Pathway Guideline:
Diagnostic Pathway following Child Vision Screening

The service provides a validation of findings following vision screening and allows for the early intervention and management of poor vision in primary care optical practice, providing an alternative to the Hospital/Community Eye Service for children who fail to demonstrate the required vision at their vision screening assessment.

Practitioners are expected to work to College of Optometrist guidelines on examining younger children, Association of British Dispensing Opticians guide for dispensing to Children and be familiar with Public Health England's guidance on child vision screening.
https://www.gov.uk/government/publications/child-vision-screening

Referral – *ideally electronic directly into the IT platform*

Children failing school vision screening will be referred to a participating Primary Care Optical Practice. This includes:

- Child with worse than 0.2 LogMAR in one or both eyes
- *Child unable to complete the test

** This assumes the child was unable to complete the test at the initial vision screening visit. If the vision screening team have performed a re-test and the child is still unable to perform, they may be referred directly to HES depending on local vision screening protocols.*

Children who are unable to be screened because they are absent from school and home-schooled children may be referred into the Optometry service, depending on local vision screening protocols.

Initial assessment – clinical work-up (includes GOS sight test)

All of the following will be performed at the child's first visit to the Primary Care Optometrist.

Procedure will include (but is not limited to)**:**

- Monocular unaided Vision with crowded LogMAR test for each eye
    - Or aided VA if spectacles are already worn
- Cover Test – Distance and Near
- Stereopsis
- Cycloplegic refraction – when there is ***full*** cycloplegia after instillation of G. Cyclopentolate 1%
- Fundal examination – either BIO 20D or 90D or direct ophthalmoscopy

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Initial assessment – Outcome

Discharge – If vision is found to be normal (0.20 or better in both eyes) and no other abnormalities requiring referral are detected discharge the patient from the service. Advice on how and when to access GOS should be provided.

Review – Book a review appointment in 6-8 weeks – If vision is reduced offer a review appointment. Prescribe glasses where there is a significant refractive error and advise on wear.

> *If a child demonstrates a good **visual acuity** (0.20 or better in both eyes), wearing the correction at this initial assessment, clinical judgement should be used to decide if it is appropriate to discharge the child from the pathway at this point. Clinical justification will be required and recorded.*

Refer – If in the absence of a refractive error visual acuity is significantly reduced, a manifest (non-accommodative or partially accommodative) strabismus or other pathology is present, refer to secondary care (Hospital Paediatric Eye Service). Prescribe glasses where there is a significant refractive error and advise on wear.

On collection of the spectacles, advice on wear should be reiterated along with information on how spectacles should fit and can be replaced and/or repaired under the NHS. Parents (carers/guardians) should be encouraged to contact the practice if they have any issues or concerns between appointments.

Review assessment – 6-week check (No GOS sight test)

The review assessment should be offered ideally between 6-8 weeks but should reflect patient convenience. This assessment offers the opportunity to reinforce the information provided at the initial assessment regarding spectacle wear and to address any questions and/or concerns the parents/carer may have. In some circumstance this appointment may not be required e.g. if the patient has already attended for a spectacle repair or for further advice in the meantime.

> *The 6-week review can be performed by the Optometrist or Dispensing Optician.*

If the child fails to attend their review appointment (or for some reason it was not considered necessary) the child should be offered a review appointment at 18 weeks following their initial assessment.

> *It may be appropriate to offer this assessment remotely (by telephone or video).*

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Procedure:

- Check compliance with glasses and fit
- Discuss any parental concerns
- Measure monocular visual acuity with glasses with crowded LogMAR test

6 week review - Outcome

Discharge – If visual acuity is found to be normal (0.20 or better in both eyes) discharge from the service. Advice on how and when to access GOS should be provided.

Review – Book a further review appointment in 12 weeks – If visual acuity is worse than 0.20 in either eye, review in a further 12 weeks.

Refer – If the visual acuity is significantly reduced and unlikely to respond to refractive adaptation, a manifest (non-accommodative) strabismus or other pathology is present, refer to secondary care (Hospital Paediatric Eye Service).

> **In a study by Norris in 2009, children with a large difference between the eyes at 6weeks (greater than 0.50LogMAR) were all found to ultimately require occlusion Jonathan H. Norris MRCOphth, Rachel F. Pilling MRCOphth & Janice Hook DBO(D) (2009) An Audit of The Royal College of Ophthalmologists Strabismic Amblyopia Treatment Protocol: A Departmental Review, Strabismus, 17:2, 78-81*

Review assessment – 18-week check (May include GOS sight test – use code 5.3)

The review assessment should be offered ideally at 18-22 weeks following their initial assessment and should reflect patient convenience.

Procedure:

- Check compliance with glasses and fit
- Discuss any parental concerns
- Measure monocular visual acuity with glasses with crowded LogMAR test
- Perform a GOS sight-test, if indicated (e.g. If at the initial assessment a modified prescription was issued, a further sight test is required to obtain a voucher for further spectacles).

Outcome – 18-week check

Discharge – If visual acuity is found to be normal (0.20 or better in both eyes) discharge from the service. Advice on how and when to access GOS should be provided.

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Refer – Refer to secondary care if the visual acuity has not improved to a satisfactory level (usually 0.20 or better in each eye), however clinical judgement applies:

- If VAs are not equal, the child can be discharged where the VA is 0.20 (or better) in the better eye with **less** than 1 line difference in acuity between the eyes.
- Clinical judgement should be used if the child has demonstrated considerable improvement in visual acuity.

Outcome reports should be sent to the child's GP and offered to the parent/carer at the point of discharge or referral.

Outcome reports should also be shared with the vision screening team to allow for audit and evaluation of the vision screening service outcomes. Ideally reports should be sent securely directly to the service orthoptic lead.

Local "failed to attend/not bought" procedures should be agreed to ensure all children who are not bought to an appointment are followed up.

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