

Eye Care and Eye Health Newsletter

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Welcome to the Eye Health Team newsletter from the NHS England (South East) Ophthalmic Contracting Team.

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

Low prescriptions +/-0.25

Contractors and performers are reminded that NHS vouchers cannot be issued for spectacles unless there is a clinical need for this. Whether a patient has a clinical need for spectacles will be dependent on a variety of factors including their age, symptoms and history, visual needs and the particular prescription (or change in prescription) that is found. The College Guidance for professional practice has advice on prescribing small prescriptions and making small changes to existing prescriptions (paragraphs A251 – A 254, although these references will change in the updated College Guidance out in November 2017). If you find a low hyperopic prescription for a child, for example, you should consider further investigations to ascertain whether or not the prescription is likely to make any difference to their vision or visual comfort. If they have normal ocular muscle balance and accommodation then a low plus prescription is normal and does not mean that the child needs spectacles. This is the case even if the child is getting symptoms, such as headaches, that may have other causes. In this case you should make an

objective judgement as to whether the child would really benefit from spectacles for what is a normal refractive error for their age. Children are keen to say what they think you want to hear, and so will often say that a +0.50DS lens makes things clearer. This does not mean that you should prescribe it though!

Care should also be given to prescribing prisms, particularly small amounts of horizontal prism. The record should show symptoms or other reasons, plus the results of the tests undertaken. Mere observation of small deviation on cover test is not justification for prescribing prisms. Small amounts of prism should not normally be split.

If spectacles are prescribed without a clinical reason for this being apparent from the record card we may recover the cost of the voucher that is issued, and investigate as to whether there are performance and/or contractual issues that need to be addressed.

Requests for early sight tests

Contractors are reminded that the GOS is a sight testing service. This means that the contractor must 'satisfy itself that the testing of sight is necessary' before agreeing to provide a GOS sight test to a patient. If a sight test is deemed to be clinically necessary, and it is performed earlier than the intervals in the 2002 Memorandum of Understanding, then the performer must put a code on the back of the GOS1 to indicate why the patient has been seen early (as well as making it clear on the patient record why the patient needed a sight test). When a patient is seen early, the record should show how the presenting signs and symptoms were investigated and addressed, and the subsequent advice given to the patient.

One of the codes (5.1) is that the patient presents at the request of a medical practitioner. This does *not* mean, however, that any patient who is sent to see you by their doctor is eligible for a sight test, as you still have to satisfy yourself that the 'testing of sight is necessary'. If the patient presents with – for example – dry eye, and is sent to see you by their GP this - by itself - will not entitle the patient to be seen under the GOS. Many GPs do not know the details of the GOS contract or its limitations. We would urge LOCs to discuss this with CCGs to encourage them to commission a minor eye conditions scheme (MECS) to enable these patients to be seen in primary care optical practice at no charge to the patient.

Optometric Adviser Appointments

We are pleased to announce the appointments of three new optometric clinical advisers to add the existing team who provide advice and expertise from a general ophthalmic perspective on planning and monitoring of general ophthalmic services, clinical optometry and practice management in the South East.

The roles include carrying out inspections of practices, reviewing complaints and significant incidents, providing clinical advice, undertaking record card audits, planning and undertaking case investigations, conducting face to face interviews with practitioners, producing reports for consideration by the Performance Advisory Group and attending quarterly meetings.

Local Eye Health Networks

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, who meet quarterly.

Update from the Surrey and Sussex LEHN

The last meeting was held on 10th October; the group is continuing to engage with Clinical Commissioning Groups (CCGs) and Sustainability and Transformation Partnership (STP) leads working towards a greater alignment of extended community services including Minor Eye Conditions Services (MECs), Glaucoma referral refinement and Acute Community Eye Care Services (ACEs). They are working closely with GPs to achieve a collaborative approach to rolling out MECs across all of Surrey and Sussex, including training and accreditation.

Contact your local CCG to find out what schemes are available in your area see attached contact list.

Update from Kent and Medway LEHN

The next meeting will be held on 15th November – update in next newsletter.

If you are interested in contributing to the local eye health networks, to be added to the list of network members or arrange to attend the next meeting.

Please contact Gemma Michael Business Support Officer for the Local Professional Networks and Managed Clinical Networks - gemma.michael@nhs.net

National Update from NHS England

The West Midlands Local Eye Health Network developed a video, with the support of Eye Health UK, to help people look after their eyes. Key messages include the importance of having regular eye tests, eating healthy foods and protecting your eyes from ultra-violet light. The video was launched ahead of National Eye Health Week in September, and is available [here](#).

The Network would like feedback on the video and how it is being used; please send this to yasminahktar3@nhs.net

Primary Care Support England Update

NHS England has been working alongside Capita to address issues experienced by optometrists relating to Primary Care Support Services (PCSE). Part of that work has involved a standardisation of processes such as setting up new contractors to receive payments. A number of standard operating procedures for checking, processing and validating ophthalmic payments have now been adopted by Capita.

Payment reconciliation is progressing well and in line with the agreed timeframes. We envisage this work being completed by the end of December.

However, Capita are not complacent and acknowledge that there is more to do so that the remaining recovery actions can be completed. NHS England is supporting PCSE to complete any historical claims and standardise the service to ensure improved delivery.

NHS.net mail

We would like to invite all contractors who do not currently hold an active NHS.net mail account to apply for one as provides full information governance protection for any sensitive information exchanged between NHS.net addresses.

It is becoming increasingly important that every optical practice has its own secure nhs.net email account to communicate safely and effectively with us and other health professionals such as CCGs, GPs and hospitals in situations such as urgent referrals. As CCGs are redesigning the enhanced services offered through optical practices, having nhs.net mail will be a requirement of inclusion in the schemes.

- To apply for an nhs.net account, go to the [NHS.net portal](#) and follow the guidance under 'Registering Optometrists'
- Send your completed application form to: ophthalmology.emailadmin@nhs.net

Some optometrists have previously had nhs.net mail accounts that have become inactive; NHS Corporate ICT close down any inactive email accounts that have not been logged into for over three months. Closed accounts cannot be reinstated and would not have transitioned to NHSmail 2

NHS.net Self-service password resets

We would like to encourage NHS mail users to save themselves time and utilise the self-service password reset function rather than contact local helpdesks.

To learn how to perform self-service password reset and change your password, please go through the below link for more guidance on using the NHS portal:

<http://support.nhs.net/portalindex>

Self-service password resets are available to all users who add a mobile number into the NHS Directory (Global Address List and People Finder). This is required as part of the verification process as a text message is sent to the mobile number. This field should not be used for a landline or pager number as the password reset function will not work. Training materials are available which explain how to carry out password resets.

Personal mobile numbers may be listed in the NHS Directory if users do not have a work one but they can then tick "hide mobile number from address book" to protect the number from other users.

This means that the personal number will not be visible to users searching the NHS Directory but will still be visible to NHSmail support staff and their Local Administrators.

We hope you find this newsletter helpful

Best wishes

The Eye Care and Eye Health Contracting Team

Previous newsletters - <https://www.england.nhs.uk/south/info-professional/eye-health/south-east/>

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