



Department of Health Consultation on a National Dementia Strategy – Transforming the Quality of Dementia

Joint response from:

The Association of British Dispensing Opticians (ABDO)

The Association of Optometrists (AOP)

The College of Optometrists and

The Federation of Ophthalmic and Dispensing Opticians (FODO)

Together ABDO, the AOP, the College of Optometrists and FODO represent the 10,699 optometrists, the 5,303 dispensing opticians and optical businesses in the UK who provide high quality and accessible eye care services to the whole population. NHS eye care services include those provided by our members in community optical practices and the NHS domiciliary eye care service for those who are unable to leave their own home unaccompanied.

We support the development of a national dementia strategy to improve services for patients with dementia and to improve their quality of life. As the population ages an increasing number of people will be affected by dementia and it is right that a strategy is developed to increase awareness, ensure early diagnosis, early treatment and the best possible quality of life for those living with the condition and for their carers. Two thirds of people with dementia live at home, therefore domiciliary services are important in supporting those people with dementia.

We have confined our response to those questions which are appropriate to our profession and the services optometrists and dispensing opticians provide in the community.

Chapter 1 – Improved awareness

1. What can you or your organisation do to help implement these recommendations?

We can help by ensuring our members have a better awareness of dementia. We are also working to improve awareness amongst other healthcare professions and the public of the importance of high quality eye care for people with dementia. Many

patients will develop challenging behaviour and symptoms such as depression. Poor eye health and low vision can exacerbate these symptoms so it is vital that patients have access to eye care services.

Chapter 2 – Early diagnosis and intervention

1 Are these outcomes, recommendations and the suggested means of achieving them the right ones?

Yes. However with regard to recommendation 4, we would like to ensure that information provided to patients and their carers includes information about eye care services and the benefits of eye care for patients.

Chapter 3 – High quality care and support

1 Are these outcomes, recommendations and the suggested means of achieving them the right ones?

Yes. With regard to recommendation 9: joint commissioning strategy for dementia, we would add that eye care services, particularly domiciliary eye care services need to be considered when determining services needed for people with dementia. It is vital that patients have access to eye care services whether they are able to visit a community practice or are confined to their own home or care home. Improving a patient's vision and eye health can make a dramatic difference to their quality of life.

The domiciliary eye care service provides critical eye care to patients who are unable to leave their own home or care home unaided. Optometrists and dispensing opticians are able to carry out an eye examination in the patient's home as appropriate to their needs, using specially designed equipment for home visits. A comprehensive low vision assessment may be able to be provided in the patient's own home.

The draft strategy rightly includes the need to enable in-reach from other healthcare professionals such as optometrists when commissioning specialist services into care homes. (*see page 49*) When care homes are developing a policy for good quality care, under recommendation 11, they need to be aware of a range of community services, including the domiciliary eye care service and the benefits the services to the patient.

2. Is there anything that has been missed that would help to ensure high quality care and support for people with dementia and their families?

Yes, the importance of improving a patient's eye health and vision has not been included. It is important that person's eyesight is not overlooked when they have other health needs and conditions such as dementia. Patients may not be able to communicate that they have a problem with their vision and may be disruptive as a result. Yet simply ensuring they have access to eye care can improve their quality of life. There is a common misconception that people with dementia cannot have their

eyes tested if they cannot respond. However an eye examination can be carried out on a patient with communication difficulties. Therefore patients and their carers need to be aware of the domiciliary eye care service and the benefits to a patient's quality of life from having their eyes examined.

3. What more can be done in acute care, home care and care homes?

The NHS domiciliary eye care service provides vital care to those who are unable to leave their home unaided. Optometrists and dispensing opticians visit patients in their own home whether they live at home or in a care home.

Other healthcare professionals need to be aware of this service and the providers in their area so that they can alert patients and carers to this service. There are many thousands of patients who are entitled to the domiciliary service but due to lack of awareness they are missing out on important eye care. Educating other healthcare professions will enable many more patients to take up their entitlement to the service and enjoy a better quality of life.

4. What more can be done to make the personalisation of care agenda (including individual budgets) work for people with dementia and their family carers?

As mentioned above Information is crucial for patients and their families, not only about the condition but about services which are available in their local area.

Personal budgets should also apply to eye care services such as low vision services and the domiciliary eye care service. A person with dementia may also be visually impaired and should have their visual needs addressed in a personal care plan.

Subject to the introduction of personal budgets, patients should be able to purchase low vision aids and eye care services such as a home visit from a domiciliary optometrist and/or dispensing optician with their budget.

Chapter 4 – Delivering the Dementia Strategy

2. Is there anything that has been missed to help us deliver the National Dementia Strategy?

Yes. Given the high number of people with dementia who optometrists see and the many more who are not yet accessing eye care services, the development of the strategy should include input from the optical professions through the professional and representative optical bodies.