LOCSU Community Services

Children's Vision Community Service Pathway

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LOC SUPPORT UNIT
SUPPORT FOR PRIMARY EYE CARE DEVELOPMENT

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Executive summary

The aim of the children's eye screening pathway is to reduce unnecessary referrals to secondary care ophthalmology departments by allowing community optometrists to provide management and treatment to children who are found to have suspected amblyopia following school screening.

Under the current pathway children who are identified as having a suspected eye defect at school vision screening are referred to secondary care for further investigation. The proposal is to refer the majority (approx 65%) of those children with suspected eye defects identified at school screening to community optometry rather than secondary care, for the condition to be treated and managed. Community optometrists would perform the same clinical examinations that are normally undertaken in secondary care, all of which are within core competencies for optometrists. A community service is necessary as certain elements of the pathway fall outside the requirements of a GOS sight test, and therefore require separate funding. Children with signs of pathology, non accommodative squint or severe visual impairment/amblyopia will continue to be referred direct to secondary care.

The key benefits of the proposed pathway include:

- Early intervention for patients who have a suspected eye defect which has been identified at school screening, with a maximum waiting time of two weeks.
- Increased access and choice for patients.
- Increased capacity and reduced waiting times in secondary care to treat more complex patients.
- Development of the role of community optometrists.
- Improved communications between secondary and primary care.
- Reduction in costs from the acute model.

Background

Introduction

This paper sets out the proposal to pilot a Local Enhanced Service (LES) for community optometrists to provide management and treatment to children who have suspected amblyopia following school screening.

Amblyopia, also known as lazy eye, affects 2–3% of the population. If left uncorrected, this vision problem can have a very big impact on those affected. Central vision fails to develop properly, usually in one eye, which is called amblyopia.

Strabismus (or squint) is a vision condition in which a person cannot align both eyes simultaneously under normal conditions. One or both of the eyes may turn in, out, up or down. It is estimated that up to 5% of all children have some type or degree of strabismus. Children with strabismus may initially have double vision. This occurs because of the misalignment of the two eyes in relation to one another. In an attempt to avoid double vision, the brain will eventually disregard the image of one eye (called suppression), leading to amblyopia.

Current pathway

The current practice of vision screening only at school entry has been guided by the Hall IV report which recommended that 4–5 year olds be screened in an Orthoptist led programme[1]. This was backed by the National Screening Committee policy position statement in 2006[2]. It must be highlighted that not all CCG areas have reception age vision screening in place and therefore this pathway is only appropriate for those areas who have implemented vision screening as per national recommendations.

Under current arrangements, reception age children who are identified as having a suspected eye defect at school vision screening are referred to secondary care. The percentage of children who fail school vision screening at reception age is found to be between 10 and 20% nationally. Screening coverage is approximately 95% in those areas with a screening programme.

[1] Health for all Children. (Hall 4). 2006

[2] UK National Screening Committee 2006. [3]

Upon referral to secondary care the patient will have a cycloplegic refraction and an eye examination. The outcome of this will either be:

- *No defect*
  The patient is discharged
- *Defect, refractive error and no residual squint*
  Glasses are prescribed and patient will have at least one follow up appointment
- *Defect, squint*
  Requires multiple follow up.

Problems with the current pathway

Following referral, children wait several weeks to be seen in secondary care by either an Optometrist, Orthoptist or a Consultant Ophthalmologist. Early diagnosis and commencement of treatment in the management of these conditions is critical to avoid the development of amblyopia or reduce its severity.

The problems identified in the current pathway are:

Access

This group of patients will take up valuable capacity in secondary care, resulting in longer waiting times for those patients who do require the expertise of secondary care. Children referred under the pathway will wait several weeks for first appointment when they could be seen within 2 weeks by Optometrists.

Patient focus

Parents are anxious when they receive a letter stating that the child is being referred to the hospital eye department for further examination. Parents will have to take time off work and take children out of school, whereas Optometrists will offer appointments after school and at weekends.

Appropriate use of skill

Inappropriate use of the hospital consultant and orthoptist's time, which could be used to treat those patients who require the expertise of secondary care.

Productivity and cost effectiveness

The service could be delivered to the same standards by community optometrists at less cost when compared to the cost of a consultant-led hospital based service.

National key drivers

The national key drivers include:

- Health for all Children (2002)
- World Class Commissioning (2008)
- Creating a Patient-led NHS: Delivering the NHS Improvement Plan (March 2005)
- Commissioning Framework for 2007–8
- Implement Care Closer to Home; Convenient Quality Care for Patients (April 2007)
- Commissioning Framework for Health and Wellbeing (March 2007)
- Trust, Assurance and Safety – the Regulation of Health Professionals (February 2007)
- Safeguarding Patients (February 2007)
- The NHS in England: Operating Framework 2007–08 (December 2006)
- Practice Based Commissioning: Practical Implementation (November 2006)
- Health Reform in England: Update and Commissioning Framework (July 2006)
- Tackling Hospital Waiting: The 18 week Patient Pathway (May 2006)
- Standards for Better Health (April 2006)
- NHS Plan: A plan for Reform, a Plan for Investment (2000)

Description

Proposed service development

The proposal is to implement a Local Enhanced Service for community optometrists to provide management and treatment to children who have suspected amblyopia, who are identified via the school screening programme. This would mean that the majority of children who screen positive at school screening would be referred to the community optometry scheme rather than secondary care. Community optometrists would perform the same clinical examinations that are normally undertaken in secondary care, all of which are within core competencies for optometrists. A community service is necessary as certain elements of the pathway fall outside the requirements of a GOS sight test, and therefore require separate funding.

A child with an eye defect that is identified via the school screening programme will be referred to community optometry, unless they meet any of the exclusion criteria (see page 5 for the clinical protocol). The child will be suitable for the community optometry scheme if the vision is between 6/9.5^{-1} snellen (0.225 logmar) and 6/19 snellen (0.5 logmar).[3] For vision less than this level the child will be referred directly to secondary care.

Under the new protocols it is estimated that approximately 35% of children would have vision that requires management in secondary care.[4]

If the child is suitable for the new community optometry scheme, the parent will be sent a letter stating that their child needs to be referred to a community optometrist for further examination. The letter will contain a list of participating community optometrists, telephone numbers and the opening times. The parent will then contact the optometrist of their choice to arrange an appointment. As in the current scheme the child's GP and the school nurse will be informed if the child has failed the school screening.

Community Optometrists will be required to adhere to the clinical care pathway and protocol.

It is recommended that all children who pass school vision screening should be given a letter informing parents/guardians of the benefits of regular routine sight tests for children, and of the availability of free NHS sights tests for those under 16, and under 19 in full time education.

Requirements of optometrists

Optometrists delivering this service must:

- Offer an appointment within 2 weeks of the patient making contact with the practice.
- Allow patient choice and capacity to offer appointments outside school hours.
- Adhere to the clinical care pathways and protocol.
- Have robust administration arrangements in place, ensuring that the administration process is adhered to.
- Complete the Paediatric Optometry Report with comprehensive and adequate information and return within 48 hours. Ensure patient records are kept up to date.
- Maintain a valid up to date register of patients being treated as part of this community service.

- Submit a report to the CCG as required e.g., quarterly.
- Have Criminal Records Bureau clearance.
- Attend level 1 Safeguarding Children course within a specified timescale.
- Comply with Quality in Optometry Toolkit (as per 5.1.1 in Children's Vision Service Specification available from LOCSU).

Patient records

All advice given to the patient, and procedures undertaken should be recorded on a patient card or electronic device, and stored in a safe retrieval system.

On conclusion of a children's vision assessment the optometrist must complete the appropriate report form, entering the information on the IT system for audit purposes (where applicable) and report to the referring GP, and to the hospital eye service, should an onward referral be necessary.

Special requirements – equipment

All practices joining the Children's Vision Screening service will be expected to employ an accredited optometrist and have the following equipment available:

- Crowded logmar acuity chart
- Age appropriate trial frame
- Stereopsis chart
- Appropriate ophthalmic drugs
  - Cycloplegic

Special Requirements - competencies

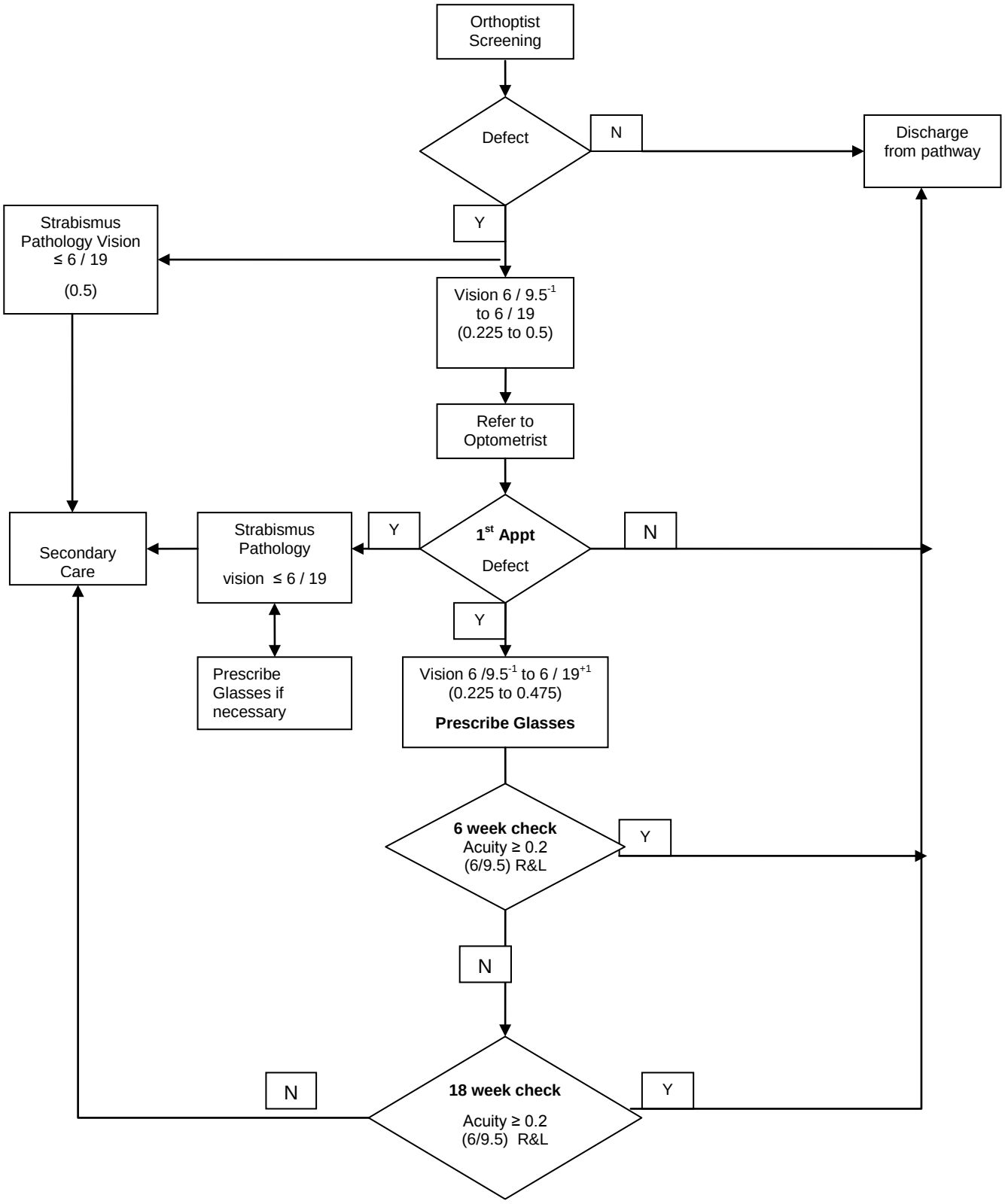
The competencies required for optometrists participating in the children's vision screening pathway are all included in the core competencies defined by the GOC. (See Appendix 1).

Training and accreditation for optometrists participating in these pathways will include knowledge of the referral criteria and interpretation of results.

Patient information

Patient information leaflets as recommended locally will be available.

Children's Vision Pathway



Clinical Guidelines for Children's Pathway

Children failing age 4–5 years school vision screening will be referred to community optometrist unless:

- Unable to perform crowded LogMAR test
- Visual acuity <6/19 (0.5) in one or both eyes
- Non accommodative strabismus
- Other pathology

1. Initial referral visit to community optometrist (including GOS sight test)

The following will be performed at the child's first visit to the community optometrist:

- Measure unaided vision with crowded LogMAR test with patch on either eye
- Cover test (distance and near) and stereopsis
- Cycloplegic refraction 25 mins after instillation of G. Cyclopentolate 1%
- Fundal examination – either BIO 20D or 90D or direct ophthalmoscopy
- Prescribe glasses if appropriate
- Inform screening admin and GP that child has been seen and of outcome by completing Paediatric Optometry Report

Outcome

- Outcome : discharge/refer/6 week check
- If vision is ≥ 6/9.5 (0.2) in both eyes discharge to GOS
- If vision is < 6/19 (<0.5), non accommodative strabismus or other pathology refer to secondary care (prescribe glasses where required)
- If vision between $6/9.5^{-1}$ and 6/19 (0.225 and 0.5) prescribe glasses and review at 6 weeks

2. Six-week check (no GOS sight test)

The following will be performed at the child's 6 week check by the community optometrist:

- Check compliance with glasses and fit
- Reassess acuity with glasses with crowded LogMAR test

Outcome

- Outcome: discharge/refer/18 week review
- If acuity is ≥ 6/9.5) in both eyes discharge from pathway and arrange 6 month GOS review
- If acuity is < 6/9.5 (0.2) in either eye review in a further 12 weeks

If discharged inform screening admin by completing the Paediatric Optometry Report

3. Eighteen-week review (includes GOS sight test)

The following will be performed at the child's 18 week review by the community optometrist:

- Check compliance with glasses and fit
- GOS sight test
- Reassess acuity with glasses with crowded LogMAR test

Outcome

- Outcome: refer/6 month GOS
- If acuity is ≥ 0.2 (6/9.5) R & L* discharge from pathway and arrange 6 month GOS review
- If acuity is < 6/9.5 (0.2) R & L refer to secondary care

(* or 6/9.5 in best eye with less than one line difference in acuity between the eyes)

Inform screening admin of outcome by completing the Paediatric Optometry Report

Appendix 1
The General Optical Council Core Competencies for Optometry

Core Subject 1: Communication Skills

The ability to communicate effectively with the patient and with professional colleagues

Core Subject 2: Professional Conduct

An understanding of professional conduct and the legal aspects of professional practice

Core Subject 3: Visual Function

An understanding of and the ability to assess visual function

Core Subject 4: Optical Appliances

The ability to prescribe and to dispense appropriate optical appliances

Core Subject 5: Ocular Examination

The ability to perform an examination of the eye and related structures

Core Subject 6: Ocular Abnormalities

The ability to identify and manage ocular abnormalities

Core Subject 7: Contact Lenses

The ability to manage patients with contact lenses

Core Subject 8: Binocular Vision

The ability to assess and manage patients with anomalies of binocular vision