

Sight Testing Provision For People With No Fixed Abode

People with no fixed abode have the same automatic access to NHS funded Sight Test as a person with a fixed residence. The following information is to support this process if people do attend your practice.

What to record on the patient record

The “address” details, can be documented as “no fixed address”. After a conversation with the individual, gaining agreement on the importance of maintaining accurate records, more details can be added if required. Be aware, terms like “homeless” or “sofa surfer” can be offensive and should be avoided.

As with all records, confidentiality is crucial. This means discussing the patient’s circumstances with the optical team, without patient consent, is not appropriate and must be in the patient’s best interest. It is advisable for all staff to leave these discussions to the Optometrist or Dispensing Optician.

What address should I use on PCSE?

- If the patient is registered with a GP then use the GP address.
- If the patient is not registered with a GP, use the optical practices address.

Can I issue a GOS 3 voucher?

Only if the patient is eligible. People of no fixed abode can claim Universal Credit and do not need a fixed address, bank account, or email address to do so. They can provide the address of a hostel, day centre, trusted friend, family member, or their local Jobcentre as a temporary "care of" address. Support is available from Jobcentre staff, Citizens Advice, and homelessness organisations to help them apply and understand their specific housing benefit needs.

Patient does not speak much English. Are there translation services available?

Under the Equality Act 2010, all service providers (both public and private) should make ‘reasonable adjustments’ for people with disabilities. Within the Essex region, there are translation services commissioned. The details are available elsewhere on the Essex LOC website.

How to refer a patient with no fixed abode to secondary care?

Discuss the importance of registering with a GP, and provide the patient with a copy of the referral letter. A GP practice can apply discretion and register a patient without a fixed address.

For routine referrals many cities will have a walk-in GP surgery for people of no fixed abode, for example in London <https://www.health1practice.nhs.uk/> (opens in a new tab) If this is available send the referral here and be sure to include best contact details – many will have a mobile phone.

Charities such as Crisis can provide support to attend a hospital appointment, often they will arrange transport if required to help patients access their care.

If emergency referral – contact HES casualty for them to triage over the phone and wait for the outcome of that triage to instruct patient.

If a patient's initial response is to refuse a referral, what would you do?

Explain urgency and risks: Clearly explain the rationale for the referral and potential consequences (eg, vision loss). Acknowledge concerns about A&E, such as fear or past negative experiences. Build trust and rapport to win them over.

Explore reasons for refusal: Identify barriers (eg, transport, mistrust of hospitals). Offer alternatives like a local eye clinic if A&E is too intimidating.

Involve shelter staff/support workers: With patient consent seek their help with organising transport and to provide support. In life- or sight-threatening cases consider involving emergency services or a trusted worker to encourage A&E attendance.

Record keeping: Document the conversation, patient's concerns, and the advice given. Provide written information on the referral, risks, and follow-up contacts.

Offer follow-up: Encourage the patient to reconsider later and provide reassurance. Follow up through shelter staff to check if they have changed their mind.

Respect autonomy and assess capacity: Respect the patient's decision if they have capacity. If capacity is in doubt, involve mental health teams or social services.

Involve healthcare providers: With consent, notify their GP or outreach healthcare services for continued support and monitoring.

How and where can those with no fixed abode access eyecare services besides visiting an optician?

Local and national services:

1. National charities dedicated to offering clinics across various locations – Vision Care for Homeless People (VCHP).
2. Mobile eye clinics/domiciliary visits
3. NHS outreach services/shelters/charity or local council supported.
4. Pop up clinics/Crisis at Christmas clinics.
5. Virtual triaging/helplines to signpost to appropriate care pathways.

Local eyecare services for those experiencing homelessness

Vision Care for Homeless People (VCHP):

- Specializes in providing free eye tests and glasses to homeless individuals.
- Operates clinics in several cities including London, Manchester, Birmingham, Brighton, and Exeter.
- Partners with optometrists and optical industry organizations to deliver services.

Crisis UK:

- Offers eyecare services as part of their health programs for the homeless.
- Collaborates with opticians and healthcare providers during Crisis at Christmas events.
- Provides vision screenings and access to prescription glasses.

Shelter UK:

- As part of their wider mission to address all aspects of homelessness, Shelter recognizes that healthcare, including eye care, is an essential need. They often collaborate with other charities that specialize in healthcare to ensure comprehensive support.

Relevant guidelines to be aware of include:

1. General Data Protection Regulation (GDPR) 2018

- **Relevance:** When recording homelessness, ECPs must ensure that the information is processed lawfully, fairly, and transparently. The data must be relevant and not excessive.
- **Guidance:** Only record information about homelessness if it is relevant to the patient's care and ensure the data is accurate and up to date.

2. Data Protection Act 2018

- **Relevance:** This act supplements GDPR in the UK, providing further detail on the lawful processing of sensitive personal data. Homelessness may be considered sensitive as it can indicate social vulnerabilities.
- **Guidance:** Opticians must ensure that any information about homelessness is processed securely and with respect to patient confidentiality.

3. The College of Optometrists Guidance

- **Relevance:** The College of Optometrists provides specific professional standards for optometrists, including handling patient records. Although there isn't explicit guidance on homelessness, general record-keeping principles apply.
- **Guidance:** Ensure records are factual, objective, and relevant to the patient's care. Sensitive issues like homelessness should be documented respectfully and professionally, following the principles of confidentiality.

4. The Health and Social Care Act 2012

1. **Relevance:** This act outlines the responsibilities of healthcare professionals in providing integrated care. It also highlights the importance of addressing social determinants of health, such as homelessness.
2. **Guidance:** If homelessness impacts the patient's care or ability to follow through with treatment, it should be recorded as part of the broader approach to addressing social health needs.

5. General Optical Council (GOC) Standards of Practice for Optometrists and Dispensing Opticians

- **Relevance:** The GOC sets out standards of practice for opticians, including proper patient record-keeping. There is an emphasis on safeguarding vulnerable groups, including those experiencing homelessness.
- **Guidance:** Record homelessness only if it is relevant to the patient's care and do so with sensitivity and respect, always maintaining patient confidentiality. Ensure documentation is factual, objective, and respectful.