Seeing the future
Boots Opticians Green Paper on children’s eye health
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Foreword
Ben Fletcher, Managing Director, Boots Opticians

It is estimated that there are over one and a half million school-aged children in England who have an undiagnosed issue with their vision. It is a situation that is both unseen, and rarely discussed. Those children with impaired vision do not know any different, and often there are no obvious symptoms for parents, carers or teachers to notice.

The impact of this is wide-ranging and long-lasting, affecting children’s ability to read, learn, participate in sport, and, ultimately their ability to get a decent job, have a decent home, develop strong relationships, and look after their own health. This is an issue of social mobility.

Boots has a long heritage of taking a broader view of people’s health, and we have always understood that wellbeing means more than just being healthy. In the early part of the 20th century, Boots lending libraries ensured easy access to books for over one million subscribers. Today, we are again providing space in our practices for libraries, giving away books for free, and working with local sports organisations to promote reading among boys. Every one of our 6,000 colleagues has two days of literacy volunteering time in schools as part of their employment contracts, because children’s vision matters.

I am particularly proud of our role in developing Zookeeper Zoe in partnership with the National Literacy Trust. The book gives power to the people who know children best – their parents – and enables them to understand whether their child might have an issue with their vision. We have already given away half a million copies of the book and it has been accessed over 100,000 times online.

Although we carry out around 2.5 million eye examinations a year, Boots Opticians cannot fix this problem alone. We are working with a system that relies heavily on parents understanding the importance of regular eye examinations without providing them with the information they need to protect their children’s eyes. Emerging technology will make it ever easier to assess even very young children’s vision and eye health but the whole system has to work to make sure children have access to the services they need.

Because children’s vision matters, we have developed this Green Paper as part of our commitment to improving children’s eye health. We have made a range of recommendations, based on research and our existing knowledge, including some that will affect our own practice, and are keen to work with parliamentarians, policy-makers, commissioners professional bodies and colleagues to implement them. By thinking about what children, young people and parents need, we can begin to develop a system that will deliver significantly better outcomes for all of them as individuals and for us as a society.

I believe that by working in partnership we can make a significant impact on the long-term life chances and health and wellbeing of children and young people across the country, now and in the future. That is the goal we are working towards and investing in; this Green Paper is a step towards achieving it.

Because children’s vision matters.
Executive summary
Executive summary

It is estimated that over one and a half million school-aged children have an undiagnosed issue with their vision in England and there are clear indications that the number of children affected by poor vision and eye health will increase. As with other major public health challenges, such as looking after children’s teeth, promoting healthy eating and increasing exercise, starting good eye health habits early can stand children and young people in good stead for the rest of their lives. Yet there are few planned interventions in the system which provide opportunities to check children’s vision and eye health.

The recommendations in this Green Paper focus on the system in England where the issues are particularly acute. However, Boots Opticians is active in improving children’s eye health across the UK and is committed to taking the principles from this Green Paper into our on-going discussions with stakeholders in Scotland, Wales and Northern Ireland.

Research is increasingly demonstrating that the risk factors that can affect children’s eye health include not only UV light but also genetics, demographics, ethnicity and lifestyle1. We need to take into account the expected increase in the prevalence of conditions such as short-sightedness (myopia) to ensure that services are in place in the future to meet children’s needs.

At present, the system relies too heavily on parents understanding the importance of regular eye examinations and taking their children to have their eyes tested. In turn, this relies on parents overcoming a range of different barriers to accessing services, including a lack of information on the importance of good eye health from a young age, as well as local variations in commissioning of eye health services for children and young people in England. It is critical that action is taken to ensure parents feel more informed about how they can protect their children’s eye health.

There are few planned interventions in the system which provide opportunities to check children’s vision and eye health. Those that do exist can be patchy across the country, with concerns being expressed about the implementation of the current screening programme in schools. In addition, despite the importance of children and young people having regular eye examinations, research has found that a quarter of parents said their child had never had an eye test2.

Good eye health is key to supporting children’s wider life chances. Research has shown that sight problems can have a negative impact on a child’s literacy and educational attainment3, both of which are associated with a higher likelihood of people being unemployed or with lower paid employment in later life. This is increasingly important given the wider implications of research such as the Marmot Review, Fair Society, Healthy Lives, which found inequalities in life expectancy and quality of life associated with levels of socioeconomic deprivation4.

Additionally, low literacy can affect a person’s ability to manage their health and wellbeing, with poor educational attainment linked to negative health behaviours and, in some instances, a reduced ability to manage treatments for other health conditions4.

Poor vision impacts on a child’s ability to engage in sport and fitness activities. The importance of improving eye health and making sure children and young people can access the options that are appropriate for their visual needs should not be overlooked, particularly at a time of rising obesity rates and increasing concerns about physical inactivity among children and young people. Enabling young people to participate in a wider variety of sporting, cultural and artistic activities is not only good for their physical health but can also have benefits for their mental health and wellbeing.

NHS England’s Five Year Forward View has stated that ‘the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health’16. The potential wider, long-lasting impact of poor eye health in childhood means that we must take action now; children’s eye health must be given the same priority as all of the other major public health challenges. We must create more, and better signposted opportunities for children and young people to access appropriate eye health services.
Our recommendations

A. Education and information for parents and carers must improve through a national awareness campaign and updated resources. These should include the Personal Child Health Record (Red Book) and NHS Choices, which should highlight the importance of children’s eye health, as well as potential risk factors for children’s eye health, the importance of screening at school entry, regular eye examinations and as a minimum a first eye examination to take place no later than the age of six as well as information about the services available

B. Mandatory commissioning of a fully funded screening programme for all children aged four to five, to be updated to maximise the opportunities of community provision, including catch-up provision, alongside better data collection on the coverage and impact of the programme

C. Better training on the importance of eye health is needed for all health, education and social care professionals working with parents, children and young people, to maximise opportunities for providing and reinforcing information about eye health

D. School governors must ensure schools maximise the resources available to support the eye health of their pupils, such as free vision check tools and staff time from external organisations

E. Consideration should be given to how the current voucher system can enable children and young people to access the full range of vision correction solutions, such as additional pairs of glasses where clinically necessary, contact lenses and sports eyewear

F. NHS England should work with the Clinical Council for Eye Health Commissioning (CCEHC) to develop national service specifications and pathways to move more services currently delivered in secondary care into the community, so that only those children with the most complex needs are referred to secondary care, speeding up diagnosis and treatment for all children and young people

G. Consideration should be given to how providers can ensure that their services are accessible to children and young people, including through investment in technology, staff and training and the design of services

We hope that through implementation of these recommendations we will see:

• More children with a vision problem diagnosed earlier and able to access an option to correct their vision that enables them to be involved in the activities they want to be

• More children achieving their full potential at school, in sport and throughout the many milestones in their lives

• More parents feeling informed about how they can protect their children’s eye health
3. Children’s eye health in numbers
It is estimated that over one and a half million school-aged children have an undiagnosed vision problem in England.

The prevalence of short-sightedness today is already twice that of the 1960s.

Children are three times more likely to develop short-sightedness in primary school than after primary school.

An estimated one in 30 to one in 50 children will develop lazy eye (amblyopia).

Around 40 minutes a day spent outside over three years can reduce both the incidence and the progression of short-sightedness.

Short-sightedness (myopia) is a relatively common condition, with an estimated one in three people affected.

Children who have one parent with short-sightedness are three times more likely to be affected by short-sightedness than those whose parents do not have the condition. Those with two parents affected have a seven-fold greater risk.

Funding for free eye examinations and access to free glasses for children and young people is provided by the NHS.

The UK National Screening Committee recommends all children aged four to five years old should be included in the national screening programme.

But only just over 50 per cent of local authorities in England commission the screening programme; consequently there will be a large number of children who are missing out.

In the six months from April to September 2015, the NHS invested an estimated £30 million in community eye services for children up to the age of 16.
The impact of poor eye health

Around **80 per cent** of what children learn is through sight.

People with functional literacy skills earn on average **16 per cent** more than those with lower literacy skills\(^4\).

We have had feedback through our *School Vision Screening Programme* that, for some children, correcting their vision has had an impact on both learning and behaviour\(^{12}\).

In 2011, **24 per cent** of people not in work had entry level literacy skills\(^{13}\).

People with low literacy are up to **18 times less likely** to be able to identify their medicines than those with adequate literacy\(^4\).

People with sight loss are more likely to suffer from **social isolation**\(^{14}\).

Boots Opticians in numbers

We operate **637** practices.

We employ approximately **1,500** optometrists.

We conduct around **2.5 million eye examinations** a year.

Half a million copies of *Zookeeper Zoe* have been given away for free.

In 2009, Boots Opticians merged with *Dollond & Aitchison* to create the second largest optical chain in the UK.

In August 2013, Boots Opticians became the first multiple optician in the UK to include digital retinal photography as a standard element of its eye test for customers of all ages. This provides a permanent health record which can be shared with other healthcare providers.
Introduction

Boots Opticians is a health-led optician yet we care about a whole lot more. We operate 637 practices, employ approximately 1,500 optometrists and conduct around 2.5 million eye examinations a year. This means that, every day, up and down the country, our colleagues see children and young people with vision and eye health problems and help them to take action to improve their sight.

However, we know that, in England, it is estimated that over one and a half million school-aged children have an undiagnosed vision problem and are not currently getting the help they need. We understand the impact that poor eye health can have on children not only in their daily lives, but also on their life chances. Research indicates a link between eye health, and attainment and achievement. We are committed to improving children’s eye health and a key part of this is highlighting where we believe there are barriers in the health, care and education systems that could be overcome.

This Green Paper sets out:
- The current eye health services for children and young people
- An overview of the wider impact of poor eye health
- Recommendations for improvements in service provision to make the most of every child’s potential

The recommendations in this Green Paper focus on the system in England. However, Boots Opticians is active in improving children’s eye health across the UK and is committed to taking the principles from this Green Paper into our on-going discussions with stakeholders in Scotland, Wales and Northern Ireland.

We recommend:

A. Education and information for parents and carers must improve through a national awareness campaign and updated resources. These should include the Personal Child Health Record (Red Book) and NHS Choices, which should highlight the importance of children’s eye health, as well as potential risk factors for children’s eye health, the importance of screening at school entry, regular eye examinations and as a minimum a first eye examination to take place no later than the age of six as well as information about the services available

B. Mandatory commissioning of a fully funded screening programme for all children aged four to five, to be updated to maximise the opportunities of community provision, including catch-up provision, alongside better data collection on the coverage and impact of the programme

C. Better training on the importance of eye health is needed for all health, education and social care professionals working with parents, children and young people, to maximise opportunities for providing and reinforcing information about eye health

D. School governors must ensure schools maximise the resources available to support the eye health of their pupils, such as free vision check tools and staff time from external organisations

E. Consideration should be given to how the current voucher system can enable children and young people to access the full range of vision correction solutions, such as additional pairs of glasses where clinically necessary, contact lenses and sports eyewear

F. NHS England should work with the Clinical Council for Eye Health Commissioning (CCEHC) to develop national service specifications and pathways to move more services currently delivered in secondary care into the community, so that only those children with the most complex needs are referred to secondary care, speeding up diagnosis and treatment for all children and young people

G. Consideration should be given to how providers can ensure that their services are accessible to children and young people, including through investment in technology, staff and training and the design of services
Introduction
We have not produced this Green Paper in isolation. Because children’s vision matters, we are taking action on children’s eye health which is raising the bar across our sector and setting the pace for change:

• In September 2015, we launched the Boots Opticians Schools Vision Screening Programme to support schools to quickly and easily check the vision of their pupils. Aimed mainly at children aged 4–7, it can be used with all children of primary school age. The programme allows schools to take action to improve the eye health of their pupils, providing web-based resources to carry out vision checks as well as enabling them to, at the touch of a button, provide a letter to advise parents if a further referral is recommended and remind them of the importance of regular eye examinations

• We have a strong partnership with the National Literacy Trust and are working together to raise awareness of the importance of reading for enjoyment and eye health. As part of the partnership, we launched the Boots Opticians Schools Challenge in September 2015, which involves colleagues volunteering in local primary schools to promote reading for enjoyment and good eye health. By highlighting the link between eye health and literacy, the partnership aims to help improve the literacy outcomes of the UK’s most disadvantaged children

• We have also worked with the National Literacy Trust to develop Zookeeper Zoe, an interactive story containing a range of eye check activities for parents to read with their children and help them identify whether a full eye examination with an optometrist is required. We have produced half a million copies of the book which have been given away for free in schools, in our practices and in Boots stores across the country. The book is also available digitally as an App

• As signatories to the National Literacy Forum’s Vision for Literacy Business Pledge 2016, we are committed to taking action to reduce the impact of both poor eye health and low levels of literacy on children’s attainment. This includes providing two volunteering days a year for each of our colleagues to support the work of the National Literacy Trust

Based on our expertise in, and commitment to, children’s eye health, this Green Paper is our view of how the system should improve to ensure that every child has the opportunity to achieve their full potential. We are keen to hear views from partners and stakeholders on the recommendations we have put forward and the action we can all take together to make a difference today, for future generations. Because children’s vision matters.

“The National Literacy Trust are working with Boots Opticians to raise awareness of eye health and the importance of reading for enjoyment in communities across the UK. Reading is the key that unlocks every child’s potential, and yet almost a quarter of children in the UK leave primary school unable to read well. In the poorest communities this can rise to 40%.

By promoting good eye health we can ensure that children’s reading is not held back by an undiagnosed vision problem which affects their ability to learn. Healthier, more literate children will secure a stronger, more equal and successful society for all of us.”

Jonathan Douglas
Director, National Literacy Trust
Children’s eye health

5.1 Children’s eye conditions
5.2 Risk factors
5.3 Service provision
5.4 Commissioning of services
5.1 Children’s eye conditions

Maintaining good eye health from an early age is vital and needs to be seen as part of the wider efforts to improve children’s health and wellbeing. As with other major public health challenges such as looking after children’s teeth, promoting healthy eating and increasing exercise, starting good eye health habits early can stand children and young people in good stead for the rest of their lives. A child’s visual system continues to develop until they are at least eight years old meaning that, if early opportunities to identify problems are missed, the impact can be lifelong.

There are a range of conditions that can affect children’s eyes, some of which are rare but serious and others which are more common and can be corrected with technology, such as glasses.

Some of the conditions more commonly identified in children include:

- **Amblyopia (lazy eye)** – in lazy eye the vision in one eye does not develop properly which usually means the child can see less well out of one eye and relies on their ‘good’ eye. An estimated one in 30 to one in 50 children will develop lazy eye.
- **Strabismus (squint)** – squint is a condition where the eyes point in different directions. This is relatively common and can affect around one in 20 children, usually appearing before the age of five although it can appear later.
- **Refractive error**
  - **Hyperopia (long-sightedness)** – children with long-sightedness may be able to see distant objects more clearly than near ones.
  - **Myopia (short-sightedness)** – children with short-sightedness see near objects more clearly but distant objects are blurred. Short-sightedness is a relatively common condition, with an estimated one in three people affected, and it is thought to be becoming more common.
  - **Astigmatism** – children with astigmatism may experience distorted or blurred vision at all distances.
- **Childhood cataracts** – cataracts occur when changes in the lens of the eye cause it to become less transparent, which results in cloudy or misty vision. Cataracts can be present when a baby is born, or shortly afterwards, or can be diagnosed in older babies and children. Cataracts in babies and children are rare; it is estimated that they affect between three and four in every 10,000 children in the UK.

An estimated five in every 10,000 children up to the age of 16 are severely sight impaired or blind. We are aware that many children with sight loss or severe visual impairment may be reliant on community optometry services to provide continuity of care. However, many of them are likely to have specific needs which should be met by health, social care and education services. We have not included recommendations on specific additional services for these children and young people but they should be able to benefit from enhanced community eye health provision if our recommendations are implemented.
If early opportunities to identify problems are missed, the impact can be lifelong.
5.2 Risk factors

There are clear indications that the number of children affected by poor vision and eye health will increase – the prevalence of short-sightedness today is already twice that of the 1960s\(^1\). Research published in early 2016 has suggested that future changes could be significant as it identified a number of risk factors that will affect the prevalence of short-sightedness – just one condition – in children and young people in the future\(^1\).

We need to take account of these increases to short-sightedness and other conditions now to ensure that services are in place in the future to meet children’s needs, helping to keep more children out of secondary care services and to deliver care closer to their homes.

The key risk factors for short-sightedness were identified as:

**Genetics\(^1\)**
- Children who have one parent with short-sightedness are three times more likely to be affected than those whose parents do not have the condition. Those with two parents affected have a seven-fold greater risk.
- As the prevalence of short-sightedness increases so will the genetic risk to future generations.
- However, the speed of the increase in prevalence cannot be explained by genetics alone; short-sightedness can also develop because of other factors.

**Lifestyles\(^1\)**
- There is a clear link in the research between the development of short-sightedness and the amount of time that children spent playing outside.
- Around 40 minutes a day spent outside over three years reduced both the incidence and the progression of short-sightedness.

**Ethnicity\(^1\)**
- The prevalence of short-sightedness is higher in different ethnic minority groups.
- Internationally, the prevalence of short-sightedness in 19 year olds in South Korea is thought to be as high as 95 per cent\(^3^5\).
- Children from certain ethnic minority groups can be more vulnerable to short-sightedness. For example, in Birmingham, the prevalence of short-sightedness in white European children aged 12-13 years was found to be 18.6 per cent but was 27.5 per cent in young people from Black African or Caribbean backgrounds and 36.8 per cent in young people from South Asian backgrounds\(^3^6\).
- Research suggests that people from certain ethnic groups are less likely to access eye health services, even if they are readily available.
- Parents from ethnic minority groups are also more likely to be disproportionately affected by the barriers to accessing eye health services, such as a lack of time, distance to travel and cost, as well as other issues such as language barriers\(^1^8\).
- This would suggest that, as the population in the UK changes, the prevalence of short-sightedness will lead to greater need for services in some areas.
Children with learning disabilities are at a much higher risk of sight problems and eye health disorders. There is evidence that the more profound the learning disability, the greater the likelihood of visual impairment.

- For children with learning disabilities, additional barriers exist to accessing eye care, such as a lack of specialist training among optometrists, and a lack of school screening initiatives.

  - Research from Wales has shown that a high proportion of pupils attending special schools had uncorrected refractive errors and some had previously unrecognised vision impairment. Over 40 per cent of pupils reported no previous eye examination and 53 per cent needed glasses. It also identified that entry year vision screening was only available in 53 per cent of special schools.

Demographics

- There are significant inequalities in the eye health of people from lower socioeconomic groups, who are more likely to lose their sight and less likely to access services, even if they are readily available.

- Area studies in Norfolk and Leeds found higher levels of low vision amongst financially disadvantaged groups due to undiagnosed refractive error. Additionally, evidence from an area study conducted in South Wales found that people who live in deprived socioeconomic populations have a higher incidence of undiagnosed refractive error, yet do not access optometry services to have it corrected.

- People from lower socioeconomic groups can be disproportionately affected by barriers such as a lack of education or isolation from the local community. This can contribute to a lack of awareness of the importance of eye health across families, and further barriers to accessing eye care services.

- This suggests that further consideration should be given to how to make eye health services more accessible in areas of greater deprivation, particularly given the inequalities in life expectancy and quality of life associated with levels of socio-economic deprivation identified in research such as the Marmot Review, Fair Society, Healthy Lives.

Another key risk factor for children’s eye health is ultraviolet light (UV). Both UVA and UVB rays have been shown to cause long-term damage to the eyes and the World Health Organization estimates that 80 per cent of a person’s lifetime UV light exposure occurs before the age of 18. Many adults routinely wear sunglasses but children tend to spend more time outside without sunglasses than adults.

Diet and nutrition is a vital factor in eye health but awareness about the link between diet and good eye health is low. Studies have shown that a diet rich in colourful fruit and vegetables, nuts, whole grains and cold water fish can have an important role to play in maintaining eye health.

Additionally, a lack of information available to parents and carers on the importance of protecting and promoting eye health throughout childhood can mean that some children do not receive regular eye examinations.
5.3 Service provision

The system for delivering children’s eye health services, including screening, varies in each country across the UK. This Green Paper focuses on the system in England but we are committed to working with partners across the UK to improve eye services for all children and young people. This section sets out the existing screening programmes and approach to eye testing in the community in England, highlighting where there are current gaps in provision.

Screening programmes

Currently, there are few planned interventions in the system which provide opportunities to check children’s vision and eye health. Instead the system relies heavily on parents understanding the importance of regular eye examinations and taking their children to have their eyes tested.

New-born screening

All babies should have a reliable eye check at birth and again at about six weeks of age. These checks are usually carried out by a GP or health visitor, and are designed to look at both the appearance and movement of the baby’s eyes. The checks also look for signs of cataracts but do not check the baby’s vision. Two to three babies in every 10,000 will be identified as having a problem with their eyes that needs to be treated, and will be referred to a hospital eye service.

School-aged screening

Children should be screened for vision problems in their first year of school. There is a national screening programme recommended by the UK National Screening Committee and it should be offered to all children aged four to five years. The primary aim of the screening programme is to identify children with a specific condition: lazy eye (amblyopia). Lazy eye results in decreased vision in one eye which can appear unaffected and so it can often go unnoticed in children.

If left untreated it can result in permanent, lifelong vision defects and so the screening programme is timed to identify children at an age when treatment has the potential to improve vision.

All children aged four to five years old should be offered the screening. However, the latest information provided to the CCEHC has shown that just over 50 per cent of local authorities in England commission the screening programme so there will be a large number of children who are missing out. We have found that around 18 per cent of children screened through our School Vision Screening Programme have been identified as having a potential vision correction need.

The current approach to the screening programme is led by orthoptists, although the programme may sometimes be carried out by other health professionals, such as school nurses or health visitors. The screening usually results in children with a potential problem being referred into secondary care services where ophthalmology accounts for the second highest rate of outpatient attendances. It is possible for more of these services to be delivered in the community.

A Children’s Vision Community Service Pathway has been developed by the Local Optical Committee Support Unit (LOCSU) as a model for community optometrists to provide management and treatment to children with suspected amblyopia following school-based screening. If this pathway were implemented more widely across the country it would provide significant opportunities for improving access and service provision. It could also offer greater opportunities for catch up provision for children who miss the usual screening age of four to five.

Increasing provision of these services in the community would mean that care could be provided closer to children’s homes in line with the Five Year Forward View. This would speed up access to services for the children identified by the screening programme. It would also release capacity in secondary care services, which are already under pressure, ensuring those children and young people who really need secondary care services can access them more quickly, speeding up diagnosis and treatment for all children and young people.
These screening programmes, while important, miss wider opportunities for assessing and improving children’s eye health:

- The screening programme offered to four and five year olds has a clear focus on lazy eye and is not an eye examination. This means other vision defects such as refractive error may not be picked up.
- By screening for a single condition there is no opportunity for consideration of the health of the child’s whole eye, particularly the inside of the eye. This could mean that serious problems are going undetected until it is too late.
- The one-off nature of screening does not allow for catching later vision deterioration.
- Parents are often not aware that the screening programme is focused primarily on one condition and do not have enough information about the differences between the screening test and an eye examination. Many parents may wrongly assume that their child’s eyes have been tested at school and so there is no cause for concern if they were not alerted to a problem. This can result in parents having a false sense of reassurance as their child progresses through their school life.
- The current programmes do not offer any opportunities for providing parents with information about how to maintain their child’s eye health. For example, parents should be made aware of the beneficial effects of exposure to daylight on children’s eye health, provided they are adequately protected from UV such as with sunglasses.

We recommend:

Mandatory commissioning of a fully funded screening programme for all children aged four to five, to be updated to maximise the opportunities of community provision, including catch-up provision, alongside better data collection on the coverage and impact of the programme.
Eye tests for children and young people

Children will rarely complain about their eye sight, as they may not be aware of what they should be able to see.

This makes it all the more important that parents are aware that children should have regular eye examinations, at least every two years, as problems can occur at any age. The Five Year Forward View has stated that ‘the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health’. While many of these efforts will be focused on the other big public health challenges such as obesity, smoking and physical inactivity, eye examinations must be recognised as an important preventative public health intervention which provide an opportunity to consider a child’s eye health and visual status and take early action to address potential problems.

Eye examinations assess whether children and young people have a problem with their vision and if they need to wear glasses, or if their current glasses need changing. This would also include talking to children and their parents about which vision correction options will suit them best and enable them to be involved in the activities they want to be.

Eye examinations can be carried out even with young children, as they do not need to be able to read; they can be asked age-appropriate questions to assess their vision and new technology is making testing more fun and engaging for children. The technology for testing children’s eyes is developing so that results will become ever more reliable, even for very young children. Eye tests for children under 16 are free and continue to be free for young people up to the age of 18 if they remain in full-time education.

The research demonstrated that children are three times more likely to develop short-sightedness in primary school than after primary school1. The study also showed that the fastest progression of short-sightedness is in the pre-teenage years.

Research has shown that uncorrected long-sightedness (hyperopia) was associated with problems in developing early literacy skills, which can be associated with future problems learning to read and write25.

The most recent statistics show that in the financial year 2015/16, between April and September 2015, more than 572,000 sight tests were carried out in the community for children and young people under 16 across England11. This does not include eye care delivered for children and young people in secondary care services. While this may appear to be a significant number, there are an estimated 11 million children and young people aged 16 or under in England24, so these sight tests represent only 5.2 per cent of children and young people, which would suggest there are still many young people not receiving the care they need.

Research has shown it is possible to identify children at higher risk of short-sightedness when they are six to seven years old1. This would suggest that regular eye examinations during primary school are critical for identifying those children at greater risk, and at the very least parents must be made aware of the need for all children to have an eye examination by the age of six. This would allow earlier interventions to support children with short-sightedness and minimise the longer term impact on their learning. In addition, it is critical that more information is provided to parents to help them understand and, where possible, mitigate the known risk factors for short-sightedness.
Despite the importance of children and young people having regular eye examinations, a quarter of parents report that their child had never had an eye test and one in ten could not remember when their child last had an eye test. Many parents are unaware of the need for regular eye examinations or think that professionals working with their children will highlight any issues and recommend an eye examination if this is necessary.

The current approach to children’s eye examinations does not reflect recent research suggesting children are being diagnosed with eye problems later than necessary. There is a lack of education for parents about the importance of regular eye examinations, from the age of six at the latest, which risks vision defects going unidentified, preventing action being taken as early as possible.

Information on eye health examinations

Parents do not receive enough information about children’s eye health and the importance of regular eye examinations. For many parents, the main source of information about their children’s health is the personal child health record, more commonly known as the ‘Red Book’, which all children receive when they are born. Primarily this is a record of their health and development, including their weight and vaccinations. However, it also serves as a source of information on health and wellbeing issues including safe sleeping for babies, breast-feeding and childcare.

The information on eye health within the Red Book is limited, stating that while there is no easy way to test a young baby’s eyes accurately, parents can help check there is no serious problem by watching how their baby uses their eyes. Parents are encouraged to notify a health visitor or GP as soon as possible if babies, toddlers or young children appear to have any problems with their eyes or sight, including if they have a squint; if they have any difficulty in seeing small objects or if there is any family history of serious eye disease that started in childhood. Parents are also informed that their child should be offered a vision test as part of their routine school entry physical examination, between the age of four and five years old, but it is not clear that the screening is primarily for lazy eye (amblyopia) and is not an eye examination.

In addition, parents are not provided with information about the risk factors for vision defects and poor eye health, such as the risks associated with unprotected UV exposure to children of all ages.

The current system misses opportunities provided by the Red Book and the regular contact health professionals have with young children to offer and reinforce information for parents about how to protect their children’s eye health. This would include encouraging time outdoors to reduce the risk of short-sightedness, the importance of monitoring and managing screen time on digital devices, awareness of the effects of UV and the need for sunglasses.

We recommend:

- Education and information for parents and carers must improve through a national awareness campaign and updated resources. These should include the Personal Child Health Record (Red Book) and NHS Choices, which should highlight the importance of children’s eye health, as well as potential risk factors for children’s eye health, the importance of screening at school entry, regular eye examinations and as a minimum a first eye examination to take place no later than the age of six as well as information about the services available.

- Better training on the importance of eye health is needed for all health, education and social care professionals working with parents, children and young people, to maximise opportunities for providing and reinforcing information about eye health.
5.4 Commissioning of services

The system for commissioning eye health services for children and young people described below is specific to England, different arrangements are in place in Scotland, Wales and Northern Ireland. Commissioning of services for children and young people, including the screening programmes highlighted above, is fragmented in England.

Following the transfer of responsibility for children’s public health services to local authorities from 2015 (under the Health and Social Care Act 2012), the universal screening checks for children aged up to five years old are now the responsibility of local councils. This includes the new baby review and the six to eight week check when a baby’s eyes are screened as previously described. Although the delivery of these services will continue to be through GPs and health visitors, responsibility for the funding has moved and could be affected by the current cuts to public health budgets.

In addition, responsibility for school-based screening programmes sits with local authorities in England as part of the Healthy Child Programme. Again, taken from the public health budget but delivered by health services, the arrangements for this programme vary across the country.

Access to free eye examinations and glasses for children and young people is provided by the NHS through the General Ophthalmic Services Contract. These arrangements include reimbursement rates for children and young people’s eye examinations and vouchers for glasses and repairs or replacements.

In the six months from April to September 2015, the NHS invested an estimated £30 million in these community eye services for children up to the age of 16.

Clinical commissioning groups (CCGs) have responsibility for commissioning enhanced local eye services and can discuss local eye care services with both NHS England and Local Eye Health Networks. Currently, many of these services are not commissioned against a national protocol, meaning standards and pathways can vary across the country. As has been noted earlier, a Children’s Vision Community Service Pathway has been developed by LOCSU to enhance the current screening programme. In this pathway community optometry provides early intervention for children following school screening with a maximum lead time of two weeks. This provides increased access and choice for patients as well as increased capacity and reduced waiting times in secondary care to treat those children who have complex issues. Given that an outpatient appointment in hospital costs around £120, this could be more cost efficient than the acute care model.

There will be other services currently delivered in secondary care that could be moved into the community if a similar national service specification was developed and implemented, providing significant opportunities for improving service provision.

The current approach to commissioning creates a risk that children and young people fall through the gaps in service provision and does not take sufficient account of opportunities for community provision, not only to move services closer to children’s homes but also to reduce duplication and therefore offer better value for the NHS.

We recommend:

NHS England should work with the Clinical Council for Eye Health Commissioning (CCEHC) to develop national service specifications and pathways to move more services currently delivered in secondary care into the community, so that only those children with the most complex needs are referred to secondary care, speeding up diagnosis and treatment for all children and young people.
The opportunity to make a difference now

Good eye health can have an impact on children and young people’s wider life chances. Improved access to eye health services could affect:

6.1 Literacy, educational attainment and employability
6.2 Wider health and wellbeing
6.3 Sport, fitness and physical activity
6.1 Literacy, educational attainment and employability

Children do not necessarily complain about their vision but their behaviour may change as a result of not being able to see properly. One area where this could have a major effect is in school. It is possible that children who are no longer able to see properly may become disengaged or disruptive in lessons, they may also fall behind in their work or avoid activities they find difficult. We have had feedback through our School Vision Screening Programme that, for some children, correcting their vision has had an impact on both learning and behaviour.

Around 80 per cent of what children learn is through sight, and so the impact of problems with children’s eye sight on literacy and education attainment could be significant.

Recent research has shown a link between lower visual acuity at school entry and reduced literacy at four to five years old. Similarly, uncorrected long-sightedness has been shown to be linked to difficulty with early literacy skills that affect later ability to learn to read and write.

The impact of poor literacy can be lifelong. A review by the National Literacy Trust has shown that literacy is related to people’s earnings: people with functional literacy skills earn on average 16 per cent more than those with lower literacy skills. Similarly a Skills for Life survey in 2011 found that more than one in four of those earning less than £10,000 had entry level literacy skills, compared to only four per cent of those who earned more than £30,000.

Low literacy is also associated with a higher likelihood of people being unemployed. In 2011, 24 per cent of people not in work had entry level literacy skills. The National Literacy Trust has highlighted low levels of literacy as a driver of inequality in the UK with a clear link between low literacy and poverty: low literacy has a negative impact on household earnings, and low earnings have an impact on literacy through lack of access to resources.

The wider implications of socio-economic deprivation have been demonstrated through research such as the Marmot Review Fair Society, Healthy Lives, into the impact of health inequalities, which found inequalities in life expectancy and quality of life. Health outcomes are positively affected when people have a decent job, a decent home and decent human relationships all of which are improved with greater literacy skills; and we know that poor vision is a barrier to literacy.
The impact of poor literacy can be lifelong.

It is critical that changes are made to ensure all parents, children and young people are aware of, and can access, eye health services. Taking action for example through checking whether school screening is in place and regular eye examinations, can identify and address problems quickly before they have a wider impact. This is not only preferable for the individual but could be more effective and cost-effective for society as a whole. Enabling children and young people to achieve their full potential, could help to bridge the current skills and productivity gaps in the UK economy.

The virtuous circle of good eye health, improved attainment, improved life chances and wider social wellbeing must not be ignored. People’s abilities to get a good job, live in a decent home and have healthy relationships could all be affected by issues with their eye health such as uncorrected vision problems.

We recommend:

School governors must ensure schools maximise the resources available to support the eye health of their pupils, such as free vision check tools and staff time from external organisations.
6.2 Wider health and wellbeing

Low literacy, which could be driven by poor vision, can also have an impact on a person’s ability to manage their health and wellbeing in an optimal way.

The National Literacy Trust has found that ‘low literacy can limit an individual’s ability to obtain, process and understand information about health’.

For example, people with low literacy levels find it more difficult to manage medication for existing health conditions: people with low literacy are up to 18 times less likely to be able to identify their medicines than those with adequate literacy. They are also less likely to be able to demonstrate how to take their prescription medication properly. Failure to take medicines properly is a major cause of attendances at accident and emergency departments and, in the case of medicines such as antibiotics, can have serious wider implications for public health.

More broadly, poor literacy and low educational attainment are associated with negative health behaviours. Studies have found that people with non-functional literacy skills are nearly three times more likely to smoke than people with functional literacy. It is difficult to demonstrate a direct causal link to the impact of other related socioeconomic factors but it is clear that the relationship between literacy and health choices needs to be explored further.

The wider impact on lifelong health and wellbeing cannot be overlooked when considering the importance of investment in children’s eye health services. Taking action earlier to ensure children have good eye health, and therefore good literacy, can support them to look after their own health and avoid a catalogue of issues later in life, which can also lead to increased costs for the health service. If we do not take action now, the impact for the current generation of children and young people will be significant and long-lasting.

We recommend:

Better training on the importance of eye health is needed for all health, education and social care professionals working with parents, children and young people, to maximise opportunities for providing and reinforcing information about eye health.
6.3 Sport, fitness and physical activity

The importance of physical activity for children and young people’s health and wellbeing is widely documented.

Indeed, children who spend more time outside are found to be at lower risk of short-sightedness (myopia) than those who lead more sedentary lifestyles.1

Current government guidelines recommend that children aged 5 to 18 should engage in moderate to vigorous intensity physical activity for at least 60 minutes a day. In 2011, only 32 per cent of boys and 24 per cent of girls aged 2 to 15 in England achieved the recommended levels of physical activity. It is therefore critical that we seize every opportunity to increase children and young people’s participation in physical activity.

The impact of poor vision on children and young people’s ability to engage in physical activity should not be overlooked. It is important that children can access the most appropriate option for them to correct their vision, given the activities they are, or want to be, involved in. For example, a variety of sports including rugby, swimming, dancing and even running can be negatively affected by wearing glasses. Children and young people who wear glasses can also be less willing to take part in sport for fear of their glasses being knocked off or the reactions of others which could involve being asked to remove them for the activity. The current arrangements need to be considered to enable children and young people to receive contact lenses and other technologies such as prescription swimming goggles free of charge through the NHS as this could affect their ability to stay fit and healthy.

Beyond the immediate health benefits of being able to engage in physical activity, it is important to recognise the wider benefits young people may also experience in increased confidence and social inclusion through better eye health. People with sight loss are more likely to suffer from social isolation. Access to different technologies can mean children and young people are more willing to put themselves forward to take part in activities than if they were wearing glasses. Beyond sport, this could include drama, singing or opportunities such as debating societies all of which can have significant health and social benefits.

Enabling young people to fully grasp such opportunities supports their health and wellbeing and allows them to develop skills that they will need throughout their lives, such as team working, negotiation and assertiveness. At a time when the mental health and wellbeing of children and young people is rightly of concern, the impact of interventions such as improving eye health must not be overlooked.

We recommend:

Consideration needs to be given to how the current voucher system can enable children and young people to access the vision correction solutions appropriate to support them to participate fully in sport and cultural activities such as additional pairs of glasses where clinically necessary, contact lenses and sports eyewear.

A combined effect

All three of these factors are linked and can compound the effects of one another. Children who are more active and engaged are more likely to be able to concentrate in school. This is more likely to lead to greater levels of literacy and educational attainment which improves not only their employability but also their health literacy and the ability of young people to live the lives they want.

It is clear that strong foundations of good eye health in childhood will have a significant long term impact for individual children and for society as a whole. We need to take action now to deliver this. Because children’s vision matters.
The opportunity to make a difference now
7. How to achieve our full potential
Summary

It is time that children’s eye health is given the same priority as conditions such as obesity and tooth decay, which are seen as major public health challenges. The potential wider, long-lasting impact of poor eye health in childhood means that we must take action now. We must create more, and better signposted, opportunities for children and young people to access appropriate eye health services.

The following recommendations are based on Boots Opticians expertise in delivering eye health services for children and young people combined with the research outlined in the previous sections. We have included more detail on how these recommendations should be implemented below (from page 44 onwards).

While our recommendations in this Green Paper focus on the system in England, we are committed to working in partnership with stakeholders across all four nations of the UK to implement the principles underpinning improvements in eye health services for all children and young people.

Our recommendations

A. Education and information for parents and carers must improve through a national awareness campaign and updated resources. These should include the Personal Child Health Record (Red Book) and NHS Choices, which should highlight the importance of children’s eye health, as well as potential risk factors for children’s eye health, the importance of screening at school entry, regular eye examinations and as a minimum a first eye examination to take place no later than the age of six as well as information about the services available.

B. Mandatory commissioning of a fully funded screening programme for all children aged four to five, to be updated to maximise the opportunities of community provision, including catch-up provision, alongside better data collection on the coverage and impact of the programme.

C. Better training on the importance of eye health is needed for all health, education and social care professionals working with parents, children and young people, to maximise opportunities for providing and reinforcing information about eye health.

D. School governors must ensure schools maximise the resources available to support the eye health of their pupils, such as free vision check tools and staff time from external organisations.

E. Consideration should be given to how the current voucher system can enable children and young people to access the full range of vision correction solutions, such as additional pairs of glasses where clinically necessary, contact lenses and sports eyewear.

F. NHS England should work with the Clinical Council for Eye Health Commissioning to develop national service specifications to move more services currently delivered in secondary care into the community, so that only those children with the most complex needs are referred to secondary care, speeding up diagnosis and treatment for all children and young people.

G. Consideration should be given to how providers can ensure that their services are accessible to children and young people, including through investment in technology, staff and training and the design of services.
It is clear that not all children and young people are able to access the eye health services they need. Much of this is a result of poor information and education for their parents at critical points in the early years. The importance of the good foundations for eye health is currently overlooked.

If these recommendations were implemented in full, a new pathway for children’s eye health would be delivered, as set out on the following page.
Figure 1: Model children’s eye health pathway

The new-born physical examination and 6–8 week check

- Expectant parents should have the importance of their child’s eye health highlighted during pregnancy
- The Red Book provides information for parents about eye health, including:
  - Why looking after children’s eye health is important
  - The importance of vision screening at school entry and an eye examination if screening is not provided
  - Children and young people’s entitlements to free eye tests and corrective technologies including glasses and contact lenses under the NHS
  - How to protect children’s eyes from the start, including the impact of good nutrition on eye health
- This is reinforced for parents at the 6–8 week check

Vaccinations

- Through the regular vaccination schedule, healthcare professionals discuss eye health as part of a wider conversation with parents about health and wellbeing
- Good habits are established early as parents are reminded on a regular basis that even very young children can have their eyes tested

Start of primary school

- Teachers use the excitement of starting school to remind parents of key eye health messages including:
  - The need for regular eye examinations and notification if a school screening programme is in place
  - The importance of time spent outdoors to reduce the risk of short-sightedness (myopia)
  - How to protect from UV
  - How to monitor and manage screen time on digital devices
Age four–five amblyopia screening programme

- The four-five year old screening programme is universally available, supported by community providers, including good catch up opportunities
- Parents receive high quality information about how the screening programme is different from a full eye examination and the importance of taking their children for regular eye examinations even when they have received the screening

Age six–seven

- All parents receive a reminder that children should have a full eye examination no later than the age of six, if they have not had one already, and regular eye examinations after that
- The information also reinforces the importance of protecting children from UV, the benefits of time spent outdoors and how to manage screen time on digital devices

Start of secondary school

- Parents receive tailored information about the importance of continuing to maintain their children’s eye health as they grow and their learning changes
- The importance of encouraging time outdoors and managing screen time on digital devices are highlighted along with information about young people’s entitlements to glasses and contact lenses through the NHS
Figure 1: How we are currently working to deliver these recommendations

Because children’s vision matters, at Boots Opticians we have already taken significant action to improve the services we provide for children and young people:

We have worked with the National Literacy Trust to develop Zookeeper Zoe, an interactive story containing a range of eye check activities for parents to read with their children and help them identify whether a full eye examination with an optometrist is required.

As well as the book being available digitally as an App, half a million copies have been given away for free in schools, in our practices and in Boots UK stores across the country, which demonstrates the unmet need among parents for information about their children’s eye health.

We have launched the Boots Schools Vision Screening Programme to support schools to quickly and easily check the vision of their pupils. Aimed mainly at children aged 4–7, it can be used with all children of primary school age. The programme allows schools to take action to improve the eye health of their pupils, providing web-based resources to carry out vision checks as well as enabling them to, at the touch of a button, provide a letter to advise parents if a further referral is recommended and reminding them of the importance of regular eye examinations.

“Boots Opticians have been working with the L.E.A.D. Academy Trust in Nottingham. Teams of volunteers have been lined up to provide reading support at four of the academies in the Trust (Edna G Olds, St Ann’s Well, Jubilee and Radford) where many of the pupils speak English as a second language. This support is being provided every week on an on-going basis. Volunteers have also led whole-school assemblies at both Edna G Olds and Radford and taken the Boots Opticians Schools Challenge bus to entertain and inform parents and pupils on the importance of eye health and reading for enjoyment. They’ve also launched the Vision Screening application, which has led to teachers sitting pupils in different places in the classroom to support their learning.”

L.E.A.D Academy Trust
Through our partnership with the National Literacy Trust we have developed our Schools Challenge, which provides two days of colleagues’ time a year to engage with schools through activities such as reading with children and providing special assemblies and classroom sessions to help children learn more about their eye health. The programme uses games and fun activities to support children not only to protect their eyes but also to enjoy reading and learning.

We are using television advertising to raise awareness among parents of the services available and also the importance of regular eye examinations to protect their children’s eye health.

We are training our own colleagues to ensure that they have the skills and confidence to increase the accessibility of our services for children and young people, and are investigating new technologies which increase the accuracy of eye examinations for even very young children.

We have recently upgraded our Peterborough and Wimbledon practices specifically to appeal to children and young people. We will be adapting further stores where this is appropriate to local community needs and expect this to become an important part of our property portfolio in the future.

Working with external stakeholders we are gathering information which will be valuable for future research on children’s eye health and how services will need to change to meet their needs.

We are evaluating technology to enable an increased level of participation by very young children in eye examinations and are supporting work in local areas such as the ‘Test around Two’ initiative in Essex.

“We have had six children out of our forty two that are now going to make appointments for a full eye test due to not being able to see the smaller lines of symbols. We have had feedback from parents about how pleased they are that this is being offered”.

“One child in early years foundation stage was identified through the screening and is now wearing glasses – she has caught up quickly with her peers and her confidence and enjoyment at school has flourished.”

“Three children have been referred for specialist support in school; with one found to have a visual difficulty and another a visual impairment”

Feedback from teachers involved in our Schools Challenge

However, no single organisation can make all of the changes that are needed to deliver for children and young people. Boots Opticians is keen to work in partnership with policy-makers, parliamentarians, commissioners and other partners to deliver improved access to high quality eye health services for all children and young people.

We are providing information and support to teachers, school nurses and other professionals to ensure that they understand the importance of eye health and regular eye examinations and are able to communicate this to parents, children and young people.
Figure 2: Implementing our recommendations

The following table sets out a proposed plan for implementing our recommendations, detailing what action is required, who needs to be involved and a proposed timeline for delivery:
**Recommendation A:**

Education and information for parents and carers must improve through a national awareness campaign and updated resources. These should include the Personal Child Health Record (Red Book) and NHS Choices, which should highlight the importance of children’s eye health, as well as potential risk factors for children’s eye health, the importance of screening at school entry, regular eye examinations and as a minimum a first eye examination to take place no later than the age of six as well as information about the services available.

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<th>Action required</th>
<th>Responsible organisations</th>
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<tr>
<td>A national awareness campaign should be developed and run for parents and carers through TV, radio and social media, to highlight the importance of regular eye examinations from the age of six, if not before, and to provide information on how to protect children’s eye health</td>
<td>Public Health England</td>
<td>Development work should begin immediately with a campaign delivered from early 2017 onwards</td>
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<tr>
<td>Resources such as the Personal Child Health Record (Red Book) and NHS Choices must be updated to include information for parents and carers on:</td>
<td>Department of Health, the Royal College of Paediatrics and Child Health and local authorities</td>
<td>Development work should begin immediately with a new Red Book rolled out nationally as soon as possible</td>
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<tr>
<td>• Why looking after children’s eye health is important</td>
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<td>• The importance of vision screening at school entry and an eye examination if screening is not provided</td>
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<td>• The risk factors for common eye conditions</td>
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<td>• How to protect children’s eyes, including from UV</td>
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<td>• The eye health benefits of spending time outdoors in reducing the risk of short-sightedness (myopia)</td>
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<td>• How to manage and monitor screen time on digital devices</td>
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<td>This will also be an opportunity to provide parents with information about the skills that their children develop, even from a young age, and the importance of reading to children and talking to them about what they can see</td>
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**Recommendation B:**

Mandatory commissioning of a fully funded screening programme for all children aged four to five, to be updated to maximise the opportunities of community provision, including catch-up provision, alongside better data collection on the coverage and impact of the programme.

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<tr>
<td>All children must receive this screening regardless of which school they attend and where they live. Sufficient funding must be provided by local authorities to reach all children, including ensuring that children with special educational needs have full eye examinations beyond the standard screening. In addition, the screening programme needs to be supported by commissioning of community optometry and optics to increase capacity and choice and ensure the children who need care most are seen in secondary care sooner.</td>
<td>National Screening Committee CCEHC Local authorities Clinical Commissioning Groups</td>
<td>Immediately, with universal coverage from the school year starting in September 2017</td>
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<td>The National Screening Committee should review the role of community providers in delivering the screening programme and catch up services. This will ensure that the follow up to screening is provided as close to children’s homes as possible. This could be modelled on the Children’s Vision Community Service Pathway.</td>
<td>National Screening Committee Public Health England</td>
<td>As part of their current review of the programme</td>
</tr>
<tr>
<td>Data on the coverage and uptake of the screening programmes, one of the VISION 2020 indicators of eye and health care 2015, should be included in the Child Health Profiles published by Public Health England. This will help to improve data collection and analysis to identify areas where investment in the screening programme is required and to improve understanding of the long-term implications for health and wellbeing of missing eye health problems early on.</td>
<td>Public Health England CCEHC LEHNs</td>
<td>Immediately, with the data included in the next iteration of the profiles</td>
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Recommendation C:
Better training on the importance of eye health is needed for all health, education and social care professionals working with parents, children and young people, to maximise opportunities for providing and reinforcing information about eye health.

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<td>Training providers must update the training curricula for teachers, social workers, health professionals and youth workers to provide up-to-date information on children and young people’s eye health and how to engage parents at every opportunity</td>
<td>Training providers Optometry Schools</td>
<td>As soon as possible ahead of the start of the academic year starting in September 2017</td>
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<td>Boots Opticians are prepared to develop and make available a training module for providers</td>
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<td>Optometry teaching institutions should review the exposure students receive to children as undergraduates</td>
<td>NHS England, Clinical Commissioning Groups and local authorities</td>
<td>As soon as possible in the financial year 2017/18</td>
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<td>The wide-ranging nature of the professionals who engage with parents, children and young people provides an opportunity for reinforcing critical eye health messages. These professionals must have up-to-date information on which to base these conversations</td>
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Recommendation D:
School governors must ensure schools maximise the resources available to support the eye health of their pupils, such as free vision check tools and staff time from external organisations.

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<td>Children’s eye health should be a priority for schools, given the potential impact on their ability to learn, play sport and socialise. Alongside the current screening programme, or in place of it where there is no provision, schools have a number of resources available to them to check children’s vision. It is vital that schools maximise these opportunities, including free resources such as the Boots Opticians School Vision Screening Programme, developed and launched in partnership with the National Literacy Trust <a href="http://www.bootsvisionscreen.co.uk">www.bootsvisionscreen.co.uk</a></td>
<td>National Governors Association</td>
<td>Immediately</td>
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<td>Schools must also take up opportunities provided by companies for external support such as the information sessions and volunteering days that are available through Boots Opticians colleagues as part of the Schools Challenge</td>
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<td>Schools must highlight to parents the importance of children’s eye health, school entry screening and regular eye examinations with community optometrists</td>
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<td>Schools are in an excellent position to inform parents about the importance of eye health for key skills development and to reinforce messages that an undiagnosed eye problem could affect their child’s ability to learn to read and to achieve their full potential</td>
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Recommendation E:
Consideration needs to be given to how the current voucher system can enable children and young people to access the full range of vision correction solutions, such as additional pairs where clinically necessary, contact lenses or sports eyewear.

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| NHS England should work with the CCEHC, the Optometric Fees Negotiating Committee (OFNC) and community providers to consider how the voucher system can enable children and young people to access appropriate vision correction solutions to support them to participate fully in sport and cultural activities | NHS England  
CCEHC  
OFNC  
Community providers | Discussions should begin immediately with a view to implementing arrangements in the financial year 2017–18 |
**Recommendation F:**

NHS England should work with the Clinical Council for Eye Health Commissioning (CCEHC) to develop national service specifications and pathways to move more services currently delivered in secondary care into the community, so that only those children with the most complex needs are referred to secondary care, speeding up diagnosis and treatment for all young people.

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<tr>
<td>NHS England needs to engage with the CCEHC to identify those elements of eye care which are currently delivered for children and young people in secondary care but could be delivered in the community and ensure only those children with the most complex needs are referred to secondary care services</td>
<td>NHS England CCEHC</td>
<td>Immediately</td>
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<tr>
<td>Once the areas of care that can move into the community have been identified, NHS England should work with the CCEHC on a programme to develop a series of national specifications and pathways, potentially modelled on the Children’s Vision Community Service Pathway. This would enable commissioners to adopt new models of care for children and young people to meet local need without risk of duplication or variations in standards</td>
<td>NHS England CCEHC Local Eye Health Networks (LEHN) Local Optical Committee Support Unit (LOCSU)</td>
<td>As soon as possible and not later than early 2017 to enable specifications to be used in the financial year 2017–18</td>
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<tr>
<td>Following the development of the national specifications, commissioners should work with local communities to identify and prioritise those areas of local need where community provision is required and commission services for children and young people accordingly</td>
<td>National and local commissioners LEHNs</td>
<td>From the start of the 2017–18 financial year</td>
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**Recommendation G:**
Consideration should be given to how providers can ensure that their services are accessible to children and young people, including through investment in technology, staff and training and the design of services.

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<td>Providers need to invest in up to date technology to deliver accurate eye examinations for even very young children. Boots Opticians is already exploring and investing in the new technology which is likely to revolutionise how we deliver services</td>
<td>Providers</td>
<td>Immediately, and on an ongoing basis</td>
</tr>
<tr>
<td>Providers should consider their local demographics and ensure that their services are designed to meet the needs of children and young people. Boots Opticians has already started this process by completely redesigning some of our services for children and young people. This is part of our ongoing development programme</td>
<td>Providers</td>
<td>Immediately, and on an ongoing basis</td>
</tr>
<tr>
<td>Providers should ensure that their colleagues have the appropriate training not only to use new technology for checking children’s eyes, but also to have the skills and confidence to communicate with parents, children and young people. Boots Opticians is already developing training for our colleagues to make sure all children and young people feel welcome in our practices. Providers should ensure appropriate clinical training and regular exposure is available to ensure optometrists are confident and skilled in performing eye examinations on younger children.</td>
<td>Providers</td>
<td>Immediately, and on an ongoing basis</td>
</tr>
</tbody>
</table>
Conclusion
and next steps

As a health-led optician, we at Boots Opticians see the impact of eye health and vision problems for children and young people every day. We have put this knowledge and expertise into this Green Paper and its recommendations.

If we fail to take action now the consequences for children and young people will be significant and long-lasting. The effects of poor eye health are evident in children’s attainment and employability and, as demonstrated by the Marmot Review, could have a much wider impact on health and social inequalities.

We intend to work in partnership with policy-makers, parliamentarians, commissioners, professional bodies and other partners to support them to implement our recommendations and take action now for children and young people. This will have an effect not just today but for years to come.

For more information about Boots Opticians, and the recommendations in this Green Paper, please email contact@boots-opticians.co.uk

Beyond our ongoing activities to improve eye health services for children and young people, we will now be taking further action to:

- Meet individual parliamentarians and policy-makers to help us implement the recommendations in the Green Paper
- Explore the economic benefit of the recommendations we have made to demonstrate the impact on the NHS of improving children’s eye health
- Work with partner organisations to identify areas of common activity that can support children’s eye health
- Consider how we can change our services and pilot a new approach in a local area
- Engage in specific research and activity around how vision correction solutions, such as contact lenses, could be made more widely available to children and young people

Because children’s vision matters.
Conclusion and next steps
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About Boots Opticians

Boots Opticians is one of the leading opticians in the UK with 637* practices, of which 177* operate on a franchise basis. Around 30 per cent of practices are located in Boots stores with the majority being standalone optical practices. We employ approximately 1,500 optometrists.

In 2009, Boots Opticians merged with Dollond & Aitchison to create the second largest optical chain in the UK. Both businesses had a strong heritage and an excellent reputation for quality care, harnessing over 250 years of optical experience. This has included launching our own brand of frames and being the first UK chain to launch daily disposable contact lenses. In August 2013, Boots Opticians became the first multiple optician in the UK to include digital retinal photography as a standard element of its eye test for customers of all ages.

In 2013–14, Boots Opticians conducted over 2.5 million eye examinations across the UK.

* As at 31 August 2015 excluding equity method investments