



Low Vision Services Delivered Within Primary Care

At a Glance

This case study considers the benefits of widespread commissioning of the LOCSU Low Vision pathway.

A case study considering the need for widespread commissioning of Low Vision services, delivered locally within primary care optometry to improve access to care for patients living with sight loss. Low Vision services support independent living and improved quality of life.

Challenges

Increasing demand for convenient and timely low vision assessments close to home due to an ageing population. Fragmented services between primary and secondary care.

Objectives

Improve access, quality of life, patient experience and reduce health inequalities. Utilise skilled primary care workforce to increase hospital eye clinic capacity to meet complex demands.

Solution

Commission a comprehensive integrated low vision service delivered within primary care optical practices.

Results

Improved access to low vision services in a familiar setting closer to home, with tailored care to support patients to live independently. Hospital eye clinic capacity released.

Definition of Low Vision

A person is considered to have low vision if they have an impairment of their visual function that cannot be remedied by conventional spectacles, contact lenses or medical intervention and which causes restriction in everyday life.¹ It is estimated that around 2 million people in the UK are living with some form of sight loss, with this expected to rise to 2.7 million by 2030.²

¹ [National Eye Institute. Low Vision \(2022\). \(Accessed 11/11/2022\).](#)

² Royal National Institute of Blind People (RNIB) and Specsavers (2017). The State of the Nation Eye Health 2017: A Year in Review. (Accessed 11/11/2022).



Low vision affects every aspect of someone's life, from the ability to prepare food to recognising friends' faces.³ About 80 per cent of people with a visual impairment are over the age of 65 years and the prevalence increases dramatically with age and therefore with an ageing population, the number of people with low vision is projected to increase. There is an obvious relationship between sight loss and reduced wellbeing.⁴ In older people with low vision there is an increased risk of falls, with studies in America demonstrating one in four patients with low vision report symptoms of depression and anxiety.⁵ Accessing hospital-based eye clinics can be difficult for patients with impaired sight due to limited accessibility on public transport and dependence on friends or family members.⁶

Introduction

The aim of low vision services is to enable people with loss of vision to regain or maintain as much independence and autonomy as possible. This is achieved using a range of tools, dependent on need rehabilitation, visual aids, emotional support, and advice.

Access to low vision services should not be exclusively determined by clinical parameters such as visual acuity or certification but should take account of social, emotional, psychological, educational, and occupational effects of living with sight loss. It is imperative that patients should be able to access low vision assessment and services, irrespective of their registration status and cause or duration of their sight loss.

Historically, low vision assessments have been undertaken within an optometry department of an NHS hospital. To access the service, the patient would typically be referred in by their optometrist following a sight test. Often there are long waiting times averaging 24 months in some parts of the country meaning those most vulnerable in society are often left in limbo for months or years before they can access support.⁷

With an ageing population, and the challenges caused by the COVID pandemic leading to increased demands on secondary care capacity there is a renewed interest in the commissioning of primary care low vision services.⁸

³ Tejeria L, Harper RA, Artes PH, et al. Face recognition in age related macular degeneration: perceived disability, measured disability, and performance with a bioptic device. *British Journal of Ophthalmology* 2002; 86:1019-1026.

⁴ [Emotional well-being and adjustment to vision loss in later life: a meta-synthesis of qualitative studies – PubMed \(nih.gov\)](#).

⁵ [Self-Reported Vision Impairment and Psychological Distress in U.S. Adults: Ophthalmic Epidemiology: Vol 29, No 2 \(tandfonline.com\)](#).

⁶ Gallagher BA, Hart PM, O'Brien C, Stevenson MR, Jackson AJ. Mobility and access to transport issues as experienced by people with vision impairment living in urban and rural Ireland. *Disability and Rehabilitation*. 2011;33(12):979-88.

⁷ NHS England. NHS referral to treatment (RTT) waiting times data. (2021). (Accessed 11/11/2022).

⁸ [RNIB Sight Loss Data Tool. Lincolnshire. \(2022\)](#). (Accessed 11/11/2022).



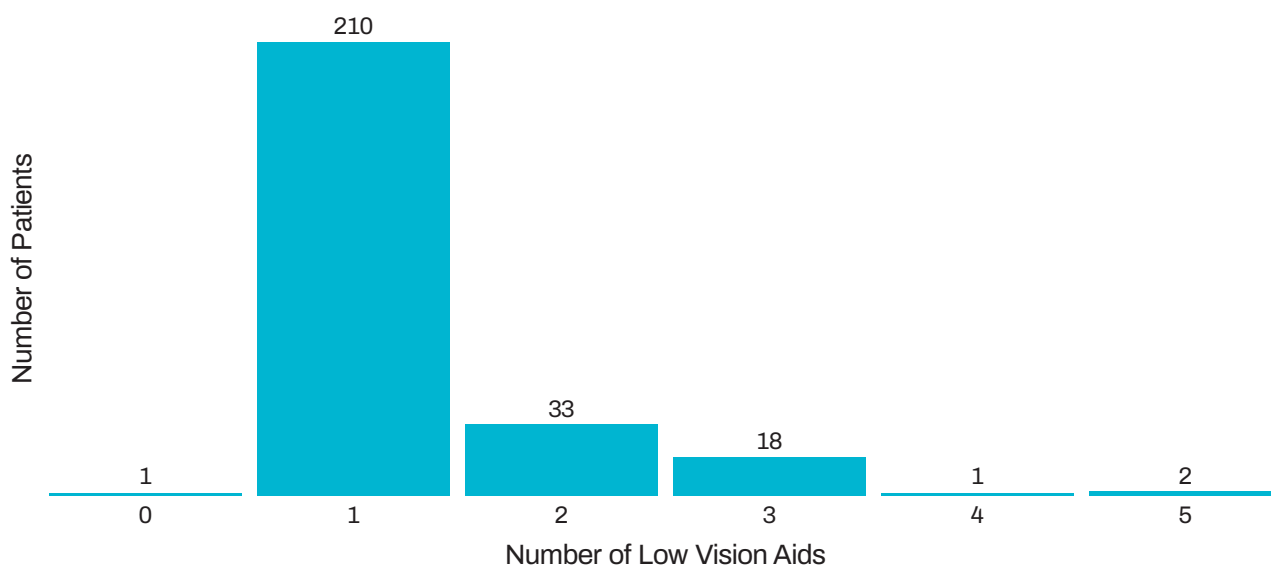
What Was Done?

Nationally the landscape is mixed with some well-established services offering patients excellent care in an accessible location closer to home. However, these services are not widespread but instead are offered across a small geographical footprint due to the nature of previous commissioning parameters. In Lancashire, the East Lancashire Hospital Trust (ELHT) Integrated Eyecare Service (IES) was commissioned in 2015 and included a provision for low vision assessments in optical practices. The service enables patients to be seen in a convenient setting within a short time frame, thus improving the quality of life of those with sight loss at a time when they need the support the most.

The pathway utilises the skills of accredited low vision practitioners, working in primary care, with a broad aim of working alongside rehabilitation officers and third sector partners to provide an integrated service. Once a referral is made, the patient will be seen within 21 days for a full functional assessment by a low vision specialist. In February 2023, the average waiting time for an outpatient ophthalmology appointment in East Lancashire is 14 weeks.⁹

There are currently 19 practices partaking in the service commissioned through Primary Eyecare Services (PES). From December 2021 – September 2022 there were 265 episodes of activity logged. As per the service specification, all patients will have received at least one face to face assessment and a six week follow up telephone review appointment, following which the patient episode details will be completed. Six patients were referred on to the hospital eye service for sight impairment registration, with 98% of the patients managed fully by the primary care low vision service. Most importantly, 100% of patients seen by the service would recommend the service to family and friends.

Number of Low Vision Aids Prescribed per Patient in the East Lancashire Low Vision Service From December 2021 – September 2022



⁹ [Ophthalmology – East Lancashire Hospitals NHS Trust – My Planned Care NHS.](#)



Services in Teesside and Wirral have been delivering similarly successful services for many years. Iain Mellis, a specialist low vision practitioner based in South Tees, has been providing a similarly NHS commissioned low vision service to patients in his local community. He believes that the guidance and support that patients receive through this service often has 'a profound and crucial impact on the patient's quality of life.'

"Losing your vision can be a massive shock and patients often go through a grieving process. They are worried that they are going to lose what vision they have, they miss their interests and often no longer go out. As a low vision practitioner, not only do you help them overcome their poor vision, and allow them to do the things they miss, but in most cases, you can reassure them that they aren't going to go completely blind, signpost them to additional services and educate them about their eye conditions."

Iain Mellis, Low Vision Optometrist

Wirral LOC, in partnership with Primary Eyecare Wirral, have been running a Low Vision Service for over fifteen years. This service recognised the need for collaboration between primary and secondary care but also with adult social care and voluntary sector organisations, to offer patients the appropriate level of support to maintain independence whilst living with sight loss. Patients in this service can have a first review but are also invited to return for an annual review if required. The most recent figures for the third quarter of this year, show eighty patients accessed the low vision service across eight practices. Of these patients fourteen were referred to voluntary sector organisations for further support with fifteen patients referred to the local authority's visual impairment team.

Outcomes

- Care is delivered within a familiar environment closer to home and is tailored to the patient's needs. This in turn releases capacity in hospitals for those who need it most
- Prompt advice and management for people living with sight loss at an earlier stage in their sight loss journey maximising independence
- Shared decision-making and dialogue between different disciplines such as third sector organisations and ECLOs
- Significant decrease in referrals to Hospital Eye Services, although it is important to note that patients currently cannot be certified as sight impaired/severely sight impaired in England unless the Certificate of Visual Impairment is signed by a consultant ophthalmologist, resulting in the need for a hospital referral
- Better signposting to local services resulting in improved health outcomes for people living with sight loss
- Provision of specialist low vision aids by skilled optical professionals in primary care improving accessibility
- Inclusion of highly skilled primary care workforce optometrists and dispensing opticians through a well-supported delivery model of care embracing the whole practice team



Conclusion

The increasing population of people living with sight loss coupled with the challenges faced in secondary care require widespread commissioning of the LOCSU Low Vision pathway. Patient centred care delivered closer to home by primary eyecare supports independence and improves quality of life. Collaboration between primary and secondary care as well as adult social care and voluntary sector organisations ensures that the patient receives holistic individualised support.

The National Eyecare Recovery and Transformation Programme recognises the importance of improved access to care in a timely manner with a focus on minimising sight loss. Delivery of this service in primary care supports the patient to age independently and live well, as well as easing secondary care capacity issues and ensuring all patients receive care in the most appropriate location.