Framework for a Multidisciplinary Approach to Low Vision

© The College of Optometrists 2001
FRAMEWORK FOR A MULTIDISCIPLINARY APPROACH TO LOW VISION

1 INTRODUCTION ................................................................. 5
2 BACKGROUND .................................................................. 6
3 LOCAL LOW VISION SERVICES COMMITTEE .................... 7
4 OBJECTIVES ................................................................... 8
5 ANTICIPATED KEY BENEFITS ........................................... 9
6 SCOPE OF SCHEME .......................................................... 9
7 TRAINING AND ACCREDITATION .................................... 10
8 FUNDING ........................................................................ 10
9 EVALUATION AND AUDIT ............................................... 11

BIBLIOGRAPHY .................................................................. 13
APPENDIX A SERVICE MODELS ....................................... 15
APPENDIX B INTERVENTION “SNAKE” .............................. 21
APPENDIX C TRAINING PROGRAMME RECOMMENDED BY THE TRAINING COMMITTEE OF THE LOW VISION SERVICES CONSENSUS GROUP: TRAINING TO MEET THE NEEDS OF THE LOW VISION REPORT ................................................ 22
APPENDIX D PROFESSIONALS INVOLVED IN LOW VISION SERVICES ........................................... 30
1 Introduction

1.1 Demographic changes and improvements in health care have led to an increasing elderly population and longer life expectation. Emphasis is laid on older people retaining their independence in the community, yet for a variety of reasons current service provision does not always meet the needs of this vulnerable group. Visual impairment affects all age groups but predominantly older people and therefore the demand for low vision services is likely to increase.

1.2 The Low Vision Services Consensus Group, which included representatives from the healthcare professional bodies, the Department of Health, the voluntary sector and Social Services, published its report *Low Vision Services: Recommendations for future service delivery in the UK* in 1999. The report describes the current variable and fragmented service and makes recommendations for a cohesive multi-disciplinary approach to the provision of low vision services. In particular it recommends the establishment of local low vision service committees, involving the skills of the many professionals who contribute to low vision service provision.

1.3 This College document sets out a framework for a multi-disciplinary service, based around a local low vision service committee. The framework can be adapted and developed locally in negotiation with the local health services and health care and social services professions in order to improve local provision. The framework is not prescriptive but is an illustration of good practice; it is there to stimulate discussion at a local level. The document relates only to adults with visual impairment.

1.4 Where reference is made to Health Authorities, Primary Care Trusts (PCTs) and Local Optometric Committees (LOCs), this should also be understood as referring to the equivalent structures for Scotland, Wales and Northern Ireland. Each UK region may develop the recommendations in the Consensus Group report in different ways.
2 Background

2.1 There is evidence that there is presently a high level of unmet need for low vision (LV) services:
   • Two out of every five service providers questioned as part of research undertaken by RNIB and Moorfields Eye Hospital in 1999 do not offer any low vision services at all.
   • There are parts of the UK where prevalence of low vision is high but where there are no services at all.
   • Although it is widely recognized that registration as blind or partially sighted is not a comprehensive indicator of disability, this is still used by some services as the sole criterion for acceptance.
   • Statistics for registered blind and partially sighted underestimate the true extent of registerable visual impairment in the population by two to three-fold.

2.2 Low vision aids (LVAs), which are typically magnification devices of variable sophistication, are usually provided on a free loan basis from the Hospital Eye Service (HES). A patient obtaining a low vision aid from a community optometrist would have to pay for this service. Accessing the HES and attending follow up appointments can be difficult for people with visual impairment (many of whom are older) and therefore the system is not conducive to patient compliance.

2.3 The philosophy of any local service should be to:
   • Promote independent living for people with visual impairment
   • Ensure a multi-disciplinary approach by involving as many professional groups as possible, e.g. rehabilitation workers, sensory needs teams, orthoptists etc.
   • Identify and meet unmet need for low vision services within a defined area and establish or improve a community based LV scheme to meet local needs
   • Ensure that those people who are visually impaired are able to access all services available to them including visual impairment teams and voluntary organisations
   • Increase awareness by community of the benefits of low vision services
   • Take account of the needs of patients with other sensory, physical or learning disabilities.
3 Local Low Vision Services Committee

3.1 The local low vision services committee is the forum within which the local scheme and protocol should be drawn up and agreed. Key stakeholders who will normally be represented on the local committee are:

- Service users
- The PCT
- The HA
- Ophthalmology department
- LOC
- Community optometrists and dispensing opticians
- Social Services teams for visual impairment
- Voluntary organizations
- GPs within the PCT

In addition, stakeholders could include a representative of any locally available practitioners with low vision experience, whether hospital- or general practice-based, and any other low vision practitioners as appropriate.

3.2 It is envisaged that the local low vision services committee would establish a smaller project team to implement and monitor the scheme and appoint a project coordinator who will act as the focal point for collating reports and overseeing the scheme’s operation.
4 Objectives

4.1 Local schemes will reflect local conditions but in general terms the specific objectives of a low vision service will be geared towards the philosophy set out at paragraph 2.3 above and will be:

- To identify and meet the level of unmet demand for LV services in the community and to improve the availability and accessibility of LV services to people in the community
- To respond to the needs expressed by people who are visually impaired and to gain a greater understanding of and insight into the needs of LVA users and carers as they pass through the healthcare system
- To promote and develop inter-professional team-working in order to achieve a multi-disciplinary service delivery
- To ensure that any information given to patients is in the appropriate format
- To ensure that visually impaired people who would benefit from LV services are referred for assessment as soon as visual impairment is recognised
- To agree and follow locally agreed protocol for referral to the scheme
- To agree the level of details and appropriate timing of written and verbal information/communication between key stakeholders
- To provide review/follow-up and monitoring to ensure effective use of any aids dispensed
- Although BD8 certification is not a prerequisite for any low vision service, where this is appropriate to ensure that it is completed quickly and efficiently. (Form A655 in Northern Ireland and BP1 in Scotland)
- To ensure that all appropriate medical interventions are being or have been employed to improve an individual’s eyesight and/or help to retain eyesight.
- To ensure that the scheme allows for re-referral or self-referral to allow further access to a low vision service provided appropriate information is available and the GP is informed of attendance.
5 Anticipated Key Benefits

5.1 Key benefits are anticipated as:
- Improved standards of care for visually impaired people resulting from a more comprehensive service and consequent improvement in quality of life.
- A more accessible, community-based service
- Substantial reduction in waiting times for access to the service
- Potential to meet current unmet demand
- Improved team-working and communication between professionals and therefore faster notification of people with visual impairment.

6 Service Models

6.1 Low vision services should be in line with the common services and standards set out in the Low Vision Services Consensus Group report. The scheme should be able to deliver high quality services with multi-disciplinary input for people with visual impairment resident within a defined area, at a location that is convenient to the patient and appropriate to the task. Initially this may be over a set period, for example as a pilot scheme, for audit purposes. Figures and timescales will need to be reviewed as the scheme progresses. All local community optometrists and relevant Social Services or voluntary agencies within the PCT should be invited to participate and should be offered the opportunity and training to provide LV services within this pilot.

6.2 The objectives set out at 4 above may be met in a number of different ways and by involvement of a wide range of professionals. Appendix A contains six service models; these are all examples of existing schemes currently in operation and demonstrate the variety of schemes that can be developed.

6.3 It will be necessary to devise a recording system that allows all the members of the multi-disciplinary team to use the information. Further information about service models can be obtained from the Head of Professional Services at the College of Optometrists (42 Craven Street, London WC2N 5NG, Tel: 0207 839 6000, fax 0207 839 6800 Email: hstanforth@college-optometrists.org)
7 Training and Accreditation

7.1 All optometrists and dispensing opticians who wish to participate should undergo a training programme agreed locally as part of the scheme's protocol, leading to accreditation to be part of the scheme. The programme will be determined according to local needs but should be based on the training programme produced by the joint training committee of the Low Vision Services Consensus Group. The training programme is attached as Appendix C. A mechanism for ongoing accreditation should be built into the training programme.

7.2 Achievement of a multi-disciplinary service is greatly aided by the various professionals involved training together. This enhances communication and mutual understanding of professional roles.

8 Funding

8.1 For a scheme to succeed adequate funding has to be available and this issue has to be addressed as part of the scheme's development. NHS priorities as set out in the NHS Plan and the National Service Framework for Older People highlight the need for services to work in a multi-disciplinary way. Multi-disciplinary services are therefore more likely to attract funding from local health service commissioners. If schemes are to succeed, there will need to be properly identified funding streams to ensure the provision of appropriate clinical services and community provision of low vision aids. Without this, an improved service delivery will not be achieved.
9 Evaluation and Audit

9.1 The purpose of audit is to improve standards and develop future services. In order to determine the effectiveness of the scheme, adequate numbers of people who are visually impaired need to be recruited and a manageable number referred to the scheme. These figures should be reviewed regularly and the guidelines for inclusion in the scheme may need to be adjusted in line with the findings of these reviews. For audit to be of any value, it is important to utilize all available resources and expertise, for example hospital-based services have access to experienced clinical audit staff with ophthalmology experience. Schemes should be reviewed on a regular basis and should encompass multi-disciplinary audit, including service users.

9.2 Audit should include the following areas:

- Number of patients
- Patient demographics
- LVAs issued – design and magnification
- Level of visual acuity
- Patient satisfaction/quality of life
- Inter-professional relations
- Appropriateness of referrals

9.3 Outcomes of audit should include

- Recommendations for future development of the service based on audit findings
- Agreed standards of communication between key stakeholders and service users
- Identified method of multi-agency planning for the future
- Identified workstreams for primary and secondary care
- Clear referral criteria to secondary care


Royal College of Ophthalmologists. Registration and Rehabilitation of the Visually Handicapped. 1994


Social Services Inspectorate. A Sharper Focus: inspection of services for adults who are visually impaired or blind. CR98/98. 1998


Both the National Service Frameworks are available free of charge at: www.doh.gov.uk/nsf/diabetes

The NHS plan is available free of charge at http://www.doh.gov.uk/nhsplan/

Members of the College of Optometrists Low Vision Project Group

Mr David Bennett MCOptom
Dr Helen Farrall FCOptom
Mrs Lindy Greenhalgh FBDO (Hons)LVA
Miss Jennifer Lindsay MCOptom
Dr Thomas Margrain PhD
Dr Martin Rubenstein FCOptom
Dr Michael Wolffe JP FCOptom

The Group gratefully acknowledges input from Mrs Mary Bairstow MCOptom, Low Vision Implementation Officer.
Multidisciplinary Approach to Low Vision

Birmingham Focus on Blindness and LOC Community LV Service

Identification and referral as in 'traditional' referral routes

Identification by GP/SignOptom Social ServicesTeacher etc...

Full eye examination by community optometrist

Suitable for LV assessment

Disperse as per QOS

Ocular comorbidity or certifiable as B or PS

Hospital Eye Service

Fast track Ophthalmology Session

Suitable for LV assessment

Formal diagnosis of eye condition and seen within HES within last 10 years

Yes

No

Birmingham Sutton Coldfield LV Project Coordinator (based within B’ham Focus)

Assessment of need

Interview in home

Optometric LV assessment within local community optometric practice

Home based LV therapy

(Rehab worker/orthoptist)

Techniques, lighting glare, LV etc

Any changes suggesting need for clinical review (as per agreed protocol)

LV Review (optometrist)

Requires another optometric assessment

Low Vision therapy review

Therapy goals met?

Close case

Yes

No

16
Multidisciplinary Approach to Low Vision

Proposed Working Model for Camden and Islington LV Service

Identification and referral as in traditional referral routes

Identification by GPs/referral to optometrist/Social Services/Teacher etc...

Full eye examination by community optometrist

Ocular comorbidity or certifiable as B or PS

No

Hospital Eye Service

Suitable for LV assessment

Yes

Social Services Sensory Needs Team

Rehabilitation Worker assessment of need in the Low Vision Centre in Judd Street, London

Optometric LV assessment at the Low Vision Centre in Judd Street, London

Centre based LV therapy (vision reinforcement techniques, lighting, glare, Ey etc.) sessions

Home visit required?

Yes

LV Review (optometrist)

Requires another optometric assessment

No

Low Vision therapy review

Close case

No

Therapy goals met?

Yes

No

LV Review (optometrist)
Appendix B: Intervention “snake”

All snakes and no ladders

Problems
Reading
Recognising people
Confidence
Crossing roads
Depression
Cooking safely
Coping alone

Develop
Optician
GP
Ophthalmicist
Registerable
BDA sent
SSD visit
Registration

5 mths 1 year 18 mths 2 years

Reproduced by kind permission of Mr Richard Cox, Training Consultant, RNIB
Introduction

The report on low vision services launched in July 1999 identified a number of problems, which reduced the effectiveness of low vision services in the UK. There is a wide disparity between different parts of the country in both the quantity and the quality of services. There is also a fragmentation of services, a lack of multi-disciplinary and multi-professional working, inadequate communication between those providing services, and a lack of information for service users and potential users. The report recommends an infrastructure necessary for the provision of a low vision service and identifies the features of a good quality, responsive service.

Closer co-operation between service providers is an essential requirement for a service which meets the needs of people with a visual impairment. Those involved need to know, at a local level, what others can and do provide, understand the benefits and limitations of the different services available, and ensure that, in meeting the technical requirements that they are individually providing, they do not overlook other needs which might be met by different professionals. In addition, if the standard of service is to be more uniform across the nation, individuals need to understand and accept what they themselves should be providing.

The training outcomes set out below describe the minimum level of knowledge that is required of those involved in providing a low vision service. They are not, and are not intended to be, a syllabus of training but a set of guidelines that those designing and providing training for the different professionals in a low vision team can use.

Some professionals will need merely to fill gaps in their existing knowledge, while others will need to acquire new knowledge and skills, but all will need to keep their knowledge up to date as part of their continuing professional development. Training designers will need to draw out the content of these learning outcomes as appropriate to meet the needs of the group for which they cater. Individuals will obviously have a deeper level of knowledge in their own area of expertise. These learning outcomes give a foundation of the knowledge and skills that are required by all members of the team.

Definitions
It may be helpful to restate the definitions, which were contained in the document ‘Low Vision Services: recommendations for future service delivery in the UK’.
A person with low vision is one who has an impairment of visual function for whom full remediation is not possible by conventional spectacles, contact lenses or medical intervention and which causes restriction in that person’s everyday life.

Such a person’s level of functioning may be improved by providing low vision services including the use of low vision aids, environmental modification and/or training techniques.

The definition includes, but is not limited to those who are registered as blind and partially sighted.

A low vision service is a rehabilitative or habilitative process, which provides a range of services for people with low vision to enable them to make use of their eyesight to achieve maximum potential.

This is not just a technical process. The services should include:

• planning the rehabilitative process, setting goals and support in understanding the limitations involved
• addressing psychological and emotional needs
• assessing the person’s visual function and providing aids and training
• facilitating modifications to the home, school and work environments.

The support will need to extend to the needs of carers, especially the family.

Learning Outcomes

It is important to note that these learning outcomes are intended to reach across the whole age range. Attention must be given to the infant and the child as well as to the needs of older people. Issues such as the speed of processing information are not specifically mentioned, but must be taken into account when designing an appropriate training syllabus.

In the following learning outcomes where the word “describe” is used it includes “a knowledge of” and “an understanding of”. Unless they are read within this context the result could be the rote learning of some of the suggested elements. For example, it would be relatively easy to learn about the whole range of low vision aids without having an understanding of their particular uses, advantages and disadvantages.
Vision, the Visual System and Common Pathologies

Workers in the field of low vision need to have a sound understanding of the way vision works and some of the common causes and consequences of malfunctioning. This section provides a basic understanding of the structure and function of the visual system, the effects of ageing and common diseases.

1. Describe the basic anatomy, physiology and functions of the component parts of the human visual system.
2. Describe the development of the human visual system and the effects of ageing on visual function including visual acuity, refractive error, senescence of vision, senile miosis, media opacities and accommodation.
3. Describe human visual perception in terms of visual field and visual field differences in contrast/form perception, motion perception and colour perception.
4. Describe the common diseases affecting the component parts of the human visual system, their treatment and the consequent visual and behavioural implications.

Optics and Visual Optics

It is necessary for workers in low vision to have a sound understanding of normal and abnormal image formation and the various methods of manipulating three of the primary factors of vision, contrast, light and size, both individually and in combination. This section provides a basic understanding of light, wavelength, range of illumination, refraction of light, image formation and visual optics.

1. Describe the properties of lenses including cylinders and spheres. Define the term dioptre and the relevance of using vergence measures in optical calculations and draw a ray diagram through a convex and concave lens.
2. Describe what is meant by the terms myopia, hypermetropia and astigmatism and how these refractive errors are corrected.
3. Explain and demonstrate an understanding of the principles involved in magnification.
4. Describe a range of magnifying systems, including hand/stand magnifiers, telescopes, spectacles and compound magnifiers, and how they can be used most effectively.
5. Describe the different types of light source/luminaire including their relative efficiency, spectral output and suitability for different tasks such as the identification of colour, texture and contrast.
Assessment of Vision

It is widely accepted that low vision work must start with an accurate refraction and clinical assessment. It is equally accepted that functional assessment is an essential part of the whole assessment process. It is vital that workers providing an effective low vision service are familiar with both aspects of the assessment process. This section provides a basic understanding of the principles involved in the assessment of vision in a person who has a visual impairment. It must be stressed that there are considerable differences between the assessment of someone with normal or near normal vision and someone with a visual impairment.

Note: For the purposes of this document the term “clinical assessment” means the part of the assessment which can be measured and retested. “Functional assessment” means the assessment of the behaviours of an individual with a visual impairment, for instance whether body contact is made during travel, whether a spoonful of sugar can be accurately placed in a cup and so on.

1. Demonstrate an understanding of the principles involved in the refraction, clinical assessment and functional assessment of a service user who has low vision.

2. Demonstrate an understanding of the use of vision in relation to tasks of daily life such as reading, face recognition and mobility.

Using vision effectively

It is essential that workers in the field of low vision are able to use the whole range of seeing techniques in helping someone with a visual impairment to make the best use of their vision. These techniques will not necessarily involve the use of optical devices. This section provides an understanding of the various ways of helping people with a visual impairment to use their vision in the most effective way:

1. Describe and explain, using appropriate terminology, the nature of light, colour and contrast and their importance in visual impairments. Demonstrate a knowledge and understanding of the methods of measuring illuminance.

2. Demonstrate a knowledge and understanding of the physical/visual environment, both indoor and outdoor, and the consequent implications for people with a visual impairment in terms of orientation, navigation and comprehension.

3. Demonstrate a knowledge and understanding of the range of non-optical devices currently available including typoscopes, visors and torches and the ways in which service users can be encouraged to use these in developing effective seeing strategies.
4. Describe the interaction and integration of optical and non-optical devices and their use in the management of visual impairment indicating which ones may be used in isolation and which in combination.

5. Demonstrate a knowledge and understanding of seeing strategies including scanning, tracking, location, fixation, steady eye strategy and preferred retinal locus.

**Communication and Interpersonal Skills**

In order for workers in the field of low vision to offer the maximum assistance to people with a visual impairment they need to understand its social and emotional consequences and be able to communicate positively and effectively with service users. This section provides an understanding of the social and cultural implications of impairment, particularly visual impairment, and how to develop and use appropriate communication skills as an essential part of the continuum of care.

1. Understand and explain the psycho-social implications and the social and cultural consequences of visual impairment for the lifestyle, aspirations and coping abilities of the individual and his/her carers. Describe how visual impairment can affect people's lives, including the difficulties involved in coping with deteriorating vision.

2. Demonstrate a knowledge and understanding of children and adults with a visual impairment who have additional needs, for example those with a combined loss of hearing and vision and know how to access additional communication support when necessary.

3. Practise basic skills in providing emotional support and be able to use them positively with service users and their carers. Demonstrate good listening, communication and support skills.

4. Demonstrate an ability to communicate with children in a manner appropriate to their maturity, and possible other special needs, and interpret their visual obstacles.

5. Interpret professional technical knowledge and terms in a form which facilitates the ability of the service user, and those with whom they are associated, to understand in the process of coping with the consequence of their visual impairment.

6. Demonstrate an understanding of the perspective of the service user in learning to use devices and techniques effectively.
Appendix C

Professional and Inter-professional Low Vision Work

Professional workers involved in providing a low vision service need to have effective communication skills and an ability to interpret technical terms and concepts in a way which is understandable to the service user and their carers as a part of the process of rehabilitation. This section stresses the importance of understanding the roles and limits of the various professionals involved in a comprehensive low vision service and the essential element of cross-profession working.

1. Demonstrate an understanding of the roles, limits and interdependencies of the other members of the low vision team and other relevant professionals, inter- and intra-professional referral routes and the importance of working constructively with all professionals.

2. Demonstrate a knowledge and understanding of the process of certification and registration either as a blind person or a partially sighted person.

3. Demonstrate a broad knowledge of benefits and community services.

4. Demonstrate a knowledge of the structure and organisation of educational and employment services provided to children, students and others with a visual impairment.

5. Understand, interpret and explain a range of relevant professional reports.

6. Write a professional report which can be understood and utilised by others.

7. Identify appropriate resources and procedures for acquiring additional relevant information about an individual’s background, potential, current visual status and financial and social support whilst maintaining appropriate confidentiality.
Annex 1 The UK Low Vision Service

- **Identification**
- **Diagnosis**
- **Assessment**
- **Provision**
- **Follow up and reassessment**

Psychological and emotional support throughout the service

<table>
<thead>
<tr>
<th>Hospital services</th>
<th>Information about eye condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Health Care (including ophthalmic services)</td>
<td>Diagnosis and surgical/medical intervention by Consultant Ophthalmologist</td>
</tr>
<tr>
<td>Needs assessment</td>
<td>Information about services</td>
</tr>
<tr>
<td>Refraction</td>
<td>Registration as blind or partially sighted</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education services</th>
<th>Visual function assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social services</td>
<td>Education in techniques</td>
</tr>
<tr>
<td>Optical correction</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employment services</th>
<th>Certification of Eligibility for registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification of LV aids</td>
<td>Provision of LV aids</td>
</tr>
<tr>
<td>Training in use of Vision, mobility And LV aids</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Voluntary organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Others (including Self-Identification)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessment of environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changes to environment</td>
</tr>
</tbody>
</table>

Re-enter because of changes in condition, needs, or LV aids

Recover, repair and re-use LV aids
Members of the Low Vision Services Training Working Party

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeff Bashton</td>
<td>Department of Health</td>
</tr>
<tr>
<td>Brenda Billington</td>
<td>Royal Berkshire &amp; Battles Hospitals</td>
</tr>
<tr>
<td>Richard Cox</td>
<td>Royal National Institute for the Blind</td>
</tr>
<tr>
<td>Louise Culham</td>
<td>Moorfields Eye Hospital</td>
</tr>
<tr>
<td>John Davis</td>
<td>Birmingham Focus</td>
</tr>
<tr>
<td>Albert Dowie</td>
<td>Association of British Dispensing Opticians</td>
</tr>
<tr>
<td>Fred Giltrow-Tyler</td>
<td>Association of Optometrists</td>
</tr>
<tr>
<td>Bob Greenhalgh</td>
<td>Partially Sighted Society</td>
</tr>
<tr>
<td>John Hillbourne</td>
<td>British Orthoptic Society</td>
</tr>
<tr>
<td>Chris Kersey</td>
<td>Guide Dogs for the Blind Association</td>
</tr>
<tr>
<td>Roy Lawrenson</td>
<td>University of Cardiff</td>
</tr>
<tr>
<td>Tom Margrain</td>
<td>Henshaw's Society for the Blind</td>
</tr>
<tr>
<td>Elizabeth G Percy</td>
<td>Aston University</td>
</tr>
<tr>
<td>Keziah Petre</td>
<td>UKCPVI</td>
</tr>
<tr>
<td>Paul L Quin</td>
<td>Rehabilitation Workers</td>
</tr>
<tr>
<td>Lyn Steele</td>
<td>College of Optometrists</td>
</tr>
<tr>
<td>Michael Wolfe</td>
<td>NALSVI</td>
</tr>
<tr>
<td>John Wood</td>
<td></td>
</tr>
</tbody>
</table>
Appendix D: Professionals involved in Low Vision Services

There are a number of different professionals who specialize in working with people who have low vision, either as individual practitioners or as part of multi disciplinary teams. In most cases their low vision work forms part of their wider broader professional role.

Dispensing opticians
The Association of British Dispensing Opticians offers a unique qualification in low vision (Diploma in low vision) to both dispensing opticians and other professionals. Only dispensing opticians and optometrists can fit some of the more complex spectacle mounted low vision aids such as telescopic devices. Many of the low vision services in hospitals and in the community are provided by dispensing opticians.

Education Support Services and Specialist Teachers for children with a Visual Impairment
The educational support given to children at school is organised by the Local Education Authority (LEA) which provides funding for specialist teachers including teachers for the visually impaired. Because these teachers travel from school to school, they are called peripatetic or visiting teachers and in the main, these teachers are based at a central support service. In some cases, teachers maybe based at an additionally resourced school which has a special disability unit within its main stream provision. To qualify as a specialist teacher for the visually impaired, a teacher with existing teaching experience must complete a one-year diploma in special educational needs with a special focus on visual impairment.

Occupational Therapist
Occupational therapists may be Community based, employed by Health or Social Services, or Hospital based in a intermediate care team. They provide a range of activities to help people maintain and develop skills to live independently. Assessments involve the the analysis of tasks and the application of problem solving solutions. Occupational Therapists are well established in Low Vision teams in Australia and Europe where they carry out a therapy and ergonomics role.

Ophthalmic nurses
Ophthalmic nurses are trained nurses who have taken extra qualifications in the area of ophthalmology. They are based in specialist eye hospitals and eye departments of local hospitals. The role of ophthalmic nurses in Low Vision is currently being developed, in some areas Nursing staff carrying out a low vision therapy role –
following up clients and instructing in use of eyesight and devices. Further to this many nurses have undertaken training to support people at the time of diagnosis (either by training in counseling or by undertaking the RNIB/City University – Eye Clinic liaison course).

**Ophthalmologist**
Ophthalmologists are medically trained and have specialised in treating eye disease. They are based mainly in the hospital eye service at local district or specialist eye hospitals. Their primary function is to treat eye disease medically or surgically. In a few areas ophthalmologists with a special interest in low vision conduct low vision assessments or work as part of a multi disciplinary low vision team.

**Optometrists**
Optometrists are trained to assess for, prescribe, fit and supply spectacles and contact lenses. They also detect, manage and treat eye disease, and refer on for medical treatment where appropriate. Their training includes low vision and they are examined in this subject in their professional qualifying examinations. The majority of optometrists work in community practices and some are employed directly by hospital eye services. The majority of low vision services in the UK are currently delivered by hospital optometrists.

**Orthoptists**
Orthoptists' primary role is in the management of binocular function and assessment of vision in children and adults in a hospital or community setting. They are involved in many aspects of eye service delivery across the UK. The role of orthoptists as low vision therapists has been established in Low Vision work in Australia for some time and in the UK there are a growing number of orthoptists working in Low Vision teams.

**Rehabilitation Services and Specialist Rehabilitation workers for people with a visual impairment**
Currently rehabilitation services for people with a visual impairment are provided under Community Care provision set out in The National Health and Community Care Act 1990. This sets out the current responsibilities of care provision with emphasis on multi-agencies planning to address a person’s needs.

This assessment for community care is usually provided by a sensory disability team staffed by rehabilitation workers or a general social services team using social workers with a specialist interest in visual impairment. In some areas the Social Services Department or local authority have contracted out this provision to the voluntary sector.
The rehabilitation worker provides an assessment of a person’s needs concentrating on helping a person overcome difficulties with everyday tasks. In many areas they also provide a distinct low vision therapy service. The assessment of a client can lead to a range of other services being provided by social care or medical teams.

Rehabilitation workers as a professional group are quite new, being an amalgamation of two previous professions, mobility officers and technical officers although these professions still provide services in many areas. They have a separate career path to social workers with the current qualification being a DipHE qualification.

**Social workers**
Social workers assess an individual’s care needs and in the absence of a sensory needs team they provide home based support services to people with low vision. In complex cases a social worker can act as a care manager co-ordinating the various services an individual receives. Local authority social services, local voluntary organisations and hospitals employ social workers.

**Low Vision Therapy**
The term Low Vision Therapy is used in the UK to describe a role carried out by number of different professionals who work with people with low vision.

The role includes
- assessment of functional vision
- assessment and use of device (optical and non-optical)
- vision reinforcement and enhancement techniques
- lighting, glare and contrast assessment
- ergonomics and posture advice
- use of distance vision and mobility.

Therapy work can exist as a separate service or be integrated into the overall rehabilitation work being conducted.