

VISION CARE

FOR HOMELESS PEOPLE

LONDON MOBILE SERVICE START UP PROJECT REPORT



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1 INTRODUCTION

VCHP provides eye care services to people experiencing homelessness, refugees, asylum seekers, impoverished migrants and other vulnerable people in an accessible and friendly environment in which they feel safe, welcome and comfortable.

We run opticians' clinics in London, Brighton, Birmingham, Exeter, Leeds and Manchester. Our weekly static clinics are situated in homeless day centres where our homeless patients feel comfortable in accessing the service. Each year we also run the opticians service at Crisis at Christmas, where teams of volunteers provide eye care for over 300 homeless people. Our services are run by optometrists who are mostly volunteers, plus volunteer dispensing opticians and lay clinic assistants who we train up. Overall, we provide eye tests and glasses free of charge to nearly 2,000 homeless and vulnerable people each year

Each of our clinics is equipped to NHS standard and we hold NHS contracts at every location. However, of the homeless people we serve, only a third is eligible for NHS funding, so we make up the difference by using volunteers, through gifts in kind and with charity fundraising, always providing our service free of charge.

In 2018, we launched a domiciliary service in East London and this report describes what we have learned in the process and makes recommendations

2 MESSAGE FROM ELAINE STYLES – CHAIR OF TRUSTEES

People experiencing homelessness are more likely to suffer from eye problems but are less likely to seek help. They find high street opticians difficult to access and are prone to losing or breaking their glasses, but need them as they take steps to help themselves, such as completing forms, applying for or holding down a job, or simply to stay out of harm.

Until the London Mobile Service was set up, we required homeless people to visit us in our fixed clinics. Now we are able to take the essential eye care services directly to homeless people. This enables us to help more vulnerable people to see clearly, and if there were any eye problems found, we could refer them to get the help they required.

We are greatly indebted to volunteers for their commitment, time and skills.

3 THE NEED FOR THE MOBILE SERVICE

We take feedback from patients in our regular static clinics and have learned that homeless and vulnerable people, refugees and asylum seekers need glasses in order to find accommodation, obtain or retain employment, to help them stay safe and to enjoy everyday activities. They are particularly disadvantaged when it comes to obtaining sight tests, glasses and eye care. They find high street opticians difficult to access and are prone to losing or breaking their glasses.

A third of homeless people have never had an eye test and a further third not in the last ten years¹.

Our own published research demonstrates that they suffer a higher level of eye problems than the general population. The retrospective study of 1,141 homeless patients shows a high prevalence of visual impairment.² Further an audit by Homelessness Link (2014) surveyed over 2,500 homeless people in England and found out that 14.2% had a long standing eye health problem, compared to 1.4% for the general population.³

Our most recent research⁴ was with a sample of 280 homeless people who we helped at our Crisis at Christmas optician's service in 2014. One in five had ocular pathology and one in ten was given a medical referral for further ophthalmic investigations

When we looked at the needs of our patients, we concluded we should pilot a model of care from one where people come to us, to one where we go to places where people reside or go to, typically day centres, shelters or hostels.

It is extremely difficult to obtain NHS funding for this type of service under the current opticians contracting system and this situation creates a significant health inequality for homeless people.

As it stands, general opticians would not operate these services, as they are not viable without charitable subsidy.

We thought that piloting this service would allow us to demonstrate both the need for a mobile service and argue for changes to eye care contracting. We want to demonstrate the effectiveness of a new homeless eye health pathway and use it to influence NHS commissioning across London.

4 LAUNCHING THE SERVICE

In August 2017, London Catalyst funded a temporary part-time project manager, to help us launch a mobile opticians service in East London.

Initiating the opticians service involved:

- Recruiting, training and co-ordinating a volunteer team. We now have 13 optometrists, 3 clinic assistants, and an NHS claims administrator volunteering with the project.
- Partnering with two day centres where we run mobile clinics, and agreed operating procedures with them.

¹ NHS England. Targeting Hard to Reach Groups: Cheshire & Merseyside Pilot, Local Eye Health Network, Sophie Bartsch 2016

² East London's Homeless: a retrospective review of an eye clinic for homeless people. Laura J. Keywood et al. 2016

³ Homeless Link. (2014). *The Unhealthy State of Homelessness. Health Audit Results 2014*. London. Homeless Link.

⁴ [The state of eye health amongst London's homeless population](#) - Nick Sawers 2017

- Obtaining support from companies within the optical industry to provide us with in kind services and supplies such as spectacle glazing, glasses frames and medications.
- Undertaking risk assessments, due diligence, and ensuring clinical compliance.
- Develop protocols, instructions and clinical management systems comply with professional optometric practice and NHS compliance.
- Preparing supplies and equipment ready for an NHS practice inspection, then obtaining NHS approval and an opticians contract.

We now have a fledgling volunteer optical team which travels to hostels and day centres performing sight tests, using mobile equipment and prescribing free glasses.

We held our first clinic in March 2018 with volunteers providing a service at TAB Centre's Health MOT day in Shoreditch. The TAB Centre is a homeless drop-in service located at 3 Godfrey Place, London E2 7NT. [TAB Centre](#) is run by the [Spitalfields Crypt Trust](#) (SCT) SCT is a 50-year-old charity providing recovery from addiction services for homeless people.

In May, we started fortnightly visits on Monday mornings to Praxis Community Projects, which provides welfare and advice for refugees, asylum seekers and impoverished migrants. [Praxis Community Projects](#) Pott Street, London E2 0EF

We partner with [Doctors of the World](#), which runs a medical service for the Praxis clients, from a suite of consulting rooms downstairs on Monday mornings.

5 CONTRACTURAL ARRANGEMENTS

The London Mobile Service holds a General Ophthalmic Additional Services Contract with NHS England.

There are two types of contract whereby NHS England commissions opticians to deliver eye tests and glasses dispensing under the NHS.

- The Mandatory Services contract is the standard contract for high street opticians and they are required to set up a clinic with comprehensive testing equipment and comply with access requirements.
- The Additional Services allows opticians to take a portable domiciliary kit and test patients in their own homes or certain approved day centres. It is designed to serve people who cannot attend a high street optician.

5.1 The General Ophthalmic Services contract

The usual route for obtaining an eye test and glasses through the NHS is to visit a local high street optician. In most circumstances people may only go back every 2 years, although it may be more frequently if they have problems with their eyes.

To be eligible, the person has to meet certain criteria. For adults, the main ones are claiming benefits such as JSA or holding a means tested HC2 certificate. People over 60 qualify for free sight tests every 2 years, but not free glasses. People with diabetes or glaucoma, or those at risk of glaucoma are also eligible for free sight tests.

The full eligibility criteria are here:

<https://www.nhs.uk/using-the-nhs/help-with-health-costs/free-nhs-eye-tests-and-optical-vouchers/>.

To receive an NHS service, patients complete forms verifying their eligibility, which are countersigned by the testing optometrist. The contractor (optician) then sends these forms to NHS England to claim a sight test fee or glasses voucher amount, which varies.

- GOS1 form: NHS Eye Test Fee £21.31
- GOS3 form: NHS Glasses Voucher £39.10 upwards depending on prescription

5.2 The Additional Services Contract

To receive an NHS service under the Additional Services Contract the patient has to fulfil **both** of two eligibility criteria.

- The first is the same as for the General Ophthalmic Services Contract. For our patients, those who are homeless or vulnerable, they will often meet the criterion because they are on benefits. Having a current HC2 certificate would also make them eligible. An HC2 certificate gives entitlement to NHS eye tests, spectacle vouchers, dentistry and prescriptions. It is means tested and obtained by completing a lengthy HC1 form. The HC2 certificate is only valid after it is sent back by the NHS and lasts for a year.
- The second criterion is that the patient must be unable to attend a high street optician unaccompanied because of a medical condition. To receive an NHS eye test they must be “persons who would have difficulty in obtaining sight test services by way of mandatory services because of physical or mental illness or disability or because of difficulties in communicating their health needs unaided”.

A further requirement on the contractor under an Additional Service Contract is that they must give three weeks’ notice of their intention to test named customers in each location (48 hours if 3 customers or less). On the day, the contractor can substitute up to 3 customers with others who were not on the original notification, providing they also fulfil all the other NHS eligibility criteria.

This is a legitimate requirement for those providing services in Elderly Care Homes but problematic when applied to the highly transient homeless community.

In order to receive payment from NHS England for providing an Additional Service sight test and prescription, the optician processes GOS claim forms in the same manner.

- GOS6 form: NHS Eye Test Fee for patients in their own homes £37.56 for the first and second patients seen within one visit, and then £9.40 for third and subsequent patients. For patients at an approved day centre £21.31.
- GOS3 form: NHS Glasses Voucher £39.10 upwards depending on prescription. Same as General Ophthalmic Services contract.

6 STATISTICS

6.1 Clinic Sessions – TAB Centre

The first clinic session ran at the TAB Centre in March 2018, during their Homeless Health and Wellbeing Day. For that session we pre-notified NHS England of 7 patients who would receive eye tests. Six of the pre-notified patients did not arrive and the one that did was not eligible for a domiciliary service because he could have attended a high street optician.

We tested 6 walk-ins (people without appointments). Two of the walk-in patients were unable to get to an optician unattended because of their anxiety, so were eligible for an NHS service.

Overall, 29% of patients were eligible for an NHS Additional Services sight test. However, this is a small sample.

Overall we dispensed 7 pairs of glasses – some received both near and distance pairs – and two patients did not require a prescription.

6.2 Clinic Sessions – Praxis Centre

Subsequent clinics were run at the Praxis Centre, starting in April 2018.

Up until 15th October 2018, we have run 11 sessions at Praxis and have performed eye tests on 58 patients, seeing an average of 5 per morning session.

Praxis patients eye tests

Category	Number	Percent
Eligible for NHS domiciliary eye test	4	7%
Not eligible	55	93%
Total	59	100%

Praxis patients needing glasses

Category	Number	Percent
Need prescription	39	66%
Not needing prescription	20	34%
Total	59	100%

Praxis patients glasses dispensed

Category	Number	Percent
Single vision distance	9	20%
Single vision near	14	31%
Ready readers	13	29%
Bifocals	9	20%
Total	45	100%

6.3 Praxis Clinics – Pre-notification of patients to NHS England

The domiciliary contract requires us to notify NHS England of the patients we will be testing three weeks in advance. For the 11 sessions at Praxis, we notified the names of 58 patients. The majority of patients were deemed eligible for an NHS eye test (although not necessarily a domiciliary test) by reason of either holding a current HC2 certificate or having applied for one at least three weeks prior to the test. For others, at the time of booking, it was not certain whether they were currently eligible or would be eligible at the time of the test.

Praxis pre-notifications to NHS – source of eligibility

Category	Number	Percent
Current HC2 or HC2 application made	45	78%
Other reason e.g. over 60 or on benefits	5	9%
Not clear whether eligible	8	14%
Total	58	100%

No of pre-notifications actually attending

Category	Number	Percent
Pre-notified and attended	26	45%
Pre-notified and did not attend (DNA)	32	55%
Total	58	100%

6.4 Praxis Clinics – Eligibility for domiciliary eye test

The second barrier to having a domiciliary eye test at a day-centre is that the patient must be unable to attend a high street optician unaccompanied because of a medical condition.

Ascertaining this second criteria was only possible in 4 cases. Although we often had volunteers with language skills, or patients brought their own translators with them, language was still often a barrier to having sufficient understanding of the reason why the patient had not or could not attend a high street optician. More frequently patients had previously been to an optician and had either thought they would have to pay, or in one instance, despite having an HC2 certificate, been told they would have to pay.

No of domiciliary eye tests eligible for NHS

Category	Number	Percent
Pre-notified and eligible for NHS	1	2%
Not pre-notified but eligible & substituted	3	5%
Not eligible for funding by NHS	55	93%
Total	59	100%

Only 7% of all the patients we tested were eligible for an Additional Services eye test on the NHS.

6.5 Praxis Clinics – Referrals

One patient was referred to his GP for suspected glaucoma.

7 FINANCES

7.1 Set up costs

We received generous donations towards mobile testing kit for the service and a grant from London Catalyst towards a start-up project manager. Launching a mobile service was more problematic than starting a new static branch of Vision Care for Homeless People, which we have done 8 times before. Aspects of the project meant we needed considerably more resources than expected:

- Obtaining an NHS contract and compliance with NHS regulations was both lengthy and time consuming.
- Recruitment and development of the volunteer team was slow.
- The extremely low level of eligibility for an NHS service meant our NHS income was well below expected.

Up until September 2018, including the cost of capital equipment, the project has cost £31,810 to set up and run. Vision Care for Homeless People received grants totalling £20,201 towards the project, leaving the charity to underwrite the project with £11,417 from General Funds.

A full breakdown of income and expenditure follows.

London Mobile Start up project to End September 2018

CAPITAL GRANTS	
Worshipful Co. Spectacle Makers	4,181
Help the Homeless	1,500
Hedley Foundation	4,300
Pocklington Trust	3,354
CAPITAL GRANTS	13,335
CAPITAL EXPENDITURE	
Mobile testing kit	5,816
Portable Slit Lamp	4,848
Henson 700 Field Screener	3,354
CAPITAL EXPENDITURE	14,018
BALANCE AFTER CAPEX	-683
START-UP GRANTS	
Canary Wharf Foundation	1,426
London Catalyst	5,440
START -UP GRANTS	6,866
NON START-UP INCOME	
NHS Sight Tests	85
NHS Spectacles	107
Grants & donations	
TOTAL NON START-UP INCOME	192
TOTAL INCOME AFTER CAPEX	6,375
EXPENDITURE	
Start-up Project Management	4,909
Volunteer recruitment , training and rotoring	2,650
Volunteer management.	1,925
Optical equipment, supplies, glazing and ready readers	390
Insurance	486
IT, Mobile/Phone/Internet	226
Outreach	95
Stationery, courier and postage	92
Travel	672
Management, compliance, contract management	5,729
Central administration and co-ordination non pay	619
Depreciation	
TOTAL EXPENDITURE	17,792
SURPLUS/(DEFICIT)	-11,417

7.2 Running Costs

The budget for the London Mobile from October 2018 over the next three years, takes into account both the low current NHS income and the incorporation of a second type of contract, the Mandatory Services Contract into the project.

Over the next three years, as NHS income increases, the operating deficit on the service is projected to be reducing:

Deficit Year One	£9,570
Deficit Year Two	£4,720
Deficit Year Three	£2,375

We are actively seeking charitable grants and donations to cover this deficit.

8 FEEDBACK FROM STAKEHOLDERS

8.1 Volunteers

Feedback from volunteers would suggest that although the equipment provided for the service is good and adequate for screening of pathology, the equipment is not as advanced as that found in high street practice. There is the possibility that patients are unable to be assessed to the extent to which they would have been in a standard optometric practice.

The consensus from volunteers was that though the equipment is good, the majority of people who were seen at the mobile clinic held at Praxis could have been seen in high street practices where the equipment is better and there is a wider choice of specs to choose from. However, many patients feel more comfortable and safe at this clinic as it is familiar and very convenient.

8.2 Organisers

Working alongside Doctors of the World at the Praxis clinic and gaining their insights and feedback, it is clear to see that there is a long waiting list so there certainly is demand for the service. For patients, it comes down to trust and confidence, that people are wary of accessing what they perceive to be mainstream services, but feel happy to come to Doctors of the World. Most are eligible for HC2s due to lack of income, so theoretically could access high street opticians, but many are nervous about doing so.

9 LESSONS

9.1 Eligibility for NHS services

Many patients seen at Praxis would be eligible to be seen in high street practice by presenting an HC2 certificate they have obtained because they are on low income. Potentially, up to 86% could be eligible for a high street opticians service. This is because Doctors of the World, where our clinic is based, help their patients to complete HC1 forms as part of their initial assessment.

It was clear that even amongst those with HC2 certificates, many would be unlikely to attend a high street practice due to anxieties surrounding accessing mainstream services or language barriers. We saw one patient whose HC2 certificate had just run out.

At our other static clinics, we rarely see homeless and vulnerable people presenting an HC2 certificate. For example, in the sample – albeit a very small one – of 7 patients that were tested at the TAB Centre, the 2 that were NHS eligible were not using HC2 certificates.

For many patients, the need to pre book proved to be difficult. The majority of patients failed to attend the clinic at the stated time and so substitutions had to be made.

9.2 Pathology

Patients with suspected pathology should be referred rather than being managed in practice with repeat testing on a following day or with earlier recall. When dealing with a patient demographic that is highly mobile, it is key to manage them appropriately. This is highlighted in the fact that many of the pre booked patients at the TAB Centre failed to attend their pre booked appointment.

9.3 Access to high street services

This project has demonstrated that there are many people that want to be seen but are fearful about attending a high street practice for an examination. Although they may qualify for an NHS test in practice, there is rarely a definitive reason that can be added to a GOS 6 form for them to qualify for an NHS Additional Services sight test.

10 NEXT STEPS

We want to continue our domiciliary service, as we are clearly meeting a need among some of the most vulnerable people in East London. However, operating a service that earns minimal NHS income is a drain on charitable resources.

Going forward we are turning the project into a hybrid between the two contracting types.

A Mandatory Services Contract

For locations where we have established that there is sufficient demand for a regular clinic, we will apply for a Mandatory Services Contract. We will operate this differently from the traditional high street optician. The room and venue will comply with the requirements for a Mandatory Services Contract. Our equipment, documentation and supplies will similarly comply. However, they will not be permanently at the venue, but transportable. In addition to the normal sight testing kit, used by domiciliary opticians, we will need to take a portable slit lamp and electronic field screener with us to comply with Mandatory Services Contract regulations.

We will need to apply for a contract for each separate location, as the venue has to be inspected with the testing kit in situ.

We have applied for a Mandatory Services Contract for our clinic at Praxis Community Projects. By running a mandatory Services Contract, we will no longer have to pre-notify NHS England, and patients no longer have to meet the criterion of being unable to attend a high street optician.

An Additional Services Contract

We will retain our Additional Services Contract and use it for one off clinics such as the TAB Centre's Health and Wellbeing Days. Also, it will be used to test new locations and gauge the level of demand for our service. If a venue shows sufficient regular demand, and is suitable for a Mandatory Services Contract, we will apply for one.

11 COMMUNIQUE TO COMMISSIONERS

The Additional Services Contract is not a viable method of meeting the eye care needs of homeless and vulnerable people. The contract regulations on eligibility for NHS funding create an insurmountable disincentive to providers in helping this group of patients – the providers are insufficiently recompensed.

Only 7% of all the patients we tested were eligible for an Additional Services eye test on the NHS.

As a charity, we subsidised the service with charitable donations, so we could provide eye care free of charge to all homeless and vulnerable people.

We have shown that despite the availability of eye care services at high street opticians, homeless and vulnerable people are not accessing eye care for several reasons.

People who are homeless and vulnerable need eye care to be delivered at day centres where they can access the service.

Recommendation:

Under the Additional Services Contract regulations, where the contractor is attending a homeless day centre, shelter or hostel that has been pre-approved by NHS England, it is recommended that the requirement for three weeks' notice and the eligibility criterion of the patient being unable to attend a high street optician, be removed.

With these recommended changes in regulations nearer 86% could receive an NHS service.

Vision Care for Homeless People, 2018
Charity No. 1118076

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