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4 June 2014

Hon. Tony Ryall
Minister of Health
Parliament Buildings
Wellington 6160

Dear Mr Ryall

MORE QUESTIONABLE CONDUCT, AND A POSSIBLE SOLUTION

Just when we thought we'd delivered all the bad news, there's more.

Despite our misgivings about the Ministry of Health's ill-conceived "stocktake and needs analysis of low vision services" VICTA was prepared to cooperate with the review process in the hope that something good might come of it.

It therefore gives us no pleasure to report that the process is a fiasco. The ignorance of basic research methods displayed by Litmus (the organisation contracted to conduct the review) beggars belief. With regard to the first objective of the review "determine the prevalence of people with low vision in New Zealand" Litmus asks stakeholders: "What is your opinion of the prevalence of people with low vision in New Zealand?" As any competent health researcher will tell you, the prevalence of a condition can only be determined by high quality epidemiological research. If the research has been done the results will be published. If it hasn't been done the answer is: we don't know. Anyone who thinks that the prevalence of a condition is a matter of opinion does not deserve to be taken seriously. Worse still, the prevalence question is not an isolated example. On every point for which the Ministry of Health asks Litmus to provide information and analysis, Litmus appears to believe that an opinion poll will give a satisfactory answer.

To avoid being tainted by association with this deeply flawed process, VICTA intends to publicly condemn the review. We are advising you of our plans as a courtesy. How you address the misconduct we have brought to your attention is of course entirely up to you.

VICTA's concern remains focussed on the long-overdue need for comprehensive, accessible low-vision rehabilitation services in New Zealand. In the hope that this issue can be progressed without further delay, we offer the following suggestion:

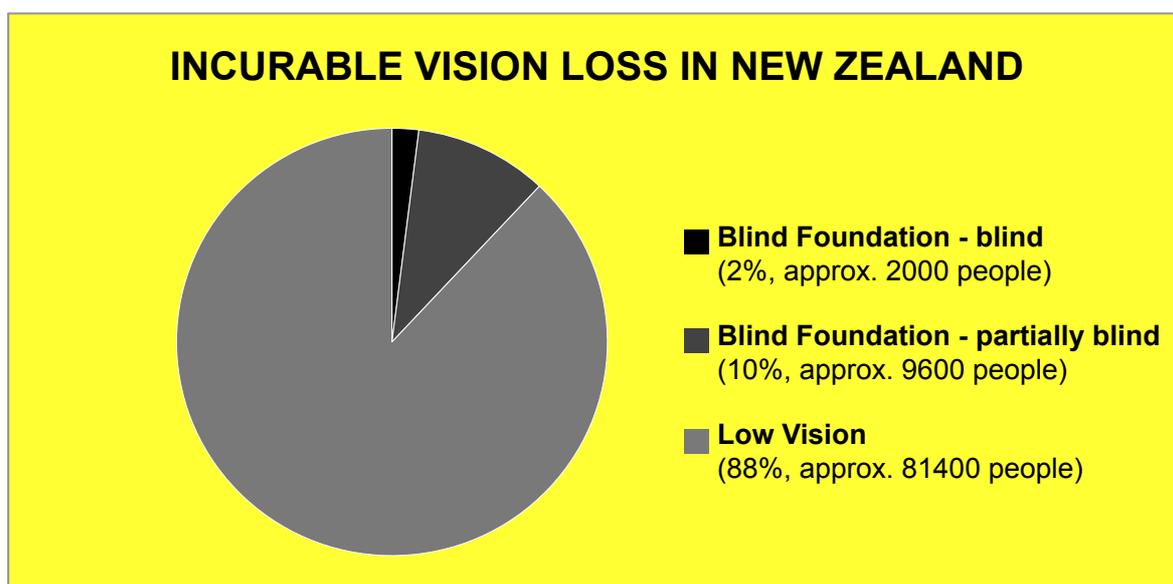
In the UK in 1998 a government advisory body, the Low Vision Services Consensus Group (comprising representatives of a range of professional providers and consumers of low vision services) was established. The group's 1999 report, *Low Vision Services: Recommendation for future service delivery*, provided a blueprint for low vision service development in the UK. In 2003 a comparable consultative group was established to advise the Canadian government. The group's 2004 report, *The Impact of Health Policy Gaps on Low Vision Services in Canada*, is the blueprint for service delivery in that country.

A comparable NZ model is the 21st Century Learning Reference Group established by Associate Minister of Education Hon. Nikki Kaye in June 2013 following a select committee inquiry. The 14 members of the reference group came from a diverse range of community and business backgrounds. Their brief was to "work on a strategy for learning that enables

schools to make the best use of modern technologies". Their report *Future Focussed Learning in Connected Communities* was released on 30 May 2014.

VICTA urges you, as Minister of Health, to appoint a comparable collaborative group of New Zealand professionals and consumers with experience and understanding of low vision to develop a low vision service strategy for New Zealand. Here, as elsewhere, the key professionals with expertise in the provision of low vision services are optometrists, ophthalmologists, occupational therapists and other allied professionals. The key New Zealand consumer groups who provide support and information to New Zealanders who are losing their sight are VICTA, Retina NZ and Albinism Trust NZ. The Blind Foundation is not on this list because the Foundation's constitution, having been created "by the blind for the blind", excludes people with low vision from Foundation membership, and from the Foundation's charitable services. VICTA is working to ensure that people with low vision who do not qualify for Foundation membership receive the help and support they need.

In conclusion, we are including a pie chart to illustrate the magnitude of the low vision crisis facing our health services. The data is from the 2006 post-census disability survey. The data from the 2013 post-census disability survey will be available later this month.



We trust you will give this matter your serious attention.

Yours sincerely



Trustee, VICTA

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cc. Dr Paul Hutchison, Chair, Health Committee