



Vision Care for Homeless People, Gloucester Clinic

At a glance

At the end of April 2022 Vision Care for Homeless People (VCHP) opened a new static clinic in Gloucester. The purpose of the service was to improve health and reduce inequalities by providing General Ophthalmic Services for the homeless population. This has been a partnership between VCHP, NHS Gloucestershire, Gloucestershire LOC and local practitioners.

Challenge

Barriers to access to eyecare was widening the health inequalities already experienced by people struggling with homelessness.

Objective

Improve access to eye care, reduce health inequalities and improve health and quality of life for homeless people.

Solution

Open a static clinic, at a registered city mission to allow GOS services to be delivered.

Result

93% of patients seen in the service were prescribed with new spectacles, with 18% referred.

Introduction

Vision Care for Homeless People (VCHP) is a small charity that was founded in 2003 by four optometrists. They wanted to make a difference by delivering an optometric service to vulnerable and excluded people in the UK. Gloucestershire LOC recognised in September 2019 that there was a need within the county and approached VCHP to work in partnership to deliver a service locally.

In 2019, results from the charity Shelter revealed there are 280,000 homeless people in England.¹ Homeless people face barriers to access but are more in need of eyecare than the rest of the population. There are a wide variety of reasons that mean accessing high street optical practices is much more difficult for people who are homeless or vulnerable. Studies in the US, supported by VCHP own records, show high prevalence of uncorrected refractive error, glaucoma and cataract.² Homeless people are four times more likely to smoke and there is subsequently a higher risk of macular degeneration.³ Chronic conditions such as hypertension or diabetes are less likely to be well controlled leading to ocular complications.

¹ [280,000 people in England are homeless, with thousands more at risk – Shelter England](#)

² [The Behavioral Model for Vulnerable Populations: application to medical care use and outcomes for homeless people – PubMed \(nih.gov\)](#)

³ [Baggett TP, Rigotti NA. Cigarette smoking and advice to quit in a national sample of homeless adults. Am J Prev Med 2010;39:164-172](#)



The LOC considered various models (including a domiciliary type service) and then approached VCHP about setting up a static clinic. Many of the people seen by VCHP are not eligible for GOS care. VCHP and the LOC approached NHS Gloucestershire with a plan to implement a service. It was agreed, that for patients who are ineligible for a sight test under GOS, VCHP could claim an equivalent sight test fee from NHS Gloucestershire.

Implementation

NHS Gloucestershire funded a one-day a week role as new Clinic Development Manager and start-up costs of approximately eight thousand pounds. Local and national optical suppliers were contacted along with a local glazing lab, to source frames and equipment. The clinic was due to open towards the end of 2021, however, the location first identified proved to be unsuitable and a new location at Gloucester City Mission (GCM) was secured.

VCHP clinics are staffed by local volunteers and via the LOC, local optometrists, dispensing opticians and practices were contacted to recruit a group of volunteers. They all undertook training by VCHP including safeguarding, systems and data protection.

In March 2022 VCHP fitted out the clinic room with all the equipment needed for a GOS contract compliance and began seeing patients.

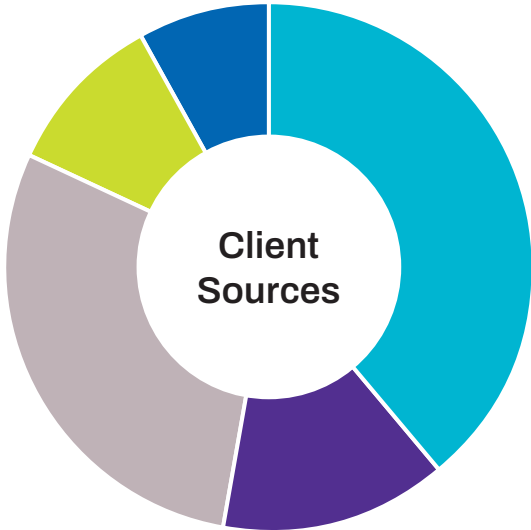
Outcome

Since opening 58 patients have received a sight test. Of these 60% were eligible for GOS. This is slightly higher than at previous VCHP clinics where the split has usually been around a third NHS funded, two thirds privately funded.

Clients access the service by several routes: Poster 39%, Outreach from GCM 29%, referred from Homeless Healthcare Team 15%, referred by housing and community charity, P3 10% and other 8%. This shows the importance of the clinic undertaking outreach work. VCHP in Gloucester now has a dedicated volunteer one day a week to coordinate outreach.

The general public's perception of homelessness is often based on thinking about 'street sleepers' These, in fact, made up a very small number of people seen in the clinic (5%). Most people were either in Supported or Temporary Insecure accommodation.

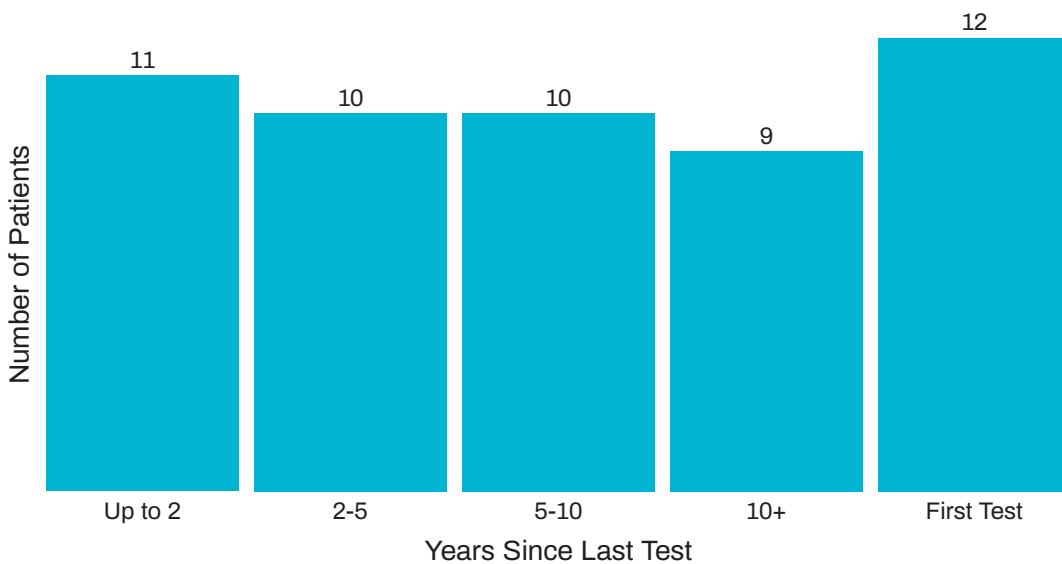
Around 18% of patients were referred onto either their GP or secondary care and 95% were supplied with new glasses – this is a much higher proportion than would usually be seen in a High Street practice. Time since last examination was also greater. Only 10 people had an in-date sight test (less than 2 years) with 41 having not had a test in the last 2 years. For 12 people it was their first sight test.



- Poster, 39%
- GCM Outreach, 29%
- Referred from Homeless Healthcare Team, 14%
- Referred from P3, 10%
- Other, 8%



- Rough Sleeper, 5%
- Supported, 40%
- Emergency Accommodation, 14%
- Housed, 15%
- Temporary Insecure, 26%



This shows that there is a definite need for spectacles and referral to ophthalmology/general practitioner within this group of the population. In addition, dry eye drops, magnifiers, sunglasses and replacement spectacles were also supplied.



Across England

VCHP clinics currently cover a very small number of the homeless population with currently 6 clinics running in London, Leeds, Manchester, Gloucester, Exeter and Birmingham. A new clinic in Stratford and a former clinic in Brighton will be opening in the coming months. These clinics usually run once a week and prior to COVID in 2019 saw over 1000 patients.

There are other services such as the Cheshire and Merseyside service which started in 2015 and receives GOS funding for three mobile optometrists to deliver sight tests and spectacles in shelters and day centres. Between April 2020 and March 2022 658 episodes of care (653 Sight tests and 5 repairs/replacements) and 82% of patients received one or more pairs of spectacles.

In Lancashire and South Cumbria, three domiciliary providers work with local homeless shelters and organisations such as 'Church on the Street' to provide regular clinics within homeless shelters. In the period between August 2020 and October 2021, 189 patients were seen. This number is lower than hoped due to the COVID restrictions in place at this time. The vast majority of these patients required spectacle correction and were dispensed (over 185 patients).

VCHP also partners with Crisis to provide eyecare at Crisis at Christmas in London.

Going Forward

Karen Gennard, VCHP's New Clinic Development Manager explains the charities hope for the future,

"VCHP aims to increase the number of static clinics over the next three years, along with supporting clinicians and practices to run pop-up clinics in their local area. We hope to work with ICBs and LOCs to provide these services. This will enable us to reach more of the homeless community and make sure there is access to health care, free of charge at the point of service in a place that is welcoming and convenient. Our clinic could not run without the support of the optical industry, NHS Gloucestershire, Gloucestershire LOC and our fantastic volunteers. Our volunteers provide a highly professional service, keeping in mind what is in the patients' best interest at all times. They serve with empathy and kindness and make a real difference to the lives of our patients."

Karen Gennard, VCHP, New Clinic Development Manager



Appendix

Patient Stories

Karen Gennard, VCHP's Clinic Development Manager explains 'since opening the clinic we have seen a wide variety of patients and we hope we have made a positive impact on their lives. Whilst each person has an individual story there are some trends that are seen amongst our patients.

Newly diagnosed myopes accounted for 10 of our patients. They were all either first time tests or hadn't been seen since childhood. Their ages ranged from 16 to 36. All were found to have significant uncorrected myopia (from -1.00 to -7.00). For these patients a pair of glasses is a simple solution and makes a huge difference to their day-to-day quality of life.

Some of our patients had previously been seen in High Street practices and explicitly stated cost as a reason for not returning. Whilst GOS does provide for those that are eligible some patients were not in receipt of the eligible benefits and were finding the cost of spectacles prohibitive. Even those that are eligible for GOS services may be dissuaded from attending because of perceived costs. If they hadn't come to us, they would have continued without the appropriate glasses.

GOS also does not automatically cover lost or damaged spectacles. As a charity with funding from NHS Gloucestershire we are able to reassure patients that if they lose or damage their spectacles, we are happy to provide replacements pairs and we have done this on 5 occasions since opening. The nature of homelessness often leads to lost or damaged possessions, so we offer replacements for patients who fall outside the scope of GOS. One patient lost all their belongings including three pairs of spectacles in a house fire, another patient, had a sight test in prison but was released before the spectacles could be delivered, and a third patient needed to leave her accommodation suddenly and therefore lost all her possessions, including their glasses. We have also been able to supply numerous dry eye drops and blepharitis wipes (with thanks to industry partners who support us). Even if our patients are engaged with GP services, GPs are increasingly unable to provide these on prescription. We have also supplied ready readers and magnifiers (including one to enable a patient to read their diabetic medication correctly and keep a supply of both in the clinic.'