

Low Vision Services Assessment framework

A tool for service providers

September 2009

**The Low Vision Services Model Evaluation
(LOVSME) collaboration**

Introduction

The Low Vision Services Assessment Framework is a tool for assessing the quality of care offered by providers of low vision services.

The Framework was commissioned by the RNIB and developed by the Low Vision Services Model Evaluation (LOVSME) collaborative. It has been influenced by the recommendations of Low Vision Services Consensus Group (1999), the recommendations of the Low Vision Working Group (2007), a review of the peer reviewed literature and visits to a wide variety of contemporary low vision services.

Of course, no services are perfect but all should be striving to provide the best care possible. This framework aims to help service providers evaluate different aspects of their service, identify any 'gaps' in existing service provision and act as a starting point for future service development. Although, the framework is generic and may be used by those providing particular facets of the low vision service (e.g. health, social care) it is best completed cooperatively with all those contributing to local services being involved. If services are delivered from multiple sites it may be necessary to copy some sections of the framework.

There are 15 sets of questions that cover key aspects of low vision service provision. Each question can be completed with a simple 'yes' or 'no' but service providers might like to expand on the answer under the comments banner provided.

There is no 'pass mark' for the Framework and it is assumed that all individual questions are equally important. The aim is simply to promote discussion about whether and where there are areas for improvement and how this might be achieved.

1.0 Building / infrastructure

Comments

The building has been designed or adapted for people with VI (applies to whole building, not just the VI service)

yes no

The building has specific provision for those with specific needs e.g. children, those with learning disabilities, dementia, neurological vision loss.

yes no

Service location is well signposted from entrance to site

yes no

There is privacy for consultations

yes no

The building is conveniently located for service users. i.e. easy reached by service users.

yes no

The building has good public transport links

yes no

The building has good car-parking facilities

yes no

Transport is provided for all clients who need it.

yes no

There is a private reception area so that personal details can be recorded in privacy.

yes no

2.0 Staffing

Comments

Staff have specific VI qualifications / accreditation	yes	no
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Staff have regular in house training / updating	yes	no
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Staff attend relevant external training events	yes	no
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Staff have communication skills training e.g. to work with clients who have problems hearing.	yes	no
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Staff take part in multidisciplinary / multi agency working	yes	no
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Staff have regular appraisal / professional development	yes	no
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Non-specialist staff with whom clients come into contact have visual awareness training	yes	no
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3.0 Eligibility and appointments

Comments

The service can be accessed by referral from any health or care professional	yes	no
The service can be accessed by self referral	yes	no
The service is publicised widely within the community.	yes	no
Is the service publicised in communities known to have low uptake of low vision services	yes	no
The service can be re-accessed at any time by self referral	yes	no
Information is provided about how to access or re-access the service in written/audio or tactile form	yes	no
People are followed up until their identified needs are met	yes	no
People are followed up / reviewed on a regular basis e.g. annually	yes	no
People are followed up by telephone or in a format they can access, with reminders about appointments in a format they can access.	yes	no

4.0 Reports and records

Comments

Client records are kept securely	yes	no
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With the client's consent, information is regularly shared amongst the team and with other agencies.	yes	no
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A written record of the assessment and the rehabilitation care plan is provided to the client	yes	no
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With the client's consent, the GP is routinely informed of their status.	yes	no
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With the client's consent, the ophthalmologist involved in their care is informed of the rehabilitation care plan.	yes	no
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With the client's consent, the rehab officer involved in their care is informed of the rehabilitation care plan.	yes	no
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5.0 Information

Comments

Clients are asked about the format in which they would like to receive information.

yes no

Written information about the service is sent to clients before the visit i.e. information about the nature of the service, what will happen at the appointment, waiting times how to find the service etc or,

yes no

Where written information about the service is not accessible for clients the information is provided by telephone.

yes no

Pre-appointment information and appointment letter are provided in large print

yes no

Pre-appointment information is also available in tactile and audio formats

yes no

Pre appointment information can be provided in the user's own language

yes no

Information about the person's eye condition is provided

yes no

Information about use of vision (lighting / TV) is provided e.g. making things bigger, bolder and brighter.

yes no

Comments

Information is provided about local voluntary and statutory services	yes	no
Information is provided about national organisations	yes	no
Information is provided about counselling services	yes	no
Information is provided about registration for all those with registerable vision	yes	no
Information about benefits and welfare rights is provided.	yes	no
Information about legal visual standards and driving is provided	yes	no
Personalised written post appointment information is given to clients about: their eye condition, devices issued, expectations, next steps etc.	yes	no
All the information listed above can be provided in large print format	yes	no
All the information listed above can be provided in audio / electronic format e.g. tape / CD / MP3	yes	no
All the information listed above can be provided in tactile format	yes	no

6.0 Audit and feedback

Comments

The service audits the age, gender and ethnicity of its clients.	yes	no
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The service audits it's use of resources e.g. number of appointments, aids provided, training sessions.	yes	no
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The service audits its benefit to service users e.g. by using a validated vision related QoL or visual function questionnaire.	yes	no
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Audit is ongoing and reviewed annually	yes	no
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Audit is also informed by obtaining feedback from service users e.g. on appointments, building and location, transport and clinical issues.	yes	no
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Clients providing feedback are selected at random and representative of all patient groups	yes	no
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There is a mechanism for audit information to be used to inform service delivery	yes	no
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Audit information is in the public domain	yes	no
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7.0 Service integration / model

Comments

The service user has a 'key worker' / 'case coordinator'	yes	no
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The low vision service is provided by a multidisciplinary team	yes	no
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The low vision service works seamlessly with other agencies	yes	no
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The planning and evaluation of the service involves people from all elements of the service.	yes	no
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The ophthalmological component of the service works seamlessly with other components of the low vision service	yes	no
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There are clear procedures for referral and information sharing between the ophthalmological component and the other components of the low vision service	yes	no
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The optometric component of the service works seamlessly with other components of the low vision service	yes	no
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The social care components of the service works seamlessly with other components of the low vision service	yes	no
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Comments

The voluntary sector components of the service works seamlessly with other components of the low vision service

yes no

The emotional support and counselling components of the service work seamlessly with other components of the low vision service

yes no

With the clients consent, information from the counselling component of the service is fed back to the rest of the rehabilitation team.

yes no

Registration is offered to all those who are eligible

yes no

8.0 Ophthalmological / eye health assessment

Comments

Pathology has been assessed by an ophthalmologist i.e. at or just before the first visit.

yes no

Pathology is checked regularly there after e.g. by an optometrist

yes no

Provision is made for the assessment of pathology after discharge

yes no

A slit lamp is available	yes	no
A tonometer is available	yes	no
An ophthalmoscope / fundus lens is available.	yes	no
Fundus photography is available.	yes	no
Fluorescein angiography is available	yes	no
Ultrasonography is available.	yes	no
Anterior segment imaging is available.	yes	no
Posterior segment imaging is available.	yes	no

9.0 Optometric examination / visual assessment / refraction

Comments

All clients have annual eye examinations	yes	no
Refraction is available at all visits if required.	yes	no
Visual acuity can be measured appropriately e.g. using a Bailey-Lovie Chart.	yes	no
Contrast sensitivity can be measured appropriately e.g. using a Pelli-Robson chart	yes	no

Colour vision can be measured appropriately	yes	no
Visual fields can be measured appropriately	yes	no
Threshold print size can be measured appropriately e.g. with the near Bailey-Lovie chart	yes	no
Glare Disability can be measured appropriately e.g. with the Brightness Acuity Tester or direct ophthalmoscope	yes	no
Ocular dominance can be determined	yes	no
Reading speed and fluency can be assessed by a grading scale or clinical measurement with an appropriate near continuous text or word chart	yes	no
Alternative / appropriate acuity and contrast sensitivity charts are available for use in children and those with learning disabilities.	yes	no

10.0 Optical low vision aid assessment.

Comments: available for demonstration,
assessment, long term loan or purchase?

Real life tasks can be incorporated into the assessment	yes	no
Hand and stand magnifiers are available to clients	yes	no
Table mounted stand magnifiers are available to clients	yes	no
Spectacle mounted plus lenses are available to clients	yes	no
Hand held distance monocular / binoculars are available to clients	yes	no
Spectacle mounted telescopes are available to clients	yes	no
Biopic telescopes are available to clients	yes	no
Reverse telescopes are available to clients	yes	no
Hemianopia prisms are available to clients	yes	no
Contrast enhancing tints and glare protection shields are available to clients	yes	no

Lamps are available to clients	yes	no
Where the clinic is not able to supply aids directly, clients are given information on how to obtain any aids which may be useful to them	yes	no
Threshold acuity and fluency with the prescribed near optical aid can be assessed	yes	no

11.0 Electronic low vision aids

Comments: are the aids identified here available for demonstration, assessment, long term loan or purchase?

Table top CCTVs are available to clients	yes	no
Pocket electronic magnifiers are available to clients	yes	no
TV readers (e.g. Bierley monomouse) are available to clients	yes	no
Head mounted video magnifiers are available to clients	yes	no
Computer enhancement software is available to clients	yes	no
Clients are given information on how to obtain any electronic aids which may be useful to them	yes	no

12.0 Non optical sensory substitution

Comments: are the aids identified here available for demonstration, assessment, long term loan or purchase?

Aids for house hold tasks are available to clients	yes	no
Talking books are available to clients	yes	no
Aids for writing (e.g. writing frame, signature guide) are available to clients	yes	no
Reading stands are available to clients	yes	no
White canes are available to clients	yes	no
Adapted toys / games are available to clients	yes	no
Reading machines are available to clients	yes	no
Braille computers are available to clients	yes	no
Computers with speech output are available to clients	yes	no
Clients are given information on how to obtain any non optical aids which may be useful to them	yes	no

13.0 Assessment of social needs			Comments
An assessment of home safety is made available	yes	no	
An assessment of social care needs is made	yes	no	
An assessment of travel / mobility needs is made			
An assessment of communication needs is made	yes	no	
Assessment and referral where appropriate for dual sensory loss needs	yes	no	
Assessment of financial situation / benefits eligibility is made	yes	no	
14.0 Assessment of psychological status / emotional needs			Comments
Counselling services are available for all clients	yes	no	
An assessment of the client's psychological status is made.	yes	no	
Clients are screened for depression using an established questionnaire e.g. the GDS-15	yes	no	

With the service users consent, the GP is notified about people screening positive for depression.	yes	no
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Psychological support is provided by appropriately qualified staff.	yes	no
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Clients are encouraged to take part in 'self help' groups	yes	no
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15.0 Training (with appropriately qualified staff in each case)

Comments

Clients are provided with sufficient training to ensure that optical devices are used optimally.	yes	no
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Training is ongoing until the service user achieves their full potential	yes	no
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Training for magnifier use is task specific	yes	no
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Where appropriate clients are provided with eccentric viewing and steady eye strategy training.	yes	no
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Where appropriate clients are trained to use eye & head movements to compensate for field loss.	yes	no
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Where appropriate clients are provided with indoor mobility training.	yes	no
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Comments

Where appropriate clients are provided with outdoor mobility training. yes no

Clients are provided with training to help them with household tasks / activities of daily living yes no

Where appropriate clients are trained to use Braille yes no

Where appropriate clients are trained to use computers. yes no

Where appropriate clients are provided with self management training i.e. training on how they can look after their own affairs. yes no

Appendix 1: The LOVSME collaboration

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