Pathway guideline:

Enhanced Eye Care Service for people with learning disabilities

This service is designed to enable equitable access to local NHS eye health services for people with learning disabilities.

Factors causing learning disability may also affect normal visual development and people with a learning disability are more likely to need, but less likely to have, access to high quality eye care. By delivering adjustments it is possible to make it as easy for people with learning disabilities to use optical services as the wider population.

Using the skills of primary care optometrists and dispensing opticians, patient care will be improved. The service will:

- Raise awareness of the importance of eye care and that people with learning disabilities are more likely to have a sight problem.
- Improve access to sight tests, refractive error correction and other advice and treatments.
- Minimise stress and distress for people with learning disabilities when accessing eye care services.
- Retain patients in primary care where appropriate and reduce the number of people with learning disabilities unnecessarily referred to secondary eye care.
- Signpost to other appropriate services supporting people with sight problems.
- Provide a suitable sight test report to the patients and their carers where appropriate: empowering people with learning disabilities to look after their sight and supporting carers to understand what the person can see and the support they may need.
- Improve integration with learning disability support services, including GPs, who are responsible for the learning disability annual health check.
- Improved integration between the primary eye care service and hospital eye service to allow more fully informed referrals and the transfer of care from the hospital eye service into the enhanced primary eye care service for people identified as suitable by their hospital clinician.

Throughout the service pathway, information will be provided in the format the person requires, to align with the NHS Accessible Information Standard. The charity SeeAbility produces a free range of factsheets in 'Easy Read', a format that many people with learning disabilities prefer. For further information and advice phone SeeAbility's information service on 01372 755 000.

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Access

For any child, young person or adult who is recognised by their GP as having a learning disability e.g. on a GP learning disability register.

> *However, the service will not exclude people not on the GP register, who wish to make use of the service because of their learning disability.*

The service is intended to provide individualised care for those who need it, people with mild learning disabilities may access GOS sight tests in the usual way with minor reasonably adjusted support, whilst people with more moderate to severe learning disabilities will need the additional time and support of the pathway.

Referral:

People may be referred into the service by their GP via their Annual Health Check (AHC), or by learning disability or special educational needs services, a carer or advocate, optometrist, dispensing optician or OMP. Alternatively, they may self-refer.

Young people supported within a special school eye care service may be transitioned into the optometry eye care service for the continuation of their eye care as appropriate.

Some people with learning disability who have traditionally received their eye care within the hospital eye service may also be transferred to the care of the primary eye care service where this is considered appropriate by the referring ophthalmologist.

The referrer will provide the patient (or alternatively their carer or support worker) with:

- A list of participating optical practices, including domiciliary providers
- The relevant SeeAbility forms, including 'Having an Eye Test', "Telling the Optometrist about me" (or 'About your child and their eyes') form and where indicated the Functional Vision Assessment.
- Information about other support agencies

Preparation

When contacting the service, a completed SeeAbility's pre-sight test "Telling the optometrist about me" or 'About your child and their eyes' form should be presented.

If not yet provided, the form will be made available at this stage, to be completed and returned to the optical practice in advance.

The optometrist will review the pre-sight test form and ensure adequate measures are in place for the examination to take place. This may involve the person visiting the practice on one or

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more occasions before the appointment day to familiarise them with the surroundings, the personnel and procedures.

Consideration should be given to the need for a Functional Vision Assessment (FVA), especially where there are likely to be communications difficulties. This is ideally carried out by a carer, specialist worker or learning disability nurse (depending on local availability) and the information provided prior to the sight test. It is designed for non-eye care professionals to help observe how someone is using their vision in their daily life.

Sight test examination

Appointments are arranged to meet the individual needs of the person. This may include extended times and multiple visits where a person is unable to complete the eye examination in one visit, or it may be a quieter time of the day.

The optometrist will adopt a flexible, patient centred approach before, during and after the sight test in order to deliver the best outcome for the individual person's needs.

During the sight test, the person's chosen supporter should be in the room to support any communication needs and minimise anxiety.

Suitable equipment will be available, including pictures, single and crowded optotypes, as well as a range of suitable fixation targets (lights, toys etc.). Kay Picture and Cardiff cards are recommended.

> *In some cases, the nature of the persons' disabilities may mean that all tests cannot be performed, despite adaptions and repeat attempts. The patient and/or carer will be consulted about this and the detail noted in the patient's follow-up report and record together with the reason for the test not being performed on that particular patient.*

Domiciliary care

While it is in the person's best interests to attend a community optical practice for their eye care, there may be some patients where a domiciliary or home visit may be required.

Dispensing, if needed

Once the sight test has been carried out, any required spectacles will be dispensed as appropriate, with information for carers and support to improve fit, compliance with ongoing care as necessary. Dispensing should be by a regulated professional (a registered Optometrist or Dispensing Optician) rather than an optical assistant, given the nature of advice that is needed, the likelihood of high prescriptions, sensory adaptation and comfortable fit to help a person get used to their glasses and/or special facial characteristics that the person may have. Routine review of dispensing is recommended.

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A GOS3 voucher will be issued where a person is eligible. Where spectacles are prescribed, issue SeeAbility's "Getting new glasses" and "Wearing glasses" (versions are available for both adults and children) to help with adaption.

Referral, if needed

Where necessary the patient will be referred to the hospital eye service or other support services as appropriate e.g. the minor eye condition service. Patients should be referred to a multi-disciplinary team at the Hospital Eye Service, regional centre of excellence or other appropriate team (to be determined locally at service implementation).

The patient might need sight loss certification, low vision services, or vision rehabilitation. Having a learning disability should not be a barrier to accessing services that other people with sight loss use and need. Some Trusts employ acute learning disability nurses, which along with community learning disability teams and nurses can ensure reasonable adjustments are put in place to enable people to access the full range of support from secondary care, including surgery.

A very small number of people, due to the severity of their condition, may have difficulty in complying or co-operating with a sight test as described above. Given the adjustments available through the pathway, and the potential for domiciliary care, these situations will be rare. Inability to complete a sight test is not in itself a reason for referral. Under these circumstances, referral considerations should be co-managed with the specialist team at the hospital eye service.

Reports & Feedback

SeeAbility's post-test "Feedback from my optometrist" or 'Result of your child's eye test' form must be completed and copies given to the patient, their GP and carer as well as being retained in the patient's records.

An opportunity should be taken to talk to the person with learning disability about whether they are accessing all the health checks they need including a GP learning disability annual health check, given the health inequalities that people with a learning disability experience. Those promoting the pathway should ensure that the information on the patient's visual status and support needed is recorded in e.g. the child's education, health and care plan, a health action plan, their social care support plan.

Information should also be provided on how to feedback on the service. A service experience questionnaire has been developed and should be provided. To support service promotion, it is important to gather positive stories about how the service has helped people with learning

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disabilities, anyone who may want contribute and tell their story should be asked if they consent to be contacted by SeeAbility and their preferred route to being contacted agreed.
'Ask, Listen, Do' is an initiative for health services to provide the opportunity for people with learning disabilities to offer feedback, more information: https://www.england.nhs.uk/learning-disabilities/about/ask-listen-do/information-for-organisations/

Recall

Feedback information should include an advised date for their next sight test. This is especially important for people with learning disabilities, who have a higher prevalence of many ocular issues and may not recognise or be able to clearly communicate a change in their visual function.

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