

Annex 5.10 Ophthalmic Contract Visit Form(Rev June19)

Section A – All Contracts

1. Practice details		
1.1 Practice name (66.3)	1.2 Contractor name (if different) (66.3)	
1.3 Practice/Correspondence Address (S1 pt2) Address 1: Address 2: Town: Postcode:	1.4 Practice Manager	
	1.5 Telephone (S1 pt2)	
	1.6 Fax (S1 pt2)	
	1.7 Website	
	1.8 Email (S1 pt2)	
2. Visit details		
2.1 Date of Visit	2.2 Purpose: New application/review existing practice/other	
2.3 Present at visit (include NHS England & practice representatives)		
2.4 Name(s):	Job title(s):	Representing (body):

3. Business type (127-132/133-145)

3.1 Type	Individual		Partnership		Company/ LLP/CIC	
3.2 Owner's or chief executive's name						
3.3 Partner's or Director's names						
3.4 Registered address (if different)						
3.5 Company secretary name (Companies/LLP)						
3.6 Companies House registration number (Companies/LLP)						
3.7 GOC corporate registration number (where applicable)						
3.8 Is the contractor using a protected title (e.g. optometrist/optician) (Section 28 Opticians Act 1989) (65)				3.9 Is the title correctly used?		

4. Contracts applied for/held

Mandatory		Additional		Both	
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5. Hours of practice opening (including lunchtime closure) (66.3)

Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday		Bank Holiday	

6. Performers in regular attendance (46 & 66.4)

6.1 Optometrist /OMP name	6.2 GOC number	6.3 Professional indemnity insurance by (e.g. AOP, FODO)	6.4 NHS England region responsible for Performer management

7. Staffing procedures (51)

	Yes/No	Supporting evidence
7.1 How does the contractor ensure that all professional staff have up-to date professional registration? Contractors should check this on an annual basis in April/May		
7.2 Does the contractor check the references of all registered clinical staff (including locums)?		
7.3 How does the contractor check that all performers are covered by up-to-date professional indemnity insurance (where applicable)?		
7.4 Has the contractor produced evidence that all employed or engaged optometrists and OMPs are included in NHS England ophthalmic performers list? Contractor should hold documentary evidence of inclusion		
7.5 How does the contractor ensure that NHS England / AT is informed of any changes to the performers providing GOS at the practice?		
7.6 How does the contractor ensure that staff assisting in the provision of GOS are appropriately trained, and supervised for the tasks that they undertake?		

7.7 How does the contractor ensure that clinical procedures are appropriate especially at times when a supervising practitioner is not on the premises, e.g. repeat fields and pressures or child or blind or partially sighted dispensing?		
8. Insurances and registrations		
	Yes/No	Supporting evidence
8.1 Contractor has up-to-date arrangements for cover in cases of clinical negligence (89)		
8.2 Current employer's liability cover is available and certificate displayed or otherwise made available to employees (Employer's Liability (Compulsory Insurance) Act 1969) (100)		
8.3 Current public liability cover (90)		
8.4 If you undertake assembly or glazing you should be registered with Medicines and Healthcare products Regulatory Agency (MHRA) (28) If you do not undertake assembly/glazing enter N/A		
9. GOS sight test application procedures		
	Yes/No	Supporting evidence
9.1 Practice staff always ask for proof of patient eligibility for GOS sight tests (point of service checks) (37)		
9.2 Do practice staff understand that they must routinely note date of last		

sight test (not just date of last NHS sight test) on GOS 1 and GOS 6 (37.3)		
9.3 Practice staff are familiar with recommended minimum GOS sight test intervals (as set out in the memorandum of understanding and reproduced in vouchers at a glance (37.4.1)		
9.4 Contractor records reasons when sight tests are refused to patients except in cases where a sight test is not necessary or the patient is not eligible (40)		
9.5 Is the patient is offered a choice of performer where appropriate (25A)		
9.6 Does the practice offer all GOS patient groups equal access to appointments during GOS hours (39)		
9.7 Is the Contractor aware of the on-going requirement to notify NHS England / AT of changes to the times at which the contractor is willing to provide GOS (29)		
10. Information access and protection		
	Yes/No	Supporting evidence
10.1 Contractor has an up-to-date Freedom of Information Act statement and this is available to patients (100) (<i>Freedom of Information Act 2005</i>)		
10.2 Data Protection fee paid to the Information Commissioners Office(ICO)? (Patient data held on computer or other electronic device (100) (Data Protection(Charges and Information)) Regulations 2018		

10.3 Name of Data Protection Officer(DPO) or if a DPO has not been appointed, the person responsible for practices and procedures relating to data protection and confidentiality(56)		
10.4 The practice policy on handling patient data is available to patients (100) (General Data Protection Regulations, Art 13 Freedom of Information Act 2000)		
10.5 Staff are aware how to handle patient data correctly (100) (GDPR/Data Protection Act 2018)		
10.6 Does the practice have details of local child /vulnerable adult safeguarding protection arrangements and are these regularly reviewed(100)		
11. Record-keeping (52)		
	Yes/No	Supporting evidence
11.1 Does the practice have a gifts register? (Entries need only be made if value of gift >£100) (92)		
11.2 How are patient records are securely stored. If electronic, backups are made regularly and kept separately and securely (52)		
11.3 GOS records are retained for seven years in either paper or electronic form. (54)		
11.4 Contractor is aware of professional recommendations to keep records for longer, i.e. adults and deceased patients: 10 years; children to 25 th birthday		

13. Referral and notification procedures

	Yes/No	Supporting evidence
13.1 Contractor's referrals are made in accordance with any existing local protocols (31)(100)		
13.2 When required a written referral is made to the patient's GP/referral management centre/ophthalmology dept. and the urgency of the referral is indicated when appropriate		
13.3 Is the patient informed in writing of the reason for their referral? (<i>Sight Testing [Examination and Prescription] [No.2] Regulations 1989</i>) (100)		

14. Complaints and incidents

	Yes/No	Supporting evidence
14.1 Contractor has a written NHS compliant complaints procedure and is aware of requirement to report annually the number of complaints received. (It is helpful for NHS England / AT to provide a notification form for this purpose.) (103A)		
14.2 The complaints procedure is available to patients and staff (101)		
14.3 Name of person responsible for dealing with complaints (108)		
14.4 Contractor is aware of requirement to maintain a separate record of all complaints and associated paperwork for two years (112)		

14.5 Contractor is aware of the obligation to report adverse incidents potentially affecting the performance of the contract (66)		
14.6 The contractor receives safety alerts from NHS England within an appropriate timescale		
14.7 Does the Contractor adhere to the requirements or recommendations of MHRA medical device alerts (MDAs) and safety alert broadcasts (SABs) (28)		

Section B – Mandatory Contracts Only

15. Hours GOS normally provided (if different) (29 & 66.3)			
Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday		Bank Holiday	
16. Signage and documentation			
	Yes/No	Supporting evidence	
16.1 Current notice of eligibility for NHS eye examination, NHS Voucher and NHS Complaints is displayed and populated as appropriate (57)			
16.2 Details of business ownership and registered office are displayed in an accessible location (<i>Companies Act 2006</i>) (100)			

16.3 Most recent version of Health and Safety poster is displayed (or copies supplied to individual employees) (25)		
16.4 No smoking sign is displayed (<i>Health Act 2006</i>) (100)		
16.5 Has the practice got a suitable chaperone policy and is this regularly reviewed? (100) Notice displayed in prominent place		
17. Health & Safety (28)		
	Yes/No	Supporting evidence
17.1 Health and safety risk assessment done (must be documented if 5 or more employees or individuals under a contract to provide services in the organisation)		
17.2 Does the Contractor has health and safety policy		
17.3 Has the practice got a suitable lone worker policy and is this regularly reviewed (100) (This may be part of your Health and Safety Policy)		
17.4 Can the Contractor explain their reporting responsibilities under RIDDOR (100) (<i>Reporting Injuries Diseases and Dangerous Occurrences Act 1995</i>)		
17.5 A suitable first aid kit is available, the contents are up to date and its location is clearly identified (100) (<i>First Aid Regulations 1981</i>)		
17.6 Contractor has an accident record book or other arrangements and this is compliant with Data Protection Act requirements.(required		

if have 10 or more employees, best practice for smaller organisations) (100) (<i>Social Security (Claims and Payments) Regulations 1979</i>)		
17.7 Portable appliance electrical (PAT) testing and/or regular visual inspection of appliances is carried out (100) (<i>Electricity at Work Regulations 1989</i>)		
17.8 Fixed installation electrical testing has been undertaken (100) (<i>Electricity at Work Regulations 1989</i>)		
18. Fire precautions (25) (100) (Regulatory Reform [Fire Safety] Order 2006)		
	Yes/No	Evidence produced in support
18.1 Has the fire risk been assessment completed(Regulatory Reform(Fire Safety) Order 2005)		
18.2 Fire extinguishers		
18.3 Fire extinguishers serviced on a regular basis as per manufacture's recommendations		
18.4 Fire exit signs		

18.5 Fire exit clear		
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19. Suitability of Premises (25)

	Non clinical areas e.g. stairs (Yes/No)	Reception area (Yes/No)	Dispensing area (Yes/No)
19.1 Are the premises clean and tidy?			
19.2 Does the premises have adequate lighting?			
19.3 Is the premises clear of trip hazards?			
19.4 Does the premises have traffic routes are clear of obstructions?			
19.5 Does the premises have reasonable patient access (where applicable)? <i>(Equality Act 2010)</i>			
19.6 Does the premises have suitable and sufficient seating			
19.7 Layout respects the need for patient confidentiality (including			

safety of data displayed on computer terminals). Appeal case number FHS 13905 refers			
19.8 There is a facility for confidential telephone calls to be made by the optometrist/OMP e.g. for urgent referrals			
19.9 There are appropriate facilities for employees to take breaks including meal breaks. This should include adequate toilet and washing facilities. (Workplace(Health and Welfare) Regulations 1992.			
19.10 Additional Comments			

20. Consulting Room facilities and Clinical Testing Equipment (25)

	Shared facility	Room 1	Room 2	Room 3	Room 4
20.1 Is the consulting room clean and tidy					
20.2 Is there adequate lighting					
20.3 Is the area is clear of trip hazards					
20.4 Are traffic routes are clear of obstructions					
20.5 Is there reasonable patient access(100) (<i>Equality Act 2010</i>)					
20.6 Is there suitable and sufficient seating					
20.7 Is the consulting room suitable for confidential consultations and confidential telephone calls to be made by the optometrist/OMP. e.g for urgent referrals					
20.8 Is there adequate testing distance					
20.9 Equipment					
Focimeter					
Frame ruler or similar					
Visual field test					
Tonometer					
Distance test chart for adults					
Distance test chart for children / non-English / learning disability					
Trial lenses and accessories					
Trial frame					
Retinoscope					
Ophthalmoscope					
Distance binocular vision test					
Near Binocular vision test					
Slit lamp					
Indirect ophthalmoscope or Volk lens					
Near reading chart					
Amsler grid					
Colour vision test					
Stereopsis test					

All equipment is in working order and is fit for purpose					
20.10 Additional comments					

21. Ophthalmic drugs (25) *Essential to provision of GOS; others optional dependant on practice and instrumentation		
	Available	In Date
21.1 *Mydriatic (e.g. tropicamide)		
21.2 *Staining Agents (e.g. fluorescein)		
21.3 *Cycloplegic (e.g. cyclopentolate)		
21.4 Anti-infective (e.g. chloramphenicol)		
21.5 Topical anaesthetics (e.g. proxymetacaine / oxybuprocaine)		
	Yes/No	Supporting evidence
21.6 Drugs are stored appropriately and securely (e.g. proxymetacaine and chloramphenicol in a fridge and non fridge items to be stored out of reach of children)		
21.7 Single dose drugs (e.g. Minims) are used once and then discarded		

22. Infection control (28)		
	Yes/No	Supporting evidence
22.1 Access to a wash hand basin (good practice for this to be within the consulting room)		
22.2 Liquid Soap		
22.3 Paper towels in a wall-mounted dispenser		
22.4 Alcohol gel or alternative anti-bacterial hand rub available		
22.5 Staff aware of good hand washing practice and advice on good handwashing practice is displayed.		
22.6 What procedures in places for decontamination of hard surfaces		
22.7 Suitable procedures for decontamination of reusable equipment		
22.8 Appropriate use of disposable and single use items		
23. Waste disposal (100) (Section 34 Environmental Protection Act 1990)		
	Yes/No	Supporting evidence
23.1 Contractor aware of duty of care to appropriately dispose of waste		

23.2 Name of provider in place for disposal of pharmaceutical waste		
23.3 Record relating to medicines disposal kept for correct time period (transfer notes two years, consignment notes three years)		

Section C – Additional Contracts Only

24. Procedures and documentation		
	Yes/No	Supporting evidence
24.1 Is there a Suitable GOS patient leaflet available (57)		
24.2 Is contractor aware of domiciliary code of practice?		
24.3 How does practice comply with notification requirements (24)		
24.4 Has the practice got a suitable lone worker policy and is this regularly reviewed (100) (This may be part of your Health and Safety Policy)		
25. Mobile equipment requirements (25)		
	Yes/No	Supporting evidence
Distance test chart (internally illuminated or computer)		
A distance test chart suitable for children / non-English/learning disability		

Measuring tape		
Trial lenses and accessories		
Trial frame		
Retinoscope		
Ophthalmoscope		
Distance binocular vision test		
Near binocular vision test		
Magnification for anterior eye examination		
Near vision test type		
Tonometer		
Amsler grid		
Means of assessing visual field		

Focimeter		
Frame ruler or similar		
All equipment is in working order and is fit for purpose		
Distance test chart (internally illuminated or computer)		

26. Ophthalmic drugs (25) *Essential to provision of GOS; Others optional dependant on practice and instrumentation

	Available	In date	Comments
26.1 *Mydriatic (e.g. tropicamide)			
26.2 *Staining Agents (e.g. fluorescein/rose Bengal)			
26.3 Cycloplegic (e.g. cyclopentolate)			
26.4 Anti-infection (e.g. chloramphenicol)			
26.5 Topical anaesthetics (e.g. proxymetacaine / oxybuprocaine)			

	Yes/No	Supporting evidence	
26.6 Drugs are stored appropriately and securely (e.g. proxymetacaine and chloramphenicol in a fridge at base)			
26.7 Single dose drugs (e.g. Minims) are used once and then discarded			
27. Infection control (28)			
	Yes/No	Supporting evidence	
27.1 Liquid soap where this is unlikely to be available at the premises visited or alternative appropriate means of cleaning the hands			
27.2 Paper towels where appropriate hand-drying facilities are unlikely to be available on the premises visited			
27.3 Alcohol gel or alternative anti-bacterial hand rub available			
27.4 Suitable procedures for decontamination of reusable equipment			
27.5 Appropriate use of disposable and single use items			
28. Waste disposal (100) (Section 34 Environmental Protection Act 1990)			

	Yes/No	Supporting evidence
28.1 Contractor aware of duty of care to appropriately dispose of waste		
28.2 Contract in place for disposal of pharmaceutical waste		
28.3 Records relating to medicines disposal kept for correct time period (transfer notes two years, consignment notes three years)		
28.4 Is the Contractor registered as a waste carrier. You can register at www.wastecarriersregistration.service.gov.uk		

Section D – Action Plan

Name of Practice	
Address	
Date of Action Plan	

Section No.	Key Actions	Person(s) Responsible	Timescale

I have addressed the above actions detailed in the action plan above and implemented any/all relevant changes.

Contractor name:
 Signed:
 Date:

