Special Schools Eye Care

Proof of Concept Evaluation Report

November 2022

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1. Executive Summary

The NHS Long Term Plan 2019 (LTP) made a commitment to ensure that children and young people with a learning disability, autism or both in special residential schools have access to eyesight, hearing and dental checks.

As part of the work to deliver this LTP commitment in respect of eyesight checks, NHS England commenced a Proof of Concept (POC) proof of concept in April 2021, as one of a number of potential models for delivering on the commitments in the LTP. The current POC model has involved matching individual opticians to schools based on geographic convenience, with administration and training being undertaken by NHS England. To date the proof of concept has been delivered in residential and day special schools; 3 residential schools and 80 day schools. This has involved providing checks in both special residential and day schools.

This report forms part of broader evaluation and policy development work underway by NHS England that will inform future commissioning arrangements to ensure that provision meets the needs of children with learning disabilities and/or autism by enabling access to eyecare. Data is critical to inform the optimum model of provision and to ensure NHS England proposals can stand up to constructive or critical challenge, are justifiable, proportionate and best value. This work also seeks to understand the true source and constitution of demand for eyecare care models in special schools as well as identifying parental preferences and use of high street, domiciliary and secondary eyecare.

To ensure the independence of the data collection process, NHS South, Central and West Commissioning Support Unit (SCW) was commissioned by NHS England to develop and then analyse qualitative and quantitative information which has sought to understand the views of schools, pupils, parents, carers as well as Optometrists and Dispensing Opticians as to the benefits and effectiveness of the current service. Engagement has been via two primary routes – an online survey targeting pupils, parents and carers and staff at both participating and non-participating special schools; and a series of three virtual workshops with Optometrists and Dispensing Opticians involved in delivering the service. The purpose of this report is to share the findings from analysis of the data collected.

1.1 Key Findings

In total, the survey generated 335 individual responses across all cohorts, this included 154 responses across 71 participating schools representing an 85% response rate against a total of 83 schools that participated in the POC. In addition, 115 responses were received from pupils, parents and carers, covering 26 individual schools. In respect of responses from schools that did not participate in the proof of concept , 66 responses were received from 64 different schools, across 7 regions of England, meaning that we received multiple responses from 3 schools.

1.2 Participating Schools

In terms of participating schools, there were common themes in the broader responses from school representatives that support the effectiveness and desirability of the service, with an overwhelmingly positive response to the proof of concept .

In terms of the training and engagement, the familiarisation days were clearly highly regarded by schools. Respondents also noted the strength of engagement between the eye testing professionals and pupils, parents and carers. It would perhaps be beneficial to further investigate the social impact on children after prescribing them with glasses; 75% reported that the service had made a significant improvement in terms of social impact, on learning and behaviour; but over a quarter said there had been some improvement or no noticeable change. There could be value in understanding this further. It could be the case that the glasses had for a minority of children no noticeable impact due to the child having worn glasses previously or having had little issues without glasses; or it could be the case that schools simply have not noticed enough of a difference despite the child feeling differently.

The following should be noted as key areas of consideration in any future model of provision;

- A minority of schools reported a significant additional administrative requirement in terms of arranging and supporting the service and any future commission should consider how to minimise the operational burden of the service on school staff and optometrists, this could include an end-to-end process review and automation/digitisation of core administrative tasks where possible.
- The service should support schools in understanding the need in terms of storage for equipment and room requirements for consultation.
- Ensure better engagement with parents by establishing whether the service is opt in or opt out; ensure consistency by allowing all parents and carers to be involved in the selecting of frames, or none at all; follow up with parents to ensure they received all relevant supporting information/documentation; views should be asked of all parents and carers prior to sight testing being implemented, and they should be involved in the design or implementation or not at all.

Most school respondents observed little to no disruption in terms of hosting the service and declared that they were happy with the provision; indeed, 82% reported the service as ‘excellent’. Furthermore, 100% of residential school responses reported 'significant improvement' in their pupils’ interaction in school and their social and educational progress regarding the impact of glasses provided following in-school sight testing.

1.3 Parent, Carers & Pupils

In terms of views from parent, carers and pupils, although the feedback to the service was unquestionably positive overall with 82% of parents reporting that they had either used or were currently using the sight testing service only 37% said the service had definitely made a positive impact in terms of enjoyment at school, behaviour at school or social behaviour. Furthermore, 74% of the returns stated the child's activities were limited because of their SEN.

There are several potential improvements that could be considered based on the following feedback from parents, carers and pupils:

- Ensure all relevant, supporting documents (Parent/Carer Information document; About My Child's Eyes document; Participation and Opt-Out document) are received by all.
- Ensure that the forms that parents are asked to complete are simplified.
- Ensure consistency with the selecting of frames i. e. the process should be streamlined to either include all parents and carers in the selection process, or none at all, to ensure fairness and uniformity in the service.

1.4 Non-Participating Schools

In relation to non-participating schools, 88% of respondents reported that they would welcome future engagement about services and participation. In respect of information, schools were particularly keen to better understand the availability of the service, the resources required and the ask and requirements on the school.

In terms of future engagement, 88% of respondents reported that they would welcome future engagement about services and participation, and 80% of respondents stated that with better information they would have been likely to participate in the proof of concept. In respect of information, schools were particularly keen to better understand the availability of the service, the resources required and the ask and requirements on the school.

There were a number of schools that expressed an interest in the service but indicated that they did not receive a response following their expression of interest. This should be explored further in order to ensure fairness for all.

1.5 Summary

To conclude, there are a number of common themes that are evident when assessing the feedback across the three cohorts:

In terms of impact, the broader responses from school representatives support the effectiveness and

desirability of the service, with an overwhelmingly positive response to the proof of concept with 82% reporting the service as 'excellent' and 98% stating it had met their expectations. However, over a quarter said that following the prescribing of glasses there had been some improvement or no noticeable change. There were also mixed views from parents, carers and pupils as to whether the sight testing had been of benefit with almost half (48%) responding that they were not sure if it was of benefit or not. There could be value in understanding this further.

In terms of training and engagement, issues around the allocation of rooms and storage for equipment were raised by schools, contributing to a burden on administrative staff. However, respondents noted the strength of engagement between eye testing professionals and pupils, parents and carers and the familiarisation days were highly regarded. Consistency is needed to ensure all parents and carers are either asked for views prior to implementation or that none are asked.

This evaluation has highlighted a number of opportunities which can be built upon in developing future commissioning intentions and whilst it is clear from the evidence submitted that there is overwhelming support for ongoing provision of an eye care service there are further factors to consider with regards to the model of provision and outcomes derived to ensure any ongoing provision is optimised to meet the needs of children and young people and fully realise the ambition set out in the LTP.

2. Introduction

To support delivery of the NHS Long Term Plan 2019 (LTP) commitment, NHS England is carrying out a full evaluation of the Special Schools Eye Care POC proof of concept in order to inform decision-making and policy around the future design and roll out of eye care services to children and young people with a learning disability, autism or both in special schools.

As part of this broader evaluation and policy development work, NHS England commissioned NHS South, Central and West (SCW) to complete a qualitative and quantitative evaluation to understand views of the current service, how the model could be improved (or alternative models which could be developed) and to understand the reasons for non-participation of special schools in the existing proof of concept and how these could be addressed. The objectives of this element of the wider evaluation have been to:

- Evaluate the current POC service using both quantitative and qualitative analysis techniques relating to quality, value, school and pupil benefits.
- Objectively seek views on improvements to the care model or alternative care models that might be developed.
- Use the evaluation to target the schools who failed to express interest in the POC with a view to refreshing their understanding of the care model and to identify reasons for a lack of prior interest.
- Seek views on the delivery model and the benefits and disbenefits of this for schools and pupils.
- Target pupils, parents and carers, via schools, to ensure understanding of their views on consent as well as child benefits and impacts.

The purpose of this report is therefore to provide the results from the analysis in order to feed into and inform the wider evaluation and policy development work being undertaken by NHS England in respect of the future commissioning intentions.

3. Methodology and Limitations

3.1 Methodology

This evaluation has sought to understand the views of schools, pupils, parents, carers as well as Optometrists and Dispensing Opticians as to the benefits and effectiveness of the current service. Engagement has been via two primary routes – an online survey targeting pupils, parents and carers and staff at both participating and non-participating special schools; and a series of three virtual workshops with Optometrists and Dispensing Opticians involved in delivering the service.

The main data collection mechanism for this evaluation has been through an electronic survey using a web-based engagement platform. The survey was open from 23rd September 2022 to 21st October 2022. Staff at participating schools, pupils, parents and carers, were invited to complete the survey and the survey was disseminated via the shared mailbox (scwcsu.ssec.evaluation@nhs.net) with the following information:

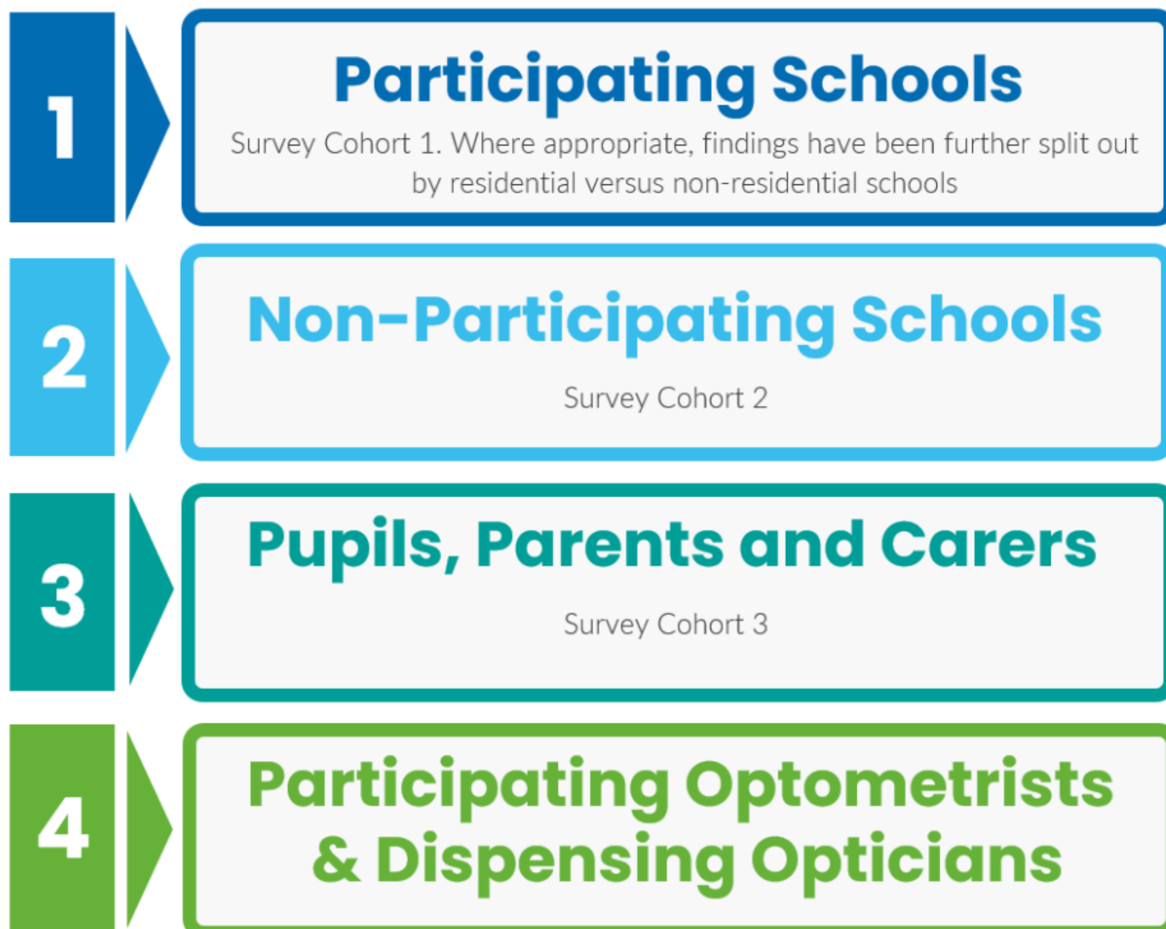
> *'We are writing to seek your views to inform our independent evaluation, on behalf of NHS England, of the Proof of Concept (POC) proof of concept for sight testing undertaken in special schools for children and young people with a learning disability and autistic children and young people. The findings and outcomes from the evaluation will be critical in informing and supporting future planning and delivery considerations by NHS England and we would therefore be extremely grateful for any feedback and response you are able to make.'*

The survey and evaluation followed a mixed methods approach. This included both quantitative and qualitative questions in order to understand the quality, value, benefit to schools and benefit to pupils of the current service. Views were also sought from schools who had initially expressed interest in participating in the proof of concept but later chose not to participate. This was in order to understand why they had not participated and what could be done to encourage them to participate in the future. This data was supplemented through a series of three virtual workshops. These workshops engaged Optometrists and Dispensing Opticians in order to obtain views about the current service, what has worked well, and any current barriers and issues to service delivery. Optometrists and Dispensing Opticians who could not attend any of the virtual workshops were also able to submit their feedback in writing by email for consideration.

Following closure of the survey and completion of the virtual workshops, both the quantitative and qualitative data collected was analysed to identify key findings and messages. Qualitative data was analysed thematically, broadly using a process adapted from that advocated by Braun & Clarke. This data was triangulated with the quantitative data and tested with subject matter experts, in order to provide a rounded picture of the views of both schools, pupils, parents and carers and optometrists in

respect of the current service.

The findings from the analysis of the data are included and presented in the following chapters of this report. Findings have been broken down to provide the views of the following cohorts of engaged participants.



3.2 Limitations

It is important to note that there are a number of limitations to this analysis which should be considered and taken into account when interpreting and considering the results and findings contained within:

- With regards to parents, carers and pupils, the results are based on an overall small sample size which means that the findings may not be fully reflective of the views and experiences of all those involved in the proof of concept service. Similarly, the sample is necessarily self-selecting as completion of the survey was not compulsory. Whilst every effort was made to support people to provide their feedback, it is likely that those who completed the survey had potentially strong views about the current service. This may therefore have impacted upon the findings from this analysis.

- Linked to the above, the number of responses from staff varied significantly by school. To try and minimise the impact of this on the findings from this analysis, analysis of staff responses has been amalgamated by school (rather than considering responses as a whole). Overall there was a high level of homogeneity between staff responses. Where multiple responses differed a median position between the answers was taken. If there were only two responses and they differed, then the answer was weighted to the most senior staff member (usually head teacher)

- The fact that the survey was an online survey may have also limited some individuals – particularly pupils, parents and carers – from being able to complete the survey. Furthermore, the survey was only open for a four-week period. Whilst every effort was made to target and raise awareness of the survey across both school staff and pupils, parents and carers, including the mobilisation of a Call Handler team to contact schools directly and encourage and facilitate engagement, the survey window may have impacted upon and restricted the numbers of people able to engage and respond. Additional support was also offered to pupils, parents and carers through alternative methods of engagement to promote completion of the survey.

- This report and analysis does not include analysis of activity data from the POC proof of concept, nor does it include any economic analysis or assessment, as it is understood that these are being completed separately. As a result, the findings from this report should not be reviewed in isolation, but rather interpreted within the broader context of the wider evaluation work being undertaken by NHS England.

- 71 schools involved in the proof of concept responded to the survey, and of these 71 schools, 23 were mapped where the school's name was not provided. Mapping was based on the total number of pupils on the school roll and region.

- Of the schools where multiple submissions were made by school representatives, it is important to note the methodology used to amalgamate these responses into a coherent, collective response; for instance, in order to overcome any examples of ambiguity, precedence was given to the Head Teacher response.

Having noted these limitations, the authors do not believe that they negate or invalidate the work undertaken or the findings of the report (particularly as both the quantitative and qualitative findings have been reviewed, triangulated and tested whenever possible). It is likely that the findings contained within this report are broadly indicative of the views of schools, pupils, parents and carers, as well as dispensing opticians and optometrists in respect of the current programme and service. Nevertheless, NHS England is asked to take note of these limitations.

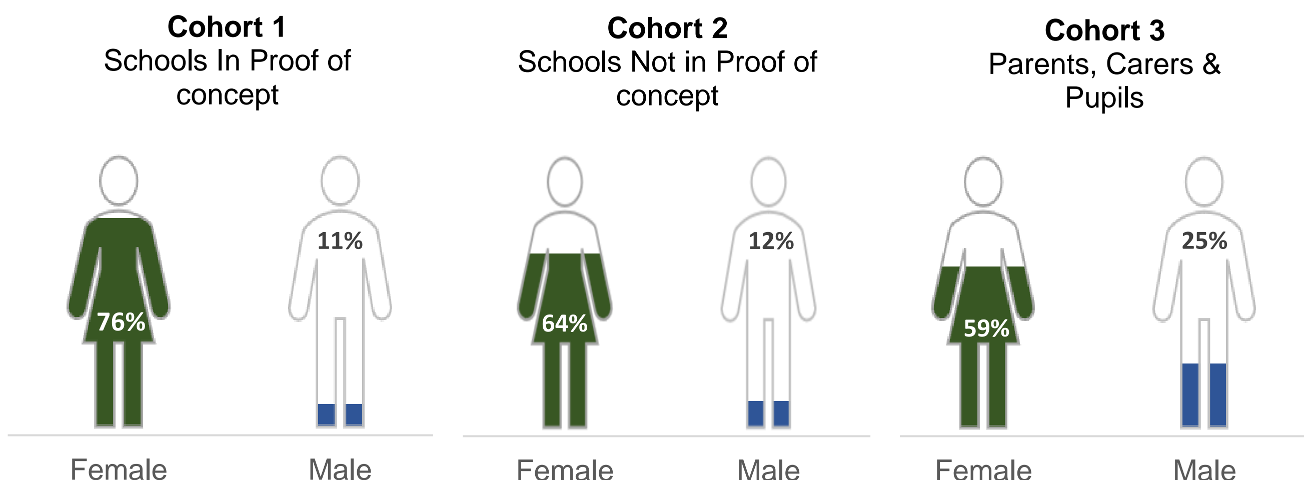
4. Key Findings: Demographics

4.1 Demographic Overview

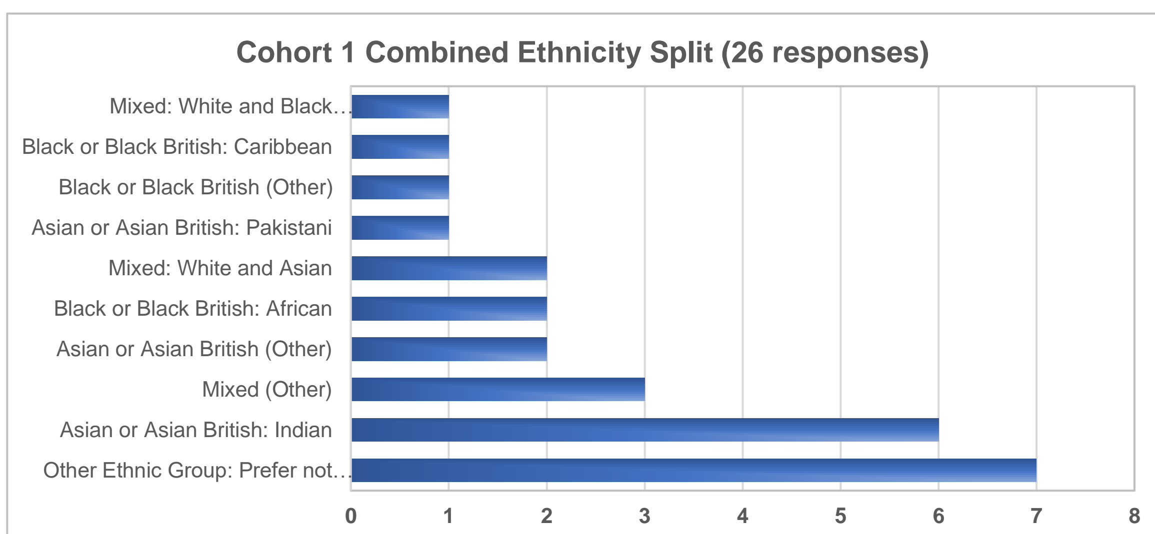
In total, the survey generated 335 individual responses from 71 schools (out of a total of 83 schools involved in the proof of concept, across 7 regions of England (Midlands, East of England, London, North East and Yorkshire, North West, South East, South West).

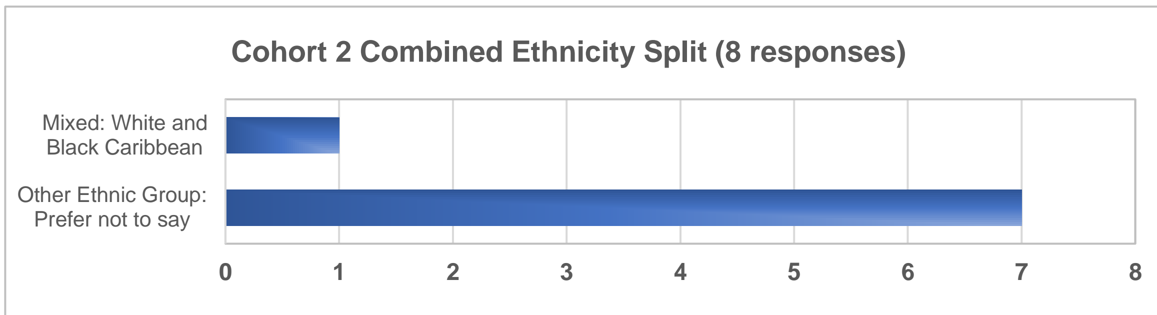
Respondents across all three cohorts predominantly described themselves as female. This was particularly the case for cohorts 1 and 2 (76% and 64% respectively) with a slightly lower proportion (59%) in cohort 3.

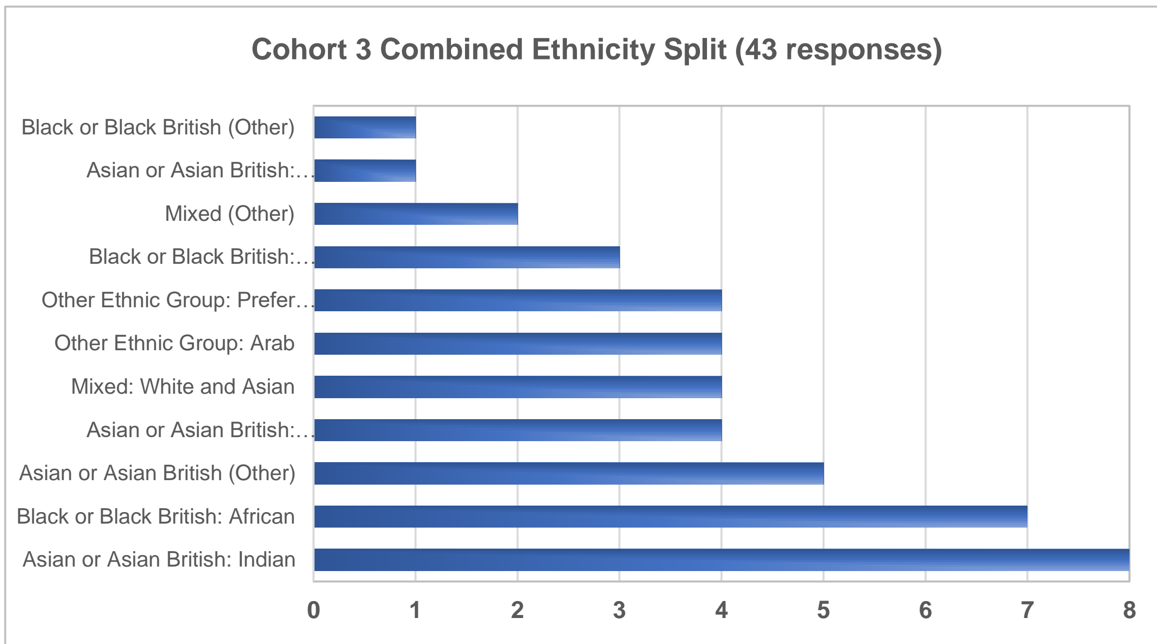
4.1.1 Gender



4.1.2 Ethnicity





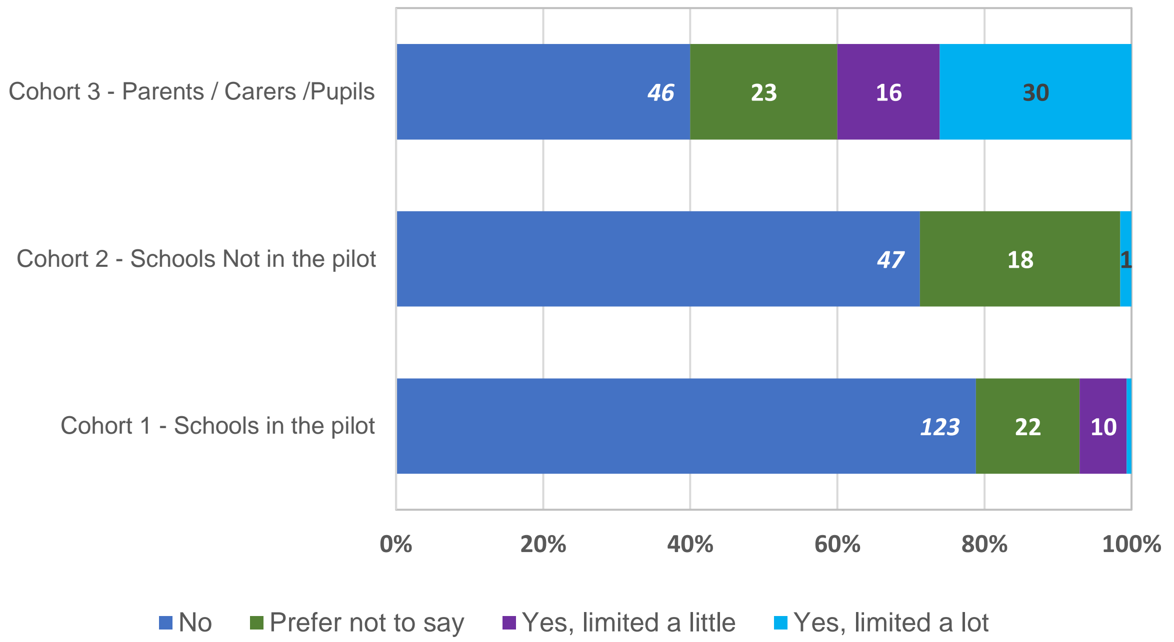


The majority (74%) of respondents across all three cohorts identified as White. However, there was a greater proportion of non-white respondents within cohort 3, with 36% identifying as having an ethnicity other than White. Indeed, in cohort 3:

- 16% identified as Asian or Asian British
- 10% identified as Black or Black British
- 7% identified as other ethnic group
- 3% identified as Mixed

4.1.3 Long Term Disability

40% of respondents in cohort 3 identified themselves as having some sort of long-term disability. Key disabilities identified included mobility issues, learning disabilities and social or behavioral issues (including due to neuro diverse conditions).

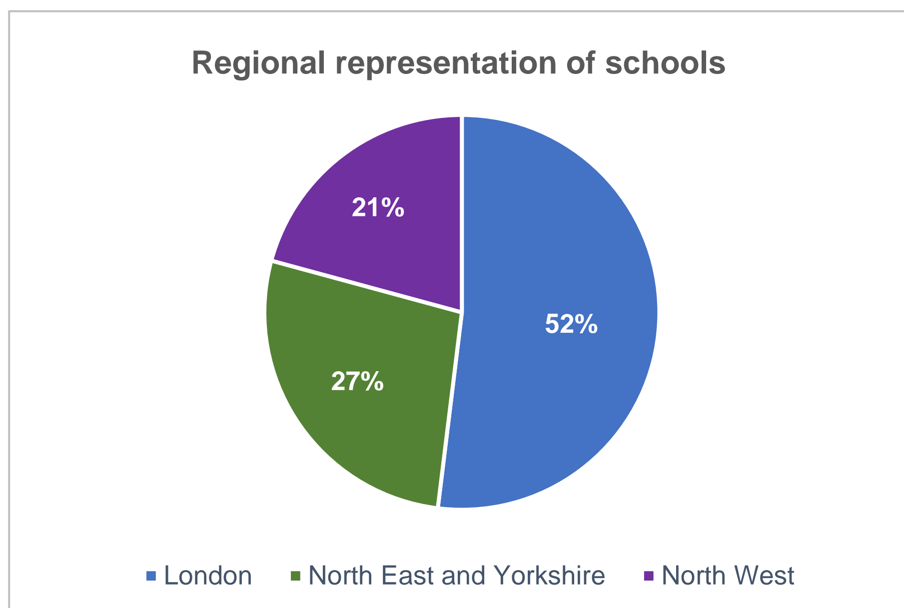


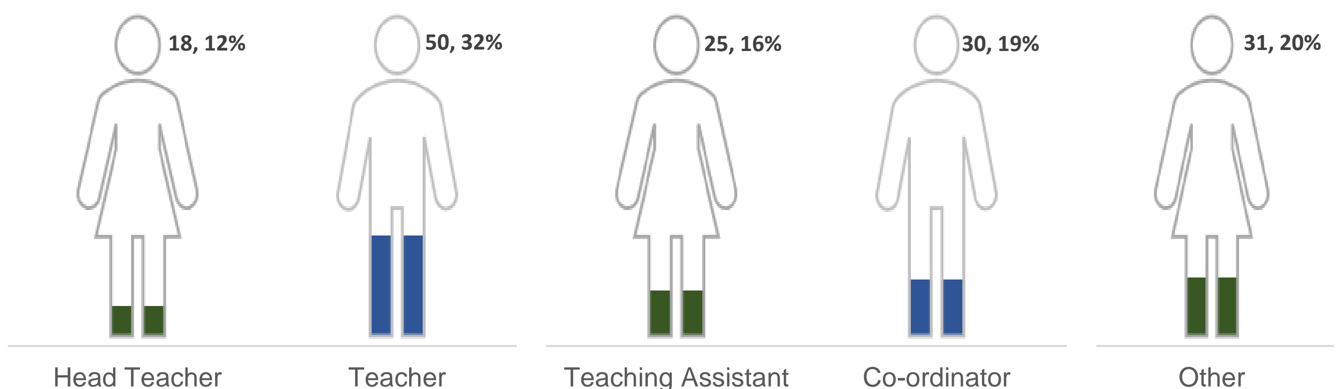
Long Term Limiting Disability
Cohort 3 - Parents / Carers /Pupils
Cohort 2 - Schools Not in the pilot
Cohort 1 - Schools in the pilot
46
23
16
30
47
18
1
123
22
10
0%
20%
40%
60%
80%
100%
No
Prefer not to say
Yes, limited a little
Yes, limited a lot

5. Key Findings: Participating Schools

5.1 Cohort Membership

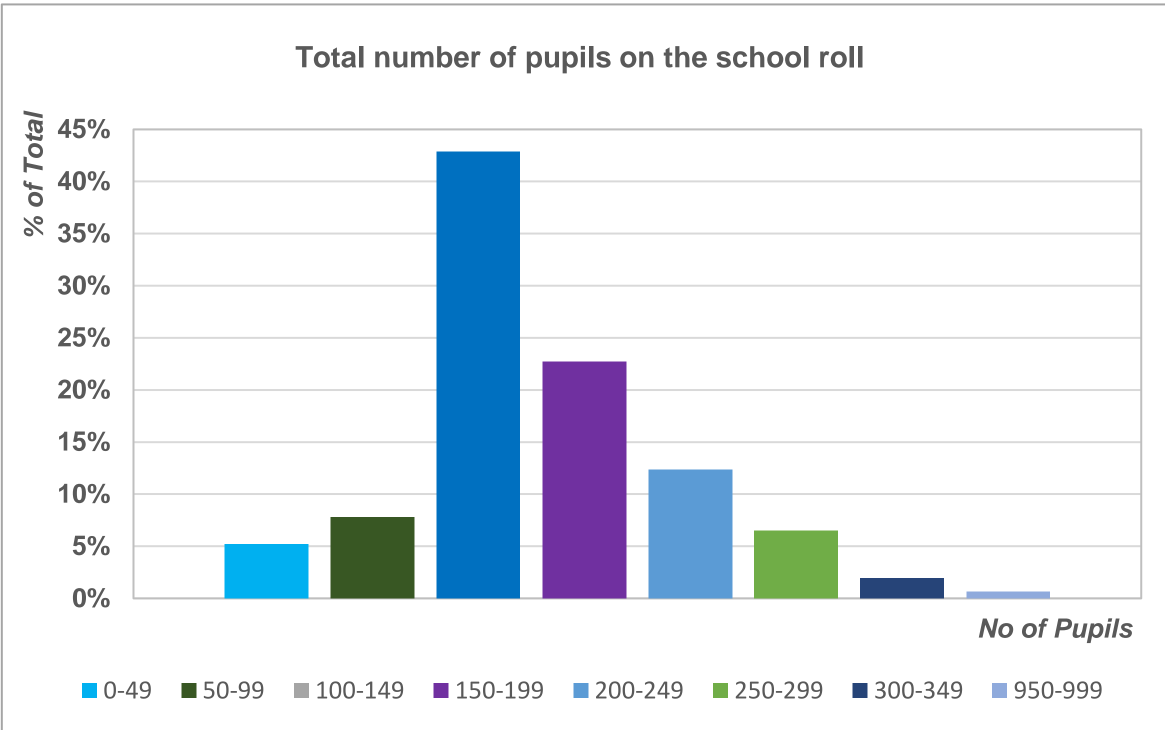
Cohort 1 relates to schools (both residential and non-residential) currently participating in the proof of concept. In total, 154 responses were received from staff, across 71 individual schools, covering London, North East and Yorkshire and the North West regions. Over half of responses came from the London region, with the remaining responses split relatively evenly across the other two regions. Responses were received from a range of staff with the majority (48%) received from individuals who identified themselves as either a teacher or a teaching assistant. 19% of respondents identified themselves as the appointed sight testing coordinator for the school and 12% as the Head Teacher.





Given that varying numbers of responses were received from different staff across the schools represented in this cohort, and in order to ensure an appropriate analysis and comparison could be undertaken, responses for each school have been amalgamated prior to analysis to provide a consistent view per school. This has been done on a weighted basis with responses from Head Teachers and Appointed Sight Test Coordinators being accorded a greater weight to responses from other staff within the school. Where responses were on a scale and there were more than two different answers across a school the median response was assumed.

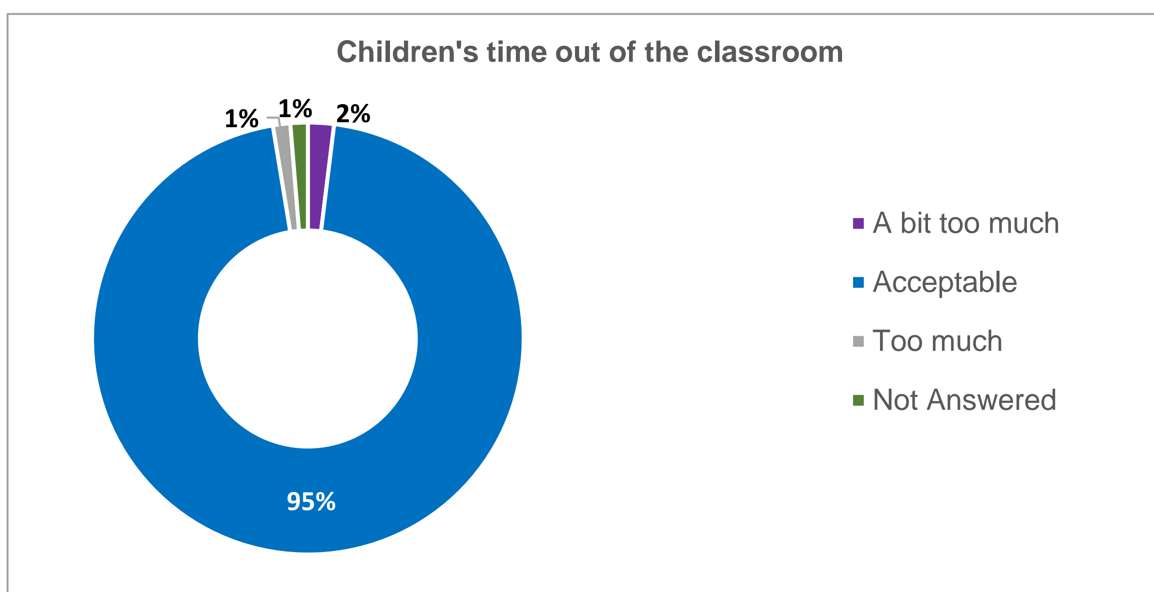
Only 3 (2%) of the responses received came from residential schools, with the rest all being day schools. 77% of schools identified that they have between 100-250 pupils on their school roll, with 10% identifying that they have more than 250 pupils and 13% that they have fewer than 100 pupils on their roll. Of the 77% of schools who reported having between 100 and 250 pupils, the biggest single group (42%) identified that they have 100-149 pupils. Of the three residential schools, pupils on the school roll range from 142 in the North West, and for the two schools in the London region numbers of pupils range from 38 to 229.

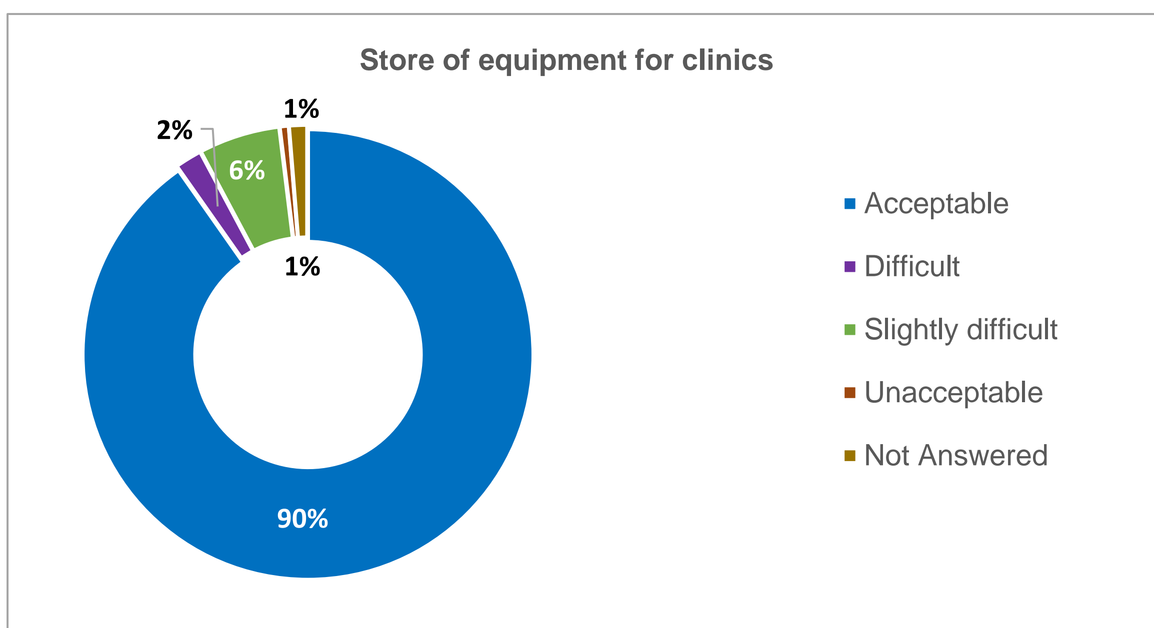


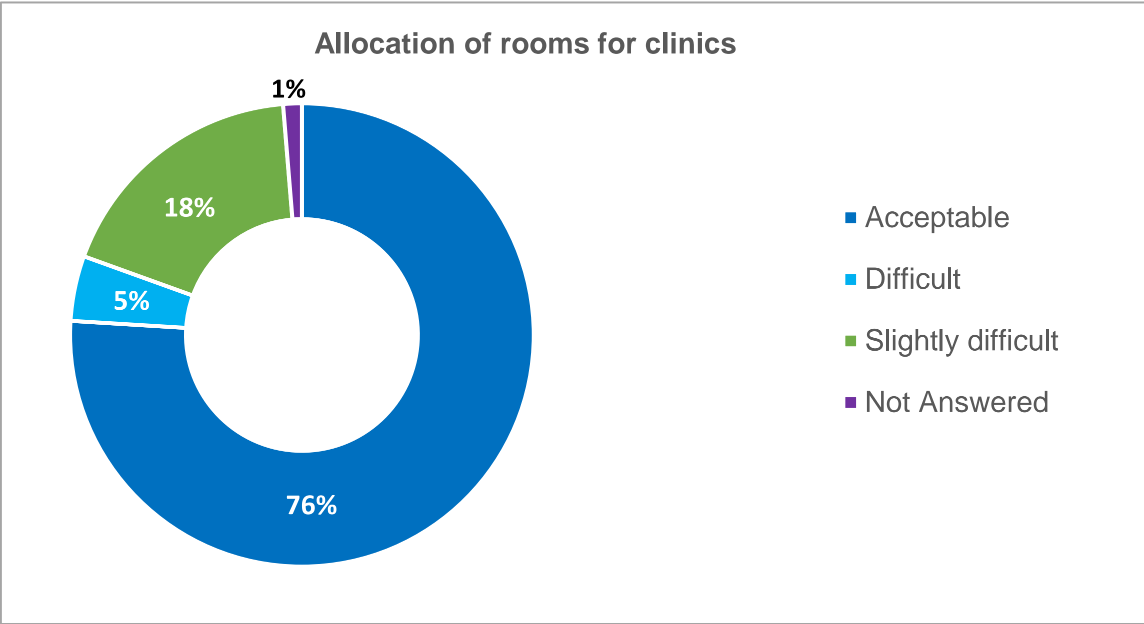
5.2 The Care Model

5.2.1 Delivery

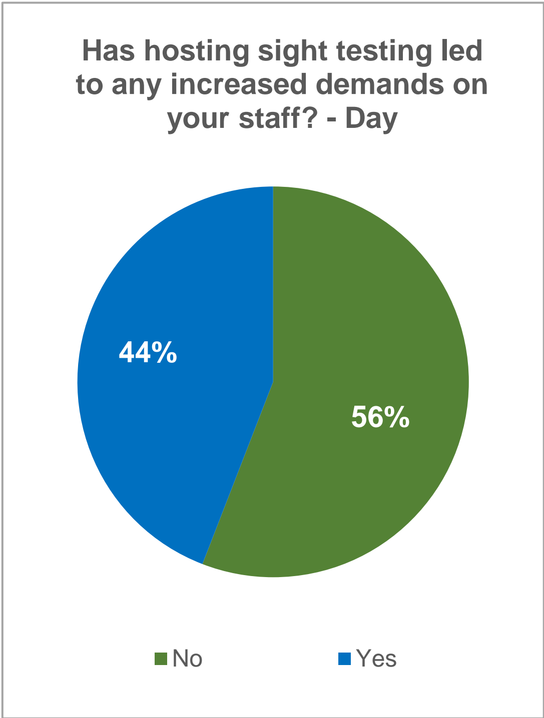
In terms of delivery and logistical arrangements, the vast majority of respondents reported being happy with arrangements and the way the service operated within their school. For example, 95% of respondents felt that children's time out of class was acceptable, whilst 90% of respondents felt happy that the clinic times were about right. Similarly, 90% of respondents felt that the storage of equipment for clinics was acceptable and 76% felt that room allocation for the clinics was acceptable. 80% of respondents from non-residential schools reported that the impact of familiarisation days was either quite or very beneficial, suggesting that these days are important in helping to successfully establish the service within the school; residential schools however were unanimously in favour of them, with 100% of responses remarking that the familiarisation days are very beneficial.

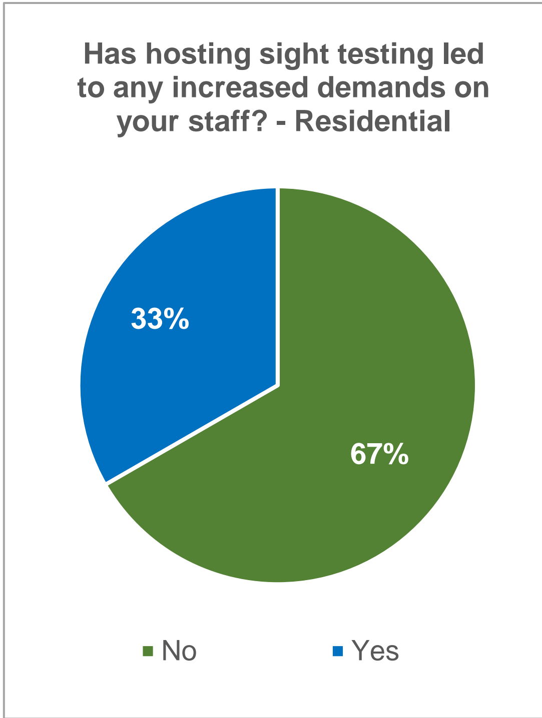




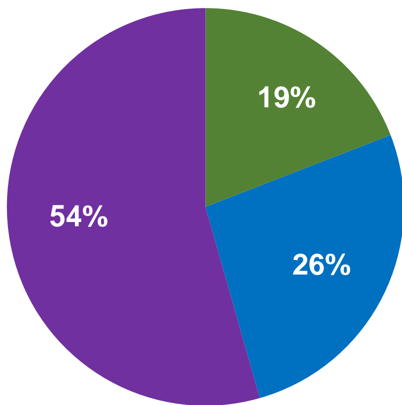


44% of non-residential; schools reported increased demands on staff, compared to 33% in residential schools. Furthermore, 12% of non-residential responses said they would change something about in-school eye testing; residential schools reported they would not change anything about the service.



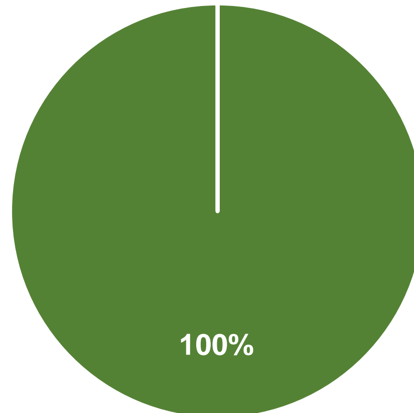


What was the impact of familiarisation days? Day Pupils



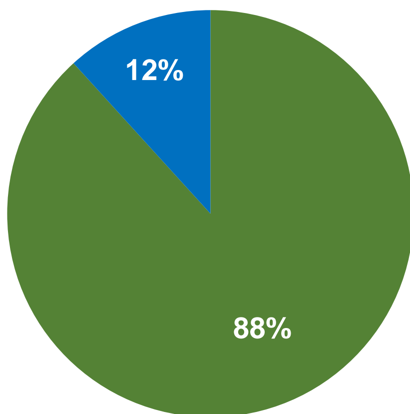
Neither beneficial nor negative
Quite beneficial
Very beneficial

What was the impact of familiarisation days - Residential



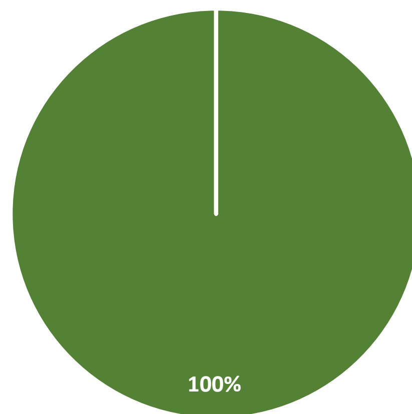
Neither beneficial nor negative
Quite beneficial
Very beneficial

Would you change anything on in-school eye testing? - Day



No Yes

Would you change anything on in-school eye testing? - Residential



No Yes

A key challenge involved finding the space to store equipment for the service. The lack of space in some schools also presented difficulties in enabling some schools to find an appropriate room to accommodate the service. This was identified as potentially impacting upon the provision of other services within the school. These challenges were often identified by school admin staff respondents. Similarly, whilst 89% of respondents reported that they felt the requirements on school admin staff were acceptable, a minority (of primarily school admin staff) reported that the service had placed a significant additional admin burden and workload on them which they felt was not always sustainable. In particular, this related to the paperwork and forms which needed to be completed, which it was felt by some could be simplified.

"Space is at a premium in school. We had space in a classroom last year, but since September this is now full. We are struggling to accommodate in the school."

"We have very limited meeting rooms and so the School Nurses who are allotted to us cannot come in and have a base when the Opticians are in."

"The time spent on admin is excessive… admin time, admin resource to find children to be tested, staff being taken out of lessons to accompany some pupils to their test."

""I would like there to be someone who could support parents and carers to fill out the forms or most of the form already filled in so the parent only has to sign it. A way of removing the barriers for parents NOT filling the forms in."

A Curriculum Lead Co-Ordinator in one school also highlighted difficulty in accommodating sight testing in relation to finding a suitable room with controllable lighting, and an issue around the time it took initially for facilitating staff.

"Finding a room with controllable lights was a challenge. The lead had to be out of class all day when the opticians initially visited but once they got to know the students it was a lot easier to manage."

5.2.2 Training & Engagement

In terms of engagement, the majority of respondents appeared to report good levels of engagement by eye testing professionals with parents and carers and the children in respect of the eye care service. 70% of respondents reported that the engagement they had had with parents and carers was either strong or fairly strong. Similarly, 81% identified engagement with the child as either strong or fairly strong. Where engagement was not strong, little comment was made on why, making it difficult to drill down further into the barriers and issues in respect of engagement. The majority of respondents (80%) reported that they had found the familiarisation days of at least some benefit.

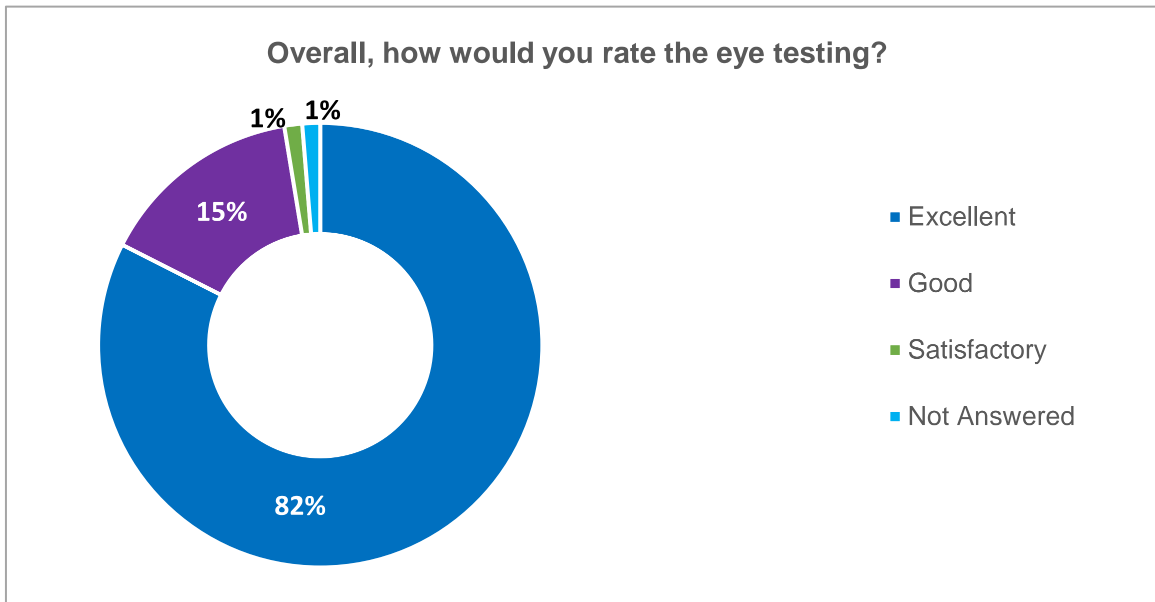
Having said this, there appears to have been a fairly even split in terms of respondents reporting whether or not they had been asked their views before implementation, with 53% reporting that they had been consulted and 47% reporting they had not. This may partly reflect the roles of those respondents, as of those that reported 'no', the majority did not appear concerned about having their views reflected. Similarly, only half of respondents felt that their views had been reflected in the implementation of the service.

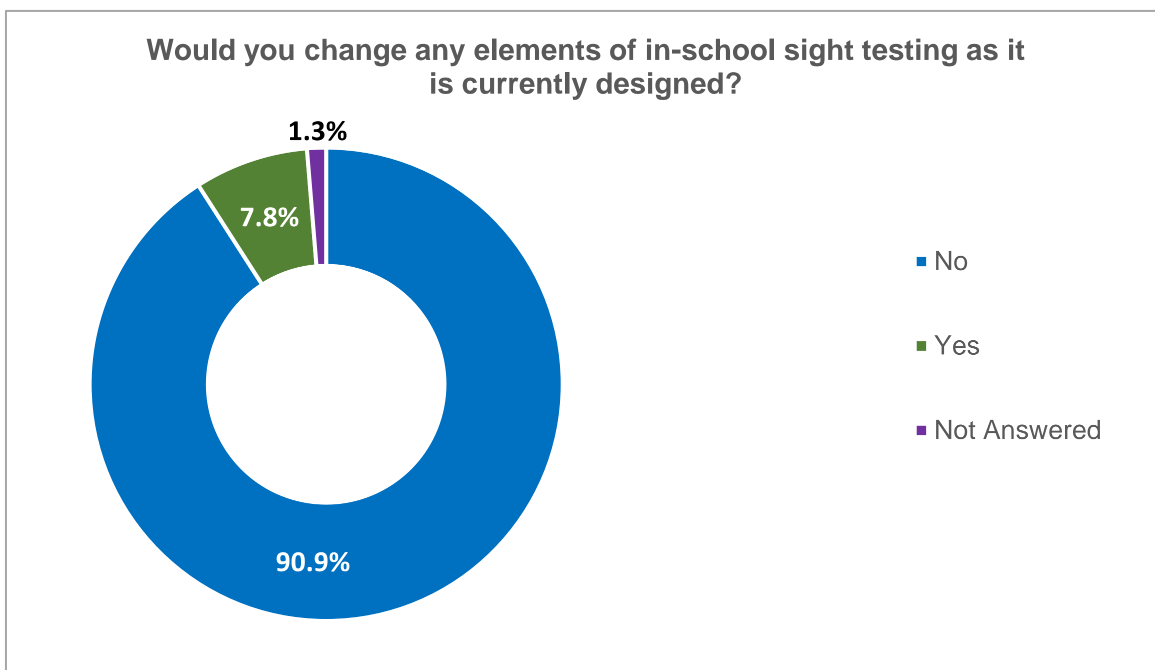
"Pupil engagement has been high, and many parents have reported that what was previously a barrier, accessing services in the community, is now not an issue as it's within a familiar setting in school."

"The provider is passionate and provided our pupils with the correct level of support and engagement. We would not have known what to do without them!"

5.2.3 Impact

The majority of respondents (75%) reported that they felt the service had made a significant improvement in terms of social impact, and the impact it had had on their students, including on learning and behaviour. Respondents noted that they felt providing the service in school was far preferable to alternative options as it helped to engage children in a familiar environment and that this led to greater success than might be the case in alternative settings. They also reported the benefits to behaviour and learning on children who had been prescribed glasses as part of the service; some reported cases of children who it was believed had serious behavioral issues who were, in fact suffering from not being able to see, and that this was the cause of their lack of engagement at school. Once glasses had been prescribed, their behaviour generally appeared to improve.





'It is fantastic for our pupils to be able to have their eyes tested, etc., in school. It leads to a much higher success rate and is far less distressing for the individual children and their families."

Head Teacher (Non-Residential School)

"We have been very pleased with the service and some very challenging children who are in need of eyecare have now been assessed and in several cases prescribed glasses. This has had a very positive impact on their learning and behavior in school."

"I observed one of our lower ability students getting his glasses for the first time; the look of amazement as he looked around was very moving!"

5.2.4 Quality

Overall, respondents were very positive about the service and its impact upon their school. 98% of respondents reported that they felt the service had met their expectations, whilst 96% of respondents reported that they felt it had not been disruptive. Furthermore, the vast majority of respondents expressed their happiness with the service, with 91% of respondents reporting that they would not change anything about the service. 82% of respondents reported that they felt the service was excellent, and a further 15% rated it good. Indeed, in this regard respondents appear to be overwhelmingly in favor of the service.

The quality of the service for the three residential schools was also positive across the board; all rated the in-school eye testing as 'excellent' (x3) or 'good' (Head Teacher); The Lead School Nurse from another residential school remarked that the sight testing team worked around the school to provide a bespoke service to suit them. Others remarked that the sight testing team were sympathetic to the needs of this cohort and spoke of the widespread positive impact on pupils and their families. One of the key nuances between residential and non-residential schools is that 100% of residential school responses reported 'significant improvement' in their pupils' interaction in school and their social and educational progress regarding the impact of glasses provided following in-school sight testing.

"The team has been astonishing. Their work has positively impacted on the lives of our pupils and their families. This service could not be better for our pupils or families. It entirely meets their needs and improves their lives."

Sight Testing Coordinator (Residential School)

"It has been an exceptional service that I can only recommend. It is life changing for our pupils to be able to access this service and have the interventions they need in a timely manner to support their sight needs."

Head Teacher (Non-Residential School)

5.2.5 Opportunities

There are a number of opportunities for improvement that apply both collectively and individually, based on the survey findings.

Collectively, although 76% of respondents felt that the room allocation for the clinics was 'acceptable', almost a quarter reported that the allocation of rooms was 'slightly difficult' or 'difficult' due to limitations on room availability and space within the school. There were also challenges

around finding space for the storage of equipment for the service, though these challenges were small in number, with 9% reporting that storage of equipment for clinics was ‘slightly difficult’, ‘difficult’, or ‘unacceptable.’ Space and meeting rooms are clearly at a premium for schools, and this should be factored into any future modelling. The above concerns were reported by mainly administrative staff, with some also remarking that paperwork and forms could be simplified.

Another opportunity is apparent in the amount of engagement that eye testing professionals have with parents and carers around the service. Although 70% of respondents reported that the engagement by eye testing professionals with parents, carers or guardians for clinics was either ‘strong’ or ‘fairly strong’, almost a third of respondents said the engagement was ‘acceptable’ or ‘poor’.

The largest disparity in the feedback relates to whether respondents had been asked for their views prior to implementation (53% reported they had, with 47% stating they had not), though this may be due to the individual roles of those respondents. The key opportunity here is to ensure that the views of those who had been asked are reflected, though respondents were not overly concerned when stating that their views had not been implemented in the proof of concept.

Although there are a number of opportunities for improvement as outlined above, it is important to note that the feedback to the proof of concept from the schools that took part was overwhelmingly positive, and provisions and allowances were made to accommodate the service in spite of the small but relevant challenges. In short, the benefits vastly outweighed the negatives in terms of the service provided, and no school said they would have preferred not to have been involved in the proof of concept.

5.3 Discussion and Conclusions

There were common themes in the broader responses from school representatives that support the effectiveness and desirability of the service, with an overwhelmingly positive response to the proof of concept. Only nominal adjustments would need to be made to support a permanent rollout, such as ensuring that the allocation of rooms and storage for equipment are planned in advance, and provisions are suitably made to lessen the impact on admin staff. Having said this, the impact of the proof of concept on the schools overall was small, and schools accommodated the need accordingly.

In terms of the training and engagement, the familiarisation days were clearly highly regarded by schools: 80% of non-residential school responses stated they were either quite beneficial or very beneficial; 100% of residential school responses said familiarisation days were very beneficial. Respondents also noted the strength of engagement between the eye testing professionals and pupils, parents and carers. Although there was disparity between those who had been asked for their views prior to implementation and those who had not, in the large majority of cases those who had

not did not believe this to be an issue.

It would perhaps be beneficial to further investigate the social impact on children after prescribing them with glasses; 75% reported that the service had made a significant improvement in terms of social impact on learning and behaviour; but over a quarter said there had been some improvement or no noticeable change. There could be value in understanding this further. It could be the case that the glasses had had no noticeable impact due to the child having worn glasses previously or having had little issues without glasses; or it could be the case that schools simply have not noticed enough of a difference despite the child feeling differently.

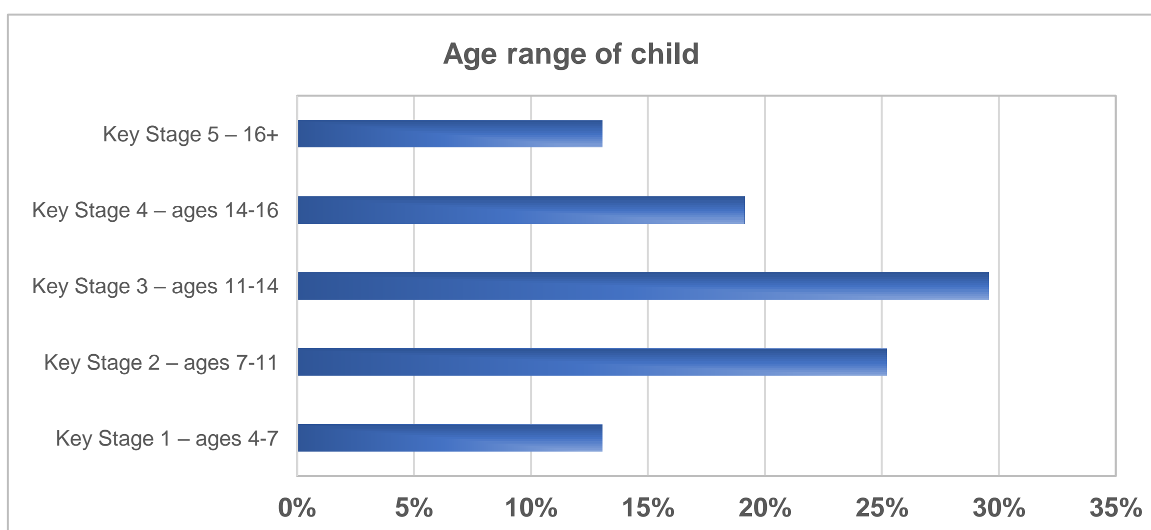
Although there are a number of opportunities for improvement, the vast majority of school respondents observed little to no disruption and declared that they were happy with the service; indeed, 82% reported the service as ‘excellent’, and 98% said it had met their expectations.

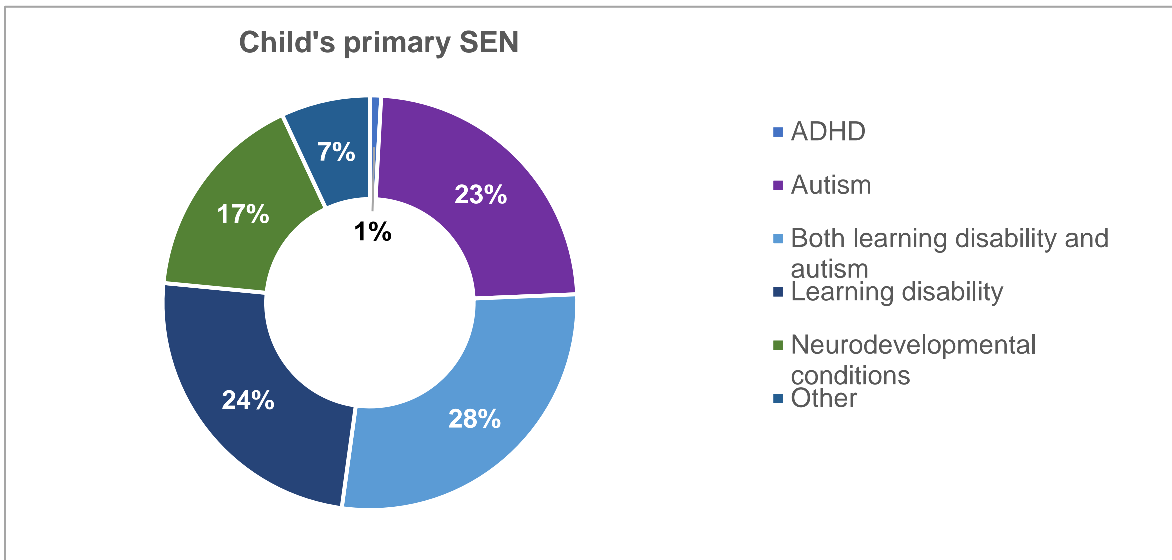
6. Key Findings: Pupils, Parents and Carers

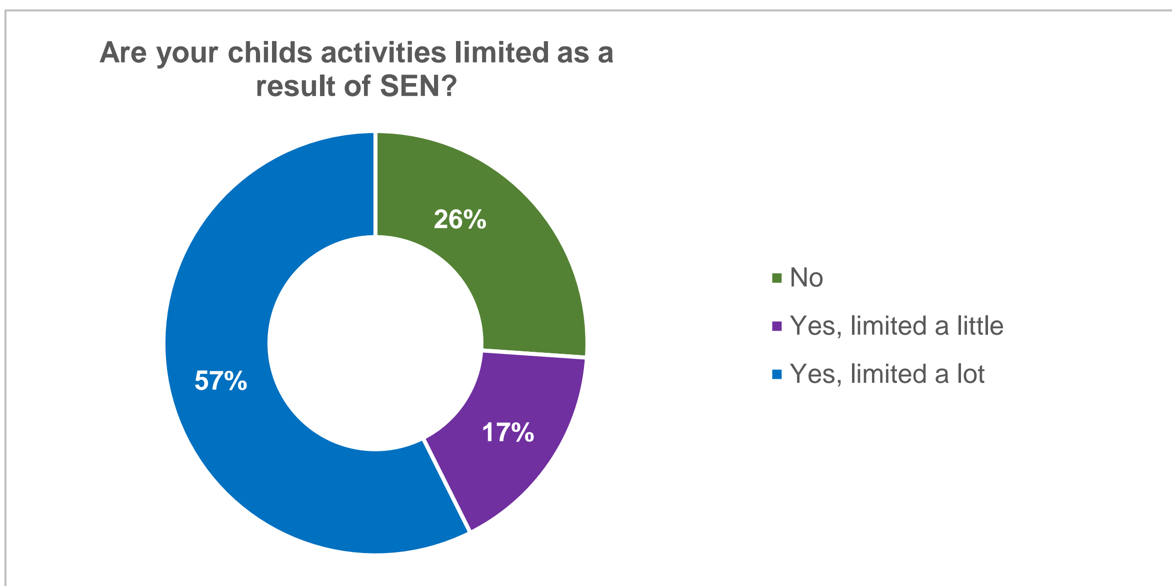
6.1 Cohort Membership

In total 115 responses were received from pupils, parents and carers, covering 30 individual schools. 55% of the children were identified as being aged 7-14. Of the three residential schools, a response from pupils, parents and carers was only received from one of the schools where two submissions were made.

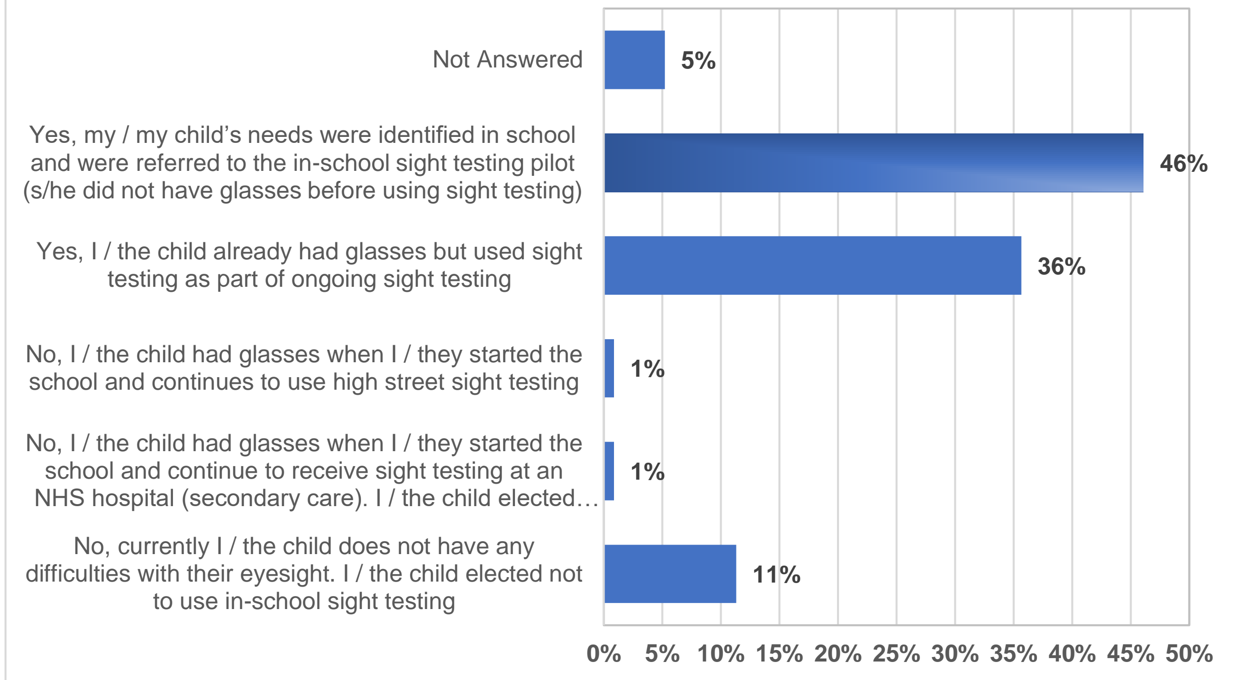
In terms of the child's primary special educational needs (SEN), 28% identified having both a learning disability and autism, with 24% having a learning disability only and 23% autism only. Smaller numbers of respondents identified other neurodevelopmental conditions or ADHD as the primary SEN. 74% of respondents reported that the child's activities are at least somewhat limited by their SEN, with 57% reporting that their activities were limited a lot. A range of physical disabilities were also identified, including communication and/or language difficulties (21%), sensory needs (17%), mobility issues (14%) and social, emotional or mental health needs (14%).



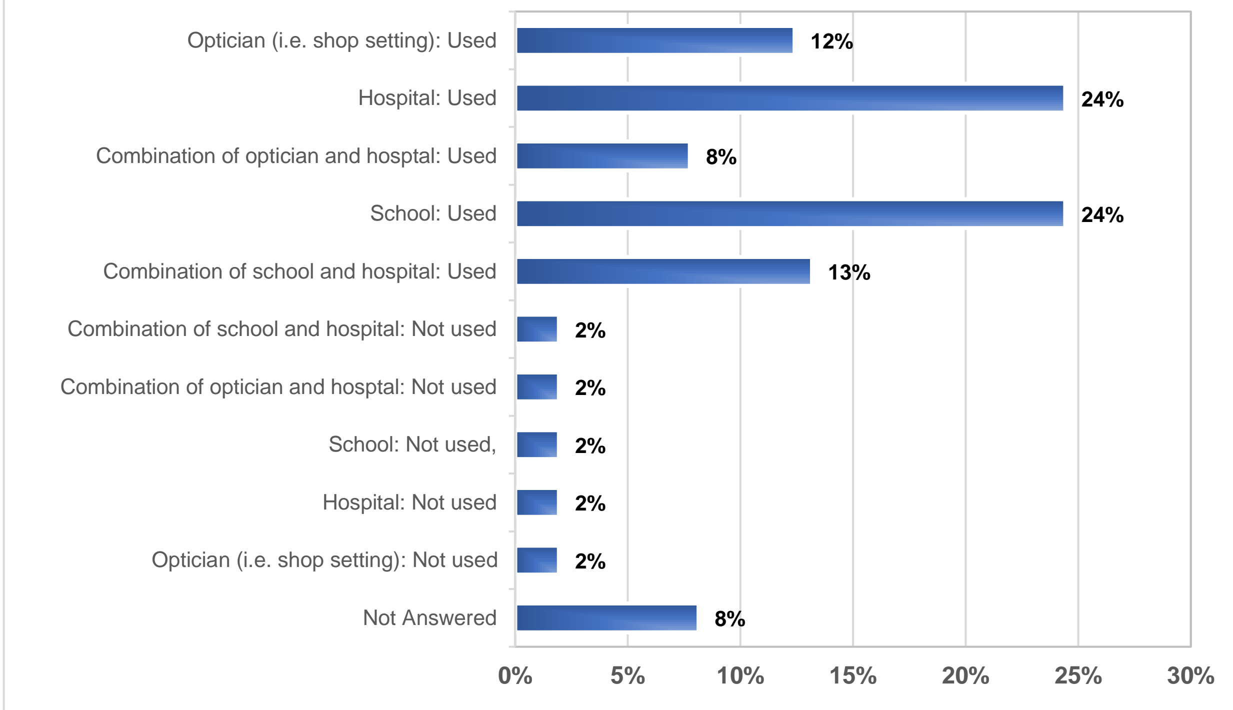




82% of respondents in this cohort reported that they had either used or were currently using the in-school sight testing service. 13% of respondents had not accessed the in-school sight testing service having continued to use high-street sight testing, NHS hospital sight testing (secondary care) or elected not use the in-school sight testing service testing due to the child not having any difficulties with their eyesight. 5% of respondents chose not to answer this question. It is not clear why 13% of respondents elected to complete the evaluation survey despite their lack of participation as a pupil, parent or carer. However, we do not consider the inclusion of their views to adversely impact the overall view, in qualitative or quantitative terms, of this cohort where up to 87% of respondents had in practice participated in the proof of concept. In general, qualitative feedback about the service from respondents was that it was excellent and provided a really important service.



Indeed, it appears that there is an overwhelming preference for in-school eye testing amongst respondents in this cohort, when compared with alternative settings; with many noting the benefits of being able to use a service in a familiar environment, with consistent staff they can build a rapport with.



“It's a great service that I didn't know existed and I would not have known my son needed glasses.”

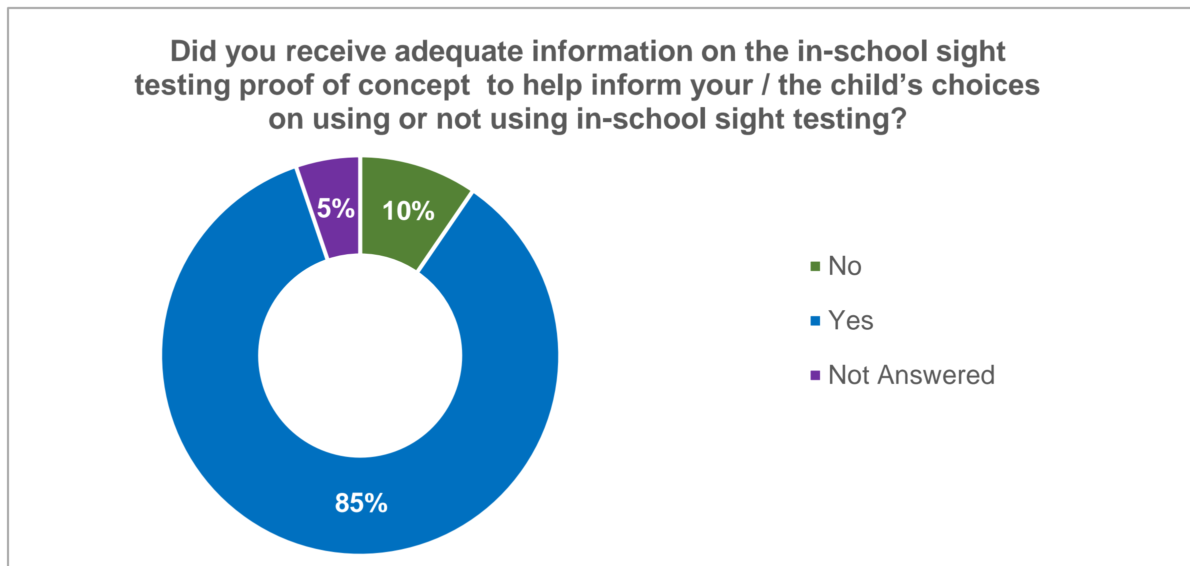
“My son had years of in-hospital sight testing which was so traumatic for all involved… The in-school testing is wonderful for my son. He is in an environment he knows and feels comfortable with. He likes the sight testing team who come in and enjoys doing the tests. I feel that all his sight needs are taken care of in the very way possible... It is such a brilliant scheme I can’t fault it in any way.”

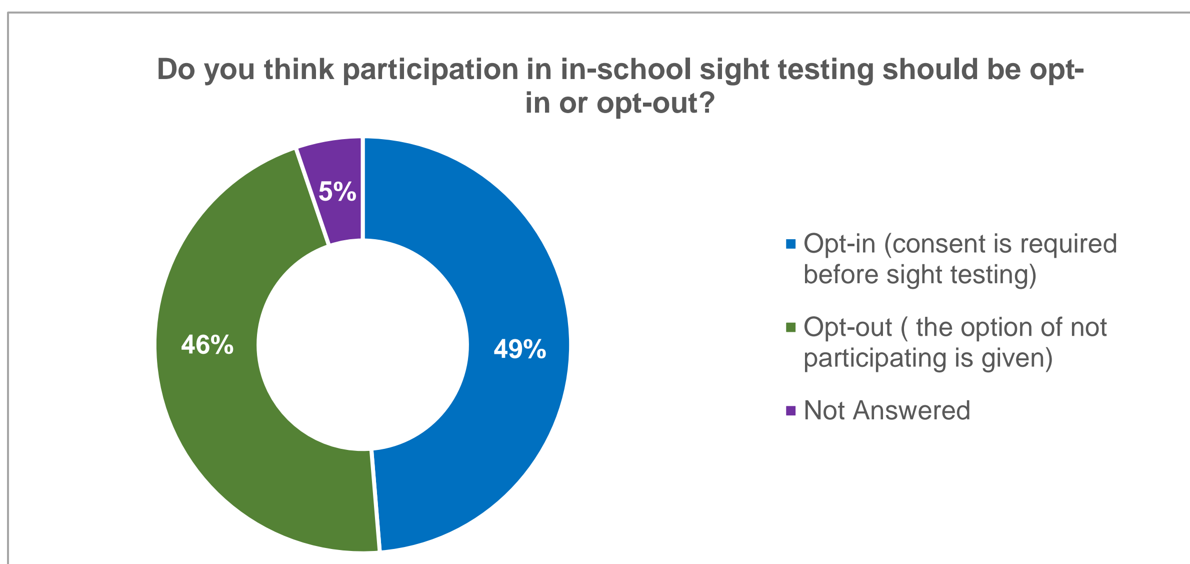
“A consistent person conducting the testing meant they got to know the needs of the children at the school and could familiarise themselves with the working environment.”

6.2 The Care Model

6.2.1 Engagement

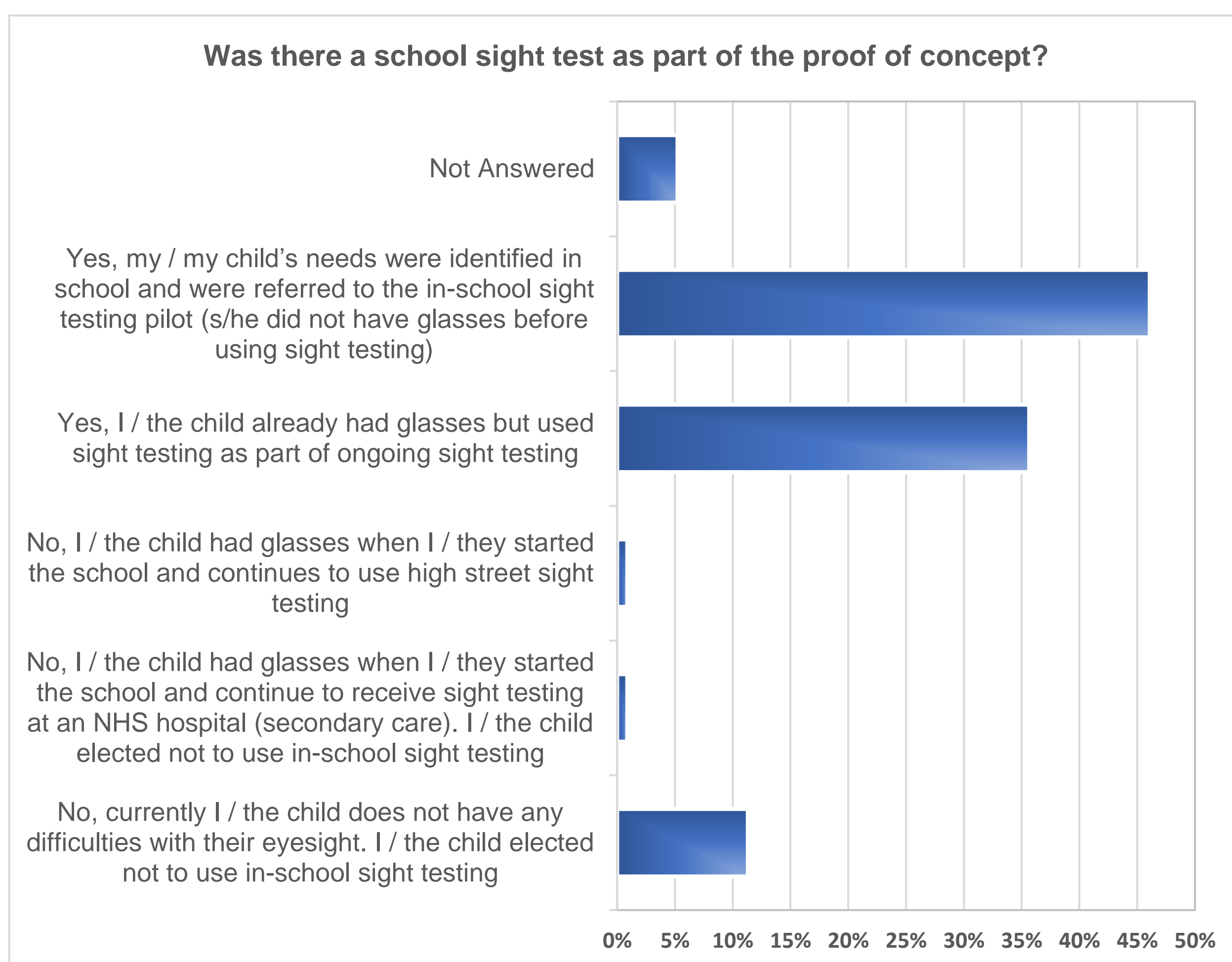
In respect of the information provided and understanding of the proof of concept service, 85% of responders in this cohort reported that they felt they had received adequate information about the service, with 60% reporting that they had received all the relevant documentation from the service. 70% noted that they had received the Outcomes Summary document, and 70% of those respondents reported that they felt it was useful. Where qualitative feedback was provided, it tended to center on cases where accompanying documents had not all been received or the fact that the respondents felt the forms and documentation were too complex and could be simplified. Some concern was also noted in this regard about provision of information for those where English may be a second language. Only 59% of respondents reported that they had been asked their views about the service. There was also split opinion from respondents in respect of whether the service should be opt-in or opt-out, with 49% feeling it should be opt in and 46% feeling it should be opt out.





6.2.2 Delivery

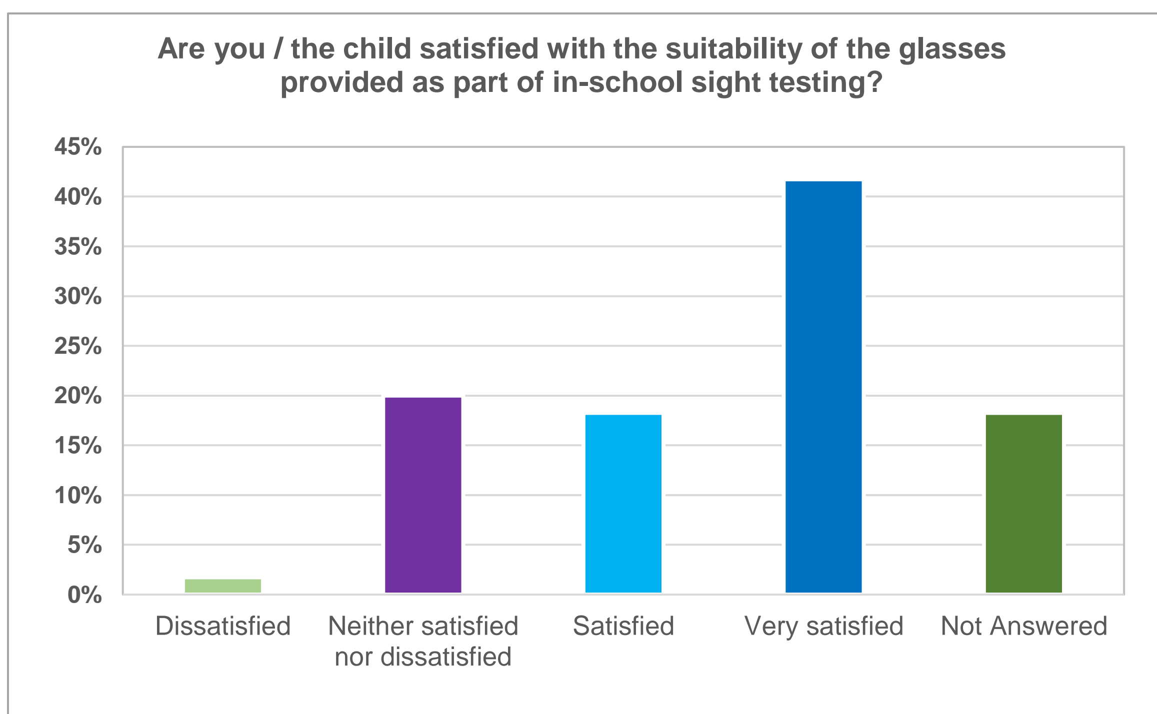
In terms of use of the service, 24% of respondents in this cohort reported that the child had had an eye test at school, with a further 13% reporting that tests had taken place at a combination of the school and hospital. Others reported having eye tests at a hospital (24%) or optician (12%) amongst others. Of those making use of the service in schools, whilst 36% of respondents reported that the child had already had glasses and made use of the service as part of ongoing sight testing, 46% of respondents reported that the child's needs had been identified in school through use of the sight testing proof of concept and that they had not had glasses before the sight testing.

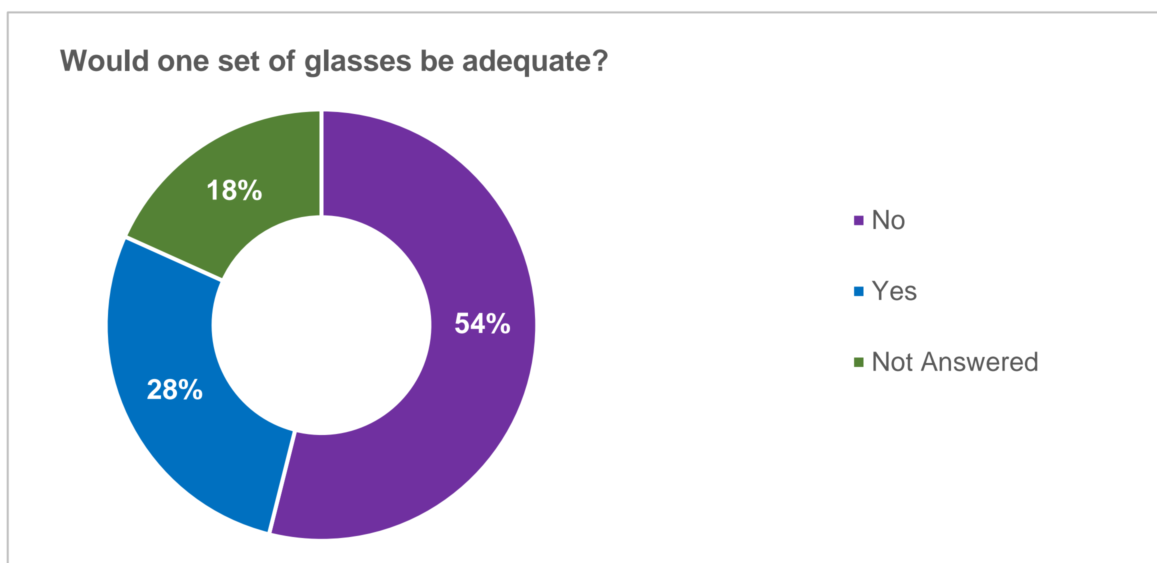


In terms of whether the Pre-Test Info was shared or not, 71% confirmed that it was (a total of 82 respondents), 10% of respondents (12 people) said it was not shared, and 18% (21 respondents) did not answer.

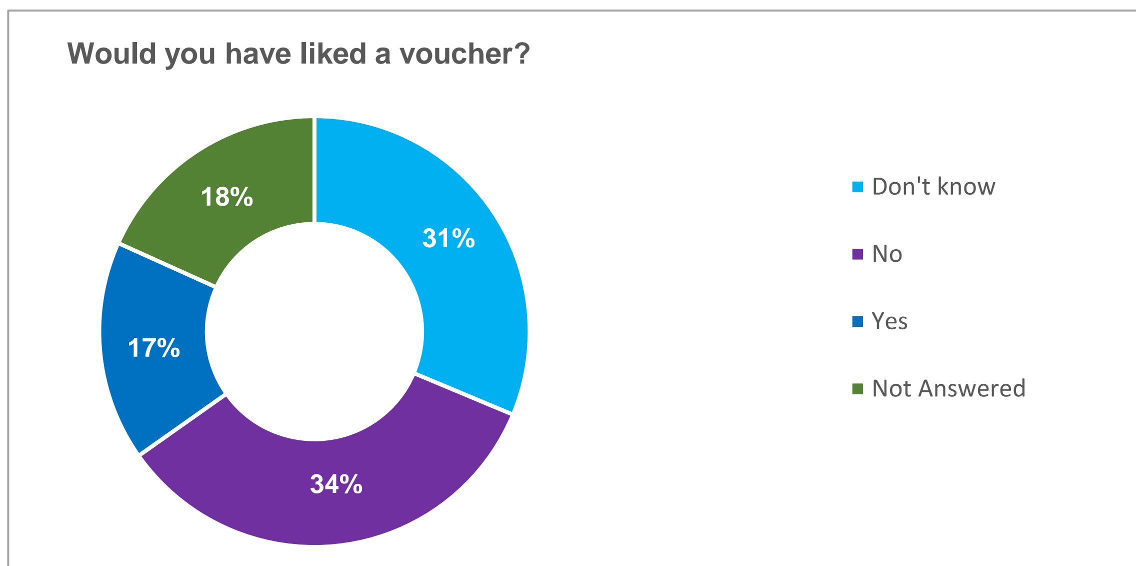
6.2.3 Quality

In terms of the service and how it was perceived, 50% of respondents reported that they had had glasses prescribed at school, and 60% reported that they were either satisfied or very satisfied with the suitability of the glasses prescribed. 54% of respondents felt that two pairs of glasses were necessary and that one pair would not be adequate to meet the needs of the child (for example to allow for breakage or loss etc.). 41% of respondents reported receiving two pairs of glasses, whilst a further 41% reported not receiving two pairs of glasses. 12% reported that they had had to have the glasses repaired or replaced. Where dissatisfaction was expressed, a particular issue was respondents noting that they felt they had not had any input into the selection of frames.





(On selecting frames): "I didn't get option to choose; school done and you done it without asking me."



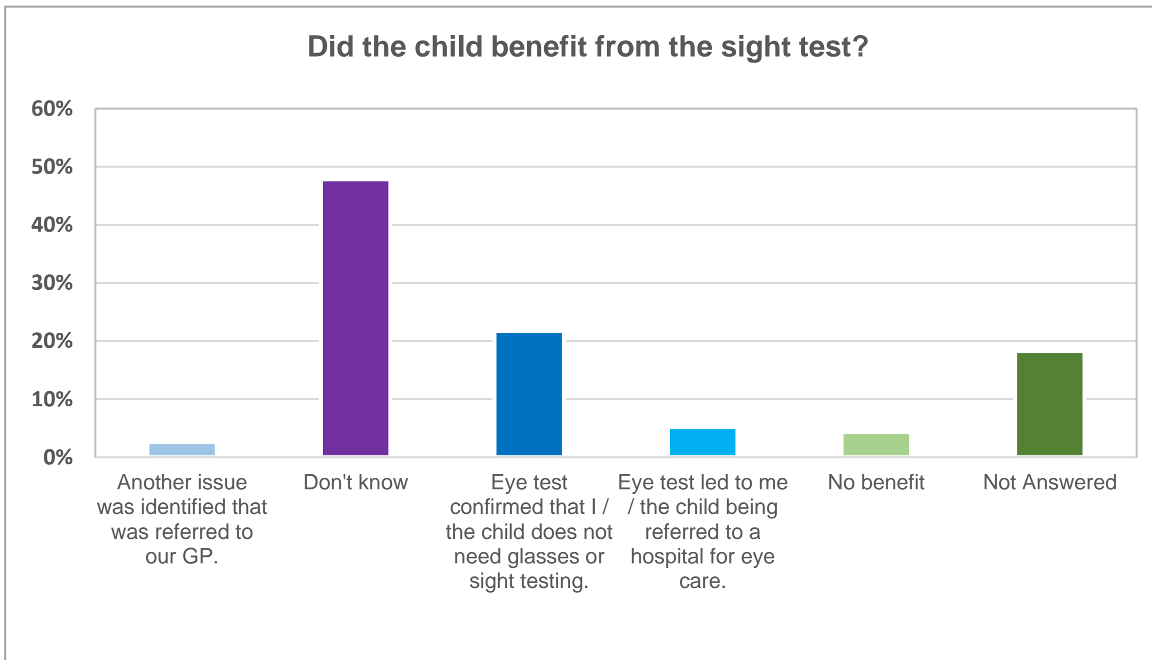
With regards to the question around whether pupils, parents and carers would have liked the opportunity to receive a voucher (to be able to choose from a wider variety of frames at a high street optician), 17% answered yes and 34% answered no; 18% did not answer the question and 31% said they did not know, suggesting that the desirability of a voucher is not imperative to the success of the service.

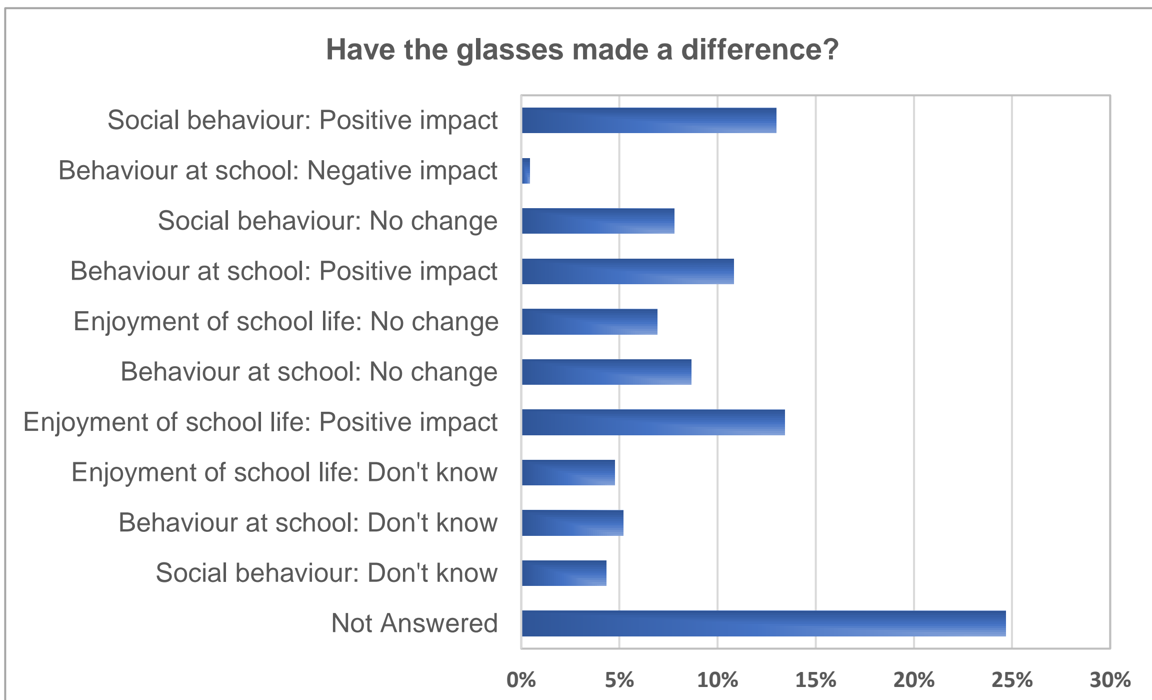
There was an isolated case where the quality of the service received was perceived as being below par, lacking in prior consultation, no documents, and not the experience the parent/carer had hoped for.

"Child came home with two pairs of glasses. We did not know when he would be tested. How he would be tested. We have received no documents / eye care reports. We do not know what diagnosis he has? What his prescription is? We had no choice of glasses prescribed for him nor did we consent to them. How long / when does he need to wear the glasses? Did the tests turn up any other health concerns? We have received no communication whatsoever despite emails and calls to the school. Very disappointed. Was just told that the optometrist had left. We were so relieved that specialists would test his sight in school as a high street optician is not an option for our child who is non verbal. Very sadly it has not been the experience we had hoped for."

6.2.4 Impact

In respect of the outcomes and benefits of the service, 48% of respondents from this cohort were not sure about the benefit of the sight test, whilst 22% reported that it had confirmed that they or the child did not need glasses or sight testing. 5% reported that it had led to a referral to hospital for eye care. Similarly, when asked whether the glasses prescribed had made a difference, only 37% reported that it had definitely made a positive impact in terms of enjoyment at school, behaviour at school or social behaviour. 25% did not answer this question at all. A number of examples were provided by respondents illustrating where the prescription of glasses has had little to no impact upon behaviour or enjoyment of school life.





“Social behaviour: Positive impact, Behaviour at school: Positive impact, Enjoyment of school life: Positive impact.”

“My son hated going to the hospital for his eye tests as it was too busy and noisy. The provider has taken time to get to know my son and what works best with him. He co-operates very well when he’s seen in school.”

6.2.5 Conclusions

One key point for consideration is that 82% of respondents in this cohort reported that they had either used or were currently using the in-school sight testing service. 13% of respondents had not accessed the in-school sight testing service having continued to use high-street sight testing, NHS hospital sight testing (secondary care) or elected not use the in-school sight testing service testing due to the child not having any difficulties with their eyesight.

Of the child’s needs being identified through the in-school sight testing proof of concept, 46% of respondents reported the child's needs had been identified and that they had not had glasses before the sight testing; 36% reported that the child had already had glasses and made use of the service as part of ongoing sight testing, representing more than a third of respondents. 24% of respondents reported the child had had an eye test at school, 13% had had a test at a combination of the school and hospital, and others had had a test at other settings, such as an optician.

Although the feedback to the service was unquestionably positive overall, it is evident that many children had had tests and been prescribed glasses prior to the in-school proof of concept, and that the proof of concept represented a continuation of testing for the child; the only difference was that the setting had changed, albeit a setting that many pupils, parents and carers preferred. Despite this, only 37% said the service had made a positive impact in terms of enjoyment at school, behaviour at school or social behaviour.

Opinion was divided over whether the service should be opt in or opt out. 49% felt it should be opt in, and 46% opt out in terms of information received to support the in-school eye testing; 85% reported that they felt they had received adequate information about the service, with 60% reporting that they had received all the relevant documentation from the service. Only 17% said they would like a voucher to choose glasses themselves on the High Street, so demand for this was low and not essential.

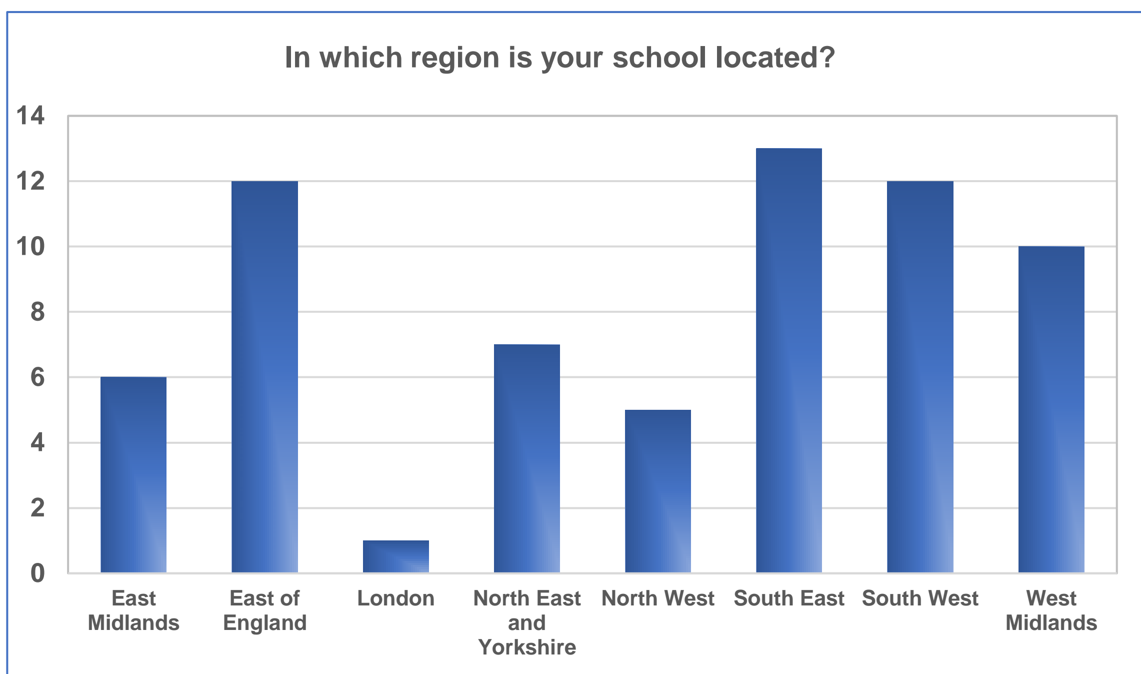
In terms of the service and how it was perceived, 50% of respondents reported that they had had glasses prescribed at school, and 60% reported that they were either satisfied or very satisfied with the suitability of the glasses prescribed. 41% of respondents reported receiving two pairs of glasses, whilst a further 41% reported not receiving two pairs of glasses. 54% of respondents felt that two pairs of glasses were necessary.

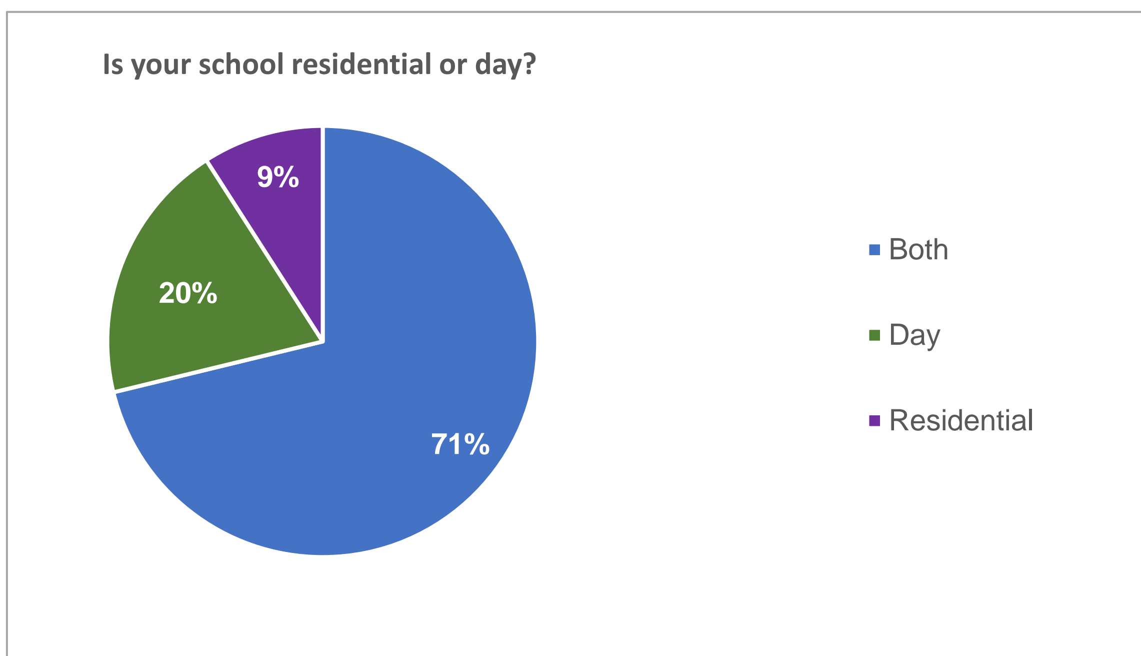
In respect of the outcomes and benefits of the service, 48% of respondents were not sure about the benefit of the sight test, which is somewhat at odds with the positive feedback captured elsewhere. A key reason for this inconsistency could be that the child already had glasses and an additional eye test was felt to be unnecessary.

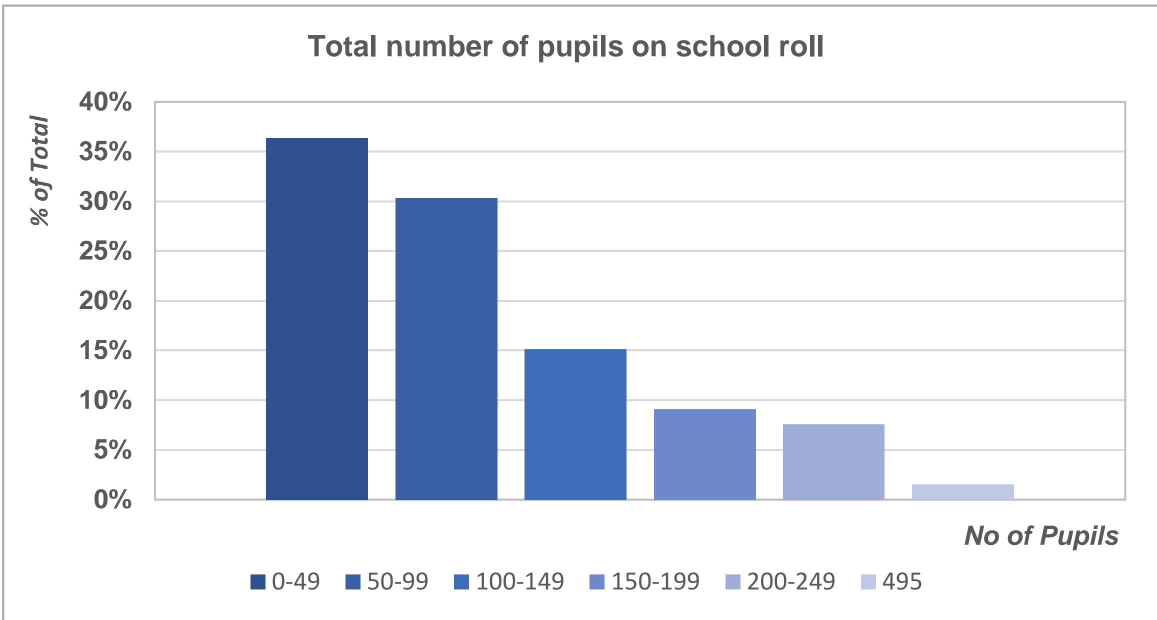
7. Key Findings: Non-Participant Schools

7.1 Cohort Membership

In respect of 66 responses from schools that did not participate in the proof of concept (cohort 2), this comprised of 63 different schools, across 7 regions of England. 13 submissions were from the South East, 12 from the East of England, 10 from the South West, 9 from the West Midlands, 7 from North East and Yorkshire, 6 from the East Midlands, 5 from the North West, and only one from London., and only one from London.

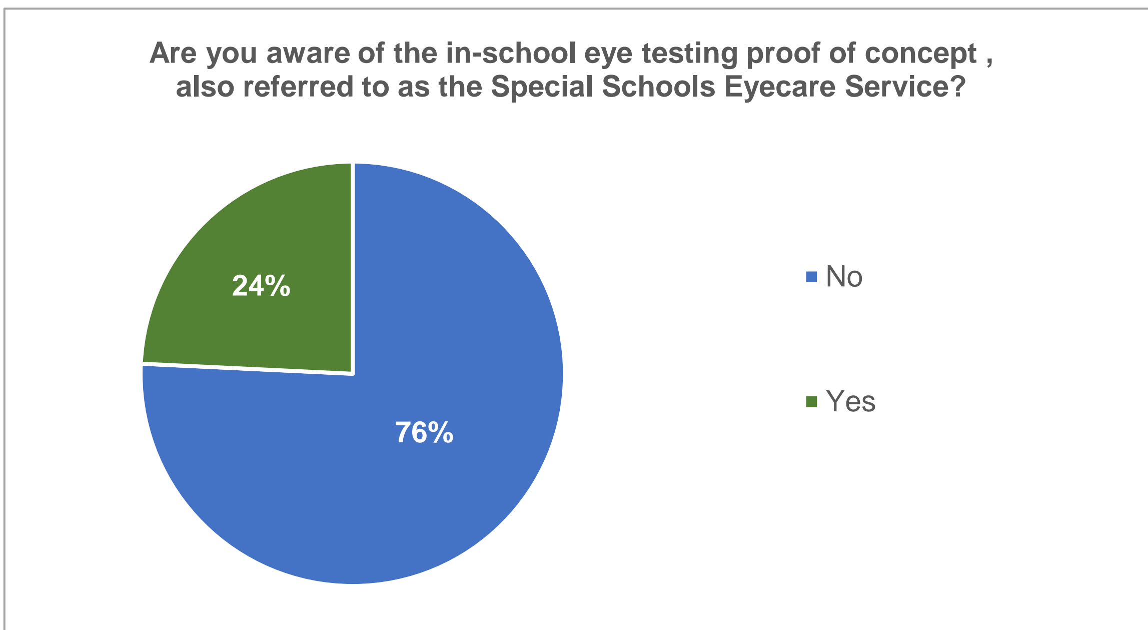


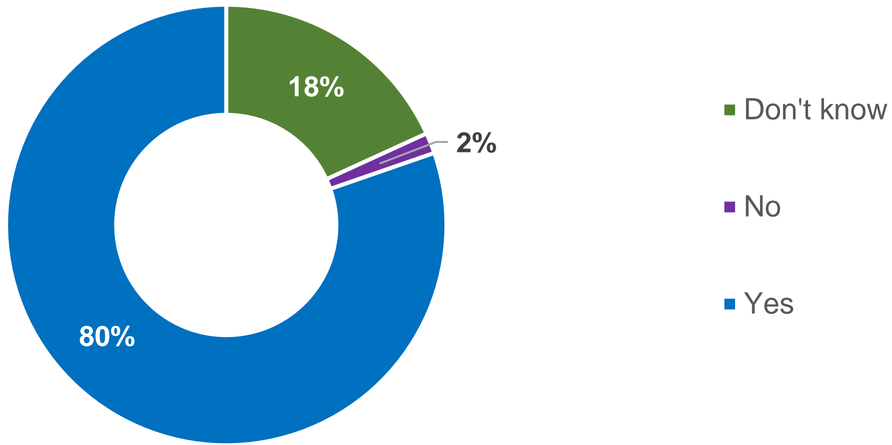


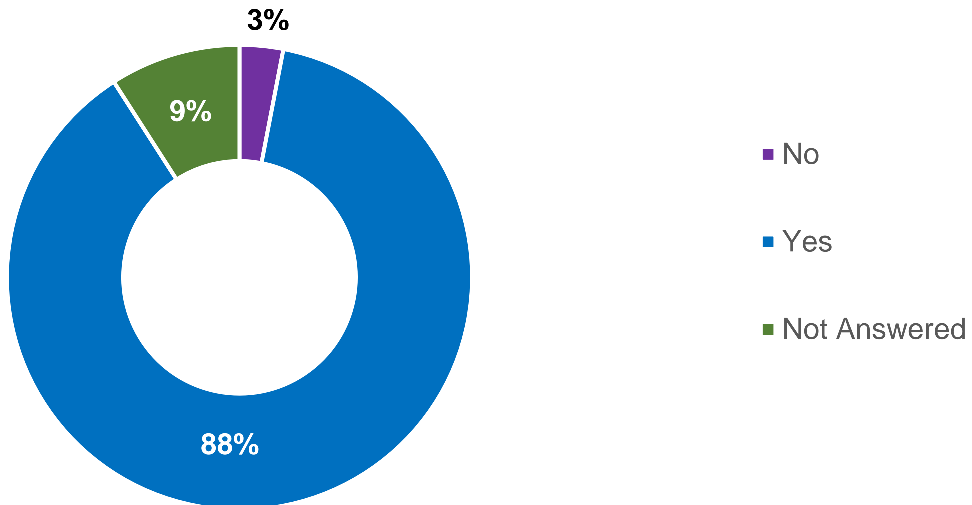


The majority of responses from these schools (71%) indicated that they took both residential and day pupils, with 20% being solely day schools and 9% being residential. In general, these schools appear to be smaller than those within cohort 1, with 66% of the schools identifying that they had up to 99 pupils on their rolls. 36% of schools had less than 50 pupils on the school roll; 30% had between 50-99 pupils; only one school had over 250 pupils.

A significant number of schools not involved in the proof of concept said they would be interested in participating. 80% stated that with better information they would participate in the proof of concept . Furthermore, 88% of respondents said they would welcome future engagement.




With better information would you participate?
18%
2%
80%
Don't know
No
Yes


Would you welcome further engagement with NHSE on a future in-school eye testing service?
3%
9%
88%
No
Yes
Not Answered

7.2 Awareness and Appetite

Of the 66 responses received from this cohort (non-participating schools), only 24% appeared to be aware of the Special Schools Eye Care Service, suggesting potential issues around communication and raising awareness of the service broadly across schools. 76% of respondents stated they were not aware of the service.

In terms of why schools had chosen not to participate, 64% identified that they were unaware of the service and had no alternative provision in place, and 20% had been unable to attend the information sessions. 17% of respondents identified that their schools had alternative provision in place, regardless of whether or not they were aware of this service.

In the qualitative responses, a number of respondents reported that they had expressed interest but not heard anything and others noted that they had pupils over the age of 18 and so were not sure they would qualify. One school identified a particular issue in respect of BSL interpreters, noting that any service would need to bring an interpreter with them.

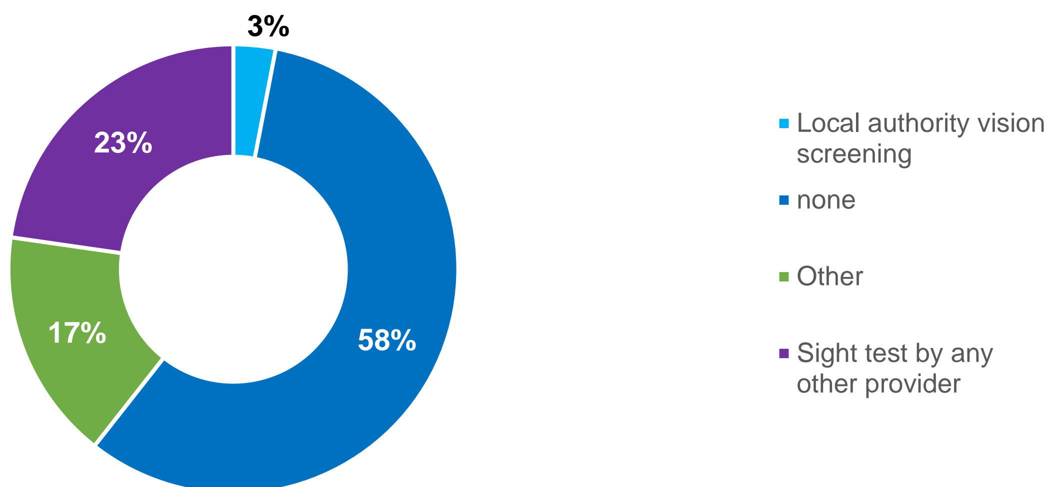
"I didn't know anything about it but after a phone call today I am interested for the school to participate."

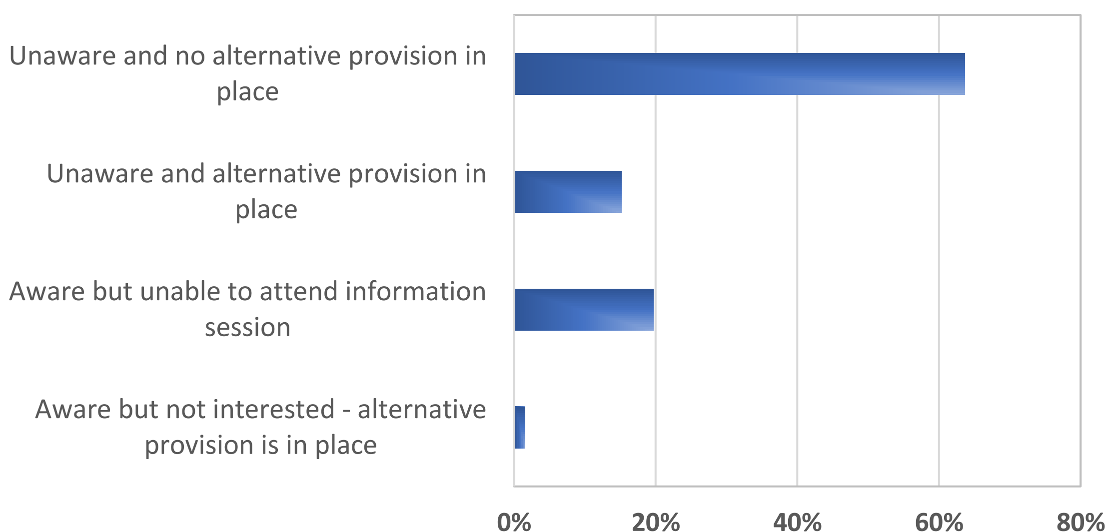
"I did attend initial information and registered my interest in January 2022. However, I have never heard back. We are very keen to proof of concept this scheme for our autistic children."

58% of respondents identified that their schools had no eye care or sight testing provision in place for their pupils. Of the remainder, the majority (23%) reported that they had sight test provision in place from other providers, with smaller numbers utilizing local authority vision screening, or not specifying what other provision was in place.

"Our residential homes are responsible for the eye checks for our young people along with input from their Local Authority Social Worker."

"We are a college for students with vision impairment and until recently we had other routes for sight testing."



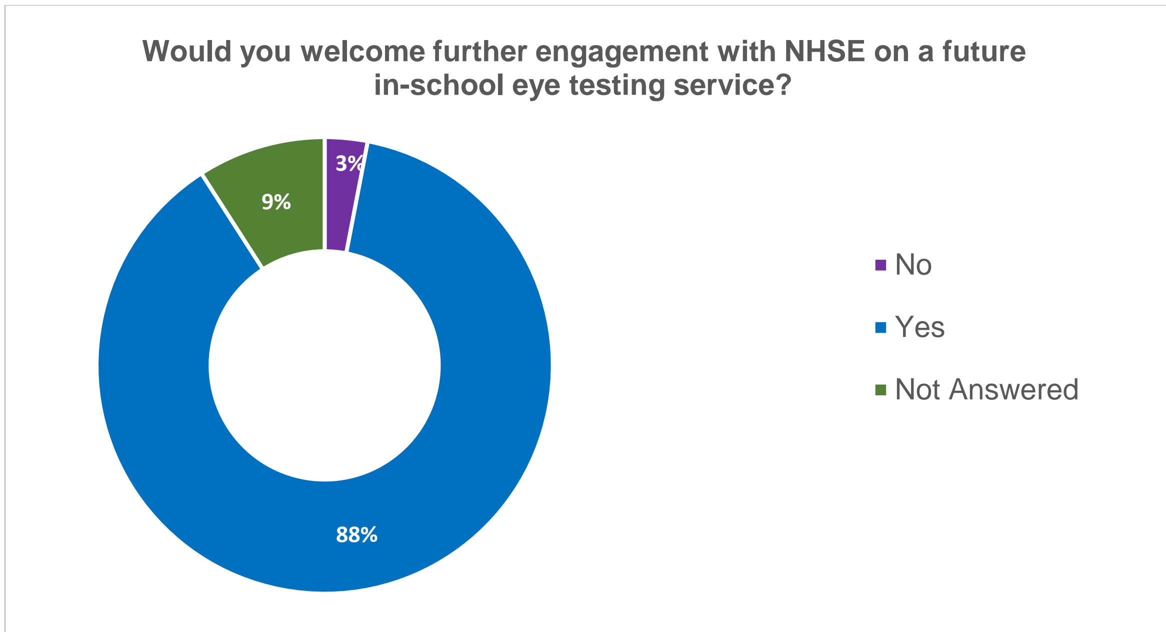


In terms of future engagement, 88% of respondents reported that they would welcome future engagement about services and participation, and 80% of respondents stated that with better information they would have been likely to participate in the proof of concept. In respect of information, schools were particularly keen to better understand the availability of the service, the resources required and the ask and requirements on the school.

"Our Head of Care has previously tried to arrange on-site eye testing for students, but this has not come to completion. We would be very interested in joining the proof of concept , or accessing any other eye testing services following on from it."

“We are involved in the Hearing Checks Proof of concept and would have loved to have been involved.”

“Would need more info on 'how often, how much time it takes and is there restrictions for some students on it.”



8. Key Findings: Optometrists and Dispensing Opticians

8.1 Introduction

Three independently facilitated workshops were held from the 31st of October to the 1st of November 2022, with Optometrists and Dispensing Opticians from the London, North East and Yorkshire and North West regions invited to attend. The workshops had three primary objectives, set out below.

i) To consider the perspectives of our provider colleagues to understand the overall impact of providing the sight testing service to date.

ii) To identify the strengths to date and potential areas of improvement for delivering testing within the school setting.

iii) To understand the strengths to date and potential areas of improvement in the relationships between the sight team(s), schools, children and parent carers / care and welfare deputies.

The workshops were structured to seek engagement and feedback from the attendees on the three key questions set out below.

i) What has worked well within the proof of concept ?

ii) What have been the barriers to service delivery that we need to overcome?

iii) What might be required for the service to work successfully into the future?

8.2 Delegate Analysis

Table 8.2.1

Workshop Invitation and acceptance statistics.

Profession	Invitees	Invitations Accepted	Declined / Nil Return	Acceptance Rate
Optometrists	38	27	11	71.1%
Dispensing Opticians	33	26	7	78.8%

Table 8.2.2

The overall total workshop attendance by profession, across the three facilitated workshops.

Profession	Attendance Numbers	Invitee Attendance Rate	Accepted Invite Attendance Rate
Optometrist	20	52.6%	74.1%
Dispensing Optician	21	63.6%	80.8%

The conversion rate from initial invitation to workshop attendance ensured that a majority of practitioners from both professions were able to give their feedback as part of this evaluation process. Service provision commitments to patients and personal diary circumstances were a known barrier to workshop attendance. However, the attendance rates demonstrated strong engagement from the invitees.

Table 8.2.3

Total rate of overall total schools and regional schools represented by either an optometrist, dispensing optician, or both, at a workshop. It is worth noting several individual practitioners provide the service to multiple schools.

Schools	Total Schools	Workshop Representation	Representation Rate
All Schools	83	68	**81.0%**
London Region	30	26	**86.7%**
North East & Yorkshire	29	21	**77.8%**
North West	23	21	**91.3%**

The representation rate in column four above can be considered high. This has ensured that the practitioner experiences of and working practices within, the SSEC service, for the over whelming majority of schools and regions, have been presented during the workshop process.

8.3 Workshop Discussion and Thematic Analysis

During the three facilitated workshop discussions notable themes emerged. These have been summarised below, with accompanying quotes from the delegates that reflect these key themes.

8.3.1 Access to Health Care

Each facilitated workshop commented on the number of young people seen in the service who had apparently had no previous eye care or eye tests.

“70-80 of the children I have seen had not had a previous eye test. We are seeing young people and making a significance difference.”

“It was remarkable how many of the children seen had had no previous eye care; many of whom had required intervention and as a result of the service received glasses.”

“Children I saw often talked about their siblings having eye tests but not them.”

“The atmosphere in the school consulting area is very relaxed. Not unheard of for child's parent to be involved in the assessment. This gives the parents confidence.”

There was a consensus amongst participants that the service had been able to provide eye tests and eye care to young people who would be unable to access a service in a high street location.

“We have sufficient time, space and support to test the eyes of children with quite significant needs. Being in school – a setting that is familiar, quiet and perceived as safe for young people – we can connect and explore with young people. I have successfully tested the eyes of children with ADHD, who are mute and are autistic who would never attend a high street setting.”

“It is important to note that some children have parents who are themselves disabled and struggle to access mainstream NHS services.”

In each workshop there were practitioners who also worked in a secondary care service. These noted that hospital eye services are not readily accessible to this cohort of young people. Further there was a consensus understanding amongst all participants attending workshops that children who miss/do

not attend two or more outpatient appointments are often discharged from secondary care with significant ongoing sight issues. The service was repeatedly described in each workshop by the majority of delegates to be picking up children who had dropped out of all local health services or systems of care.

> *"If you DNA twice in a hospital you are discharged and can fall out of the system. We are finding children with glaucoma that require referral or referral back to secondary care."*

A significant number of practitioners noted that the service receives referrals from hospital ophthalmology services. Four delegates (across two workshops) gave examples of children without significant deteriorating conditions or markers that were able to be actively discharged from secondary care into the service, following discussion with members of the secondary care team, for ongoing follow up. These delegates sought confirmation that the evaluation of service would quantify the number of children no longer receiving ongoing hospital-based care.

Observations were made by seven delegates (across all three workshops) that in areas with higher than average levels of deprivation the service had made additional impacts as levels of eye care tests amongst the general population were considered by attendees to be significantly below average.

8.3.2 Quality

There was a consensus amongst participants from this cohort (Optometrists and Dispensing Opticians) that there had been an ongoing positive impact by the service on the learning outcomes and behavior of young people whilst at school. The service was considered to have changed attitudes to wearing glasses in school.

> *"Once you are a few months down the line, interacted with teachers and parents, half the class (44% stats) will be wearing glasses whereas there would only be a few to start."*

> *"There is a notable increase in the number of children wearing glasses in the school once the service has been in place – its infectious, once teachers are aware of the need for glasses, parents too, more and more children are happy to wear the glasses."*

Each workshop had a discussion about how working with school staff, both teachers and teaching assistants, to explain the specific needs of individual young people had led to changes in how children, with complex needs, are supported at school.

> *"The report we write for the parents /teachers makes an impact – we can explain*

how there is reduced acuity and lost peripheral vision can be mitigated – this is often the first-time parents/teachers have received this information and can act on it. For example, one patient had complete field loss on one side – the parents haven't been aware of this. Having that explained is a benefit."

"Discussing needs with teachers and TAs, often on individual cases, to explain how the teacher could help. For example, those that have only left peripheral vision can be seated in a certain way in the class."

"A minus 14 child had glasses in the backpack, non-verbal, teachers weren't aware. Once needs explained the teachers encourage the child to wear glasses."

"Lots of glasses left unused in draws in the past. Now we can do comprehensive eye tests and give support to those people working with children daily, to encourage glasses wearing."

In each workshop many delegates recounted numerous cases – patient stories - where the sight test had led to significant prescriptions being given to young people that had measurable gains in the quality of life experienced by the young person and the learning outcomes they achieved.

"A +7.50 child received a script and behavior improved massively."

"It is a very rewarding service to work in. Seeing children with the correct fitting glasses is a joy, I saw more than 10 children with very significant sight problems, -10 or +4, that once corrected the vision gained is incredible. Children become far more engaged in learning, reading, and able to see the words they write on paper."

"Too often children are assumed to have too great a learning disability and unable to learn, when sight is an issue too and on correction learning outcomes improve and activities of daily living improve."

Further example cases were given by three participants where the service and eye test diagnosed other conditions that could have been avoided if the young person had accessed an eye test before.

"In one patient an Amblyopia developed that could have been avoided if they had accessed the service sooner."

"Behavior turns around."

“A troubled child got everything they needed.”

“There is a knock-on positive impact on families, ability to communicate and independence skills.”

Each workshop had a discussion about the benefits of the service providing glasses without charge, there was a consensus amongst practitioners noting how hard it was for parents and carers to access high quality, lightweight and comfortable frames that were affordable for this cohort of young people. There was an accepted agreement amongst all attendees that many children received significant prescriptions that could have resulted in thicker heavier lenses. The service has been able to offer young people lightweight lenses or a thinning service free of charge that has made glasses lighter and more comfortable for young people to wear. Each workshop commented on how lens and frame upgrades are unaffordable to most parents outside of the service resulting in children who do receive eye care receiving heavier glasses which in turn leads to lower use of glasses by children.

Dispensing Opticians attending the workshops in particular made reference to the voucher scheme not being successful and unsuitable as an option. They referenced research where 70% of children when given vouchers did not access the scheme, it would be prudent to understand more about this research referenced to inform any future model linked to voucher provision.

“The service offers upgrades that don’t have to be paid for by parents which helps with compliance significantly – you must remember that many children in this cohort, I wished I had audited this, have higher prescriptions which lead to thicker, heavier lenses. These glasses can be uncomfortable for users. Lighter lenses and/or thinning of lenses is expensive and many people choose not to choose this upgrade.”

There was a consensus in workshops that the service can personalise frames for children to a level that would not normally be offered in the high street or be affordable to most parents. Several examples were given by participants where bespoke frames were made by teams on site from two pairs of glasses using bands to hold glasses in place.

For this cohort of young people who frequently struggle to wear glasses the opportunity to personalise products was considered invaluable by all and when coupled with the support of the school staff to encourage children to persevere with wearing glasses led to children wearing their glasses for longer.

“We can fit amazing glasses - appropriate frames are hard to find for this cohort of children we are frequently personalizing frames to a level that we would not normally be able to do – often using two frames for a child and band that holds the

glasses in place – a truly personalized and comfortable service!"

"Really good to be able to provide light weight lenses the upgrading, thinning, service is free and taken by all parents."

The service provided young people with two pairs of glasses. This was considered by those attending the workshops to be an invaluable element of the service offered. Whilst participants noted that glasses were rarely lost, glasses were often damaged. The offer of an onsite repair service was welcomed by teachers and parents, however it was noted that the school holidays impacted on repairs accessibility as the service is provided in term time only. It was deemed that the provision of two pairs of glasses mitigated this gap in provision.

It's really good for children to have a spare pair of glasses; but the repair service offered is well used

8.3.3 Commissioning, Contracting and Payment

All delegates raised concerns about the service, in respect of current and future barriers to delivery, that can broadly be categorised as commissioning, contracting and payment matters.

There was a consensus at workshops amongst delegates that significant time, effort and capital had been invested into establishing and operating the service by providers. All delegates agreed that NHSE had always heralded the launch of the new service, describing and entering in to 3-year contracts with providers. On the back of this commitment thirteen optometrists (across all three workshops) had chosen to give up other contracts work to create the capacity to provide the service for NHSE. The evaluation, notice to providers and uncertainty being created now, is deemed by all attending workshops as presenting a high risk to the service and its users and is resulting in stress and uncertainty for the majority of practitioners. A notable concern made in each workshop was if the service was not recommissioned the current workforce will be lost and could not be relied upon to return to future contracting with NHSE.

"NHSE need to understand that the uncertainty and requirement to continually renew the service and renegotiate the contract will be a disaster."

"When a contract is signed there is a financial commitment. Tied in for 3 years with risk of paying money back. Although the service has been going for 3 years, I have spent money over and beyond the grant; on equipment, trolleys, crates, laptops… I'm very frustrated that I have invested £12k and the contract is being cancelled. For one party to unilaterally cancel could potentially be a breach of contract. The 'Proof of concept' description of this service was never mentioned at any point."

“Contracts are normally for 3 years. We have invested in this service above and beyond, such as IT and have now been told that the contract is being cancelled. Very frustrating and concerned for patients.”

“There was a level of dishonesty. This service was never described as a proof of concept to us at all.”

In response to these concerns there was a consistent request by those attending for future stability and contract clarity, with existing funding retained. This would provide certainty of provision to all concerned and stop their focus being distracted by contract renewal discussions.

“We need a stable contract... We are being asked to put a lot of effort into the service and not getting shed loads of money in return. We want stability of school and service duration, allowing continuity of care and relationships with the school and pupils.”

“The lengthy process of initial packs being sent out to schools and eye care teams, then signing off the contract was wearing out everyone’s patience. Some colleagues then couldn’t start, as the scheme was put on hold for new contracts.”

Workshop one specifically discussed how the service would benefit from greater overall NHSE guidance and leadership. The was wide-spread perception in the workshop that that the lack of a coordinated point of contact, or responsible officer, has led to contract negotiation and finalisation delays. Related to this discussion point, participants noted that they are in effect an advocate for their patients and can speak on their behalf with commissioners.

Looking to the future, delegates were passionate about ensuring a universal offer was made to all eligible children [making this a universal service], with a national roll out mechanism. Each workshop described how this would build confidence in secondary care providers to allow higher levels of discharge from consultant led ophthalmology services relieving the burden on the NHS. A universal offer – with locally negotiated referral pathways with consistent entry and exit criteria with secondary care teams - across a hospital footprint is well known to be important for hospital teams to be able to repatriate children to primary and community care services.

Each workshop identified schools who wanted to access the service but were unable to do so. Furthermore, several delegates advocated the benefits of the service being extended to secondary schools. This would support continuity of care and prevent children from having to return to mainstream high street services or drop out of the health system altogether.

“I really want this service to go to all SEN schools. This would relieve the NHS burden and would help colleagues know which patients are eligible for hospital discharge”

All participants felt strongly that both prescribing and dispensing must be independent of profit, if the service were to continue to put the needs of children and young people first. There was strong support to retain the current payment system. It was felt to be vital that dispensing remain as part of the service.

Each workshop consistently heard the opinion that clinicians should determine the frequency of appointments and follow up. This should be independent of health commissioners / budget holders, as it is not always possible to fully assess a patient in one appointment due to their specific and often complex behavioral needs.

Several delegates noted that some manufacturers supplying the frames and lenses had not been paid by NHSE. This had resulted in prescriptions not being fulfilled, children having to use the wrong glasses and time having to be invested in reassuring parents.

8.4 Conclusion

There are a number of compound themes to consider as part of the wider evaluation; the benefits of bringing together professionals to review and contribute to service design, evaluation and improvement should be factored into any future model of provision. The co-location of Optometrist and Dispensing Optometrists with education teams in school is deemed by the profession as an important aspect of the service through which to upskill the teams that work with the children, in understanding the importance of sight and compliance and has led to health gain, educational improvement and quality of life.

To ensure the sustainability of provision NHSE may want to consider how they can work promptly with the profession to establish new ways of working that frontline practitioners have confidence in. It is important to reiterate that providers deemed that decommissioning the service will result in standing down the workforce who will return to the high street and/or other contracts for service.

Coupled with the role of children’s families the service is an excellent example of true integrated working, that has the potential in the short term to reduce demand on specialist secondary care services and more importantly, improve outcomes for children living with a disability. A strong commissioning framework based on need should provide a robust vehicle for practitioners to support delivery and achieve the desired outcomes for children and their families.

9. Conclusion & Next Steps

This report has summarised the findings from the survey carried out during September and October 2022 which sought to understand the views of schools, pupils, parents, carers as well as the three events held with Optometrists and Dispensing Opticians to explore the benefits and effectiveness of the current service in Participating Schools.

This research has identified an overwhelming level of support for ongoing provision from all cohorts. However, there are number of factors that should be considered in context of the wider evaluation. These include, but are not limited to, desirability of the service, the strength of engagement between the eye testing professionals and pupils, parents and carers, the attainment and social impact on children after prescribing them with glasses and the number of children that had had tests and been prescribed glasses prior to the in-school proof of concept .

This evaluation has highlighted a number of opportunities which can be built upon in developing future commissioning intentions. It is important that this report forms part of a holistic view for Commissioners to consider. NHSE can optimise the future model of provision and outcomes derived, to ensure any ongoing provision meets the needs of children and young people and fully realises the ambition set out in the NHS Long Term Plan.