



**Title : Orthoptists role in optimising general health - an example of using Making Every Contact Count (MECC) in practice**

Name and job title of case study author: Javeria Butt, Orthoptist

Email: Javeria\_b97@yahoo.co.uk

### Description

Orthoptists help diagnose and treat patients with eye movement disorders and visual impairment. We interact with patients of all ages, background and ethnicity on a daily basis. Our conversations are not only focused on their eye health but also their general health and well-being. Many patients feel comfortable in expressing other health concerns in clinic as they are already being assessed for eye related issues. This gives an opportunity to start healthy conversations naturally and provide advice as well as signpost to other services if necessary, for example, health care professionals or charities. 'Making every contact count' (MECC) is an approach that many orthoptists use to help improve overall patient satisfaction and outcomes. Informal 'social prescribing' approaches are discussed to show how this can positively impact on the patient's physical and mental health through our consultations.

### Context

The aim of this case study is to highlight the role of orthoptists having a positive impact on patients' general health, by exploring the outcomes of MECC in our assessment.

At Stockport NHS Foundation Trust, Orthoptists have been implementing opportunities to 'make every contact' for any patients that are struggling with their vision or eye movement disorders. We are allied health care professionals whose service covers the population of Stockport, meaning we see a variety of both child and adult patients<sup>1</sup>. Consequently, we are able to have appropriate conversations regarding the patients' general health, implemented within the discussions of the appointment. One of the conditions we help to diagnose and monitor is Ocular Myasthenia Gravis (OMG).

OMG is an autoimmune and rare disease which leads to muscle weakness. Often it mimics cranial nerve palsies, gaze palsies and other neurological palsies. It can affect people of all ages, typically occurring more in females than males. Due to the presentation of OMG being incredibly variable<sup>2</sup>, it can be a stressful situation for patients as there can be a delay in diagnosis and therefore treatment,

if all the relevant information has not been obtained. Often signs and symptoms include, complaints of tiredness, fatigue, eye lid drooping, and double vision<sup>3</sup>. Asking the appropriate questions regarding mental health, smoking, blood pressure, diabetes and substance abuse can assist in coming to a timely diagnosis as well as gauge how their general health may be impacting their overall well-being/mental health. Orthoptists are well suited to identify opportunities as we can have meaningful conversations to provide comfort to patients and improve the overall outcome of their health.

## Method

A 36-year-old Gentleman presented with double vision, fatigue, shortness of breath and tiredness in 2019. He was seen in Orthoptics twice and was also followed up in Ophthalmology. In the Orthoptic assessments his symptoms were consistent, however his ocular movements and deviation varied. He was followed up monthly due to the inconsistent presentation. Once the diagnosis of OMG was made, his follow up time was reduced to every few months to watch for the progression.

The Orthoptic assessment was crucial to not only help diagnose but also to assist with the patient's mental health and wellbeing. When symptoms were discussed, he mentioned shortness of breath, which led to an open conversation about smoking and how this may be affecting his health negatively<sup>4</sup>. In the case history of the assessment, he expressed that he felt dizzy due to the double vision, which led to him having falls and incidents at home e.g. pouring hot water over his hand. Consequently, he was given an eye patch to wear due to the unstable nature of his ocular movements, to eliminate the double vision. He was also prescribed steroids by his Neurologist to alleviate his symptoms.

As the patient has Type 2 diabetes, he expressed his concerns regarding his weight gain, which was adding to his recent diagnosis of depression. The patient openly expressed this information, which allowed for an informal 'social prescribing' approach to signpost to Myasthenia charities and other support groups both nationally and locally as required. This shows a positive impact on the patient's mental health in our consultation<sup>5</sup>. All this information was verbally given to the patient, and also written down in the case notes, so that these topics can be raised at each visit to see if any advice was heeded or if any further advice/signposting is required.

## Outcomes

The outcomes of this patient are both subjective and objective. The patient's satisfaction at appointments, conversations documented in the records and the improvement of his condition, reveals how our assessments are helping him.

As his double vision was improving, he was given an eye patch to wear at home, in the intermittent instances of the double vision. He felt the patch gave him his independence back by keeping him steady, resulting in less incidents. This helps lower the risk of admission to other pressurised services such as A&E, creating space for other urgent matters.

He was referred to the Eye Care Liaison Officer (ECLO)<sup>6</sup>, but also due to his diabetes, the Orthoptist advised him on healthy eating and living<sup>7</sup>. After this, he was more aware of how making better choices lowers vascular risk factors, which can positively impact on his mental and physical

wellbeing. This was supported by the 5 steps to mental wellbeing<sup>8</sup>. Healthier lifestyle choices can reduce the likelihood of needing healthcare services long-term, reducing the pressure on the NHS.

Furthermore, this case study showed that patients are willing to discuss vulnerable situations with Orthoptists. These conversations can offer support and guidance but ultimately, the choices are theirs to make. The gentleman joined a support group for men dealing with mental health conditions and researched (myaware) MG charities<sup>9</sup>, which helped him immensely to not feel isolated. MECC may be cost-effective in the long-term, as the extra support could help prevent future health concerns, possibly reducing frequent use of NHS services.

Unfortunately, there was no staff feedback or satisfaction survey conducted for a measurable patient outcome. Pre-designed questionnaires could measure changes at each visit, to avoid the potential for error based on subjective observations. This can be implemented in the future to help us collect qualitative and quantitative data to support MECC in our role as orthoptists.

## Key learning points

It can seem challenging to have these additional conversations regarding a patient's general health in the allotted appointment time, and when the patient may feel they are irrelevant to the specificity of the appointment. However, when worded appropriately, these conversations can lead to improving quality of life. At Stockport NHS Foundation Trust, we have worked on creating 'business cards' and leaflets for a range of general health conditions that can be given out to the relevant patients. These contain information regarding services and charities that the patient can contact should they wish to. This social prescribing approach helps to inform and empower the patient with regards to their wellbeing.

Orthoptists can provide good health care by looking at the impact on the patient as a whole rather than only diagnosing and treating the eye condition, thus offering a patient centred approach. It is important that we continue to raise these issues sensitively with our Orthoptic patients and to share information with others so we can learn through experiences. This case study shows that we can encourage the patient to implement healthy living choices, even if they do not appear to be directly linked with their initial ocular condition, positively affecting the patients' mental and physical health in our routine consultations.

## References

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