British and Irish Orthoptic Society (BIOS) Response to: Engagement – in school eye testing for pupils in special schools in England

Proposal 1: Creation of eye care team – Our understanding was that the Proof of Concept (POC) was based on a competency framework that did not name professions on the team, but that teams were expected to fulfil the competency framework. We appreciate that NHS E struggled to build individual multidisciplinary teams for schools. Instead, contractors could demonstrate sufficient competence if a framework is provided, as for the POC. The competency framework could then be met by any appropriate clinicians with the skills and knowledge.

We feel that hospital eye services (HES) in the school area, with or without an existing orthoptic-led special school service, should be actively approached to bid for the service. Networking with paediatric specialists who already provide this service to children in hospitals would provide the support and confidence for a less experienced team.

The work between existing special school services provided by the HES and the creation of teams has not been explored within the evaluation. The success and longevity of the NHS E service is reliant on building on existing services, and only developing new services where they do not exist. In both cases, services should be developed in line with a competency framework. We require formalised lines of communication with NHS E, documentation, and information about the tender process, in order to support our orthoptists currently involved in special school eye care.

Proposal 2: Provision of equipment – We appreciate that listing equipment can be burdensome to possible providers. However, equipment should always be available for the assessment of visual acuity to enable the adequate assessment of children with a range of abilities. This should include tests that allow assessment of non-verbal children, who may need vision checking by observation of eye movement. For example, the Keeler Acuity Card or Cardiff Acuity Cards. These tests are evidence-based and the gold-standard for assessment of visual acuity in non-verbal children, but typical high street optometric practices do not own or use these. This should also align with the competency framework, where providers are required to have the equipment to meet competencies.

Proposal 3: Professional Requirements – Clinicians who have already worked in the HES or Special School may not require more training, however, staff who have never worked in Special School will require training in the environment, completing eye health outcome reports, and the specifics of working with children with SEN. This will improve the actions suggested in proposal 6 because the staff will understand the special school working environment, communication systems and language used by other therapists and vision support teachers working in the school. More clarity is also needed on whether the responsibility for safeguarding rests with the school or the service.

Proposal 4: Consent to testing – Opt-out service provision, with opt-in for dilating eye drops, is the preferred approach by our existing HES Orthoptic-led Special school services. However, for an opt-out community service there should be administrative processes and data sharing available to avoid the duplication of care. Verbal consent, and over the telephone, text, or email consent should also be accepted in order to develop a high acceptance rate. We recognise the issue highlighted in the evaluation regarding

parent/carer rapport with the service, and a better relationship between HES orthoptic departments could prevent this. Children attending special school will have been reviewed by the HES in almost every occasion at least once, due to the local and national surveillance of children with neurodevelopmental conditions. For example, Retinopathy of Prematurity Guidelines, Down Syndrome Medical Interest Group Guidance, etc.

The relationship between HES and the NHS E service were developing/growing within the POC. The amalgamation of the NHS E service with existing services jointly funded and provided by 'Warrington and Halton NHS Hospitals Trust' and 'Plymouth Hospitals NHS Trust' are excellent examples of this.

Proposal 5: Selection of glasses – Orthoptists specialise in visual development, visual assessment, eye movement and alignment. Children's vision prior to 8yrs of age is still developing, therefore lack of clarity through inappropriate glasses will result in avoidable sight impairment – treatment after the visual development window closes at age 8yrs is less successful.

The priority should be the acquisition of suitable glasses for this complex cohort and any model to acquire the glasses should limit the possibility of making significant profit in the supply.

We understood that the POC was based on a new testing fee that could allow more flexibility in clinical time, therefore allowing service providers (even though it is a GOS contract) to pay for much needed Orthoptic expertise. Children with SEN aged 4-5yrs (at least) should receive a joint Orthoptic/Optometry assessment in line with National Screening Committee Guidance. In special schools, of course, this is a specialist assessment rather than vision screening. It is vital that funding of the services continues to allow this.

Proposal 6: **Engagement with school community** – NHS E has always, through direct communication and within the POC service, made assurances that existing HES Orthoptic-led special school services will not be dismantled but built upon with this new scheme. There was no reference to this within the evaluation and we ask that this narrative of building up rather than knocking down is maintained.

BIOS would welcome a process by which HES departments with an existing service and those with one in development can merge with the new NHS E service. This means that proposing a new service should always involve a communication to the local HES Ophthalmology department to find out what, if anything, already exists. Lists of existing service locations, and those in development, were provided to NHS E to assist with this process. We to continue to support in this way.

Proposal 7: Avoidance of potential over-treatment – At least one third of UK Special Schools are served by an Orthoptic-led special school service (Allen LC, Dillon A, Bowen P. Eye Care for Children in Special Schools: An Audit of Provision. Br Ir Orthopt J. 2021 Feb 2;17(1):27-32. doi: 10.22599/bioj.166. PMID: 34278215; PMCID: PMC8269777). In the best interests of children attending the school, the NHS E service should be amalgamated with existing services. This requires either that there are clear pathways of referral between each or that the HES hold the contract for a service in the area so that communications between them are direct and secure.

Proposal 9: Production of an eye health outcome report – We are fully supportive of eye health outcome reports. Orthoptists are familiar and experienced with complex communication requirements and the outcome-based language used for such reports. Orthoptists regularly contribute to Education and Health Care Plans (EHCP's). Training of new clinicians within the team will improve the effectiveness of these reports.