

Stafford paediatric programme

In another of our occasional looks at co-managed local schemes funded by PCTs, optometrist **Jon Clements** answers our questions about the North Staffordshire Paediatric Shared Care Scheme

What is the nature of the proposed project (training, changes in practice, referral refinement, etc)?

It is a co-managed scheme involving partnership between optometrists in the community, and the orthoptists and paediatric ophthalmologists at the local eye department at the University Hospital of North Staffordshire.

All children in North Staffordshire are screened by the orthoptist when in their reception year at school (this provides excellent coverage ~98 per cent). Those with reduced vision in the absence of any squint or obvious pathology are referred to an accredited community optometrist for cycloplegic refraction and media and fundus check. The patients are then followed up by the orthoptist either at the eye clinic or in one of 12 'outside clinics'.

How many optometrists/practitioners are involved in the scheme? Twenty optometrists, nine orthoptists and two paediatric ophthalmologists.

What is the funding structure in place? The scheme is funded by North Staffordshire and Stoke PCT. Practitioners get a GOS fee plus £12.50 per patient.

Is training required and, if so, by whom? Optometrists are accredited by attending sessions at the local Eye Clinic run by the orthoptists and ophthalmologists.

Will any specialist instrumentation/drugs be needed and, if so, how will this be funded? Cycloplegic refractions are required, 1 per cent cyclopentolate is supplied and funded by the optometrists. Fundus checks are done using a head-mounted indirect ophthalmoscope purchased by the optometrist.

Will there be any other cost implications, for example travel arrangements? No.

What is the timescale for introduction? The scheme has been running for four years.



Paediatric screening

Is it reviewable and is there provision for clinical governance/accreditation?

Results are continually audited by the orthoptists. Optometrists are required to do refresher training every two years.

How do you see this scheme benefiting the community?

It is an excellent scheme, reducing the amount of amblyopia in the community. It enables patients to be seen more quickly and also have a choice of more convenient locations for their eye test and follow up. There is also a cost saving for the PCTs in managing these patients in the community.

In what way might this scheme benefit the eye care practitioner? Working with children can be very rewarding, if not a bit challenging. Most children with reduced vision need glasses!

Any other comments... The current scheme has won a National Award for Service Redesign 'The Acorn Award'. It is being expanded to include all appropriate paediatric referrals to the eye clinic, from GPs, health visitors, and optometrists. These children may have other ocular conditions, not just reduced vision, for example squint, ptosis. ●

PCT MATTERS – DUDLEY NATIONAL STRATEGY PROPOSAL

As a national conference on the role of primary care trusts opens, Dudley Primary Care Trust has put forward a strategic plan coordinating eye care services within the area. Optometric adviser Professor Nizar Hirji led a team charged with devising a strategy which, it is hoped, might be the model for other PCTs to adopt such that eventually a national strategy for eye care may be realised. The strategy plan is to be unveiled at the conference but interested readers may wish to look at the website where a short video gives a little more information about the scheme (http://www.primarycarelivetv.com/conference/2009_films/).

The Primary Care Live conference hopes to help various care providers to be able to co-ordinate their services more effectively. It is hoped that this will provide benefits to the patient and ultimately make better use of resources. Professor Hirji highlights that, with a significantly ageing population, high levels of unemployment and smoking, and lower than average socioeconomic factors, Dudley is an area likely to see a rise in eye problems in the coming years. As stated in the film, optometrist Charles Barlow argues 'the cost of prevention (by regular check ups) is minute compared to the cost of providing low vision services'. Improved domiciliary service and community eye care provision seem to be the answer. It remains to be seen whether the Dudley proposal is taken up elsewhere.