

Updates for primary care in the South West:



Optometry Bulletin

August 2017

This bulletin is being sent to all General Ophthalmic Service Contractors across the South West. If you have any questions or wish to provide feedback, please e-mail our generic email account: england.optometricsouthwest@nhs.net

1. Primary Care Support England (PCSE) Newsletter June 2017

Please see the attached newsletter (Appendix 1) for updated information on obtaining stationery; payment queries and submissions; and performers list.

Please note that the email address for PCSE has recently been changed, as follows:

Email: pcse.optical@nhs.net

Telephone: 0333 014 2884

Fax: 0113 2776912

2. Quality in Optometry (QiO)

A letter (Appendix 2) has recently been sent to all opticians in the South West advising that a Level 1 Quality in Optometry (QiO) GOS contract compliance checklist needs to be completed and submitted every 3 years. This is now due. This level is used by NHS England local offices for the purposes of checking and monitoring contract compliance and is a national contractual requirement.

The GOS contract checklist and details of how to complete it on line can be found on the Quality in Optometry website at <http://www.qualityinoptometry.co.uk/> A user guide is also available. **Please note: the submission dates for the South West (different to national) are from 1st August to 26th September 2017.**

If you have any technical difficulties or other issues when completing the checklist please email info@locsu.co.uk

3. Translation and Interpreter services for deaf and hard of hearing patients

Please see attached poster (Appendix 3) offering free support for an interpreter, note-taker or lip-speaker, if you require them.

4. GOS3 voucher submissions

Observation of some GOS 3 voucher submissions indicates that a number of performers are prescribing small low powered prescriptions or prescribing small changes in

prescription. There may be a good clinical reason for these prescriptions but these must be clearly recorded on the clinical records.

Both optical performers and contractors have a joint responsibility to ensure that overprescribing of optical prescriptions does not take place.

Below is a copy of the College of Optometrists guidelines on this topic. It would be appreciated if contractors and performers ensure that the guidelines are followed.

Small prescriptions and making small changes to existing prescriptions

A251 You must only prescribe or recommend a change of spectacles when it is in the patient's best interests to do so. NHS Counter Fraud Services have a remit to pursue cases where sight tests are carried out at inappropriate intervals and spectacles are supplied when they may not be clinically necessary.^{66 67 68}

A252 You must make a professional judgement about whether a patient would benefit from a prescription for a low refractive error, for example small hypermetropic corrections in children.

A253 If you supply prescriptions of less than +0.75 R&L, to children for example, you must:

1. be sure of the clinical need for the spectacles
2. be able to explain the reason for prescribing them, and
3. keep a record of the reason and any advice given

A254 If you make a small change to an existing prescription you must:

1. be clear about the benefit of the change, and
2. keep a record of the reason and any advice given

A255 If you are unable to provide the justifications in paras [A253-A254](#), the Counter Fraud Services may consider you have been over-prescribing and take action against you. See para [A256](#).

Information on small prescriptions

A256 The following examples should assist you in deciding whether or not a prescription is likely to be beneficial:

1. plus prescriptions of less than +0.75DS (binocularly) are unlikely to be of benefit to children under 16, unless there are clinical indications for giving such a low prescription or there are persuasive psychological reasons for doing so.
2. factors to consider include:
 - a particularly low amplitude of accommodation
 - ocular muscle balance problems at distance and/or near
 - low fusional reserves, and
 - poor health of a patient resulting in the need to correct low degrees of ametropia. If this is likely to be of short duration, you should consider

whether the prescription will still be necessary when the patient's health improves.

3. if a low prescription is found in one eye only you should consider the points above and in particular whether the patient will benefit from such a low prescription in one eye only.
4. if you decide to prescribe a small prism (less than 1 prism horizontally or 0.5 prism vertically) you should take into account all the clinical factors including the patient's ocular muscle status, and whether the use of the prism is appropriate. You should consider any presenting symptoms.
5. a small change in prescription (e.g. +0.25DS extra in both eyes) may be justifiable in some circumstances but not in others. For example changing a +1.00DS reading prescription to a +1.25DS may well have significant benefits to the patient whereas changing a +8.00DS to +8.25DS is likely to have much less effect.
6. you should consider factors such as the patient's visual acuity and ocular muscle balance. A small prescription change in a patient with poor visual acuity may not be as significant as one in a patient with good visual acuity.
7. in very high powers you should be aware that the manufacturing tolerances and/or the effect of very small changes in back vertex distance make 0.25DS changes meaningless.

5. Submission of New GOS Mandatory / Additional Contract Applications, Relocation of Practice, Contract Variations

Applicants should be aware that the process for new contract applications including change of address can take up to 12 weeks and a site/ practice visit will also need to be carried out before a new contract can be issued.

6. Notice of Contract Termination

Contractors are advised that if they wish to terminate their GOS contract with NHS England they are required to give 3 months formal notice in writing of this as per (Section 144, 145) of the GOS Contract. This also applies where they intend to sell the practice to another contractor. Those who wish to take over pre-existing premises and/or GOS contract should be aware that this requires a new contract application or an application to issue a deed of variation to their existing contract. This also requires written notice to be given and it is the view of NHS England that a 3 month lead time may be necessary in these circumstances to ensure that a practice inspection and all queries and administration can be correctly completed. Please note that if we have not received sufficient notice or are not informed of the termination/ practice closure/sale of business this could result in a breach of contract.

7. Changes to Contract Details / Changes to GOS Hours Premises/ Directors or Performers

Please remember to let us know of any changes to your opening times or GOS hours, new applications, contract variations or performer details. In the first instance please advise us of any changes, as soon as possible, via our generic email account.

Best wishes

NHS England South (South West) Eye Care Team

Our Contact Details:

**NHS England South (South West) Eye Care Team,
Peninsula House, Kingsmill Road, Tamar View Industrial Estate, Saltash, PL12 6LE**

Generic email account: england.optometrysouthwest@nhs.net

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