Low Vision Service Wales (LVSW)

A clinical manual with protocols, for accredited Low Vision Service Wales practitioners.

Issued by Hywel Dda University Health Board for the NHS Wales. Version 3 2016

The LVSW is operationally managed and administered on behalf of all Health Boards in Wales by Hywel Dda University Health Board. The service was established in 2004.

Service Information
Protocols
Clinical Guidance

The manual and protocols were produced in consultation with Welsh Government, Optometry Wales (OW), the Welsh Optical Committee (WOC) and the Clinical Lead for LVSW.

This manual is not meant as a replacement for Optometrist, Dispensing Optician or Ophthalmic Medical Practitioner (OMP) professional judgment or responsibility.

For the most up-to-date version and further information, please visit: www.eyecare.wales.nhs.uk

For further information about courses, training and assessment for the LVSW service contact the clinical lead – details in appendix 1

For all comments or questions, please contact low.vision@wales.nhs.uk
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Service Information

The Low Vision Service Wales (LVSW) is part of the Wales Eye Care Service (WECS). WECS is inclusive of the LVSW, Eye Health Examinations Wales (EHEW) and the Diabetic Eye Screening Wales (DESW).

The LVSW is an enhanced NHS eye care service, a national service for all Health Boards (HBs) across Wales. The LVSW is hosted by Hywel Dda University Health Board.

HBs are responsible for ensuring LVSW practitioners can access appropriate language and interpretation services including British Sign Language.

The service is free at the point of access for patients. This manual outlines a structure that allows optometrists, dispensing opticians or OMPs to provide the LVSW.

This manual is subject to regular updates according to the needs of the service. Any updates will be sent to every optometrist, dispensing optician or OMP providing the service.

1 How the LVSW works

- Optometrists/OMPs/DO’s must be accredited to provide the service and subsequently re-accredited every 3 years to continue as a provider. Training, accreditation and re-accreditation is provided by the Wales Optometry Postgraduate Education Centre (WOPEC) and LVSW under contract from the Welsh Government.

- It is the practitioner rather than the practice which is registered to provide LVSW. Payments made to LVSW practitioners are verified and authorised by LVSW and administered by NHS Wales Shared Services Partnership (SSP).

- The LVSW record card (Appendix 2) and delivery note (Appendix 5) signed by the patient and practitioner will provide data for payment verification and audit. This data is held in a secure data-management system by the LVSW.

- Clinical financial audits will be regularly carried out and participation is automatically agreed as part of the optometrist, dispensing optician or OMPs accreditation to provide the LVSW.

- Practices providing LVSW must be able to offer appointments to anyone who is eligible to access the service.

Enquiries:

- See contacts Appendix 1
The following pages contain protocols which must be met, specifically for payment purposes.

Guidance included is to be followed when appropriate wherever possible.

An LVSW practitioner should be able to offer an appointment to anyone entitled to use the service. All aspects of the service should be available to each patient who accesses the service.

To receive payment for an LVSW examination the following conditions must be met.

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2 General protocol of LVSW

Registration

1. The optometrist, dispensing optician or OMP who performs the LVSW assessment must be registered to provide LVSW (see Section 1.0 for details).

2. All practitioners providing the services are required to successfully complete safeguarding training as set out by the service.

3. Registration for the service is via practitioner not practice.

4. The list of practices from which accredited practitioners work can be found at www.eyecare.wales.nhs.uk. This list can also be obtained from the LVSW administration team.

5. The service may also be provided in a patient’s (registered domicile) place of residence.

Record cards

6. The patient should sign and date the LVSW record card. They should also be asked to complete the consent part of the card.

7. The LVSW practitioner should record their name and GOC number on the record card. Practice details should also be included.

8. Low vision record cards should be stored securely. NHS guidelines for maintaining patient confidentially should be adhered to and staff handling the records should be aware of their responsibilities in protecting and using the information in the records.

Examples of all the LVSW paper work can be found in the appendices.
Referrals/Reports

9. Where a referral to social services is required, the record card can be faxed through to that departments secure fax number. The practitioner may also want to phone ahead (urgent referrals) and include a cover letter.

10. Where the practitioner wishes to write a report/refer to the GP, or refer to the Hospital Eye Service (HES) the standard WECS referral forms may be used.

Payment protocols

11. The following information on the assessment record card must be completed in order to receive payment:

- Date of the assessment.
- Patients details; address (including postcode wherever possible) and date of birth
- Practitioner details; name, signature and GOC number
- Practice address (including postcode)
- All tick boxes that apply to the person including eye disease. Ethnicity must be asked and should not be assumed
- Binocular distance and near VA or vision upon entering the service
- Low Vision Aids ordered and (where possible) the VA achieved with them
- Details of consent to use information at the end of the record card and patient/representative signature.
- The consent signature on the assessment record card must be the patient’s or someone representing them
- If a representative is signing on a person’s behalf please indicate the relationship. This should never be signed by the practitioner or a member of staff in the practice. This is essential for data protection and patient confidentiality purposes. We are unable to process any information from the record card without a signature.

- After an assessment please fax the record to the LVSW Administration Team on the secure fax line
- Follow up cards should also be completed and faxed where aids are ordered

Equipment

12. One set of equipment is usually provided per practice at the LVSW’s discretion (appendix 6). A named LVSW practitioner in each practice is responsible for the equipment and its upkeep. The LVSW admin team keeps a register of those responsible for the equipment. It is the responsibility of the named individual to inform the LVSW admin team of any change in circumstances and/or equipment items.
13. A demonstration kit of LVAs is usually provided per practice at the discretion of the LVSW (Appendix 6). As with the equipment, a named LVSW practitioner in each practice will be responsible for the kit and the LVSW admin team keeps a register of these practitioners.

3 Dispensing opticians

- Dispensing opticians accredited to provide the LVSW should work alongside an optometrist who will undertake the examination of any ocular pathology and/or refraction if required as part of the low vision assessment or follow-up.

- Dispensing opticians must be accredited to provide the service and subsequently re-accredited every 3 years to continue as a provider. Training, accreditation and re-accreditation is provided by the Wales Optometry Postgraduate Education Centre (WOPEC) and LVSW under contract from the Welsh Government. The training required may differ from that required by Optometrists.

- In addition to the core accreditation requirements set out by the LVSW, dispensing opticians wishing to provide the LVSW must also successfully complete two online pathology lectures and associated MCQs.

- The optometrist should also countersign any orders or prescriptions for spectacle mounted low vision aids.

- Dispensing opticians must complete the form ‘LVSW 1-Application for inclusion in the LVSW Dispensing Optician List to provide the LVSW under Hywel Dda University Health Board (including mobile services)’, this form will be sent out by Shared Services Partnership (SSP) and a list of dispensing opticians providing the LVSW will be held by the LVSW.

- A dispensing optician should refer to an optometrist for a full sight test if:
  - A decrease in VA of 1 line (0.10 LogMAR) since the last examination is found.
  - The patient has not had a sight test for 12 months.
  - Any other reasons indicating that further examination is required.

- A dispensing optician must refer a patient to an Eye Health Examination Wales (EHEW) practitioner for an assessment if:
  - A sight test has not been performed within 12 months and the patient is eligible for an EHEW.
  - The patient reports any new visual symptoms, including distortion, a subjective change in vision, flashing lights, floating spots.
4 LVSW General Information

LVSW assessments enable patients who would benefit from optical and non-optical aids, as well as holistic rehabilitation support and advice to access a low vision service in/close to their place of residence. Only patients who are ordinarily resident in Wales are eligible to access the service. Any low vision aids (LVAs) dispensed to patients are given on a long term loan basis. There is no charge for this. Patients keep the LVAs for as long as they are useful and return them when no longer used.

4.1 Referral routes

Referral into the service can be made by a wide range of health professionals, care providers and other support including:

- Patients themselves
- Relatives/Friends
- Optometrists
- Dispensing opticians
- Ophthalmologists and any other members of the Hospital Eye Service (HES)
- GPs
- Social Services
- Pharmacists
- Rehabilitation workers
- Education providers
- Voluntary support workers

4.2 Referral criteria

All those with an impairment of visual function for whom full remediation is not possible (by conventional spectacles or contact lenses) and which causes restriction in their everyday lives are entitled to use the service if the vision falls within the following parameters.

- A binocular distance visual acuity of 6/12 or worse.
- A near acuity of N6 or worse with a plus 4 dioptre reading addition.
- Patients with an impairment of visual function and/or significant visual field defect may access the service if prior consent is received from LVSW clinical lead
- Registration as SI or SSI.
4.2.1 Applying for a LVSW assessment when visual criteria are not met.

- An application should be made in writing to the clinical lead through the LVSW office prior to performing the LVSW assessment.
- The application should outline any relevant information regarding the vision impairment, difficulties experienced by the patient and the desired outcome of performing a LVSW assessment. Any supporting information available should be included e.g. a copy of the visual fields.
- The clinical lead will consider the request and the practitioner will be informed of the decision.
  - Where the request is accepted, the LVSW practitioner will be informed either by the LVSW office or directly by the clinical lead.
  - Where the request is declined, the clinical lead will endeavour to speak directly to the applying practitioner to explain why the final decision to decline an assessment was made.

4.3 Waiting times

- Patients should be seen within two weeks of referral.

4.4 The low vision assessment.

- A low vision assessment is not a sight test and may not include an eye health check although spectacles may be dispensed.

4.5 Sight tests

- Anyone entering the service must have had a sight test within the last year or be prepared to have one.
- Most people using the service will be entitled to an NHS sight test.
- A sight test can be carried out at the same time as a low vision assessment. The practice should allow time for this when required.

4.6 One assessment per year

- A patient should have one low vision assessment each year. The LVSW administration team should be contacted with details of anyone requesting a first LVSW assessment in your practice. This is to ensure that unauthorised duplicate assessments are not carried out which would result in rejection of a payment claim.
- If a patient is transferring their existing low vision care to your practice, the LVSW administration team should be contacted as they can advise if an assessment is due, what aids may have previously been prescribed and can also advise the previous practice not to recall the patient.
- As with GOS tests, the patient may attend for a LVSW assessment up to one calendar month prior to the recall date.
4.7 Early annual assessment

- If a patient’s visual or personal circumstances change considerably an earlier assessment may be appropriate.

- Prior consent to carry out a LVSW assessment must be received from the LVSW before proceeding. If prior consent is not received, payment for an additional assessment will not be made.

- A written request for an early assessment detailing all relevant supporting information should be sent to the LVSW clinical lead via LVSW admin team for approval.

4.8 Collection appointments

- If low vision aids (LVAs) are ordered at the assessment, a short collection appointment is recommended to review how to use the aids with the patient/carer relative and to get the patient’s signature (or their representative) upon collection.

4.9 Follow up appointments

- All new LVSW patients should have a follow up two months after the collection appointment.

- This follow up is to check that the LVAs are appropriate and are being used correctly, referrals have been acted upon and any new needs are identified.

- The follow up can be carried out over the telephone and only if the call highlights the need for further investigation does a face to face appointment need to be made.

- After this initial two month follow-up, practitioners should follow up people at their own discretion.

4.10 Annual assessments

- All patients should be offered a low vision assessment on an annual basis.

- A reminder system to enable practices to recall LVSW patients on an annual basis should exist in practice.

- A record of the patient being contacted regarding their next assessment should be made and kept in practice.

- It is recognised that not all patients will choose to attend an annual appointment.

4.11 Clinical diagnosis and registration

- If a new disease/change in pathology is detected that requires referral, patients should be referred as per local and national pathways.

- Patients should be offered the option of referral to an ophthalmologist to complete a Certificate of Visual Impairment (CVI) to certify that a person is eligible to be registered as sight impaired (SI) or severely sight impaired (SSI) where appropriate.
4.12 Providing a holistic service

- In order to address all the needs of people using the service, referral to other agencies and sharing information with others may be required.

- Each LVSW practitioner should compile a list of services available in their area including social services, education services, employment services and voluntary organisations and how to refer to these.

- Practitioners should discuss fully with patients, the reasons for recommending referral to other services thereby allowing the patient to make a fully informed choice regarding referral.

- Practitioners should indicate the agencies the person is being referred to and the patient should tick the appropriate box at the end of the record card and sign to give informed consent.

- Referrals can usually be made to local social services teams by faxing the record card to a secure fax.

5 Domiciliary Visits

- If possible, a domiciliary low vision assessment should be carried out at the same time as a domiciliary sight test. A GOS 6 domiciliary fee should then be claimed in conjunction with the GOS sight test, in addition to the LVSW assessment fee.

- A fee can be claimed for carrying out a domiciliary low vision assessment in cases where no other domiciliary fee can be claimed under any other eye care scheme (i.e. GOS) at that home address on that day.

- Practitioners who are happy to provide domiciliary low vision assessments will be indicated on the list of practitioners on the website: [www.eyecare.wales.nhs.uk](http://www.eyecare.wales.nhs.uk).
5.1 LVSW DOMS implementation

- If a patient or their representative insists that due to health or transportation difficulties the patient cannot attend a LVSW accredited practitioner’s practice, then a LVSW accredited practitioner can decide to carry out a LVSW DOM assessment. Patients should be encouraged to attend a practice for a low vision assessment wherever possible.

- The LVSW accredited practitioner can choose to refer the patient to another LVSW practitioner to carry out a LVSW DOM assessment if they are unable to accommodate the patient. However, should there be any difficulty in arranging a suitable LVSW assessment the LVSW office must be notified as soon as possible.

- Permission does not need to be sought from the LVSW to arrange a LVSW DOM assessment. The decision to provide a LVSW DOM is up to the practitioner, however; the practitioner should be able to reasonably justify why it was decided to carry out the LVSW DOM if asked during any LVSW audit.

- The reason for the LVSW DOM visit should be written on headed paper and faxed with the record card.

- It is the responsibility of the LVSW practitioner to check that patients in residential nursing homes and similar settings, have explored all available transportation options (taxis, care home’s own transport, third sector transportation etc) before agreeing to carry out a LVSW DOM assessment.

- If during the LVSW DOM assessment, the practitioner determines that the patient could have actually travelled to an appointment in practice, then the LVSW office should be notified. The practitioner will still be paid the LVSW DOM fee on this occasion. The patient’s next scheduled annual assessment should be carried out in practice unless there is a significant change in the patient’s health or circumstances making another LVSW DOM assessment necessary.

5.2 Process

- Usual checks to ensure that any patient new to a practice is entitled to a LVSW assessment should be carried out. The patient should have had an eyesight examination within the last 12 months. Contact the LVSW office to ensure that the patient has not already been assessed (perhaps by someone else) within the last 12 months.

- During the LVSW DOM assessment it is imperative that you tick the ‘domiciliary’ box on the patient’s record card. Failure to do this will invalidate any subsequent LVSW DOM claims you may wish to make for the assessment.

- The record card should then be filled in and faxed through to the LVSW office as usual. A short explanation of why a DOM LVSW assessment was
performed should be written on practice headed paper and faxed with the record card.

- To claim the domiciliary fee in addition to the standard LVSW assessment fee, the LVSW DOM claim label (appendix 4) must be attached to the LVSW supplier’s delivery note relating to that patient’s aids. The claim label must be completed fully and signed for by the accredited practitioner who carried out the LVSW DOM assessment. The label must also contain the patient’s or their representatives signature verifying collection of the Low Vision Aids referred to on the delivery note. This should then be sent to the LVSW office.

- If no domiciliary fee is being claimed from the LVSW (possibly because you are instead claiming a domiciliary fee from the GOS scheme) then you should attach the usual claim label (appendix 3) to the delivery note. It should be completed fully and sent back to the LVSW office as normal and this will count as your claim for the standard LVSW assessment fee.

- In cases where low vision aids are not prescribed on a LVSW DOM assessment, (and provided the practitioner has not carried out a GOS at that address on that same day), then a LVSW DOM fee can still be claimed. To do this, the practitioner must complete the ‘Domiciliary assessment with no aids prescribed’ form (appendix 4) and fax to LVSW office. If no domiciliary claim is being made through LVSW then the normal ‘Assessments with no LVA’s prescribed’ claim form (appendix 3) should be completed and faxed through to the LVSW office.

- Should the practitioner be able to claim a domiciliary fee from any other eye care scheme (e.g. GOS) at the same address on the same day (regardless if it is for a different patient) then there is no entitlement to claim a domiciliary fee through LVSW.

- Practitioners will be notified of incomplete or incorrect claim forms/labels to allow the practitioner to complete and re-submit them.

- Any alleged fraudulent claims will be investigated and may result in prosecution and/or referral to the relevant professional body. Health Boards retain the right to recover any monies inappropriately claimed.

DOM claims are subject to LVSW checks for adherence to these protocols.

5.3 Restrictions

- Only one single LVSW DOM fee can be claimed in any one day under the LVSW for each address visited. This means that multiple LVSW DOM fees cannot be claimed for two or more different patients residing at the same address and being assessed on the same day.

- Only one LVSW DOM fee will be payable for a patient’s LVSW assessment per year. Any follow up appointments carried out in the 12 months after the LVSW DOM assessment will not attract a LVSW DOM fee.
- If a GOS DOM fee is claimed by that practitioner for any patient at the same address, on the same day, as a LVSW assessment is carried out then the visit will not attract a LVSW DOM fee.

- Should a practitioner wish to register to claim for any LVSW DOM assessments they should contact the LVSW office to register as a LVSW DOM provider. The LVSW team will then send the relevant stationary and claim labels that will be required.

6 Ordering Low Vision Aids (LVAs)

- A catalogue of devices available to order on the service is enclosed (appendix 6).

- An order is made by writing the correct code and a brief description of the aid in the table entitled ‘LVAs advised and ordered’ on the final page of the record card.

- When the record card is faxed to the LVSW admin team on the dedicated low vision fax line the aids will be ordered from the supplier who will dispatch the appliance(s) directly to the practice, usually within a week.

- If LVA’s are ordered as a result of a follow up appointment, then the aids noted on the follow up card will be ordered when accompanied by the LVSW practitioner’s signature.

- In rare circumstances devices not in the catalogue may be ordered for a patient. To order anything not in the catalogue a request should be made in writing, explaining why the person needs a non-catalogue item. This can be sent to the clinical lead via the LVSW administration team. This will be reviewed by the clinical lead and a decision made.

- Please note it may take up to six weeks for a non-catalogue device to reach the patient.

- Occasionally you may need advice on what might be suitable for your patient. The clinical lead can discuss a case with you and make suggestions.

- If practitioners need to query anything about the order they should contact the LVSW administration team.
7 Issuing, Returning and Recycling LVAs

LVAs are issued on loan to the patient and those returned are recycled where possible.

7.1 Issuing LVAs ordered from assessment appointments

Step 1
- One delivery advice note is supplied per patient order with the LVAs. When you receive the LVAs please check the delivery advice to ensure that all the items ordered for the patient have been received.

If there are any anomalies with either the LVAs listed or received, please inform the LVSW admin team immediately.

Step 2
- Before an LVA is issued to a patient the practitioner should insert any batteries required and/or ensure the item is put together and working and where possible fully charged up. It may be necessary to remind the patient how the device should be used.

- The suppliers delivery advice (appendix 5 is also used for claiming the assessment fee. The practitioner claim label (appendix 3) should be affixed to the delivery advice.

- When the patient collects the LVAs they should complete the applicable section(s) and sign the practitioner claim label (appendix 3).

- If anyone other than the patient signs the claim label, the relationship to the patient should be indicated in brackets next to the signature or the claim will be returned.

- Any information relating to the claim should be provided separately and not on the claim/ delivery advice itself.

Step 3
- The assessing practitioner should complete the declaration that they assessed the patient, provide the date of the assessment and sign to claim a fee. The delivery note with the claim label attached should then be faxed to the LVSW administration team.

7.2 Issuing LVAs ordered from follow-up appointments

Step 1 and 2
- As above

Step 3
- The assessing LVSW practitioner and the patient should sign to say
that the patient has collected their LVAs. However, as no fee is paid for a follow up assessment, they should not complete the assessment declaration part of the claim label. The delivery advice (complete with label) must then be faxed through to the LVSW administration team.

7.3 Recycling LVAs

- If an LVA is no longer required by the patient, it should be returned to their low vision practitioner.

- Broken or heavily soiled LVAs that would not be suitable for re-use should be disposed of at practice level and practitioners should complete the Return Form or the Replacement Form (Appendix 5) and fax it to the low vision admin team.

7.4 Returning LVAs

- A Return Form (Appendix 5) should be completed when LVAs are returned that may be fit for recycling.

- The practice should send the appliance(s) and the completed form to the Low Vision Supplier using the pre-paid labels.

- The LVA's should be returned frequently and should not be stored in the practice.

7.5 Replacement LVAs

- If a replacement is required and no LVA is to be returned, the completed Replacement Form (Appendix 5) can be faxed to the Low Vision administration team to process.

- If an LVA develops a fault (has not been dropped or broken) and is under a year old it is possible it may be replaced under the manufacturer's warranty at no cost to the LVSW. It is important to demonstrate this clearly on the Replacement Form and to send the faulty item back to the LVSW supplier with the form.

8 Payment to Practitioners

- A single fee will be paid to practitioners for one LVSW assessment and as many follow-ups as are required in a year. Included in this fee is payment for writing referral letters and reports, taking part in audit and all administrative time and any additional postal costs required to operate the service as outlined in this service manual.

- In order to receive payment the following steps should be followed:
• The record card with all the necessary information provided (as outlined previously) should be faxed to administration team.

• The claim label attached to the suppliers delivery note, should be completed and signed by the practitioner and patient, when aids have been collected (Appendix 3) and faxed to the LVSW admin team.

• When an assessment is carried out but no LVAs ordered, then the record card should still be faxed to the LVSW admin team along with a ‘Low Vision Claim Form With no Low Vision Aids Dispensed’ (Appendix 3)

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9 Audit and Monitoring

Practitioners wishing to provide the service should be aware that the service will be closely audited and researched in order to ensure it is effective and efficient. Full co-operation with this process is expected.

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Clinical Section

Falls and Depression

Specialist Low Vision Aids

Minimum Number of Annual LVSW Assessments

10 Falls

Practitioners should use the FRAT questionnaire to help them determine the level of falls risk that a patient is at and therefore assist in the completion of the falls risk section of the form. The FRAT questionnaire can be found in appendix 8.

Patients found to be at risk of falling (either by scoring 3 or above on the FRAT questionnaire or at the LVSW practitioner’s clinical discretion) should be referred as detailed in appendix 8

11 Depression

Research has shown that over 40% of patients attending for a low vision assessment in Wales show signs of depression. NICE recommends the screening of those who work with high risk populations to detect depressive symptoms and refer appropriately. Patients will be asked the following questions:

- During the last month, have you often been bothered by feeling down, depressed or hopeless?
During the last month, have you often been bothered by having little interest or pleasure in doing things?

If the patient answers yes to either of these questions then they should be offered a referral to the GP using the WECS referral paperwork.

Patients should also sign posted to relevant support services as appropriate.

(NICE guidelines- Depression in adults: The treatment and management of depression in adults October 2009)

Depression training will be made available, to support practitioners in understanding depression and identifying patients who may be at risk or experiencing symptoms.

12 Specialist Low Vision Aids

12.1 Electronic aids
- As electronic low vision aids are expensive, these need to be trialed by the patient for at least five full days prior to ordering. If after that time the practitioner is satisfied that the person would find one useful and can operate it, then an order can be placed. Please indicate the date(s) of the trial period on the order.

12.2 Keeler aids
- Keeler trial kits are available. These are available for practitioners to try with patients before ordering.
- To borrow a trial kit, practitioners need to fax a request to the LVSW.
- The LVSW administration team will advise you prior to forwarding the kit to the practice
- The kit should be returned by Special delivery to the value of £500 and the cost reclaimed by forwarding the original receipt to the LVSW administration team.

12.3 Peli lenses
- Peli lenses were introduced to the LVSW in 2015. They are designed to help patients with homonymous hemianopia as they offer a way of the patient increasing the visual field on the non-seeing side.
- Patient selection is very important for success of the Peli lens.
- Of those with homonymous hemianopia, only some will be suitable for a trial of the lenses. Details of how to fit and order the Peli lenses can be found in appendix 9.
13 Minimum number of Low Vision Assessments per year

- Practitioners who perform less than 5 LVSW assessments per year, will be removed from the accredited list.

- The numbers of patients seen per practitioner will be reviewed by the LVSW clinical lead every April.

- Practitioners will be contacted to inform them of this and will have the opportunity to submit extenuating circumstances to apply for retention.

- The final decision of whether that LVSW practitioner remains on the accredited list is at the discretion of the LVSW.
GLOSSARY OF TERMS

Low Vision Service Wales (LVSW)

The Low Vision Service Wales (LVSW) is part of the Wales Eye Care Service (WECS). The LVSW is an enhanced NHS eye care rehabilitation service, a national service hosted by HDUHB on behalf of all HB’s in Wales.

Wales Eye Care Service (WECS)

The Low Vision Service Wales (LVSW) is part of the Wales Eye Care Service (WECS). WECS is inclusive of the LVSW, Eye Health Examinations Wales (EHEW) and the Diabetic Eye Screening Wales (DESW).

Hywel Dda University Health Board (HDUHB)

Hywel Dda University Health Board hosts the Low Vision Service Wales on behalf of all health boards in Wales.

Clinical audit

Clinical audit involves improving the quality of patient care by looking at current practice and modifying it where necessary.

Clinical lead

A designated person responsible for the development of a clinical service, ensuring the quality of care is good and best practice is maintained and upheld.

General Ophthalmic Services (GOS)

The provision of sight tests when clinically necessary to eligible patients by optometrists or ophthalmic medical practitioners including providing optical vouchers to eligible patients to assist them in the purchase of glasses or contact lenses.

NHS Wales (GIG Cymru)

NHS Wales Gwasanaeth Iechyd Gwladol Cymru is the publicly funded healthcare system of Wales and is the responsibility of the Welsh Government. It provides emergency services and a range of primary care, secondary care and specialist tertiary care services.

Wales Optometry Postgraduate Education Centre (WOPEC)

WOPEC provides short courses for optometrists and eye care professionals as well as certified postgraduate courses and helps to facilitate training and accreditation for the WECS.
Optometry Wales (OW)

Optometry Wales is the professional umbrella organisation for all community optometrists, opticians and dispensing opticians in Wales. It represents the profession in lobbying and negotiation with Welsh Government, responding to consultations and ensuring the profession is represented at all levels in Wales.

WOC Welsh Optometric Committee (WOC)

The Welsh Optometric Committee (WOC) is the Statutory Advisory Committee to the Welsh Government (WG), advising on all aspects of optometry and optometrists issues in Wales.

Welsh Government (WG)

The Welsh Government is the devolved Government for Wales. It has legislative powers in key areas of public life such as health, education and the environment.
APPENDIX 1

a) Fees and contact details

b) Procedures for practitioners to raise issues/concerns
Contact details

Low vision Service Wales Administration
Email: low.vision@wales.nhs.uk
Tel: 01267 248791/2/3
Fax: 01267 674103

Clinical Lead LVSW
Rebecca John
Email: johnr8@cardiff.ac.uk
Tel: 02920 870794

Service Manager LVSW
Donna Thomas
Email: donna.thomas6@wales.nhs.uk
Tel: 01267 248794

LVSW Office Address
Teilo
Glangwili Hospital
Dolgwili road
Camarthen
SA31 2AF

Eye Care Wales Website
www.eyecare.wales.nhs.uk

Fees
Standard LVSW assessment (April 2016) £77.00
Domiciliary LVSW (April 2016) £37.56
How to raise issues or concerns

LVSW is hosted on behalf of all Health Boards in Wales. Issues or concerns that Practitioners may have involving the LVSW should be addressed using the following process:

1. LVSW issues to be raised with LVSW Manager
2. LVSW Manager to consider the issues, make decision and notify practitioner
3. LVSW issues raised of a clinical or training nature will be escalated by the LVSW manager for consideration by the LVSW Clinical Lead
4. LVSW manager and clinical lead will consider the issues, make a decision and notify the practitioner
5. If a practitioner is not happy with the decision, clarification should be sought again from the LVSW Manager and Clinical Lead and the decision should be followed up formally in writing.
6. If a practitioner is not happy with the decision it may be escalated by any party to the Deputy Director of Primary Care, Community Mental Health and Long Term Care for HDUHB for further clarification.
7. LVSW Manager, Clinical Lead and HDUHB Deputy Director of Primary Care, Community Mental Health and Long Term Care will consider the issues, make a decision and notify the practitioner formally in writing.
8. If a practitioner is not happy with the decision HDUHB normal complaints procedure is in place to deal with matters of this nature.
APPENDIX 2

ASSESSMENT

a) LVSW record card

b) LVSW follow up card
APPENDIX 3

PAYMENT
   a) Collection labels
   b) Assessments with no LVA prescribed claim form
APPENDIX 4

DOMICILIARY

a) LVSW Domiciliary claim label

b) LVSW Domiciliary assessment with no aids claim form
APPENDIX 5

PROCESS

a) Delivery note
b) Labels for recycling
c) Return/replacement form
d) LVA summary sheet
e) Stationary order form
APPENDIX 6

LOW VISION AIDS

a) Demo/assessment equipment checklist

b) Low vision aid catalogue
APPENDIX 7

RESOURCES

a) Patient information leaflet

b) Window sticker
APPENDIX 8

FALLS
  a) FRAT Guidance
  b) FRAT Questionnaire
  c) Local referral pathways (in progress)

- Practitioners should complete a FRAT questionnaire for all those patients who are considered to be at risk of/have reported falling and should refer as required.

- The FRAT questionnaire is to help the practitioner determine the risk of fall that a patient is at.

- A FRAT score of 3 or more would usually result in the referral of the patient as per agreed local referral routes. The practitioner is however able to use their clinical judgement to as whether a referral is required.

- A FRAT score of less than 3 would result in the practitioner using clinical judgement to as whether that patient needs to be referred as agreed local referral routes.

- Local referral falls pathways and a copy of the FRAT questionnaire enclosed

- The FRAT Score should be recorded on the LVSW record card
Falls Risk Assessment Tool - FRAT

Assessment of falls risk in older people

Definition Fall- An event whereby an individual comes to rest on the ground or another lower level with or without loss of consciousness (NICE 2004)

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Is there a history of any fall in the previous year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Is the patient / client on four or more medications per day?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Does the patient / client have a diagnosis of stroke or Parkinson's Disease?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Does the patient / client report any problems with balance?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Is the patient/client unable to rise from a chair of knee height?</td>
<td></td>
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</tbody>
</table>

Total FRAT score

Patient Referred

Notes: The higher the score the higher the risk of falling. The practitioner should always use their clinical judgment in identifying whether a referral is required.
FRAT score of 3+: Patients would usually be referred as the agreed local falls referral pathway.
FRAT score <3: The patient would not usually be referred.
Index: **Green** = Confirmed, **Amber** = To be confirmed

<table>
<thead>
<tr>
<th>County</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anglesey</td>
<td>Ysbyty Penrhos Stanley – Falls Team (Physio Department)</td>
</tr>
<tr>
<td></td>
<td>Phone: 01407 766000</td>
</tr>
<tr>
<td></td>
<td>Fax: 01407 766091</td>
</tr>
<tr>
<td>Gwynedd</td>
<td>For patients in the Meirionydd Locality:</td>
</tr>
<tr>
<td></td>
<td>North Meirionydd (Blaenau Ffestiniog and Penrhyndeudraeth) Phone and Fax number is 01766 830225 (Intermediate Care in Alltwen Hospital, Tremadog)</td>
</tr>
<tr>
<td></td>
<td>For patients in South Meirionydd (TBC) – Physio team in Dolgellau Community Hospital</td>
</tr>
<tr>
<td></td>
<td>For patients in Arfon Locality (TBC) – Physio team in Ysbyty Eryri, Caernarfon For patients in Dwyfor Locality (TBC), Physio Team in Ysbyty Bryn Beryl</td>
</tr>
<tr>
<td>Conwy</td>
<td>Intermediate Care Team - Health Precinct, Colwyn Bay Leisure Centre, Eirias Park, Colwyn Bay, LL29 7SP</td>
</tr>
<tr>
<td></td>
<td>Operational Hours – 09:00am – 17:00pm, Monday – Friday excluding all Bank Holidays (No out of Hours service). Tel: 01492 535354 or 01745 448336</td>
</tr>
<tr>
<td>Denbighshire</td>
<td>TBC - Denbighshire Single Point of Access (SPoA)</td>
</tr>
<tr>
<td>Wrexham</td>
<td>Intermediate Care Falls Team – Base within Discharge HUB at Wrexham Maelor Hospital - Contact Tel: 01978 727745 (Answer machine facility) Fax: 01978 726251 Email contact: <a href="mailto:Wrexham.CommunityFallsTeam@wales.nhs.uk">Wrexham.CommunityFallsTeam@wales.nhs.uk</a></td>
</tr>
<tr>
<td>Flintshire</td>
<td>TBC - Flintshire Crisis Intervention Team</td>
</tr>
<tr>
<td></td>
<td>Tel: 01352 803325</td>
</tr>
<tr>
<td></td>
<td>Fax: 01352 753081</td>
</tr>
</tbody>
</table>
APPENDIX 9
PELI LENS

a) Peli lens application form
b) Peli lens practitioner guide
Application for Peli lens Trial

I would like to apply for a trial of Peli lenses for:

Px name:
D.O.B
Address:

<table>
<thead>
<tr>
<th></th>
<th>Distance Vision</th>
<th>Near Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>RE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LE</td>
<td></td>
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</tbody>
</table>

Lenses are required for............................................

Visual Neglect   Yes   No
Patient motivation High  Low   Notes..............................
Patient Mobility  Good  Poor  Notes..............................

A plano carrier frame is required   Yes   No
Details           Small  Large  Male
Female I have attached:

A copy of the visual fields ☐
Practitioner name.................................
Practice stamp

LVSW manual and protocols V3 2016
Introduction

The Peli lens can provide an expansion of up to 30° of the visual field. The high power prims move objects from the non-seeing side to the seeing side of the visual field. Once aware of the object the patient can then move the head to see the object in more detail in the seeing part of the visual field as required. The expansion of the visual field provided is illustrated below.

Suitable Patients

- Patients with hemianopia
- Highly motivated
- Patients without visual neglect
- Requiring increased visual field to aid mobility

Managing Expectations

Peli lenses are meant as a field expander to help patients with visual field loss with mobility and awareness of obstacles. They are not meant as a driving or reading aid. Studies have shown that after a year approximately 50% of patients are still using their Peli lenses. High patient motivation and patient education in the use of the lenses is essential to ensure the highest possible level of success.

Fitting the lenses

1. Peli lenses should be fitted monoculary over well-fitting habitual single vision distance lenses. If no glasses are worn a carrier pair will be required.

2. Clean the spectacle lenses paying particular attention to the back surface.

3. Mark the pupil centre (as with a varifocal lens fitting) on the hemianopic side i.e. if it is a right hemianopia then mark the right lens. For a left hemianopia the left lens.

4. Remove the spectacles from the patient and apply the fitting template to the front of the lens matching the template centre dot to the pupil centre dot marked on the lens. OR mark the front of the spectacle lens 6mm above and 6mm below the pupil dot.

5. Apply the Peli lenses to the back of the spectacle lens with the pointed end (signifying prism
base) to the temporal side. This can be done using the template as a guide OR by ensuring a 12mm prism separation as guiding form the points marked on the front surface.

6. Put the spectacles back on the patient and ensure correct placement of the prisms. The prisms shouldn’t cross the pupil centre and can be moved a maximum of 3mm temporally/nasally if they are found the overhang the edge of the frame.

7. Ensure no air bubbles between the Peli/spectacle lens and remove any markings made on the front lens surface.

**Patient Training**

The patient should always look through the central portion of the lens and not through the Peli lenses as this will result in diplopia.

The prisms move objects from the non-seeing portion of the visual field to the seeing portion of the field. The patient will then be required to move the head in order to view the object with the seeing portion of the visual field. These movements will need to be made deliberately at first but with practice should become more habitual to the patient.

The movements required can be demonstrated to the patients by the practitioner holding his hand out to the periphery in an area covered by the prism. When the patient detects the hand they will need to move the head towards the blind side to view the hand through the centre of the lens. This can be demonstrated and practised varying the position of the hand in the periphery.

The patient should also try a ‘training walk’ prior to leaving the practice. This should ensure that the patient understands how the prisms give an indication of objects on the blind side.

The lenses can be fitted one at a time to aid adaptation if required.

**Trial and Ordering the Peli lenses from the LVSW**

A trial of Peli lenses can be requested from the LVSW by completing and faxing the Peli lens application form and faxing it through to the LVSW office. The trial pack will include:

- 2 Peli lenses
- Instructions on fitting
- Instructions on cleaning
- A fitting template.
- A plano carrier frame if required.

A trial period of 4 weeks is required, after which the patient will need to attend a follow-up appointment.

If the lenses are successful then the patient can keep the lenses and plano carrier frame if applicable. This should be recorded on a follow-up record card and faxed to the LVSW.

If the patient doesn’t wish to continue with the lenses they need to be returned along with the carrier frame if used to the LVSW.

The stick-on Peli lenses do not have a long life as they get dirty quickly and UV exposure can degrade the optical quality. For this reason, it is recommended that patients using the lenses are followed up under the LVSW every 6 months where replacement lenses can be ordered and fitted if required.