

Low vision – Derbyshire

Name of Scheme:		Derbyshire Scheme
Date of commencement:		April 2000
Area Covered:		South Derbyshire
Optometry Contact:	Name:	Andrew Glynn
	Position:	Secretary S. Derbyshire LOC
	Address:	15 West Street Swadlincote Derbyshire DE11 8AZ
	Phone:	01283 222535
	Fax:	
	e-mail:	
Administrative Contact:	Name:	Karen Ray
	Position:	
	Address:	Derby West PCG 5 Stuart Street Derby DE1 2EQ
	Phone:	01332 299782
	Fax:	
	e-mail:	
Type of Scheme:		Community LVA
Accreditation:		Yes
Training requirements:		2 evening lectures
Fee Paid:		£60
Audited:		No

Further information:

Low vision aids operations manual

April 2000

- Southern Derbyshire Primary Care Groups
- Derby City Social Services
- Derbyshire County Council Social Services
- Southern Derbyshire Acute NHS Hospitals Trust
- Derbyshire Association for the Blind

Karen Ray
Derby West Primary Care Group
Telephone 01332 299782

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1. Introduction

The majority of patients that require low vision aids are elderly (90% of people with a visual impairment are aged over 60). The projected 20% increase in the number of elderly people from 1996 to 2018 means that even more elderly people will need to be provided with low vision aids if their quality of life is to be maintained (ONS 1994).

At present the majority of low vision aid services (LVAs) in the United Kingdom are provided through Hospital Eye Services by hospital optometrists. A detailed survey of the aids prescribed in a low vision clinic at the University of Wales College of Cardiff, Department of Optometry, found that a significant proportion of low vision patients required only simple aids (57%) and low magnification (7.5%). The authors of the study suggested that these patients, the majority of whom are elderly, could best be assisted by community-based optometrists.

There are an increasing number of community-based low vision aids services being developed by Health Authorities in partnership with Social Services and voluntary organisations. The first community-based Low Vision Aids Service was introduced by Dorset Health Authority in October 1993. Eight practitioners, who had previously shown an interest in LVAs attended a training day and were supplied with a basic LVA kit, paid for by Dorset Health Authority. Practitioners carry out an initial full eye examination, the fees being paid by the patient unless they are exempt from charges. LVAs are loaned from the kit, providing patients are Dorset residents. Any ocular pathology found during the eye examination is reported to the patient's GP. Patients are followed up after two weeks and given further training or a different LVA if necessary. Approximately 400 people are assessed per annum at a cost of £30,000 to Dorset Health Authority.

2. Low vision aids services in Southern Derbyshire

The current service is based at the Southern Derbyshire Acute Hospitals NHS Trust. A Hospital Optometrist undertakes one Low Vision Aids Clinic per week plus domiciliary visits as appropriate.

A community-based Low Vision Aids service alongside the hospital-based Low Vision Aids Clinic. Optometrists will be trained to undertake low assessments in the community.

3. How the service operates

Patients will be referred to the eye clinic by GPs. If appropriate, patients will be referred by consultant ophthalmologists to the low vision aids clinic. It is envisaged that the majority of these patients would be registrable as blind or partially sighted (BD8).

A hospital optometrist will decide whether patients can be assessed for low vision aids in the community. This decision is based on a protocol, agreed by consultant ophthalmologists and optometrists (See Appendix 1).

If patients are suitable for assessment in the community, they will be offered that choice.

If patients choose to be assessed in the community, they will be offered the services of the Derbyshire Association for the Blind voluntary worker, who will arrange an appointment with a community-based optometrist on their behalf.

Part A of the Appointment for LVA Consultation (Form 1) is completed by a hospital optometrist.

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Part B of the Appointment for LVA Consultation (Form 1) is completed by a ‘Derbyshire Association for the Blind’ volunteer worker or a Carer.

4. Protocol for community optometrists

Each optometrist is provided with a suitcase containing a range of low vision aids. Optometrists are required undertake the following procedures:

- undertake an NHS sight test (if required see note 6 below)
- undertake a low vision aids assessment (either at the Practice or at home)
- if an aid is supplied advise a patient how to use it
- undertake a follow-up assessment within one month (either at the Practice or at home)
- make at least one or possibly two visits to a patient’s home to investigate their home environment, especially lighting
- complete an LVA Assessment Form (Form 2) and send a copy to the Social Services Area Office and the Patient
- order the low vision aid(s) from DAB, using the LVA Order Form (Form 3) (send one copy to DAB and one to SDHA)
- return unused/exchange low vision aids using the LVA Order Form
- advise patients of survey to be undertaken approximately 2 months following the issue of a low vision aid.

Spectacles with an add of greater than +8.00 are counted as an LVA. Patients must pay the cost of spectacles if these are required.

5. Who is eligible?

- patients who are registered blind or partially sighted and who are registered to a Southern Derbyshire Primary Care Trust
- patients who have been referred by the Derbyshire Royal Infirmary and have a visual acuity of less than 6/18
- patients whom optometrists come into direct contact with at their practice only if they are registered blind or partially sighted and fall within the parameters of the protocol
- an NHS eye examination can be performed if necessary, provided it is over six months since the last eye examination. A voucher can be claimed where applicable

6. Provision of low vision aids

Low vision aids will be supplied by Derbyshire Association for the Blind (DAB) on behalf of Southern Derbyshire Health Authority

DAB will supply the first set of batteries where appropriate

7. Fee

A fee of £60.00 will be paid for the above work. Payment will be triggered by completion of the Low Vision Aids Order Form.

N.B.

Do not send this form for payment until the final follow-up assessment has been completed.

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8. Training

Each optometrist is required to attend a theory lecture and if appropriate a practical training session.

9. Monitoring

Optometrists will record on the Low Vision Aids Order Form the following information:

- patients name
- date of birth
- address
- gender
- ethnicity

A patient satisfaction survey will be undertaken to determine the effectiveness of the service from the users perspective.

10. List of optometrists

11. Social services area offices & contact names

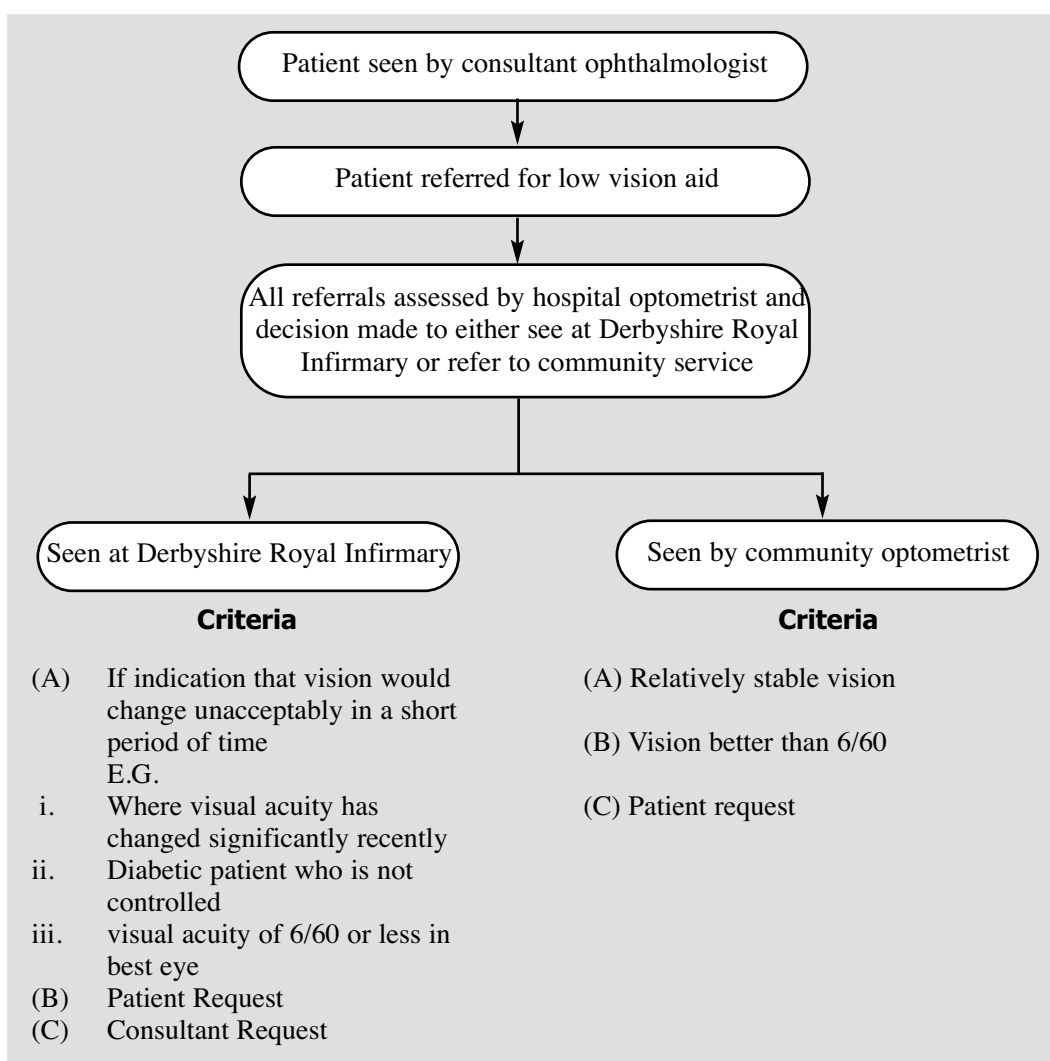
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Appendix 1

Southern Derbyshire Acute Hospitals NHS Trust

Protocol for the onward referral of patients from the consultant ophthalmologist to the low vision aids service

The following flow diagram shows the process by which a patient is referred and assessed for a Low Vision Aid



Contact Names:

Bob Shepherd, Derbyshire Royal Infirmary - telephone 01332 347141 Ext 4584

Suzanne Wigfall, Derbyshire Royal Infirmary - telephone 01332 347141 Ext 2717

Notes

1. For patients seen by the community optometrist where the aid required is not available in the community kit, contact should be made with (Bob Shepherd/Suzanne Wigfall) to arrange for the necessary prescription
2. If a patient request conflicts with the advice of the professional and cannot be resolved a full note of discussion and agreement is entered in the patient's notes

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SOUTH DERBYSHIRE ACUTE HOSPITALS NHS TRUST

FORM 1

Directorate of Surgical Services

APPOINTMENT FOR LVA CONSULTATION

PART A to be completed by Hospital Optometrist

Yellow	Patient Copy
White	DAB Copy
Pink	Hospital Copy

Best VA RE _____	ID Label
Best VA LE _____	

Name of condition causing visual impairment _____

R _____ L _____

Action to be taken:

1. **See Hospital Eye Service for LVA** ()
2. **See Hospital Eye Service for Spectacles prescription** ()
3. **See Community Optometrist for LVA** ()
4. **See Community Optometrist for Spectacles prescription** ()

Signature _____ Date _____

PART B to be completed by Carer/DAB

Appointment for _____

To see _____

At _____

Telephone Number _____

Date _____ Time _____ am/pm

Please bring any aids (including spectacles you are using)
Please think about what you would like the LVA to help you with e.g. watching the television, reading labels etc.

Southern Derbyshire Acute Hospitals NHS Trust • Derbyshire Royal Infirmary • London Road • DERBY • DE1 2QY
Telephone 01332 347141 • Fax 01332 254977 (Clinic) • Minicom 01332 254944

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FORM 2 **Southern Derbyshire Health Authority**

White	Patient Copy
Blue	Social Services Copy
Green	Optometrist Copy

LVA ASSESSMENT FORM

Patients Name: Address:	Opticians Name: Address:
Telephone: Date of Birth: Hospital No. if known:	GP:

Best RX Date	VA with RX Dist and Near	DV LVA Name	DV VA	NV LVA Name	NV VA
Right Eye					
Left Eye					

Notes on use
Comments on lighting etc.
Non optical aids advised, <i>eg cooker, document holders</i>
Social Needs Urgency of SSD referral No request for visit *Crisis/High Priority/Medium Priority/Low Priority
Hearing OK?

Definitions

Best RX Date - Date of best spectacle prescription

DV VA - Distance Vision Visual Acuity with LVA

VA - Visual Acuity

NV LVA Near Vision Low Vision Aid

DV LVA - Distance Vision Low Vision Aid

NV VA - Near Vision Visual Acuity with LVA

*** Please Delete**

FORM 3

Southern Derbyshire Health Authority

White	SDHA Copy
Blue	DAB Copy
Green	Optometrist Copy

Low Vision Aids Order Form ~ SEND TO: Derbyshire Association for the Blind, 65 - 69 Nottingham Road, Derby, Tel: 01332 292262

Patients Name _____ **Date of Birth** _____ **Address** _____

Gender Male () Female () **Ethnicity** Bangladeshi () Black African () Black Caribbean () Black Other () Chinese () Indian () Pakistani () White () Other ()

LVA	Catalogue Code	Make	No. Ordered	LVA's Returned
Prescription Spectacles Supplied	Not supplied from LVA Case			
4 x Hi-power Hand Magnifier	5204	Coil		
6 x Hi-Power Hand Magnifier	5206	Coil		
5 x Illuminated Pocket Magnifier	5146	Coil		
7 x Illuminated Pocket Magnifier	5147	Coil		
9 x Illuminated Pocket Magnifier	5148	Coil		
3 x Illuminated Magnifier Tilt Stand	15803	Esch		
5 x Illuminated Magnifier Stand	15533	Esch		
7 x Illuminated Magnifier Stand	15513	Esch		
10 x Illuminated Magnifier Stand	15503	Esch		
Battery Handle	1540	Esch		
Bulbs	1546	Esch		
6 x Aspheric Stand Magnifier	2626	Esch		
10 x Aspheric Stand Magnifier	2628	Esch		
Pocket Magnifier 6X	1740/30	Esch		
Pocket Magnifier 3.5X	1740/50	Esch		
Bar Magnifier	2605	Esch		
Chest Magnifier	5820	Coil		
Clear View	5855	Coil		
Tinted Spectacles				
UV Shield 16% amber	1072	Noir		
UV Shield 49% orange	1160	Noir		
UV Shield 20% plum	UV81	Noir		
UV Shield 58% Lt. Grey	UV20	Noir		
Noir 10% med amber	1048	Noir		
Noir 2% dark amber	1152	Noir		
2.75X8 Dist. telescopes	2758	Specwell		
Finger ring for telescopes	2009	Specwell		
Coil spec. binoculars Dist	4090/02	Coil		
Wooden Frame/lectern	1605			
Clamp for mag	1600			
Low powered fluorescent light	OPT 6483 11 Watt fluorescent			
½ eyes + 10D	4159	Coil		
½ eyes + 12D	4163	Coil		
The items below will be stored centrally				
12.5 x illuminated Mag. Stand	15573	Esch		
4 x 12 Dist. Telescopes	0412	Specwell		
Dist./Near Spectacle mounted Telescope set		Sussex Vision		
Mains handle for illuminated Mags.	1592	Esch		

Practice Address _____

Tel. No _____

Patient Details

Patient referred via Derbyshire Royal Infirmary []

Patient referred directly by Community Optometrist []

Patient is:
 registered blind []
 partially sighted []

The patient has:
 relatively stable vision []
 vision better than 6/60 []
 patient request []

Date low vision aid issued:

I confirm that the work has been undertaken in accordance with the Low Vision Aids Scheme Protocol (see Appendix 5 of the LVA Operations Manual)

I claim the fee of £60

Signed _____

Name _____

Date _____

Appendix 5

Low Vision Aids Scheme Protocol
Check List

1. Undertake an NHS sight test
2. Undertake a low vision aids assessment (either at the practice or at home)
3. Supply an aid and advise the patient in its use
4. Undertake a follow up assessment (either at the practice or at home)
5. Make at least one or possibly two visits to a patient's home to investigate home environment
6. Complete an LVA assessment form and send copies to:
 - Social services area office
 - Patient
7. Order low vision aid from DAB using LVA order form and send copies of form to DAB, SDHA
8. Return unused low vision aids using LVA ordering form
9. Exchange low vision aids using the LVA ordering form
10. Advise patients of satisfaction survey to be undertaken 2 months following the issue of a low vision aid