

Appendix C of the UK Vision Strategy 2013

Adult UK sight loss pathway



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Preface

The Adult UK sight loss pathway offers commissioners and practitioners a unique tool to enable people with sight loss to get the right support at the right time and from the right person. It clarifies the pathway across health and social care and so enables better partnership working and a smooth transition for the person with sight loss.

This pathway has been approved by the Strategic Advisory Group of the UK Vision Strategy and we urge local authorities, GPs, Optometrists, Ophthalmologists and all eye health professionals to work together to implement it fully.

Introduction

The Adult UK sight loss pathway is a process map describing how the principles of best-practice can be applied to service delivery for adults with sight loss so that they can enjoy:

- Early interventions to address their presenting needs, as a right.
- Visual impairment rehabilitation as an early intervention, delivered by specialist, qualified professionals.
- Interventions that help them maximise their functional vision.
- Community Care Assessment of eligibility for adult social care, only if they still have un-met needs after receiving early intervention services.

This document explains the Adult UK sight loss pathway and the framework of skills required to deliver it.

Delivering the Adult UK sight loss pathway contributes to achieving 'Seeing it my way' outcomes for blind and partially sighted people. These outcomes underpin the UK Vision Strategy, uniting the sector to ensure that every person who experiences sight loss can benefit from improved eye health and eye care services.

The Seeing it my way outcomes are:

- 1:** That I understand my eye condition and the registration process.
- 2:** That I have someone to talk to.
- 3:** That I can look after myself, my health, my home and my family.
- 4:** That I receive statutory benefits and information and support that I need.
- 5:** That I can make the best use of the sight I have.
- 6:** That I can access information making the most of the advantages that technology brings.
- 7:** That I can get out and about.
- 8:** That I have the tools, skills and confidence to communicate.
- 9:** That I have equal access to education and life long learning.
- 10:** That I can work and volunteer.

Guidance notes

1. The following structure chart is based on the principles of good practice to promote independence and autonomy for adults with sight loss. There is therefore an emphasis on early intervention and a clear pathway to ensure that services are well coordinated across health and social care.
2. It is a pathway for any adult who experiences sight loss, whether through a diagnosed eye condition or as a secondary factor (due to stroke, dementia or head injury for instance). Thus it is referred to as a **sight loss pathway**, not an eye care pathway.
3. The pathway is designed to ensure seamless transition from NHS diagnosis and interventions, through emotional support, information, reablement (visual impairment rehabilitation), maximising residual vision, and other social care supports, to full autonomy, independence, health and wellbeing.
4. The policy framework, systems, structures, and shape of services across the four countries of the UK vary considerably but the basic principles of early intervention to address presenting needs, followed by community care assessment of any outstanding needs to determine eligibility for services should always apply.
5. In practice, the pathway for people with sight loss varies considerably, not just across the four countries but also across different local authorities in the UK. The aim of this pathway is to promote a unified best practice response:
 - It is not a fixed model for delivery and it is not set in stone.
 - It only appears linear as a way of representing it easily. Actual practice will vary and flexibility is vital.
 - People may join the pathway at different points and may be referred back to an earlier stage at any point.
 - There may be several different entry points or referral routes into the pathway depending on circumstance – via Certificate of Vision Impairment (CVI) or Certification of Blindness or Defective Vision (BP1) in Scotland, specialist clinics (stroke, falls etc), GPs, Optometrists and so on.
 - The pathway represents best principles but should not be seen as prescriptive.
 - In the same way, the pathway does not dictate specific models for service delivery, such as Eye Clinic Liaison Officer (ECLO) because models across the country may vary whilst aiming to deliver the same outcomes.
 - The final process (social care supports) ceases to follow a clear pathway because it develops according to the choices and needs of the person. Thus it is only represented as one line of the process map, although in reality it may be very complex.

6. The Adult UK sight loss pathway also represents the ideal process map to underpin the set of outcomes developed by blind and partially sighted people – **Seeing it my way**.
7. The referral mechanisms of Certificate of Vision Impairment (CVI) or Certification of Blindness or Defective Vision (BP1), Referral of a Vision Impaired Patient (RVI) and Low Vision Leaflet (LVL) are used to different degrees across the UK but the only route to registration is the Certificate of Vision Impairment (CVI), or in Scotland the Certification of Blindness or Defective Vision (BP1).
8. At any stage people may be referred or signposted on to statutory or voluntary, local or national, social care services, as appropriate to their needs.
9. The critical factor of success and effectiveness for the visual impairment assessment and rehabilitation interventions is that they should be conducted by a **specialist, qualified professional**. The accompanying framework clarifies what this means in practice.
10. The framework does not go into extensive detail about the tasks carried out by any professionals because it seeks to give an overview, not an exhaustive catalogue.
11. In some parts of the UK the Rehabilitation professional is required to carry out the full Community Care Assessment, although this is not usually part of this specialist role.
12. It should be noted that no comparable provisions to Part 2 of the Welfare Reform Act 2009: Disabled People Right to Control Provision of Services, have been enacted in Northern Ireland.
13. In Scotland integrated sensory services are already in place or are being developed across the country.
14. Registration in Scotland is currently under review.



The Adult UK sight loss pathway

Processes

Referral

GP, acute hospital services, or self-referral

Optometrist, Optician or Low vision service

Systems and Structures

Ophthalmologist
Certificate of Vision Impairment (CVI) or Certification of Blindness or Defective Vision (BP1)(Scotland)

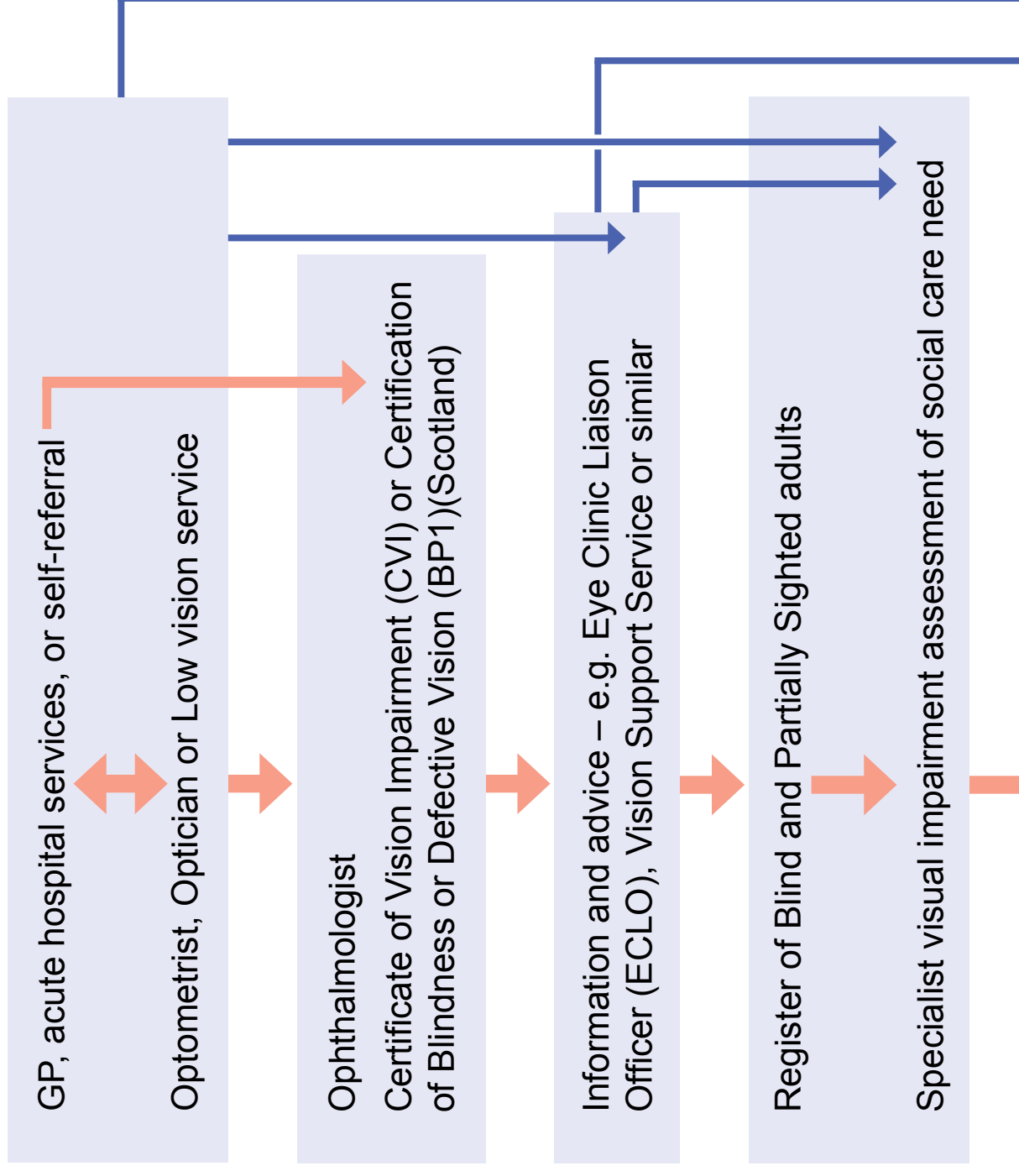
Early Intervention (Advice, information and emotional support)

Information and advice – e.g. Eye Clinic Liaison Officer (ECLO), Vision Support Service or similar

Registration and Assessment (Statutory Requirements)

Register of Blind and Partially Sighted adults

Specialist visual impairment assessment of social care need



Early Intervention (Reablement)

Visual Impairment Rehabilitation programme

Assessment of eligible need

Community Care Assessment

Eligible

Not Eligible

Social care supports

Community based
social care supports
(statutory funding)

Community based
services
(no statutory funding)

Independent living with full choice and control

Framework of the Adult UK sight loss pathway for achieving independent living outcomes

(This framework underpins the outcomes of the Seeing it my way framework)

Processes	Professionals involved	Qualification	Health and Social Care interventions	
			Core activity undertaken	Other practitioners with specialist skills for further interventions
Referral and diagnosis	Ophthalmologist	Core competence and part of standard qualification	Undertake vision and eye health screening and assessment Treatment of eye conditions Low vision assessment Referral	Other professionals within low vision service
	Optometrist	Core competence and part of standard qualification; higher qualification in low vision is also available; accreditation in Wales and some other areas		
	Orthoptist	Core competence and part of standard qualification; higher qualification in low vision is also available; accreditation in Wales and some other areas		
	Ophthalmic Nurse	Diploma in low vision		
	Dispensing optician	Core competence and part of standard qualification; higher qualification in low vision available; accreditation in Wales and some other areas		

<p>Early intervention (advice and information)</p>	<p>Eye Clinic Liaison Officer (ECLO), Hospital Information Officer, Vision support service or similar</p>	<p>Certificate in Eye Clinic Support Studies</p>	<p>Emotional support Information about eye condition Information about sight loss pathway Assist with certification process Explain benefits of registration Referrals to statutory and voluntary sector services Signposting to local and national support services</p>	<p>Counsellors Befrienders Other community based social care agencies and voluntary sector agencies</p>
<p>Referral from Health to Social Care</p>	<p>Register Officer, front line duty staff</p>	<p>Minimum requirement for specialist knowledge of visual impairment, sight loss pathway and registration process</p>	<p>Take referral Explain benefits of registration Invite registration Refer on for entry onto register data base and for visual impairment assessment of need</p>	

Health and Social Care interventions		Qualification	Professionals involved	Processes
Core activity undertaken	Other practitioners with specialist skills for further interventions			
<p>Visual impairment assessment of presenting need – Functional vision and eye health screening and assessment</p> <p>Further emotional support</p> <p>More detailed information about eye condition</p> <p>Teaching core orientation and mobility skills and techniques</p> <p>Teaching communication skills:</p> <ul style="list-style-type: none"> • Use of assistive technology • Braille 	<p>Mobility intervention (e.g. guide dog, or My Guide scheme)</p> <p>Access technology trainers</p> <p>Other professionals within low vision service</p> <p>Rehabilitation worker assistants</p> <p>Occupational Therapist trained to work with people with sight loss</p> <p>Dual sensory and complex needs specialists (e.g. Guide Communicators)</p> <p>Education and lifelong learning specialists</p> <p>Vocational specialists</p> <p>Community based support services (e.g. social groups)</p>	<p>Diploma in visual impairment rehabilitation, or equivalent</p>	<p>Rehabilitation Officer for Visual Impairment</p>	<p>Registration, assessment and early intervention (reablement)</p>

<p>Registration, assessment and early intervention (reablement)</p>	<p>Rehabilitation Officer for Visual Impairment</p>	<p>Diploma in visual impairment rehabilitation, or equivalent</p>	<p>Teaching and enabling independent living skills</p> <p>Low vision assessment (possibly delivered by, or in tandem with low vision therapist, optometrist or optician)</p> <p>Interventions to maximise use of residual vision</p> <p>Referrals to statutory and voluntary sector services</p> <p>Signposting to local and national support services</p>	
<p>Assessment of eligible need</p>	<p>Social workers (Note: This process may in some areas be conducted by Rehabilitation Officers)</p>	<p>Social work diploma or degree, or equivalent</p>	<p>Community care assessment of eligible need</p> <p>Resource allocation</p> <p>Care management</p>	<p>Community based social care workers and supports (including private and voluntary sector social care providers)</p>

This Adult UK sight loss pathway document has been produced by the UK Vision Strategy 'Future of Rehabilitation' Group, which aims to ensure that every person who experiences sight loss can benefit from the provision of early access to a nationally agreed pathway promoting independence, choice and control over their lifestyle.

www.vision2020uk.org.uk/UKVisionstrategy

