

# Ophthalmic contract visit form – for area team internal use

## Ophthalmic contract visit form

(References in brackets refer to clauses of the model mandatory or additional services as appropriate)

Voluntary information is highlighted in grey

### Section A – All contracts

| Practice details   |                                       |
|--|---------------------------------------|
| Practice name (66.3)   | Contractor name (If different) (66.3) |
| Practice / correspondence address (S1 pt2)<br>Address1:<br>Address2:<br>Town:<br>Postcode: | Practice manager                      |
|  | Telephone (S1 pt2)                    |
|  | Fax (S1 pt2)                          |
|  | Website                               |
|  | Email (S1 pt2)                        |

| Visit details |   |               |                      |
|---------------|---|---------------|----------------------|
| Date of visit | Purpose: New application / review existing practice / other |               |                      |
| Visited by:   | Name(s):  | Job title(s): | Representing (body): |

**Business type (127-132/133-145)**

|   |  |             |  |                     |  |
|---|--|-------------|--|---------------------|--|
| Individual  |  | Partnership |  | Body corporate (BC) |  |
| Owner's or chief executive's name                                       |  |             |  |                     |  |
| Partners' or Directors' names   |  |             |  |                     |  |
| Registered address (if different)                                       |  |             |  |                     |  |
| Company secretary name (BC Only)  |  |             |  |                     |  |
| Companies House registration number (BC only)                           |  |             |  |                     |  |
| GOC corporate registration number (where applicable)                    |  |             |  |                     |  |
| Are the business details held by the AT/NHS CB accurate and up to date? |  |             | Is the contractor using a protected title and is this correctly used? (Section 28 Opticians Act 1989) (65) |                     |  |

**Contracts applied for/held**

|           |  |            |  |      |  |
|-----------|--|------------|--|------|--|
| Mandatory |  | Additional |  | Both |  |
|-----------|--|------------|--|------|--|

**Hours of practice opening (including lunchtime closure) (66.3)**

|           |  |           |  |
|-----------|--|-----------|--|
| Monday    |  | Friday    |  |
| Tuesday   |  | Saturday  |  |
| Wednesday |  | Sunday    |  |
| Thursday  |  | Bank hols |  |

**Hours GOS normally provided (if different) (29 & 66.3)**

|           |  |           |  |
|-----------|--|-----------|--|
| Monday    |  | Friday    |  |
| Tuesday   |  | Saturday  |  |
| Wednesday |  | Sunday    |  |
| Thursday  |  | Bank Hols |  |

**Performers in regular attendance (46 & 66.4)**

| Optometrist /OMP name | DOB /First registration | Ophthalmic performers list no | Professional indemnity insurance by (eg. AOP, FODO) | Included in ophthalmic performers list? yes/no |
|-----------------------|-------------------------|-------------------------------|---|--|
|                       |                         |                               |   |  |
|                       |                         |                               |   |  |
|                       |                         |                               |   |  |
|                       |                         |                               |   |  |

### Other clinical staff assisting in GOS (51)

| Name | Position and tasks undertaken | DOB/first registration date | Professional registration no. (if applicable) | Licensing body (if applicable) | Qualifications for post (if unregistered) |
|------|-------------------------------|-----------------------------|---|--------------------------------|---|
|      |                               |                             |   |                                |   |
|      |                               |                             |   |                                |   |
|      |                               |                             |   |                                |   |
|      |                               |                             |   |                                |   |

### Staffing procedures (51)

|   |  | yes/no | Evidence produced in support<br>Eg. Printout of web checks, sample references |
|---|--|--------|---|
| Does the contractor ensure that all professional staff have up-to-date professional registration?   |  |        |   |
| Does the contractor check the references of all registered clinical staff (including locums)?   |  |        |   |
| Does the contractor check that all performers are covered by up-to-date professional indemnity insurance (where applicable)?  |  |        |   |
| Has the contractor produced evidence that all employed optometrists and OMPs are included in NHS CB ophthalmic performers list?   |  |        |   |
| How does the contractor ensure that the NHS CB / AT is informed of any changes to the performers providing GOS at the practice? (It is helpful for the NHS CB / AT to provide a notification form for this purpose.)                          |  |        |   |
| Does the contractor ensure that staff assisting in the provision of GOS are appropriately trained, and supervised for the tasks that they undertake?  |  |        |   |
| <b>9.7</b> Does the contractor ensure that clinical procedures are appropriate especially at times when a supervising practitioner is not on the premises, eg. repeat fields and pressures or child or blind or partially sighted dispensing? |  |        |   |

### Insurances and registrations

### Comments

|  |  |  |  |
|--|--|--|--|
| Contractor has up-to-date arrangements for cover in cases of clinical negligence (89)                        |  |  |  |
| Current employer's liability cover (Employer's Liability [Compulsory Insurance] Act 1969) (100)              |  |  |  |
| Current public liability cover (90)  |  |  |  |
| Medicines and Healthcare products Regulatory Agency (MHRA) registration (assemblers/manufacturers only) (28) |  |  |  |

| <b>GOS sight test application procedures</b>   |  |               |   |
|--|--|---------------|---|
|  |  | <b>yes/no</b> | <b>Evidence produced in support (eg. training manuals, staff notices, readily available copies of vouchers at a glance)</b> |
| Practice staff routinely undertake point of service checks (37)  |  |               |   |
| 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)                             |  |               |   |
| 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) |  |               |   |
| 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)                  |  |               |   |
| Patient is offered a choice of performer where appropriate (25A)   |  |               |   |
| The practice offers all GOS patient groups equal access to appointments during GOS hours (39)  |  |               |   |
| The practice is aware of the on-going requirement to notify the NHS CB / AT of changes to the times at which the contractor is willing to provide GOS (29)                   |  |               |   |

| <b>Information access and protection</b>  |  |               |                                     |
|---|--|---------------|-------------------------------------|
|   |  | <b>yes/no</b> | <b>Evidence produced in support</b> |
| 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> )              |  |               |                                     |
| Registered with information commissioner for data protection (patient data held on computer or other electronic device) (100) ( <i>Data Protection Act 1998</i> ) |  |               |                                     |
| Name and title of person responsible for practices and procedures relating to confidentiality (56)  |  |               |                                     |
| The practice policy on handling patient data is available to patients (100) ( <i>Data Protection Act 1998, Freedom of Information Act 2000</i> )                  |  |               |                                     |
| Staff are aware how to handle patient data correctly (100) ( <i>Data Protection Act 1998</i> )  |  |               |                                     |
| Has the practice received from the NHS CB / AT details of local child protection arrangements and has the practice had regard to these? (100)                     |  |               |                                     |
| Has the practice received from the NHS CB / AT details of a recommended lone worker policy for optometry and has the practice had regard to this? (100)           |  |               |                                     |
| Has the practice received from the NHS CB / AT details of a recommended chaperone policy for optometry and has the practice had regard to this? (100)             |  |               |                                     |

**Record-keeping (52)**

|  |  | yes/no | Evidence produced in support |
|--|--|--------|------------------------------|
| If gifts >£100 have been received does the contractor maintain a gifts register? (92)  |  |        |                              |
| Patient records are securely stored. If electronic, backups are made regularly and kept separately and securely (52)   |  |        |                              |
| GOS records are retained for seven years in either paper or electronic form. (54)  |  |        |                              |
| Contractor is aware of professional recommendations to keep records for longer, ie adults and deceased patients: 10 years; children to 25 <sup>th</sup> birthday |  |        |                              |
| The practice maintains full and accurate contemporaneous records for all GOS patients (52)   |  |        |                              |

**Each clinical record contains items from the following list as appropriate to the individual patient:**

| Name or initials of performer:  |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
|   | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Reason for visit / symptoms   |   |   |   |   |   |   |   |   |
| Ocular history  |   |   |   |   |   |   |   |   |
| General health  |   |   |   |   |   |   |   |   |
| Medications   |   |   |   |   |   |   |   |   |
| Family ocular history   |   |   |   |   |   |   |   |   |
| Unaided vision/vision with current spectacles                                     |   |   |   |   |   |   |   |   |
| Visual acuity   |   |   |   |   |   |   |   |   |
| Binocular vision assessment   |   |   |   |   |   |   |   |   |
| External examination  |   |   |   |   |   |   |   |   |
| Internal examination of the eye   |   |   |   |   |   |   |   |   |
| C:D ratio   |   |   |   |   |   |   |   |   |
| Any other (specific) comments from ophthalmoscopy                                 |   |   |   |   |   |   |   |   |
| Refraction result   |   |   |   |   |   |   |   |   |
| Visual fields (where relevant)  |   |   |   |   |   |   |   |   |
| Tonometry (where relevant)  |   |   |   |   |   |   |   |   |
| Advice given  |   |   |   |   |   |   |   |   |
| Referral/notification letter copies   |   |   |   |   |   |   |   |   |
| Full dispensing details (where a GOS voucher is used)                             |   |   |   |   |   |   |   |   |
| Details of GOS voucher value  |   |   |   |   |   |   |   |   |
| Accurate details of repair or replacement   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
| Record is legible   |   |   |   |   |   |   |   |   |
| Is it easy to identify from the records which performer undertook the sight test? |   |   |   |   |   |   |   |   |

## Referral and notification procedures

|   |  | yes/no | Evidence produced in support |
|---|--|--------|------------------------------|
| Contractor is aware of any local protocols for referral to GPs/ referral management or triage centre/ ophthalmology department (31)(100)                                  |  |        |                              |
| 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 |  |        |                              |
| Is the patient informed in writing of the reason for their referral? ( <i>Sight Testing [Examination and Prescription] [No. 2] Regulations 1989</i> ) (100)               |  |        |                              |

## Complaints and incidents

|   |  | yes/no | Evidence produced in support |
|---|--|--------|------------------------------|
| 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 the NHS CB / AT to provide a notification form for this purpose.) (103A) |  |        |                              |
| The complaints procedure is available to patients and staff (101)   |  |        |                              |
| Name of person responsible for dealing with complaints (108)  |  |        |                              |
| Contractor maintains a separate record of all complaints and associated paperwork for two years (112)   |  |        |                              |
| Contractor is aware and has ensured that all staff are aware of the obligation to report adverse incidents potentially affecting the performance of the contract (66)   |  |        |                              |
| The contractor receives safety alerts from the AT/NHS CB within an appropriate timescale  |  |        |                              |
| Contractor adheres to the requirements or recommendations of MHRA medical device alerts (MDAs) and safety alert broadcasts (SABs) (28)  |  |        |                              |

## Section B –Mandatory contracts only

| Premises         |  |
|------------------|--|
| Type of premises | Purpose built / converted / commercial / health centre / other       |
| Practice is on   | Ground floor / first floor / other                                   |
| Car parking      | Own parking / on street parking / nearby public car park / difficult |

| Signage and documentation  |  |        |                              |
|--|--|--------|------------------------------|
|  |  | yes/no | Evidence produced in support |
| Current notice of eligibility for NHS eye examination is displayed (57)  |  |        |                              |
| Current notice of eligibility for NHS voucher towards the cost of spectacles is displayed (57)                               |  |        |                              |
| A complaints notice including the name of responsible person and contact details is displayed (57)                           |  |        |                              |
| Valid certificate of employer's liability is displayed ( <i>Employer's Liability [Compulsory Insurance] Act 1969</i> ) (100) |  |        |                              |
| Details of business ownership/registered office are displayed ( <i>Companies Act 2006</i> ) (100)                            |  |        |                              |
| Health and safety poster is displayed (or copies supplied to individual employees) (25)                                      |  |        |                              |
| No smoking sign is displayed ( <i>Health Act 2006</i> ) (100)  |  |        |                              |

| General health and safety (28)   |  |  | Comments |
|--|--|--|----------|
| Health and safety risk assessment done (must be documented if >5 people working there)   |  |  |          |
| Contractor has health and safety policy  |  |  |          |
| Contractor is aware of reporting responsibilities under RIDDOR ( <b>100</b> ) ( <i>Reporting Injuries Diseases and Dangerous Occurrences Act 1995</i> )                                |  |  |          |
| A suitable first aid kit is available and location clearly identified (100) ( <i>First Aid Regulations 1981</i> )  |  |  |          |
| Contractor has an identified person who is responsible for first aid arrangements (100) ( <i>First Aid Regulations 1981</i> )  |  |  |          |
| Contractor has an accident record book (100) ( <i>First Aid Regulations 1981</i> )   |  |  |          |
| Portable appliance and fixed installation electrical (PAT) testing and/or regular visual inspection of appliances is carried out (100) ( <i>Electricity at Work Regulations 1989</i> ) |  |  |          |

| <b>Fire precautions (25)(100) (Regulatory Reform [Fire Safety] Order 2006)</b> |  |        |                              |
|--|--|--------|------------------------------|
|  |  | yes/no | Evidence produced in support |
| Fire risk assessment completed   |  |        |                              |
| Fire extinguishers   |  |        |                              |
| Fire extinguishers serviced  |  |        |                              |
| Fire exit signs  |  |        |                              |
| Fire exit clear  |  |        |                              |

| <b>Non clinical areas (stairs, passageways and so on) (25)</b>                              |  |        |                              |
|---|--|--------|------------------------------|
|   |  | yes/no | Evidence produced in support |
| Clean and tidy  |  |        |                              |
| Adequate lighting   |  |        |                              |
| The area is clear of trip hazards   |  |        |                              |
| Traffic routes are clear of obstructions  |  |        |                              |
| Reasonable patient access (where applicable)<br><i>(Disability Discrimination Act 1995)</i> |  |        |                              |

| <b>Reception/waiting area (25)</b>   |  |        |                              |
|--|--|--------|------------------------------|
|  |  | yes/no | Evidence produced in support |
| Clean and tidy   |  |        |                              |
| Adequate lighting  |  |        |                              |
| The area is clear of trip hazards  |  |        |                              |
| Traffic routes are clear of obstructions   |  |        |                              |
| Reasonable patient access<br><i>(100) (Disability Discrimination Acts 1995 &amp; 2005)</i>                     |  |        |                              |
| Suitable and sufficient seating  |  |        |                              |
| Layout respects the need for patient confidentiality   |  |        |                              |
| There is a facility for confidential telephone calls to be made by the optometrist/OMP eg for urgent referrals |  |        |                              |

| <b>Dispensing area (25)</b>  |  |        |                              |
|--|--|--------|------------------------------|
|  |  | yes/no | Evidence produced in support |
| Clean and tidy   |  |        |                              |
| Adequate lighting  |  |        |                              |
| Suitable and sufficient seating  |  |        |                              |
| <b>The</b> area is clear of trip hazards   |  |        |                              |
| Traffic routes are clear of obstructions   |  |        |                              |
| Reasonable patient access (100) <i>(Disability Discrimination Acts 1995&amp; 2005)</i>   |  |        |                              |
| Layout respects the need for patient confidentiality (including safety of data displayed on computer terminals). Appeal case number FHS 13905 refers |  |        |                              |

| <b>Consulting room (25)</b>   |  |        |                              |
|---|--|--------|------------------------------|
|   |  | yes/no | Evidence produced in support |
| Clean and tidy  |  |        |                              |
| Adequate lighting   |  |        |                              |
| The area is clear of trip hazards   |  |        |                              |
| Traffic routes are clear of obstructions  |  |        |                              |
| Reasonable patient access (100) ( <i>Disability Discrimination Acts 1995 &amp; 2005</i> ) |  |        |                              |
| Suitable and sufficient seating   |  |        |                              |
| Constructed to be suitable for confidential consultations                                 |  |        |                              |
| Adequate testing distance   |  |        |                              |

| <b>Clinical Testing Equipment (25)</b>                               |  |                 |        |        |        |
|--|--|-----------------|--------|--------|--------|
|  |  | Shared facility | Room 1 | Room 2 | Room 3 |
| 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             |  |                 |        |        |        |

| <b>Ophthalmic drugs (25) * Essential to provision of GOS; others optional dependent on practice and instrumentation</b> |  |                  |                                     |
|---|--|------------------|-------------------------------------|
|   |  | <b>Available</b> | <b>In Date</b>                      |
| *Mydriatic (eg tropicamide)   |  |                  |                                     |
| *Cycloplegic (eg. cyclopentolate)   |  |                  |                                     |
| *Staining Agents (eg. fluorescein/rose Bengal)  |  |                  |                                     |
| Anti-infective (eg. chloramphenicol)  |  |                  |                                     |
| Topical anaesthetics (eg. proxymetacaine / oxybuprocaine)   |  |                  |                                     |
|   |  | <b>yes/no</b>    | <b>Evidence produced in support</b> |
| Drugs are stored appropriately and securely (eg. proxymetacaine and chloramphenicol in a fridge)                        |  |                  |                                     |
| Single dose drugs (eg. Minims) are used once and then discarded   |  |                  |                                     |

| <b>Infection control (28)</b>   |  |  |  |
|---|--|--|--|
| Access to a wash hand basin (good practice for this to be within the consulting room) |  |  |  |
| Liquid soap   |  |  |  |
| Paper towels  |  |  |  |
| Alcohol gel or alternative anti-bacterial hand rub available                          |  |  |  |
| Staff aware of good hand washing practice   |  |  |  |
| Suitable procedures in places for decontamination of hard surfaces                    |  |  |  |
| Suitable procedures for decontamination of reusable equipment                         |  |  |  |
| Appropriate use of disposable and single use items                                    |  |  |  |

| <b>Waste disposal (100) (Section 34 Environmental Protection Act 1990)</b>   |  |  |  |
|--|--|--|--|
| Contractor aware of duty of care to appropriately dispose of waste   |  |  |  |
| Contract in place for disposal of pharmaceutical waste   |  |  |  |
| Record relating to medicines disposal kept for correct time period (transfer notes two years, consignment notes three years) |  |  |  |

## Section C – Additional contracts only

| Procedures and documentation  |  |        |                              |
|---|--|--------|------------------------------|
|   |  | yes/no | Evidence produced in support |
| Suitable patient leaflet available (57)                                       |  |        |                              |
| Is contractor aware of domiciliary code of practice?                          |  |        |                              |
| Is contractor aware of notification requirements for domiciliary visits? (24) |  |        |                              |

| Infection control (28)  |  |  | Comments |
|---|--|--|----------|
| Liquid soap where this is unlikely to be available at the premises visited or alternative means of cleaning the hands |  |  |          |
| Paper towels where appropriate hand-drying facilities are unlikely to be available on the premises visited            |  |  |          |
| Alcohol gel or alternative anti-bacterial hand rub available  |  |  |          |
| Suitable procedures for decontamination of reusable equipment   |  |  |          |
| Appropriate use of disposable and single use items  |  |  |          |

| Waste disposal (100) (Section 34 Environmental Protection Act 1990)   |  |  | Comments |
|---|--|--|----------|
| Contractor aware of duty of care to appropriately dispose of waste  |  |  |          |
| Contract in place for disposal of pharmaceutical waste  |  |  |          |
| Records relating to medicines disposal kept for correct time period (transfer notes two years, consignment notes three years) |  |  |          |

| <b>Mobile equipment requirements (25)</b>                                     |  |        |                              |
|---|--|--------|------------------------------|
|   |  | yes/no | Evidence produced in support |
| Distance test chart (preferably internally illuminated)                       |  |        |                              |
| 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                      |  |        |                              |

| <b>Ophthalmic drugs (25) * Essential to provision of GOS. Others optional dependent on practice and instrumentation</b> |        |                              |         | Comments |
|---|--------|------------------------------|---------|----------|
|   |        | Available                    | In date |          |
| *Mydriatic (eg. tropicamide)  |        |                              |         |          |
| *Staining Agents (eg. fluorescein/rose Bengal)  |        |                              |         |          |
| Cycloplegic (eg. cyclopentolate)  |        |                              |         |          |
| Anti-infection (eg. chloramphenicol)  |        |                              |         |          |
| Topical anaesthetics (eg. proxymetacaine / oxybuprocaine)   |        |                              |         |          |
|   |        |                              |         |          |
|   | yes/no | Evidence produced in support |         |          |
| Drugs are stored appropriately and securely (eg. proxymetacaine and chloramphenicol in a fridge at base)                |        |                              |         |          |
| Single dose drugs (eg. Minims) are used once and then discarded   |        |                              |         |          |

## Section D – Voluntary information

| Private and/or NHS enhanced services provided (for information) |  |
|---|--|
| Contact lenses  |  |
| Colorimetry   |  |
| Sports vision   |  |
| Low vision including the provision of aids                      |  |
| Referral refinement and/or assessment                           |  |
| Stable glaucoma monitoring                                      |  |
| Cataract monitoring – pre- and/or post extraction               |  |
| Red eye / acute anterior segment                                |  |
| Child school or pre-school screening                            |  |
| Diabetic retinopathy screening                                  |  |
| Other   |  |
| Other   |  |

| Additional equipment held (for information) |  |
|---|--|
| Keratometer                                 |  |
| Fundus camera                               |  |
| OCT   |  |
| HRT/GDx                                     |  |
| Colorimeter                                 |  |
| Punctum plugs and so on                     |  |
| Other                                       |  |

