**SCHEDULE – THE SERVICES:**

**A. Service Specifications**

|  |  |
| --- | --- |
| **Service Specification No.** |  |
| **Service:** | Vision Screening Service Reception class (4-5years) |
| **Commissioner Lead:** |  |
| **Provider Lead:** |  |
| **Period:** |  |
| **Date of Review:** |  |

|  |
| --- |
| 1. Population needs |
| 1.1 National/local context and evidence base |
| Vision screening is an integral part of the universal delivery of the national Healthy Child Programme (HCP) 0-19 years, and meets the criteria laid down by the National Screening Committee, which recommends that all children should be screened for visual impairment between four and five years of age. |
| Vision screening should either be conducted by Orthoptists or by professionals trained and supported by Orthoptists (National Screening Committee 2008[[1]](#footnote-1)). More recently the ophthalmic professional bodies (Royal College of Ophthalmologists, British and Irish Orthoptic Society, Association of Optometrists and the College of Optometry) along with colleagues from Public Health England unanimously agreed that vision screening for mainstream children should be orthoptic led and managed. |
| The purpose of a vision screening programme is to   1. Screen **all** children for visual impairment, between the ages of four and five, in line with recommended best practice. 2. To achieve maximum coverage of screens of children in this age group, a school based screening programme is recommended, for the purposes of early identification and intervention where visual impairment exists. This will enable optimum access and take up of screens for school reception age children. 3. Identify and appropriately refer cases i.e. the screener would discharge those who met the standard and refer those who don’t to the appropriate place, ensuring a fast track referral for diagnosis, for those requiring treatment into community optometry or secondary care as appropriate.   Ensure quality assurance and improvements to service delivery where appropriate |
| 1.2 Evidence base |
| The Healthy Child Programme (HCP) is the universal programme which aims to improve and promote health for all children and young people and includes mandated responsibilities. The vision screening is underpinned by the evidence base set out in [‘Health for All Children’ (Hall and Elliman, 2006)](https://books.google.co.uk/books?id=TXuwAAAAQBAJ&printsec=frontcover#v=onepage&q=vision&f=false). This specification adopts the recommendations of ‘Health for All Children’ as the underpinning and recommended universal programme. This has been supplemented by guidance from the [UK national screening committee](https://legacyscreening.phe.org.uk/vision-child) (UKNSC), the [British & Irish Orthoptic Society](http://www.parallelvisionmatters.org.uk/index.php/144/) (BIOS) and finally [Public Health England](https://phescreening.blog.gov.uk/2016/05/17/a-vision-for-vision-screening/) (PHE) updates.  Population school based vision screening is an efficient and cost-effective method to identify children with visual problems or eye conditions that are likely to lead to visual impairment if not detected before the child's 7th birthday. It ensures a timely referral to an appropriate eye care professional for further evaluation and treatment (with **referral** to the post screening pathway forming part of this screening programme (see 3.1.3 later as the referral appointment will **NOT**)). |
| 2. Key Service Outcomes |
| **Key outcomes:**  By the end of the academic year, reception aged children (4-5years) will have had their vision screened to current and recommended standards, in order to ensure early intervention and onward referral where required.  The screening provider will:   1. Achieve high and increasing levels of uptake among the hard to reach and vulnerable groups. 2. Identify gaps regarding coverage with a plan to address. 3. Raise awareness in children, young people, families and the children’s workforce of the importance and benefits of vision screening leading to more informed decision making and increase in uptake. 4. Improve the actual uptake of vision screening to ensure 95% of the population are screened each year. 5. Demonstrate evidence of early intervention through high standard screening using the linear LogMAR test (and low false + referrals – see KPIs). 6. Improve the timeliness of data reporting (to be included in KPIs). 7. Report on user feedback. |
| |  | | --- | | 3. Scope | | 3.1 Aims and objectives of service | | **3.1.1. The overarching aim is:**  That all reception aged children aged between 4-5 years receive a vision screen that identifies reduced vision. This will be provided for the 12 districts of Lancashire and will be orthoptist led.  There will be clear referral pathways, guidelines on referral to assessment and differential diagnostic services, quality assurance and improvements to service delivery where appropriate will be in place. | | **3.1.2.The Key objectives are:**  Early identification of reduced vision and referral for further assessment or treatment within the critical period of visual development (birth to 7 years). This will be delivered consistently and systematically to the current recommended standards by utilising the LogMAR test (Hall 4 2003, NSC 2008). The screening will be delivered within the school academic year. This is a highly sensitive and specific test to identify vision deficit in one or both eyes.  An appropriate fast track referral to either an orthoptist in the hospital eye service (HES) or a community optometry clinic, based on the results of the screen, for diagnosis and commencement of treatment.  Improved prognosis for vision in later life that would positively affect life choices e.g. school readiness, ready to learn, improved career opportunities and later, an ability to drive.  All reception class children attending main stream schools whose parents consent for screening, will be screened before year 1.  A quality assurance programme and annual audit of the service (in line with defined orthoptist standards.) | | **3.1.3. The service will include the following screening tools and referral into service:**  *The LogMAR Test* to assess the child’s visual acuity:  Depending on the child’s knowledge of capital letters and level of confidence, the screen may include a matching card assessment to provide the highest levels of sensitivity and specificity of all vision tests.  Where the LogMAR visual acuity test results in either one or both eyes showing less than 0.2, referral will be made via the post screening pathway. This appointment will **not** form part of the screening process. | | **3.1.4. The remit of the 4-5 years vision screening programme will include:**  Delivery of a 95% uptake of childhood screening of the eligible population to be screened (excluding children attending special schools as these are the responsibility of CCGs).  Report on timely screening data to quarterly performance meetings with the commissioner.  In order to provide an effective screening programme, a good working relationship and effective communication process needs to be maintained with key partner agencies (school nursing and schools).  Systems should be in place to collect data for both anonymised data records for outcome measurements and individual and family records.  The screening team will also ensure that targeted support is in place to provide screening outreach to children who are not in school, potentially vulnerable or hard to reach groups. This includes conducting home visits to some families.  Accommodation needs to be suitable for clinical practice, and practitioners should be able to access IT and record-keeping facilities. Vision screening requires a room that is free of distractions and more than three metres long. The room should be uniformly and brightly illuminated. It should have a light level of at least 300 lux in the room with about 500 lux to illuminate the test chart. A formal light meter test will validate the illumination levels.  Any equipment required to undertake practice should be suitable for purpose and all safety measures maintained. | | 3.2. Service Model – Planning and Organising Screening sessions | | **3.2.1 Overall the service will :**  Produce an annual vision screening delivery plan to co-ordinate and deliver the screening programme to all 4-5 year olds in Lancashire. It is expected the Autumn term will be utilised for securing an information sharing agreement with the schools and offering advice to schools / parents on the screening programme, sending and receiving consent letters, coordinating the school visits, and planning the screening.  Ensure practice is maintained in line with current clinical standards and supports the appropriate integral delivery of health promotion messages that need to be disseminated.  Liaise with GPs if there are any concerns.  Work with hard to reach and vulnerable groups to identify individuals who have not been screened.  Target those not screened.  Contact each primary school directly to inform them of the screening programme and agree the screening schedule visit dates and inform the named school nurse.  Organise consent letters and their retrieval from school  Receipting and cross checking all school lists (against children already attending the orthoptic / ophthalmology dept.)  Mark clearly those children with negative consent on each school list to ensure they are not screened. Forward this data to GP.  Order and maintain equipment, including anti-bacterial gel and steri wipes (ensuring good hand hygiene between each child screened).  Assess the visual acuity for each child to the pass level.  Record the results clearly in written or electronic form for the child health record.  Complete relevant documentation to inform parents of a passed screen and given to children to take home.  Complete relevant documentation of a non-achieved screen and the onward referral process, which will be given to the child's parent/carer via their teacher.  Complete the referral form to the necessary post screening pathway for those children failing the screen.  Write to the GP of those children who have failed the screen to inform them of the onward referral.  Record children absent on the school visit.  Organise screening catch up clinics to invite children who were absent at the initial visit and any subsequent re visit to the school.  Re visit schools at the end of term / school year where children were absent for booked catch up screen.  Contact the council again at Easter to ensure any child moving in from outside of Lancashire is seen in school or offered an appointment at the catch up clinics.  Complete audit data for each school visit, referral data and subsequent diagnostic and treatment outcome.  Organise a rota to ensure requisite staff cover for each school, issue and amend as required.  Organise audit of screens completed annually.  Provide an annual plan to stakeholders including dates, times, location and hours available within each school.  Those children who are absent when the screens are carried out will be screened during planned catch up sessions throughout the academic year.  Align to the principles and approaches that have worked successfully in the immunisation and vaccinations team and the National Child Measurement Programme (NCMP) in order to ensure minimum disruption to schools and maximum screens achieved.  Provider to attend quarterly performance meetings with the commissioner and ensure performance data is forwarded to the PH contracts team and CCd to the commissioners 2 weeks prior to the meetings  Provider to ensure representation on the Local Eye Health Network (LEHN) | | **3.2.2.Programme overview**  The service will be delivered primarily through a school based programme, however the provider will need to demonstrate that they have plans in place to reach children not in education. Children failing the tests will be referred into community optometry or secondary care for follow up testing as appropriate.  Children who attend special schools will **not** be offered screening within this reception vision programme. These children will be seen by an orthoptist within any community contracting arrangements between the CCG and the Trust for the assessment and treatment of children with Special Education Needs.  The service provider must ensure that the screening programme is delivered within the school year. Planning, coordination and admin tasks will take place in the autumn term allowing for screening after Christmas.  The service will work with schools to ensure that they agree to offer appropriate input and support so that they are able to deliver effectively. The failure of schools to appropriately support these requirements needs to be reported to the commissioners.  The service will provide the appropriate skilled staff input by grade and hours. This input will be specified as part of the annual plan in order to meet the standards set out in this specification. The service will build collaborative relationships with schools and their Heads and maintain continuity of provision. | | 3.3 Population Covered | | The vision screening programme covers **all** children aged 4-5 years in Lancashire not just those in LCC maintained schools.  The numbers of **school** children in the population across Lancashire for the 2018/19 programme is based on the 16/17 data as illustrated below. Fluctuations in these numbers each year will be expected but clarified as part of the annual planning process. Non LCC reception children will need to be clarified ASAP in the new school year.   |  |  |  |  | | --- | --- | --- | --- | |  | Number of Primary Schools | Total No. reception aged children | 95% of screens | | LCC schooled | 474 | 13,572 | 12893 |  |  |  |  |  | | --- | --- | --- | --- | |  | Age 5 population | No not in LCC school | 80% of screens | | Other / not in school | 14,197 | 625 | 500 | | | 3.4 Acceptance and exclusion criteria | | Children with Special Educational Needs attending special schools (orthoptist to screen – CCG commission).  This service is interdependent with the School and as such the delivery of this service and the standards that apply to it equally apply to the screeners within that service. The service provider will need to work closely with primary schools and school nursing.  The programme will be delivered primarily through a school based model in order to achieve maximum uptake. The service provider must ensure that an appropriate number of sessions are scheduled in every primary school in the Lancashire County Council area. The provider will also be expected to make all reasonable efforts to screen children not in education and hard to engage groups, e.g. through setting up additional sessions at accessible sites across Lancashire. Communication with pupils and their parents must ensure maximum uptake is achieved, e.g. through attending parents evenings, school assemblies etc.  The Service Provider shall not discriminate between Service Users, and shall provide the appropriate assistance for Service Users, who do not speak, read or write English, or who have communication difficulties. The provider will work with hard-to-reach and vulnerable groups to identify cases of individuals who have not been screened. The service provider will need to work closely with Lancashire school nursing in order to ensure the personal child health records are accurately maintained  In line with other screening programmes 10% of all children screened will be re screened by a qualified lead orthoptist for quality assurance and audit purposes (costed into service travel costs).  An annual audit of the percentage of eligible children screened, results of the QA 10% audit screen, referral to HES and false positives will be collated and presented to commissioners  Competency assessments of the Orthoptic Assistants will be undertaken and renewed on an annual basis. Update training and teaching will be delivered by the lead Orthoptist on a quarterly basis. | | 3.5 Communicating with professionals and the public | | **3.5.1 The team will develop an internal and external communication plan that will:**  Promote the uptake of 4-5 year olds (reception year) vision screening with the schools and School Nursing Service.   1. Produce high quality information advice for parents/carers, using a number of different media, such as the dissemination of appropriate leaflets and providing up to date, accurate and detailed information. 2. Provide telephone advice to both professionals and the public, through an advertised telephone number, with message recording facility out of hours, so that calls can be returned within 24 hours (except at weekends and Bank holidays). 3. The team will work proactively with all that they come into contact with in order to promote health within the specific group:  * Reception aged children * For children who have not received their screen, use all appropriate professional contacts and networks in order to follow a failsafe approach such as independent schools, travelling communities and home educated. | | **3.5.2 Information and advice will be provided to the parents who will be:**   * Informed of the screening process, content and opt out * Provided with advice in the event of any concerns * Offered an information leaflet * Made aware of contact details in the event of any concerns | | 3.6 Policies and Procedures | | The Service Provider will:   * Produce all screening policies and procedures and make them available on the intranet. * Create and update procedures in line with national guidance * Audit the use of the policies. * The provider will provide its own supplies and materials/consumables. | | 3.7 Safeguarding children | | The Service Provider shall adopt Safeguarding Policies and such policies shall comply with the Authority’s Safeguarding Policy as amended from time to time and may be appended at Appendix A (Safeguarding Policies).  At the reasonable written request of the Authority and by no later than 10 Business Days following receipt of such request, the Service Provider must provide evidence to the Authority that it is addressing any safeguarding concerns.  If requested by the Authority, the Service Provider shall participate in the development of any local multi-agency safeguarding quality indicators and/or plan. | | 3.8 Quality of offer and user feedback | | The provider will routinely collect and collate questionnaire feedback from families and schools on the delivery, receipt and quality of the service. |  |  | | --- | | 4. Applicable Service Standards | | 4.1. National Standards | | **4.1.1 Deliver and maintain appropriate training and competency levels - in line with orthoptist professional standards and guidelines.**  **Key relevant documents:**  Policy for obtaining consent  Hand hygiene policy infection prevention policy  Policy and process for the reporting and management of incidents and the reporting and management of serious incidents and additional guidance for sui investigation.  Lone working policy. | | **4.1.2 Infection Control**  Provide the local links to the national planning and coordination infrastructure in conjunction with the Director of Infection Prevention and Control. | | **4.1.3 Risk Assessments**  The environment of the intended screen needs to be appropriate and maintained by the professional intending to conduct the screen. Their assessment should include any contraindications which would make the screen or location unsuitable.  It is the responsibility of the professional screening to:   * Check the identity of the child. * Ascertain the fitness of the child for the screen. * Ensure that the parent(s) of the child being screened has been provided with information on the screen and the action to be taken should failed test occur | | **4.1.4 Disposal of clinical waste**  The service provider will be responsible for the correct disposal of clinical waste in line with DH guidance. | | **4.1.5 In the event of a refusal**  The provider will inform the commissioner & GP if appropriate and document informed refusal through the child health record. Give (and document) advice about the consequences of not screening and the risks associated with a deteriorating condition. | | 4.2. Local Standards | | **4.2.1 Staff Competence**  The Service will be delivered with due care and diligence. Staff with the appropriate qualifications and/or experience, skills and competency to advise and carry out screens and are appropriately supervised, managerially and professionally, to provide a comprehensive service including advice to GP`s and other health professionals  Competency must be maintained in accordance with Royal College of Ophthalmologists (RCO) and BIOS. | | **4.2.2 Clinical Quality and Performance Monitoring and Local Data management**  The service provider will be required to record data on the screen including the date.  The provider will provide information in the format and frequency specified in order to support this monitoring.  The importance of local data management is outlined which remains relevant, namely the need for accurate data on the target population, to identify, schedule and recall individuals for screening, for accurate record keeping (preferably electronic) where appropriate, for engagement with local schools to access school rolls and to ensure screening details are provided to GP practices and are recorded on GP practice systems and inform the Child Health record (and in future the NHS digital child health information system). | | **4.2.3 Recording Information and Reporting**  The provider will maintain a structured and systematic approach to data recording and reporting and will maintain the required level of IT competence to collect and collate information that demonstrates the coverage and capture of all screens against the required national and local uptake targets.  The Service Provider will produce the following reports:  A root cause analysis on all reported screening incidents will be reported to the commissioner  A report on all routine screening on a quarterly basis to Public Health (Lancashire County Council) / PHE including auditing 10% of activity to ensure good clinical practice  The service will be responsible for ensuring that the data on the Child Health Information system is as robust as possible, and any data quality issues are resolved within 2 months. This includes carrying out the following on an annual basis:   * Maintaining accurate records and ensuring the child's patient medical record is kept up to date * Ensuring no duplicate addresses are held for a single patient * Ensuring accurate and complete patient contact details * Matching patient contact information between centralised and localised databases * Data cleansing to remove or add children/young people’s records where they have moved in or out   The results of the vision screen will be made available for each child screened. Until such time that the Provider has access to child health records directly in an electronic form, the results will be forwarded to the child health team in paper copy OR the Orthoptic assistant will complete an entry into the school health records held in the community clinics. | | Consent The following consent proposal will be implemented:   * To have an orthoptic consent form sent into school and collected by the department and cross checked against school class lists supplied by each school.   The rules for consent will be changing from May 2018. Details can be found here <https://www.itgovernance.co.uk/data-protection-dpa-and-eu-data-protection-regulation>  Parents will need to opt in and any child that has not been opted in will not be screened and will be excluded from the programme. A letter will be sent to all parents who do not consent informing them of the possible risks and consequences of not being screened. An outline of alternative screening opportunities will be provided.  In order to ensure as many parents opt in and give informed consent to treatment, the parent should be given appropriate information regarding the screen. The provider must note that the KPI for 95% of all eligible children screened must be met through an opted in service. The provider will need to make sure follow up letters for children not opted in are sent to ensure the parent is aware their child is NOT being screened and further encouraged they have their child take part.  A written record of information sent to parents must be kept in the appropriate patient health record.  Where applicable, the appropriate policy on Consent to Treatment needs to be followed. A record of consent must be maintained. Maintaining an up to date service The Service Provider will be responsible for notifying the Commissioner of legislative, regulative and policy changes affecting the Service and will ensure the changes are made efficiently and effectively. Both Parties will mutually agree how to resource and fund the implication of such changes. | | 5. Location of Provider Premises / days of operation | | 5.1 Days/Hours of operation | | The provider must work with schools to ensure sessions are scheduled appropriately and the timing of community sessions should offer as much flexibility as possible in order to achieve maximum screening uptake. | | 5.2 Referral criteria & sources | | The service provider will be responsible for inviting eligible children to participate in the screening programme. | | 5.3 Referral route | | The service provider will be responsible for ensuring the target population is properly informed about how to access the service, including information about session times and arrangements for making appointments. The service provider will be required to work collaboratively with neighbouring public health teams (local authority) and CCGs to ensure that reciprocal arrangements are in place to ensure that all eligible children are offered vision screening for example: Lancashire resident children who attend a Blackburn with Darwen, Blackpool, Merseyside or South Cumbria school. | | 5.4 Response time, detail and prioritisation | | Annual plan for routine screens, and responses to other requests as appropriate. | | 5.5 Risk Management, Business Continuity, Escalation Planning and Major Incidents | | The service provider will be responsible for maintaining a risk register and for ensuring that there are systems in place to bring any strategic risks, or risks to business continuity to the attention of Public Health (Lancashire County Council).The provider will support and provide appropriate input as required in any emergency situations and pandemics. | | 6. KPIs | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | KPI | 1. Denominator | 1. Numerator | 1. Target | 1. Result | | No. of 4/5yr old children screened each year including catch up sessions | Reception class cohort + 1% | No. of children screened | 95% |  | | Results letter sent to parent / guardian within agreed timeframe (4 weeks) | No. of children screened | % of results letters sent within timeframe of 4 weeks | 95% (other 5% >4 weeks) |  | | Fail results forwarded to families' GPs | No of children screened who failed vision screen | % of results forwarded to GP | 100% |  | | % of failed vision screens reported back from referral pathway (see 3.4) | No of failed vision screens | Number of failed vision screens not a fail at second check | 5% |  | | Screening of children not in a LCC state school setting | Number of children of the age group not in a LCC state school setting | Number of children of the age group not in a LCC state school setting screened | 80% |  | | 10% audit completed by orthoptist | 10% of all screens | Correct results | 100% |  | | Attendance at performance and LEHN meetings | No. of meetings scheduled for the year | No. attended | 95% |  | |  |  |  |  |  | | |

**Appendix A**

SAFEGUARDING POLICIES

The Service Provider shall devise, implement and maintain a procedure for its staff which ensures compliance with pan-Lancashire procedures for safeguarding children, and shall supply a copy of its Safeguarding Policy to the Authority before commencement of the Services.

• Pan-Lancashire Safeguarding children policies and procedures can be accessed at:

<http://panlancashirescb.proceduresonline.com/index.htm>

The Service Provider will provide evidence of their safeguarding arrangements on request, at a minimum this will be annually.

In respect of children and young people specifically, the Service Provider must ensure that the welfare and rights of Lancashire's children and young people remains paramount and that all children and young people are effectively safeguarded with due consideration but not exclusively to the:

• Children Act 1989, 2004

• Human Rights Act 1998

• United Nations Convention on the Rights of the Child (UNCRC)

• Homelessness Act 2002

The Services and all Staff and volunteers must conform to all safeguarding children and child protection legislation, national Working Together guidelines and the Lancashire safeguarding children policy and procedures (link above).

It is expected that Service requirements and inputs will be adjusted accordingly with any future amendments/additions to such legislation and/or guidelines.

1. Hall DMB, Elliman D. (2003). Health for all children, Revised fourth edition, Oxford University Press, p 229. [↑](#footnote-ref-1)