



**VISION 2020 UK Learning
Disabilities Committee**



**THE COLLEGE
OF OPTOMETRISTS**

Quality Standards for Services for Patients with Learning Disabilities

Introduction

The College of Optometrists and VISION 2020 UK Learning Disability Committee have produced a self-assessment tool to support the provision of services for people with learning disabilities within community optometry. There are a number of reasons for wanting to know how well a clinical service is working. A commissioning organisation or a regulatory body may want evidence of quality to inform a commissioning decision or as part of an inspection. A practice may wish to know whether it is improving, standing still, or deteriorating over a period of time.

There are many possible ways of measuring quality - from opinions of service users and staff, through to hard measures of outcome and uptake. However, good measures of quality can be defined as those that discriminate accurately between a service serving its patients well and one that is failing its patients.

This Quality Standard does not attempt to assess or measure every aspect of each service, but focuses on areas that are key in enabling patients with learning disability to access community eye care. It is recognised that very few services will achieve a perfect score, but this document can be used as an indicator of where quality may be improved as well as a snapshot audit tool. The guidance and accompanying notes may act as a resource by which practices might measure and benchmark their performance.

Many of the suggested adjustments in the notes are of minimal or no cost to the practice. We would also direct you to the Local Optical Committee Support Unit (LOCSU) learning disability enhanced pathway which lays out how a typical service might be best structured. Reference to the College of Optometrists Guidance for Professional Practice and the Royal College of Ophthalmologists Quality Standard for Learning Disabilities may also be of interest.

CHECKLIST

1. Patients with learning disability are identified at the time of appointment booking, so reasonable adjustments can be discussed and offered. (see note 1)

EFFECTIVENESS 50%

PATIENT EXPERIENCE 50%

YES (score 1) ☐

NO (score 0) ☐

UNABLE TO ANSWER (score 0) ☐

2. Patients are enabled to consent for examination where possible. (see note 2)

SAFETY 33%

EFFECTIVENESS 33%

PATIENT EXPERIENCE 33%

YES (score 1) ☐

NO (score 0) ☐

UNABLE TO ANSWER (score 0) ☐

3. Vision is assessed in a manner appropriate to the patient. (see note 3)

EFFECTIVENESS 50%

PATIENT EXPERIENCE 50%

YES (score 1) ☐

NO (score 0) ☐

UNABLE TO ANSWER (score 0) ☐

4. The examination is adapted to suit the patient's needs, using different techniques and instrumentation to maximise cooperation. It is accepted that not all tests will be achievable by patients. In such instances, the reasons for omitting tests are clearly documented and additional visits are offered to complete the examination as appropriate. (see note 4)

SAFETY 33%

EFFECTIVENESS 33%

PATIENT EXPERIENCE 33%

YES (score 1) ☐

NO (score 0) ☐

UNABLE TO ANSWER (score 0) ☐

5. Arrangements should be in place for the small minority of patients who are unable to be examined adequately in practice (e.g. patient is distressed by new environment, is unable to tolerate ophthalmoscopy or appropriate expertise/equipment is unavailable). The adjustment may be to offer the patient alternative provision (another colleague, another practice, a home visit, referral to hospital eye care). (see note 5)

SAFETY 33%

EFFECTIVENESS 33%

PATIENT EXPERIENCE 33%

YES (score 1) ☐

NO (score 0) ☐

UNABLE TO ANSWER (score 0) ☐

6. Patients with low vision are offered advice and/or low vision aids, or considered for referral to the hospital eye service for low vision assessment and/or certificate of visual impairment if appropriate. (see note 6)

EFFECTIVENESS 100%

YES (score 1) ☐ NO (score 0) ☐ UNABLE TO ANSWER (score 0) ☐

7. If the patient consents, or it is judged to be in the patient's best interests, the outcome of the appointment is shared with the whole care team (e.g. GP, learning disability health facilitation nursing team, care staff). The use of jargon-free reports is recommended. (see note 7)

SAFETY 50% EFFECTIVENESS 50%

YES (score 1) ☐ NO (score 0) ☐ UNABLE TO ANSWER (score 0) ☐

8. Spectacles should be dispensed and fitted by, or under the supervision of, a registered practitioner (dispensing optician or optometrist). (see note 8)

SAFETY 50% EFFECTIVENESS 50%

YES (score 1) ☐ NO (score 0) ☐ UNABLE TO ANSWER (score 0) ☐

9. The practice has a commitment to regular professional development of all staff members that promotes and facilitates patient access to eye health care. The practice implements reasonable adjustments for patients with learning disability. (see note 9)

SAFETY 33% EFFECTIVENESS 33% PATIENT EXPERIENCE 33%

YES (score 1) ☐ NO (score 0) ☐ UNABLE TO ANSWER (score 0) ☐

Total Score:

Balance of Questions

SAFETY 28% PATIENT EXPERIENCE 28% EFFECTIVENESS 44%

Note 1.

The key to success for a patient with learning disabilities visiting the optometrist lies in the optometry practice being able to offer reasonable adjustments. At the time of booking an appointment, staff should be encouraged to ask patients if they have any additional needs so that the patient or carer has the opportunity to have the learning disability noted. "Reasonable adjustments" is a duty which was first introduced under the Disability Discrimination Act 1995 (<http://www.equalityhumanrights.com/private-and-public-sector-guidance/guidance-all/glossary-terms>). Among other matters, it means that you are required to take reasonable steps to remove any disadvantage to disabled people by changing provision or providing auxiliary aids. For people with learning disabilities, these can include offering a pre-test visit so the patient can spend time in the practice and become familiar with the environment, meet the optometrist, be offered additional testing time, or have the test split over more than one visit if they have a limited concentration span.

SeeAbility have devised a pre-test questionnaire "Telling the optometrist about me" which may indicate other types of reasonable adjustment and give the patient and carer an idea of the tests that may be included in an eye examination. It allows the patient and carer to consider which tests they may or may not be able to tolerate, or could be achieved with adjustments.

https://www.seeability.org/uploads/files/PDFs Books Easy Read /Telling_optometrist.pdf

Note 2.

People over the age of 16 are presumed to have capacity to consent. Most patients will be able to indicate consent for examination. It is important to explain what you intend to do and why, what the patient might expect to feel, how long it will last and so on. Often a reticence to comply is a result of fear. A reasonable adjustment is to allow the patient time to familiarise themselves with the environment, ask questions and prepare themselves. Demonstrating the procedure on a carer can help. It may be necessary to use dilating drops to complete an examination. This should be discussed with patient and, with the patient's consent, with the carer. If the patient lacks capacity to consent a reasonable adjustment in the patient's best interests may be to discuss the management (e.g. whether it is in the patient's best interests to have drops to facilitate a thorough examination can be made) and the outcomes of the assessment (e.g. how the patient should use their glasses, whether they need referral etc) with the carers.

<http://guidance.college-optometrists.org/home/> Section C20-C60 Consent

Note 3.

Not all patients are confident with letter tests. Picture tests such as the Kay pictures or Lea symbols should be offered. Both letter and picture vision tests can be offered in naming or matching format. If the patient is not able to communicate verbally or match letters or pictures, a preferential-looking test such as the Cardiff Acuity test should be applied. If the patient shows no interest in these, the practitioner can gain useful insight into a patient's visual function by asking the patient and carer how they use their sight in the home to feed and dress themselves, navigate familiar and unfamiliar environments etc. A change in visual function or behaviour may indicate eye disease or an opportunity to improve vision.

The RNIB have a suite of resources about autism and vision for parents, carers and teachers.

<https://www.rnib.org.uk/services-we-offer/advice-professionals/education-professionals/visual-impairment-and-autism>

Note 4.

It is important that practitioners do not worry that the examination may not be identical to that which they would offer any other adult. This is not a barrier to offering an assessment; nor is it discriminatory. Frequently, the reasonable adjustment you choose may be to do less rather than more. Consider adapting techniques and allowing extra time for the examination. It is important to talk directly to the patient not the carer, use plain language and explain clearly what you are going to do to patients before you do it, for example when you need to dim the lights or touch the patient. Be guided by the patient and carer regarding the most suitable form of communication to convey intentions and instructions. Patients may be uneasy when first attempting a test, but on a second visit have gained confidence and allow completion of the examination. Practices should endeavour to book all follow up and routine examinations with the same practitioner and, where possible, it may be useful to encourage the same carer or family member to attend the follow up eye examinations.

<http://guidance.college-optometrists.org/home/> Section A68-79 Examining patients with learning disabilities

<http://biomed.science.ulster.ac.uk/vision/-Ulster-Vision-Resources-.html>

<https://www.seeability.org/our-specialisms/?book=easy-read-library#eye-tests>

Note 5.

Whilst it is unacceptable to refuse to examine a patient in your practice, there will be occasions where the patient and carer indicate that assessment is not possible despite reasonable adjustments, including offering a home visit (if appropriate). If this is the case, it is the practitioner's responsibility to signpost other suitable local services. For example, a colleague with more experience in the field of learning disability or the SeeAbility website listing local practices who

have indicated an interest in managing people with learning disability. Referral to the hospital eye service should be considered after other community options have been exhausted. Hospital appointments may be a considerable distance from the patient's home, cannot be booked as easily at a time chosen by the patient and may be more likely to involve long waits in an unfamiliar environment. If a referral is made, the patient's learning disability should be clearly indicated so that reasonable adjustments can be offered prior to the appointment.

Note 6.

Even if patients are unable to read, near visual function should be considered and assessed allowing optimal visual function either through near spectacle correction and/or optical or non-optical methods of improving near function e.g. magnification, lighting, contrast. It may be necessary to explain to carers the benefits of simple measures that may promote independence, such as improved lighting or contrast. The hospital eye service can arrange certification (sight impaired/severely sight impaired) of eligible patients. Certification helps patients access financial and other support, including assessments by local social services to promote independence.

Note 7.

The team that supports a patient with learning disability extends beyond the immediate carer(s) and it is important to share information with appropriate parties as indicated by the government's Information Governance Review, led by Caldicott.

<https://www.gov.uk/government/publications/the-information-governance-review>

In most areas, there is a health facilitation service which support adults with learning disability in the community.

<http://www.networks.nhs.uk/nhs-networks/national-health-facilitation-network-learning>

This team is key in supporting the implementation of any treatment, or assisting with planning reasonable adjustments should onward referral be required. This is particularly important if there is a concern regarding visual function that may affect patient safety, or if glasses have been advised so that all members of the care team are aware and support the patient in wearing them when appropriate. SeeAbility offer an Easy-Read form which optometrists can complete to summarise the outcome of the eye examination. It facilitates the recording of information patients and carers would find useful. The Ulster University Vision Resource provides downloadable examples of print and image sizes, appropriate for individuals with a range of visual impairments, which can be included in reports to ensure patients' educational and recreational material is appropriately sized for their needs.

<https://www.seeability.org/our-specialisms/?book=having-an-eye-test>

Ulster University Vision Resource <http://biomed.science.ulster.ac.uk/vision/-Ulster-Vision-Resources-.html>

Note 8.

Unregistered persons must not sell spectacles to children under 16 and patients who are registered as sight impaired or severely sight impaired. We would recommend that the choice and fitting of spectacles for adults with learning disability should not be delegated to unregistered staff as this requires special expertise. Particular consideration should be given to choice of frame for comfort, robustness and lens size. Verbal and written advice, copied to members of the care team, should be given regarding when spectacles are worn and the care, cleaning and repair of spectacles. Many patients with learning disability who have not previously worn spectacles will require a considerable period of adaptation, often extending into months. Patients and carers should be encouraged to persist with glasses and not discard them at the first signs of refusal. Patients should be advised that the optometrist is available to deal with any concerns about their spectacles. There are resources available on the SeeAbility website and the health facilitation team should be involved to support the patient and carer in the community.

Note 9.

Whilst both optometrists and dispensing opticians are required to undertake continuing professional development and may choose to update their knowledge relating to the management of people with learning disability, it is key that the whole practice team are aware of their own skills and knowledge and the role they play in eye care and eye health. This awareness should extend to 'front of house' practice staff who may be the first contact for a patient or carer. Resources are available on the SeeAbility website, through LOCSU, the College of Optometrists and DOCET.

<http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/mental-health-and-learning-disabilities/our-work/learning-disabilities.aspx>

[http://www.docet.info/filemanager/root/site_assets/making a difference module 1.pdf](http://www.docet.info/filemanager/root/site_assets/making_a_difference_module_1.pdf)

[http://www.docet.info/filemanager/root/site_assets/making a difference module 2.pdf](http://www.docet.info/filemanager/root/site_assets/making_a_difference_module_2.pdf)

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<https://www.rnib.org.uk/sites/default/files/Key%20Health%20Messages.pdf>