**ROYAL DERBY HOSPITAL ORTHOPTIC and PAEDIATRIC OPHTHALMOLOGY NEWSLETTER**

**WELCOME TO THE MARCH 2023 EDITION**

We hope you found the previous newsletter helpful and informative.

**CURRENT WAITING TIMES FOR NEW PATIENTS**

**SECONDARY SCREENING**

What is Secondary Screening?

This is direct referral system to orthoptics - screening for the possibility of squint or vision problems in children.

Who can refer?

Anyone, but mainly accessed by Community Nursery Nurses, Health Visitors and GP's

Additional Information

It is also used to assess patients with Special Educational Needs who have been unable to complete their school screening due to lack of understanding.

Shared Care 3 months

Secondary Screening 2 months

Routine Consultant 3 months

**TRANSPOSING CYL'S**

We have now started recording high myopic prescriptions in POSITIVE cyl format as this can increase voucher value.

Beaware parents may ask why prescription has changed.



**SMALL FRAME/SPECIAL FACIAL CHARACTERISTICS SUPPLEMENT**

This is left blank on the HES(P) to be used at the discretion of the Dispensing Optometrist

**POLITE REMINDERS**

* Please record result of fundus check on referral.
* Please record any attempted retinoscopy even if not ordered - it is often a useful guide when assessing patients.
* Please identify if prescription has been reduced and, if so, by how much.
* In the presence of Esotropia please order full hypermetropic prescription
* In case we need to contact individuals and/or practices please ensure your contact name and address are on the referral

**SOME OF OUR VERY SPECIAL CHILDREN NEED YOU!**

Here in the children's orthoptic and optometry department, the aim is to ensure all our patients receive timely and effective management. Once treatment is completed and the clinical picture is stable, we seek to discharge them to the care of our GOS colleagues. On the whole, this is a smooth transition which takes place between 5 and 7 years of age. But there is a specific group of children whose care will continue in HES for a more extended period. These are youngsters with additional needs alongside strabismus and refractive error, such as those with a learning disability and Autistic Spectrum Disorder. When such a child is clinically safe to be discharged, the conversation with parents/carers is often about how the youngster will cope in a GOS setting and there may be significant anxieties around this for the family.

Two years ago, assisted by the LOC chair, we compiled a list of optometry practices across Derby and mid/south Derbyshire with a positive willingness to test young people with additional needs, something appreciated by parents and orthoptists alike. Nevertheless, the list consists of only 18 practices, two of which are over 25 miles from Derby, and with some very under-represented areas. We would really like more optometrists to come on board with this. The children are already established glasses-wearers by this time, supported by usually very 'clued-up' parents/carers. What they really need is the chance to build a relationship with a conveniently located practice, preferably with an element of choice.

It's an area of work which requires a little extra patience and perhaps a degree of modification to your usual ways of working, but which brings huge rewards when challenges have been successfully overcome and barriers crossed. If you or a colleague feel able to engage with this particular client group (and we will include the specific optometrist's name as well as practice details on the list), please get in touch to let us know. We thank you in advance for your great contribution to this aspect of team-working in children's eye care.

**CASE REVIEW**

**Delays in Care:**

Due to unforeseeable circumstances, there is sometimes a delay between referral and initial visit to the Orthoptic Department.

This is where joined up care is essential.

A 5 year old child attended the high street optometrist and a non-cyclo refraction showed +13.00 either eye - they were referred to HES.

However, no prescription was ordered by the optometrist and the first appointment at the hospital was not attended. It was 6 months after initial referral when they attended Shared Care

At this point the child was ordered +13.25 either eye.

This child was struggling at school and could have been in their prescription 6 months earlier.

There is no need to delay prescribing glasses for children that are being referred to the HES.

If you would like advice regarding an individual case, do get in touch

If you have any comments with regards to the newsletter, wish to register as per above or there is anything you would like to see included, please email.

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**HES(P) VOUCHERS**

HES vouchers are valid for 12 months from date of issue.

The date of the next hospital appointment has no relevance on whether glasses can be repaired - a new voucher is not issued every visit.