

APPENDIX 1: Protocol for Moorfields telephone based low vision assessment

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Protocol for telephone LVA appointments

The following protocol aims to give you a framework for adult telephone low vision assessments. It is not intended as a rigid guide and should certainly be deviated from where clinical judgement and common sense dictates.

Record all Telephone LVA conversations on the Examination section of OpenEyes using the [History and Symptoms](#) and [Conclusion](#) sections.

Before the consultation familiarise yourself with the patient's history on OpenEyes, Acuitas and PAS, be aware of any specific issues raised.

If you cannot get through to the patient, try a couple of times up to 15 mins after the appointment time. If your first call is not answered and it is possible to, leave a message with your name, why you called and that you will call back in 5 minutes.

Consider the patient a DNA if not able to contact within 15 minutes. See [DNA Policy](#) section for further information.

Record Keeping

As Openeyes is the only source of record of the appointment please ensure it is fully filled out. Record all your conversations clearly. The next time this patient is seen your Openeyes record is all that we have to know what happened. Incomplete records are bad for patient care and not what we should be doing

Please also remember that someone else will have to post out leaflets and magnifiers for you. Make it clear in your plan what magnifiers need to be posted and add it to Acuitas

Introduction to patient

Introduce yourself and the purpose of the call.

'Due to the current situation we are doing telephone based LVA appointments. Though we cannot assess you in person and there are limits to what we can do over the phone, we can still provide support and advice in this time. Once it is safe to do so, we will resume face to face appointments.'

If a patient is unwilling to continue with the call, find out what days and times suit patient to re-book and then send to Katy to be re-booked

If the patient does not want to have a telephone assessment at all, ensure they have a face to face appointment booked at an appropriate interval on PAS. If patient has no future LVA on PAS, add to F/U request for that session.

Conventional history and symptoms

Take a conventional history and symptoms as you would during a standard face to face LVA:

- How is vision? Any change?
Consider need for emergency care if vision changes. See [Emergency Care](#) section
- Any aids used currently
- Are they working / appropriate?
- Any new concerns / main concern?

- What factors may influence mag choice; Arthritis, Parkinson's etc
- Social Situation
 - Do they have new home-schooling requirements?
- Employment
 - May be adapting to working from home?
- Mental Health
 - Common problem ordinarily, but may be worse currently so be sure to ask
 - See [Mental Health](#) section for referral options
- Can patient be registered / Is current registration appropriate?
 - See [Registration / ECLO services](#) section

Ensure you ascertain what the patient's main concern is and what is it we could help with during the LVA. Record what the patient's concerns are so then you can be sure at the end of the assessment you have addressed those needs

Record conversation in OpenEyes [History and Symptoms](#).

If any issues raised cannot be addressed due to the nature of a telephone assessment, advise patient of this and record in OpenEyes [History and Symptoms](#), so it can be addressed as next available opportunity.

If no (addressable) concerns, magnifiers suitable, no advice needed, conclude appointment, and record all of this on Openeyes [History and Symptoms](#). Reassure and book face to face follow up or SOS as appropriate as you would during a typical LVA appointment. See [Conclusion / Plan](#) section for further information.

Distance Vision Assessment

This will not be routinely checked. If you are worried about the distance vision and feel it would be worth checking distance vision, let Katy know that you need a soon F/U for your patient (2-4/52) and a vision pack will be sent. If the VA is likely to be below 3/60 you will not be able to measure this on the charts

If the patient is complaining of sudden loss, distortions or something that sounds urgent **do not** wait for an appt to check VA, refer to A&E or MR helpline ASAP as you would normally

If checking DV considering asking patient to put phone on speaker if possible to allow hands working / flexibility to get to letter chart.

Patients have been sent a distance vision chart with a 150cm string to stick on their wall, 150cm from where they are stood or sat. The vision test provides an approximate measurement range of less than 1.30 LogMAR to at least 0.10 LogMAR.

Please refer to '[Home Acuity Scoring Instructions](#)' to instruct patients on how to measure their distance vision and for instructions on how to score the test. Ensure patients are wearing appropriate glasses.

Record right and left visual acuity on OpenEyes as follows.

Refer to the '[Home Acuity Scoring Instructions](#)' document for estimated visual acuity range associated with lowest line read.

In [Conclusion](#) section, insert the full text version of the visual acuity range associated with lowest line read using this template:

Visual acuity estimated using HOME BASED VISION TEST

For the RE, home based estimation of vision was consistent with an acuity of at least XX LogMAR (6/X), although not as good as XX LogMAR (6/X).

For the LE, home based estimation of vision was consistent with an acuity of at least XX LogMAR (6/X), although not as good as XX LogMAR (6/X).

Do **not** record visual acuity in the Vision Acuity Section dropdown menu

If it is too difficult for a patient to set up the distance vision chart or understand the procedure, ask patient to report if they have noticed any significant deterioration in their vision in the past month. If possible, have them do this with each eye covered.

What to do if vision is significantly reduced?

Compare measured vision to most recent report of visual acuity on OpenEyes.

If vision is significantly reduced, the patient may need emergency care or advice from their consultant.

If the patient has been able to use the distance vision chart, a drop in vision is classed as 0.3 LogMAR lines or more worse, accompanied by a complaint of vision being worse. Snellen / LogMAR conversion charts are available on the shared optometry drive.

If the patient has been unable to use the distance vision chart, and reports to have had a significant and sudden loss of vision within the last month, this classed as significant. This is of course difficult to judge for you and the patient. Ask for examples of what they could see and do a month ago that they cannot see or do now, to help make this judgement.

Please see the [Emergency Care](#) section at the end of this document for what to do next.

Needs assessment

Consider whether a needs assessment is needed.

All new patients and those who raise new issues / difficulties during history and symptoms should have needs assessment.

For new patients, consider specifically questioning patients on all common issues below.

For follow up patients with new issues / difficulties, if appropriate just address the specific issues raised.

Use the guidance below for common issues such as:

- [Television/distance](#)

- [Spot reading \(food labels, medicine labels, short text, mobile phone \(non-smartphone\)\)](#)
- [Fluent reading \(books, letters, newspapers\)](#)
- [Hobbies](#)

This is not an exhaustive list and should be extended to fit the individual patient's needs.

Television/distance

- Check whether wearing appropriate glasses
- Move closer
- 6/60 or better with specs: MAX TV
UNLESS >2DC or >+ 4DS sph equivalent, in which case MAXTV CLIP
- 3/60-6/60 with specs: 4X GREENKAT / 4x MICROLUX
- Worse than 3/60: 8X GREENKAT / 6x ESCH SLIDING FOCUS TELESCOPE
- Tried watching TV on a tablet with reading glasses?

Advise not to walk around with distance aids.

Handling of distance aids can be more challenging, therefore take time to explain in detail. Only issue distance aid if sure patient will be able to handle. If unsure, note aid in clinic letter so can be shown at next face to face appointment.

Spot reading

All patients will be sent the Low Vision Booklet, use that for near vision, if they have not received it or cannot find it, use guide below.

Give examples of what spot reading is and ask how they would typically approach these tasks i.e. with/without glasses/with a magnifier. For the purposes of this section, whatever they would typically use to approach it is termed 'their spot reading aid'.

Ask patient for examples of the spot tasks they need to do, to have a target font size in mind.

Considering asking patient to put phone on speaker if possible to allow hands free reading / holding existing magnifiers.

Ask to read text in the Low Vision Test Booklet with 'their spot reading aid': words if possible, otherwise letters.

If they use no glasses, distance or reading glasses, use indicted magnification levels below and target font size needed for first choice magnifier.

If they use a magnifier or High Reading Add (HRA) spectacles of known strength from Acuitas, then increase/decrease in available steps depending on patient complaints / comments / font size read

Sentences are N48, N36, N24, N18, N12, N6

- N48 read only: +20DS and +28DS

- N36 read: +16DS and +20DS
- N24 read: +10DS and +16DS
- N18 read: Flat field and +10DS
- N12 read: Flat field and lighting advice
- N6 read: Lighting and spectacle advice

If patient cannot find or did not receive the Low Vision Test Booklet consider the following alternative strategy:

Ask patient whether they can read the texts below with 'their spot reading aid' and use the approximate sizes to estimate of the magnification needed according to list based on Low Vision Test Booklet above.

- Newspaper headlines: approximately N48 or larger
- Sub headings: approximately N18 – N24
- Main body of text: approximately N8 – N10
- Medicine labels: N6 – N5

Note, the patient does not need to have a newspaper or medicine label available, they can just report whether it is possible for them to read the different types of print or not with 'their spot reading aid'. If patient doesn't read a newspaper because it is not comfortable, remind them we only want to know if they can read a few words, even if not comfortable.

If patient does not understand this approach, ask them to give you examples of things they can and can't read with 'their spot reading aid'. If you know the typical sizes of these things, use this to estimate the magnification needed according to list based on the Low Vision Test Booklet above.

If none of these yield sensible results, explain that it is not possible to prescribe a new spot reading aid over the phone, but we will address this at their next face to face appointment. Add this to the clinic letter and OpenEyes Conclusion as a reminder to address at next face to face appointment.

Fluent reading

Give examples of what fluent reading is and ask how they would typically approach these tasks i.e. with/without glasses/with a mag. For the purposes of this section, whatever they would typically use to approach it, is termed 'their fluent reading aid'.

Ask patient for examples of the fluent tasks they need to do, to have a target font size in mind.

Ask to read Low Vision Test Booklet with 'their fluent reading aid': words if possible, otherwise letters.

Considering asking patient to put phone on speaker if possible to allow hands free reading / holding existing magnifiers properly.

If they use no glasses, distance or reading glasses, use indicted magnification levels below and target font size needed for first choice magnifier.

If they use a magnifier or HRA of known strength from Acuitas, then increase/decrease in available steps depending on patient complaints / comments / font size read.

- *Paragraphs are N48, N36, N24, N18, N12, N6*
- N48 read only: +28DS and +32DS
- N36 read: +20DS and +28DS
- N24 read: +16DS and +20DS
- N18 read: +10DS and +16DS
- N12 read: Flat field and +10DS
- N6 read: Lighting and spectacle advice

If the patient cannot find or did not receive the Low Vision Test Booklet consider the following alternative strategy:

Ask patient whether they can read the texts below with 'their fluent reading aid' and use the approximate sizes to estimate the magnification needed according to list based on Low Vision Test Booklet above.

- Newspaper headlines: approximately N48 or larger
- Sub headings: approximately N18 – N24
- Main body of text: approximately N8 – N10
- Medicine labels: N6 – N5

Note, the patient does not need to have a newspaper or medicine label available, they can just report whether it is possible for them to read the different types of print or not with 'their fluent reading aid'. Ask patient to comment on the comfort of their reading, and bare this in mind when selecting a magnifier strength as this is more relevant to fluent reading.

If patient does not understand this approach, ask them to give you examples of things they can and can't read with 'their fluent reading aid'. If you know the typical sizes of these things, use this to estimate the magnification needed according to list based on booklet above.

If none of these yield sensible results, explain that it is not possible to prescribe a new fluent reading aid over the phone, but we will address this at their next face to face appointment. Add this to the clinic letter and OpenEyes Conclusion as reminder to address at next face to face appointment.

Hobbies

Consider devices including:

- Coil Easiview suspended magnifier
- Max Detail
- Max Detail clip
- Other devices as appropriate

Electronic devices

Decide whether needs to be addressed based on history and symptoms.

Ask about computers, smartphones, iPads, and send relevant leaflets in appropriate font size.

Remember patients may be working from home without usual hardware / software / assistive technology.

Recommend Abilitynet 'my computer, my way' site for advice on accessibility features of standard electronic devices and platforms.

<https://mcmw.abilitynet.org.uk>

Mental health

Decide whether any referral is needed based on history and symptoms conversation

Potential referral / signposting routes:

- RNIB Helpline
Tel: 0303 123 9999
- Macular Society counselling service
Tel: 0300 3030 111
- MEH Nurse counselling (only telephone or video consultations currently)
Provide the contact details below and encourage patients to self-refer
If patient unable to self-refer, send a referral to the email below
Tel: 020 7566 2385
Email: moorfields.referralscounselling@nhs.net
- GP referral

Registration / ECLO services

Registration

The CVI team is still operational, though staff are mostly working from home. They are still able to register patients.

If a patient is not already registered (ask patient and / or check PAS for details), consider whether patient should be certified as SSI / SI.

For patients registered SI, consider whether this is still appropriate or recertification as SSI would be more appropriate.

Discuss possible certification if appropriate. You do not need to go into a lot of detail about the benefits of registration. The CVI department can do this for you, but present it positively and offer to ask the CVI team to contact the patient by phone to discuss fully.

If the patient is happy for you to do so, email the CVI team to request they contact the patient to discuss certification / registration process.

Provide the following details to CVI team

- Name
- Hospital Number
- Diagnosis
- Whether SI or SSI
- Borough or council area they live in

Our ECLOs have requested we email their central address and cc each of them:

moorfields.cityroadeclo@nhs.net

david.samuels1@nhs.net

samantha.mcbride1@nhs.net

molly.randall@nhs.net

Advise patient that although we are able to register them as SI or SSI, it is likely the process will take longer than normal as it relies on their Consultant signing their CVI form and this may take longer under current circumstances.

Give a brief summary of the process. CVI team will call patient. If patient agrees to proceed, the CVI team will ask the patient's consultant to sign the CVI form. The patient will also be sent a form to sign. Once this is all done the CVI team can complete registration.

ECLO services

ECLO services are still operational, though staff are mostly working from home.

If your patient requires ECLO assistance, they can email the central ECLO address or call:

Email: moorfields.cityroadeclo@nhs.net

Tel: 020 7566 2355

Conclusion / Plan

If prescribing magnifiers:

Replace any lost or broken magnifiers in the first instance, if they were otherwise suitable.

If a change of strength is necessary, try to keep model of magnifier the same if possible/appropriate.

If a completely new magnifier is indicated, clinicians should use their own judgement regarding what form of device to issue and use the strategies above to determine strength.

If you think a patient will manage getting a magnifier through the post and you have reasonable confidence in your magnifier choice, then prescribe. Make sure you fully explain to patients how to use device. If patient is unsure they will manage, do not prescribe.

Record all new magnifier dispenses on Acuitas in the usual way. City Road HOT Optoms will post magnifiers to patient.

HRA spectacles can be replaced if details are on Acuitas.

If patient is a long-term successful user of HRA specs and you are confident in your ability to prescribe these, add can be adjusted, but appropriate patient counselling on their use needs to be issued. NB – will need to check with Dispensing that frame is still in stock. Patient should be informed that spectacle fitting is not possible currently.

If ordering HRA, advise patient you will email spectacle dispensing with the order and someone from dispensing will contact them. Explain exactly what is needed to dispensing. Provide patient's telephone number and email address to dispensing if possible.

Spectacle Dispensing Department
moorfields.spectacles@nhs.net
Tel: 0207 566 2100

If replacing broken glasses:

If a patient has broken glasses, these can be replaced to the last prescription on Acuitas (or most up to date outside prescription available). During the extenuating circumstances of COVID 19, we can replace broken glasses even if the prescription is out of date.

If patient requests a replacement pair of glasses originally dispensed by MEH, advise you will email spectacle dispensing with the request and someone from dispensing will contact them. Explain the nature of the issue to dispensing. Provide patient's telephone number and email address to dispensing if possible.

Spectacle Dispensing Department
moorfields.spectacles@nhs.net
Tel: 0207 566 2100

NB – will depend on frame still being in stock. Patient should be informed that spectacle fitting is not possible currently.

Issuing advice:

Send information leaflets in appropriate font and record information/advice given in OpenEyes Conclusion section.

Cautiously recommend sight test locally if think would help (e.g. PH increases VA in previous clinic letters), local optometrists are now able to provide full sight tests.

Reports

Write a letter explaining what has been done and if we have given an aid, what to do with it.

For patients receiving a 4 week follow up call, only write another letter if you are changing the magnifier or advice.

The proforma below can be used and adapted as necessary:

'Dear XXXXX

NO GP ACTION REQUIRED

Due to the ongoing COVID-19 situation, it has been necessary to convert your face to face low vision assessment to a telephone consultation. It was a pleasure to speak with you today. The following is a summary of our telephone call.

We have loaned you a which is being posted to you.

This magnifier can be used for

It needs to be held off the page / flat down on the page.

You should use this magnifier with / without your distance / reading glasses.

To switch on the light.....

It uses batteries

We also discussed.....

We will contact you again in approximately 4 weeks to check how you are getting on (IF THIS IS THE CASE).

If you have any questions please call 0207 566 2100 or email: moorfields.lowvision@nhs.net

Follow ups

New patients

We are no longer offering 4 week follow up calls as routine, rather you should provide the patient telephone and email contact details for the LVA service and advise to contact us if they are having difficulty (struggling to use to use magnifier for example). If you feel strongly that a patient needs a follow up, you can continue to book this in. Please let Katy know you need a 4/52 F/U.

During 4-week telephone follow up, consider whether any booked face to face LVAs can be cancelled or postponed if patient managing well.

Request any face to face LVA F/U and specify the interval you need

Follow up patients

Request routine F/U s as appropriate (not everyone needs to have a F/U if all fine), please specify an interval in which they need to be seen. If the patient is stable they do not automatically need a follow up.

If you feel patient needs sooner follow up (for instance another call or earlier face to face if possible), discuss with Katy.

DNA Policy

Aim to call patient as close to appointment time as possible.

Check whether any alternative numbers are available on PAS / Openeyes and try these.

If there is no answer, leave a message with your name and why you called and that you will call back in 5 minutes.

Repeat process up to 15 minutes, if still no answer, leave final message (if possible) saying

'This is a message for (Px name). My name is XXX and I am an optometrist from Moorfields Eye Hospital. Due to the ongoing COVID-19 situation, we are unable to see people in our face to face clinics at the moment. We are running telephone clinics instead. I called you multiple times this morning / afternoon for a telephone low vision assessment and unfortunately, I was not able to get hold of you. If you would like to rearrange this appointment, please call us on 0207 566 2100 or email us on moorfields.lowvision@nhs.net

If we do not hear from you, we will assume you do not want a telephone appointment and will see you again in our clinics when it is safe to do so, but please be aware at this stage we do not know when this will be. It may be 9 - 12 months in the future. We will also send you a letter with this information.'

Write a letter on OpenEyes detailing the same information. City Road HOT optoms will print and post to patient.

Emergency Care

There are a range of remote support services in place at MEH for people who need emergency eye care, ranging from asking a consultant to call a patient, patient contacting the Patient Clinical Helpline and emergency video call clinics. There are also traditional A&E services at City Road and some satellites (check intranet for current list as this is under constant review), but remote services should be used in the first instance if appropriate.

Use your clinical judgement and patient's access to phone/email/video calling to decide what level of support to recommend.

For cases where there is a strong suspicion of sudden, significant drop in vision i.e. possible CNV, email patient's consultant to inform them, giving patient name, hospital number, contact number (and email if available) and a summary of the issue. Request that the consultant contacts the patient (by call or email as appropriate) and advise the patient of this.

In addition, send a message to the Consultant on OpenEyes with the same information. Under the patient's record and in the Optometry Firm, click Add Event and select Message. Enter the name of the Consultant. Select Query on the Type dropdown menu. Tick the Urgent box if appropriate and add use the text box to explain the problem. When complete, hit 'Send' in the top right-hand corner of the screen.

Please note, if a patient needs urgent clinical advice for a Medical Retina condition, they can email or call the [Medical Retina Helpline](#) (details below).

In addition, provide the Patient Clinical Helpline number to all patients as a back up if they do not hear back from their consultant.

Patient Clinical Helpline: **020 7566 2345**

Alternatively, if the patient is confident to use video calling, and you feel emergency care is needed, advise them to seek this care via the emergency-care link below. Patients may need some sighted assistance to set up the call, especially if they are not confident computer users.

If patients are unsure whether their phone, tablet or computer supports video calls, advise them this is checked by the system when a call is placed. If they find out video calling is not supported, they should call the Patient Clinical Helpline instead.

Provide the link below to patients who want to try using emergency-care video consultant. Instruct them to scroll down and button that says 'Emergency care – **CLICK TO START CALL**' button.

<https://www.moorfields.nhs.uk/emergency-care>

9am and 5pm Monday to Friday - but check intranet as hours are being updated

Additional Support Services

There are a range of other remote services available to support patients at this time. Please provide these contact details to patients whenever it is appropriate to do so. Check the intranet regularly for new services as they emerge.

Patient Clinical Helpline:

For general and emergency advice

Tel: **020 7566 2345**

8.30am to 9pm Monday to Friday

8.30am to 5pm on Saturdays

Medical Retina helpline:

For emergency clinical advice related to any MR query

Clinician will reply

Tel: **0207 566 2311**

Email: moorfields.medicalretina@nhs.net

Glaucoma Helpline:

For clinical advice related to Glaucoma

Mailbox not regularly manned, but clinician will reply

Tel: **0207 253 3411: extension: 4537**

Email: moorfields.glaucomapatient@nhs.net

Pharmacy helpline:

For patient queries related to medication

Tel: **0207 566 2361**

Monday to Friday, 9am-5.30pm (except bank holidays)

COVID19 Booking enquiries

For queries related to changing / attending / cancelling appointment

Email: **moorfields.covid19bookingenquiry@nhs.net**

Advise patient using these email addresses or telephone numbers to leave the following information in addition to their questions:

- Name
- Hospital number
- Date of Birth
- Postcode
- Contact number

Direct patients to the 'My Eye Care and Coronavirus' page on the Moorfields webpage in the first instance if their queries are not urgent. This page has detailed FAQs on

- Medical Retina
- Glaucoma
- External Disease and Cornea
- Contact Lens
- Keratoconus

<https://www.moorfields.nhs.uk/my-eye-care-and-coronavirus>

Additional Non-Moorfields Support

As many LVA patients are likely to be in vulnerable or shielding groups, they may report needing assistance with tasks such as shopping, obtaining medication etc. Each borough or local authority has a community hub of volunteers providing this type of support.

If a patient reports needing this type of assistance, ask which borough or local authority they live in. Whilst on the call, look up the borough or local authority website and find the number and / or email address to their local volunteer group. Provided these details to the patient.

If they report problems securing online shopping delivery slots, advise them to contact supermarkets directly. If they are going to supermarkets in person, advise them to take a symbol or long cane with them (if they own one) so as to more easily identify as needing assistance. They may need to speak to advisors at customer service desks.

