





Promoting eye health and maximising independence for all

CODE OF PRACTICE for Domiciliary Eyecare

Domiciliary eye examinations

Regular sight tests are important for everyone to ensure they benefit from optimal vision for daily living and to prevent avoidable sight loss. These should be at an interval advised by their optometrist unless the patient is experiencing problems. Eye problems can develop rapidly and patients and carers should particularly look out for symptoms and should always seek professional help when necessary.

NHS entitlement and preparation

- NHS domiciliary sight tests are provided on request to those who cannot access community optical practices unaccompanied due to a mental or physical disability and who would be ordinarily entitled to an NHS sight test.
- Providers will establish the patient's eligibility for an NHS domiciliary examination and optical voucher (if applicable) and will note the reasons in the patient record.
- Private domiciliary sight tests may be provided to those who request them. To ensure this is in the patient's best interests, providers will make clear if having a private sight test will mean that the patient loses entitlement to NHS benefits.
- Providers will advise patients when their next sight test is due. Providers will only contact care homes to arrange a sight test for a patient if there has been a specific request by or on behalf of the patient
- Providers will respect the right of each patient to choose a provider for both clinical services and optical appliances.
- Each patient will be treated as an individual and providers will conduct sight tests in such a way as to protect the privacy and dignity of the patient at all times.
- Practitioners will also be mindful of the Equality Act 2010 and the Mental Capacity Act 2005 when testing.
- Practitioners will assess each patient's competence to make a decision and, where a patient is unable to make a decision, providers will seek, where possible, consent from the patient's next of kin or primary carer regarding any decisions

- Sight testing will be conducted in the most appropriate location and circumstances for the patient.
- Providers will make clear in advance the likely cost of any spectacles, contact lenses or low vision aids.
- Providers will make clear the specific cost of any spectacles, contact lenses or low vision aids before an order is placed.

Eye examination

- Providers will provide a sight test that is in accordance with the patient's individual needs, the regulations and the duties of care and of the optometrist towards the patient.
- Where the environment or the physical and mental (or cognitive) impairments of the patient make it impossible to include the full range of procedures that would normally be done for the patient, the reasons for this will be noted in the patient record.
- Providers will comply with the guidelines of the College of Optometrists and the Association of British Dispensing Opticians to determine what is in the patient's best interests.

Continuing care

- The first duty of optometrists and providers is to the patient, their eye health, vision and well-being.
- Providers will therefore ensure that any follow-up care required or requested is provided efficiently and professionally.
- Providers will ensure that any spectacles dispensed are fitted individually to the patient and any tolerance problems are addressed by appropriately trained staff.
- If the patient opts to be cared for by another provider, and the patient or their authorised representative consents to the transfer of information, the previous provider will make available relevant information (e.g. spectacle prescription and date of last sight test) to the new provider.
- Providers will make clear in advance whether care will be provided free of charge under the NHS or at a cost to the patient.

Communication

- Providers will ensure that all staff understand and have the necessary skills for effective communication with domiciliary patients, particularly those with cognitive impairment.
- Communication (including written communication) will normally be with the patient throughout their care.
- Providers will respect patient confidentiality and will seek the patient's agreement, if the patient is capable of this, before discussing any aspect of their care with others.
- If the patient lacks the capacity to understand, providers will leave information in confidence summarising the outcome of the sight test with the patient's relative, primary carer or the care home. This will enable them to support the patient and intervene in their care if necessary.

Service standards

- Providers will provide high quality, personalised and professional eye care and optical services.
- All practitioners will carry identification and show it on request. Practitioners will make themselves known to each individual patient/carer (as appropriate).
- Providers will comply with the Equality Act when supplying domiciliary services.
- Providers will ensure that all staff providing domiciliary care are trained in and practise proactive infection control (eg hand and equipment cleansing, appropriate dress).
- Providers will ensure that all staff providing domiciliary care are cognisant of the Optical Confederation's safeguarding guidance and know what to do in cases of concern.
- Providers will give the patient the provider's contact details at the end of the appointment. This may be in the form of a standard leaflet.

Probity

- Providers are committed to the highest standards of probity.
- Providers will not offer or supply optical services including sight testing services, optometric products or other inducements (including any services or products) to third parties including the owners and staff of care homes, in order to gain or retain

domiciliary business. This will not prevent legitimate advertising consistent with the regulations or generalised guidance to all care homes.

- Providers are not permitted to enter into agreements with care homes or care home chains which restrict in any way the patient's or their next of kin's choice of provider.
- Providers will not compete in other ways that are inappropriate and will not comply with care homes or care home chains who seek such advantages to enable the provision of eye care services.
- It is accepted that care home managers may have providers which they know and trust but these providers should only be invited to visit a patient once it is ascertained that the patient or their relatives have no preference and where this is in the patient's best interests.

When providing NHS sight tests providers will comply with the NHS requirements and regulations of the relevant UK country.

Complaints

All complaints should be addressed to the provider in the first instance.

- For consumer complaints contact the Optical Consumer Complaints Service (OCCS) Tel: 0844 800 5071 Email: postbox@opticalcomplaints.co.uk
- If the complaint relates to any NHS service contact: NHS England customer contact centre on 0300 311 2233.

NHS Direct Wales 0300 321 3211 NHS National Services Scotland 0131 275 6000 Northern Ireland Health and Social Care Board 028 9032 1313

- For complaints about the professional conduct of an optometrist or dispensing optician contact the General Optical Council Tel: 020 7580 3898
 Email: goc@optical.org
- Complaints about the conduct of a provider can also be raised in confidence with the Domiciliary Eyecare Independent Adjudicator Service Optical Confederation Tel: 020 7298 5151 E-mail: domiciliary@opticalconfederation.org.uk

Useful information

General guidance on domiciliary sight tests is available in the leaflet *Sight Tests at Home* **www.opticalconfederation.org.uk/domiciliary**

Guidance on preparing for a sight test is available on the SeeAbility website which can easily be adapted for domiciliary patients **www.seeability.org**

Further guidance on NHS notification and claims is available in the Optical Confederation documents *Making Accurate Claims* www.opticalconfederation.org.uk/downloads/guidance/making-claims-in-england-web.pdf

This Code was produced by the Optical Confederation Domiciliary Eyecare Committee, July 2014.