

## Pathway Guideline:

# Low Vision Pathway

The low vision pathway aims to provide a locally accessible, holistic approach to managing sight loss, helping maximise an individual's residual vision and maintain independence. The low vision pathway will support the provision of low vision equipment and advice along with an accessible gateway to further support services for people living with sight loss, regardless of whether newly diagnosed or living with progressive eye conditions. The service aims to empower patients to understand their sight loss better and enhance their ability to live well and independently and safely for longer.

Following the principles of **Optometry First**, delivery of this service is within an optical practice networked with other services providing support to people with sight loss; as such, the pathway should be commissioned as part of an integrated sensory support package to meet local population needs.

Practitioners are expected to work within their own competency and experience, considering the following clinical guidelines:

College of Optometrists ([Assessing and managing patients with low vision](#))

ABDO ([Low Vision advice and guidelines](#), 2019)

Further information can be found in [Low Vision: the essential guide for ophthalmologists](#). (Ophthalmic Services Guidance, Royal College of Ophthalmologists July 2021)

## Access to Service

Patients may be signposted or referred, or they may self-present into the service.

### Referrals

- following a sight test or Optometry First / extended primary care service
- from another primary care practitioner
- from the hospital eye service (HES)
- from an Eye Clinic Liaison Officer (ECLO)
- Self-referral (potentially following signposting)

### Signposting

- Other NHS services
- Adult social care and/or sensory support services
- Children's services and/or a Qualified Teacher of Children and Young People with Vision Impairment (QTVI)/habilitation service

- Third sector organisations such as sight loss charities, Age Concern, Citizens Advice, Stroke Association etc.
- Other stakeholders; for example, job centre, housing associations etc.

## Eligibility

Anyone identified with sight loss that impacts on their quality of life is eligible, which includes those:

- who are eligible to be certified as sight impaired (SI) or severely sight impaired (SSI)
- whose vision is not sufficiently impaired for legal classification but who, even with optimal spectacle correction, experience difficulties with the visual aspects of everyday life. This includes people with permanent visual field loss experiencing problems.

*Note: there is no age restriction for the provision of this service, and it includes those who are house bound. All persons entering the service will need confirmation of an up-to-date sight test.*

## Assessment of Suitability and Triage

Referrals, where possible, should be reviewed and prioritised by the receiving provider. For patient self-referrals and following simple signposting into the service, an assessment of suitability and prioritisation should be undertaken by the practice/practitioner based upon presenting symptoms and reasons for requesting an appointment.

Any person who reports a deterioration in vision since their last sight test or who has not had a sight test within the past 12 months, should be directed to have a sight test in the first instance where the sight testing practitioner will advise on suitability for a low vision assessment thereafter.

## Data Gathering

Ideally, prior to a low vision assessment taking place, initial data gathering will be completed, preferably captured on an electronic record. This is to provide patients with a tailored, patient-centred approach to their care for holistically optimum outcomes.

- Sight test results including date of test, full spectacle prescription, including lens type dispensed and best corrected visual acuity.
- Past ocular history including previous low vision support, eye hospital history and registration status.
- General health status including current medication.
- Information relating to previous low vision support, if any, including previous offers of certification/registration.
- Additional risk factors, such as significant hearing loss, disability or living alone.

- Reminder to bring all current glasses, magnifiers, and technology they have been prescribed/or are currently using, even if unsuccessful, to their assessment.
- Completion of quality-of-life questionnaire to establish main concerns and support in place currently, in a preferred and accessible format for the patient or completed over the phone or prior to the start of the assessment in practice.

## Low Vision Assessment

The low vision assessment should have a flexible, tailored, patient centred approach. The assessment should include, but is not limited to:

- History and symptoms with emphasis on ocular and social history and patient's understanding of visual status.
- Identification, discussion and evaluation of risk factors (e.g., depression, falls and visual hallucinations).
- Clinical assessment including visual acuity at distance and near, contrast sensitivity, functional central/peripheral fields testing and colour vision (as appropriate).
- Consideration of refractive status and suitability of SI/SSI certification if indicated.
- Assessment of requirement for visual aids such as magnifiers and or daily living aids.

## Outcomes

Individual outcomes will vary depending on the needs of the patient. In all circumstances, a management plan will be formulated and agreed by both the low vision practitioner and the patient.

## Management Plan

The management plan may include:

- Issuing optical and daily living aids and training on use.
- Discussion of solutions to improve patient's ability to maintain independence, e.g., lighting, visual strategies, magnification options, technology, motility, orientation training and accessibility features on digital devices.
- Spectacle type recommendation and or working distance and task positioning.
- Lifestyle advice.
- Management of emotional impact of sight loss.
- With the patient's consent, issuing of low vision assessment report to the referrer, GP and other eyecare provider, if relevant, and copied to the patient and / or their preferred recipient.
- Signposting to a range of accessible information relating to their eye condition including patient information leaflets etc.

## Onward Referral

Following identified need (more than one can be initiated as required):

- **Sight Test:** If a person's level of vision does not match that expected consider whether another clinical concern may be contributing to sight loss, requiring further investigation.
- **ECLO/Sensory Support** as per local protocol; for access to benefits advice, peer support, local support services and sight loss charities regardless of whether they meet Certificate of Visual Impairment (CVI) criteria.
- **Specialist aids/equipment providers** for aids such as bioptics, spectacle mounted telescopes, digital medical device solutions and other technology etc.
- **Other NHS services** such as falls teams, mental health support, dietitian, community nursing team, primary care pharmacy for medication support, Optometry First/extended primary eye care service.
- **HES & Ophthalmologist** for certification as sight impaired or severely sight impaired, and for confirmation of restricted fields with Goldmann perimetry if not already available. Referral to investigate pathology or possible genotyping for genetic retinal disease.
- **Third sector organisations:** national/local sight loss charities for peer support, digital support, and availability of further equipment to help such as daylight task lighting and large button phones.

### Scheduled Follow Up / Patient Initiated Follow Up

- The Low Vision pathway provides continued care, supporting the patient to live independently. Scheduled follow-ups are offered within the service for patients where this is deemed appropriate (high risk groups) and with respect to locally agreed protocols. Alternatively, patients may remain within the service and be offered patient-initiated follow ups, for reasons such as broken equipment, difficulty using equipment or change in visual status or personal circumstances.
- *Note:* a short-term remote follow-up a few weeks following the initial low vision assessment is recommended to ensure that the management plan is in action and that the patient is getting the care as agreed. Also, multiple appointments may be needed to complete the initial assessment.

### Discharge

Patients may agree to be discharged from the service with support for self-care. The patient should be provided with information on how to return to the service, should their circumstances change. This would initiate a new episode of care.