

National Institute for Health and Clinical Excellence

PUBLIC HEALTH INTERVENTION – SOCIAL AND EMOTIONAL WELLBEING – EARLY YEARS

Consultation on the Draft Guidance from 20th April - 18th June 2012 Comments to be received no later than 5pm on 18th June 2012

Stakeholder Comments

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1. Please put each new comment in a new row.
2. Please insert the **section number** (eg 3.2) in the 1st column. If your comment relates to the document as a whole, please put '**general**' in this column
3. Please insert the **page number** (ie '7') in the 2nd column.
4. **Please note forms with attachments such as research articles, letters or leaflets will not be accepted. If forms are received with an attachment they will be returned without being read. Any resubmitted forms without attachments must be by the consultation deadline.**

Name:		Bryony Pawinska
Organisation:		College of Optometrists, Optical Confederation & LOCSU
Section number Indicate section number or ' general ' if your comment relates to the whole document	Page Number	Comments Please insert each new comment in a new row.
General		<p>The College of Optometrists is the professional, scientific and examining body for optometry in the UK with over 13,000 members working for the public benefit.</p> <p>The Optical Confederation represents the 12,000 optometrists, 6,000 dispensing opticians, 7,000 optical businesses and 45,000 ancillary staff in the UK, who provide high quality and accessible eye care services to the whole population. The Confederation is a coalition of five optical representative bodies: the Association of British Dispensing Opticians (ABDO), the Association of Contact Lens Manufacturers (ACLM), the Association of Optometrists (AOP), the Federation of Manufacturing Opticians (FMO) and the Federation of Opticians (FODO).</p> <p>LOCSU (Local Optical Committee Support Unit) supports Local and Regional Optical Committees (LOCs/ROCs) across England and Wales in developing local eye health services. It helps community optometrists and opticians work with local commissioners to make community eye services accessible for patients and cost effective for the NHS.</p>

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General		<p>Eye health is an overlooked weak link in early years development which can have a serious lifelong impact on the social, physical and emotional development of children and their carers¹. There are worrying inequalities in children's eye health and unjustifiable variation in the care and support they are offered, particularly amongst children with learning difficulties who are far more likely to be visually impaired².</p> <p>Therefore we particularly welcome the priority given in the guidance to the Healthy Child Programme. In line with National Screening Committee policy³, the Healthy Child Programme recommends all children are screened for reduced vision at 6-8 weeks and at 4-5 years to ensure 'school readiness'.</p>

¹ Dale N, Sonksen P. Developmental outcome, including setback in young children with severe visual impairment. *Dev Med Child Neurol* 2002;44:613-622.

² Emerson, E. & Robertson, R. (2011) *The estimated prevalence of visual impairment among people with learning disabilities in the UK*. RNIB and SeeAbility Learning Disabilities Observatory.

³The UK NSC policy on Vision defects screening in children

<http://www.screening.nhs.uk/vision-child>

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General		<p>Screening at 6-8 weeks is carried out almost universally as part of the National Screening Programme. However visual screening at age 4-5 is not part of that Programme. Consequently provision is patchy and too many children slip through the net. A recent survey by <i>Which?</i> reported that a fifth of PCTs had no visual screening programme for children age 4-5 whatsoever despite the National Screening Committee policy⁴.</p> <p>This is particularly worrying as amblyopia (lazy eye) becomes much harder to treat after age 7. Furthermore, there is concern that it is the more vulnerable children who will be hit hardest if they are not screened, in particular: children with learning difficulties who are ten times more likely to have problems with their vision and whose vision problems are not as easy to spot as for other children^{5,6}; certain ethnic groups who are more susceptible to problems with their vision⁷; and children in lower socio-economic groups who are less likely to access healthcare services⁸.</p>

⁴ Which? (2011) One in five PCTs do not offer school sight tests, 31 August 2011, available from <http://www.which.co.uk/news/2011/08/one-in-five-pcts-do-not-offer-school-sight-tests-264291/>

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General		By emphasising the Healthy Child Programme's 'school readiness' measures, the draft guidance will highlight the importance of visual screening, particularly for those more vulnerable child populations. We fully support this and believe it is extremely important that the National Screening Committee Policy on screening for visual defects in children age 4-5 is carried over from the Healthy Child Programme to the Public Health Outcomes Framework as a part of the placeholder measure being developed for 'school readiness'.

⁵ Kerr, A.M (2003) Medical needs of people with intellectual disability require regular reassessment, and the provision of client- and carer-held reports, *Journal of Intellectual Disability Research*, p134-145, February 2003.

⁶ Emerson, E. & Robertson, R. (2011) *The estimated prevalence of visual impairment among people with learning disabilities in the UK*. RNIB and SeeAbility Learning Disabilities Observatory.

⁷ Rahi JS, Cable N, on behalf of the British Childhood Visual Impairment Study Group (BCVIS). Severe visual impairment and blindness in children in the UK. *Lancet* 2003;362:1359–65

⁸ Saxena S, Elishoo J, Majeed A. Socioeconomic and ethnic differences in self-reported health status and use of health services by children and young people in England: cross sectional study. *BMJ* 2002;325:520–3

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1	8	<p>We support the recommendation that Health and Wellbeing strategies should specifically address the needs of vulnerable children. We would like to draw particular attention to the need for integrated commissioning of eye care services for children with learning difficulties.</p> <p>As noted above, children with learning difficulties are ten times more likely to have vision problems⁹ but both the children and their parents and carers find those problems harder to recognise¹⁰. Perceived behavioural problems can be a symptom of reduced vision. Testing and treating the vision of a child with learning difficulties requires particular skills from optometrists and can need a longer appointment time. Care pathways can be particularly complex but the outcomes especially rewarding for children and their families and carers. A model pathway for people with learning difficulties has been developed by the LOC Support Unit with full support of SeeAbility, the specialised vision charity for people with learning disabilities¹¹.</p>

⁹ Emerson, E. & Robertson, R. (2011) *The estimated prevalence of visual impairment among people with learning disabilities in the UK*. RNIB and SeeAbility Learning Disabilities Observatory.

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¹¹ <http://www.locsu.co.uk/enhanced-services-pathways/community-eye-care-pathway-for-adults-and-young-pe>

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