**NES AHP Contribution to Public Health**

Meeting with Dawn Buchan, Marie Cleary and Pamela McGuigan , Orthoptists , NHS Greater Glasgow and Clyde

18 February 2022

**Summary of profession and key populations**

Orthoptists specialise in the diagnosis and non-surgical management of eye movement and vision problems. Routinely orthoptists help to treat: squints (strabismus), lazy eyes (amblyopia) and double vision (diplopia). They specialise in assessing vision of people of all ages and monitoring their visual development. They manage amblyopia through the use of glasses and occlusion therapy, commonly in the form of eye patch treatment using adhesive or fabric patches, or eye drop treatment as an option when appropriate. In adult patients they offer help with diplopia caused by any misalignment of the eyes or where there are difficulties with the eyes working together as a pair. They have several techniques to help manage this such as prisms and eye exercises.

Patient groups include: myasthenia gravis, diabetic eye disease, Thyroid Eye Disease (TED) patients (smoking is a major risk factor for worsening disease), pituitary tumour patients.

Orthoptists don’t tend to specialise in one area like other AHP professions do, tend to be “Jack of all trades”. However, Dawn and Pamela are Advanced Practice Orthoptists so they have specialised areas. Dawn’s specialist area is Idiopathic Intracranial Hypertension (IIH) and Pamela’s is Stroke but they both also do a lot of neurological work.

Orthoptists diagnose and manage as well, they don’t specialise in one or the other. It's from the start to the end, from diagnosis, treatment plans all way through to managing conditions as well. They see both inpatients and outpatients at the hospital, although the majority of their work is outpatients. They also get referrals for people with eye problems from the Acute Referral Centre, Accident and Emergency or the Medical Investigations Unit.

Orthoptists work across a number of sites and in a lot of different locations e.g. nursery schools, primary schools, child development centres.

Referrals are accepted from a variety of people including hospital doctors, GPs, health visitors, nurse practitioners, community optometry, and occupational therapists. The service in Greater Glasgow and Clyde is a tertiary referral centre for the West of Scotland and so also receive referrals form outwith the area including Lanarkshire, Dumfries and Galloway, and Ayrshire and Arran. It is mostly health professionals that refer rather than education. There is no system for self-referrals.

Orthoptists work closely with Consultant Ophthalmologists, and because of their specialities, Dawn and Pamela also work closely with neurologists.

Relatively small profession with approximately 90 orthoptists across Scotland.

**Contribution to health protection**

Orthoptists are involved in screening preschool children to check that vision is developing normally in both eyes and that the eyes are working together as a pair. This is a nationwide programme across Scotland called See4School. Normally this is done by orthoptists going into nursery schools to screen the children but this was halted during COVID-19 and so the screening has recently been done in schools to screen children who were missed during lockdown. This is universal screening. In nurseries, parents have to consent to screening but it has been blanket consent in schools.

<https://www.youtube.com/watch?v=vkE3_1ApC0k>

See4School paper <https://www.bioj-online.com/articles/10.22599/bioj.138/>

See4School Blog https://ahpscot.wordpress.com/2020/01/24/an-ordinary-day-in-the-life-of-an-orthoptistpreschool-vision-screening/

**Contribution to wider determinants**

The work of orthoptists improves the health and wellbeing of patients in a number of different areas including enabling people to work or choose certain careers, being able to drive again after correction of double vision and improving mobility after stroke by correcting double vision.

Supporting vulnerable communities – there are a lot of child support issues so orthoptists are trained in this and liaise with health visitors and health visitors are very aware how to access orthoptists. There are quite a few nurseries and primary schools that they go into where some of the children have language difficulties but the visual field tests can be used in children who don't have English as their first language so they are very inclusive. There are lots of children in the child development centres that have no verbal communication but this is not necessary for the testing they do, still able to overcome this. The vision tests they use can be used with patients who have communication disorders or learning difficulties. Don't have very many barriers to overcome to be inclusive of different ethnic minorities or people with learning difficulties or people who are physically unable to do things. There's always a way around these things. Leaflets and resources are available in different languages. All leaflets that they produce have to go through a leaflet development group, who give guidance on how to make them accessible to the wider community.

It is not easy to move the service around to make it more accessible as have lighting conditions and equipment that has to be fixed to the wall so can only be used in certain areas. Not possible to have drop-in service, for example, because of specialist equipment used.

They recognise that there are a lot of people out there that don't engage with the hospital, particularly older patients. This is often because “they didn’t want to bother anyone, hoped it would go away on its own.” Alternatively might not have any support to get to hospital and some have been anxious about coming due to COVID-19.

Financial issues – because IIH is not very well known, it is a difficult one when patients are trying to apply for benefits. Dawn has given patients information on the condition to help them apply for benefits and signposts to Citizens Advice if they have financial issues.

**Contribution to health improvement**

Patients with IIH are frequently women of child bearing age who have obesity. They know that they have an open, safe space to discuss the reasons for their obesity and then would try to determine where is the best place to signpost them to. Have had training from the Glasgow Weight Management Service on what the service can offer and who is appropriate to refer.

Also look at lifestyle factors that result in poorer outcomes in TED patients. In stroke, there are lots of areas where can be signposting patients such as smoking cessation stroke specialist psychologist if not coping well, DVLA if not able to meet driving standards. Pamela frequently signposts patients to Visibility Scotland, a charity that supports people with sight loss, for help and support.

Because receive referrals from outwith NHS GG&C, need to be aware of where to signpost patients to in other health board areas.

Preconception advice - patients in IIH clinic are frequently women of child bearing age so they need advice on the drugs that they're taking and the side effects before they get pregnant. Some drugs negate the contraceptive pill therefore other protection needs to be used. Additionally, patients would be advised not to become pregnant while taking certain drugs. Some of the neuro patients may have genetic disorders and would get advice regarding the likelihood of them passing on the gene.

**Contribution to population healthcare**

Supported self management of long term conditions - they are involved with monitoring of vision in patients with long term conditions. There is an orthoptist-led pituitary clinic to assess visual fields and colour vision and check for any changes on an annual basis. People with pituitary tumours can be monitored for many years, would discuss likely prognosis and how often they need scanned. They support patients to self manage conditions like pituitary tumours and myasthenia gravis. They can be stable for a few years and have very little involvement, but then might have an acute relapse so they have rapid access clinics; patients don’t have to go through referral procedures. Dawn has worked with [hope for the community](https://www.h4c.org.uk/), a charity that aims to empower people with longterm conditions, to set up programmes to support people with IIH so that they needed fewer appointments and know how to access help. Patients were consulted about what they wanted from the programme, which is digital based.

Rehabilitation, recovery and reablement - can work with children for years from when they are tiny babies and will provide advice on what will be the future for them, how many visits they will have with optician and how long they will need their glasses for. Many of their patients can’t drive as a result of double vision or visual field defects and need to be able to drive to get back to work. Managing these defects allows people to resume driving and therefore return to work. It promotes independent living. Visual impairment in stroke such as loss of visual field or double vision can delay people’s rehabilitation and stop them from progressing. Having 2 images of something is very disorientating and causes a lot of difficulties with everything that you do. This is the acute stage but orthoptists are also involved helping patients to manage their own condition on a longer term basis e.g. in IIH clinic helping patients to have an understanding of what the condition, what they can do to help themselves and what support is available.

**Undergraduate training and Practice Placements**

Orthoptics is a four year course and is only taught in GCU, Liverpool and Sheffield. Approx 30 students are trained per year at GCU. Students have placements throughout all four years. They generally do not come on placement for weeks at a time but instead have daily placements. However, sometimes fourth year students will come on a four week placement block. COVID-19 has caused a lot of issues with learning and practice placements so students are not getting the same hands on experience as they were pre-COVID. It is difficult to strike a balance between the core skills that they have to learn, but also looking at the wider agenda.

Students will spend time with Visibility Scotland as they work well with the students and are very good at showing students what it's like from the patient’s point of view, what patients are experiencing.

**Impact of COVID-19 on service**

Had to do pre-school screening in schools rather than nurseries. There is a backlog of patients in stroke and neuro-ophthalmology. They suspect there are people out there who may have tumours or may have had strokes that they have not seen because of the waiting lists.

Because of COVID-19, department is doing a lot more telephone consultations in between clinic appointments, to check how patients are getting on with any treatments they have been given. That has been really useful and is probably here to stay. It has been a positive outcome.

There is now more lone working so it is more difficult to provide newly qualified members of staff with the same level of support. It used to be two people working together.

**Professional body**

The British and Irish Orthoptic Society do public awareness campaigns on the orthoptist’s role and the conditions that orthoptists would be involved with. There is a public access section on the website with signposting so would direct patients to that.

**Useful websites and resources**

[Home - British and Irish Orthoptic Society](https://www.orthoptics.org.uk/)

[Home - Chest Heart & Stroke Scotland (chss.org.uk)](https://www.chss.org.uk/)

[IIH UK - (Idiopathic intracranial hypertension)](https://www.iih.org.uk/)

[Functional Neurological Disorder (FND) – A Patient's Guide to FND (neurosymptoms.org)](https://www.neurosymptoms.org/en_GB/)

[Sleepio | Can't sleep? Get to sleep and stay asleep without pills or potions](https://www.sleepio.com/) – useful for patients with sleep apnoea

**Further input**

Do not have any recent examples of work that could be written up as case study for publication on RSPH website but may have in the latter part of the year. They are treading water just to cover the clinical commitments and cope with staff shortages at the moment.

Dawn consented to being contacted again for further involvement in this work if appropriate dawn.buchan@ggc.scot.nhs.uk

**Sheila Wilson**

**24 February 2022**