

**Stockport**

Name of Scheme:		Stockport Children's Refraction Scheme
Date of commencement:		1998
Area Covered:		Stockport
Optometry Contact:	Name:	Trevor Warburton
	Position:	LOC Chairman
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	Phone:	0161 480 6432
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Administrative Contact:	Name:	
	Position:	
	Address:	
	Phone:	
	Fax:	
	e-mail:	
Type of Scheme:		Cycloplegic refraction following orthoptist screening
Accreditation:		Yes
Training requirements:		Yes
Fee Paid:		£25 + GOS STF
Audited:		No

**Further information:**

In common with many areas, Stockport screens children for visual problems at the age of 3<sup>1</sup>/<sub>4</sub>. The vision screening takes place in community clinics and has been conducted by orthoptists for the past two to three years. At the same time, the local ophthalmologists at Stepping Hill Hospital have had less and less time available to refract children with problems, and there is no hospital optometry department. There are sessional community optometrists who provide follow up care, but not enough to cope with the new referrals from the vision screening. Recruitment to the sessional community posts has been difficult.

Approximately 200 children screen positive each year and require further investigation. The Health Authority and Community Trust prefer that such children are dealt with in the community unless they have sufficient problems to require referral to the hospital orthoptic department. To provide sufficient available sessions, on a regular basis spread throughout the district, would require an excessive number of community optometric sessions, given the figure of 200 children.

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Discussions between the Local Optometric Committee, the Community Trust and the Health Authority have led to a scheme involving local optometrists in the care of these children. After screening positive, parents of the children are given a list of participating local optometrists to whom they can take their child. The optometrist receives an initial report from the orthoptist, performs a cycloplegic refraction, prescribes if appropriate and sends a report back to the orthoptist. Follow up of the child for acuity checks or patching takes place in the community clinic, whilst the optometrist re-refracts at the interval they deem appropriate.

All optometrists in the area were invited to take part. Thirty-two chose to do so, representing 27 practice locations, which is about half the number of practitioners involved in the local diabetic shared care scheme. This was much as we expected, since examining three-year-olds is not to everybody's taste. It does, however, represent almost 75% of the practices in the locality. All attended an evening workshop which included demonstrations of various investigative techniques, modified indirect ophthalmoscopy and a lecture on "Prescribing Guidelines for Children", from Dr Ivan Wood of UMIST.

The participating optometrists all sign an agreement with the Health Authority that they will examine any referred children under cycloplegia and report back. In return, they are paid a fee of £25 for completing the report in addition to the GOS sight test fee. This fee is paid once only, at the first refraction. The claim form is simply clipped to the GOS1 and submitted to the Health Authority, who pay the fee alongside normal GOS payments

The optometrists involved feel that this is a reasonable fee. From the Health Authority's point of view they provide a service to local children operated from a wide choice of 27 locations throughout the area. Waiting time for appointments is minimal, there is very little administration and the annual cost is around £5,000 plus a little printing. This is far less than the cost of providing sufficient community optometrists, even assuming that they could be recruited.

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### Stockport children's refraction scheme

This scheme provides for the referral of children from community clinics to local optometrists for cycloplegic refraction following screening at age 3 1/4 by orthoptists.

Any request for cycloplegic refraction that stems originally from the 3 1/4 screening should be on form CR-1. Due to non-attendance, re-checks of acuity etc, children may sometimes be rather older than 3 1/4 when cycloplegic refraction is requested, although the original screening will have been the 3 1/4 year one.

The orthoptist will provide qualifying children with form CR-1, and their report (CR-2), together with a leaflet listing the participating optometrists.

The parent can take the child to any of these optometrists, who will perform a cycloplegic refraction and assessment and will provide a prescription for spectacles if appropriate. The prescription can be taken elsewhere for dispensing if desired. The optometrist reports back to the orthoptist using the bottom section of form CR-1 and arranges to recall the child for further refraction at the interval they deem appropriate.

Form CR-3 can be used to report findings following subsequent NHS eye examinations, although optometrists may use their own reporting forms if they prefer. Form CR-3 is not available from the stationery office. Please photocopy as required. Further originals are available from Trevor Warburton (Tel: 0161 480 6432).

The orthoptist will arrange further appointments in the community clinic for acuity checks or amblyopia therapy as appropriate.

The optometrist may claim a fee for the service, on the first occasion only, using the top section of form CR-1. This is to be submitted to the Health Authority, stapled to the GOS-1.

All participating optometrists must sign an agreement with the Health Authority, which outlines the procedure to be followed. Fees will only be paid to these practitioners.

New practitioners may join the scheme on request, subject to meeting accreditation requirements. These are as follows:

1. *Spend half a day with Dr Ivan Wood in his paediatric refraction clinic at Stepping Hill Hospital.*

or

2. *Show evidence of recent attendance at a paediatric optometry course.*

If you have any questions, please contact the LOC Chairman (Trevor Warburton) on 480 6432.

# **Service agreement**

between

**Stockport Local Optometric Committee**

(on behalf of optometrists participating in the 3 1/4 year olds  
cycloplegic refraction service)

and

**Stockport Health Authority**

August 1998

**Stockport**

**Service agreement**  
between  
**Stockport Local Optometric Committee**  
(on behalf of optometrists participating in the 3<sup>1</sup>/<sub>4</sub> year olds  
cycloplegic refraction service)  
and  
**Stockport Health Authority**

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**1. Aim of the service**

The aim of the service is to provide cycloplegic refractions, prescriptions, reports and referrals where necessary, for children referred from the 3<sup>1</sup>/<sub>4</sub> year olds screening service, in settings as near to the child's home as possible and at times most suitable for the family.

**2. Service summary and level**

The service will be provided by approximately 37 optometrists in approximately 30 optometric practices across Stockport - the exact number will be provided on a list and kept up to date.

A consultation is requested by an orthoptist, who completes and signs forms CR-1 and CR-2 (see appendix) which are then taken to one of the optometrists on the list.

The projected activity is approximately 200 consultations per year.

The service consists of:

- i. Carrying out a GOS sight test.
- ii. Refracting the patient under cycloplegia (using 1.0% Cyclopentolate) unless impossible after attempts on two separate occasions.
- iii. Providing a prescription if felt appropriate and indicating any instruction given to the patient/parents (e.g. full time wear etc.).
- iv. Completing the report section CR-1 in full and returning to the orthoptist at the clinic indicated.
- v. Referring the patient back to the orthoptist at the community clinic for any necessary orthoptic treatment (a follow-up appointment may already have been made).

**3. Quality**

The service will be provided to General Ophthalmic Service standards.

To join the list of practitioners accredited for this service, optometrists must do one of the following:

- i. Attend the introductory/educational meeting in September 1998.
- ii. Spend a morning with Dr Ivan Wood in his paediatric refraction clinic at Stepping Hill Hospital.
- iii. Provide evidence to the LOC of Paediatric CET in the recent past.

**Stockport**

**4. Monitoring**

An agreement will be signed (see appendix) and a list maintained of all those who have signed it. Practitioners will be listed together with the practices they attend. This list will be made available for orthoptists to give to their patients. A fee will be paid for following the protocol and completing and returning the report. Fees will only be paid to optometrists on the list.

A monitoring report detailing the number of practitioners who were on the list for the previous year, along with the number of patients seen, will be produced at the end of the financial year. A copy of this will be provided to the LOC.

**5. Complaints**

Complaints will be discussed initially between the LOC and the HA and thereafter any unresolved problems dealt with under the established complaints procedure.

**6. Costings**

Claims will be sent to Stockport Health Authority for payment attached to GOS1 Sight Test claim forms. The fee paid by the Health Authority for each case will be £25. Given the anticipated 200 cases each year this will cost £5,000 per annum.

Fees will be reviewed by discussion between the parties after two years.

P J Milnes  
Chief Executive  
Stockport Health Authority

T J Warburton BSc FCOptom  
Chairman  
Stockport Local Optometric Committee

Date: / /

Date: / /

**Appendix**

1. Agreement between individual optometrist and HA.
2. Optometrist's report and fee claim form (CR-1)
3. Orthoptist's report to optometrist (CR-2)

**Stockport**

**Stockport Health Authority/Stockport NHS Trust**

**Referral of children aged 7 years and under for cycloplegic refraction**

**Agreement between optometrist and  
Stockport Health Authority/Stockport NHS Trust**

Optometrist:  Practice(s):

I agree to the following:

1. Carry out a GOS sight test.
2. Refract the patient under cycloplegia (using 1.0% Cyclopentolate) unless impossible after attempts on two separate occasions.
3. Provide a prescription if felt appropriate. Indicate any instruction given to the patient/parents (e.g. full time wear etc.).
4. Complete the report section in full and return to the orthoptist at the clinic indicated.
5. State whether I have arranged to see the patient again within six months to check the refraction.
6. Refer the patient back to the orthoptist at the community clinic for any necessary orthoptic treatment (a follow-up appointment may already have been made).

A list will be maintained of all those signing this agreement. Practitioners will be listed, together with the practices they attend. This list will be made available for orthoptists to give to their patients. A fee will be paid for following the guidelines and completing and returning the report. Fees will only be paid to optometrists on the list.

Signed:

HA List No.:

Date:

Full practice address for communication

**Stockport**



Stockport NHS Trust

**CR-1**

**Referral for Cycloplegic Refraction and Report**

To the Optometrist,  
Please refract this child in accordance with the agreed protocol and report your findings using the form below. An initial orthoptic report is attached. A fee may be claimed from Stockport Health Authority by completing the top half of this form and attaching it to the GOS1, provided that you are on the list of participating practitioners.

<b>Patient's Name::</b>	<b>Date of Birth</b>
<b>Address:</b>	<b>Clinic Seen:</b>
	<b>Referredby:</b>
<b>Authorising Signature;</b>	<b>Date:</b>

I confirm that I have refracted this patient in accordance with the agreed protocol and have completed and returned the report form. I claim the agreed fee

Practice Address	..... <i>(Optometrist's Signature)</i>	Address for Payment
<b>Ophthalmic List No:</b>		
<b>Date:</b>		

----- Detach here -----

**Report**

<b>To:</b>	<b>(Orthoptist)</b>	<b>at</b>	<b>(Clinic)</b>
<b>Patient's Name:</b>			<b>Date of Birth:</b>
<b>Address:</b>			

Full Cycloplegic Result										
	Right	Sph	Cyl	Axis		Left	Sph	Cyl	Axis	
Prescription Recommended										
	Right	Sph	Cyl	Axis		Left	Sph	Cyl	Axis	

**Comments:** \_\_\_\_\_ **Re-check in:** \_\_\_\_\_

From (Optometrist)

**Fundus normal: Yes / No**

**Signed:** ..... **Date:** \_\_\_\_\_

**Stockport**



Stockport NHS Trust

**CR-2**

**Report from Orthoptist**

(Referral for Cycloplegic Refraction)

<b>Patient's Name:</b>	<b>Date of Birth:</b>
<b>Address:</b>	<b>Clinic Seen:</b>
	<b>Referred by:</b>
<b>Authorising Signature:</b>	<b>Date:</b>

**Report**

**Visions:** **R** **L**

**Cover Test:**

**Ocular Movts:**

**Binoc. Vis:**

**Comments:**

**Community Clinics**

Adswood Clinic	58 Rostrevor Road, Adswood. SK3 8QP	0161-483 3893
Bramhall Clinic	66 Bramhall Lane South, Bramhall. SK7 2DU	0161-439 7963
Bredbury Clinic	Lower Bents Lane, Bredbury. SK6 2NJ	0161-430 2892
Brinnington Clinic	Brinnington Road, Brinnington. SK5 8BS	0161 430 3383
Brookfield Clinic	Wilmslow Road, Cheadle. SK8 1HJ	0161-428 6290
Cheadle Heath Clinic	Stockport Road, Cheadle Heath. SK3 0NW	0161-480 4873
Cheadle Hulme Clinic	Smithy Green, Hulme Hall Rd, Cheadle Hulme. SK8 6LJ	0161-485 3832
Great Moor Clinic	Store Street, Great Moor, SK2 7HA	0161-483 3686
Hazel Grove Clinic	253 London Road, Hazel Grove. SK7 4PW	0161-456 0777
Heald Green Clinic	Finney Lane, Heald Green. SK8 3JD	0161-498 0855
Heaton Moor Clinic	32 Heaton Moor Road, Heaton Moor. SK4 4NX	0161-443 1029
Heaton Norris Clinic	Cheviot Close, Heaton Norris. SK4 1JW	0161-477 3095
Marple Clinic	Memorial Park, Marple. SK6 6BA	0161-427 1806
North Reddish Clinic	2 Longford Road West, North Reddish. SK5 6ET	0161-432 8951
Offerton Clinic	10 Offerton Lane, Offerton. SK2 5AR	0161-480 0328
Romiley Clinic	Chichester Road, Romiley. SK6 4BL	0161-430 6615
Shaw Heath Clinic	Gilmore Street, Shaw Heath, SK3 8DL	0161-477 5025
South Reddish Clinic	Reddish Road, South Reddish. SK5 7QU	0161-477 3886

**Stockport**

Stockport LOC

**Children's Refraction Scheme Follow-up Report CR-3**

**To:** \_\_\_\_\_ (Orthoptist) at \_\_\_\_\_ (Clinic)

**Patient's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Prescription Recommended**

Right	Sph	Cyl	Axis	VA		Left	Sph	Cyl	Axis	VA

**Refraction:** \_\_\_\_\_ *with/without cyclo* **Re-check in:** \_\_\_\_\_

**Comments:**

From (Optometrist)

**Signed:** ..... **Date:** \_\_\_\_\_

Stockport LOC

**Children's Refraction Scheme Follow-up Report CR-3**

**To:** \_\_\_\_\_ (Orthoptist) at \_\_\_\_\_ (Clinic)

**Patient's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Prescription Recommended**

Right	Sph	Cyl	Axis	VA		Left	Sph	Cyl	Axis	VA

**Refraction:** \_\_\_\_\_ *with/without cyclo* **Re-check in:** \_\_\_\_\_

**Comments:**

From (Optometrist)

**Signed:** ..... **Date:** \_\_\_\_\_

A free interpreting service is available if you need help with this information  
Please telephone Stockport English Language Service on 0161-477 9000

এই তথ্যের ব্যাপারে আপনার যদি কোন সাহায্য সহযোগিতার দরকার হয় তবে আপনার  
জানা দিনা পরেচ দো-জবীর ব্যবস্থা করা হবে। দয়াকরে ষ্টকপোর্ট ইংলিশ ল্যাংগুয়েজ  
সার্ভিসে 0161-477 9000 এই নাম্বারে ফোন করুন।

اگر آپ کو اس معلومات کے بارے میں مدد کی ضرورت ہے تو مفت ترجمانی کی سروس دستیاب ہے۔ براہ مہربانی  
سٹاکپورٹ انگلش لیوونگ سروس کو 0161-477 9000 پر فون کریں۔

如你需要他人為你解釋這份資料的內容，我們可提供免費的傳譯服務，  
請致電史托漢英語服務：0161-477 9000

تتوفر خدمة ترجمة شفوية مجانية إذا تطلبت مساعدة في فهم هذه  
المعلومات. نرجو الاتصال بخدمة تعليم اللغة الانجليزية في  
ستوكبورت على رقم الهاتف 0161-477 9000

આ માહિતી સમજવા માટે મદદની જરૂર હોય તો વિનવણીએ ઇન્ટરપ્રીટીંગ  
(દુભાષિયા)ની સેવા ઉપલબ્ધ છે. મહેરબાની કરીને સ્ટોકપોર્ટ ઇંગ્લીશ લેન્ગવેજ  
સર્વિસનો 0161-477 9000 ઉપર સંપર્ક કરો.

May 2001

Leaflet compiled by

**STOCKPORT LOCAL OPTOMETRIC COMMITTEE**

**NHS**

Stockport NHS Trust

Vision Screening  
of  
Children  
&  
Referral for  
Eye Examination

May 2001

## Information for Parents

Your child has had his or her vision checked by the orthoptist who feels that further tests are required. This will involve a visit to one of the optometrists listed below. They are all involved in the vision screening and referral service operated on behalf of Stockport Health Authority and will follow the guidelines agreed with them.

The optometrist will check for any focusing problem which may cause the vision to be below the norm expected at this age. They will need to put some drops in your child's eyes. These may sting slightly for a few seconds, so you may wish to explain this to your child in advance.

The drops prevent the eyes from changing focus for a couple of hours. This will allow the optometrist to use a special torch (known as a retinoscope) to determine whether your child is long or short-sighted or has any astigmatism.

If any problem is found, it may be necessary to wear spectacles and occasionally to patch one eye for a short time each day. It is important to follow any advice given as this will help to prevent or reduce any likelihood of developing a lazy eye (amblyopia) or squint.

If spectacles are required, you do not have to obtain them from the same optometrist who examines the eyes unless you wish to do so.

When booking your appointment, please mention that you have been referred by the orthoptist and ensure that you ask to see the practitioner named on this list.



<u>Practitioner</u>	<u>Practice</u>	<u>Area</u>	<u>Telephone</u>
<b>Mr G Mumford</b>	Dollond & Aitchison	<b>Bramhall</b>	0161-439 1770
<b>Mr K Cass</b>	Dollond & Aitchison	<b>Bramhall</b>	0161-439 1770
<b>Mrs V Kitchener</b>	Jinkinson Optometrists	<b>Bramhall</b>	0161-440 9845
<b>Mr R Moores</b>	H J Wheeldon Ltd	<b>Cheadle</b>	0161-428 2396

<u>Practitioner</u>	<u>Practice</u>	<u>Area</u>	<u>Telephone</u>
<b>Mrs V Griffiths</b>	H J Wheeldon Ltd	<b>Cheadle</b>	0161-428 2396
<b>Mr M J Maloney</b>	Maloney Opticians	<b>Cheadle</b>	0161-491 4628
<b>Ms R Dold</b>	Maloney Opticians	<b>Cheadle</b>	0161-491 4628
<b>Mrs S French-Teeling</b>	Sally French-Teeling Ltd	<b>Cheadle</b>	0161-491 4271
<b>Mr I M Ashworth</b>	W H Ashworth & Son	<b>Cheadle</b>	0161-428 3717
<b>Mr J K Parry-Wood</b>	Lynn & J K Parry-Wood	<b>Cheadle Hulme</b>	0161-485 2321
<b>Mrs L Parry-Wood</b>	Lynn & J K Parry-Wood	<b>Cheadle Hulme</b>	0161-485 2321
<b>Mrs S M Evans</b>	Knuttons Opticians	<b>Davenport</b>	0161-456 3623
<b>Mrs R Walton</b>	Atkins-Sutcliffe Opticians	<b>Edgeley</b>	0161-480 2847
<b>Ms H J Mattocks</b>	Atkins-Sutcliffe Opticians	<b>Edgeley</b>	0161-480 2847
<b>Mr R D Wilkes</b>	R D Wilkes (Optometrist) Ltd	<b>Gatley</b>	0161-428 4858
<b>Mr D A R Harries</b>	Harries Opticians	<b>Hazel Grove</b>	0161-483 8073
<b>Mr N C Evans</b>	N C Evans Optician	<b>Hazel Grove</b>	0161-483 5102
<b>Dr H Whitefoot</b>	Stepping Hill Hospital	<b>Hazel Grove</b>	by referral
<b>Dr I Wood</b>	Stepping Hill Hospital	<b>Hazel Grove</b>	by referral
<b>Mr I M Ashworth</b>	W H Ashworth & Son	<b>Heald Green</b>	0161-437 3400
<b>Miss E M Jones</b>	Erica M Jones Opticians	<b>Marple</b>	0161-427 4945
<b>Mr R Fisher</b>	Roger Fisher Optometrist	<b>Marple</b>	0161-427 1319
<b>Mrs A Cooper</b>	Roger Fisher Optometrist	<b>Marple</b>	0161-427 1319
<b>Mrs K Jenks</b>	K Jenks Optometrist	<b>Offerton</b>	0161-480 7423
<b>Mr T J Warburton</b>	Warburton Opticians	<b>Offerton</b>	0161-480 6432
<b>Mr I G Dixon</b>	IG & JD Dixon	<b>Reddish</b>	0161-432 8101
<b>Mrs J D Dixon</b>	IG & JD Dixon	<b>Reddish</b>	0161-432 8101
<b>Mr A Delaney</b>	Garland Opticians	<b>Romiley</b>	0161-430 5198
<b>Mr J P Glover</b>	J P Glover Optician	<b>Romiley</b>	0161-494 5000
<b>Mr J A Dewhurst</b>	Taylor & Dewhurst Ltd	<b>Romiley</b>	0161-430 2037
<b>Ms H J Mattocks</b>	Aarons	<b>Stockport</b>	0161-480 4307
<b>Mrs R Tanna</b>	Cunningham's	<b>Stockport</b>	0161-480 2933
<b>Mr M J Maloney</b>	Maloney Opticians	<b>Stockport</b>	0161-480 4980
<b>Ms R Dold</b>	Maloney Opticians	<b>Stockport</b>	0161-480 4980

