

# **Seeing Beyond the Eyes Project Findings**

## **Course Questionnaire Results Report**

**February 2019**

# Contents

	<b>Page</b>
Introduction	2
Part 1 Roadshow Results and Recommendations	5
Part 2 Patient Survey Results and Recommendations	18
Part 3 Follow-up Survey Results and Recommendations	24
Conclusion	30

## **Introduction**

Seeing Beyond the Eyes ('the project') is an initiative developed by Visualise Training and Consultancy - [www.visualisetrainingandconsultancy.com](http://www.visualisetrainingandconsultancy.com) - and funded by Thomas Pocklington Trust - [www.pocklington-trust.org.uk](http://www.pocklington-trust.org.uk)

## **Primary aims of the project**

Outcome 1: To increase referrals from optometrists and opticians to local and national sight loss organisations

Outcome 2: To increase accessibility and inclusivity across all eye care services for people with or at risk of sight loss.

Outcome 3: To increase optical sector awareness of local and national support services and corresponding referral pathways for people with or at risk of sight loss.

The project is delivered by Visualise owner Daniel Williams (Man on a mission with low vision), Peter Black of Orbita Black Ltd (Former President of The Association of British Dispensing Opticians - ABDO) and Jayshree Vasani, dispensing optician and sub-regional lead for ABDO. It aims to forge stronger connections between the sight loss and optical sectors for the benefit of the two million people living with sight loss in the UK, a number that is expected to double over the next 30 years (RNIB estimate). A CET (Continuing Education and Training) roadshow targeting optometrists, dispensing and contact lens opticians was launched in May 2018 to raise awareness of the difficulties faced by patients who are diagnosed with irreversible sight loss.

## **Statistics on sight loss (RNIB Website - Key information and statistics on sight loss in the UK)**

- Only 1 in 4 registered sight impaired or severely sight impaired people of working age are in employment
- 1 in 5 people will face living with sight loss in their lifetime
- Research commissioned by RNIB from Deloitte Access Economics estimates that the cost to the UK economy of sight loss in the adult population of the UK totalled £28.1 billion in 2013. This includes both direct and indirect costs and costs associated with reduced health and wellbeing due to sight loss. This total is a huge increase from £22 billion reported in 2008.

## **Realities of sight loss (RNIB, My Voice, 2015)**

- Only 17 per cent of people experiencing sight loss are offered emotional support in response to their deteriorating vision.
- Only 27 per cent of blind and partially sighted people of working age are in employment – a fall from 33 per cent in employment in 2006.
- 39 per cent of blind and partially sighted people of working age say they have some or great difficulty in making ends meet.
- 35 per cent of blind and partially sighted people say that they sometimes, frequently or always experience negative attitudes from the public in relation to their sight loss.
- 31 per cent of people are rarely or never optimistic about the future.

## **Professional support**

In the UK, the Association of Optometrists states there are over 14,000 optometrists and more than 6,000 dispensing opticians. All must be registered with the General Optical Council (GOC). They are supported by many thousands of non-registered optical assistants and there is a constant stream of qualifying optometrists and dispensing opticians. However, according to LOCSU's Atlas of Variation, low vision services are the least commissioned of all the enhanced optical services negotiated by Local Optical Committees (LOCs).

With very little effort, opticians and others who come into contact with people facing sight loss can make a tremendous difference to their lives. Patients need emotional and practical support immediately on becoming visually impaired and may not always be in a position to be certified by an ophthalmologist. Patients who don't get the support they need are at greatly increased risk of mental illness, depression and even suicide. Recent findings reported by Nollett et al (2016) that 43% of attendees at low vision rehabilitation clinics in the UK had depressive symptoms and around three quarters of these people were not receiving help with these symptoms. Professionals are urged to refer patients to their local sight loss charity, vision rehabilitation workers or eye clinic liaison officers at the same time as being referred to ophthalmology to avoid any delays in support, bearing in mind not all patients will be referred to ophthalmology but still require sight loss services.

In this situation, opticians tend to think about low vision aids or magnifiers, and although they may be important, often the first step is adaptation of the home, mobility, emotional support, utilisation of modern technology and simple inexpensive gadgets to help with daily living.

The eye health and sight loss sectors need to continue to work together to ensure that all blind and partially sighted people are offered help and

support, so they can maintain their independence and participation in society.

Nationally, Vision UK's Early Intervention and Enablement Committee is working to enable blind and partially sighted people to live independently by seeking improvement in early intervention services across the UK along the [eye health and sight loss pathway](#). The focus is on developing a robust evidence base, advocating on behalf of blind and partially sighted people, actively working with partners across the sight loss sector, and developing specific workstreams and projects to deliver clear objectives, outcomes and timelines to deliver change.

### **How does Seeing Beyond the Eyes help?**

Seeing Beyond the Eyes delivered 40 workshops which took the form of two 1-hour sessions delivered at locations across England and Scotland, primarily aimed at eyecare professionals. There were two discussion workshops, "An introduction to visual impairment" and "Saving sight, supporting sight loss". These sessions were delivered within or near to local sight loss charities so that optical professionals had exposure to their local charities and could begin to forge good links. All sessions had patients, eye clinic liaison officers (ECLO), vision rehabilitation workers, optometrists, dispensing opticians and other eye care and sight loss professionals in attendance which enabled communication to begin between the two sectors.

To complement the course, an innovative resource pack was developed to facilitate the referral process by listing support organisations as well as suppliers of assistive products and technology.

[www.visualisetrainingandconsultancy.com/resource-pack-health-pros](http://www.visualisetrainingandconsultancy.com/resource-pack-health-pros)

The outcomes of the workshops have been extremely positive and are detailed in the following report along with a list of recommendations. This report is based on the results obtained by the pre-course and post-course questionnaires that were emailed to delegates using Survey Monkey and shows the impact the course made immediately on delivery.

For both questionnaires, those who responded answered all the questions presented to them. In line with data protection legislation, all results were anonymous, and the report author had no knowledge of who responded or what answers an individual gave. There were 1800 responses to the survey.

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February 2019

# Part 1. Roadshow Results

## Demographic of attendees

### Professions

The breakdown of the attendance by profession is shown in figure 1 below. Almost all the attendees were optical professionals (optometrists and opticians) which was the target audience for the project. A small number of attendees fell outside this group, for example, eye clinic liaison officers, ophthalmologists, researchers, charity CEOs and vision rehabilitation workers.

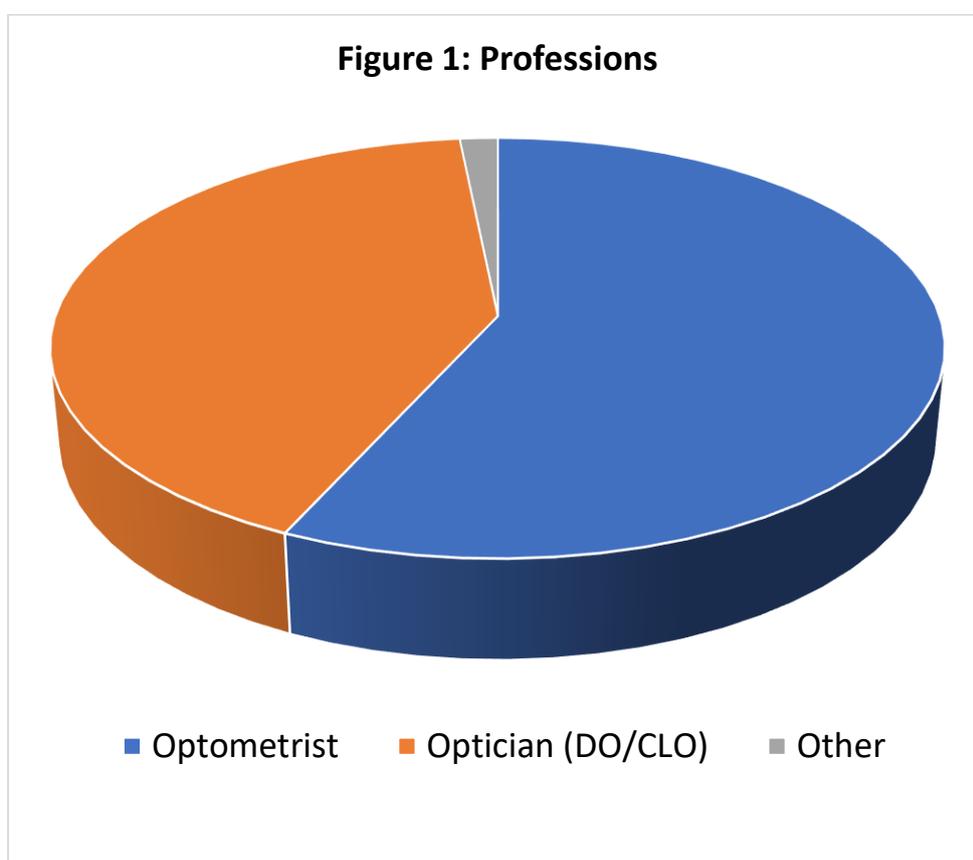


Figure 1: Professions in attendance at the events

- 60% Optometrists
- 36% Opticians (Dispensing and Contact Lens)
- 4% Other roles

### Recommendation

Expand invitations to events to include hospital eye service staff, ECLOs and colleagues from local sight loss charities. This would bring together the three groups of high street eye care, hospital eye services and the sight loss sector; thereby facilitating relationship building.

## Workplace

The breakdown of where attendees work is shown in figure 2. The multiples' sector (opticians with practices in multiple locations - for example, Specsavers, Vision Express, Boots, Optical Express and Asda) did not make up the largest section of the attendees, despite employing the majority of optical professionals. This is likely to be due to the large multiples providing their own internal CET programmes, therefore their employees are less likely to need to attend external events. The largest group was therefore attendees from independent practices, followed by locums, who find it more difficult to access the necessary interactive CET without having to take time off work.

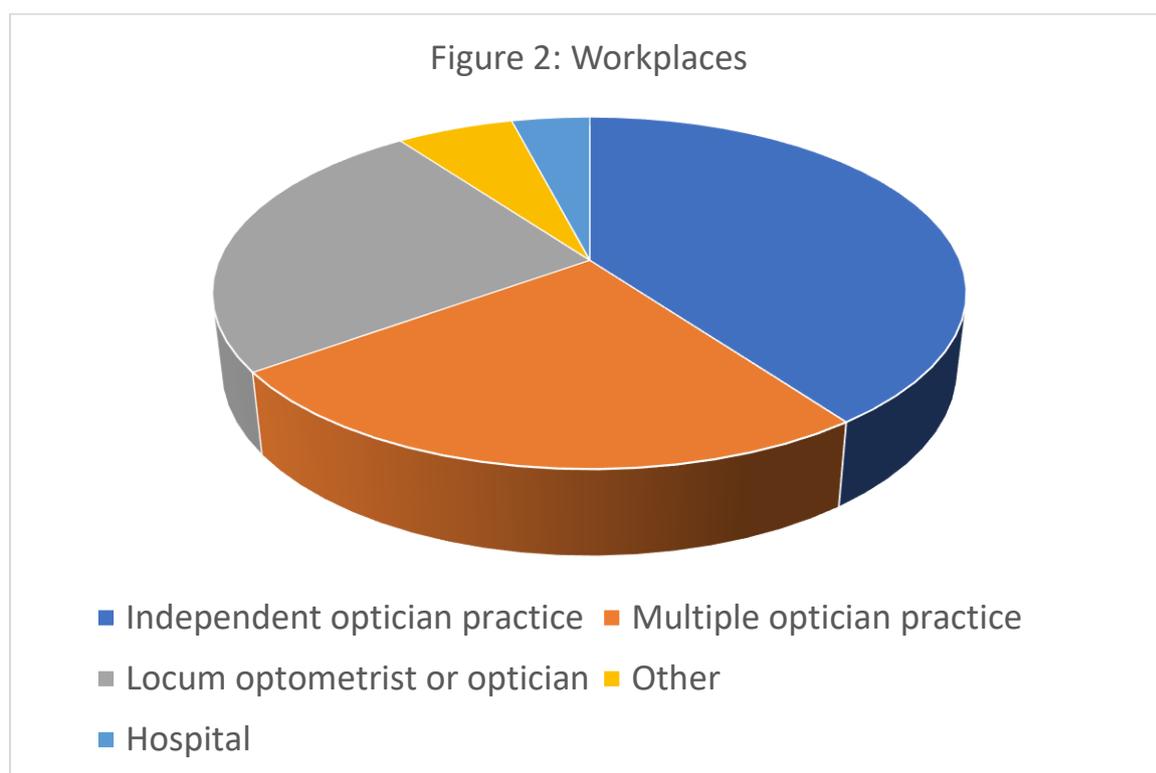


Figure 2: Workplace of the attendees

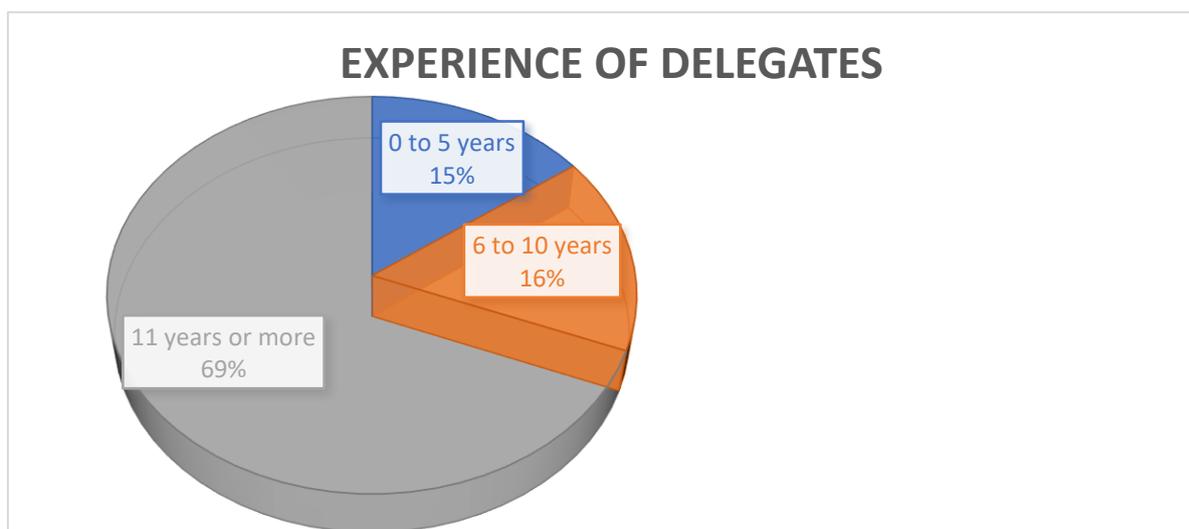
- 40% Independent optician practice
- 25% Multiple optician practice
- 25% Locum optometrist or optician
- 6% Other
- 4% Hospital

*"I think the courses are an excellent idea as I was not aware of many of these resources"*

**Recommendation:** To liaise with the multiple opticians to either run these sessions at their in-house training centres or workplaces, or to use their internal communication channels to promote events to their staff.

## Experience of Delegates

Delegates were asked how long they have been working in the optical sector.



**Figure 3: number of years in optical sector**

- 0 to 5 years 15%
- 6 to 10 years 16%
- 11 years or more 69%

## Provision of Low Vision services in high street practice

When asked if they provided a low vision service in their practice (figure 3) the majority of practices provide no service at all; although around half refer on instead and not all are aware of who provides the service locally and how to refer into it.

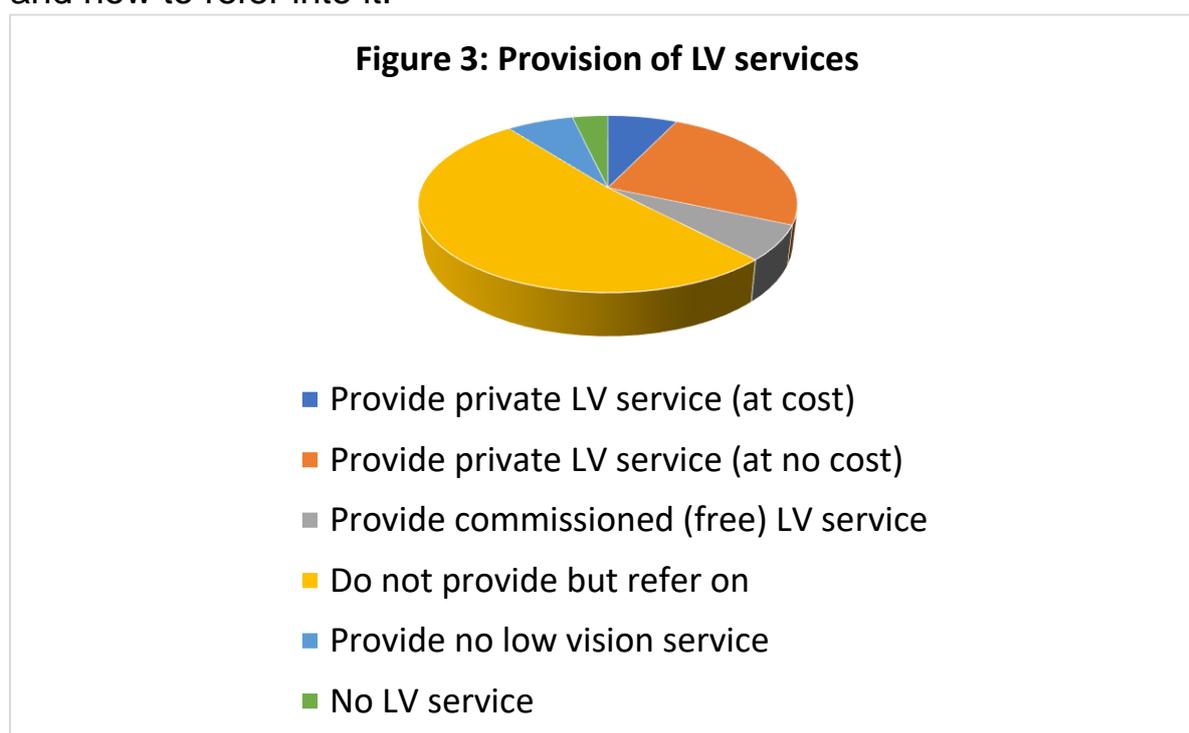


Figure 3: Provision of low vision services in optical practices

- 54% Do not provide, but refer on somewhere else
- 23% Provide a low vision service (at no cost)
- 7% Provide a low vision service (at cost)
- 6% Provide no low vision service and don't refer
- 7% Provide a commissioned (free) low vision service
- 3% No low vision service available locally

**Recommendation for high street opticians:** There needs to be a standardised national low vision pathway that is supported locally by practices, the hospital eye service and local sight loss charities which can be rolled out across the country. This will result in more people being referred correctly for a low vision assessment. The current system of referral differs across the country, with some assessments being undertaken within a hospital setting and some being conducted by local sight loss charities. Where practices are carrying out their own low vision service, sight loss charities should maintain a register of local practices.

### Referrals

Figure 4 below shows that those who attended the event gained a much better understanding of where they could refer people on to, with significant increases in those who would refer on to their local sight loss charity and social services (vision rehabilitation services). In doing so, the visually impaired person will receive more assistance and will be able to move forward with their life, being better supported in the community.

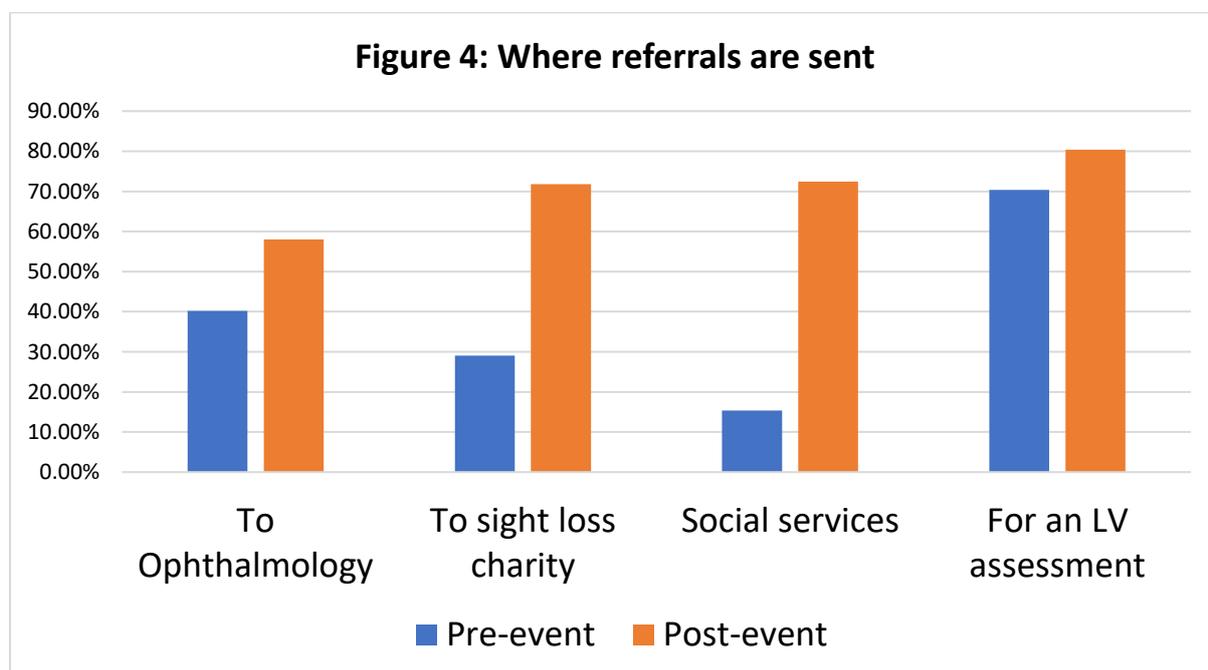


Figure 4: Where referrals are sent by optical practices

- To ophthalmology – increased from 38% to 60%
- To local sight loss charity – increased from 29% to 73%
- To social services – increased from 16% to 74%
- For a low vision assessment – increased from 72% to 80%

### Referrals to rehabilitation or sensory impairment teams

When asked if they had ever referred a patient to the rehabilitation or local sensory impairment team, less than 20% answered yes (figure 5). This clearly demonstrates that high street optical practitioners have little awareness of who their local vision rehabilitation or sensory impairment teams are, but also what they do and how to refer a patient on to them. Post course evaluation showed that this percentage had dramatically improved to over 97%

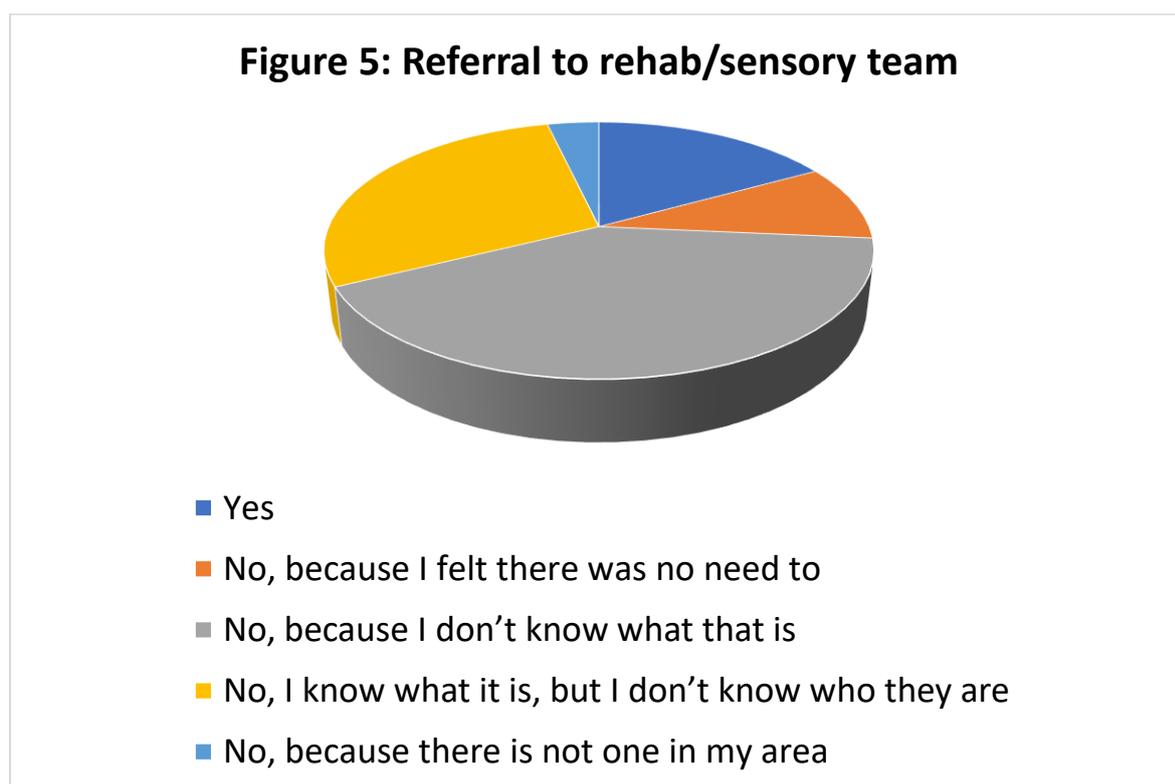


Figure 5: Have you ever referred to rehabilitation or sensory impairment team

- 19% Yes
- 9% No, because I felt there was no need to
- 40% No, because I don't know what that is
- 29% No, I know what it is, but I don't know who they are
- 3% No, because there is not one in my area

**Recommendation for opticians:** Practitioners need to be made more aware of their local vision rehabilitation or sensory impairment team, who they are, what they offer and how to refer to them. A section for this is provided in the Seeing Beyond the Eyes resource pack given to everyone who attends an event.

### **Referral to an Eye Clinic Liaison Officer (ECLO)**

Before attending the event only 11% of respondents said that they had referred someone to an ECLO (Figure 6) and over half did not know what an ECLO was. The post event questionnaire response was much more positive, with 96% saying that they would refer someone to an ECLO following the course (figure 7).

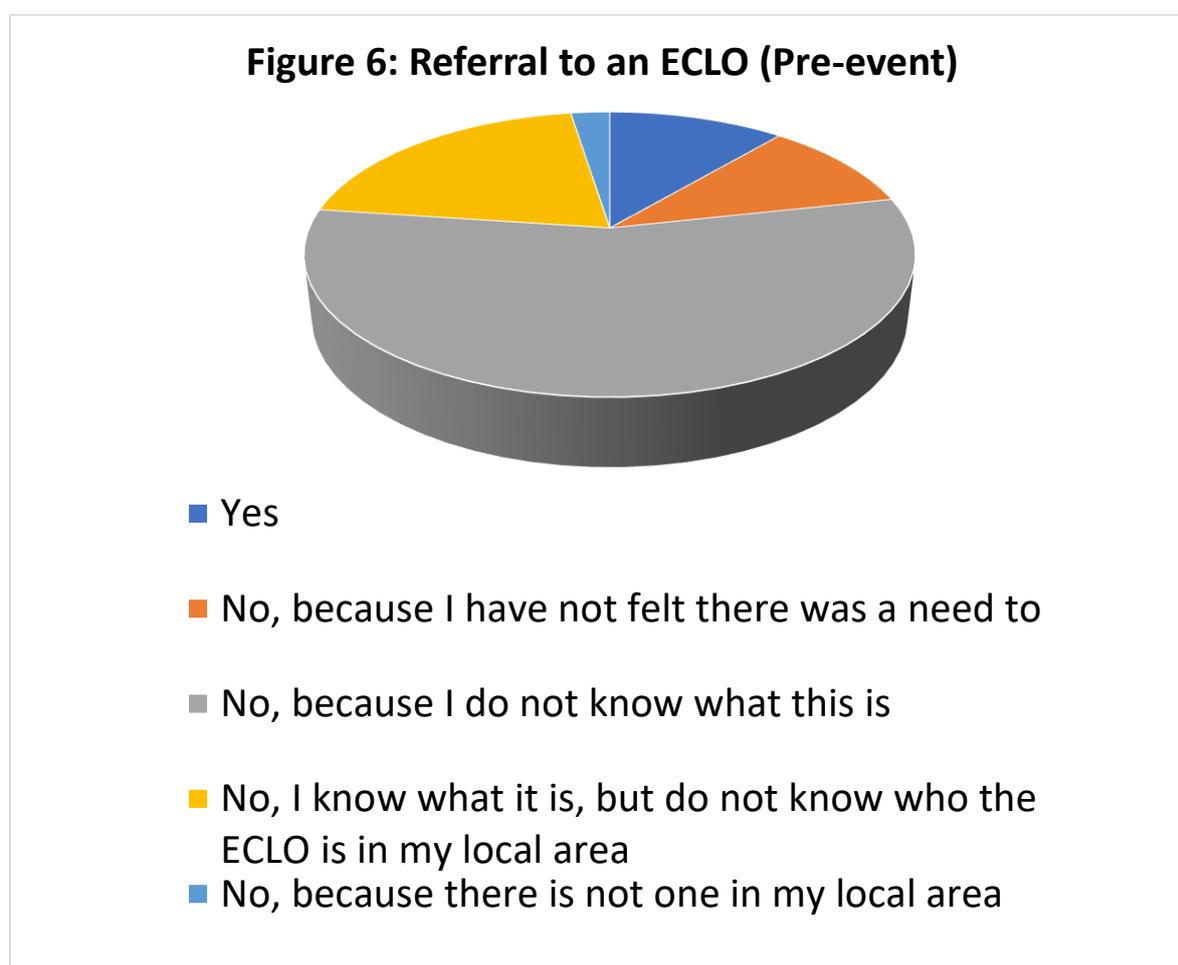


Figure 6: Referral to an ECLO (pre course survey results)

- 12% Yes
- 10% No, because I have not felt the need to
- 56% No, because I don't know what this is
- 18% No, I know what one is, but do not know who the ECLO is in my local area
- 4% No, because there is not one in my area

**Figure 7: Referral to an ECLO (Post event)**

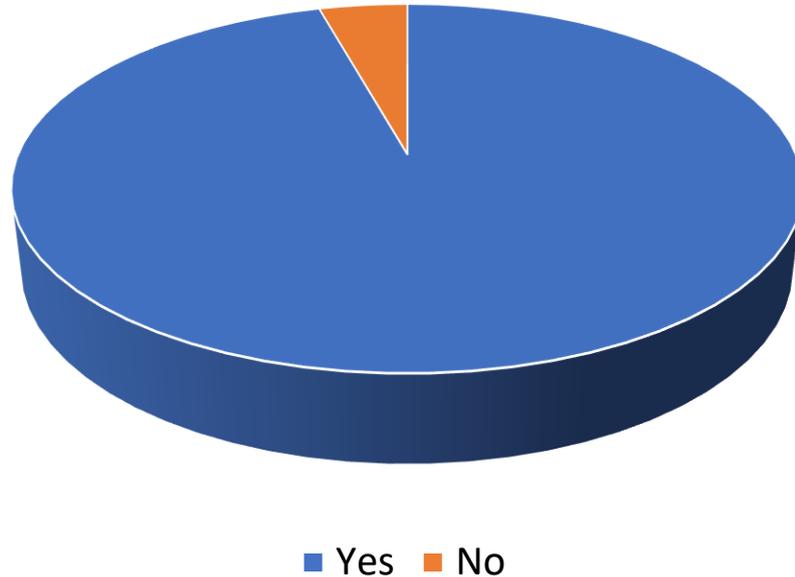


Figure 7: Referral to an ECLO (post course survey results)

- 96% yes
- 4% no

**Recommendation for opticians:** Optical professionals need to be taught about what an ECLO is and does, as well as how to refer to one, as shown in the Seeing Beyond the Eyes resource pack which should be accessible in every practice. The RNIB has already made considerable improvements to the number of ECLOs in hospitals, supported by local sight loss charities. Improving knowledge will require the use of different methods of delivery, such as articles in optical magazines and journals, presentations by ECLOs at conferences, information from the local hospitals and sight loss charities and the education of students while at university. The understanding of ECLOs should cover the entire practice team, from optometrist through to receptionist; therefore the development of training for non-qualified professionals on sight loss is also needed.

## Awareness of Local Sight Loss Charities

In figure 8 below, the blue bars represent pre-event questionnaire answers and the orange bars, the post-event results. Having attended an event, the proportion of optical professionals who could correctly name their local sight loss charity doubled. By knowing who their local sight loss charity is, optical professionals can immediately refer their patients to obtain the specialist support offered by these charities.

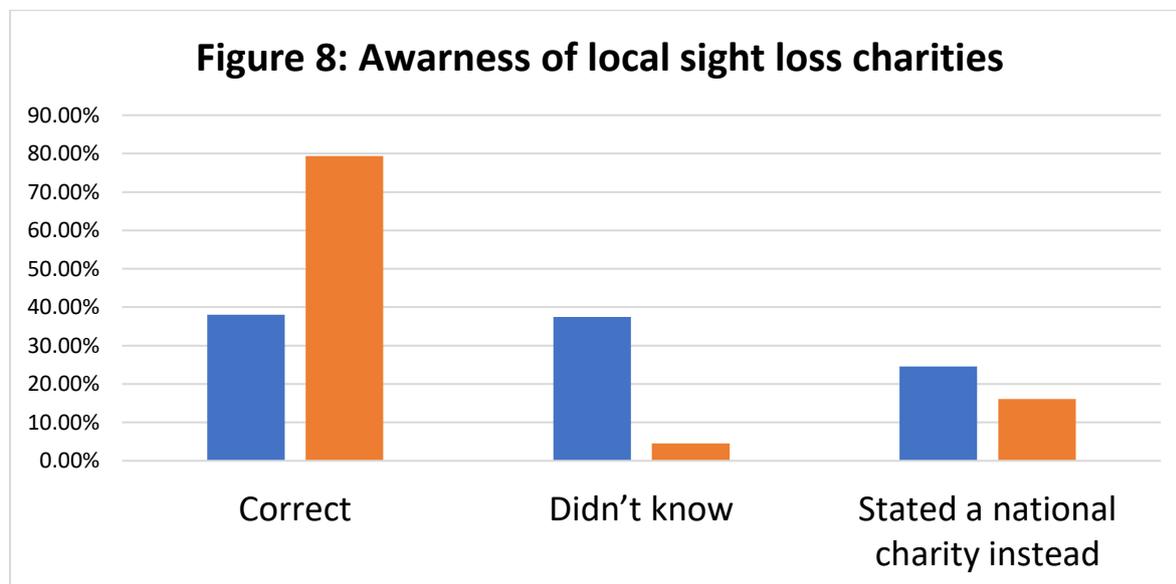


Figure 8: Awareness of their local sight loss charity

- Before the events 38% gave the correct name, increasing to 79% after
- Before the events 37% did not know, reducing to 4% after
- Before the events 25% gave a wrong answer, reducing to 16% after

**Recommendation for opticians:** More than one charity commented that they had been trying unsuccessfully for some time to be at a local optical committee (LOC) event, but the Seeing Beyond the Eyes event had changed that. It is therefore clear that there needs to be relationship building between LOCs and local sight loss charities. The attendance of charities to the events was very welcomed by delegates and allowed the charities time to present their services and circulate leaflets. High street opticians are an ideal location to signpost visually impaired people (and their relatives) to their local sight loss charity and help raise their profile. This can be by directly referring to the charity, displaying leaflets or posters, promoting the charity via their website and social media, raising money via collection boxes or selecting them as their charity of the year. The entire practice team should visit their local sight loss resource centre to find out what is available and this should be a compulsory part of undergraduate courses.

## Number of referrals to local sight loss charities

From the pre-event questionnaire it is clear that a significant number of delegates had never referred anyone to their local sight loss charity, although some delegates had referred several people, due to better knowledge of who their local charity was and how to refer to them.

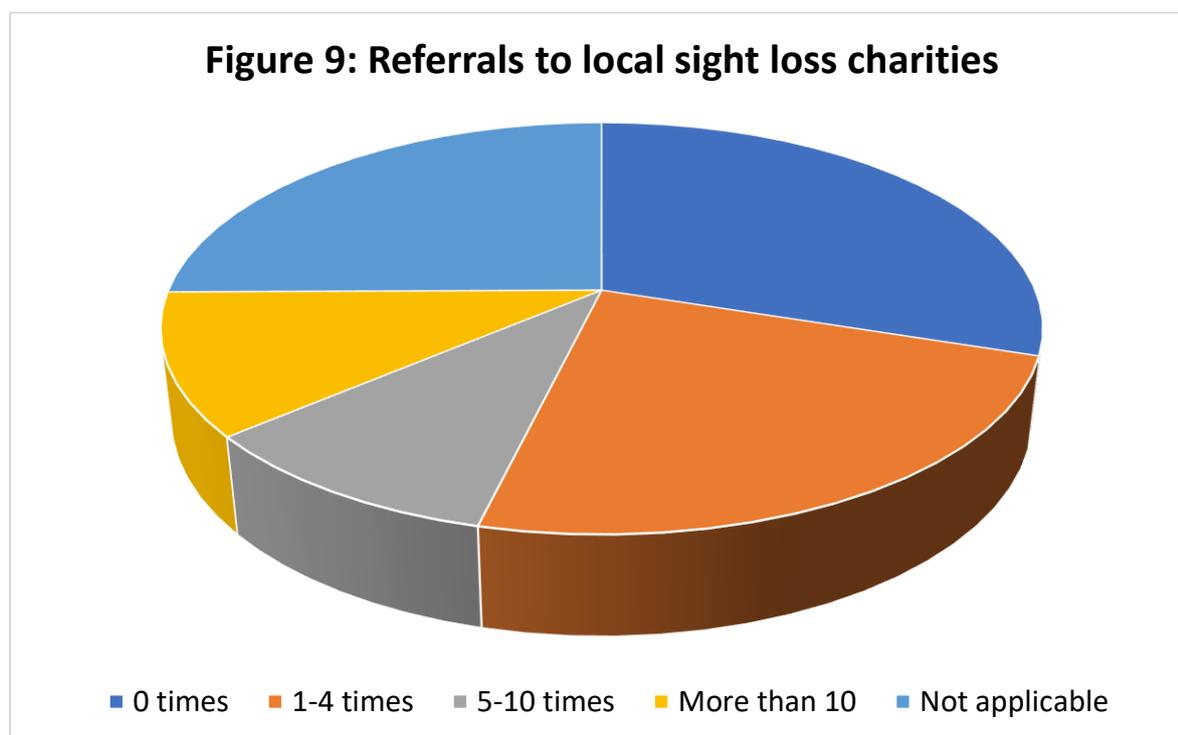


Figure 9: Number of referrals to local sight loss charities

- 29% had never referred anyone to their local sight loss charity
- 25% had referred 1-4 people
- 10% had referred 5-10 people
- 12% had referred more than 10 people
- 24% said not applicable

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*“Sight loss organisations need to make appointments to visit local practices to make them aware of their services and how to refer”*

## Knowledge of services offered by local sight loss charities

When asked about their knowledge of local services, only a third of the delegates replied to say they were aware of the services provided by their local sight loss charity. This is an area where the charities need to better communicate with practices and practitioners. The Seeing Beyond the Eyes resource pack provides some useful information, but it will not help the many optical professionals who have yet to experience one of these events.

Therefore, the membership bodies in the optical sector should promote the resource and distribute to it to members; as well as the use of social media and emails to provide the digital link.

Local sight loss charities must also reach out to opticians through better marketing and meeting them face-to-face by visiting practices or hosting open days and inviting them. In addition, opening later some days may attract optical professionals to the resource centre as many would attend after work.

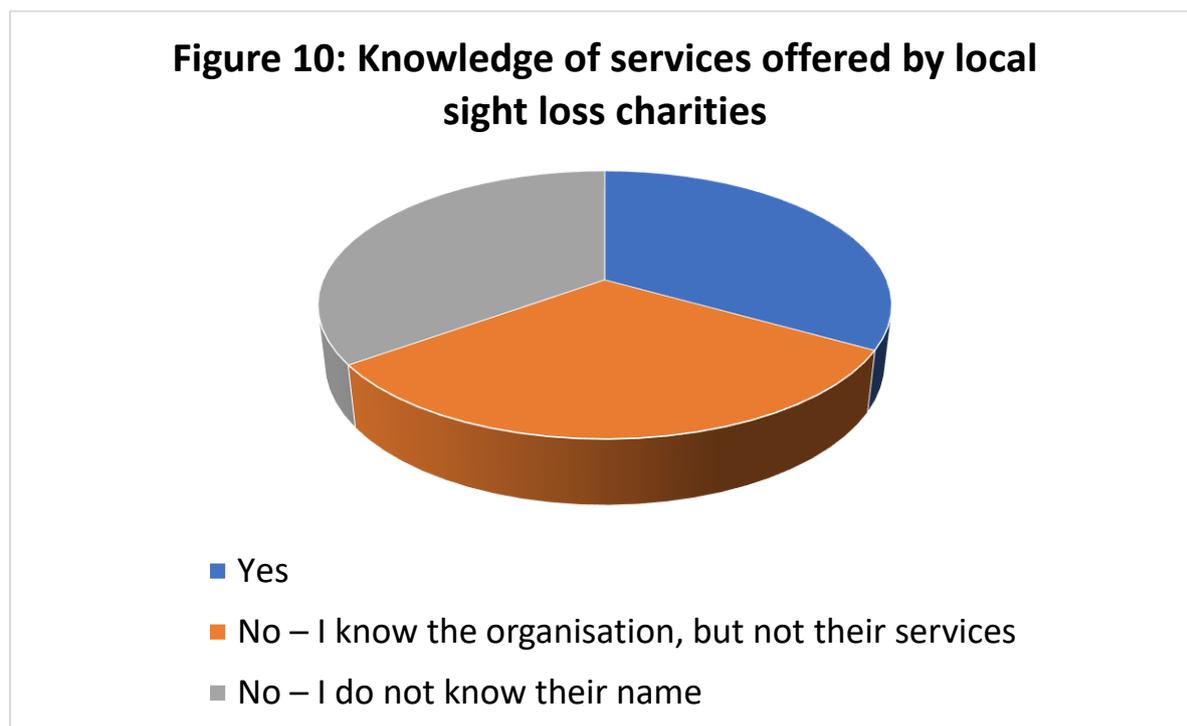


Figure 10: Knowledge of the services offered by their local sight loss charity

- 37% knew what services were offered by their local sight loss charity
- 30% said no, I do not know their name
- 33% said no, I know their name, but not their services

**Following the course, 95% of delegates are now aware of their local sight loss charity**

### **Recommendation**

Continue to provide these interactive sessions across the UK, so that more optical professionals can better understand what is available locally to them, and how to access services.

*“More roadshows like your one for optical staff. More leaflets in the practice with the nearest Blind Association number on it in large text so we can hand that to them at the end of the examination. As a locum I visit many practices and I do not see anything in terms of leaflets signposting patients to these services.”*

### **Displaying leaflets, posters or booklets of local services**

Two thirds of questionnaire respondents did not provide any literature or posters in their practice about low vision services, sight loss or information about charities.

Reasons for this lack of information include

- Not knowing where to obtain literature
- They only display eye condition leaflets
- Not being able to keep the resources up-to-date
- Not enough space to display lots of different leaflets for different charities
- Needing permission from head office
- Only being allowed to display corporate branded literature

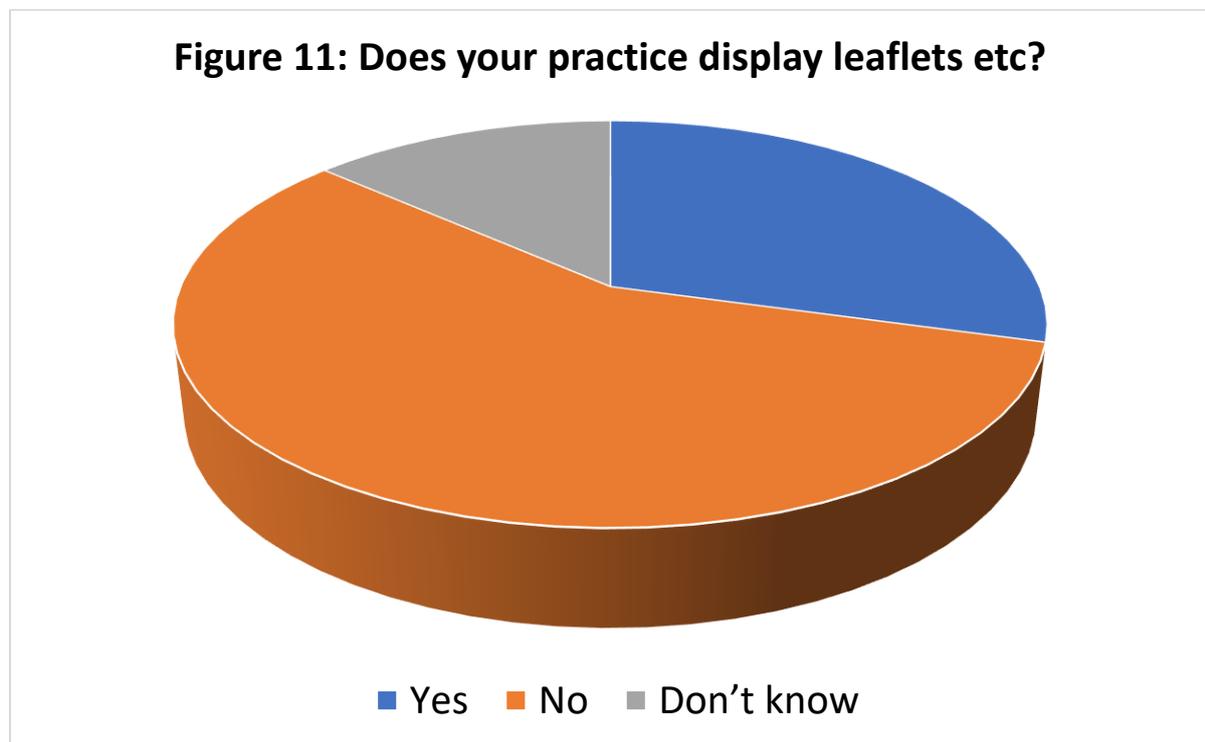


Figure 11: Does your practice display leaflets, posters etc of local services for VIPs?

- 32% yes
- 55% no
- 13% did not know

**Recommendation for opticians:** there needs to be a single leaflet about local low vision and sight loss services. This will not take up much space, so every practice will be able to display them. The template could be customised by each local sight loss charity and there needs to be development work with the large multiples to ensure that there is a sight loss leaflet that they can have branded with their logo and can be distributed to their practices. Practices also need to be reminded of the importance of making information accessible e.g. large print and digital formats and display screens with audio.

Practices should seek to appoint 1-2 members of staff to lead on local sight loss services to act as a link between their patients and the charity. This would save optometrists time and someone who is on the shop floor may be more accessible than a practitioner in their room.

*“As an optometrist, I will now keep a list of organisation/charities that can help and also large print leaflets of eye conditions and help available - and make sure EVERY TIME I see a low vision patient this is passed on to them.”*

### **Awareness of the benefits of registering someone as SI or SSI**

It was positive to see that 80% of the delegates who completed the pre-event questionnaire did have some knowledge of the benefits available to people who become registered as sight impaired or severely sight impaired. Optical professionals have very good knowledge on anatomy, pathology etc but they need to be able to expand this knowledge to understand how to make themselves more accessible to their visually impaired patients. Feedback from people with sight loss will be very useful to inform practices of where they can improve. Local sight loss charities should be able to recruit volunteers to this ‘mystery shopper’ style role. It would also be useful for some guidelines to be produced regarding practice layout, design, use of contrast etc which would aid soon to be opened practices and those undergoing refurbishment.

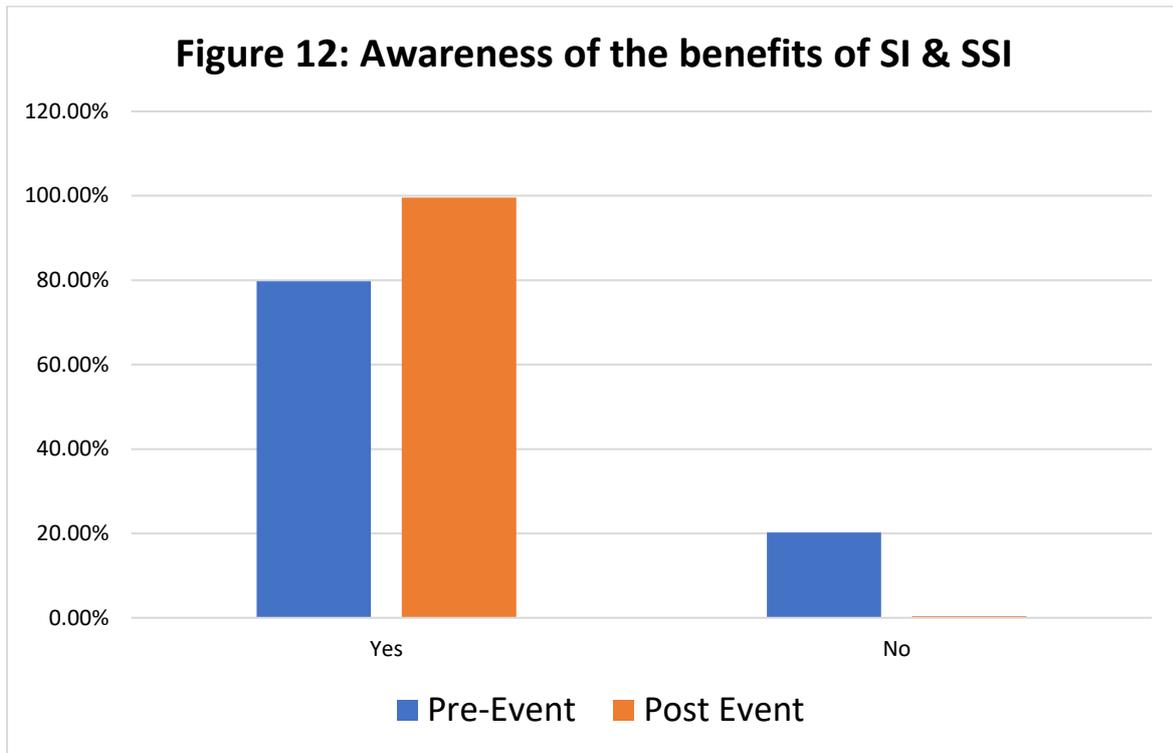


Figure 12: Awareness of the benefits of registering someone as Sight Impaired or Severely Sight Impaired

- Before the events 80% said yes
- After the events 100% said yes

### **Sightline Directory ([www.sightlinedirectory.org.uk](http://www.sightlinedirectory.org.uk))**

The Sightline Directory is a directory of services which helps blind or partially sighted people. Many of the event attendees were not aware of this website, with many commenting how it hasn't been promoted well enough. Those who were aware of it gave very positive feedback.

### **Recommendations**

Based on the comments from this project, the following recommendations are made:

- Better promotion of the Sightline Directory with optical (and other) professionals
- Contact details on this directory for services should be general emails and phone numbers rather than contact names as people move on making it difficult to remain up-to-date
- Professionals would like the ability to refer directly through such an online platform to make it quicker and easier and ensure the patient data was safe

## Part 2. Patient Survey

Another part of the project was to gather information from blind and partially sighted people about their thoughts and experiences of optical practices and the hospital eye service (HES). This survey was completed electronically by 261 people using Survey Monkey. The participants were anonymous and we do not have information of their eye condition, age, location etc.

### Referral from the HES

People were asked if, following diagnosis, they were referred to other services by their ophthalmologist. The options were: referral to eye clinic liaison officer, vision rehabilitation worker, local sight loss charity, or no onward referral.

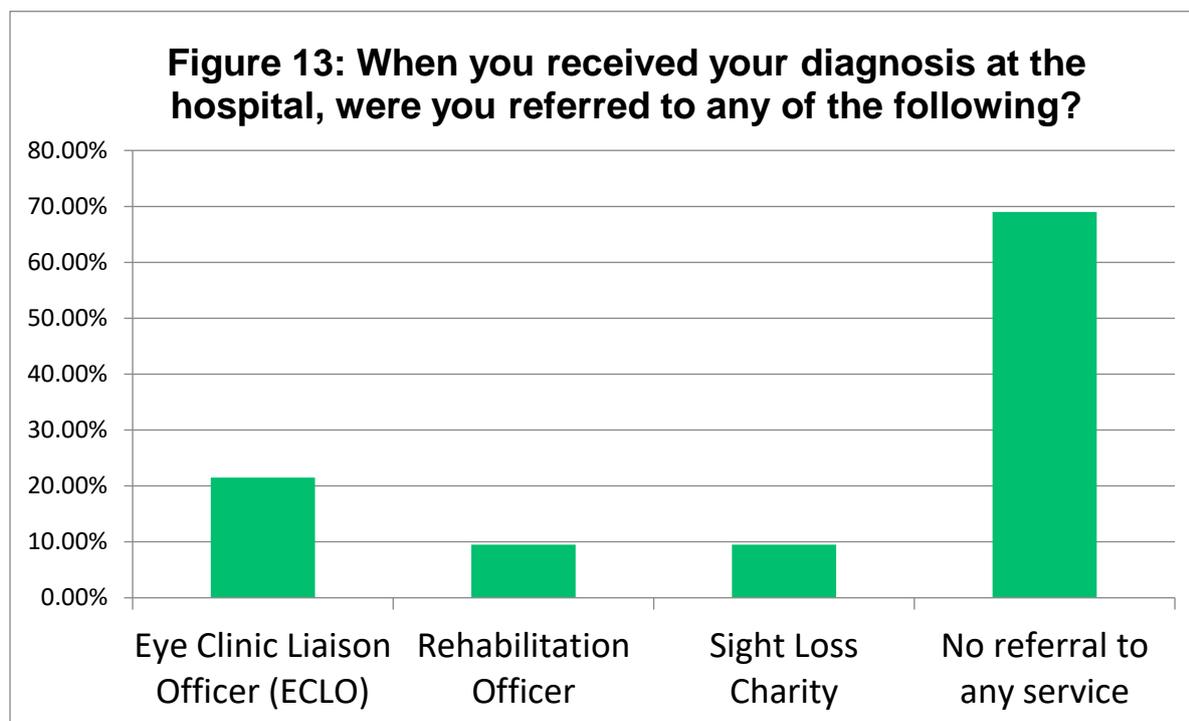


Figure 13: Referral after diagnosis at the HES

- 22% referred on to an ECLO
- 11% referred on to rehabilitation worker
- 9% referred on to a local sight loss charity
- 70% received no onward referral

## Information about your eye condition

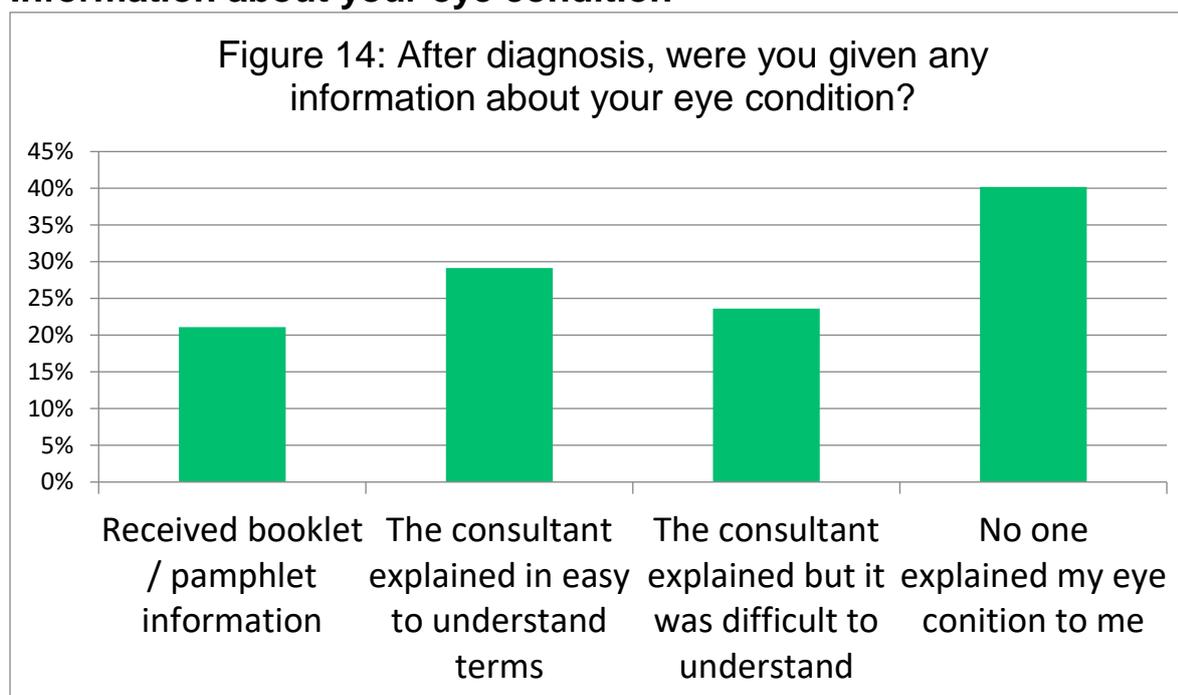


Figure 14: After diagnosis, were you given any information about your eye condition?

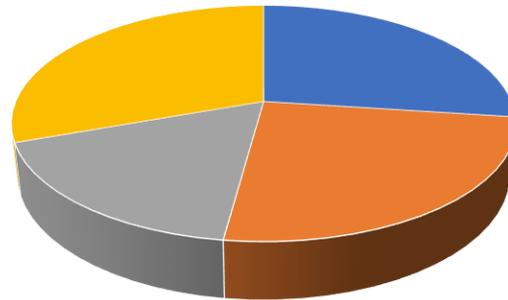
- 21% received a booklet or pamphlet
- 28% had it explained by the consultant in easy to understand terms
- 23% had it explained by the consultant, but found it difficult to understand
- 41% received no explanation about their eye condition

**Recommendation for HES:** The HES needs to have knowledge of the local services that visually impaired people need access to and provide information about them and eye conditions in accessible and preferred formats (including digital and large print), together with a simple referral system. The sight loss journey does not end at diagnosis and there are many services available that can make a lasting difference to the lives of blind and partially sighted people, enhancing their quality of life. There are also many condition specific charities who provide excellent resources, support and advice. However, they can only access these if they are made aware of them. Eye Clinic Liaison Officers play a vital role in this support and need to be commissioned for all NHS trusts.

### **Certification as sight impaired or severely sight impaired**

The completion of a Certificate of Vision Impairment (CVI) can only be completed by an ophthalmologist and it is this form that certifies somebody as being sight impaired or severely sight impaired; based on visual acuity and field of vision.

**Figure 15: Were you offered to be certified as sight impaired/severely sight impaired by your Ophthalmologist?**



- Yes, I received certification and was informed of the benefits
- Yes, I was certified but nothing was explained to me
- No I was not certified, but I am aware of the benefits
- No I was not certified and not aware of the benefits

Figure 15: Were you offered to be certified as sight impaired or severely sight impaired by your ophthalmologist?

- 27% said yes and that it was explained to them
- 25% said yes, but it was not explained to them
- 17% said no, I was not certified, but am aware of the benefits
- 31% said no, I was not certified and I'm not aware of the benefits

**Recommendation:**

The benefits of registration need to be properly explained to people, so they can make an informed decision as to whether they are registered or not.

## Referrals by local opticians

As a comparison to the information shown in figures 4-7, people were asked what services they were referred to by their optician.

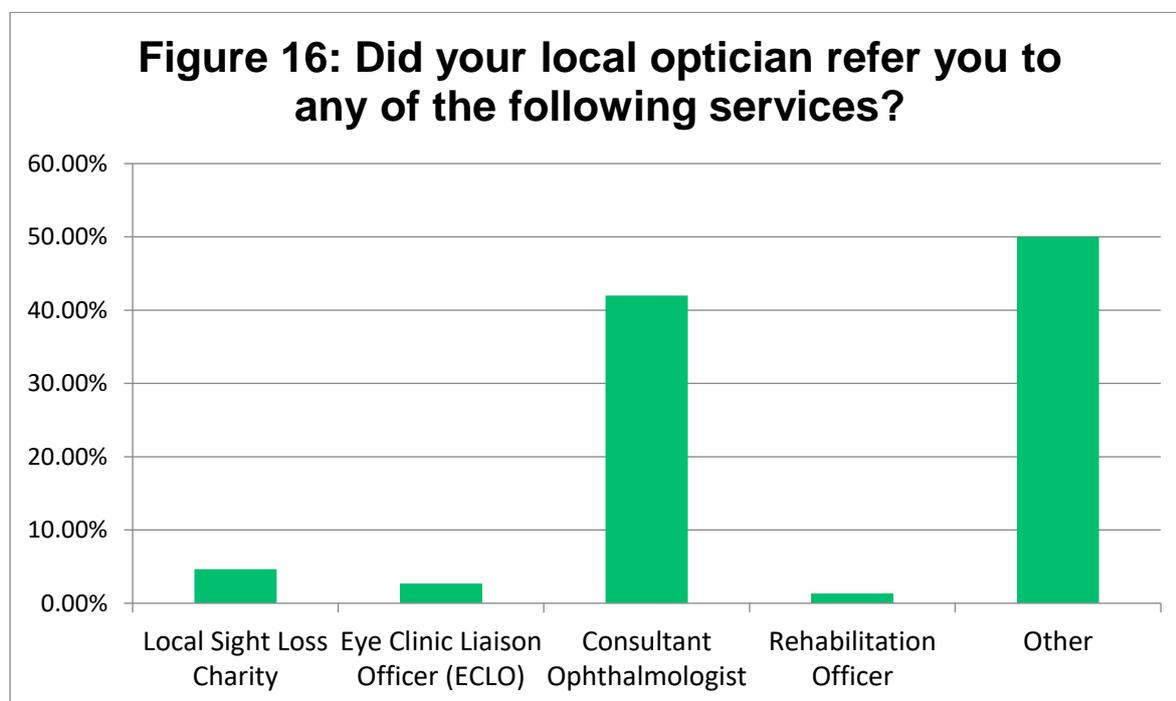


Figure 16: Did your local optician refer you to any of the following services?

- 5% to their local sight loss charity
- 3% to an ECLO
- 41% to Ophthalmology
- 1% to vision rehabilitation
- 50% said 'other'

### **Recommendation for eye health and sight loss sectors :**

It is not clear why so many participants selected other, however, one possibility is that referrals were sent to the person's GP or a low vision service, or no referral was made. The referral process to a local sight loss charity is different across the country, in terms of the information required and the referral method. There needs to be a simplified process that is quick for optometrists and opticians to complete and can be standardised across the UK. Once a person is 'in the system' additional information can be collected and at referral could be amended to include different services, meaning one referral could lead to the intervention of more than one team.

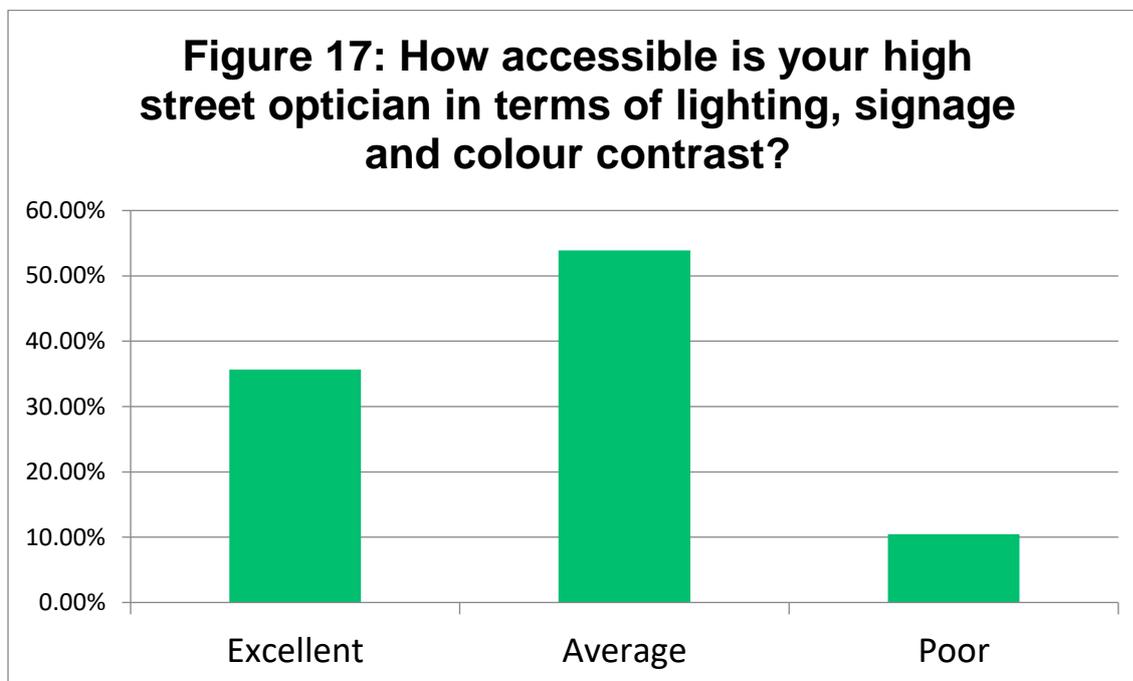


Figure 17: How accessible is your high street optician in terms of lighting, signage and colour contrast?

- 36% said it was excellent
- 54% said it was average
- 10% said it was poor

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*“Staff call names out in the waiting room seemingly unaware that VI patients may not be able to see them, where they are or where they are meant to go.”*

### **What can hospital consultant ophthalmologists do to better support you?**

This was a free text box and there were some common themes seen in the responses.

- Advice of support services or ECLO
- Take time to explain condition(s) and options
- Accessible information and appointments
- Visual impairment awareness training
- Staff need to develop and show empathy
- Signposting what support is available
- Difficulty in navigating the hospital
- Send out appointments by email (making them more accessible)
- Improve lighting, signage and information in the clinic

- Train ALL clinic staff (admin, reception, medical, etc) in what it's like to have poor vision
- Refer to ECLO early on and give out their contact details
- Treat me like a person, talk to me and then listen

### **What can opticians do better to support you?**

This was a free text box and there were some common themes seen in the responses.

- Better layout, shop design and clearer signage
- Accessible testing equipment i.e. eye charts at 1 metre
- Sighted guide training
- Take time to explain things and provide extra time
- Understand my condition
- Refer to other services – sight loss charities and support groups
- ALL staff to understand sight loss
- Provide information on conditions and help that is available
- Adapt the eye test to suit someone who is visually impaired
- Have the right equipment to test what vision remains for example larger letters
- Appointment booking needs to be easier and communicated in preferred format (digital, text, phone or large print letter)

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*“I’m regularly put in a dark room and have to ask for lights to be switched on. I have Usher syndrome and often asked to do a field vision test when they should know I’ve failed them miserably in the past. It’s an unnecessary test that I don’t need to do, they should already know this from my records. Also, to actually come and get me from the waiting room instead of shouting my name. I’m deaf-blind. Simple things to make life less stressful as it’s always an anxious time.”*

### **Part 3. Results of follow up survey**

Following the courses all delegates were sent a survey to ascertain what actions they have taken as a result of the training they received, if any.

The delegates were asked 4 questions at least 2 months after the training, bearing in mind not all delegates may have had enough time to undertake any actions as of yet.

#### **Have you referred a patient following the course?**

This was a two-part question. This first part established if the practitioner had referred anyone, or not. The second part of the question aimed to establish which services the referral had been to.

*“As a result of the training have you referred a patient to any sight loss services for support?”*

- 41% Yes
- 49% I haven't seen a patient who requires these services
- 10% No

Of those who answered 'yes' to the question, the breakdown was as shown in the table below, with an average response of 2.25 referral services per respondent.

- 66% Local sight loss charity
- 56% Low Vision Service
- 29% Eye Clinic Liaison Officer (ECLO)
- 29% Ophthalmologist for certification
- 24% Rehabilitation Worker (social services)
- 17% National sight loss charity
- 2% Habilitation worker

This data shows that professionals who have been on the course are more likely to refer a person to more than one service. This means that more help and advice is made available, leading to potentially better outcomes for the patient.

## Activities carried out following the course

- 62% Passed on knowledge of Seeing Beyond the Eyes training to other staff members
- 42% Obtained leaflets of sight loss charities
- 40% Giving patients extra time
- 35% Providing assistance to patients
- 12% Not yet
- 10% Purchased low vision aids or drop compliance aids for store
- 7% No Answer
- 5% Volunteered or visited local sight loss charity
- 1% Signed up for courses to become a low vision specialist

With only 12% of respondents selecting 'not yet' it is clear that attending the course has resulted in attendees taking positive steps to engage with low vision services, provide more aids in their practices and pass on knowledge to others.

## Utilisation of the resource pack provided at the course

At the end of each event, attendees were handed a copy of the Seeing Beyond the Eyes Resource Pack. This contains useful information about low vision services and has sections that are left for each practitioner to enter the details of local services: for example ECLO contact details.

The question asked was *“Has the resource pack you were provided following the course been utilised and missing sections completed?”*

- 50% Yes
- 29% No – I have not needed it yet
- 10% Other
- 8% Not answered
- 2% No – I have not found it useful

**Action:** Professional bodies are well placed to aid the distribution of the resource pack, or develop their own version, to all their members; this could be as a link to an online document. This would reduce the cost of distribution and if hosted online, it will be easier to keep the document live and up-to-date. In addition, professional bodies could print and distribute to all their members.

## **Outcome actions**

There are a number of recommendations for future work that can be carried out to further develop the worthwhile achievements of this project that has achieved its initial aims. These can be summarised as:

- Continue to deliver awareness training for optometrists, opticians and ophthalmologists
- Access to optometry and ophthalmology students so that low vision can be explained to them before they qualify
- Develop and deliver sight loss awareness training for non-professionals (for example, optical assistants, care and support workers, pharmacy counter staff etc)
- Seek to engage with other healthcare practitioners: for example, occupational therapists, pharmacists, GPs, community and district nurses
- Formation of a lead to facilitate a closer partnership between the sight loss and optical sectors
- Develop online and offline resources that can be customised by local sight loss charities, this will reduce duplication of work but also mean that resources have consistent content around the UK
- Local Optical Committees (LOCs) to provide practices with contact details for local support services: for example, ECLOs, rehabilitation teams, local sight loss charities, details of places that offer low vision assessments, seeing beyond the eyes resource pack etc
- Low vision practitioners need to work together to share knowledge and experiences, rather than working in isolation with little support
- Standardised referral form for optometrists and opticians to refer into vision rehabilitation and local sight loss services.
- The Seeing Beyond the Eyes resource pack had encouraging feedback, this needs to be promoted to all practitioners

## **Actions for optical practices and Professional Bodies**

Optical practices have a key role to play and many need to consider how they can best serve their patients. Some ideas suggested by blind and partially sighted patients include:

- Consider accessibility to practices and how to navigate within them: for example, obstacles, colour scheme, lighting
- Staff to undergo sight loss awareness training
- Information to be more accessible and in preferred format: for example, emails, texts, phone calls, letters in large print and options to flag these and other required adjustments within patient records system

- Provide a basic range of low vision aids as a minimum, as well as eye drop compliance aids or find out where the local low vision service is
- Be able to instruct people in how to be compliant using their eye drops
- Use of mystery shoppers to evaluate how low vision friendly the practice is and then implement an improvement plan to make simple, quick changes. Local sight loss charities can facilitate this
- Not every practice can offer low vision assessments, but every practice must have details of places locally that do offer them, whether that is another practice, a charity or the hospital
- Never assume that once a referral has been made to the hospital eye service that this is the end of their involvement. The practitioner should still discuss issues with the patient to see if they would benefit from referral to a different service
- Display sight loss services information
- Expand LOCSU low vision pathway

### **Actions for local sight loss charities**

Local sight loss charities offer a range of essential services and advice to blind and partially sighted people and their families; however, they need to build local relationships with professionals. This can be achieved in a number of ways

- Host open days and invite local practitioners, consider opening later to maximise engagement.
- Visit practices to introduce themselves, their services, contact details etc
- Have a leaflet stocked in local practices and send regular e-newsletters to local opticians
- Make sure that local practitioners are aware of where to properly refer a low vision patient for advice, support etc
- Consider rebranding charity name to reflect the spectrum of sight loss
- Ensure they work with their Local Optical Committees and Local Eye Health Networks, offering to speak or exhibit at events and ensure contact details are listed on the LOCs website.
- Seek to become part of Local Eye Health Networks (LEHN)
- Appoint a lead person to coordinate and action the above

## **Actions for the hospital eye service**

Ophthalmology in the UK provides excellent medical intervention to treat eye diseases, but for those who have permanent sight loss there is a lack of understanding and support.

- Engage with local sight loss charities
  - Provide a referral pathway to them
  - Display their literature and posters
  - Eye clinic staff to be aware of services offered locally
- Ensure ECLOs are in place
- Eye clinic staff to have sensory impairment training, to include how to guide somebody who is blind or partially sighted
- Eye clinics need to review their design, lighting, layout and colour schemes, to make them more accessible to blind and partially sighted people
- Information needs to be available in formats that make it accessible to blind and partially sighted people to include digital and large print options
- Eye clinic staff to visit their local sight loss services

## **Outside of optics**

The work of the Seeing Beyond the Eyes project has been successful with optical practitioners. There are however other groups of health and allied professionals who are likely to come into contact with blind and partially sighted people and can signpost to local services: for example, GPs, nurses, pharmacists, occupational therapists. This approach would lead to a more joined-up support service which maintains independence, participation and physical and mental health for longer. Non-optical organisations who could promote services to blind and partially sighted people include:

- Royal College of GPs
- Royal College of Nursing
- Royal Society of Medicine
- Royal College of Pharmacists
- College of Occupational Therapists

## **The need to bring the different sectors together**

It is clear from the comments left by attendees that although the optical sector has a good understanding of eye conditions, there is a lack of knowledge of what support is available and who to refer to. There must be greater links between the sight loss and optical sectors to fill this gap

which would lead to a much closer partnership that will enhance the lives of the 2 million people in the UK with sight loss. There also needs to be an ongoing, developing partnership to support our ageing population, leading to more effective support and a coherent strategy across the UK.

This will require organisations and companies to be open, inclusive and collaborative, as well as leading on the development of resources for use by optical professionals and local sight loss charities.

It cannot be stressed enough that people need to be at the heart of planning services (both practice and community based); therefore, patients need to be given a voice so that they can present their concerns and ideas in the optical sector. The use of patient groups is well documented in other fields of healthcare, so this should become the norm for the optical sector, but it requires someone to facilitate its introduction and implementation with the various sight loss organisations and optical companies.

### **Supporting the delivery of future projects**

We would like to work with more partners across the eye health and sight loss sector to further develop delivery of the Seeing Beyond the Eyes project.

There are also national events where large audiences can come together to connect with more professionals in one session:

- 100% Optical
- Optrafair
- Association of Independent Opticians conference
- Eye Care
- Optometry Tomorrow
- Hospital Optometrists Conference
- Independents Day
- PAC conference
- BCLA conference

### **Recommendation**

Optical conferences could widen their low vision content and invite low vision suppliers, sight loss organisations and professionals to encourage effective joint working. As well as providing CET, the events could also apply for CPD for professionals such as rehab workers or ophthalmic nurses.

Further promotion can be obtained through the optical press

- Dispensing Optics
- Optician
- Eye News
- AIO
- Optometry Today
- Eyes
- Vision Now

## **Conclusion**

The statistics show the project to date has made a huge impact and is achieving its overall aim of connecting the optical and sight loss sectors for the benefit of patients; the fact that 96% of eyecare professionals will now refer patients to appropriate support services, up from only 9% prior to the roadshow, demonstrates this.

The 2,200 delegates trained so far only represents 9% of the UK optical workforce so there is still much to be done; given the excellent project results since the May 2018 launch, we are confident this can be achieved.

Book your free place at a Seeing Beyond the Eyes workshop via this link <https://www.eventbrite.co.uk/o/visualise-training-and-consultancy-and-orbita-black-7994577028>

Download a free copy of the Resource Pack for Professionals at <http://www.visualisetrainingandconsultancy.com/resource-pack-health-pros/>

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