Community Low Vision Services in Action

# A Comparative Case Study: Gloucestershire, Lancashire & Morecambe Bay and Dorset LOCs

LOCSU

## Overview

Low vision services play a critical role in maintaining independence, reducing the risk of falls, and improving quality of life for people living with sight loss. Across England, however, access to community-based low vision provision remains inconsistent.

This case study brings together the experiences of three Local Optical Committees (LOCs) - Gloucestershire LOC, Lancashire & Morecambe Bay LOC and Dorset LOC - to demonstrate how community optometry can deliver high-impact, patient-centred low vision care.

More than two million people in the UK are living with sight loss severe enough to significantly affect their daily lives, according to the RNIB. In addition, many more people are living with an eye condition that places them at risk of future sight loss.

These figures reinforce the importance of accessible, community-based services that can intervene early, maximise remaining vision, and prevent avoidable deterioration in health and wellbeing.

## Table of Contents

*Click on the headlines to move throughout the case study.*


**Gloucestershire LOC**
Delivering Targeted Domiciliary Low Vision Care.......... 2

**Lancashire and Morecambe Bay LOC**
Delivering Low Vision Care at Scale.......... 5

**Dorset LOC**
A Long-Standing Community Low Vision Model.......... 7

**Shared Learning**
Key Considerations for LOCs and Conclusion.......... 9

# Gloucestershire LOC

Delivering Targeted Domiciliary Low Vision Care

LOCSU

## Overview

Gloucestershire LOC decided to prioritise the development of a **case for change** proposal for enhanced low vision support services, including domiciliary provision, following a compelling practitioner experience in a neighbouring area:

A 67-year-old woman was living alone following her husband's death. She had been without electricity for two months and was using a torch to navigate her home. During a low vision assessment, urgent referrals were made to social services, the sensory impairment team and community transport services. Appropriate magnifiers were issued and ongoing liaison was arranged with a sight loss advisor.

This case highlighted how low vision assessments can uncover significant vulnerability and act as a gateway to essential multidisciplinary intervention.

## Local Need and Service Gap

In Gloucestershire alone, approximately 23,700 people were living with sight loss in 2021, with directs costs locally exceeded £31 million annually, alongside additional indirect and societal costs.

Despite this, there was no funded community low vision provision outside the hospital eye department, and only one private practitioner offering low vision assessments and domiciliary visits across the county.

This limited access impacted patients living in rural areas, those unable to travel, and individuals unaware that support might be available. Practitioners and charities emphasised that low vision affects lifestyle as much as visual acuity - impacting financial management, home safety, social participation and overall independence and wellbeing.

Gloucestershire LOC developed a business case to commission a community- based low vision service, informed by RNIB projections predicting a 27% increase in people living with sight loss by 2030 and practitioner insights.

A key priority within the business case was the inclusion of domiciliary provision. Many patients face emotional, logistical and financial barriers when travelling to hospital appointments.

Embedding home-based assessments within the care pathway aimed to improve equity of access and reduce these barriers, identify unmet social and safeguarding needs and deliver holistic, patient-centred care in a familiar environment.

# Patient Stories Driving Commissioning

Patient case studies were central to securing commissioning support.

**These included:**

- An elderly patient living in a **rural area** with no low vision aids or local support.
- A financially constrained patient, following loss of husband, who was struggling with **sight loss, mental health, and quality of life** due to no low vision aids, means of travel or support.
- An elderly patient who lived in town centre location but **could not find any information on available local low vision services** and learnt from word of mouth of local domiciliary provider. Had no current low vision aids except for an iPad.
- A patient whose assessment raised **safeguarding concerns**, prompting referral.
- A patient from a semi-rural location, who **could not afford a private domiciliary low vision assessment or low vision aids**.

Practitioners emphasised the psychological impact of visual impairment. Patients often stop reading or engaging in hobbies, struggle with managing bills and daily tasks and withdraw socially due to reduced confidence.

Younger adults transitioning out of structured support systems, when they reach 18 years old, may experience distress that often leads to feelings of hopelessness and exacerbates psychological issues. Older adults may withdraw due to depression or loss of confidence and a lack of motivation to engage in daily tasks.

One practitioner described supporting a 95-year-old woman to read her grandchildren's Christmas cards - a simple yet meaningful restoration of family connection.

Although low vision services may serve relatively small patient numbers, the impact for the individual is significant. These services are relatively low cost to deliver yet high impact in restoring function, confidence and wellbeing and critical in identifying wider health and social care needs.

# Service Delivery

The Gloucestershire Low Vision Service was commissioned as a pilot with an extension currently under review. The service has a strong focus on domiciliary provision and is delivered through Primary Eyecare Services (PES). The pathway is delivered by accredited optometrists and dispensing opticians in community practice. Accreditation requires successful completion of the WOPEC online Low Vision module.

Development of the service specification involved close collaboration with the Sight Loss Councils and Forest of Dean sight loss charities, Social Services and Eye Clinic Liaison Officers (ECLO) to build on existing community strengths and historical service provision rather than reinventing established service pathways. Early engagement helped align roles, manage expectations and strengthen partnership working.

# Service Data

In Gloucestershire, from 1st June 2025 to 30th November 2025, 140 patients were seen within the low vision service. 180 low vision aids were prescribed and 141 clinical consultations delivered.

133 of these assessments were carried out domiciliary, demonstrating a highly targeted approach to reaching housebound or mobility-limited patients.

Most patients were discharged appropriately following assessment, with a small number referred to Hospital Eye Services for certification and one referred to Social Services.

Patient experience data showed that over 90% of respondents would recommend the service to a friend or family member, and 83.6% patients rated their overall experience as 6 or 7 out of 7.

**Service user and family feedback demonstrates the real-world value of domiciliary care:**

## Patient Feedback

- Not being able to leave my home means this service has been very valuable to me.
- Having this magnifier over December has helped me to read Christmas cards sent by my family. Thank you so much.
- The magnifier seems to have really helped *** see her puzzles again. Couldn't praise the service more!
- Spent the day looking at old photos. Seems like a very important service.
- **** was very friendly and helpful and the magnifier he provided has helped me to see old photographs that are very important to me.

## Overview

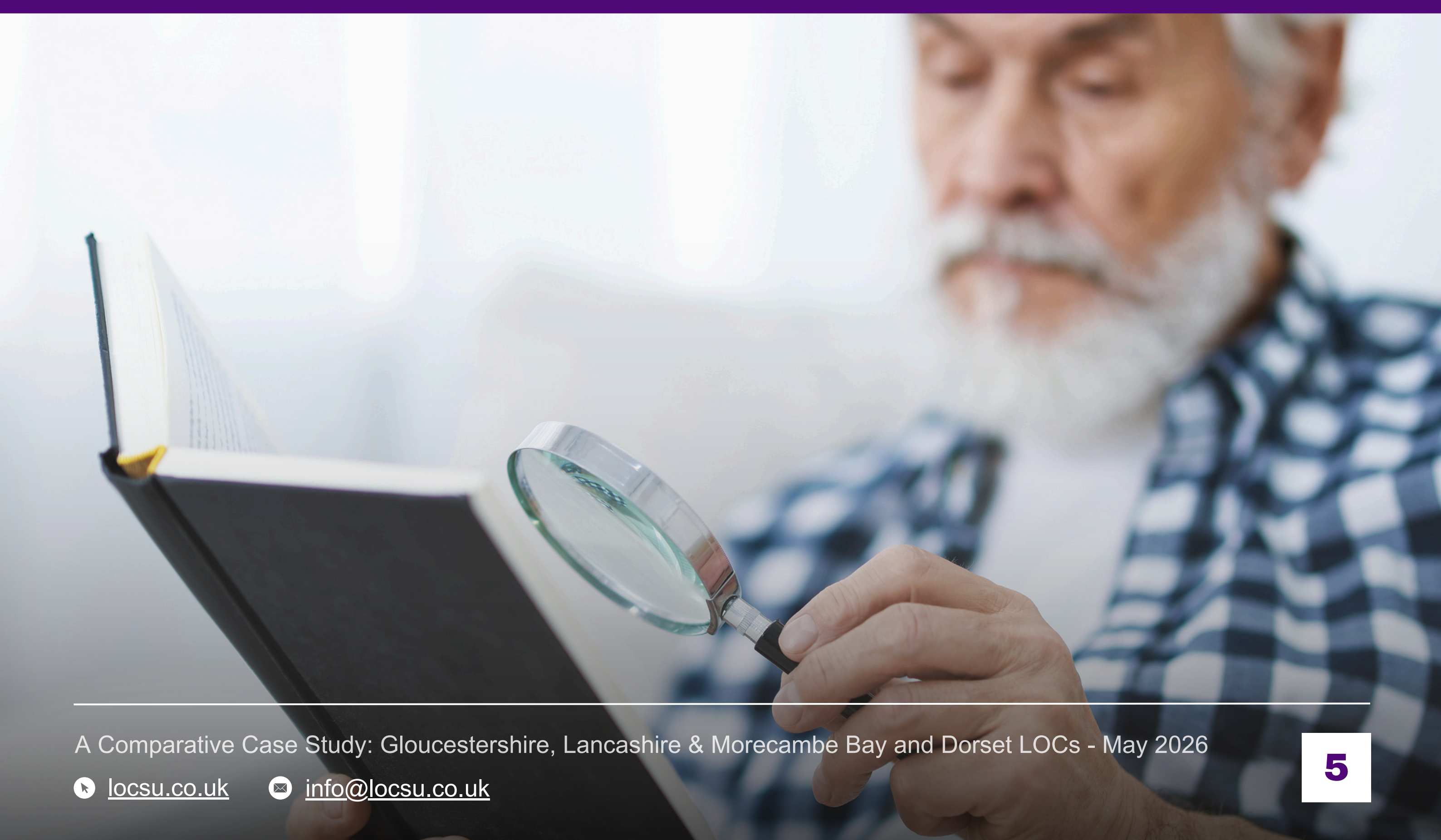
Prior to the formation of the Integrated Care Board (ICB), low vision services across Lancashire and South Cumbria were commissioned separately by individual Clinical Commissioning Groups (CCGs). This resulted in a fragmented commissioning landscape with differing delivery models across localities.

Following the ICB merger, a decision was made to commission a standardised suite of low vision services across Lancashire and South Cumbria to replace the previous fragmented approach.

The unified service launched on 1 October 2024 and is delivered through a combination of optical practices and third sector organisations, with domiciliary (home-based) provision where clinically required. The provider is Primary Eye Care Services (PES). Initially commissioned for patients aged 18 and over, the service was expanded in November 2025 to include all age groups. Patients may be referred into the service or can self-refer.

Low vision assessments may be carried out by an optometrist, dispensing optician, or another practitioner holding recognised Optical Low Vision accreditation or equivalent WOPEC/LOCSU Low Vision certification.

The structured pathway includes an initial face-to-face assessment followed by a second appointment, typically a telephone review, to assess progress and ongoing support requirements.



**Bringing different providers together to deliver the low vision service has many benefits:**

- The benefit of third sector providers is access to tailored and enhanced sight loss support. Optical practices can provide the low vision assessment and refer on to third sector organisations for further support if required.
- The benefit of optical practice involvement is continuity of care and the availability of healthcare professionals; patients are often familiar with the practice and practice staff and there is usually a medical history available. Refractions can also be checked and updated if required.

## Service Data

Between 1 June and 30 November 2025, the Lancashire & Morecambe Bay Low Vision Service (including Pennine Lancashire) delivered care to 844 patients. During this period, 1,278 low vision aids were prescribed, and 1,184 clinical consultations were undertaken.

240 domiciliary assessments were completed, demonstrating the importance of reaching patients who are unable to travel to practice settings.

Most patients (841 patients) were safely discharged from the service following assessment, with only two referred to HES for certification and one referred to Social Services.

Patient experience data during the same period reflects high satisfaction levels. All respondents stated they would recommend the service to friends or family, and 96% rated their experience as either a 6 or 7 out of 7 on a 7/7 scoring system with 7 being excellent.

Patient feedback is very positive and highlights both the practical and emotional impact of the service, indicating that the service restores everyday function - enabling reading, writing and engagement with daily tasks for many people.

### Patient Feedback

My reading was assessed and I was given 2 very good magnifiers… I am using one of the magnifiers to write this as the print is very small.

# Dorset LOC

A Long-Standing Community Low Vision Model

LOCSU

## Overview

Dorset was the first area in England to introduce community provision of low vision aids. The Community Low Vision Service was commissioned in 1993, with 15 optical practices providing the service, including domiciliary provision. This replaced hospital-based low vision care.

The initial commissioning arrangement pre-dated the current ICB structure and was undertaken through the former Dorset Health Commission and was supported by the Chief Executive at the time. The LOC responded proactively, developing schemes such as the Low Vision Aid (LVA) service to support this strategic direction.

Joint meetings were held with interested practitioners, social services rehabilitation officers, hospital trusts, the peripatetic teacher for visually impaired children in Dorset, patient representatives and health service managers to design and implement the LVA pathway collaboratively, ensuring alignment across primary care, social care and secondary services from the outset.

Patients can be referred to an accredited practitioner either by the Hospital Eye Unit, Social Services, Dorset Blind Association, Bournemouth Blind Society, a GP, by other Optometrists or they may self-refer into the service.

There are no patient age restrictions and there is no set level of corrected vision threshold for referral but a person may be considered to have low vision if they have an impairment of their visual function that is adversely affecting their quality of life that cannot be corrected through spectacles, contact lenses or medical or surgical intervention.

There is no requirement for WOPEC accreditation, but local practitioner accreditation is essential. Both optometrists and dispensing opticians are eligible to provide the service.

The service aims to enable a more independent lifestyle through provision of an appropriate LVA and/or referral and liaison with the Sight and Hearing Team at Social Services.

Currently, the service is delivered by five contracted practices (listed on the **Dorset LOC website**), all located in the east of the county, following recent reductions in provision due to practitioner retirement, changes in practice ownership or practice closures, and there is no active domiciliary provision. In response, Dorset LOC is working with commissioners to improve practice participation and patient access.

# Optometrist Feedback

## Insights from Dorset Service Providers

The service not only benefits patients but also enhances professional capability within the community workforce. Practices note additional benefits including raising the profile of the practice locally, strengthening community reputation and, in some cases, increased engagement from friends and family members of service users who subsequently attend the practice.

Additionally, in most cases, appointments can be arranged within two to three weeks, providing timely access.

## Optometrist Feedback

Many patients have simply given up, relying heavily on neighbours or family members to complete everyday tasks.

The opportunity to sit down with patients, take time to understand their visual difficulties, and provide a practical solution can restore independence and confidence. The patients are happy that someone has taken the time to listen to them and explain their eye condition and likely prognosis. They often express thanks for the ability to read again.

Furthermore, the service has strengthened my skills and confidence in identifying ocular pathology and managing complex visual impairment.

**Ian Underwood, Optometrist**

# Shared Learning Across Areas

Across Gloucestershire and Lancashire & Morecambe Bay,
**the data demonstrates**:

- Significant patient reach, strengthened by the domiciliary provision
- Effective community management and support with minimal escalation to secondary care
- Excellent patient reported outcomes

Patient comments consistently emphasise regained independence, the ability to read letters and cards, viewing treasured photographs, completing puzzles and feeling supported by knowledgeable practitioners.

# Key Considerations for LOCs

- Demand will increase significantly (RNIB projections).
- Workforce accreditation (WOPEC/LOCSU) reassures ICBs of safe community delivery.
- Reach out to local charities, Social Services and ECLOs, effective collaboration with the third sector strengthens service impact.
- Effective stakeholder engagement is critical and should aim to include the hospital low vision service, hospital eye service and ICB.
- Consider the appointment of an LOC champion.
- Domiciliary provision is essential for equity.
- Geographic coverage must be actively maintained.
- Financial planning should consider the wider cost savings, not just the direct costs.

# Conclusion

Community low vision services extend beyond clinical intervention; they safeguard against isolation, vulnerability and declining wellbeing. Service data and patient feedback across all three areas consistently demonstrate that these services deliver both measurable clinical outcomes and meaningful improvements in patients' quality of life.

The Lancashire & Morecambe Bay Low Vision Service demonstartes a well-established, integrated model that combines clinical assessment, rehabilitation and social support within a coordinated pathway, improving both service efficiency and patient experience.

The Dorset low vision service provides a long-standing example of community-based provision, illustrating how such pathways can be embedded within local systems and deliver benefits for both patients and service providers, alonsgide wider system benefits including workforce development, increased community engagement and timely access to care.

The Gloucestershire experience highlights three key lessons: the necessity of domiciliary provision to address health inequalities and reach underserved populations; the importance of partnership with the third sector to enhance service impact and provide holistic support; and the power of patient stories in influencing commissioning decisions and demonstrating real-world value.

Long-term sustainability depends on strong ICB–LOC relationships, ongoing LOC commitment and engagement, and workforce planning to maintain equitable access across a county. Gloucestershire LOC recommends the appointment of a dedicated LOC Champion to lead commissioning and contract discussions, recognising that this process requires a proactive and committed individual, as the process can be time-consuming but is essential for successful service development.

Community-based low vision services are clinically effective, highly valued by patients and essential for housebound, elderly and rural populations. When appropriately commissioned, they provide a scalable, high-quality and cost effective model of care that reduces pressure on secondary services while improving independence, confidence and overall wellbeing.

As the prevalence of sight loss continues to rise alongside an ageing population, community pathways represent a vital component of sustainable, equitable eye care delivery.

# References


- RNIB
- Dorset Blind Association
- Bournemouth Blind Society
- Sight Loss Councils and Forest of Dean sight loss charities
- LOCSU Low Vision Pathway


# Acknowledgements


- Gloucestershire LOC
- Lancashire & Morecambe Bay LOC
- Dorset LOC
- Primary Eyecare Services (PES) for data provision (Gloucestershire and Lancashire & Morecambe Bay)
- Dorset ICB
- Lancashire and South Cumbria ICB
- Gloucestershire ICB