

## **UK Domiciliary Eyecare Committee**

### **Statement**

#### **Field Screening in the Domiciliary Setting**

**July 2010 [revised, August 2010]**

The Joint UK Domiciliary Eye Care Committee (DEC) has been made aware that some PCTs, LHBs and Optometric Advisers have been requesting that domiciliary providers demonstrate their access to full threshold visual field screening instruments before an additional services contract will be issued, while others have not. This has resulted in some confusion across the sector and the optical bodies have received many requests (from PCTs, LOCs and contractors) for clarification.

We consider that there is a need for an investigation with regard to the evidence that such equipment is or is not necessary in order to fully provide the service.

The DEC understands that there are a number of different field screening instruments - both electronic and manual - which are currently in use in the domiciliary setting and that there are some contractors who have no field screening equipment at all; this latter situation is obviously not to be condoned lightly.

Anecdotal evidence from providers of domiciliary sight testing services (that we have questioned) suggests that there are very few patients who are able to comply with a full electronic visual field screening for reasons of physical or mental incapacity. It is recognised that this in itself is not a sufficient reason to suggest at this time that such VFAs (visual field analysers) should not be available for those few patients who may be able to comply with screening.

Our aim is to look at the level of risk to patient safety as a whole that follows from a contractor not having access to an electronic VFA, and we intend to do this in an evidence based manner, resulting in a recommendation of the minimum acceptable level of equipment that domiciliary practitioners should have available. This evidence based recommendation can then be used by contractors and PCTs alike to allow uniformity of equipment levels in all areas regardless of the number of patients serviced by the contractor.

To fill the evidence gap, the optical bodies are undertaking a survey of domiciliary providers to determine which types of visual field screeners are in general use and indeed how many providers do not possess a VFA of any type. In addition, they have asked a range of national and independent domiciliary providers to participate in an audit of patients tested in their own home or a care home, focusing on the optometrists' records of the type of visual screening tests performed, which will include the optometrists' views on the reliability of the results and the patient's ability to undertake the test (with particular regard to their mental and physical capacity).

The optical bodies would then like to commission an academic study (subject to funding be obtained) – possibly in conjunction with PCTs – to determine which instruments are most appropriate for use in the domiciliary environment with the housebound patient, so that visual field screenings may be performed on the maximum number of individuals with reliable and repeatable results. Following this, a recommendation about the minimum acceptable level of equipment can be made.

Until this information is available the DEC is of the view that the safest requirement for domiciliary patients is for all mobile providers to ensure that a portable means for testing visual fields, either manual or electronic is routinely available (in addition to confrontation targets) for all patients.

For the attention of PCTs, LHBS and AHBs.

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