

Vision Training Clinic

Analysis of Responses to the North Essex and Mid Essex Clinical Commissioning Groups Engagement

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1. Executive Summary

North East Essex (NEECCG) and Mid Essex (MECCG) Clinical Commissioning Groups ran a period of public engagement on the review of the Vision Training Clinic from the 6th May 2016 to the 13th June 2016. The engagement received a total of 203 survey responses- 170 online responses and an additional 33 individual written responses. Posters, leaflets and hardcopies of surveys were distributed to the service for display and were freely available on request, complementing the online survey that was made available. A press statement was released but there was no press coverage in this period, however social media was used to increase awareness.

1.1 Key Findings

Findings from the engagement were grouped around the key themes of:

- **Educational benefit and impact-** the overwhelming majority of respondents express that the service provides an educational benefit, with high numbers of respondents reporting improvements in areas such as spelling, reading, writing and academic learning.
- **Other benefits of the service-** these included responses detailing improvements to motor skills, balance, visual tracking and access to advice and expertise.
- **Accessibility of service-** A key theme identified from the survey responses received was the accessibility of the Vision Training Clinic service. This included a number of subthemes around ease of access, awareness of the service, the availability of the service elsewhere and access for particular groups such as older children and patients without a diagnosis.
- **Access to other services-** This related to the theme of accessibility of the Vision Training Clinic, as it was clear that a number of parents/carers believed they would not have been able to access other services. The majority of responses relating to access to other services detailed problems with accessing other related services, including a number of responses stating that the vision training clinic sees patients that would not meet the thresholds or acceptance criteria for these other services.
- **Emotional wellbeing-** These included that the service contributed to increasing patients' confidence, and reducing depression and anxiety, as well as improving children's understanding of their symptoms or difficulties. A number of responses managing behavioural issues and social skills. Respondents also expressed that the service supports parents and contributes to their understanding.
- **Opinions on the service-** many respondents gave opinions on the Vision Training Clinic service, including a theme of responses calling the service unique.
- **Future of the service-** A number of responses included views on value and uniqueness of the service and the future of the service, which included opinions on the impact on other services, including Special Educational Needs (SEN) services, if the service was restricted. Suggestions were received including

suggestions for school based resource packs for teachers and educators or providing training to schools.

1.2 Conclusions

The majority of responses received to the engagement were from parents, carers, patient representatives or patients who have accessed the service and educational providers, such as Special Educational Needs Coordinators (SENCOs), who refer into the service. From the responses received to the engagement it was found that the overwhelming majority included themes around the service meeting educational needs and improving learning and educational outcomes for patients. Some respondents included anecdotal evidence of the service benefits, with a couple of respondents referencing studies that were included in the CCGs review of published evidence. Other benefits detailed included improved motor skills and emotional and mental wellbeing. The majority of respondents were favourable to the service and expressed that the current service was beneficial or valuable and easily accessible, and a high number of responses indicated that patients were seen by the service where they would not meet the thresholds for other services.

2. Introduction

The Vision Training Clinic is a specialist service delivered by a team of professionals at Essex County Hospital in Colchester. The service provides vision therapy based assessments, exercises and support for children with learning difficulties including dyslexia, dyspraxia, ADD/ADHD and autism in order to maximise their academic and social progress. The service is predominantly provided to children between the ages of four and 14, but also sees some aged 15 years and above who are still in education and a very small number of adults who may have suffered a brain injury, stroke or are living with MS.

Following a review of the published clinical evidence base the CCGs could find no published clinical evidence that vision training or vision therapy benefits children's health. In May 2016 the CCGs embarked on a period of public engagement in order to ask a range of stakeholders about their experiences and views of the service to further inform their review of the service and any future commissioning decisions.

2.1 Service Review and Public Engagement Approach

Following a review of published clinical evidence for vision therapy, vision training and behavioral optometry by North East Essex CCG, which was conducted with the support of Public Health, the CCGs could find no validated published clinical evidence that vision training or vision therapy benefits children's health.

A public engagement on the Vision Training Clinic service was launched on the 6th May 2016. An engagement pack consisting of a stakeholder letter, poster and a press release was distributed to key stakeholders identified by the service lead and providers

at CHUFT, as well as those stakeholders identified by the CCGs. Copies of the engagement materials can be found in Appendix 1. These materials included a link to the survey which also contained background information on the service and engagement. Stakeholder included in the engagement included schools in North East and Mid Essex and neighboring CCG areas, CCGs known to have patients attending the Vision Training Clinic, special educational needs professionals and General practitioners. A full list of stakeholder groups included in the engagement is included in Appendix 2.

As the service has strong links to education, with a number of the referrals coming from schools, input from ECC was sought throughout the engagement and review of responses.

In order to publicise the engagement and make the survey accessible, printed copies of posters encouraging people to “have your say on the Vision Training Clinic” and the surveys were available at the service. The service was also encouraged to distribute these to any other interested parties.

The survey was also made available online for the general public, with both North East Essex CCG and Mid Essex CCG websites making the link to the survey. A press statement was produced and circulated to the local media. The public engagement closed on the 13th June 2016.

Following the end of the public engagement, a panel including representation from North East Essex CCG, Mid Essex CCG and ECC reviewed all 203 responses in order to identify key themes and findings for inclusion in this report. The panel included clinical representation and consisted of the individuals listed in the table below.

Table 1. Membership of the engagement response review panel

Name	Organisation	Role
Fiona Jones	North East Essex CCG	Business Delivery Manager
Simon Morgan	North East Essex CCG	Head of Communications and Public Engagement
Max Hickman	North East Essex CCG	Clinical Deputy Chair and Board Member
Debbie Healy	North East Essex CCG	Business Manager- Children & Maternity Services
Lesley Cheshire	ECC	SEN Consultant
Michelle Parker	Mid Essex CCG	Clinical Lead- Children, Young People & Maternity and Designated Clinical Officer (DCO)
Rhianna Howard	Mid Essex CCG	Commissioning Officer- Children & Young People

Paul Gilham	Mid Essex CCG	Communications and Engagement Manager
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2.2 Responses to Public Engagement

The survey asked people a number of demographic questions, including in what capacity they were responding to the survey (e.g. parent, school, healthcare provider), for the first half of their postcode (e.g.CO4) and about their access to the service in order to identify the representation of different stakeholder groups in the responses received. The survey also asked people how they would rate the service and whether they or their child (if responding as a service user/patient, parent or carer) accessed any other services providing similar therapeutic elements (e.g. physiotherapy, occupational therapy) in order to ascertain how respondents felt about the service and whether a significant number of the service users/patients access other NHS funded therapy based services. In addition, there were a number of free text boxes for people to add comments, reasons and examples for their rating of the service, how they thought the service benefits users, other services accessed and any further comments they wished to include. The report that follows presents an analysis of all responses to the public engagement.

As part of the engagement, the Vision Training Clinic team also shared two examples of feedback previously received about the service, dating from 2010 and 2014, for information as part of the current review. The CCGs were also made aware, after the end of the public engagement, that due to the absence of a member of staff from the Vision Training Clinic service throughout the engagement period around 300 appointments for the service were cancelled. It is noted that had these appointments occurred, further responses to the survey may have been received.

3. Survey Respondent Information

There were 203 responses received to the survey, 83.74% of which were made online and 16.26% of which were postal. Respondents to the survey were not asked to state their gender, age group, sexuality, ethnicity or whether they considered themselves to have a disability due to the narrow scope of the service. Respondents were instead asked to state in what capacity they were responding to the survey (e.g. patient, parent, school) and the first half of their postcode (e.g. CO4) in order to identify the representation of different stakeholder groups in the responses received and triangulate commonalities in responses from respondent groups.

3.1 Location



The vast majority of respondents (196, 96.55%) indicated which part of the region they lived in by responding with the first half of their postcode, see Table 2 below. The greatest number of respondents stating which area they lived in were from CO postcodes (148, 72.90%) which includes Colchester and Tendring areas and Colchester, Bures, Halstead, Clacton, Manningtree, Sudbury, Harwich and Frinton postcode areas. 42 respondents (20.68%) indicated they were from CM postcodes, including responses from Chelmsford, Braintree, Harlow, Maldon, Witham, and Dunmow postcodes. Please note there is a small overlap in these figures as one respondent, a SENCO moving between schools, entered both a CM7 and CO9 postcode.

There were 7 responses from outside of the CO and CM postcode areas, from Basildon, Haverhill, Ely, Woodbridge and Bury St. Edmunds postcode areas. These included responses from two healthcare professionals (a GP and an Optometrist/Vision Training

Expert), a patient representative and four parents/carers. 7 respondents who completed postal/paper responses did not indicate their postcode area.

Table 2: Location of respondents

Area	Postcode Area	Count
CO	CO1	6
	CO2	12
	CO3	25
	CO4	20
	CO5	14
	CO6	9
	CO7	16
	CO8	2
	CO9	11
	CO10	4
	CO11	3
	CO12	11
	CO13	2
	CO14	1
	CO15	9
	CO16	3
CM	CM0	1
	CM1	4
	CM2	6
	CM3	10
	CM6	2
	CM7	8
	CM8	3
	CM9	6
	CM17	1
	Cm77	1
Other areas	SS11	1
	SS12	1
	SS6	1
	CB9	1
	CB7	1
	IP13	1
	IP33	1
Not declared		7
Total		204*

*Please note that while the total number of respondents is 203 the total number of reported postcodes is 204, as one respondent reported two postcodes.

While it is not possible to say definitively from the postcodes given which CCG area the respondents are located in, due to postcode areas crossing CCG boundaries and the fact that a patient’s CCG is defined by their GP postcode, it could be inferred that the vast majority of the respondents fell within areas associated with North East Essex CCG and Mid Essex CCG, with some small numbers likely to be located in neighboring CCGs in Essex and Suffolk.

3.2 Demographics

Respondents to the Vision Training Clinic survey were not asked to state certain demographic information, including their gender, age group, sexuality, ethnicity or whether they considered themselves to have a disability, due to the narrow scope of the service. It was felt that for this service, which is primarily for children with learning difficulties and sees a small number of older people with neurological difficulties, it would be more beneficial to ask respondents to record in what capacity they were responding to the survey.

3.3 Respondent Roles/ Type

Question 1 of the survey asked respondents “In what capacity are you responding to this survey?” and respondents were asked to indicate from a list of options which type of respondent they thought they were. These options can be found in Table 3 below. Of the 203 respondents a significant proportion (115, 56.65%) indicated that they were carers or parents.

Table 3: Respondent roles/types

Respondent roles/type	Number	Percentage of respondents
Patient	8	3.94%
Carer/Parent	115	56.65%
Voluntary organisation – please detail	0	0%
Patient representative	5	2.46%
School/educational provider - – please detail	51	25.12%
Healthcare provider – please detail	22	10.84%
Commissioner- please detail	0	0%
Other, please detail	8	3.94%
Total	209*	

*Please note that while the total number of respondents to answer this question was 203 a small number of respondents to the online survey answered with more than one option.

A free text box was included in the survey for respondents to give details where requested. 95 respondents (46.80%) made use of this to add detail or context to their response. The majority of these responses included specifying their role within a wider respondent type- e.g. Special Educational Needs Coordinator (SENCO), Mother, General Practitioner or giving detail of the patient they were responding on behalf of “my 6 year old daughter is a patient” “my son has attended two vision training sessions”.

It should be noted that a number of respondents answered with only one of the options in the above list but then used the free text box provided for the question to indicate that they were responding in more than one capacity, for example as both a school/educational provider and a parent.

From the responses received to Question 1 it could be seen that of the respondents from schools/educational providers who gave additional details the vast majority held the role of SENCO (35/51, 68.63%). Responses were also received from learning support coordinators (1), class teachers (5), head teacher and assistant head teachers(3), inclusion leaders(2), with a small number of respondents detailing multiple roles.

22 responses were received from a range of healthcare providers including GPs (4), Optometrists (8), Orthoptist (2) Paediatric consultant or paediatrician (6) hospital consultant (1), specialist community public health nurse (1). As with other respondent types respondents also indicated that they were responding in multiple capacities e.g. “As a parent and a hospital consultant”.

A small number of responses were also received from individuals identifying themselves as current or previous employees of the service (2).

There were no survey responses received from commissioners or voluntary organisations, though two responses were received from private special educational needs assessors and providers/referrers.

4. Representativeness of Respondents

Due to the open online survey format used in this public engagement it is impossible to determine whether all respondents are from within the targeted populations of north east and mid Essex, so the statistical representativeness of the responses received cannot be assessed. This is compounded by the nature of the service where patients may be live in one postcode or CCG area but be referred from another due to the location of a referring school or professional. Therefore the respondents’ geographical locations and respondent types given in the tables and figures above simply describe the sample obtained during the public engagement, and no attempt to infer generalisability from this

sample to the population of North East or Mid Essex using statistical techniques has been made.

With this in consideration, it is however important to consider how representative of the relevant stakeholder groups the views offered by respondents to this engagement might be, by considering the extent to which the respondents represent the stakeholder groups included in the engagement and the known usage of the service. Therefore it should be noted that:

- The respondents' geographical locations represent a spread of views roughly in line with that expected from the known service usage from the different CCG areas (85-90% of patients are from within the North East Essex or Mid Essex CCG areas) and the stakeholders included in the engagement.
- The overall number of responses to the survey was relatively high for a local engagement on a service with a relatively narrow remit and low number of patients.
- Responses to the survey were received from the majority of stakeholder groups included in the public engagement. While no responses were received directly from commissioners or voluntary organisations it is expected that due to the mechanism of cascading information used in the engagement these organisations included acted to signpost other relevant parties (e.g. GPs, patients) to the engagement.

There were some limitations in the way that responses were collected that could potentially have impacted on the reliability of the findings. For example, a small number of individuals used the survey to provide comments on the operational performance of the service or directed comments to the service, for example comments on the waiting time for the service or the presentation of reports and exercise sheets. This may have been due to a perceived lack of clarity in the questions (which were purposefully kept open in order to encourage broad responses from respondents), or due to the way the engagement was publicised to service users with the survey being advertised and distributed by the service.

5. In-depth Engagement Findings

5.1 Rating of Service

Question 4 (Question 5 online due to formatting differences) asked respondents "How would you rate the service?" with the survey giving options of 'Excellent', 'Good', 'Average' or 'Poor'. Respondents were also asked to give reasons or examples for their rating in an associated free text box.

It was clear from the contextual information given in answers to this question that different respondent groups will experience different types of interaction with the service, e.g. a professional relationship with educational referrers such schools, parents

and patient experience of the service provision. Therefore the responses to Question 4 are here presented by respondent type.

5.1.1 Ratings from Patients, Carers, Parents and Patient Representatives

Of the 128 respondents in these categories 6 did not rate the service, 5 rated the service average, 5 rated the service good and 112 (87.5%) rated the service excellent.

5.1.2 Ratings from Schools and Educational Providers

Of the 51 responses received from schools or educational providers 17 respondents did not rate the service, 28 rated the service excellent, 5 good and one respondent, a learning support coordinator, rated the service poor.

5.1.3 Ratings from Health Care Professionals

The service ratings received from the 22 healthcare professionals responding to the survey were quite mixed. The majority of healthcare respondents did not provide a rating for the service (16) but many provided context which is explored under section 5.2. 4 respondents, 3 paediatricians and a specialist community public health nurse, rated the service 'Excellent', with 2 respondents, both optometrists, rating the service 'Average'.

5.1.4 Ratings from Other Respondents

Out of the 8 respondents marked as other 5 did not rate the service. The other 3 respondents, two previous employees of the service and a referee to the service, rated the service 'Excellent'.

5.2 Accessing the Vision Training Clinic Service

Respondents were also asked if they or their child had ever accessed the service (Q3 online and 2 on paper copies due to formatting differences). The majority of respondents indicated that they had accessed the service (141, 69.46%), which included those respondents identifying as parents, carers and patients; however there was a mixed response from other respondent types. A number of respondents identified as schools/education providers or healthcare providers answered the question either No (17, 8.37%) or Not applicable (45, 22.17%) but there were also a number of these respondent types who answered yes to this question.

A subsequent free text question asked "How recently have you or your child accessed the service?" There were 126 responses, with the vast majority indicating usage within the past year, or future appointments, though answers ranged from very recently, "in the past few weeks" "May 2016" "last month" to a number of years ago "2011 to 2014" "9 years ago".

It is worth noting that a number of referrers to the service, such as SENCOs, answered this question with how recently they had made referrals to the service “pupils are regularly referred to the Vision Training Clinic” “we currently have five pupils who are using the service.” Therefore there may have been a lack of clarity around what was meant by accessing the service, and the responses may therefore have been skewed.

5.3 Usage of Other Services

Question 6 of the survey (Question 7 online due to formatting differences) asked respondents “Do you or your child access any other support service in relation to learning difficulties?” The following examples of NHS funded services were provided and a free text box was provided for answers so as not to limit respondents:

- **Physiotherapy**
- **Occupational Therapy**
- **Speech and Language therapy**
- **Any other.....**

Of the 128 respondents who indicated they were responding in the role of patient, carer/parent or patient representative, who might be considered to have service use connections to the vision training clinic, 47 (36.72%) indicated that they or their child accessed other services while 69 (53.91%) indicated they did not. Further information on the responses from patients, patient representatives, parents and carers for this question can be found in Tables 4 and 5 below.

Table 4: Responses to other services accessed

Do you or Your child access any other support service in relation to learning difficulties?	Number
Yes	47
No	69
Prefer not to say/Unsure	5
Blank	7
Total	128

5.3.1 Respondents Accessing Other Services

Table 5: Free text responses- Services accessed by respondents (carers/ parents, patients, patient representatives)

Service	Number
None	69
Speech and Language Therapy	25
Occupational Therapy	23
Physiotherapy	10
Other:	
Pain management	1
Core stability Group	2
Community Paediatricians	4
Paediatrician	6
Associate Practitioners	1
Educational psychologist	8
Specialist teachers	4
Sensory Impairment Specialist Teacher	1
SENCO	2
Play therapy	2
Podiatrist	1
Special needs dentist	1
School based therapists	1
GP	1
Psychologist	1
Rheumatology	1
Hydrotherapy	1
Multiple/All (included in counts above)	24
2 services	13
3 services	3
4 services	5
5 services	1
6 services	0
7 services	2

As can be seen from Table 5 above respondents indicated that they access a wide range of other support services, with the largest proportion (69) of those accessing a service accessing Speech and Language therapy. Approximately half of respondents (24/47, 51.06%) indicated that they, or their child, are accessing multiple support service in relation to learning difficulties, with some reporting accessing as many as 7 different support services. This may indicate that a number of children accessing the Vision Training Clinic may be receiving some similar elements of support from other

services, and that a number of children accessing the service who access a number of other services may have complex needs.

It should be noted that some respondents in their answers to other questions alluded to other services accessed e.g. Neurologist, Orthoptics, which has not been included in the tables above. A small number of respondents also indicated previous or future usage of these services, e.g. “Not at present, however the school are going to refer him to OT”, “not currently, but my son used to be under physical therapy”.

5.3.2 Respondents Not Accessing Other Services

69 carer/parent, patient or patient representative respondents indicated that they did not access any other support services for learning difficulties. Some of these respondents explained that this was due to children not meeting the threshold for other services or not being able to access other services, “no, because he would not reach the high thresholds for most other services” “none as few are available”, this theme of accessibility is explored further in section 5. From the free text responses to the survey it was also noted that a number of respondents indicated that they did not access other services had previously accessed services, or had been assessed by services, and had since been discharged. Some respondents indicated elsewhere in their survey answers that they were being seen in other services by the respondent did not include them in the answer to this question, perhaps as they did not feel they related to learning difficulties.

As with the question on accessing the Vision Training Clinic service, it is worth noting that a number of referrers to the service, such as SENCOs, answered this question with details of other services they refer to “We regularly refer children to: Speech & Language Therapy Occupational Therapy & occasionally (on the basis of need) we refer to physiotherapy services” “As a school we refer in and encourage parents to see their GP to be referred into all the above services. We highly value these services that support our children.” Therefore there may have been a lack of clarity around what was meant by accessing these services, and the responses may therefore have been skewed.

5.4 Key Themes From Engagement

Questions 4, 5, 6, and 7(5, 6, 7 and 8 online) provided free text boxes for respondents to give comments, reasons and examples to support their answers. These questions were:

- How would you rate the service? Reasons/examples
- Please tell us how you think the service benefits users
- Do you or your child access any other support service in relation to learning difficulties?

- Do you have any other comments you would like to include?

The majority of respondents to the survey who used the free text boxes for these questions appeared to use these boxes interchangeably to convey their views on the service, or replicated part of their answers in multiple boxes. Therefore in order to not lose the meaning behind these answers the responses to these questions have been considered together. The panel reviewed all responses received in order to identify key themes and trends in responses, which are here analysed.

5.4.1 Educational Benefit and Impact

The overwhelming majority of free text responses to the survey mentioned the services link to educational needs and attainment. This included numerous examples of the educational benefits to the service users/patients, including improvements in reading, writing, behaviour, academic achievement (including achievement of formal qualifications), learning ability, spelling, memory, and reduced absence from school. Comments were received stating that the service helped children with difficulties stay in mainstream schooling. An illustrative sample of these comments is included below:

“It fills a huge gap in the current education system.”

“Access to trained professionals to support with children's academic learning.” **Patient**

“The exercise for both eye and retained reflexes, brain stem mediated reflexes, have proven beneficial life changing impact on reading and behaviour.” **Parent/ Specialist community public health nurse**

“The help and support given when children are struggling in school is excellent and the exercises are of enormous help.” **Community paediatrician**

“Typical results for students is that "at last the words on the page stay still" (with corrective coloured glasses and training)/or "now the lines of the text are straight and not merging into each other" etc. Once the text can be perceived normally, students then make rapid progress with their reading skills and writing and spelling skills improve soon after.” **Independent Assessor for Adults with Specific Learning Difficulties**

“This service is very good in helping children with dyslexia, dyspraxia, learning difficulties, ADHD. Visual training improves children's functional abilities and learning.” **Consultant Community Paediatrician**

Identification of need and support

Other responses detailed wider education related benefits to the service, including supporting school based SEN provision. These included responses stating that the assessment or support provided by the service had enabled patients to access

additional support in school, or that following assessment by the service the exercises provided were incorporated into the patients school based support.

A number of responses from schools or SENCOs stated how they relied on the information from the service to support children at school, and a small number of responses stated how the skills addressed by the service may not otherwise be addressed in mainstream education.

“It has also given us a voice, as so often our views are not listened to by those in education.” **Parent**

“Improve skills that cannot be dealt with in mainstream education.” **Carer/Parent**

A small number of comments were also received that stated the service contributed to keeping children with learning difficulties in mainstream education.

“Her exercises and 'games' encouraged my daughter, helping her to stay in main stream schooling.” **Parent**

A number of responses, the majority of which were from SENCOs or Carer/Parents, mentioned the services provision of colorimetry, specialist glasses or tinted/coloured overlays which were not widely available or accessible elsewhere.

“Assisted learning through providing specialist glasses not obtainable from an optician and coloured sheets. Also given exercises which helped her to focus. Identified the need for help within the school setting which was not available elsewhere. Assisted to achieve higher qualifications.” **Carer/Parent**

“For my son, the clinic provided him eye exercises and coloured overlays to help him read more easily.” **Parent**

5.4.2 Other Benefits of the Service

Other perceived benefits of the Vision Training Clinic service expressed in the survey responses included:

Reflexes, balance, falls, core motor skills- A number of respondents mentioned improved core and fine motor skills, including pen grip and handwriting, with a small number of respondents stating an improvement in balance. One respondent expressed that they believed the service had contributed to a reduction in falls experienced by her child.

“Practical advice and exercises which develop tracking, concentration, motor skills, listening skills.” **School/ Educational provider**

“My daughter couldn't ride a bike before this service, and I credit them with this new skill she has.” **Carer/ Parent**

Visual tracking- A number of responses expressed that the service had benefitted patients' visual tracking, impacting on a number of areas including ability to read and academic achievement.

Advice and Expertise- A large number of responses included statements about the general support and expertise provided by the service to parents, schools/ educational providers and patients.

Reduced need for other services - A handful of responses, the majority from parents, expressed a belief that the service reduced the patients need for other services, such as paediatricians or GPs, and for medical interventions.

“The service really enabled our child to develop and significantly reduced the input that he required from GP, CAMHS and the Community Paediatrics teams. This also reduced his reliance upon drugs and on-going interventions.” **Parent of ADHD child**

5.4.3 Accessibility of Service

A key theme identified from the survey responses received was the accessibility of the Vision Training Clinic service. This included a number of subthemes around ease of access, awareness of the service, the availability of the service elsewhere and access for particular groups such as older children and patients without a diagnosis.

Easy access/accessibility- A high number of responses received included information about the respondents' experience accessing the service. These included a number of comments around the ease of referring into the service, particularly from Schools/SENCOs, with the majority of comments being positive about the accessibility of the service. A small number of comments noted that waiting times can be long and appear to have increased recently. Comments were also received which linked the accessibility of the service to its perceived uniqueness, noting that the service was freely available.

“As they are a free service in our area it means that all children with signs of a specific learning difficulty can get professional help and not just those who can afford an assessment from Dyslexia Action.” **SENCO**

Awareness of service- A small number of respondents expressed a lack of awareness of the service and what the service provides. These included responses from both parents, the general public and healthcare providers.

“I like to think that I am a reasonably well informed mother of an autistic child who has vision issues which impact on his development and learning particularly at school. I was not aware that this service existed and am still not clear what it provides.” **Patient**

Some of these responses also expressed or suggested a lack of awareness or clarity of referral routes.

“Unsure if it has any benefits as no evidence ever provided, most requests are generated by school teachers and I have never been asked to arrange testing by a clinician.” **GP**

Availability of service Elsewhere- Some responses related to the provision or accessibility of related services elsewhere. This included responses stating that a similar service is not available elsewhere, or is only available privately or through self-funding, or comments relating to the uniqueness of the service.

“This service is very special, it is available privately by only a few practitioners at a highly profitable level. This service should be marketed to other service providers. It is a low cost service to provide as it uses very little expensive equipment and few staff.”

Parent/ Specialist community public health nurse

“That it is the only clinic in England and falls within Essex' remit should make it a jewel to be protected, nurtured, and made a beach of excellence for the other national primary healthcare trusts.” **Parent**

Access for particular groups- A small number of responses included other themes related to accessibility of the service. These included particular areas relating to the fact that the service will see older children, and a theme that the service is accessible even to those without a formal diagnosis of a learning difficulty or related issue. A small number of responses indicated that the service had either provided or supported patients to obtain a diagnosis that was not obtained prior to their contact with the Vision Training Clinic.

“One of the benefits particularly is the age range that the clinic sees. The occupational therapy service provided by ACE will only see children up to the age of 7, which means the majority of children requiring or who may benefit from interventions are excluded. They can however be seen at CPOC with some benefit/improvement.” **Community Paediatrics Respondent**

“As a primary school SENCO the vision training centre is a first port of call for identifying + supporting any SEN a pupil may have. I have seen on many occasions pupils that have carried out given exercises (with home + school support) and the positive impact this has on their academic potential and general well-being. I would be lost without access to this service!” **SENCO**

Some of the responses received also detailed the length of time the patient had been engaged with the service, with responses ranging from future patients to those who had been accessing the service for a number of years, several for more than 5 years. It is also worth noting that several responses received from carers and parents detailed that they had multiple children attending the service. This may potentially be related to the accessibility of the service.

5.4.4 Access to Other Services

Another key theme identified in the survey responses was the accessibility of other services. This theme relates to the theme of accessibility of the Vision Training Clinic, as it was clear that a number of parents/carers believed they would not have been able to access other services.

Lack of other provision- The majority of responses relating to access to other services detailed problems with accessing other related services, such as physiotherapy or occupational therapy, including a number of responses stating that the Vision Training Clinic sees patients that would not meet the thresholds or acceptance criteria for these other services.

“The Vision Training Clinic provides a very valuable service to schools. We only have limited access to an Educational Psychologist and are better able to judge which children need to see the EP following the Vision Training Clinic assessments.” **SENCO**

“Our son is not "bad enough" to "qualify" for the support listed above so we are very grateful to have the VTC.” **Parent of dyslexic child**

Some respondents linked the issues with access to other services to the provision of similar services from private facilities elsewhere, and how this may limit accessibility due to self-funding being required.

“Children have improved their confidence, education and behaviour by visiting the clinic. Often there was nowhere else to go as other, private facilities available are often out of reach of the families that need the most help i.e. those in low income families.”
Previous employee of Vision Training Clinic Service

5.4.5 Emotional Wellbeing and Support

Themes of benefits to emotional wellbeing and support were identified in the survey responses. These included that the service contributed to increasing patients' confidence, and reducing depression and anxiety, as well as improving children's understanding of their symptoms or difficulties. A number of responses from parents, carers and SENCOs expressed that the service contributed to managing behavioural issues and social skills. A small number of respondents mentioned waiting for referrals to Emotional Wellbeing and Mental Health Services (formerly known as Child and Adolescent Mental Health services, or CAMHS).

“...we are waiting for a appointment with the Emotional Wellbeing & Mental Health Services regarding problems with anxiety & depression.”

Respondents also expressed that the service supports parents and contributes to their understanding and management of children's learning difficulties, with the exercises provided by the service being performed at home as well as at school.

“The benefit to my eldest daughter has been staggering, she is now making progress at school and has far less anxiety around her learning due to the work the visual training clinic have done with her.” **Parent**

“Parents are always grateful for advice and support”. **SENCO**

“Involves children and their parents; programmes given to children need to be carried out at home and so they engage together.” **Inclusion leader of a primary school**

5.4.6 Opinions on the Service

The majority of responses to the survey included general opinions on the service and service provision. These included comments that the service was efficient, timely, and provided good communication. A number of individuals expressed strong feelings on the benefit of the service, with many commenting on the uniqueness of the service, and calling it exceptional, life changing and vital.

“This is an exceptional service and it would be a great shame if it was not to continue.” **SENCO**

“I have heard this clinic is one of very few in the country dealing with these issues, as a result it attracts patients from far afield. The fact that this happens should stand as evidence of how patients value it and the service therefore should be celebrated as a flagship of what Colchester can offer.” **Parent**

5.4.7 Future of the Service

Evidence base – A small number of responses discussed the evidence base for the service and how this should influence the future of the service. These included comments detailing personal experience or anecdotal evidence to support the service, and a very small number of references to published studies.

“If there is no published evidence that this service provides a health benefit to these children, then the only benefit is social support due to the placebo effect. In short there is no health benefit!” **Member of the public**

“I don't feel the NHS should fund a program that prescribes non-evidence based practises. The name Visual Training Clinic is deceptive. A whole battery of assessments, that have nothing to do with vision, are being used.” **Learning Support Coordinator**

Impact on schools- Some respondents indicated that they felt restriction of the Vision Training Clinic service would have a negative impact on schools provision and ability to support students to achieve their academic potential. The majority of these responses

were received from SENCOs and also included themes of accessibility to the service currently and to other services.

“Services are being cut across the Nation and the children lose out. As a school we rely on professionals guiding us and providing us with vital information for the student to succeed. If this service was withdrawn there would be limited provision therefore the student being failed.” **SENCO**

The impact on other services, such as availability of wider support for SEN services and social care was also mentioned by respondents, with a small number stating that there could be future financial repercussions on the NHS or social care if the service was restricted.

Suggestions such as outreach to schools- a small number of responses made suggestions for wider education about vision training to schools, including suggestions for school based resource packs for teachers and educators or providing training to schools.

“Primary school Perhaps an INSET session or training in our school or in a cluster group would be useful so we can see a range of exercises modelled first hand.” **SENCO**

5.4.8 Other Points of Note

A small number of responses were also received from adult service users including two MS patients and a patient with a brain injury. The responses from these individuals included themes of enabling independence, the perception that the service was their “only hope” a theme around lack of awareness of the service, with one respondent querying why their Neurologist and GP had not referred them to the service, an opinion that the service was valuable and an example of having accessed colourimetry through the service.

6. Conclusions

Findings from Engagement:

The majority of responses received to the engagement were from parents, carers, patient representatives or patients who have accessed the service and educational providers, such as SENCOs, who refer into the service. From the responses received to the engagement it was found that the overwhelming majority included themes around the service meeting educational needs and improving learning and educational outcomes for patients. Some respondents included anecdotal evidence of the service benefits, with a couple of respondents referencing studies that were included in the CCGs review of published evidence. Other benefits detailed included improved motor skills and emotional and mental wellbeing. The majority of respondents were favourable to the service and expressed that the current service was beneficial or valuable and easily accessible, and a high number of responses indicated that patients were seen by the service where they would not meet the thresholds for other services.

Engagement approach:

- Future engagements be aware that respondents may fill more than one role and allowing this to be expressed adds a richness to the responses
- Respondents may not see themselves as falling into the categories defined- free text box useful for them to express the capacity in which they are responding in their own words

Appendix 1: Public Engagement Materials

The following materials were used to support the public engagement. The survey here attached was also made available electronically.

Survey

VISION TRAINING CLINIC SERVICE

Background

The NHS, social care and provider organisations are committed to ensuring local people across mid and north east Essex have access to the highest standards of health and social care services that meet local needs while providing value for money. We are asking local people for their views on the Vision Training Clinic that is provided by Colchester Hospital Trust.

What is the Vision Training Clinic?

The Vision Training Clinic is delivered by a team of professionals at Essex County Hospital predominantly for children between the ages of four and 14, plus a few aged 15 years and above who are still in education. The service states that it provides support for those children with a number of needs relating to dyslexia, dyspraxia, ADD/ADHD and autism to maximise their academic and social progress. Historically the Vision Training Clinic formed part of the Community Primary Optometric Clinic (CPOC) but this service has been a stand-alone service since CPOC was decommissioned a number of years ago.

Does the service provide support for any other age group?

The service does see a small number of older people from north east Essex who may have suffered a brain injury, stroke or are living with MS. These patients would also have access to a specialist neurological rehabilitation team commissioned by the North East Essex CCG.

Why are the CCGs asking for views on this service?

The CCGs can find no published clinical evidence that vision training or vision therapy benefits children's health. As a number of referrals come directly from educational settings, we have made the local authority aware of our intention to review this service. In addition, Anglian Community Enterprise (ACE) will provide an integrated paediatric therapies service, including Occupational Therapy, Physiotherapy and Speech and Language therapy, for North East Essex patients from 1st April 2016 and will accept referrals for paediatric patients with similar learning difficulties. Patients in mid Essex would similar learning difficulties and health needs would be able to access services from ACE and PROVIDE which are commissioned by Mid Essex CCG.

What would the CCGs like to find out?

The CCGs would like to hear from local people about their experiences and views of the service, provided at Essex County Hospital, and are asking for feedback on the following questions:

QUESTIONNAIRE

1. In what capacity are you responding to this survey?

- Patient**
- Carer/Parent**
- Voluntary organisation – please detail**
- Patient representative**
- School/educational provider - – please detail**
- Healthcare provider – please detail**
- Commissioner- please detail**
- Other, please detail**

If you are responding as a patient, carer/parent or patient representative please provide us with the first half of your postcode (e.g. CO4)

2. Have you – or your child – ever accessed the service? YES/NO/NOT APPLICABLE

IF ‘NO’ OR ‘NOT APPLICABLE’, PLEASE GO TO QUESTION 5

3. How recently have you or your child accessed the service?

Free text

4. How would you rate the service? (Please circle)

EXCELLENT/GOOD/AVERAGE/POOR

Reasons/examples

Free text

5. Please tell us how you think the service benefits users

Free text

6. Do you or your child access any other support service in relation to learning difficulties?

For example:

- **Physiotherapy**
- **Occupational Therapy**
- **Speech and Language Therapy**
- **Any other.....**

Free text

7. Do you have any other comments that you would like to include?

Free text



North East Essex and Mid Essex CCGs would like to hear from you about you or your child's experiences and views of the Vision Training Clinic Service.

If you have used the service, or know someone that has, please get in touch and let us know your experiences or views.

Please ask for a questionnaire or visit
<https://www.surveymonkey.co.uk/r/DLJCWWH>

Closing date for responses: 13 June 2016

HAVE YOUR SAY:

Website: www.neessexccg.nhs.uk
Email: neeccg.haveyoursay@nhs.net
Phone: 01206 286916

North East Essex CCG
Primary Care Centre
Turner Road
Colchester CO5 5JR



North East Essex
Clinical Commissioning Group

Vision Training Clinic

6 May 2016

Dear stakeholder,

We wanted to inform you that the North East Essex Clinical Commissioning Group (CCG) is undertaking a period of public engagement to gather views on the Vision Training Clinic provided at Colchester Hospital University Foundation NHS Trust (CHUFT). Our engagement will run from 6 May until 13 June 2016.

The commissioned service – which used to form part of the Community Primary Optometric Clinic (CPOC) – is provided by a team of professionals at Essex County Hospital primarily to patients aged between four and 14 with needs relating to dyslexia, dyspraxia, ADD/ADHD and autism to maximise their academic and social progress.

The service also sees patients aged 15 years to adult who are still in education as well as a very small number of people with head injuries or a neurological condition.

The reason for our engagement is to allow us to review services we commission to assess their effectiveness – a key role of a CCG. We're inviting local people to share their experiences of this service. An online questionnaire has been developed for people to complete – <https://www.surveymonkey.co.uk/r/DLJCWWH>

In addition, we are asking clinicians at Colchester Hospital to make direct contact with their patients so that they know how to provide their views to us.

For more information and to complete a questionnaire, please visit www.neeccg.nhs.uk

Yours faithfully,



Pam Green
Director of Transformation and Strategy
North East Essex Clinical Commissioning Group



North East Essex
Clinical Commissioning Group

6 May 2016

NEWS RELEASE

Clinicians seek views on Vision Training Clinic

People across Colchester and Tendring are being asked for their views on the Vision Training Clinic.

The commissioned service – which used to form part of the Community Primary Optometric Clinic (CPOC) – is provided by a team of professionals at Essex County Hospital. They see predominantly children between the ages of four and 14 with needs relating to dyslexia, dyspraxia, attention deficit disorder (ADD)/ attention deficit hyperactivity disorder (ADHD) and autism to maximise their academic and social progress. The service also sees patients aged 15 years to adult who are still in education as well as a very small number of people with head injuries or a neurological condition.

Dr Hasan Chowhan, Clinical Director at the North East Essex Clinical Commissioning Group (CCG), said: “We would like to hear from local people about their experiences of this service and have developed an online questionnaire for people to complete. The reason for doing so is that we want to make sure that our resource is being used and spent as effectively as possible and that patients are accessing services that best meet their health needs.”

For more information and to complete a questionnaire, please visit <https://www.surveymonkey.co.uk/r/DLJCWWH>

ENDS

NOTES TO EDITORS

Media enquiries: Please contact the CCG’s Communications team on 01206 286841.

www.neessexccg.nhs.uk

Appendix 2 –Stakeholders included in Public Engagement

A list of key stakeholders for engagement was produced by the service lead and providers of the Vision training Clinic service. These stakeholders, and those identified by the CCGs were included in a cascading of the engagement materials. Stakeholders fell into the following groups:

Stakeholder group	Engagement approach
Local Authority	North East Essex CCG and Mid Essex CCG have worked closely with Essex County Council (ECC) throughout the Vision Training Clinic service review and engagement as they recognise the strong link between the service, special educational needs and educational provision. Electronic copies of the engagement materials were shared with ECC teams, including the communications team, SEND services and commissioning teams for dissemination across the organisation. A SEN consultant from ECC took part in the panel to review the survey responses following the engagement.
Schools in North East Essex CCG area	Contact list for the schools in North East Essex was shared by Essex County Council. Schools were included in an email cascade of the engagement materials by North East Essex CCG, with materials address for the attention of the SENCO at the service leads suggestion.
Schools in Mid Essex CCG area	Engagement materials and the list of schools in Mid Essex identified by the service lead as key stakeholders were shared with Mid Essex CCG by North East Essex CCG. Mid Essex school liaison officers distributed materials to Mid Essex schools.
Identified Schools in Suffolk CCG areas	A small number of schools in the Suffolk area were identified by the service lead as key stakeholders. Contact details for these specific schools were found online and the schools included in an email cascade of the engagement materials by North East Essex CCG, with materials address for the attention of the SENCO at the service leads suggestion.
Special Educational Needs Professionals	A number of special educational needs professionals or providers, such Social and Emotional Difficulties Team Support Workers, were identified by the service lead as key stakeholders. These stakeholders were contacted through ECC, who were encouraged to circulate the electronic copies of the engagement materials to relevant parties. Where named stakeholders had been identified by the service lead the engagement materials were marked for their attention.
North East Essex GPs	North East Essex GPs were provided with electronic copies of the engagement materials through a cascade by North East Essex CCG. Elected members of the CCG were also informed of the public consultation through the internal Clinical Reference Group meetings.

Mid Essex GPs	Mid Essex GPs were provided with electronic copies of the engagement materials through a cascade by Mid Essex CCG.
Suffolk GPs	As it was identified that some patients of the service were Suffolk residents North East Essex CCG contacted the Suffolk CCGs (Ipswich and East Suffolk CCG, West Suffolk CCG) communications team to inform them of the engagement. The CCGs were provided with electronic copies of the engagement materials and asked to disseminate to the Suffolk practices.
GPs in other CCG areas	The service lead for the vision training clinic identified a small number of GP Practices outside of North East Essex, Mid Essex and Suffolk as key stakeholders. Contact details for these named practices were found online and the practices were contacted directly by North East Essex CCG to inform them of the engagement and provide them with electronic copies of the engagement materials.
Other stakeholders including the Health Overview and Scrutiny Committee, and local politicians	North East Essex CCG identified a number of key stakeholders, including local councillors, the Health Overview and Scrutiny Committee and local politicians who were included in the communications cascade by North East Essex CCG and provided with electronic copies of the engagement materials.
Health professionals including physiotherapists, occupational therapists and paediatricians	A number of health professionals or providers such as Occupational therapists, Speech and language therapists and paediatricians were identified by the service lead as key stakeholders. These stakeholders were contacted through their organisations, such as ACE, CHUFT and Provide, who were encouraged to circulate the electronic copies of the engagement materials to relevant parties. Where named stakeholders had been identified by the service lead the engagement materials were marked for their attention. Engagement materials were also circulated to the local Ophthalmology Network members who were encouraged to pass on the details of the engagement to colleagues and networks.
Voluntary sector organisations and support groups	A number of voluntary organisations were identified by the service lead as key stakeholders. These included Dyslexia action Chelmsford and Thorpe dyslexia. A wider list of voluntary sector organisations and support groups, including local Community Voluntary Services and Neurology users groups for MS and Parkinsons was compiled by North East Essex CCG and engagement materials were cascaded to these electronically.
Media	A press statement about the engagement was released to the local media.
Patients, parents and carers	Printed posters publicising the engagement and survey were displayed in the service throughout the engagement and the service was provided with printed copies of the survey to distribute. Other stakeholders contacted, including SENCOs were encouraged to distribute the engagement materials to any other

	<p>stakeholders they wished.</p> <p>North East Essex CCG and Mid Essex CCG included links to the survey on the homepages of the organisations in order to publicise the engagement. The online survey was freely available for any member of the public to complete. A press statement about the engagement was released to the local media.</p>
<p>The general public</p>	<p>North East Essex CCG and Mid Essex CCG included links to the survey on the homepages of the organisations in order to publicise the engagement. The online survey was freely available for any member of the public to complete. A press statement about the engagement was released to the local media.</p>
<p>Other CCGs known to have patients attending the service</p>	<p>This included other Essex CCGs and those identified from service data as having had a patient attend the service within the last financial year. These CCGs were contacted through their communications contact identified on the organisation websites and provided with electronic copies of the engagement materials.</p>