



Adult UK Eye Health and Sight Loss pathway

Preface

The Adult UK Eye Health and Sight Loss Pathway offers commissioners and practitioners a unique tool to enable people with sight loss to get the right support at the right time and from the right person. It clarifies the pathway across health and social care and so enables better partnership working and a smooth transition for the person with sight loss. It also promotes the importance of early detection of sight conditions and prevention of sight loss.

This pathway has been approved by the Strategic Advisory Group of the UK Vision Strategy and we urge local authorities, GPs, optometrists, ophthalmologists, the voluntary sector and all eye health professionals to work together to implement it fully.

Introduction

The Adult UK Eye Health and Sight Loss Pathway is a process map describing how the principles of best practice can be applied to service delivery for adults as they progress along the eye health and sight loss pathway so that they can enjoy:

- Early interventions to address their presenting needs, as a right
- Visual impairment rehabilitation as an early intervention, delivered by specialist, qualified professionals
- Interventions that help them maximise their functional vision
- Community Care Assessment of eligibility for adult social care, only if they still have unmet needs after receiving early intervention services.

The document explains the Adult UK Eye Health and Sight Loss Pathway and the framework of skills required to deliver it.

Delivering the Adult UK Eye Health and Sight Loss Pathway contributes to achieving 'Seeing it my way' outcomes for blind and partially sighted people. These outcomes underpin the UK Vision Strategy, uniting the



sector to ensure that every person who experiences sight loss can benefit from improved eye health and eye care services.

The Seeing it my way outcomes are:

- 1: I understand my eye condition and the registration process
- 2: I have someone to talk to
- 3: I can look after myself, my health, my home and my family
- 4: I receive statutory benefits and information and support that I need
- 5: I can make the best use of the sight I have
- 6: I can access information making the most of the advantages that technology brings
- 7: I can get out and about
- 8: I have the tools, skills and confidence to communicate
- 9: I have equal access to education and life long learning
- 10: I can work and volunteer

Guidance Notes

1. The following structure chart is based on the principles of good practice to promote independence and autonomy for adults with sight loss and to promote early detection and prevention of sight loss. There is therefore an emphasis on early intervention and a clear pathway to ensure that services are well coordinated across health and social care.
2. It is a pathway for any adult who experiences, or is at risk of, sight loss, whether through a diagnosed eye condition or as a secondary factor (due to stroke, dementia or head injury for instance). Thus it is referred to as an **eye health and sight loss pathway**, not an eye care pathway.
3. The pathway is designed to ensure seamless transition from NHS diagnosis and interventions, through emotional support, information, reablement (visual impairment rehabilitation), maximising residual vision, and other social care supports, to full autonomy, independence, health and wellbeing.

4. The policy framework, systems, structures, and shape of services across the four countries of the UK vary considerably but the basic principles of early intervention to address presenting needs, followed by community care assessment of any outstanding needs to determine eligibility for services should always apply.
5. In practice, the pathway for people with sight loss varies considerably, not just across the four countries but also across different local authorities in the UK. The aim of this pathway is to promote a unified best practice response:
 - It is not a fixed model for delivery and it is not set in stone;
 - It only appears linear as a way of representing it easily. Actual practice will vary and flexibility is vital;
 - People may join the pathway at different points and may be referred back to an earlier stage at any point;
 - There may be several different entry points or referral routes into the pathway depending on circumstance – via Certificate of Vision Impairment (CVI) or Certification of Blindness or Defective Vision (BP1) in Scotland, specialist clinics (stroke, falls, etc), GP, optometrists and so on;
 - The pathway represents best principles but should not be seen as prescriptive;
 - In the same way, the pathway does not dictate specific models for services delivery, such as Eye Clinic Liaison Officer (ECLO) because models across the country may vary whilst aiming to deliver the same outcomes;
 - The final process (social care supports) ceases to follow a clear pathway because it develops according to the choices and needs of the person. Thus it is only represented as one line of the process map, although in reality it may be very complex.
6. The Adult UK Eye Health and Sight Loss Pathway also represents the ideal process map to underpin the universal quality and outcomes framework for blind and partially sighted people – **Seeing it my way.**
7. The referral mechanisms of Certificate of Vision Impairment (CVI) or Certification of Blindness or Defective Vision (BP1), Referral of a

Vision Impaired Patient (RVI) and Low Vision Leaflet (LVL) are used to different degrees across the UK but the only route to registration is the Certificate of Vision Impairment (CVI), or in Scotland the Certification of Blindness or Defective Vision (BP1).

8. At any stage people may be referred or signposted on to statutory or voluntary, local or national, social care services, as appropriate to their needs.
9. The critical factor of success and effectiveness for the visual impairment assessment and rehabilitation interventions is that they should be conducted by a **specialist, qualified professional**. The accompanying framework clarifies what this means in practice.
10. The framework does not go into extensive detail about the tasks carried out by any professionals because it seeks to give an overview, not an exhaustive catalogue.
11. In some parts of the UK the rehabilitation professional is required to carry out the full Community Care Assessment, although this is not usually part of this specialist role.
12. It should be noted that no comparable provisions to Part 2 of the Welfare Reform Act 2009: Disabled People Right to Control Provision of Services, have been enacted in Northern Ireland.
13. In Scotland integrated sensory services are already in place or are being developed across the country.
14. Registration in Scotland is currently under review.



Independent living with full choice and control



Framework of the Adult UK Eye Health and Sight Loss Pathway for achieving independent living outcomes

(This framework underpins the outcomes of the Seeing it my way framework)

Processes	Professionals involved	Qualification	Health and Social Care interventions	
			Core activity undertaken	Other practitioners with specialist skills for further interventions
Referral and diagnosis	Ophthalmologist	Core competence and part of standard qualification	Undertake vision and eye health screening and assessment	Other professionals within low vision service
	Optometrist	Core competence and part of standard qualification; higher qualification in low vision is also available; accreditation in Wales and some other areas	Treatment of eye conditions	
	Orthoptist		Low vision assessment	
	Ophthalmic nurse	Diploma in low vision	Referral	
	Dispensing	Core competence and		

	optician	part of standard qualification; higher qualification in low vision available; accreditation in Wales and some other areas		
Early intervention (advice and information)	Eye Clinic Liaison Officer (ECLO), Hospital Information Officer, Vision support service or similar	Certificate in Eye Clinic Support Studies	Emotional support Information about eye condition Information about sight loss pathway Assist with certification process Explain benefits of registration Referrals to statutory and voluntary sector services Signposting to local and national support services	Counsellors Befrienders Other community based social care agencies and voluntary sector agencies
Referral from	Register Officer,	Minimum requirement	Take referral	

<p>Health to Social Care</p>	<p>front line duty staff</p>	<p>for specialist knowledge of visual impairment, sight loss pathway and registration process</p>	<p>Explain benefits of registration Invite registration Refer on for entry onto register data base and for visual impairment assessment of need</p>	
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<p>Registration, assessment and early intervention (reablement)</p>	<p>Rehabilitation Officer for Visual Impairment</p>	<p>Diploma in visual impairment rehabilitation, or equivalent</p>	<p>Visual impairment assessment of presenting need - Functional vision and eye health screening and assessment</p> <p>Further emotional support</p> <p>More detailed information about eye condition</p> <p>Teaching core orientation and mobility skills and techniques</p> <p>Teaching communication skills:</p> <ul style="list-style-type: none"> ▪ Use of assistive technology ▪ Braille <p>Teaching and enabling independent living skills</p> <p>Low vision assessment (possibly delivered by, or in tandem with low vision therapist, optometrist or optician)</p> <p>Interventions to maximise use of residual vision</p>	<p>Mobility intervention (e.g. guide dog, or My Guide scheme)</p> <p>Access technology trainers</p> <p>Other professionals within low vision service</p> <p>Rehabilitation worker assistants</p> <p>Occupational Therapist trained to work with people with sight loss</p> <p>Dual sensory and complex needs specialists (e.g. Guide Communicators)</p> <p>Education and lifelong learning specialists</p> <p>Vocational specialists</p> <p>Community based support services (e.g. social groups)</p>
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			<p>Referrals to statutory and voluntary sector services</p> <p>Signposting to local and national support services</p>	
<p>Assessment of eligible need</p>	<p>Social workers (Note: This process may in some areas be conducted by Rehabilitation Officers)</p>	<p>Social work diploma or degree, or equivalent</p>	<p>Community care assessment of eligible need</p> <p>Resource allocation</p> <p>Care management</p>	<p>Community based social care workers and supports (including private and voluntary sector social care providers)</p>