

INTRODUCTION

Visibility is a charity working within Scotland to support individuals with sight loss and their families. The charity works closely with the GGC (Greater Glasgow & Clyde) hospitals to provide services for patients seen within ophthalmology and optometry clinics. During low vision aid (LVA) clinics, the visibility team is available for patients to speak with.

In addition to demonstrating the variety of services Visibility offers, data has been collected to answer the questions; **how many patients seen within the LVA clinics require further assistance or referral to another service? Who needs additional support?**

SERVICE ANALYSIS

Visibility offers a range of services:

- **Patient Support:** in house/on telephone, equipment demonstration, signposting, emotional support and registration assistance
- **New View:** Eccentric reading training in one-to-one hour training sessions
- **Children & Families Project:** up to 21 years old supported – teaching self-help for all ages
- **Let's Link:** Community support focusing on people who are homebound & their families - allowing for them to gain more community connection through information and advice services, positive outlook courses and volunteer visiting/phone calls.
- **Information Line:** Emotional support and information phone service.

561 Calls to Information Line

1600 Patients have received support

130 people have learned New View techniques

all within the past 12 months

Following a discussion with Visibility's Information Line a gentleman said:

“you are a warm voice behind the internet and very resourceful. Thanks so much for the wealth of information”

39% of patients referred to Visibility were referred onwards to other services. Figure 1 shows the further referrals made.

DISCUSSION

It is tempting to assume every patient issued with a LVA would benefit from one of the services offered. If this approach were to be taken the service would be overwhelmed. This leads to the question – **who needs further support?** Stemming from this question drop-out levels are frequently considered, with up to **1/3 of LVAs being issued not being used**^{4,7}.

- Studies comparing home-visits or additional support clinics to hospital appointments all found little difference in drop-out rates^{1,9,10}.

- Vision levels were also found to be a poor predictor of LVA success^{4,5}. However, visual field loss may correlate with LVA abandonment³.

- Mild low vision (20/50-20/63) patients seem to gain less from combined LVA appointments + rehabilitation than those with moderate low vision (20/63-20/200)^{6,11}.

- Reports made by the Veterans Affairs Low Vision Intervention Trial quantified a 31% improvement in reading ability in participants who underwent a time intensive training program involving 10 hours of one to one sessions, a home visit and 5 hours of homework per week⁸.

METHODS

Permission was obtained from patients who had been issued with a LVA to receive a follow-up phone call from Visibility.

Information passed to Visibility typically included patient distance and near visual acuity (VA), LVA issued, VA with LVA, eye condition, registration status, phone number, address and additional relevant comments.

Follow-up phone calls to 102 patients supplied with a LVA normally took place between 3-6 weeks after dispensing of LVAs.

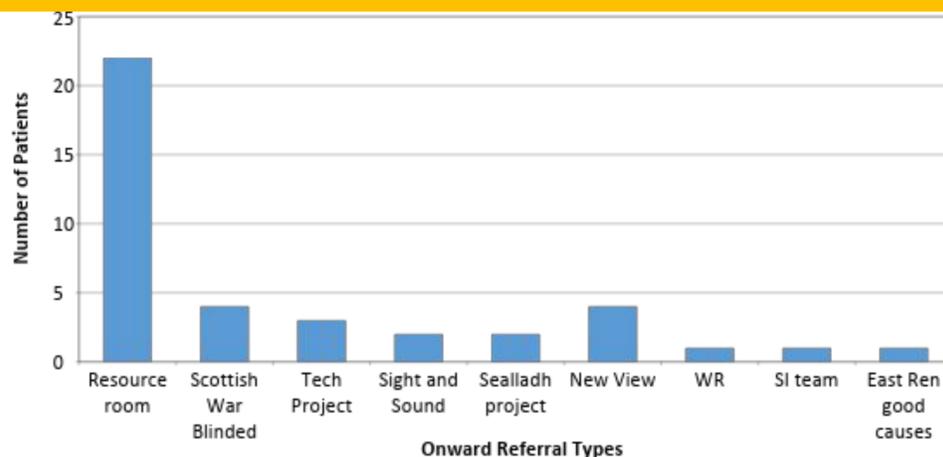


Figure 1: Number of patients referred onwards from Visibility service follow-up phone calls

Of the 102 patients referred after supply of a LVA, 85 were from Gartnavel General Hospital while the remaining 17 were from 3 other hospitals. Number of referrals from each hospital can be seen in Figure 2.

There is a potential of 210 LVA appointments per month within 7 different hospitals number of appointments per hospital can be seen in Figure 3. Gartnavel General Hospital sees 62% (22 per week) while other clinics, such as The Vale of Levin only operate once monthly.

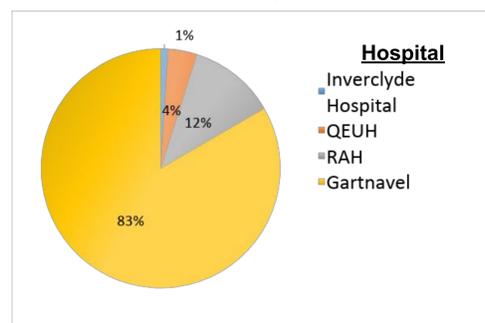


Figure 2: Percentage of patients referred to Visibility for follow-up after a LVA issue.

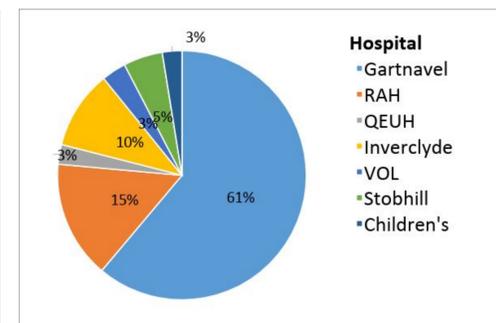


Figure 3: Maximum appointments per month in GGC hospitals offering LVA services.

CONCLUSION

Onward referral to Visibility, after LVA issue, for follow-up phone calls hopefully means there will be more patients using LVAs successfully.

Future study could involve a survey to compare dropout rates with the current scheme, seen in Figure 4, to dropout rates to the statistics found in a Glasgow Hospital in 1991 when routine follow-up was not standard⁷.

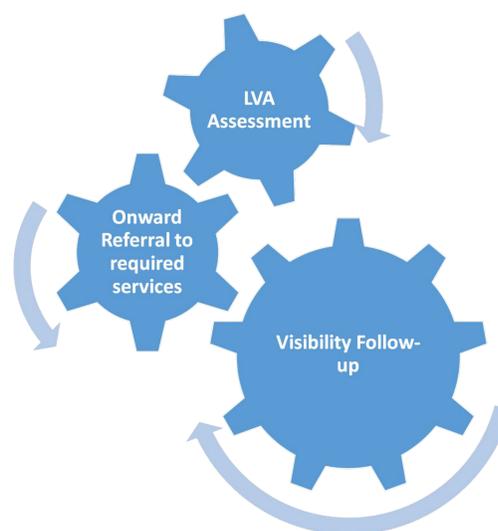


Figure 4: Current LVA Scheme within GG&C Hospitals

A recent review by the Scottish government has found that hospitals provide LVA assessments in 75% of health boards across Scotland².

Hospitals was also reported to see the majority of patients for assessments out of all care providers².

With such a demand for service and likely an increased demand in the future organizations like Visibility will be key in helping to support patients.

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