



The **ROYAL COLLEGE** of
OPHTHALMOLOGISTS

FROM THE PRESIDENT

Mr Bernie Chang
FRCOphth, FRCSEd (Ophth)

24 October 2022

To: Jonathan Devereux
NHS Service Lead
&
To: Commissioning Support Unit

Dear Jonathan, To whom it may concern,

We are writing, as the professional body for eye doctors, to offer some context to the evaluation of the NHS England Special School Eye Care Service (SSECS). The Royal College of Ophthalmologists have been involved with the development of the service over six years.

Benefits of the SSECS

The initiative is ambitious in its aim and addresses three key aims of every Integrated Care Service (ICS)

- Reduce healthcare inequalities
- Improve outcomes in learning disability and autism
- Facilitate the NHS Outpatient Transformation Plan

The special school eye service has had a positive impact on the children and their families as well as waiting lists and the backlog in local hospital eye services. **In one region 18% of children on the paediatric ophthalmologist workload have been discharged into the special school eye service – making a significant contribution to the NHS Outpatient Transformation target of 25% reduction by March 2023.**

We are very concerned to hear from the evaluation team that the service is in jeopardy; that the future focus will be on residential schools (which account for a very small percentage of all special schools in the UK) and that there is no guarantee of funding for day schools.

The requirement for vision to support learning and independence applies to a child with special needs - regardless of where they sleep.

The SSECS is ensuring that children are being optimally managed in the community with the specialist care they need and which patients find much easier to access, alleviating anxiety during

ongoing care of their children.

The Royal College of Ophthalmologists is concerned about the impact the removal of the SSECS will have on children:

- **the children who are in a SSECS may not have any ongoing care after March 23**
- **children have been discharged in anticipation of the SSECS service starting (this has happened at Moorfields)**
- **if all the children are referred back into HES, they may not receive the specialist care they need in a timely way**

Background

In 2016 [Public Health England](#) acknowledged that reception-age school vision screening was not suitable for children in special schools. In response, the eye health professional bodies including the Royal College of Ophthalmologists were invited to develop and publish A [Framework Paper for special schools eye care in England](#),

This work was underpinned by published research from all four of the devolved nations which showed that there is unmet need in terms of visual assessments for children in special schools. Furthermore, The British Childhood Visual Impairment Study 2 published in 2021 established that 72% of visually impaired children have other systemic disorders, mainly neurodevelopmental in nature. It is beyond dispute that there is a need to find and support children with visual problems within a special school setting.

Subsequently in 2018 NHS England invited The Royal College of Ophthalmologists to join a multi-agency steering group to develop 'a service specification, competency framework and commissioning standard to provide sight tests for children with learning disabilities within a special schools environment'.

This service became the Special Needs Eye Care Service. Commitment was made in 2019 to provide eye care to all children in special schools in England, both in the NHS Long Term plan and in several publications and public meetings.

The Royal College of Ophthalmologists was among the subject matter experts who were approached by NHS England to support the long-term national roll-out of the programme in Spring 2021. In anticipation of the establishment of a long-term scheme, paediatric ophthalmology services were invited to identify children and families who would be appropriate for discharge into the service in anticipation of the introduction into every region by end of 2022.

There is a concern that in some regions where there was anticipation of a special school service being imminent, children have been discharged from the hospital eye service. A pause in the roll-out, and/or a scaled back roll-out offered only to residential schools brings a risk of children being lost between services. There is a very real risk that children in a SSECS day facility will not have any ongoing care after March 2023.

There is a crisis in recruitment into paediatric ophthalmology: only 1:4 of advertised consultant posts were filled during 2021-2. One of the solutions is to identify non-medical workforce who can deliver care outside the outpatient setting. The availability of community-based services removing many of the barriers to accessing eye care which families of children with special needs encounter is providing part of the solution to the workforce crisis.

Whilst we support the evaluation of a new service to identify areas for improvement, we **highlight the broader context in which the SSECS was created and the benefits it provides to the most vulnerable of eye patients.** We ask that this is given appropriate consideration.

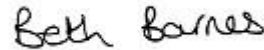
It will be important when determining the future direction of the service to consider any reflections from schools, parents and providers against a backdrop of the established evidence base pointing towards the need to offer a vulnerable group of children the opportunity for regular sight tests is not overlooked.

We look forward to hearing how the evaluation process may be improved and the conclusions it draws.

Yours sincerely



**Mr Bernie Chang, FRCOphth, FRCSEd(Ophth)
President**



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**Mr Susmito Biswas BSc. Hons, MB BS,
FRCOphth
Chair of the Paediatric Sub-committee and
Consultant Ophthalmologist**

Cc – Rachel Pilling, Consultant Paediatric Ophthalmologist, Professor of Special Needs & Learning Disability Eye Care