A fundamental right to sight

A contribution to the national service frameworks for older people and long-term conditions, and independence, well-being and choice.

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Association of British Dispensing Opticians

ASSOCIATION OF OPTOMETRISTS

THE COLLEGE OF OPTOMETRISTS

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Introduction

This paper has been prepared in an attempt to ensure that all those who are entitled to receive domiciliary eye care are aware of its availability and have access to it. It is intended for all those with an interest in eye health including Primary Care Trusts, commissioning groups and consortia, Local Optical Committees, Health Departments and other stakeholders involved in the planning and provision of primary ophthalmic services.

Executive summary

- **4 million people over the age of 60 do not have regular sight tests in spite of their entitlement to free eye examinations.**
- **1.7 million people over the age of 65 are living with significant sight loss**
- **1.4 million people over the age of 65 are housebound (in their own home or residential care home)**
- **Early detection of glaucoma, age-related macular degeneration and diabetic retinopathy is crucial to avoid or minimise sight loss**
- **85% of blind and partially sighted people are over 65 years old.**
- **270,000 people over the age of 75 experience unnecessary sight loss due to wearing either outdated spectacles or no spectacles at all.**
- **89,500 falls requiring hospital treatment occur each year as a result of visual impairment, costing the NHS £269 million.**
- **14,000 people die each year in the UK as a result of osteoporotic hip fracture.**
- **Studies have shown that falls can be reduced by as much as 14% when visual impairment is considered as part of a falls reduction plan.**

Those who qualify for an NHS sight test but are unable to leave home unaccompanied are entitled to a free sight test and eye examination in their own home.

This patient group are usually older citizens and / or people with disabilities, and so are the very people who have the highest risk of visual impairment and blindness through predisposition to eye disease and the wearing of outdated prescriptions.

Through the optometrist's and dispensing optician's use of portable versions of optical equipment, patients unable to leave home can expect a high quality eye examination, sight test, and dispensing service appropriate to their circumstances and needs and a comprehensive low vision service if indicated.

The optical bodies have developed a Code of Practice for domiciliary services with advice from the Department of Health. As part of the Code, domiciliary providers are committed to the highest standards of clinical and ethical practice.

The optical bodies aim to ensure that all vulnerable groups receive the eye care they require and that domiciliary eye care services remain an essential part of primary ophthalmic services for those who need them.

During recent changes the Department of Health created regulations which increased the administrative and bureaucratic burden on practitioners resulting in fewer practices providing a domiciliary service and in barriers for patients in accessing the service. These barriers are not experienced by patients who can attend traditional high street practices.

Our aim is to improve access to eye care for vulnerable patients. We recommend that the Department of Health and NHS continue to work closely with providers to raise standards and develop a more responsive regulatory framework for these essential services.

NHS General Ophthalmic Services

General Ophthalmic Services (GOS) are a well established, integral part of the NHS. Optometrists, Ophthalmic Medical Practitioners (OMPs) and Dispensing Opticians provide an excellent example of a high quality service delivered with a high level of professionalism, utilising the most up to date equipment and offering excellent ease of access and patient choice.

Under the NHS, eligible patients who cannot leave home unaccompanied are entitled to a free sight test in their home. This domiciliary service can be provided both by high street optometrists (or OMPs) and specialist mobile service providers.

Domiciliary services are an essential part of primary ophthalmic services and a life-line for many, yet countless eligible people are unaware that the service exists. There is a need for improved awareness of its existence.

Policy Position

All housebound and disabled patients should have the same level of access to eye care services as able bodied patients.

This is a fundamental, underpinning principle of the NHS.

The service should be provided in exactly the same way as high street GOS, i.e. patient choice should prevail. Providers who meet specified standards should be able to extend choice, drive up quality and encourage innovation in developing a patient-centred service – particularly for hard-to-reach groups who may have difficulty in accessing high street eye care services.

Domiciliary eye care – an essential service

Domiciliary eye care is an essential part of the nationally negotiated GOS service.

A sight test is essential for

- optimising vision and quality of life
- preserving sight for as long as possible
- reducing the incidence of accidents such as falls
- maintaining independence.

For some people a domiciliary sight test is the only option.

Who can benefit from this service?

Anyone who cannot attend a high street practice without help, including

- people with a physical disability
- people with a mental disability.

Many of these people are older citizens and have a higher predisposition to eye disease. Wearing outdated spectacles puts them at higher risk of visual impairment and falls.

Under-provision of service

- In Great Britain in 2006, approximately 1.4 million people were confined to their own homes (including sheltered housing or extra care units) or in residential care and were unable to leave home unaccompanied.[27, 29]
- Only 349,172 domiciliary NHS sight tests were carried out in Great Britain in the year to 31 March 2006.[25]
- An estimated 2 million people are living with sight loss in the UK (including 1.7 million over the age of 65), and without decisive action this number is set to double over the next 25 years.[2]
- Demand for the domiciliary eye care service is likely to grow as the ageing population increases and more people are cared for at home or in residential care.

Visual impairment and blindness in the elderly population

- There are 378,000 people in the UK who are registered as blind or partially sighted. The RNIB estimates that a further 20% (74,000) should also be registered but are not.
- 85% of blind and partially sighted people are aged over 65.
- Regular sight tests are essential for the early detection of eye problems.
- Approximately 4 million older people do not have regular sight tests in spite of the provision of free eye examinations to those aged over 60.[28]
- In 2005 an RNIB commissioned survey found that one in five people over 60 had not had their sight tested within the last two years.[2]
- Spectacles are the most effective means of improving vision among older citizens:
  - 270,000 people over the age of 75 experience unnecessary sight loss due to wearing either outdated spectacles or no spectacles at all (refractive error).[2]
  - 17% of visual impairment in the over 65s and 30% in those over 75 is solely related to uncorrected refractive error.[3,7]
- 26% of cases of sight loss in people aged over 75 are estimated to be due to untreated cataracts which can be successfully treated in over 90% of cases.[8]
- There are 1.8 million people registered as diabetic in England. In the year to 31 March 2005, 61% of this diabetic population had an eye examination.[9]
- Regular examinations can detect diabetic eye disease and assist in the initial diagnosis of diabetes.
- Early detection of diabetic retinopathy, glaucoma and age-related macular degeneration is crucial to avoid or minimise sight loss.

Falls and visual impairment

There is a high association between older citizens' falls and visual impairment.

- In 1999, 189,000 falls requiring hospital treatment occurred in individuals with visual impairment of which 89,500 were attributed to the visual impairment itself, at an estimated cost to the NHS of £269 million.[10]
- 14,000 people die annually in the UK as a result of osteoporotic hip fracture.[11]
- The National Service Framework for older people has established a specific standard with the aim of reducing the number of falls in the older citizen.[11]
- Some studies suggest that falls can be reduced by as much as 14% by treating visual impairment as part of a falls reduction plan.[16]

What does the domiciliary service provide?

The Optometrist

Using portable versions of standard optical equipment, patients can expect a high quality eye examination and sight test, appropriate to their circumstances and needs.

Domiciliary services have advantages for some people, for example

- portable equipment can be more suitable for some patients with mobility or postural problems than fixed equipment.
- optometrists have expertise in communicating with patients with dementia, and understanding their needs.
- a better response is obtained from some older people and those with learning difficulties when a sight test is provided in their own environment, in comparison to their response in a strange environment, such as a high street consulting room.

In partnership with other professionals a domiciliary practitioner may also offer patients advice about

- appropriate lighting in their home
- use of contrast
- reducing risk factors in the home environment.

The Dispensing Optician

Dispensing opticians can gather vital information during a domiciliary visit regarding the actual conditions in which spectacles or low vision aid(s) will be used. The dispensing optician can perform the same dispensing service, after the eye examination, as is carried out in a high street practice. Advice can be provided on the type of lenses which would be appropriate, such as bifocals, enhanced reading lenses or progressive power lenses, as well as guidance on spectacle frame selection.

The dispensing optician can ensure that new spectacles are correctly fitted and check that the patient's vision is as prescribed by the optometrist. As part of the aftercare service, the dispensing optician will visit on request, to provide frame adjustments and advice concerning any problems encountered with the spectacles.

Dispensing opticians can also provide a comprehensive low vision service in practice or at the patient's home, following an eye examination. During a domiciliary visit, the dispensing optician can address and provide help with the everyday or particular tasks with which low vision patients have problems. This service can only be provided by practitioners registered with the General Optical Council, and is invaluable to those who are unable to visit hospital eye clinics.

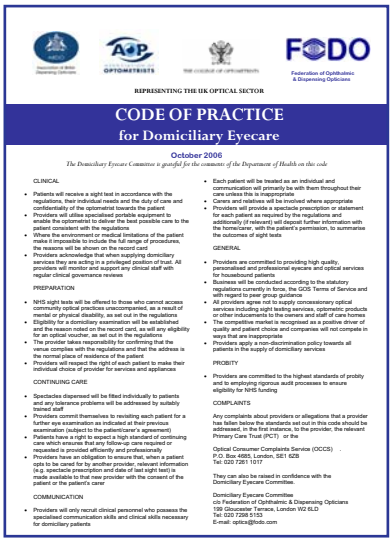
Clinical and ethical practice

The domiciliary optical profession is committed to the highest standards of clinical and ethical practice. Practitioners are regulated by the General Optical Council or General Medical Council and subject to the same terms of service as high street practitioners.

The General Optical Council has published Codes of Conduct both for individual practitioners and optical businesses and the College of Optometrists and Association of British Dispensing Opticians provide guidelines for practitioners on clinical and professional practice.

Code of Practice

In addition, the optical professions have developed a Code of Practice for domiciliary services with advice from the Department of Health. This is regularly updated.



REPRESENTING THE UK OPTICAL SECTOR

CODE OF PRACTICE
for Domiciliary Eyecare

October 2006

The Domiciliary Eyecare Committee is grateful for the comments of the Department of Health on this code

CLINICAL

- Patients will receive a sight test in accordance with the regulations, their individual needs and the duty of care and confidentiality of the optometrist towards the patient
- Providers will utilise specialised portable equipment to enable the optometrist to deliver the best possible care to the patient consistent with the regulations
- Where the environment or medical limitations of the patient make it impossible to include the full range of procedures, the reasons will be shown on the record card
- Providers acknowledge that when supplying domiciliary services they are acting in a privileged position of trust. All providers will monitor and support any clinical staff with regular clinical governance reviews

PREPARATION

- NHS sight tests will be offered to those who cannot access community optical practices unaccompanied, as a result of mental or physical disability, as set out in the regulations
- Eligibility for a domiciliary examination will be established and the reason noted on the record card, as will any eligibility for an optical voucher, as set out in the regulations
- The provider takes responsibility for confirming that the venue complies with the regulations and that the address is the normal place of residence of the patient
- Providers will respect the right of each patient to make their individual choice of provider for services and appliances

CONTINUING CARE

- Spectacles dispensed will be fitted individually to patients and any tolerance problems will be addressed by suitably trained staff
- Providers commit themselves to revisiting each patient for a further eye examination as indicated at their previous examination (subject to the patient/carer's agreement)
- Patients have a right to expect a high standard of continuing care which ensures that any follow-up care required or requested is provided efficiently and professionally
- Providers have an obligation to ensure that, when a patient opts to be cared for by another provider, relevant information (e.g. spectacle prescription and date of last eight test) is made available to that new provider with the consent of the patient or the patient's carer

COMMUNICATION

- Providers will only recruit clinical personnel who possess the specialised communication skills and clinical skills necessary for domiciliary patients
- Each patient will be treated as an individual and communication will primarily be with them throughout their care unless this is inappropriate
- Carers and relatives will be involved where appropriate
- Providers will provide a spectacle prescription or statement for each patient as required by the regulations and additionally (if relevant) will deposit further information with the home/carer, with the patient's permission, to summarise the outcomes of sight tests

GENERAL

- Providers are committed to providing high quality, personalised and professional eyecare and optical services for housebound patients
- Business will be conducted according to the statutory regulations currently in force, the GOS Terms of Service and with regard to peer group guidance
- All providers agree not to supply concessionary optical services including sight testing services, optometric products or other inducements to the owners and staff of care homes
- The competitive market is recognised as a positive driver of quality and patient choice and companies will not compete in ways that are inappropriate
- Providers apply a non-discrimination policy towards all patients in the supply of domiciliary services

PROBITY

- Providers are committed to the highest standards of probity and to employing rigorous audit processes to ensure eligibility for NHS funding

COMPLAINTS

Any complaints about providers or allegations that a provider has fallen below the standards set out in this code should be addressed, in the first instance, to the provider, the relevant Primary Care Trust (PCT) or the

Optical Consumer Complaints Service (OCCS)
P.O. Box 4685, London, SE1 6ZB
Tel: 020 7261 1017

They can also be raised in confidence with the Domiciliary Eyecare Committee.

Domiciliary Eyecare Committee
c/o Federation of Ophthalmic & Dispensing Opticians
199 Gloucester Terrace, London W2 6LD
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High standards

Optometry is a competitive service and standards across the whole profession continue to rise, including within the domiciliary speciality. Indeed, over the last five years significant benefits to patients have been created by the enhancement of this vital service through

- the development of a Code of Practice
- high standards of clinical care
- high standards of specialist mobile equipment
- widespread labelling of spectacles to help identification and reduce losses for people with learning difficulties or dementia
- care staff training to improve awareness of eye care issues and the importance of wearing the correct spectacles.

Regulations

Not withstanding these improvements, the recent regulations have increased the administrative and bureaucratic burden for practitioners, resulting in fewer practices providing a domiciliary service and barriers to patient access to the service. The regulations were imposed in a rigid way rather than being developed in partnership with the professional bodies, the practitioners who deliver this service, and the patients themselves.

Practitioners are now required to notify the local Primary Care Trust before responding to a patient's request for an eye examination. Three weeks notice must be given to see three or more people at a venue and forty eight hours to see one or two people.

Such delays are not normally experienced by patients who can access traditional high street practices and could represent discrimination against the disabled citizen.

Discrimination

Government and PCTs must take great care when changing policy that they do not inadvertently reduce access to vital primary eye care services. Any change in policy with regard to domiciliary services, or a further increase in regulations and bureaucracy which forces practitioners out of the market, could have the following effects:

- a reduction in the number of patients seen and an associated risk of missed degenerative eye diseases and visual impairment.
- increased risk of falls in the home.
- further hidden costs of treatment / rehabilitation and loss of independence of the older citizen.
- increased risk of falls outside the home by forcing unnecessary journeys on high risk patients who cannot leave their home unattended.
- vulnerability to legal action under the Disability Discrimination Act 1995 (the Act makes it unlawful for a provider of services to discriminate against a disabled person).

Our aims

- To ensure that vulnerable citizens receive the eye care they need.
- NHS domiciliary sight tests to remain an essential part of primary ophthalmic services for those who need it.
- Improved access to eye care for the housebound.

To work closely with domiciliary service providers, the Department of Health and NHS to raise standards and develop a more responsive regulatory framework for these essential services.

APPENDIX ONE

Older people living in their own homes

- 96% of the population aged 65 or over live in their own homes.[20]
- RNIB research suggests that there is considerable under-provision of domiciliary examinations for people living in their own homes who are unable to leave home unaccompanied.

There is evidence of health inequalities, as many of these people belong to low socio-economic groups.[12]

Portable equipment can be more suitable for the examination of immobile people who may not be able to undergo examinations utilising traditional practice based equipment (e.g. slit lamp tables / headrest tonometers / large field screeners, etc.) All optometrists have a duty of care to provide the most comprehensive eye examination possible in all cases.

APPENDIX TWO

People living in care homes

There are approximately 375,000 residents living in registered care homes in England. This represents approximately one in every ten people over 75[20].

Age of Care Home residents[20]:

Age group	%
65-79	24%
>80	75%

We must consider this group of patients as a special case. There is a high prevalence of dementia and mental illness with associated aggression, confusion and communication challenges.

The Alzheimer's society estimate that there are 750,000 people with dementia in the UK and this number is expected to rise to over 1.8 million by 2005.[26]

Approximately one third of these patients are living in care homes.

These residents have high levels of dependency as a result of their poor general health and rely heavily on nursing and care staff for their medical and personal care.

The history prior to admission to a care home is often one of poor compliance with medical and personal care, and for many years leading up to their admission the patient may have neglected to visit their optometrist.

Three quarters of all residents in care homes are severely disabled.[20]

In care homes the most commonly reported types of serious disability were:

- senile dementia
- locomotor disorder
- personal care disability
- communication disability
- hearing disability

Increased incidence of falls and accidents

People in care homes are at an increased risk of falls and may be at risk of having their eye problems overlooked.[12, 23] This should be reflected in local arrangements for screening and assessment of visual impairment.

Annual major accident rates are higher for care home residents than for any other group of older people, estimated at 29%.[24]

60% of care home residents will fall at least once per year, half of whom fall repeatedly.[24]

The College of Optometrists recommend that all older people undergoing a falls assessment should be screened for visual impairment and have regular sight tests by an optometrist.[18]

The care home resident as a special case

It is clear that demands and needs of older people living in care homes may be very different from those of other older people.

Older people living in a care home may require full time personal and nursing care, managed by a multidisciplinary team of nursing staff, trained carers, district nurses, GPs, pharmacists and optometrists.

Excellent communication is required across this multidisciplinary team to ensure that these care needs are met. This holistic approach to care planning ensures that no part of the treatment is taken is isolation.

In some cases a care home resident may have lost their independence and ability to care for themselves. In such cases the care home manager may become the gatekeeper of the resident's care and manage a care plan to ensure that their individual needs are met.

The emphasis for care is quality of life and dignity:

- every resident will have their social and recreational needs met. Vision plays a vital part in their maximum enjoyment and participation in the range of activities available to them.
- safety is paramount and wearing the correct spectacles will improve a resident's ability to safely navigate their surroundings.
- nutrition is a major area for concern for this client group and maintaining good vision helps motivate residents to eat independently.

The Optometrist's role

In many cases, residents of care homes are more successfully examined in their home environment.

The domiciliary eye examination involves dealing with certain client groups who may feel more comfortable being seen at home. The College of Optometrists' guidelines on examining vulnerable adults explains that:

"The consulting room may appear to be an intimidating environment for a vulnerable adult, especially if they are not familiar with that room or practitioner."

When dealing with challenging behaviour the more experienced practitioner will have the patience and skills to deal with the situation, often without the strict time frames operating within a practice based appointment schedule. Often when examining unco-operative patients in a care home, an optometrist will have several attempts at various components of the examination throughout the visit, building rapport and trust with the patient.

The College of Optometrists also issues guidelines on a practitioner's responsibility to communicate with the patient and / or carer during the routine examination in order to establish the history and symptoms of the patient. This should include a history of their general and ophthalmic medical history, prescribed medications, ocular signs and symptoms and lifestyle requirements.

Unfortunately, many care home residents are unable to communicate this information to the optometrist, and if they are taken to a practice are frequently accompanied by a junior carer who may not have the detailed knowledge required by the optometrist.

By visiting the care home and communicating with the care home manager or senior nurse, the optometrist becomes part of the multidisciplinary team responsible for implementing the care plan for each individual patient.

This is equally relevant when the optometrist has to report the outcomes of the examination and discuss his recommendations and advice with the nursing staff.

The College of Optometrists guidelines on patient - practitioner communication, recommend that:

"When examining older people, carers should be involved where it is in the best interests of the patient."

The carer must be someone with a detailed knowledge of the medical and lifestyle needs of the patient and not a junior care assistant.

The domiciliary visit to a care home allows the optometrist to

- communicate to care staff the importance of wearing the correct spectacles
- establish, together with care staff, the best course of action for each patient. e.g. why spectacles or referral might not be appropriate for an individual
- issue advice on ophthalmic medical issues to nursing staff
- advise on fall prevention measures.

Just as in high street practices, any decision to refer into acute ophthalmology services must be taken in consultation with other care professionals and must take into account the benefit the patient will gain from this course of action. Without this important consultation many patients could be inappropriately referred.

This specialist domiciliary service has had the impact of improving uptake of eye care services by residents, increasing their ability to be involved in activities as well as improving safety within the home.

Practice based eye care services are available for anyone who makes the choice to access them. However, it is also clear that if a domiciliary eye care service did not exist, then many older patients would not be examined.

NHS dentistry has a very poor domiciliary service and as a result most care home residents are not seen for regular check ups. There is currently concern over malnutrition and oral cancers as a result of this shortfall in services. It would be a tragedy if the same situation were to arise in the provision of General Ophthalmic services for these vulnerable patients.

APPENDIX THREE

Other vulnerable groups

Other groups of patients requiring a domiciliary sight test include the younger physically disabled, young people with multiple sclerosis, patients with brain injuries and post accident rehabilitation patients.

This younger patient group are often physically disabled and have a reasonable life expectancy. This must be taken into account when considering the issues around improving their access to ophthalmic services. It is imperative that these patients are seen by an optometrist regularly to

- prescribe appropriate spectacles to improve quality of life and safety
- detect and refer treatable eye disease to preserve and improve vision.

These measures are vital to maintain independent living and prevent the high cost of institutional care and treatment as a result of hip fractures and blindness.

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