

Secondary Care Minimum Datasets Project
Low Vision Clinics Minimum Dataset Documentation 2021

LOW VISION



THE COLLEGE OF
OPTOMETRISTS



The ROYAL COLLEGE of
OPHTHALMOLOGISTS

Introduction

National minimum datasets are crucial to the provision of consistent clinical care, and for research into the nation's eye health. However, there are currently no standardised minimum datasets for recording patient eye health data in secondary care settings in the UK. This makes it difficult for clinicians to audit their clinics effectively, or to compare the outcomes for patients in one area to those in another. It also makes public health research designed to identify effective approaches and interventions, as well as planning the future of eye care provision, hard or impossible to do.

The College of Optometrists' Secondary Care Minimum Datasets Project (SCMDS) was set up in response to a request for support in addressing this problem from the Hospital Optometrists' Committee. The aim of the project was to develop minimum datasets in important areas of secondary optometric care, and focused on producing datasets for refraction and low vision clinics.

The College set up collaborative and multi-disciplinary working groups for each of the clinic types, with an overarching project steering group to coordinate the work. Each working group created a draft dataset for their clinic type, which was refined through multiple rounds of consultation with optometrists and ophthalmologists.

The datasets produced were then reviewed by The College of Optometrists' Education and Standards Committee, before finally being formally approved by The Board of Trustees. They were then sent to the Informatics and Audit sub-committee of The Royal College of Ophthalmologists (RCOphth) for further review and approval.

This project is an excellent example of the two Colleges working together, and optometrists and ophthalmologists cooperating to improve the systems that support effective treatment and care.

I would like to thank Anthony Khawaja (Chair of the RCOphth Audit and Informatics Sub-Committee) for reviewing the datasets and Dr Naira Khachatryan for her work revising the datasets in line with the RCOphth review.

I would also like to acknowledge the important role played by the heads of hospital optometry departments and their teams at 12 hospital trusts and foundations across the UK who volunteered for the pilot stage of the Refraction Minimum Dataset, and thank them for their valuable contributions.



Professor Edward Mallen

Chair of The College of Optometrists' Research Committee, and Past President

Using these datasets

These datasets should be checked against the data that you and your colleagues are routinely collecting for patients in your low vision and refraction clinics. You should try to ensure that the data fields are present in your electronic patient record system, or other patient records, and that the data for each field is being recorded in the correct format. If your team collects additional data to that set out in the datasets, that is completely fine. These are minimum datasets and are not intended to constrain clinic teams from collecting/recording additional data for patients. If you find that data fields are missing from your system, then you should get in touch with your software provider to request that these are added. Similarly, if you find that you have a field, but the way data is recorded is different to that in the minimum datasets, then you should aim to adjust this for future patients.

If you work in primary care, then these datasets may be helpful in providing insights into the type of data that will be collected once you have a referred a patient into secondary care.

Understanding the way data will be recorded and what the minimum data set should be for each patient could help you to ensure that your referral data matches as closely as possible the format of the secondary care unit you are referring to.

Ultimately, using standardised minimum datasets within secondary care settings will make transferring care from one hospital to another simpler, and will support effective review of outcomes for individuals, as well as for clinics, making audit easier and more impactful. It is important to remember that these are intended to be minimum datasets, and recording additional data is fine, as long as all of the data fields in these sets are also completed. It is also important that clinicians provide feedback on the datasets as they are used in practice, as they will need to be regularly reviewed and updated - so please feedback to the researchteam@college-optometrists.org.

Application

- **Mandatory:** Data items which are essential for all applications and must be collected.
- **Optional:** Data items which are required for some applications and may be collected.
- **Mandatory depending** on whether other fields are completed.

Principles

The low vision dataset was developed under the principles of the Royal College of Ophthalmologists Dataset Guidelines (August 2013) and updated during 2019 to comply with The RCOphth's updated principles in the 2018 Dataset Guidelines:

1. Priority should be given to clinical topic areas which are high volume and/or high risk clinically. Before starting a dataset, it is important to check whether any relevant datasets already exist to avoid duplication of effort. Potentially useful resources include The Royal College of Ophthalmologists and the International Consortium for Health Outcomes Measurement (ICHOM).
2. The dataset should comprise routinely collected information. The intention is to not burden busy clinicians with additional work. The dataset should be constructed of items that are, or should be, recorded as part of the routine clinical management of the patient.
3. Items not required for likely analysis should be excluded unless collected as part of routine electronic medical records (EMR) use. The collection of data requires time and effort, and therefore the total number of items should be minimised where routine working does not involve EMR use. The range of analyses likely to be conducted on the data is largely predictable, and items not required for these analyses should be identified as optional.
4. Items in common with other datasets should be congruent. Several data items (for example visual acuity, intraocular pressure IOP) will be common to many ophthalmic datasets. It makes sense that only one definition for each item is used throughout all datasets, particularly within a subspecialty.
5. The dataset should be capable of implementation in an electronic patient record. It is likely that the maximum benefit of the dataset will only be achieved when information is routinely collected using electronic patient record systems.
6. Patient Reported Outcome Measures (PROMs) are increasingly being recognised as an integral part of modern healthcare, including in ophthalmology. Where a nationally or internationally validated PROM is available, a dataset should provide for its collection. A database of Clinical Outcome Assessments (COAs) can provide a helpful starting point for a search.
7. Coding of datasets standardising terminology is increasingly important for medical practice, both for clinical working and management of services. The Systematized Nomenclature of Medicine -- Clinical Terms (SNOMED-CT) is the preferred NHS coding system. Ideally all datasets should be 'SNOMED-CT Coded' although currently this remains aspirational for many existing datasets.
8. The RCOphth, through its Informatics and Audit Sub-committee, is keen to encourage dataset development and through the committee can provide guidance to developers. The RCOphth is able to 'Kitemark' or provide approval for datasets and place them on a RCOphth dataset register.

Patient details

| Data Item | Description | Purpose | Type/Value |
|------------------------------------|--|---|-----------------|
| Patient ID Number (UUID) | A randomly generated unique ID number (not NHS number or other identifiable patient number). | To inform the ongoing care process (for data management and service delivery). This will not be patient identifiable information. | STRING |
| Age | Date of birth | To inform the ongoing care process (for data management and service delivery). | DATE |
| Gender | A classification of the patient's gender: <ul style="list-style-type: none"> • male • female • other/self-description • unspecified/prefer not to say. | To identify the person receiving healthcare and to inform the ongoing care process (for data management and service delivery). | LIST and STRING |
| Ethnic category | The ethnicity of a person using the classification used for the 2011 census: <ul style="list-style-type: none"> • drop down list as per census categories. | To identify the person receiving healthcare and to inform the ongoing care process (for data management and service delivery). | LIST |
| Service provider | Unique identifier for the acute trust or other organisation. | To identify the treatment centre providing this patient's refraction care. | STRING |
| Postcode | Patient's home post code: three- or four-character code, as provided in the Postcode Directory. Must NOT be the patient's full post code. | To allow safe analysis of low vision clinics care and epidemiology with respect to geographical location. | STRING |
| Certification of visual impairment | Whether a patient is certified as visually impaired or not: <ul style="list-style-type: none"> • yes: SI • yes: SSI • unknown • no. | To inform the ongoing care process. | LIST/ENUM |

■ **Mandatory**
■ **Optional**
■ **Mandatory depending**

Appointment details

| Data Item | Description | Purpose | Type / Value |
|---|--|---|--------------|
| Referral date | Date on which the referral was received by the clinic. • YYYY-MM-DD | To allow delays between referral and clinic visit to be monitored. | DATE |
| Visit date | Date on which patient attends the hospital / clinical area for low vision assessment. • YYYY-MM-DD | To assess whether delays are occurring between referral and low vision clinic attendance. | DATE |
| Source of referral | The person responsible for referral to low vision clinic: • secondary care • primary care (GP) • primary care (optometrist) • social Services • third sector (e.g. charities, community groups) • education • self-referral. | To record the route of the patient being referred to the low vision clinic to enable evaluation of referrals. | LIST |
| Primary cause of visual impairment (if any) | Select one: Retina • age-related macular degeneration – subretinal neovascularisation H35.3* • age-related macular degeneration – atrophic/geographic macular atrophy H35.3* • diabetic retinopathy E10.3* – E14.3* H36.0* • diabetic maculopathy H.36.0A* • hereditary retinal dystrophy H35.5* • retinal vascular occlusions H34* • other retinal : please specify • glaucoma • primary open angle H40.1* • primary angle closure H40.2* • secondary H40.5* • other glaucoma : please specify. | To record the primary cause of visual impairment. | LIST |

* International Statistical Classification of Diseases and Related Health Problems (ICD) code

Appointment details (cont)

| Data Item | Description | Purpose | Type / Value |
|---|--|---------|--------------|
| Primary cause of visual impairment (if any) (Cont) | <p>Globe</p> <ul style="list-style-type: none"> • degenerative myopia H44.2*. <p>Neurological</p> <ul style="list-style-type: none"> • optic atrophy H47.2* • visual cortex disorder H47.6* • cerebrovascular disease. <p>Choroid</p> <ul style="list-style-type: none"> • chorioretinitis H30.9* • choroidal degeneration H31.1.* <p>Lens</p> <ul style="list-style-type: none"> • cataract (excludes congenital) H25.9*. <p>Cornea</p> <ul style="list-style-type: none"> • corneal scars and opacities H17* • keratitis H16*. <p>Paediatric</p> <ul style="list-style-type: none"> • retinopathy of prematurity H35.1* • congenital CNS malformations Q00-Q07* • congenital eye malformations Q10-Q15* • congenital: please specify syndrome or nature of the malformation. <p>Neoplasia</p> <ul style="list-style-type: none"> • eye C69* • brain and CNS C71-72* • other neoplasia: please specify. <p>Diagnosis not covered in any of the above – please specify, including ICD10 code (where known).</p> | | |

* International Statistical Classification of Diseases and Related Health Problems (ICD) code

■ **Mandatory**
■ **Optional**
■ **Mandatory depending**

Appointment details (cont)

| Data Item | Description | Purpose | Type / Value |
|---|--|---|--------------|
| Additional causes of visual impairment (if any) | <ul style="list-style-type: none"> • yes • no <p>If yes, select all that apply:</p> <p>retina</p> <ul style="list-style-type: none"> • age-related macular degeneration – subretinal neovascularisation H35.3* • age-related macular degeneration – atrophic/geographic macular atrophy H35.3* • diabetic retinopathy E10.3 – E14.3 H36.0* • diabetic maculopathy H.36.0A* • hereditary retinal dystrophy H35.5* • retinal vascular occlusions H34* • other retinal : please specify. <p>glaucoma</p> <ul style="list-style-type: none"> • primary open angle H40.1* • primary angle closure H40.2* • secondary H40.5* • other glaucoma: please specify. <p>globe</p> <ul style="list-style-type: none"> • degenerative myopia H44.2.* <p>neurological</p> <ul style="list-style-type: none"> • optic atrophy H47.2* • visual cortex disorder H47.6* • cerebrovascular disease. <p>choroid</p> <ul style="list-style-type: none"> • chorioretinitis H30.9* • choroidal degeneration H31.1.* <p>lens</p> <ul style="list-style-type: none"> • cataract (excludes congenital) H25.9.* <p>cornea</p> <ul style="list-style-type: none"> • corneal scars and opacities H17* • keratitis H16*. | To record additional causes of visual impairment; ocular co-pathology. Indicate if the additional causes have an impact on the examination. | BOOL / LIST |

* International Statistical Classification of Diseases and Related Health Problems (ICD) code

Appointment details (cont)

| Data Item | Description | Purpose | Type/ Value |
|--|--|--|-------------|
| Additional causes of visual impairment (if any) (Cont) | <p>Paediatric</p> <ul style="list-style-type: none"> • retinopathy of prematurity H35.1* • congenital CNS* malformations Q00-Q07* • congenital eye malformations Q10-Q15* • congenital: please specify syndrome or nature of the malformation. <p>Neoplasia</p> <ul style="list-style-type: none"> • eye C69* • brain and CNS C71-72* • other neoplasia: please specify. <p>Diagnosis not covered in any of the above – please specify, including ICD10 code (where known).</p> | | |
| Hearing impairment | <p>Does the patient have a hearing impairment?</p> <ul style="list-style-type: none"> • yes • no | To record hearing impairment. Indicate if the additional cause(s) have an impact on the examination. | BOOL |
| Physical mobility | <p>Does the patient have poor physical mobility?</p> <ul style="list-style-type: none"> • yes • no | To record limitations of physical mobility (if any). This may affect the patient's ability to use a low vision aid. | BOOL |
| Emotional/mental health | <p>Are there any concerns about how the sight problem/visual impairment is affecting the patient emotionally?</p> <ul style="list-style-type: none"> • yes • no | To record concerns about emotional state of patient (if any). This may affect the patient's ability to use a low vision aid. | BOOL |
| Patient reported mental health | <p>How would you rate your overall mental or emotional health?</p> <p>Scale:</p> <ul style="list-style-type: none"> • excellent • very good • good • fair • poor. | To gather patient-reported data on the patient's assessment of their mental health. | LIST/STRING |

■ **Mandatory**
■ **Optional**
■ **Mandatory depending**

Appointment details (cont)

| Data Item | Description | Purpose | Type / Value |
|--------------------------------|---|--------------------------------------|--------------|
| Main reason for visit | What is the main reason for the patient's visit? <ul style="list-style-type: none"> • difficult at near • difficulty at distance • other (free text box). | To inform the low vision assessment. | LIST /STRING |
| Existing low vision aids | Is the patient currently using low vision aids? <ul style="list-style-type: none"> • yes • no | To inform the low vision assessment. | BOOL |
| If yes, which low vision aids? | Existing near low vision aids: <ul style="list-style-type: none"> • hand magnifier • stand magnifier • bright field magnifier • spectacle 'lens' magnifier • electronic magnifiers EVES • spectacle-mounted telescope • other (free text box). Existing distance low vision aids: <ul style="list-style-type: none"> • spectacle telescope • hand held telescope • electronic • field expander • other (free text box). | To inform the low vision assessment. | LIST |

Best corrected visual acuity (BCVA) distance details

| Data Item | Description | Purpose | Type/Value |
|-----------------------------|---|---|------------|
| Measurement type | The standard which is being used to measure distance visual acuity type: <ul style="list-style-type: none"> • singles • single row • crowded • binocular. | To record the type of distance visual acuity chart/card used as this may be relevant to best corrected visual acuity. | LIST |
| Correction mode [RIGHT eye] | The procedure by which the distance visual acuity is obtained: <ul style="list-style-type: none"> • glasses distance visual acuity • contact lenses distance visual acuity • unaided distance visual acuity. | To record what correction (if any) the subject was wearing when the visual acuity was determined. | LIST |

BCVA distance details (cont)

| Data Item | Description | Purpose | Type/Value |
|------------------------------|--|--|-------------|
| VA standard [RIGHT eye] | The standard which is being used to measure distance visual acuity. Which type of chart was used? <ul style="list-style-type: none"> • Snellen chart • LogMAR chart • other [free text box]. | To allow comparison and conversion of visual acuity measurements recorded using different standards. | LIST |
| VA standard [RIGHT eye] | How was data expressed? <ul style="list-style-type: none"> • Snellen fraction • LogMAR figure • decimal figure • other (including letters): [free text box]. | To allow comparison and conversion of visual acuity measurements recorded using different standards. | LIST/STRING |
| Best recorded VA [RIGHT eye] | Distance visual acuity with habitual correction: <ul style="list-style-type: none"> • answer choices from -0.3 to 1.9 [drop down list] • motion detection • perception of light • no perception of light • artificial eye/no eye | To record the best RIGHT eye distance visual acuity attained on the day of visit. | ENUM/LIST |
| Correction mode [LEFT eye] | The procedure by which the distance visual acuity is obtained: <ul style="list-style-type: none"> • glasses distance visual acuity • contact lenses distance visual acuity • unaided distance visual acuity. | To record what correction (if any) the subject was wearing when the visual acuity was determined. | LIST |
| VA standard [LEFT eye] | The standard which is being used to measure distance visual acuity. Which type of chart was used? <ul style="list-style-type: none"> • Snellen chart • LogMAR chart • other [free text box] | To allow comparison and conversion of visual acuity measurements recorded using different standards. | LIST |

■ **Mandatory**
■ **Optional**
■ **Mandatory depending**

BCVA distance details (cont)

| Data Item | Description | Purpose | Type/Value |
|---------------------------------|--|---|---------------|
| VA standard [LEFT eye] | How was data expressed? <ul style="list-style-type: none"> • Snellen fraction • LogMAR figure • decimal figure • other (including letters): [free text box] | To allow comparison and conversion of visual acuity measurements recorded using different standards. | LIST / STRING |
| Best recorded VA [LEFT eye] | Distance visual acuity with habitual correction: <ul style="list-style-type: none"> • answer choices from -0.3 to 1.9 [drop down list] • motion detection • perception of light • no perception of light • artificial eye/no eye. | To record the best LEFT eye distance visual acuity attained on the day of visit. | ENUM / LIST |
| Refraction | Refraction conducted: <ul style="list-style-type: none"> • yes • no. | To record whether refraction was conducted during this visit. | BOOL |
| Refraction sphere [RIGHT eye] | The spherical component of the optical correction for the RIGHT eye. The sphere is the base correction upon which cylinder, reading addition (and prism) may be superimposed. | To record the spherical component of the final prescription for the RIGHT eye. | FLOAT |
| Refraction cylinder [RIGHT eye] | The cylindrical correction superimposed on [refraction RIGHT eye sphere]. | To record the cylindrical component of the final prescription of the RIGHT eye. | FLOAT |
| Refraction axis [RIGHT eye] | The axis of the cylindrical refraction in [refraction RIGHT eye cylinder]. | To record the axis of the cylindrical component of the final prescription for the RIGHT eye. | FLOAT |
| Reading add [RIGHT eye] | The spherical power added to the refraction in [refraction RIGHT eye sphere; cylinder; axis of cylinder] that is prescribed for near vision for the RIGHT eye. | To record the spherical power added to the distance prescription for near vision in the final prescription. | FLOAT |
| Refraction sphere [LEFT eye] | The spherical component of the optical correction for the LEFT eye. The sphere is the base correction upon which cylinder, reading addition (and prism) may be superimposed. | To record the spherical component of the final prescription for the LEFT eye. | FLOAT |

(BCVA) (cont)

| Data Item | Description | Purpose | Type / Value |
|---|--|---|--------------|
| Refraction cylinder [LEFT eye] | The cylindrical correction superimposed on [refraction LEFT eye sphere]. | To record the cylindrical component of the final prescription of the LEFT eye. | FLOAT |
| Refraction axis [LEFT eye] | The axis of the cylindrical refraction in [refraction LEFT eye cylinder]. | To record the axis of the cylindrical component of the final prescription for the LEFT eye. | FLOAT |
| Reading add [LEFT eye] | The spherical power added to the refraction in [Refraction LEFT eye sphere; cylinder; axis of cylinder] that is prescribed for near vision for the LEFT eye. | To record the spherical power added to the distance prescription for near vision in the final prescription. | FLOAT |
| Prism notation | The prism notation: <ul style="list-style-type: none"> • standard • 180 degrees • 360 degrees. | To record the prism notation (if any). | LIST |
| Prism distance: horizontal power [RIGHT eye] | A record of the final prism power that is prescribed for the RIGHT eye for distance. | To record any prescribed prism in the final prescription. | FLOAT |
| Prism distance: horizontal power [RIGHT eye] | A record of the final prism power that is prescribed for the RIGHT eye for distance. | To record any prescribed prism in the final prescription. | FLOAT |
| Prism distance: horizontal base direction [RIGHT eye] | A record of the final prism horizontal base direction for the RIGHT eye for distance. | To record any prescribed prism in the final prescription. | FLOAT |
| Prism distance: vertical power [RIGHT eye] | A record of the final prism vertical power that is prescribed for the RIGHT eye for distance. | To record any prescribed prism in the final prescription. | FLOAT |
| Prism distance: vertical Base direction [RIGHT eye] | A record of the final prism vertical base direction for the RIGHT eye for distance. | To record any prescribed prism in the final prescription. | FLOAT |
| Prism distance: horizontal power [LEFT eye] | A record of the final prism power that is prescribed for the LEFT eye for distance. | To record any prescribed prism in the final prescription. | FLOAT |
| Prism distance: horizontal base direction [LEFT eye] | A record of the final prism horizontal base direction for the LEFT eye for distance. | To record any prescribed prism in the final prescription. | FLOAT |
| Prism distance: vertical power [LEFT eye] | A record of the final prism vertical power that is prescribed for the LEFT eye for distance. | To record any prescribed prism in the final prescription. | FLOAT |

■ **Mandatory**
■ **Optional**
■ **Mandatory depending**

BCVA distance details (cont)

| Data Item | Description | Purpose | Type / Value |
|--|---|---|--------------|
| Prism distance: vertical base direction [LEFT eye] | A record of the final prism vertical base direction for the LEFT eye for distance. | To record any prescribed prism in the final prescription. | FLOAT |
| Prism near: horizontal power [RIGHT eye] | A record of the final prism horizontal power that is prescribed for the RIGHT eye for near. | To record any prescribed prism in the final prescription. | FLOAT |
| Prism near: horizontal base direction [RIGHT eye] | A record of the final prism horizontal base direction for the RIGHT eye for near. | To record any prescribed prism in the final prescription. | FLOAT |
| Prism near: vertical power [RIGHT eye] | A record of the final prism vertical power that is prescribed for the RIGHT eye for near. | To record any prescribed prism in the final prescription. | FLOAT |
| Prism near: vertical base direction [RIGHT eye] | A record of the final prism vertical base direction for the RIGHT eye for near. | To record any prescribed prism in the final prescription. | FLOAT |
| Prism near: horizontal power [LEFT eye] | A record of the final prism horizontal power that is prescribed for the LEFT eye for near. | To record any prescribed prism in the final prescription. | FLOAT |
| Prism near: horizontal base direction [LEFT eye] | A record of the final prism horizontal base direction for the LEFT eye for near. | To record any prescribed prism in the final prescription. | FLOAT |
| Prism near: vertical power [LEFT eye] | A record of the final prism vertical power that is prescribed for the LEFT eye for near. | To record any prescribed prism in the final prescription. | FLOAT |
| Prism near: vertical base direction [LEFT eye] | A record of the final prism vertical base direction for the LEFT eye for near. | To record any prescribed prism in the final prescription. | FLOAT |

(BCVA) near details

| Data Item | Description | Purpose | Type / Value |
|--|---|---|----------------------|
| Correction mode | The procedure by which the near visual acuity is obtained: <ul style="list-style-type: none"> • glasses near visual acuity • contact lenses near visual acuity • unaided distance visual acuity. | To record what correction (if any) the subject was wearing when the visual acuity was determined. | LIST |
| Distance | The distance at which the near visual acuity was measured: <ul style="list-style-type: none"> • 0 to 50cm [drop down list]. | To record the distance in centimetres at which the near visual acuity is measured for those charts which use letter size rather than a logarithmic scale. | INTEGER |
| Habitual best-corrected near visual acuity; both eyes open | The visual acuity obtained with spectacles: <ul style="list-style-type: none"> • N.M and logMAR- N point notation N80-N2 • Sloan M unit notation M10 – 0.25 • near LogMAR 1.70-0.30 • not measured . | To adequately inform the low vision assessment. | ENUM / STRING |
| Contrast sensitivity, both eyes open | A categorisation of the contrast sensitivity with both eyes open: <ul style="list-style-type: none"> • log unit values up to 2.3 [drop down list] • 0 to 100% [drop down list] • not measured. | To adequately inform the low vision assessment. | ENUM / LIST / STRING |
| Visual field loss | An assessment of the degree of visual field loss: <ul style="list-style-type: none"> • total loss of visual field • extensive loss of visual field (including hemianopia) • primary loss of peripheral field • primary loss of central field. | To adequately inform the low vision assessment. | LIST |

■ **Mandatory**
■ **Optional**
■ **Mandatory depending**

Low Vision Aid(s) recommended

| Data Item | Description | Purpose | Type / Value |
|---|---|---|--------------|
| Near low vision aid(s) prescribed? | Near low vision aid(s) prescribed during this visit: <ul style="list-style-type: none"> • yes • no • yes (Declined). | To record whether (near) low vision aids were recommended to the patient during this visit. | LIST |
| If YES, which type of near low vision aid(s)? | Type of near low vision aid(s) recommended (select up to 3): <ul style="list-style-type: none"> • hand magnifier • stand magnifier • bright field magnifier • spectacle 'lens' magnifiers • electronic magnifiers • spectacle mounted telescope • other (tick box). For each type of near low vision aid selected above, choose one of the following: <ul style="list-style-type: none"> • illuminated • non-illuminated. For each type of near low vision aid selected above, enter the lens power (in dioptres): <ul style="list-style-type: none"> • lens power drop down list (0-56). | To record the types of near vision aids prescribed during the visit; whether they are illuminated; and what the power is (in dioptres). | LIST |
| Distance low vision aid(s) prescribed? | Distance low vision aid(s) prescribed during this visit: <ul style="list-style-type: none"> • yes • no • yes (declined). | To record whether (distance) low vision aids were prescribed during this visit. | LIST |
| If YES, which type of distance low vision aid(s)? | Type of distance low vision aid(s) recommended (select up to 3): <ul style="list-style-type: none"> • spectacle telescope • hand held telescope • electronic telescope • field expander • glare filter • other (tick box). For each type of distance low vision aid selected, enter a value for diameter of the objective in mm or telescope strength / magnification (for ex, 2x, 2.8x, 4x, 6x): <ul style="list-style-type: none"> • 1mm to 40mm [drop down menu] • telescope distance [free text box]. For each type of distance low vision aid selected, choose one of the following: <ul style="list-style-type: none"> • monocular RIGHT Eye • monocular LEFT Eye • binocular. | To record the types of distance vision aids recommended to the patient during the visit; whether they have glare filters; the magnification / field; and whether they are monocular or binocular. | LIST |

Advice given/actions

| Data Item | Description | Purpose | Type / Value |
|---|--|---|--------------|
| Change of habitual spectacles | Change of habitual spectacles recommended during this visit: <ul style="list-style-type: none"> • yes • no. | To record whether a change of habitual spectacles was issued during this visit. | BOOL |
| If YES, go to Prescription section (below)* | Prescription issued: | To record the prescription issued. | STRING |
| Additional advice given | Free text box to record, for example: <ul style="list-style-type: none"> • relative distance/relative size magnification • illumination • contrast. | To record whether additional advice was given. | STRING |
| Signposting | Patient received signposting information to another service or healthcare professional: <ul style="list-style-type: none"> • yes • no. | To record whether the advice given actions included signposting. | BOOL |
| If YES, where was the signposting to? | Patient received signposting information to the following (select all that apply): <ul style="list-style-type: none"> • falls service • stroke service • dementia service • hearing loss services • health and social care • access to work • rehabilitation services • consultant/secondary care • GP • optometrist (primary care) • optometrist (for refraction) • third/voluntary sector • non-optical aids • eye clinic liaison officer (ECLLO). | To record where the patient was signposted to. | LIST |
| Additional low vision strategies | Patient was given advice on additional low vision strategies: <ul style="list-style-type: none"> • yes • no. | | BOOL |
| If YES, which low vision strategies? | Patient was given advice on the following (select all that apply): <ul style="list-style-type: none"> • eccentric viewing • steady eye strategy • other(s). | To record advice given on additional low vision strategies (if any). | LIST |

■ **Mandatory**
■ **Optional**
■ **Mandatory depending**

Outcome / referrals

| Data Item | Description | Purpose | Type / Value |
|---------------------------------|--|---|--------------|
| Referral issued | Patient referral issued: <ul style="list-style-type: none"> • yes • no. | To record the outcome(s) of the low vision visit. | BOOL |
| If YES, which type of referral? | Patient referred to (select all that apply): <ul style="list-style-type: none"> • primary care • secondary care • low vision clinic • other low vision provider • other [free text box]. | To record the outcome(s) of the low vision visit. | LIST |
| Follow up instructions | Patient advised to follow up: <ul style="list-style-type: none"> • yes • no. | To record the outcome(s) of the low vision visit. | BOOL |
| Discharge | Patient discharged: <ul style="list-style-type: none"> • yes • no. | | BOOL |

Acknowledgements

Project Advisory Group

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