

Developing a unified approach to low-vision care

BY PREETI SINGLA AND LOUISE GOW

RNIB's Preeti Singla and Louise Gow introduce the Adult Low Vision Service Quality Framework

For individuals living with visual impairment, access to high-quality low vision services can be life changing. Yet, across the UK, these services remain fragmented, with significant disparities in provision and quality depending on location. This inconsistency and lack of equitability has left many without timely access to essential support, often resulting in reduced independence, increased depression, and a greater burden on health and social care systems.

To address these challenges, Royal National Institute of Blind People (RNIB) has developed a groundbreaking Adult Low Vision Service Quality Framework (ALVSQF). This initiative, built on cross-sector collaboration and extensive stakeholder consultation, provides a structured, evidence-based approach to delivering comprehensive, patient-centred low vision care across all settings.

The state of low vision services in the UK

More than 2,000,000 people in the UK live with significant sight loss, with one person losing their sight every six minutes – a number projected to double to 4,000,000 by 2050 [1,2]. Irreversible sight loss can profoundly affect independence [3], increase the risk of falls [4], and contribute to mental health challenges [5]. Low vision rehabilitation, involving multidisciplinary input across health and social services, plays a vital role in supporting affected individuals. However, despite multiple efforts over the past 15 years to improve service provision [6,7], care remains fragmented [8], underscoring the need for holistic, patient-centred approaches [9].

Low vision services in the UK have long been characterised by variability in competency, accessibility, and integration with wider support networks. Many patients report long waits for assessment, inconsistent availability of low vision aids, and a lack of coordination between healthcare providers and social care services. Addressing these systemic issues requires a structured framework that not only raises the standards



of service provision but also ensures person-centred, equitable and sustainable care.

The Adult Low Vision Service Quality Framework: An overview

The ALVSQF is designed to assist services in providing equitable care to all people with low vision. It is intended for the use of all delivery models of low vision services in the UK, whether hospital, community or third sector-based, or a specific national provision. It is targeted at NHS services but almost all sections will be relevant to private and third sector services, too. While principles of this framework may apply to everyone with low vision it has been developed for adult low vision services only. The development of a framework suitable for children's low vision services is currently underway.

The ALVSQF serves as an audit tool designed to benchmark and assess the effectiveness of existing low vision services and assist in the development of new services. It is also designed to aid commissioners and service providers in the commissioning and recommissioning of low vision services. Developed in consultation with 55 low vision professionals, representatives from professional bodies, and individuals with lived experience, the framework sets out accepted best practice



for what constitutes a high-quality low vision service.

The framework is structured into ten sections, each containing both core activities and standards (core criteria) expected of any low vision service as well as aspirational (ideal) criteria. Each section is accompanied by a checklist with options to mark criteria as 'met', 'partially met' or 'not met'. This allows services to self-assess, identify gaps, and take actionable steps toward improvement. The framework is accompanied by Good Practice Guidelines which provide additional clarification and recommendations from research and experts in the field, so that services can understand the criteria in each section of the framework and how to achieve them.

1. **Environment:** Focuses on the physical setting of the service, including its location, building structure, signage, and ways to enhance accessibility. It also addresses public-facing information on how to access the service.
2. **Staff and training:** Highlights the necessary qualifications, knowledge, and awareness for staff in a low vision service. It also explores safe recruitment, criminal records checks, and strategies to maintain service continuity.
3. **Access to service:** Defines eligibility criteria for the low vision service and outlines how patients can engage with it, including how to contact the service between appointments. Additionally, it covers communication methods, telemedicine, and support for individuals with additional needs.
4. **Multidisciplinary working:** Ensures integration within a broader healthcare system, emphasising patient-centred care. It explains how services should collaborate and share information effectively.
5. **Establishing needs:** Examines the process of needs-based assessment, including how to involve patient advocates, families and carers.
6. **Assessing visual function:** Stresses the importance of having recent sight tests and ongoing eye examinations. It details how to assess visual function including measuring acuity, contrast sensitivity and consideration of other tests.
7. **Optical and non-optical aids:** Explores the provision of visual aids, both optical and non-optical, along with necessary training and guidance. It also addresses lighting, contrast enhancement, and glare management.
8. **Assistive technologies:** Covers various assistive technology options and the process of referring patients for further support. Many mainstream technological devices have built-in accessibility options that can be life-changing for people with sight loss and there is an expanding range of devices designed specifically for blind and partially sighted people.
9. **Reports and records:** Details best practices for data recording, secure storage, and the critical role of thorough report writing.

10. **Ongoing service review:** Emphasises the need for regular evaluations and outlines key aspects of clinical governance, including audits, monitoring and service improvements.

A collaborative development process

The ALVSQF was developed through an extensive consultation process to ensure it reflects the needs of both professionals and service users.

A large-scale survey was distributed to practitioners from various disciplines. The 55 responses helped provide insights into current best practices and areas requiring improvement. Fourteen volunteers with lived experience were recruited to take part in in-depth interviews providing valuable first-hand perspectives on patient experiences and challenges. We also had in-depth discussion and feedback with key professional organisations, a full list of which can be found within the framework. The next stage was to convene representatives from professional organisations, universities, and devolved nations in online discussions to refine the framework into a pilot version which was then tested in six low vision sites within different settings across the UK, including Scotland and Northern Ireland, in order to evaluate its practicality and effectiveness.

Following this rigorous process, the final framework was finalised and launched it in February 2024 with endorsements from 13 key organisations and charities.

Conclusion and next steps

The ALVSQF represents a significant step forward in addressing inconsistencies in low vision care across the UK. By providing clear, evidence-based criteria for service provision, it empowers both providers and patients, ensuring that those with visual impairment receive the high-quality, holistic support they need to live independently.

Since its launch, the framework has been well received and garnered strong interest from both professionals and commissioners. However, widespread adoption remains a key challenge. By ensuring all low vision services engage with and implement the framework, we can make sure we are able to achieve a widespread impact. Going forward, we aim to increase awareness and dissemination among low vision practitioners, as well as encouraging commissioners to integrate the framework into service planning. By doing this we can ensure that any areas where no service currently exists can be commissioned well in the future.

As awareness and adoption grow, the framework has the potential to transform low vision services, making high-quality care accessible to all, regardless of geographic location.

For more information:
<https://www.rnib.org.uk/professionals/health-social-care-education-professionals/resources-and-information-for-low-vision-professionals-and-commissioners/>

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[All links last accessed January 2025]

AUTHORS



Preeti Singla,
Optometrist; Optometry and Low Vision Engagement Manager, RNIB, UK.



Louise Gow,
Optometrist; Head of Optometry, Low Vision and Eye Health, RNIB, UK.

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