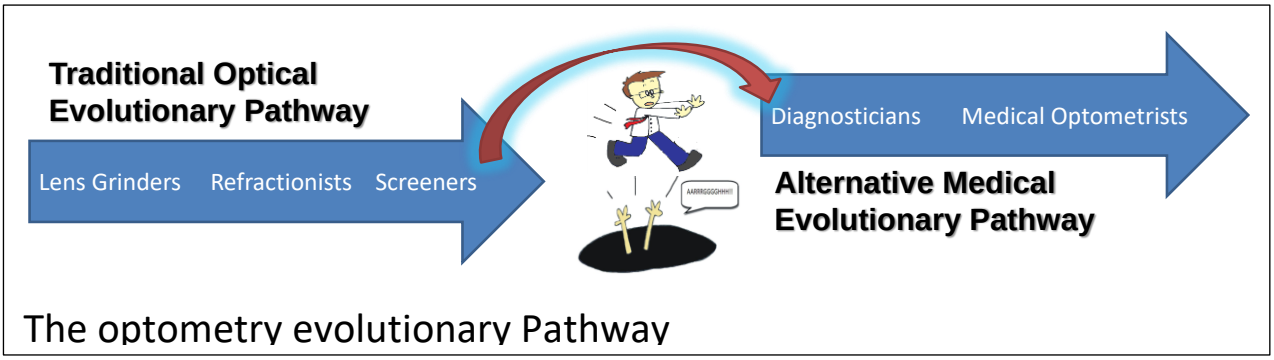
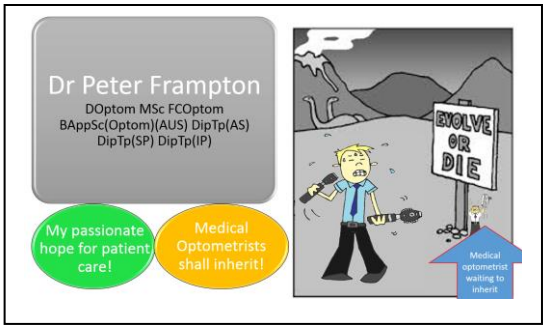
WHY MEDICAL OPTOMETRY?

Aaron's decision to emphasise Medical Optometry



The optometric profession is struggling to bridge an evolutionary gap. Our historical skill base was a purely optical one. While correcting simple refractive errors this technical expertise is inadequate to fulfil the evolving clinical demands of community ocular care. Opticians screen for abnormalities and refer to a clinician to diagnose and treat the problem. Apart from very minor, non-sight threatening conditions, this remains the norm for the vast majority of the profession.



Having remained 'accepted' practice for generations ensures it is rarely questioned by most opticians. Despite this it is no longer an acceptable standard of care in the 21st Century. Our **Home Truths** powerpoint on our Website expands these important clinical considerations (Click on the image to view this short powerpoint).

THE BROADER NHS REMIT

The NHS remit is to strive to treat all patients promptly, appropriately and conveniently. With community based eye care in England this is rarely the case.

GPs are ill equipped to deal with ocular emergencies. Conversely, opticians, while suitably equipped to examine presentations have neither the diagnostic capabilities nor medical knowledge to treat any but non-sight threatening entities. These patient pathways potentially result in misdiagnosis, under treatment or unnecessary referral to secondary care when many conditions are treatable at source by a qualified primary care clinician. Both options incur costs for primary care.

THE OPTOMETRIC RESPONSE TO NHS STRESS

In 2009 'Independent Prescribing (Medical) Optometrists' became a reality. Dr Peter Frampton is proud to have been one of the first 30 optometrists to achieve 'Medical' status. This constitutes the most fundamental change to the way optometry can be practiced. Unfortunately many opticians, especially in the community setting, are unwilling to upskill.

MECS (Minor Eye Condition Service)

Consequently the professional bodies endorse MECS. This is open to all optometrists who pass a rudimentary online modular course.

The course work reflects, in effect, a skill base all registered optometrists should possess as standard. Further, as the name implies, MECS accredited optometrists can only deal with minor, non-sight threatening, conditions. More significant problems must be referred. MECS falls woefully short of what Optometrists can achieve if motivated to upskill. Over an 18 year period Aarons and other vanguard optometrists have proved this.

AARONS and a Medical Optometry lead Service

Medical Optometrists treat immediately with licensed drugs specific for the condition.

Totally committed to the medical ethics of optometric practice, it is now Aaron policy to specifically employ Medical Optometrists. The company insists, and funds, non-IP colleagues to actively pursue the qualification. Aarons is the only optometrist in Northumberland with full time cover of Medical (IP) Optometrists ensuring a seamless service for our patients.

Medical services by optometrists are not, as yet, funded by the NHS so charges do apply. We do not believe it is in the patient's best interest not to supply a service simply because it is not publically funded. Our role is to do the best we can and allow people choice. Our hope is patients will value this commitment.

Our optometry team consists of:

1. Dr Peter Frampton DOptom MSc FCOptom BAppSc(Optom)(AUS) DipTp(AS) DipTp(SP) DipTp(IP).
    a. Masters Degree in Ocular Therapeutics with Distinction. Additional Supply and Supplementary Prescribing qualified. One of the first 30 optometrists in Britain to achieve Independent Prescribing (Medical) qualifications. In 2017 he completed his Doctorate investigating aspects of glaucoma management.
2. Debbie Liu Tam BSc MCOptom DipTp(IP).
    a. Debbie achieved Independent Prescribing in 2015 and also finished her 'Medical Retina' certificate in 2017.
3. Andrew Watson BSc MCOptom DipTp(IP) FBDO CL DipTp(IP).
    a. Medical Optometrist and Specialist Therapeutic Contact Lens practitioner. Andrew finalised his Medical Optometry qualification at Caledonia University in 2018.
4. Joseph Ong MOptom MCOptom
    a. Worked at Aarons in 2015 as a Masters of Optometry student. After the internship worked as Research Optometrist at Eurolens Research Ltd. Returning to Aarons to pursue clinical experience.
5. Masters of Optometry Registrars
    a. Aarons is extremely proud to be one of only 3 community practices in Britain chosen by Manchester University to mentor their Masters of Optometry students. Only four, high achieving undergraduate students, are selected to proceed directly to a Masters Degree.
    b. These students are the highest achievers, intuitive, eager to learn with excellent team and communication skills.

Tiers of Examination

Sight Test **£25.00**

- **a.** Equivalent to an NHS funded Sight Test (No additional charges apply if entitled to an NHS funded 'Sight Test'). Suitable for routine optical checks for new optical correction in the absence of suspicious symptoms
- **b.** Conducted by one of our Optometrists
    - **i.** Duration remains **30 minutes**
        - **1.** We will NOT compromise on TIME
    - **ii.** Retinoscopy as standard
        - **1.** NO Auto-Refractors – Will miss Keratoconus and over minus
    - iii. Binocular Vision assessment mandatory
- **c.** <u>If an ocular anomaly is detected the optometrist may recommend further advanced techniques or referral to one of our Medical Optometrists incurring additional charges.</u>

2. **Medical Eye Examination, as opposed to a Sight Test. By a qualified 'Medical Optometrist' or IP Optometrist Registrar with Medical Support £50.00 (NHS Upgrade £20.00)**
    - **a.** Recommended level of ocular examination by a 'Medical Optometrist'
        - **i.** All advanced techniques included as required
    - **b.** Routine examination at a medical level

i. General Investigation of Vision (as per standard ocular exam)
ii. Medical investigation of general health and medications.
    1. Summary of Product Characteristics
    2. Allergies, Medications and Adverse Drug Reactions
    3. General health issues requiring thorough investigation
        a. Stoke, Amaurosis Fugax, Hypertension, Diabetes etc
iii. Investigation of ocular medical conditions
    1. Cataract assessment
    2. Corneal Infections, Inflammations and Degenerations
    3. Glaucoma (Especially if a Family History or Risk Factors are present)
        a. Disc Mapping
        b. Angle drainage assessment
        c. Pachymetry
        d. Assessment of secondary glaucomas
        e. Assessment of Normal Tension Glaucoma
        f. Full 'Threshold Fields' – Screening techniques unacceptable
    4. Macular Degenerations including AMD but not exclusive
        a. Full advice and counselling as appropriate
        b. Nutritional Advice
        c. Laser mapping of Macular layers (Tomography)
        d. Wet AMD, Dry AMD, Pigment Epithelial Detachment, Epi-retinal membranes, Macular Holes
    5. Keratoconus
        a. Keratometry, Retinoscopy, 3D Corneal Topography
    6. Blepharitis/Tear Quality investigation

c. Full investigation of non-optical signs and symptoms
    i. Headaches — Full Neurological Screening techniques
    ii. Flashes/Floaters
        1. Full dilated fundus assessment
        2. Macular and Disc Tomography
    iii. Unexplained vision loss — Full Neurological Screening techniques

3. Emergency 'Walk In' Ocular Emergencies — £35.00

a. Does not include a Sight Test or prescription of spectacles. Purpose is to triage, treat or refer ocular emergencies
b. Colleagues will advise and triage on presentation
    i. Assessed as 'Non-Emergency': recommended to book for a 'Medical Examination' for dedicated time to fully assess underlying complaint
    ii. 'Emergency'
        1. Liaise with Medical Optometrist to prepare Clinical Assessment
            a. Pupil Dilation, Laser Tomography, Masters of Optometry preliminary assessment and triage
            b. Medical Optometrist to confirm Clinical Management Plan