Public Health
England

Contents

1. Purpose

1.1 Purpose of the specification

This service specification for the child vision screening programme outlines the service and quality expected by the commissioning body, currently the Local Authority, for the population for whom it is responsible. It is based on available evidence and current guidance on recommended standards for safe practice. In the event of new guidance the specification will be reviewed.

The service specification does not supersede any relevant legislative provisions which may apply, for example the Health and Social Care Act 2008 or the work undertaken by the Care Quality Commission.

1.2 Background

Screening for reduced vision in children aged 4 to 5 years is primarily undertaken to detect children with amblyopia, a form of abnormal vision system development. The most common predisposing conditions are strabismus (squint) and refractive error (focusing problems requiring glasses). Early detection of amblyopia is necessary to avoid permanent visual impairment by allowing treatment to be undertaken within the sensitive period of neuroplasticity (growth and change) in the visual system.

Treatment involves training the brain to pay attention to the amblyopic eye(s). This involves correcting contributing refractive error, and/or penalising the ‘good’ eye using patches or drops which defocus vision. These treatments have been shown to result in improved vision.

The evidence base has been established by the UK National Screening Committee (UK NSC).

1.3 Aim

The primary aim of the childhood vision screening programme is to identify children aged 4 to 5 years with impaired sight enabling timely intervention.

1.4 Objectives

The objectives of the child vision screening programme are to:

- identify the eligible population
- offer parents/carers/guardians the opportunity to have their children screened for reduced vision
- ensure equity of access for all children
- provide information so parents/carers/guardians can make an informed choice whether to accept the offer of screening
- ensure competent staff who participate in recognised ongoing training and development
- deliver a safe, effective service supported by regular and accurate data collection and audit

1.5 Expected health outcomes

The direct health outcome is the optimal development of vision for children with amblyopia through prompt access to treatment.

1.6 Equality

The provider should be able to demonstrate what systems are in place to ensure equity of access to screening and referral to subsequent diagnostic testing. This will include, but is not limited to, how services are designed to ensure that there are no obstacles to access on the grounds of the nine protected characteristics as defined in the Equality Act 2010.

2. Scope

2.1 Description of screening programme

The UK NSC recommends that screening of children’s vision should be offered to all children aged 4 to 5 years.

In delivering this programme the local provider should:

- work to recommended standards, guidance and policies
- ensure appropriate governance structures are in place
- develop, implement, and maintain appropriate risk reduction measures, and to report incidents in a timely manner {link to incident guidance}
- ensure onward referrals have been processed appropriately and safely
- continuously ensure quality and safety, and take part in local quality assurance (QA) processes and implement recommended actions
- ensure workforce access to appropriate training and continuous professional development to maintain competence

To ensure a co-ordinated and seamless service in a multi-provider environment, the screening programme provider must work to common standards, policies and protocols with providers of other elements of the complete pathway (such as primary care, community, and hospital eye services) or interfacing services.

2.2 Care pathway

A pathway for childhood vision screening is available.

The child vision screening pathway consists of the following elements.

Identification and invitation of eligible population

The eligible population of children aged 4 to 5 years old is identified by the appropriate Local Authority (LA). Eligible children are identified as all children who reach their 4th birthday in the year preceding the beginning of the school year (with the school year running from September to the following August). It is expected that the LA will make all reasonable efforts to ensure that any eligible children aged 4 to 5 years old, who move into the area following the start of the school year, are identified and offered screening.

Children who are educated within special needs schools undergo visual assessments using a test appropriate for their developmental stage in line with current national guidance.

Written information about the child vision screening programme is provided to parents/carers and screening is offered.

The screening offer and any subsequent declined offer is recorded, with decline being a recorded outcome of the screening offer.

Opt-in versus opt-out

The commissioner should determine whether to provide an opt-in or an opt-out service. An opt-in service is one where parental acceptance is sought prior to the screening examination. This runs the risk of lower uptake and may miss children who are at multiple disadvantage. In an opt-out service, acceptance of the screening offer is assumed unless the parents/carers/guardians decline screening. In comparison to an opt-in service, an opt-out service has higher uptake levels but might risk a child being screened when their parents might have wished otherwise.

The screening test and communication of test outcome

All children who commence the screen are tested using a crowded logMAR acuity testing card (Keeler), with screening undertaken in an orthoptist-led screening service.

An orthoptist-led service is one in which the screening test is delivered by a registered orthoptist or by a vision screener with competency confirmed by a registered orthoptist.

Children who have already been prescribed glasses or contact lenses should wear them for the test.

Children unable to complete the screening test due to lack of co-operation or any other reason either undergo a second testing attempt or are referred directly onto community or hospital eye services.

The outcome of the screening test should be communicated to the child’s parents / carers.

Referral of children who fail the screening test

Refer to the diagnostic pathway for details.

The elements which the provider is expected to deliver comprise:

- inviting all eligible children for screening.
- providing written information with a choice regarding their child’s participation in the screening programme
- ensuring a process for obtaining informed consent where necessary
- conducting examination of vision in line with national recommendations
- ensuring service users who require onward referral are referred to the appropriate service
- documenting the results of the programme and undertaking internal quality assurance (QA)

All children with a visual acuity less than 0.20 logMAR on the Keeler crowded logMAR test in one or both eyes are referred on for assessment of ocular motility and binocular function, cycloplegic refraction, and examination of optical media and retina/fundus.

Children unable to complete the screening test due to lack of co-operation either undergo a second testing attempt or are referred directly onto community or hospital eye service. An eye service should consist of professionals who:

- have clinical competencies which are assessed as being up to date on initially taking up their positions within the eye service as childhood eye health examiners
- have access to advice, training and help from the local orthoptist lead or paediatric ophthalmologist
- continue to engage actively with lead orthoptist
- undertake continued professional development

All providers are expected to review and risk assess local pathways and to develop, implement and maintain appropriate risk reduction measures.

2.3 Roles and accountabilities through the screening pathway

The service provider is responsible for the provision of a robust pathway. The LA is responsible for commissioning this service, and managing performance of this pathway. The LA should obtain assurance from the service provider that systems are in place to maintain the quality of the whole screening pathway. This will include, but is not limited to:

- day to day oversight of all aspects of the programme
- prompt and safe onward referral to the appropriate service

Within their organisation, the provider is recommended to have (with appropriate deputies):

- local co-ordinator: the operational lead for the local programme
- clinical lead: a clinician trained in the diagnosis and management of visual function and eye movement disorders, providing support and clinical oversight

3. Delivery

3.1 Service model summary

Childhood vision screening is to be undertaken on eligible children aged 4 to 5 years old. Screening is to be carried out in an orthoptis-led service.

See care pathway for more details.

3.2 Programme co-ordination and oversight

The provider and commissioning body should meet at regular intervals to monitor and review the local screening pathway and outcomes.

3.3 Clinical and corporate governance

The provider should:

- ensure that there is appropriate clinical oversight of the programme and have internal governance of the services provided
- regularly monitor and audit the screening programme, and that the provider organisation’s board is assured of the quality and integrity of the screening programme
- produce an annual report of the screening programme

3.4 Governance

The commissioner should:

- be assured that appropriate clinical oversight and governance arrangements are in place
- be assured of the quality and integrity of the programme through the receipt of monitoring and audit information
- receive an annual report from the provider

3.5 Eligibility and invitation

The eligible population is all children aged between 4 to 5 years old in the September of the screening year, that is all children who reach their 4th birthday in the year preceding the beginning of the school year (with the school year running from September to the following August).

Children who are educated within special needs schools should undergo vision assessment delivered by a multidisciplinary team using a test appropriate for their developmental stage (the special school vision assessment pathway).

If a child does not undergo screening following a second invitation (for any reason), and there is no record of a declined screening invitation, a letter is sent to the child's parent/carer/guardian explaining this, and advising them to seek a sight test at a local optometrist of their choice.

3.6 Working across interfaces between organisations

The screening programme is dependent on effective working relationships (formal and informal) between the screening programme, ophthalmology departments, community orthoptic services, local educational services, optometric services, and primary care professionals, including school nursing/healthy child services, optical practices and GPs. It is essential that the responsible care provider is identified at all times, including during and after handover of care.

The provider will be expected to fully contribute to ensuring that cross boundary systems are in place to maintain the quality and safety of the entire screening pathway.

3.7 Information on screening programme

At the start of the school year, and at other relevant points throughout the screening pathway, parents/carers should be provided with relevant information. The parent leaflet may be a useful guide for discussion. Where there are specific communication requirements (for example visual/hearing impairment or where English is not the parent/carer/guardian's first language) appropriate interpretation services should be used.

3.8 Data recording and monitoring

The professional undertaking the screening examination is responsible for ensuring that the results and screening outcomes are recorded. This should be undertaken by entering results an IT system that can ensure demonstrable failsafe mechanisms are in place, monitored and managed.

3.9 Results reporting

Screening results for children who do not pass screening, were absent or were not tested, should be explained to parents/carers in writing. Where possible, there should be scope for further explanations, should these be requested by families/carers.

3.10 Transfer and discharge from care obligations

Children who do not pass screening or who are unable to complete screening will remain the responsibility of the screening programme provider until the onward referral is accepted by the accepting service provider.

The provider will retain care obligations throughout the vision screening care programme, unless a formal transfer of care is made to another care provider and this is accounted for within a failsafe system.

3.11 Staffing and training

Providers should have in place one or more named individuals (who may be the clinical lead/co-ordinator) responsible for the coordination of the delivery of the programme. Where there is only one named coordinator/clinical lead, the provider should ensure that there are adequate cover arrangements in place.

Providers must facilitate orthoptic-led screener training in line with programme requirements/standards as detailed within the available supporting documents.

Providers will ensure that there are sufficient appropriately trained staff to deliver the screening programme in line with national guidance.

It is recommended that online e-learning is undertaken on an annual basis (this resource will be developed by PHE in due course). Providers must allow appropriate annual continuing professional development in line with programme requirements. For example, relevant study days or completion of e-learning for all professionals involved in the screening pathway.

3.12 Premises and equipment

The provider should provide appropriate equipment to deliver the screening service and will have appropriate policies in place for equipment maintenance and replacement. The provider will ensure that suitable premises, including appropriate examination areas within schools, are provided for the screening programme. Please see the guidance on undertaking the screening test.

4. Service standards, risks and quality assurance

4.1 Key criteria and standards

The standards for childhood vision screening for children aged 4 to 5 years will be available shortly. Providers should meet the acceptable standards for all stages of the pathway and continuously work towards the achievable programme standards.

4.2 Risk assessment of pathway

Providers should have an internal quality assurance and risk management process that assures the commissioners of their ability to manage the risks of running a screening programme.

The provider and commissioner will agree plans to mitigate risks. This should involve mechanisms to audit implementation, report incidents, ensure staff training and development, and have appropriate links with internal governance arrangements. Support can be sought from the community/hospital eye services, quality assurance teams and PHE screening and immunisation teams.

4.3 Quality assurance

Providers should participate fully in quality assurance processes, including the provision of:

- minimum data sets as required
- self-assessment questionnaires/tools and associated evidence

Providers will cooperate in undertaking audits and reviews as requested and respond in a timely manner to their recommendations, All providers should operate failsafe systems that can identify, as early as possible, children that may have been missed or where screening results are incomplete. Providers will produce, with agreement of commissioners, an action plan to address areas recommended for improvement. Commissioners may suspend a service where there is a significant risk of harm to the population.

4.4 Service improvement

Where achievable standards are not being achieved the provider will be expected to agree with the commissioner what changes and improvements will be made over an agreed period.

5. Data and monitoring

Providers should ensure that:

- appropriate systems are in place to support programme delivery including audit and monitoring functions
- timely and accurate completion of data for all stages of the care pathway. This should be through use of an IT system that can ensure demonstrable failsafe processes are in place, monitored and managed. Use of such a system is mandatory
- there is continuous monitoring and collection of the recommended minimum dataset regarding delivery of the service and that this information and audit data is available to the commissioner

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