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## Further information

Send contributions for the  
next issue to the Editor by  
11 September 2008:

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## Letter from the Editor

### Past, present and future – always making a difference

Welcome to the spring edition of *Eyelines*.

In this edition, we have a wide variety of extremely interesting information for you, from an article on the history of ophthalmic nursing from Joan Hamilton to the latest NICE guidance on treatments for age-related macular degeneration (AMD), taking in many other aspects of ophthalmic care and resources on the way – ophthalmic nursing, from the past to the latest cutting-edge treatments!

#### Looking into the past

Joan's article vividly illustrates how a group of committed ophthalmic nurses can make a massive difference to the profession. Eye hospital matrons, concerned about ophthalmic training, set the ball rolling, which resulted in the formation of the Ophthalmic Nursing Board (ONB) in 1952. Many of us have a badge from the ONB, which we were given as we passed our Ophthalmic Nursing Diploma or Certificate – it was the 'state' badge of ophthalmic nursing! The board was taken over by the national boards in the 1980s and many would say that ophthalmic nursing education has changed back to what they were worried about – fragmented education without a national standard. Joan suggests a return to a single standard might not be such a bad idea and many of us may agree with her!

#### NICE says no to Macugen

It is rather sad, and is bound to adversely affect some patients, that NICE, at present, has not recommended Macugen for the treatment of wet AMD. While the evidence for Lucentis is clear, this statement means that there is no second-line treatment for any patient who

does not respond to Lucentis or for whom Lucentis does not suit, for whatever reason.

It is a great pity that NICE cannot recommend Macugen as well, even if only as a second-line treatment to be used at the discretion of the clinician, rather than this blanket ban. The problem with any guidance is that it does not take any individual patient or patient circumstances into account but merely looks at the general picture. Patients are individuals with individual responses and it should be up to clinicians, working with the patient, to decide on the best treatment for them from a range of options rather than being constrained in this way.

**“ ... a group of committed  
ophthalmic nurses can make  
a massive difference to the  
profession. ”**

Having said all that – the first guidance NICE issued, to great outcry, suggested that only the second eye would be treated (similar guidance was given initially during the appraisal of photodynamic therapy). At least that has changed and we now appear to have a recommendation for an effective treatment. With luck, patients won't have to pay for sight-saving treatment ... at least, until the next one comes around!

Have a good summer – the forum conference is in London again this year, on 19 and 20 September. See you there!

**Janet Marsden**

## Letter from the Chair

### Where has another year gone? Is it just me or do they go more quickly these days?

#### Award winner

I would like to send my congratulations to Rachel Andrews, who received the Patients' Choice Award at the Nursing Standard Nurse of the Year Awards on 27 March 2008. Rachel, a paediatric sister at West Suffolk Hospital NHS Trust, was nominated by Dawn Collier, the mother of a patient, 13-year-old Edward. Edward injured his right eye and sustained severe lacerations to his eyelid and face and fractured his skull, which led to the removal of his eye.

#### Keeping in touch

We have had several contacts and requests for information during the year. I hope that, by having the email addresses in the newsletter, we can continue to answer questions or put people in touch. Please continue to send information or enquiries.

The website ([www.rcn.org.uk/communities](http://www.rcn.org.uk/communities)) should be up and running soon, but it is only as good as the information we have to put on it. Please send programme or study day information that we may be able to distribute.

Please see page seven for NICE's latest recommendations on Lucentis and Macugen. Have you plans in place for when these will need implementing?

#### Finally ...

As a forum steering group, we would like to identify forum members' ophthalmic nursing programmes. To assist us in this, please send in details of institutions that offer these programmes and any titles of the modules you may have.

With best wishes, and hope to see you at the forum conference in September 2008.

**Yvonne Needham**

## Finance and entitlement: visually impaired people's take up of Disability Living Allowance and Attendance Allowance

GRAEME DOUGLAS, SUE PAVEY and CHRISTINE CORCORAN, from the Visual Impairment Centre for Teaching and Research (School of Education) at the University of Birmingham, write.

### Executive summary

This report presents findings from Network 1000 Survey 2. The data was collected during interviews with 884 visually impaired people between November 2006 and January 2007. All the participants were registered as either blind or partially sighted and lived in Great Britain. Sampling and analysis accounted for the age distribution of the visually impaired population.

The findings presented in this report focus upon the Disability Living Allowance (DLA) and Attendance Allowance.

The key findings in relation to DLA are as follows:

- an estimated 85 per cent of people aged between 18 and 64 who are registered visually impaired are currently receiving DLA
- therefore, an estimated 10,000 people registered visually impaired are currently not receiving the DLA but are eligible to apply.
- the mobility component of the DLA is more commonly received than the care component; it is relatively rare for visually impaired people to receive the higher rate within either

the mobility or care components of the DLA

- there is clear evidence that receiving advice is associated with successful application for DLA
  - over a quarter of people had to appeal before they received their current rate of DLA.
- The key findings in relation to Attendance Allowance are as follows:
- an estimated 64 per cent of people age 65 years and over who are registered visually impaired are currently receiving Attendance Allowance
  - therefore, an estimated 73,000 people registered visually impaired are not currently receiving Attendance Allowance but are eligible to apply
  - of those people who receive Attendance Allowance, the majority receive the lower rate
  - there is clear evidence that receiving advice is associated with successful application for Attendance Allowance
  - over 20 per cent of people had to appeal before receiving their current rate of Attendance Allowance.

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## Eye camp in Africa?

**Not-for-profit charity Ona Network Inc has opportunities available for ophthalmic nurses to participate in its two-week eye camps to be held in Dodoma, Tanzania this July, September and November.**

For years, Ona Network volunteers from around the globe have contributed heavily to eye-care service delivery in isolated communities in Africa. The duties are organised in such a way to provide volunteers with time to explore the beauty of the country and to interact with the locals. More information, application forms and application deadlines are available at [www.onanetwork.org](http://www.onanetwork.org) or by emailing [recruitment@onanetwork.org](mailto:recruitment@onanetwork.org)

# Thinking back and planning ahead

## Work done by the forum committee on the 2007–8 and 2008–9 work plan

**Here is an overview of what the forum committee has achieved over the course of this year, and what we are aiming to do over 2008 to 2009!**

### Links with others, policy and practice

Keeping in touch so that we can share good practice and have a voice in all policy making around ocular health issues, we:

- developed and maintain links with other organisations concerned with ocular health (Vision 2020, International Glaucoma Association (IGA), Royal National Institute of Blind People (RNIB) etc.)
- continued involvement on committees such as that of the Royal College of Ophthalmologists and the National Consensus Group on Eye Health
- maintained links with Department of Health and other policy makers (Eye Services Steering Group, for example)
- investigated new links and promote ophthalmic nurses as valuable players in all ophthalmic policy development
- linked with other professional groups within and outside the organisation (Royal colleges, allied health professions in ophthalmology, etc.)
- links with other professional groups are ongoing and robust links with other organisations are also in place through joint Continuing Professional Development (CPD) work
- promoted international links – internationally, the forum maintains its links with Jerusalem and New Zealand and has forged new links with members and steering committees from Malta and Australia – we also have links with international organisations via Novartis award winners
- we were involved in the writing of the newly launched UK Vision Strategy, the committee of the Eye & Vision Specialist Library, the General Ophthalmic Services Review, the NICE review of anti-VEGF therapy –

and this work continues.

- the work on continuing professional development has resulted in the largest collaboration of allied health professional organisations ever undertaken by the RCN and this work continues
- these are all part of our ongoing agenda for the coming year and beyond.

### Sharing our knowledge

As experts in our field, we must all pass on our knowledge. Last year, we:

- wrote a book about the evidence base for ophthalmic nursing practice, which has just been published by Wiley
- began the work to revise, republish and promote *Nature scope and value of ophthalmic nursing*
- updated and promoted the use of the competence framework for ophthalmic nursing
- over the coming year we intend to, with all members' assistance, continue to develop best practice guidelines endorsed by the forum and therefore the RCN, and develop and update the evidence base for ophthalmic nursing
- develop a database of ophthalmic educational opportunities for dissemination via website
- work to integrate the KSF with the competence framework to make it even more useful to practitioners.

### Providing a voice

A key part of the forum's work revolves around being a voice for ophthalmic nurses and their concerns and questions. With this in mind, the forum has, over the past year:

- responded to all appropriate consultation documents on behalf of ophthalmic nursing
- monitored the effects of *Agenda for Change* on ophthalmic nursing roles and grades in the UK (a paper was presented at the conference in 2007)
- promoted and extended the knowledge base of ophthalmic nursing through specialist conferences, study

days and forum publications

- acted as a national coordinating body and resource for ophthalmic nursing practice
- promoted ophthalmic care within and across the organisation
- engaged with the RCN's PDF – to be involved and consulted fully in decisions made about forums and professional engagement to obtain the best outcome for members
- this work will continue over the coming year along with the development of the website and more web-based communication with members.

### Publicising the forum and ophthalmic nursing

And we will keep spreading the word, by:

- publicising ophthalmic nursing at available opportunities – via RCN Congress, newsletters, responding to ophthalmic media issues (you may have seen comments from some forum members in the press)
- promoting forum membership through direct action, fliers, newsletter etc.
- welcoming new members to forum via information obtained from membership services
- we have three posters at Congress this year, one entitled 'But I don't do eyes', to try to engage nurses from other specialities and remind them that most of their patients have eyes and eye health issues!

The forum committee undertakes this work as well as, rather than instead of, their 'day jobs'. It does involve a great deal of commitment and, as the world goes mad around them and partners, children and even work need their attention, sometimes things may slip a bit. However, all members of the committee are committed to the forum and, perhaps more importantly, are passionate about ophthalmic nursing and the care of people with eye problems.

They need your help ... and any input you can give on any of these issues would be very much appreciated.

## NEW BOOKS

**Newsletter Editor Janet Marsden rounds up the latest reading ...****An evidence base for ophthalmic nursing practice**

By Janet Marsden (Ed.) and past and present members of the RCN Ophthalmic Nursing Forum steering committee, published by Wiley (2008).

Committee members started looking at best practice guidelines and realised there was no chance of getting all of them and putting them all together, so we decided we should look at the best evidence in different areas so that guidelines could be developed based on the best available evidence ... this is the result!

**From the book**

Providing evidence-based care is a key skill for all health care professionals. This book considers the evidence base for ophthalmic nursing practice – looking at the ‘why’ of what we do and how we know what we know. The RCN Ophthalmic Nursing Forum steering committee recognises that best practice in ophthalmic care across the UK should

be synthesised along with the evidence to support it, to enable practitioners to develop guidelines and to identify and use the best evidence possible in the care of patients with ophthalmic problems. This book addresses some of these issues.

Where there is robust evidence, it is identified, practitioner experience is incorporated and, when there is no obvious ‘scientific’ evidence, consensus and expert opinion is included.

**What’s inside**

*An evidence base for ophthalmic nursing practice explores* condition management, including lice infestation, conjunctivitis, recurrent corneal erosion, echymosis, acute glaucoma etc. It considers the evidence for techniques such as padding,

taking eye swabs, irrigation, and the use of heat. It also discusses topics such as visual acuity testing, visual standards for driving and other legal aspects of care and policy. This text will be an invaluable accessible reference tool for all nurses working in ophthalmic settings.

In many ways, this is ‘work in progress’. Practice will continue to evolve, we will become more effective at both synthesising evidence and actually researching our own practice. Evidence will be found to support, and refute, our work and we must be open minded enough to debate issues around practice and to change when we need to. More topics will need to be considered as new techniques and therapies are developed.

We welcome your contributions and suggestions for topics and topic areas. All royalties (if any of you buy it!) are going to the St John Eye Hospital in Jerusalem to help, in a very small way, with their tremendous work.

**Eye emergencies – the practitioner’s guide**

By Dorothy Field and Julie Tillotson from the Bournemouth Eye Unit, published by M&K Update Ltd, Keswick (2008).

This book, written by two very experienced and well-known ophthalmic nurses, is intended for anyone – doctors, ophthalmic nurses, emergency care practitioners, emergency nurses – whose work involves dealing with acute ophthalmic presentations, and is a very useful book to have around any department that sees patients with eye problems.

The book begins with a chapter on basic anatomy and physiology of

the eye – a very good reminder for ophthalmic nurses and essential for other professionals with little or no formal ophthalmic education. It goes on to consider initial assessment, differential diagnosis, and chapters on urgent and then non-urgent eye conditions. Ophthalmic drugs and the treatment of eye pain have particular attention paid to them and there is a very useful chapter on ophthalmic procedures and a glossary of ophthalmic terms.

**Flagging it up**

One of the features that I think will be most useful is a flagging system – small red flags indicate a highly significant symptom, and an orange flag, a symptom that should be treated with caution.

All in all, a very useful book to have around.

**Thanks and well wishes**

Dorothy tells me she is about to retire and I’m sure that there are lots of ophthalmic nurses out there who would like to join us in sending out thanks to Dorothy for all she’s done for ophthalmic nursing, as well as our good wishes for a very long retirement.

**Did you know you can read this newsletter online?**

**This and other forum newsletters are available on the RCN website even before they are mailed out to members.**

So if you would like to be one of the first to read the next issue log on to **MyRCN** at [www.rcn.org.uk/myrcn](http://www.rcn.org.uk/myrcn), or call RCN Direct on **0845 772 6100**, to register your email address and opt in to our email services. You’ll then be sent an email with a link through to the newsletter each time it is published.

**Help us reduce our carbon footprint and save some trees!**

**NHSmail**

NHSmail is email designed with the NHS in mind; an email service secure enough to be used for emailing confidential information, thus helping to cut down on the amount of paper we use. Everyone in the NHS can claim their NHSmail account by going to [www.nhs.net](http://www.nhs.net). For help and information call 0845 300 5845 (8am–6pm, Monday to Friday).

# Play that one again – time to revisit the old standards?

Forum member JOAN HAMILTON wonders if past standards in ophthalmic nursing could offer present-day solutions.

Prior to the NHS coming into being on 5 July 1948, hospitals were charitable institutions funded by public donations and benefactors. It is therefore not surprising that eye hospitals ran their own ophthalmic nursing courses, which were taught and examined in house, and issued their own hospital certificates.

## National standards for a national health service

Between 1947 and 1952, with an eye to the developing NHS, matrons of the major eye hospitals were concerned that the ophthalmic training they offered should be of a nationally recognised standard. Miss McKellar (married name, Mrs Carmichael), Matron of the London Royal Eye Hospital (Moorfields) began to receive letters from these fellow matrons sharing their concerns. She approached Moorfields' Medical Board, with the result that all the matrons from these major eye hospitals were invited to a meeting in London to discuss a way forward. The matrons went back to their own hospitals, and involved their medical colleagues and administrators. They met every three months to discuss means of raising their own standards and to develop standard national ophthalmic nursing procedures.

As a result of these women's willingness to act on behalf of their profession, the Ophthalmic Nursing Board (ONB) was set up in 1952, with its objective: 'It shall to the public benefit promote and maintain a general standard of efficiency in ophthalmic nurses'. The first ophthalmic nursing diploma was awarded in 1952.

## My experience

I was a member of the Education Sub Committee of the Ophthalmic Nursing Board from 1975 to 1981, and travelled to hospitals within the region

**Current expert ophthalmic care can be patchy, and eye patients are sometimes being managed by inexperienced staff. 9**

to carry out the practical ophthalmic examinations for students. The practical examination, which also comprised a five-minute Viva, took a total of 30 minutes for each student. Nurses sat a written examination as well, and had to pass both practice and theory in order to qualify as SRN OND (Ophthalmic Nursing Diploma) or SEN OTN (Ophthalmic Trained Nurse).

When ophthalmic education was eventually taken over by the English Nursing Board in the 1980s, the ONB was congratulated on the quality of its examinations and training. As the syllabus for state registration began to include more and more specialisms, nursing students' experience in eye departments was curtailed and applications to ophthalmic courses began to fall. Changes in the ophthalmic syllabus reduced what was once a year-long course to nine and then six months.

I spent 35 years in ophthalmic nursing, and worked in all departments. Although I became a senior nurse (matron) in two major eye hospitals, I maintained my expertise in clinical nursing by working on the eye wards and departments, as understaffing was a problem then as now.

## Declining standards?

Over the years, ophthalmic nursing has changed due to increased patient numbers, exciting changes in treatments and the advent of day case units. If

hospitals have maintained ophthalmic beds, these are often filled with patients from other disciplines. Current expert ophthalmic care can be patchy, and eye patients are sometimes being managed by inexperienced staff. Within my local area, ophthalmic nursing has been subsumed into a head and neck course.

It seems to me that 60 years or so after the creation of the ONB and the reasons for its establishment, ophthalmic nurses are finding the same problems – the lack of a recognised ophthalmic qualification and standards of theoretical and clinical education. With the fast throughput of patients and the insistence of trusts and the NHS on meeting targets and saving money and the complexity of the equipment being used by nurses, I would remind readers that it was the commitment and willingness to act as a group of matrons that raised NHS standards. Is it time to think again? Remember the Ophthalmic Nursing Board's original objective:

'It shall to the public benefit promote and maintain a general standard of efficiency in ophthalmic nurses.'

## Ophthalmic nursing modules by e-learning

Two degree level modules are on offer for ophthalmic nurses

- ophthalmic care
- theory module.

'Ophthalmic nursing practice' requires mentor support for practice assessment.

For further information, contact Yvonne Needham at email: [y.needham@hull.ac.uk](mailto:y.needham@hull.ac.uk)

# St John Eye Hospital in Jerusalem reaches out

JACKIE JAIDY, Matron, St John Eye Hospital, writes.

## Red tape continues to bind

Patients living in the West Bank and Gaza have been experiencing difficulties in reaching the St John Eye Hospital in Jerusalem because of the political activity surrounding them. A child arrived at a checkpoint on the outskirts of Jerusalem with his father, only to be told that the father was not allowed to pass. The child was scheduled for squint surgery the following day, and the father rang the hospital for advice. A hospital driver and the nurse went to the checkpoint, the nurse went through with a consent form for surgery, which the father signed under far from ideal circumstances, and brought the child through. Although he anxiously waved goodbye to his father on the other side, and the child soon felt secure with the St John staff, he underwent the surgery without the comfort of a familiar face.

Another four year old in Hebron sustained a nasty penetrating eye injury from a piece of glass. As he lived in a remote village on the outskirts of the

town, he did not arrive at the St John Hebron centre for over 24 hours – with a large corneal wound, an iris prolapse and lens matter already filling the anterior chamber, it was decided to operate on him straight away and then send him to the hospital in Jerusalem. Unfortunately, his mother did not have the correct residency papers and was not allowed to travel to Jerusalem – his father and grandfather were designated ‘security risks’ and were also refused permits to travel with him. Finally, after many hours of contact with the military liaison office, a more distant relative was produced who met with their approval and he was allowed to accompany the child in the ambulance to Jerusalem.

Unfortunately, the work of the St John Eye Hospital is impeded by the ‘red tape’ that surrounds us here in the Holy City! For this reason, the hospital has developed three satellite centres, two of which perform regular day case cataract and glaucoma surgery. In addition, our two outreach mobile teams meander the

length and breadth of the West Bank, searching out the most remote villages and refugee camps. The orthoptist visits regularly because of the huge number of child patients, and diabetic retinopathy is treated on site with a mobile laser.

## New study and more work!

Because of the huge amount of eye disease that is prevalent amongst the Palestinian population, the hospital is about to undertake an epidemiology study in the West Bank and Gaza, which will help to identify the need with more certainty. Nurses will be involved in testing vision, filling in questionnaires for residents in selected clusters, and assisting the ophthalmologists, for a seven-week period.

Despite working in glorious isolation, the work of the St John Gaza Centre is increasing all the time. A new phaco machine is desperately needed, and although one has been generously supplied by an American donor, it has yet to run the gauntlet of the increasingly difficult passage to Gaza.

The daily grind at St John is one of challenge, but for all the staff, job satisfaction is enhanced by the difficulties around us, and the knowledge that 70,000 outpatients are seen annually and 200–300 major eye operations are performed monthly.

## Look it up!

**One in three people with a learning disability has a sight problem but they may not be able to tell others. The website [www.lookupinfo.org](http://www.lookupinfo.org) – designed for, by and about people with learning difficulties – is full of incredibly useful information on eye care and vision, and provides links and a DVD about eye care that can be accessed from the website.**

There are a wide range of fact sheets that will be of use to clinicians and to the supporters of people with a learning disability – for example ...

### **Access to eye care for adults with learning disabilities**

Offers general advice on how to help people with learning disabilities gain access to eye tests, eye surgery, low vision and rehabilitation services.

### **People with Down’s syndrome and their eyes**

There are still many adults with Down’s syndrome who do not have regular eye tests or appropriate help for an eye condition. This fact sheet provides an overview of some of the issues that may be faced by individuals with Down’s syndrome.

### **Eye problems in people with learning disabilities**

Provides checklists to help supporters identify difficulties seeing and eye health problems.

### **Having a cataract operation**

This fact sheet explains, in Easy Read, about cataracts and referral to eye doctors. It looks at the tests that are done before surgery and at the procedure itself.

The website also has contact and helpline details for further information.

# Eyes & Vision Specialist Library

Commissioned by the National Library for Health –  
[www.library.nhs.uk/eyes](http://www.library.nhs.uk/eyes)

There are vast amount of health-related information of variable quality available from numerous sources and sites. Trying to just keep up with these for what is relevant to your practice is hard enough, but then trying to have the information you're looking for, ready to hand (tracing it and accessing it) when you want it, is often even harder and more time consuming.

## The National Library for Health (NLH)

This online digital library and information service is readily accessible 24/7 to any health care professional, wherever they practice, whenever they need it. Its objective is to bridge the gap between what is known and what is being done, by getting knowledge into practice at the place and time it is needed. It brings together trusted, authoritative information resources in one place, providing seamless access to the best currently available evidence to inform health-care decisions.

## The Eyes & Vision Specialist Library (EVSL)

This is one of 32 specialist libraries commissioned by the NLH. It is primarily intended for health-care professionals involved in delivering eye health care, for example, GPs, optometrists, ophthalmologists, nurses and orthoptists. Its content has been developed and collated under the guidance of an external reference group of stakeholders from the community of professional, academic, voluntary and patient organisations in eye health care, which includes the RCN Ophthalmic Nurses Forum.

It provides access to online resources that may be readily downloaded or printed. These include:

- material produced, commissioned or licensed by the NHS (for example, clinical knowledge summaries, health technology assessment reports, NICE and Department of Health guidance

and policies, Centre for Reviews and Dissemination abstracts, the Cochrane library)

- national and international professional body publications
- patient information from reputable sources, for example, NHS Direct and the Royal National Institute of Blind People (RNIB)
- contents pages and abstracts of the top 20 ophthalmology journals.

The range of topics currently covered includes those conditions usually seen in routine clinical practice for which there is an established body of quality specialist literature. Topics are presented anatomically and the multi-professional evidence-based resources under each category are organised as:

- guidance and pathways
- evidence
- reference
- education/Continuing Professional Development (CPD)
- patient information
- news/events.

## Annual evidence updates (AEU)

These present new knowledge/evidence on key clinical areas, through topics reflecting the care pathway, which includes the patient's perspective. Links to full text articles are provided where available, otherwise there are links to PubMed abstracts or to other NLH resources. EVSL uniquely provides a low-vision accessible web version of all its AEU's. Two AEU's are planned for 2008: age-related macular degeneration in June and glaucoma in November.

## RSS feeds

Browse or keep up to date with general ophthalmic news, ophthalmic events and new content added to the library through the EVSL RSS feeds.

This is a site for anyone involved in eye health care – and worth a look!

## NICE – ranibizumab and pegaptanib for AMD

**NICE's most recent document is the final appraisal determination (FAD) but not the final word on the subject. It was 'out for consultation' until 14 April 2008 and NICE's final advice will not be released until June 2008.**

### From the FAD

Ranibizumab (Lucentis), within its marketing authorisation, is recommended as an option for the treatment of wet age-related macular degeneration if all of the following circumstances apply in the eye to be treated:

- the best-corrected visual acuity is between 6/12 and 6/96
- there is no permanent structural damage to the central fovea
- the lesion size is less than or equal to 12 disc areas in greatest linear dimension
- there is evidence of recent presumed disease progression (blood vessel growth, as indicated by fluorescein angiography, or recent visual acuity changes)

and:

- the cost of treatment beyond 14 injections in the treated eye is met by the manufacturer.

Pegaptanib (Macugen) is not recommended for the treatment of wet AMD.

People who are currently receiving pegaptanib for any lesion type should have the option to continue therapy until they and their clinicians consider it appropriate to stop. You can read the public and professional response to the document's progress at [www.nice.org.uk/guidance/index.jsp?action=folder&o=40253](http://www.nice.org.uk/guidance/index.jsp?action=folder&o=40253) and access the FAD documents there.

# A new resource for eye health education

EYECAMPUS is an educational initiative supported by Pfizer. It is available for use by any eye health professional. To use the website, [www.eyecampus.org.uk](http://www.eyecampus.org.uk), you will need to join EYECAMPUS using the following contact details: EYECAMPUS Secretariat Freepost, RRBG-GBXY-TAZX, Chandler Chicco Companies, 151 Shaftesbury Avenue, London, WC2H 8AL, UK. You can also fax: 020 7632 1801, or email: [eyecampussecretariat@cca-uk.com](mailto:eyecampussecretariat@cca-uk.com)

## Aims

EYECAMPUS aims to enhance and support life-long learning for professionals in ophthalmic care, allowing them to provide the best care and improve quality of life for people with ophthalmic conditions.

An expert-led centre of learning, with members from the ophthalmic community, EYECAMPUS will facilitate the delivery of the highest standards of care by providing opportunities for:

- development of clinical skills

- personal and professional development
- enhancing service provision.

EYECAMPUS aims to have an interactive approach in its educational opportunities, which are multi-disciplinary and will be available to suit different levels of skill and experience. Learning experiences will be defined by skill and experience and not job title. Courses will be accessible in different geographical locations and online.

## What's on the website

There is educational material on the website and a photos resource for use in presentations. EYECAMPUS also runs various courses around the country, such as 'Assessment of competence', 'Getting a good idea into practice', 'Diagnosis of glaucoma' and 'Diagnosis of AMD', to name a few.

Those who write and deliver teaching material are all respected ophthalmic health professionals, from ophthalmology, orthoptics, optometry and ophthalmic nursing.

## UK Vision Strategy

This ground-breaking UK-wide initiative brings together – for the first time – people with sight loss, users of eye care services, eye health and social care professionals and statutory and voluntary organisations, in order to produce a unified framework for action on all issues relating to vision. It is a Vision 2020 initiative that has been led by the Royal National Institute of Blind People (RNIB).

This is taken from the executive summary of the document, launched on 18 April 2008:

The UK Vision Strategy seeks a major transformation in the UK's eye health, eye care and sight loss services. A determined and united cross-sector approach will make that change a reality. Three strategic outcome areas are identified:

### 1. Improving the eye health of the people of the UK.

Five-year aim: to raise awareness and

understanding of eye health among the public, including those people most at risk of eye disease, to allow every individual to develop personal responsibility for eye health and to achieve maximum eye health for all; to raise awareness of eye health among health and social care practitioners, and to ensure the early detection of sight loss and prevention where possible.

### 2. Eliminating avoidable sight loss and delivering excellent support for people with sight loss.

Five-year aim: to improve the coordination, integration, reach and effectiveness of eye health services, and services and support for those people with permanent sight loss.

### 3. Inclusion, participation and independence for people with sight loss.

Five-year aim: to improve the attitudes, awareness and actions of service providers, employers and the public

towards people with sight loss and to remove significant barriers to inclusion, so that people with sight loss can exercise independence, control and choice; to achieve improved compliance with disability discrimination legislation.

The delivery of the UK Vision Strategy requires a united eye health and sight loss sector, speaking with one voice to strongly influence the future direction and prioritisation of eye health and sight loss. Implementation needs the same collaborative approach that enabled the development of the UK Vision Strategy. It must also respect the divergence of priorities and arrangements between the countries within the UK.

Maintenance of a united and co-operative stance will be the cornerstone for achieving the UK Vision Strategy outcomes. It has a power that cannot be ignored and will be the key to its success.

For a full copy of the strategy report, visit: [www.rnib.org.uk/ukvisionstrategy](http://www.rnib.org.uk/ukvisionstrategy)



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