GUIDELINES AND AUDIT
IMPLEMENTATION NETWORK

Regional Audit of the GAIN Best Practice Guidance for Domiciliary Eyecare Provision in Nursing/Residential Care Homes and Day Care Facilities

:

October 2014

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Mrs Margaret McMullan
Audit Project Lead

Executive summary

Background

In late 2010 the Guidelines and Audit Implementation Network (GAIN), in conjunction with the Health and Social Care Board (HSCB), launched 'Best Practice Guidance for the Provision of Domiciliary Eyecare in Nursing/Residential Homes and Day Care Facilities'[1]. The guidance is unique within the United Kingdom and was the result of the collaborative work of a multidisciplinary advisory group chaired by a representative of the HSCB, in recognition of the need for guidance and consistency in the standards for delivery of NHS eyecare services to those persons in the domiciliary care setting. The guidance was launched on 13th October 2010 by the Chief Medical Officer for Northern Ireland, Dr Michael McBride. In his support for the guidance Dr McBride said, "these robust guidelines will help ensure that the quality of eye care provided within nursing, residential and day care facilities is improved and standardised throughout Northern Ireland. I wish to congratulate the efforts of those involved in developing the guidelines. There is no doubt that the residents' quality of life will benefit from the standards set". A recent Northern Ireland study[2] profiled the ophthalmic and visual status of elderly residents in care homes citing levels of visual impairment in this population of 24.2% and noting that the provision of eyecare and corrective spectacles had a positive impact on reducing levels of visual impairment. Persons in residential and nursing care often have complex physical and mental health needs and visual impairment can compound their level of disability. Although not statutory in nature the guidance was published in order to provide a framework for enhanced standards of eyecare provision in the domiciliary setting. Although the guidance was developed specifically for eyecare services provided in care homes and day care facilities, the principles of best practice extend to eyecare provided to persons in their own homes. In addition to the provision of factual information and advice on the regulatory frameworks for eyecare professionals, the guidance provides statements of best practice for care homes and ophthalmic professionals. At the time of the launch all care homes in Northern Ireland were provided with copies of the guidance which was welcomed by the Independent Health Care Providers. The GAIN Best Practice Guidance for the Provision of Domiciliary Eyecare in Nursing/Residential Homes and Day Care Facilities'[1] was used as the evidence base for the audit (Appendix 5).

Aims and Objectives

Audit of the uptake of the guidance and identification of areas for improvement in service provision will add to the quality of eyecare provided in care homes. The findings and recommendations from the audit will provide the necessary evidence to inform and enable commissioners to investigate options for change in the model of service provision and also to consider mechanisms for improving patient safety, experience and outcomes. The evidence provided by the audit should assist ophthalmic professionals in identifying of areas of clinical care which could be enhanced and will provide information for care homes and their staff to enable safe and effective eyecare provision which optimises patient experience and makes best use of resources.

Key findings

The GAIN Best Practice Guidance for the Provision of Domiciliary Eyecare in Nursing/Residential Care Homes and Day Care Facilities[1] formed the evidence base for this audit. The guidance cites nine statements of 'best practice' and eight of these statements were audited. Analysis of the audit data was undertaken and the findings thematically grouped into the following key areas:

1. Patient Choice
2. Care and Treatment – including Patient Experience, Care Home Experience, Ophthalmic Professional Experience
3. Patient Safety Issues
4. Effective Use of Resources

The audit demonstrates that patients do not report having choice in the selection of their preferred ophthahlmic professional. This is contrary to the guidance and illustrates poor adherence to the recommendations for best practice.

To assess the level of compliance with the guidance in relation to the care and treatment of patients, the experiences of service users, care home staff and ophthalmic professionals were analysed. The evidence base for this was determined by the compliance to the relevant best practice recommendations within the guidance. The findings demonstrate that overall patient and care home staff satisfaction in regard to care and treatment provided by the ophthalmic professionals is very high.

The audit shows that ophthalmic professionals delivering the care and treatment adhere to the best practice advice in relation to professional conduct and service provision. However, areas of poor compliance were identified in relation to the recommendations within the guidance in regard to the provision and sharing of information.

The safety of patients accessing eyecare services is an important consideration and the aspects of the guidance relating to patient safety were assessed, these included governance arrangements for ophthalmic professionals and the provision of important and relevant information on patients ocular and general health by care homes. The audit demonstrates a significant variation in patient safety aspects of eyecare provision. Ophthalmic professionals contribute to good patient safety in their compliance with governance requirements. However patient safety is potentially compromised by poor adherehce to the recommendation for consistency in the provision of written clinical information prior to an eye examination.

At a time when resources in Health and Social Care are under strain it was important that the audit examined the effective use of resources in relation to domiciliary eyecare. Elements of service provision in relation to the uptake, value and use of the guidance were audited. In addition, consideration was given to the financial aspects of eyecare provision. Overall the key findings in this area show that despite high awareness of the guidance, there is poor usage of the resource tools within the guidance. In addition the recommendations in regard to numbers of patients examined at one visit to a care home are poorly complied with - resulting in sub-optimal use of financial resources, evidencing the need for a review of the model of domiciliary eyecare provision.

Recommendations

The audit has provided an evidence base for recommendations in regard to aspects of domiciliary eyecare provision involving all stakeholders; commissioners; service users; care home staff; and ophthalmic professionals. The recommendations adopt SMART criteria with the intention of providing achievable goals to meet the aims of the audit. The delivery of recommendations from the audit should provide for:

- ✓ Enhanced and effective communication between all stakeholders
- ✓ Quality eyecare provision tailored to the needs of individual patients ensuring necessary interventions occur resulting in improved outcomes for patients.
- ✓ Optimal use of valuable health and social care resources through the identification of weaknesses and taking steps to strengthen the systems for domiciliary eyecare provision.

The following recommendations have been made:

1. The HSCB should review in detail the GAIN Best Practice Guidance for the Provision of Domiciliary Eyecare in Nursing/Residential Care Homes and Day Care Facilities and examine which parts of the guidance require amendment/change aligned to the findings of the audit.
2. The HSCB in conjunction with GAIN should review and analyse the findings of this audit to plan the mechanism for any suggested and necessary revisions to the GAIN Best Practice Guidance for the Provision of Domiciliary Eyecare in Nursing/Residential Care Homes and Day Care Facilities.
3. The HSCB should take the lead to engage with key stakeholders involved in the provision of domiciliary eyecare to determine the reasons why uptake and implementation of certain aspects of the guidance is low despite the high level of awareness of the guidance by both care homes and eyecare providers.
4. The HSCB should undertake a scoping exercise to determine if there is a gap in the skills and knowledge of eyecare providers in the provision of professional advice in relation to eye health needs, visual impairment and how these and other factors may impact on the quality of life of persons in nursing and residential care homes.
5. The HSCB should undertake a scoping exercise to determine the feasibility of alternative models of domiciliary eyecare which would retain the same level of patient satisfaction but which would improve consistency in the care provided before, during and after an eye examination and determine better use of resources.

1. Introduction

1.1 Background

Residents of care homes are largely elderly with an increased likelihood of visual impairment and ocular pathology. Not only are elderly persons more likely to have a visual impairment but many will have a physical or cognitive impairment which, if accompanied by visual impairment, may compound the level of disability experienced[3]. This will affect a person's ability to perform activities of daily living[4] and indeed will impact on quality of life. There is a significant body of academic evidence from studies in Northern Ireland, England and internationally in relation to visual impairment in elderly persons in care homes[2,5,6,7]. This evidence not only relates to incidence of visual impairments but the causative factors and the consequences of visual impairment. The evidenced link between vision and falls[8,9,10,11,12,13] is another factor which must be addressed and is a current priority for health and social care and public health[14,15,16,17]. The provision of eyecare to patients who may not only have visual difficulties, but physical and/or cognitive impairment, is challenging and the delivery of essential eyecare in the domiciliary setting adds an additional challenge for ophthalmic professionals. Taking all these issues into account, it is clear that eyecare provision and the quality of that provision, is vitally important.

The majority of General Ophthalmic Services (GOS), alternatively known as NHS sight tests, in the domiciliary setting within Northern Ireland are delivered by ophthalmic professionals operating within the framework of the Health and Personal Social Services General Ophthalmic Services Regulations (Northern Ireland)[18]. In the financial year 2013/14 14,158 domiciliary sight tests were provided accounting for 3.1% of all GOS Sight Tests[19]. The current regulatory framework has the benefit for the HSCB of advance notice of service provision but it is recognised that the framework lacks flexibility and scope for development and extension to meet the holistic eyecare needs of some patients. The introduction of the guidance was not intended to provide an additional layer of administrative work within the services provided by ophthalmic professionals but to enhance eyecare provision.

Informal engagement between the HSCB and a range of care homes across Northern Ireland (2005/06) provided further impetus for consideration of the need for tailored guidance for domiciliary eyecare provision in Northern Ireland. The publication of the GAIN Best Practice Guidance for the Provision of Domiciliary Eyecare in Nursing/Residential Care Homes and Day Care Facilities[1] was an important development for eyecare provision in Northern Ireland. It was driven by the recognition of the often complex needs of patients accessing domiciliary eyecare services and how all parties involved in this care provision could play a part in ensuring that the eyecare provided was safe and effective, optimising outcomes and patient experience. The guidance is based on the principles outlined in the Quality Standards for Health and Social Care[20] (DHSSPS, 2006) and incorporates many aspects of good health and social care. The guidance also has relevance to two more recent strategies- Quality 2020[21] (a ten year strategy for Health and Social Care in Northern Ireland 2012) and Aging in an Inclusive Society[22] (OFMDFM, 2012).

1.2 Aim

The overall aim of the audit is to evaluate the uptake and implementation of the GAIN Best Practice Guidance for Domiciliary Eyecare Provision in Nursing/Residential Care Homes and Day Care Facilities[1] since its introduction in late 2010. It was felt that a 3-year time frame from dissemination of the guidance was sufficient time for all care homes and ophthalmic professionals to adopt and implement the guidance in their respective areas of care provision. The audit will address the use of the guidance by ophthalmic professionals delivering domiciliary eyecare; the adoption and implementation of the GAIN guidance by nursing and residential care homes; and feedback from patients who have experienced eyecare service provision.

The audit should identify and detail recommendations with associated action plans, to facilitate optimum care provision by ophthalmic professionals and care home staff. Elements of the guidance which place a spotlight on patient care will be a central focus for the audit as “quality of service provision, and patient experience” are the drivers for potential change in the commissioning and delivery of any aspect of health and social care. Identification of areas for improvement in service provision will be facilitated by the evidence gathered with the aim to put patient care as the top priority by enhancing the quality of eyecare provided in care homes by ophthalmic professionals, fundamentally linked to the awareness of the importance of such care by care home staff.

The aims of the audit are:

- ✓ Determining the level of awareness and uptake of the guidance
- ✓ Identifying the areas of best practice which require review and to suggest inclusions to further enhance the guidance
- ✓ Assisting ophthalmic professionals in identifying of areas of clinical care which could be enhanced
- ✓ Provision of additional advice for care homes and their staff to enable safe and effective eyecare provision which optimises patient safety, experience and outcomes
- ✓ Identifying areas for better use of resources
- ✓ Identification of areas of strength and weakness in the current model domiciliary eyecare provision
- ✓ Provision of information to enable commissioners to scope out and investigate options for change in the current model of service provision.

1.3 Objectives

The objective of the audit was to carry out a regional (Northern Ireland) multidisciplinary sample survey of care home residents (or their representatives), care staff and ophthalmic professionals regarding provision of domiciliary eyecare provision in the previous 12 months. The audit will determine:

1. The degree of uptake of the guidance by ophthalmic professionals and care homes
2. The degree/level of implementation of the guidance
3. If service providers and users identify any areas where the guidance can be enhanced or reviewed
4. Evidence for commissioners which will inform the commissioning process for domiciliary eyecare services
5. What difficulties exist in delivery of care from the perspectives of: service users, service providers and carers to facilitate a reduction in complaints and adverse incidents.
6. Consistency of reporting documentation on optometric clinical outcomes.
7. Areas for training on awareness of visual impairment for persons in the care home setting.

2. Methodology

2.1 Sample

The audit aimed to gather information from three relevant populations across the whole of Northern Ireland:

1. Nursing and Residential Care Homes
2. Service Users
3. Ophthalmic Professionals (Domiciliary Eyecare Providers)

In order to construct robust sample sizes from the populations the audit used the following sample size calculator: http://www.raosoft.com/samplesize.html. The populations were sought using information from the Business Services Organisation[19] (BSO). The outcomes of the sample size calculations were as follows:

1. Nursing and Residential Care Homes – 174 sampled from a total population of 479
2. Service Users - Nursing/Residential Home residents – 264 sampled from a total population of 10,426
3. Ophthalmic Professionals – 20 ophthalmic professionals were sampled by identifying those that had provided more than 5 domiciliary eye care tests between the dates of November 2013 and January 2014

Table 1: Sample Sizes for Audit

Population	Sample Size for Audit
Nursing/Residential Care Homes	174
Service Users	264
Ophthalmic Professionals	20

The sample sizes calculated ensured that our findings were representative of a 90% confidence level with a standard error of 5%. For the sample of care homes, homes were randomly selected from the lists of nursing and residential care homes held by the Regulation and Quality Improvement Authority [23]. The participating care homes were selected from across all five Local Commissioning Group (LCG) areas of Northern Ireland and each LCG was represented accordingly using comparative percentage variances between population and sample. The samples were also verified for effectiveness by an Assistant Statistician in the Information and Registration Unit, BSO.

2.2 Data Source

Structured face to face interviews with the three identified groups - Care Home Managers, Residents/Patients and Ophthalmic Professionals - formed the basis of the data used in the audit. The structured interviews consisted of questionnaires aimed at exploring the effectiveness of the GAIN Best Practice Guidance for the Provision of Domiciliary Eye Care in Nursing/Residential Homes and Day Care Facilities[1].

2.3 Audit Type

The type of audit is a survey/questionnaire format completed by face to face interviews with care home staff, service users and eyecare providers.

2.4 Methodology

Following the assessment of need for an audit of the guidance a project team was established to drive forward the audit including the identification of a project lead. The project lead was the Chairperson of the original advisory group which drafted the GAIN Best Practice Guidance for the Provision of Domiciliary Eyecare in Nursing/Residential Homes and Day Care Facilities[1]. The project lead, as optometric clinical adviser in the HSCB has extensive experience in the oversight of domiciliary eyecare provision and a Masters degree in this area of clinical care. The project lead completed and submitted the successful application for funding for the audit and developed the audit action plan.

It was acknowledged that the type of audit (survey/questionnaire format) and the large number of surveys in the sample size would render the audit a labour intensive process. The Optometry Business Intern within the Directorate of Integrated Care HSCB was appointed to undertake this significant piece of field work. This person worked alongside the project lead in the drafting of the communications to the care home staff, the service users and the eyecare providers.

1. Inclusions

    i. As detailed in the section 3.1, the sample of care homes and service users was random across all five LCG areas

    ii. All service users were included in the sample. If cognitive impairment existed the assistance of care home staff and/or family representation was sought

2. Exclusions

    i. Care homes who specialised in the care of patients with learning disability were not included in the audit

The audit tools were devised by the project lead and optometry business intern in conjunction with a representative of GAIN. The audit tools were drafted to align with the eight best practice statements of the guidance which were being audited. Three audit tools (questionnaire/survey format) were designed and approved by GAIN:

1. Audit Tool for Care Home Staff
2. Audit Tool for Service User
3. Audit Tool for Ophthalmic Professional (domiciliary eyecare provider)

The audit tools are detailed in Appendix 4 (4a, 4b and 4c).

2.5 Data Collection

Data was collected by the use of structured face to face interviews by the appointed officer using the relevant audit tools. As part of the audit plan communication letters outlining the background to the audit and the invitation to participate were issued to:

1. The manager of the care homes sampled
2. Service users in the care homes sampled
3. Ophthalmic professionals sampled

Prior to the data collection phase an action plan was drafted detailing the chronology of visits to each care home. Data Collection commenced in early March 2014 and was completed by the end of June 2014. The timescale for data collection as outlined in the audit project plan was adhered to. All data collected was anonymised with a unique reference.

2.6 Data Analysis

Data entry was undertaken on individual questionnaire sheets for every person surveyed/questioned. A database was developed and the responses (data) were coded as variables in spread sheets according to the answer received. All collected data was entered to a Microsoft Excel (Version 2010) database.

Original data entered in the database was retained as a separate database from the working validation data. Each individual questionnaire response entered in to the database was given a unique anonymised reference number to permit cross referencing and checking with the original paper questionnaire. Where errors were noted the original paper questionnaire was annotated and the database updated accordingly. Data was validated by cross examination of 40 randomly selected entries by a Clinical Informatics Specialist with the Directorate of Integrated Care, HSCB.

Discussion on the approach for representation of the results and findings took place between the project lead, optometry business intern and the Head of Optometry, HSCB. It was decided that the results and findings should represent the following key elements:

1. Patient Choice
2. Care and Treatment
    a. Patient Experience
    b. Care Home Experience
    c. Ophthalmic Professional Experience
3. Patient Safety
4. Effective Use of Resources

Data was analysed according to these themes by the project lead and optometry business intern. The report was written by the project lead and presented to the Head of Optometry, HSCB.

3. Findings

As outlined in section 3.6 a thematic approach was taken to the analysis and representation of the responses from the three populations sampled. Sample sizes were as detailed in section 3.1:

Care Homes: n= 174

Service Users: n= 264

Ophthalmic Professionals: n= 20

The following results are an analysis of questions within each audit tool which relate to the themes of patient choice, care and treatment, patient safety and effective use of resources. The relevant questions from the audit tools are stated and which best practice statement from the GAIN Best Practice Guidance for the Provision of Domiciliary Eyecare in Nursing/Residential Homes and Day Care Facilities[1] the audit tool question(s) relates to.

3.1 Patient Choice

Table 2:

Do service users see their own chosen/named optician?

(Best Practice Statement 1 – Care Home Audit Tool Q 17, Service User Audit Tool Q1)

	Yes	No	Don't Know
Care Home Responses n=174	45%	51%	4%
Service User Responses n=264	49%	51%	0%

Figure 1:

Who requested that you provide eyecare services to patient?

(Best Practice Statement 1 – Ophthalmic Professional Audit Tool Q8. Multiple answers were possible the results show the outcome of 41 responses from the n=20 Ophthalmic Professionals)

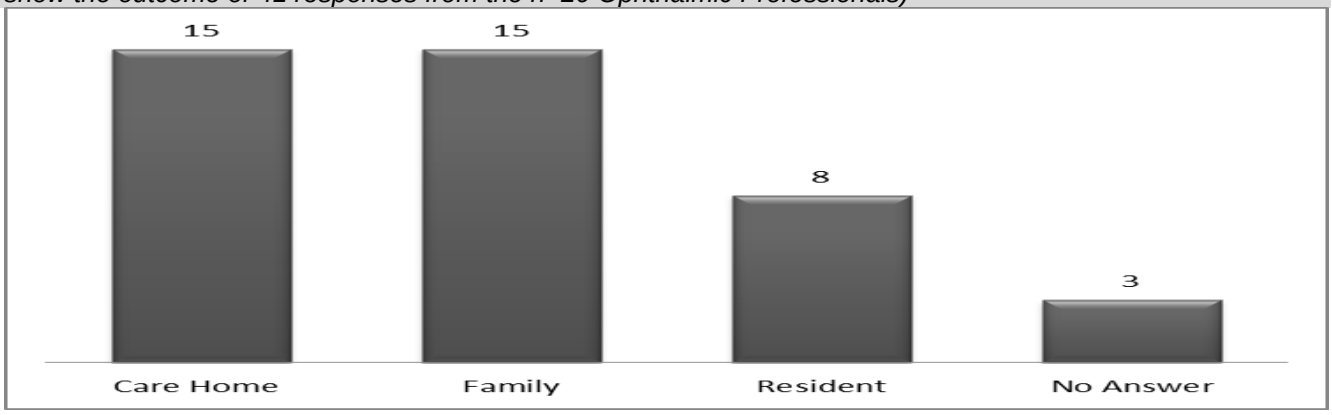
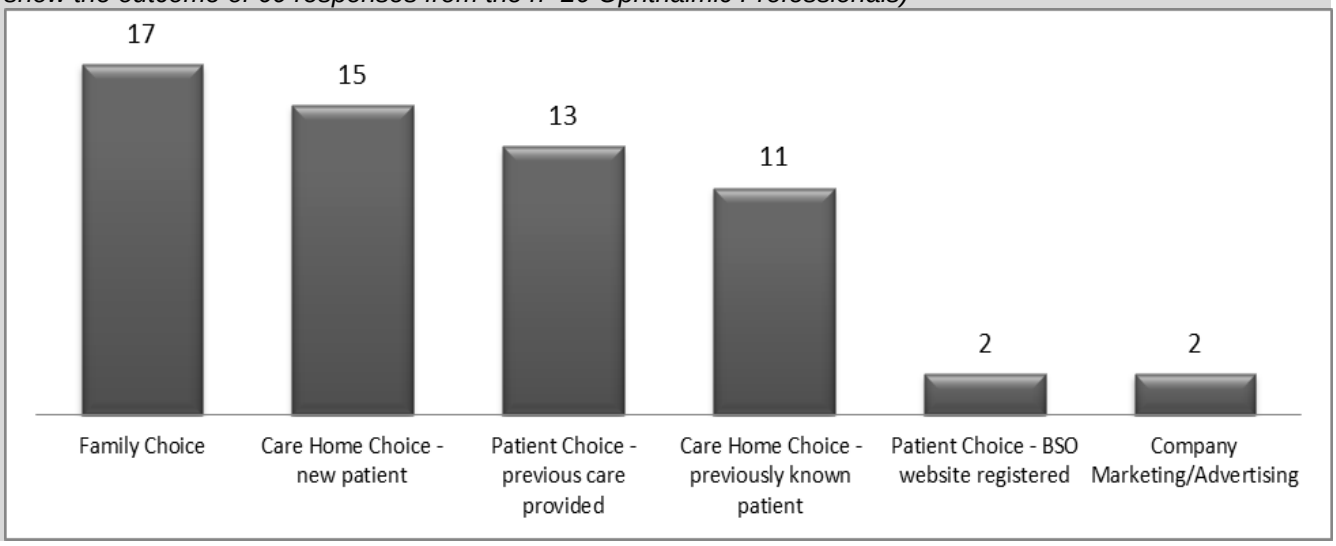


Figure 2:

Were you advised as to why your service was chosen/requested?

Best Practice Statement 2 – Ophthalmic Professional Audit Tool Q9. Multiple answers were possible the results show the outcome of 60 responses from the n=20 Ophthalmic Professionals)



3.2 Care and Treatment

3.2.1 Patient Experience

Table 3:

During the Examination

(Best Practice Statement 1,2,3,4,5 and 8 – Service User Audit Tool Q3-12 n=264)

	Best Practice Statement	Yes	No
Are you usually given an appointment time?	1	96%	4%
If your appointment has ever been cancelled or changed was a reason given?	1	99%	1%
Did your optician communicate effectively?	2/3	100%	
Did you feel you were treated with respect?	2/3	100%	
Was the room in which your eye examination took place comfortable?	3/8	100%	
Was the eye examination completed in privacy?	3/8	100%	
Did your optician explain your current eye condition?	3	96%	4%
Were you given an opportunity to highlight or discuss any concerns?	3	99%	1%
Did the optician identify/introduce themselves to you?	4	99%	1%
Did your optician clearly explain what the examination would involve?	4/5	100%	

Table 4:
Outcome of the Examination
(Best Practice Statement 1,3,4 and 5 – Service User Audit Tool Q13-23 n=264)

	Best Practice Statement	Yes	No	NA
Were you prescribed glasses?		66%	34%	
Are your glasses engraved with name and purpose?	5	44%	55%	1%
Were you given a prescription?	3	18%	82%	
Were glasses fitted to ensure comfort?	1	82%	4%	14%
Did you have any problems with fitting?	1	15%	69%	16%
Did your optician return to assist/correct fitting? (n=39)	*4*	*100%*		
After the visit did you experience any other eyecare problems that required the optician to return?	4	24%	76%	
Did the optician return to resolve this? (n=63)	*4*	*99%*	*1%*	
Was any advice given in relation to your personal eye health needs, for example lighting, visual aids etc?	4/5	74%	26%	
If you experienced any problems would you know how to contact your ophthalmic professional?	4	98%	2%	
If necessary would you be aware of how to make a complaint?	6	73%	27%	

3.2.2 Care Home Experience

Table 5:
Provision of Information
(Best Practice Statement 2 and 6 – Care Home Audit Tool Q3,4,5,7,and 9 n=174)

	Best Practice Statement	Yes	No	Not Sure
On a resident's/client's admission are optical notes completed as per Appendix 1 in the GAIN Eyecare Guidance?	2	20%	80%	
If 'No' do you use a different template to assess patient/client's optical needs? (n=139)	*2*	*90%*	*6%*	*4%*
Is a patient's health information made available for the ophthalmic professional?	2/6	99%	1%	
Is a patient's eye health information kept up to date?	6	99%		1%
Are documents stored in a secure manner in accordance with the Data Protection Act 1998?	6	99%		1%

Figure 3:

How is information communicated to the ophthalmic professional?

(Best Practice Statement 2 and 6 – Care Home Audit Tool Q6. Multiple answers were possible the results show the outcome of 187 responses from n=174 Care Homes)

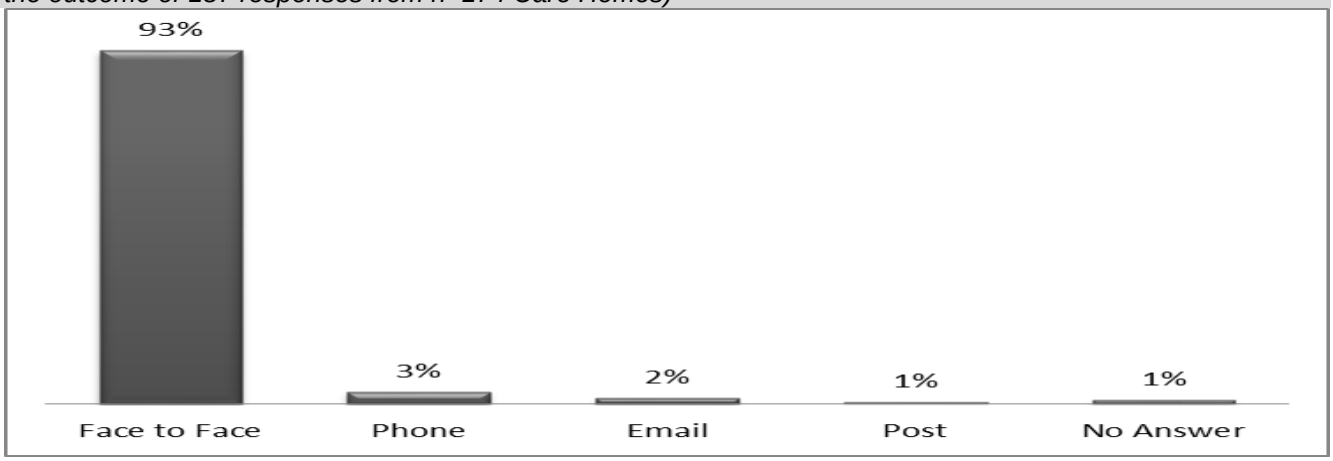


Figure 4:

Who updates the eyecare records?

(Best Practice Statement 6 – Care Home Audit Tool Q8 n=174)

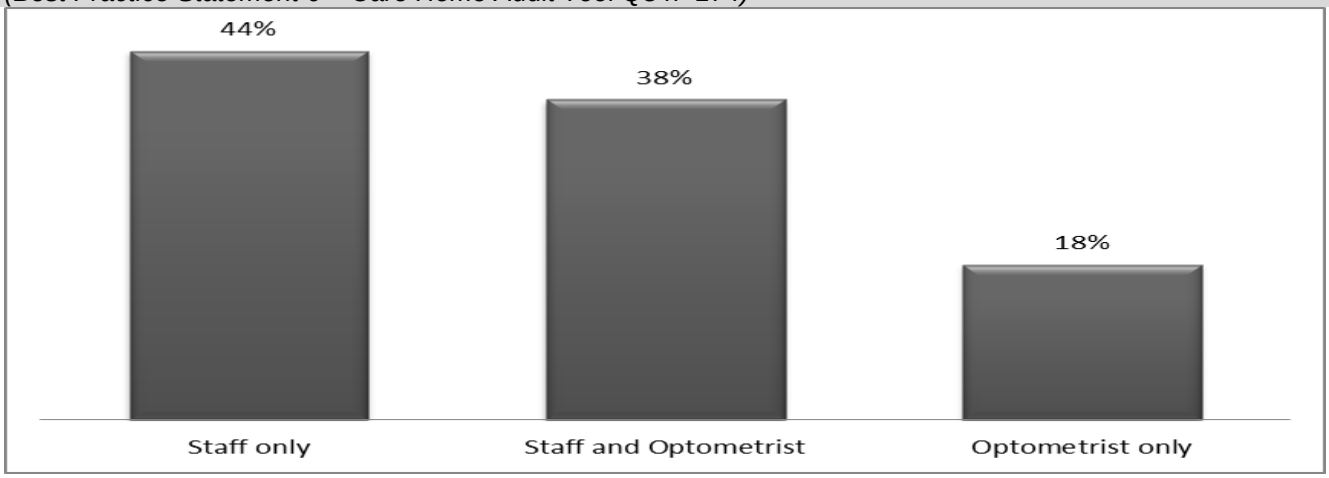


Table 6:

Communication with ophthalmic professional.

(Best Practice Statement 2, 3 and 4 – Care Home Audit Tool Q10, 12,13 and 14 n=174)

	Best Practice Statement	Yes	No	Not always
Does the ophthalmic professional contact you prior to a visit?	2/3/4	95%	1%	4%
If contacted: does the ophthalmic professional inform you of the necessary details related to the visit?	3/4	97%	1%	2%
Does the ophthalmic professional contact you prior to the visit if they cannot attend an arranged appointment?	3	98%	2%	
If contacted are reasons given? (n=170)	*3*	*96%*	*1%*	*3%*

Figure 5:

Communication - How does the ophthalmic professional communicate with Nursing/Residential/Care Homes prior to visit?

(Best Practice Statement 2, 3 and 4 – Care Home Audit Tool Q11. Multiple answers were possible the results show the outcome of 190 responses from n=172 Care Homes)

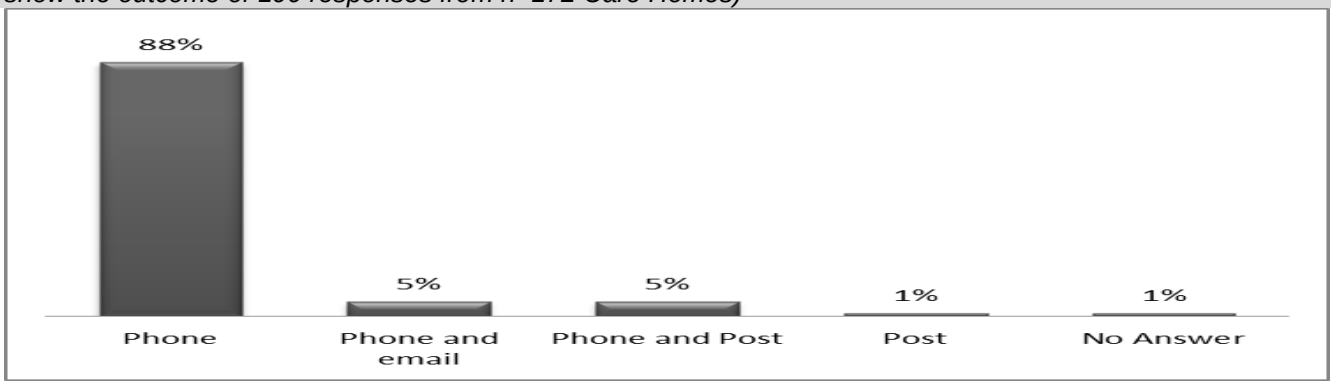


Table 7:

During the Examination

(Best Practice Statement 2, 3, 4, 6 and 8 – Care Home Audit Tool Q18 – 22 n=174)

	Best Practice Statement	Yes	No
Are you always able to provide an appropriate room for the eye examination?	2/3/8	100%	
Do you assist the ophthalmic professional during the examination?	2	84%	16%
If 'yes' have you any difficulties providing staff for this? (n=147)	*2*	*2%*	*98%*
If you have assisted the ophthalmic professional: Do they always introduce themselves to the resident/client? (n=147)	*2/3*	*100%*	
Are you aware of the complaints procedures in relation to eyecare services?	4/6	85%	15%

3.2.3 Ophthalmic Professional Experience

Table 8:

Do you contact the Nursing/Residential/Care Homes prior to visit?

(Best Practice Statement 2, 3 and 4 – Ophthalmic Professional Audit Tool Q4 n=20)

	Yes	No
Ophthalmic Professional Response	90%	10%

Figure 6:

How do you communicate with the Nursing/Residential Care Homes?

(Best Practice Statement 2, 3 and 4 – Ophthalmic Professional Audit Tool Q5. Multiple answers were possible the results show the outcome of 24 responses from the n=20 Ophthalmic Professionals)

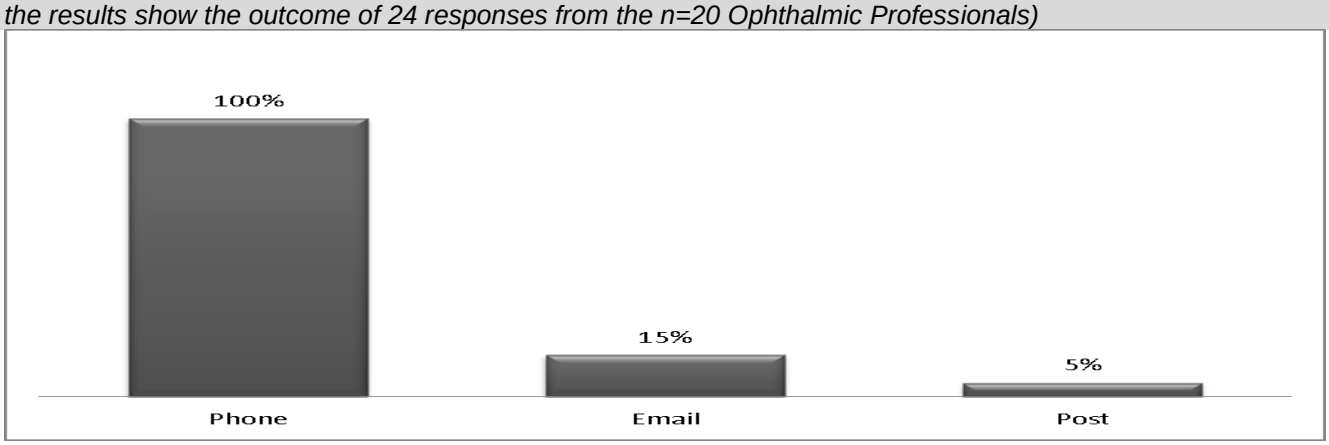


Figure 7:

Who do you speak with when arranging appointments/visits?

Best Practice Statement 2, 3 and 4 – Ophthalmic Professional Audit Tool Q6. Multiple answers were possible the results show the outcome of 42 responses from the n=20 Ophthalmic Professionals)

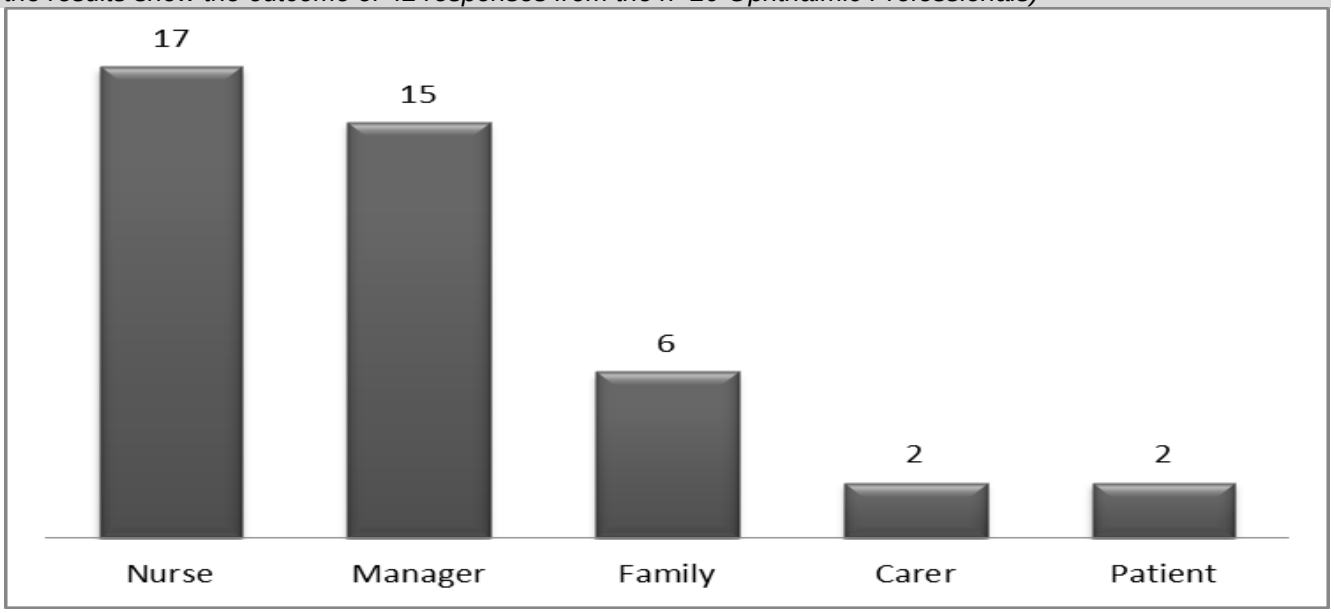


Table 9:

Do you examine patients who are new/previously known to you?

(Best Practice Statement 1– Ophthalmic Professional Audit Tool Q7 n=20)

	Yes	No
New to you?	80%	20%
Previously known to you?	100%	

Table 10:

Prior to the Examination

(Best Practice Statement 2,3,4 and 8 – Ophthalmic Professional Audit Tool Q10,16 and 17 n=20)

	Best Practice Statement	Yes always	No	Sometimes
When you are requested to provide eyecare services are you provided with a completed GAIN Appendix 1 form for each new patient you examine?	2	5%	85%	10%
Are you always provided with an appropriate room to complete the eye examination?	2/8	40%	10%	50%
Are you informed before the examination/visit if the patient is eligible for GOS sight tests and vouchers?	2/3/4	30%	40%	30%

Table 11:

During the Examination

(Best Practice Statement 2 and 5 – Ophthalmic Professional Audit Tool Q19 n=20)

	Best Practice Statement	Yes always	No	Some times
Introduce yourself?	2/5	100%		
Inform client what the examination will involve?	2/5	95%		5%
Listen to client concerns?	2/5	100%		
Give advice on lighting/visual aids etc.?	2/5	95%		5%
Provide client with prescription at conclusion of the examination?	2/5	50%	20%	30%
Provide fitting/adjustment?	2/5	100%		
Provide aftercare as required?	2/5	100%		
Engrave prescribed spectacles?	2/5	55%	40%	5%
Provide information about how to make a complaint?	2/5	55%	20%	25%

3.3 Patient Safety

Table 12:
Professional Regulation Requirements
(Best Practice Statement 1 and 4 – Ophthalmic Professional Audit Tool Q28 and 29 n=20)

	Best Practice Statement	Yes	No
Are you registered with the General Optical Council?	1/4	100%	
Are you registered with the Health and Social Care Board as a domiciliary Eyecare provider	1/4	100%	
Are you aware that if you were to withdraw registration as a domiciliary eyecare provider that you need to notify the Nursing/Residential Care Home and clients that you provide service to?	1/4	65%	35%

Table 13:
Recording of Clinical Information
(Best Practice Statement 2 and 7 – Ophthalmic Professional Audit Tool Q10,11 and 20 n=20)

	Best Practice Statement	Yes always	No	Sometimes
When you are requested to provide eyecare services are you provided with a completed GAIN Appendix 1 form for each new patient you examine?	2	5%	85%	10%
Do you complete the Appendix 1 proforma?	2		100%	
Do you use the GAIN Appendix 2 proforma?	7	80%	10%	10%

3.4 Effective Use of Resources

Table 14:
Are you aware of the GAIN Best Practice Guidance For The Provision of Domiciliary Eyecare In Nursing/Residential Care homes And Day Care Facilities?
(Care Home Audit Tool Q 1 and Ophthalmic Professional Audit Tool Q1)

	Yes	No	Somewhat	NA
Care Home Responses n=174	86%	14%	0%	0%
Ophthalmic Professional Responses n=20	90%	5%	5%	0%

Table 15:

If you refer to the Best Practice Guidelines do you find them helpful/useful?
(Care Home Audit Tool Q2 and Ophthalmic Professional Audit Tool Q3)

	Extremely Useful	Very Useful	Useful	Not Very Useful	Do not refer to
Care Home Responses n=174	3%	43%	39%	1%	14%
Ophthalmic Professional Responses n=20	0%	30%	45%	20%	5%

Table 16:

Inducements
(Best Practice Statement 7 – Ophthalmic Professional Audit Tool Q24 and 25 n=20)

	Best Practice Statement	Yes	No
Are you aware that offering inducements to care home staff is not permitted in accordance with GOS Regulations (mobile eye service provision)?	7	100%	
Does this knowledge extend to everyone representing your organisation?	7	100%	

Table 17:

Do ophthalmic professionals use cluster visits (5 to 7 patients) in order to see multiple residents/clients?
(Best Practice Statement 1– Care Home Audit Tool Q15 and Ophthalmic Professional Audit Tool Q12)

	Yes	No	Sometimes
Care Home Responses n=174	54%	14%	32%
Ophthalmic Professional Responses n=20	55%	25%	20%

Figure 8:

Approximately how many residents/clients does the Ophthalmic Professional examine at each visit?

(Best Practice Statement 1 – Care Home Audit Tool Q16 n=174)

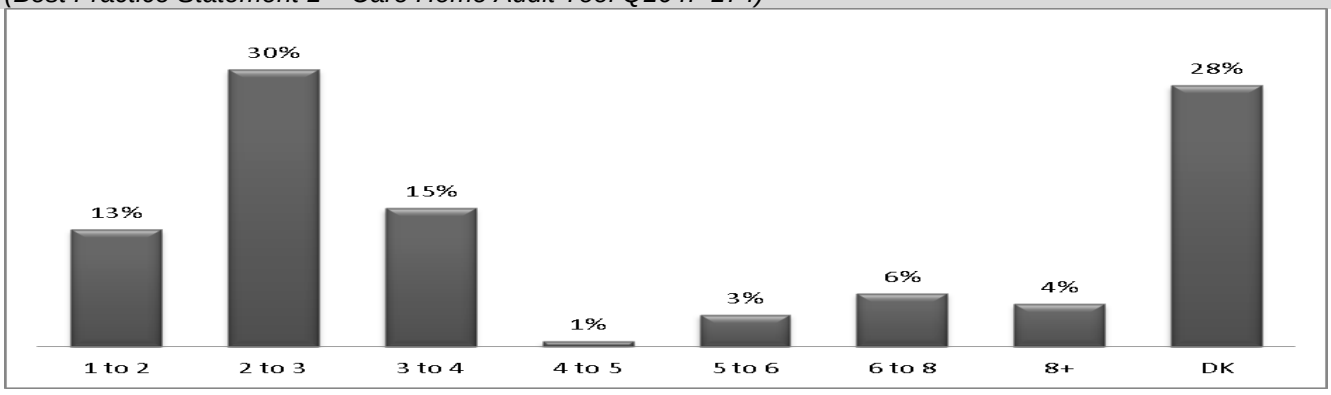


Figure 9:

Approximately how any residents/clients do you see at each visit?

(Best Practice Statement 1 – Ophthalmic Professional Audit Tool Q13 n=20)

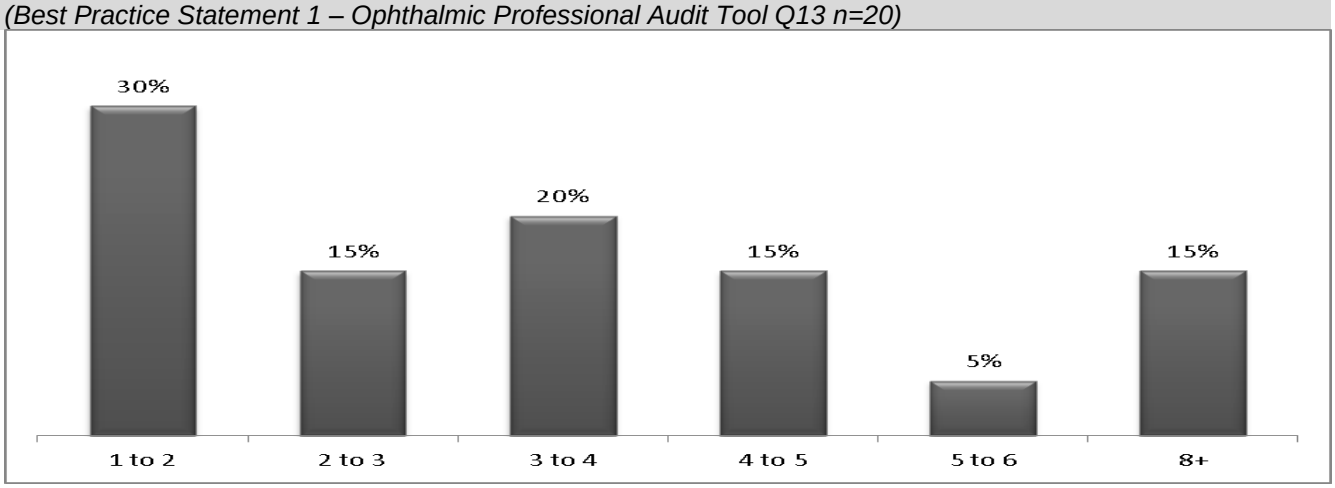
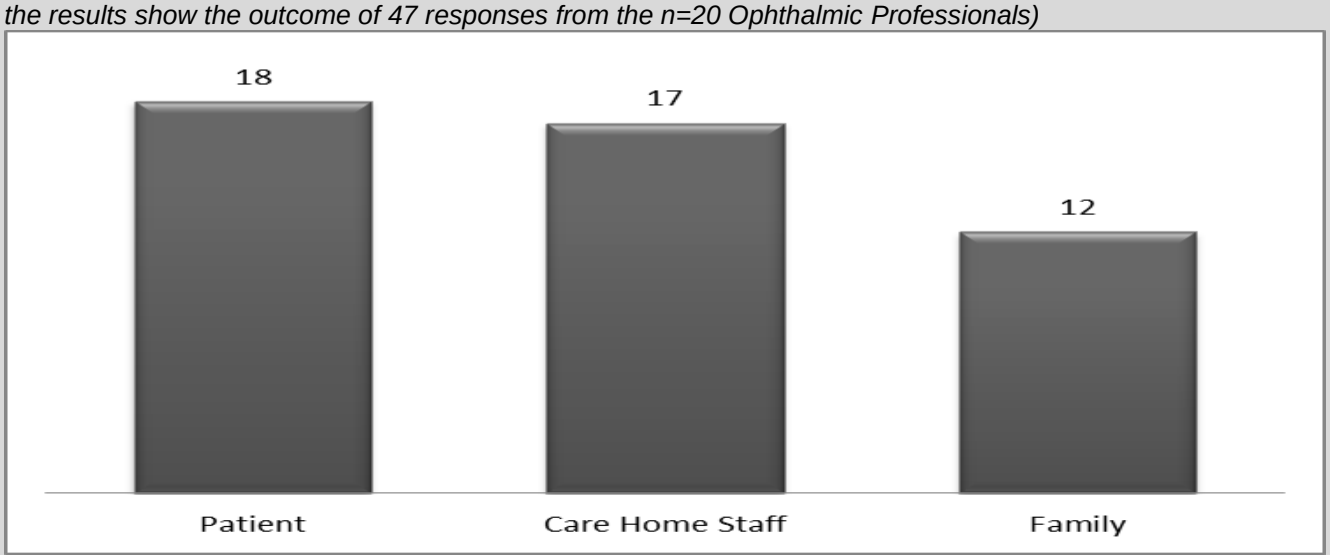


Figure 10:

Who signs the General Ophthalmic Services Claim forms?

(Best Practice Statement 2, 3 and 4 – Ophthalmic Professional Audit Tool Q18. Multiple answers were possible the results show the outcome of 47 responses from the n=20 Ophthalmic Professionals)



4. Discussion

As noted in section 3.6 analyses of the results of the audit was thematic using the stated overarching themes of:

- ✓ Patient Choice
- ✓ Care and Treatment
  - ✓ Patient Experience
  - ✓ Care Home Experience
  - ✓ Ophthalmic Professional Experience
- ✓ Patient Safety
- ✓ Effective Use of Resources

Discussion on the analysis of the audit data in respect of these themes will state the findings, offer explanation for the findings and suggest ways to strengthen systems and enhance delivery of care where weaknesses are demonstrated.

4.1 Patient Choice

The findings in relation to patient choice of eyecare professional provide evidence that patients see their own/chosen ophthalmic professional in less than 50% of all instances (Table 2). This is consistently reported by both care home staff and service users. When considering the feedback from ophthalmic professionals it is reported that care homes and family request the visit in a significant number of instances (Figure 2) and that the patient requests their own/chosen provider in four out of every ten occasions. The ophthalmic professionals report that in the vast majority of instances their services were chosen/requested by either the care homes and/or family members (Figure 2). Eleven out of twenty ophthalmic professionals report that previous eyecare provision was a factor in determining the choice/request for their eyecare services (Figure 2). Ophthalmic professionals reported that in only 10% of instances patients used the Business Services Organisation website as the resource for choice/request of their services (Figure 2).

The overall findings in relation to patient choice reveal in just under half of all instances individual patients do not make their own choice of eyecare provider. GAIN best practice statement 1 advises that patients where possible, should have independent choice in the selection of their eyecare provider. The evidence provided by the audit may mean that either a patient is not able to exercise personal and independent choice in approximately half of all instances when choosing an eyecare provider or, that the choice is not made available to them personally and the choice is determined by care homes staff and/or family. The evidence provided by the audit of ophthalmic professionals would support the latter inference. This evidence if taken in isolation, may suggest that best practice statement 1 in relation to patient choice should be reviewed.

4.2 Care and Treatment

4.2.1 Patient Experience

Analysis of the data in relation to patient experience involved examination of the care during and after the examination and visit by the eyecare provider. The findings demonstrate that overall satisfaction during the actual eye examination and the clinical care provided is very high (Table 3). Aspects of care provision which were assessed included; allocation of an appointment, communication with the patient in relation to the examination, clinical outcomes and any concerns arising from the examination. The suitability of the consultation room/surroundings and the respect afforded by the ophthalmic professional were also investigated. Many of these elements of care provision elucidated a satisfaction rating of 100% (Table 3).

The findings in relation to outcomes and ongoing care following the eye examination offer a mixed message in regard to service provision. Aspects of service provision following the actual eye examination which were investigated included the prescribing of spectacles and issuing of a prescription, aspects of supply and necessary adjustment of spectacles, provision of tailored advice in relation to personal eye health needs, and the mechanisms for dealing with problems/complaints. In general many of the above aspects of eyecare provision revealed a high degree of satisfaction from patients. Areas where compliance with the GAIN best practice statements could be improved relate to the engraving of spectacles (name, date and purpose), the provision of the prescription post-examination (50% of ophthalmic professionals advised they issue the prescription, Table 11) and the provision of

professional advice which may assist in the ongoing management and address of eye health needs.

The overall findings in relation to patient experience reveal a high level of satisfaction with the level of clinical care and professionalism of ophthalmic professionals providing eyecare services. Aspects of care where better compliance with the GAIN guidance, regulatory obligations and provision of professional advice could be demonstrated, involve the post-examination phase and relate to the supply of spectacles and provision of professional advice pertinent to the needs of the patient and their eye health. Further evidence and feedback may be obtained through a scoping exercise of ophthalmic professionals in relation to the provision of 'additional/tailored advice' to patients on their needs specific to eye health, visual impairment, ability to perform daily living tasks and impact on quality of life. The possibilities for provision of training in this area should be examined. The lower level of satisfaction expressed in this area of eyecare provision provides an evidence base to review the best practice statements 4 and 5 in relation to outcomes and ongoing eyecare.

4.2.2 Care Home Experience

Audit data from the care homes in relation to the provision and recording of information on patients' eye health, practical assistance offered to and communication with ophthalmic professionals was analysed. In line with the positive experience reported by service users, care home staff generally demonstrate a high degree of satisfaction in respect of communication with ophthalmic professionals. 100% compliance with the recommendation to provide suitable consulting room/space is recorded (Table 7).

Findings in relation to the recording of information provide evidence that compliance with the GAIN best practice statement 2 is very low (Table 5). The recommendation in the guidance that Appendix 1 (patient optical notes) is completed by the care home is only followed in 20% of instances (Table 5). In 93% of instances information is imparted in 'face to face' meetings (Figure 3). It is also apparent that care homes use a different template for the recording and provision of the necessary information with 90% of those who report not using GAIN Appendix 1 (Table 5), advising that another means of recording information is employed. It is noted that in 15% of instances, care homes cite a lack of the knowledge and awareness of the complaints process (Table 7).

The overall findings in relation to care home experience demonstrate a high level of satisfaction with the level of communication between care homes and eyecare providers with a high level of 'face to face' communication. The audit provides evidence that the recommendation for completion of the GAIN Appendix 1 pro-forma is not being complied with. This pro-forma facilitates the recording of information on a patient's demographics, optometric history and relevant medical history. The pro-forma was drafted with the intention of providing consistency in the provision of important optometric/medical information and to inform care home staff and eyecare providers on the wishes and needs of a patient in relation to eyecare delivery. The findings in relation to knowledge of the complaints procedures for eyecare services suggest that awareness of this could be improved. The very low level of compliance with the best practice statement 2 and the use of GAIN Appendix 1 provides an evidence base to review the best practice statements 2 and 6 which provide guidance on 'before the eyecare appointment' and 'governance' issues.

4.2.3 Ophthalmic Professional Experience

As detailed previously the audit sought to analyse the experience of ophthalmic professionals in the uptake and implementation of the GAIN guidance in the delivery of domiciliary eyecare services. The elements which were investigated in this analysis were communication with care homes prior to visits, provision of necessary patient information and appropriate consulting room/space, clinical care provision during the examination, ongoing care post-examination and issues in relation to regulatory requirements (complaints, eligibility and other aspects of service provision).

In general, ophthalmic professionals report that in the vast majority of instances initial contact in regard to visits to a care home are made by the ophthalmic professional and although in some instances multiple means are used, the vast majority of communication is undertaken by telephone with the managers and/or nursing staff being the primary contact. Six out of twenty ophthalmic professionals reported that the family was the point of contact for arranging visits. In 10% of instances the patient was the point of contact for the ophthalmic professional when arranging visits (Figure 7). In relation to the provision of appropriate consulting room/space ophthalmic professionals reported that this always happened in 40% of instances, but that the room was only 'adequate sometimes' in 50% of instances (Table 10).

This outcome does not align with the findings of the audit of care home staff and service users where it was reported that the accommodation was appropriate at all times (100%, Table 7).

A key finding from the analysis of responses from ophthalmic professionals is that they are only provided with a completed GAIN Appendix 1 pro-forma in 5% of instances (Table 10). This does not align with the reported usage of the pro-forma by care homes (20%, Table 5). Ophthalmic professionals are also not often advised about the eligibility of patients for General Ophthalmic Services (i.e. assistance with sight tests and spectacles) with no prior knowledge of eligibility in 40% of instances (Table 10).

Ophthalmic professionals report a very high level of compliance with the recommendations in relation to professional conduct during the eye examination and the provision of follow up care for dispensing and fitting of spectacles (Table 11). Ophthalmic professionals cite excellent adherence to good professional conduct such as provision of information about the actual clinical tests performed, listening to patients, and provision of any necessary aftercare (Table 11).

The audit findings evidence poor compliance in three of the assessed elements - the best practice recommendation for engraving of spectacles, the provision of information on complaints procedure and the regulatory requirement to provide the patient's prescription following the examination. Ophthalmic professionals report adherence to these elements of eyecare provision at levels of 55%, 55% and 50% respectively (Table 11). These findings are consistent with comments from service users and care home staff.

The overall findings in relation to ophthalmic professional experience demonstrate a high level of direct communication between care homes and eyecare providers in the arranging of visits. However the provision of information before a visit in regard to patients 'known/previous' eye care and the eligibility of patients for NHS eyecare services is not observed by ophthalmic professionals. Earlier evidence from care home responses that the GAIN Appendix 1 pro-forma is not completed is supported in the audit of ophthalmic professionals. The completion of this pro-forma enables ophthalmic professionals to have a good background to a patient's ocular and medical history and is crucial in facilitating continuity of eyecare for patients when they initially enter a care home because at this point, patient choice of eyecare provider can be exercised and facilitated. Aspects of care in the post-examination phase within the GAIN guidance and regulatory obligations warrant consideration with a view to determining how better compliance can be achieved.

4.3 Patient Safety

In consideration of the theme of patient safety key elements of service provision in relation to: the regulation of ophthalmic professionals, the provision of important information on choice of provider, knowledge of optometric and medical history prior to an eye examination and the recording of relevant findings after an eye examination were examined. Responses from ophthalmic professionals in regard to questions about their regulatory obligations and recommendations as detailed in GAIN best practice statements 1,2 4 and 7 were analysed. These elements were chosen because of their importance in ensuring that only registered professionals undertake eye examinations and that important clinical information about patients is both given to, and given by, the ophthalmic professional in the discharge of their professional duties.

All ophthalmic professionals questioned advised that they were aware of their obligations to have registration with their professional regulator, the General Optical Council. All ophthalmic professionals were also aware of the regulatory requirement to register with the HSCB as a provider of domiciliary eyecare services (mobile eye services). However only 65% of ophthalmic professionals were aware of the requirement within GOS Regulations[18] to inform the Health and Social Care Board of any withdrawal of service provision (Table 12).

As outlined previously the completion of the GAIN Appendix 1 pro-forma provides information on patient choice and relevant optometric and medical history. Ophthalmic professionals who have access to this information are in the advantageous position of knowing;

- ✓ The date of previous eye examination and type of spectacles
- ✓ Eligibility for sight tests and assistance with spectacles
- ✓ If a patient has an existing visual disability
- ✓ Relevant medical history and current medication

Ophthalmic professionals report only having access to a completed GAIN Appendix 1 pro-forma prior to an eye examination in 5% of instances (Table 13). When questioned about the completion of the GAIN Appendix 2 pro-forma following an eye examination 80% of ophthalmic professionals reported that they always completed and 10% of ophthalmic professionals advised they never used the pro-forma as a reporting tool (Table 13).

The analysis of the findings in relation to aspects of patient safety raises some important points which merit discussion and consideration. Care homes report better compliance with GAIN best practice statement 2 in relation to completion of information prior to an eye examination but this is not supported in the feedback from ophthalmic professionals. Despite reporting that the GAIN Appendix 1 is used in 20% of instances (Table 5), care homes report the making available of 'patient health information' to ophthalmic professionals in 99% of instances (Table 5) and the question may be posed if the current format (GAIN Appendix 1pro-forma) could be enhanced or, changed to encourage adoption by care homes. Similarly consideration should be given to the review of GAIN Appendix 2 pro-forma to ascertain if compliance with GAIN best practice statement can be achieved with the intention of providing relevant and appropriate feedback on the outcomes of an eye examination. This is important as the provision of such information will inform care plans for patients in relation to their visual and wider health care needs. For example, if a stroke patient has suffered visual field loss this will affect their mobility and ability to perform daily living tasks and awareness of this is essential if the holistic healthcare needs of the patient are to be adequately addressed. Such a scenario has implications for patient safety in relation to their physical environment (risk of falls etc…). Continuity of care, should a new eye care provider be chosen, is also assisted by the provision of information in a post-examination report. The analysis of the findings in the theme of patient safety support a review of the GAIN recording/reporting tools and consideration of a mechanism for reminding ophthalmic professionals of regulatory aspects of provision of eyecare services within the GOS regulatory framework.

4.4 Effective Use of Resources

The theme of effective use of resources covers the uptake and use of the GAIN guidance as a resource and tool for domiciliary eyecare provision and the effective and optimal use of financial resources within health and social care. Three of the stated aims of the audit were to determine:

1. The level of awareness and uptake of the guidance
2. Identification of areas for better use of resources
3. Provision of information to enable commissioners to scope out and investigate options for change in the current model of service provision.

These aims reflect the use of the guidance as a resource in the delivery of domiciliary eyecare services. Both care homes and ophthalmic professionals report having excellent awareness of the guidance with 86% of care homes and 90% of ophthalmic professionals reporting that they are aware of the guidance (Table 14). However when asked the question about how useful the guidance is the findings are mixed with only 43% of care homes and 30% of ophthalmic professionals reporting that they find the guidance 'very useful'. 20% of ophthalmic professionals advised that they felt the guidance was 'not very useful' (Table 15).

The GOS regulatory framework[18] under which domiciliary eye services are delivered involves prior-notification by registered eyecare providers of intent to provide domiciliary eye examinations. The time period required for the notification of intention to provide services is 48hours, except in the case of an emergency when prior notification is not required (post examination notification applies). GAIN best practice statement 1 makes a recommendation that on average 5-7 eye examinations per session (e.g. a morning or afternoon) is an appropriate number to conduct to ensure adequate time for the provision of quality clinical care and to ensure most effective use of financial resources. Examination of only one or two patients during a visit to a care home places a significant demand on the financial resources within ophthalmic services as the fees payable for one or two visits are much higher. Three and more examinations conducted at one visit attract lower fees and hence reduce demand on resources. Care homes and ophthalmic professionals report that a significant number of visits to care homes result in less than four patients having an examination during one visit. 55% of ophthalmic professionals and 54% of care homes report the use of 'cluster visits' (5-7 patients) but this is not evidenced when actual numbers are detailed (Table 17).

In addition to the prior notification, the GOS Regulations[18] makes stipulations in respect of the provision of inducements:

9 - "The contractor shall not —

(a) offer any inducement (except any discount or special offer available to patients) to use the mobile services provided by the contractor and in particular no such inducement shall be offered by the contractor, directly or indirectly, to the proprietor, manager or staff of a nursing home, residential care home or day care setting to secure that the contractor is asked or permitted to provide mobile services at that establishment; or

(b) seek to mislead any person about the availability, quality and extent of the mobile services provided."

Analysis of the responses from ophthalmic professionals and care homes shows that both parties are fully aware of this regulatory requirement (100% confirmation, Table 16).

In view of the analysis of feedback from care homes and eyecare providers in regard to the use of resources, despite a high degree of awareness of the guidance, uptake and implementation of several aspects of the guidance and the recommendations therein is not high. In addressing this finding the HSCB may feel it is appropriate to undertake further investigation as to why the uptake and implementation of the guidance does not mirror the level of awareness. In addition the HSCB may wish to examine options for change in the model of delivery of domiciliary eyecare to make best use of all resources whilst delivering quality eyecare.

5. Recommendations

1. The HSCB should review in detail the GAIN Best Practice Guidance for the Provision of Domiciliary Eyecare in Nursing/Residential Care Homes and Day Care Facilities and examine which parts of the guidance require amendment/change aligned to the findings of the audit.

2. The HSCB in conjunction with GAIN should review and analyse the findings of this audit to plan the mechanism for any suggested and necessary revisions to the GAIN Best Practice Guidance for the Provision of Domiciliary Eyecare in Nursing/Residential Care Homes and Day Care Facilities.

3.The HSCB should take the lead to engage with key stakeholders involved in the provision of domiciliary eyecare to determine the reasons why uptake and implementation of certain aspects of the guidance is low despite the high level of awareness of the guidance by both care homes and eyecare providers.

4. The HSCB should undertake a scoping exercise to determine if there is a gap in the skills and knowledge of eyecare providers in the provision of professional advice in relation to eye health needs, visual impairment and how these and other factors may impact of the quality of life of persons in nursing and residential care homes.

5. The HSCB should undertake a scoping exercise to determine the feasibility of alternative models of domiciliary eyecare which would retain the same level of patient satisfaction but which would improve consistency in the care provided before, during and after an eye examination and also determine better use of resources.

6. List of Figures

7. List of Tables

8. References

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9. List of Appendices

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APPENDIX 1

Audit Project Team Membership

Name	Roles	Designation	Organisation
Mrs Margaret McMullan	Audit Project Lead	Optometric Clinical Adviser	Health and Social Care Board
Mr Daniel McGartland	Field Work, Data Collection and Data Analysis	Optometry Graduate Intern	Health and Social Care Board
Mr Raymond Curran	Presentation of Audit and Implementation of Strategic Recommendations	Assistant Director, Head of Optometry	Health and Social Care Board
Ms Fiona North	Clinical Advisory Role	Optometric Clinical Adviser	Health and Social Care Board
Ms Janice McCrudden	Clinical Advisory Role	Optometric Clinical Adviser	Health and Social Care Board

Glossary

GAIN – Guidelines and Audit Implementation Network

HSCB – Health and Social Care Board

NHS – National Health Service

SMART – Specific, Measurable, Achievable, Realistic, Timely

GOS – General Ophthalmic Services

BSO – Business Services Organisation

DHSSPS – Department of Health Social Services and Public Safety

OFMDFM – Office of the First Minster and Deputy First Minister

LCG – Local Commissioning Group

APPENDIX 3 – Communication with Participants

APPENDIX 3a

Health and Social Care Board

Directorate of Integrated Care
County Hall
182 Galgorm Road
Ballymena
BT42 1QB
Tel :
Web Site: www.hscboard.hscni.net

XXXXXXX
XXXXXXX Home
XXXXXXXXXXX

Dear XXXXX

Re: GAIN Best Practice Guidance for the Provision of Domiciliary Eyecare in Nursing / Residential Homes and Day Care Facilities.

The Health and Social Care Board are undertaking an audit of the GAIN Best Practice Guidance for the Provision of Domiciliary Eyecare in Nursing Homes and Day Care Facilities. The guidance was issued in October 2010 to provide information and advice to nursing and residential homes on how to access eyecare for their residents, what standards to expect from an eyecare provider and the responsibilities staff have in the provision of eyecare for their residents. In order to evaluate the uptake and implementation of the guidance an audit is currently being planned. All aspects of the GAIN guidance are being audited and the views of care home staff, service users and optometric professionals will be sought as part of the process. The person leading the audit is Mrs Margaret McMullan, ophthalmic clinical adviser at the Health and Social Care Board. Mrs McMullan was chair of the GAIN/DHSSPS supported working group which developed the GAIN Domiciliary Eyecare Guidance.
Your care home has been selected to participate in the audit and I will shortly be contacting you to arrange an appointment to seek your feedback as part of the audit. The information I wish to gain from you will relate to your awareness of the GAIN guidance, the degree of implementation of the GAIN guidance within your care home and your views on how the guidance could be improved.
I will also be seeking feedback from one or two of the clients in your care home, and their families if appropriate It is my intention to obtain their views on the domiciliary eyecare services they have received. I have enclosed a letter for their attention would be grateful if you could liaise with your client and their family members (where appropriate) to advise them that I hope to speak with them.

Please be assured that both the appointment with you and with your clients will not take long as the questions in the audit are brief. I would aim to take up a maximum of 10-15 minutes of your time. I appreciate that you are busy with many pressing work demands and commitments but I hope that you will appreciate the importance and value of the audit.

The gathering of feedback from service users and providers provides an evidence base for subsequent recommendations for improvements in service provision.
If you have any questions in relation to this communication please do not hesitate to contact me. I hope to be in touch with you within the next two weeks to arrange a mutually suitable time to meet with you and your clients chosen to participate in the audit.

Yours sincerely

_____
Mr Daniel McGartland
Business Support Intern (Optometry)
Health and Social Care Board
E-Mail: daniel.mcgartland@hscni.net

Cc Mrs Margaret McMullan. Ophthalmic Clinical Adviser (Governance lead), Health and Social Care Board

Health and Social Care Board

Directorate of Integrated Care
County Hall
182 Galgorm Road
Ballymena
BT42 1QB
Tel :
Web Site: www.hscboard.hscni.net

XXXXXXX
XXXXXXX Opticians
XXXXXXXXXXX

Dear XXXXX

Re: GAIN Best Practice Guidance for the Provision of Domiciliary Eyecare in Nursing / Residential Homes and Day Care Facilities.

The Health and Social Care Board have oversight of the opticians who provide eye examinations in care homes in Northern Ireland. Both opticians and care home managers have been provided with guidance (noted above) in relation to how eyecare services should be provided to ensure that the best possible service is given to patients.

I understand that you have recently received a sight test from an optician in your care home and I would like to meet with you briefly to talk to you to find out about the eyecare services you received. I will come to see you in your home and the appointment with you will not take long as the questions I wish to ask are simple and brief. I would hope that I would only need 10-15 minutes of your time.

I am interested to know about the care you were provided with and if you feel there are things which could be improved when eyecare is provided.

If you have any questions in relation to this communication please do not hesitate to contact me. I hope to be in touch with you within the next two weeks to arrange a mutually suitable time to meet with you.

Yours sincerely

_____

Mr Daniel McGartland
Business Support Intern (Optometry)
Health and Social Care Board
E-Mail: daniel.mcgartland@hscni.net

Cc Mrs Margaret McMullan, Ophthalmic Clinical Adviser (Governance lead). Health and Social Care Board

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XXXXXXX
XXXXXXX Opticians
XXXXXXXXXXX

Dear XXXXX

Re: GAIN Best Practice Guidance for the Provision of Domiciliary Eyecare in Nursing / Residential Homes and Day Care Facilities.

The Health and Social Care Board are undertaking an audit of the GAIN Best Practice Guidance for the Provision of Domiciliary Eyecare in Nursing/Residential Homes and Day Care Facilities. The guidance was issued in October 2010 and in order to evaluate the uptake and implementation of the guidance an audit is currently being planned. All aspects of the GAIN guidance are being audited and the views of care home staff, service users and optometric professionals will be sought as part of the process. The person leading the audit is Mrs Margaret McMullan, ophthalmic clinical adviser at the Health and Social Care Board. Mrs McMullan was chair of the GAIN/DHSSPS supported working group which developed the GAIN Domiciliary Eyecare Guidance.
As a registered provider of mobile eye services your practice has been selected to participate in the audit. I will therefore be contacting you shortly to arrange an appointment as I would like to seek your feedback as part of the audit. The information I wish to gain from you will relate to your awareness of the GAIN guidance, the degree of implementation of the GAIN guidance and your views on how the guidance could be improved.
I would very much appreciate your input to the audit. Please be assured that the appointment with you will not take long as the questions in the audit are brief. I would aim to take up a maximum of 10-15 minutes of your time. I appreciate that you are busy with many pressing work demands and commitments but I hope that you will appreciate the importance and value of the audit. The gathering of feedback from service users and providers provides an evidence base for subsequent recommendations for improvements in service provision.

If you have any questions in relation to this communication please do not hesitate to contact me. I hope to be in touch with you within the next two weeks to arrange a mutually suitable time to meet with you.

Yours sincerely

Mr Daniel McGartland
Business Support Intern (Optometry)
Health and Social Care Board
E-Mail: daniel.mcgartland@hscni.net

Cc Mrs Margaret McMullan
Ophthalmic Clinical Adviser (Governance lead), Health and Social Care Board

APPENDIX 4 – AUDIT TOOLS

APPENDIX 4a

Standards for the Provision of Domiciliary Eye care in Nursing Homes, Residential Homes and Day care Facilities –
Audit Tool for Care Homes

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Date:_____
ID Number: _____

GAIN

1. Are you aware of the GAIN Best Practice Guidance for the Provision of Domiciliary Eyecare in Nursing/Residential Homes & Day Care Facilities? Yes ☐ No ☐

2. If 'Yes' how useful do you find the guidance and practice points?

Extremely Useful	Very Useful	Useful	Not Very Useful	Not Useful At All

Procedures

3. On a resident/clients admission are their optical notes completed as per Appendix 1 in the GAIN Eyecare Guidance? Yes ☐ No ☐

4. If 'No' do you use a different template to assess the optical needs of the resident/client? Yes ☐ No ☐
   Detail

*do they have an example copy

5. Is this information made available for the domiciliary eyecare provider? Yes ☐ No
   (Practice Point 2/6)

6. How is this information communicated/provided by the ophthalmic professional?
   (Practice Point 2/6) Face to face ☐ Phonecall ☐ Email ☐ Post ☐ Not at all ☐ Other ☐
   Detail

7. Is this information kept up to date? Yes ☐ No ☐ Not sure
   (Practice Point 6)

8. Who updates these records? Staff ☐ Optom ☐ Other
   (Practice Point 6)
   Detail

9. Are these documents stored in a secure manner in accordance with the Data Protection Act 1998? Yes ☐ Not sure ☐
(Practice Point 6)

The Domiciliary Eyecare Service

10. Does the eyecare provider contact you prior to a visit?
(Practice Point 2/3/4) Yes ☐ No ☐ Sometimes ☐

11. If contacted: how are you contacted/informed of their visit?
(Practice Point 2/3/4) Phonecall ☐ Email ☐ Post ☐ N/A ☐ Other ☐
Detail

12. If contacted: does the eyecare provider inform you of the necessary details related to the visit, dates,time, timescales, what's needed etc? Yes ☐ No ☐ Not Always ☐
(Practice Point 3/4)
Detail

13. Do the eyecare providers contact you prior to visit if they cannot make/ attend an arranged appointment? Yes ☐ No ☐ Not Always ☐
(Practice Point 3)

14. If contacted are reasons given? Yes ☐ No ☐ Not Always ☐ N/A ☐
(Practice Point 3)

15. Do eyecare providers use cluster visits when seeing multiple residents/clients?
(Practice Point 1) Yes ☐ No ☐ Sometimes ☐

16. Approximately how many residents/clients would they see in each visit? _____
(Practice Point 1)

The Eye Examination

17. Does the resident/client always see their chosen named optician?
(Practice Point 1) Yes ☐ No ☐ Don't know ☐

18. Are you always able to provide the eyecare provider with an appropriate room for them to be able to complete the eye examination, adequate lighting, clean, tidy etc?
(Practice Point 2/3/8) Yes always ☐ No not always ☐
Detail (if not always able to provide)

19. Do you assist the eyecare provider during the examination where necessary?
(Practice Point 2) Yes ☐ No ☐

20. If 'Yes' do you have any difficulties with being able to provide staff for this?
(Practice Point 2) Yes ☐ No ☐ Sometimes ☐

21. If you have assisted the eyecare provider, do they introduce/make themselves known to the resident/client? Yes always ☐ Yes sometimes ☐ No ☐ Can't Remember ☐
(Practice Point 2/3)

22. Are you aware of the complaints procedures in relation to the eyecare services provided? Yes ☐ No ☐
(Practice Point 4/6)

Additional Comments

Standards for the Provision of Domiciliary Eye care in Nursing Homes, Residential Homes and Day care Facilities –
Audit Tool for Service Users

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Date: _____
ID Number: _____

Your Eyecare provider

1. Were you given the option to see your own chosen/named eyecare provider? Yes ☐ No ☐
(Practice Point 1)

2. Do you feel they have a good understanding of your eye care history? Yes ☐ No ☐
(Practice Point 1)

Comments

Your Examination

3. Are you usually given an appointment time for your examination? Yes ☐ No ☐
(Practice Point 1)

4. If your appointment has ever been cancelled or changed was a reason given? Yes ☐ No ☐
(Practice Point 1)

5. Did the optician identify /introduce themselves to you? Yes ☐ No ☐
(Practice Point 4)

6. Did your optician clearly explain what the examination would involve? Yes ☐ No ☐
(Practice Point 4/5)

7. Did your optician communicate effectively? Yes ☐ No ☐
(Practice Point 2/3)

8. Did you feel that you were treated with respect? Yes ☐ No ☐
(Practice Point 2/3)

9. Was the room in which your eye examination took place comfortable? Yes ☐ No ☐
(Practice Point 3/8)

10. Was the eye examination completed in privacy? Yes ☐ No ☐
(Practice Point 3/8)

11. Did your optician explain your current eye condition? Yes ☐ No ☐
(Practice Point 3)

12. Were you given an opportunity to highlight or discuss any concerns? Yes ☐ No ☐
(Practice Point 3)

Comments

Outcome of the examination

13. Were you prescribed glasses? Yes ☐ No ☐

14. Are your glasses engraved with your name and purpose? Yes ☐ No ☐
(Practice Point 5)

15. Were you given a prescription? Yes ☐ No ☐
(Practice Point 3)

16. Were glasses fitted to ensure comfort? Yes ☐ No ☐ N/A ☐
(Practice Point 1)

17. Did you have any problems with fitting? Yes ☐ No ☐ N/A ☐
(Practice Point 1)

18. Did your optician return to assist/correct fitting? Yes ☐ No ☐ N/A ☐
(Practice Point 4)

19. After the visit did you experience any other eyecare problems that would have required the optician to return? Yes ☐ No ☐
(Practice Point 4)

20. Did the optician return to resolve this? Yes ☐ No ☐ N/A ☐
(Practice Point 4)

21. Was any advice given in relation to your personal eye health needs, for example lighting, visual aids etc? Yes ☐ No ☐
(Practice Point 4/5)

22. If you experienced any problems would you know how to contact your eyecare provider? Yes ☐ No ☐
(Practice Point 4)

23. If necessary would you be aware of how to make a complaint? Yes ☐ No ☐
(Practice Point 6)

Additional comments

Standards for the Provision of Domiciliary Eye care in Nursing Homes, Residential Homes and Day care Facilities – **Audit Tool for Ophthalmic Professionals**

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

APPENDIX 4c

Date: _____

ID Number: _____

1. Are you aware of the GAIN Best Practice Guidance for the Provision of Domiciliary Eyecare in Nursing/Residential Care homes And Day Care Facilities?

☐ Yes ☐ No ☐ Somewhat

2. Do you refer to the Guidance? ☐ Yes ☐ No ☐ Somewhat

3. If you refer to the Best Practice Guidelines do you find them helpful/useful?

Extremely Useful	Very Useful	Useful	Not Very Useful	Not Useful At All

4. Do you contact the Nursing/Residential/Care homes prior to a visit?

☐ Yes ☐ No ☐ Just Call

(Practice Point 2/3/4)

5. If you contact, how do you communicate with the Nursing /Residential/Care homes?

(Practice Point 2/3/4) ☐ Phone ☐ Email ☐ Post ☐

Other

Specify other

6. Who do you speak to when arranging appointments/visits?

(Practice Point 2/3/4) ☐ Manager ☐ Nurse ☐ Family ☐ Carer

7. Do you examine patients who are?

a) New to you ☐ Yes ☐ No

b) Previously known to you ☐ Yes ☐ No

(Practice Point 1)

8. If Yes to Q7a who requested that you provide eyecare services?

(Practice Point 1) ☐ Care Home ☐ Family ☐ Resident ☐ Other

Specify other

9. If the request was made by the care home, were you advised as to why your service was chosen/requested?
    i. Patient Choice – previous care provided ☐
    ii. Patient Choice – BSO website registered providers ☐
    iii. Family Choice ☐
    iv. Care Home Choice – new patient ☐
    v. Care Home Choice – previously known patient ☐
    vi. Company marketing/advertising ☐
    vii. No reason given ☐

(Practice Point 2)

10. When you are requested to provide eyecare services are you provided with a completed GAIN Appendix 1 for EACH patient that you examine?

☐Yes ☐ No ☐ Sometimes

(Practice Point 2)

Notes

11. Do you complete the GAIN Appendix 1 proforma? ☐Yes ☐ No ☐ Sometimes

(Practice Point 2)

12. Do you use cluster visits to see multiple residents/clients? ☐Yes ☐ No ☐ Sometimes

(Practice Point 1)

13. How many would you see in a visit approximately? Number_____

(Practice Point 1)

14. On average how many (domiciliary) patients do you examine in:
    i. One week

    _____

    ii. One month

    _____

(Practice Point 1)

15. On average how many care homes do you visit in:
    i. One week

    _____

    ii. One month

    _____

(Practice Point 1)

16. Are you always provided with an appropriate room to complete the eye examination?

(Practice Point 2/8) ☐Yes always ☐ No ☐ Sometimes

17. Are you informed before the examination/visit if the patient is eligible for GOS sight tests and vouchers?

☐ Yes always ☐ No ☐ Sometimes

(Practice Point 2/3/4)

18. If eligible who signs the GOS Forms?

Patient	☐
Family	☐
Care home representation with legal authority	☐
Other Care home staff	☐
Other	☐

(Practice Point 2/3/4)

Specify other

19. During and after the examination do you?

Introduce yourself?	☐ Yes always ☐ No ☐ Sometimes
Inform client what the examination will involve?	☐ Yes always ☐ No ☐ Sometimes
Listen to client concerns?	☐ Yes always ☐ No ☐ Sometimes
Give advice on Lighting/Visual Aids etc?	☐ Yes always ☐ No ☐ Sometimes
Provide client with prescription at conclusion of examination?	☐ Yes always ☐ No ☐ Sometimes
Provide fitting/adjustments?	☐ Yes always ☐ No ☐ Sometimes
Provide aftercare as required?	☐ Yes always ☐ No ☐ Sometimes
Engrave prescribed spectacles?	☐ Yes always ☐ No ☐ Sometimes
Provide information about how to make a complaint? *(Practice Point 2/5)*	☐ Yes always ☐ No ☐ Sometimes

20. Do you use the GAIN Appendix 2 proforma? ☐ Yes ☐ No ☐ Sometimes

(Practice Point 7)

21. If Yes to Q20, who completes the GAIN Appendix 2 proforma?

(Practice Point 7) ☐ Optometrist ☐ Optical Staff ☐ Other

Specify other

22. Do you use/provide any other additional documentation? ☐ Yes ☐ No

(Practice Point 7)

23. If Yes to Q22, please advise what documentation AND why?

(Practice Point 7)

24. Are you aware that offering inducements to care home staff is not permitted in accordance with the General Ophthalmic Services Regulations (Northern Ireland) 2014 Mobile Eye Provision?

(9)The contractor shall not—

(a) offer any inducement (except any discount or special offer available to patients) to use the mobile services provided by the contractor and in particular no such inducement shall be offered by the contractor, directly or indirectly, to the proprietor, manager or staff of a nursing home, residential care home or day care setting to secure that the contractor is asked or permitted to provide mobile services at that establishment; or
(b) seek to mislead any person about the availability, quality and extent of the mobile services provided.".

(Practice Point 7) ☐ Yes ☐ No

25. Does this knowledge extend to everyone representing your organisation?
(Practice Point 7)

☐ Yes ☐ No ☐ Don't know

26. Have you any additional charges for domiciliary eyecare provision?

i. Completion of GAIN Appendix 2 ☐ Yes ☐ No
ii. Other aspects of the eye examination ☐ Yes ☐ No
iii. Any other charges ☐ Yes ☐ No

(Practice Point 3/6)

Specify other

27. If Yes to Q26, who pays these additional charges?

i. Patient ☐
ii. Patient's family ☐
iii. Care home ☐
iv. Other ☐

(Practice Point 3/6)

Specify other

28. Are you registered with the following:

General Optical Council? ☐Yes ☐ No ☐ Don't know

Health and Social Care Board as a domiciliary eyecare provider?

☐Yes ☐ No ☐ Don't know

(Practice Point 1/4)

29. Are you aware that if you were to withdraw registration as a domiciliary eyecare provider that you need to notify the Nursing/Residential/Care home and clients you provide a service to?

☐Yes ☐ No

(Practice Point 1/4)

30. Do you have any views on/ recommendations for how domiciliary eyecare services can be improved?

APPENDIX 5

Guidelines and Evidence Base

The audit compared current standards in the delivery of domiciliary eyecare against the GAIN Best Practice Guidance for the Provision of Domiciliary Eyecare in Nursing/Residential Care Homes and Day Care Facilities[1]. The guidance cites nine areas of best practice relating to domiciliary eyecare and eight of these were audited. The audit did not investigate the uptake and implementation of best practice in relation to learning disability. The following areas of best practice were audited:

1. Patient choice of eyecare provider – This details the registration requirements of optometrists and providers of domiciliary eyecare services and emphasises best practice in regard to the right of a patient to choose a provider.

2. Information before the visit – This details the type of information which ideally should be made available to the eyecare professional prior to an eye examination in order that optimum standards of eyecare can be delivered. A template/pro-forma exists for the recording of this information.

3. Agreement and expectations on treatment and care – This advises on the practicalities of what is involved including fees payable (if appropriate), any special considerations in regard existing patient disability and privacy and communication with patients.

4. The eye examination process and clinical outcomes – The guidance details the components of an eye examination and discusses the recording of clinical findings, referral and recall intervals for patients.

5. On-going eyecare – This best practice statement gives guidance in regard to the on-going eye needs of a patient including any prevailing visual needs or requirements and the use of the eye examination outcome pro-forma to act as a source of information on the visual needs of a patient.

6. Governance – This statement provides information on the registration requirements of optometric professionals and the expectations for these practitioners to show knowledge and competence. This best practice statement includes references to the issues of patient confidentiality and a patient's right to complain.

7. Infection control – Although infection control is not generally a major concern for optometrists working in community practices, when services are delivered in nursing and residential care homes, cross infection is a consideration.

8. The surroundings for eyecare delivery – This best practice statement provides advice on the importance of the surroundings and equipment used for eyecare provision. Guidance is also given on the use of ophthalmic drugs and this is highly relevant as patient non-compliance can be an issue in the elderly population.