



Low Vision Service

Service Guide for Practices and Practitioners

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Primary
+ Eyecare



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Introduction

NHS-funded community eye care services are locally commissioned and distinct from the standard General Ophthalmic Services (GOS) sight test. Delivered primarily by accredited optometrists, they offer specialised, accessible care in community optometry settings, reducing pressure on hospitals and improving patient outcomes. Primary Eyecare Services are a not-for-profit provider that work in partnership with Local Optical Committees (LOCs) and community optometry practices to deliver these high-quality services.

This guide is intended for:

- Optometrists, dispensing opticians, contact lens opticians and non-clinical staff delivering the service
- support and administrative teams supporting the delivery of the service
- practice managers and owners responsible for service compliance and oversight

Overview

There are over two million people in the UK living with sight loss and 340,000 of these people are registered blind or partially sighted in the UK. Low vision services can mitigate practical, emotional, occupational or educational impacts for people living with sight loss and it is important that low vision services should not only be open to people who meet visual acuity thresholds or who are registered as sight impaired. This local pathway aims to provide a holistic approach to supporting patients to understand their sight loss better and enhance their ability to live well and independently for longer. The service allows these patients to be seen by accredited practitioners in a community setting closer to home.

The Low Vision Service will:

- provide a community low vision service that offers high-quality low vision assessments with appropriate clinical support and relevant patient information
- provide low vision aids, daily living aids and support/advice to those that need them
- allow people with sight loss, often elderly patients, to access low vision services easily in convenient locations nearer to home
- reduce unnecessary referrals of adults with low vision to the hospital eye service and release capacity for those with identified secondary care needs
- provide excellent patient experience and patient reported outcomes, improving the quality of life for each individual patient
- deliver a joined up and co-ordinated approach, with accredited low vision practitioners working alongside local Eye Clinic Liaison Officers, voluntary organisations and social services



Terminology

The Low Vision Service is also known as the following, and these may still be the service names in some areas:

- Low Vision Pathway
- Low Vision Clinic

Local Variations & Local Service Summary One-Pagers

This practice guide outlines the standard and/or most common pathway for this service.

However, local variations in access, service delivery, pathways and protocols may apply. It is important to use this guide alongside the local service summary one-pagers, [available here](#).

Please speak to your Primary Eyecare Services Clinical Lead or email hello@referral.support for further information about your local service.

Variations in the Low Vision Service pathway include:

- age of patients eligible to access services (adults and/or children)
- kit items used to assess and dispense to patients
- process for ordering replacement kit items
- whether a telephone follow up is mandated
- the categories of clinician and non-clinician who can provide the assessment
- how many assessments each patient can have



Inclusion and Exclusion Criteria

Access to this service should not be exclusively determined by clinical parameters such as visual acuity or certification, but should take account of social, emotional, psychological, educational, and occupational effects.

Inclusion Criteria

- Patients registered with a GP in an Integrated Care Board that commissions a Low Vision Service.
- Patients 18 years of age or over (unless paediatric low vision is included in your local variation).
- Patients who have an impairment of visual function for whom full remediation is not possible by conventional spectacles, contact lenses, medical or surgical intervention. This may include:
 - reduced visual acuity and/or
 - significantly restricted visual field
- All spectacle options have been attempted and exhausted when appropriate and vision remains unsatisfactory.

N.B The above should all apply whether the patient is registered as sight impaired or severely sight impaired or not.

Exclusion Criteria

- Patients registered with a GP in an Integrated Care Board that does not commission a Low Vision Service.
- Patients under 18 years of age (unless paediatric low vision is included in your local variation).
- Patients whose most recent sight test is over twelve months ago.

Domiciliary Patients

Please refer to local service summary one-pagers to confirm whether domiciliary service provision is specifically excluded.

- 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.
- The equipment requirements for domiciliary provision remain as stated in the equipment list below.

Further information on delivering domiciliary services can be found here: [Domiciliary Details](#)



Entry to the Service

Self-Presentation

- Patients self-refer to service.

From Routine Sight Test

Patient identified as suitable for service by an optometrist during a sight test.

From Other Commissioned Services

- Patient identified as suitable for service by an optometrist during another commissioned service or pathway appointment e.g. Community Urgent Eyecare Service (CUES).

Intra-Practice Referral

- A non-accredited optometrist refers to an accredited optometrist within the same practice.

Inter-Practice Referral

- A non-accredited practice refers to a local accredited community optometry practice.

Signposting From Health Care Professional

- Eye Care Liaison Officer (ECLO)
- GP
- Social services
- Hospital Eye Services

Primary Eyecare Services Eye Care Navigation Service

- In localities where ophthalmology referrals are managed and triaged through Primary Eyecare Services Eye Care Navigation Service the patient will be transferred to their community optometry practice of choice via the IT Platform.



Service Delivery

Making the Appointment

- The patient should be given some flexibility with dates and times where possible.
- The date and time of the appointment should be recorded on the IT Platform.

Sight Testing and Frequency

- The assessment may follow a GOS1 exam or private sight test if not GOS eligible.
- Any GOS claim should be claimed separately to the Low Vision Service episode.
- Patients are required to have been seen for a sight test within the past 12 months. A more frequent sight test may be recommended or undertaken if indicated e.g. change in vision or other symptoms requiring clinical investigation.
- Each patient may have one low vision assessment within the service each year. Any further assessment is considered to be a follow-up appointment.
- In circumstances where a patient's sight deteriorates significantly within 12 months of assessment and the optometrist judges an earlier assessment to be needed, approval for an early assessment must be requested & approved by the Primary Eyecare Clinical Leads responsible for the area.

Assessment

Practitioners should set aside a suitable amount of time for a low vision assessment.

A low vision assessment will be provided to everyone using the service. (It should be noted that this is not a sight test and may not include an eye health check although spectacles may be prescribed). The impact of low vision is assessed through a combination of discussions with the service user (and in some cases their family and carers) and clinical examination. Each assessment will be bespoke, depending on patient needs and expectations, but will usually include:

- history and symptoms with emphasis on ocular and social history and patient's understanding of visual status
- identification, discussion and evaluation of risk factors (e.g. depression, falls and visual hallucinations)
- clinical assessment including visual acuity at distance and near, contrast sensitivity, functional central/peripheral fields testing and colour vision (as appropriate)
- consideration of refractive status and suitability of SI/SSI certification if indicated and not already in place
- assessment of requirement for visual aids such as magnifiers and or daily living aids



- provision of information on the full range of local support services available including verbal and/or written information explaining the services available and how to access them as appropriate

Follow Up Appointments

Accredited low vision practitioners will arrange a follow-up appointment with the patient within 4-6 weeks. This can be done largely via telephone, but the Low Vision optometrist can choose to do this face- to-face if they wish. The follow-up appointment is undertaken to:

- gain user feedback, as to how well the low vision equipment is being used
- understand whether the suggested support services have been accessed
- should the telephone follow up identify further unmet need or difficulty, the accredited low vision practitioner will undertake one or more of the following actions:
 - signpost the patient to the Eye Clinic Liaison Officer and/or voluntary organisation
 - contact the Eye Clinic Liaison Officer and/or voluntary organisation on behalf of the patient with patient's permission
 - review the patient and low vision equipment at a face-to-face appointment, within practice
 - refer to the Hospital Eye Service, for advice/assistance where appropriate

The patient's record should be updated with any feedback or further actions taken resulting from the follow up. The telephone follow-up portion of the Low Vision Service module on the IT platform should be completed for each episode.

Ordering, Issuing and Recycling of Low Vision Aids (LVAs)

- Practitioners are expected to prescribe with sustainability in mind, referring to the pre-agreed formulary and associated costs set by the commissioning body.
- The ordering process provided by the commissioning bodies approved supplier for this service in your area should be followed.
- There may be exceptional circumstances where an off-list item is required, but this must be discussed with a clinical lead and is by exception only and not expected to be the normal.
- When an LVA is issued to the patient, the practitioner should insert any batteries required and/or ensure it is working. It may be necessary to remind the patient how the device should be used. Commissioning bodies will not pay for any batteries that do not come with the LVA ordered.
- LVAs are issued on loan to the patient and those returned will be disposed of or recycled where appropriate. Where an aid is deemed in good working condition the device should be re-used.



- Patients may wish to consider alternative options that are not included in the formulary, where the patient makes this choice the assessment appointment would be funded but the patient would be expected to cover the cost of the aid of their choice.

Service Outcomes

The patient should be informed of the outcome and expected next steps and offered sources on further information and support (see Additional Resources) in line with [Eye care support pathway](#) principles.

Patients may be discharged following the assessment, telephone follow-up or in-practice review. Adult patients will generally be expected to attend an annual sight test which does not have to be undertaken at the same practice providing this service and re-enter the Low Vision Service if a need for this is identified during the sight test.

Assessed, managed and discharged

- Many patients are managed within community and discharged after receiving practical advice and information about their sight loss and relevant support services.
- The patient may be discharged with or without a low vision aid or aids.

Onward Referral

Patients may be referred to one or more of the following directly through the IT Platform and in line with local pathways. It is the referring practitioner's responsibility to follow local referral guidance.

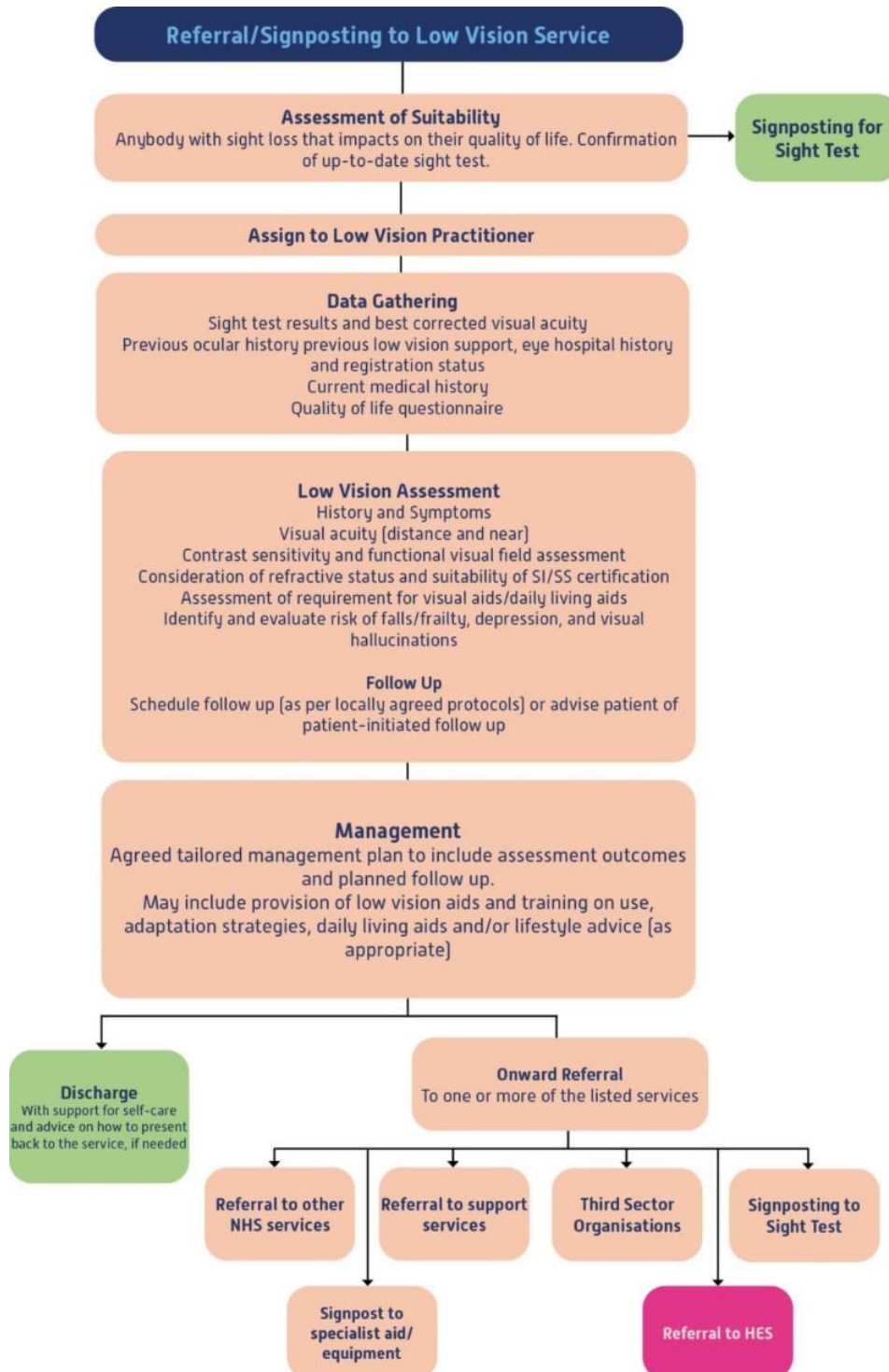
- RNIB or Local Sight Loss Charity Sight Loss Advice Service – including the waiting well service if relevant.
- ECLO/Sensory Support as per local protocol.
- Specialist aids/equipment providers for aids such as bioptics, spectacle mounted telescopes, digital medical device solutions and other technology etc.
- Other NHS services such as falls teams, mental health support, community nursing team, etc.
- HES & Ophthalmologist for certification as sight impaired or severely sight impaired, and for confirmation of restricted fields or possible genotyping for genetic disease.
- Third sector organisations and/or ROVI assessment where appropriate.

GP Notification

- GP surgeries receive a notification of the outcome for every completed episode via:
 - DOCMAN system
 - NHS email (where DOCMAN is not available)
- This applies regardless of whether the patient was discharged, referred, or managed within the service.
- GP action is only required when the outcome is explicitly marked as “referral to GP”.



Service Pathway Diagram





Failed to Engage, Did Not Attend, and Was Not Brought Policies

Provision of community eye care services requires practices to manage and record all instances of patient non-engagement or non-attendance to appointments.

For information about Primary Eyecare Services Failed to Engage (FTE), Did Not Attend (DNA) and Was Not Brought (WNB) Policies, please [click here](#).

Patient Feedback and Equality and Diversity Monitoring

- Patient feedback is crucial for our community eye care services to demonstrate the value of services and to enable service improvements.
- Please encourage all patients to complete patient feedback.
- Equality and Diversity information is also requested.
- Feedback is usually collected via text or email and comprises of a few short questions.
- If a patient can't complete patient feedback through SMS or email, you can support them in completing this: [Completing PROMS where a patient has asked for support](#).

Completing an episode through the IT platform

All clinical episodes must be recorded on the Primary Eyecare Service IT platform within 48 hours.

Please note that the service needs to be selected in the Practice Profile in order to complete an episode through the IT platform. [My Services - checking, adding and removing services](#)

Please use the following link for a step-by-step guide to completing an episode through the IT platform. This guide can be saved as a PDF and/or printed as required.

The Primary Eyecare Services IT platform requires the recording of data appropriate for service delivery. This does not replace the need to keep a full record of the clinical episode on the Practice Management System (PMS).

- [Low Vision Follow Up Appointments](#)
- [Low Vision Clinical Form](#)



Audit and Quality Assurance

Primary Eyecare Services has a comprehensive programme of audit and quality assurance in place to ensure that all services are delivered in accordance with national and local standards.

Clinical leads undertake structured service level audits every quarter to monitor performance at a practitioner and practice level to ensure compliance with agreed protocols. Audit reports review activity levels, appointment types, referral patterns, access timeframes, clinical outcomes, and patient-reported feedback (PROMS/PREMS).

Where audit findings highlight outliers or concerns, clinical leads will work with practices and practitioners to identify the cause and to agree any indicated action plan.

Practices have access to their own service data via the Practice Audit Dashboard, enabling practices to monitor their performance benchmarked against national data.

Subcontractor Performance Management

Primary Eyecare Services monitors the performance of subcontracted community optometry practices through regular audits and a structured breach process. This supports service quality, patient safety, and contractual compliance. Further details are available [here](#), or in the [Primary Eyecare Services Policy Pack](#).

Requirements for Providing Service

Please find below the equipment and accreditation required for community optometry practice and practitioners to provide community eye care services and access the Primary Eyecare Services IT platform. These requirements should be read alongside the [Primary Eyecare Services Policy Pack](#).

Equipment

All practices providing the service are required to have the following equipment available:

- occluders
- reading lamp
- reading stand/provision
- large print / book / newspaper DV / NV testing charts
- accredited low vision practitioners will have a varied and comprehensive range of low vision aids; to meet agreed prescription needs according to the local service specifications



Clinical Accreditation

Optometrists, Dispensing Opticians and Contact Lens Opticians

All participating practitioners will have the core competencies as defined by the GOC.

Participating practitioners are expected to keep their knowledge and skills up to date which may include:

- including the provision of community eye care services in GOC personal development plans
- this may be supported [Primary Eyecare Services Professional Development](#) webpage

Participating practitioners must complete the WOPEC/LOCSU Low Vision Theory Distance Learning modules (there may be some local additional accreditation requirements in some areas) or a professional certificate in low vision (or higher).

Non-Clinical Staff

All participating staff without professional qualification must complete sufficient training to deliver the Low Vision, where permitted. Some services may not permit non-clinical staff to deliver this service.

Pre-Registration Optometrists

As part of the Scheme for Registration, Pre-registration Optometrists (pre-regs) are required to see at least five 'other' patients, with one of the eligible services being the Low Vision Service.

Pre-regs can conduct the patient consultation with appropriate supervision, complete the clinical record on their practice patient management system (PMS), and document findings and clinical decisions made.

The supervisor must physically examine the patient following the pre-reg's assessment, signing off the consultation on the Primary Eyecare Service IT system with notes on the patient record. The supervisor will then complete the final clinical assessment on the Primary Eyecare Service IT Platform. Supervisors maintain full clinical responsibility for patient care.

Practice Requirements

All practices providing the service are expected to have at least one accredited practitioner regularly available to provide the service.

Full practice requirements and onboarding guidance can be found here:

[Practice Onboarding](#)



Practitioner Requirements

Full practitioner requirements and onboarding guidance can be found here:

[Practitioner Onboarding](#)

Practice and practitioner compliance and practitioner accreditation requirements are continuous and ongoing; should the practice or practitioner no longer satisfy these requirements then they must inform Primary Eyecare Services at hello@referral.support and cease providing this service. Guidance on this process is available on the [Service Withdrawal](#) help page.

Failsafe

Effective management of patients requiring low vision care is essential. It is crucial that all necessary actions are completed to ensure continuity of care and compliance with clinical governance standards.

Primary Eyecare Services has a dedicated Failsafe Team that provides comprehensive support to practitioners, ensuring patients are scheduled and seen within appropriate clinical timeframes.

To ensure the Failsafe Team communications are received, it is essential to [keep all contact information up to date](#) . This includes ensuring that designated staff members responsible for the low vision service are correctly listed and able to receive correspondence.

Community optometry practices are expected to respond to emails from the Failsafe Team, providing explanation for any delays in updating patient episodes within the required timeframe.

If you require Failsafe Team support, please contact the team on pes.quality.pes@nhs.net



Additional Information

Payment Process

Primary Eyecare will reimburse the practice monthly for both the costs of the Low Vision Assessment and the cost of the Low Vision Aid exclusive of VAT. Practitioners will need to claim the VAT back directly by filling out a VAT exemption form Optelec.

Low Vision Service Zero VAT Declaration Form: <https://help.optom-referrals.org/article/629-low-vision-zero-vat-declaration-form>

VAT Form Completion

Please ensure each low vision aid order includes a VAT exemption certificate which should be sent via the IT Platform following the local protocol for each service. This form should include the practitioner, optical practice & patient details in addition to the disability or chronic sickness requiring low vision support as well as the name & code for each low vision aid supplied. Each form should be signed by both the low vision practitioner and the patient. Orders not including a VAT exemption form will be unable to be processed.

For information about invoicing and how to track payments [click here](#). Queries should be directed to hello@referral.support or via the 'blue bubble'.

Service Issues and Complaints

Primary Eyecare Services have a dedicated Quality Team whom manage service issues and complaints.

To raise any concerns about this service, please contact quality@primaryeyecare.co.uk

Updating Practice & Practitioner Information

Please refer to the dedicated help page for information on practice and practitioner profiles, updating information and making annual declarations:

[Practice and practitioner profiles - IT Platform](#)

Supporting Materials

- [WOPEC Low vision theory LOCSU course](#)



- [RNIB Low vision & low vision services](#)
- [LOCSU Low Vision Pathway](#)
- [College of Optometrists higher qualifications in low vision](#)

Support Pages

- [Primary Eyecare Services Policy Pack](#)
- Low Vision Help Guides:
 - [Low Vision Service Help Pages](#)
 - [Low Vision Follow Up Appointments](#)
 - [Low Vision Clinical Form](#)
 - [Low Vision Service Local Service Summary One-Pager Variations](#)
 - [Low Vision Service Zero VAT Declaration Form](#)
 - [Booking a Low Vision Appointment](#)
 - [Clinical Training Session Low Vision Service](#)
 - [Managing referrals sent outside of the IT Platform](#)
 - [Service Entry for Low Vision](#)
- Support Pages:
 - [My Services - checking, adding and removing services](#)
 - [Practice Onboarding](#)
 - [Practitioner Onboarding](#)
 - [Practice and practitioner profiles - IT Platform](#)
 - [Service Withdrawal](#)
 - [Changing Email Preferences - IT Platform](#)
 - [Practice Invoices and Reconciliation](#)
 - [Failed to Engage \(FTE\), Did Not Attend \(DNA\) & Was Not Brought \(WNB\) Policy](#)
 - [Domiciliary Details](#)
 - [Completing PROMS where a patient has asked for support](#)
- Additional Links:
 - [Primary Eyecare Services Professional Development](#)
 - [Wales Optometry Postgraduate Education Centre - WOPEC](#)
 - [Local Optical Committee](#)

Further Information and Support

For further information, [click here](#) to view all our help guides.

Further queries should be directed to hello@referral.support or via the IT Platform 'blue bubble'.