

Standard 9 – Pathways Assessment

	Level 5	Level 4	Level 3	Level 2	Level 1	Level 0
Pathway to access investigations (MRI, VEP, OCT, retinal photos, fluorescein angio, genetics)	There is written guidance immediately available in all clinics on how and where to refer children for investigations which is used in conjunction with patient investigation /management protocols.	There is written guidance available within departments on how and where to refer children for investigations.	There is access to investigations for children and knowledge within the department on how to refer. No written guidance exists.	There is access to investigations for children. It is not clear for all of these where referrals should be directed.	Clinicians are able to access investigations for children. This requires additional authorization (access is therefore restricted).	Clinicians do not have access to appropriate investigations for children.
Pathway to refer to community services	There is written guidance immediately available in all clinics on consent and referral to community services via the central referral point. Consent is obtained, and referral always made via the central contact as a matter of routine.	There is written guidance available within the department on consent and referral to community services via the central referral point. Consent is obtained, and referral usually made via the central contact.	Where there is no community service available from a QTVI, qualified hab specialist or disability/Community Child Health (CCH) team then a contact within the responsible organisation is named, and referrals sent to them via the central referral point.	There is a central referral point for community services and knowledge within the department on how to refer. There is no identified contact for some services for the central referral point to pass referrals on to.	There is a central referral point for community services. There is no clear guidance on how referrals are made via the central referral point.	There is no central referral point for community services.

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Reliability of central contact for referral to community services	The central referral point keeps all local contact addresses up to date (minimum annually), and passes referrals on within 2 days of receipt and the role is covered during holidays/illness.	The central referral point keeps all local contact addresses up to date (minimum annually) and passes referrals on within 2 days of receipt.	The central referral point keeps all local contact addresses up to date (minimum annually) and forwards referrals.	The central referral point forwards referral. Local contact addresses are not kept up to date (minimum annually).	There are difficulties with the central referral point forwarding referrals.	There is no central referral point for community services.

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Notification to VINCYP CAS	<p>All children and YP with newly identified VI and existing patients attending the clinic are entered onto the CAS system. In addition, parents/carers of children and YP people with VI no longer attending the clinic are actively contacted for consent and their child/YP entered onto the CAS system.</p>	<p>All children and YP with newly identified VI and existing patients attending the clinic are entered onto the CAS system.</p>	<p>All children and YP with newly identified VI are entered onto the CAS database.</p>	<p>Some children and YP with VI are being entered onto the CAS database.</p>	<p>VINCYP CAS consent forms and information leaflets are available in all clinic rooms.</p>	<p>VINCYP CAS consent forms and information leaflets are not available in all clinic rooms.</p>

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<p>Pathway to access Joint Functional Vision Assessment (FVA) Clinic provided by Health(minimum professionals- VI Paediatrician, Orthoptist) and Education (QTVI)</p>	<p>There is written guidance immediately available within departments on referral criteria for the joint FVA clinic and on how to refer. Referral is always made where appropriate as a matter of routine.</p>	<p>There is written guidance available within departments on referral criteria for the joint FVA clinic and on how to refer. Referral is usually made where appropriate.</p>	<p>There is a joint FVA clinic and knowledge within the department on how to refer. No written guidance exists.</p>	<p>There is a joint FVA clinic. It is not clear how and to where referrals are made.</p>	<p>Some assessment of functional vision is carried out by individual professionals. There is no joint (Health and Education) FVA clinic.</p>	<p>Assessments of functional vision are not carried out.</p>
<p>Pathway to access Low Vision Aids (LVA) assessment and provision</p>	<p>There is written guidance immediately available in all clinics on referral for LVA assessment and provision, and referral is always made where appropriate as a matter of routine.</p>	<p>There is written guidance available within departments on referral for LVA assessment and provision, and referral is usually made where appropriate.</p>	<p>There is a separate LVA service for children (including preschool children) and YP and knowledge within the department on when and where to refer. No written guidance exists.</p>	<p>There is a separate LVA service for children (including preschool children) and YP. Referrals are not routinely made, either because the route is not clear or referrals are made on an ad hoc basis.</p>	<p>There is not a separate LVA service for children and YP. Children and YP are assessed in adult clinics.</p>	<p>There is no LVA service for children and YP.</p>