

Eye Care and Eye Health Newsletter

Contents – June 2018

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Welcome to the Eye Health Team newsletter from the NHS England – South East (Kent, Surrey and Sussex) Regional Local Office Ophthalmic Contracting Team.

We aim to bring you information, contractual reminders and the latest national and regional news about NHS eye health.

Frequency of sight tests for patients for patients aged 70 and over, those with glaucoma, OHT or conditions that are monitored under HES or diabetic patients

It appears that some practitioners are misinterpreting the 2002 Memorandum of Understanding (MOU), believing that it gives guidance on recommended sight test frequencies. The MoU has various frequencies contained within it, but these are not recommended sight testing intervals, but rather are periods within which, if you test the sight of a patient under the GOS, you need to appropriately code the GOS form. It should always be clear on your records the reason for a sight test. Where it is over

2 years since the previous one, this could be 'routine'. When it is an early sight test, the clinical reason must be recorded.

Contrary to what many patients (and some practitioners) believe, the MoU does not entitle patients aged 70 and over, those with glaucoma, OHT or conditions that are monitored under HES or diabetic patients, to have a sight test every year. They are 'entitled' to a sight test as often as is clinically necessary, and it is the optometrist who signs the GOS1 who should decide whether the sight test is clinically necessary (not the reception staff, practice owner or the dispensing optician).

The view of NHS England is that diabetic patients who are being screened annually for retinopathy and those diagnosed with glaucoma or ocular hypertension who are being assessed by the HES do not need to have an annual sight test just because of that condition. If the optometrist who examines them considers that they are at risk of other asymptomatic eye disease, then you should recall them appropriately.

Most patients with early cataract will be able to detect when their symptoms require further investigation and so should be asked to return when their symptoms worsen, others may lack the capacity to make this decision and you may wish to consider recalling them more frequently. If you choose to do this a note should be made on their record accordingly. Most patients with well controlled diabetes, and no comorbid conditions and who attend for diabetic retinopathy screening will only require a routine sight test every 2 years.

The MoU also reminds practitioners that the GOS regulations require them to satisfy themselves that a sight test is clinically necessary. This is a requirement for all patients.

Please also note that NHS England are working towards undertaking post payment verification checks remotely in future and practitioners should ensure that the reason for their choice of recall interval is clearly evident from their clinical notes.

Contact details for your primary care support services

In September 2015, Primary Care Support England (PCSE) took on responsibility for the delivery of NHS England's primary care support services. As part of the plans to create a national customer-focused service, all services were centralised to a smaller

number of national sites, and a Customer Support Centre was set up for all telephone queries.

Some correspondence for PCSE is still being received by the previous sites and these will be returned to sender. To ensure your GOS claims, queries and requests can be processed as efficiently as possible, please can you ensure the correct contact details are being used - these can be found on the attached contact sheet.

Important update regarding paper GOS forms availability

PCSE has been advised that third party suppliers currently have limited supply or are out of stock of GOS 1, GOS 3 and GOS 4 forms. As an interim measure, NHS England has agreed that practices can photocopy the current forms. Photocopies can be colour or black and white and should be double-sided.

Stocks of the new forms are anticipated to be available for PCSE to deliver in July 2018.

Up to date information on the availability of these items will be posted on the [PCSE website](#).

Urgent queries regarding out of stock items should be emailed directly to NHS England at: ENGLAND.SMTinfo@nhs.net

New standard processes for second pair and non-tolerance applications

As of the 23 April 2018, all applications for second pair and non-tolerance vouchers must be sent to your NHS England Regional Local Team (RLT) using the new [standard national templates](#).

Any application sent to PCSE will be returned to the contractor with the advice that they need to be submitted to the RLT.

How to apply for a [second pair](#) or [non-tolerance voucher](#):

1. Complete the relevant voucher application form on the patient's behalf.
2. Submit the completed form to england.southeastoptometry@nhs.net by secure email if you have an nhs.net account, encrypted email or by post marked 'Private and

Confidential'. The RLT will normally notify you of their decision within one week.

3. Once you have received a decision from the RLT you must retain a copy of the application form for your records for post payment verification purposes.

4. If the application has been approved, you should submit a GOS3 to PCSE.

More detailed guidance about the criteria for these applications can be found on the [LOCSU](#) website.

GOS4 approvals – the current process for obtaining authorisation for any GOS4 vouchers will remain the same, until such time as we are ready to roll out a revised process being worked on by the National Advisory Group for GOS.

Therefore all routine requests for authorisation will still be processed by PCSE with only complex/ad hoc requests requiring escalation being referred to NHS England regional local teams for decision.

Important information: New process for returning previously rejected GOS forms

PCSE is introducing a new process for practices to follow when returning **previously rejected** GOS forms. The new process will help ensure we process previously rejected GOS forms as efficiently and accurately as possible. With immediate effect, please can you:

- Separate any previously rejected GOS forms from your normal/new GOS form submissions
- Put a cross (X) in the top right hand corner of each previously rejected form
- Batch them together using a separate batch header for each GOS form type
- Write clearly on the batch header/s 'PREVIOUSLY REJECTED' underneath the name and address for payment box and securely fasten each batch together
- Return the rejected forms to PCSE along with your normal GOS submissions to the usual addresses: Post to Primary Care Support England, PO Box 350, Darlington, DL1 9QN or courier to Capita Intelligent Communications, Building 17, Units 2 & 6, Lingfield Point, McMullen Road, DARLINGTON, DL1 1RW.

When to contact the NHS England regional local office:

There is a contractual obligation to inform the regional local office of any change affecting your GOS contract as listed below. Failure to notify us within one month of a change may result in a contract breach notice being issued.

- Change of days or hours that you provide GOS
- Change of contact details including email and telephone number of the contractor
- Change of registered office for corporate bodies
- Notification of changes of Director/Secretary/CEO in a corporate body
- Changes to the contractor status e.g. individual (sole trader) / partnership/ corporate body
- Changes in partnerships or limited liability partnerships, which includes changes to the members of the partnership (including if a partner dies)
- Changes in regular performers
- Change of bank details / authorised signatories
- Suspension of GOS services for longer than 1-2 weeks such as refurbishment or holiday
- Notification (within 7 days) of GOC investigations (or equivalent regulatory body investigations if you were practising abroad), convictions / or if you have been charged with any offence (including traffic offenses).
- Insolvency or bankruptcy
- Submission of annual GOS complaints reports
- Termination of GOS contract (giving at least 28 days' notice)

Relocation of premises or additional premises

Please remember that for a mandatory contract GOS can only be provided from the premises stated in the contract. If you wish to relocate or provide services from another additional premise, you must apply to the NHS England regional local team. An inspection of the premises will be required to ensure that it is suitable before the address can be added to your contract and GOS provided from there.

Electronic GOS submission is coming!

Primary Care Support Services England are introducing two new electronic options for securely submitting GOS claims, as well as launching an online service to track claims and view statements via PCSE Online

Primary Care GOS claims and sight testing will be made electronic from July 2018 and PCSE are providing support to community optical practices to achieve this.

To find out about the benefits and for more information watch this [short animation](#) about the new developments that are coming soon.

What do you need to do?

- Please speak to your PMS provider or head office to discuss their plans to roll out electronic GOS solutions.
- PCSE will email regular e-updates to the main contact they hold for your practice with updates on progress, how to register for the new services and what happens next.
- Please make sure your contact details for PCSE Online are up to date and do share the updates with your colleagues (PCSE Online was previously referred to as the Portal and is where you currently order GOS forms).
- If you have any immediate queries about the service developments, please contact your local National Engagement Team (NET) representative. Their contact details can be found on [PCSE website](#).

Digital Platforms and Electronic Referrals (ERs) programme

There is no funding available this year for optometry connectivity to electronic referral system (ERs) but this is being reviewed for next year.

Local Eye Health Networks (LEHNs)

The Local Eye Health Networks (LEHNs) are hosted and supported by NHS England South (South East). This is a great opportunity to influence delivery of NHS eye health services across the whole eye health pathway including primary care, hospital and community care, in and out of hours. There are two LEHNs working across the

South East area, one for Surrey and Sussex and one for Kent and Medway, both meet quarterly.

Update from the Surrey and Sussex LEHN

Surrey and Sussex Local Eye Health Network are continuing to address local variations in eye health service provision.

Minor Eye Conditions (MECs) - Local Optical Committee (LOC) and Local Optical Committee Support Unit (LOCSU) have continued to pursue commissioning of MECs as national evidence grows to support effectiveness. Hastings, Rother and Eastbourne, Hailsham and Seaford CCGs have renewed contracts until March 2019, but High Weald and Lewes, have not renewed contracts after initial pilot scheme came to an end.

ACES/PEARS - Surrey Downs and Guildford and Waverley CCGs have re-launched their ACES/PEARS schemes which are very similar to MECs. North West Surrey CCG have not identified MECs within this year's priorities.

Cataract pre and post op assessment in community – East and West Sussex CCGs already fully commissioning this but Surrey and Brighton and Hove CCGs have been slower to take up due to resistance from acute trusts.

There has been a national push to gather and audit data on cataract outcomes and pathway to free up secondary care capacity – supported by 'Getting It Right First Time' (GIRFT) and College of Ophthalmologists 'Way Forward' as well as the new National Institute for Health and Care Excellence (NICE) guidance.

Glaucoma – all CCGs are updating the repeat IOP measures to the new NICE guidelines so that only patients whose contact tonometry IOPs are 24mmHg and over (without any other signs of glaucoma) to be referred. This will have a big impact on false positive ocular hypertension referrals into secondary care.

Low Vision Services – Brighton and Hove CCG are ceasing funding for both low vision assessment and the Brighton and Sussex University Hospital (BSUH) Eye Clinic Liaison Officer. Currently Brighton and Hove city residents will still have access to the service for a further 12 months, but patients from High Weald & Lewes and Horsham and Mid Sussex have no service, other than referral to acute trusts at

Eastbourne or Worthing. There are long waiting lists and patients will have to self-fund assessments and equipment.

This is contrary to Sussex and East Surrey STPs 'reducing variation' priority and will affect upwards of 500 patients a year in the area.

RNIB, Visionary and local organisations are campaigning and the LEHN has added support to discussions and communications.

Age-related macular degeneration – New [NICE guidance](#) on AMD (NG82) was released on the 23rd January 2018

Update from Kent and Medway LEHN

Kent and Medway Local Eye Health Network are working on:

- Roll out of NICE guidance on AMD / glaucoma / cataract to community providers
- A patient engagement piece with International Glaucoma Association (IGA) around religious blocks to compliance with glaucoma medications – see attached Ramadan poster you can print off and display in your practices.
- Roll out of NICE guidance with Systems and Assurance Framework for Eye Health (SAFE) documents through the trusts – for information see <https://www.college-optometrists.org/the-college/ccehc/safe-systems-assurance-framework-for-eye-health.html>

SeeAbility Report

SeeAbility has published its new report on special schools sight testing – looking back on four years of its Children in Focus project. More here at www.seeability.org/equalrighttosight. They have supported over 1,200 of the c100,000 children who attend special school across England, providing adjusted eye tests and collecting data. It's the biggest global study actively reporting on the eye care needs of children with learning disabilities.

Of the children using the SeeAbility service over a four academic year period they have found that:

- Nearly half (47.5%) had a problem with their vision.
- A third (31.7%) needed glasses.
- Over four in ten (43.7%) had no history of any eye care.
- Only 7% had ever used a community optician.
- Of those children with a sight problem more than a quarter (28%) had a problem that was previously unknown to school or their parents

NHS England is actively engaged with SeeAbility and working towards a solution.

We would like to remind you that it is a contractual requirement to see all patients without discrimination; an NHS sight test cannot be refused on the grounds of disability.

Are you able to help as a volunteer?

Did you know the charity Vision Care for Homeless People has a clinic in Brighton?

Would you like to donate an occasional morning of your professional time to 'get back more than you give' and to make a difference to the quality of life of homeless people?

Vision Care for Homeless People is calling upon local optometrists to help in providing free tests and glasses at the First Base Homeless Day Centre in Brighton on alternate Thursday mornings (9am to 12pm). They are now looking to increase their existing team of volunteer optometrists so that they can meet the needs of more homeless people in the area and promote their service more widely among local homelessness organisations.

You can volunteer for as much or as little as you like – but committing to just one morning shift once a quarter would make a huge difference to their capacity and commitment to local homeless people.

Contact will.pearce@vchp.org.uk for more information.

We hope you find this newsletter helpful

Best wishes

*The Eye Care and Eye Health Contracting
Team*

Previous newsletters can be found at [here](#)

Attachments: NHS England – Kent Surrey Sussex contact sheet and
Ramadan Poster