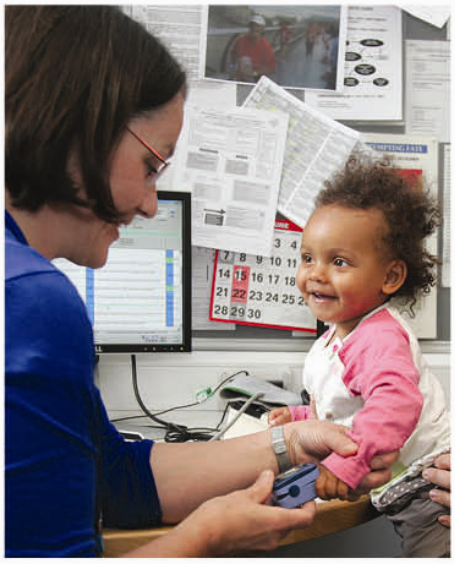
NHS
Commissioning Board

Standard operating policies and procedures for primary care



Procedure for the assurance of General Ophthalmic Services contracts

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Standard operating policies and procedures for primary care

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Contents

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 sets out:

The contract assurance framework that all NHS CB area teams (AT) will use in the managing GOS contracts.

The most common contract variation requests and the approach and formats each NHS CB area team should use when issuing responses to these requests.

Scope of the policy

To provide a consistent approach in assuring the quality of GOS contracts through:

- contractor assessment and practice visits;
- contract breaches; and
- contract terminations, sanctions and appeals.

The NHS CB standard templates and guidance notes for ophthalmic contracts have been included in the annexes.

Contract assurance

Contractors are required by clauses 58 and 59 of their contracts to produce to the NHS CB any information that is reasonably required for the purposes of, or in connection, with their contracts. This process forms an important part of that requirement.

Contract performance review will reduce inappropriate variations in practice and support improvement in the quality of the contracted services provided. The process aims to be supportive in approach.

Once every three years each practice will send its area team its Quality in Optometry Level 1 checklist including a checklist of evidence and practice declaration to demonstrate its compliance status. The evidence itself will not be required to be submitted but to be retained in the practice

Quality in Optometry is a national quality assurance tool website (www.qualityinoptometry.co.uk) used by ophthalmic practices to assess their compliance with their contract and to improve the quality of the services they provide.

Where a practice identifies sections that are not compliant they will send an action plan to the area team. The plan will set out the section(s) that are not compliant and a proposed timescale for returning to compliance. The timescale should generally be completion within 28 working days or longer by agreement with the area team.

Area team assessment

The area team will review the checklist and confirm any action plans or discuss further with the practice if required for example regarding timescale or evidence.

Criteria for visiting an ophthalmic practice

The area team will use the following criteria when deciding to visit a practice:

- Practices where a new contract application has been received. Where a visit has not taken place before the contract is awarded then the practice visit should be made within the first 12 months. ATs should note – it is easier to refuse a contract than to terminate once awarded.

- Practices with a change of GOC-registered partner or director in the previous 12 months.
- Practices where there are concerns about contract delivery eg. activity concerns, levels or seriousness of complaints, untoward incidents, performance issues, post payment verification (PPV) or other concerns
- A random selection of practices based on 5% of the total number of contracts in the area team.

Practice visits

A practice visit should normally last than no longer than one to two hours. The practice visiting team should include a member of the area team and the optometric adviser.

Annex 4 is a checklist that the area team may wish to use when planning their visits. It is for area team internal use.

If during a visit the visiting team discovers that the practice is unable to produce the necessary documentation and /or demonstrate that a policy or procedure is in place but had included it in their checklist of compliance, the area team will check the reason for this and assess the seriousness of the omission. Depending on that assessment the area team may

- require the contractor to produce the documentation within two to three working days;
- issue a breach, remedial notice, refer to PPV; or
- initiate performance procedures.

Following the practice visit the area team will write to the contractor summarising the visit. Any actions agreed during the visit will be included in the letter with a timescale. The timescales for completing actions will be agreed between the area team and practice. Generally all actions should be completed within one month unless an alternative timescale is agreed.

Template letters

The NHS CB has produced standard letters for use by area teams:

- A letter requesting that the contractor/practice completes an action plan and an action plan template.
- A notification of visit letter.
- A letter to the contractor/practice following the visit.

Key performance indicators

Introduction

The source of ophthalmic performance indicators is the Exeter payment system, which collates all the ophthalmic practices' GOS forms. Exeter is not a clinical outcomes system but contains some clinical indicators that area team primary care commissioners and eye care clinical leaders may wish to examine to monitor ophthalmic performers' prescribing and triangulate with other sources of information regarding a practice ie Level 1 Quality in Optometry checklist, data gathered from practice visits, post payment verification, complaints, incidents concerns and any performer performance issues.

Accessing the indicators

The Information Centre website – www.ic.nhs.uk – contains a comprehensive range of publicly accessible information on health and social care.

Area team directors of finance can authorise a small number of primary care and finance staff to access the secure area team database of eye care KPIs. When accessing this database the area team will be presented with a menu of information, one of the links is key performance indicators and for ophthalmic payments these are detailed below: -

- Sight Tests per Optician
- Vouchers per Optician
- Average Cost of Vouchers
- Percentage of Vouchers in Categories A to H
- Percentage of Tints per Voucher
- Percentage of Prisms per Voucher
- Percentage of Vouchers in Categories E to H
- Percentage of Repairs per Voucher
- Percentage of Repairs per GOS 4 Claim
- Percentage of Replacements per Voucher
- Percentage of Replacements per GOS 4 Claim
- Performance of Small Glasses Supplements
- Performance of Second Pairs per Establishment
- Performance of Domiciliary Visits per Sight Test
- Performance of Full Domiciliary Visits per Sight Test
- Performance of Part Domiciliary Visits per Sight Test
- Performance of Complex Lenses (CF+CC) per Est

- Performance of Bi-Focals (CF) per Voucher
- Evidence Not Seen Claim Proportion
- Practice Profile Performance Report
- Performance Indicators Monthly Summary
- Sight Tests per Performer Optician
- Performance of Small Glasses Supplements per GOS 4 Claim

Indicators for area teams

All the indicators are available by ophthalmic practices and area teams. Once the area team has accessed the indicators clicking any of the individual links above will lead to a list of their practices activity. Outliers in the financial indicators may lead to a further analysis and a possible discussion with the practice re their activity. In exceptional situations these discussions may result in a referral for post payment verification. An outlier is defined as two standard deviations of the mean value ie Less than five percent of data distribution.

The information centre is working towards the availability of the reports into graphs and other comparative presentations. In the interim, area teams will need to develop their own graphs and tables to compare individual practices to each other and the area team average. Not all the indicators will need analyzing. Area teams, eye care clinical leaders and primary care commissioners may wish to include the following indicators in their analysis.

Indicator	Rationale for inclusion
Total number of sight tests	Monitors the costs of the service Link to public health priority to avoid preventable blindness. Useful indicator for disease case detection
Percentage of tints per voucher (GOS3)	Can detect outliers in the prescribing of tints
Percentage of repairs per voucher and percentage of replacements per voucher (GOS4)	May assist the area team to identify poor practice in repair management. May assist in identifying practices using poor quality appliances
Percentage of prisms per voucher (GOS3)	Can detect outliers in the prescribing of prisms

Any analysis of the above indicators and other sources of information, which seems to identify concerns require a proportionate and reasonable response from the area team to the practice.

Area team process and timescale

April to June 2013

As soon as possible after 1 April, area teams should agree with their local optometric committees for ophthalmic practices to send to the area team their Level 1 Quality in Optometry checklist, their checklist of evidence, signed practice declaration and any action plans by 30 June 2013 by email.

July to August 2013

Area teams should review the checklists, agree the action plans and triangulate the practices' checklists with other sources of information to ensure clinical advice is part of the process. They should identify the practices to be visited. The process for selecting the five percent of practices should previously have been agreed with the local optometric committee.

Area teams should have processes in place to escalate any potential serious concerns within the area.

September 2013 onwards

Practice visits should start using the notification of visit letter and letter following the visit.
Area teams should share the outcome of the visits within the team as part of the NHS CB's objective to reduce variations and improve the quality of services provided.

Resolving problems

In the case of any dispute, regulations require both the NHS Commissioning Board and contractors to make every reasonable effort to communicate and co-operate with one another with a view to resolving the dispute before taking further action ie referring it to the NHS Dispute Resolution Procedure (or the courts). This is binding on both parties.

Contract breaches – breach notices, remedial notices and action plans

Remedial notices and breach notices are alternative approaches for responding to a breach of one or more clauses of the contract. A remedial notice means to put it right, whereas a breach notice means you can't put it right but don't do it again.

So, where an action plan is not delivered and a breach is capable of being remedied, the NHS CB should issue a remedial notice. Where the moment has passed and the breach cannot be remedied the NHS CB should issue a breach notice.

A remedial notice requires the contractor to remedy the breach or develop an action plan.

Generally speaking, a breach notice only requires an acknowledgement on the part of the contractor that a breach has occurred and a credible undertaking not to repeat it.

A simple breach of a single contract clause may be easy to rectify or require only a very simple action plan. In some cases however there may be several breaches of the same clause or a significant number of contract clauses involved.

Such cases will require a more detailed action plan on the part of the contractor with varying actions being taken to differing timescale depending

on the detail of what needs to be rectified. This will require closer monitoring by the NHS CB.

See annexes 5 and 8 for standard remedial notices, breach notices, action plan and letters.

Development and monitoring of required action plans

The action plans required in response to breaches of the contract will vary quite widely. The need for an action plan may be self-evident from checking the contractor's self-assessment or it may follow from a practice visit.

Action plans should contain realistic and measureable outcomes and a specific timescale for each required action. While an action plan can effectively be imposed upon a contractor using a remedial notice all reasonable efforts should be made to achieve a jointly agreed action plan and timescales.

A minimum of 28 working days' notice of all required actions should be given except where the NHS CB is satisfied that a shorter period is necessary either to protect the safety of the contractor's patients or to protect the NHS CB from material financial loss. However, if the contractor proposes a shorter timescale this may be accepted by the area team.

Once an action plan has been agreed (or imposed) the NHS CB will need to follow this up at the required intervals to ensure compliance. This can be done by telephone and/or email under normal circumstances. In cases of persistent non-compliance or difficulty a revisit to the practice premises may be required but this should be the exception rather than routine.

See annex 7 for example of a remedial notice and action plan.

Contract termination – terminations, sanctions and appeal

Contract breaches may be repeated despite the NHS CB issuing a breach notice. Other breaches may not be remedied despite the NHS CB issuing a remedial notice and agreeing an action plan. Depending on the reasons, severity or duration of the failure to remedy, the next stage will normally be to apply contract sanctions or the issue of a termination notice.

Contract sanctions

As an alternative to contract termination the NHS CB may instead impose a contract sanction but these are rarely used in connection with General Ophthalmic Services.

This means either the termination or suspension of specified reciprocal obligations under the contract or the NHS CB withholding or deducting monies that would otherwise be payable under the contract.

If the NHS CB decides to impose one of the above contract sanctions it must give the contractor at least 28 working days' notice and provide an explanation of the effect of the contract sanction.

Termination notice

Where the NHS CB decides to exercise its right to terminate a contract following un-remedied breaches it must be satisfied that the cumulative effect of the breaches would be prejudicial to the efficiency of the GOS to allow the contract to continue.

Area teams of the NHS CB must agree the appropriateness of contract termination with the national team.

Once the decision to terminate has been agreed, a termination notice must be prepared and sent to the contractor. 28 working days' notice of termination should normally be given unless the NHS CB considers that the safety of the contractor's patients is at serious risk or the NHS CB is at risk from material financial loss or in the judgement of the NHS CB the breach is so significant

that it is inappropriate that the contract should continue for a further 28 working days. See annex 8 for standard termination notice.

Appeals and disputes

There is no specific statutory right of appeal against a termination notice, a breach notice, remedial notice or a contract sanction.

Contractors who dispute any of the above notices have a right to invoke the NHS disputes resolutions procedure and such disputes that cannot be resolved locally are considered and determined by the FHS Appeal Unit of the NHS Litigation Authority.

Leeds office

Family Health Services Appeal Unit
1 Trevelyan Square
Boar Lane
Leeds
LS1 6AE
Tel: 0113 866 5500
Fax: 020 7821 0029

http://www.nhsla.com

There is no contractual or statutory requirement to mention the NHS disputes resolutions procedure to contractors as part of issuing a termination notice, a breach notice, remedial notice or a contract sanction, although good NHS practice and fair dealing would suggest the area team should do so.

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: Quality in optometry checklist

England Checklist

Level 1:

Section A - All contracts

1. Practice details

Question	Yes	No	Don't Know	N/A
1.1 Practice name				
1.2 Contractor name (if different)				
1.3 Practice/correspondance address (S1 pt2)				
1.4 Practice manager (not required)				
1.5 Telephone (S1 pt2)				
1.6 Fax (S1 pt2)				
1.7 Website (not required)				
1.8 Email (S1 pt2)				

2. Visit details

Question	Yes	No	Don't Know	N/A
2.1 Date of visit				
2.2 Purpose of visit (new application / review existing practice / other)				
2.3 Visited by (Name, Job Title, Representing)				

3. Business type

Question	Yes	No	Don't Know	N/A
3.1 / 3.2 / 3.3 Business type (individual / partnership / body corporate)				
3.4 Is the contractor using a protected title and is this correctly used? (Section 28 Opticians Act 1989) (65)				
3.5 Owner or Chief Executive's name				
3.6 Partners' or Directors' names				
3.7 Registered address (if different)				
3.8 Company secretary name (BC only)				
3.9 Companies House registration number (BC only)				
3.10 Are the business details held by the AT/NHSCB accurate and up-to-date?				

4. Contracts applied for / held

Question	Yes	No	Don't Know	N/A
4. Contracts applied for/held (mandatory / additional / both)				

5. Hours of practice opening (66.3)

Question	Yes	No	Don't Know	N/A
5. Hours of practice opening (including lunchtime closure)				

6. Hours GOS normally provided (29, 66.3)

Question	Yes	No	Don't Know	N/A
6. Hours GOS normally provided				

7. Performers in regular attendance (46, 66.4)

Question	Yes	No	Don't Know	N/A
7.1 Optometrist / OMP name				
7.2 DoB or first registration date				
7.3 Ophthalmic Performers List (OPL) number				
7.4 Professional indemnity insurance by (specify AOP, FODO, etc)				
7.5 Included in the NHSCB ophthalmic performers List?				

8. Other clinical staff in attendance (51)

Question	Yes	No	Don't Know	N/A
8.1 Name				
8.2 Position and tasks undertaken				
8.3 DoB or first registration date (if applicable)				
8.4 Professional registration number (if applicable)				
8.5 Licensing body (if applicable)				
8.6 Qualifications for post (if unregistered, e.g. trained in house)				

9. Staffing procedures (51)

Question	Yes	No	Don't Know	N/A
9.1 Does the contractor ensure that all clinical staff have up to date professional registration?				
9.2 Does the contractor check the references of all registered clinical staff (including locums)?				
9.3 Does the contractor check that all performers are covered by up to date professional indemnity insurance (where applicable)?				
9.4 Has the contractor produced evidence that all employed optometrists and OMPs are included in a PCT ophthalmic performers' list?				
9.5 Does the contractor ensure that the AT/NHSCB is informed of any changes to the performers providing GOS at the practice? (Please include method e.g. email/phone/fax as a note.)				
9.6 Does the contractor ensure that staff assisting in the provision of GOS are appropriately trained and supervised for the tasks that they undertake?				
9.7 Does the contractor ensure that clinical procedures are appropriate, especially at times when a supervising practitioner is not on the premises, eg. repeat fields and pressures or child or blind or partially sighted dispensing?				

10. Insurances and registrations

Question	Yes	No	Don't Know	N/A
10.1 Contractor has up to date arrangements for cover in cases of clinical negligence? (89)				
10.2 Current Employers liability cover? (Employers Liability [Compulsory Insurance] Act 1969) (100)				
10.3 Current Public Liability cover? (90)				
10.4 Medicines and Healthcare products Regulatory Agency (MHRA registration)? (assemblers/manufacturers only) (28)				

11. GOS sight test application procedures

Question	Yes	No	Don't Know	N/A
11.1 Practice staff routinely undertake Point of Service checks? (37)				
11.2 Practice staff understand that they must routinely note date of last sight test (not just date of last NHS sight test) on GOS 1 and GOS 6 (37.3)				
11.3 Practice staff are familiar with recommended minimum GOS sight test intervals as set out in the Memorandum of Understanding and reproduced in Vouchers at a Glance?				
11.4 Contractor records reasons when sight tests are refused to patients except in cases where a sight test is not necessary or the patient is not eligible? (40)				
11.5 Patient is offered a choice of performer where appropriate (25A)				
11.6 The practice offers all GOS patient groups equal access to appointments during GOS hours (39)				
11.7 The practice is aware of the ongoing requirement to notify the AT/NHSCB of changes to the times at which the contractor is willing to provide GOS (29)				

12. Information access and protection

Question	Yes	No	Don't Know	N/A
12.1 Contractor has an up to date Freedom of Information Act statement and this is available to patients? (100) (Freedom of Information Act 2000)				
12.2 Registered with Information Commissioner for Data protection (patient data held on computer or other electronic device)? (100) (Data Protection Act 1998)				
12.3 Name and title of person responsible for practices and procedures relating to confidentiality? (56)				
12.4 The practice policy on handling patient data is available to patients? (100) (Data Protection Act 1998, Freedom of Information Act 2000)				
12.5 Staff are aware how to handle patient data correctly? (100) (Data Protection Act 1998)				
12.6 Has the practice received from the AT/NHSCB (or have you obtained for yourself) details of local child protection arrangements? (100)				
(If yes:) Has the practice had regard to these?				
12.7 Has the practice received from the AT/NHSCB (or have you obtained for yourself) details of a recommended lone worker policy for optometry? (100)				
(If yes:) Has the practice had regard to this?				
12.8 Has the practice received from the AT/NHSCB (or have you obtained for yourself) details of a recommended chaperone policy for optometry? (100)				
(If yes:) Has the practice had regard to this?				

13. Record keeping (52)

Question	Yes	No	Don't Know	N/A
13.1 If gifts >£100 have been received does the contractor maintain a gifts register? (92)				
13.2 Patient records are securely stored. If electronic, backups are made regularly and kept separately and securely? (52)				
13.3 GOS records are retained for 7 years in either paper or electronic form? (54)				
13.4 Contractor is aware of professional recommendations to keep records for longer? (i.e. adults and deceased patients for 10 years; children to 25th birthday)				
13.5 The practice maintains full and accurate contemporaneous records for all GOS patients? (52)				
13.6 Each clinical record contains items from the following list as appropriate to the individual patient: symptoms/reason for visit, ocular history, general health, medications, family ocular history, unaided vision/visual acuity, BV, etc.				
13.7 Record is legible?				
13.8 Is it easy to identify from the records which performer undertook the sight test?				

14. Referral and notification procedures

Question	Yes	No	Don't Know	N/A
14.1 Contractor is aware of any local protocols for referral to GPs / referral management or triage centre / ophthalmology department? (31)(100)				
14.2 When required a written referral is made to the patient's GP/referral management centre/ophthalmology department and the urgency of the referral is indicated when appropriate?				
14.3 Is the patient informed in writing of the details of their referral? (Sight Testing [Examination and Prescription] [No. 2] Regulations 1989) (100)				
14.4 Contractors ensure that patients are handed their prescription or statement? (33)				

15. Complaints and incidents

Question	Yes	No	Don't Know	N/A
15.1 Contractor has a written NHS compliant complaints procedure and is aware of requirement to report annually the number of complaints received? (It is helpful for the AT/ NHSCB to provide a notification form for this purpose.) (103A)				
15.2 The complaints procedure is available to patients and staff? (101)				
15.3 Name of person responsible for dealing with complaints? (108)				
15.4 Contractor maintains a separate record of all complaints and associated paperwork for 2 years? (112)				
15.5 Contractor is aware and has ensured that all staff are aware of the obligation to report adverse incidents potentially affecting the performance of the contract? (66)				
15.6 The contractor receives Safety Alerts from the AT/NHSCB within an appropriate timescale?				
15.7 Contractor adheres to the requirements or recommendations of MHRA medical device alerts (MDAs) and safety alert broadcasts (SABs)? (28)				

Section B - Mandatory contracts only

16. Premises

Question	Yes	No	Don't Know	N/A
16.1 Type of premises? (purpose built / converted / commercial / health centre / other)				
16.2 Practice is on? (ground floor / first floor / other)				
16.3 Car parking? (own parking / on-street parking / nearby public car park / difficult)				

17. Signage and documentation

Question	Yes	No	Don't Know	N/A
17.1 Current Notice of eligibility for NHS eye examination is displayed (description of services)? (57)				
17.2 Current Notice of eligibility for NHS voucher towards the cost of spectacles is displayed? (57)				
17.3 A complaints notice including the name of responsible person and contact details is displayed? (57)				
17.4 Valid Certificate of Employers Liability is displayed? (Employers Liability [Compulsory Insurance] Act 1969) (100)				
17.5 Details of business ownership/registered office are displayed? (Business Names Act 1985) (100)				
17.6 Health and Safety Poster is displayed (or copies supplied to individual employees)? (25)				
17.7 No smoking sign is displayed? (Health Act 2006) (100)				

18. General health and safety (28)

Question	Yes	No	Don't Know	N/A
18.1 Health and safety risk assessment done? (must be documented if >5 people working there)				
18.2 Contractor has Health and Safety Policy?				
18.3 Contractor is aware of reporting responsibilities under RIDDOR? (100) (Reporting Injuries Diseases and Dangerous Occurrences Act 1995)				
18.4 A suitable first aid kit is available and location clearly identified? (100) (First Aid Regulations 1981)				
18.5 Contractor has an identified person who is responsible for first aid arrangements? (100) (First Aid Regulations 1981)				
18.6 Contractor has an accident record book? (100) (First Aid Regulations 1981)				
18.7 Portable appliance and fixed installation electrical (PAT) testing and/or regular visual inspection of appliances is carried out? (100) (Electricity at Work Regulations 1989)				

19. Fire precautions (25, 100)

Question	Yes	No	Don't Know	N/A
19.1 Fire Risk Assessment completed?				
19.2 Fire extinguishers?				
19.3 Fire extinguishers serviced?				
19.4 Fire exit signs?				
19.5 Fire exit clear?				

20. Risk assessment: non clinical areas (25)

Question	Yes	No	Don't Know	N/A
20.1 Non clinical areas (stairs, passageways etc) are clean and tidy?				
20.2 Non clinical areas areas has adequate lighting?				
20.3 Non clinical areas areas are clear of trip hazards?				
20.4 Traffic routes in non clinical areas are clear of obstructions?				
20.5 Reasonable patient access in non clinical areas? (100) (Disability Discrimination Acts 1995 & 2005)				

21. Risk assessment: reception and waiting areas (25)

Question	Yes	No	Don't Know	N/A
21.1 Reception and waiting areas are clean and tidy?				
21.2 Reception and waiting areas have adequate lighting?				
21.3 Reception and waiting areas are clear of trip hazards?				
21.4 Traffic routes in reception and waiting areas are clear of obstructions?				
21.5 Reasonable patient access in reception and waiting areas? (100) (Disability Discrimination Acts 1995 & 2005)				
21.6 Suitable and sufficient seating in reception and waiting areas?				
21.7 Layout of reception and waiting areas respects the need for patient confidentiality?				
21.8 There is a facility for confidential telephone calls to be made by the optometrist/OMP, eg for urgent referrals?				

22. Risk assessment: dispensing area (25)

Question	Yes	No	Don't Know	N/A
22.1 Dispensing area is clean and tidy?				
22.2 Dispensing area has adequate lighting?				
22.3 Dispensing area has suitable and sufficient seating?				
22.4 Dispensing area is clear of trip hazards?				
22.5 Traffic routes in dispensing area are free from obstructions?				
22.6 Reasonable patient access in dispensing area? (100) (Disability Discrimination Acts 1995 & 2005)				
22.7 Layout of dispensing area respects the need for patient confidentiality?				

23. Risk assessment: consulting area (25)

Question	Yes	No	Don't Know	N/A
23.1 Consulting room is clean and tidy?				
23.2 Consulting room has adequate lighting?				
23.3 Consulting room is clear of trip hazards?				
23.4 Traffic routes in consulting room are not obstructed?				
23.5 Reasonable patient access in consulting room? (100) (Disability Discrimination Acts 1995 & 2005)				
23.6 Suitable and sufficient seating in consulting room? (25)				
23.7 Constructed to be suitable for confidential consultations? (25)				
23.8 Adequate testing distance? (25)				

24. Clinical testing equipment (25)

Question	Yes	No	Don't Know	N/A
24.1 Focimeter?				
24.2 Frame ruler or similar?				
24.3 Visual field test?				
24.4 Tonometer?				
24.5 Distance test chart for adults?				
24.6 Distance test chart for children/non-English/learning disability?				
24.7 Trial lenses and accessories?				
24.8 Trial frame?				
24.9 Retinoscope?				
24.10 Ophthalmoscope?				
24.11 Distance binocular vision test?				
24.12 Near binocular vision test?				
24.13 Slit lamp?				
24.14 Indirect ophthalmoscope or Volk lens				
24.15 Near reading chart?				
24.16 Amsler grid?				
24.17 Colour vision test?				
24.18 Stereopsis test?				
24.19 All equipment is in working order and is fit for purpose?				

25. Ophthalmic drugs (25)

Question	Yes	No	Don't Know	N/A
25.1 Mydriatic drugs available and in date? (e.g. tropicamide)				
25.2 Cycloplegic drugs available and in date? (e.g. cyclopentalate)				
25.3 Staining agents available and in date? (e.g. fluorescein/rose Bengal)				
25.4 Anti-infective drugs available and in date? (e.g. chloramphenicol) (not required)				
25.5 Topical anaesthetics available and in date? (e.g. proxymetacaine/oxybuprocaine) (not required)				
25.6 Drugs are stored appropriately and securely? (e.g. proxymetacaine and chloramphenicol in a fridge)				
25.7 Single dose drugs (eg. Minims) are used once and then discarded?				

26. Infection control (28)

Question	Yes	No	Don't Know	N/A
26.1 Access to a wash hand basin? (Good practice for this to be within the consulting room) (28)				
26.2 Liquid soap? (28)				
26.3 Paper towels? (28)				
26.4 Alcohol gel or alternative anti-bacterial hand rub available? (28)				
26.5 Staff aware of good hand washing practice? (28)				
26.6 Suitable procedures in place for decontamination of hard surfaces? (28)				
26.7 Suitable procedures for decontamination of reusable equipment? (28)				
26.8 Appropriate use of disposable and single use items? (28)				

27. Waste disposal (100)

Question	Yes	No	Don't Know	N/A
27.1 Contractor aware of duty of care to appropriately dispose of waste?				
27.2 Contract in place for disposal of pharmaceutical waste?				
27.3 Record relating to medicines disposal kept for correct time period (transfer notes 2 years, consignment notes 3 years)?				

Section C - Additional contracts only

28. Procedures and documentation

Question	Yes	No	Don't Know	N/A
28.1 Suitable patient leaflet available? (57)				
28.2 Is contractor aware of domiciliary code of practice?				
28.3 Is contractor aware of notification requirements for domiciliary visits? (24)				

29. Infection control (28)

Question	Yes	No	Don't Know	N/A
29.1 Liquid soap where this is unlikely to be available at the premises visited or alternative means of cleaning the hands? (28)				
29.2 Paper towels where appropriate hand drying facilities are unlikely to be available on the premises visited? (28)				
29.3 Alcohol gel or alternative anti bacterial hand rub available? (28)				
29.4 Suitable procedures for decontamination of reusable equipment? (28)				
29.5 Appropriate use of disposable and single use items? (28)				

30. Waste disposal (100)

Question	Yes	No	Don't Know	N/A
30.1 Contractor aware of duty of care to appropriately dispose of waste?				
30.2 Contract in place for disposal of pharmaceutical waste?				
30.3 Records relating to medicines disposal kept for correct time period (transfer notes 2 years, consignment notes 3 years)?				

31. Mobile equipment requirements (25)

Question	Yes	No	Don't Know	N/A
31.1 Appropriate distance test chart (preferably internally illuminated)?				
31.2 A distance test chart suitable for children / non-English / learning disability?				
31.3 Measuring device?				
31.4 Trial lenses and accessories?				
31.5 Trial frame?				
31.6 Retinoscope?				
31.7 Ophthalmoscope?				
31.8 Distance binocular vision test?				
31.9 Near binocular vision test?				
31.10 Magnification for anterior eye examination?				
31.11 Near vision type test?				
31.12 Tonometer?				
31.13 Amsler grid?				
31.14 Means of assessing visual field?				
31.15 Focimeter?				
31.16 Frame ruler or similar?				
31.17 All equipment is in working order and is fit for purpose?				

32. Ophthalmic drugs (25)

Question	Yes	No	Don't Know	N/A
32.1 Mydriatic drugs available and in date? (e.g. tropicamide)				
32.2 Staining agents available and in date? (e.g. fluorescein/rose Bengal)				
32.3 Cycloplegic drugs available and in date? (e.g. cyclopentalate) (not required)				
32.4 Anti-infective drugs available and in date? (e.g. chloramphenicol) (not required)				
32.5 Topical anaesthetics available and in date? (e.g. proxymetacaine/oxybuprocaine) (not required)				
32.6 Drugs are stored appropriately and securely? (e.g. proxymetacaine and chloramphenicol in a fridge)				
32.7 Single dose drugs (eg. Minims) are used once and then discarded?				
32.8 Drugs are disposed of appropriately?				

Annex 3: Ophthalmic practice checklist of evidence

Item	Evidence	Available in practice
7.4	Clinical negligence insurance certificate for each performer or for contractor itself	
9.1	Evidence of current professional registration of all performers	
9.2	Clinical references for all new performers engaged since last self-assessment	
9.4	Evidence of inclusion in ophthalmic performers list for all new performers engaged since last self-assessment	
10.2	Current employer's liability insurance certificate	
10.3	Current public liability insurance certificate	
10.4	Medicines and Healthcare products Regulatory Agency (MHRA) registration (assemblers/manufacturers only)	
11.4	Record of patients refused a sight test since last self-assessment	
12.1	Up-to-date Freedom of Information Act statement	
12.2	Proof of registration with information commissioner	
12.4	Practice policy on handling patient data	
12.6	Practice child protection policy	
12.7	Practice lone worker policy	
12.8	Practice chaperone policy	
13.1	Gifts register	
15.1	Written complaints procedure	

17.5	Details of business ownership and/or registered office unless sole or partnership contractor trading under own name	
18.1	Health and safety risk assessment (compulsory to document if more than five people working in the business)	
18.2	Health and safety policy	
19.1	Fire risk assessment (compulsory to document if more than five people working)	
27.2 / 30.2	Pharmaceutical waste disposal contract	
27.3 / 30.3	Sample pharmaceutical waste transfer note and/or consignment note	
28.1	Patient information leaflet	

Declaration

I certify that the information provided in the Level 1 Quality in Optometry checklist and list of evidence is accurate to the best of my knowledge and truly represents the practice (contractor's) provision of services under its current GOS contract.

On behalf of the practice:

All signatories to the contract must sign the declaration:

Name	**Designation (eg partner, practice manager)**

Annex 4: Ophthalmic contract visit form – for area team internal use

Ophthalmic contract visit form

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

Voluntary information is highlighted in grey

Section A – All contracts

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

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

Business type (127-132/133-145)					
Individual		Partnership		Body corporate (BC)	
Owner's or chief executive's name					
Partners' or Directors' names					
Registered address (if different)					
Company secretary name (BC Only)					
Companies House registration number (BC only)					
GOC corporate registration number (where applicable)					
Are the business details held by the AT/NHS CB accurate and up to date?		Is the contractor using a protected title and is this correctly used? (Section 28 Opticians Act 1989) (65)			
Contracts applied for/held					
Mandatory		Additional		Both	

Hours of practice opening (including lunchtime closure) (66.3)			
Monday		**Friday**	
Tuesday		**Saturday**	
Wednesday		**Sunday**	
Thursday		**Bank hols**	

Hours GOS normally provided (if different) (29 & 66.3)			
Monday		**Friday**	
Tuesday		**Saturday**	
Wednesday		**Sunday**	
Thursday		**Bank Hols**	

Performers in regular attendance (46 & 66.4)				
Optometrist /OMP name	**DOB** /First registration	Ophthalmic performers list no	Professional indemnity insurance by (eg. AOP, FODO)	Included in ophthalmic performers list? yes/no

Other clinical staff assisting in GOS (51)							
Name	Position and tasks undertaken	**DOB/first** registration date	Professional registration no. (if applicable)		Licensing body (if applicable)		Qualifications for post (if unregistered)

Staffing procedures (51)			
		yes/no	**Evidence produced in support** Eg. Printout of web checks, sample references
Does the contractor ensure that all professional staff have up-to-date professional registration?			
Does the contractor check the references of all registered clinical staff (including locums)?			
Does the contractor check that all performers are covered by up-to-date professional indemnity insurance (where applicable)?			
Has the contractor produced evidence that all employed optometrists and OMPs are included in NHS CB ophthalmic performers list?			
How does the contractor ensure that the NHS CB / AT is informed of any changes to the performers providing GOS at the practice? (It is helpful for the NHS CB / AT to provide a notification form for this purpose.)			
Does the contractor ensure that staff assisting in the provision of GOS are appropriately trained, and supervised for the tasks that they undertake?			
9.7 Does the contractor ensure that clinical procedures are appropriate especially at times when a supervising practitioner is not on the premises, eg. repeat fields and pressures or child or blind or partially sighted dispensing?			

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

GOS sight test application procedures			
		yes/no	**Evidence produced in support** (eg. training manuals, staff notices, readily available copies of vouchers at a glance)
Practice staff routinely undertake point of service checks **(37)**			
Practice staff understand that they must routinely note date of last sight test (not just date of last NHS sight test) on GOS 1 and GOS 6 (37.3**)**			
Practice staff are familiar with recommended minimum GOS sight test intervals (as set out in the memorandum of understanding and reproduced in vouchers at a glance (37.4.1)			
Contractor records reasons when sight tests are refused to patients except in cases where a sight test is not necessary or the patient is not eligible (40)			
Patient is offered a choice of performer where appropriate (25A)			
The practice offers all GOS patient groups equal access to appointments during GOS hours (39)			
The practice is aware of the on-going requirement to notify the NHS CB / AT of changes to the times at which the contractor is willing to provide GOS (29)			

Information access and protection			
		yes/no	**Evidence produced in support**
Contractor has an up-to-date Freedom of Information Act statement and this is available to patients (100) *(Freedom of Information Act 2005)*			
Registered with information commissioner for data protection (patient data held on computer or other electronic device) (100) *(Data Protection Act 1998)*			
Name and title of person responsible for practices and procedures relating to confidentiality (56)			
The practice policy on handling patient data is available to patients (100*) (Data Protection Act 1998, Freedom of Information Act 2000)*			
Staff are aware how to handle patient data correctly (100) *(Data Protection Act 1998)*			
Has the practice received from the NHS CB / AT details of local child protection arrangements and has the practice had regard to these? *(100)*			
Has the practice received from the NHS CB / AT details of a recommended lone worker policy for optometry and has the practice had regard to this? (100)			
Has the practice received from the NHS CB / AT details of a recommended chaperone policy for optometry and has the practice had regard to this? (100)			

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

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

Referral and notification procedures			
		yes/no	**Evidence produced in support**
Contractor is aware of any local protocols for referral to GPs/ referral management or triage centre/ ophthalmology department (31)(100)			
When required a written referral is made to the patient's GP/referral management centre/ophthalmology dept. and the urgency of the referral is indicated when appropriate			
Is the patient informed in writing of the reason for their referral? *(Sight Testing [Examination and Prescription] [No. 2] Regulations 1989) (100)*			

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

Section B –Mandatory contracts only

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

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

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

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

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

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

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

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

Clinical Testing Equipment (25)					
		Shared facility	Room 1	Room 2	Room 3
Focimeter					
Frame ruler or similar					
Visual field test					
Tonometer					
Distance test chart for adults					
Distance test chart for children / non-English / learning disability					
Trial lenses and accessories					
Trial frame					
Retinoscope					
Ophthalmoscope					
Distance binocular vision test					
Near Binocular vision test					
Slit lamp					
Indirect ophthalmoscope or Volk lens					
Near reading chart					
Amsler grid					
Colour vision test					
Stereopsis test					
All equipment is in working order and is fit for purpose					

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

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

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

Section C – Additional contracts only

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

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

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

Mobile equipment requirements (25)			
		yes/no	Evidence produced in support
Distance test chart (preferably internally illuminated)			
A distance test chart suitable for children / non-English/learning disability			
Measuring tape			
Trial lenses and accessories			
Trial frame			
Retinoscope			
Ophthalmoscope			
Distance binocular vision test			
Near binocular vision test			
Magnification for anterior eye examination			
Near vision test type			
Tonometer			
Amsler grid			
Means of assessing visual field			
Focimeter			
Frame ruler or similar			
All equipment is in working order and is fit for purpose			

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

Section D – Voluntary information

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

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

Annex 5: Template letters

Dear

Thank you for sending the action plan and proposed timescale for completion.

The area team agrees with the actions and timescales.

Or

Thanks you for sending the action plan and proposed timescales for completion.

The area team does not agree with the action and timescales for the following reasons:

-

-

-

Should you have any queries or concerns regarding this letter please contact me using the details above.

Action plan for ophthalmic contractors to use
Name of practice:

Key actions	Person/s responsible	Timescale

I have addressed the above actions and implemented any relevant changes.

Contractor name: ……..……..……

Signed: ……..……..

Date: ……..……..

On completion of the above points please sign and date this sheet and return with **copies** of any relevant evidence to:

Dear

You will be aware that NHS area team has a process for routine contract monitoring visits for all optometry practices.

We are writing to advise you that we will visit your practice in accordance with the GOS Contracts Regulations 2008 (Para 71) on DD/MM/YYYY at [*time*] for the purposes of a contract compliance inspection.

The visiting officers will be [*names of attendees and job titles*]. The visit normally takes no longer than two hours. We will need access to all policies, procedures and clinical areas. We will need to discuss issues arising with the contractor or a suitable deputy. It is essential for the lead optometrist/OMP to be available during the visit to discuss clinical issues.

If this date is inconvenient please inform us as soon as possible to make alternative arrangements.

Thank you in advance for your co-operation.

Yours sincerely

Dear

Following the contract monitoring visit on DD/MM/YYYY please find enclosed two copies of the completed report.

Please would you sign both copies and return one copy to ……immediately, and retain the other for your records. If you wish to make any comments, please use the Feedback from Practice box at the end of the report.

If there are actions for the practice to complete to comply with the regulations these have been detailed in the enclosed action plan. The time limit for completing the actions is DD/MM/YYYY. Once outstanding actions have been completed please sign the declaration at the end of the action plan to confirm this and return a copy to [*address*].

Thank you for the cordial welcome and assistance provided to the team during the visit.

Should you require any further information or assistance, please contact me using the details above.

Yours sincerely

Annex 6: Breach notice

[*date*]

[Example]
Mr A Contractor
1 The High Street
Anytown
Downshire
AB1 7CB

Dear [*name*]

Re: Breach notice

The NHS Commissioning Board (NHS CB) is sending this letter as a formal breach notice served under clause 166 of your General Ophthalmic Services contract.

The substance of the breach is as follows:

[Example]

Clause 29 of your contract specifies your normal hours of service for the provision of General Ophthalmic Services as Monday to Friday 9am to 1pm and 2pm to 5pm Saturday 9am to 1pm.

The NHS CB is aware that your premises at 1 The High Street, Anytown, Downshire were closed throughout the months of July 2013 and August 2013.

You are required to undertake not to repeat the breach of clause 29 of your contract again.

If you need to vary the normal hours at which you provide GOS you must request a contract variation from the NHS CB.

Please acknowledge receipt of this notice in writing and give the requested undertaking not to repeat this breach.

Yours sincerely

[*Name*]

[*Title*]

Annex 7: Remedial notice and action plan

[*date*]

[Example]
Mr A Contractor
1 The High Street
Anytown
Downshire
AB1 7CB

Dear [*name*]

Re: Remedial notice

The NHS Commissioning Board (NHS CB) is sending you this letter as a formal breach notice served under clause 162 of your general ophthalmic services contract.

The substance of the breach is as follows:

[Example]

When your premises were inspected on 1 April 2013 the following deficiencies were noted:

- Premises – the fire exit from your premises into the yard at the rear of 1 High Street, Anytown, Downshire was blocked by boxes of magazines and newspapers. This causes a fire risk and renders the fire exit effectively unusable. This is a breach of clause 25 of your GOS contract.

- Equipment – there was no equipment for checking the central visual field available for inspection at your premises 1 The High Street, Anytown, Downshire and you accepted that you did not have one. This is a breach of clause 25 of your GOS contract.

- Record-keeping – the patient records were not kept in any discernible alphabetical order and were stored on the floor in boxes. This is a breach of clause 52 of your GOS contract.

Action plan

The steps you must take to remedy the breaches to the satisfaction of the NHS CB and to comply with your contract are as follows:

- Premises – clear away and remove the boxes of magazines and newspapers obstructing the fire exit and ensure that all fire exists remain unobstructed in future.

- The timescale to remedy this is seven days from the date of this letter. The NHS CB is satisfied that this short time scale is necessary to protect the safety of your patients.

- Equipment – purchase suitable equipment for checking central visual field.

- The timescale to remedy this is 28 days from the date of this letter.

- Record-keeping – purchase suitable cabinets or cupboards to keep patient records secure. File all records into these cabinets or cupboards in strict alphabetical order by surname.

- The timescale to remedy this is three months from the date of this letter.

Please acknowledge receipt of this notice in writing and give the requested undertaking to remedy these breaches in accordance with the action plan and timescales above.

Yours sincerely

[*Name*]
[*Title*]

Annex 8: Termination notice

[*date*]

[Example]
Mr A Contractor
1 The High Street
Anytown
Downshire
AB1 7CB

Dear [*Name*]

Re: Termination notice

The NHS Commissioning Board (NHS CB) is sending you this letter as a formal termination notice served under clause 167 of your General Ophthalmic Services contract.

The reasons for the termination are:

[Example]

When your premises where inspected on 1 April 2013 the following deficiencies were noted:

- Premises – the fire exit from your premises into the yard at the rear of 1 High Street, Anytown, Downshire was blocked by boxes of magazines and newspapers. This causes a fire risk and renders the fire exit effectively unusable. This is a breach of clause 25 of your GOS contract.

- Equipment – there was no equipment for checking central visual field available for inspection at your premises 1 The High Street, Anytown, Downshire and you accepted that you did not have one. This is a breach of clause 25 of your GOS contract.

- Record-keeping – the patient records were not kept in any discernible alphabetical order and were stored on the floor in boxes. This is a breach of clause 52 of your GOS contract.

Despite the NHS CB having previously issued a remedial notice to you dated [*date*] and despite you agreeing an action plan with the NHS CB to remedy the above breaches you have not taken any of the required actions. The NHS

CB has concluded that the cumulative effect of these breaches and your continued lack of compliance are such that it would be prejudicial to the efficiency of the General Ophthalmic Service to allow your contract to continue.

This letter therefore constitutes notice that your contract will cease on the [*date*] which is 28 days from the date of this termination notice.

Please ensure that all outstanding GOS claims for payment are submitted before the above date.

Please note that clause 188 of the contract will survive the termination of your contract and that this clause requires you to:

- cease performing any work or carrying out any obligations under the contract;
- cooperate with the NHS CB to enable any outstanding matters under your contract to be dealt with or concluded in a satisfactory manner;
- cooperate with the NHS CB to enable your former GOS patients to be referred to other GOS contractors;
- deliver patient records to such other appropriate persons as the NHS CB may specify; and
- return all blank GOS forms to the NHS CB.

Please acknowledge receipt of this notice in writing.

Yours sincerely

Name]
[*Title*]

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