

Eye Care and Eye Health Newsletter

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

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

Annual complaints returns

Your annual GOS complaints return covering the period 01/04/2016 – 31/03/2017 is due for submission to NHS England local office.

Thank you to all who have already sent in annual returns following our reminder email that was sent on 2nd April. We will be following up by posting the template form out to any undeliverable emails or you can find the form attached to this email.

Please complete your details (including a nil response) and return by post or email **by 30th June 2017** to NHS England – South (South East) – details are on attached contact list.

If you have more than one practice, please complete the details for each location.

Clause 115 of the General Ophthalmic Contract states:

115. The Contractor shall inform the Board, at such intervals as shall be agreed of the number of complaints it has received under the procedure established in accordance with this part of the contract.

Please note: non-responders will be in breach of the contract and liable to receive a breach notice.

Email contact details

Generally we prefer to contact contractors by email. There is a contractual obligation to inform the local office of any change to your contact details. Please do let us know if your email address has changed so we can keep you informed.

Recall intervals

As part of NHS England's local office Post Payment Verification monitoring, NHS England will look at how often patients are seen for routine sight test.

Clause 37.4.1 of the GOS contract requires the contractor to 'satisfy itself that the testing of sight is necessary'. Contractors are reminded that a 'sight test' is defined in law (s. 36(2) of the Opticians Act), and as such the GOS is not the appropriate vehicle for patients who present with conditions (such as a red eye or flashes and floaters for example) or to 'check' VAs or IOPs where a 'sight test' is not necessary. Contractors should be familiar with recommended *minimum* GOS sight test intervals as set out in the 2002 Memorandum of Understanding (MoU) and reproduced in Vouchers at a Glance. Contractors should also be aware that the MoU clearly states (para 2.1) that 'The GOS regulations' [which preceded the GOS contract] 'require practitioners' [now contractors] 'to satisfy themselves that a sight test is clinically necessary. **Therefore the intervals given are not to be read as applying automatically to all patients in a category**' (our emphasis). It is therefore not appropriate to automatically recall all patients who are under 16 or over 70 annually. This does not stop contractors seeing patients more frequently if there is a clinical need for a sight test. NHS England will challenge contractors who use blanket annual recalls.

The GOS contract requires you to keep full, accurate and contemporaneous records (clause 52 of the contract). It is essential that these records include the clinical reasons for any prescriptions and recall recommendations.

- Sight tests must be carried out when clinically necessary
- You should exercise clinical judgement when recalling patients or issuing a new or changed prescription. The reason(s) should be clearly recorded.
- If you perform a sight test at an interval shorter than recommended minimum, you must fill in the appropriate code on the GOS form, and you should note the reason on the record.
- While you have complete freedom to exercise your clinical judgement in individual cases, it is not appropriate to apply a blanket recall interval of less than 2 years to all patients within an eligibility category.

NHS England has discretion to ask you to justify each decision.

Over-frequent GOS sight testing could cause NHS England to make financial recoveries for unjustified claims and question whether you should remain on the Ophthalmic Performers List or retain a GOS contract

Clinical queries and local office approvals

In some circumstances it is necessary for contractors to contact NHS England's local office to seek advice on issuing GOS vouchers. Please email any such clinical or eligibility enquiries to and we will get back to you as soon as possible.

GOS4 approvals continue to be authorised via PCSE

Tints

Some patients – after appropriate testing – may find that a tinted lens helps them with their specific reading difficulty. Testing for such tints is outside the scope of the GOS, and so the GOS will also not fund any tinted appliance that is supplied as a result of this private testing. If the patient needs spectacles to correct a defect of sight (i.e. not simply as a vehicle for the tinted lens), then a GOS3 may be issued towards the cost of these spectacles (without a tint supplement). The patient may then choose to have the spectacles tinted at their expense. However, practitioners should remember that the patient will normally need to have a non-tinted pair of

spectacles to correct their sight defect. If they already have a serviceable pair of non-tinted spectacles, a GOS3 could not normally be issued to enable them to have a second pair that could be tinted.

Local Eye Health Networks

NHS England hosts and supports Local Eye Health Networks (LEHNs) to provide clinical input to decision making and commissioning of primary care services.

LPNs are now well established and are working closely with Strategic Clinical Networks, Academic Health Science Networks and Clinical Senates, as well as commissioners, providers and patients, to deliver the aim to work together with patients and the voluntary sector, providing leadership in identifying local priorities and re-designing services and pathways to meet patient and population needs.

Update from the Surrey and Sussex LEHN

The Surrey & Sussex Local Eye Health Network has identified 4 priorities for 2017:

Engagement with Sustainability and Transformation Plans (STPs)

There are 3 STPs across Surrey & Sussex and 5 different accountable care models, so although there was some collaboration of CCGs, primary care and hospital trusts, the mechanisms of planning and delivery are still quite varied. They are generally either primary care focused with the intention of developing community hubs where as many services as possible exist in the community in order to reduce hospital admissions/stays or they are secondary care driven looking at co-design opportunities and streamlining services.

In East Sussex 'Better Together', the LEHN has been part of a local ophthalmology system review process, which has brought stakeholders together to identify where duplication or inefficiency exists and develop solutions to both reduce costs and improve quality/experience.

Minor Eye Conditions pathway

MECSs pathway has been commissioned across most of Sussex and to date 70% of community practices have accredited optometrists providing the service. The Primary

Eye Care Sussex company manages the service and accounting/audit is achieved through Optomanager IT systems.

Digital solutions for shared IT/communications

Ensuring the development of robust integrated IT and shared IT solutions across primary, secondary & social care is a priority for the LEHN for 2017-2018 and the group is exploring possibilities for direct referral from community optometrists to hospital departments.

Low vision and sight loss pathways

The network is in the process of mapping the provision of low vision support across the 2 counties and has involved EVS to collect data on Vision 2020 KPIs to benchmark nationally and inform future needs.

For further information please contact Chair, Sarah Canning

Sarah.canning2@nhs.net

Update from Kent and Medway LEHN

Further to the previous Kent and Medway Local Eye Health Network Strategic Plan with associated recommendations for implementation across Kent and Medway, a 2017/18 plan is currently being drafted. It is designed to ensure that quality eye care services are maintained with inequalities and variation reduced across the county. The plan supports the lowering of levels of avoidable sight loss with a cost-effective inclusive approach.

Future plans include looking at care of people with learning difficulties in collaboration with the charity SeeAbility and a mobile service for homeless people in collaboration with Kent County Council.

For further information, please contact Chair, Deacon Harle Deacon.harle@nhs.net

National Update from NHS England

Capita - Primary Care Support England (PCSE)

PCSE are now providing regular bulletins to keep contractors up to date, the last one was emailed out in March, covering the following topics:

Ophthalmic payments

CET payments

Pre-registration training grants

GOS payment reconciliation

Individual processing of GOS3 and 4 forms

Submitting GOS claim forms

Performers list

Contacting PCSE

If you did not receive the bulletin by email – please contact Capita’s Customer Service on 0333 014 2884 and PCSE.enquiries@nhs.net or visit the [PCSE Website](#)

Information Governance

The NHS IG Toolkit is an online system which allows organisations to assess themselves or be assessed against information governance policies and standards, more information can be found at: <https://www.igt.hscic.gov.uk/>

Whilst this is not currently a requirement under a GOS contract or for individual performers, we recommend contractors have robust IG in place, if you are registering as part of a practice; only one person per practice needs to do this. This is an accreditation that is required for access to any NHS national service to ensure that these services remain secure.

Furthermore completing the IG toolkit is a requirement of obtaining a secure NHS.net email account, practices that make an application for an NHS.net email account will be asked to complete the toolkit. Having an NHS.net email account is often a requirement for participating in locally commissioned enhanced services that clinical commissioning groups manage. For more information, [contact the LOCSU](#)

South East Commissioning Support Unit (SECSU) is also on-hand to provide IG toolkit submission support for optometrists in the form of advice and guidance on developing policies, serious incidents and interpretation of the IG toolkit requirements.

Please contact the South East CSU Service Desk on Tel: 03000 42 42 42
secsu.ictservice@nhs.net and request that a query is logged for the training advice queue.

NHS.net email

There has been some delay in setting up new accounts due to national changes, however please continue to send in your applications, we are sorting through the backlog as soon as possible. If you do not already have an NHS.net email account we would like to invite all contractors to apply for one. NHS.net email provides full information governance protection for any sensitive information such as patient information allowing it to be sent by email.

To apply for an NHS.net email account, go to the [NHS Digital website](#) and follow the link “Registering for optometrists and dentists”

Send your completed application form to: ophthalmology.emailadmin@nhs.net

You will receive an email back with details of your new account and how to activate it (subject to delay at present).

All training and guidance materials for NHS.net email are on the support pages: <http://support.nhs.net/servicestatus>

Reporting Primary Care Clinicians Concerns

Everyone providing NHS services is obliged to report any concerns about poor performance. The attached leaflet provides information about who to contact to report a concern and further details of which areas might give cause for concern.

We hope you find this newsletter helpful – previous editions of newsletters and a useful contact list are available on the [NHS England website](#)

Best wishes from

The Eye Care and Eye Health Contracting Team

Classification: (OFFICIAL)