University Hospitals of North Midlands NHS
NHS Trust

Orthoptic Department
Eye Unit
Main Building
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Stoke-on-Trent
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Vision Screening Programme update for Parents and Guardians

Dear Parents and Guardians

Vision screening normally takes place between the ages of 4-5 years old in school. However, Covid-19 has caused major interruptions in education and child health services. This has meant that the vision screening services have been delayed and we have had a backlog of children to see. We are now in a position to recommence this service for all reception children.
Orthoptists will go into school to perform the tests and are specially trained to test children's eyes, treat squints and lazy eyes etc. The tests are short simple matching games with letters or pictures, which will include the wearing of a disposable patch or a pair of glasses (cleaned between children) with one eye covered, to test the vision of the other eye.

Why does my child need an eye test?

- Vision screening tests are designed to see if your child has reduced vision in one or both eyes. The aim is to detect problems early so your child can receive effective treatment.
- Vision continues to develop from birth to around 8 years of age. Children rarely complain of poor vision, particularly if it affects just one eye, so problems can easily go undetected.
- Reduced vision can have an impact on a child's learning and development and is caused by the brain receiving an unclear image from one or both eyes.
- Reasons for reduced vision could include the shape of the eye or a turn/squint in one or both eyes. Treatment options may include glasses and/or a patch worn over the eye with best vision.
- **For more information about child vision screening:** www.nhs.uk/childrens-eyes

When will testing take place?

- We will be starting visiting schools after Easter 2021 so will be assessing your child soon.

- In the meantime, if you have any concerns regarding your child's eyes, please contact the Orthoptic Department at Royal Stoke Hospital on 01782674330 where an Orthoptist will discuss your concerns with you and may arrange for your child to be seen in an Orthoptic clinic for an assessment. You can also email the department at uhnm.orthoptic@nhs.net and leave contact details. Alternatively you can attend your own optician for advice or speak to your school nurse.

How are we reducing risk to keep everyone safe during vision screening sessions?

- All staff involved in vision screening will follow local, national and school guidance on infection control, using PPE and thoroughly cleaning equipment.
- Risk assessments will be completed prior to attending schools to ensure all steps are taken to minimise risk.

Action

We hope you will be willing to have your child's eyes tested and may have previously received a consent form, but we would be grateful if you would read this again and send it back to school if appropriate.

If you **DO** want your child to have the eye test

- you do not need to take any action
- Your child will be tested in school and you will be informed of the result.

If you **DO NOT** want you child to have the eye test

- Please complete the form at the end of this letter and send it back to school as soon as possible.

If your child already sees someone about their eyes eg Ophthalmologist, Optician or Orthoptist

- Please complete the form on the back and return it to school, as these children will not be tested.

We are required to share your child's data with Stoke-on-Trent city council. If your child required further tests at the hospital or with the Optician we will also share information with these health professionals. If you do **NOT** want this data sharing or would like further information please call 01782 674330.

If you have any questions regarding the eye test please contact me on the above telephone number.

Yours faithfully

Karen Matthews and Claire Carrick
Head Orthoptist **Lead Orthoptist for paediatrics and vision screening**

Please exclude my child from the vision screening test because

I **DO NOT** wish my child to have an eye test at school ☐

Please give reason……

My child is already being seen for their eyes ☐

School……

Name of child……

DOB…….

Address……

…….

Date…….

Signed…… (Parent/Guardian)

……

If you **DO** wish your child to be seen you do **NOT** need to send the form back.

……

If your child is found to have an eye problem the orthoptist may mention this to the teacher. The orthoptist will also ask for your telephone number so you can be contacted to arrange an appointment.

Childs name…….

If you do not wish us to talk to the teacher about your child please tick the box. ☐

If you do not wish your telephone number to be given out, please tick the box. ☐

My child has an allergy to adhesive ☐