

**PROPOSAL TO RE-PROCURE CAMBRIDGESHIRE CHILDHOOD VISION
SCREENING SERVICES**

To: **Health Committee**

Meeting Date: **20th November 2014**

From: **Director of Public Health**

Electoral division(s): **All**

Forward Plan ref: **Key decision: No**

Purpose: **To inform the Committee of current arrangements for childhood vision screening services in Cambridgeshire, including inequities in service provision across the county.**

To describe proposals to re-procure childhood vision screening services to provide a consistent county-wide service for children in Cambridgeshire

Recommendation: **The Committee is asked to:**

a) Approve the proposal to re-procure childhood vision screening services on a county-wide basis

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1. BACKGROUND

- 1.1 Screening for vision defects is part of the NHS Healthy Child Programme. The aim of screening is to identify children with amblyopia at an age where treatment has the potential to improve vision. Amblyopia is a problem with the way visual pathways develop in the brain, usually resulting from one eye not being able to focus as well as the other – for example because of strabismus (squint) or refractive error (short or long-sightedness). Screening will also identify children with these other conditions, but these may have been picked up by a parent, GP or health visitor earlier in life.
- 1.2 The screening test uses charts which have lines of letters or shapes, rather than a single letter or shape, on each line (crowded logMAR charts) to measure visual acuity. Children are asked to read the letters out from a particular distance, until they can read no more. Each eye is tested separately.
- 1.3 The UK National Screening Committee (NSC) has recommended that:

Screening for visual impairment between 4 and 5 years of age should be offered by an orthoptic-led service.
- 1.4 When public health commissioning responsibilities and budgets transferred to Cambridgeshire County council in April 2013, the responsibility for childhood vision screening was unclear. Following national clarification, this programme was included as a County Council responsibility in the 2014/15 Business Plan. All services for vision screening in Cambridgeshire are now funded from the public health ring-fenced budget.

2. MAIN ISSUES

- 2.1 Vision screening is provided by orthoptists employed at 4 NHS trusts: Cambridge University Hospitals NHS Trust, Hinchingsbrooke Health Care NHS Trust, Peterborough and Stamford Hospitals NHS Foundation Trust and Queen Elizabeth Hospital Kings Lynn NHS Trust. The current model of vision screening service provision varies across the county, in terms of age at screen and where screening is delivered. In most areas there is a community-based, orthoptist-delivered service which provides screening to children between the ages of 3 and 5. In Wisbech there is a service provided to children at reception class age in the school setting by orthoptists from Queen Elizabeth Hospital.
- 2.2 There is an advantage to screening children at school age, compared with screening earlier in life, in that a higher proportion of children are able to participate with the test because of their level of development. The evidence suggests that screening at this age is still early enough to intervene if a problem is found. Furthermore, data from local services suggests that screening in school has benefits for improving the number of children who take up the offer of screening.
- 2.3 There is some evidence that children from more deprived areas are more likely to have visual defects but also less likely to attend for screening.

- 2.4 In order to ensure an equitable, cost-effective service for children in Cambridgeshire as part of a wider vision pathway and to maximise the uptake of the screening programme, it is proposed that vision screening services for children are re-procured to ensure a single model for Cambridgeshire, which is in line with NSC guidance.
- 2.5 Following advice from procurement and legal services, it is proposed that a tender process is followed, both because of the overall value of the contract and because it is likely that there will be more than one provider able to provide this service in Cambridgeshire.

PROPOSED MODEL

- 2.6 In order to reduce inequalities in access to screening and improve uptake, it is proposed that Cambridgeshire adopts a school-based model across the whole county. This will need to include all primaries, including independent and special schools.
- 2.7 The new service will need to be delivered in a way which:
- Ensures equity of access for all children
 - Provides safe, age-appropriate assessments using a Crowded LogMar test
 - Is part of a wider vision pathway, which includes surveillance for visual problems in the early years as part of the healthy child programme 0-19, and pathways for onward referral, diagnosis and management.
 - Is cost-effective: As part of the procurement process it will be necessary to identify whether an orthoptist-led or orthoptist-delivered service is more likely to provide the most cost-effective service which meets key service outcomes.
 - Has the flexibility to meet any future recommendations of the UK National Screening Committee and the anticipated guidance from the British and Irish Orthoptic Society (BIOS).
- 2.8 Administration of the service is currently carried out by Cambridgeshire Community Services Child Health Information Service (CHIS; commissioned by NHS England). This will not be part of the new specification for CHIS, so it is important that programme administration is included in the new procurement, in order that all children are invited for screening; good records of the process and outcomes of screening are recorded and used to monitor screening quality; and to ensure that the administrative burden on schools is not excessive.

PROCESS

- 2.9 The proposed start-date for a new service is September 2015, to coincide with the start of the new academic year. The procurement process would be scheduled to be complete at the end of April 2015. The contract would be awarded with a duration of three years, with the option to extend for one plus one additional years.
- 2.10 It is proposed that a steering group will oversee the tender, with representation from Public Health (commissioner), LGSS (procurement and legal expertise), Children's joint commissioner (ensuring link to wider

children's commissioning), NHS England (Optometry professional lead), schools, information governance and clinical governance.

- 2.11 The procurement process will include formal community impact assessment and consultation with families and stakeholders on proposed service changes.
- 2.12 A briefing paper on proposed changes has been shared with Cambridgeshire Primary heads and Special school heads. This has received positive feedback, with schools viewing this as an important test which will not cause any significant disruption to school life. Helpful comments were received from special school heads on ensuring that children with complex needs are able to access the screening test; this can be factored into the service specification.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

There are no significant implications within this category.

3.2 Helping people live healthy and independent lives

Screening allows the early detection and treatment of amblyopia; a relatively common childhood condition which can otherwise go unrecognised. The existing evidence suggests that the effect of the condition on vision and quality of life is relatively mild. However treatment can improve vision and the condition can have a more serious impact if sight in the other eye is lost or damaged.

3.3 Supporting and protecting vulnerable people

It is anticipated that overall a school-based service will improve the access of children to screening and reduce existing service inequalities.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

Costs for vision screening for 2014/15 are in the order of £163,000. However, there is currently variation in the cost per screen across the county. Re-procurement has the potential to produce savings as a result of standardisation of pricing and a reduction in the number of children requiring a second screen because of the age at screening.

4.2 Statutory, Risk and Legal Implications

The procurement process will require legal and procurement expertise, including legal input to contract documents and supporting papers.

4.3 Equality and Diversity Implications

A risk assessment and community impact assessment will identify the impact on particular groups. Particular consideration needs to be given to ensuring that:

- Children attending special schools, independent schools and who are home schooled have access to screening
- Screening is provided in a way which enables participation of children with disabilities or where the specific needs of a child require an alternative means of testing, this is provided as part of a wider vision pathway
- Processes are in place to pick up children absent from school on the day of screening.

4.4 Engagement and Consultation Implications

The tender process will include a consultation process.

4.5 Localism and Local Member Involvement

There are no significant implications within this category.

4.6 Public Health Implications

The importance of amblyopia as a health condition and the potential benefits of re-procuring the service in reducing inequalities are outlined above.

Source Documents	Location
<p>The UK National Screening Committee policy on Vision defects screening in children</p> <p>Solebo, A.L., Rahi, J.S. (2013) Vision screening in children aged 4-5 years. External review against programme appraisal criteria for the UK National Screening Committee.</p> <p>Healthy Child Programme from 5 to 19 years old</p> <p>Hall, D, Elliman D. Health for All Children: Revised Fourth Edition 2006</p>	<p>Both available at: http://www.screening.nhs.uk/vision-child</p> <p>Available at: http://webarchive.nationalarchives.gov.uk/20130107105354/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107566</p>