.com](mailto:janet@marsden.iclow.com)

## Letter from the Editor

# Don't be shy – let them know how important you are

Former Forum Chair JANET MARSDEN looks  
forward to her new role as newsletter editor.

Welcome to the spring edition of *Eyelines*. I've taken up the editorial challenge from the new forum organising committee, the baton has been passed on by my predecessor and so, here we go. First and foremost, I'd like to acknowledge Joan Mathison's tremendous contribution as newsletter editor over the past few years. We started *Eyelines* as a new forum in 1988 and it has gone from photocopied, stapled paper to the glossy edition that you see today. Joan has been instrumental in turning the newsletter into a really professional piece of work and I'd like to thank her for all her input and commitment. I hope that, with your help, I'll be able to continue her high standards.

### Don't bury your head in the sand

The NHS is going through turbulent times and it seems that any gains we have made in quality of care and patient experience are being reversed in attempts to balance budgets. We are often poor at publicising what we do and ophthalmic nurses seem generally undervalued by the world outside ophthalmology. For many of us, our roles have become more specialised over the years. We've expanded our practice to absorb shortfalls in the services and to cope with directives and targets, but, above all, to make the patient experience better, with timely, comprehensive and holistic care.

With this in mind, we must, whatever we do and most especially in the current health climate, look to our futures. It's great to think that, come all the specialist nurse cuts, we will be valued and our contribution counted, but don't forget the lack of joined-up thinking in health at present. It may not matter *who* does your job in future, it may not matter that *no-one* does, as long as your salary has been saved.

So – keep up your skills in all areas. Don't lose any ophthalmic nursing skills and don't ever forget you are a general nurse, too. Take opportunities to broaden your experience and to publicise your skills. Tell those with the purse strings about your value and the worth of your service. Keep yourself marketable and employable, because the future can be frightening.

**“ Don't lose any ophthalmic nursing skills and don't ever forget you are a general nurse, too. ”**

### RCN/Novartis Educational Award

Despite this, our contribution to the care of people with eye problems is valued in many areas, as noted in this edition, where you'll find the winning submissions for the RCN Ophthalmic Nursing Forum/Novartis Awards for 2006 and information about how to apply this year.

### Upcoming conference

'Setting our sights high' is the title of this year's forum conference, which will be held in London, at RCN headquarters, 21–22 September 2007. This is another golden opportunity to share with colleagues the work we do, to learn, challenge, meet old and make new friends and celebrate all that's good about ophthalmic nursing. There's still an opportunity to submit abstracts for posters and concurrent sessions, so think about it. Travel to London is very inexpensive – and if you book early, hotels have good deals and there are plenty of cheap, central chains of hotels.

Enjoy this newsletter and look forward to lighter nights and summer. I hope to see many of you at the conference.

## LETTER FROM THE CHAIR

**YVONNE NEEDHAM**, on the forum as a place for sharing and much-needed support.

As your new Forum Chair, I would like to thank Janet Marsden for all her work over the last eight years. I hope I will be able to represent our forum in the same professional way for the next four years. Thank also to Julie Tillotson, Mary Shaw and Joan Mathison for the contributions they have made to the forum during their time as committee members.

We've several new committee members and we are working together to deliver on the action plan we have set for the coming year. Any ideas you have about this are most gratefully received. Also – as you will see from the action plan on page eight, we are looking to review *The nature, scope and value of ophthalmic nursing* during this year and any views on this can be sent to me at email: [y.needham@hull.ac.uk](mailto:y.needham@hull.ac.uk)

### Share and share alike

We have an ever-changing world to work in at the moment, as Janet has pointed out in her editorial, but I hope we can offer forum support, providing a place to discuss issues pertinent to ophthalmic nursing. I would urge you all to look at issues in your practice and let us know what you're doing, as sharing information is one way we can support each other.

With best wishes.

## Visual impairment in the UK

A new RNIB study indicates that the levels of visual impairment amongst older people is extremely high and can only lead to increasing numbers requiring support and care. Here, we provide a summary.

Estimates of the size of the visually impaired population are derived from samples of the general population and the most appropriate estimate to use is the estimated range into which the true population size is likely to fall. The most recent studies show that in the UK there are:

- up to 30,000 visually impaired children
- around 47,000 visually impaired adults of working age
- between 1.6 and 2.2 million visually impaired people aged 65 years and over; half of these have severe vision impairment.

About 97 per cent of the visually impaired population is aged 65 years and over and about 57 per cent are aged 75 years and over.

### Patterns of visual impairment in older people

Visual acuity has been used to identify three main groups of visually impaired older people:

- severe visual impairment (VA <3/60)
- moderate visual impairment (VA 6/18–>3/60).
- mild vision impairment (VA 6/12–>6/18).

Moderate or severe visual impairment includes both those eligible for registration and those with treatable causes of vision impairment (who are not eligible).

### Visual acuity and cause of visual impairment

The estimated range for the size of the older visually impaired population in the UK is:

- mild vision impairment: 964,000–1,155,000
- moderate or severe visual impairment: 676,000–1,036,000.

The main causes of impairment in about half of the second group are **untreated**

**Over a quarter of those aged 85 years and over have moderate or severe visual impairment.**

**cataracts or refractive error** and in the other half the causes are incurable conditions that such as age-related macular degeneration (ARMD).

The estimated range in the UK for specific eye conditions amongst those aged 75 years and over are:

- ARMD: 180,000–216,000
- glaucoma: 34,000–52,000
- diabetic eye disease: 8,000–17,000
- vascular occlusions: 10,000–21,000
- refractive error: 155,000–190,000
- cataract: 119,000–147,000.

### Age

The estimated ranges for the number of people in the UK with vision impairment are:

- 65–74 years: 623,000–943,000
- 75–84 years: 542,000–686,000
- 85 years and older: 475,000–562,000.

Over a quarter (26.8 per cent) of those aged 85 years and over have moderate or severe visual impairment, compared with 5.6 per cent of those aged 65 to 74 years and 8.5 per cent of those aged 75 to 84 years.

### Gender

Women aged 65 years and over with moderate or severe visual impairment outnumber visually impaired men by three to one.

### Further reading

Charles, Nigel (2006) *The number of people in the UK with a visual impairment*, London: RNIB.

**A full copy of the report can be downloaded from [www.vision2020uk.org.uk](http://www.vision2020uk.org.uk) or [www.rnib.org.uk](http://www.rnib.org.uk)**

## 2007 AWARDS

# Improving care for ophthalmic patients

Dr JOHN PROBERT, Novartis Ophthalmics, discusses the RCN/Novartis Educational Award.

Novartis Ophthalmics is a part of Novartis AG, and is completely dedicated to research, development and the manufacture of ophthalmic medicines. The mission of Novartis Ophthalmics is to discover, develop, and make available to health care professionals innovative products that will improve eye health and enhance people's lives in the treatment of AMD, eye inflammation, glaucoma, ocular allergies and other diseases and disorders of the eye.

Novartis Ophthalmics recognises the importance of nurses in delivering these innovative medicines to patients. Nurses play a pivotal role in ensuring that patients receive the optimal care available to them. As such Novartis Ophthalmics is proud to be associated with the Ophthalmic Nursing Forum Award which recognises nurses for going beyond their everyday duties and developing services that lead to improving patient care.

This year's winners will be going to Perth, Australia, to the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) and the Australian Ophthalmic Nurses Association (AONA) meeting, in November 2007. I'd encourage as many nurses as possible to take advantage of the opportunities this award presents.

## Spread ideas around

We may not think that our ideas and innovations are particularly new or clever and that there's no reason to talk about them. Often, however, they are ... and we should!

Publicise what you do, tell people about it. Small improvements make a big difference to patients, especially if everyone does them. So – think of what you've done to improve patients' experience, enter it for the award, and perhaps you'll be on a flight to Australia later this year (you don't need to present your paper there, just enjoy the conference).

## How to apply

Application for the award (of which there are three that may be given on an individual or joint basis) involves you writing about a development in nursing practice that has benefits for patients and patient care. The award is of £2,000, which will be used to finance your visit to the RANZCO/AONA meeting 26–27 November 2007.

Your submission may be about any aspect of nursing and service provision, but one of the awards is specifically for submissions that reflect improvements in patient care in the field of age-related macular degeneration (ARMD).

## Award details

To enter the award you need to be:

- a registered nurse
- a member of the RCN Ophthalmic Nursing Forum
- the holder of a valid passport.

If successful, you must:

- be able to secure study leave to travel to Australia for the conference
- be prepared to present your initiative at the RCN Ophthalmic Nursing Forum Conference in 2008
- allow your submission to be printed in the forum newsletter.

The closing date for entries is 31 July 2007. The winner will be chosen by mid-August and will attend the conference in November 2007.

## How to enter

We want to know what your initiative was, in less than 1,000 words. Please write your entry along the following lines, using the STAR (situation, task, action, result) approach.

- **Situation** – What was the situation before you had the idea for patient care improvement? What problem needed solving? What issue did you need to address? What prompted your idea?
- **Task** – What did you decide to do? How did you decide what to do? Who was involved in the decision-making process? Were there other ideas that were rejected? How did you get approval for your plan?
- **Action** – What did you actually do? Who was involved in the project? What issues or challenges did you face in putting the plan into action? How did you deal with them?
- **Result** – What was the outcome? How did you measure it? What do you plan to do next?

All you need to do to enter is fill in the details below, attach your entry to it, then send it to RCN Adviser Bernie Cottam at the address on the bottom of this form. Please type your entry, as it will make it easier for our judging panel to read. Next to your entry details on this form, please give the name and contact details of a referee who can substantiate your work.

**Please return entries to: Bernie Cottam, RCN, 20 Cavendish Square, London W1G 0RN. The work and the form can also be emailed to: [bernie.cottam@rcn.org.uk](mailto:bernie.cottam@rcn.org.uk)**

## Novartis/RCN Ophthalmic Nursing Award Application

Name:

Position:

RCN membership number:

Workplace telephone number:

Referee details:

Name:

Position:

Workplace telephone number:



# RCN / NOVARTIS AWARDS 2

The following three submissions have won the Novartis/RCN Ophthalmic Nursing Award for 2006. All three attended the American Society of Ophthalmic Registered Nurses Conference in Las Vegas in November 2006 and will be reporting on their projects at this year's forum conference in September 2007. Edited for reasons of space, the full submissions are available on the forum [website](#).

## Neil Horton, Staff Nurse, Furness Hospital, Barrow in Furness

### Biometry measurements – an audit

#### Situation

Effective cataract surgery not only relies on surgeon technique but also on the selection of the appropriate intra-ocular lens implant for the patient. Without the correct lens, the outcome can be poor, leading to distress for the patient, with the possibility of further surgery. Biometry measurements and calculations are performed by nursing staff using starting points based on data given by manufacturers and, in addition, the machinery used requires calibration and updating in order to provide accurate and consistent data.

Prior to the project, audits of surgical effectiveness were held yearly, by surgeons rather than by the nursing staff who actually undertook the biometry. Changes to lens type and starting points for calculations therefore required up to a year to gather refractive visual outcome data, placing further patients at risk of poor surgical results. The introduction of new, more accurate measurement machinery led to the need for staff training to properly utilise it. A refractive errors study day provided new knowledge and, given this information, I was able to further research biometry techniques and advocate the use of peer-produced adjusted calculation data to our head surgeon. I was also able to ensure adequate calibration and updating of machinery.

#### Task

Since multiple changes had already been made to the measurement machinery, calibration, calculation starting point and lens type, I felt that a process of audit should be put in place to monitor the effectiveness of these changes, and provide baseline data for further developments. Having reviewed the results of the National Biometry Audit 2 and been concerned by the results, which indicated a lack of practice audit by nurse biometrists, as well as a lack of modification of calculation starting data, I decided that the project should be primarily designed, operated and

monitored by nursing staff for their own practice improvements.

The audit data sheet was designed to be simple, produce maximum data for minimum input and gather data concerning machine accuracy, biometrist effectiveness, lens data, and calculation modification effectiveness, with a means to screen the raw data for external factors such as ocular co-morbidity. Audit data collected by the nurses was provided to medical colleagues to extend the scope of their personal audits. Staff training for biometry, which had been in-house and variable, could be monitored and standards applied to all staff. The initial trial of the audit project was given tremendous support by all members of the nursing team and this has continued.

#### Action

The primary challenge faced by the implementation of the nursing-led project has been the acceptance and validation of the audit by the doctors/surgeons themselves. The production of data collection tools by a junior nurse, and the high speed of implementation by the nursing team, caused friction within the department, which has required long-term negotiation to overcome. Due to this delay for negotiation, data is only now beginning to be produced.

#### Result

While the data from the project has been slow in production, it is anticipated that the project will be successful, and will be extended to provide 100 per cent coverage of patient visual outcomes. The service and calibration program has already been made trust wide, as has the patient information literature produced in the Furness unit. In addition, I have been able to work with others, as an invited conference speaker, seeing how nursing staff of all levels can not only contribute to patient care and surgical effectiveness, but also guide and inform practice, improving patient surgical outcomes.



Royal College of Nursing

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To find out more, visit  
[www.rcn.org.uk/nutritionnow](http://www.rcn.org.uk/nutritionnow).

**Jennifer Reed, Staff Nurse, HM Stanley, St Asaph****Information booklet on uveitis****Situation**

With the aim of enhancing patient care, I decided to write a patient information booklet about uveitis in order to support verbal information and help to allay fears the patient may have, thus relieving anxiety. Having an understanding of the rationale behind treatment often aids compliance, and enables the patient to be actively involved.

A patient asking for information about uveitis prompted my idea for patient care improvement. Patient education is a valuable part of the professional nurses' practice and written information complements verbal advice.

**Task**

Following discussion with my colleagues, and with approval obtained from my lead nurse, I proceeded to implement the uveitis booklet.

**Action**

Patients were involved and provided feedback on the writing and implementation of the uveitis booklet. Clinical governance requires that patients are actively involved in the production of patient information of any type. The Hospital translator had the task of translating all text into Welsh. As this is a second language for many, as well as a first language for a significant number of our patients. The Trust's patient information

group was involved, providing useful advice and feedback, and ensuring the booklet was clear, unambiguous and appropriate for the individual. All information provided needed to be clear and accurate. I followed Trust recommendations for written information, involving my colleagues in this process, and performed thorough research.

**Result**

The outcome was a standardised information booklet on uveitis, available for patients, to enhance care. Written and verbal information about the ophthalmic problem and treatment are now given to the patient, and any concerns are explored fully. Education about the condition is crucial in aiding compliance with drop regimes, and understanding the condition also helps to reinforce the importance of attending clinics.

**Sandra Taylor, Specialist/Research Nurse, St Paul's Eye Unit, Liverpool****A new intravitreal service****Situation**

Age-related macular degeneration (ARMD) is a progressive disease that causes irreversible loss of central vision with resulting profound disability. Photodynamic therapy (PDT) has been the treatment of choice for wet ARMD for a number of years. It successfully stabilises vision in approximately 70 per cent of selected cases, but was not available for all lesion types.

New therapies are now available. Anti-VegF aptamers such as Macugen® and Lucentis® are given as intravitreal injections treatments and are required at six- or four-weekly intervals for a period of one to two years.

St Paul's Eye Unit needed to look at the setting up of a new intravitreal service, equating to a three-fold increase in current activity, to treat all eligible patients. Previous knowledge of patients with ARMD waiting to gain access to clinics means that the outcomes in terms of vision could be greatly affected if there are delays in both service set up and

access to treatment clinics.

**Task**

The task was to develop a business and service development plan that included patient pathways that were clear and concise and that allowed patients to be referred quickly into the service.

The eye unit brought together all of the stakeholders in a working group, including clinical and clerical staff, patient group representatives and service commissioners. The team needed the approval of commissioners for specialist services and by meeting with this group, we were able to discuss and plan the introduction of this new service. We wanted to aim to have patients seen and treated within two weeks of referral, with a maximum wait of four weeks to treatment.

**Action**

A clean room was commissioned, in order to carry out the intravitreal injections, and staffing levels were considered. The most challenging part of this plan was to try to establish the patients' treatment regimen; how many clinic visits per year, what

tests were required at each visit, which personnel were required to carry out each test or procedure, how long the patients would be attending for treatment and how many injections would be required.

Development of patient information leaflets were an integral part of our development, as was establishing an injection protocol. A final business plan was submitted as a managed introduction of a new service development.

**Results**

The eye unit now has a clear pathway and a plan for a managed introduction of anti-vegF therapies, taking into account those currently licensed drugs and those due to be licensed within the next few months. It also has relevant patient information leaflets and patients are treated in a specifically equipped room and to a specified protocol. The patient is assigned a nurse in clinic to discuss the therapy in order to provide explanations and allay fears, allowing them to feel that they are participating in their own care and helping to reduce anxiety. We are in the process of establishing a data base in order that we can monitor and record our findings of all aspects of the patient journey, outcomes and patient satisfaction.

# St John of Jerusalem Eye Hospital

## History

Approximately 125 years ago, The Order of St John was requested to provide a hospital in the Holy Land, for the benefit of all. Queen Victoria's friendship with the Sultan of Turkey resulted in the provision of a suitable site and the foundation of the hospital was secured.

## Present-day difficulties

Although the hospital has been supported by many groups and individuals from all over the world and is largely financed by charitable contributions, the current crisis in Palestine has caused many problems. Travel is difficult, with checkpoints resulting in the cancellation of outreach clinics and frustrations for staff and patients alike. In order to relieve some of the difficulties of access to Jerusalem, St John has opened a satellite centre in Hebron, in the south of the country, and another will open shortly, in Anabta, in the north. A self-sufficient ophthalmic centre and operating facility in Gaza has been in operation since 1992.

## Critical funding loss

The difficulties experienced by the Palestinian authority have resulted in a lack of funding of patient costs. The end result of this could be the lack of ophthalmic care for any patients without funds of their own. This would be a tragedy for the hospital, but most

of all, for patients within the region who rely on the centre as their only source of high-quality ophthalmic care. In light of this, the St John Organisation has created The International Patient Relief Appeal to honour the hospital's 125th anniversary, and is hoping to raise £1,000,000 for the hospital to maintain the momentum of the hospital and secure its task until better times make the situation in Palestine more stable.

## Staying connected

Nurses from the eye hospital have joined us at the forum conference for the last few years and their contribution has been highly regarded, giving forum members a flavour of ophthalmic nursing in a different setting and reminding us of our similarities in practice and goals – we value these ongoing links and look forward to this connection continuing.

If any UK ophthalmic nurses or units would like to help, donations can be made to The International Patients' Relief Appeal, Priory House, Clerkenwell, London EC1M 4PP. If you are planning to visit Jerusalem and wish to visit the hospital, please contact the Nursing Director, Mrs Jackie Jaidy MBE, who will be very pleased to see you. She can be contacted on email: [matron@sjeh.org](mailto:matron@sjeh.org), telephone: 054 6665971, or alternatively, visit: [www.stjohnseyehospital.org](http://www.stjohnseyehospital.org)

## Useful information

### National Electronic Library for Health

The National Electronic Library for Health ([www.library.nhs.uk/Default.aspx](http://www.library.nhs.uk/Default.aspx)) is a superb resource for anyone in the health field, containing PRODIGY guidance, full text journals and more. The 'eyes and vision' specialist library ([www.library.nhs.uk/eyes](http://www.library.nhs.uk/eyes)) has information directly on the site as well as news, recent government documents, specialist ophthalmic guidance, journal content and some full text articles from current and past journals. It is well worth a visit for up-to-date information, checked and kept current by a panel of ophthalmic professionals.

### Forum website

Our website has an online version of the newsletter as well as plenty of information for everyone in the forum. Any new knowledge we have, such as responses to our calls for information, as well as links to sites and reports, will be uploaded there. Visit [www.rcn.org.uk](http://www.rcn.org.uk), go to specialisms on a tab at the top, and from the pull-down menu, go to the list all forums. Find ophthalmic nursing, click on it and be prepared with your membership number. Then set up a password and log in (it gets easier the second time) – find ophthalmic forum from the list and click – and you're there!

## Health information from DPP

Developing Patient Partnerships (DPP) is a charity partly funded by the Department of Health. Specialising in health information, DPP produces a growing range of unbiased high quality, user-tested leaflets, booklets and posters designed to meet the needs of patients and nurses.

Covering a wide range of topics – from heart health to minor ailments, missed appointments to COPD – DPP provides health information packages to GP surgeries, primary care organisations, hospital trusts, walk-in-centres, minor injury units and other interested organisations. All the health information resources are road tested by members of the public, go through a rigorous consultation process with an expert medical panel and translations are available in key languages.

To find out more, visit [www.dpp.org.uk](http://www.dpp.org.uk) or call 020 7383 6824

## Something to tell us?

I hope that I will be overwhelmed with contributions for the next edition of Eyelines! Send news, articles, comments and queries, and the forum will aim to share everything with the ophthalmic nursing community in the UK and further afield. The next deadline for contributions is mid-September 2007 and I'll welcome anything you care to send me ... and will be targeting individuals before then!

## AfC – one eye unit’s experience

In my area of work, the majority of nurses have been assimilated and received their banding. Not all the effects have been bad for the nurses, but generally reduced morale and the belief that nurses are undervalued is uppermost in our daily thoughts.

### Where’s the incentive?

All grade D and E nurses, whether they had additional ophthalmic qualification and experience or not, were banded 5. Great for the grade D staff, but less so for those who had been recognised for their additional education and skill on grade E. Furthermore, there is little incentive for the nurses without additional ophthalmic study qualifications to put themselves through an education system if they will never be recognised through their band or pay!

This inequality has, however, opened doors of opportunity for those nurses who were grade E to reconsider their career options. In the last month, three staff nurses have applied for band 5 posts outside ophthalmic nursing – after all, they have nothing to lose! We do, though – we lose valued and skilled nurses whose experience equates to 18 years in ophthalmic nursing – how do you replace that?

Our nurse practitioners, too, have felt the pain and unfairness of the assimilation process. Permanent posts in the team were placed on band 6 – and, unbelievably, two temporary positions using the same job descriptions gained a band 7 for their 20-week position. As would be expected, the practitioner team have requested a review of their grading.

This short account presents a picture of just one eye unit’s experience of issues related to AfC. If you wish to share your experiences of AfC outcomes – good, bad and unresolved – please send them to our editor.

## ● INFORMATION NEEDED

### Outpatient workload

Does anyone out there have knowledge about workload models and staffing levels for ophthalmic outpatient departments?

### Nurse consent for cataract

If you or nurses in your unit undertake the consent process for patients who are having cataract surgery, could you share the information with us? There are units out there who are trying to implement this and having problems with ‘the management’, despite Royal College of Ophthalmologists (RCOph) guidelines.

### The nature, scope and value of ophthalmic nursing

We are hoping to revise this document so it is up to date and fit for purpose, and would welcome your input.

To respond to any of the above, please email Yvonne Needham at [y.needham@hull.ac.uk](mailto:y.needham@hull.ac.uk)

## See the future, sign the charter

Like you, RNIB is committed to the prevention of sight loss. Our aim is to reach the Vision 2020 objective and eradicate all avoidable blindness by 2020. However, this is a long way off and we believe that an interim target – a 50 per cent reduction in avoidable blindness by 2010 – is needed.

We would like to invite you to join us and sign up to our charter and enable people to ‘See the future today’. This charter outlines key steps towards the Vision 2020 target of eradicating avoidable blindness, stating that all the countries of the UK should prioritise action on sight loss as a key public health issue, set targets for 50

per cent reduction in avoidable blindness registration by 2010 and ensure effective screening and treatment programmes.

With your support, RNIB will be able to demonstrate to the Government that the entire eye health community is committed to achieving the goals set out in this charter, which is available to read and download at: [www.rnib.org.uk/xpedio/groups/public/documents/publicwebsite/public\\_seethefuture.hcsp](http://www.rnib.org.uk/xpedio/groups/public/documents/publicwebsite/public_seethefuture.hcsp)

Add your name to the charter and demonstrate to the Government that this vision has widespread support. To sign up, please send an email to: [signup@seethefuture.org.uk](mailto:signup@seethefuture.org.uk)

## JOIN US!

### HELEN DAVIES, Ophthalmic Nursing Forum Committee member, discusses the benefits of joining the forum.

Chances are – if you are reading this newsletter, then you are already one of our 1,400 plus forum members. If, however, you managed to read a copy of a colleague’s newsletter, then I would like to ask you to consider becoming a member.

The forum was formed officially in 1988, and is actively involved in driving and supporting ophthalmic nursing needs. The committee works on your behalf to promote the interests of ophthalmic nurses and works towards improving the service of care provided to patients with ophthalmic conditions. Members receive regular newsletters, which provide interesting topics related to our

work issues, highlight developments in ophthalmic nursing and provide a point of contact to network with like-minded colleagues.

Join the RCN Ophthalmic Nursing Forum by:

- writing to RCN, Freepost WD2215, Cardiff, CF23 8XG, requesting membership to our forum, using reference number ‘1254’
- registering your details online at: [www.rcn.org.uk](http://www.rcn.org.uk)
- ringing RCN Direct on telephone: 0844 772 6100.

I look forward to hearing from you.

# Forum progress – RCN strategic plan

This table shows the progress we've made over the past year. The first column shows the milestone number within the RCN strategic plan that we've mapped our action plan against. The second column shows what we hoped to achieve and the third, what we actually achieved.

ACTION TO BE UNDERTAKEN 2006/7		PROGRESS AT APRIL 2007	
STRATEGIC PLAN MILESTONE NO.	2	<ul style="list-style-type: none"> <li>Develop and maintain links with other organisations concerned with ocular health.</li> <li>Continue involvement on committees such as the Royal College of Ophthalmologists (RCOph).</li> </ul>	<ul style="list-style-type: none"> <li>Representation on allied health professions in ophthalmology (AHPO) work with RCOph on multiprofessional meeting 2006 links maintained with Vision 2020 RNIB, AMD Society, Sightline International Glaucoma Association (IGA) and International Ophthalmic Nurses Association (IONA)</li> <li>Links with Novartis, Pfizer (education faculty)</li> <li>Ongoing links with The St John Eye Hospital in Jerusalem – including a visit by two Steering Committee members</li> <li>Chair spoke at a pan-Australian ophthalmic nurse conference on competence and led workshop, resulting in first collaboration of ophthalmic nursing groups intending to formulate a pan-Tasman (Australia and New Zealand) competence framework based on the Ophthalmic Nursing Forum's work</li> <li>Review visit, Gibraltar.</li> </ul>
	7	<ul style="list-style-type: none"> <li>Begin to develop best practice frameworks or guidelines which can be endorsed by the forum, not to act as the definitive protocol, but in terms of issues that should be considered around best practice – to include the evidence base for ophthalmic nursing.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing – publication by Wiley, late 2007</li> <li>This has been achieved by attendance by committee members at three working days to prepare information.</li> </ul>
	25		
	8	<ul style="list-style-type: none"> <li>Maintain links with the Department of Health (DH) directly and via other policy makers (eye services steering group etc).</li> <li>To respond to all appropriate consultation documents.</li> </ul>	<ul style="list-style-type: none"> <li>Membership of DH eye services steering group and pilot sites</li> <li>Responding to NICE consultation, acting as NICE advisor panel members</li> <li>Consultee for DH estates regarding eye services' configurations</li> <li>Steering group member/consultee General Ophthalmic Services (GOS) review</li> <li>Steering group membership – national library for health</li> <li>Leading RCN work on an allied health professional (AHP) wide common continuing professional development (CPD) framework.</li> </ul>
		<ul style="list-style-type: none"> <li>To profile the effects of AfC on ophthalmic nursing roles and grades across the UK.</li> </ul>	<ul style="list-style-type: none"> <li>Results of study to be presented at conference, September 2007.</li> </ul>
		<ul style="list-style-type: none"> <li>To develop a database of ophthalmic educational opportunities for dissemination via website.</li> </ul>	<ul style="list-style-type: none"> <li>Results to be presented at conference, September 2007.</li> </ul>
	14	<ul style="list-style-type: none"> <li>To update and promote competence framework for ophthalmic nursing.</li> </ul>	<ul style="list-style-type: none"> <li>Reviewed and accepted – accredited by RCN accreditation unit.</li> </ul>
	19	<ul style="list-style-type: none"> <li>Promote and extend the knowledge base of ophthalmic nursing through conferences, study days and forum publications.</li> </ul>	<ul style="list-style-type: none"> <li><i>Ophthalmic care</i> – textbook – national and international collaboration</li> <li>Newsletters twice yearly</li> <li>Securing three years' collaboration on ophthalmic nursing award with Novartis</li> <li>Successful forum conference.</li> </ul>
	9	<ul style="list-style-type: none"> <li>Publicise ophthalmic nursing at available opportunities</li> <li>Promote membership of forum</li> <li>Welcome new members to forum.</li> </ul>	<ul style="list-style-type: none"> <li>Congress poster '100 years of corneal grafting' and leafleting</li> <li>Newsletters published, as per schedule</li> <li>Committee member responsible for membership obtaining new member lists and corresponding with new members.</li> </ul>



This newsletter is published by the Royal College of Nursing, 20 Cavendish Square, London W1G 0RN.

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