GAIN

GUIDELINES AND AUDIT
IMPLEMENTATION NETWORK

BEST PRACTICE GUIDANCE FOR THE PROVISION OF DOMICILIARY EYECARE IN NURSING/RESIDENTIAL HOMES AND DAY CARE FACILITIES

October 2010

FOREWORD

Provision of Domiciliary Eyecare in Nursing/ Residential Homes and Day Care Facilities

This guidance has been published by the Guidelines & Audit Implementation Network (GAIN), which is a team of health care professionals established under the auspices of the Department of Health, Social Services and Public Safety in 2008. The aim of GAIN is to promote quality in the Health Service in Northern Ireland, through audit and guidelines, while ensuring the highest possible standard of clinical practice is maintained.

This best practice guidance was produced by a sub-group of health care professionals from varied backgrounds and was chaired by Mrs Margaret McMullan, Optometric Adviser for the Health & Social Care Board (Belfast).

GAIN wishes to thank all those who contributed in any way to the development of this guidance.

Dr T Trinick
Chairman of GAIN

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Appendices

THE QUALITY STANDARDS FOR HEALTH AND SOCIAL CARE

In March 2006 the Department of Health, Social Services and Public Safety introduced 'The Quality Standards for Health and Social Care'. These standards have five core components:

- ✔ **Accessible, flexible and responsive services**
- ✔ **Safe and effective care**
- ✔ **Effective communication and information**
- ✔ **Promoting, protecting and improving health and social well-being**
- ✔ **Corporate leadership and accountability**

In an attempt to ensure that optometry plays its full role in adhering to these quality health and social care components the following guidance was produced for care home staff, optometric staff, residents and their representatives. In this document the term 'Resident' is used to describe a person resident in a residential home, a patient in a nursing home or a person attending a day care facility. Appendices 7 and 10 detail specific guidance in relation to day care facilities, taking account of the fact that in this setting the person, or their representative, will be in control of any eyecare provision rather than a member of staff of the facility which the person attends. In this document, the term 'domiciliary eyecare' means eyecare provision at a person's named residence and equality obligations under Section 75 of the Northern Ireland Act 1998 have been considered. The literature review undertaken in conjunction with these guidelines is available at the website (**http://www.gain-ni.org**).

Introduction

Quality of life is of vital importance to residents of nursing/residential homes. In order to maximise quality of life, individuals need to be encouraged to make the best use or their eyesight. As people grow older their sight changes. Almost everyone over the age of 65 years needs to wear glasses. Regular eye examinations and suitable spectacles will increase the chances of their eye sight remaining good. Unfortunately, some people's sight will continue to get worse so that even with glasses, they have difficulty seeing. However, appropriate help and advice on making the best use of their remaining sight should ensure that deteriorating vision does not significantly impair their quality of life.

Proper eyecare, through regular examinations and the provision of spectacles and other optical aids, is one of the services that could be arranged for residents and this information aims to help.

Satisfactory arrangements for domiciliary visits for optometric care may be in place but, if not, this guidance may assist in checking that any service offered by an optometric practitioner is the best possible for residents.

What to Expect from a Domiciliary Visit

A domiciliary visit should only be for the residents of a nursing / residential home or day care facility where it is not possible for the resident to access community optometric services, for example, because of physical or mental disability. Domiciliary eye examinations may also be provided to persons in their own home. This 'Best Practice Guidance', although not directly applicable to eyecare delivery in a person's private residence, does provide a reference for eyecare professionals in the delivery of their services. Domiciliary visits should not be used as a matter of convenience for residents who could get to an optometric

practice. For some residents, it may be possible to be examined in the community practice setting where the resident's optical care may have previously been provided. The quality of eyecare delivered in both settings, community and domiciliary, should be the same. The nursing/residential home and care facility staff should discuss with the resident and their representative what option is best for them in relation to eyecare provision. The provision of transport for the elderly and those with disabilities has been addressed in a variety of ways by both the statutory and voluntary sector, for example, subsidised bus passes, taxi schemes, bus services dedicated to people with mobility problems and car sharing arrangements. These services should be utilised by the nursing/residential homes or the Optometrist where appropriate. The possibilities for enabling the resident to attend the community practice, if appropriate, should be suggested before a domiciliary visit is arranged. The requirements of the Disability Discrimination Act 1995 must be borne in mind and Optometrists should accommodate the special needs of residents, notwithstanding difficulties in communication caused through physical, sensory or mental disabilities.

National Health Service (NHS) Eye Examinations and Spectacle Charges (including domiciliary eyecare)

Residents who are eligible for General Ophthalmic Service (GOS) sight tests (that is, paid for by the NHS) are also eligible to have a domiciliary visit free of charge. If they have to pay a private fee for their eye examination, the domiciliary fee must also be paid.

Eligibility for a GOS eye examination is detailed below. See Appendix 4.

Categories are:

- Persons aged 60 years and over
- Persons under 16 years or under 19 years and in full-time education*

- Persons diagnosed with Diabetes, Glaucoma or known to be at risk of Glaucoma
- Persons aged over 40+ years the parent, sister, brother or child of a glaucoma sufferer
- Persons registered blind or partially sighted
- Persons who need complex lenses*
- Persons or their partners receiving Income Support, Income Based Job Seekers Allowance (JSA) and Income related Employment Support Allowance (ESA), Pension Credit (Guarantee), Social Security Agency HC2 (full help certificate) or HC3 (partial help certificate)*
- Persons holding an NHS Tax Credit Exemption Certificate
- Hospital In-patients**

*NHS vouchers towards the cost of spectacles can be claimed by those residents who fall into the above exemption categories.
** For further details, please contact Business Services Organisation

In addition, some residents may be entitled to partial help towards the cost of their eye examination and spectacles depending on their income. The application form, HC1, can be obtained from the Optometrist, Pharmacist, local GP surgery, Dentist, social security office or post office.

Residents who are not eligible must pay for their eye examination privately. The practitioner cannot claim an NHS sight-test fee for these residents.

The costs a resident may incur for eyecare should be fully explained prior to the onset of any treatment.

Legislation with regard to the 7 day 'Cooling off period' applies to the provision of spectacles and contact lenses and other optical devices. For further information contact any of the professional organisations listed in Appendix 6.

Ocular Emergencies

Eye emergencies do not often present in the nursing/residential home setting however, if an eye emergency were to arise, it is advisable to seek a medical opinion in the first instance. If an emergency occurs whilst the optometric practitioner is in attendance, the practitioner should be able to deal with this. The Regulations governing the provision of Mobile Eye Services do permit an optometric practitioner to undertake an eye examination at short notice where this is deemed necessary.

QUALITY BEST PRACTICE FOR OPTOMETRIC CARE AND TREATMENT

CHOICE OF OPTOMETRIST/EYECARE PROVIDER

Best Practice Statement 1

Although all eyecare providers are commonly called "Opticians", there are three professions involved in this field of health care.

- **Optometrists** (previously known as Ophthalmic Opticians) are qualified to test sight and prescribe and dispense spectacles and other optical appliances. They are trained to detect signs of eye abnormality and disease during an eye examination and act accordingly. Examples of such eye diseases are glaucoma, cataract and age related macular degeneration (AMD).

- **Ophthalmic Medical Practitioners** (OMPs) are qualified doctors who specialise in eyes and eyecare. In addition to their medical skills in detecting eye abnormalities and diseases, they are qualified to test sight and prescribe spectacles and other appliances.

- **Dispensing Opticians** are qualified to dispense and fit spectacles and other optical appliances but not to test sight or prescribe. They often work in association with Optometrists and Ophthalmic Medical Practitioners.

Dispensing and fitting spectacles requires specific skills and one should ensure that back-up service, for adjustments and repairs to spectacles, are available.

Choice of Practitioner

Most optometric practitioners will provide a domiciliary (home visit) service from their community practices. There are also several mobile companies in Northern Ireland who do not have a practice in the community but solely provide a domiciliary service.

All optometric practitioners providing a domiciliary service must:

- Be registered with the General Optical Council (GOC) or General Medical Council (GMC). To check the registration status of an Optometrist or Dispensing Optician, please refer to the GOC website and click on 'view the register'(www.optical.org). To check the registration status of an OMP, please refer to the General Medical Council website (www.gmc-uk.org) and view the register.
- Be registered with the Health and Social Care Board as domiciliary service providers and have had their equipment approved.
- Seek approval from the Business Services Organisation, which provides business support to the Health and Social Care Board, prior to the visit, for any domiciliary sight tests that they provide.

Please Note. From 2016 all optometric practitioners may be required to be registered with the Independent Safeguarding Authority (ISA). This is currently under review please refer to http://www.dhsspsni.gov.uk/index/hss/svg.htm/ for updates.

Residents, or their representative, where the resident is unable to exercise independent choice, should have complete freedom in choosing a practitioner to provide optometric and dispensing services. Individual residents on admission to the nursing/residential home, may already have expressed a preference either to remain with their existing optometric practitioner or change eyecare provider. Residents must not be compelled to see any other practitioner who may be visiting the establishment. Furthermore, Optometrists visiting nursing/residential

homes should be aware that some residents may already be the established patients of other practitioners.

Other Issues of Importance

The Department of Health, Social Services and Public Safety (DHSSPS), in conjunction with the Health and Social Care Board (HSCB), are concerned that resources are not being employed to their full potential with valuable and limited financial resources not being utilised to their best effect. It is essential that everyone involved in domiciliary eyecare provision understands that the quality of care provided is of the utmost importance but that the mode of delivery is also important to ensure benefit to residents and the Health Service as a whole.

Therefore, when a 'number' of residents of a particular optometric practitioner are due to have an eye examination, optometric and care staff should endeavor to ensure that all are seen during one visit. It is not recommended however, that large numbers (more than 8-9 residents) are seen during one session, for example, a morning or afternoon, as quality of care may be compromised. The ideal scenario, considering resources and funding, is one where an optometric practitioner could be requested to examine *5-7* residents in a session rather than just 1 or 2 residents.

It must always be remembered however, that choice of practitioner by a resident, or their representative, is of paramount importance when arranging eyecare. The recommendation cited above does not preclude the examination of any one resident by their chosen optometric practitioner.

BEFORE THE EYECARE APPOINTMENT

Best Practice Statement 2

It is recommended that a record of the resident's ocular history on admission to the nursing/residential home is kept with each resident's main record. This should provide useful eye care information for the resident, their family and staff, and contribute to continuity of care with their optometric practitioner.

A sample proforma of the 'Resident's Optical Notes on admission' is included in Appendix 1. This should include the following details where possible:

- Details of resident's current optometric practitioner
- Dates of previous sight test(s)
- Information about spectacles
- Information relating to any eye conditions (including existing eye medication) or eye sight problems
- Current cross infection risks
- Details of any relevant personal information, for example, communication difficulties, that a resident may have, which would assist the optometric practitioner in providing the eyecare

This should be provided to the optometric practitioner before the eye examination, in order that the history of the resident in relation to the above issues can be adequately addressed.

The optometric practitioner will provide relevant information in relation to the service, and any specific requirements that should be taken into account, before the visit takes place. Examples of the information which should be provided are:

- How long an individual eye examination may take (often an approximation)
- Whether or not eye drops may be required
- Requirements in relation to room size, lighting and location
- Requirements in relation to disposal of ophthalmic waste (ophthalmic drugs and, where appropriate, disposable contact lenses) and infection control
- Information on the exemption criteria for the resident(s) who are to be examined
- Details of any experience in examining people who have communication difficulties

For further advice, please get in touch with one of the optometric Advisers in the Health and Social Care Board (See Appendix 11).

Best Practice Statement 3

Eyecare – Expectations and Agreement on Treatment and Care

To help form an opinion on the optometric service to be provided, particularly if approached by a practitioner or company offering a domiciliary service, the nature of the eye examination and other arrangements relating to a domiciliary service are outlined below. It is advised to check that these points are adequately covered when arranging domiciliary visits. The cost of the eye examination and domiciliary fee, for residents who have to pay privately, (refer to Appendix 4 and Appendix 13) should be disclosed beforehand.

Optometric practitioners are required by law, to give the resident their prescription, or a statement saying that no prescription is needed, immediately after completing the eye examination. If the resident is eligible for an NHS eye examination, the optometric practitioner, or their assistant, will complete a General Ophthalmic Services Sight Test form (GOS (NI) S/T) which the resident, or their representative, should sign. If spectacles are required and the resident is entitled to NHS funding towards spectacles, the examining practitioner will issue the resident with a General Ophthalmic Services Voucher (GOS (NI) V) form. Residents can have their spectacles dispensed wherever, and by whom, they choose.

In the case of a resident who is registered blind or partially sighted, the dispensing of spectacles must be carried out by a General Optical Council registered practitioner. Any costs or charges relating to eye examinations and spectacles should be clearly explained to the resident prior to the initiation of treatment.

Residents paying privately for treatment should not complete these forms although the Best Practice Guidance for eyecare still applies.

At all times the resident will be treated with dignity and respect by the optometric practitioner and support staff. The following recommendations should be fulfilled by optometric staff whilst eyecare services are being delivered:

- In accordance with Section 75 of the Northern Ireland Act 1998, the age, gender, race, religion or belief, sexual orientation, marital status, political opinion, dependants or disability, will not influence the quality of eyecare services received by a resident

- Arrangements will be put in place to ensure that optometric staff communicate effectively with residents taking account of their hearing and visual abilities, other physical and cognitive abilities, and their preferred language (using an appropriate interpreter where indicated)

- If the existing eyecare arrangements are not accessible for reasons of disability, language or special needs, the optometric practitioner will discuss alternative arrangements

- The eye examination and consultation will take place in an environment which facilitates privacy and dignity. The optometric staff will ensure that the personal details of residents are confirmed and recorded in privacy and in a sensitive manner

- The optometric staff will ensure that residents are made aware of the names of those who are involved in the delivery of eyecare

- The optometric staff will endeavour to ensure that a resident is seen on time and, if not, then an explanation for the delay will be given to that resident

- The optometric staff will provide easy to understand explanations, in accessible format, about the eyecare provided. The resident will have an opportunity to ask questions about the care they receive

- At all times the resident, or their representative, will be involved in making decisions about the eyecare and treatment they receive

- It is best practice to record the outcomes and advice provided to a resident, in the GAIN Resident Eye Examination Report (see Appendix 2 for a sample proforma). The resident, or their representative, will have access to this report. If the resident, or their representative, wishes to discuss any aspect of the care, such discussions will be facilitated by the optometric staff. This may incur additional costs. Please refer to Appendix 13 to ascertain if charges will apply for this service.

THE EYE EXAMINATION, RECEIVING CARE, TREATMENT AND CLINICAL OUTCOMES

Best Practice Statement 4

The Eye Examination

In order to ensure that a resident receives safe and competent care in a manner which puts a resident at ease, the following recommendations are made:

- **Any eye examination, investigation or treatment, will only be carried out after the resident, or their representative, has been appropriately informed as to the nature of the service, and they have given consent. Any instances where it may come to light that proper consent has not been obtained, will be investigated by the Optometric Advisers of the Health and Social Care Board.**

- **Any concerns a resident may have in respect of the eyecare to be provided, will be discussed prior to the beginning of the examination or treatment.**

- **If referral to another eyecare or healthcare provider is necessary, suitable arrangements for this will be made.**

The purpose of an eye examination is to detect any defects of sight and, if appropriate, to correct those defects by means of spectacles or contact lenses. It must also, by law, include tests to identify any signs of disease or abnormality of the eyes. The length of the eye examination may vary and will be appropriate to the needs of the resident.

- Measurements will be made using appropriate charts, test lenses and instruments, including an examination of the inside of the eye to check ocular health. These tests will be specific and tailored to the needs of the individual resident.

- Generally, an instrument will be used to measure the pressure in the eye.

- All of these checks may reveal whether there is glaucoma, cataract, diabetes or other ocular or general conditions.

- If these conditions are detected, the practitioner may arrange referral to the resident's GP or the Hospital Eye Service for further investigation (s).

- All optometric practitioners are required by regulations to keep full, accurate and contemporaneous notes of the examinations they perform.

The elderly require much more light, particularly for close tasks, for example, reading. Advice can be given by the practitioner on the use of lighting to help residents make best use of their eyesight. Practitioners should also be able to offer advice on low vision services for residents with impaired eyesight. This can include, for example, advice on the use and supply of magnifiers and other aids. They can advise about local hospital and community services available, for example, the local low vision clinic with visual rehabilitation services and the Eye Care Liaison service (ECLO). Please refer to Appendix 6 for relevant contact details.

Arrangements should be in place to ensure that if any resident should have difficulties with the spectacles or contact lenses prescribed, an optometric practitioner will return to deal with the problem.

There should be an address and telephone number for a resident, or their representative, to contact in an emergency or for any other follow-up requirements. The name of the examining optometric practitioner should be made known.

Arrangements should be made to ensure adequate follow-up and the examining practitioner should normally advise when a resident requires review and the reason. It should also be possible for visits to be made in the intervals between regular examinations for individual residents who develop visual problems, or for a new resident. The General Ophthalmic Services Regulations require practitioners to satisfy themselves that a sight test is clinically necessary. The Department of Health eye examination interval recommendations are detailed below (General Ophthalmic Services Memorandum of Service MOS 231, August 2003):

Persons Aged	Previous Sight Test Undertaken
0-15 years not requiring spectacles	At least one year previously
0-15 years requiring spectacles	At least six months previously
16-19 years not requiring spectacles	At least two years previously
16-19 years requiring spectacles	At least one year previously
20-70 years	At least two years previously
Over 70 years	At least one year previously

For residents with certain medical conditions, the minimum period between sight tests should normally be:

Persons with Diabetes	At least one year
Persons with Glaucoma	At least one year
Persons with Cataracts	At least one year
Persons 40+ years old and the parent/sister/ brother or child of a Glaucoma sufferer	At least one year
Persons at risk of Glaucoma	At least one year

Clinical Judgments

Optometric practitioners will use clinical judgment to determine when a sight test is clinically necessary. The above guidance sets out the circumstances under which the Business Services Organisation will normally accept a claim for payment from an optometric practitioner without further justification.

Eyecare & Treatment

Eye Medication

The main groups of eye medication that may be used by residents are:

- Glaucoma medication (pressure reducing)
- Corneal and Conjunctival Infection medication (antibiotics)
- Post surgical medication (antibiotic/anti-inflammatory)
- Dry Eye medication (ocular lubricants)

With eye medication, it is particularly important that storage requirements and expiry dates, stated by the manufacturer, are adhered to. Please refer to **www.medicines.org.uk/emc/**.

- There are a number of eye-drops which require refrigeration (2-8°C). Please see the label for correct storage instructions for all eye medication.

- With certain eye medication it is a requirement that any remaining after 28 days, from the date of opening, should be discarded. Therefore the date of opening should be clearly marked on the product.

- If a resident is admitted to a residential/nursing home with eye drops which are already opened, and the date of opening is not known, these drops should be discarded and a replacement bottle obtained.

- The pharmacy labels, with instructions for use, should be on the bottle or tube. In some cases the inner packaging may be of insufficient size to make this possible. In these cases, the instructions should be placed on the outer packaging and kept with the medication. Liaising with the community pharmacist should ensure best practice for labelling.

- When instilling eye medication, care should be taken not to touch the eye with the nozzle. This is an important infection control measure.

- It should be noted that the use of eye ointment may cause blurred vision for a short time after instillation.

- In the case of an adverse reaction to eye medication, the resident's doctor should be contacted and the relevant documentation completed.

Please Note: Eye medication should only be used by the resident for whom it is prescribed.

ONGOING EYECARE PROVISION

Best Practice Statement 5

Following the eye examination, investigation or treatment, the optometric staff will ensure that the following recommendations are implemented in respect of ongoing care:

It is best practice that any spectacles supplied by the optometric practitioner, will be clearly engraved for name and purpose.

The optometric practitioner will advise when the next eye examination is necessary and will explain any ongoing care which may be required. The information provided will be clear and will include the responsibilities of the care staff in relation to the ongoing eyecare of the resident (see Appendix 2). This advice will be tailored to the needs of the resident and may include: advice on referrals, advice on lighting and low vision needs, advice on eye health to include any special dietary requirements and advice on the use of spectacles for specific tasks. Any such advice will be recorded and stored in the resident's professional involvement record within the care home or given to the resident at the day care facility.

- The resident, or their representative, will be informed of any long term issues in relation to vision and the ability of a resident to perform specific visual tasks.

- The resident, or their representative, will be informed if the eyecare provider ceases to provide a service.

- If an optometric practitioner is no longer able or willing to provide eyecare, the resident, or their representative, will be referred by the optometric practitioner to the Business Services Organisation where details of approved Mobile Eye Services providers can be obtained (Appendix 13).

Best Practice Statement 6

Eyecare Providers and Quality of Eyecare Provision

The eyecare provided to a resident, will be in accordance with current best practice and within recommended guidelines, set down by regulatory and professional bodies (see Appendix 6 for details). All members of the optometric staff charged with delivery of eyecare will be suitably qualified and skilled for their job.

- The Optometrist who undertakes eye examinations, investigations or treatment, will be registered with the General Optical Council (GOC) which is the regulatory body for Optometrists and Dispensing Opticians. In the case of an Ophthalmic Medical Practitioner the regulatory body is the General Medical Council (GMC).

- The Optometrist will have fulfilled his or her requirements in respect of Continued Education and Training (a requirement of GOC registration).

- The optometric practitioner will provide General Ophthalmic Services (GOS) under the Terms of Service of the General Ophthalmic Service Regulations (Amended) Northern Ireland (2007). In line with these regulations the optometric practitioner providing eyecare under the NHS must be registered to provide GOS with the Health and Social Care Board.

- The provision of spectacles or optical appliances through the NHS will be in accordance with the General Ophthalmic Services Optical Charges and Payment Regulations (1997) Northern Ireland.

- The eyecare provided to any resident will take account of all relevant General Optical Council, General Medical Council and Department of Health, Social Services and Public Safety standards and guidance.

- The optometric staff providing eyecare services will work effectively with other health care providers. This will allow them to adopt a holistic approach in dealing with the eyecare needs of a resident.

- Optometric practitioners providing eyecare services are subject to review and monitoring by the Health and Social Care Board. Optometric practitioners have the facility to approach the Health and Social Care Board or other regulatory bodies should they have concerns about the performance of a fellow professional.

Expressing Views

Optometric practitioners and eyecare providers welcome views on the service they are providing. To this effect, the optometric staff will adhere to the following recommendations:

- Residents, or their representatives, will be informed of the procedures for making a complaint to the Health and Social Care Board in relation to the eyecare service provided (Health and Social Care Complaints Procedure, April 2009). An indication of how long it will take to deal with any such complaint will also be given.

- Residents, or their representatives, will be given details of all relevant routes or pathways by which a complaint can be registered. This should include details of all regulatory bodies and professional agencies who deal with complaints relating to the professional actions of an optometric practitioner or the sale and supply of spectacles or other optical appliances (See Appendix 6).

- Optometric practitioners and eyecare providers would encourage all residents to provide feedback on the service they have provided and any such feedback will be used to improve on existing service delivery.

- If a resident, or their representative, feels that they are unable to express their views directly to the optometric staff then the resident should seek an alternative route to register their views. They could, for example, use an intermediary or advocate or, alternatively, put their concerns in writing.

Resident Confidentiality

Optometric staff in line with other Health and Social Care professionals record and maintain clinical information in an appropriate manner as detailed below:

- The clinical record produced as a result of an eye examination:
  1. is confidential;
  2. is used by the optometric practitioner to ensure that continuity of care and treatment is provided in an appropriate manner;
  3. contains accurate information as recorded by the optometric practitioner during the eye examination;
  4. is detailed and recorded in line with best clinical practice.

- All clinical records containing personal information are stored in a secure manner.

- Sharing of information contained within a clinical record will be with agreement by the resident, or their representative, unless there is a lawful basis for disclosure of information. This is in accordance with the Data Protection Act 1998.

- If an optometric practitioner or eyecare provider ceases to provide an optometric service, a resident, or their representative, can request retrieval of their clinical record.

Inducements

All optometric practitioners and eyecare providers are committed to provision of high quality, professional and personalised eyecare services.

- **In accordance with the General Ophthalmic Services Regulations (Northern Ireland) 2007 incentives or inducements must not be offered to the staff, management or owners of the nursing/ residential home or day care facility by the visiting optometric practitioner or eyecare provider.** Such inducements may include 'free' eye examinations or spectacles, gifts or hospitality of any kind. Any breaches of the above named regulations in relation to inducements should be reported to an Optometric Adviser of the Health and Social Care Board (See Appendix 11).

- The staff within any nursing/residential home or day care facility should not request, or accept, incentives or inducements from any optometric practitioner or eyecare provider offering such a service.

- If an optometric practitioner or eyecare provider offers any form of incentive or inducement then staff should report this activity to the relevant professional bodies or regulator.

PREVENTION AND CONTROL OF INFECTION

Best Practice Statement 7

The optometric staff will take all reasonable precautions to ensure that a resident is not exposed to the risk of infection.

- The optometric staff will ensure that all current infection control policies and procedures are in line with best practice and that legislation is adhered to.

- Optometric practitioners and their staff will ensure that all ophthalmic equipment meets current guidance on the decontamination of ophthalmic instruments and will ensure that all relevant steps are taken to either replace, or appropriately sterilise, any ophthalmic equipment which has been in direct contact with a resident's eye.

- Optometric staff will adhere to guidance produced by the Department of Health and Social Services and Public Safety and other relevant agencies in relation to infection control.

- Optometric staff will expect any facility used for the provision of eyecare services within a nursing/residential home or day care facility to be clean and tidy. If a room being used for the provision of eyecare is not of a satisfactory standard of cleanliness or presentation, the optometric staff will raise this issue with the management of the facility.

THE EYECARE ENVIRONMENT

Best Practice Statement 8

The room or facility used to provide and deliver eyecare services within the nursing/residential home or day care facility should support the professional delivery of a resident's care and treatment.

- The optometric staff providing eyecare to a resident will deliver the service in an environment which is suitable to the needs of the resident, ensuring privacy and comfort.

- The optometric staff will provide all ophthalmic equipment and materials which are necessary to provide appropriate eyecare.

- All such ophthalmic equipment will be set up and maintained in accordance with manufacturers' instructions.

- All ophthalmic drugs will be stored and used safely.

- Optometric staff will ensure that any health and safety issues in regard to the facility used to deliver eyecare are appropriately addressed; this will include taking action on such matters as trip hazards from, for example, equipment leads.

ADULTS WITH LEARNING DISABILITIES

Best Practice Statement 9

The optometric care that vulnerable adults and adults with learning disabilities receive, will take account of the special physical, social and psychological needs residents will have.

- The optometric staff providing eyecare services will be fully aware of the law in respect of informed consent by vulnerable adults. The optometric practitioner and their staff should understand the consequences if a vulnerable adult agrees to, or refuses, treatment.

- All optometric practitioners and support staff who provide eyecare to vulnerable adults are considered to be working in a regulated position. All optometric practitioners may be required to be ISA registered. Please refer to the Department of Health, Social Services and Public Safety website for up to date information regarding the safeguarding of vulnerable adults. (**http://www.dhsspsni.gov.uk/index/hss/svg.htm/**).

- As with the general population, eye examinations are recommended every 2 years with the exception of those deemed at risk of ocular problems, for example, adults with diabetes or a family history of glaucoma.

- Optometric practitioners specifically working with adults with a learning disability must have appropriate optometric tests to enable them to accurately assess visual acuity. This may include letter naming/matching tests, picture or symbol naming/matching tests or preferential looking tests.

- Eye examinations should also include, where possible, an assessment of refractive status and an ocular health check.

- Efforts should be made to communicate effectively with the resident during the eye examination. It is good practice for the outcomes of the eye examination to be made available to all those involved in the resident's care in a "plain English" written report.

- The optometric practitioner should work with the resident and their carers to encourage co-operation throughout the eye examination and help reassure and alleviate anxiety about the process.

APPENDIX 1

RESIDENT'S OPTICAL NOTES ON ADMISSION PROFORMA

Section A - PERSONAL DETAILS

Name: _____ Date of Birth: ____/____/____

Next of Kin: _____ Relationship _____

Current optometric practitioner: _____ NHS / Nat Ins. No: _____

Does the resident wish to continue with current optometric practitioner?

☐ Yes ☐ No ☐ No Preference

Is the resident eligible for GOS Spectacle assistance (check with family)

☐ Yes ☐ No

Section B - OPTICAL DETAILS

Name of optometric practitioner: _____

Contact Address: _____

_____ Postcode: _____

Contact Number: _____Date of Last Sight Test: ____/____/____

Recommended date for next sight test: ____/____/____

Type of glasses worn: _____

Any known eye problems/visual disability: _____

Section C – MEDICAL HISTORY INCLUDING MEDICATIONS

Known Past Medical History: _____

_____

Any other relevant information (e.g. communication or behavioural difficulties):

_____

Any current cross infection risks? _____

_____

Current Medications: (Attach resident's drug Kardex if available)

Drug Name	Dose	Frequency

Information provided by: _____

Designation: _____

Signature: _____ Date: ____/____/____

APPENDIX 2

RESIDENT'S EYE EXAMINATION REPORT PROFORMA

Name _____ D.O.B ____/____/____

Date of Examination: ____/____/____ Recommended review: ____/____/____

Summary of findings and guidance for care staff OR person /representative
(MUST BE COMPLETED):

1. Vision
   ☐ Good (with or without spectacles) ☐ Impaired (some vision difficulties)
   ☐ Severely Impaired

2. Relevant Eye Condition and subsequent advice on care:

_____

3. Reason(s) why all relevant ophthalmic tests were not completed (if applicable):

_____

Visual Acuities ☐ R ☐ L

Diabetic Report to G.P ☐ Y ☐ N ☐ N/A

Onward Referral Required: ☐ Y ☐ N

Consult with resident's representatives: ☐ Y ☐ N

Referred to: ☐ GP ☐ Ophthalmology ☐ Low Vision/Rehabilitation

Spectacles Recommended (with instructions e.g. 'worn for'):

Type of Spectacles:

Distance: _____

Near: _____

Multifocals: _____

Spectacles Received#: ☐ Y ☐ N

Spectacles Engraved/Identifiable: ☐ Y ☐ N

Staff member: _____ Date: ____/____/____

 # Staff to update the Personal Property Inventory of resident on receipt of spectacles

Examining optometric practitioner: _____

List No: _____

Practice Name or Stamp:

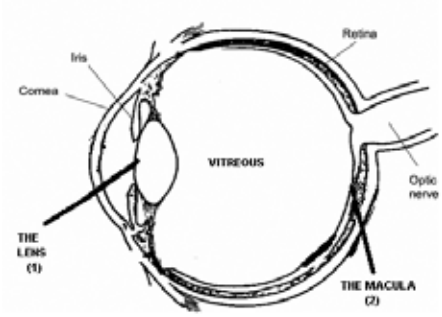
APPENDIX 3

EYES AND HEALTH PROMOTION AND AWARENESS

The documentation within this appendix relates to some of the main conditions which may affect eyesight:

- Age Related Macular Degeneration
- Cataract
- Diabetic Retinopathy
- Glaucoma
- TIA/Stroke
- Vision and Dementia

The following diagram shows the relevant parts of the eye as discussed in the information sheets.



Most of these eye conditions will have been formally diagnosed by an Ophthalmologist or Optometrist. Eye medications may be required for some eye conditions for example:

- Glaucoma medication (pressure reducing)
- Corneal and Conjunctival Infection medication (antibiotics)
- Post surgical medication (antibiotic/anti-inflammatory)
- Dry Eye medication (ocular lubricants)

It is vital that eye medication regimes are adhered to and that all review appointments for residents with diagnosed eye conditions are attended where appropriate.

Further information on eye conditions to include information leaflets can be obtained from the Royal National Institute for the Blind (see Appendix 6).

AGE RELATED MACULAR DEGENERATION (ARMD)

WHAT IS ARMD?

This condition generally affects people who are over 60 years of age, and affects only central vision. There are two major types – wet and dry. It is due to damage to the macula. **ARMD does not lead to total blindness.**

THE MACULA (No. 2 in foreward diagram on Page 36)

The retina is the area at the back of the eye that processes images to the brain. The retina has 2 main parts, the peripheral retina and the macula – the area of central vision.

DRY ARMD

This causes a gradual reduction in central vision. It tends to affect the ability to read and see fine detail more than distance vision, recognising faces may also be a problem. Vision tends to deteriorate gradually and the vision loss is not always severe. This is the more common type and accounts for almost 80% of all ARMD. There is no current treatment but a diet rich in green leafy vegetables may slow down the rate of progression.

WET ARMD

The first symptoms may be distortion of vision. This often has the effect of making straight lines or edges curved or tilted. The vision deteriorates quite quickly and eventually central vision may be completely lost leaving a dark central area of poor vision. Rapid investigation of a sudden change in vision is necessary as treatment may be possible if it is detected early.

THE EFFECTS OF ARMD

- Loss of central vision
- Difficulty reading, seeing faces and seeing detail
- Distortion of vision
- Loss of colour vision
- Problems adjusting to differing light conditions

POSSIBLE ACTION

- Assessment by an Ophthalmologist
- Update spectacles
- Low vision aids and rehabilitation advice
- Advice on diet and nutrition

CATARACT

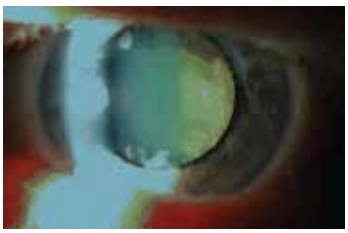
WHAT IS CATARACT?

A cataract is a clouding of part of the eye called the lens. Vision becomes blurred because the cataract is like a frosted glass, interfering with sight. It is not a layer of skin that grows over the eye, despite what you may have heard.

Many people over 60 years have some cataract and the vast majority can be treated successfully. Early cataracts may not affect sight and do not need treatment although they may result in the need to update spectacles.

The Lens (No 1 in foreword diagram on page 36)

The lens, as indicated in the diagram below, is a clear tissue found behind the iris, the coloured part of the eye. The lens helps to focus light on the retina at the back of the eye to form a clear image. To help produce a sharp image, the lens must be clear.



THE EFFECT OF CATARACTS

Blurred Vision

This is very common. Residents may notice that sight has become blurred or misty or that their glasses seem dirty or appear scratched.

Dazzled by light

Residents may be dazzled by lights, such as car headlamps, and sunlight.

Colour vision changes

A resident's colour vision may become washed out or faded.

POSSIBLE ACTION

- Update spectacles
- Refer to an Ophthalmologist for a surgical opinion
- Reduce glare

DIABETES AND THE EYE

Having diabetes does not necessarily mean that sight will be affected, but there is a higher risk and the risk increases the longer one has diabetes. However, if there are complications that affect the eyes, this may result in loss of sight.

Regular, annual eye examinations are important. Diabetic residents are also encouraged to attend the Diabetic Retinopathy Screening Programme arranged by the G.P.

HOW CAN DIABETES AFFECT THE EYE?

The most serious eye condition associated with diabetes involves the retina. This condition is called diabetic retinopathy. This occurs when diabetes damages small blood vessels in the retina. They can become blocked or leaky, affecting how the retina works.

In the early stages, these changes will not normally affect sight. With treatment, sight-threatening diabetic problems can be prevented if caught early enough.

POSSIBLE ACTION

- Ensure that a resident attends for eye screening where appropriate
- Regular eye examinations and up to date spectacles
- Low vision aids and rehabilitation advice

GLAUCOMA

WHAT IS GLAUCOMA?

Glaucoma is a disease causing damage to the optic nerve, leading to progressive and irreversible loss of vision. It is more common in people over 40 years of age. Initially it affects peripheral vision and people can often lose sight and not realise in the early stages of the disease. It is often, but not always, associated with increased pressure of fluid in the eye.

THE OPTIC NERVE

The optic nerve is the nerve that carries information from the retina to the brain and it becomes damaged in Glaucoma.

THE EFFECTS OF GLAUCOMA

Often nicknamed "sneak thief of sight", Glaucoma is a life long disease. The loss of vision normally occurs gradually over a long period of time and is often only recognised when the disease is quite advanced. Peripheral vision is lost first then progressing towards the centre. Patients have very few symptoms until the disease is advanced. If the condition is detected early enough, it is possible to slow down its progression, so it is important to attend the Ophthalmologist when advised to and to continue to have annual eye examinations.

The above picture illustrates how glaucoma can affect what a resident may see.

POSSIBLE ACTION

- Ensure that Ophthalmological appointments are kept and that eyedrops are used as directed
- Regular eye examinations

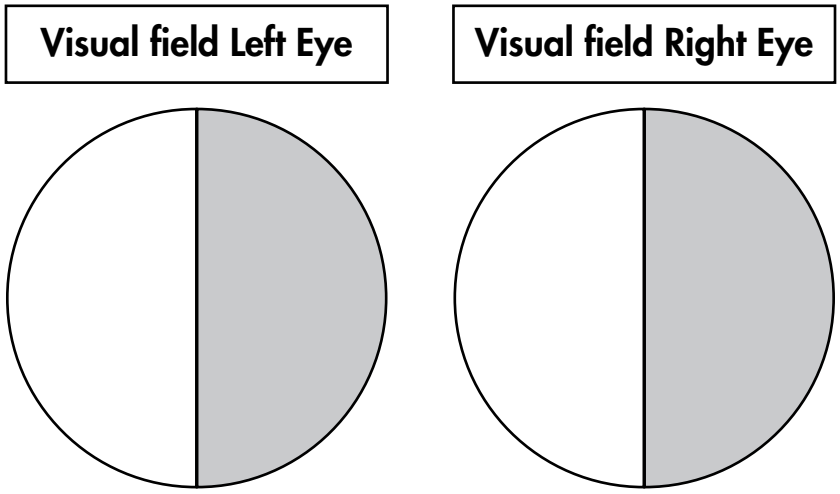
TRANSIENT ISCHAEMIC ATTACK (TIA)/STROKE

WHAT IS A TIA/STROKE?

A TIA/stroke is the common name given to a lesion affecting the blood vessels of the body in particular the brain. As a result, a TIA/ stroke can have effects on vision and behaviour.

SOME OF THE COMMON EFFECTS A STROKE MAY HAVE ON VISION:

1. **Hemianopia**
   A loss of either the right or left halves of vision of both eyes. The vision loss is on the same side to the side of the body which the TIA or stroke has affected.



Right sided TIA/stroke = Right sided hemianopia -only what is in the patient's left field of vision is seen

2. **Double Vision**
   Problems affecting the eye muscles reducing their ability to work as a pair

3. **Visual Neglect**
   Difficulty processing and recognising what is actually seen

EFFECTS ON VISION AND BEHAVIOUR NOTED BY PATIENTS AND CARERS

- Reading may be difficult
- Judging distances becomes problematic
- Positioning objects or lifting things can be problematic
- Seeing 2 of things
- Missing things on one side (for example, food on plate)
- Cannot understand what is being seen that is, can see words but not read, causing frustration
- Patients who have had a stroke will in addition have mobility problems which will be compounded by poor vision
- Do not forget that if a resident required spectacles before they suffered a TIA they will most likely require spectacles after the TIA

POSSIBLE ACTION

- Ongoing medical care will be required
- Rehabilitation may be required
- Orthoptic care may be required

VISION AND DEMENTIA

Dementia is a global term which refers to a set of symptoms consistent with a decline in memory and thinking which is of a degree sufficient to impair functioning in daily living and is present for 6 months or more. It is associated with changes in behaviour, motivation and personality. There are a number of types of dementia.

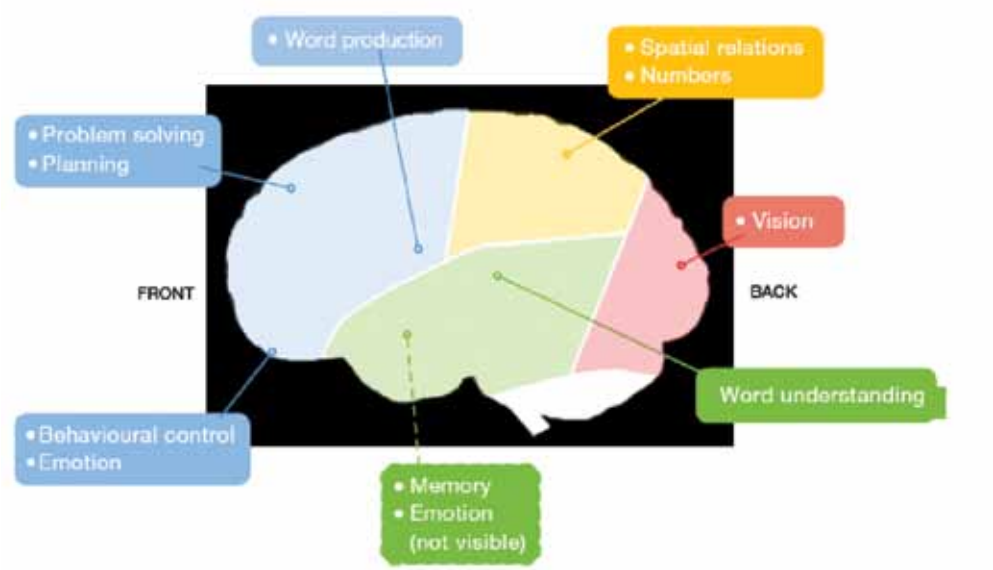
Residents living with dementia can experience a number of changes to their sight such as:

- reduced vision
- increased sensitivity to glare
- reduced ability to detect difference in colour
- poor perception of depth for example difficulty using stairs or pouring liquids into a cup
- the need for an increase in the amount of light needed to see

On top of these changes, dementia can cause problems with

- eye movements
- motion perception
- hallucinations (visual hallucinations can be known as Charles Bonnet Syndrome)
- the perception and understanding of what is being seen

Brain Map illustrating various processes /functions



In day to day activities these changes can result in difficulties with any or all of the following:

- mobility
- not being able to recognise familiar objects or faces
- inability to find things
- confusion
- difficulties with simple problem solving
- restlessness when confronted with too much detail in the environment

HOW CAN YOU HELP?

These difficulties can have a dramatic effect on every aspect of daily life. As carers it is important to understand this and to find ways to minimise the difficulties and to optimise the resident's vision with careful attention to surroundings and eyecare.

Maintaining a good environment is helpful in making life easier for people with dementia. Consideration should be given to the following when caring for residents with dementia:

- Good, even lighting which minimises shadows helps to reduce confusion.

- Avoid busy patterns on walls and floors. Changes to floor surfaces and patterns should be avoided as these can appear as obstacles or steps and can be a barrier to independent walking. Simple changes such as these can also reduce the risk of falls.

- Use colour to highlight things. Coloured crockery can make meal times easier with potatoes, cauliflower and chicken being easier to see on a blue plate than on a white one.

POSSIBLE ACTION

- Clear labelling of spectacles as blurred vision compounds confusion in residents with dementia

USING EYE DROPS

Eye Drops are prescribed for many eye conditions. The main groups of eye medication that may be used by residents are:

- Glaucoma medication (pressure reducing)
- Corneal and Conjunctival Infection medication (antibiotics)
- Post-surgical medication (anti-inflammatory)
- Dry Eye medication (ocular lubricants)

! Eye medication should only be used by the resident for whom it is prescribed.
! It is important to check the expiry date as eye drops must NOT be used beyond this date and certain eye drops must be discarded 28 days after opening.
! There are a number of eye-drops which require refrigeration (2-8°C).
! Eye medication must always be used and stored as directed.

INSTILLING EYE DROPS

Eye drops should in instilled in the following manner –

1. Tilt the patient's head back slightly

2. Ask the patient to look up

3. Gently pull down the patient's lower eye lid

4. Instil the drops(s) into the eye, usually slightly off centre

5. Gently press the nasal punctum, that is the soft area at the edge of the eye towards the nose for a few seconds. This stops the drops from entering the nose and throat

Some eye drops may sting or blur vision for a few minutes. This is normal and transient. One particular type of eye drop (mydriatics) is used for investigation purposes and causes the pupil to dilate. This will result in blurred vision and the effect can last for 4-6 hours. Vision should return to normal when the pupil returns to a normal size.

MAKING THE BEST USE OF VISION

Make things brighter, bigger and, if possible, move closer

Make things Brighter

✔ **Improve Lighting**

- Improve general lighting particularly in dark corridors and on stairs.
- The resident should be encouraged to sit with their back to a window when reading – this reduces glare.
- Use task lamps with a daylight bulb shining over the shoulder for reading and close tasks.

✔ **Improve contrast - Use bright and contrasting colours**

- Use contrasting coloured objects on a table – a coloured mat under a white plate, a coloured plate for light coloured food.
- Milk in a white cup/mug is much harder to see on a table than in a coloured cup/mug and green peas on a green plate are much harder to find than green peas on a white plate.
- Write with a black ink pen or felt tip on white paper. Use a text size appropriate to the resident's level of vision.

Get Closer

✔ **Get closer to television, people and objects**

- This will make objects appear bigger and therefore easier to see. It will not harm eyes. Sitting twice as close to the television has the same effect as doubling the screen size or using a x2 telescope.

Make things bigger

- Staff should consider using photocopies were necessary to enlarge material for residents. Consideration should be given to ensuring that any correspondence, both informal and formal, from the homes is written or printed in large font size.
- Use large print books from the library.
- Bank Statements and utility bills can be requested in large print.
- For entertainment, puzzles for example crosswords and Sudoku are available in large print.
- Low vision aids or magnifiers – there are a large variety of magnifiers and electronic reading aids available which can help many different sight problems. One magnifier will not suit everyone but the optometric practitioner can advise on the most appropriate aids for a particular person's needs or arrange for a special assessment of their individual needs.

Sensory Substitution Techniques

Alternative techniques to assist those with visual disability should be considered.

- Auditory(sound) - Talking watches/clocks and talking books/ newspapers
- Tactile (touch) – Raised markings on objects e.g. to mark on/off switches

APPENDIX 4

GOS AND PRIVATE EYECARE IN NORTHERN IRELAND

General Information about eyecare

Eye examinations can be provided through either primary or secondary care and are available both under the National Health Service and privately. Spectacles and contact lenses are available privately although those in certain categories (see Guidance P.6) may be eligible for help in the form of a general Ophthalmic Services Voucher. If eyecare is provided under the Health Service it is under the remit of General Ophthalmic Services (GOS) and the service will be subject to the regulations that govern GOS. Both GOS and private eyecare should be:

- Of good clinical standard
- Safe and effective
- In the best interests of a resident

If an optometric practitioner is contracted to provide General Ophthalmic Services he/she will be required to perform an eye examination and, if necessary, supply spectacles under the Terms of Service of the General Ophthalmic Services Regulations and, as such, will be required to fulfill the requirements of the Opticians' Act. This involves examining the eyes of a person and providing them with a prescription and, where necessary, referring the resident onwards to another medical professional, should an ocular abnormality be detected.

Primary Care Optometrists

Optometrists who work in community practices are often called 'Ophthalmic Opticians' and are contracted to provide GOS. Many

also provide private eye care for those people who are not eligible to receive Health Service eye care (see GAIN Introduction, page 6, for details of those who are eligible for GOS). In order for an Optometrist to undertake to provide Health Service eyecare in a nursing/residential home or day care facility, he/she must be registered with the Health and Social Care Board (HSCB). A list of approved providers can be obtained from the BSO (Appendix 13) and this list is continually updated as changes are notified to the HSCB/BSO.

A resident can choose which Optometrist, either private or Health Service, that he/she wishes to see for eye examinations and relevant treatment. A resident also has freedom to change to another Optometrist.

Ophthalmic Medical Practitioners

Ophthalmic Medical Practitioners (OMP) may also provide GOS if they are registered in the same manner as is stated for Optometrists.

Further information in relation to Health Service provision of eyecare and the eligibility of a resident for GOS can be found in the DHSSPS publication HC11 or on the following website link: **http://www.dhsspsni.gov.uk/hc11_help_with_health_costs.pdf**

Private charges for eye examinations and spectacles/contact lenses vary and residents, or their representatives, should always ask about the charges if they wish to engage an optometric practitioner on a private basis.

APPENDIX 5

RELATIONSHIPS BETWEEN PRIMARY EYECARE AND SECONDARY EYECARE IN NORTHERN IRELAND

Optometrists and OMPs who provide eyecare in the community are known as 'Primary Care' practitioners. Those that work in the hospital or secondary care setting are sometimes referred to as Hospital Eye Service (HES) professionals. Within the HES there are three groups of eyecare professionals who deliver eyecare:

- **Ophthalmologists** - These are eye specialists (medical doctors) who diagnose, treat and manage a full range of eye problems and conditions. These medical specialists offer surgery and the necessary follow up management of various sight threatening conditions.

- **Optometrists** – Optometrists working in the HES have the same initial qualifications as those who work as primary care optometrists, but tend to concentrate their skills in sub specialist services such as: Low Vision, Specialist contact lens fitting, Diabetic Screening, ARMD clinics and children's eye testing.

- **Orthoptists** – These are professionals involved in the management of problems associated with the imbalance of the eye muscles and poor eye co-ordination for example squints and facial nerve palsies which can cause double vision. A large part of their work is with children and involves monitoring children's vision as they grow and develop.

Referral to any of the secondary care practitioners can be made by a primary care practitioner. This will usually be via a resident's G.P but in some cases it may be direct, the GP having been informed of the

referral. The Optometrists and OMPs who work in primary care often examine a resident in the first instance and will decide if referral to any one of the professionals working in the HES is necessary, dependant on the outcome of the eye examination.

Primary care Optometrists and OMPs can also refer a resident with a visual impairment directly to Social Services for assessment by a rehabilitation officer and, if necessary, to a sensory support worker (See Appendix 6).

APPENDIX 6

REGULATION OF EYECARE PROFESSIONALS AND CONTACT DETAILS FOR BODIES/AGENCIES RELEVANT TO EYECARE IN NORTHERN IRELAND

Health and Social Care Board (HSCB)
Optometric staff involved in the interviewing of Optometrists for the Ophthalmic list and the monitoring of the quality of eyecare provision. Concerns about the work of an Optometrist, Ophthalmic Medical Practitioner or Dispensing Optician can be reported to the HSCB.
Headquarters of HSCB: 12 -22 Linenhall Street Belfast BT2 8BS Tel: 028 90321313 www.hscboard.hscni.net

Business Services Organisation
Staff involved in maintaining the Ophthalmic List and the processing and payments of health service fees for eye care provided by Optometrists, Ophthalmic Medical Practitioners and Dispensing Opticians.
2 Franklin Street Belfast BT2 8DQ Tel: 028 90321313 www.hscbusiness.hscni.net

General Optical Council (GOC)

The regulatory body for all Optometrists and Dispensing Opticians and Optical Bodies Corporate. If a member of the public has a concern about the work of an Optometrist or Dispensing Optician this concern should be reported to the GOC.

41 Harley Street
London WC1
Tel: 0207 580 3898
www.optical.org

College of Optometrists

The professional body for Optometrists in the U.K. Responsible for the postgraduate training and continued education of optometric professionals.

42 Craven Street
London
WC2N 5NG
Tel: 0207 8396000
www.college-optometrists.org

The Association of Optometrists

Promotes and supports the professional and clinical independence of optometric professionals.

61 Southwark Street
London SE1 0HL
Tel: 0207 261 9661
www.assoc-optometrists.org

The Federation of Ophthalmic and Dispensing Opticians

The Federation of Ophthalmic and Dispensing Opticians (FODO) represents registered Opticians in business.

199 Gloucester Terrace
London
W2 6LD
Tel: 020 7298 5151
www.fodo.com

Association of British Dispensing Opticians (ABDO)

ABDO support, protect and advance the character, status and interests of Dispensing Opticians.

199 Gloucester Terrace
London W2 6LD
Tel: 020 7298 5100
www.abdo.org.uk

Optical Consumer Complaints Service (OCCS)

The OCCS can be contacted where there is a complaint about a 'service' received about an Optometrist or Dispensing Optician, where the issue cannot be resolved at local level.

P.O Box 219
Petersfield
GU32 9BY
Tel:0844 800 5071
www.opticalcomplaints.co.uk

Royal National Institute for the Blind (RNIB) And Eyecare Liaison Officers (ECLO)

Regional services offered include those provided by ECLO. They provide emotional and practical support at the point of diagnosis of an eye condition. This service is available at the 12 main eye clinics and through the 271 optometric (GOS) practices across the five Health and Social Care boundaries of Northern Ireland.

RNIB Northern Ireland
40 Linenhall Street
Belfast
BT2 8BA
Tel: 028 9032 9373

Guide Dogs for the Blind (GDBA)

GDBA provide specialist mobility assistance and advice for those with profound sight loss.

The Guide Dogs for the Blind Association
Unit 17
18 Heron Road
Belfast
BT3 9LE
Tel. 08453727402
www.guidedogs.org.uk

APPENDIX 7

EYECARE PROVISION IN DAY CARE FACILITIES

The GAIN Best Practice Guidance for eyecare provision applies equally to eyecare provided in a Day Care setting (for the purposes of eyecare provision, day care facilities include special schools). A person attending a day care facility may be able to access a community optometric practice and it is essential that a person considering an eye examination in a day care setting fully considers this before an eye examination in a day care facility is arranged. However, depending on need, for some people it may be the case that an eye examination in the day care setting is the best place for this particular type of health care delivery.

If eye care is to be delivered in a day care facility the following specific guidance should be followed:

- It is the person in receipt of the eye care, or their representative, who will be responsible for the initiation and subsequent arrangements for eye examination/treatment in the day care facility.

- It is the responsibility of the person, or their respresentative, to check if an eye examination is due and if, after the examination, an NHS Spectacle voucher is applicable.

- The person, or their representative, should determine which optometric practitioner will provide the eyecare and undertake the necessary arrangements.

- If a person is eligible for an NHS eye examination the domiciliary fee supplement is not payable to an optometric practitioner for NHS eye examinations provided in a day care setting.

- All optometric practitioners should provide a written eye examination report (Appendix 2) following an eye examination in a day care facility in the same way as is done for nursing and residential homes. This should be given to the person in receipt of the eye examination or their representative.

The GAIN Flowchart (Appendix 10) details the procedures for dealing with NHS eye examinations in day care facilities. Any further advice on eyecare provision at a day care setting can be obtained from the optometry staff at the Health and Social Care Board (Appendix 11).

APPENDIX 8

AUDIT TOOL FOR RESIDENT/RESIDENT'S REPRESENTATIVE

Please answer the following questions and place a tick (√) in the most appropriate box.

Name of Nursing Home, Residential Home, or Day Care Facility:

_____

Date: _____/_____/_____

		Yes	No	Don't Know
1	Did you see your usual eyecare provider?	☐	☐	☐
2	Did the eyecare provider have knowledge of your previous eyecare history?	☐	☐	☐
3	Did you feel that you were treated with respect by the eyecare provider?	☐	☐	☐
4	Did the eyecare provider communicate with you effectively?	☐	☐	☐
5	Was the eye examination carried out in a private location?	☐	☐	☐
6	Was the environment/room that was used for the eye examination clean and tidy?	☐	☐	☐
7	Was your appointment on time?	☐	☐	☐
8	Were the reasons for any delays given?	☐	☐	☐
9	Was the name of the eyecare provider made known to you?	☐	☐	☐
10	Were you prescribed glasses?	☐	☐	☐
10a	If yes, was the reason explained?	☐	☐	☐

		Yes	No	Don't Know
10b	Did you receive the glasses in a timely manner?	☐	☐	☐
10c	Are you satisfied with the glasses?	☐	☐	☐
10d	Was further referral required?	☐	☐	☐
11	If you were prescribed glasses, do they have your name on them?	☐	☐	☐
12	Were you given any advice about lighting, low vision or rehabilitation by the eyecare provider?	☐	☐	☐
13	Are/were you aware of the complaint procedures in relation to the eyecare services provided?	☐	☐	☐

Please indicate with a tick (√) in the appropriate box, how satisfied you were with the eyecare service.

☐ Very Satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Very Dissatisfied

Standards for the Provision of Domiciliary Eyecare in Nursing/Residential Homes and Day Care Facilities – **Audit Tool for Eyecare Professionals**

Name of nursing home, residential home or day care facility:

_____

Health and Social Care Trust: _____ Date: ____/____/____

Designation: _____

		Yes	No	Don't Know
1	Are you registered as a domiciliary provider with the following:			
	General Optical Council	☐	☐	☐
	Health and Social Care Board	☐	☐	☐
2	Did you have/were you given a full account of the resident's ocular history?	☐	☐	☐
	Was this information:	☐	☐	☐
	Confidential	☐	☐	☐
	Accurate	☐	☐	☐
	Detailed in line with best practice	☐	☐	☐
	Current	☐	☐	☐
3	Please indicate if you provided the following information to the facility manager/charge nurse:			
	Length of time the examination would take	☐	☐	☐
	Whether or not eye drops would be needed	☐	☐	☐
	Requirements in relation to room size, lighting and location	☐	☐	☐
	Requirements in relation to disposal of ophthalmic waste and infection control	☐	☐	☐
	Information on the exemption criteria for residents who are to be examined	☐	☐	☐
4	Have you completed a General Ophthalmic Services (GOS) claim form for residents who are eligible?	☐	☐	☐
5	Did you provide spectacles if they were required?	☐	☐	☐

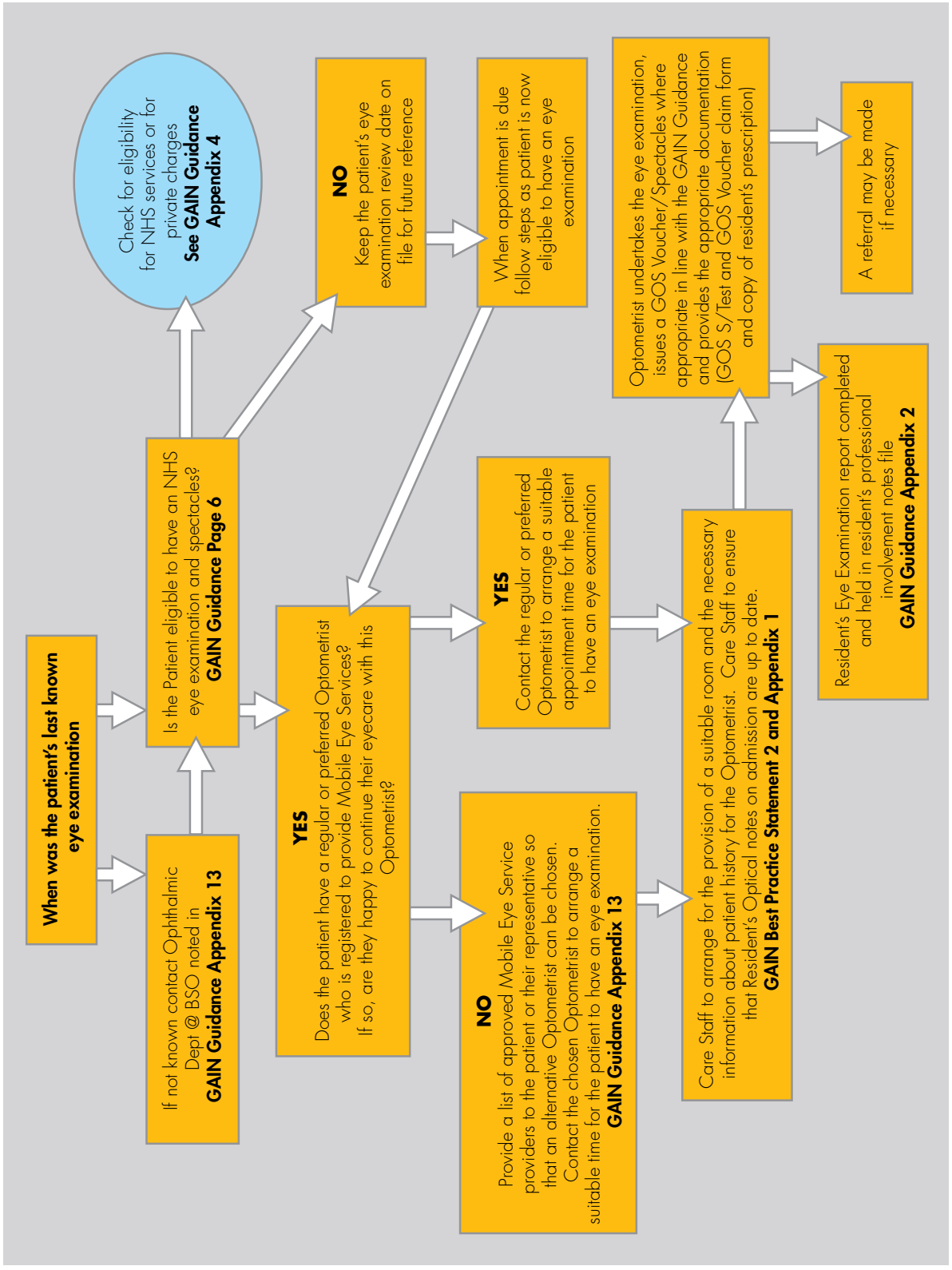
		Yes	No	Don't Know
6	Have you been trained in alternative methods of communication in terms of:			
	Auditory ability	☐	☐	☐
	Visual Ability	☐	☐	☐
	Cognitive Ability	☐	☐	☐
	Preferred Language	☐	☐	☐
7	Were you provided with an environment that facilitates privacy for your examination?			
8	During the examination:			
	Did you tell the resident your name?	☐	☐	☐
	Did you obtain consent from the resident?	☐	☐	☐
	Did you see the resident on time?	☐	☐	☐
	If no, did you explain the reason for your delay?	☐	☐	☐
	Did you explain to the resident what the examination would involve?	☐	☐	☐
	Did you record the outcomes of the examination in the GAIN Resident Eye Examination Report?	☐	☐	☐
	If required, was a referral made to the GP/Hospital Eye Service/Low Vision Clinic/Rehabilitation service?	☐	☐	☐
9	Did you advise the resident regarding the following:			
	Lighting	☐	☐	☐
	Use and supply of visual aids	☐	☐	☐
	Low Vision Clinic	☐	☐	☐

		Yes	No	Don't Know
	Visual Rehabilitation Service	☐	☐	☐
10	In regard to adults with Learning Disabilities			
	Are you aware of the law in respect of informed consent?	☐	☐	☐
	Do you have the appropriate optometric tests?	☐	☐	☐
	Did you communicate effectively?	☐	☐	☐
	Was/is the eye examination report available to carers/staff?	☐	☐	☐
11	Did you implement the following recommendations:			
	Spectacles clearly engraved with name and purpose	☐	☐	☐
	Explanations of ongoing eyecare which may be required	☐	☐	☐
	Information provided regarding the responsibilities of the resident in relation to ongoing eyecare	☐	☐	☐
	Advice and a reminder regarding the next eye examination/review	☐	☐	☐
	Advice provided that is tailored to the needs of the individual	☐	☐	☐
	Information provided regarding long term issues in relation to vision and the ability of the resident to perform specific visual tasks	☐	☐	☐
	Informing the resident or main carer if you cease to provide a service	☐	☐	☐
	Information regarding referral to alternative services if required	☐	☐	☐

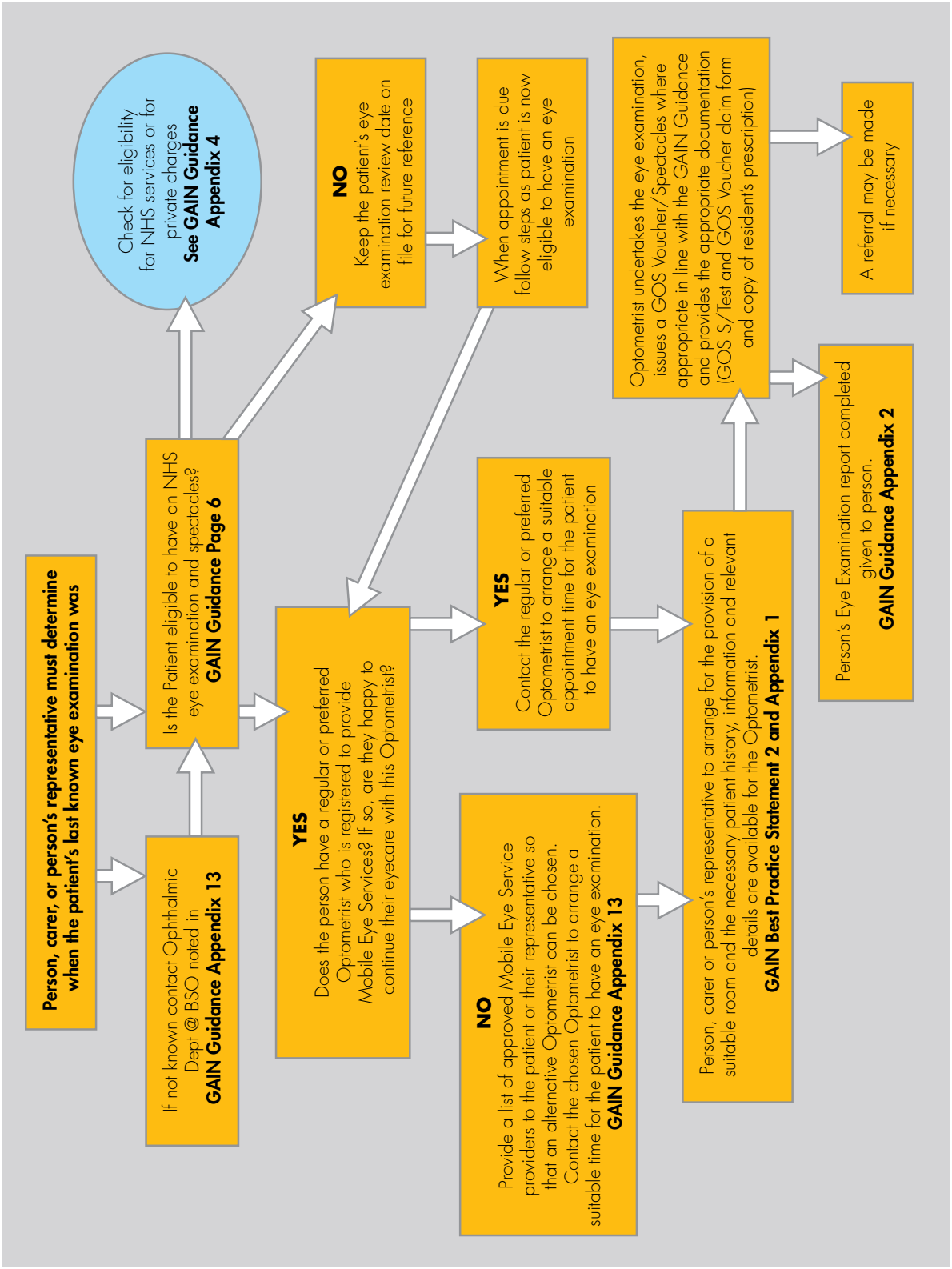
Please provide comments on how you think services could be improved

Thank you for completing this questionnaire

APPENDIX 9 - EYECARE FLOWCHART/POSTER FOR NURSING/RESIDENTIAL HOMES



APPENDIX 10 - EYECARE FLOWCHART/POSTER FOR DAY CARE FACILITIES



APPENDIX 11

HEALTH & SOCIAL CARE BOARD - OPTOMETRY STAFF CONTACT DETAILS

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APPENDIX 12

MEMBERSHIP OF THE GAIN SUB-GROUP LOOKING AT BEST PRACTICE GUIDANCE FOR THE PROVISION OF DOMICILIARY EYECARE IN NURSING/RESIDENTIAL HOMES AND DAY CARE FACILITIES

Chairperson		
Margaret McMullan	Optometric Adviser	Health & Social Care Board

Members		
Freddie Stirling	Optometric Adviser	Health and Social Care Board
Ernie Swain	Ophthalmic Services	DHSSPS
Kevin Carland	Ophthalmic Services	Business Support Organisation
William Stockdale	Optometric Contractor	Optometry NI
Richard McNeight	Optometric Contractor	Optometry NI
Helen McGloin	Optometric Contractor	Independent
Lorraine Wilson	Inspector/Quality Reviewer	RQIA
Nicola Porter	GAIN Manager	GAIN
Diane Strong	Care Home Manger	Independent Health Care Providers

With special thanks to Miss Jennifer Lindsay, Deputy Head of Optometry, Belfast Trust for her input in the field of learning disability and eyecare.

Supported by		
Stephen Young	Administration Officer	DHSSPS

Audit Tool Devised by		
Clare Jennings	Regional Audit Facilitator	GAIN

Peer Reviewed by:

Professor A J Jackson BSc PhD MCOptom FBCLA.
Visiting Professor School of Medicine, Dentistry & Biomedical Sciences, Queens University Belfast.
Assistant Director of Integrated Care (Optometry) Health & Social Care Board.

APPENDIX 13

REGISTERED MOBILE EYE SERVICES PROVIDERS

The Business Services Organisation (BSO) holds and maintains the list of registered mobile eye service providers on behalf of the Health and Social Care Board. This list is updated when new providers register or when providers withdraw from service provision. When you are required to consult the list of registered mobile eye service providers this information can be accessed on the BSO web-site (**www.hscbusiness.hscni.net/services/family** and then click on General Ophthalmic Services. Alternatively contact the BSO using the details below.

Contact Details:
Ms Angela Dowds
Ophthalmic Services
Business Services Organisation
2 Franklin Street
BELFAST
BT8 2DQ

Tel: 028 90535526 / 90535527 / 90535528
E-Mail: **Angela.Dowds@hscni.net**

This document can be made available on request in an alternative format, for example, large print, Braille, disk, audio cassette, easy read or in other languages to meet the needs of those whose first language is not English.

Further copies of this 'Best Practice Guidance' can be obtained by either contacting the GAIN Office or by logging on to the website.

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