

## Pathway Guideline: Child Integrated Eye Care Service

The service allows for early intervention and management of poor vision in an integrated service model delivered in optical practice; primary care practitioners and the hospital paediatric team working together to provide care closer to home for children.

The service provides an alternative to the Hospital Eye Service for children who are found to have poor vision and have been referred to the hospital and for children already under the care of the hospital eye service and considered suitable for care in optical practice, within the integrated service.

Where commissioned, the diagnostic pathway following child vision screening is also part of the child integrated eye care pathway. (See separate **LOCSU Diagnostic Pathway following Child Vision Screening** pathway diagram and pathway guideline.)

*Practitioners are expected to work to College of Optometrist guidelines on examining younger children and Association of British Dispensing Opticians guide for dispensing to Children.*

### **Referral** – ideally electronic directly into the IT platform

- Children referred to the hospital paediatric eye service will be triaged and directed into the integrated service, if appropriate. The triage protocol will be agreed by the service clinical leads and will include risk stratification to support appointment prioritisation.
- Children already under the care of the hospital paediatric eye service may be transferred to be managed in optical practice within the integrated service supported by a hospital-initiated management plan (to include next appointment date and re-referral criteria).

Eligible children will have reduced vision but no other significant ocular abnormality requiring specialist intervention.

Children suitable for the integrated service will typically be aged 4 and over. However, referrals for younger children may be included if considered suitable by the clinical leads.

Exceptions:

- Children with complex needs and/or severe learning disability will continue to be seen within the hospital service (or alternative local community provision).
- Children with ocular co-pathology may also be considered more suitable for the hospital paediatric service.

## Assessment – clinical work-up (includes GOS sight test)

All of the following will be performed at the child's visit to the Primary Care Optometrist. Tests and procedures will be appropriate to the child's age and individual needs.

### Procedure will follow the management plan, if available, and will normally include:

- Monocular unaided Vision with crowded LogMAR test for each eye
  - and/or aided VA if spectacles are already worn
- Cover Test – Distance and Near
- Stereopsis
- Refraction - with cycloplegia, if required (when there is **full** cycloplegia after instillation of G. Cyclopentolate 1%)
- Fundal examination – either BIO 20D or 90D or direct ophthalmoscopy

## Outcome

### For children under the care of the Hospital paediatric service:

**Review - Advise on next monitoring assessment** – If there is no significant clinical change, a review appointment should be offered in line with the patient management plan (this could involve a remote consultation, where clinically appropriate). Prescribe glasses where there is a significant refractive error/refractive change and advise on wear.

**Discharge to GOS** – if there is no significant clinical change (or an improvement) and discharge is advised within the patient management plan.

**Hospital Paediatric team advice and guidance** – if there is a significant change in the refractive outcome and/or clinical presentation, the primary care optometrist should contact the hospital paediatric team for advice and guidance and adjust the child's management plan accordingly.

*This may result in the patients next appointment being offered within the hospital, continued review within the integrated service or discharge.*

### For redirected referrals following triage:

**Refer** – If in the absence of a refractive error, vision is significantly reduced, a manifest (non-accommodative or partially accommodative) strabismus or other pathology is present, refer to the Hospital Paediatric Eye Service. Prescribe glasses where there is a significant refractive error. Dispense and advise on wear.

**Dispense spectacles and discharge to GOS** – If a refractive error is identified, correction improves visual acuity to age related norms and no other pathology, prescribe glasses and advise on wear. Advice on how and when to access GOS should be provided.

**Discharge to GOS** – If vision is found to be normal for age, no significant refractive error and no other abnormalities requiring referral are detected, discharge the patient from the service. Advice on how and when to access GOS should be provided.

## Information

Outcome reports should be sent to the child's GP, referring Health Care Practitioner, hospital paediatric eye service and offered to the parent/carer/guardian at the point of discharge or referral.

Parents (carers/guardians) should be encouraged to contact the practice if they have any issues or concerns between appointments.

At every discharge point, advice on how and when to access GOS should be provided.

On collection of the spectacles, advice on wear should be reiterated along with information on how spectacles should fit and can be replaced and/or repaired under the NHS local "failed to attend/not bought" procedures should be agreed with appropriate alerts if a child is not bought to their appointments.