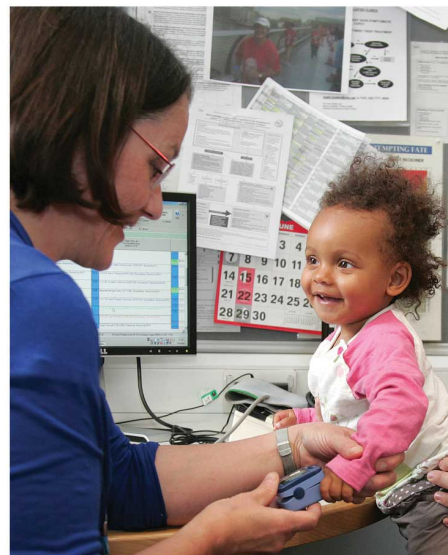
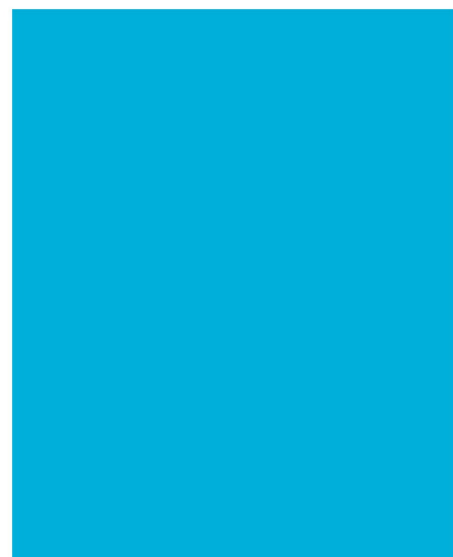


**Standard
operating
policies and
procedures
for primary
care**



**Procedure
approval of
applications for
General
Ophthalmic
Services
contracts**



Procedure for the approval of applications for General Ophthalmic Services contracts

NHS Commissioning Board standard operating policies and procedures for primary care

First published: 10 April 2013

Prepared by Primary Care Commissioning (PCC)

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Purpose of policy

- 1) The NHS Commissioning Board (NHS CB) is responsible for direct commissioning of services beyond the remit of clinical commissioning groups, namely primary care, offender health, military health and specialised services.
- 2) This document forms part of a suite of policies and procedures to support commissioning of primary care. They have been produced by Primary Care Commissioning (PCC) for use by NHS CB's area teams (ATs).
- 3) The policies and procedures underpin NHS CB's commitment to a single operating model for primary care – a “do once” approach intended to ensure consistency and eliminate duplication of effort in the management of the four primary care contractor groups from 1 April 2013.
- 4) All policies and procedures have been designed to support the principle of proportionality. By applying these policies and procedures, area teams are responding to local issues within a national framework, and our way of working across the NHS CB is to be proportionate in our actions.
- 5) The development process for the document reflects the principles set out in *Securing excellence in commissioning primary care*¹, including the intention to build on the established good practice of predecessor organisations.
- 6) Primary care professional bodies, representatives of patients and the public and other stakeholders were involved in the production of these documents. NHS CB is grateful to all those who gave up their time to read and comment on the drafts.
- 7) The authors and reviewers of these documents were asked to keep the following principles in mind:
 - Wherever possible to enable improvement of primary care
 - To balance consistency and local flexibility
 - Alignment with policy and compliance with legislation
 - Compliance with the Equality Act 2010
 - A realistic balance between attention to detail and practical application
 - A reasonable, proportionate and consistent approach across the four primary care contractor groups.
- 8) This suite of documents will be refined in light of feedback from users.

¹ *Securing excellence in commissioning primary care* <http://bit.ly/MJwrfA>

Background

The following section of the policy looks at the processing applications for a General Ophthalmic Services (GOS) contracts and the approach that the NHS Commissioning Board (NHS CB) needs to take.

Scope of the policy

To provide a consistent approach when processing application for a new GOS contracts through:

- standard information to be provided with application;
- process for approving premises, equipment, record keeping facilities and staffing arrangements and when they don't meet the required standard;
- minimum standard of equipment required for additional services contractors;
- suitability to hold a contract; and
- tailoring contracts

Generic templates and guidance notes are included in the annexes.

Standard information to be provided with application

The standard information that must be provided with all General Ophthalmic Services contract applications is prescribed at Schedule 3 of the General Ophthalmic Services Contracts Regulations 2008. All this information is included in the standard application form that all applicants must use. Variants of the standard application form are available for:

Mandatory services:

- individual or partnership applicants (see annexes 2 and 4)
- corporate body or limited company applicants (see annexes 5 and 7)

Additional services:

- individual or partnership applicants (see annexes 3 and 4)
- corporate body or limited company applicants (see annexes 6 and 7)

The specific information requirement from Schedule 3 of the General Ophthalmic Services Contracts Regulations 2008 is found at annex 8 although area teams (AT) are entitled to request any other information, which the NHS Commissioning Board (NHS CB) may reasonably require.

Processing new General Ophthalmic Services applications

A request for an application will normally start by an applicant telephoning or writing to the NHS CB. The applicant should be asked whether they are intending to provide mandatory or additional services (or both) and whether they are going to be a corporate body or limited company and how many company directors there are including the company secretary and chief executive. The applicant should then be sent a copy of section A and appropriate number of copies of section B with the relevant (mandatory or additional services) contract application form.

When the application form has been completed and returned a contract file should be set up and a progress sheet should be opened and worked through for one of the following:

- individual and partnership applicants (see annex 9).
- corporate body and limited company applicants (see annex 10).

The application form and enclosures should then be checked for completeness and any inconsistencies or discrepancies discussed with the applicant.

Forms should be fully completed and should withstand a common-sense check. They should be accompanied by evidence of clinical negligence insurance (except where the applicant intends to rely upon the clinical negligence insurance of his/her performers in which case there should be evidence of clinical negligence insurance for each proposed performer) and evidence of public liability insurance.

Dependent upon the applicants' circumstances the NHS CB may also wish to ask for curricula vitae (CV) for individual applicants or company directors, company secretaries or chief executives to explain any gaps in their careers so these can be investigated further if necessary. However there is no statutory requirement to provide CV's.

Exceptionally, but not routinely, the NHS CB may also wish to ask for an enhanced Criminal Record Bureau (CRB) disclosure. The individual is expected to bear the cost of the enhanced CRB disclosure.

All documentary evidence submitted should be originals. These should be photocopied, signed (by the NHS CB employee) for the file and the original disclosure returned to the applicant.

Where applicants (and directors, chief executives and company secretaries) are members of one of the healthcare professions their professional registration should be checked on the General Optical Council, General Medical Council or other healthcare registration body website as appropriate. The records found should be printed out and added to the file as a confirmation that the checks have been undertaken.

The next checks to be carried out are to email the counter fraud service of the NHS Business Service Authority (NHS BSA) and the FHS Appeal Unit of the NHS Litigation Authority to see if anything adverse is known about the applicant.

Consideration of suitability to hold a General Ophthalmic Services contract

Once all the relevant information and evidence has been supplied a desktop assessment should be made to determine the applicant's suitability to hold a General Ophthalmic Services (GOS) contract.

This assessment should be made by a manager of suitable authority and should take into account the detailed application, the insurance certificates (clinical negligence insurance and public liability insurance) the CV and CRB checks, if required, the outcome of counter fraud and appeal unit checks and of the practice visit.

The assessing manager should take into account the fact that it is relatively easier to refuse an application than it is to terminate a contract once it has been granted. However, assessing managers should also be aware that should they refuse an application the unsuccessful applicant will have a right of appeal and the assessing manager may have to defend his/her decision at a hearing before the Health, Education and Social Care Chamber of the first-tier tribunal.

There are certain applicants who the NHS CB must refuse and they are listed at annex 12.

Process for approving premises, equipment, record-keeping facilities and staffing arrangements

A mandatory services applicant should be contacted to arrange a practice visit to all their premises included in the application form.

Where the applicant is applying to provide additional services however see section entitled Minimum standard of equipment required for additional services contractors – procedure for carrying out equipment checks.

Practice visits should normally be undertaken by a contract or assistant contracts manager accompanied by an optometric adviser (OA) a practice visit protocol is available in annex 2 of the contract assurance of General Ophthalmic Service contracts policy and procedure, which covers premises, equipment, record keeping facilities and staffing arrangements.

Action to take where premises, equipment, record-keeping facilities and staffing arrangements of existing General Ophthalmic Services contractors do not meet the required minimum standard

In the context of a new application there may be circumstances where the applicant's proposed premises, equipment, record-keeping facilities or staffing arrangements fall short of those which are required but not by so great a margin as to render the application completely unsuitable.

In other words relatively minor improvements to the premises, equipment, record keeping facilities or staffing arrangements could be made which would then allow the application to be approved.

The NHS CB may not award a contract subject to conditions as it might include a performer conditionally. In place of an outright refusal letter the NHS CB could advise an applicant that if they make the necessary improvements a contract could then be awarded. Managers should not, however, allow an application to remain undetermined for an indefinite period.

To do so could be considered by the health service ombudsman as being tantamount to maladministration. If an application is left undetermined for significantly longer than three months without any signs from the applicant that they intend to make the requested improvements the application should be formally rejected and the applicant advised of their right of appeal to the Health, Education and Social Care Chamber of the first-tier tribunal.

The grounds for the refusal in accordance with Regulation 4 of the General Ophthalmic Services Contracts Regulations 2008 would be that:

1. the NHS CB is not satisfied that the person:
 - has the premises, equipment and record keeping arrangements; or
 - will employ or engage, by the date the contract is to start, appropriate staff, to provide the services under the contract; or
2. the NHS CB is not satisfied that it is a person suitable to provide general ophthalmic services.

Minimum standard of equipment required for additional services contractors – procedure for carrying out equipment checks

Additional services applicants should be asked to bring their mobile equipment into the area team (AT) office of the NHS CB for inspection and approval. Where this causes difficulty the AT should agree with the applicant a suitable time and place for inspection and approval. At the same time the applicant can be asked relevant questions about their record-keeping facilities and staffing arrangements.

A protocol for mobile equipment inspection is available at annex 11.

The minimum equipment for additional services contractors includes:

- appropriate distance test chart (preferably internally illuminated)
- a distance test chart suitable for children/non-English/learning disability
- measuring device
- 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.

How to tailor a General Ophthalmic Service contract

The GOS contracts do need to be customised to reflect the contractor. Contracts that are not customised to reflect the contractor are not fit for purpose and they bring into question whether the contract is legally binding.

The following clauses need to be customised to fit the specific circumstances of the contractor:

- Clauses 14, 15, 16, 17, 18, 24, 29, 69, 70, 115, 118, 119, 120, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 141, 142, 143, 151, 171 and 172
- Schedule 1 and schedule 2.

These clauses should be completed or deleted according to the circumstances of the contractor, i.e. individual, partnership, limited company and so on.

Clauses that are not relevant need to be omitted. This can be done in either of two ways as follows:

Option 1 – Strike through the wording

~~127. Where the contractor is an individual and proposes to practise in partnership with one or more persons during the existence of the contract, the contractor shall notify the NHS CB or AT of-~~

~~127.1. the name of the person or persons with whom he proposes to practise in partnership;~~
~~127.2. the date on which the contractor wishes to change his status from that of an individual to that of a partnership, which shall be not less than 28 days after the date upon which he has served the notice on the NHS CB or AT pursuant to this clause.~~

Option 2 – Reserving

127. Reserved

127.1. Reserved

127.2. Reserved

It is important that the clause numbering and footnotes throughout the contract are preserved. This is particularly important so that, when the Department of Health issues variation notices, the numbering in the notices mirrors that in the model contracts.

Where clauses are deleted as in option 2 but include footnotes then the NHS CB or AT will need to ensure these remain, see example below:

29. Reserved [1] Footnotes should also be preserved even if the clause wording is not deleted. See annex 13 – GOS contract information sheet, which sets out the sections of the model contracts that the NHS CB or AT are required to make.

Annex 1: abbreviations and acronyms

A&E	accident and emergency
APHO	Association of Public Health Observatories (now known as the Network of Public Health Observatories)
APMS	Alternative Provider Medical Services
AT	area team (of the NHS Commissioning Board)
AUR	appliance use reviews
BDA	British Dental Association
BMA	British Medical Association
CCG	clinical commissioning group
CD	controlled drug
CDAO	controlled drug accountable officer
CGST	NHS Clinical Governance Support Team
CIC	community interest company
CMO	chief medical officer
COT	course of treatment
CPAF	community pharmacy assurance framework
CQC	Care Quality Commission
CQRS	Calculating Quality Reporting Service (replacement for QMAS)
DAC	dispensing appliance contractor
Days	calendar days unless working days is specifically stated
DBS	Disclosure and Barring Service
DDA	Disability Discrimination Act
DES	directed enhanced service
DH	Department of Health
EEA	European Economic Area
ePACT	electronic prescribing analysis and costs
ESPLPS	essential small pharmacy local pharmaceutical services
EU	European Union
FHS	family health services
FHS AU	family health services appeals unit
FHSS	family health shared services
FPC	family practitioner committee
FTA	failed to attend
FTT	first-tier tribunal
GDP	general dental practitioner
GDS	General Dental Services
GMC	General Medical Council
GMS	General Medical Services
GP	general practitioner

GPES	GP Extraction Service
GPhC	General Pharmaceutical Council
GSMP	global sum monthly payment
HR	human resources
HSE	Health and Safety Executive
HWB	health and wellbeing board
IC	NHS Information Centre
IELTS	International English Language Testing System
KPIs	key performance indicators
LA	local authority
LDC	local dental committee
LETB	local education and training board
LIN	local intelligence network
LLP	limited liability partnership
LMC	local medical committee
LOC	local optical committee
LPC	local pharmaceutical committee
LPN	local professional network
LPS	local pharmaceutical services
LRC	local representative committee
MDO	medical defence organisation
MHRA	Medicines and Healthcare Products Regulatory Agency
MIS	management information system
MPIG	minimum practice income guarantee
MUR	medicines use review and prescription intervention services
NACV	negotiated annual contract value
NCAS	National Clinical Assessment Service
NDRI	National Duplicate Registration Initiative
NHAIS	National Health Authority Information System (also known as Exeter)
NHS Act	National Health Service Act 2006
NHS BSA	NHS Business Services Authority
NHS CB	NHS Commissioning Board
NHS CfH	NHS Connecting for Health
NHS DS	NHS Dental Services
NHS LA	NHS Litigation Authority
NMS	new medicine service
NPE	net pensionable earnings
NPSA	National Patient Safety Agency
OJEU	Official Journal of the European Union
OMP	ophthalmic medical practitioner
ONS	Office of National Statistics
OOH	out of hours
PAF	postcode address file

PALS	patient advice and liaison service
PAM	professions allied to medicine
PCC	Primary Care Commissioning
PCT	primary care trust
PDS	personal dental services
PDS NBO	Personal Demographic Service National Back Office
PGD	patient group direction
PHE	Public Health England
PLDP	performers' list decision panel
PMC	primary medical contract
PMS	Personal Medical Services
PNA	pharmaceutical needs assessment
POL	payments online
PPD	prescription pricing division (part of NHS BSA)
PSG	performance screening group
PSNC	Pharmaceutical Services Negotiating Committee
QOF	quality and outcomes framework
RCGP	Royal College of General Practitioners
RO	responsible officer
SEO	social enterprise organisation
SFE	statement of financial entitlements
SI	statutory instrument
SMART	specific, measurable, achievable, realistic, timely
SOA	super output area
SOP	standard operating procedure
SPMS	Specialist Personal Medical Services
SUI	serious untoward incident
UDA	unit of dental activity
UOA	unit of orthodontic activity

Annex 2: Section A – Mandatory services: Application for a contract to provide ophthalmic services as an individual or partnership

Please indicate the area team in which you wish to provide mandatory services:

Practice details

Practice title (trading name) _____

Practice address _____

Practice telephone number _____

Practice fax number _____

Practice email address _____

VAT registration number _____

Remember to tell us if your address changes

Hours services provided

Please note these hours are the times you only provide GOS and not opening times

	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Opening hours

Please complete is different from above

	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Section A – Mandatory services application for a contract to provide ophthalmic services as an individual or partnership

Owner(s)/partner(s)

		Please tick which apply			
Name	Position	Reg'd optom	Reg'd OMP	Reg' d DO	GOC reg no

Name	Position	Lay person	

Professional staff (employed either directly or indirectly)

Performer(s)			
Name	DOB	Qualifications	PCT reg no

Dispensing optician(s)			
Name	DOB	Qualifications	GOC reg no

Clinical assistant(s)/clinical contact(s)		
Name	DOB	

Premises

Please give details on the following items:

Premises
<ul style="list-style-type: none">• Size of premises, in particular the rooms that will be available for sight testing.• Waiting areas available, in particular the seating arrangements that are available.• Please supply any other relevant information relating to the premises to support your application (continue on a separate sheet if required).

Equipment
<ul style="list-style-type: none">• Please list relevant equipment in support of your application (continue on a separate sheet if necessary.)

Premises continued ...

Record-keeping
<ul style="list-style-type: none">In what system will individual records be maintained? (please tick the appropriate box) <input type="checkbox"/> Manual <input type="checkbox"/> Computerised <input type="checkbox"/> CombinationWill the records be kept on or off the premises? If off, where will they be held and by whom?Please supply any other relevant information relating to record keeping to support your application (continue on a separate sheet if required).

Please provide the name and position of the person responsible for practices and procedures relating to confidentiality

Date when you wish the contract to start

D	D	M	M	Y	Y
---	---	---	---	---	---

Is the applicant included in the NHS CB primary care list? yes/no
If Yes, please provide details on a separate sheet.

Do you wish to be considered as a health body for the purposes of this contract? yes/no

Required documentation

Please enclose the following original documents with your application:

- Section B – Declaration to support application for a contract to provide ophthalmic services from the individual or each partner.

Section A – Mandatory services application for a contract to provide ophthalmic services as an individual or partnership

- Evidence of insurance against liability arising from negligent performance of clinical services under the contract.
- Evidence of public liability insurance relating to liabilities to third parties arising under or in connection with the contract that are not covered by the insurance referred to above.

Declaration

I undertake to:

- be bound by the General Ophthalmic Service Contracts Regulations 2008;
- notify the NHS CB or AT within seven days of any material changes to the information provided in the application until the application is finally determined;
- provide General Ophthalmic Services in the locality of the NHS CB or AT; and
- to inform the NHS CB or AT whenever changing any of the addresses named in the application for a contract to provide ophthalmic services.

I declare that:

- the foregoing particulars are correct and make application on behalf of _____ (name of practice)
as indicated in the application for a contract to provide ophthalmic services; and
- I have obtained suitable references relating to the performers named within this application.

I can confirm that I have read and understood the declaration and undertakings within the application for a contract to provide ophthalmic services.

Signed _____ Date _____

Name _____

(Block letters)

Position held _____

(Block letters)

Please return the application and supporting documentation to:

Annex 3: Section A - Additional services: Application for a contract to provide ophthalmic services as an individual or partnership

Please indicate the area team in which you wish to provide additional services:

Practice details

Practice title (trading name) _____

Address for correspondence _____

Practice telephone number _____

Practice fax number (if any) _____

Practice email address (if any) _____

VAT registration number _____

Remember to tell us if your address changes

Section A – Additional services application for a contract to provide ophthalmic services as an individual or partnership

Owner(s)/partner(s)

		Please tick which apply			
Full name	Position	Reg'd optom	Reg'd OMP	Reg'd DO	GOC reg no

Full name	Position	Lay person	

Section A – Additional services application for a contract to provide ophthalmic services as an individual or partnership

Professional staff (employed either directly or indirectly)

Performer(s)			
Full name	DOB	Qualifications	PCT reg no

Dispensing optician(s)			
Full name	DOB	Qualifications	GOC reg no

Clinical assistant(s)/clinical contact(s)		
Full name	DOB	

Section A – Additional services application for a contract to provide ophthalmic services as an individual or partnership

Equipment/record-keeping

Please give details on the following items:

Equipment for domiciliary provision

- Please list relevant equipment in support of your application (continue on a separate sheet if necessary).

Record-keeping

- In what system will individual records be maintained? (please tick the appropriate box)
☐ Manual ☐ Computerised ☐ Combination
- Will the records be kept on or off the premises? If off, where will they be held and by whom?
- Please supply any other relevant information relating to record keeping to support your application (continue on a separate sheet if required).

Section A – Additional services application for a contract to provide ophthalmic services as an individual or partnership

Equipment/record-keeping continued ...

Please provide the name and position of the person responsible for practices and procedures relating to confidentiality

[illegible]

Date when you wish the contract to start

D	D	M	M	Y	Y
---	---	---	---	---	---

Is the applicant included in the NHS CB primary care list? yes/no
If yes, please provide details on a separate sheet.

Do you wish to be considered as a health body for the purposes of this contract?
yes/no

Required documentation

Please enclose the following original documents with your application:

- Section B – Declaration to support application for a contract to provide ophthalmic services from the individual or each partner.
- Evidence of insurance against liability arising from negligent performance of clinical services under the contract.
- Evidence of public liability insurance relating to liabilities to third parties arising under or in connection with the contract that are not covered by the insurance referred to above.
- Bank credit authority form.

Section A – Additional services application for a contract to provide ophthalmic services as an individual or partnership

Declaration

I undertake to:

- be bound by the General Ophthalmic Service Contracts Regulations 2008;
- notify the NHS CB or AT within seven days of any material changes to the information provided in the application until the application is finally determined;
- provide General Ophthalmic Services in the locality of the NHS CB or AT; and
- to inform the NHS CB or AT whenever changing any of the addresses named in the application for a contract to provide ophthalmic services.

I declare that:

- the foregoing particulars are correct and make application on behalf of _____ (name of practice)
as indicated in the application for a contract to provide ophthalmic services; and
- I have obtained satisfactory clinical references relating to the performers named within this application.

I can confirm that I have read and understood the declaration and undertakings within the application for a contract to provide ophthalmic services.

Signed _____ Date _____

Name _____
(Block letters)

Position held _____
(Block letters)

Please return the application and supporting documentation to:

Section A – Additional services application for a contract to provide ophthalmic services as an individual or partnership

Annex 4: Section B – Declaration to support application for a contract to provide ophthalmic services as an individual or partnership

Section B is to be completed by the individual or each of the partners of the ophthalmic practice applying for a contract to provide ophthalmic services.

Personal details

Surname _____ (Dr/Mr/Mrs/Miss/Ms)

Forename(s) _____

Private address _____

Postcode _____

Remember to tell us if your address changes

Private phone number	Business number	Mobile number

Preferred contact number
(*please delete as appropriate)

*Private	*Business	*Mobile	*Other _____ (please specify)
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Section B – Declaration to support application for a contract to provide ophthalmic services as an individual or partnership

Gender ☐ Male ☐ Female

Date of birth _____

Languages spoken (other than English) _____

Type of practice

I am applying as (please tick the appropriate box):

☐ a sole contractor;

☐ a contractor in a partnership;

☐ a contractor and performer; or

☐ a lay person.

Professional experience

Please provide an up-to-date curriculum vitae detailing your professional experience. This must include the start and end dates of each appointment together with an explanation of any gaps between them. If you have been dismissed from any post, you should provide an explanation.

Qualifications

For completion by optometrist

GOC number	Date of first registration

For completion by ophthalmic medical practitioner

GMC number	Date of first registration
OQC number	Date of first registration

Section B – Declaration to support application for a contract to provide ophthalmic services as an individual or partnership

Qualifications continued ...

For completion by
other healthcare
professionals

Professional registration number	Date of first registration	Licensing body

Qualifications	Where obtained	Date obtained

Required documentation

Please enclose the following document with your application:

- An up-to-date curriculum vitae, which must include the start and end dates of each appointment together with an explanation for any gaps in service

Declaration

The declaration below is to be completed by each of the individual or each of the partners of the practice applying for a contract to provide ophthalmic services. Please answer yes or no to the following questions:

- (a) Have you any criminal convictions in the United Kingdom? yes/no
- (b) Have you ever been bound over following a criminal conviction in the United Kingdom? yes/no
- (c) Have you ever accepted a police caution in the United Kingdom? yes/no

Section B – Declaration to support application for a contract to provide ophthalmic services as an individual or partnership

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| (d) Have you ever accepted a conditional offer under section 302 of the Criminal Procedure (Scotland) Act 1995 (fixed penalty: conditional offer by procurator fiscal) or agreed to pay a penalty under section 115A of the Social Security Administration Act 1992 (penalty as alternative to prosecution)? | yes/no |
| (e) Have you, in proceedings in Scotland in respect of an offence, been the subject of an order under section 246(2) or (3) of the Criminal Procedure (Scotland) Act 1995 discharging you absolutely? | yes/no |
| (f) Have you been convicted elsewhere of an offence, or what would constitute a criminal offence if committed in England and Wales? | yes/no |
| (g) Are you currently the subject of any proceedings that might lead to such a conviction, which has not yet been notified to the NHS CB or AT? | yes/no |
| (h) Have you ever been the subject to any investigation into your professional conduct by any licensing, regulatory or other body, where the outcome was adverse? | yes/no |
| (i) Are you currently the subject to any investigation into your professional conduct by any licensing, regulatory or other body anywhere in the world? | yes/no |
| (j) Have you been subject to an investigation into professional or business conduct in respect of any current or previous employment or business where the outcome was adverse? | yes/no |
| (k) Are you the subject of any investigation into your professional conduct in respect of any current or previous employment? | yes/no |
| (l) To your knowledge, are you the subject of any investigation by the NHS Business Services Authority in relation to fraud, or have you been notified of the outcome of such an investigation, where it was adverse? | yes/no |

Section B – Declaration to support application for a contract to provide ophthalmic services as an individual or partnership

(m) Are you the subject of any investigation by another AT, which might lead to your removal from the primary care list or termination of any contract with that AT? yes/no

(n) Have you ever been removed, contingently removed or suspended from, refused admission to, or conditionally included in a primary care list? yes/no

(o) Have you ever been removed, contingently removed or suspended from, refused admission to, or conditionally included in any AT? yes/no

Are you the subject of a national disqualification or a contract disqualification order? yes/no

(p) Have you been dismissed (otherwise than by reason of redundancy) from any employment by a health service body within the period of five years before the date the contract is to start or, if earlier, the date on which the contract is to be signed? yes/no

(q) If so, were you subsequently re-employed by that health service body or by another health service body or was that dismissal the subject of a finding of unfair dismissal by any competent tribunal or court? yes/no

(r) If so, were you employed as a member of a health care profession and, if so, was any subsequent employment also as a member of that profession? yes/no

(s) Have you been removed from, or refused admission to, a primary care list by reason of inefficiency, fraud or unsuitability (within the meaning of section 151(2), (3) and (4) of the National Health Service Act 2006) (disqualification of practitioners) respectively within the period of five years before the date the contract is to start or, if earlier, the date on which the contract is to be signed? yes/no

If so, has your name subsequently been re-included in such a list? yes/no

(t) Have you been adjudged bankrupt or had sequestration of your estate awarded unless (in either case) you have been discharged or the bankruptcy order has been annulled? yes/no

Section B – Declaration to support application for a contract to provide ophthalmic services as an individual or partnership

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| (u) Have you been made the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986? | yes/no |
| (v) If so, has that order ceased to have effect or has it been annulled? | yes/no |
| (w) Have you made a composition or arrangement with, or granted a trust deed for, your creditors? | yes/no |
| (x) If so, has it been discharged or have you been discharged in respect of it? | yes/no |
| (y) Have you had an administrator, administrative receiver or receiver appointed in respect of yourself? | yes/no |
| (z) Within the period of five years before the date the contract is to start or, if earlier, the date on which the contract is to be signed, have you been removed from the office of charity trustee or trustee for a charity by an order made by the charity commissioners or the high court on the grounds of any misconduct or mismanagement in the administration of the charity for which you were responsible or to which you were privy, or which you by your conduct contributed to or facilitated? | yes/no |
| (aa) Within the period of five years before the date the contract is to start or, if earlier, the date on which the contract is to be signed, have you been removed under section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990 (powers of the Court of Session to deal with management of charities), from being concerned in the management or control of any body? | yes/no |
| (bb) Within the period of five years before the date the contract is to start or, if earlier, the date on which the contract is to be signed, have you been removed under section 34(5) (e) of the Charities and Trustee Investment (Scotland) Act 2005 (powers of the Court of Session) from being concerned with the management or control of anybody? | yes/no |

Section B – Declaration to support application for a contract to provide ophthalmic services as an individual or partnership

(cc) Are you subject to a disqualification order under the Company Directors Disqualification Act 1986, the Companies (Northern Ireland) Order 1986 or to an order made under section 429(2) (b) of the Insolvency Act 1986 (failure to pay under county court administration order)? yes/no

If you have answered yes to any of the questions in the declaration please provide details, including approximate dates, of where any investigation or proceedings were or are to be brought, the nature of that investigation or proceedings, and any outcome, with an explanation as to why and details of the NHS CB or AT or equivalent body concerned.

Signed _____ Date _____

Primary care performers list

Are you included in the NHS CB primary care list yes/no

If yes please state whether this list is: *Ophthalmic/Medical/Dental/Pharmaceutical
(*Delete as appropriate)

Consent

I consent to the NHS CB or AT requesting from any licensing, regulatory or other body in the United Kingdom or elsewhere, information relating to a current investigation, or an investigation where the outcome was adverse. This consent relates to information relating to my individual registration and registration as a member of a body corporate.

Signed _____ Date _____

Name _____
(Block letters)

Position held _____
(Block letters)

Please return section B with the practice's application (section A) and all supporting documentation to:

Section B – Declaration to support application for a contract to provide ophthalmic services as an individual or partnership

Annex 5: Section A – Mandatory services: Application for a contract to provide ophthalmic services as a corporate body

Please indicate the area team in which you wish to provide mandatory services:

Company details

Full name of company _____

Trading name _____
(if different than above)

Practice address _____

Head office address _____

Registered address _____

(if different than above)

Remember to tell us if your address(es) changes

	Practice	Head office
Telephone number (incl area code)		
Fax number (incl area code)		
Email address (practice)		
Email address (head office)		

	Registration number	Registration date
VAT		
Company		
General Optical Council Please note: A business that is not using a protected title in its registered name, but uses one in its 'trading as' name, requires GOC corporate registration to trade		

Declaration

The declaration below is to be completed on behalf of the corporate body applying for a contract to provide ophthalmic services. This is in accordance with Schedule 3 of the General Ophthalmic Contract Regulations 2008 as amended. Please answer yes or no to the following questions:

(a) Have you any criminal convictions in the United Kingdom? yes/no

Section A – Mandatory services application for a contract to provide ophthalmic services as a corporate body

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| (b) Have you ever been bound over following a criminal conviction in the United Kingdom? | yes/no |
| (c) Have you ever accepted a police caution in the United Kingdom? | yes/no |
| (d) Have you ever accepted a conditional offer under section 302 of the Criminal Procedure (Scotland) Act 1995 (fixed penalty: conditional offer by procurator fiscal) or agreed to pay a penalty under section 115A of the Social Security Administration Act 1992 (penalty as alternative to prosecution)? | yes/no |
| (e) Have you, in proceedings in Scotland in respect of an offence, been the subject of an order under section 246(2) or (3) of the Criminal Procedure (Scotland) Act 1995 discharging you absolutely? | yes/no |
| (f) Have you been convicted elsewhere of an offence, or what would constitute a criminal offence if committed in England and Wales? | yes/no |
| (g) Are you currently the subject of any proceedings which might lead to such a conviction, which has not yet been notified to the NHS CB or AT? | yes/no |
| (h) Have you ever been the subject to any investigation into your professional conduct by any licensing, regulatory or other body, where the outcome was adverse? | yes/no |
| (i) Are you currently the subject to any investigation into your professional conduct by any licensing, regulatory or other body anywhere in the world? | yes/no |
| (j) Have you been subject to an investigation into professional or business conduct in respect of any current or previous employment or business where the outcome was adverse? | yes/no |
| (k) Are you the subject of any investigation into your professional conduct in respect of any current or previous employment? | yes/no |

Section A – Mandatory services application for a contract to provide ophthalmic services as a corporate body

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| (l) To your knowledge, are you the subject of any investigation by the NHS Business Services Authority in relation to fraud, or have you been notified of the outcome of such an investigation, where it is adverse? | yes/no |
| (m) Are you the subject of any investigation by another AT, which might lead to your removal from the primary care list or termination of any contract with that AT? | yes/no |
| (n) Have you ever been removed, contingently removed or suspended from, refused admission to, or conditionally included in a primary care list? | yes/no |
| (o) Have you ever been removed, contingently removed or suspended from, refused admission to, or conditionally included in any AT? | yes/no |
| (p) Are you the subject of a national disqualification or a contract disqualification order? | yes/no |
| (q) Have you been dismissed (otherwise than by reason of redundancy) from any employment by a health service body within the period of five years before the date the contract is to start or, if earlier, the date on which the contract is to be signed? | yes/no |
| (r) If so, were you subsequently re-employed by that health service body or by another health service body or was that dismissal the subject of a finding of unfair dismissal by any competent tribunal or court? | yes/no |
| (s) If so, were you employed as a member of a health care profession and, if so, was any subsequent employment also as a member of that profession? | yes/no |
| (t) Have you been removed from, or refused admission to, a primary care list by reason of inefficiency, fraud or unsuitability (within the meaning of section 151(2), (3) and (4) of the National Health Service Act 2006) (disqualification of practitioners) respectively within the period of five years before the date the contract is to start or, if earlier, the date on which the contract is to be signed? | yes/no |

Section A – Mandatory services application for a contract to provide ophthalmic services as a corporate body

- (u) If so, has your name subsequently been re-included in such a list? yes/no
- (v) Have you been adjudged bankrupt or had sequestration of your estate awarded unless (in either case) you have been discharged or the bankruptcy order has been annulled? yes/no
- (w) Have you been made the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986? yes/no
- (x) If so, has that order ceased to have effect or has it been annulled? yes/no
- (y) Have you made a composition or arrangement with, or granted a trust deed for, your creditors? yes/no
- (z) If so, has it been discharged or have you been discharged in respect of it? yes/no
- (aa) Have you had an administrator, administrative receiver or receiver appointed in respect of yourself? yes/no
- (bb) Within the period of five years before the date the contract is to start or, if earlier, the date on which the contract is to be signed, have you been removed from the office of charity trustee or trustee for a charity by an order made by the charity commissioners or the high court on the grounds of any misconduct or mismanagement in the administration of the charity for which you were responsible or to which you were privy, or which you by your conduct contributed to or facilitated? yes/no
- (cc) Within the period of five years before the date the contract is to start or, if earlier, the date on which the contract is to be signed, have you been removed under section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990 (powers of the Court of Session to deal with management of charities), from being concerned in the management or control of anybody? yes/no

Section A – Mandatory services application for a contract to provide ophthalmic services as a corporate body

(dd) Within the period of five years before the date the contract is to start or, if earlier, the date on which the contract is to be signed, have you been removed under section 34(5) (e) of the Charities and Trustee Investment (Scotland) Act 2005 (powers of the Court of Session) from being concerned with the management or control of anybody? yes/no

(ee) Are you subject to a disqualification order under the Company Directors Disqualification Act 1986, the Companies (Northern Ireland) Order 1986 or to an order made under section 429(2) (b) of the Insolvency Act 1986 (failure to pay under county court administration order)? yes/no

If you have answered yes to any of the questions in the declaration please provide details, including approximate dates, of where any investigation or proceedings were or are to be brought, the nature of that investigation or proceedings, and any outcome, with an explanation as to why and details of the NHS CB, AT or equivalent body concerned.

Signed _____ Date _____

Hours services provided

Please note these hours are the times you only provide GOS and not opening times

	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Section A – Mandatory services application for a contract to provide ophthalmic services as a corporate body

Opening times

Please complete if different from above

	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Owner(s)/director(s)/chief executive/company secretary

		Please tick which apply			
Name	Position	Reg'd optom	Reg'd OMP	Reg'd DO	GOC reg no

Name	Position	Lay person	

Professional staff (employed either directly or indirectly)

Performer(s)			
Full name	DOB	Qualifications	PCT reg no

Dispensing optician(s)			
Full name	DOB	Qualifications	GOC reg no

Clinical assistant(s)		
Full name	DOB	

Section A – Mandatory services application for a contract to provide ophthalmic services as a corporate body

Premises

Please give details on the following items:

Premises
<ul style="list-style-type: none">• Size of premises, in particular the rooms that will be available for sight testing.• Waiting areas available, in particular the seating arrangements that are available.• Please supply any other relevant information relating to the premises to support your application (continue on a separate sheet if required).

Equipment

- Please list relevant equipment in support of your application (continue on a separate sheet if necessary).

Premises continued...

Record-keeping	
<ul style="list-style-type: none">In what system will individual records be maintained? (please tick the appropriate box)	
<input type="checkbox"/> Manual	<input type="checkbox"/> Computerised
<input type="checkbox"/> Combination	
<ul style="list-style-type: none">Will the records be kept on or off the premises? If off, where will they be held and by whom?Please supply any other relevant information relating to record keeping to support your application (continue on a separate sheet if required).	

Please provide the name and position of the person responsible for practices and procedures relating to confidentiality

Date when you wish the contract to start	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Does the applicant have a contract with another AT?

yes/no

If yes, please provide details on a separate sheet.

Do you wish to be considered as a health service body for the purposes of this contract?

yes/no

Required documentation

Please enclose the following original documents with your application:

- Section B – Declaration to support application for a contract to provide ophthalmic services as a corporate body from each director, the chief executive and company secretary.
- Evidence of insurance against liability arising from negligent performance of clinical services under the contract.
- Evidence of public liability insurance relating to liabilities to third parties arising under or in connection with the contract that are not covered by the insurance referred to above.
- Bank credit authority form.

Section A – Mandatory services application for a contract to provide ophthalmic services as a corporate body

Declaration

I undertake to:

- notify the NHS CB or AT within seven days of any material changes to the information provided in the application until the application is finally determined;
- provide General Ophthalmic Services in the locality of NHS CB or AT; and
- inform the NHS CB or AT whenever changing any of the addresses named in the application for a contract to provide ophthalmic services.

I declare that:

- the foregoing particulars are correct and make application on behalf of _____ (Name of body corporate) as indicated in the application for a contract to provide ophthalmic services as a body corporate; and
- I have obtained satisfactory clinical references relating to the performers named within this application.
- I can confirm that I have read and understood the declaration and undertakings within the application for a contract to provide ophthalmic services as a body corporate.

Signed _____ Date _____

Name _____
(Block letters)

Position held _____
(Block letters)

Please return the application and supporting documentation to:

Annex 6: Section A – Additional services: Application for a contract to provide ophthalmic services as a corporate body

Please indicate the area team in which you wish to provide additional services:

Company details

Full name of company _____

Trading name _____
(if different than above)

Address for correspondence _____

Head office address _____

Registered address _____

(if different than above)

Remember to tell us if your address(es) changes

	Practice	Head office
Telephone number (incl area code)		
Fax number (incl area code)		
Email address (practice)		
Email address (head office)		

	Registration number	Registration date
VAT		
Company		
General Optical Council Please note A business that is not using a protected title in its registered name, but uses one in its 'trading as' name, requires GOC corporate registration to trade		

Declaration

The declaration below is to be completed on behalf of the corporate body applying for a contract to provide ophthalmic services. This is in accordance with Schedule 3 of the General Ophthalmic Contract Regulations 2008 as amended. Please answer yes or no to the following questions:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| (a) Have you any criminal convictions in the United Kingdom? | yes/no |
| (b) Have you ever been bound over following a criminal conviction in the United Kingdom? | yes/no |
| (c) Have you ever accepted a police caution in the United Kingdom? | yes/no |
| (d) Have you ever accepted a conditional offer under section 302 of the Criminal Procedure (Scotland) Act 1995 (fixed penalty: conditional offer by procurator fiscal) or agreed to pay a penalty under section 115A of the Social Security Administration Act 1992 (penalty as alternative to prosecution)? | yes/no |
| (e) Have you, in proceedings in Scotland in respect of an offence, been the subject of an order under section 246(2) or (3) of the Criminal Procedure (Scotland) Act 1995 discharging you absolutely? | yes/no |
| (f) Have you been convicted elsewhere of an offence, or what would constitute a criminal offence if committed in England and Wales? | yes/no |
| (g) Are you currently the subject of any proceedings which might lead to such a conviction, which has not yet been notified to the NHS CB or AT? | yes/no |
| (h) Have you ever been the subject to any investigation into your professional conduct by any licensing, regulatory or other body, where the outcome was adverse? | yes/no |
| (i) Are you currently the subject to any investigation into your professional conduct by any licensing, regulatory or other body anywhere in the world? | yes/no |

Section A – Additional services application for a contract to provide ophthalmic services as a corporate body

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| (j) Have you been subject to an investigation into professional or business conduct in respect of any current or previous employment or business where the outcome was adverse? | yes/no |
| (k) Are you the subject of any investigation into your professional conduct in respect of any current or previous employment? | yes/no |
| (l) To your knowledge, are you the subject of any investigation by the NHS Business Services Authority in relation to fraud, or have you been notified of the outcome of such an investigation, where it is adverse? | yes/no |
| (m) Are you the subject of any investigation by another AT, which might lead to your removal from the primary care list or termination of any contract with that AT? | yes/no |
| (n) Have you ever been removed, contingently removed or suspended from, refused admission to, or conditionally included in a primary care list? | yes/no |
| (o) Have you ever been removed, contingently removed or suspended from, refused admission to, or conditionally included in any AT? | yes/no |
| (p) Are you the subject of a national disqualification or a contract disqualification order? | yes/no |
| (q) Have you been dismissed (otherwise than by reason of redundancy) from any employment by a health service body within the period of five years before the date the contract is to start or, if earlier, the date on which the contract is to be signed? | yes/no |
| (r) If so, were you subsequently re-employed by that health service body or by another health service body or was that dismissal the subject of a finding of unfair dismissal by any competent tribunal or court? | yes/no |
| (s) If so, were you employed as a member of a healthcare profession and, if so, was any subsequent employment also as a member of that profession? | yes/no |

Section A – Additional services application for a contract to provide ophthalmic services as a corporate body

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| (t) Have you been removed from, or refused admission to, a primary care list by reason of inefficiency, fraud or unsuitability (within the meaning of section 151(2), (3) and (4) of the National Health Service Act 2006) (disqualification of practitioners) respectively within the period of five years before the date the contract is to start or, if earlier, the date on which the contract is to be signed? | yes/no |
| (u) If so, has your name subsequently been re-included in such a list? | yes/no |
| (v) Have you been adjudged bankrupt or had sequestration of your estate awarded unless (in either case) you have been discharged or the bankruptcy order has been annulled? | yes/no |
| (w) Have you been made the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986? | yes/no |
| (x) If so, has that order ceased to have effect or has it been annulled? | yes/no |
| (y) Have you made a composition or arrangement with, or granted a trust deed for, your creditors? | yes/no |
| (z) If so, has it been discharged or have you been discharged in respect of it? | yes/no |
| (aa) Have you had an administrator, administrative receiver or receiver appointed in respect of yourself? | yes/no |
| (bb) Within the period of five years before the date the contract is to start or, if earlier, the date on which the contract is to be signed, have you been removed from the office of charity trustee or trustee for a charity by an order made by the Charity Commissioners or the High Court on the grounds of any misconduct or mismanagement in the administration of the charity for which you were responsible or to which you were privy, or which you by your conduct contributed to or facilitated? | yes/no |

Section A – Additional services application for a contract to provide ophthalmic services as a corporate body

- (cc) Within the period of five years before the date the contract is to start or, if earlier, the date on which the contract is to be signed, have you been removed under section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990 (powers of the Court of Session to deal with management of charities), from being concerned in the management or control of anybody? yes/no
- (dd) Within the period of five years before the date the contract is to start or, if earlier, the date on which the contract is to be signed, have you been removed under section 34(5) (e) of the Charities and Trustee Investment (Scotland) Act 2005 (powers of the Court of Session) from being concerned with the management or control of anybody? yes/no
- (ee) Are you subject to a disqualification order under the Company Directors Disqualification Act 1986, the Companies (Northern Ireland) Order 1986 or to an order made under section 429(2) (b) of the Insolvency Act 1986 (failure to pay under county court administration order)? yes/no

If you have answered yes to any of the questions in the declaration please provide details, including approximate dates, of where any investigation or proceedings were or are to be brought, the nature of that investigation or proceedings, and any outcome, with an explanation as to why and details of the NHS CB, AT or equivalent body concerned.

Signed _____ Date _____

Owner(s) /director(s)/chief executive/company secretary

		Please tick which apply			
Full name	Position	Reg'd optom	Reg'd OMP	Reg'd DO	GOC reg no

Full name	Position	Lay person	

Professional staff (employed either directly or indirectly)

Performer(s)			
Full name	DOB	Qualifications	PCT reg no

Dispensing optician(s)			
Full name	DOB	Qualifications	GOC reg no

Clinical assistant(s)		
Full name	DOB	

Equipment/record-keeping

Please give details on the following items:

Equipment for domiciliary provision
<ul style="list-style-type: none">• Please list relevant equipment in support of your application (continue on a separate sheet if necessary).

Record-keeping
<ul style="list-style-type: none">• In what system will individual records be maintained? (please tick the appropriate box) <div><input type="checkbox"/> Manual <input type="checkbox"/> Computerised <input type="checkbox"/> Combination</div>• Will the records be kept on or off the premises? If off, where will they be held and by whom?• Please supply any other relevant information relating to record keeping to support your application (continue on a separate sheet if required).

Equipment/record-keeping continued...

Please provide the name and position of the person responsible for practices and procedures relating to confidentiality

This image shows a completely blank white page. It is surrounded by a thin black rectangular frame, which appears to be the edge of a scanner or a frame. There are no markings, text, or illustrations on the page itself.

Date when you wish the contract to start

D	D	M	M	Y	Y
---	---	---	---	---	---

Does the applicant have a contract with another AT?

yes/no

If yes, please provide details on a separate sheet.

Do you wish to be considered as a health service body for the purposes of this contract?

yes/no

Section A – Additional services application for a contract to provide ophthalmic services as a corporate body

Required documentation

Please enclose the following original documents with your application:

- Section B – Declaration to support application for a contract to provide ophthalmic services as a corporate body from each director, the chief executive and company secretary.
- Evidence of insurance against liability arising from negligent performance of clinical services under the contract.
- Evidence of public liability insurance relating to liabilities to third parties arising under or in connection with the contract, which are not covered by the insurance referred to above.
- Bank credit authority form.

Section A – Additional services application for a contract to provide ophthalmic services as a corporate body

Declaration

I undertake to:

- notify the NHS CB or AT within seven days of any material changes to the information provided in the application until the application is finally determined;
- provide General Ophthalmic Services in the locality of the NHS CB or AT; and
- inform the NHS CB or AT whenever changing any of the addresses named in the application for a contract to provide ophthalmic services.

I declare that:

- the foregoing particulars are correct and make application on behalf of _____ (name of body corporate) as indicated in the application for a contract to provide ophthalmic services as a body corporate; and
- I have obtained satisfactory clinical references relating to the performers named within this application.

I can confirm that I have read and understood the declaration and undertakings within the application for a contract to provide ophthalmic services as a body corporate.

Signed _____ Date _____

Name _____
(Block letters)

Position held _____
(Block letters)

Please return the application and supporting documentation to:

Annex 7: Section B – Declaration to support application for a contract to provide ophthalmic services as a corporate body

Section B is to be completed by each of the directors, the chief executive and the company secretary of the corporate body applying for a contract to provide ophthalmic services.

Personal details

Surname _____ (Dr/Mr/Mrs/Miss/Ms)

Forename(s) _____

Private address _____

Postcode _____

Remember to tell us if your address changes

Private telephone number	Business number	Mobile number

Preferred contact number
(*please delete as appropriate)

*Private	*Business	*Mobile	*Other _____ (if other please specify)
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Section B – Declaration to support application for a contract to provide ophthalmic services as a corporate body

Gender ☐ Male ☐ Female

Date of birth _____

Languages spoken (other than English) _____

Professional experience

Please provide an up-to-date curriculum vitae detailing your professional experience. This must include the start and end dates of each appointment together with an explanation of any gaps between appointments. If you have been dismissed from any post, you should provide an explanation.

Qualifications

For completion by optometrist

GOC number	Date of first registration

For completion by ophthalmic medical practitioner

GOC number	Date of full registration
GOC number	Date of registration

For completion by other healthcare professionals

Professional registration number	Date of first registration	Licensing body

Qualifications	Where obtained	Date obtained

Required documentation

Please enclose the following document with your application:

- An up-to-date curriculum vitae, which must include the start and end dates of each appointment together with an explanation for any gaps in service.

**These documents are requested at the discretion of the NHS Commissioning Board or area team and should be exercised on a case by case basis.*

Section B – Declaration to support application for a contract to provide ophthalmic services as a corporate body

Declaration

The declaration below is to be completed by each of the directors, the chief executive and the company secretary of the corporate body applying for a contract to provide ophthalmic services. Please answer yes or no to the following questions:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| (a) Have you any criminal convictions in the United Kingdom? | yes/no |
| (b) Have you ever been bound over following a criminal conviction in the United Kingdom? | yes/no |
| (c) Have you ever accepted a police caution in the United Kingdom? | yes/no |
| (d) Have you ever accepted a conditional offer under section 302 of the Criminal Procedure (Scotland) Act 1995 (fixed penalty: conditional offer by procurator fiscal) or agreed to pay a penalty under section 115A of the Social Security Administration Act 1992 (penalty as alternative to prosecution)? | yes/no |
| (e) Have you, in proceedings in Scotland in respect of an offence, been the subject of an order under section 246(2) or (3) of the Criminal Procedure (Scotland) Act 1995 discharging you absolutely? | yes/no |
| (f) Have you been convicted elsewhere of an offence, or what would constitute a criminal offence if committed in England and Wales? | yes/no |
| (g) Are you currently the subject of any proceedings which might lead to such a conviction, which has not yet been notified to the NHS CB or AT? | yes/no |
| (h) Have you ever been the subject to any investigation into your professional conduct by any licensing, regulatory or other body, where the outcome was adverse? | yes/no |
| (i) Are you currently the subject to any investigation into your professional conduct by any licensing, regulatory or other body anywhere in the world? | yes/no |
| (j) Have you been subject to an investigation into professional or business conduct in respect of any current or previous employment or business where the outcome was adverse? | yes/no |

Section B – Declaration to support application for a contract to provide ophthalmic services as a corporate body

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| (k) Are you the subject of any investigation into your professional conduct in respect of any current or previous employment? | yes/no |
| (l) To your knowledge, are you the subject of any investigation by the NHS Business Services Authority in relation to fraud, or have you been notified of the outcome of such an investigation, where it was adverse? | yes/no |
| (m) Are you the subject of any investigation by another AT, which might lead to your removal from the primary care list or termination of any contract with that AT? | yes/no |
| (n) Have you ever been removed, contingently removed or suspended from, refused admission to, or conditionally included in a primary care list? | yes/no |
| (o) Have you ever been removed, contingently removed or suspended from, refused admission to, or conditionally included in any AT? | yes/no |
| (p) Are you the subject of a national disqualification or a contract disqualification order? | yes/no |
| (q) Have you been dismissed (otherwise than by reason of redundancy) from any employment by a health service body within the period of five years before the date the contract is to start or, if earlier, the date on which the contract is to be signed? | yes/no |
| (r) If so, were you subsequently re-employed by that health service body or by another health service body or was that dismissal the subject of a finding of unfair dismissal by any competent tribunal or court? | yes/no |
| (s) If so, were you employed as a member of a health care profession and, if so, was any subsequent employment also as a member of that profession? | yes/no |
| (t) Have you been removed from, or refused admission to, a primary care list by reason of inefficiency, fraud or unsuitability (within the meaning of section 151(2), (3) and (4) of the National Health Service Act 2006) (disqualification of practitioners) respectively within the period of five years before the date the contract is to be commenced or, if earlier, the date on which the contract is to be signed? | yes/no |

Section B – Declaration to support application for a contract to provide ophthalmic services as a corporate body

- (u) If so, has your name subsequently been re-included in such a list? yes/no
- (v) Have you been adjudged bankrupt or had sequestration of your estate awarded unless (in either case) you have been discharged or the bankruptcy order has been annulled? yes/no
- (w) Have you been made the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986? yes/no
- (x) If so, has that order ceased to have effect or has it been annulled? yes/no
- (y) Have you made a composition or arrangement with, or granted a trust deed for, your creditors? yes/no
- (z) If so, has it been discharged or have you been discharged in respect of it? yes/no
- (aa) Have you had an administrator, administrative receiver or receiver appointed in respect of yourself? yes/no
- (bb) Within the period of five years before the date the contract is to start or, if earlier, the date on which the contract is to be signed, have you been removed from the office of charity trustee or trustee for a charity by an order made by the Charity Commissioners or the High Court on the grounds of any misconduct or mismanagement in the administration of the charity for which you were responsible or to which you were privy, or which you by your conduct contributed to or facilitated? yes/no
- (cc) Within the period of five years before the date the contract is to start or, if earlier, the date on which the contract is to be signed, have you been removed under section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990 (powers of the Court of Session to deal with management of charities), from being concerned in the management or control of anybody? yes/no
- (dd) Within the period of five years before the date the contract is to start or, if earlier, the date on which the contract is to be signed, have you been removed under section 34(5) (e) of the Charities and Trustee Investment (Scotland) Act 2005 (powers of the Court of Session) from being concerned with the management or control of anybody? yes/no

Section B – Declaration to support application for a contract to provide ophthalmic services as a corporate body

(ee) Are you subject to a disqualification order under the Company Directors Disqualification Act 1986, the Companies (Northern Ireland) Order 1986 or to an order made under section 429(2) (b) of the Insolvency Act 1986 (failure to pay under county court administration order)? yes/no

If you have answered Yes to any of the questions in the declaration please provide details, including approximate dates, of where any investigation or proceedings were or are to be brought, the nature of that investigation or proceedings, and any outcome, with an explanation as to why and details of the NHS CB or AT or equivalent body concerned.

Signed _____ Date _____

Primary care performers list

Are you included in the NHS CB primary care list? yes/no

If yes please state whether this list is: Ophthalmic/Medical/Dental /Pharmaceutical
(Delete as appropriate)

Consent

I consent to the NHS CB or AT requesting from any licensing, regulatory or other body in the United Kingdom or elsewhere, information relating to a current investigation, or an investigation where the outcome was adverse. This consent relates to information relating to my individual registration and registration as a member of a body corporate.

Signed _____ Date _____

Name _____

(Block letters)

Position held _____

(Block letters)

Please return section B with the practice's application (section A) and all supporting documentation to:

Section B – Declaration to support application for a contract to provide ophthalmic services as a corporate body

Annex 8: Schedule 3 of the General Ophthalmic Services Contracts Regulations 2008

- (1) Subject to paragraph 9, any applicant for a contract shall complete and send to the NHS Commissioning Board (NHS CB) or area team (AT) an application in accordance with the following provisions of this schedule, in such form as the NHS CB or AT may require.
- (2) That application form shall include:
 - a. where the applicant is an individual, the information required in paragraphs 3 to 5 and 7 and 8;
 - b. where the applicant is a partnership, the information required in paragraph 7 and, in relation to each partner, the information required in paragraphs 3 to 5 and 8; and
 - c. where the applicant is a corporate body:
 - i. the information required in paragraphs 5 to 8, and
 - ii. in relation to any director, chief executive or secretary of that corporate body, the information required in paragraphs 3 to 5 and 8.
- (3) His/her sex, date of birth and private address.
- (4) Where it is applicable in relation to him/her:
 - a. his/her qualifications and where they were obtained;
 - b. if he/she is a healthcare professional, which profession, the licensing body which regulates it, his/her professional registration number and date of first registration in which the register maintained by that licensing body; and
 - c. if he/she is included in a primary care list, which list and the name and address of that NHS CB/AT.
- (5) Information on whether it:
 - a. has any criminal convictions in the United Kingdom;
 - b. has been bound over following a criminal conviction in the UK;
 - c. has accepted a police caution in the UK;
 - d. has accepted a conditional offer under section 302 of the Criminal Procedure (Scotland) Act 1995 (fixed penalty: conditional offer by procurator fiscal) or agreed to pay a penalty under section 115A of the Social Security Administration Act 1992 (penalty as alternative to prosecution);

- e. has, in summary proceedings in Scotland in respect of an offence, been the subject of an order discharging him absolutely (without proceeding to conviction);
- f. has been convicted elsewhere of an offence, or what would constitute a criminal offence if committed in England and Wales;
- g. is currently the subject of any proceedings which might lead to such a conviction, which have not yet been notified to the NHS CB or AT;
- h. has been subject to any investigation into his professional conduct by any licensing, regulatory or other body anywhere in the world, where the outcome was adverse;
- i. is currently subject to any investigation into his professional conduct by any licensing, regulatory or other body anywhere in the world;
- j. has been subject to an investigation into his professional or business conduct in respect of any current or previous employment or business where the outcome was adverse;
- k. is currently subject to an investigation into his professional conduct in respect of any current or previous employment;
- l. to its knowledge is the subject of any investigation by the NHS Business Services Authority in relation to fraud, or has been notified of the outcome of such an investigation, where it is adverse;
- m. is the subject of any investigation by another NHS CB or AT, which might lead to his removal from any primary care list or the termination of any contract with that NHS CB / AT;
- n. has been removed, contingently removed or suspended from, refused admission to or conditionally included in any primary care list;

and if so, give details, including approximate dates, of where the investigation or proceedings were or are to be brought, the nature of that investigation or proceedings, and any outcome, with an explanation as to why and details of the NHS CB / AT; or equivalent body concerned.

(6) Details of its registration as a company, the address of its registered office, and, if different, its principal place of business, with in either case, the relevant telephone number.

(7) details of:

- a. the premises, equipment and record keeping arrangements; and
- b. the staff

it has or will have available by the date the contract is to be commenced, to provide or relating to the services under the proposed contract;

(8) any other information the NHS CB or AT; may reasonably require.

(9) In the case of an applicant who, at the time of its application was included in the ophthalmic list of the NHS CB or AT; that applicant need only notify the NHS CB or AT;

that it wishes to enter into a contract and supply such of the information specified in this schedule as:

- a. it has not already provided to the NSH CB or AT; or
- b. has changed since it provided it.

Annex 9: Progress sheet – Application for a contract to provide ophthalmic services as an individual or partnership

Practice title (trading name) _____

Practice address _____

(or in the case of a mobile practice address for correspondence)

New NHS CB or AT list no

C	/	0	0	0	3	/	A	T	
---	---	---	---	---	---	---	---	---	--

(above is a suggested example of a NHS CB or AT list number for a contractor as there is no requirement in the regulations to have a specific number)

1. Application form received _____(date)

All of the following original documentation is required to support the application:

- Section A – Application for a contract to provide ophthalmic services. yes/no
- Section B – Declaration to support application for a contract to provide ophthalmic services from the individual or each partner. yes/no
- Evidence of insurance against liability arising from negligent performance of clinical services under the contract. yes/no
- Evidence of public liability insurance relating to liabilities to third parties arising under or in connection with the contract that are not covered by the insurance referred to above. yes/no

**These documents are requested at the discretion of the NHS Commissioning Board or area team.*

Progress sheet – Application for a contract to provide ophthalmic services as an individual or partnership

The following original documents may be required to support the application:

- *Up-to-date curriculum vitae from the individual or each partner yes/no
- *CRB disclosure application form (accompanied by three original forms of ID) yes/no
- *CRB disclosure certificate (issued in past 12 months) yes/no

Original documentation returned to applicant by recorded delivery

_____ (initials) _____ (date)

2. Start a file for the filing drawer yes/no

3. Check the information provided within section B:

- Has the individual/partner(s) completed section B fully? yes/no
- *Does the individual/partner(s) have a break in service? yes/no
(If yes, write to the applicant asking them to provide details of their break in service)
done

4. Check the qualified individual/partner(s) registration on the GOC, GMC or other healthcare organisation website yes/no

5. Print the record(s) from the relevant website as confirmation of check yes/no

6. Check NHS CB ophthalmic data list _____(initials) _____(date)

7. Send an email to CFSMS (print email as confirmation of check) yes/no

8. Send an email to NHS Litigation Authority if appropriate (print e-mail as confirmation of check) yes/no

9. Send an email to GOC if appropriate (print email as confirmation of check) yes/no

10. Does the contractor have practice in another AT/LHB area? yes/no
(If yes, which AT/LHBs contacted – see sample letter; print letter(s) as confirmation)

11. Write to practice to acknowledge receipt of application yes/no

**These documents are requested at the discretion of the NHS Commissioning Board or area team.*

Progress sheet – Application for a contract to provide ophthalmic services as an individual or partnership

Await reply from other AT/ LHB reference

12. Send the full application to the optometric adviser for decision yes/no

Await reply from optometric adviser

13. Is the application:	<div style="background-color: #003366; color: white; padding: 2px 5px; display: inline-block;">Approved</div>	<input type="checkbox"/>	<div style="background-color: #003366; color: white; padding: 2px 5px; display: inline-block;">Not approved</div>	<input type="checkbox"/>
-------------------------	----------------------------------------------------------------------------------------------------------------------	--------------------------	--------------------------------------------------------------------------------------------------------------------------	--------------------------

14. Send contract to contractor (see sample letter)	<input type="checkbox"/>	15. Write to contractor detailing why application is not approved	<input type="checkbox"/>
--------------------------------------------------------	--------------------------	-------------------------------------------------------------------------	--------------------------

16. Receive signed contract from contractor _____ (date)

17. Check contract completed properly ☐

18. Allocate contractor with NHS CB or AT number ☐

19. Update appropriate databases:

- In-house NHS CB or AT database ☐

- Open Exeter database ☐

20. Write inclusion letter to contractor
(see sample letter) ☐

21. Distribute inclusion minute
(see sample minute) ☐

**These documents are requested at the discretion of the NHS Commissioning Board or area team.*

Progress sheet – Application for a contract to provide ophthalmic services as an individual or partnership

Annex 10: Progress sheet – Application for a contract to provide ophthalmic services as a corporate body

Full company name _____

Trading name (if different than above) _____

Practice address _____

(or in the case of a mobile practice address for correspondence)

New NHS CB or AT
account no.

C	/	0	0	0	2	/	A	T	
---	---	---	---	---	---	---	---	---	--

1. Application received _____ (date)

All of the following original documentation is required to support the application:

- Section A – Application for a contract to provide ophthalmic services as a corporate body (CB) yes/no
- Section B – Declaration to support application for a contract to provide ophthalmic Services as a CB from each director, the chief executive (CE) and company secretary (CS) yes/no
- Evidence of insurance against liability arising from negligent performance of clinical services under the contract yes/no
- Evidence of public liability insurance relating to liabilities to third parties arising under or in connection with the contract which are not covered by the insurance referred to above. yes/no
- Bank credit authority for the practice. yes/no

The following original documents may be required to support the application:

- *Up-to-date curriculum vitae from each director, the CE and CS yes/no
- 2. Start a file for the filing drawer yes/no
- 3. Check the information provided within section B:
 - Have the directors, CE and CS completed the section B fully? yes/no
 - *Do the directors, CE and CS have a break in service? yes/no
(If yes, write to the applicant asking them to provide details of their break in service)
done
- 4. Check the qualified directors, CE and CS registration on the GOC, GMC or other healthcare organisation website yes/no
- 5. Print the record(s) from the relevant website(s) as confirmation of check yes/no
- 6. Check NHS CB or AT ophthalmic data list _____ (initials) _____ (date)
- 7. Send an email to CFSMS (print email as confirmation of check) yes/no
- 8. Send an email to NHS Litigation Authority if appropriate (print email as confirmation of check) yes/no
- 9. Send an email to GOC if appropriate (print email as confirmation of check) yes/no
- 10. Does the contractor have another practice in another AT/LHB area? yes/no
(If yes, which AT/LHBs contacted – print letter(s) as confirmation) (see sample letter)
- 11. Write to practice to acknowledge receipt of application yes/no

Await reply from other AT/LHB reference

12. Send the full application to the optometric adviser for decision yes/no

Await reply from optometric adviser

13. Is the application: **Approved** ☐ **Not approved** ☐

14. Send contract to contractor (see sample letter) ☐

15. Write to contractor detailing why application is not approved ☐

16. Receive signed contract from contractor _____ (date)

17. Check contract completed properly ☐

18. Allocate contractor with NHS CB or AT number ☐

19. Update appropriate databases:

• In-house NHS CB or AT Database ☐

• Open Exeter database ☐

20. Write inclusion letter to contractor (see sample letter) ☐

21. Distribute inclusion minute (see sample minute) ☐

Annex 11: Practice visit protocol

Please refer to annex 2 of the contract assurance of General Ophthalmic Services contracts policy and procedure.

Annex 12: List of ineligible applicants

(3) A person falls within this paragraph if:

- (a) it is the subject of a national disqualification or a contract disqualification order;
- (b) subject to paragraph (4), it is disqualified or suspended (other than by an interim suspension order or direction pending an investigation) from practising by any licensing body anywhere in the world;
- (c) within the period of five years before the date the contract is to start or, if earlier, the date on which the contract is to be signed, he or she has been dismissed (otherwise than by reason of redundancy) from any employment by a health service body, unless he or she has subsequently been employed by that health service body or another health service body and paragraph (5) applies to him or her or that dismissal was the subject of a finding of unfair dismissal by any competent tribunal or court;
- (d) within the period of five years before the date the contract is to be commenced or, if earlier, the date on which the contract is to be signed, it has been removed from, or refused admission to, a primary care list by reason of inefficiency, fraud or unsuitability (within the meaning of section 151(2), (3) and (4)) (disqualification of practitioners) respectively, unless its name has subsequently been included in such a list;
- (e) he or she has been convicted in the United Kingdom of:
 - i. murder; or
 - ii. a criminal offence other than murder, committed on or after 14 December 2001, and has been sentenced to a term of imprisonment of over six months;
- (f) it has been convicted of a criminal offence, not falling within subparagraphs (e) or (g), and, in the opinion of the NHS CB or AT, is not a person with whom it ought to contract;
- (g) subject to paragraph (6), he/she has been convicted outside the United Kingdom of an offence which would, if committed in England and Wales constitute:
 - i. murder; or
 - ii. a criminal offence other than murder, and been sentenced to a term of imprisonment of over six months.
- (h) he/she has been convicted of an offence committed on or after 1 April 2006, referred to in Schedule 1 to the Children and Young Persons Act 1933(17) (offences against children and young persons with respect to which special provisions apply) or Schedule 1 to the

Criminal Procedure (Scotland) Act 1995(18) (offences against children under the age of 17 years to which special provisions apply);

(i) it as:

- i. been adjudged bankrupt or had sequestration of his/her estate awarded unless (in either case) he/she has been discharged or the bankruptcy order has been annulled;
- ii. been made the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986(19) unless that order has ceased to have effect or has been annulled; or
- iii. made a composition or arrangement with, or granted a trust deed for, its creditors unless he, she or it has been discharged in respect of it;

(j) an administrator, administrative receiver or receiver is appointed in respect of it;

(k) Discretionary not mandatory see GOS Contract Regulations 2008

(l) Discretionary not mandatory see GOS Contract Regulations 2008

(m) he/she has within the period of five years before the date the contract is to start or, if earlier, the date on which the contract is to be signed:

- i. been removed from the office of charity trustee or trustee for a charity by an order made by the charity commissioners or the high court on the grounds of any misconduct or mismanagement in the administration of the charity for which he/she was responsible or to which he/she was privy, or which he/she by his/her conduct contributed to or facilitated; or
- ii. been removed under:
 - (aa) section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990(20) (powers of the Court of Session to deal with management of charities), or
 - (bb) section 34(5) (e) of the Charities and Trustee Investment (Scotland) Act 2005(20a) (powers of the Court of Session),from being concerned with the management or control of any body; or

(n) he/she is subject to a disqualification order under the Company Directors Disqualification Act 1986(21), the Companies (Northern Ireland) Order 1986(22) or to an order made under section 429(2) (b) of the Insolvency Act 1986 (failure to pay under county court administration order) (23).

(4) A person does not fall within paragraph (3)(b) where the NHS CB or AT is satisfied that the disqualification or suspension from practising is imposed by a licensing body outside the United Kingdom and that disqualification or suspension does not make the person unsuitable to be, as the case may be:

a) a contractor; or

b) a director, chief executive or secretary of a corporation entering into a contract.

(5) The condition referred to in paragraph (3) (c) is that, where a person has been employed as a member of a healthcare profession, any subsequent employment must also be as a member of that profession.

(6) A person does not fall within paragraph (3) (g) where the NHS CB or AT is satisfied that the conviction does not make the person unsuitable to be, as the case may be:

a) a contractor; or a director, chief executive or secretary of a corporate body entering into a contract.

Annex 13: GOS contract information sheet

GOS contract –This shows the additions to the standard contract that the NHS Commissioning Board or area team are required to make.

Mandatory services contract		
Section	Changes: section no	Detail of change/notes
Before part 1	Header	NHS CB or AT to add name of practice to header information – This should not include trading as names
Before part 1	P4 top	This contract is made on the <i>[date]</i> This date should be before the start date
Part 1: Definitions and interpretations		No change
Part 2: Relationship between the parties		No change
Part 3: NHS contract	Clause 14	The contractor has [not] elected to be regarded as a health service body for the purposes of section 9 of the act. Accordingly, this contract is [not] an NHS contract. NHS CB or AT to find out from contractors if want to be a health service body or not. NHS CB or AT to amend contract as necessary when receive answer from contractor.
Part 4: Provisions as to time	Clause 15	This contract shall start on <i>[date]</i> . NHS CB or AT to include date 1 August 2008 or new start date if post 1 August 2008.
	Clause 16	[Except in the circumstances specified in clause 17] the contract shall subsist until it is terminated in accordance with the terms of this contract or the general law.

Mandatory services contract		
Section	Changes: section no	Detail of change/notes
		NHS CB or at to remove words in brackets. Unless clause 17 applies in which case remove the brackets
	Clause 17	Unless it really is a temporary contract (exceptional) delete entire wording and substitute 'reserved'.
	Clause 18	Unless it really is a temporary contract (exceptional) delete entire wording and substitute 'reserved'.
Part 5: Warranties		No change
Part 6: Level of skill		No change
Part 7: Provision of services	Clause 24	The address of each of the premises to be used by the contractor for the provision of services under the contract is as follows: []. NHS CB or AT to insert premises address as applicable when receive answer from contractor.
Part 8: Mandatory services	Clause 29	This contract is to provide <i>the mandatory services</i> of primary ophthalmic services. The contractor must provide the services described in clauses 30 to 34 at the practice premises [<i>hours and address of premises</i>]. NHS CB or AT to insert hours that GOS services are provided for each of the contract premises. Note this is GOS provision not store opening hours
Part 9: Patients		No change
Part 10: Persons who perform services		No change
Part 11: Records, information, notification, rights of entry and signatures	Clause 67 clause 68	If the contractor is not a corporate body delete entire wording and substitute 'reserved'.

Mandatory services contract		
Section	Changes: section no	Detail of change/notes
	Clause 69 clause 70	If the contractor is not a partnership delete entire wording and substitute 'reserved'.
Part 12: Payment under the contract		No change
Part 13: Fees and charges		No change
Part 14: Insurance		No change
Part 15: Gifts		No change
Part 16: Compliance with legislation and guidance		No change
Part 17: Complaints	Clause 115	The contractor shall inform the NHS CB or AT, at such intervals as shall be agreed/ [as may be specified here], of the number of complaints it has received under the procedure established in accordance with this part of the contract. NHS CB or AT to remove words in brackets and add annually. Now overtaken by the terms of the November 2010 model variation, which refers to the local authority social services and NHS complaints and so on. Regs 2009. Annual returns of complaints are now prescribed with no local discretion.
Part 18: Dispute resolution	Clauses 118 & 119	If the contract is an NHS health body status delete entire wording and substitute 'reserved'
	Clause 120	If the contract is an NHS health body status delete the words in brackets [clause 118 above]. If the contractor does not hold NHS body status delete the words in brackets [section 9(6) of the act].
Part 19: Variation and	Clauses 127	If the contract is not with an individual delete entire wording and substitute

Mandatory services contract		
Section	Changes: section no	Detail of change/notes
termination of the contract	to 132	'reserved'.
	Clauses 133 to 139	If the contract is not with a partnership delete entire wording and substitute 'reserved'.
	Clauses 141 to 143	If the contract is not with an individual delete entire wording and substitute 'reserved'.
	Clause 151	If the contract is not with an individual ophthalmic practitioner delete entire wording and substitute 'reserved'.
	Clauses 171 & 172	If the contractor is not two or more individuals practising in partnership delete entire wording and substitute 'reserved'.
Part 20: Non-survival of terms		No change
Schedules		
Schedule 1: Contractor's details (individual)		NHS CB or AT to complete where individual contractor: part 1 – NHS CB or AT name and so on. Part 2 – individual contractor name, address, tel no, fax and email if any.
Schedule 1: Contractor's details (partnership)		NHS CB or AT to complete for partnerships: part 1 – NHS CB or AT name and so on. Part 2 –partnership name and business address, tel no, fax and email if any.
Schedule 1: Contractor's details (corporate body)		NHS CB or AT to complete for corporate bodies: part 1 – NHS CB or AT name and so on. Part 2 – corporate body name and registered office, address for official correspondence, tel no, fax and email if any.
Schedule 2: Signatures of the parties		NHS CB or AT to highlight in letter that contractor needs to sign contract on this page.

Additional services contract (for domiciliary visits)		
Section	Changes: section no	Detail of change/notes
Before part 1	Header	NHS CB or AT to add name of practice to header information this should not include trading as names
Before part 1	P4 top	This contract is made on the [date] This date should be before the start date
Part 1: Definitions and interpretations		No change
Part 2: Relationship between the parties		No change
Part 3: NHS contract	Clause 14	The contractor has [not] elected to be regarded as a health service body for the purposes of section 9 of the act. Accordingly, this contract is [not] an NHS contract. NHS CB or AT to find out from contractors if want to be a health service body or not. NHS CB or AT to amend contract as necessary when receive answer from contractor.
Part 4: Provisions as to time	Clause 15	This contract shall start on [date]. NHS CB or AT to include date 1 August 2008 or new start date if post 1 August 2008
	Clause 16	[Except in the circumstances specified in clause 17] the contract shall subsist until it is terminated in accordance with the terms of this contract or the general law. NHS CB or AT to remove words in brackets. Unless clause 17 applies in which case remove the brackets
	Clause 17	Unless it really is a temporary contract (exceptional) delete entire wording and substitute 'reserved'
	Clause 18	Unless it really is a temporary contract (exceptional) delete entire wording and

Additional services contract (for domiciliary visits)		
Section	Changes: section no	Detail of change/notes
		substitute 'reserved'.
Part 5: Warranties		No change
Part 6: Level of skill		No change
Part 7: Provision of services		No change
Part 8: Additional services		No change
Part 9: Patients		No change
Part 10: Persons who perform services		No change
Part 11: Records, information, notification, rights of entry and signatures	Clause 67 clause 68	If the contractor is not a corporate body delete entire wording and substitute 'reserved'.
	Clause 69 clause 70	If the contractor is not a partnership delete entire wording and substitute 'reserved'.
Part 12: Payment under the contract		No change
Part13: Fees and charges		No change
Part 14: Insurance		No change
Part 15: Gifts		No change
Part 16: Compliance with legislation and guidance		No change
Part 17: Complaints	Clause 115	The contractor shall inform the NHS CB or AT, at such intervals as shall be agreed/ [as may be specified here], of the number of complaints it has received under the procedure established in accordance with this part of the contract. NHS CB or AT to remove words in brackets.

Additional services contract (for domiciliary visits)		
Section	Changes: section no	Detail of change/notes
		Now overtaken by the terms of the November 2010 model variation, which refers to the local authority social services and NHS complaints etc. Regs 2009. Annual returns of complaints are now prescribed with no local discretion.
Part 18: Dispute resolution	Clauses 118 and 119	If the contract is an NHS health body status delete entire wording and substitute "reserved".
	Clause 120	If the contract is an NHS health body status delete the words in brackets [clause 118 above]. If the contractor does not hold NHS body status delete the words in brackets [section 9(6) of the act].
Part 19: variation and termination of the contract	Clauses 127 to 132	If the contract is not with an individual delete entire wording and substitute 'reserved'.
	Clauses 133 to 139	If the contract is not with a partnership delete entire wording and substitute 'reserved'.
	Clauses 141 to 143	If the contract is not with an individual delete entire wording and substitute 'reserved'.
	Clause 151	If the contract is not with an individual ophthalmic practitioner delete entire wording and substitute 'reserved'.
	Clauses 171 & 172	If the contractor is not two or more individuals practising in partnership delete entire wording and substitute 'reserved'.
Part 20: Non-survival of terms		No change
Schedules		
Schedule 1:		NHS CB or AT to complete where individual contractor: part 1 – NHS CB or AT

Additional services contract (for domiciliary visits)		
Section	Changes: section no	Detail of change/notes
Contractor's details (individual)		name etc. Part 2 – individual contractor name, address, tel no, fax and email if any.
Schedule 1: Contractor's details (partnership)		NHS CB or AT to complete for partnerships: part 1 – NHS CB or AT name etc. Part 2 – partnership name and business address, tel no, fax and email if any.
Schedule 1: Contractor's details (corporate body)		NHS CB or AT to complete for corporate bodies: part 1 – NHS CB or AT name etc. Part 2 – corporate body name and registered office, address for official correspondence, tel no, fax and email if any
Schedule 2: Signatures of the parties to the agreement		NHS CB or AT to highlight in letter that contractor needs to sign contract on this page.
Schedule 3: Information to be included in practice leaflets		NHS CB or AT to highlight in letter that practices need to note this section and have leaflet in place by 1 August 2008.

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