



Cert 3 Enhanced Service and Clinical Excellence

MODULE 2: Chapters 6-8



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Module 2 Cataract, Glaucoma and Diabetic Screening Services

Chapters 6-8

This module assesses the learner's knowledge and understanding of cataract services, glaucoma services and diabetic eye screening services.

Learning Outcomes and Assessment Criteria:

1. Understand the causes, symptoms and treatment of cataracts.
2. Understand the signs, symptoms and treatment of glaucoma.
3. Understand the risk factors, symptoms and treatment of diabetic retinopathy.
4. Understand the stages of the pre-operative cataract services.
5. Understand what is involved in post-operative cataract services.
6. Understand the referral process for domiciliary patients.
7. Know what is involved in the patient journey for cataract services.
8. Understand the categories of glaucoma patient services.
9. Know what is involved in the patient journey for glaucoma services.
10. Understand what is involved in diabetic retinal screening services.
11. Know what is involved in the patient journey for diabetic screening services.

Chapter 6 - Cataract Patient Services

See Cert 3 Chapter 18 section 18.1.2 or Cert 3 CL Chapter 6 section 6.1.2 on Cataracts and E-learning on Ocular Conditions.

The pre- and post-operative cataract pathway is designed to improve the patient journey by reducing the number of patient visits overall, to include as few visits to secondary care as possible with as many appointments as possible, delivered in primary care, closer to the patient's home.

It eliminates the requirement for a visit to the GP and also provides a comparable service for people who are unable to leave their home unaccompanied but who are able to attend for surgery.

6.1 Pre-Operative Services

6.1.1 Stage One

A routine GOS or private sight test will reveal the presence of cataract and, as now, the examining optometrist will discuss this with the patient. If cataract is causing lifestyle difficulties, then they will continue to be reviewed by the optometrist in the normal way. If however the patient wishes to consider surgery, then the optometrist will discuss this and if the patient wishes to proceed, the optometrist will provide a self-assessment health questionnaire, which will help to establish suitability for surgery by highlighting other health problems and possible contra-indications.

The assessment may be carried out at this time if:

- The optometrist is accredited in the service
- If time permits
- The patient agrees

If not, a further appointment is made for a full cataract assessment.

The use of the self-assessment health questionnaire (see Figure 6.1) gives the opportunity for the patient to reflect on the procedure that is required and the implications of the surgery. It ensures, as far as is possible, that they are as well informed as possible with further consultation with the optometrist to ask questions or address any concerns they may have.

The questionnaire also gives valuable clinical information about the patient, their status, suitability for surgery (see stage 2) and potential requirement for support during and after the operation.

In the unlikely event that the examining optometrist is not participating in the service, then a list of all optometrists in the service will be provided to the patient so that they can arrange an appointment for the assessment. An approved referral form will be completed and provided to the patient, or sent directly to the participating optometrist of choice.

In a domiciliary situation the same will apply. However, if the examining optometrist is not accredited the patient will be referred using an approved referral form in the normal way.

Anytown LOC/CCG
Cataract Referral Form



Patient's Details		Optometrist / Practice	
First name:		Optometrist:	
Last name:		OPL number:	
DOB:		Practice:	
NHS number:		Phone:	
Address:		Patient's GP	
Phone:		GP name:	
Mobile:		Practice:	
Email:			

	Sph	Cyl	Axis	Prism	VA	Add	Near VA	Pre-cataract VA	IOP(mmHg)	Instrument	Time
R								Date:			
L											

Patient dilated?	Yes	No	Any co-existing ocular pathology? <i>(if yes, please indicate with a tick below)</i>	Yes	No	
<i>If no, reason:</i>			Significant AMD?	Right	Left	
Smoker?	Yes	Recent ex	No	Diabetic retinopathy?	Right	Left
Cataract	Right	Left	Amblyopia?	Right	Left	
Preferred eye for surgery	Right	Left	Under treatment for glaucoma?	Yes	No	
Red reflex visible?	Right	Left	Cornea healthy? <i>(if no, detail below)</i>	Yes	No	
Prev cataract operation?	Right	Left	<i>Other:</i>			
<i>Prev operation date:</i>						

Patient indicates previous refractive surgery?	<i>Approx surgery date:</i>	Yes	No
Patient has completed a self-assessment questionnaire? <i>(required for referral)</i>		Yes	No
Is patient experiencing visual difficulties due to cataracts?		Yes	No
Benefits and risks of cataract surgery have been explained?		Yes	No
Patient wants cataract surgery at this time? <i>(if no, inform GP)</i>		Yes	No
Patient has chosen to be referred for NHS treatment? <i>(choose no for private referrals)</i>		Yes	No
Patient previously assessed and now wishes to be referred?	<i>Assessment date:</i>	Yes	No
Sight test carried out today? <i>(if no, indicate date)</i>	<i>Sight test date:</i>	Yes	No

Additional comments:

Signature: _____ Date: _____

Figure 6.1 Self-assessment health questionnaire

Anytown LOC/CCG
Post-Operative Cataract Report



Patient's Details		Optometrist / Practice	
First name:		Optometrist:	
Last name:		OPL number:	
DOB:		Practice:	
NHS number:		Phone:	
Address:			
Phone:			
Mobile:			
Email:			
Patient's GP		GP name:	
		Practice:	

Procedure details

Procedure undertaken	Right eye	Left eye	Consultant:
Pin hole VA	Right:	Left:	Treatment centre:
Comments:			Date of procedure:

Slit lamp examination

Patient gives/has a history of pain, discomfort or sudden reduction in vision?	Yes	No
Anterior chamber activity present? (> 2 cells seen in 2x2 mm field)	Yes	No
Wound red or unusual in any way?	Yes	No
Corneal clarity affected?	Yes	No
Posterior synechiae?	Yes	No
Thickening or posterior capsule?	Yes	No
Any vitreous activity?	Yes	No
Intolerable or unacceptable astigmatism?	Yes	No
Intolerable or unacceptable anisometropia?	Yes	No
Corrected acuity < post-op PH or < 6/12?	Yes	No

IOP (mmHg)	Right eye:	Left eye:

Refraction

	Sph	Cyl	Axis	Prism	Base	VA	Add	Near VA
R								
L								
Rx dispensed?							Yes	No

Action taken / conclusion

Surgical outcome – Px is: (tick 1 one only)	Pleased?	Disappointed?	Neither?
---	----------	---------------	----------

Suitable for discharge	Unsuitable for discharge send review appointment	I have already made arrangements for urgent referral
------------------------	--	--

I confirm that I have carried out the above examination.	Signature:	Date:
--	------------	-------

Figure 6.1 Self-assessment health questionnaire

6.1.2 Stage Two

The patient attends for the full cataract assessment to elicit relevant ocular, medical and social information, which will assist secondary care facilities to ensure patients receive the most appropriate treatment and care. This will include:

- Pupil dilation and examination by indirect ophthalmoscopy in order to establish whether there are any co-existing ocular disorders as well as cataract
- Discussion of the health questionnaire and any outstanding issues dealt with
- Communicating the relative risks and benefits of cataract extraction
- Ascertaining the patient's willingness for surgery

Clinical guidelines and a patient self-assessment questionnaire will support the participating optometrist to differentiate between:

a) Cataract patients who are not currently appropriate for referral for NHS treatment either because the patient chooses not to be considered for cataract surgery or because the patient has chosen to be referred privately.

b) Cataract patients who are suitable for direct referral to the hospital. In this case, the supporting information provided with the referral will allow the hospital to determine whether the patient is likely to be suitable for a direct access clinic or a traditional clinic due to their more complex health needs.

6.1.2.1 Patients not requiring NHS referral

Some cataract patients will not require a referral to the hospital for NHS treatment. These will be those that:

- Having been counselled on the risks and benefits of cataract extraction, choose not to proceed with surgery
- Have been assessed under the service but have chosen to be referred for private treatment rather than NHS surgery - these should be referred directly to a named consultant

In these cases the GP should be informed of the patient's decision.

6.1.3 Stage Three

If the patient is willing to undergo surgery and the optometrist considers that they are suitable, then the referral form will be completed and the optometrist will, in accordance with the local protocol:

- Provide the patient with the choice of treatment centres and fax or post the referral and self assessment health questionnaire to this centre, or
- Fax or post the referral and self assessment health questionnaire to the Patient Advice and Referral centre (PAR).

The optometrist will make every effort to ascertain the suitability of the patient for direct referral and their willingness to undergo surgery. It will ultimately be the consultant team that determines the most appropriate clinic route so it would be inappropriate to discuss with patients their likely pathway

6.2 Domiciliary Patients

In order to qualify for a domiciliary GOS sight test, the patient must fall into one of the NHS eligibility categories and be unable to leave home unaccompanied. In order to qualify for a domiciliary cataract assessment under the service, the patient must be able to travel to the treatment centre for treatment if suitable transport can be provided, and be able to co-operate with the procedure. Generally the assessment will be carried out in their home and at the same time where possible and the self assessment health questionnaire will be issued.

If the sight test is carried out by a non-participating optometrist, the patient will be referred via the traditional route using an approved referral form to the GP.

The pathway then follows stages 2 and 3 of the normal pathway but in the patient's home. In some cases it may be possible for part of the assessment to be carried out by telephone, where it has not been possible to provide the full assessment at the time of the initial visit, e.g. discussion of the health self assessment questionnaire.

6.3 Post-Operative Services

Following day case cataract surgery at the treatment centre the patient is discharged with appropriate instructions and medication. The treatment centre will carry out post operative follow-up as per that centre's internal protocols (some follow up at 24 hrs, others at 1 week). If the patient experiences a red or painful eye in the weeks following the operation they are instructed to seek help immediately from the treatment centre.

If all is well the patient will be instructed to visit the referring optometrist after 4 weeks for the final post-op examination and refraction.

Outcomes

1. If the patient is happy, the eye is white and vision is good the optometrist will:
 - a. Complete any report form required and send copies to the treatment centre and GP
 - b. Refer to the treatment centre for second eye operation if appropriate
 - c. Discharge the patient and advise on the interval before next routine sight test
2. If there are any signs of post-operative complications the optometrist will refer back to the treatment centre with the appropriate urgency

6.4 The Patient Journey

The key points of note in this patient journey from the perspective of an optical assistant are:

- These patients usually require pre-screening at each appointment
- If dilatory drops are required there will be a period of time where they are waiting for the drops to work which can be for other tests / evaluation of the questionnaire
- As this is planned care (booked in advance) then diary management techniques can be used to make best use of the clinical time, e.g. patient arrives 20 mins early for drop instillation
- As cataract surgery usually results in a change of prescription, new glasses are typically required. It is unusual for these to be prescribed within 4 weeks of the operation due to the presence of post-operative swelling which can affect the final result
- As with all EOS services there is variability by area. Please familiarise yourself with the local variations should services exist in your area.

Exercise 6.1 Cataracts

Watch the EOS Cataract video and podcasts using the link on the home page:

[Cataracts](#)

Chapter 7 - Glaucoma Patient Services

See Cert 3 chapter 18 section 18.1.3 or Cert 3 CL Chapter 6 section 6.1.3 on Glaucoma

Glaucoma services fall into two main categories:

- Repeat Readings
- Monitoring

7.1 Repeat Readings

The aim of a glaucoma repeat readings pathway is to reduce false positive referrals to the hospital eye service, reducing patient anxiety and increasing capacity within the hospital glaucoma clinics.

Accredited optometrists repeat diagnostic tests such as applanation tonometry and visual field testing to confirm the risk of disease and thus improve the accuracy of referrals and deflect unnecessary referrals.

The majority of patients accessing this service has an increased IOP of greater than 21mmHg. Usually these patients require applanation tonometry on two separate occasions as part of the pathway.

7.1.1 Outcomes

For patients who enter the service with elevated IOP measurements the procedure is repeated and the following outcomes are possible:

1. Patients who need to be referred for OHT diagnosis based on IOP result
2. Patients who can be referred direct to the OHT monitoring service assuming there is a service in place
3. Where repeated applanation measurements show a consistent difference in pressure of 5 mmHg or more, practitioners may wish to consider whether referral may be appropriate, or whether there is a reasonable explanation (e.g. surgery to one eye)
4. The results are within normal limits and the patient can be discharged

For patients who enter the service with suspect visual field results the procedure is repeated and the following outcomes are possible:

1. The results are within normal limits and the patient can be discharged with advice on regular sight testing proportionate to their risk profile
2. Visual field is suspicious and requires monitoring at appropriate intervals
3. Visual field defect is confirmed and the patient is referred to consultant ophthalmologist

Evaluation of data shows that a reduction in referrals of up to 76% can be achieved following implementation of a Glaucoma Repeat Readings service provided by community optometrists.

7.2 Monitoring

The aim of an OHT (Ocular Hypertension) / Stable Glaucoma monitoring pathway is to reduce the number of secondary care consultations for the cohort of patients who are diagnosed as having OHT i.e. consistently high intra-ocular pressures (IOP) but no glaucoma or those with low-risk, stable cases of glaucoma with agreed treatment plans and criteria.

The monitoring service allows patients with diagnosed OHT or low-risk stable glaucoma cases to be co-managed into a primary care setting by community optometrists. Patients can be referred back into secondary care if there was a change in clinical status from the agreed criteria.

7.2.1 Outcomes

There are two possible outcomes from these tests:

- No change in clinical status - next appointment as per protocol
- Change in clinical status - patient referred to specialist optometrist or hospital clinic depending on local arrangement.

7.3 The Patient Journey

The key points of note in this patient journey from the perspective of an optical assistant are:

- These patients can require pre-screening at each appointment but specific services also have a number of variations that require specific interventions by the optometrist with regards to contact tonometry and visual field testing
- If dilatory drops are required there will be a period of time where they are waiting for the drops to work which can be for other tests / evaluation such as visual fields
- As this is planned care (booked in advance) then diary management techniques can be used to make best use of the clinical time, e.g. patient arrives 20 mins early for drop instillation
- Many practices like to schedule appointments of this type in “blocks” so that an optical assistant and a optometrist can work together with a known schedule of patients to gain maximum efficiency of clinical time
- These appointments very rarely result in a dispense
- As with all EOS services there is variability by area. Please familiarise yourself with the local variations should services exist in your area.

Exercise 7.1 Glaucoma

Watch the EOS Glaucoma videos and podcasts using this link

[Glaucoma](#)

Chapter 8 - Diabetic Eye Screening Services

Diabetic retinopathy is a common complication of diabetes. If it is not treated, it can lead to blindness.

See Cert 3 Chapter 18 section 18.1.5 or Cert 3 CL Chapter 6 section 6.1.5 on Diabetic Retinopathy

Anyone with diabetes aged 12 years of age or over is eligible to be examined at least annually under the NHS Diabetic Eye Screening Programme, which aims to reduce the risk of vision loss in people with diabetes. Separate arrangements are made for those who are younger than 12 years of age.

In addition to their routine eye sight test, diabetic eye screening identifies retinopathy at an early stage and, if necessary, ensures that appropriate treatment is given. This has been shown to reduce the risk of visual loss by 50%.

In summary, as there is an effective means of early detection for diabetic retinopathy and as there is a treatment available that can help progression it is in the best interest of diabetic patients for screening to occur.

8.1 What does the Diabetic Retinal Screening Service involve?

Typically the screening service involves measuring and recording the patient's distance visual acuity (please refer to Cert 3 chapter 21 or Cert 3 CL Chapter 9, see below), with glasses if worn, and through a pinhole. A pinhole is used to eliminate any resultant blur that may occur if the patient is not wearing glasses to their most recent spectacle prescription.

See Cert 3 Chapter 21.1.1 or Cert 3 CL Chapter 9.1.1 on Vision and Visual Acuity

The patient's pupils are then dilated and Digital Retinal Photographs are taken (please refer to Equipment Used in EOS Chapter 5).

The photographs are then graded either by an in-store grader, or externally, to assess whether any diabetic retinopathy is present, and if so, to what extent.

The images are stored on a secure central database that provides a hard record of previous images from the same patient to compare. This allows early detection of even very subtle changes.

A letter will be sent to the patient's GP and the patient within 6 weeks of the appointment informing them of the outcome.

In Scotland the grading element of service is undertaken by a computer programme that automatically flags those at risk upon analysis of their digital retinal images.

8.2 What Are The Potential Outcomes of the Diabetic Screening Appointment?

The potential outcomes fall into three categories:

1. Annual 12 month recall - no retinopathy or early background changes.
2. Early recall Typically 3 or 6 month review dependant on the level of retinopathy.
3. Referral for treatment in the eye clinic, if significant retinopathy is present.

If the images taken upon initial screening are not clear enough to accurately grade from then a recall for a manual check by a qualified grading optometrist, ophthalmologist or GP is required. This involves dilation of the pupil and examination using indirect ophthalmoscopy but may include other procedures. Corneal scars, cataracts, etc. can all cause limitations to the clarity of the images obtained.

Another outcome of the diabetic screening may be an onward referral if other eye conditions that are not linked with Diabetes are detected on the photographs that require further investigation for example undocumented naevii (freckles), scarring, etc.

8.3 What Are the Treatments Available?

You have touched on treating diabetic retinopathy in Cert 3 18.1.5 or Cert 3 CL 6.1.5 and will be aware that if retinopathy is identified in its early stages, it may be possible to treat it by controlling the diabetes more effectively.

If you have more advanced retinopathy, there are several treatment options, all of which would be carried out in the hospital eye service.

- Laser Treatment (photocoagulation)

Used to treat new blood vessels which grow in cases of significant diabetic retinopathy. It works by burning the retina, sealing the blood vessels and preventing them from leaking further.

It tends to stabilise the vision and prevent further deterioration, rather than improving it. In addition to this the treated retinal cells are unable to respond to light, which can leave patients with a reduced field of vision and night vision.

Photocoagulation continues to be a vital strategy for treating advanced retinopathy but in recent years Anti-VEGF drugs have been played an important role.

- Eye Injections (Anti-VEGF)

These drugs are injected directly into the eye preventing the formation of new blood vessels.

Unlike laser treatment, which only stabilises the vision, these injections have been shown to improve the level of vision in some patients.

- Eye Surgery

This is essentially the last resort and is only indicated if there is bleed into the vitreous humour do to a high risk of retinal detachment through traction as a post-operative complication.

8.4 The Patient Journey

The key points of this patient journey to consider from the perspective of an optical assistant are:

- As dilatory drops are required there will be a period of time when the patient is waiting for these to take effect. During this time you can be checking the next patient's visual acuity, signing paperwork and instilling their dilating drops, before you go on to take your first patient's digital retinal photographs. Using this staggered system makes the diabetic screening programme extremely efficient.
- Even for patients who believe their diabetes and other associated factors are well controlled it is still important to advise them on attending their annual screenings. Screenings can often detect changes before patients realise anything is wrong and early treatment is the most effective type of treatment.

8.4.1 How Can I Get Involved?

As an optical assistant working in a store that already has an existing scheme set up there is an opportunity for you to get involved in the diabetic screening service.

During 2016 the training requirements to become a diabetic screener changed to a new format that you will be updated on in due course. The previous training requirement was to undertake the City and Guilds Level 3 Diploma in Diabetic Retinopathy Screening.

This can be an extremely rewarding career and will help you to have an even more active role in providing care for the diabetic patients you see practice.

8.4.2 How Can I Find Out if Our Store Can Enrol on the Diabetic Retinal Screening Service?

The diabetic retinopathy screening services if offered in a range of CCGs across the country. If your store does not currently participate in this programme you can find out whether you are able to enrol by going to the link below.

For a comprehensive list of all areas that offer the service you can visit:

<http://www.nhs.uk/Service-Search/Diabetic-eye-screening/LocationSearch/1911>

Exercise 8.1 Diabetic screening

Watch the video on diabetic screening using this link:

<http://www.nhs.uk/Conditions/Diabetes/Pages/diabetic-eye-screening.aspx>

Module 2 revision questions

Now complete the revision questions for module 2 (chapters 6-8) - they can be found on iLearn > My Learning within your **Cert 3 EOS** course

Module 3 - Driver and Vehicle Licensing Agency (DVLA)

Chapters 9-11

This module will assess the learner's knowledge and understanding on the DVLA processes, regulation and required testing.

Learning Outcomes and Assessment Criteria:

1. Understand the appropriate fields test method for DVLA assessment and how to assess whether or not the results are reliable enough to meet the DVLA requirements.
2. Understand the rules and guidance surrounding DVLA assessment and who may and may not legally perform each task within it.
3. Understand how to perform appropriate tasks to the specification set out by the DVLA, when delegated by a supervising DVLA-approved optometrist.
4. Understand how to manage patients' concerns and questions sensitively without divulging information inappropriately.
5. Understand the requirements of documentation for a DVLA assessment and communicate with the supervising optometrist if there are any errors in the record which need to be corrected.

Chapter 9 - Process and Regulations

9.1 Introduction

DVLA process a number of cases each year for licence holders and applicants who may have a medical condition which could affect their fitness to drive.

A significant number relate to disorders potentially affecting the ability to meet the eyesight regulations and the recommended visual standards. Such conditions include, but are not limited to, diabetes, strokes and neurosurgical interventions as well as ophthalmic conditions such as glaucoma or retinitis pigmentosa.

The DVLA need to establish whether drivers are able to meet the minimum visual field and acuity standards for safe driving as recommended by the Secretary of State Honorary Medical Advisory Panel on Driving and Visual Disorders, and European Union and Domestic Legislation and have engaged Specsavers to provide visual acuity testing and visual field screening to do it.

The UK medical standards for driver licensing refer to Group 1 and Group 2 license holders:

- Group 1 includes cars and motorcycles
- Group 2 includes large lorries and buses

In most cases, the medical standards for Group 2 drivers are substantially higher than for Group 1 drivers. This is because of the size and weight of the vehicle and the length of time an occupational driver typically spends at the wheel.”

9.1.1 Standards for Group 1 Drivers

All drivers must be able to read a car number plate (post 01/09/2001) from a distance of 20m and have a visual acuity of at least 6/12 (decimal 0.5). Please note that contact lenses or glasses may be worn to achieve this standard.

Also, drivers should normally have a field of vision with a width of at least 120 degrees and at least 50 degrees on either side at fixation. In addition, expert medical advice to the DVLA recommends that there should be no significant scotomata (areas of field loss) encroaching within 20 degrees of fixation.

9.1.2 Standards for Group 2 Drivers

All drivers must be able to read a car number plate (post 01/09/2001) from a distance of 20m and have a visual acuity of at least 6/7.5 (decimal 0.8) in the best eye and at least 6/60 (decimal 0.1) in the other eye. This standard can be reached using glasses with a corrective power not more than +8.00 dioptres, or with contact lenses. There is no specific limit for the correct power of contact lenses.

Also, drivers should normally have a field of vision with a width of at least 160 degrees and at least 70 degrees on either side at fixation. In addition, expert medical advice to the DVLA

recommends that there should be no significant scotomata (areas of field loss) encroaching within 30 degrees of fixation.

Note: This does not constitute legal advice and is a mere guide.

Information on visual standards for driving various classes of vehicle can be found at

www.dft.gov.uk/dvla/medical/ataglance.aspx

9.2 Driving Standards

9.2.1 Visual Acuity Standard For All Drivers

The requirement that all drivers must be able read a number plate from 20 metres will be retained. This requirement will still be tested as part of the driving test and the inability to meet this minimum standard is a road traffic offence. In addition, all drivers must have a binocular visual acuity of Snellen decimal 0.5 (6/12). Although drivers will not be required to have a formal eyesight test before they apply for a driving licence, any driver who cannot meet this standard will not be licensed. Glasses or contact lenses may be worn to meet these standards.

9.2.2 Visual Field Standard For Group 1 Drivers

Drivers must have a horizontal field of vision of at least 120 degrees. In addition, the extension should be at least 50 degrees left and right and 20 degrees up and down. No defects should be present within the radius of the central 20 degrees. This requirement applies to drivers who are binocular or monocular.

9.2.3 Visual Standards for Group 2 Drivers

The ability to meet the visual acuity standards for Group 2 driving is formally checked as part of the medical examination report completed in support of a first application for a lorry or bus licence and on periodic licence renewal from age 45.

As well as being able to read a number plate from 20 metres and to have a binocular visual acuity of Snellen decimal 0.5 (6/12), drivers of lorries and buses must have a visual acuity of Snellen decimal 0.8(6/7.5) in the better eye and decimal 0.1(6/60) in the worse eye.

There is no longer a requirement for Group 2 drivers to have a minimum uncorrected acuity but if glasses are worn for driving they must be of a power no greater than plus eight (+8) dioptries.

Drivers who were first licensed to drive Group 2 vehicles before 1 January 1997 may still benefit from special arrangements that were negotiated.

All Group 2 drivers should have a horizontal visual field of at least 160 degrees with the extension being at least 70 degrees left and right and 30 degrees up and down. No defects should be present within the radius of the central 30 degrees.

9.2.3.1 Substantial reduction of vision in one eye for Group 2 drivers

Where there has been a substantial reduction in vision in one eye, there must be an appropriate

adaptation period before the driver resumes driving. The driver's visual acuity must not fall below the minimum visual acuity allowed in either eye.

9.2.3.2 Impaired contrast sensitivity

Whether the driver suffers from impaired contrast sensitivity will be considered in the medical examination undertaken as part of the application process.

9.2.3.3 Changes to the D4 Medical Examination report

The vision assessment section of the D4 medical examination report that lorry and bus drivers must have completed when they first apply for a licence and on licence renewal from age 45, has recently changed to capture the changes to the visual acuity standards. Although some reports will still be completed by doctors, some may need to be taken to opticians/optometrists for completion of the vision assessment.

9.2 Store Processes

See figure 9.1 on the next page

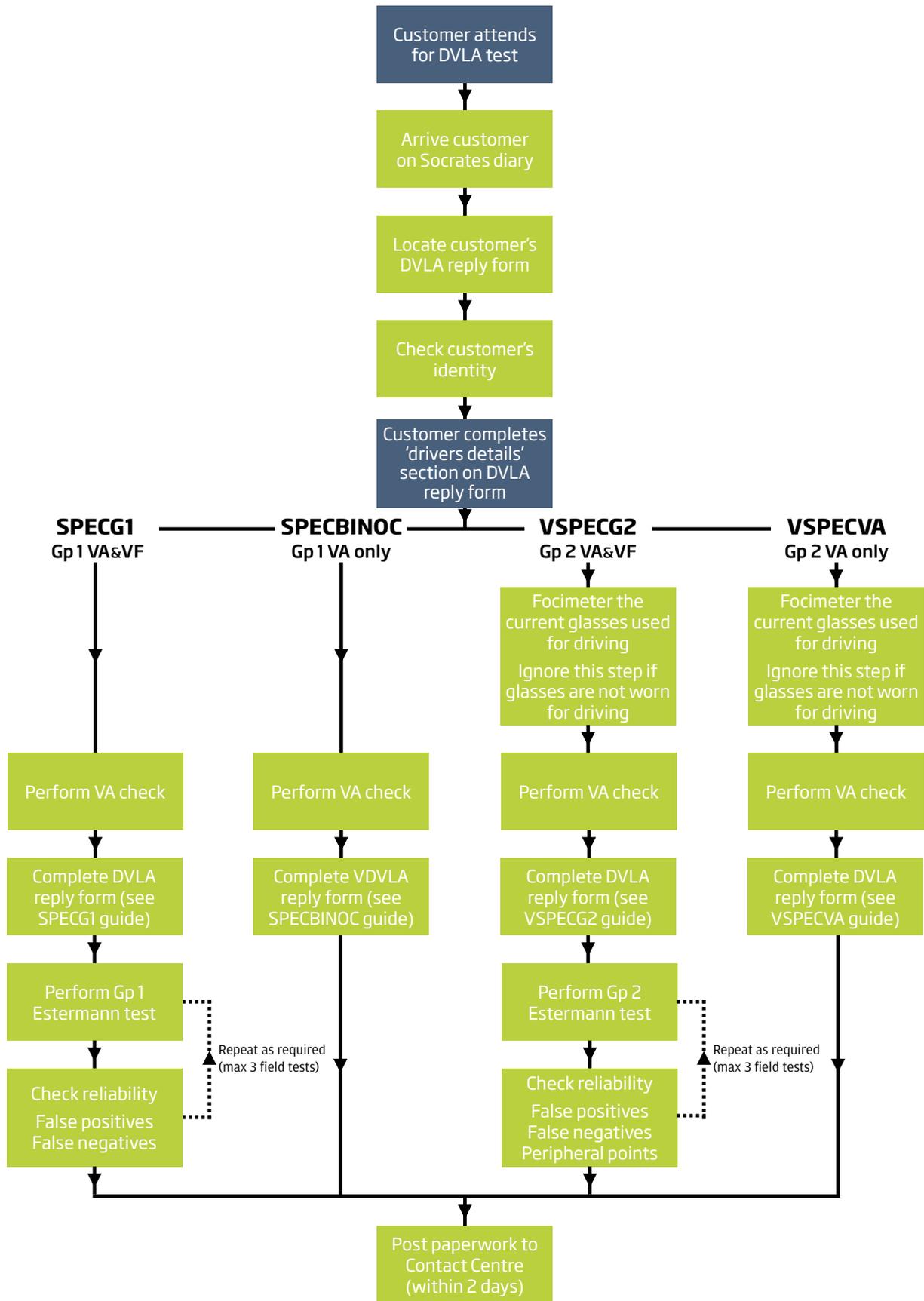


Figure 9.1 Store processes

9.3.1 Arrival Of a DVLA Customer In Store

When a customer arrives in store for their DVLA vision assessment all staff at reception should be able to greet them and “arrive” the appointment on Socrates. It is important the appointment is arrived so we have a trail from the moment the customer arrives in store. Their DVLA reply form should be received from the Contact Centre well ahead of their appointment date and this should be printed out and filed securely until their arrival. When the customer arrives, their reply form should be readily available and located ready for their vision assessment. The customer will have received a letter stating that they must present photographic identification when they arrive for their appointment and so this should be checked against their reply form prior to any assessments being carried out.

It is imperative there is a process implemented in store to highlight the relevant code (e.g. SPECG1, SPECBINOC, VSPECG2, VSPECVA) on the reply form which will indicate the vision assessments that have to be carried out. Any errors made in correctly identifying the assessment types will result on the DVLA rejected the results and the customer having to return for a repeat appointment.

Once the relevant staff member is ready to proceed with the assessments, the customer can be instructed to complete the driver details section of the reply form and the visual assessments can commence in accordance with the code on the reply form. (See Figure 9.1).

9.3.2 SPECG1

Reply forms containing code SPECG1 indicate a group 1 driver who requires a group 1 Estermann fields test and visual acuity (VA) check. The VA check must be performed by a registered OO, DO or CLO or those training as such working under supervision and countersigned by a DVLA approved optometrist. The fields test may be delegated to an optical assistant but this person must be confident and competent in carrying out the delegated task and the customer must not be disadvantaged by having this task delegated to an unregistered member of staff.

The results of the fields test must be check by the DVLA approved optometrist before completing and signing the reply form. The test can be carried out up to 3 times to achieve a reliable result. Reliability is determined by having the amount of false positives and negatives under 20%. An in depth description of each test is provided in Chapter 10.

9.3.3 SPECBINOC

Reply forms containing code SPECBINOC indicate a group 1 driver requiring a VA check only. As before, the VA check must be performed by a registered OO, DO or CLO or those training as such working under supervision and countersigned by a DVLA approved optometrist.

9.3.4 VSPECG2

Reply forms containing code VSPECG2 indicate a group 2 driver, meaning they hold a licence for a HGV, bus, etc., and require a group 2 Estermann fields and VA check. Group 2 drivers require an extra assessment of their driving spectacles. These must be focimetered as part of their appointment to assure the DVLA they do not require a correction exceeding +8.00 Dioptres.

Again, the VA check must be performed by a registered OO, DO or CLO or those training as such working under supervision and countersigned by a DVLA approved optometrist. The fields test may be delegated to an optical assistant but this person must be confident and competent in carrying out the delegated task and the customer must not be disadvantaged by having this task delegated to an unregistered member of staff. It is extremely important that the correct fields test is selected for group 2 drivers as the test for group 1 and group 2 drivers differs and the group 1 Estermann is commonly incorrectly carried out for group 2 drivers resulting in rejection by the DVLA.

9.3.5 VSPECVA

Reply forms containing code VSPECVA indicate a group 2 driver requiring a VA check and focimetry of their driving spectacles.

All reply forms must be completed and signed by a DVLA approved optometrist after checking all results and reliability of assessments. Details regarding how to accurately complete the reply forms for both groups are contained in Chapter 11.

All paperwork and results must be returned to the contact centre within 2 days of the appointment date.

Exercise 9.1 DVLA customer journey

Find out the DVLA customer journey in your store and note in the flow chart below. Compare your flow chart to the one show in Figure 9.1 and note any actions on the action plan (on next page) that could improve the customer journey in your store.

