

Providing Optimal Eye Care for Children with a Learning Disability

8 December 2020 Webinar Q&A responses by

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SeeAbility & the new NHS Eye Care Service

<p>How do we get involved with dispensing for SeeAbility Schemes?</p>	<p>SeeAbility have pioneered the provision of eye care services for students attending special schools and remain an influential partner in the implementation of the service. They continue to provide services in 7 schools across London.</p> <p>However, NHS England and NHS Improvement have the responsibility for commissioning and delivering the service nationally through an appointed network of clinicians. DOs who are interested in becoming providers should contact NHS England and NHS Improvement at: england.specialschooleyecareservice@nhs.net</p>
<p>Can any special needs school onboard the NHS Eye Care Service?</p>	<p>This service applies to all special schools in England.</p>
<p>What advice would we give to parents/carers and students to enable them to be at ease at the appointment?</p>	<p>We have produced a film describing how the service works specifically addressed to parents here which we recommend they view before the first appointment.</p> <p>Additional learning material developed specifically for clinicians is available via the Health Education England online learning course to support eye care professionals working with children and young people with learning disabilities and/or autism in special schools here.</p>
<p>Does SeeAbility or NHSE have leaflets offering advice/guidance about the Eye Care Service</p>	<p>NHS England has produced three 10 minute information films about the service aimed at Clinicians, Schools and Parents. While there is overlapping material between them, they contain unique footage so there is value in watching all three. Links to these films are here:</p> <p>Clinicians Schools Parents</p> <p>plus an additional FAQ document is available from mailto:england.specialschooleyecareservice@nhs.net</p>

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	<p>In development is further supportive materials which will be accessible through a dedicated online landing page for the service which we will advise ABDO of when ready.</p> <p>For the background to this service, SeeAbility have information about their existing service which is the model upon which the NHS service is based at www.seeability.org</p>
<p>Does SeeAbility or NHSE have any resource on visual impairment for SENDCo in mainstream schools (as opposed to special schools only)?</p>	<p>In conjunction with NASEN, SeeAbility have produced a guide here on this subject. SeeAbility also have a range of downloadable resources here</p>
<p>How are the SeeAbility clinicians coping with wearing PPE in their project schools?</p>	<p>The children are less put off by the PPE than was anticipated. In fact, they can find it fascinating and sometimes want to wear a mask or an apron too!</p>

Schools & Practices

<p>Is the dispensing done in practice or at the Special School?</p>	<p>The DO's role alongside the Optometrist comprises the Special School's Eye Care Team delivering this service. One of its founding principles is delivering the service on-site at the school as a means to reduce the inequality in health services provision this cohort experience.</p>
<p>Would you be able to do the DO role part time alongside community work in practice?</p>	<p>We envisage most providers to be engaged in this role, 1-2 days per week - this will vary by provider and by school. Applicants should share their availability with NHS England when applying.</p>
<p>How often do clinicians see the children and are they resident on campus or more mobile?</p>	<p>As a guide, a population of 100 children equates roughly to one day a week in school term time for each clinician. All children are seen on the school premises.</p>
<p>How many children are dispensed daily?</p>	<p>On average, we expect 6-8 children to be seen in one day.</p>
<p>If you have the low vision speciality with the DO qualification, can you do some of the clinical testing or is it the normal DO role with dispensing?</p>	<p>The service is competency based so either an optometrist or DO can provide any competencies they are qualified to.</p>
<p>Will community DOs/Optom be able to refer patients visiting their practice into this Special School service and how do you do that?</p>	<p>Research has found that only 1 in 10 children with a learning disability and/or autism attend community practices so the service has been designed specifically as an alternative point of access.</p>

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	The service will adopt an opt-out policy so our expectation is that most, if not all children will participate preventing the need for referrals.
Will this service/scheme create specific jobs for DOs?	Yes. This is a brand new service and the dispensing optician has a fundamental role to play within the eye care team.
My practice participates in Bradford Teaching Hospital's 'Glass for Class' scheme. Is this NHS service similar to that?	<p>As we understand, this exemplary project is screening only for 4-5 year olds but ensuring there is a full eye exam and 2 pairs of glasses, with support with glasses wear from teaching staff.</p> <p>In mainstream schools, around 10% of children fail screening so would be referred on to have a full test.</p> <p>The NHS service is different because 99% of 4-5 year old children in a Special School fail standard vision screening and 50% have a problem. Therefore, this service enables all children to have a full eye test every year (not just at school entry).</p>
Being part of this service, where would we sit with DOCET?	We are aware that Dispensing Opticians do not currently have access to DOCET materials and we are currently working with the appropriate organisations to rectify this (as at Dec 2020). It is anticipated that as a starting point, DOs will be given access to the DOCET Learning Disability and Safeguarding modules as part of their training programme for the special school eye care service.

Locational & Service Implementation

Does the NHS have plans to implement this service in Scotland, Wales and Northern Ireland, as well as England?	NHS England and NHS Improvement is responsible for commissioning services in England only, so this service will not be available in the other nations.
Is there a comparable service already in Scotland, Wales or Northern Ireland?	Other nations may be considering eye care services for children attending special schools, but we are not aware of an equivalent service currently being commissioned by them.
If this plan only applies to England, are you able to approach the other UK nations with a view to implementing?	During the development this new service, NHS England approached and spoke to the subject matter leads in each of the other 3 nations. Due to their different health care systems and commissioning arrangements, it is possible they may need to deliver and fund the service in a different way to NHS England.
This service is part of the 10 year NHS Long Term Plan. Will it be fully implemented within this time?	The pace at which this national service can be implemented across the country will be determined in part by the willingness of schools to embrace the service and the availability of clinicians to provide it. However, our expectation is that we will have national coverage (even if not in every school) within 5 years.

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<p>How do you ensure all special schools are reached?</p>	<p>We are working with other organisations including the National Association of Special Schools (NASS) and the Department for Education (DfE) to ensure we reach all special schools across England. We also hope ‘word of mouth’ will help us to reach schools we may not be aware of.</p>
<p>Do our CCG need to be involved with this?</p>	<p>CCGs are responsible for commissioning Secondary Care services delivered by Orthoptists and Ophthalmologists, both of whom are able to enhance or compliment this service by providing additional eye care services such as visual assessments. NHS England’s service has been designed to work alongside existing services that may already be available in special schools as long as current funding streams are maintained for secondary care clinicians.</p>

Fees and Vouchers

<p>As there is a standard £116 fee per student appointment, please advise how it covers:</p>	
<p>1 voucher payments?</p>	<p>We are not using the GOS voucher system for the special school eye care service. Providers will instead be reimbursed at cost for the provision of frames and lenses to ensure that every child receives the most appropriate prescription/frames for their particular needs without financial constraints.</p>
<p>2 Small Frame and also Special Facial Characteristics supplements?</p>	<p>As above.</p>
<p>3 cost of specialist frames?</p>	<p>As above.</p>
<p>4 cost of making our own spectacles?</p>	<p>We anticipate spectacles being purchased through the recognised suppliers of specialist frames.</p>
<p>5 cost of second pair of glasses</p>	<p>As above.</p>
<p>6 cost of follow-up and after care visits, spec repairs and replacements?</p>	<p>Payment for repairs and replacements will cover the cost of all materials. The service element of the dispensing service, ie. the cost of the clinician’s time, is covered by the sight test fee.</p>

Frames & Lenses

<p>How do we procure specialist frames for this service especially if our own practice does not store them?</p>	<p>You would need to set up accounts with the manufacturers/order a fitting set. Support is available via NHS England to fund start-up costs.</p>
<p>Which are the best frames to use?</p>	<p>Based on SeeAbility’s model, we recommend using a combination of Tomato, SwissFlex, Continental, Miraflex, and Erins World.</p>

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<p>Is there a list of the most appropriate lenses and tints for children with specific needs?</p>	<p>If a child is clinically photophobic, transitions or 75% tint sunglasses. Trivex may be used in children who are at high risk, eg. self injurious behaviour/head banging and also in thin Swissflex frames or a Miraflex. As a rough guide for higher Rx's, we use 1.6 or 1.7 with higher Rx's / 1.74 over -10</p>
<p>Can glasses be taken off for swimming and can swimming goggles be used instead?</p>	<p>It is better to wear glasses or goggles for swimming rather than taking them off. This encourages confidence and better mobility in the water by having better sensory input. Swimming goggles could be privately ordered.</p>
<p>In Case Study 1* in your presentation (on 8/12/20), would you introduce the high Rx partially or gradually? Or due to the child having special needs, is the full RX needed immediately?</p> <p>* Student diagnosed as -6.00DS for the first time at age 14</p>	<p>We started with a -4.00, partly in case the student also had reduced accommodation - we didn't want to make near vision difficult, as it was a challenge to assess accommodation initially. After a few weeks, we increased to the full Rx.</p> <p>There is no evidence base for best practice in this area so it relies on 'clinical judgement'. SeeAbility advises that they often base Rxing decisions on dry/ functional retinoscopy, so if +6 is constantly manifest, for example, the full Rx will be given initially because the child is obviously not accommodating to overcome. With high cylinders, there can be a slight reduction initially to aid adaption.</p>
<p>Where would you position bifocal heights and what tips do you have for measuring where the student presents with postural challenges?</p>	<p>Assuming normal posture, at the bottom of the pupil.</p> <p>If postural challenges are significant, it would likely be better to have separate pairs - similarly, if there are significant issues with head control.</p> <p>It is always best to take measurements when the child is in a habitual position, ie. don't hold or adjust the head to take any measurements.</p>
<p>When dispensing at the school, how do you display the frames to the students?</p>	<p>It depends on the child's needs and abilities. In SeeAbility's schools, they don't display a range to choose from – typically, 3 or 4 choices are presented and they show the child with a hand-held mirror. Often children may find it easier to choose between only 2 choices, or may choose a colour rather than a style.</p>
<p>What communications aid might a child use?</p>	<p>Some of the most common are:</p> <ul style="list-style-type: none"> • Hearing aid • Picture Exchange Communication Systems (PECS) - a series of laminated cards which are Velcro-ed to a book • 'Widget' apps on an iPad (if good enough hand control) • EyeGaze eye tracking communication software (if good eye control but poor hand control)

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How can I get involved?

<p>I'm really interested in being a DO in a special school. How do I apply to be part of this service and will further information/detail be provided?</p>	<p>Details on how to apply are in the ABDO Website Professional Toolbox. When NHS England receive an enquiry, we will ask for particular details so that interest is registered.</p>
<p>You mentioned an FAQ sheet and also a short information film for Clinicians in the webinar? How do I get hold of these?</p>	<p>An additional FAQ sheet can be requested from england.specialschooleyecareservice@nhs.net The 10 minute film is available within the Professional Toolbox on the ABDO website and also referenced in the <u>SeeAbility & the new NHS Eye Care Service</u> section.</p>
<p>If on board, will I be providing the service in my locality?</p>	<p>Yes, we aim to 'match' clinicians to interested schools according to locality.</p>
<p>Would we have access to the NHS website as a DO in this service?</p>	<p>Everybody has access to the NHS website www.england.nhs.uk, however only employees have access to the NHS Intranet.</p>