



RCOphth response to consultation on in school eye testing for pupils in special schools in England

RCOphth has been involved in developing the Special School Eye Care Service since 2016 and now looks forward to working with NHS England and other partners to help design the care model that will underpin a scheme that will support all children in special schools. An expanded scheme can play an invaluable role in improving access to eye care for this group and reducing inequalities.

We hope that this consultation process leads to the development of a standard national service specification ahead of implementation of the revised arrangements from April 2024. This will help to reduce variation across the country and ensure that each child has access to the same high quality care and experience.

Our response comments on the following four areas:

- Eye care teams
- Training
- Consent
- Ensuring high quality.

Eye care teams

We support the proposal that potential contract holders should demonstrate sufficient capacity and competency rather than the composition of teams being mandated. This will allow the necessary flexibility for providers to ensure they have the most effective teams in place.

Training

In addition to the Oliver McGowan training package, RCOphth believes that providers should be encouraged to undertake additional training – such as a school visit for teams to best understand how a school day works and how children communicate. Delivering a service in a special school environment will present additional challenges beyond typical core optometry and eye care competencies which should be accounted for proactively.

Consent

If an active consent approach is implemented, as proposed, it will be crucial that schools approach non-responding families to ensure there is an active decision. Non-engagement may be due to a range of factors which can also be linked to health inequalities, including poverty and not speaking English as a first language.

Ensuring high quality

RCOphth believes that providers should be required to demonstrate they are delivering a good quality of service, measured against data in the proof of concept evaluation. This will ensure children are offered adaptations to testing strategies, enabling a complete examination and appropriate referrals into the hospital eye service.



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We agree that mandating specific equipment is not the right approach. There is data available from the proof of concept evaluation which NHS England can use to develop a matrix of tools, equipment and tests (which are commercially available) for each element of the visual assessment. Providers could then be required to have access to a range of items from this matrix to ensure an adequate assessment for each child.