

BUCKINGHAMSHIRE LOC NEWS

AUTUMN
2006

CHAIRMAN'S REMARKS

Welcome to another edition of the Bucks LOC newsletter. As you will see elsewhere, if you lose it you should be able to access a copy over the internet very shortly as the AOP launches its dedicated websites for individual LOCs which we will be represented on.

As I said in the last edition change is happening all around and we now know that we will have 2 PCTs in Bucks. This will present us with different experiences as the 2 PCTs have different characters and ethos. How we respond to that will be a challenge and we are still discussing the best way forward. To change our constitution at this stage is long-winded and impractical but we feel that it is probably best if each area is represented by a sub-committee and each reports to a smaller LOC which acts as a steering group. There would also be a clinical governance group which will cover the whole county.

If you have any suggestions or thoughts on the matter please let Peter or me know so that they can be passed on. The next AGM in April/May will be the one at which elections are held so we need to have some ideas of how we will proceed. It is important that a balance of representatives from all sectors of GOS provision is represented along with representation from hospital Optoms and DO's so that balanced views are obtained. Please, therefore give some consideration who you would like to represent you.

BRUCE GILSON— Chair Bucks LOC

MID & SOUTH BUCKS Direct Cataract referral Re- accreditation

For those on the Mid & South Bucks Direct referral accreditation list there is to be a review and re-accreditation evening on the 16th October 2006 at 6.30 for 7.00pm. You should have received details under separate cover about this along with a request for a copy of your audit sheet(s) so that we can analyse the performance of the scheme. It is imperative these are returned to Peter Chilton. This is part of the agreement to be on the scheme.

If you are not accredited, particularly if no one else in your practice is, you are welcome to attend. Please let Peter Chilton know.

REFRACTING CHILDREN COURSE Tuesday 6th February 2007 POSTGRADUATE CENTRE, STOKE MANDEVILLE HOSPITAL 1.00pm—5.30pm

A date for your diary for those interested in becoming more confident in examining the child patient up to 9 years. A very high quality line up of speakers has been organised, Mrs Hazel Kay (designer of Kay pictures) Dr Margaret Woodhouse, well known expert on refracting children from Cardiff University and Dr Susanne Kelly our own expert on visual function loss.

The cost has yet to be finalised but is expected to be £20 to include a light lunch to start the programme. This is to tie in with the poster campaign mentioned elsewhere.

WEBSITE

The AOP is launching a website for LOCs at the National Optometric Conference in October. Any LOC wanting a website can have their own dedicated section. Bucks LOC has been one of the trial sites and will be on the launch site. We are still adding content but trust it will give access to all details of referral schemes, forms and other useful information including these newsletters. Access details will be available later

DIABETIC SCREENING SERVICE

The contract for the diabetic screening service has been awarded jointly to Buckinghamshire Hospital Trust and Milton Keynes General Hospital Trust although it will be administered by Milton Keynes. It will be an extension of the scheme which has been running in Milton Keynes for several years. [When it comes into operation] it will operate exclusively from the 4 main hospital sites in Buckinghamshire, Milton Keynes, Stoke Mandeville, Wycombe and Amersham. There will initially be no outside or mobile facility, due to financial constraints. We have pointed out the difficulties for patients in the extremes of the county and the service optometrists could provide to no avail.

NEW CONTRACT

As you know consultations over the proposed new contract are continuing at present. We have no more information than is generally available, which to my ears is not overly encouraging. All practices are likely to be visited by a member of the PCT in preparation for the new contract. You will be notified when further details are available. One of the requirements will undoubtedly be many more clinical governance policies. Now may be a good time to get ahead of the game and put into place up to date, complaints, health and safety, risk management, child protection and smoke free policies among others. The clinical governance committee and PCTs can advise you on these should you need it.

CHILDRENS EYE EXAMINATIONS

- With the reduction in school nurses and the removal of the eye check by health visitors at the age of 3. The LOC is concerned that the number of children who have visual problems undetected will increase. A poster has been devised to raise awareness and the availability of all children to have an NHS sight test. One is enclosed for use in your practice with this newsletter. They have been distributed to all GP Practices, Schools and Nurseries in Bucks. If you need further copies please let Peter Chilton know.
- We are aware that the wording is not always to our liking but understanding by those reading it is paramount and advice was taken.

MUSIC

We have been reminded that if you play recorded music or the radio in your waiting room for whatever reason then you require a licence from the Mechanical Copyright Protection Society. Details from MCPS, Copyright House, 29-33 Berners Street, London. W1T 3AB. Tel 020 7580 5544

PCT Re-organisation

As you have probably heard the result of the nationwide restructuring of PCTs resulted in Wycombe, Chiltern & South Bucks and Vale of Aylesbury are being merged to form Buckinghamshire PCT with Milton Keynes PCT remaining unchanged. These changes come into effect on the 1st October 2006. The new PCT is likely to be based in Aylesbury but this is not confirmed. Notice has been given on premises in Amersham and Wycombe. A new chief executive, Janet Fitzgerald formerly of Reading PCT, has been appointed, the new chair has yet to be appointed. The effects of the change are not yet becoming clear to us, but I am sure will do so over the next weeks and months.

One of the changes that will occur will be that contractors and those on the supplementary list of the new Buckinghamshire PCT will receive new numbers. This should be notified automatically without any action on your part.

We had expected Bucks Shared Services to be merged with their Thames Valley counterparts but they have been given a years stay of execution.

NOTES FROM THE OPTOMETRIC ADVISER

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

GOC removals

If a practitioner or corporate body is removed from the GOC register for any reason then they are also automatically removed from the PCT ophthalmic or supplementary list. Sight tests cannot be performed under GOS until the practitioner or corporate body is restored to the GOC register and also to a PCT list. Fees claimed for sight tests conducted during any time when not on the register or PCT list will be re-claimed. Please make sure you maintain your GOC registration. Common reasons for removal are forgetting to inform them when moving house or work and not returning the required paperwork when paying by direct debit. Next year practitioners will also be removed if they haven't accumulated sufficient CET points so make sure you've confirmed your points by visiting www.cetoptics.com

Spare Pairs

The NHS guidance says *"No patient has ever been automatically entitled to a spare pair of glasses of the same prescription"*. If you feel there is justification for a second pair you should put the reasons down in writing and send it to Karina Rudge in Financial Services at Verney House. You should submit a GOS3 for the first pair in the normal way and await a decision about a second pair. Even if a child has had two pairs previously, maybe from a hospital Rx, you must still seek approval because circumstances change as the child grows up.

Private prescriptions and vouchers

Please make sure that all practice staff are aware that if they receive a private Rx for dispensing and the patient is eligible for a voucher, e.g. a child, then a GOS 3 can be issued. Copy the Rx onto the voucher and indicate the details of the prescriber before getting it signed by an optom. Ophthalmologists or hospital optometrists who test privately do not have access to GOS3 forms but the patient's eligibility for a voucher still applies. (This advice has appeared in the Newsletter before but it is still the most common query I receive).

Point of Service Checks

You should take reasonable steps to ensure that the patient is eligible for a sight test or voucher. Some of the sight test categories are difficult to check but for vouchers you must ask for evidence of eligibility and if none is shown you should put a cross in the 'roundel'. Forms with a cross will be checked so it's important that patients realise that their circumstances could be investigated if they claim when they are not entitled. In some cases patients may be asked to refund the voucher value if they are found not to be entitled. Some of you have asked why it's a cross for 'not seen' rather than a tick for 'seen', well that's because the authorities need to check those who could not produce evidence of entitlement.

Domiciliary Visits

If you visit a patient in their own home, or care home, to perform a sight test you are deemed to be a provider of mobile services and as such must abide by the GOS regulations specific to mobile services. The contractor providing the mobile service must be on the ophthalmic list of the PCT where the patient lives. This means that if you practice on the borders of your PCT area then you should also be on **the** list of the neighbouring PCTs if you visit patients from surrounding areas. This applies however rarely these visits occur.

You must also notify the relevant PCT prior to visiting someone in their own home or in a care home. The patient or his/her representative must request the sight test; it is not acceptable for a care home owner to invite you to test all the residents, unless authorised to do so by the patient or family.

A domiciliary code of practice, equipment list and regulations guidance have been drawn up jointly by all the professional bodies and are available from the AOP and FODO websites.

Issuing vouchers

GOS3 vouchers should be given to patients entitled to receive them at the time of the sight test. The patient should not be asked to sign Part1 until the voucher is used at which time entitlement should be checked and the cross put in the box if necessary.

Prison Optometry

Over the past couple of years the health care of prisoners has passed from the old Home Office to the Department of Health and then down to PCTs. Prisoners are now receiving better health care but this transfer of responsibility will see the prison optometry contracts go out to tender. If you are already involved in providing optometry services to a prison you might like to start preparing your bid for the new contract which will be available from next April. The present providers will automatically be invited to bid but if you think this is something which might interest you and you'd like to make sure that you don't miss out on the opportunity then please contact Peter Smith in Buckinghamshire Shared Services by email to peter.smith@obmh.nhs.uk

Mid & South Bucks Cataract Scheme

This scheme is up and running as you know but we are getting reports that far too many cataract patients are being referred by the old route, i.e via the GP. We are aware that too many patients are being referred without any feedback being received. We have raised this problem many times and are assured that it is being addressed but little improvement has been seen. We will keep endeavouring to produce an improvement.

Milton Keynes Direct Referral Cataract Scheme.

As mentioned in the last newsletter your audit figures should be collected as patients are referred and will be required from October 2005 –October 2006 and returned to me (Peter Chilton) by the beginning of January 2007. This is on an individual practitioner basis, not by practice please.

You will be aware of the problems getting patients seen at Milton Keynes hospital even if they are willing to wait beyond the 13 week deadline. Despite much effort we still do not seem to be able to get to the bottom of it. Milton Keynes PCT blame the hospital, the hospital blame the PCT and both blame Choose and Book. Whatever the cause it needs to be sorted and we are trying to do that. The latest excuse is that it is only GP referrals that have to meet the 13 week deadline.

MKPCT have recently commissioned the mobile Netcare facility in Bicester to conduct some cataract operations for them. We continue to have as much dialogue with the PCT and hospital as they will allow.

OPHTHALMIC PRIMARY CARE

Practice Networks have taken over this clinic following the retirement of Dr Lyn Jenkins. As from 1st October they will take referrals from all Buckinghamshire PCT patients (not MK). At present they still only operate from Great Missenden but expect to expand this to a number of other sites shortly. You should have been notified about this recently. The LOC have been consulted over this letter. The hospitals in Bucks are expected to operate a similar scheme, again further details will be forthcoming.

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