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Llywodraeth Cymru
Welsh Government

Welsh Government
Consultation – summary of responses

School Pupil Eye Care Service collation report

January 2017

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

Introduction

1. A proposal to offer eye tests to children attending special schools in Wales was issued for a 12 week public consultation on 8 February 2016.
2. There was common agreement with the aims and objectives proposed in the consultation. Points for development and amendment to deliver the service were provided by consultees.

Responses

3. In total 36 responses were received. All response comments were logged individually to allow filtering by response number, question number or theme. The responses represented organisation groups as follows:

- Local Health Boards
- Community Health Councils
- RNIB Cymru
- SNAP Cymru
- Lead Optometrists
- Lead Ophthalmologists
- Education Providers
- Service users
- Wales Local Eye Healthcare Collaborative Groups
- Local Eye Care Committees

Questions and key themes

4. Consultees were asked the following questions:
 - **Question 1:** Do you feel this is a service that is needed by pupils attending special schools in Wales?
 - **Question 2:** Can you suggest any alternative models for meeting the needs of these children?
 - **Question 3:** Do you have any comments or ideas about how the proposed service may be improved?
 - **Question 4:** Do you foresee any problems with the service proposed?
 - **Question 5:** Do you have any comments regarding the process of collecting consent for the eye examinations?
 - **Question 6:** We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them.
5. The responses to the questions were analysed and grouped into the following key themes (where consultees showed a high level of consistency) and summarised below.

a. Aims of the service

Relevant questions - Question 1: Do you feel this is a service that is needed by pupils attending special schools in Wales?

6. There was a strong consensus of opinion that this is a worthwhile service that will cater to the needs of children in special schools. The large majority of consultees agreed there is a higher incidence of visual impairment among pupils with learning disabilities and without proper treatments/provision of spectacles; these pupils are at a disadvantage in their education and social development. There was also strong agreement to the proposal to bring health professionals into the school, where the pupils are already familiar with the staff and the environment, providing for the best possible eye test result and treatment.
7. A prominent opinion is that that the proposal doesn't go far enough and that the same service should be offered in special units within mainstream schools (including children educated electively at home, and 'educated other than at school').

b. Model of service

Relevant questions:

Question 2: Can you suggest any alternative models for meeting the needs of these children?

Question 3: Do you have any comments or ideas about how the proposed service may be improved?

8. There was general agreement over the model proposed for the service. One consultee suggested that there should be dedicated local Ophthalmic Teams. Some consultees also thought the onus should be put on the orthoptist to lead the service. For onward referral, the suggestion has been made that optometrists need to work closely with health sectors and promote themselves as primary eye care providers and the health sector also needs to embrace optometrists as eye care providers i.e. close working with GPs is needed.
9. Some consultees stated that some health boards have established eye testing systems in place which can be easily expanded and adapted to include all children with additional learning needs.
10. There was also the suggestion to set up local centres of excellence in eye care for people with learning disabilities in an Ophthalmic Diagnostic and Treatment Centres model with services provided by optometrists, orthoptists, ophthalmic nurses and ophthalmologists as necessary working across the primary/secondary care interface.

11. Some consultees state that the consultation does not discuss the need for spare spectacles and frequent repairs in this particular group of children.
12. One consultee stated that a list of suitable optometrists with wheelchair access should be advertised and some type of accreditation or experience offered. This response expresses the concern that the service only addresses refractive error and spectacle dispensing. They argue that this is not a 'school ophthalmic service' as it does not provide the comprehensive eye care required for these children in the school environment. They go on to state that there is risk of duplication of testing as many of the children (but not all) are likely to be under the care of hospital eye clinics or have received care and been discharged to the care of their own optometrist.
13. Some consultees suggest an alternative model to be set up consisting of three teams, in North, West and South Wales. Each team would be responsible for testing the children in the Special Schools for the region. Children who need hospital eye services but not already under an ophthalmologist can be referred accordingly to a local centre. Another stated that the Ophthalmic Team described is not an ophthalmic team as it does not include ophthalmologists within the defined core team. One response states that this is misleading and gives the wrong impression to the public as not all ophthalmic care can be delivered in the school setting.
14. One consultee states that the proposed service model underestimates the work involved. It takes a lot more time to assess children with special needs compared to children following normal development. It also takes a lot of time to get the children from their classroom to the testing room, both the children who are mobile as well as those with mobility aids. The proposed service needs to take this into account. The proposed staffing levels are also insufficient. They state that at least two assistants will be required in addition to the optometrist, dispensing optician and orthoptist.
15. A key point raised was the frequency of service visits needed, particularly for children who require frequent testing due to short attention spans or progressive eye conditions, e.g. keratoconus.
16. A prominent point being made is that an electronic patient record system should be in place to ensure information sharing and assistance in referrals, form printing and ordering of spectacles.
17. Concerns are also raised about the robustness of the governance and audit process of standards of the proposed scheme as well as the process for on-going referral.

c. Workforce and training

Relevant questions:

Question 3: Do you have any comments or ideas about how the proposed service may be improved?

Question 4: Do you foresee any problems with the service proposed?

18. A number of responses referred to the need for more clarity on the recruitment process for the Ophthalmic Team. The consultees highlighted the need for those wishing to be part of the Ophthalmic Teams to have the right skills to work in this environment and understand the specific needs of this group. Most consultees support proposals that optometrists must have achieved accreditation to deliver the Eye Health Examination Wales and Low Vision Service Wales in addition to completing further training as proposed in this consultation.
19. One consultee states that members of the Ophthalmic Team will need to become familiar with alternative testing techniques for students with communication difficulties and pupils working at very low developmental levels (e.g. testing involving actual objects, STYCAR, symbols, signing etc). School delivery should offer a dedicated team of orthoptists, optometrists and ophthalmologists who work closely with each other in the school environment and have the necessary experience and skills required to assess children with complex needs. One consultee states that where adequate capacity and uptake is demonstrated then any special provision within a school locality may not be of value. They suggest that a survey of every practitioner in Wales who currently sees a higher than average number of children with learning difficulties should be made to determine the capacity to provide this form of care in particular localities.
20. One consultee states that the proposed model places too much of an onus on health boards to provide orthoptic services as part of the service. They go on to state that this model is prohibitive for existing orthoptic services which are already stretched.
21. Concerns are also expressed about how the service is managed and administered. Some consultees express the need to ensure health boards are able to recruit and deliver the required level of service.
22. The means for on-going funding for training for the optometrists and dispensing opticians providing this service was also raised. One consultee also asked whether dispensing opticians participating in this service should be low vision accredited. They believe that this should not be a prerequisite for participation.
23. Another concern was that the impact of referrals into hospital eye services has not been determined. Health board workforce

requirements would need to be re-evaluated to ensure enough clinicians are trained to take on the additional service proposed.

d. Consent

Relevant questions:

Question 5: Do you have any comments regarding the process of collecting consent for the eye examinations?

24. There is some agreement over the proposal to progress with opt-in consent, however some consultees feel the service could be improved by implementing an opt-out consent process as opposed to the proposed opt-in process. They feel opt-out consent will mean the service could be accessed by the greatest number of children with additional needs.
25. The point was made by one consultee that parents should have the choice to continue with their current eye health care provider and that a parent / guardian receives clear information on the ocular examination their child will receive, what it is they are consenting too and how this may differ from eye care their child may already be receiving.
26. One consultee also stated that the parent / guardian should be encouraged to attend for the appointment to discuss the outcome of the examination.
27. They also make the point that it is not clear where the consent would be held and who is responsible for collecting it. They go onto to ask what will happen in the case of a child who doesn't have consent and who is responsible for ensuring a child is not at risk?

e. Funding

Relevant questions:

Question 4: Do you foresee any problems with the service proposed?

28. There were some concerns that there is a lack of clarity about how the service will be paid for particularly for orthoptists taking on the extra workload needed and where funding for the Ophthalmic Team training package will come from.
29. There was a concern about funding for the appropriate equipment to deliver the service.
30. There are also some concerns about the sustainability of the service and worries that the cost will be met by cutting other areas.

f. Language requirements

Relevant questions:

Question 6: We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them.

31. Some consultees referred to Welsh language issues and would like to see the service offered in Welsh to those pupils who speak Welsh as a first language.
32. One consultee refers to the My Language, My Health document The Welsh Language Commissioner's Enquiry into the Welsh Language in Primary Care.
33. A consultee also asks if there has been any work done to determine the numbers of Welsh speakers who are patients in these special schools?

Welsh Government response

34. The most prominent issue raised was the need to provide the service to children with Additional Learning Needs who are taught in mainstream schools. We propose a revised the model that will enable all children with additional learning needs, including those who do not attend special schools, to be able to have annual sight tests in school setting.
35. Welsh Government officials are currently looking at various ways of funding the service.
36. It is proposed one Health Board will host the service in the same manner as the Wales Eye Care Service.
37. The training needs of optometrists will be addressed by the Wales Optometry Post Graduate Centre.
38. With regard to staffing it is proposed that optometrists and dispensing opticians will be employed per day through the current Wales Eye Care Service. Orthoptists are already employed by health boards and so health boards would simply need to agree a pathway for children to be referred to orthoptists by the service.
39. The possibility of obtaining presumed consent for the service is a difficult one which will be explored as part of agreeing the service model.

40. The issue of children's Welsh language requirements will be fully considered as part of agreeing and implementing the model working with the service and users.

Consultees

1	Abertawe Bro Morgannwg University Health Board
3	Cardiff and Vale University Health Board Orthoptics
4	Cardiff University School of Optometry
5	Brian Stapley
6	Jan Perry
7	Y Canol
8	Ysgol Maes Hyfred
9	Guide Dogs Cymru
10	Jill Bonney
11	Welsh Optometric Committee
12	Abertawe Bro Morgannwg University Health Board
13	SNAP
14	Betsi Cadwaladr University Health Board
15	RNIB Cymru
16	SeeAbility
17	Hywel Dda University Health Board
18	Royal College of Nursing
19	Aneurin Bevan University Health Board
20	Cardiff and Vale University Health Board
21	UCAC - Undeb Cenedlaethol Athrawon Cymru
22	Welsh Therapy Advisory Committee
23	Sight Cymru
24	SENSE Cymru
25	The All Wales Orthoptic Advisory Committee and Welsh Network of the British & Irish Orthoptic Society
26	Optometry Wales
27	Dyfodol Y Iaith
28	Welsh Language Commissioner
29	PHW
31	College of Optometrists
32	Cwm Taf Health Board
33	GOC – General Optical Council
34	Hywel Dda University Health Board additional
35	Vision Call
36	North Wales CHC