

**CLINICAL GUIDELINES FOR CHILDREN’S VISION DIAGNOSTIC SERVICE:**

The following children will not be eligible for this pathway:

* Under 2 years of age
* Over 18 years of age
* Patient registered with GP practice outside of CCG area
* Children with a vision better than or equal to LogMAR VA 0.150

Children failing school vision screening will be referred to a community Optometrist unless:

* Unable to perform crowdedLogMAR test
* Manifest strabismus
* Other pathology
* Under the care of an Orthoptist currently.

You may also receive children who have either been sent to you from another non accredited Optometrist or a referral that has been bounced back from the Trust. You may also add your own patients onto this pathway. Only the following can be added onto this pathway:

* Children with a logMAR visual acuity of worse than 0.150
* Children with no sign of strabismus

Where the child is referred via the School Screening programme an NHS GOS sight test will also be included in the check.

You will not be able to submit a GOS sight test if you receive a referral from another Optometrist and they have performed a recent NHS Test. This applies to referrals directly from another Optometrist or via the Trust.

**Initial visit to community optometrist**

The initial appointment should be offered within 4 weeks of the parent/carer presenting with referral from school vision screening.

All of the following will be performed at the child’s first visit to the community Optometrist;

**Undertake the requirements of a standard eye test plus:**

* Measure unaided Vision with crowded LogMAR test with patch on either eye
* Cover Test and Stereopsis
* Cycloplegic refraction 25 minutes after instillation of G. Cyclopentolate 1%
* Fundal examination – either BIO 20D or 90D or direct ophthalmoscopy
* Prescribe glasses if appropriate
* Complete the Optomanager portal and send a copy of the outcome report to the original Optometrist if applicable.
* **Only claim GOS fee if patient is eligible**.
* Arrange 6 week appointment if outcome is to review

**Outcome:**

* If vision is better than or equal to 0.15 in both eyes **discharge** to GOS.

If Visual acuity is better than or equal to 0.15 in both eyes, and glasses are prescribed, **review** at 6 weeks. (Clinical judgement will be used to decide if it is appropriate to discharge the child from the pathway at this point and clinical justification will be required and collected in OptoManager module)

* If visual acuity is worse than 0.150, prescribe glasses if appropriate, and **review at 6 weeks.**
* If visual acuity is unequal VA less than 3 lines, prescribe glasses if appropriate and **review at 6 weeks**
* If visual acuity is not consistent with Rx, unequal by more than two lines, there is a non accommodative strabismus or other referable pathology then **refer to secondary care** (prescribe glasses where required for full time wear)
* Inform screening admin of outcome by generating the appropriate outcome report

**6 week review (no GOS sight test can be claimed)**

The following should be performed at the child’s 6 week check by the community optometrist

**Procedure:**

* Check compliance with glasses and fit
* Measure visual acuity with glasses with crowded LogMAR test

**Outcome:**

* If visual acuity is better than or equal to 0.150 in both eyes, discharge from pathway and arrange GOS 6 month review. Generate **discharge** outcome report for your records and send a copy to the original Optometrist if the referral was received from another practice. A copy of the discharge report will be automatically sent to the patient’s GP by the Optomanager portal.
* If visual acuity worse than 0.150 in either eye, but is better than or equal to 0.300 and has improved by one line of acuity or more and review in a further 12 weeks. **Arrange 18 week review** appointment. **No outcome report** required.
* If visual acuity worse than 0.150 in either eye, but is better than or equal to 0.300 and is unequal one or two lines review in a further 12 weeks. **Arrange 18 week review** appointment. **No outcome report** required.
* If visual acuity worse than 0.150 in either eye, but is better than or equal to 0.300 and is unequal by more than two lines **refer to secondary care.**  Complete the Optomanager portal to generate referral outcome reports to GP.
* If visual acuity worse than 0.150 in either eye, has not improved by one line or more and VA is better than or equal to 0.300, check child is wearing glasses well. **If not, consider partial Rx and review at 18 weeks.**
* If visual acuity worse than 0.150 in either eye, has not improved by one line or more and VA is better than or equal to 0.300, check child is wearing glasses well. **If they are, refer to secondary care.** Complete the Optomanager portal to generate **referral outcome** reports to GP.
* If visual acuity is worse than 0.300 in either eye, manifest strabismus (non accommodative) or other pathology, **refer to secondary care**. Complete the Optomanager portal to generate **referral outcome** reports to GP.

**18 week review (includes GOS sight test): reminder has been sent.**

**Procedure:**

* Check compliance with glasses and fit
* GOS sight test
* Measure VA with glasses with crowded LogMAR test

**Outcome:**

* If VA is better than or equal to 0.150 in both eyes **discharge** to GOS**.**
* If VA’s are not equal, the child can be discharged where the VA is better than or equal to 0.150 in the better eye with **no more** than 1 line difference in acuity between the eyes.
* If VA does not meet this standard, **refer** to secondary care
* Complete the Optomanager portal to generate the appropriate outcome report for the GP.(offer parent/carer a copy)

**Webstar Health module**

* All outcome reports will be automatically populated when the details of the child’s visits are entered on the module.
* You can print and keep a copy for your records if you wish.
* GP reports will be automatically emailed to GPs by the Optomanager portal.
* GP reports will be generated at discharge and referral only.

Once FTA is recorded, an FTA report is generated and sent to patient parent and GP. The child is then considered to have left the service pathway, is closed on the optomanager system and cannot be re entered.