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 membership and executive of Vision UK. 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 Vision UK, 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.
The Adult UK Eye Health and Sight Loss Pathway

Processes

Referral
- GP, acute hospital services, or self-referral
  - Optometrist, Optician or Low vision service

Diagnosis
- Ophthalmologist
  - Certificate of Vision Impairment (CVI) or Certification of Blindness or Defective Vision (BP1) (Scotland)

Early Intervention (Advice, information & emotional support)
- Information and advice – e.g. Eye Clinic Liaison Officer (ECLO), Vision Support Service or similar

Registration & Assessment (Statutory Requirements)
- Register of Blind and Partially Sighted adults
  - Specialist visual impairment assessment of social care need

Early Intervention (Reablement)
- Visual impairment rehabilitation programme

Assessment of eligible need
- Community Care Assessment
  - Eligible
  - Not Eligible

Social care supports
- Community based social care supports (statutory funding)
- Community based services (no statutory funding)

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)

<table>
<thead>
<tr>
<th>Processes</th>
<th>Professionals involved</th>
<th>Qualification</th>
<th>Health and Social Care interventions</th>
<th>Other practitioners with specialist skills for further interventions</th>
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</thead>
<tbody>
<tr>
<td>Referral and diagnosis</td>
<td>Ophthalmologist</td>
<td>Core competence and part of standard qualification</td>
<td>Undertake vision and eye health screening and assessment</td>
<td>Other professionals within low vision service</td>
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<tr>
<td></td>
<td>Optometrist</td>
<td>Core competence and part of standard qualification; higher qualification in low vision is also available; accreditation in Wales and some other areas</td>
<td>Treatment of eye conditions</td>
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<td></td>
<td>Orthoptist</td>
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<td>Low vision assessment</td>
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<td></td>
<td>Ophthalmic nurse</td>
<td>Diploma in low vision</td>
<td>Referral</td>
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<tr>
<td></td>
<td>Dispensing optician</td>
<td>Core competence and part of standard qualification; higher qualification in low vision available; accreditation in Wales and some other areas</td>
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| 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 Health to Social Care | Register Officer, front line duty staff | Minimum requirement for specialist knowledge of visual impairment, sight loss pathway and registration process | Take referral  
Explain benefits of registration  
Invite registration  
Refer on for entry onto register data base and for visual impairment assessment of need |
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| Registration, assessment and early intervention (reablement)  | Rehabilitation Officer for Visual Impairment                    | Diploma in visual impairment rehabilitation, or equivalent                                                                                 | Visual impairment assessment of presenting need – Functional vision and eye health screening and assessment  
Further emotional support  
More detailed information about eye condition  
Teaching core orientation and mobility skills and techniques  
Teaching communication skills:  
  - Use of assistive technology  
  - Braille  
Teaching and enabling independent living skills  
Low vision assessment (possibly delivered by, or in tandem with low vision therapist, optometrist or optician)  
Mobility intervention (e.g. guide dog, or My Guide scheme)  
Access technology trainers  
Other professionals within low vision service  
Rehabilitation worker assistants  
Occupational Therapist trained to work with people with sight loss  
Dual sensory and complex needs specialists (e.g. Guide Communicators)  
Education and lifelong learning specialists  
Vocational specialists  
Community based support services (e.g. social groups) |
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<td></td>
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<td>Core activity undertaken</td>
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<td>Other practitioners with specialist skills for further interventions</td>
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<tr>
<td>Assessment of eligible need</td>
<td>Social workers (Note: This process may in some areas be conducted by Rehabilitation Officers)</td>
<td>Social work diploma or degree, or equivalent</td>
<td>Interventions to maximise use of residual vision</td>
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<td>Referrals to statutory and voluntary sector services</td>
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<td>Community care assessment of <strong>eligible need</strong></td>
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<td>Resource allocation</td>
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<td>Care management</td>
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<td></td>
<td></td>
<td></td>
<td>Community based social care workers and supports (including private and voluntary sector social care providers)</td>
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