

THEME: IDENTIFY THE POPULATION, ENSURE COVERAGE			
Objective 1	Criteria	Acceptable standard	Achievable standard
<p>Objective: To maximize screening in the eligible population who are informed and wish to participate in the screening programme</p> <p>Rationale: This standard is needed to provide assurance that screening is offered to parents of all eligible children and that each child (for whom the offer is accepted) has a completed screening outcome</p>	<p>The proportion of children aged 4 to 5 years eligible for the vision screening, whose parents did not opt out, and who completed the screening process, ie for whom there was a screening result (absent, pass, fail or unable to test)</p> <p>Numerator – number of children aged 4 to 5 years who were vision screened during the report period</p> <p>Denominator – eligible population whose parents did not opt-out</p>	Acceptable: ≥ 90.0%	Achievable: ≥ 98.0%
	<p>Criteria 1 – Evidence to be assessed within Local Authority (LA) audit/monitoring</p> <p>Reporting period: Annually within 6 months of the end of the academic school year</p> <p>Deadline: 31 December</p>		
Additional guidance	<p>Eligible children are the total number of children age 4 to 5 years within the reporting period resident within the area covered by the LA service provider whose parents did not opt out, this may include those who opt-out because they are already under the care of the Hospital Eye Service.</p> <p>Mitigations:</p> <ul style="list-style-type: none"> • The following children will be included in the denominator but may not be screened and therefore not be included in the numerator. These children should be accounted for and the reason explained in the commentary as mitigations against performance thresholds Children who are eligible for screening but were not screened because they are absent from school when screening attempted. • Children unable to complete the screening test due to special needs and therefore offered an alternative visual assessment 		

THEME: TO MAXIMISE PERFORMANCE OF THE SCREENING TEST			
Objective 2	Criteria	Acceptable standard	Achievable standard
<p>Objective: To maximise performance of the screening test</p> <p>Rationale: This standard is needed to monitor the performance of the screening test and to minimise harm</p>	<p>1. Test performance - the proportion of children who do not show a clear response for one or both eyes.</p> <p>Numerator - the total number of children who do not show a clear response in one or both eyes, i.e. unable to test</p> <p>Denominator – the total number of children who have the visual acuity test</p>	Acceptable ≤ 7%	Achievable ≤ 3%
	<p>Criteria 1– Evidence to be assessed within LA annual audit Reporting period: Annually within 6 months of the end of the academic school year Deadline: 31 December</p>		
Additional guidance	<p>1. This is a negative polarity standard i.e. a lower percentage is better</p> <p>Mitigations: None</p>		

THEME: TO MAXIMISE REPORTING OF RESULTS			
Objective 3	Criteria	Acceptable standard	Achievable standard
<p>Objective: To ensure effective and timely reporting and recording of results</p> <p>Rationale: This standard is needed to monitor the performance of administrative procedures to inform parents /carers by letter and record screening outcomes centrally</p>	<p>1. Parents/ carer informed of screening test results within 6 weeks post-screen</p>	100%	100%
	<p>2. Outcome of the screening test is recorded on the electronic child health record (CHIS)</p> <p>Numerator – the total number of children who have a result (absent, fail, pass or unable to test) entered on CHIS within 6 weeks of the screening episode.</p> <p>Denominator – the total number of children who were screened.</p>	100%	100%
<p>Criteria 1 and 2– Evidence to be assessed within LA annual audit/ monitoring Reporting period: Annually within 6 months of the end of the academic school year Deadline: 31 December</p> <p>Mitigations: Criteria 1 – Whilst Child Health Record evidence of sending letter does not guarantee that the parents have received the letter, it can be used as a proxy</p>			

THEME: INTERVENTION – TO ENSURE TIMELY ENTRY INTO CARE PATHWAY FOR DIAGNOSTIC ASSESSMENTS			
Objective 4	Criteria	Acceptable standard	Achievable standard
<p>Objective: To maximise timely entry into care pathway for diagnostic tests</p> <p>Rationale: To provide assurance that children who require onward referral for further assessment, are seen in a timely manner</p>	<p>1. The proportion of children referred from screening who are seen within the required timescale</p> <p>Numerator – the number of children referred from screening who are seen for a diagnostic assessment within the required timescale</p> <p>Denominator – the total number of children who failed the screening and were referred for diagnostic assessment</p> <p>The “screening outcomes” that require a diagnostic referral are:</p> <ul style="list-style-type: none"> • Children for whom a conclusive screening result was available but the “screening outcome” was a visual acuity worse than 0.200 logMAR on the Keeler crowded logMAR test in one or both eyes • Incomplete screening due to lack of cooperation (this may be on 1st or 2nd screen depending on local arrangements) 	<p>70% by 6 weeks</p> <p>≥ 95% by 12 weeks</p>	<p>≥ 95% by 6 weeks</p> <p>100% by 12 weeks</p>
	<p>Criteria 1 – Evidence to be assessed within LA annual audit/ monitoring</p> <p>Reporting period: Annually within 6 months of the end of the academic school year</p> <p>Deadline: 31 December</p>		
Additional guidance	<p>Mitigations: The following children will be included in the denominator but may not be seen and therefore not be included in the numerator. These children should be accounted for and the reason explained in the commentary as mitigations against performance thresholds</p> <ul style="list-style-type: none"> - Children who are referred but move away from the area - Children who were not brought for an appointment that was offered 		

THEME: SCREENING PERFORMANCE - THE INCIDENCE OF FALSE POSITIVE OUTCOME			
Objective 5	Criteria	Acceptable standard	Achievable standard
<p>Objective: To minimise harm from the screening programme</p> <p>Rationale: This standard is needed to monitor the performance of the screening test at the final result of the screen in order to minimise referral of children who do not have a visual problem</p>	<p>1. The percentage of children referred due to a fail on the vision screening test but found to have no visual deficit on diagnostic testing (false positive)</p> <p>Numerator - the number of children who are referred from the screening and receive diagnostic assessment but have no visual deficit.</p> <p>Denominator - the number of children that fail the screening and receive diagnostic referral</p> <p>The “screening outcomes” that require a diagnostic referral are:</p> <ul style="list-style-type: none"> • Children for whom a conclusive screening result was available but the “screening outcome” was a visual acuity worse than 0.200 logMAR on the Keeler crowded logMAR test in one or both eyes • Incomplete screening due to lack of cooperation (this may be on 1st or 2nd screen depending on local arrangements) 	15%	6%
	<p>Criteria 1 – Evidence to be assessed LA annual audit/ monitoring Reporting period: Annually within 6 months of the end of the academic school year Deadline: 31 December</p>		
Additional guidance	<p>This is a negative polarity standard i.e. a lower percentage is better</p> <p>Mitigations: None</p>		