



# news

Autumn 2010

## Notes from the Chair

The coalition government's white paper "Equity and Excellence — Liberating the NHS" was published in July, and it promises to have far-reaching implications for optics and the whole of the NHS. Primary Care Trusts and Strategic Health Authorities are gradually to be abolished, and it is likely that neither will exist by 2013. This new agenda involves handing responsibility for public services back to local communities, which may open an opportunity in the future for LOCs to have some responsibility for local optical services. Watch this space!

For now, we continue to negotiate with both PCTs for glaucoma referral refinement schemes, with the MK scheme being somewhat more imminent than the Bucks one. Until such schemes exist, please remember to continue to refer under April 09 NICE guidelines and the updated advice issued in December 09, available here

[http://www.aop.org.uk/uploaded\\_files/joint\\_working\\_group\\_guidance\\_on\\_glaucomaand\\_ohr\\_referral.pdf](http://www.aop.org.uk/uploaded_files/joint_working_group_guidance_on_glaucomaand_ohr_referral.pdf)

We were very sad, earlier this year, to learn that Heather Heath has decided to leave the LOC. We are extremely grateful to her for her many years of loyal service. She is greatly missed.

*Bruce Gilson – Chair Bucks Local Optical Committee*

### Bucks LOC Website

The LOC website is still up and running and we hope to update it more extensively during the next few months. Your newsletter is available there and that's the easiest way to follow any of the links that appear in these pages.

We also include a brief description of our local schemes and you can download the relevant documents. If there is something specific that you need or for individual enquiries, please email

[bucksloc@hotmail.com](mailto:bucksloc@hotmail.com)

### Peer Review

• Don't be afraid of peer review! Perhaps we should  
• rename it "peer support". These groups are a way  
• of meeting up with colleagues, chatting over cases,  
• and learning from one another's experiences, and  
• you come away with 2 CET points!

• The **Chiltern Group** 's October meeting has been  
• cancelled, but they usually meet twice-yearly at  
• Amersham Hospital at 7.00pm. Further details of  
• this group may be obtained from Anne Frier.

• The **Milton Keynes Group** will meet at Milton  
• Keynes Village Hall at 7.00pm on 18th October  
• 2010. Contact Claire Ranger for more details.

We still only have email addresses for a minority of you. We'd love to send you more regular updates, but the printing and mailing costs would be prohibitive if we tried to send you by post everything we receive at the LOC office from PCTs, LOCSU, AOP, etc.

**Please help us to help you.**

**Let us have your e-mail address today.**

**Send it to [bucksloc@hotmail.com](mailto:bucksloc@hotmail.com)**

## Local MPs Visit Milton Keynes Practices

It had been suggested many times that optometrists ought to lobby their local MPs to make them aware of all the good work that we do. With the election in May, it seemed a very good time to contact the new MP (or returning MP) and invite them to a practice in order to talk to them about local and national issues to do with optometry.

Both Arif Master at ClearSight and I wrote to our respective MPs in Milton Keynes and both received replies that the MPs would be delighted to visit. We explained about how the NHS worked, who was entitled to NHS sight tests and vouchers to help with glasses, neither Mark Lancaster nor Iain Stewart were aware of how it worked and I feel that we have raised their awareness of what we actually do in practice.

Other things like driver's vision, children's eye care and glaucoma referral refinement were discussed and it was interesting to find out that MPs are mainly involved in national issues and cannot really influence local schemes. We will have to contact our local councillors for that!

A very interesting and worthwhile experience.

*Claire Ranger - MK Lead*

## Vetting and Barring Scheme

The coalition government has ordered a review and complete "re-modelling" of the vetting & barring proposals. The immediate implications are that the national timetable for introducing vetting & barring will now be put back by at least three months ie:

Registration with the new scheme will not now start on 26 July 2010.

The requirement for employers to check all new employees are ISA-registered will not now start on 10 November 2010.

It is also unlikely that it will now be necessary for optical practices to have to split their records into optical and health care sections. For further information see [www.isa-gov.org.uk](http://www.isa-gov.org.uk)

## Claiming Your CET Grant for 2009

The increase in the CET grant has been agreed for 2009, and the payment, which is payable in 2010 for CET undertaken in 2009, has risen to £468. This fee is applicable to practitioners in England and can be applied for from 1st August 2010. Claims must be made before 30 November 2010.

Those eligible to apply are:

1. Optometrists
2. OMPs who conduct sight tests only and have no other remunerated medical employment. It is a necessary requirement for claimants to have been on a PCT performers list for at least 6 months during 2009, and to have maintained professional registration.

Claims must be made in writing to the appropriate PCT, and must be made by a contractor. Performers need to ask a contractor to apply for the grant on their behalf.

Below is a link to the claim form for CET undertaken during 2009 by practitioners in England. This document and an explanatory letter are also available on the AOP website and in the News section of the Bucks LOC website.

[http://www.aop.org.uk/uploaded\\_files/CET/cet\\_claim\\_form\\_2009.rtf](http://www.aop.org.uk/uploaded_files/CET/cet_claim_form_2009.rtf)

## NOTES FROM THE OPTOMETRIC ADVISOR

If you have any questions about the topics on this page please contact me - Jill Ellis

**TVPCA website** - [www.tvpca.nhs.uk](http://www.tvpca.nhs.uk) This is a useful source of information about the administration of local GOS. Look in the 'ophthalmic performers' section for lists of GOS premises, domiciliary providers, performer lists and details of how to apply to join a list.

**GP Lists** – directories of GP surgeries are available in the 'medical performers' section of the TVPCA website. The lists are regularly updated and contain contact details and names of GPs.

**Signing GOS forms** - Patients should only sign GOS vouchers in the relevant sections at the relevant time. The front of the GOS 3 should be signed and dated when the spectacles are ordered and the back is only signed and dated when they are collected. If a relative/carer signs on behalf of a patient they must understand that they are signing to say that the information on the form is true. Staff in care homes should not sign to say that the patient is on a benefit which entitles them to a voucher unless they know it to be true.

**Non collection** – If spectacles are not collected the record should show that you have endeavoured to contact the patient on several occasions. If after at least three months they are still not collected the voucher can be submitted for payment if clearly marked as 'not collected'. The spectacles can be dismantled but if the patient returns to collect them within the life of the prescription, usually 2 years, then you are obliged to produce them, you can't issue another voucher.

**Lost voucher** – If a patient loses their voucher the prescribing optometrist can issue another one after having first sought approval from the PCT (TVPCA) who will check that the voucher has not been used. The date of the sight test should be inserted and the optometrist should sign and date it with the date the replacement voucher is issued. It should be clearly marked as 'replacement - original lost'.

**Adult repairs/replacements** – No one over 16 yrs old is entitled to a repair voucher unless the damage or loss was due to the patient's illness and prior authorisation must be sought from the PCT (TVPCA). You will have to explain how the glasses came to be broken or lost and how that was directly attributable to the patient's illness and it means illness not disability. Your dispensing records should support the claim. Patients in a residential home should expect their possessions to be looked after by the management. A patient's 'learning disability' is not an acceptable reason for the PCT (TVPCA) to approve a repair or replacement.

**All repairs/replacements** – It's important that the dispensing record justifies the claim. Writing 'damaged glasses' and then claiming a full replacement is insufficient, the nature of the damage should be recorded. It is only possible to claim for the component which is damaged or has broken so if a side is broken but it's easier to use a new frame then you can only claim for the side. A complete replacement should only rarely be necessary, for example if a frame is unavailable from the manufacturer/supplier not just because you have no spare available on the premises.

**Record keeping** – During PCT contract monitoring visits I do a quick audit of record keeping which is sometimes very revealing. The audit sheet I use is available from the AOP or QiO websites. The basic elements must always be recorded and believe it or not I've come across records with no evidence that an internal examination of the eye has taken place! Optometrists/OMPs need good records for their own defence but it is the GOS contractor's responsibility to ensure that adequate records are kept. For GOS sight tests it's also important that the record justifies any prescription. Small prescriptions or small changes are impossible to justify if the unaided vision or VA with current spectacles is not recorded and adequate history and symptoms have not been noted.

Please think twice before prescribing a small Rx or small change Rx, your record must justify your decision. Remember it's tax payers, that's you and me, who pay for every voucher issued and every GOS sight test undertaken.

**Recall intervals** – Remember the frequently quoted recall intervals are a guide to the minimal interval not the maximum. Emmetropic children with good acuity do not generally need to be seen every 12 months and nor do all people over 70 years of age. Equally those with glaucoma do not need to be seen every year and neither do those with diabetes if they are attending the PCT retinopathy screening scheme. All diabetic patients should be urged to attend the PCT retinopathy screening scheme.

### Reminders –

1. GOS sight tests can only be provided on the premises named in the PCT contract or in the case of an Additional Service (domiciliary) contractor in a residential home or the patient's own home where they are unable to leave it unaccompanied or under certain circumstances at a day centre. It is definitely not possible to claim a GOS sight test fee for seeing children in schools or for patients in an NHS hospital.
2. Patients who have chosen to have a private sight test such as children seen by a private ophthalmologist cannot be issued with a voucher.

### **MK Optometric Advisor**

The LOC has learned with dismay that the role of optometric advisor is no longer to exist in the MK area. All enquiries should now be directed to Anne-Marie Frost at the PCT: [anne-marie.frost@miltonkeynes.nhs.uk](mailto:anne-marie.frost@miltonkeynes.nhs.uk)  
Tel: 01908 278688 Mobile 07900 643046.  
Jill Ellis remains as OA to Bucks PCT.

### **Education**

Events planned so far for the remainder of the year are:

**The New Progressive Lens**, with Kevin Gutsell from Nikon, at SMH on 19th October 2010. 1 CET point for optometrists and dispensing opticians.

**Glaucoma Evening**, with Mr Bruce James and Kalpen Mistry, at MKH on 16th November 2010. 2 CET points applied for. Invitations will be sent nearer the time.

For more information, or to supply your email address, so that you are the first to hear of future events, contact the Secretary: Angela McNamee at [bucksloc@hotmail.com](mailto:bucksloc@hotmail.com)

### **News in Brief**

Mr Sim's **fax number for wet AMD referrals** in South Bucks changed a few months ago. Please ensure that you are using the new fax number 01494 425467.

The NHS **National Artificial Eye Service** is a free resource available to patients with prosthetic eyes who need aftercare or advice. Contact them on 0845 6050561 or visit <http://www.bfwh.nhs.uk/aes/>

The UK Domiciliary Eyecare Committee have **revised their guidance on statutory cooling-off periods** to make clear that the rules also apply to patients ordering sight tests and products in the workplace, as well as in homes (when over the value of £35). The new guidance can be downloaded from the *Practitioner Matters* section of the Bucks LOC website: [www.loc-net.org.uk/bucksloc](http://www.loc-net.org.uk/bucksloc)

Further to the information given in the last newsletter, the AOP has now added a model annual report form to their **guidance on complaints reporting**. You are required to keep a record of all complaints and report them annually to the PCT. You can find the guidance, including the additional annual report form, on the AOP website: <http://www.aop.org.uk/12560322342528.html>

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[www.loc-net.org.uk/bucksloc](http://www.loc-net.org.uk/bucksloc)

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