

Sub-Contractors Newsletter November 2017



pene@fastmail.com

TOP TIPS FOR COMPLIANCE, HELP THE SERVICES MEET THEIR KEY PERFORMANCE INDICATORS:

- Remember the timescales of when Patients should be seen for each Service you offer.
- Be aware of Optomanager completion time scales.
- Patient surveys are very important. They must be provided at the end of each service. Try to encourage Patients to fill them in while still in practice. Updated versions are on Optomanager.

If you provide Community Services – we recommend **all** Optometrists within the Practice become accredited –including Locums



**All non-participating practices;
are welcome to join the
Community Service by sub-
contracting to PENE otherwise
we encourage you to
re-direct suitable patients
Community Services where
appropriate.**

Durham Children's Service launch

30th of November 2017

Ramside Hotel, A690, Durham

6pm for 6.30pm start

Please can at least one person from each participating practice attend.

Director Positions Available

PENE are seeking 2 people to join the Board as Directors. These part-time roles will be to maintain the IG requirements of the Company. A Clinical Background is not required and we are keen to hear from people with experience in Governance

Application Deadline

– December 1st.

Contact PENE for more details and application forms.

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Cataract Service

(DDES/Durham)

Patients with visually significant symptoms caused by cataracts should be counselled regarding these and pros and cons of surgery.

If you took the time to assess and discuss, even if they decline referral - please add to Optomanager.

IOP Repeat Reading Service

(Durham/DDES/N,T&W)

While the new NICE Guidelines pending regarding referrals on IOP alone. These are guidance and the current service continues to be commissioned, until further notice, for repeating with GAT any non-contact results over 21.

- 1st IOP reading should be done on the day of the sight test
- 2nd readings should be done within 2 weeks of the 1st reading.

Patients should be referred from non-participating practises/GP for IOP measuring at an accredited practice within N,T&W.

Ocular Hypertension Monitoring Service to be Commissioned from January 2018

by North Durham, DDES and Darlington CCG's

Practices not participating in the Post school screening Children's Service, please could you inform PENE if a parent 'chooses' to attend you for GOS rather than one of the practises in the Service – PENE are required to understand where all children who 'fail' screening are assessed.

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Children's Services

(Durham/N,T&W)

The most common problem occurring within this service is delayed or forgotten appointments. Within your **active patient** list there is a clear table and key - referring to outstanding visits. **Overdue appointments dates are shown in red.** The following two are the most important to look for.

- **A** Means the practitioner has not signed off the visit
- **I** Refers to those visits where the outcome has not been chosen

Reports will not be sent to the screening teams or GP and the next appointment will not flag up in red when overdue. **Please review your list of patients regularly in the Optomanager module.**



Children's Services Referral Letters (N,T&W)

South Tyneside and Gateshead confusion over screening forms - practices to look at screening team carefully, add the correct screener to the module.

Gateshead schools – form will say

Source of referral: Orthoptic Department, Newcastle Eye Centre, RVI

South Tyneside schools – screened by the school nursing teams and the forms that are sent to the optometrists are very different. They have an address in Clarendon, Hebburn.

Outcome reports to:

Screening teams - All reports from the initial visit and any visits with discharge or referral outcomes, will be automatically sent via secure email

GP reports - Northumberland, North Tyneside and Newcastle West

These are not faxed automatically as the CCGs will not allow reporting by fax yet. So there will be a flag appears to remind you to print and post the GP report when relevant. Again these reports are generated following all outcomes which are referral and discharge and if there is an FTA recorded.