

Staff

John Eden	(Chief Executive)
Julie Cavanagh	(Volunteer Co-ordinator)
Isobel Powell	(Resource Centre Officer)
Tom Shufflebotham	(Rehab and Mobility Officer)
Daniel Sergeant	(Administration and Membership)

The organisation has a Trustee Board of 9, five of whom are Vision Impaired.

Resource Centre

Visitor numbers to the Resource Centre as the initial point of contact with the organisation remain strong, with the added strength of the Action Deafness operation alongside improving the impact of HVL amongst their client group, and bringing cross-disciplinary solutions to presenting clients. The Resource Centre provides information, advice, demonstration and sales of a wide range of aids and appliances, including kitchen, orientation and communication equipment. We offer new products from accredited suppliers, demonstrations (by suppliers) of high-value equipment - on site or at the clients home, and also refurbish and offer for re-use equipment that has been donated (eg screen readers, text to audio equipment and CCTV magnifiers). We take in donations of pressed stock which can be safety checked and cleaned prior to re-use, reissue or given for a donation.

IT Cafe

HVL offers an IT Drop-In for users of pads/laptops and smartphones - either supporting the induction given by the supplier, or where bought remotely, demonstrating the accessibility features for the client. Following the COVID period, a number of clients moved into use of technology and needed to be inducted and trained rapidly - HVL operated the Tech Cafe as a regular event, but as demand has stabilised, the sessions are now demand-led and are usually based on referrals from the Rehab and Mobility Officer. This service has been reorientated to undertake domiciliary visits with the R&MO, as many sessions require internet connectivity in order to operate.

Clubs and Activities

- The transition of the HVL 'non-contract' provision from an organisation that does things 'to' people, to one that works 'with' people is now fully embedded in the culture of the organisation. We encourage the founding and development of 'self-organised' groups meeting the needs individuals and groups.
- Increased membership of the monthly, and bi-weekly groups - there has been an injection of new members, in the craft, reading and willow weaving groups, together with particularly strong take-up of the monthly social coffee mornings, held on the Third Thursday.
- **Membership Activities** : the members of HVL enjoy a number of events exclusively for them - the Christmas and annual Barbecues being the 'mainstays' of the calendar. Together with Race-days at Hereford, Skittles and Ten-Pin Bowling, Lunch events and speakers, equipment demonstrations and trips to Sight Village and Sight and Sound Shropshire, the calendar is quite full.
- The **Braille Learners Group** has operated on a 'demand only' basis for the last year, or so, although the students on placement from the Royal National College have all had brailling skills, with some enthusiastic users, and trainees using the system during their work experience. - despite Braille being perceived, as 'old technology'. We benefitted from the donation of two brailling machines from a former teacher of the Vision Impaired, which has allowed learners to take home a machine on loan to hone their skills. We have also assisted a potential technician for brailers to gain experience stripping down and rebuilding a brailling machine!
- The quarterly 'Hard of Hearing Group' and 'BSL' groups meets in HVL on Mondays, led by the Hereford A/D hub volunteers.

Sensory Contract

- Variety in the origin of referrals to the sensory service - this is a critical development in the Rehabilitation and Mobility Activities that we undertake - it seems that the service now feels very much more 'established' as health professionals and social care teams are now referring to HVL as a matter of routine. The main sources of referral are:

Victoria Eye Unit (NHS WVT)
 HC via ART Social Care Teams
 Occupational Health Team
 Action Deafness
 SpaMedica

BBR Optometry - bi-directional referrals NHS Low Vision Scheme)
 Social Prescribers (Medical Practice-based)
 H&WFS
 Look-UK
 Taurus Herefordshire GP Surgery

Referral Volumes (formal)

Year	2020	2021	2022	2023	2024	2025
CVI via WVT VEU	54	78	137	132	75	114
Professional Referrals	6	4	BBR 5 2 other	BBR 5 2 other	BBR 17 4 other	other 35

Pre-COVID, the referral levels were upwards of the 2022 and 2023 figures.

There is a significant variation across the referrals from WVT VEU between the date of consultation with an Eye Specialist and the processing and transmission of the CVI to HVL. This has an impact on the quality of the conversations we can have with patients, as the benefits of early intervention can be lost. The effect of late referrals to us can mean clients experience mental health issues, confidence problems and modify their behaviour and develop coping strategies, which may in themselves be risky.

Register of SI & SSI Persons

HVL also maintains the Register of Sight and Severely Sight Impaired Persons, and consequently has an opportunity to offer the services of our Rehab & Mobility Worker as well as other HVL services, and those of other agencies working in this area, including Herefordshire Talking News, Deaf Direct and the Low Vision Service. We have noted a reversal in the incidence of SSI clients over SI clients. The impact of COVID on the patient awaiting or undergoing treatment has been arrested. We predicted in the 2024/5 report that the SSI figure may fall back, and so it has proved. The positives for clients is that intervention at an earlier stage can result in a slower deterioration, or deterioration substantially halted. The new SpaMedica facility in South Wye means that capacity for routine & elective surgeries can be undertaken in volume. HVL met with the ECLO from the SpaMedica group who confirmed the referral protocols and the future trajectory of their involvement county-based services.

Over the last 6 years, the proportions have been:

2019-2020	2020-2021	2022*	2023*	2024*	2025
SI 49% SSI 51%	SI 37% SSI 63%	SI 39% SSI 61%	SI 41% SSI 59%	SI 31% SSI 69%	SI 46% SSI 54%

* Registration recorded in 'calendar' year rather than 'contract' year

Registerable referrals have remained high across the reporting period, and the slight reduction in SSI categorisation is balanced with an increase in referrals for 'Low Vision' clients who don't currently meet the clinical and legal test for categorisation as SI or SSI.

The variety of sources from which referrals come has also increased, with social prescribers, TAURUS Healthcare and SPAMedica starting to appear in our reporting statistics.

There is also much work undertaken by community optometrists to correct sight problems before involving the VEU at Hereford Hospital.

Waiting Times

HVL and Action Deafness report no waiting time for services across the disciplines. RNIB's new Freedom of Information report shows 20 per cent of local authorities (17 authorities) had people waiting over a year to receive just an initial assessment of the services they need; 85 per cent of local authorities did not complete vision rehabilitation assessments within the RNIB-recommended 28 days and 38 local authorities told us assessments are not always conducted by qualified Vision Rehabilitation Specialists.

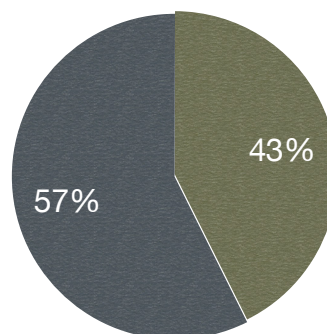
Herefordshire Sensory Service maintains a 'no-waiting' client base, all of whom are contacted within a couple of working days of receipt of the CVI. An initial phone assessment and domiciliary visit is carried out within a very short time, and common equipment is issued on first visit. Clients requiring follow-up or technological support are visited by both our tech specialist and Rehab Officer, ensuring that client has the best possible outcomes from our engagement. Bespoke equipment (long canes etc) are available on backorder and usually available to the client within a couple of days.

Age Related Macular Degeneration (AMD)

AMD across all variants accounts for nearly 60% of all referrals - this is partly due to the age profile of Herefordshire, and the incidence of AMD in the general population. As population gets older, incidence of AMD is likely to increase, requiring additional provision and resources in the future.

AMD / other conditions

	age-related macular de- generation Wet/Dry	Everything Else
Total	31	23



Joint Working

HVL works in partnership with Action Deafness on a formal basis, by referral from The Victoria Eye Hospital, BBR Optometry (Low Vision Scheme), via Community Health Services and Occupational Health. We have a small number of self-referrals and the remainder for Social Work Area Teams of Herefordshire Council.

We also participate in events with Herefordshire Disability United, The HC 'Making it Real' Board, Local Optical Committee, Herefordshire Healthwatch, Carers Partnership Board and HVOSS subject-specific forums in the sphere of Adult Social Care.

Look-UK

Look-UK rent an office at HVL to run administrative functions, and we are working with them to expand their operations in Herefordshire. We are keen to work on the transition from statutory education/placements into adult/tertiary education or work, including the complementary services that HVL can offer.

We benefit from having the Sensory Team based in one building, accessible through the Resource Centre - we share many clients, and it is appropriate that we are able to cross-refer internally, amongst staff who work very well together. We are able to effectively assist clients with appliances that are of benefit across both communities, particularly telephony and use of IT. We are looking to integrate our face-to-face offer via the Resource Centre, so the centre becomes the one-stop venue for all sensory issues, irrespective of age.

Aids and Appliances / Technology

We continue to support and monitor the client transition to Digital/Bluetooth hearing appliances and supporting technology - certain equipment makes sharing living space with a 'fully hearing' client more bearable - eg volume of television or audio equipment can be set very low with the use of Bluetooth feeds to hearing aids.

We have installed several blue-tooth appliances in contexts where one or other party can be frustrated by the limitations of old technology. We are also able to assist clients with the accessibility software available on SMART technology - especially televisions, if the bluetooth software is installed. If not, we provide the appliance and the software - often controlled by a mobile App.

NHS Low Vision Scheme

The Low Vision Scheme includes assessment of visually impaired service users, and supply of non-digital magnifiers and other non-digital visual aids to support activities of daily living. Access to low vision services is not dependent on certification of visual impairment as people are better able to use low vision aids if they are able to access them as soon as possible. HVL refers to the LVS if the client would benefit from non-Digital equipment that would be issued free under the NHS LVS. The service is provided through BBR

Optometry, Andrew Jelley (Bromyard and Tenbury), Hayward and Miller (Ledbury) and Scotts (Kington and Ross on Wye).

SOCIAL POLICY / CAMPAIGNING

Universal Credit

A number of VI service users have been assisted with the transition from ESA to UC - the process is straightforward, however, the payments cycle for UC is monthly, whilst that for ESA is fortnightly. One client who also lives with mild learning disability has found the transition to a new payments regime quite traumatic, especially as her rent-top up to her housing provider is made fortnightly. Council Tax is not rolled into Universal Credit, whilst Housing Benefit is, making it essential for clients to check on payments to ensure they don't fall into arrears. [under the 'old regime, Housing Benefit and Council Tax Benefit were claimed together] Client also receives PIP, which is an indefinite award. A Universal Credit online account was set up for the client.

Rail

Clients have varying experiences of travel assistance - the main issue is not usually at major transport interchanges or the initial point of departure, but at changes and alighting at unstaffed stations. One client alighted at a station with a footbridge and track crossing, but no lifts. Client needed to cross the line, but with no staff, and the train having already left, client had to wait until someone else came to the station to assist with luggage across the footbridge. On contacting the rail company was told that the guard or driver would have assisted in opening the track crossing gates. The other option suggested was for the client to travel to the next staffed station or one with lifts and double back to her intended destination! Client had never been informed that she was required to request this option. In other cases, the assistance had boarded the train and given the client every assistance getting to a connecting service.

Bus travel

HVL is undertaking feedback from clients who use buses on a regular basis - the main pick-up points in the city (Railway Station/Bus Station/ St Peter's/Maylord/Broad St etc) all have display boards, allegedly in 'real time' for clients. Alongside this, there are Q-code plates at stops across the county, that can be scanned and information downloaded. The issue is the consistent placing of boards and Q-code plates, and the audio presentation of information if NOT using the Q-Code on audio function. The Zipper bus has announcements for upcoming stops, but other providers don't, so VI clients can be at a disadvantage. Railway Stations have information points, which provide a connection to recorded information on expected services, plus an option to speak with a customer services adviser. These call points are also used to summon assistance/report an emergency.

Streetscene

The 'In My Way' report, which is the second in a series spotlighting blind and partially sighted people's experience of getting around, is based on a survey of nearly 1,200 UK wide respondents, along with focus groups. The report highlights that, while the street environment is crucial to blind and partially sighted people being able to make the journeys they want and need to, significant barriers to getting around mean that more than half (61 per cent) say that they are not able to make all of the journeys they want or need to. Just 9 per cent strongly agree that they feel safe making independent walking journeys in their neighbourhood.

The five biggest barriers to pedestrian journeys reported by blind and partially sighted people were:

- cars or other vehicles parked on pavement: 82 per cent (this will be addressed through legislation)
- cracked, uneven or otherwise poor quality pavement: 71 per cent
- temporary or movable obstacles like bin bags or a-boards: 56 per cent (licensing is required, but usually given)
- shared space with cyclists or e-scooter riders: 52 per cent (this is particularly an issue in St Owen Street and High Town)
- lack of accessible pedestrian crossings: 44 per cent.

Persistently encountering these barriers can be exhausting, causing anxiety and making every day journeys even more challenging. In some cases these are also causing injuries that can be serious - 11 per cent of those who told RNIB they'd been injured by a street obstacle in the previous three months said they had injuries serious enough to need hospital treatment, including for broken bones and broken teeth.

We have local evidence of premises encroachment onto pavements causing difficulties, and poor, unmaintained pavements making mobility with a long cane particularly challenging. We have evidence of appalling pavement conditions in South Wye, Herefords - so bad in one area that the client moved house due to uneven surfaces and standing water in bad weather making travel unpleasant and dangerous.

Certification as SI or SSI

The BBC R4 programme 'In Touch' ran an item relating to the Certification process for clients with a vision impairment - describing the different procedures in various nations of the UK. In Wales and Scotland, the CVI can be issued by ophthalmologists working in community settings - eg High Street providers like Vision Express and Specsavers. In England, the certificate can only be completed by a consultant at the Eye Hospital. This means that clients are often waiting months to receive confirmation of diagnosis and a prognosis that is limited and limiting, and often with no clinical intervention possible/available from the NHS. Many eye conditions can be safely certified by community practitioners and doesn't negatively affect the resources requirement, but positively impacts the waiting lists for clients for whom a clinical intervention might be contemplated. HVL will be campaigning for this modest change in process to improve outcomes, reduce waiting times and allow clients to secure support and advice from agencies like ours. It will also improve the information and advice given to clients immediately following an appointment in the community, as often there is a significant interval between community and hospital appointment, which can leave client without advice and equipment that can be to their positive advantage.

Hearing Impaired Clients

The change from analogue to digital hearing aids via the NHS in Herefordshire has now benefitted new referrals to the service. All clients are now using Signia or Oticon technologies, which include the peripheral technologies such as warning and alert sirens, as well as communication technologies for the mobile phone and television. Bluetooth tech has revolutionised the accessibility across a number of platforms, and the 'failure' rate for technology is very low. The main cause of client return to the service is need for replacement batteries - most of which can be installed by the client or carer, with guidance.

HI Case Study

The service was approached by a client who currently uses an 'old' format alarm, which she cannot hear any more - we demonstrated a new appliance, and client actually requested a reduced volume, such was the improvement in audibility. The client has family living nearby, but had become concerned when she wasn't answering her door - the fixed doorbell meant that it was inaudible when she was in the garden. We suggested testing the range of the receiver from the front door, so she could take the receiver outside when gardening. We supplied a Chimeflash device, energised the bell push, which can be placed using adhesive pads, and suggested her son install the batteries when she returns home.

Action Deafness

Sally Joyner is looking to widen the client profile of Action Deafness, which, as an organisation is heavily focussed on BSL users. Those people are profoundly deaf, and have often lived with severe deafness from birth. Those with acquired hearing loss are not necessarily able to take up BSL quickly and need other strategies and appliances to improve communication etc. We have supported Sally in this endeavour - HVL is a 'trading style' which embraces a constituency greater than simply the 'blind'. Sensory loss is for most people, a journey, and strategies and services need to engage at the earliest possible stage to enable a seamless transition through the phases of loss.

Feedback and Client Opinions

Clients who are dealt with through the Sensory Team are contacted around one month following completion of the care plan actions to secure feedback on the inputs made by HVL. The questionnaire is standard across all service users and covers hard and soft outcomes.

Mr W is registered as SSI. He spoke so highly of Tom and the service he provided. Very impressed! Tom also gave a follow up call to make sure Mr W was completely happy. Mr W knows where we are if he needs us again in the future.

Mr H is registered as SI.

He feels very well supported and has had excellent advice and help from Tom.

I spoke to Mrs H as Mr H is VERY hard of hearing. He is registered as SSI.

Mrs H feels that her husband is very happy and content really and she has been very happy with Tom's intervention. Feels that BBR cannot help too much at this stage with magnifiers but grateful for the information anyway.

Mrs R is registered as SSI.

Has help at home and 10 children of which most live fairly locally.

She really enjoyed Tom's visit and is happy to get in touch with us again if she needs any further information/visits.

At first, Mr B declined a visit but Tom phoned him back and assured him it would be a good idea for a chat. Mr B really appreciated this and found the visit so helpful and spoke highly of Tom and how professional and friendly he is. Extremely happy with the visit.

Mrs F is SI and has had wet AMD. No injections anymore as there is nothing more the hospital can do to help.

She has a lot of other medical conditions and does not go out and about anymore.

I will follow up with Tom to see if he/we can take her some coloured over-shield glasses to try as the glare is too much for her.

Very nice lady who spoke highly of Tom's visit.

Mrs C enjoyed Tom's visit - she said 'he was very knowledgeable and professional'.

She is not registered at the moment but this was a referral through BBR. Waiting for paperwork to come through. Mrs C is interested in attending our coffee mornings so has given permission for me to phone her monthly to remind her of when and where.

Volunteers

HVL enjoys the support of a large body of volunteers, who support clients in domiciliary contexts as well as at events and activities, including the craft group, reading group, braille learners group, willow weaving group, crochet group, coffee club, external visits, race meetings, skittles evenings and centre-based membership events. Volunteers provide clients with continuity of attention, particularly in rural areas, and self-organised social groups meet in Ledbury and Ross of Wye, supported by the central team at HVL.

Trustees

The Trustee Board has totally revised the whole suite of Organisational Policies, spearheaded by Glynn Bailey, who has significant experience in this area. The result is a coherent and readable policy structure that reflects best practise across the various strands of organisational activity.

We continue a programme of remedial work to the building, with refurbishment of one room on Floor 2 completed, lavatory refurbishment on floor 2 and associated improvements in energy efficient lighting, which should improve the environment in some areas and give assurance as to the safety and security of the premises.

Glynn Bailey
Chair of Trustees

John Eden
Chief Executive

January 2026