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The nature, scope and value of ophthalmic nursing

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Introduction

The prevailing theme in the previous Nature, scope and value of ophthalmic nursing publications (1990, 2000, 2009) is that modern ophthalmic nursing is dynamic. Ophthalmic nursing continues to expand and develop. In order to meet the needs of patients, policy makers and public perceptions, ophthalmic nursing care has had to change to incorporate the challenges of evolving health care demands. The profession is faced with expectations to maximise capacity, embrace new technology and treatments and utilise ophthalmic specialist skills, whilst also providing value for money.

Expectations from all stakeholders continue to rise as their knowledge and understanding of health care needs grow. Furthermore, the Five Year Forward View (NHS England, 2014) outlines the need for better integration of services, more effective care provision and improved patient flow. These expectations and developments have allowed ophthalmic nurses to broaden their skills, expanding their practice into innovative areas and embracing new and enterprising ideas to improve care for patients. However, our profession should recognise that providing ophthalmic nursing care is the responsibility of a broad spectrum of health care providers and that the people providing that care are likely to be from a range of professional and educational backgrounds. Ophthalmic nurses provide support and education, and share their skills in an expanding range of health care settings, such as nursing care homes or GP practices.

Previous Nature, scope and value of ophthalmic nursing publications were created with two specific aims; firstly, as a strategic vision and secondly, as a summary of fundamental clinical standards expected in order for ophthalmic nurses to provide elementary care to patients with eye-related and visual issues. The publication reflected an ideal, and provided a platform for informing and driving excellence. This document has now been revised to reflect this same ethos, whilst at the same time acknowledging the current climate of clinical ophthalmic nursing care delivery. The document also recognises that the provision of ophthalmic nursing services should be parallel to modern health requirements within diverse clinical settings and in the wider socio-political health care community.

Maintaining the previous publication's aims, this latest version also attempts to reflect upon the elements which comprise the very essence of ophthalmic nursing, rather than focusing on standards. These elements have been collated under the banner of specific domains.

The domains represent the sphere of ophthalmic nursing and have been established by concentrating on the overarching concept of ophthalmic care provision, hopefully allowing them to be less literal and more adaptable in their interpretation.

It is intended that this publication will provide a baseline for evidence-based care and the impetus for continuing to develop ophthalmic care whilst also striving for excellence in patient care.

**RCN Ophthalmic Nursing Forum**

**The Working Group**

Throughout this document we have collectively referred to those who provide ophthalmic nursing care as nurses or ophthalmic nurses. Similarly, we refer to those individuals being cared for with ophthalmic-related issues as patients.
The nature of ophthalmic nursing

Ophthalmic nursing aims to maintain and promote ocular health within the broader context of patients’ general wellbeing. There are 10 essential elements at the core of ophthalmic nursing.

1. To maintain and promote ocular health

The primary aim of ophthalmic care is to promote a high standard of ocular health (UK Vision Strategy 2013). This necessitates a holistic, patient-centered and multi-disciplinary approach to care, supported with robust evidence and complemented by a competent level of knowledge and understanding of normal and altered anatomy, physiology, the manifestation of eye disease and the impact on a person’s wellbeing.

Everyone has the right to access specialist, high-quality eye care. However, maintaining eye health can be complex in the context of care provision and within the various health care settings. Ophthalmic nurses want the best for their patients and to broaden their knowledge, ensuring they are able to provide holistic patient care beyond the eye. Ophthalmic care is provided in a range of settings, by health care professionals from a range of backgrounds, so it is essential to share knowledge and expertise amongst those groups.

2. To promote education that specifically relates to ophthalmic nursing

Ophthalmic nursing is highly specialised and utilises a multitude of complex and intricate interventions, drawing on an expansive range of nursing knowledge and skill. This specialised expertise is outlined later in this document, but it continues to be important and valued. However, access to bespoke courses, education and training may present a challenge, as nurses need to be self-motivated in their acquisition of knowledge. Indeed, ophthalmic nursing education takes many forms. While specialist courses offer a sound knowledge base, organisations have the opportunity to be creative in providing appropriate education and training for all health staff who come into contact with patients with ocular health issues.

Therapeutic nurse-patient relationships present opportunities to share knowledge to facilitate decision-making and self-care. We know that many individuals find vision loss challenging and life-changing. We support these people, guarding their right to independence whilst treating them as individuals and guiding them back to good health.

The NMC Code (2015) emphasises the requirement for registrants to practise effectively, and education is inherent to this. If nurses do not have the necessary skills and education then it is their responsibility to escalate concerns.

3. To provide specialist knowledge related to quality and streamlined care

Specialist ophthalmic knowledge is fundamental to caring for patients with ophthalmic conditions. Its potential to facilitate continuity and streamline care is well-evidenced, and this has to be recognised and developed by health care organisations and also by nurses themselves.

Ophthalmic nurses draw on their knowledge and specialised skills to provide the highest standards of care to patients and promote continuity of that care.

4. To collaborate with other organisations and groups and draw on resources

Various multi-disciplinary organisations and groups support ophthalmic nurses, and these relationships are essential in order to ultimately improve care. Nurses draw on the expertise of those around them by gaining valuable knowledge from a range of specialists across the multidisciplinary teams. Whether from medical colleagues, orthoptists, educationalists or researchers, or by working together as a multi-disciplinary team, the primary aim is to enhance care for our clients.

The ophthalmic community is a cohesive group and is always keen to share knowledge and support one another.
New ideas and technologies can be developed with the help of organisations outside the health care system, such as the voluntary and commercial sector. The ultimate shared aim is to provide effective and holistic ophthalmic care.

5. To acknowledge patients as individuals

Ophthalmic nurses and the care they provide facilitate an environment in which the patient can be appreciated as a person, not as an eye condition. That individuality is recognised, promoted and valued as part of the caring process. Ophthalmic nurses are well-placed to understand the impact of specific eye-related problems and the consequences that these may have for the patient.

6. To consider patients with courtesy, privacy and dignity

The right to privacy, dignity and courtesy is upheld at all times, no matter what the circumstance. Ophthalmic care is not solely the remit of specialised skills but is based firmly on the basic fundamentals of care. This means protecting the patient’s dignity, and respecting their privacy and the informed decisions they make. This is especially relevant for people whose vision may limit their ability to advocate for themselves.

7. To ensure patients, their families and carers are involved in decisions about their care

Where the patient is safely and competently able to, they should make informed decisions regarding their own care, even if it contradicts the practitioner’s beliefs and treatment plan. Facilitating decisions involves spending time to explain, support and reinforce information provided and should be built into all episodes of care.

8. To bring ophthalmic nursing and care to all who require it

Ophthalmic care should be inclusive and provided regardless of environment or situation. Many patients in the primary eye care setting can be vulnerable, and it is imperative to ensure ocular health and safety. Basic considerations such as eye testing, wearing well-fitting prescription glasses, and instilling eye drops at the required time, have far-reaching benefits for the wellbeing of the patient, no matter whether they are on a hospital ward, in a nursing home, on the streets or at home.

The ageing national and global demographic will impact on the number of individuals with eye-related issues, and inevitably an increasing number of those individuals are also likely to access non-ophthalmic health settings where resources relating to their visual needs may be limited. This might for example include a medical ward, a GP surgery or an imaging department. Individuals working in these areas should therefore be provided with training and knowledge to deliver the appropriate level of support for visually-impaired patients.

Ophthalmic nurses have also been pivotal in providing care to those in the most vulnerable situations across the world. Ophthalmic organisations are well-placed to provide advice and support to individuals working in such environments. However, we should also be mindful that infinite resources are not available for this.

9. To provide an appropriate and safe environment for those with visual impairment

It is important to provide appropriate environments for clients with visual disturbance. Ensuring well-lit surroundings and contrast will facilitate safe mobilisation, especially in the home environment. The same conditions should be implemented in hospital settings. The needs of visually-impaired people who receive health care in non-ophthalmic settings are also a consideration, and there is scope for advice from ophthalmic nurses.
The scope of ophthalmic nursing

How can ophthalmic nurses contribute to ophthalmic care?

Ophthalmic nurses have been facilitating, adapting and developing their skills and knowledge to reflect modern care needs in the following ways:

- leading service development: working in partnership with the multi-disciplinary team promotes positive patient outcomes, utilising available resources and skills in response to policy change
- initiating, coordinating and running nurse-led clinics that make the best use of resources and autonomous practice
- assessing, diagnosing, planning and treating patients and managing own caseloads
- utilising additional skills such as slit-lamp examination, biometry, non-medical prescribing or fundoscopy
- managing and delivering the total care pathway for patients within various settings
- practising and making decisions autonomously, combining evidence-based practice, reflection and competent knowledge and skills
- acting as a resource, teacher, educationalist, researcher and mentor
- liaising with various agencies to coordinate and facilitate care
- utilising and undertaking clinical audits and research to enrich and improve patient care
- referring directly to various specialties such as rheumatology, maxillofacial, diabetes, etc.
- acting as advisors and promoters of eye health
- supporting visually-impaired people and promoting their wellbeing

10. To reflect and make a personal contribution to eye health promotion

The significant care contribution from ophthalmic nurses warrants continuous reflection, and reflection on learning is vital to improve patients’ wellbeing. Reflection is a professional requirement and necessary for NMC revalidation, and should be seen as an opportunity to consider best practice and individual contribution to care.

A core principle of ophthalmic care is to promote ocular health, but in order for nurses to evaluate this they must have a good understanding of their role. Reflection provides a platform to conceptualise the contribution that ophthalmic nurses make to providing care, and it is a vital part of nursing practice.
• undertaking specialist surgical roles and minor-operation lists, botulinum injections, AMD injections and sub-Tenon injections.

Some examples of ophthalmic nursing practice include:
• in ophthalmic and general A&E departments, assessing, diagnosing, planning, treating and discharging patients with eye conditions and injuries
• managing referrals from GPs and other primary referral centres
• screening, monitoring and initiating treatment pathways for patients with chronic ophthalmic conditions, such as glaucoma, diabetic retinopathy and dry eye
• pre-assessing, consenting, following up and discharging of patients undergoing various procedures including minor operations, cataracts and macular injections
• managing the care and screening of children with ophthalmic conditions and advising others on their management
• acting as an educator and practitioner, educating others in ophthalmic nursing and ophthalmology
• initiating, leading and collaborating on research and audit within the field of ophthalmology, some of which has been published in appropriate journals, incorporating governance and good clinical practice
• working in specific practitioner roles, including corneal, vitreo-retinal, oculoplastic, glaucoma, counselling and paediatric nurse specialists
• working in Advanced Nurse Practitioner roles that enable the nurse to provide total care and manage their own caseload in a similar way to junior medical roles.

The value of ophthalmic nursing

Attributing value to ophthalmic specialist nursing is complex. Ophthalmic nurses make significant contributions to service provision and provide value for money, even if this has not been formally measured.

Sub-specialisation within major secondary and tertiary ophthalmic units and the creation of specific practitioner roles within ophthalmology nursing have furthered this philosophy. The following illustrate the value of ophthalmic nurses in improving care.

• Ophthalmic nurses are providing a macular injection service, which has improved patient access. Evidence suggests positive patient feedback, increased clinic efficiency and an increased number of patient injections (Li et al., 2009; Kirk et al., 2015).
• Cornea specialist nurses are undertaking collagen cross-linking procedures for treating Keratoconus, as safely and effectively as their medical colleagues (Mason, 2014).
• Glaucoma nurse practitioners have been shown to increase patient access to this specialist service (Slight et al, 2009). Advances in intraocular pressure measurement are having a significant impact on self-assessment of intraocular pressure, facilitating patients’ participation in their own care.
• Oculoplastic specialist nurses undertake minor surgery theatre lists with high rates of success, reduced impact on other theatre lists, and high patient satisfaction (Dunlop, 2010).
• Advanced Nurse Practitioner roles support an autonomously managed patient service, increasing new referrals and streamlining care.
• Ophthalmic nurse practitioners in acute ophthalmic services have a firmly established role managing patients who attend A&E.
• Oculoplastic Advanced Nurse Practitioners (ANP) have been extending their practice; for example, undertaking temporal artery biopsies to help diagnose giant cell arteritis.
The domains of ophthalmic nursing

The domains of ophthalmic nursing are:

- eye health
- visual impairment
- learning disabilities
- paediatric care
- ageing population
- primary care.

Each domain has been further sub-divided into five fundamental key areas:

- social and economic
- professional and legal
- psychological
- educational
- environmental and physical.

Each domain will be considered separately, but due to the holistic nature of ophthalmic nursing there will be some overlap.

Ophthalmic nurses and their contribution to care

Further examples of how ophthalmic nurses contribute to care include:

- updating their knowledge continually and undertaking some of the skills traditionally performed by other professionals, while also understanding and staying within their scope of practice. They are cost-effective, while also improving patient outcomes
- providing all patients with the knowledge and skills to undertake relevant aspects of care, such as the instillation of eye drops
- demonstrating a range of technical skills and practical competencies that allow them to nurse in diverse settings, maintaining high standards of care
- anticipating and meeting the needs of patients within a rapidly changing specialty
- caring effectively for patients with a range of systemic diseases in addition to their ocular conditions
- acting as advisors and promoters of eye health
- managing pre-operative assessment clinics, enabling individualised care and reducing cancellations on the day of surgery
- acting as a specialist resource to patients, carers, health care professionals and others
- liaising with other agencies to support the patient’s eye health needs
- using formal networking within the specialty to promote and advance new ideas, enable the rapid development and implementation of new services and ensure evidence-based practice.

In summary, there is a vast range of skills and expertise amongst ophthalmic nurses. Practice has developed both proactively and in response to the needs of particular settings, and there is potential for this to continue and expand.
Eye health

Ophthalmic nurses must be appropriately positioned to assess, plan, deliver and re-evaluate eye care and promote eye health. Eye health providers need to ensure that they maintain their own knowledge and skills, appreciate their legal and professional accountability and understand the impact of various external factors on eye care provision.

Social and economic

- Nurses need to be aware of the ageing population demographic in the UK, which will place demands on service provision and the requirement for longer-term care for patients (Watkinson, 2009).
- Nurses should consider the cost of treatment for patients and the affordability of basic eye care, such as suitable glasses or travel to hospital for appointments. Costs may restrict access to eye health.
- It is important to collaborate and make best use of other service providers in the community, such as opticians, GPs and pharmacists, which may improve access to eye treatment and care (CCEHC, 2016).
- Regional variations may exist in treatment provision and there is a need to lobby to standardise this across the UK through local and national bodies.
- There should be access to Low Visual Awareness clinics for patients who require it (Shaw & Lee, 2016).
- The personal impact of sight loss, such as loss of work and income, must be appreciated.
- The needs of minority groups and non-English-speaking patients must be considered and planned for.
- Information technology should be used to improve care, for those who have access to it.
- Ophthalmic nurses need to support equality, diversity and individuality when caring for those with eye care needs.

Professional and legal

- All nurses in ophthalmology need recognised and accessible training/qualifications that are updated at required intervals.
- NMC revalidation reinforces the need for updating knowledge, self-audit and reflection, and as such nurses in ophthalmology have a responsibility to engage with the process, ensuring provision of a certain level of care (NMC, 2015).
- To meet changing needs in society, the role of ophthalmic nurses should be continually reviewed in order to adopt new practices and skill sets. It is important to recognise the legalities that come with this, i.e. recognition of their own boundaries/limitations, working within protocols and pathways and an understanding of vicarious liability. It is also important to network and refer to evidence-based practice.
- Adequate risk assessment is essential to ensure a safe environment in relation to:
  - equipment
  - medication/pharmacology
  - patient consent
  - dementia/mental capacity.
- Ophthalmic nurses have a professional responsibility to promote eye health, providing knowledge and expertise for care settings in which patients with ophthalmic conditions may be cared for by non-ophthalmic-trained staff.

Psychological

- The basis of personal eye health is related to psychological wellbeing and vice versa.
- The service user should understand the health education messages and be supported in any decisions they make.
- Resources should reflect the psychological needs of the patient, acknowledging the potential grieving processes associated with sight loss (Stanford et al, 2009).
- Emotional support to overcome non-responsiveness/non-compliance in treatment or behaviour is essential.
• It is important to appreciate factors that may have an impact on eye health, such as UV light, eye safety, sport and work (Kim, 2011).
• Nurses must understand and assess the patient’s environment, especially for those with low vision, such as appropriate lighting and reduction of hazards (Shaw & Lee, 2016).
• Service users should be directed to resources/support networks for low visual awareness.

Educational

• Nurses need a broader understanding of the impact of systemic health on eye health. It is important to promote general health and wellbeing, e.g. smoking cessation.
• Patients require access to appropriate visual assessment and advice for activities such as driving (Shaw & Lee, 2016).
• Approaches to education may need to be population-specific (social marketing, for example).
• Nurses should collaborate with other health care services, such as diabetes, cardio-vascular and rheumatology.
• Vision impairment and barriers to wellbeing i.e. mental health, falls, safety.
• Ophthalmic nurses need to adopt preventative models to reduce the risk of falls (Woof & Åkesson, 2003).
• Eye health should be considered as part of strategic developments in health (CCEHE, 2016).
• Nurses need to be aware of the importance of timely, safe and competent instillation of eye medication.

Environmental and physical

• Nurses need to consider the wider environmental impact of treatment and care modalities. Components such as changes in visual field, contrast sensitivity and stereopsis all increase the risk of falls in the elderly (Dhital, 2010).
• Service users should be considered in the context of their community and lifestyle choices.
Visual impairment

No matter whether the visual impairment is partial, temporary, gradual or complete, the impact to the patient can be devastating.

Ophthalmic nurses have a role in supporting the patient through the effects of visual loss.

There are infinite underlying causes for sight loss and each individual patient will cope in any multitude of ways. In some cases the impairment may be easily correctable. However, there will be those whose visual loss may be irreversible and permanent, and it is these individuals who require the greatest support.

Social and economic

- The ageing population demographic must be considered (Watkinson, 2009).
- Nurses need to appreciate the impact of social deprivation and ethnicity in relation to access to primary care, poor nutrition, smoking, alcohol intake and lack of exercise, all of which can impact on eye health and visual impairment.
- The economic impact of sight loss has been estimated to be over £6 billion in the UK alone (RNIB, 2014), with over 50% being preventable.
- The impact of reduced resources in social care will be considerable, with a predicted visual loss population of over 2.5 million in the UK by 2020 (RNIB, 2014).
- The role of peer support and the voluntary sector at local and national levels needs to be appreciated.

Professional and legal

- Ophthalmic nurses have a role in informing other primary practitioners and members of the multi-disciplinary team of the impact of physical health on eye health.
- Nurses should be aware of risk factors for poor eye health compliance and mechanisms to intervene and increase awareness.
- Nurses have a role in supporting access to wider health needs.
- Nurses must identify and signpost for practical and emotional support.
- Nurses have an advocacy role in relation to the patient.
- Nurses have professional responsibilities in recognising the impact of use of resources in sustaining health services and on the wider environment.

Psychological

- It is vital to recognise the impact of mental health on eye health. For example, access to primary care, self-harm, depression and medically unexplained sight loss.
- Reduced levels of psychological wellbeing are associated with sight loss. For example, visual impairment may lead to depression and reduced social functioning (Nyman, 2010).
- Progress through rehabilitation services will be influenced by emotional wellbeing (RCOph/RCO, 2013).
- Support needs to address the emotional impact of sight loss on the family and carers (Evans et al, 2007).

Educational

- Nurses need to encourage healthy lifestyles in order to reduce the risk of associated eye disease.
- Work/leisure-related eye injuries can be avoided with appropriate education (Kim et al, 2011).
- Nurses should support compliance and encourage appropriate use of drugs in glaucoma management, post-operative eye care and correct wearing of spectacles (Shaw & Lee, 2016).
- Patients must have access to information; this includes accessible written information and alternative formats.
- Nurses should ensure patients have knowledge of voluntary and statutory provision and are aware of the benefits of identification and certification of sight loss.
- Peer group learning should be supported.
Environmental and physical

- Nurses should recognise the links between general health and vision impairment. For example, smoking can exacerbate thyroid eye disease seven-fold (British Thyroid Foundation, 2016).
- Nurses should support lifestyle changes to maintain eye health (UK Vision, 2016).
- Nurses should be aware of accessibility requirements and provide sight guide assistance and verbal clues to support patients within the clinic environment.
- Nurses should ensure that awareness of vision impairment is integrated into wider care plans.
- Nurses should recognise the secondary impact of vision impairment on access to other health services, exercise and nutrition.
- Nurses should recognise the impact of additional impairments such as hearing and dementia.
- Nurses should recognise that poor patient experience can impact on continued commitment to treatment, for example, pain management or unsupported diabetes management (Doyle et al, 2013).
- Nurses should recognise the impact of the wider environment on eye health, such as increased UV exposure.
- Eye departments need to be designed or adapted to be accessible to people with vision impairment. Attention must be paid to lighting and light conditions, contrast and signage (Shaw & Lee, 2016).
- Patients may require access to specialised equipment, for example to find their way in dark examination rooms or position themselves for a slit lamp examination.

Learning disabilities

It is estimated that 1,198,000 people (2% of the population) in England alone have a learning disability (Holland, 2011). SeeAbility (2016) estimates that people with a learning disability are 10 times more likely to experience a visual impairment, with a higher incidence of schizophrenia and dementia as associated medical conditions, and are at least twice as likely to be admitted into hospital in a year.

In the UK 32,000 children with learning disabilities have myopia and 55,000 have hyperopia, whilst 11,000 adults with learning disabilities known to services have severe myopia, and 8,000 have severe hyperopia (Turner et al, 2011).

A high proportion of individuals with learning difficulties are being cared for within hospital settings due to the lack of services available in the community (RCN, 2016). As such, ophthalmic nurses are duty bound to ensure that ophthalmic care is implemented in secondary and tertiary settings and take into consideration the needs of this group of service users.

Eye health providers need to ensure that they update their skills and knowledge in this field, and are aware of who to contact when problems arise.

Social and economic

- The ageing population will inevitably create challenges for service provision and long-term care for people with a learning disability.
- Ophthalmic nurses need to be aware that as people with learning disabilities age, they also develop conditions needing long-term care, such as hypertension, cerebrovascular accident (CVA), immobility and arthritis. These in turn can lead to escalation of existing mental health issues, with increased vulnerability.
- Service provision for people with a learning disability across the UK varies from region to region.
- Local and national lobbying is working towards standardisation and consistency in treatment and care provision for those with learning disabilities, and thus
improving access to treatment and care, for example, access to low vision clinics, community optometrists.

- Ophthalmic services and nurses need to consider the cost of eye care, ranging from specific treatments to basic eye care, e.g. cost of glasses and magnifiers, travel to and from appointments and the need for attendance of carers at these visits.

- The communication needs of minority groups and non-English speakers must be considered and planned for.

### Professional and legal

- The NMC (2015) requires practitioners to provide the best quality and standards of care to meet the changing needs of society, which also applies to people with a learning disability who have ophthalmic problems.

- Revalidation (NMC, 2015) reinforces the need for updating knowledge, self-audit and reflection, and as such nurses in ophthalmology should ensure provision of a certain level of care for all groups of services users, including those with learning disabilities and mental health, at both ends of the age spectrum (RCN, 2016).

- In addition, the RCN (2014) has recognised the need for all health care practitioners to have an understanding of the needs of people with learning disabilities, with the knowledge and skills to access appropriate specialists when required.

- Ophthalmic nurses are professionally obliged to share this added knowledge and expertise with non-ophthalmic-trained staff caring for patients with eye problems in other care settings.

- Adequate and appropriate risk assessment is vital to ensure a safe environment for people with a learning disability and visual impairment.

### Educational

- It is important to recognise visual impairment, with timely, accessible and appropriate access to assessment.

- Carers and families must be involved in the correct wearing of glasses and regular eye testing.

- Information websites may be helpful.

- All nurses in ophthalmology need recognised and accessible training/qualifications updated at required intervals. The importance of ocular hygiene, instillation of eye medication and appropriate wearing of glasses should be emphasised.

### Environmental and physical

- The RCN (2014) recognises that people with learning disabilities have greater health needs than the general population. Respiratory disease is the most common cause of death, followed by cardiovascular disease.

- Many individuals with learning disabilities will rub their eyes and may have persistent red-eye (SeeAbility, 2016).

- It is important to highlight the link between systemic health and eye health by promoting general health and wellbeing, placing importance on good diet, exercise and smoking cessation.

- The psychological effect of caring for individuals with learning disabilities requires individual and holistic care.

- Many individuals with a learning disability become anxious in unfamiliar surroundings such as hospitals. Interventions and planning should be put in place to prepare people for clinic and hospital visits.

- Nurses also need to understand that individuals with a learning disability may be unable to fully articulate the effect and/or frustration of sight loss.

- It is important to be aware that behavioural changes may be a result of visual impairment.
Paediatric care

Ophthalmic nurses are appropriately positioned to assess, plan, deliver and re-evaluate eye care and promote paediatric eye health. This would also apply in the primary care setting, however the same care may be provided by other health allied professionals. It is important within the context of the key parameters below that a minimum level of eye health is maintained within all settings, no matter who is providing the care. This is in line with requirements relating to the welfare of children in the health care setting, as outlined in the Children's Act (2004).

Eye health providers need to ensure that they maintain their own knowledge and skills, appreciate their legal and professional accountability and understand the impact of various external factors that will influence care provision.

Social and economic

- Ophthalmic nurses need to consider the cost of treatment for patients and the affordability of simple eye care. For example, obtaining suitable glasses or travelling to hospital for appointments will need consideration and planning by parents.
- The cost of specific treatments may restrict access for some patients.
- Nurses should encourage the best use of other service providers in the community, in order to improve access to treatment and care.
- Regional variation in treatment provision and the need to standardise across the UK through local and national lobbying should be considered.
- There should be access to low vision clinics for children who require it.
- Early detection has implications for other aspects of the child’s care, including diagnostic and treatment facilities.
- Planning and monitoring of screening programmes must take into account the implications for these other services.
• Nurses should be aware of the use of pre-school facilities and health centres and primary schools to maximise coverage and accessibility.
• It is important to appreciate the impact of sight loss on the child, for example at school or at play.
• The needs of minority groups and non-English-speaking children and their families must be considered and planned for.
• Information technology may be used to improve care.
• Ophthalmic nurses should be aware that all children should be screened by an orthoptist in their pre-school year, between the ages of four and five, removing the need for vision testing on school entry.

Professional and legal
• The best interests of the child are paramount and should be upheld at all times (UK Children’s Act, 2004).
• It is important to be aware of the vulnerability of children and be alert to signs of abuse and non-accidental injuries.
• Abuse can be associated with physical injury, emotional, sexual and neglect.
• Nurses should be aware of potential injury, for example unexplained bruising around the orbits or petechial retinal injury.
• Nurses should be aware of the rights of children in relation to consent (Watkinson, 2009)
• All ophthalmic nurses need recognised and accessible training/qualifications, updated at required intervals.
• All ophthalmic nurses who care for children should, where possible, have a children’s nursing qualification or relevant experience.
• The NMC (via revalidation) has reinforced the need for updating knowledge, self-audit, and reflection, and as such nurses in ophthalmology should ensure provision of a certain level of care (NMC, 2015).
• To meet changing needs in society the role of ophthalmic nurses is constantly under review. It is important to recognise the legalities that come with this, i.e. recognition of their own boundaries/limitations, working within protocols and pathways and an understanding of vicarious liability. It is also important to network and refer to evidence-based practice.
• Ophthalmic nurses have a responsibility to promote eye health, providing knowledge and expertise for care settings in which patients with ophthalmic conditions may be cared for by non-ophthalmic trained staff.

Psychological
• Personal eye health is related to psychological wellbeing.
• The child and their parents should understand the health education messages and be supported in any decisions they make.
• Resources should reflect the psychological needs of the child.
• Individual/group needs must be met, for example through play opportunities.
• It is important to recognise that psychological problems may come from the eye disorder.
• The opinions of children, young people and their families should be valued in the delivery of quality ophthalmic care.

Educational
• Nurses need a broader understanding of the impact of systemic health on eye health and the importance of promoting general health and wellbeing.
• Patients require access to appropriate visual assessment and advice.
• Nurses need to be aware of the importance of instilling eye medication, which must be reinforced to parents and carers.
• Health care services must be culturally sensitive.
• Appropriate information and resources for paediatric eye health must be provided.
Ageing population

The older age group (aged 60 years and over) has specific needs associated with visual impairment. As the older population increases, the needs of this client group will become integral to ophthalmic practice.

It is predicted that by 2025 one-fifth of the population in the UK will be over 65 (12.5 million) and 3.5 million of those people will be over 85 (RNIB 2014). Furthermore, sight loss is related to age and it is also estimated that 70% of all over-65s will be affected by loss of vision (RNIB, 2014).

Social and economic

- There is a predicted rise in the main ocular conditions related to an ageing population, especially ocular hypertension, primary open angle glaucoma, diabetic retinopathy and refractive errors.
- Ophthalmic nurses need to act as advocates for older people and be mindful of their financial limitations.
- Falls cause a high proportion of A&E admittance in the elderly, and can be associated with poor vision (Legood et al, 2002).
- Nurses should develop an ability to identify people with sight loss and direct them to appropriate support channels.
- Ophthalmic nurses should ensure they are aware of eye diseases affecting the older UK population.
- Nurses should understand the specific cultural needs of older people from ethnic minorities, for whom English is not the first language.
- Nurses should understand the specific visual needs of older people with a learning disability.
- Nurses should understand the specific needs of older people with mental health issues, especially dementia and Alzheimer's disease.
- Nurses should be mindful of possible undetected vision loss.
- The appropriate modifications should be provided in patients' homes to enable greater independence.

Environmental and physical

- Nurses need to consider the wider environmental impact of appropriate, age-related treatment and care modalities, utilised and delivered through a coordinated programme involving the NHS and local authorities (National Service Framework for Children, 2004).
- Nurses should understand and assess the patient's environment, especially if they have low vision, such as appropriate lighting and reduction of hazards.
- Children and their parents require appropriate support and education to enable them to maintain optimum eye health – through education, assessment of environment and social/economic factors.
- Ophthalmic nurses in paediatric care should encourage the adoption of appropriate behaviours in respect of physical health and wellbeing and good nutrition to optimise eye health.
- Access to sight tests and screening should be improved. This involves fostering partnerships between carers/parents and health care providers.
- Reasonable adjustments should be made to allow access to appropriate services in a timely manner.
- Sufficient resources must be made available to enable optimal eye health, such as appropriate glasses and magnifiers.
- Eye care must be maintained through appropriate cleanliness and instillation of eye medication in an appropriate and timely manner.
- Needs must be assessed and planned holistically.
- Nurses should promote access to quality ophthalmic care for all children and young people.
- Ophthalmic nurses must also consider the needs of young people who may be caring for adults with sight loss and visual disability.
Professional and legal

- Ophthalmic professionals should understand accessibility and safety within the health care environment (NICE, 2016).
- Nurses should be able to identify potentially vulnerable older adults who may be exposed to neglect, physical, emotional and sexual abuse.

Psychological

- Ophthalmic nurses should understand the impact of a diagnosis of visual impairment in later life.
- Nurses should be aware of how the grieving process may manifest itself in older people who are losing their vision.
- Nurses should be aware that people with a visual impairment are more likely to experience social isolation and consequently low mood and/or depression (Watkinson, 2009).

Educational

- Ophthalmic nurses should understand public health issues relating to older people and vision.
- Regular and sustained access to eye health assessment and interventions must be available.
- Nurses must ensure the appropriate refractive correction for the individual is provided, e.g. appropriate use of bifocal, single lens.
- Nurses must ensure that glasses are clean and fit correctly (Shaw & Lee, 2016).
- There should be regular access to eye testing at home or in the community setting.
- Those who are non-ophthalmic-trained should be trained to consider the impact of age-related visual loss in the primary health care setting.

Environmental and physical

- Ophthalmic nurses should be aware of accessible and inclusive environments in both primary and secondary care settings (NICE, 2016).
- Patients should have access to essential home adaptations to facilitate independence and safety.
- Nurses should have an awareness of accessible and inclusive environments, such as in the home and in residential care.
- It is important to recognise that identifying deteriorating vision and visual problems is a public health challenge, which begins with the promotion of visual health and the detection of visual problems and ocular pathology.
- Nurses should promote awareness of, and access to, visual health schemes.
- Nurses should promote awareness of and access to refractive testing.
- Nurses must recognise that people with a dual sensory loss will have specific needs.
- Nurses must be aware that co-morbidities may impact on manual dexterity and the ability to self-administer eye drops.
- Some systemic medication may be contra-indicated with certain eye drops – polypharmacy can be a problem for elderly people, particularly due to misunderstanding and confusion around medicines. Always make reference to the British National Formulary (BNF, 2016).
- Nurses should be aware of visual impairment and co-morbidity, for example post-cerebrovascular accident.
- Patients should regulate the impact of their visual impairment on driving. Older drivers are more likely to drive below the acceptable legal level.
- Physical activity has been shown to improve muscle strength and prevent falls in people with a visual impairment.
Primary care

Ophthalmic nurses are well-placed to assess, plan, deliver and evaluate the care of clients in a variety of primary care settings, including GP surgeries, clinics, walk-in centres, pharmacies, high street optometrists and in the home. Nurses have a professional requirement to maintain and develop their own level of knowledge and skill as part of NMC revalidation (2015).

Social and economic

- Ophthalmic nurses need to have knowledge of the demographic of the local population, to understand the demands that may be put on primary care services in respect of eye health.
- Many ophthalmic conditions are more prevalent in certain areas due to public health issues among people living in minority ethnic and poorer communities (Brundle et al, 2015).
- There should be adequate planning to meet the needs of people with communication problems, including where English is not spoken or there are hearing or vision problems.
- Ophthalmic nurses can act to relieve pressure on secondary and tertiary referral centres.
- Many people with undiagnosed ophthalmic disease may be in contact with ophthalmic nurses in the primary care setting and have the opportunity to be diagnosed there.
- It is important to appreciate national variations in the provision of and access to diagnostic tests and treatments.
- People with sight loss can become isolated in their homes and this may have an impact on diagnosis and treatment-seeking behaviour and adherence to treatment.

Professional and legal

- Ophthalmic nurses should maintain their registration status and complete statutory and mandatory updates required by the NMC and their employing authority.
- Professional indemnity is required, especially in the case of self-employed ophthalmic nurses.
- Ophthalmic nurses should risk-assess their equipment and activities, and where appropriate have specific training on the use of that equipment.
- The equipment should be subject to maintenance and cleaning regimens.
- Confidentiality must be maintained in respect of patient information, including records, which must be securely stored. Generally, consent should be gained from the service user before sharing information to ensure continuity of care and efficient referral.
- When appropriate, ophthalmic nurses should share their concerns with other health care professionals and organisations such as the police or social services where abuse is suspected.

Psychological

- Vision loss or fear of vision loss can have a major impact on the psychological wellbeing of patients and their families or carers.
- Primary care services must be geared towards meeting the psychological needs of the client.

Educational

- Ophthalmic nurses should have appropriate education and training in the anatomy and physiology of the eye and adnexa, ophthalmic conditions and treatments, as well as in the use of diagnostic equipment and the interpretation of tests.
- Ophthalmic nurses should be skilled in good/effective communication with clients and their families or carers.
- Service users should be effectively educated on their diagnosis and treatment. This should include the use of low vision aids where appropriate, as well as the instillation of eye drops or application of ointment.
Environmental and physical

- Ophthalmic nurses should execute their professional duties in an environmentally friendly manner.
- Nurses should offer advice on the use, storage and disposal of medication and equipment.
- Written materials and notices should meet the needs of service users who have problems with their vision.
- Assessment and diagnostic equipment should be available. The RCOphth (2013) identifies the following as essential equipment for GPs with a specialist interest in ophthalmology:
  1. Visual acuity chart
  2. Colour testing equipment
  3. Appropriate topical medications for examination purposes
  4. Direct and indirect ophthalmoscope
  5. Slit lamp and Goldmann tonometer
  6. Fundus lenses
  7. Visual field analyser (suprathreshold)
- As a minimum, in primary care settings equipment should include a visual acuity chart, pen torch and magnifier.

References


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