

**October 2019**

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# **NHS England- South East (Kent, Surrey, Sussex) Newsletter**

News and Information for Community Opticians

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**Welcome to the latest edition of the newsletter from NHS England & NHS Improvement – Kent, Surrey and Sussex Eye Health Team**

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## **Annual complaints reporting**

Thank you to all contractors who completed the annual NHS GOS Complaints Survey. The survey was accessible online until 9<sup>th</sup> August 2019 for all contractors to submit information regarding their GOS complaints in 2018-2019.



We are pleased to report that the completion rate in the South East was an excellent 85% which was above the national average of 79.45%.

We will now be following up on any contractors who missed the deadline.

### **Submission of GOS forms**

PCSE has asked us to encourage everyone to submit their GOS claims on a regular basis. This will ensure timely payments and avoid a large backlog if everyone submits at the same time. For those who have large numbers of claims please could you submit your GOS forms on a weekly basis rather than sending them all one or two days before the submission cut-off date.

Submission dates for your area and other FAQs can be found on the [PCSE website](#)  
Thank you for your support with this request.

### **Sight test frequency intervals for patients in different risk categories**

#### **Frequency of sight tests for patients with glaucoma, ocular hypertension, family history of glaucoma, diabetes, under 16 and age 70+**

**Patients over 70 and under 16:** Contrary to what many patients (and some optometrists) believe, the Memorandum of Understanding of 2002 does not entitle patients aged 70 and over and those under 16, to have a sight test every year. Patients in these groups 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).

**Patients with Diabetes/Ocular Hypertension/Glaucoma:** It is the view of NHS England/NHS Improvement that diabetic patients who are being screened annually for retinopathy as well as those who are diagnosed with glaucoma or ocular hypertension and are being monitored by the hospital eye service or a community pathway do not need to have a sight test more often than every two years *providing that* they are having no problems with their eyes and they have no other ocular co-morbidities that are not being monitored elsewhere.



**Patients with a family history of glaucoma:** If the optometrist finds no clinical risk factors/findings for a patient with a family history of glaucoma i.e. healthy discs, normal pressures, full fields, open angles, it is the view of NHS England/NHS Improvement that a two year GOS sight test recall is appropriate unless there are other risk factors/findings. The patient can be counselled that glaucoma is a slowly progressing disease and an earlier GOS sight test is not necessary.

NICE issues guidance for reassessment intervals for those patients in a hospital based or community glaucoma monitoring service who have been diagnosed with ocular hypertension or suspect glaucoma. NICE guidelines state reassessment intervals of 18-24 months for patients with ocular hypertension and 12-18 months for patients with suspect glaucoma. It is therefore unnecessary for a patient with no abnormal ocular findings to have a GOS sight test every year unless there are other clinical reasons for this.

**Early sight testing:** Most patients will be able to notice if they have symptoms that require further investigation. Therefore, they can be told of what to look for (for example by giving them an Amsler grid to monitor at home) and asked to return if they notice their symptoms worsen.

However, some patients may lack the capacity to be able to do this and you may wish to consider recalling them more frequently. If you choose to do this, you should make a note on their record as to the reason for this.

Some patients, who only need to have a sight test every two years, prefer to come in annually for their reassurance. One way you can provide for this – without affecting the patient's entitlement to two-yearly GOS sight tests - is to offer the patient a private ocular health check in the years between their two-yearly GOS visits. Providing you do not perform a 'sight test', this will not interfere with the patient's GOS eligibility. If you do this, you should make it clear on the patient record what service you have provided.

Patients who present earlier than the minimum interval specified in the 2002 Memorandum of Understanding and who need a sight test can be seen under the GOS providing you put the appropriate early sight test code on the back of the GOS1.



## Relocating your practice

If you are planning to move premises, or adding an additional premise to your existing contract, this will require a visit from our team to approve the new premises before your contract can be varied to allow you to provide GOS. Please [contact us](#), giving as much notice as possible prior to moving to avoid any gap in the service you provide to NHS patients.

## NHS apps library

The [NHS Apps Library](#) provides access to trusted health apps, which have been assessed by the NHS as secure, safe and effective. The library includes more than 80 assured apps across 16 health and care categories; including apps on mental health, diabetes, pregnancy and baby, and healthy living. In the future, the library will feature apps that connect to NHS systems to provide more personalised advice and enable staff to monitor patients' health in real time.

## Post payment verification (PPV) is changing

As part of a national roll out, NHS Business Services Authority (NHSBSA) will commence PPV checks in the South East from October 2019 taking over from previous local checks.

We recently emailed out a briefing to all contractors outlining the process. NHSBSA will check samples of GOS submissions against clinical evidence to provide assurance to NHS England that claims are being made appropriately.

Contractors will be selected to take part in the PPV exercise via a standardised sampling process, which will involve NHSBSA carrying out statistical analysis of GOS claims to identify outliers. This in itself is not cause for concern, as there may be valid reasons for why a practice is an outlier. In addition to contractors selected as outliers, there will a number of contractors selected randomly.

## What is the PPV process trying to achieve?

The key aims of the Provider Assurance Ophthalmic Services –review are as follows:



- Provide assurance to NHS England that GOS Contractors are appropriately claiming for activities carried out under the GOS contract.
- Provide an assurance service to the NHS which is fair, consistent, transparent, proportionate and delivers improved value for money and quality.
- Provide education and support around submitting appropriate claims, to encourage and promote compliance to GOS regulations.
- Embed the service to ensure it remains appropriate and has the ability to adapt and improve as it evolves.

### **What will happen next?**

If you are selected to take part in a PPV exercise, NHSBSA will contact you by letter clearly outlining what evidence is required in order to verify GOS claims.

For further information please NHSBSA website:

<https://www.nhsbsa.nhs.uk/ophthalmicproviderassurance>

### **NHS England / NHS Improvement's plans for offering sight tests in special education schools**

National plans for a new service to provide children with learning disabilities and autism to have their sight tested in school are underway following a 'Proof of Concept' by SeeAbility, funded in part, by a grant from NHS England / NHS Improvement.

Findings have now been examined by Ulster University's Special Education Eyecare (SEE) project whereby children in special education were offered a full vision assessment in the familiar environment of their school. One of the SEE project's primary aims was to determine if there were any measurable effects (on vision, unmet visual need, and classroom behaviours) of providing in-school examinations.

Watch this short video to find out more..... <https://vimeo.com/>



We know that these children are 28 times more likely to have a serious sight problem, 50% of children have a problem with their vision, and at least a third will need glasses.

The severity of the sight loss increases with the severity of the learning disability and currently only 1 in 10 access a sight test from a community optical practice – around half have to go to a hospital eye department to be tested. 44% have never had a sight test – most commonly the children with autism.

We are working with the Department of Health to establish a clear timeframe to implement the required regulation changes to the additional services contract and are in discussion with the Optometric Fees Negotiating Committee (OFNC) to agree new fees for providing this service.

The national implementation of this service will incorporate a phased rollout across circa 1,000 schools accommodating over 100,000 children

We are preparing a communications and engagement plan to increase awareness amongst the optical profession, education sector, parents, and carers and we are looking for schools to act as early adopters to support this programme by providing the appropriate facilities and resource to implement the service.

We will keep you updated as this important service develops.

### **Update EU exit preparedness**

You will have received our recent email to make you aware that as part of NHS preparedness towards a no-deal EU exit:

- The information for patients on [nhs.uk](https://www.nhs.uk) around continuity of medicines supply if there is a no-deal EU exit has been updated.
- FAQ for clinicians on the [NHS England website](https://www.nhs.uk) has also been updated.

These updates explain the government's multi-layered approach to ensure that medicines continue to be available if there is a no-deal EU exit.

Please share this information with front line staff so they can pass this information on to patients.



### **Ophthalmic domiciliary (additional service) providers list**

A list of contractors providing domiciliary services (home visits) to patients across areas of Surrey, Sussex and Kent has been sent out to GP surgeries, NHS 111 and is published on NHS England / NHS Improvement website [here](#)

### **Performer list changes go online**

The new, easy-to-use online services for performers list administration and applications are now web-based, and accessible via [PCSE Online](#), and available for users 24hrs a day. These new online performers list services will:

- Enable ophthalmic performers to submit and track changes to their details on the performers list, such as a change of home address or name (NPL2 & NPL3).
- Provide optometrists with the ability to apply for the performers list electronically (NPL1).

### **CET/CPD accredited training opportunity**

**Visualise training and consultancy are offering a free 6 interactive point CET/CPD Seeing Beyond the Eyes workshop - new dates announced**

Free 6 Interactive point workshops are coming to Croydon on 7<sup>th</sup> November and London on 13<sup>th</sup> November; if you haven't attended yet, you can [book here](#).

### **We'd like your feedback.....**

Did you find this newsletter useful?

Is there any information we could provide that would help you?

Please send any comments or suggestions to [england.southeastoptometry@nhs.net](mailto:england.southeastoptometry@nhs.net)

Best wishes from

***The Eye Care and Eye Health Contracting Team***



NHS England and NHS Improvement