Lancashire and South Cumbria Tier 1 Ophthalmology Service Low Vision Service

Accreditation: Optometrist, DO or CLO with WOPEC Low Vision, non-optical personnel with Associated Optical Low Vision Certificate (or equivalent)

Eligibility

Eligible under general terms of the Service Specification (adult with Lancs and SC GP)

Patients may be referred in by another optical practitioner, GP, Hospital Eye Service (HES), social services, third sector etc or may self-refer.

Clinical Procedures

- A detailed discussion and recording of the patient's needs and expectations
- Analysis of the underlying cause of the sight loss
- Determination of the most appropriate low vision aid(s), magnifier(s) to serve the patients needs and expectations. A patient is only eligible for visual aids that meet their specific clinical needs, up to a maximum of three separate items.
- A demonstration of how to use any low vision aid(s) prescribed.
- Provision of information on the full range of local support services available and how to access them.
- A consent form for patients to sign to allow their details to be passed onto the local support services.
- On collection of the low vision aid (s), a copy of the terms & conditions of the load and aid(s) will be given to the patient.
- Contact the patient after 4-6 weeks to assess how well the LVA is being used and whether other support services have been accessed.

Each Low Vision Assessment will be bespoke, depending on the patients' needs and expectations. By providing information alongside the Low Vision Assessment, this pathway is designed to ensure a joined-up approach such that each patient can benefit available.

This service will have available to them a range of hand-held, stand, illuminated and non-illuminated magnifiers which will assist the majority of the service users in near vision tasks. For distance vision, telescopic aids will help people with seeing the TV and other tasks. Additionally, practitioners will give advice on the use of special glare control and specialist spectacle mounted devices.

An LVA kit list will be agreed between the ICB and the provider. From time to time equipment may be prescribed which is not on the LVA Kit List. Approval needs to be sought for this specialist equipment before it can be claimed for.

Claims for LVA aids which be billed separately to the ICB.

Low Vision Aids need to be ordered directed from one of our approved suppliers from with the aim of maximising patient benefit from the available budget.

Aids are provided at no charge to the patient and if a further, stronger aid is needed later, the original one is to be returned and made available for re-use if in a suitable condition.

Any damage or broken equipment previously funded by the ICB may be replaced once by the ICB within a 12 month period but further replacements for breakages are at the cost of the patient.

Patient flow

Entry -> Assessment -> Follow-up -> Discharge

Patient may re-enter the service as necessary

Practitioners must remain fully informed of local services for people with Sight Loss and make use of specialist advice (eg hospital clinicians) and alternative resources (eg VCFSE organisations) to meet the needs of individual patients.

Each patient should have an assessment followed by a telephone follow up after 6 weeks. A decision at the telephone follow up will be made as to whether the patient requires a further face to face follow up.

Planned appointments must be available with an appropriate practitioner within a range of days/times and offered an appointment within 2 weeks.

Outcomes

- 1) Dispense of a Low Vision Aid (LVA)
- 2) Exchange to a different LVA at follow up
- 3) Referral to other clinical services
- 4) Referral to support services such as Galloways, N-Vision, Vision Support Barrow and District, Sight Advice South Lakes, Blackburn and District Blind Society or RNIB.

Fee

£30.00 for initial assessment, £30.00 for telephone follow up and, if clinically indicated, £30.00 for face to face follow up.