

The Ageing Eye: Adapting the Routine - Domiciliary Eyecare

Top tips for domiciliary eyecare

This document summarises some of the 'top tips' given by the expert contributors featured in Docet's **Ageing Eye: Adapting the routine – Domiciliary eyecare** course. It is designed solely for your reference. It does not constitute formal guidance and does not supersede College of Optometrists or other formal guidance.

Remember: you are strongly advised to familiarise yourself with any local protocols that may be in operation where you practice, and to follow them.

General

- Good communication skills are vital when you're seeing somebody in their own home or in a care home setting.
- Use simple terminology and explain everything carefully because not everybody will understand the technical terms that you use.
- The patient may be hard of hearing, so it's vital that they can see your face clearly at all times.
- Make sure you don't talk down to a patient who may not be able to communicate very well or might not have very good cognitive ability.
- On arrival it's important to bear in mind that the patient may be a little bit nervous, so try and build a good rapport from the start.
- You should carry identification (ID). Make sure you show your ID on arrival at a patient's home so that the patient knows who they're letting into their house.
- You may have to adapt your routine quite significantly when you're seeing somebody at home.
- Ask for permission to move any objects and/or furniture and respect that you are entering into someone's private abode.

- Provide any additional information you can around lighting, colour, contrast, or positioning of furniture, as these things can help people to make the most of their sight.
- Try to shadow someone who is an experienced domiciliary optometrist before going out to see patients on your own.
- When you first start doing domiciliary work it is tempting to refer everybody, but you soon learn that that's not appropriate. It's usually the best idea to liaise with carers or even the family if you can, particularly if you're going to refer someone for surgery.
- Older people are often afraid of the cost of an intervention that an optometrist might suggest, or the disruption it might cause. It's really important that optometrists put people at their ease. For example, if they need new spectacles you should make it clear that there are options for low cost or high cost versions. Optometrists' practices and domiciliary providers can give patients information about relevant available NHS support.

Legal

- The Additional Services Contract sets out standards and regulations for domiciliary providers. It specifies the arrangements and procedures that need to be in place.
- The Optical Confederation's Domiciliary Eyecare Committee has issued a Code of Practice for domiciliary eye care providers, which has been endorsed by the College of Optometrists.
- The Domiciliary Eye Care Committee has also written Lone Working Guidance specifically designed for domiciliary eye care workers. Your employer should also have a lone working policy.
- It's important to think about the Mental Capacity Act because we are expected to assume that people have the capacity to make their own decisions unless we've got evidence to the contrary.
- When referring a patient, always ensure that you leave a copy of the referral letter with them - this can be left along with the practice leaflet and any other information leaflets that you're giving to the patient, relatives or carers.

- It's important to remember when referring a patient that they have the right to choose their clinical care. In a domiciliary setting, patients won't always want referral. Remember that the patient has the final decision. It should be an informed decision and it is the job of the optometrist to give the patient the information to make their own minds up.

Clinical techniques and equipment

- The NHS and AOP have recommendations on the equipment to be used on domiciliary visits.
- There are a number of different electronic devices and pieces of software that will facilitate visual acuity testing and they don't have to be at the 3 metre distance.
- You need to be particularly good at retinoscopy for domiciliary eyecare as, for a significant proportion of patients, it may be the only way to assess refraction.
- The attention spans of patients can be very short so it's important to be quick with ophthalmoscopy to limit patient discomfort and loss of interest.
- It's important to remember that the residents that you're seeing are not always in control of their own feelings and their own emotions, they might be scared when you turn the light off. So when you're doing your ophthalmoscopy, for example, it's a good idea to use your free arm as a shield, just so that if they do make a sudden movement with their arm they don't knock the ophthalmoscope into your eye.
- It's really important to know that you've got all your equipment with you when you leave. So either count the items in and out, or have a particular box/slot in your case for each piece. This will make it easier to know that your set of equipment is complete when you move onto the next patient. **See below for an example suggested equipment list...**

Suggested example equipment list for use on a domiciliary visit:

- 3 metre test chart - a LogMAR chart allows you to account for different working distances.
- It's also useful to have tumbling Es for patients with difficulties in communication, as well as Kay Picture cards and Sheridan-Gardiner.
- Tape measure
- Trial set with accessories.
- It is important to have a portable means for testing visual fields - for example, a campimeter or electronic screener.
- A lot of patients may not cope with the difficulty of the task with a visual field test, so consider use of an Aston Perimetry Tool.
- Retinoscope
- Direct ophthalmoscope
- Panoptic, good for patients with cataract
- A hand-held focimeter is vital for neutralising spectacles.
- iCare tonometer is portable, patient friendly and can be used on supine patients.
- Range of low vision aids.
- Task lamp
- A portable slit lamp is also very useful for assessing the anterior eye, particularly if you need to do a dilation and for post-cataract patients