

Summer Peer Review



CONTINUING
EDUCATION & TRAINING

Patient 1: Overseas Contact Lens Wearer

Px 1: This patient is a 63 year old from Hungary who is visiting family in the UK and will be here for 6 months. The patient is a contact lens wearer and wishes to purchase contact lenses. The patient doesn't have a valid CL specification but has brought in the boxes of his current lenses, which are Focus Dailies All Day Comfort. He sees them on the shelf in the CL cupboard and notices his prescription is in stock. His last eye test was 4 years ago in Hungary.

The patient is unhappy that he cannot buy them over the counter as he is able to in Hungary, and is advised he will need a sight test and contact lens fitting. The patient is told that he must also pay for his eye test as he is not a UK resident. After conducting an eye examination and contact lens fitting the patient is advised that due to his dry eyes Focus Dailies are not suitable and a recommendation for Dailies Total One is made. The patient is unhappy that he is not able to wear the lenses he currently wears and feels his time has been wasted so wants to make a complaint.



Discussion Points:

- Was the correct advice given with regards to the patient not being eligible for an NHS eye test?
- How could the complaint be avoided in this situation?
- Is the lens recommendation suitable for this patient? What other options could there be?



- Was the correct advice given with regards to the patient not being eligible for an NHS eye test?

England & Wales:

According to the Making Accurate claims guide you should apply the same eligibility criteria to an overseas visitor as you would to a UK resident - depending on their circumstances and length of their stay. You should record the address they are staying at on the relevant GOS form. If in doubt you should contact the NHS England Area Team.

Scotland:

Now this is where things differ slightly. According to the Making Accurate Claims Scotland guide:

“Only patients who are ordinarily resident in the UK, or exempt from NHS charges under the NHS (Charges to Overseas Visitors) (Scotland) Regulations 1989, are eligible for an eye examination free of charge under GOS. Persons not ordinarily resident in the UK who are exempt from NHS charges include citizens of a member state of the European Economic Area or a country with which the UK has reciprocal arrangements regarding health care – but only if the need for treatment arose during their visit. For example they may present with an eye injury or infection. If a person is not entitled to exemption from NHS charges under the regulations mentioned above, optometrists or OMPs may wish to provide a private eye examination and charge accordingly.”

- **How could the complaint be avoided in this situation?**

- **Is the lens recommendation suitable for this patient?
What other options could there be?**

Patient 2: Paediatric with additional needs

This is a 6 year old patient with Downs syndrome. This is their first eye test full eye test since previously being seen at the HES 2 years ago.

The patient requires full time correction.

Discussion Points:

- **What kind of visual problems and refractive errors are prevalent among children with Downs syndrome?**
- **How would you measure acuity for distance and how would this compare to their near acuity?**
- **How often should the patient attend a regular eye test?**
- **What kind of facial characteristics need to be considered and how will this affect the dispense?**
- **What kind of optical appliance would be recommended?**

What kind of visual problems and refractive errors are prevalent among children with Downs syndrome?

- Congenital Cataracts, Nystagmus, Strabismus**
- Refractive errors more common than amongst other children but accommodation is significantly reduced**
- Tear Duct Abnormalities - leading to frequent tearing and discharge**

- How would you measure acuity for distance and how would this compare to their near acuity?

- Acuity can be measured by letter charts, letter matching, picture/symbol naming or matching, or by Preferential Looking tests (e.g. Cardiff Acuity Test), depending on the child's age and ability.

- Since children with Down's syndrome are at relatively high risk of ocular defects (such as cataract, nystagmus), some will have reduced acuity and may even be registered as partially-sighted. However, our research findings show that all children with Down's syndrome have below-normal acuity, even in the absence of ocular anomalies and with refractive errors fully corrected.

-Since accommodation is inaccurate in many children with Down's syndrome, resulting in blurred near vision, near acuity may be poorer than distance acuity and should always be tested.

- How often should the patient attend a regular eye test?

Under 2 years old:

Three to six monthly intervals

2 - 5 years old:

Six monthly intervals

5 years and older:

Yearly intervals (if refractive error has stabilised)

- What kind of facial characteristics need to be considered and how will this affect the dispense?

- **A flattened face, especially the bridge of the nose.**
- **Almond-shaped eyes that slant up..**
- **Small ears.**

- **Viewing position - usually looking up**
- **Curl sides/sports band to keep frame in place**
- **Lower crest height, pads on arms to allow for more adjustment**

- What kind of optical appliance would be recommended?

- **Suitable frame that considers facial features**
- **Low crest height or pads on arms**
- **Bifocals to aid accommodation**
- **Seg positioned high to encourage use**
- **Depending on age of patient - silicone frame for babies**

Patient 3. Low Vision Patient

Px 3: Is an elderly lady who has come into practice with her daughter as she has recently noticed the vision in her Left eye has rapidly decreased. . The patient is a heavy smoker and lives alone, although she often spends time visiting friends locally on the bus. She enjoys knitting and reading. Vision has slowly deteriorated in RE over the last few years. Px has not had an eye test for 5 years.

She noticed the symptoms 1 week ago but as her daughter lives 30 miles away she was unable to get a lift to come in for an examination sooner.



Discussion Points:

- Potential diagnosis and management plan
- What impact could this condition have on the day to day life of this patient? What day to day tasks may become more difficult and what hazards may occur?
- What anxieties and fears may a low vision person have?
- What advice would you give to the patient and family about coping with low vision and what kind of advice could you give about low vision aids and adaptations that the patient can make around the home?

- Potential diagnosis and management plan

RE: Dry AMD

LE: Wet AMD

Urgent Referral to HES for LE for treatment - anti VEGF injections

Monitor and give px Amsler grid

Referral to Low Vision support groups such as RNIB and local low vision charities

- What impact could this condition have on the day to day life of this patient? What day to day tasks may become more difficult and what hazards may occur?

Examples include:

- Loss of central vision
- Poor contrast and depth perception
- Near visual tasks become increasingly difficult
- Trip hazards
- Difficulty when preparing food etc could cause potential cuts and injuries
- Isolation due to inability to drive

- What anxieties and fears may a low vision person have?

Examples Include:

- Isolation due to loss of ability to drive or fear of using public transport with low vision
- Fear of being a burden to family and support group
- Fear or condition worsening and becoming “blind”
- Lack of privacy if family members having to read post, bank statements etc
- Charles Bonnet Syndrome - lack of understanding of the condition may lead to patient being worried about seeing objects are not there and also worried about telling family members incase they suspect patient is suffering from Dementia

- What advice would you give to the patient and family about coping with low vision and what kind of advice could you give about low vision aids and adaptations that the patient can make around the home?

Examples include:

- Signposting to support groups such as RNIB or local sight loss charities
- Eccentric viewing techniques
- Magnification and contrast advice
- Contrast tape on stairs to prevent trips and falls
- Illumination
- Liquid level indicators, different coloured plates and chopping boards to increase contrast
- LVA's - magnifiers - Hand Held, Stand, Illuminated
- Electronic LVA's vs Using Smartphones/Tablets

Key Points with Low Vision to Remember....

- Think outside the box - there are many simple hacks that can make a real difference to the life of a low vision patient. Even if you don't sell LVA's in practice you can still give great advice about how to adapt the home
- Always be aware of the mental health impact of low vision - remember that sight loss is similar to the grief model where patients will go through a range of emotions before accepting and adapting to living with the condition
- Isolation is a big factor in depression amongst LV patients - the loss of vision can lead to a lack of ability to continue to practice hobbies and activities which often have a social element attached. Lack of confidence with using public transport can also exacerbate this feeling
- Stay positive - instead of advising the patient about all the things their sight loss will prevent them from doing, offer solutions so they can continue to do the things they enjoy.