



Providing Domiciliary Eyecare Services

Guidance for the profession

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Domiciliary Eye Care

Domiciliary eye care is a specialised area of optometry and optics requiring particular skills and abilities. It provides eye care services for those who are unable to visit a high street practice unaccompanied due to a physical or mental illness or disability. Within this group there will be varying patient needs dependant on the type of illness or disability, and there will be those with both hearing and sight loss. Although most patients will qualify for NHS services there will be patients who wish to add to the NHS funded options or are presenting as private patients.

For patients who require a domiciliary service, the majority of whom are vulnerable adults, good eye care can have an enormous impact on their independence and well-being.

The Optical Confederation's Domiciliary Eyecare Committee has produced this guidance for those who are planning to provide a domiciliary service for the first time, and for existing providers who want more information.

Domiciliary services in England – the additional services contract

In order to provide NHS funded domiciliary eye care services in England, you must apply for and hold a General Ophthalmic Services Additional Services Contract. Under this contract you can provide an NHS sight test for a person who cannot leave home unaccompanied because of physical or mental illness or disability. You can only provide the service at the person's normal place of residence or at an approved day centre (see page 10).

It is of utmost importance that you bear in mind the patient's right to choose their eye care provider; this is particularly relevant if the patient is in a nursing home, when both you and the care provider must respect this right of choice.

NHS England can enter into a contract with any suitable person or organisation to provide GOS additional services; you do not have to be a GOC registrant. You do, however, need to be able to provide the details of the GOC registered optometrists or ophthalmic medical practitioners who will provide the sight tests as performers for your business when you apply.

Your contract for additional services will nominally be with one of the NHS England regional teams. For many contractors there may be practical issues with working across these large areas and NHS regional teams will understand that smaller contractors are not obliged to cover the whole of the area and may only provide services in part of it. You must inform the regional team which area you intend to cover when you apply for your contract. This also means that if you want to provide services over an area that is covered by more than one regional team, you must apply for and hold a contract with each of these areas, unless there is a single contract which covers several areas.

You can find out which post code areas fall to which regional team by using the National Performers List website tool. <https://www.performer.england.nhs.uk/AT/SearchByPostcode>

Once you have established which local offices are responsible for the areas in which you wish to provide GOS, the next step is to apply to each of them for a contract. It is wise to do this well in advance of the date on which you want the contract(s) to begin as the time from application to contract issue can be as long as 3 months, or longer if key staff are away.

You can find the address of the relevant regional team on the NHS England website

<http://www.england.nhs.uk/about/regional-area-teams/>

Click on the region you are interested in, this will take you to a page that tells you which teams are in that region. Click on the one you have identified from the Performers List website and the contact details will be shown. You may need to telephone the team and ask to speak to whoever deals with GOS contracts to find out whether the application should be sent directly to them or to Primary Care Support England.

Completing the application forms

The forms you will have to complete will depend upon the type of business you run.

If you are a **sole trader** you will need the forms to apply for an individual contract.

If you are a **corporate body (limited company)**, you will need the forms for a body corporate contract, whether or not your business is registered with the GOC as a corporate body.

For **partnerships**, it will depend on the type of partnership you have:

General and Limited partnerships

GOS Application – partnership application Section A and B

GOS Contract type – partnership contract

Limited liability partnership

GOS Application – body corporate application Section A and B

GOS Contract type – body corporate contract

The NHS regional team will check that an applicant is not using in their contract, business or “trading as” name a protected title to which they are not entitled. The Opticians Act lists the following as protected titles:

- (a) ophthalmic optician
- (b) optician
- (c) registered optician
- (d) dispensing optician
- (e) optometrist
- (f) registered optometrist

If a body corporate uses a protected title they must be registered as such with the General Optical Council. To do this, a majority of the directors must be GOC registrants. The body corporate will be asked by NHS England how many directors there are, as each one will have to complete a Section B form as part of the application, along with the Company Secretary and Chief Executive if there is one, although only one Section A form will be required.

Samples of all application forms (sole trader, body corporate, partnership) can be downloaded from the Primary Care Commissioning website <http://www.pcc-cic.org.uk/article/general-ophthalmic-services-contract-applications-forms>

Along with completed the Section A and Section B for all partners or directors, you will need to provide up to date and complete CVs for each person who will be party to the contract. The NHS will particularly look for unexplained gaps in a CV, so if for instance you took a year off to go travelling or to raise a child, make sure this is explained in the CV.

Applications should disclose all prior GOC investigations with adverse outcomes that the applicant and/or its staff may have been subject to. You will also need to provide evidence of professional liability insurance, public liability insurance and employer's liability insurance (if appropriate).

Processing the application

If a GOC registrant is associated with the application the NHS will ask the GOC about any known fitness to practise cases, conditions on their practice or other issues that may make them an unsuitable person to hold a contract. They will also contact the NHS Litigation Authority (known as NHS Resolution from April 2017) to ask whether there are any known issues regarding any of the applicants. These checks also enable the NHS to ensure that a lay individual is not claiming to be a registered optometrist or registered dispensing optician when they are not. NHS England also has the option to require applicants to be subject to a DBS check.

It is worth checking that all registrants are appropriately registered at the time of the application e.g. they have not inadvertently failed to renew or been deregistered on account of not having sufficient CET points. This will save a lot of time later.

When the NHS confirms that all of their checks are satisfactory and the application forms have been completed correctly, you will be invited to an equipment inspection. This will usually take place at the premises of the NHS regional team. If you are applying for a contract which has several performers then the equipment presented to the NHS team will be assumed to be representative of the other performers' equipment. Before attending this meeting, you should complete the Quality in Optometry level 1 checklist. This sets out the questions you will be asked and the documents you will be required to present for inspection along with your equipment. A copy of the checklist is available here: <http://www.qualityinoptometry.co.uk>

As you have applied for a contract to provide GOS in people's homes, it is expected that you will be able to transport your equipment easily to the NHS for inspection because you will need to transport it with you when you carry out sight tests.

The contractor must have adequate equipment to provide the service. You cannot rely on your performers to provide equipment and must not share equipment between contractors.

Before you set off, make sure that all equipment is working and that batteries are inserted into those items that require them. You will be expected to demonstrate that the equipment is suitable for its purpose and that you can carry out all of the required tests under GOS, including visual fields. Most NHS teams will not consider a confrontation test to be adequate and whichever test you use must be recordable and repeatable. You may be asked to demonstrate how to use the equipment you intend to use to test visual fields. You might also be asked to show how you will protect the confidentiality of the NHS sight test.

Make sure you have any drugs you intend to use with you and that they are securely stored in the original box and in date. You will need to have a pharmaceutical waste disposal contract for used or time-expired drugs. You will also need to be registered as a waste carrier to transport used drugs back to your base. For the small amount of waste produced by a domiciliary optical service, this registration is free and can be done at <https://www.gov.uk/waste-carrier-or-broker-registration>

The NHS team will also want to know how you will keep clinical records and to see a sample of the record card or software you will use. They will also need to know how these are kept secure.

In cases where the team find you non-compliant they will issue an action plan noting the required action and giving a timescale within which they want you to complete it. Once you have completed any actions, you should let the NHS team know by returning the signed and dated action plan along with any evidence they have asked for. If you take longer than 3 months to address the actions required, the NHS may, after contacting you, decide not to issue you with a contract; you will then have to report this to any NHS areas to which you subsequently apply which can have a negative effect on future applications.

Once all the checks are satisfactorily completed, you can expect your contract to be issued within a few weeks. You can begin providing the service as soon as you have a copy of the contract signed and dated both by you and the NHS, provided the start date on the contract has been reached. However if PCSE has not provided you with a payment code and the relevant documentation to make claims you may not be able to claim for the services provided straight away and may have to delay submission of forms. It is useful to update or register your profile on NHS Choices to reflect that you also provide domiciliary eyecare services.

Services in Scotland, Wales and Northern Ireland

Scotland

NHS eye examinations are funded in Scotland to those ordinarily resident in the UK or those who belong to one of the categories of exemption from NHS charges, set out in the NHS (Charges to Overseas Visitors) (Scotland) Regulations 1989.

In Scotland, you must be registered under part I of the ophthalmic list to provide ophthalmic services. All practitioners must contact the appropriate [NHS Board](#) to apply to join their ophthalmic list and wait for confirmation of acceptance onto the list. You are not allowed to practise in an NHS Board area until you are on that Board's list.

When Primary Services Division (PSD) receives notification from the NHS Board that you and your business are listed they will add you to their system. They will then allocate you a [list number](#) and Payment Location Code (PLC) for your business; you will need a different PLC for each NHS Board area. This will be sent to you via the NHS Board.

An ophthalmic medical practitioner, optometrist, sole trader or optical body corporate on the ophthalmic list may, where requested to do so by or on behalf of a patient, who is:

- (a) Unable to leave home unaccompanied because of physical or mental illness or disability, agree to provide general ophthalmic services or assist in the provision of general ophthalmic services at the place at which the patient normally resides; or
- (b) Attending a day centre, agree to provide general ophthalmic services or assist in the provision of general ophthalmic services at that day centre.

Wales

In Wales, you must be registered under part 2 of the ophthalmic list to provide ophthalmic services. An ophthalmic medical practitioner, optometrist, sole trader or optical body corporate who wishes to be included in the ophthalmic list should apply to the Ophthalmic Qualifications Committee of a local Health Board. To provide domiciliary services, you should include a statement to that effect in your application along with an undertaking to follow the terms of service for mobile services.

Northern Ireland

In Northern Ireland, you must be registered under part 2 of the ophthalmic list to provide ophthalmic services. An ophthalmic medical practitioner, optometrist, sole trader or optical body corporate who wishes to be included in the ophthalmic list should apply to the Board in whose area you wish to practise. To provide domiciliary services, you should include a statement to that effect in your application along with an undertaking to follow the terms of service for mobile services.

Providing the service

GOS Forms

You will need to obtain relevant GOS forms from the NHS. These will be different depending on which country you operate in; for example you will need a GOS 6 form in England and a GOSI(S) form in Scotland. In England you can obtain the forms via the PCSE portal, which you will be able to register with when you have your GOS contract.

Requests for a sight test

A patient receiving GOS services in a residential setting must receive the same level of service as a patient who visits a community practice and this includes the privacy of the sight test. Patient choice is a key element of the NHS service, therefore it is important to remember that the sight test must always be requested by the patient, or their authorised representative and you should ensure that this is the case.

Notification

Before you can provide an NHS domiciliary sight test to a patient you must give advance notification to the NHS of your intention to do so. This is done via the [PCSE](#) in England or the Health Board elsewhere. In England, Wales and Northern Ireland you must identify the patients

who have requested an NHS sight test, the address of the test, and the date and approximate time you intend to visit.

The notification form should only contain the names of the patients who have requested a sight test (or whose authorised representative has requested a sight test if the patient is incapable) and whom you intend to see on the day. In Scotland, the names of the patients are not required, just the number of people you intend to see.

There is a form for this purpose which is provided at

http://www.fodo.com/downloads/domiciliary/domiciliary_pre-notification_form_feb_2006.pdf

The notification periods are:

- For 1 or 2 individuals at the same address: a minimum of 48 hours and a maximum of 8 weeks.
- For 3 or more individuals at the same address: a minimum of 3 weeks not including bank holidays and weekends and a maximum of 8 weeks.
- In Scotland at least one month's notification is required when 3 or more people are to be visited at the same address but no notification is required for fewer than 3.
- In Northern Ireland, notification must be at least 48 hours before the sight test unless the situation is urgent, when no notification is required.

In England up to 48 hours before the notified date you can change any or all of the information you have included in the notification.

If the NHS does not advise you otherwise, you may assume that the visit is acceptable to them.

Substitutions and additions

If you arrive at the venue and because of circumstances beyond your control you are unable to see any of the patients on your notification (e.g. because of an outbreak of illness in a care home), you may ask the NHS to allow you to attend an alternative correctly notified venue in its place, attending the original venue at the date and time you would have visited the substituted one if possible. You must gain agreement from the NHS before attending the alternative venue.

While at a venue, if additional patients ask to be seen, who you could not have known about in advance, you can make up to 3 changes to the list (either additions or substitutions) without notifying the NHS (in England and Wales). However it is good practice to indicate on the GOS6 of the additional or substituted patients that they were late additions to the notification.

Where a patient scheduled to have a test is unwell and unable to have their sight test on the scheduled day but a staff member suggests you come back on an alternative date, you should notify the NHS about this.

The visit

It is wise to confirm your visit with the patient or their authorised representative the day before and also to call and confirm your expected arrival time once you are on your way there. You should also specify the need for a private room for the session.

When visiting a care home, ensure that you follow their requirements, such as signing in and out, and notifying staff of your arrival and departure.

It is common for domiciliary providers to work alone, or for their staff to visit individuals alone to perform the fitting of completed spectacles. In order to help providers ensure the safety of themselves and their staff, the DEC has produced guidance for lone working: [Lone working guidance](#).

The protected function of sight testing must only be conducted by an optometrist or registered medical practitioner. If other tasks are delegated by an optometrist or dispensing optician to non-registered staff these activities must be compliant with the law and the GOC's Standards of Practice for Optometrists and Dispensing Opticians. All staff should have appropriate insurance for the activities that they undertake.

The patient must be afforded the same level of privacy, confidentiality and quality of service that they would receive in a fixed practice consulting room. If you are in a care home and you are not seeing the patient(s) in their own room, you should ask for a private room in which to see patients.

When testing patients living in sheltered accommodation, the sight test must take place in the patient's place of residence (i.e. their permanent address) for it to count as a single visit. If you are conducting the sight tests in a communal area (providing there are appropriate standards for privacy in place) this would count as one premise for all the patients seen in that communal area.

When working in a person's own home, it is wise not to enter any rooms other than the one in which the owner is at the time. This protects you professionally.

You must treat the patient's home and property with respect at all times. You should ask permission to use any facilities or move furniture and remember to replace it afterwards.

You must be able to transport your equipment safely. You should use equipment designed for mobile use and you should familiarise yourself with health and safety legislation to ensure that transporting, loading and unloading your equipment is performed safely and hygienically. Your vehicle should be insured for business use.

The equipment required to provide a domiciliary service, along with all the relevant insurances policies and procedures can be found by completing the Quality in Optometry checklist for Additional Services <http://www.qualityinoptometry.co.uk>

The fitting

If a patient buys an optical appliance, a further appointment will be needed to fit them. You do not need to notify the NHS about this as it is a private service (even if the appliance is funded by an NHS voucher). If you are advising that as a result of the eye examination, there is a change to the prescription for spectacles or specification for contact lenses, the carer or patient should be given adequate advice about costs etc prior to the optical appliance being ordered. Again it is wise to check with the patient the day before you intend to arrive to deliver and fit the spectacles to ensure that the appointment it is still convenient.

As with the fitting of any spectacles, you will need a frame heater and tools for minor adjustments.

Any dispensing to people who are registered sight impaired or severely sight impaired must be done by or under the supervision of a GOC or GMC registrant.

If you supply any optical appliance you must 'make arrangements' for the person to receive aftercare for as long as may be reasonable. You should therefore leave your contact details with the patient or carer so that they can contact you should their spectacles require any further adjustment or they need further wearing advice or support.

Reminders

Reminders can be sent to the patient in the normal way. However it is important to remember that the patient or their authorised representative (e.g. a relative or care home official responsible for the individual's care) **must** request the sight test. Do not assume that they will require your service again as they have free choice of provider and even though you issue the reminder they are free to take up the services of an alternative provider if they wish to.

Referrals

If you wish to refer the patient you must make sure that it is in the best interests of the patient. You must also respect the patient's wishes. For example, a very elderly patient who has a cataract in one eye but can see well with the other may not want to go through the inconvenience or risk of hospital visits and surgery. If the patient refuses to be referred, or if you have advised non-referral, your clinical record should reflect this and the decision-making process. Please also ensure that the patient's carer is aware of the patient's choice.

Wherever you work you should familiarise yourself with the local referral pathways, which may vary according to where the patient lives.

Receiving payment

In England, Wales and Northern Ireland, if a sight test is to be NHS funded, a GOS 6 sight test application form must be completed and signed by the patient or the person authorised to sign on their behalf. Although it is acceptable for you to assist in completion of the form, signing the patient declaration must never be done by the practitioner carrying out the test or any of the provider's staff. You must ensure that the patient or carer verifies that all the information on the form is accurate. It is also the responsibility of the optometrist or ophthalmic medical practitioner conducting the sight test to verify that the patient is entitled to an NHS funded test by asking for evidence of entitlement, just as in community practice. If you have not seen evidence of eligibility, you must enter a cross in the 'evidence not seen' roundel on the form.

A patient or their carer must specify on their GOS6 the specific illness or disability which prevents them from attending a practice unaided. An actual medical condition should be used, not symptoms. If in doubt, call the NHS regional team or Health Board to check.

In England and Wales, the fee payable for NHS domiciliary visits are usually the same. In Northern Ireland, they may vary slightly. These are usually a higher fee for the first and second patients seen at one visit and a lower fee for third and subsequent patients.

It is important to check which fees are in operation in each country and that the correct forms are used, so that applications are not rejected. Up to date sight test fees can be found [here](#).

In Scotland, the NHS funds eye examinations for everyone. Patients are entitled to a domiciliary sight test if they are unable to visit a high street optician unaided. As for the rest of the UK, there is a higher fee for a domiciliary visit for the first and second patients seen at one visit and a lower fee for third and subsequent patients. In Scotland, GOS payments can be claimed electronically with real time validation. More information on this is [here](#).

You must submit GOS 6 forms within six months of the sight test in order to receive payment.

Where residents in sheltered accommodation (individual properties e.g. chalets/apartments as opposed to communal living) have individual postal addresses and are seen at these addresses, these should be considered as individual visits and a separate domiciliary fee should be claimed for each.

If private sight tests are carried out in domiciliary settings, patients should be made fully aware of the costs of the sight test in advance. If the patient themselves does not have capacity to consent, you must make sure that the person who is consenting on behalf of the patient knows the cost of the consultation and agrees to this, and that they have the correct permission or legal power to consent on their behalf. Patients must not be made to pay a fee for sight testing before the sight test takes place (s.26 (4) (b) Opticians Act 1989).

You should make clear to patients having a private sight test what effect, if any, having a private sight test may have on their NHS entitlements in the future (e.g. they will not normally be entitled to an NHS sight test or able to access NHS vouchers towards the cost of spectacles or lenses until their next sight test is due).

Where the service is delivered

Under an additional services contract you may only provide GOS at the patient's normal place of residence – that is their own home, or the care home in which they live – or at a day centre.

Day Centres

GOS services can be provided at day centres that are recognised by the NHS. In these cases the same rules of eligibility apply: the individual has to be unable to leave home unaccompanied due to physical or mental illness or disability. The GOS6 form is used for these visits, and must be endorsed with the reason the patient was unable to leave the day centre unaided. However you cannot claim the domiciliary supplement part of the fee for sight tests that are conducted at day centres, only the normal GOS sight test fee.

Hospitals/Respite

You cannot provide GOS services to a patient in hospital, hospice care, in respite care or while they are staying with a relative.

Capacity and consent

Capacity

The Mental Capacity Act 2005 in England and Wales defines a person who lacks capacity as a person who is unable to make a decision for themselves because of an impairment or disturbance in the functioning of their mind or brain. It does not matter if the impairment or disturbance is permanent or temporary. A person lacks capacity if:

- They have an impairment or disturbance (for example a disability, condition or trauma or the effect of drugs or alcohol) that affects the way their mind or brain works, and
- That impairment or disturbance means that they are unable to make a specific decision at the time it needs to be made.

An assessment of a person's capacity must be based on their ability to make a specific decision at the time it needs to be made, and not their ability to make decisions in general.

Under the Mental Capacity Act, a person must be assumed to have capacity unless it is established that they lack capacity. If there is any doubt, then you should assess the capacity of the patient to take the decision in question. This assessment and the conclusions drawn from it should be recorded in the patient notes.

The Mental Capacity Act Code of Practice outlines a two-stage test for capacity

1. Does the person have an impairment of the mind or brain, or is there some sort of disturbance affecting the way their mind or brain works? (It doesn't matter whether the impairment or disturbance is temporary or permanent).
2. If so, does that impairment or disturbance mean that the person is unable to make the decision in question at the time it needs to be made?

In assessing a patient's ability to make a decision you should consider:

- Does the person have a general understanding of what decision they need to make and why they need to make it?
- Does the person have a general understanding of the likely consequences of making, or not making, this decision?
- Is the person able to understand, retain, use and weigh up the information relevant to this decision?
- Can the person communicate their decision (by talking, using sign language or any other means)? Would the services of a professional (such as a speech and language therapist) be helpful?

Consent

For consent to be valid it must be given voluntarily, without pressure or undue influence, by an appropriately informed person who has the capacity to consent. The person giving the consent [the patient, or someone with legal power to consent on the patient's behalf (see p. 13)] must understand the nature and purpose of the procedure.

In considering what information to provide (in the first instance about the sight test and then to any subsequent treatment), you should try to ensure that the person is able to make an informed judgement on whether to give or withhold consent. Any potential risk of adverse effects arising from the procedure must be outlined for the person giving consent. If you feel there may be doubt at a later date as to whether the patient consented to a particular procedure you should record the discussions that you had with the patient, and how you obtained their consent in the patient notes. You may find it helpful to ask the patient to sign a consent form, although this on its own is not evidence of informed consent.

Where there is any doubt about the person's capacity, it is important, **before** the person is asked to sign the form, to establish both that they have the capacity to consent to the intervention and that they have received enough information to enable valid consent to be given.

In Scotland the Adults with Incapacity Act 2000 applies. In NI the Mental Capacity Act 2016 (Northern Ireland) applies

The College has guidance on consent <http://guidance.college-optometrists.org/guidance-contents/communication-partnership-and-teamwork-domain/consent/> and the GOC has published supplementary guidance on consent – see <https://www.optical.org/en/Standards/consent-guidance/index.cfm>

Confidentiality and sharing patient information

Confidentiality

Before undertaking an examination, you should establish with the patient what information they want you to share, with whom and in what circumstances. This is particularly important if the patient has fluctuating or diminished capacity or is likely to lose capacity, even temporarily. Early discussions of this nature can help to avoid disclosures that patients would object to. They can also help to avoid misunderstandings with, or causing offence to, anyone the patient would want information to be shared with. These discussions should occur in a private place, where the patient's confidentiality will not be breached.

If anyone close to the patient wants to discuss their concerns about the patient's health, you should make it clear to them that, while it is not a breach of confidentiality to listen to their concerns, you cannot guarantee that you will not tell the patient about the conversation. You might need to share with the patient information you have received from others, for example, if it has influenced your assessment and treatment.

You should not refuse to listen to a patient's partner, carers or others. Their views or the information they provide might be helpful in your care of the patient. You will, though, need to consider whether your patient would consider you listening to the concerns of others about your patient's health or care to be a breach of trust, particularly if they have asked you not to listen to particular people.

The time may come for some patients when they no longer want, or are no longer able, to handle their own affairs. When this happens they may want you to deal with someone else on their behalf.

Sharing a patient's information with a third party can be a complex matter. You will need to know whether the third party has the legal power to act on the patient's behalf and what type of legal power they have. There are three different categories:

- Legal power
- Permission but no legal power
- No permission and no legal power

The information you can share depends on which of the three categories applies.

The College of Optometrists has published guidance on confidentiality <http://guidance.college-optometrists.org/guidance-contents/communication-partnership-and-teamwork-domain/confidentiality/>.

Legal Power

There are a few different types of legal power in **England and Wales**

Name	Used for	Details
Lasting Power of Attorney (POA) (property and affairs)	Making decisions about finances, including managing a bank account or selling property / accessing the person's relevant information	Needs to be registered with Office of the Public Guardian before use. Can be used while the person is still able to make decisions for themselves.
Lasting Power of Attorney (health and welfare)	Making decisions about where to live; day-to-day care and treatment; accessing the person's relevant information	Needs to be registered with Office of the Public Guardian before use. Can only be used once a person is no longer able to make decisions for themselves.
Enduring Power of Attorney	Making decisions about property and affairs, including financial affairs and accessing the person's information	Can no longer be created but will be accepted if created before 1 October 2007
Ordinary / General Power of Attorney	Only covers decisions about property and finance	Limited power and can only be used while a person is still able to make decisions for themselves.
Deputyship	Court order appointing a deputy to deal with financial affairs or a welfare decision. Someone can apply to become a deputy if the person has lost mental capacity and had not previously made either type of POA	Can only be used to make decisions as specified by a court order.

In **Scotland** the following types of legal power exist

Name	Used for	Details
General Power of Attorney	Usually created for a set time or for a specific issue	Needs to be registered with Office of the Public Guardian for Scotland before use.
Continuing Power of Attorney	Allows for taking care of the granter's day-to-day finances, and (depending on exact wording of the power of attorney) do things like pay bills, deal with their bank accounts, collect benefits and money payable to them, and buy or sell property.	Needs to be registered with Office of the Public Guardian for Scotland before use. Can be used while the granter is still capable, however, some may specify that they can only be used when a granter has lost the capacity to make decisions for themselves (after a medical assessment).
Welfare Power of Attorney	Allows for making decisions on behalf of someone else about their personal welfare. This can include decisions about care arrangements, where the granter lives, their clothes, diet and leisure activities; and giving or withholding consent to medical treatment.	Needs to be registered with Office of the Public Guardian for Scotland. Welfare attorneys may have access to personal information, such as health records, if this is specified in the power of attorney. Can only be used for someone without the capacity to make decisions for themselves (after a medical assessment)
Combined Power of Attorney	Combined powers of attorney include both welfare and financial powers. The financial powers can be effective immediately. They will remain in place even if the granter subsequently becomes incapable of managing their own affairs. The welfare powers can be used only if the granter has become incapable of managing their own welfare.	Needs to be registered with Office of the Public Guardian for Scotland.

In **Northern Ireland**, there are three forms of legal power

Name	Used for	Details
Ordinary Power of Attorney	Allows for management of financial affairs and property. Power can be limited by the granter.	Needs to be registered with Office of Care and Protection. Only valid while the granter has capacity to manage their finances themselves.
Enduring Power of Attorney	Has the same power as an Ordinary POA above. Attorney can manage all or part of granter's financial affairs while they are still able and will take full control if the granter becomes incapacitated.	Needs to be registered with Office of Care and Protection once a granter loses capacity.
Controllership	Managing the affairs of an incapacitated person.	Appointed by the Office of Care and Protection to manage an incapacitated person's affairs where no Enduring POA has been made.

When someone tells you they have legal power to request information about a patient and asks that you share information with them, it is important that you know which type of power they have. The request for information should be made in writing explaining what information they require and why. You should ask for sight of the document that gives them legal power and for evidence of their own identification. Once you have seen the legal power you should then treat the third party as if you were dealing with the patient directly.

Permission but no legal power

Provided that you are satisfied that the patient has given permission for their information to be shared with a named third party you can share the information as requested. The permission can be given verbally, even over the phone, or in writing. You should ask for evidence of the third party's identification and only share that information for which permission was given.

No permission and no legal power

In these circumstances normally you cannot share information with a third party. Being a relative of the patient does not give a third party an automatic right to be given information about them. You can listen to the third party and allow them to give information to you that might help with a decision you need to make about someone's optical care, but you must not give them any information that you hold.

Patients with dementia

We strongly recommend that all members of staff who are involved in providing domiciliary sight tests, dispensing or fitting undertake training about dementia, its types, effects and ocular complications. This is because a very large number of the people who require domiciliary visits have dementia to some degree.

You will need to be familiar with the requirements of the relevant Act relating to mental capacity for the country in which you operate (see p. 11) and also who you can share information with.

You should follow the College of Optometrists' Guidance on examining patients with dementia or other acquired cognitive impairment. This is available here: [Guidance for examining patients with dementia](#)

More information about LPA and information sharing is available through the Alzheimer's Society available at https://www.alzheimers.org.uk/info/20032/legal_and_financial/130/lasting_power_of_attorney.

Patients under sixteen years of age

On some occasions, domiciliary practitioners will be required to examine patients under the age of 16. In these circumstances it is imperative that you consult with the patient's parent/ legal guardian or carer before undertaking any course of action, as you would with young patients in a high street practice.

Patients with learning disabilities

Domiciliary practitioners will be required to examine patients with learning disabilities including those in special educational environments. 6 in 10 people with learning disabilities need a refractive correction and often need support to get used to wearing glasses. In many cases, administering a sight test to a patient with learning disabilities requires some direct communication with the patient about their needs and a professional judgement on the best methods to assess their vision.

Undertaking a traditional Snellen acuity test will not be appropriate for many patients with learning disabilities. Forced choice preferential looking techniques, picture/letter matching tests or other measures such as contrast sensitivity can be useful in demonstrating reduction in visual function.

A functional visual assessment may also be useful in determining how the patient uses their vision day to day, and help establish if there has been a change in visual function.

The College of Optometrists have guidance for practitioners on examining patients with learning disabilities: [Guidance for examining patients with learning disabilities](#). The College, together with the Vision 2020 learning disability committee have developed a [checklist](#) for provision of optometry to patients with learning disability.

LOCSU have also developed an excellent comprehensive [pathway](#) for the provision of community eye services to children and adults with learning disabilities. SeeAbility have also created some very useful resources which can be found here: <https://www.seeability.org/Pages/Site/looking-after-your-eyes/Category/eye-tests>.

Further Resources

General Optical Council (2016): Standards of Practice for Optometrists and Dispensing Opticians
https://www.optical.org/en/Standards/Standards_for_optometrists_dispensing_opticians.cfm

General Optical Council (2017): Supplementary Guidance on Consent
<https://www.optical.org/en/Standards/consent-guidance/consent-guidance-contents.cfm>

Optical Confederation: Sight tests at home. This leaflet provides information about what a patient carer or relative should expect from a domiciliary eye care service, and any potential provider would be wise to familiarise themselves with it.

http://www.opticalconfederation.org.uk/downloads/guidance/Sight_tests_at_home_WEB.pdf

The equipment required in order to provide a domiciliary service, along with all the relevant insurance policies and procedures can be found by completing the Quality in Optometry checklist for additional services <http://www.qualityinoptometry.co.uk/login/>

Domiciliary Eyecare Committee: Lone Working Guidance
<http://www.opticalconfederation.org.uk/downloads/guidance/lone-working-guidance2014-final.pdf>

Optical Confederation: Safeguarding Children and Vulnerable Adults
<http://www.opticalconfederation.org.uk/downloads/guidance/oc-safeguarding-guidance-and-the-prevent-strategy-2014.pdf>.

DOCET has training to both level 1 and level 2 regarding safeguarding children and also has training regarding safeguarding vulnerable adults <http://www.docet.info/cms/safeguarding/index.cfm>

It is wise for the domiciliary optometrist or dispensing optician to avail themselves of both the guidance and the training before embarking on a career in domiciliary eye care. ABDO also provides a level 2 safeguarding course for those working with children.

Age UK: Power of Attorney and capacity <http://www.ageuk.org.uk/money-matters/legal-issues/powers-of-attorney/power-of-attorney/>

College of Optometrists: Guidance for professional practice (2017). Particularly pertinent chapters include:

- The routine eye examination
- Examining patients with learning disabilities
- Examining patients with cognitive impairment
- The domiciliary eye examination
- Prescribing spectacles
- Partnership with patients
- Consent
- Confidentiality
- Working with colleagues
- Referrals

Local Optical Committee Support Unit: Pathway on providing community optical services to children and adults with learning disabilities.
https://www.seeability.org/uploads/files/PDFs_Books_non_Easy_Read/LOCSU-pathway-2013.pdf

For further information and queries on domiciliary care, please contact [**domiciliary@opticalconfederation.org.uk**](mailto:domiciliary@opticalconfederation.org.uk)