



Children's Services

Service Guide for Practices and
Practitioners

November 2025

Primary
+ Eyecare



Contents

| | |
|--|-----------|
| Introduction | 3 |
| Overview | 3 |
| Terminology | 4 |
| Local Variations & Local Service Summary One-Pagers | 4 |
| Inclusion and Exclusion Criteria | 5 |
| Entry to the Service | 6 |
| Service Delivery | 7 |
| Service Outcomes | 7 |
| Service Pathway Diagrams | 8 |
| Failed to Engage, Did Not Attend, and Was Not Brought Policies | 10 |
| Patient Feedback and Equality and Diversity Monitoring | 10 |
| Completing an episode through the IT platform | 10 |
| Audit and Quality Assurance | 11 |
| Requirements for Providing Service | 12 |
| Equipment | 12 |
| Clinical Accreditation | 12 |
| Practice Requirements | 13 |
| Practitioner Requirements | 13 |
| Failsafe | 14 |
| Additional Information | 15 |
| Payment Process | 15 |
| Service Issues and Complaints | 15 |
| Updating Practice & Practitioner Information: | 15 |
| Supporting Materials | 15 |
| Support Pages | 15 |
| Further Information and Support | 16 |



Introduction

NHS-funded community eye care services are locally commissioned and distinct from the standard General Ophthalmic Services (GOS) sight test. Delivered primarily by accredited optometrists, they offer specialised, accessible care in community optometry settings, reducing pressure on hospitals and improving patient outcomes. Primary Eyecare Services are a not-for-profit provider that work in partnership with Local Optical Committees (LOCs) and community optometry practices to deliver these high-quality services.

This guide is intended for:

- optometrists delivering the service
- support and administrative teams supporting the delivery of the service
- practice managers and owners responsible for service compliance and oversight

Overview

Primary Eyecare Services provide two services specifically for Children.

The **Post Vision Screening service (PVS)** is provided in community optometry practices for patients identified during school screening as not meeting the visual standards expected.

Patients identified as requiring PVS during screening will be referred into the service by the visual screeners. A participating community optometry practice will then undertake a thorough eye examination including cycloplegic refraction.

The service ensures that any pathology or refractive error is identified, and the patient is managed appropriately.

The **Integrated Children's Service (ICS)** is provided in community optometry practices for patients who have been referred to or who are already under the care of the Hospital Eye Service (HES) but are identified as suitable to have certain aspects of their care managed within community optometry practices. Those patients newly referred into HES may be identified during triage as being suitable for the service.

Patients are directed to participating community optometry practices to have refraction and/or other assessments.

For those patients already under the care of the HES, the results are fed back to the HES, who remain responsible for their continued management.

Those identified during triage may be discharged from the service if the assessments indicate no requirement for HES intervention.



The Children's services support:

- reducing unnecessary travel to hospital
- supporting care closer to home
- reducing unnecessary HES clinic appointments

Terminology

Children's Services are also known as the following, and these may still be the service names in some areas:

- Community Children's Optometry Service
- Pediatric referral refinement service
- Pediatric shared care
- Children's integrated pathway

Local Variations & Local Service Summary One-Pagers

This practice guide outlines the standard and/or most common pathway for this service.

However, local variations in access, service delivery, pathways and protocols may apply. It is important to use this guide alongside the local service summary one-pagers, [available here](#).

Please speak to your Primary Eyecare Services Clinical Lead or email hello@referral.support for further information about your local service.

Variations in the PVS and ISC services pathway include:

- time frame for review 6 or 8 weeks
- acceptance criteria based on VA findings
- entry to service by patient (IT transfer, paper based or SPoA)
- payments per pathway step – most areas do not fund the 6/8-week review



Inclusion and Exclusion Criteria

Inclusion Criteria

- Patients registered with a GP in an Integrated Care Board that commissions a Children's Service.
- Patients under the care of a Trust who commissions a Children's service.
- Patients under the age of 18.

PVS

Child identified at school screening as:

- worse than 0.2 LogMAR in one or both eyes
- child unable to complete the test*

AND/OR

- patients referred/signposted to service by health care provider or Eyecare Navigation Service.

* This assumes the child was unable to complete the test at the initial vision screening visit. If the vision screening team have performed a re-test and the child is still unable to perform, they may be referred directly to HES depending on local vision screening protocols. Children who are unable to be screened because they are absent from school and home-schooled children may be referred into the community eye care service, depending on local vision screening protocols.

ICS

- Eligible children will have reduced vision but no other significant ocular abnormality requiring specialist intervention.
- Children suitable for the integrated service will typically be aged 4 and over. However, referrals for younger children may be included if considered suitable by the clinical leads.

Exclusion Criteria

- Patients registered with a GP in an Integrated Care Board that does not commission a Children's Service.
- Patients aged 18 years of age or over.
- Children with complex needs and/or severe learning disability will continue to be seen within the hospital service (or alternative local community provision).
- Children with ocular co-pathology may also be considered more suitable for the hospital paediatric service.



Entry to the Service

Self-Presentation

- Patients cannot self-present to these services.

Intra-Practice Referral

- This is not applicable as patients should only be booked into clinical assessments with optometrists who are accredited to provide the services.

Inter-Practice Referral

- This is not applicable as patients will be signposted to accredited/participating community optometry practices only.

Signposting From Health Care Professional

- Vision screening teams identify patient as being suitable for the service and provide a list of accredited community optometry practices.
- Health Care Professional identifies patient as being suitable for the service and provides access to Primary Eyecare Services Eye Care Navigation Service.
- In localities where all ophthalmology referrals are managed and triaged through Primary Eyecare Services Eye Care Navigation Service.
- Transfers episode to patient's accredited community optometry practice of choice via IT Platform.



Service Delivery

Patient will be booked into the community optometry practice for an appropriate allocation of clinical time with an accredited optometrist.

The clinical assessment may include:

- GOS sight test
- measurement of unaided vision with crowded LogMAR test with patch on either eye
- cover test (distance and near) and stereopsis
- cycloplegic refraction at an appropriate timeframe after instillation of G. Cyclopentolate 1% (suggested minimum 25mins)
- fundal examination – either BIO 20D or 90D or direct ophthalmoscopy
- prescribing of glasses if appropriate
- information to referring team and child's registered GP practice that child has been seen and of outcome of attendance by completing standard documentation

Service Outcomes

Following completion of the service pathway, outcomes are as follows:

PVS

- discharge from service into GOS recall
- routine referral to Ophthalmology
- urgent referral to Ophthalmology
- routine referral to Orthoptics
- urgent referral to Orthoptics

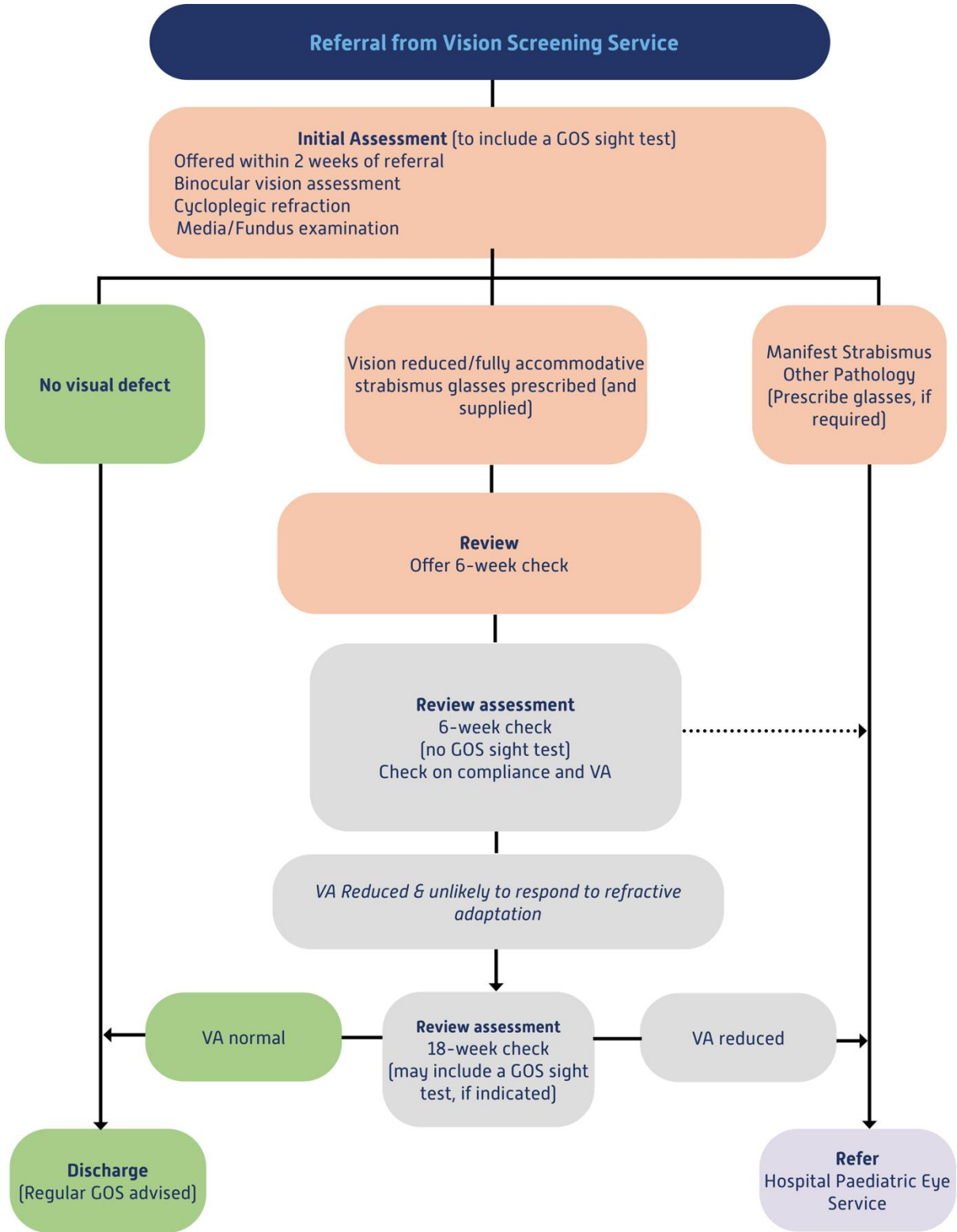
ICS

- discharge from service into GOS recall
- continuation of HES review (for patients already under HES)
- routine referral to Ophthalmology
- urgent referral to Ophthalmology
- routine referral to Orthoptics
- urgent referral to Orthoptics

The patient should be informed of the outcome and expected next steps and offered sources on further information and support (see Additional Resources) in line with [Eye care support pathway](#) principles.

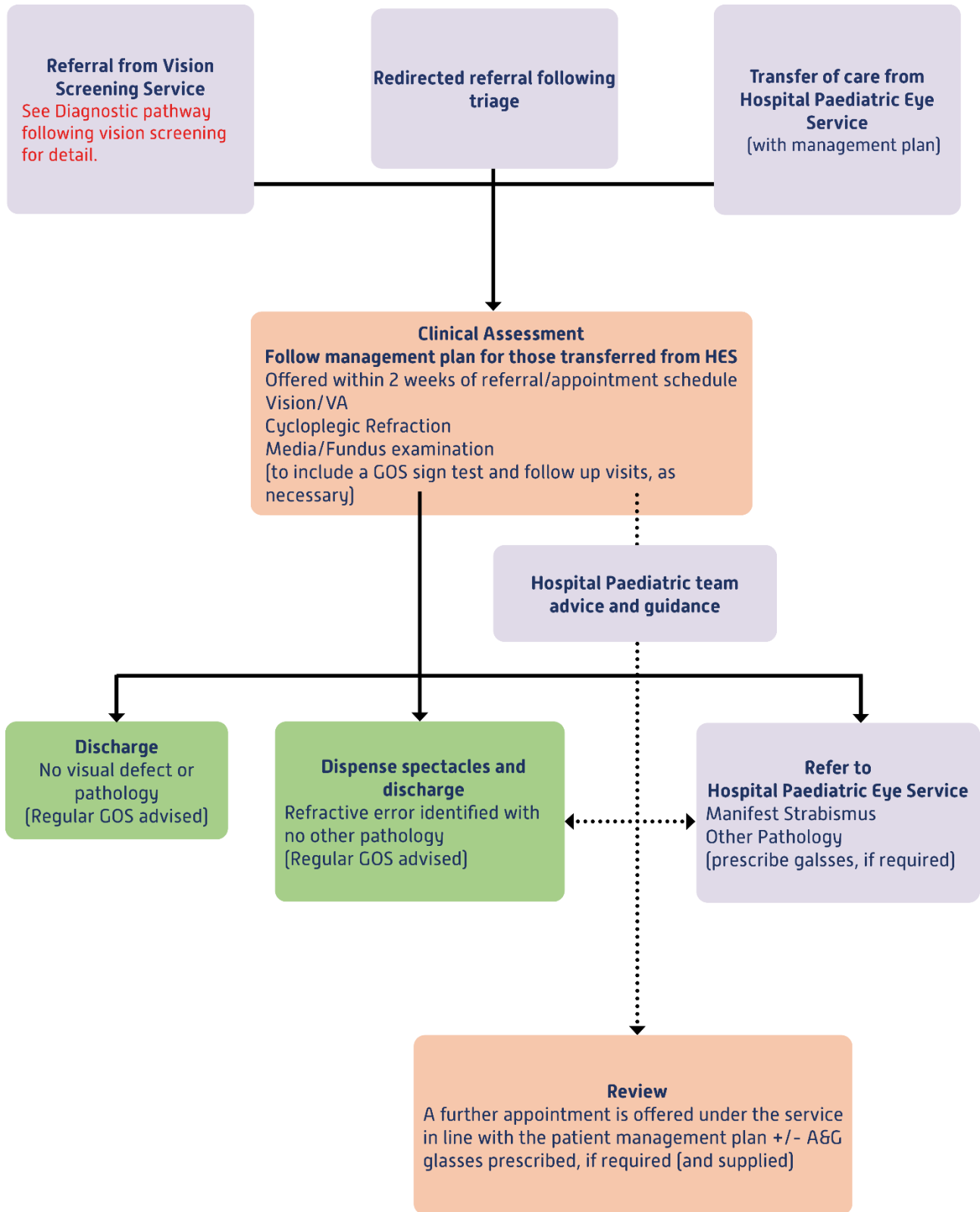
Service Pathway Diagrams

Post Vision Screening:





Integrated Children's Service:



Upon discharge/onward referral, information is sent to the hospital paediatric service, offered to the parent/carer/guardian and copied to the GP.



Failed to Engage, Did Not Attend, and Was Not Brought Policies

Provision of community eye care services requires practices to manage and record all instances of patient non-engagement or non-attendance to appointments.

For information about Primary Eyecare Services Failed to Engage (FTE), Did Not Attend (DNA) and Was Not Brought (WNB) Policies, please [click here](#).

Patient Feedback and Equality and Diversity Monitoring

- Patient feedback is crucial for our community eye care services to demonstrate the value of services and to enable service improvements.
- Please encourage all patients to complete patient feedback.
- Equality and Diversity information is also requested.
- Feedback is usually collected via text or email and comprises of a few short questions.
- If a patient can't complete patient feedback through SMS or email, you can support them in completing this: [Completing PROMS where a patient has asked for support](#).

Completing an episode through the IT platform

All clinical episodes must be recorded on the Primary Eyecare Service IT platform within 48 hours.

Please note that the service needs to be selected in the Practice Profile in order to complete an episode through the IT platform. [My Services - checking, adding and removing services](#)

Please use the following link for a step-by-step guide to completing an episode through the IT platform. This guide can be saved as a PDF and/or printed as required.

The Primary Eyecare Services IT platform requires the recording of data appropriate for service delivery. This does not replace the need to keep a full record of the clinical episode on the Practice Management System (PMS).

- [Completing the Post Vision Screening Service module for Primary Care](#)
- [Completing the Integrated Children's Service module for Primary Care](#)



Audit and Quality Assurance

Primary Eyecare Services has a comprehensive programme of audit and quality assurance in place to ensure that all services are delivered in accordance with national and local standards.

Clinical leads undertake structured service level audits every quarter to monitor performance at a practitioner and practice level to ensure compliance with agreed protocols. Audit reports review activity levels, appointment types, referral patterns, access timeframes, clinical outcomes, and patient-reported feedback (PROMS/PREMS).

Where audit findings highlight outliers or concerns, clinical leads will work with practices and practitioners to identify the cause and to agree any indicated action plan.

Practices have access to their own service data via the [Practice Audit Dashboard](#), enabling practices to monitor their performance benchmarked against national data.

Subcontractor Performance Management

Primary Eyecare Services monitors the performance of subcontracted community optometry practices through regular audits and a structured breach process. This supports service quality, patient safety, and contractual compliance. Further details are available [here](#), or in the [Primary Eyecare Services Policy Pack](#).



Requirements for Providing Service

Please find below the equipment and accreditation required for community optometry practice and practitioners to provide community eye care services and access the Primary Eyecare Services IT platform. These requirements should be read alongside the [Primary Eyecare Services Policy Pack](#).

Equipment

All practices providing the service are required to have the following equipment available:

- access to the internet and IT platform
- means of indirect and/or direct ophthalmoscopy (Volk/headset indirect ophthalmoscope or direct ophthalmoscope)
- slit lamp
- stereopsis tests
- age-appropriate trial frame/phoropter kit
- distance test chart – LogMAR / Near test chart
- appropriate ophthalmic drugs (Cycloplegic/ Mydriatic / Anaesthetic / Staining agents)

Clinical Accreditation

Optometrists

All participating practitioners will have the core competencies as defined by the General Optical Council (GOC).

Participating practitioners are expected to keep their knowledge and skills up to date which may include:

- including the provision of community eye care services in GOC personal development plans
- this may be supported [Primary Eyecare Services Professional Development](#) webpage

Participating practitioners must complete the WOPEC/LOCSU Paediatric Distance Learning modules (there may be some local additional accreditation requirements in some areas).

A code to allow optometrists to complete the [WOPEC](#) accreditation can be provided by your [Local Optical Committee](#).



Pre-Registration Optometrists (pre-regs)

As part of the Scheme for Registration, Pre-registration Optometrists (pre-regs) are required to see at least five 'other' patients, with one of the eligible services being Post Vision Screening.

Pre-regs can conduct the patient consultation with appropriate supervision, complete the clinical record on their practice patient management system (PMS), and document findings and clinical decisions made.

The supervisor must physically examine the patient following the pre-reg's assessment, signing off the consultation on the Primary Eyecare Service IT system with notes on the patient record. The supervisor will then complete the final clinical assessment on the Primary Eyecare Service IT Platform. Supervisors maintain full clinical responsibility for patient care.

Practice Requirements

All practices providing the service are expected to have at least one accredited practitioner regularly available to provide the service.

Full practice requirements and onboarding guidance can be found here:

[Practice Onboarding](#)

Practitioner Requirements

Full practitioner requirements and onboarding guidance can be found here:

[Practitioner Onboarding](#)

Practice and practitioner compliance and practitioner accreditation requirements are continuous and ongoing; should the practice or practitioner no longer satisfy these requirements then they must inform Primary Eyecare Services at hello@referral.support and cease providing this service. Guidance on this process is available on the [Service Withdrawal](#) help page.



Failsafe

Effective management of patients requiring the children's service is essential. It is crucial that all necessary actions are completed to ensure continuity of care and compliance with clinical governance standards.

Primary Eyecare Services has a dedicated Failsafe Team that provides comprehensive support to practitioners, ensuring patients are scheduled and seen within appropriate clinical timeframes.

To ensure the Failsafe Team communications are received, it is essential to [keep all contact information up to date](#) . This includes ensuring that designated staff members responsible for the low vision service are correctly listed and able to receive correspondence.

Community optometry practices are expected to respond to emails from the Failsafe Team, providing explanation for any delays in updating patient episodes within the required timeframe.

If you require Failsafe Team support, please contact the team on pes.quality.pes@nhs.net



Additional Information

Payment Process

For information about invoicing and how to track payments [click here](#). Queries should be directed to hello@referral.support or via the 'blue bubble'.

Service Issues and Complaints

Primary Eyecare Services have a dedicated Quality Team who manage service issues and complaints.

To raise any concerns about this service, please contact quality@primaryeyecare.co.uk

Updating Practice & Practitioner Information:

Please refer to the dedicated help page for information on practice and practitioner profiles, updating information and making annual declarations:

[Practice and practitioner profiles - IT Platform](#)

Supporting Materials

- [Eye tests for children - NHS](#)
- [Eye care support pathway](#)
- [Children's eye health advice - Why vision matters](#)

Support Pages

- [Primary Eyecare Services Policy Pack](#)
- Children's Services Help Guides:
 - [Children's Services Help Pages](#)
 - [Children's Service Local Service Summary One-Pager Variations](#)
 - [Completing the Integrated Children's Service module for Primary Care](#)
 - [Completing Post Vision Screening Service module for Primary Care](#)



- Support Pages:

- [My Services - checking, adding and removing services](#)
- [Practice Onboarding](#)
- [Practitioner Onboarding](#)
- [Practice and practitioner profiles - IT Platform](#)
- [Service Withdrawal](#)
- [Changing Email Preferences - IT Platform](#)
- [Practice Invoices and Reconciliation](#)
- [Failed to Engage \(FTE\), Did Not Attend \(DNA\) & Was Not Brought \(WNB\) Policy](#)
- [Completing PROMS where a patient has asked for support](#)

- Additional Links:

- [Primary Eyecare Services Professional Development](#)
- [Wales Optometry Postgraduate Education Centre - WOPEC](#)
- [Local Optical Committee](#)

Further Information and Support

For further information, [click here](#) to view all our help guides.

Further queries should be directed to hello@referral.support or via the IT Platform 'blue bubble'.