

Aiding Vision; Making the Most of Optical Aids Webinar Q&A responses by Gaynor Whitehouse

1. After initial assessment and supply how often would you review a patient for their low vision needs?

Reviews depend on the individual. If a first time patient, I would review in 3 months if existing then possibly 12 months

2. Are these charities and groups still running during this pandemic?

During lockdown 1.0 we had to stop all face to face activity. We moved to online groups and as lockdown eased we were able to introduce activities like walking groups etc. For Low Vision appointments we moved to remote working then introduced face to face as and when guidance allowed.

3. As a professional what's the best advice you can give to someone who's going to be diagnosed as severely impaired or sight impaired?

Giving them the benefits of how the registration can work for your patient. Many patients do not understand the process so explaining can be hugely beneficial and increase their knowledge.

4. Can a DO advise directly if a patient should not be driving?

You can explain the driving standards to a patient and advise accordingly.

Information on UK driving standards can be found at:

<https://www.gov.uk/driving-eyesight-rules#:~:text=You%20must%20have%20a%20visual,dioptr%2C%20or%20with%20contact%20lenses>

The GOC have published new guidance on disclosing confidential information, which is to be used in conjunction with the Standards of Practice. The guidance and an associated flowchart 'What to do if a patient's vision may not be fit to drive' is available at: <https://standards.optical.org/disclosingconfidential-information/>

The GOC Standards of Practice are available at: <https://standards.optical.org/the-standards/optometrists-and-dispensing-opticians/>

5. Can we give details for focus to patients so they can contact directly or do they need referral?

We have an open referral system so as long as they are registered with a Birmingham GP/pay council tax to Birmingham they can access our services. www.focusbirmingham.org.uk

6. Can you advise on or dispense LVAs without a low vision qualification?

Yes, this is a core competency for a qualified dispensing optician. Please refer to the CET Competencies for Dispensing Opticians 2016, Unit 6 Low Vision for more information, available at:

<https://www.optical.org/en/Education/CET/cet-requirements-for-registrants.cfm>

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7. Does an optometrist have to refer to hospital services or are there times a dispensing optician can?

This would depend on the situation and the local protocols in the area you are working in. Please refer to the CET Competencies for Dispensing Opticians 2016, Unit 6 Low Vision for more information, available at: <https://www.optical.org/en/Education/CET/cet-requirements-for-registrants.cfm>

8. Hi there, I was once told by an optom I worked with that a patient we had just diagnosed with AMD, when I found her local Low vision centre for her an gave her info, that I had over stepped my role. Her father went blind with the condition. I, a DO, what is your opinion of this and would you recommend giving mental health support via low vision centre as soon as they are diagnosed please.

You were correct to advise your patient where to access the services. I would agree that referral for counselling needs to be done as early as possible to help and support the patient in the best way possible. Please refer to the CET Competencies for Dispensing Opticians 2016, Unit 6 Low Vision for more information, available at: <https://www.optical.org/en/Education/CET/cet-requirements-for-registrants.cfm>

9. How easy is it to refer someone to the hospital for further help given the COVID situation

This will depend on the area you are working in and the relevant tier system/restrictions in place. I would check with your local Ophthalmology department for exact guidance.

10. I find magnifiers a bit confusing, and don't feel that confident in giving advice on them - how to know where to tell Px to hold the magnifier, which specs they should wear, and nominal/trade magnification...I worry about getting it wrong.

You can work out where to hold them by calculating the working distance of the magnifier. Eg 1/dioptric power of the magnifier. Normally for stand magnifiers we would advise the patient to wear their reading glasses. However, as with all things in practice this may differ in a real life scenario.

Response from ABDO CPD: Thank you for taking part in this webinar which is a positive step towards gaining confidence and providing advice to your patients in the area of low vision. ABDO CPD regularly provide education, including CET, in the area of low vision and I would recommend keeping an eye out for articles in Dispensing Optics and online sessions on the ABDO website events page.

Additionally, other CET providers may cover the area of low vision. The reference and guidance list provided for the Aiding Vision – Making the Most of Optical Appliances webinar may be a useful starting point for independent research in

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low vision and should help you locate other resources than may be useful in expanding your knowledge and understanding.

11. If my practice doesn't provide low vision aids how do I fill my competency in my portfolio? Can referral count or do I go to a clinic?

Response from ABDO CPD: The ABDO Examination team can provide information to support students, including in relation to portfolio completion. Contact Mark Chandler, Head of Examinations and Registration for further information: mchandler@abdo.org.uk

12. Is it still the case not to recommend energy saving bulbs as they take a while to light up?

The new bulbs do light up much quicker now and we would always advise daylight lamps

13. Is there a NVA category for low vision?

The World Health Organisation present the International Classification of Diseases 11 (2018) definition of near presenting vision impairment as: Presenting near visual acuity worse than N6 or M.08 with existing correction. Further information can be found at: <https://www.who.int/news-room/fact-sheets/detail/blindness-and-visual-impairment>

Information regarding criteria for certification as severely sight impaired or sight impaired in the UK can be found at: <https://www.rnib.org.uk/eye-health/registering-your-sight-loss/criteria-certification>

14. LV Pxs need a regular point of contact and regular sight tests, I get the feeling from comments by patients that many optoms dismiss LV Pxs with "there's nothing I can do full-stop" we like to see them regularly and chat to them so that we help with updates.

Even if glasses will not help your patient, they still need regular sight tests especially if they have been discharged from the Hospital Eye Service. I would encourage Optoms to screen Low Vision patients as a matter of course.

15. The stand magnifiers you showed you quoted in dioptres and not magnification, why was they?

I use dioptric power due to the use of trade and nominal magnification. This can be confusing so I use dioptric power alongside magnification.

16. We sell lamps is this a common scenario?

It is not that common within High Street Optometry but I think it is an excellent idea.

17. What other questions/tests do you do in your initial assessments?

The initial assessment must focus on the need of the patient. What is important for them to be able to do so they can live confidently and safely. The answers will differ for each patient.

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18. Where can we get the calendars?

RNIB Online shop

19. Which are your most preferred suppliers off daily living aids?

We use RNIB, Optima, Edward Marcus

20. Which specs and working distance is best for using magnifiers?

For stand magnifiers you should encourage the use of reading spectacles.

21. Would this Px be likely to struggle with ret image size if 6/60 and 6/30 when using magnifiers?

It is possible they might. Would depend on the age of the patient. You could consider occluding the 6/60 eye and try to see if this improves the vision.

22. Does ABDO still sell the Harsant reading set?

No, these have now been discontinued. There are alternatives on the market if required.

Other comments

- Also reduce resolution on a Windows computer
- You could use specs with increased Add
- Leave chair where it is and move the TV closer!
- LV Pxs need a regular point of contact and regular sight tests, I get the feeling from comments by patients that many optoms dismiss LV Pxs with "there's nothing I can do full-stop" we like to see them regularly and chat to them so that we help with updates.
- Try to involve relatives in conversation; 2 heads are better than one"
- Associated optical sell the LED table anglepoise
- Use LED not CFL anticipate Lumens not equivalence. I think brightness is more important than full spectrum unless colour matching