

Childhood Vision Screening for 4 to 5 year olds

Service specification

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Section 1: Purpose of the Screening Programme

1.1 Purpose of the specification

This service specification for the Childhood 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 and which meets the policies, recommendations and standards of the UK National Screening Committee (UK NSC).

The service specification does not replicate, duplicate or supersede any relevant legislative provisions which may apply, e.g. the Health and Social Care Act 2008 or the work undertaken by the Care Quality Commission. The specification will be reviewed and amended in line with any new guidance as quickly as possible.

1.2 Background

Screening for reduced vision in children aged 4 to 5 years is primarily undertaken to detect individuals with amblyopia, which literally means '*blunted sight*' but is a form of abnormal vision system development. It is commonly defined as impaired vision that is not attributable to a structural abnormality of the eye. The reduced vision (affecting one eye, or very rarely both eyes) is caused by a disturbance to the normal developmental processes in the vision pathways during the most vulnerable period of early childhood. The most common conditions predisposing to amblyopia are strabismus (squint) and refractive error (focusing problems requiring glasses, such as long sightedness).

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 for amblyopia involves training the brain to pay attention to the amblyopic eye. This involves penalising the 'good' eye by patching or with the use of drops which defocus vision, has been shown to result in improved vision in the amblyopic eye.

1.3 Aim

The primary aim of the childhood vision screening programme is to identify children aged 4 to 5 years with reduced vision in one eye, enabling timely intervention which gives these children a chance at achieving their full visual potential.

The programme will also identify children with impaired sight in both eyes, children with poorer vision in both eyes are usually identified in infancy through other screening programmes (the Neonatal Infant Physical Examination and the Retinopathy of Prematurity screening programmes), or are detected through their symptoms.

1.4 Objectives

The objectives of the Childhood Vision Screening Programme are to

- Offer parents/carers/guardians the opportunity to identify whether their child has impaired sight in one or both eyes before the age of 6 years to ensure the best possible visual outcome from treatment
- Provide information so parents/carers/guardians can make an informed choice whether to accept the offer of vision screening
- Ensure equity of access for all children and families
- Enable an integrated approach to screening and follow on services

This will be achieved by delivering a population wide programme which

- Identifies the eligible population and ensures delivery is safe, effective, and provides a good participant experience
- Is delivered and supported by suitably trained, competent and qualified staff who participate in recognised ongoing training and development
- Supported by regular, accurate and comparable 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 (before the age of 6 years) access to treatment.

The indirect outcome is the optimal personal (health, social, educational) developmental for all children with reduced vision in one or both eyes

1.6 Principles

- All individuals will be treated with courtesy, respect and an understanding of their needs.
- All those participating in the vision screening programme will have adequate information on the benefits and risks to allow an informed decision to be made before participating.
- The target population will have equitable access to screening.
- Screening will be effectively integrated across a pathway with clear lines of communication between the different services

1.7 Equality

The objectives of the screening programme should include:

Help reduce health inequalities through the delivery of the programme

Key deliverables:

- Screening should be delivered in a way which addresses local health inequalities, tailoring and targeting interventions when necessary
- A Health Equity Impact Assessment should be undertaken as part of both the commissioning and review of this screening programme, including equality characteristics, socio-economic factors and local vulnerable populations
- The service should be delivered in a culturally sensitive way to meet the needs of diverse populations

- User involvement should include representation from service users with equality characteristics reflecting the local community including those with protected characteristics
- Providers should exercise high levels of diligence when considering excluding people with protected characteristics in their population from the programme and follow both equality, health inequality and screening guidance when making such decisions (see <https://www.gov.uk/equality-act-2010-guidance>)

The provider will be able to demonstrate what systems are in place to address health inequalities and ensure equity of access to screening, subsequent diagnostic testing and outcomes. This will include, for example, how the 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 (see <https://www.gov.uk/equality-act-2010-guidance>).

The provider will have procedures in place to identify and support those persons who are considered vulnerable/ hard-to-reach, including but not exclusive to, 'cared for' children, those being educated within the independent sector, or receiving education at home. those who are not registered with a GP; homeless families; those with learning disabilities, physical disabilities or communications difficulties The provider will comply with safeguarding policies and good practice recommendations for such persons.

Providers are expected to meet the public sector Equality Duty which means that public bodies have to consider all individuals when carrying out their day-to-day work – in shaping policy, in delivering services and in relation to their own employees. See <https://www.gov.uk/equality-act-2010-guidance>. It also requires that public bodies:

- have due regard to the need to eliminate discrimination
- advance equality of opportunity
- foster good relations between different people when carrying out their activities

Section 2: Scope of the Screening Programme

2.1 Description of screening programme

The UK National Screening Committee (UK NSC) recommends that screening of children's vision should be offered to all children aged 4 to 5 years.

Amblyopia, when an eye does not see well though it appears normal, is the main problem found by screening in this age group. Training the brain to pay attention to the 'lazy eye', by covering the good eye with a patch, or defocusing vision in the good eye using drops, has been shown to help improve the sight in the affected eye in the majority of cases.

In delivering a national screening programme and to ensure national consistency the local provider is expected to fulfil the following, in conjunction with guidance from the national screening committee where appropriate and as detailed in national policy and standards

- work to nationally agreed standards, guidance and policies
- be required to implement and support national IT developments
- be required to respond to national actions such as change of IT software, equipment supplier and techniques
- ensure appropriate governance structures are in place
- implement and monitor failsafe procedures and continuously ensure quality and safety
- provide data and reports mapped against programme standards, key performance indicators, and quality indicators as required
- take part in quality assurance (QA) processes and implement changes recommended by QA including urgent suspension of services if required
- ensure that there is sufficient resource to provide screening to the defined population
- report against standard Key Performance Indicators (KPIs) as required
- work with the NHS in reporting, investigating and resolving screening safety incidents and implement agreed actions

- ensure all professionals access and complete appropriate training to maintain continuous professional development and competence
- use materials provided by the national screening programme, e.g. information leaflets, e-learning and other training resources , and protocols to support local service delivery

work with the local public health team to ensure uptake is maximised and there is equity of access to the service for all patients The programme interfaces with and is supported by a number of other services (e.g. primary care and hospital eye services). In order to ensure that the programme delivers a co-ordinated and seamless service in a multi-provider environment, the screening provider must work with any providers that support or deliver other elements of the complete pathway or provide interfacing services and must work to common standards, policies and protocols.

2.2 Care pathway

The Childhood Visual Screening pathway consists of the following:

- The eligible population of children aged 4 to 5 years old is identified by the appropriate Local Authority.
- LAs must identify children who reach their 4th birthday in the year preceding the September of any given school year. It is expected that the LA will make all reasonable efforts to ensure that children aged 4 to 5 years old, who move into an area following the start of any school year, are identified and offered screening
- Children who are under the care of a hospital eye service and / or those who have been registered as severely sight impaired, are not appropriate targets for childhood vision screening. As the Local Authority may not have access to data on hospital eye service attendance, all children who are not certified as severely sight impaired are invited to screening.
- Written information about the childhood vision screening programme is provided to parents / carers and a choice to be screened is offered

- The programme should operate on an opt out basis, with acceptance of the screening offer assumed unless the parents/carers/guardians decline screening
- The offer of screening and subsequent decline should be recorded, with decline being a recorded outcome of the screening offer
- Parents will be asked to state if they are declining screening because their child is already under the care of hospital eye services.
- A local failsafe protocol must be in place to ensure that all children who commence the screen complete the testing and referral pathway
- All children who commence the screen are tested using a crowded logMAR acuity testing card, with testing undertaken in an Orthoptic led service
- The test is delivered by an Orthoptist or by a screener with competency confirmed by an Orthoptist
- 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 orthoptic examination, cycloplegic refraction, and examination of optical media and retina.
- Children unable to complete the screening test due to lack of co-operation either undergo a second testing attempt or are referred directly onto hospital eye services

A pathway for childhood vision screening is shown below.

{Pathway diagram to be inserted}

The elements which the provider is expected to achieve comprise:

- inviting all eligible children for screening
- provide written information with a choice whether to be screened or not
- conduct visual acuity examination in line with national guidance
- document results on an approved IT system
- ensuring service users who require onward referral are referred to the appropriate service
- undertaking internal Quality Assurance (QA)

- providing clinical oversight and governance for the Programme

All providers are expected to review and risk assess local pathways in the light of national Vision Screening programme guidance and to develop, implement and maintain appropriate risk reduction measures. This should involve mechanisms to audit implementation, report incidents, ensure staff training, development and competencies and have appropriate links with internal governance arrangements. Support can be sought from the Quality Assurance teams, NHS England screening teams, Public Health England screening teams, and Immunisation teams.

2.3 Failsafe arrangements

Quality assurance (QA) within the screening pathway is managed by including failsafe processes. Failsafe is a back-up mechanism, in addition to usual care, which ensures that if something goes wrong in the screening pathway, processes are in place to identify (i) what is going wrong and (ii) what action follows to ensure a safe outcome. The provider should comply with the child vision screening guidance on failsafe. It should ensure that it establishes, maintains and follows quality assurance and failsafe processes.

The provider is expected to:

- ensure that results have been sent to parents/carers and other appropriate clinicians by agreement by NHS England
- ensure Referrals have been processed appropriately and safely
- track each subject's progress along the screening pathway using the Programme's management software according to national guidance.
- ensure safe systems are in place between different elements of the Programme (e.g. to HES or optometrist)
- have and evidence appropriate failsafe mechanisms in place across the whole screening pathway to review and risk assess local screening pathways in the light of guidance offered by Quality Assurance processes
- develop, implement, and maintain appropriate risk reduction measures, and to report incidents

- ensure that appropriate links are made with internal governance arrangements, such as risk registers
- ensure staff have access to appropriate training and development to maintain competencies

2.4 Roles and accountabilities through the screening pathway

The childhood vision screening programme is dependent on systematic specified relationships between stakeholders, which include orthoptic services, the vision screening team, schools, optometry services, ophthalmology services, primary care/GPs, and other specialist services.

The LA will be expected to ensure that the whole pathway is robust. The provider will be expected to fully contribute to ensuring that systems are in place to maintain the quality of the whole screening pathway in their organisation. This will include, but is not limited to:

- provision of robust screening coordination which links with all elements of the screening pathway
- ensure that responsibilities relating to all elements of the screening pathway across organisations and organisational boundaries are identified
- develop joint audit and monitoring processes
- agree joint failsafe mechanisms where required to ensure safe and timely processes across the whole screening pathway
- contribute to appropriate NHS England and public health screening lead initiatives in screening pathway development
- use approved IT systems which enable robust electronic links for screening services across the screening pathway
- links with primary care

The provider is expected to have the following posts (and appropriate deputies) in place to oversee the screening programme.

- Childhood Vision Screening Local Co-ordinator: operational lead for the local programme. Responsible for the day to day oversight of all aspects of the programme, including prompt and safe onward referral to the appropriate service .

- Childhood Vision Screening Clinical Lead: a clinician (orthoptist or ophthalmologist) responsible for being the champion of, and strategic lead for, the local programme, providing support and oversight

2.5 Commissioning Arrangements

The commissioning of the CVSP pathway involves commissioning at different levels which may include NHS England and CCGs.

The providers will provide the screening programme to the registered and resident population within the geographical boundaries that is served by the named commissioning body (at this point in time, this will be the Local Authority).

Section 3: Delivery of Screening Programme

3.1 Service model summary

Childhood vision screening is to be carried out in an Orthoptic led service. Screening is to be undertaken on children aged 4 to 5 years old. The provider will operate a model that will maximise the uptake of the screening offer, whilst maintaining a safe, inclusive and cost- effective programme.

See section on Care pathway for more details

3.2 Programme co-ordination

The provider will be responsible for ensuring that the part of the programme they deliver (see section 2.2) is coordinated and interfaces with other parts of the programme with which they collaborate, in relation to timeliness and data sharing.

Each provider will ensure that there is an appropriate level of dedicated Childhood Vision Screening co-ordination i.e. Local Co-ordinator and Clinical Lead, with appropriate administrative support, to contribute to strategic development, to ensure timely reporting and to respond to requests for information. Where there is only one named co-ordinator, the provider will ensure that there are adequate cover arrangements in place to ensure sustainability, safety and consistency of the programme.

The provider and commissioning body should meet at regular intervals to monitor and review the local screening pathway and outcomes. The meetings should include representatives from programme coordination, clinical services and service management

3.3 Clinical and corporate governance

The commissioner will:

- ensure co-operation with and representation on the local screening oversight arrangements/structures
- ensure that there is appropriate internal clinical oversight of the programme and have its own management and internal governance of

the services provided with the designation of a Clinical Lead and a Local Co-ordinator

- ensure that overall responsibility for the screening programme lies at Director level
- ensure a multidisciplinary steering group/programme board, is in place, with commissioner representation, with terms of reference and record of meetings
- ensure that there is regular monitoring and audit of the screening programme including outcomes of screening, and that, as part of organisation's clinical governance arrangements, the provider organisation's board is assured of the quality and integrity of the screening programme, using available national benchmarks
- have appropriate and timely arrangements in place for referral into treatment services that meet the screening programme standards
- be able to provide documented evidence of clinical governance and effectiveness arrangements on request
- ensure that an annual report of screening services is produced which is signed off by the organisation's board
- have a sound governance framework in place covering the following areas:
 - o information governance/records management
 - o equality and diversity
 - o user involvement, experience and complaints
 - o failsafe procedures
 - o risks & mitigation plans

3.4 Definition, identification and invitation of cohort/ eligibility

The eligible population is:

All children aged 4 to 5 years old in the September of the screening year who have not undergone childhood vision screening elsewhere.

Children who are developmentally unable to perform crowded logMAR acuity tests should undergo vision screening delivered by an orthoptist using a test appropriate for their developmental stage (the 'alternate' screening pathway).

Screening may be delayed if a child is too unwell to undergo vision screening.

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 vision test at a local optometrist of their choice.

Exclusion criteria:

Children who are known to be severely visually impaired, or children who are under the care of hospital eye services should be excluded from invitation to screening.

3.5 Entry into the screening programme

See section: Care pathway and section: Definition, identification and invitation of cohort eligibility.

Providers will ensure timely access to all aspects of the screening programme

3.6 Working across interfaces between organisations

The screening programme is dependent on strong working relationships (both formal and informal) between the screening programme, ophthalmology departments, community orthoptic services, local educational services, optometric services, and primary care professionals, including school nurses and GPs.

Accurate and timely communication and handover across these interfaces is essential to reduce the potential for errors and ensure a seamless pathway for service users. 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 organisational systems are in place to maintain the quality and safety of the entire screening pathway.

This will include, but is not limited to:

- work to nationally agreed programme standards, policies and guidance
- provide strong leadership and clear lines of accountability

- agreement and documentation of roles and responsibilities relating to all elements of the screening pathway across organisations to ensure appropriate handover arrangements are in place between services
- development of audit and monitoring processes
- agree jointly on the failsafe mechanisms required to ensure safe and timely processes across the whole screening pathway
- development of an escalation process for safety incidents

3.7 Information on test / screening programme

The commissioner will ensure that that at the start of the school year, and at other relevant points throughout the screening pathway, parents/carers are provided with information utilising the approved screening programmes booklet {to be developed} as a guide for discussion. Where there are specific communication requirements (e.g. English is not the parent/carer/guardian's first language, visual/hearing impairment) appropriate interpretation services should be used.

3.8 Testing (equipment, performance of test by individuals)

Providers will ensure that the visual acuity examination is performed by a health professional who has been appropriately trained within an orthoptic led service in line with national guidance.

3.9 Results giving, reporting and recording

Screening results should be explained to parents by post or verbally by appropriately trained staff. The professional undertaking the 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. Use of such a system is mandatory. These data are necessary for the mandatory audit of the screening programme, including audit of the outcomes of screening.

Screening providers are responsible for ensuring outcome data from screened children is recorded electronically to allow screening outcomes to be effectively assessed.

3.10 Transfer and discharge from care obligations

Children will remain the responsibility of the screening programme until the onward referral is accepted by the accepting service provider.

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

3.11 Public information

Providers must always use the patient information leaflets from the relevant Local Authority at all stages of the screening pathway to ensure accurate messages about the risks and benefits of screening and any subsequent surveillance or treatment are provided.

- Providers must ensure accurate and consistent messaging, particularly around informed choice, and to access nationally-developed resources.
- Providers should always link through to the national information on LA and NHS Choices {pages}

3.12 Exclusion criteria

3.13 Staffing and training

Providers will 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. The designated person or persons will contribute to planning, with appropriate administrative support, to ensure timely reporting and response to requests for information. Where there is only one named coordinator / clinical lead, the provider will ensure that there are adequate cover arrangements in place to ensure sustainability, safety and consistency of the programme.

The designated persons are also responsible for ensuring that there is an on-going educational programme for health professionals involved in Childhood Vision screening.

Providers must facilitate orthoptic-led screener training in line with programme requirements/standards as detailed in each the screening programme specification. Commissioners should ensure training has been completed satisfactorily and recorded and that they have a system in place to assess ongoing competency in undertaking the examination of visual acuity in children aged 4 to 5 years.

Providers will ensure that there are adequate numbers of appropriately trained staff in place to deliver the screening programme in line national guidance.

Providers must allow appropriate annual CPD in line with programme and requirements, for example a screening study day or completion of bespoke (to be developed) e-learning for all professionals involved in the screening pathway.

It is recommended that the BIOS on-line e-learning resource {LINK} be undertaken on an annual basis.

3.14 User involvement

The provider(s) will be required to:

- demonstrate that they have collected (or have plans in place to collect) the views of service users, families and others in respect of the services they provide
- demonstrate how those views will influence service planning and delivery for the purposes of maintaining and improving standards
- make results of user surveys/questionnaires available to NHS England, Public Health England, or national Quality Assessment teams on request.

3.15 Premises and equipment

The provider will ensure that:

- Suitable premises and equipment, including appropriate examination areas within schools, are provided for the screening programme and will have appropriate policies in place for equipment maintenance and replacement to ensure programme sustainability.

- An IT system that can ensure demonstrable failsafe processes is in place, monitored and managed should be use. Use of such a system is **mandatory**.

3.16 Safety & Safeguarding

{To be completed with LA input}

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Section 4: Service Standards, Risks and Quality Assurance

4.1 Key criteria and standards

Childhood vision screening for children aged 4 to 5 years screening standards are available on {x}. Providers will meet the minimal acceptable standards for all stages of the pathway and continuously work towards the achievable programme standards. A number of resources to support providers are available on the programme website.

4.2 Risk assessment of pathway

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

Providers will:

- ensure that mechanisms are in place to regularly audit implementation of risk reduction measures and report incidents
- ensure that risks are reported through internal governance arrangements, such as risk registers
- review and risk assess local screening pathways in the light of guidance offered by Quality Assurance processes or the National Screening programme

High scoring risks will be identified and agreed between the provider and the commissioners and plans put in place to mitigate against them. The provider will identify risks with high scores.

The provider and commissioner will agree plans to mitigate risks.

4.3 Quality Assurance

Providers will participate fully in national Quality Assurance processes, cooperate in undertaking ad-hoc audits and reviews as requested by SQAS teams and respond in a timely manner to their recommendations. This will include the submission to SQAS teams and commissioners of:

- agreed data and reports from external quality assurance schemes
- minimum data sets as required
- self-assessment questionnaires / tools and associated evidence

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 respond to SQAS recommendations within agreed timescales. They will produce with agreement of commissioners of the service an action plan to address areas for improvement that have been identified in recommendations. Where SQAS believe there is a significant risk of harm to the population, they can recommend to commissioners to suspend a service.

4.4 Safety concerns, safety incidents and serious incidents

Providers will comply with the national guidance for the management of safety concerns and incidents in screening programmes and NHS England guidance for the management of serious incidents

(<https://www.gov.uk/government/publications/managing-safety-incidents-in-nhsscreening-programmes>).

4.5 Procedures and protocols

The provider will be able to demonstrate that they have audited procedures, policies and protocols in place to ensure best practice is consistently applied for all elements of the screening programme.

4.6 Service improvement

Where national recommendations and acceptable/achievable standards are not currently fully implemented the provider will be expected to indicate in service plans what changes and improvements will be made over the course of the contract period. The provider shall develop a CSIP (continual service improvement plan) in line with the KPIs and the results of internal and external quality assurance checks. The CSIP will respond to any performance issues highlighted by the commissioners, having regard to any concerns raised via any service user feedback. The CSIP will contain action plans with defined timescales and responsibilities, and will be agreed with the commissioners.

Section 5: Data and Monitoring

5.1 Key performance indicators

The provider shall adhere to the requirements specified in the document NHS screening programmes: national data reporting

5.2 Data collection monitoring

Providers should ensure:

- 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
- continuous monitoring and collection of data regarding delivery of the service
- compliance with the timely data requirements of the National Screening programmes and Quality Assurance teams
- information and audit data is available to the commissioner and the provider

The National Screening programme will produce regular performance reports for the LA and providers of the screening programme