

**Case 200800296: An Optometrist, Lothian NHS Board**

**Summary of Investigation**

***Category***

Health: Optometry

***Overview***

The complainant (Mr C) raised his concerns that his optometrist (Optometrist 1) failed to provide reasonable care and treatment to him at his visit on 8 January 2008. Mr C considers that the prescription he was given was significantly different to that which should have been prescribed.

***Specific complaint and conclusion***

The complaint which has been investigated is that Optometrist 1 failed to provide reasonable care and treatment to Mr C at his visit of 8 January 2008 (*upheld*).

***Redress and recommendations***

The Ombudsman recommends that Optometrist 1:

- (i) provide patients with a warning (which should be recorded on their record cards) that a reduced power prescription may require some adjustment;
- (ii) review the way he communicates the possible implications of reducing a myopic prescription with a patient and records this communication in the clinical records; and
- (iii) review the way he operates his formal complaints procedure when providing NHS services to ensure that complaints are considered in line with the NHS complaints guidance.

Optometrist 1 has viewed a draft of this report. He has made clear that he does not accept the conclusion in the report but has accepted the recommendations and will act on them.

## **Main Investigation Report**

### **Introduction**

1. On 1 May 2008 Mr C complained to the Ombudsman's office about the care and treatment provided to him when he attended his optometrist (Optometrist 1) for an eye examination on 8 January 2008.

2. Following Mr C's visit to Optometrist 1 he was issued with a new prescription and recommended to purchase new glasses. However, Mr C considered that his vision using the new glasses was inferior to his old glasses. As a result he had a second eye test carried out by an alternative optometrist (Optometrist 2) which resulted in a different prescription. He then had a third eye test completed by another optometrist (Optometrist 3) which resulted in a prescription which was identical to that of his original glasses.

3. Mr C complained to Optometrist 1 on 28 March and 7 April 2008 in person and in writing on 11 April 2008. As he did not receive a written response to his complaints he brought his concerns to the Ombudsman's office.

4. The complaint from Mr C which I have investigated is that Optometrist 1 failed to provide reasonable care and treatment to Mr C at his visit of 8 January 2008.

### **Investigation**

5. Investigation of this complaint involved obtaining and conducting a detailed review of the clinical records relevant to Mr C's complaint, reviewing papers submitted by Mr C and appointing and obtaining the views of a clinical (ophthalmic) adviser to the Ombudsman (the Adviser) who also reviewed the records.

6. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Mr C and Optometrist 1 were given an opportunity to comment on a draft of this report.

### **Complainant: Optometrist 1 failed to provide reasonable care and treatment to Mr C at his visit of 8 January 2008**

7. Following Mr C's eye test with Optometrist 1 on 8 January 2008 Mr C found that his new glasses appeared to be inferior to the ones he had just replaced. He raised the matter with Optometrist 1 and was provided with an

explanation for the problems he had experienced. Mr C was not satisfied with this explanation and, as a result, he contacted Optometrist 2 who carried out a further eye test. The resulting prescription from Optometrist 2 differed from Optometrist 1's prescription by 0.75 dioptre in each eye.

8. As a result of this Mr C returned to Optometrist 1 to seek a further explanation and to present the results he had obtained. Again he found Optometrist 1's explanation unsatisfactory.

9. He then decided to have a third eye test carried out by Optometrist 3. This test resulted in a prescription which was the same as Mr C's original prescription before the eye examination from Optometrist 1. Mr C considers that the eye examination carried out by Optometrist 1 was inaccurate to an unacceptable extent.

10. Mr C first attended Optometrist 1 in 2003. Optometrist 1 advised me that when Mr C presented for a regular eye examination on 8 January 2008 he presented with signs and symptoms of decreased distance vision. Optometrist 1 stated that Mr C explained that he was slower to focus than previously and that he often took his glasses off to read.

11. Optometrist 1 explained to me that Mr C was tested using a standard set of tests and found to have a reduced myopic prescription which was able to be corrected to 6/5 in both right and left eye. Mr C was then given a copy of the prescription. He further advised that a few weeks later Mr C returned and explained that he felt that his distance vision was not as good as he had hoped it would be. As the glasses had been made up elsewhere, both the visual acuity and the prescription was checked and found to be correct. As all seemed in order Optometrist 1 then stated that he explained that when a myopic prescription is reduced it can sometimes give the impressions that distances are not as clear (particularly in the dark). It was further explained to Mr C that Optometrist 1 was confident that if he persevered with the change he would benefit and the glasses would, in a short period, feel as good to him as he had experienced with his earlier glasses.

12. Optometrist 1 has detailed that Mr C returned again on 28 March 2009 and explained that he had undertaken two further eye tests which had indicated that his eyes were more myopic than had been found during the original test. Optometrist 1 agreed to test Mr C again but, on repeating the tests, found the

original prescription to be correct. These findings were explained to Mr C again but he was clear in his view that he wanted a stronger prescription. As a result of this Optometrist 1 agreed to change the prescription.

13. When Mr C returned to collect his new prescription he asked for a further explanation of why he was wearing his original prescription more comfortably than the new one. Optometrist 1 explained that they achieved 6/5 visual acuity with the lowest minus prescription and that Mr C had simply not tolerated the change. It was considered that if he had persevered he would have tolerated the change well. Mr C remained unhappy with this explanation.

14. Mr C and Optometrist 1 have very clear differences in their recollection of the information and advice provided to Mr C. However, it is clear from the above that there does not appear to be any disagreement that the prescription provided to Mr C, following the 8 January 2008 appointment, was different to the previous one and that Mr C was, at that time, finding the new prescription less effective than the previous one. Optometrist 1 considered that the prescription was correct and that Mr C was having problems adjusting to it. Mr C considered that the prescription was wrong and inferior to the previous one.

15. As part of the investigation into the complaint the Adviser has reviewed the complaint file, including the records of the 8 January 2008 consultation, as well as the additional private consultations by Optometrist 2 and Optometrist 3.

16. The records of Mr C's visit to Optometrist 1 on 8 January 2008 detail the results of an Autorefractor test. This test produces similar objective results to those of a Retinoscopy. The results of the Autorefractor tests recorded on Mr C's records reflect the final prescription which Optometrist 1 prescribed that day. In addition, the Adviser has highlighted that Mr C did have some symptoms to suggest that it may have been advisable to change the prescriptions.

17. The Adviser has explained that there is a sizeable minority of myopic patients who like to wear a prescription that in absolute terms is too strong for them. However, because these prescriptions make objects look blacker and denser these patients also feel that objects look sharper. Reducing the prescription to the clinically correct physical value will not help them see better,

particularly if it is done too quickly, too much at one time, and without a very good discussion about what is being done, and why.

18. There is no detail in Optometrist 1's records of Mr C's consultation of 8 January 2008 of any discussion with Mr C about the possible implications of the reduction in his prescription on his immediate vision or that it may take some time to adapt to the new prescription.

19. The Adviser has detailed that it is not possible to determine exactly why Mr C's problems arose. He details that they could have arisen through:

- poor communication from the optometrist about the implications of a large prescription change;
- poor understanding on the part of the patient as to what he was being told;
- non-tolerance to the prescription; and
- a perception by the patient that the non-tolerance was not dealt with professionally or sympathetically.

20. Based on the records provided by all three optometrists the Adviser considers that the prescription provided by Optometrist 1 on 8 January 2008 may have been technically correct for distance.

21. The reasons for Mr C's concern over the prescription may be as a result of one or a number of the above. What is clear is that Mr C remained unhappy.

### *Conclusion*

22. It is clear that at no stage was there any indication that Optometrist 1 followed a formal complaints procedure, as he is required to do, when providing a service for the NHS. This procedure should detail how he handles complaints and, ultimately, must give referral rights to our office. Optometrist 1 has advised that he operates such a procedure but did not, in this case, consider that this matter had reached the stage where the complaints procedure should have been invoked.

23. It may be that had Optometrist 1 responded to the complaint more effectively and at an early stage Mr C may have been satisfied with his explanation.

24. However, there is no evidence in the records to show that Optometrist 1 provided Mr C with any warning about the possible impact of a reduction in his prescription. Although Optometrist 1 was, when commenting on the draft of this report, very clear that he did provide such a warning, because this is not recorded within the records, I uphold the complaint.

#### *Other issues*

25. Optometrist 1 re-examined the patient and finally changed the lens and prescription back to the one with which the patient felt most comfortable, at no cost to the patient.

#### *Recommendations*

26. The Ombudsman recommends that Optometrist 1:

- (i) provide patients with a warning (which should be recorded on their records cards) that a reduced power prescription may require some adjustment;
- (ii) review the way he communicates the possible implications of reducing a myopic prescription with a patient and records this communication in the clinical records; and
- (iii) review the way he operates his formal complaints procedure when providing NHS services to ensure that complaints are considered in line with the NHS complaints guidance.

27. Optometrist 1 has viewed a draft of this report. He has made clear that he does not accept the conclusion in the report but has accepted the recommendations and will act on them. The Ombudsman asks that Optometrist 1 notify him when the recommendations have been implemented.

**Explanation of abbreviations used**

Mr C	The complainant
Optometrist 1	Mr C's optometrist
Optometrist 2	Mr C's second optometrist
Optometrist 3	Mr C's third optometrist
The Adviser	Clinical (ophthalmic) adviser

**Glossary of terms**

Autorefractor	Computer controlled machine used as part of an eye examination to objectively test an individuals prescription for glasses
Dioptre	A unit of measurement of the optical power of a lens
Myopic	Inability to see distant things clearly
Retinoscopy	A test performed to objectively determine a patient's prescription
Visual Acuity	Acuteness or clearness of vision