

Number: **WG27798**



Llywodraeth Cymru
Welsh Government

www.gov.wales

Welsh Government

Consultation Document

Proposal: School Pupil Eye Care Service for Wales (SPECS)

Date of issue: 8 February 2016

Action required: Responses required by 2 May 2016

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

Overview	This consultation document is seeking wider engagement on the proposal to develop, implement and deliver an ophthalmic service in special schools across Wales.
How to respond	Responses to this consultation should be e-mailed/posted to the address below to arrive by 2 May 2016 at the latest.
Further information and related documents	Large print, Braille and alternative language versions of this document are available on request.
Contact details	<p>For further information or additional copies:</p> <p>Name: Rhodri Griffiths</p> <p>Address: Ophthalmic Policy Branch, 4 Floor (East), CP2, Cathays Park, Welsh Government Offices, Cardiff, CF10 3NQ</p> <p>Email: waleseyehealth@wales.gsi.gov.uk</p> <p>Telephone: 02920 370371</p>
Data protection	<p>How the views and information you give us will be used:</p> <p>Any response you send us will be seen in full by Welsh Government staff dealing with the issues which this consultation is about. It may also be seen by other Welsh Government staff to help them plan future consultations.</p> <p>The Welsh Government intends to publish a summary of the responses to this document. We may also publish responses in full. Normally, the name and address (or part of the address) of the person or organisation who sent the response are published with the response. This helps to show that the consultation was carried out properly. If you do not want your name or address published, please tell us this in writing</p>

when you send your response. We will then blank them out.

Names or addresses we blank out might still get published later, though we do not think this would happen very often. The Freedom of Information Act 2000 and the Environmental Information Regulations 2004 allow the public to ask to see information held by many public bodies, including the Welsh Government. This includes information which has not been published. However, the law also allows us to withhold information in some circumstances. If anyone asks to see information we have withheld, we will have to decide whether to release it or not. If someone has asked for their name and address not to be published, that is an important fact we would take into account. However, there might sometimes be important reasons why we would have to reveal someone's name and address, even though they have asked for them not to be published. We would get in touch with the person and ask their views before we finally decided to reveal the information.

The Foreword

This document is seeking wider engagement on the proposal to develop, implement and deliver an ophthalmic service in special schools across Wales in line with the Community Dental Service, which already exists to visit categories of vulnerable groups, to assess and provide treatment for dental problems identified. The proposed special schools service will deliver eye health care services for pupils attending maintained special schools.

Services will be offered to pupils who are learning in a special school setting, in line with the education definition of a special school. It will form a new part of the existing primary care Wales Eye Care Services.

It is proposed that Special School Ophthalmic teams, consisting of optometrists, orthoptists and dispensing opticians will provide the service to pupils within the school setting during the school day.

Aims of the service

1. The development of this community ophthalmic service will ensure all children in special schools across Wales have access to ophthalmic services at the right time and in the right place.
2. The community ophthalmic special schools services will be for pupils attending maintained special schools. The aims of the proposed service are:
 - To offer a comprehensive assessment when children first start special school (this will be a joint optometric and orthoptic assessment)
 - To offer a regular sight test (at least annually or more often if recommended) performed in the familiar surroundings of their special school
 - To give pupils in special schools and their parents and/or carers the choice to have the pupil's spectacles fitted and dispensed at school
 - To make referrals to agencies and professionals as appropriate
 - To ensure test results are explained to pupils, their families and teachers, as well as their health professionals, throughout their school life and in transition to adulthood
3. By offering a comprehensive assessment of children in their first year at special school, the requirements of the Hall Report (appendix 1) are fulfilled. This report makes the specific recommendation that 'children with dysmorphic syndromes or neurodevelopmental problems should undergo a specialist eye examination'. The report recommends vision

screening at 4-5 years for all children, specifically adding 'children of any age with any neurological or disabling condition should be referred routinely for visual assessment'. Within the service, eye and vision disorders can be identified, spectacle correction provided and onward referral arranged if required, throughout a pupil's school career.

4. Regular testing will identify changing eye care needs throughout a pupil's time at school providing targeted surveillance of this high risk group.
5. By attending on a regular basis throughout the year, the Special School Ophthalmic team will become a normal part of the special school environment, providing the pupils, parents and/or carers and school staff ongoing support with regards to the eye health care and vision requirements of the pupils.

The need for a Special School Eye care Service Wales

6. While visual impairment and blindness is relatively rare in children, children with learning disabilities are at a much higher risk of sight problems and eye health disorders (appendix 2-7). There is evidence that the more profound the learning disability, the greater the likelihood of visual impairment (appendix 5, 8). Preventing avoidable sight loss (which includes uncorrected refractive error) and early identification of sight problems starts in childhood but for children with learning disabilities there is evidence of barriers to accessing eye care and high unmet need.
7. In 2012, a research project was undertaken which looked at the provision of eye care for pupils attending special schools in Wales. The resulting report 'A Clear Vision: Eye care for children and young people in special schools in Wales' and subsequent peer-reviewed paper (appendix 9), demonstrated that a high proportion of pupils attending special schools have uncorrected refractive errors and some have previously unrecognised vision impairment. Over 40% of pupils reported no previous eye examination and 53% needed glasses. It also identified that entry year vision screening was only available in 53% of special schools.
8. The report states that '*as a society we are neglecting the eye care of pupils in special schools*'.
9. The National Service Framework (NSF): children, young people and maternity services in Wales (The Welsh Government 2005) specify that children and young people with disabilities need early diagnosis or identification of difficulties and early intervention.

10. The research highlighted that for many of the children in special schools early identification of problems had not happened. An unmet need for eye care exists in this group of children, which has been noted as a UK wide problem(appendix 10).

Development and Consultation

11. Proposals for the provision of services were developed by key stakeholders and considered by the All Wales Eye Health Care Steering Group. The evidence underpinning the proposals were presented to the Welsh Government Children's Vision Service Advisory Group and a task and finish group was formed to consider the proposals in more detail and seek wider consultation from those with a special interest. Comprehensive responses were received from across Wales, including from Optometry Wales and from the Association of British Dispensing Opticians.
12. The task and finish group consisting of key stakeholders including optometrists, ophthalmologists, health board managers, teachers and third sector met with Welsh Government officials during 2013 and 2014 to consider the responses and develop a draft plan.
13. The draft plan was presented to the Children's Vision Service Advisory Group in 2015 and was endorsed by the Group.

Service Description

14. The proposed service will be required to provide eye care to each pupil in a special school in Wales. The Welsh Government statistics indicate that there were 4444 pupils in 39 special schools across Wales in 2014/15.

The Special Schools Ophthalmic Teams

15. It is proposed that each special school will have a designated Special Schools Ophthalmic Team. Teams will be made up of a range of professionals including:

Contracted Professionals

- Optometrist
- Dispensing optician

Employed by Health Board:

- Orthoptist - for specific age groups of school entry and leavers

Based within the school:

- School based named contact/liaison

Young person and carer consent to treatment

16. Opt-in consent will be required for all pupils. Schools will send out the Special School Eye Care Service consent forms at the start of the academic school year.
17. It is recognised that there is generally poorer uptake of opt-in services compared to opt out consent. This will need to be considered as this service also meets the requirements of the Hall report for 4-5 years olds at school entry.
18. In accordance with 'Valuing People' (Valuing People, A new Strategy for learning disability in the 21st century. A white paper, March 2001) all correspondence sent to the pupil's parent or carer will be in plain English/easy read format. All correspondence will be translated to meet with the Welsh language policy.

Equipment

19. Each team will have an equipment kit to enable them to carry out all aspects of the eye examination, dispensing, reporting and referring. The kit will be supplied by the School Pupil Eye Care Service with the optometrist holding responsibility for the kit.

Spectacle provision

20. Parents will be offered the option of:
 - attending the appointment if they would like to choose spectacles.
 - allowing the team to make the choice of spectacles.
 - receiving the GOS 3 voucher to take to a high street optometrist. It is a statutory requirements for patients (in this case parents and/or carer) to receive a copy of the spectacle prescription wherever they choose to have the dispensing done
21. Children in special schools often need specialist frames or specialist adaptations to existing frames. By choosing and constantly updating the

range of frames available the service will offer a much wider choice of suitable frames than may be available at most optometric practices.

Reporting and Referring

22. The optometrist will be required to provide a report following each eye examination of each pupil. Reports will be written on a standard School Eye Care Pupil Service format and will routinely be given to the pupil's parent or guardian/carer, the school, the GP, the paediatrician and other health, social care or educational professional when appropriate. Parental and young person consent will include permission for the service to share information with other professionals involved in the child's care.
23. Any pupil identified as having vision impairment (VI) will be referred to the local authority for the appropriate educational support.

Service management and Clinical Governance

24. It is proposed the new service be administered and managed along similar lines to the existing Low Vision Service Wales model with one Health Board hosting the service. The Low Vision Service Wales and its unique NHS operating model is briefly outlined below for information purposes.
25. Optometrists and dispensing opticians are provided with specialist training through the Low Vision Service Clinical Lead at the Wales Optometric Postgraduate Education Centre. This training accredits practitioners to deliver primary care, specialist visual rehabilitation services to adults and children with impaired vision. This service is known as the Low Vision Service Wales. Patients referred to the service for assessment are seen at their local high street optometrists. A low vision aid is then prescribed free of charge to the patient, who can also be signposted and/or referred to other local health providers, social services, third sector organisations and support groups if they wish.
26. The Low Vision Service Wales is administered by a dedicated team of NHS contracted staff and hosted by Hywel Dda University Health Board on behalf of all health boards in Wales. In accordance with standing instructions (legislative Directions) from the Welsh Government to the central host health board ensures that the entire service, from training accreditation of practitioners to provide the service, through the processing of patient record cards, provision of demonstration kit items and ordering and supplying prescribed items (low vision aids), is co-ordinated and facilitated through one central administration point. The service is subject to NHS oversight including clinical and financial

governance, audit and accountability. The stand alone system enables all ordering, financial, clinical and patient information to be collated and processed through one NHS paper and software based system.

Training and accreditation of Special School Ophthalmic Teams

27. It is proposed that optometrists, orthoptists and dispensing opticians will hold a current qualification and membership of their regulatory bodies. Their qualification ensures competency in core areas including working with children and vulnerable people.
28. All optometrists will need to be Eye Health Examination Wales accredited and Low Vision Service Wales accredited or willing to undertake accreditation; Low Vision Service Wales accreditation can be waived if an optometrist can be paired with a Low Vision accredited dispensing optician. This will mean that practitioners will be familiar with health and social care systems locally and have specialist training in visual impairment and its management.
29. In addition, all professionals wishing to deliver this service will have to successfully complete a Special School Ophthalmic Team training package to be developed and delivered in consultation with key stakeholders and the relevant professional bodies.
30. Practitioners will be Disclosure and Barring Service checked and training and accreditation will include safeguarding to work with this vulnerable patient group.

Service funding

31. It is proposed that the service will be funded by an enhanced General Ophthalmic Service (GOS) model. A GOS claim will be submitted for each examination and for spectacle dispensing under the current system, funded from the health boards' GOS allocation. An additional enhanced claim to be submitted to health boards per eye examination for the specialist part of the service. This will be the difference between the GOS claim and the enhanced claim to meet the requirements of the enhanced service model. It is envisaged that the enhanced claim would be funded by all health boards and administered by the host health board, currently set up to deliver the Low Vision Service Wales, on behalf of all health boards.
32. Enhanced service models are increasingly used across the UK to provide specialist services and it is proposed that the level of the enhanced payment will be similar to some of these schemes.

33. The enhanced service model will require guidance and protocols which will define the details of the service that needs to be provided, setting out national funding arrangements for the enhanced element of the service, management, clinical guidelines and performance and administrative standards. This will be developed in line with the current guidance and protocol arrangements put in place to deliver the Low Vision Service Wales.

Governance and safeguards

34. It is proposed that, by using an enhanced GOS model, two tiers of governance and safeguarding will be possible.
35. By providing part of the service under GOS, all providers and practitioners will be required to adhere to governance structures set out by the terms of service. Even though additional responsibilities cannot be placed on a provider claiming GOS within a special school these mechanisms for scrutiny are well established and safeguard the provision of NHS services to anyone eligible to an NHS sight test across the UK.
36. It is proposed that a second tier of governance and safeguarding will be provided by the host NHS health board which can define in detail all aspects that are expected of a special schools service.

Audit and evaluation

37. It is proposed that in the initial stages of implementation of all aspects of the service will be evaluated which will ensure ongoing feedback into the service model. The enhanced service will allow for evaluation and feedback to be received by clinical lead/service host.
38. By using a central management model all audit can be planned and lessons implemented in a controlled service wide fashion.

Transition

39. Without transition arrangements, pupils leaving school will find using conventional primary care optometric services challenging and eye care may be neglected. The development of transition arrangements will enable pupils to become accustomed to the optometrist and his/her process and procedures in familiar surroundings.
40. When a pupil leaves special school and enters adult services, be that college, employment or day care services, records concerning their eye

health care and support for visual difficulties should follow the pupil so that adult services need not start again to determine visual needs.

41. In the proposed service, all school leavers will receive a report ('a vision passport') detailing visual needs, and that passport becomes the property of the pupil. In their final year, pupils will be assessed by the Special School Ophthalmic Team (which may include an orthoptist) who will contribute to the passport. A contribution from any Visual Impairment services involved with the pupils care will also be sought.

Secondary Care Hospital Eye Service

42. It is possible that that School Pupil Eye care Service will increase referrals into the hospital eye service following successful eye examinations and identification of hitherto undiagnosed pathology.
43. There is the possibility that pupils who are currently seen in hospital for refractive error could instead be seen in their school by the Special School Ophthalmic Team thereby reducing impact on secondary hospital care. On discharge from hospital, the pupil's parent or carer should be advised to accept the offer of regular examinations within the Special School Eye Care Service Wales.
44. The proposed centrally administered service will be able to audit these impacts on secondary care.

Appendix 1 – references

1. Hall D, Elliman D. Health for all children. Revised fourth edition ed. Oxford: Oxford University Press; 2008.
2. Das M, Spowart K, Crossley S, Dutton GN. Evidence that children with special needs all require visual assessment. *Archives of Diseases in Childhood*. 2010;95(11):888-92.
3. Ghasia F, Brunstrom J, Gordon M, Tychsen L. Frequency and severity of visual sensory and motor deficits in children with cerebral palsy: Gross motor function classification scale. *Investigative Ophthalmology & Visual Science*. 2008;49(2):572-80.
4. Leekam SR, Nieto C, Libby SJ, Wing L, Gould J. Describing the sensory abnormalities of children and adults with autism. *Journal of Autism and Developmental Disorders*. 2007;37(5):894-910.
5. Nielsen LS, Skov L, Jensen H. Visual dysfunctions and ocular disorders in children with developmental delay. I. Prevalence, diagnoses and aetiology of visual impairment. *Acta Ophthalmologica Scandinavica*. 2007a;85(2):149-56.
6. Nielsen LS, Skov L, Jensen H. Visual dysfunctions and ocular disorders in children with developmental delay. II. Aspects of refractive errors, strabismus and contrast sensitivity. *Acta Ophthalmologica*. 2007b;85(4):419-26.
7. Sobrado P, Suarez J, García-Sánchez FA, Usón E. Refractive errors in children with cerebral palsy, psychomotor retardation, and other non-cerebral palsy neuromotor disabilities. *Developmental Medicine and Child Neurology*. 1999;41(6):396-403.
8. Akinci A, Oner O, Bozkurt OH, Guven A, Degerliyurt A, Munir K. Refractive errors and ocular findings in children with intellectual disability: a controlled study. *Journal of the American Association for Pediatric Ophthalmology and Strabismus*. 2008;12(5):477-81.
9. Woodhouse JM, Davies NJ, McAviney A, Ryan B. Ocular and visual status among children in special schools in Wales: the burden of unrecognised visual impairment. *Archives of Diseases in Childhood*. 2013; 99(6):500-504.
10. Pilling R. The management of visual problems in adult patients who have learning disabilities. The Royal College of Ophthalmologists; 2011.

**Consultation
Response Form**

Your name:

Organisation (if applicable):

email / telephone number:

Your address:

Question 1: Do you feel this is a service that is needed by pupils attending special schools in Wales?

Comment:

Question 2: Can you suggest any alternative models for meeting the needs of these children?

Comment:

Question 3: Do you have any comments or ideas about how the proposed service may be improved?

Comment:

Question 4: Do you foresee any problems with the service proposed?

Comment:

Question 5: Do you have any comments regarding the process of collecting consent for the eye examinations?

Comment:

Question 6: We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them.

Comment:

Responses to consultations may be made public – on the internet or in a report. If you would prefer your response to be kept confidential, please tick here: