



Primary Care Commissioning
NHS England
Skipton House
80 London Road
London
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25/02/19

Re: Examining clinically challenging patients – very young children, people with learning disabilities, and people with dementia.

The purpose of this letter is to explain to GOS performers:

- What NHS England expects when you examine a clinically challenging patient.
- Reasons why examinations for these groups are important.

Eye examinations are particularly important for the following groups of patients:

- Very young children. Decreased visual acuity at school entry is associated with reduced literacy. This can have important implications for the children's future educational, health and social outcomes.
- People with dementia. The prevalence of visual impairment is disproportionately higher in people with dementia. Almost 50% of visual impairment is correctable with spectacles and more with cataract surgery, as such it is vital that this vulnerable group of patients have access to eye care.
- People with learning disabilities. It has been estimated that the prevalence of visual impairment (both avoidable and unavoidable) in adults with learning disabilities is 10 times greater than in the general population. For children this rises to 28 times more likely

These examinations can be more challenging than the standard examination, as patients can be less co-operative and much more anxious than usual. There are circumstances where the only way to obtain a standard level of examination would be to sedate or anaesthetise the patient. However, this carries its own risks which should be balanced against the risk to the patient of not carrying out a standard examination.

This can lead to concerns for practitioners and commissioners, including:

- Uncertainty about whether an examination amounts to a completed sight test.
- What should be recorded where a routine examination cannot be carried out because the patient is challenging.

Optometrists are the first point of call for eye health issues and helping patients with specific considerations get used to having their eyes examined should help build up familiarisation and/or co-operation with having a regular sight test.

We have therefore issued this letter to provide clarity for practitioners and commissioners.

What we mean by a routine eye examination?

The definition of a sight test is defined in law, (Opticians Act 1989). If a sight test is a GOS sight test the English NHS regulations add additional specific duties (The Sight Testing (Examination and Prescription) (No. 2) Regulations 1989) and the College of Optometrists also offer guidance on good practice too. These minimum requirements are set out below for clarity.

Opticians Act 1989

References in this Act to testing sight are references to testing sight with the object of determining whether there is any and, if so, what defect of sight and of correcting, remedying or relieving any such defect of an anatomical or physiological nature by means of an optical appliance prescribed on the basis of the determination.

The Sight Testing (Examination and Prescription) (No. 2) Regulations 1989

Examination

3.(1) Subject to the exceptions specified in paragraph (2), when a doctor or optometrist tests the sight of another person, it shall be his duty

- (a) to perform, for the purpose of detecting signs of injury, disease or abnormality in the eye or elsewhere—
- (i) an examination of the external surface of the eye and its immediate vicinity,
 - (ii) an intra-ocular examination, either by means of an ophthalmoscope or by such other means as the doctor or optometrist considers appropriate,
 - (iii) such additional examinations as appear to the doctor or optician to be clinically necessary;

College of Optometrists Guidance [Principles of the routine eye examination](#)

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When conducting a sight test, which is defined in law,¹⁸ you must perform an internal and external examination and carry out such additional examinations as appear to be necessary to detect signs of injury, disease or abnormality in the eye or elsewhere.

Quality in Optometry record keeping toolkit

It is good practice to audit record keeping regularly. To help with this the optical sector has created an audit tool accessible from www.qualityinoptometry.co.uk
To access this just Log in and navigate to the “audit” section

What needs to be recorded?

That a sight test was conducted/attempted. If it could not be completed, then a record should be made of the parts of the sight test that were completed, along with notes of the parts that could not, and the reason(s) why. If an external examination can be conducted, but a full internal examination cannot, then a record should be made of what can be seen. This may be as simple as ‘red reflex’ on retinoscopy, indicating that there is no sign of cataract.

If internal examination can be partially completed, but detailed examination is not possible, a note should be made on the record to indicate this e.g. ‘red reflex seen, glimpses of optic disc and macula, appears normal as seen’

Can I claim a GOS sight test?

As long as a reasonable attempt has been made to examine the patient, appropriate records of this are kept and any legal obligations are met, then a GOS sight test fee can be claimed. This includes cases where the examination is very limited, but significant concerns in case history have indicated the need for onward referral for examination in secondary care. Regulations set out in the Opticians Act state you must perform an internal and external examination when conducting a sight test. NHS England considers that in exceptional circumstances (and only if nothing else is possible), this would require an assessment of the pupil “red reflex” and an attempt to assess any prescription, sometimes with retinoscopy alone. Records should reflect what was attempted and why it was not possible to carry out a full examination.

Recalls

The patient should be recalled in line with normal clinical practice. This would normally be two years unless there were clinical indications to see the patient on a more regular basis.