

Providing Opticians Services to Homeless People in your area

Vision Care for Homeless People

Rationale

- Homelessness continues to rise.
- Homeless people often need glasses in order to find accommodation, obtain or retain employment and to undertake their normal everyday activities. Restoring vision may be an important step for homeless people to take back control of their lives.
- Between 14% and 30% of homeless people have never had an eye test, despite the most common age group being 40 - 49. Some 60% have left having an eye test for too long.
- Homeless people show a higher level of eye pathology than average.
- Across VCHP's clinics only a third of homeless people are eligible for NHS opticians services at the point of service. There is a variety of reasons why, despite being destitute, they do not qualify.
- People who are homeless face significant barriers to getting the eye care they need.
- One finding from VCHP's recent research was a strong association between whether a homeless person had been to a VCHP clinic and their eye test being in date. This suggests that homeless people engage significantly better with targeted eye care services provided specifically for their needs.

Options

There are (at least) three methods of addressing the situation in a local area.

High Street Opticians Provide Service

- Encourage local opticians to team together as volunteers and provide regular or one-off pop-up clinics giving eye tests and glasses to homeless clients, irrespective of their NHS eligibility. They may work with a local hostel or homeless day centre to set up a pop-up clinic or use their own premises for a twilight session with the day centre bringing in their clients on a particular day.
- VCHP promoted this idea through its "Christmas Spectacle" campaign and several local groups of volunteers used the handbook and framework provided to set up pop-up clinics in areas such as Cardiff and Manchester.
- Vision Care for Homeless People has for years been drawing the serious health inequality within the system to the attention of both NHS England and Opticians. Many local Opticians will understand the problems faced by homeless people and may help.
- **Advantage:** Can encourage inclusion and progression of patients to mainstream services.
- **Advantage:** Cost is shared widely.
- **Disadvantage:** some homeless people need services where they are.

Contracting Domiciliary Provider

- Contract domiciliary provider(s) to visit homeless day centres and hostels.
- The LEHN in Cheshire and Merseyside has done this, as has Wessex. The Local Area Team commissioned the service direct. The contractor claimed the normal Additional Services GOS contract rates for eligible patients, but was, in addition, reimbursed by the Health Authority for all the remaining patients receiving the service at the same rate.
- VCHP piloted a travelling service visiting day centres where there was clear need. However, the 3-week notification rules and additional eligibility requirement under NHS domiciliary services contract, resulted in only 7% of patients actually being eligible for government support.

- You would need to find some money within local NHS, or another source of funding, to achieve this as the amount of money that can be claimed under GOS contract will be small.
- The Cheshire and Merseyside trial saw 249 patients over six months at cost of £24k or £100 per patient. This represented 0.18% of their overall GOS budget for 2015-16. Assuming 35% of the patients would have been NHS eligible at the point of service, for whom the service simply facilitated access to an existing entitlement, then additional cost to the NHS was £16k.
- **Advantage:** being able to contract occasionally and when funds available.
- **Advantage:** Relatively straightforward to set up and match need and supply.
- **Disadvantage:** no continuity of access unless service remains funded. Less diagnostic equipment available.
- An alternative to this model, also previously tried by VCHP, may be achieved with the support of the local NHS Area Team. First, have all the additional equipment required for the GOS Mandatory Services Contract (slit lamp and field screener) in portable form, together with all the other contract compliance requirements met such as clinical sink. Transport and set up the clinic for each location to be visited, be inspected and obtain the contract. There is no requirement for the equipment to be in situ permanently. There is precedent for running a mandatory Services GOS contract from a van.

Open a Branch of Vision Care for Homeless People

- **Vision Care for Homeless People** operates weekly free of charge clinics located in homeless persons day centres – in London, Birmingham, Brighton, Manchester, Exeter and Leeds.
- The charity holds a mandatory services GOS contract for each clinic. However, as only a third of homeless are eligible for NHS funding, the charity makes up the difference by using volunteers, through gifts in kind and with charitable donations.
- Each local branch is overseen by a voluntary Lead Team who represent the local clinic. The lead team meets 4 to 6 times a year and members run and manage activities between meetings. The Team is responsible for governance of the clinic, volunteer support, outreach to promote the service to homeless people and local promotion and fundraising.
- Volunteer Optometrists, DOs and lay clinic assistants provide the opticians service each week.
- The Charity provides full support in setting up and running the clinic as well as rotoring, supplies, finance, volunteer recruitment and vetting, insurance and NHS contract management.
- The charity draws in donations of equipment, supplies and services in-kind, such as glazing costs.
- After volunteering, free venue and gifts in kind, total cash required per patient is about £50 once the clinic is established.
- Lead team has targets for local fundraising:
 - Start-up costs include fitting out a clinic. The optical industry will usually help out; nevertheless the cost to start a clinic ranges between £5,000 and £8,000.
 - Local branches are targeted to raise between £5,000 and £7,000 on-going per year towards running and central support costs, assisted by central fundraising efforts.
- **Success factors** include:
 - Local champions who can put in time and effort. Project manager to set up the clinic. Chair to establish and lead the branch.
 - Suitable venue with high turnover of people who are homeless.
- **Advantage:** Tried and tested model with full support from charity.
- **Advantage:** Focus for charitable and volunteer effort.
- **Disadvantage:** Only one location where patient numbers may prove insufficient.