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| **Name of Clinic or Clinical Pathway** | Children’s Community Eye Service (CCES) | |
| **Narrative description of the clinic or clinical pathway** (no more than 50 words) | The CCES provides care to children between the ages of 6 months and 8 years who have a Leeds GP. We also provide care for older children who have special needs or learning difficulties  If a referrals is received for a child over 8 years old they should task Tess Garretty for triage.  Children referred into the service by the Leeds school screening programme should also be accepted. | |
| **Who can refer?** | * School Nursing * Health Visitors * GP’s * Community Paediatricians * General Optometry Service | |
| **Who can’t refer?** | *Insert in bullet form* | |
| **What intervention is expected by the referrer before a referral is made?** | The CCES leads a vision screening service in Leeds that is delivered by the school nursing team. All children are offered a vision test in school at the age of 5. The CCES also delivers vision screening for 5 year olds in special schools | |
| **Referral Criteria** | |  |
| **Inclusions** | **Presenting Symptoms** | **Exclusions (including referral route)** |
| Vision defects  Misalignment (squints)  Eye movement disorders | *Insert in bullet form* | *Referrals to the Hospital Eye Service should be made for:*   * Watery eyes / recurrent eye infections * Suspected conjenital cataracts * Cysts / styes |
| **Referral Criteria 2** (if more than one referral route/clinic option – add more sections as required) | | |
| **Inclusions** | **Presenting Symptoms** | **Exclusions (including referral route)** |
| *Insert in bullet form* | *Insert in bullet form* | *Insert in bullet form* |

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| **Role of other professionals in the pathway** (if applicable) | |
| **Profession** | **Key Responsibilities** |
| Orthoptists | * *Triage referrals* * *Undertake initial assessment of vision, binocular vision, eye movements* * *Form diagnosis* * *Initiate management as required* * *Refer to Hospital Eye Service as required* |
| Optometrists | *Insert in bullet form*   * Undertake refraction * Undertake fundoscopy * Prescribe spectacles as required * Refer to Hospital Eye Service as required |
| **Referral to other services** (if applicable) | |
| **Name of Service** | **Reason for Referral** |
| Paediatric Ophthalmology service at St James’ Hospital | *Insert in bullet form*   * Suspected pathology * Amblyopia not responding to treatment * Atropine occlusion therapy * Squint surger |
|  | *Insert in bullet form* |
|  | *Insert in bullet form* |

* Version control section to be added at the end
* May include decision making tree as an appendix