



Orthoptic Public Health example. Warrington and Halton Teaching Hospitals NHS Foundation Trust.

Domiciliary Orthoptic Assessments for patients unable to attend the Hospital Eye Service after a stroke or who have a neurological disorder

Understanding the problem

Domiciliary visits are common practice in therapy professions such as occupational therapy, physiotherapy and speech and language therapy following stroke and other acquired brain injuries, enabling patients to have a smooth transition from hospital back into their homes, and giving those with limitations to attending hospitals the ability to access services.

In Warrington and Halton, patients who are discharged home from hospital who need ongoing therapy have up to 6 weeks of continued therapy from the Early Supported Discharge (ESD) team of occupational therapists and physiotherapists, and are then referred onto the community neurotherapies team.

Up to 60% of stroke patients have a visual complication which may persist when they leave hospital. If pre-existing visual problems are taken into consideration, this increases to 72% of patient (Rowe, 2016). Many patients with Parkinson's Disease (PD), Multiple Sclerosis (MS) or who have other neurological conditions may also have visual and ocular disorders such as diplopia (double vision) related to their condition. These visual problems can affect their ability to perform activities of daily living, increase their risk of falls, and affect their emotional well-being.

Across the country unfortunately Orthoptic assessments are not routinely offered at home, with assessments normally limited to ward based testing and outpatient clinics. This is not an equitable service for all patients and no reasonable adjustments are made for patients unable to make it to the hospital. The patients who are house bound have assessments limited to optometrists and sensory support teams, leaving them without a Specialist Orthoptic assessment for diagnosis and management of their condition.

Since March 2015, Orthoptists employed by Warrington and Halton Teaching Hospitals NHS Foundation Trust (WHHFT) offer and provide Orthoptic assessments at home for those patients who cannot attend an outpatient clinic and would otherwise be left untreated and unsupported.

Aims and Objectives

1. To provide equitable access to orthoptic assessments for all patients who require the service in the Warrington, Widnes and Runcorn area.
2. To spread awareness of the service to encourage other orthoptists to offer the service elsewhere in the country.
3. To meet Royal College of Physicians Guidelines for stroke (2016) providing clinical pathways for ongoing support after discharge.

Method and approach

Since March 2015 Orthoptists have been part of the stroke service within WHHFT. They undertake both ward-based and outpatient assessments, and home visits. Patients with an identified barrier to attending the hospital for an outpatient appointment are offered an assessment and treatment at home by an Orthoptist.

The service has been well received from patients and colleagues in multiple disciplinary teams (MDT), and we have built good relationships and also receive referrals from Parkinson's nurses and MS nurse teams locally.

In 2018 we conducted a small retrospective audit of patients seen for an orthoptic domiciliary assessment and collected feedback from service users and colleagues in the ESD team.

Patients in which there is a barrier to attending hospital are offered a home visit. They include;

- Patients with transport issues such as family not yet equipped to bring them to hospital, those who find the journey too tiresome due to their condition, or those who are bedbound and an assessment at home is more important in their normal environment
- Patients with a cognitive impairment who find the busy and complex hospital environment distressing.
- Those patients in care homes as giving assessments and advice at the care homes is a large part of a patient's rehabilitation and adaptation to their visual impairment.

Results and evaluation

We completed a small retrospective audit of orthoptic home assessments from 1st September 2017 – 31st August 2018.

Out of 402 patients seen by the orthoptic stroke and neurological team 22 patients had a home visit (5.4%). 20 of the patients had a diagnosis of Cerebrovascular Accident, 1 Parkinson's Disease, 1 MS.

The average age at time of assessment was 78.8 years.

17 of the patients required only one home visit. This was because of improving or declining health, or as they had recovered and did not require follow up.

The visual impairments found were;

- visual field defects (11)
- visual inattention (7)
- eye movement problems/double vision (7)
- nystagmus (4)
- visual perception problems/visual hallucinations (2)

All patients received targeted advice relating to their condition, including a personalised vision passport and leaflets. Where appropriate the advice was extended to the wider MDT especially in the case of care homes, and to the patient's family. Three patients had their diplopia (double vision) treated with prisms at home. Two patients were registered as sight impaired without attending the hospital, giving them access to services they required. Six patients had ongoing visual field and visual inattention therapy continued at home following their discharge and therapy on the stroke ward. We made onward referral for 10 patients (45%) to domiciliary optometrists, visual impairment teams, and the ophthalmology department for those who needed assessments from other services. If this service would have been unavailable, the patients would have had assessments from domiciliary optometrists and visual impairment teams, with telephone support from Orthoptists, however the specialist support, assessment and treatment options from an Orthoptist would have not been possible without home assessments.

During this audit we collated comments from patients and colleagues experiences of the service;

- "Great service...great that sight was taken into consideration at intermediate care home after discharge and feedback given to family who live far away and the next care home in Norfolk. I recommend the service".
- "We couldn't have got to hospital, if that option wasn't there, there was no other option".
- "It was a huge help. She was very immobile at the time and it was very difficult when we tried to get to hospital in an ambulance".
- "Service has been extremely helpful and helped with other aspects of my rehabilitation".
- "Her eye problem was picked up very quickly...everything has been done to make her life easier including referral to assisted living team. Can't fault the service, personnel or attention given to Mum".
- "It helps us as therapists to better treat our patients if we know they have received a thorough assessment of their vision...I can look at the leaflet you provide which summarises your findings. This helps us be able to plan functional assessments and treatment more effectively...allows the patient to be seen in their familiar environment; giving them opportunity to discuss more realistic problems and difficulties."

Key learning points

Offering this service ensures that patients have equitable access to Specialist Orthoptic assessments and treatment. It aligns orthoptic services with other therapy teams working with patients with a stroke, or other neurological impairment.

Ensuring the orthoptists have a lone worker policy and risk assessment in place and any risks attached to the home are communicated.

Plans for spread

1. To continue to advertise the service locally in order for all those who require the service to have access to it.
2. To share this example of good practice so that other orthoptists can evolve their practice to respond to the changing needs of the patients (NHSE, 2017), developing in-reach support models of rehabilitation (NHSE, 2014), and to continue to step outside traditional boundaries to transform care (NHSE, 2017).

References

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Key contacts

Alysha Budd, Advanced Orthoptist, Warrington and Halton Hospitals NHS Foundation Trust.

Email: Alysha.Budd@nhs.net