



## **Improving uptake of eye care among older people: developing a training programme for GPs**

### **How can we encourage general practitioners to identify sight loss in older people?**

**This publication summarises findings from research conducted by Professor Steve Iliffe and Kalpa Kharicha, University College London and Skanda Wijeyekoon, GP.**

### **Summary**

- Older people with undiagnosed sight-loss are more likely to have received only basic education, be isolated, depressed, need assistance with daily living, have impaired memory and poorer self-rated health. Stoicism and stigma influence people's decisions about attending eye examinations.
- These characteristics were built into two heuristics (rules of thumb) to encourage GPs to identify older people who would benefit from an eye examination: FOCUS and BLINDS.
- Testing with 25 GPs found that the heuristics were time-consuming, unclear and difficult to remember. More experienced GPs were resistant to using heuristics at all.
- As a result an alternative 'pattern recognition' approach is being tested with GP registrars using vignettes of cases where undiagnosed sight loss might contribute to a patient's difficulties, and with practice nurses, using guidelines on managing patients with complex problems.

## Background:

Despite the availability of free sight examinations and a well-developed network of NHS specialist eye services, a significant minority of older people have undetected visual impairment. A substantial proportion of this unrecognised sight loss is treatable, such as refractive errors and cataracts. However, methods of identifying those with unrecognised vision loss and ensuring they attend for eye examinations need to be identified. A Cochrane review of 'Community screening for visual impairment in the elderly' which reported in 2008 found that routine screening does not lead to improved visual function in this population. 'Opportunistic case-finding', through routine encounters, such as in general practice, may be more effective

## 'Opportunistic case-finding'

The research team explored the potential to develop an intervention for general practitioners to equip them to detect sight loss in older people. They found that:

- Older people with undiagnosed sight loss were more likely to have received only basic education and were at risk of isolation and depression. They often needed assistance with activities of daily living, had impaired memory and reported fair or poor health.
- Two questions from the Visual Function Questionnaire predicted vision loss; those reporting "a little or more difficulty" with close vision hobbies and those reporting "a little or more difficulty" with reading newspaper print. These people were more likely to have poorer self-reported vision three years later.
- Sight loss is often part of a 'package' of disabilities, and may be an indication that the individual is likely to experience further health problems in the near future.
- Stoicism and stigma influence older people's decisions to have eye examinations.

The research team proposed an approach for use during routine consultations that built these characteristics into heuristics ('rules of thumb' used for decision-making), to prompt simple screening questions about sight loss.

Pocklington's Research Findings 21 and Occasional Paper 18 give fuller details of these initial findings. The second phase of the project developed and tested the heuristic and screening question approach.

### **The heuristic approach**

Following consultation with an expert group from general practice and eye care, a two step strategy was proposed as follows:

1. In **every** consultation with an older patient, GPs or practice nurses should use one of the following heuristics:

#### **'FOCUS'**

**F**railty is a marker for sight loss; vision loss can be a part of frailty

**O**ppportunistic **C**hecks - use the two questions described below, about close vision work or hobbies, or reading newsprint.

**U**nrecognised visual function loss may be correctable, and could lead to significant improvement in the quality of life.

**S**toicism and **S**tigma are barriers to action to improve vision.

#### **'BLINDS'**

- **B**rain – memory loss
- **L**ow income
- un**I**nformed – low educational attainment
- **N**eed – (disabilities)
- **D**epressed
- **S**toicism or **S**tigma

2. If these suggest a person is at risk, the clinician should ask:

- Do you have any difficulty with hobbies that need close vision?
- Do you have any difficulty with reading newspaper print?

## Testing the approach

Twenty-five GPs of varying levels of experience were consulted on their views of the two heuristics through individual face-to-face or telephone discussions, group discussions or email exchange.

## Findings

Several GPs were unclear how they would use the heuristics and needed them explained. Several felt that the characteristics highlighted in the heuristics were not specific enough to vision – they describe many older people seen by practitioners – and did not raise the profile of visual impairment. There were differences in preferences between the two heuristics and strengths and weaknesses were identified in both.

There were differences of opinion on the feasibility of using heuristics in primary care. More recently qualified GPs were more likely to be in favour of heuristics per se as *'they can help you remember to do things'*. The more experienced GPs were less keen and preferred to *'work as a generalist, think for themselves and use professional experience'*. They thought it was impractical to have a heuristic for every condition. It was also felt by some that a number of characteristics in the heuristics were subjective, and defining them would be time consuming. Another concern was that they would identify too many patients.

All GPs questioned the use of a heuristic for visual impairment in every consultation, mainly due to the lack of time available at consultations. Consultations with older patients tended to be longer than average and when issues needed to be prioritised they were more likely to focus on those that are incentivised as part of the Quality and Outcomes Framework (QoF). They felt the use of heuristics might be better in consultations about conditions that impact on eyes, like diabetes and hypertension, discussions about falls or low mood, with carers or as a part of existing patient checks - for example the housebound, annual and new patient checks.

Several GPs identified the housebound older population as being a group where implementing a visual impairment heuristic would be particularly difficult, mainly because GPs

only have time to deal with acute issues. They questioned whether other members of the primary care team might be better placed to use the heuristics. Practice nurses may have more time and be able to incorporate checks into other monitoring.

Some participating GPs acknowledged that visual impairment is a topic that gets forgotten in a consultation and levels of confidence in recognising and responding to visual impairment ranged from “not confident” to “average”.

## **Conclusions and next steps**

It was clear that the ‘rules of thumb’ proposed were seen as time-consuming, unclear and difficult to remember. All GPs felt it would be a challenge to use the heuristic during a ten minute consultation. Given these responses, the research team did not pursue the use of the heuristics through to field testing and ‘returned to the drawing board’.

In the next phase of the project, the research team will use vignettes to test whether encouraging a ‘pattern recognition’ approach to educating primary care staff about undetected visual impairment in older patients is acceptable and effective. The vignettes detail cases which are not obviously about sight loss, but should trigger enquiry about sight alongside co-existing patient problems. They will test this approach:

- in training workshops attended by GP registrars;
- by embedding vision-related pattern recognition in an MRC funded health promotion study (the WISH project), where practice nurses are being trained to identify and contact older people with complex health and social care needs.

Reports on this phase will be available in autumn 2013.

## **Authors**

Steve Iliffe & Kalpa Kharicha, Research Department of Primary Care & Population Health, University College London.

Skanda Wijeyekoon, General Practitioner, Wood Green, North London.

## How to obtain further information

Available to download from [www@pocklington-trust.org.uk](http://www@pocklington-trust.org.uk):

- Occasional Paper 18 Obstacles to improving visual health in older people, March 2009
- Research Findings 21 Obstacles to improving visual health in older people, March 2009

A full report entitled 'Developing a training programme to improve uptake of eye care services among older people' is available from:

Thomas Pocklington Trust  
Pier House  
90 Strand on the Green  
London W4 3NN

Telephone: 020 8995 0880

Email: [research@pocklington-trust.org.uk](mailto:research@pocklington-trust.org.uk)

Web: [www@pocklington-trust.org.uk](http://www@pocklington-trust.org.uk)

Copies of this document are available in large print, audio tape or CD, Braille and electronic format.

## Background on Pocklington

Thomas Pocklington Trust is a voluntary sector organisation providing services across England which assist and enable people with sight loss to reach their potential. Our five strategic aims are:

**Knowledge:** we increase understanding of how to prevent avoidable sight loss, how to provide the most effective support to alleviate sight loss and how to apply this knowledge.

**Empowerment:** we enable people with sight loss to have control over their lives and their services.

**Services:** we provide services that people with sight loss need.

**Housing:** we help people with sight loss to get and keep a home that meets their needs.

**Sustainability:** we will be there for the long term future.

Research is a keystone of our 'knowledge' strategic aim. We manage a programme of research to identify and promote practical ways in which Pocklington and others can improve the lives of people with sight loss.

Our research team works with a range of partners who are recognised across the sight loss sector and in the academic world. We welcome collaborative opportunities and research proposals related to our main themes and priorities. You can find out more about Pocklington and its research programme at [www.pocklington-trust.org.uk](http://www.pocklington-trust.org.uk).

Thomas Pocklington Trust  
Pier House  
90 Strand on the Green  
London W4 3NN

Telephone: 020 8995 0880  
Email: [research@pocklington-trust.org.uk](mailto:research@pocklington-trust.org.uk)

*In this publication, the terms 'visually impaired people', 'blind and partially sighted people' and 'people with sight loss' all refer to people who are blind or have partial sight.*

## Thomas Pocklington Trust



Housing and support for  
people with sight loss

Pier House  
90 Strand on the Green  
London W4 3NN

Tel: 020 8995 0880

Email: [info@pocklington-trust.org.uk](mailto:info@pocklington-trust.org.uk)

Web: [www.pocklington-trust.org.uk](http://www.pocklington-trust.org.uk)

Published by Thomas Pocklington Trust  
Registered Charity No. 1113729  
Company Registered No. 5359336

ISBN 978-1-906464-52-3



9 781906 464523