# Ophthalmic Contract Visit Form

**Section A – All Contracts**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **1. Practice details** | | | | | | | | | | | | | | | | | | | | | |
| 1.1 Practice name (66.3) | | | | | | | | | | | 1.2 Contractor name (if different) (66.3) | | | | | | | | | | |
| 1.3 Practice/Correspondence Address (S1 pt2)  Address 1:  Address 2:  Town:  Postcode: | | | | | | | | | | | 1.4 Practice Manager | | | | | | | | | | |
| 1.5 Telephone (S1 pt2) | | | | | | | | | | |
| 1.6 Fax (S1 pt2) | | | | | | | | | | |
| 1.7 Website | | | | | | | | | | |
| 1.8 Email (S1 pt2) | | | | | | | | | | |
| **2. Visit details** | | | | | | | | | | | | | | | | | | | | | |
| 2.1 Date of Visit | | 2.2 Purpose: New application/review existing practice/other | | | | | | | | | | | | | | | | | | | |
| 2.3 Present at visit (include NHS England & practice representatives) | | | | | | | | | | | | | | | | | | | | | |
| 2.4 Name(s): | | | | Job title(s): | | | | | | | | | | | | Representing (body): | | | | | |
| **3. Business type (127-132/133-145)** | | | | | | | | | | | | | | | | | | | | | |
| 3.1 Type | Individual | | | |  | | Partnership | | | | |  | | | | | Company/ LLP/CIC | | | |  |
| 3.2 Owner’s or chief executive’s name | | | | | | | |  | | | | | | | | | | | | | |
| 3.3 Partner’s or Director’s names | | | | | | | |  | | | | | | | | | | | | | |
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| 3.4 Registered address (if different) | | | | | | | |  | | | | | | | | | | | | | |
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| 3.5 Company secretary name (Companies/LLP) | | | | | | | |  | | | | | | | | | | | | | |
| 3.6 Companies House registration number (Companies/LLP) | | | | | | | |  | | | | | | | | | | | | | |
| 3.7 GOC corporate registration number (where applicable) | | | | | | | |  | | | | | | | | | | | | | |
| 3.8 Is the contractor using a protected title (e.g. optometrist/optician) (Section 28 Opticians Act 1989) (65) | | | | | | | |  | | | | | 3.9 Is the title correctly used? | | | | | | |  | | |
| **4. Contracts applied for/held** | | | | | | | | | | | | | | | | | | | | | |
| Mandatory |  | | | | | Additional | | |  | | | | | | Both | | | |  | | |
| **5. Hours of practice opening (including lunchtime closure) (66.3)** | | | | | | | | | | | | | | | | | | | | | | |
| **Monday** | | |  | | | | | | | **Friday** | | | | | | | |  | | | | |
| **Tuesday** | | |  | | | | | | | **Saturday** | | | | | | | |  | | | | |
| **Wednesday** | | |  | | | | | | | **Sunday** | | | | | | | |  | | | | |
| **Thursday** | | |  | | | | | | | **Bank Holiday** | | | | | | | |  | | | | |
| **6. Performers in regular attendance (46 & 66.4)** | | | | | | | | | | | | | | | | | | | | | | |
| 6.1 Optometrist /OMP name | | | 6.2 GOC number | | | | | | | 6.3 Professional indemnity insurance by (e.g. AOP, FODO) | | | | | | | | 6.4 NHS England region responsible for Performer management | | | | |
|  | | |  | | | | | | |  | | | | | | | |  | | | | |
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| **7. Staffing procedures (51)** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | **Yes/No** | | | | **Supporting evidence** | | | | | | | | |
| 7.1 Does the contractor ensure that all professional staff have up-to date professional registration? | | | | | | | | | |  | | | |  | | | | | | | | |
| 7.2 Does the contractor check the references of all registered clinical staff (including locums)? | | | | | | | | | |  | | | |  | | | | | | | | |
| 7.3 Does the contractor check that all performers are covered by up- to-date professional indemnity insurance (where applicable)? | | | | | | | | | |  | | | |  | | | | | | | | |
| 7.4 Has the contractor produced evidence that all employed optometrists and OMPs are included in NHS CB ophthalmic performers list? | | | | | | | | | |  | | | |  | | | | | | | | |
| 7.5 How does the contractor ensure that NHS England / AT is informed of any changes to the performers providing GOS at the practice? | | | | | | | | | |  | | | |  | | | | | | | | |
| 7.6 Does the contractor ensure that staff assisting in the provision of GOS are appropriately trained, and supervised for the tasks that they undertake? | | | | | | | | | |  | | | |  | | | | | | | | |
| 7.7 Does the contractor ensure that clinical procedures are appropriate especially at times when a supervising practitioner is not on the premises, e.g. repeat fields and pressures or child or blind or partially sighted dispensing? | | | | | | | | | |  | | | |  | | | | | | | | |
| **8. Insurances and registrations** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | **Yes/No** | | | | **Supporting evidence** | | | | | | | | |
| 8.1 Contractor has up-to-date arrangements for cover in cases of clinical negligence (89) | | | | | | | | | |  | | | |  | | | | | | | | |
| 8.2 Current employer’s liability cover is available and certificate displayed or otherwise made available to employees (Employer’s Liability (Compulsory Insurance) Act 1969) (100) | | | | | | | | | |  | | | |  | | | | | | | | |
| 8.3 Current public liability cover (90) | | | | | | | | | |  | | | |  | | | | | | | | |
| 8.4 Medicines and Healthcare products Regulatory Agency (MHRA)  registration (assemblers/manufacturers only) (28) (includes contractors using remote edging systems | | | | | | | | | |  | | | |  | | | | | | | | |
| **9. GOS sight test application procedures** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | **Yes/No** | | | | **Supporting evidence** | | | | | | | | |
| 9.1 Practice staff routinely ask for proof of patient eligibility for GOS sight tests (point of service checks) (37) | | | | | | | | | |  | | | |  | | | | | | | | |
| 9.2 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) | | | | | | | | | |  | | | |  | | | | | | | | |
| 9.3 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) | | | | | | | | | |  | | | |  | | | | | | | | |
| 9.4 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) | | | | | | | | | |  | | | |  | | | | | | | | |
| 9.5 Patient is offered a choice of performer where appropriate (25A) | | | | | | | | | |  | | | |  | | | | | | | | |
| 9.6 The practice offers all GOS patient groups equal access to appointments during GOS hours (39) | | | | | | | | | |  | | | |  | | | | | | | | |
| 9.7 The practice is aware of the on-going requirement to notify NHS England / AT of changes to the times at which the contractor is willing to provide GOS (29) | | | | | | | | | |  | | | |  | | | | | | | | |
| **10. Information access and protection** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | **Yes/No** | | | | **Supporting evidence** | | | | | | | | |
| 10.1 Contractor has an up-to-date Freedom of Information Act statement and this is available to patients (100) *(Freedom of Information Act 2005)* | | | | | | | | | |  | | | |  | | | | | | | | |
| 10.2 Registered with information commissioner for data protection (patient data held on computer or other electronic device) (100) *(Data Protection Act 1998)* | | | | | | | | | |  | | | |  | | | | | | | | |
| 10.3 Name and title of person responsible for practices and procedures relating to confidentiality (56) | | | | | | | | | |  | | | |  | | | | | | | | |
| 10.4 The practice policy on handling patient data is available to patients (100*) (Data Protection Act 1998, Freedom of Information Act 2000)* | | | | | | | | | |  | | | |  | | | | | | | | |
| 10.5 Staff are aware how to handle patient data correctly (100) *(Data*  *Protection Act 1998)* | | | | | | | | | |  | | | |  | | | | | | | | |
| 10.6 Does the practice have details of local child /vulnerable adult protection arrangements and are these regularly reviewed*(100)* | | | | | | | | | |  | | | |  | | | | | | | | |
| 10.7 Has the practice got a suitable lone worker policy and is this regularly reviewed (100) | | | | | | | | | |  | | | |  | | | | | | | | |
| 10.8 Has the practice got a suitable chaperone policy and is this regularly reviewed? (100) | | | | | | | | | |  | | | |  | | | | | | | | |
| **11. Record-keeping *(52)*** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | **Yes/No** | | | | **Supporting evidence** | | | | | | | | |
| 11.1 Does the practice have a gifts register? (Entries need only be made if value of gift >£100) (92) | | | | | | | | | |  | | | |  | | | | | | | | |
| 11.2 Patient records are securely stored. If electronic, backups are made regularly and kept separately and securely (52) | | | | | | | | | |  | | | |  | | | | | | | | |
| 11.3 GOS records are retained for seven years in either paper or electronic form. (54) | | | | | | | | | |  | | | |  | | | | | | | | |
| 11.4 Contractor is aware of professional recommendations to keep records for longer, i.e. adults and deceased patients: 10 years; children to 25th birthday | | | | | | | | | |  | | | |  | | | | | | | | |
| 11.5 The practice maintains full and accurate contemporaneous records for all GOS patients (52) | | | | | | | | | |  | | | |  | | | | | | | | |

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| **12. 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 | 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) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Record is legible |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Is it easy to identify from the records which performer undertook the sight test? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **13. Referral and notification procedures** | | |
|  | **Yes/No** | **Supporting evidence** |
| 13.1 Contractor’s referrals are made in accordance with any existing local protocols*(*31)(100) |  |  |
| 13.2 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 |  |  |
| 13.3 Is the patient informed in writing of the reason for their referral? *(Sight Testing [Examination and Prescription] [No.2] Regulations 1989) (100)* |  |  |
| **14. Complaints and incidents** | | |
|  | **Yes/No** | **Supporting evidence** |
| 14.1 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 NHS England / AT to provide a notification form for this purpose.) (103A) |  |  |
| 14.2 The complaints procedure is available to patients and staff  (101) |  |  |
| 14.3 Name of person responsible for dealing with complaints  (108) |  |  |
| 14.4 Contractor maintains a separate record of all complaints and associated paperwork for two years (112) |  |  |
| 14.5 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) |  |  |
| 14.6 The contractor receives safety alerts from the AT/NHS CB  within an appropriate timescale |  |  |
| 14.7 Contractor adheres to the requirements or recommendations of MHRA medical device alerts (MDAs) and safety alert broadcasts (SABs) (28) |  |  |

**Section B – Mandatory Contracts Only**

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| **15. Hours GOS normally provided (if different) (29 & 66.3)** | | | | | | | |
| **Monday** |  | | **Friday** | | |  | |
| **Tuesday** |  | | **Saturday** | | |  | |
| **Wednesday** |  | | **Sunday** | | |  | |
| **Thursday** |  | | **Bank Holiday** | | |  | |
| **16. Signage and documentation** | | | | | | | |
|  | | | **Yes/No** | | **Supporting evidence** | | |
| 16.1 Current notice of eligibility for NHS eye examination is displayed  (57) | | |  | |  | | |
| 16.2 Current notice of eligibility for NHS voucher towards the cost of spectacles is displayed (57) | | |  | |  | | |
| 16.3 A complaints notice including the name of responsible person and contact details is displayed (57) | | |  | |  | | |
| 16.4 Details of business ownership/registered office are displayed  *(Companies Act 2006)* (100) | | |  | |  | | |
| 16.5 Health and safety poster is displayed (or copies supplied to individual employees) (25) | | |  | |  | | |
| 16.6 No smoking sign is displayed *(Health Act 2006)* (100) | | |  | |  | | |
| **17. Health & Safety (28)** | | | | | | | |
|  | | | **Yes/No** | | **Supporting evidence** | | |
| 17.1 Health and safety risk assessment done (must be documented if 5 or more employees in the organisation) | | |  | |  | | |
| 17.2 Contractor has health and safety policy | | |  | |  | | |
| 17.3 Contractor is aware of reporting responsibilities under RIDDOR  *(100) (Reporting Injuries Diseases and Dangerous Occurrences Act*  *1995)* | | |  | |  | | |
| 17.4 A suitable first aid kit is available, the contents are up to date and its location is clearly identified *(*100) *(First Aid Regulations 1981)* | | |  | |  | | |
| 17.5 Contractor has an accident record book and this is complaint with Data protection act requirements.(required if have 10 or more employees, best practice for smaller organisations) (100) *(Social Security (Claims and Payments) Regulations 1979)* | | |  | |  | | |
| 17.6 Portable appliance electrical (PAT) testing and/or regular visual inspection of appliances is carried out (100) *(Electricity at Work Regulations 1989)* | | |  | |  | | |
| 17.7 Fixed installation electrical testing has been undertaken (100) *(Electricity at Work Regulations 1989)* | | |  | |  | | |
| **18. Fire precautions (25) (100) (Regulatory Reform [Fire Safety] Order 2006)** | | | | | | | |
|  | | | **Yes/No** | | **Evidence produced in support** | | |
| 18.1 Fire risk assessment completed | | |  | |  | | |
| 18.2 Fire extinguishers | | |  | |  | | |
| 18.3 Fire extinguishers serviced | | |  | |  | | |
| 18.4 Fire exit signs | | |  | |  | | |
| 18.5 Fire exit clear | | |  | |  | | |
| **19. Suitability of Premises (25)** | | | | | | | |
|  | | Non clinical areas e.g. stairs (Yes/No) | | Reception area  (Yes/No) | | | Dispensing area (Yes/No) |
| 19.1 Clean and tidy | |  | |  | | |  |
| 19.2 Adequate lighting | |  | |  | | |  |
| 19.3 The area is clear of trip hazards | |  | |  | | |  |
| 19.4 Traffic routes are clear of obstructions | |  | |  | | |  |
| 19.5 Reasonable patient access (where applicable)  *(Disability Discrimination Act 1995)* | |  | |  | | |  |
| 19.6 Suitable and sufficient seating | |  | |  | | |  |
| 19.7 Layout respects the need for patient confidentiality (including safety of data displayed on computer terminals). Appeal case number FHS 13905 refers | |  | |  | | |  |
| 19.8 There is a facility for confidential telephone calls to be made by the optometrist/OMP e.g. for urgent referrals | |  | |  | | |  |
| 19.9 Additional Comments | |  | | | | | |

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| **20. Consulting Room facilities and Clinical Testing Equipment (25)** | | | | | |
|  | **Shared facility** | **Room 1** | **Room 2** | **Room 3** | **Room 4** |
| 20.1 Clean and tidy |  |  |  |  |  |
| 20.2 Adequate lighting |  |  |  |  |  |
| 20.3 The area is clear of trip hazards |  |  |  |  |  |
| 20.4 Traffic routes are clear of obstructions |  |  |  |  |  |
| 20.5 Reasonable patient access (100) *(Disability Discrimination*  *Acts 1995 & 2005)* |  |  |  |  |  |
| 20.6 Suitable and sufficient seating |  |  |  |  |  |
| 20.7 Constructed to be suitable for confidential consultations |  |  |  |  |  |
| 20.8 Adequate testing distance |  |  |  |  |  |
| 20.9 Equipment |  |  |  |  |  |
| 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 |  |  |  |  |  |
| 20.10 Additional comments | | | | | |

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| **21. Ophthalmic drugs *(25)* \*Essential to provision of GOS; others optional dependant on practice and instrumentation** | | |
|  | **Available** | **In Date** |
| 21.1 \*Mydriatic (e.g. tropicamide) |  |  |
| 21.2 \*Staining Agents (e.g. fluorescein) |  |  |
| 21.3 \*Cycloplegic (e.g. cyclopentolate) |  |  |
| 21.4 Anti-infective (e.g. chloramphenicol) |  |  |
| 21.5 Topical anaesthetics (e.g. proxymetacaine / oxybuprocaine) |  |  |
|  | **Yes/No** | **Supporting evidence** |
| 21.6 Drugs are stored appropriately and securely (e.g. proxymetacaine and chloramphenicol in a fridge) |  |  |
| 21.7 Single dose drugs (e.g. Minims) are used once and then discarded |  |  |
| **22. Infection control (28)** | | |
|  | **Yes/No** | **Supporting evidence** |
| 22.1 Access to a wash hand basin (good practice for this to be within the consulting room) |  |  |
| 22.2 Soap |  |  |
| 22.3 Paper towels |  |  |
| 22.4 Alcohol gel or alternative anti-bacterial hand rub available |  |  |
| 22.5 Staff aware of good hand washing practice |  |  |
| 22.6 procedures in places for decontamination of hard surfaces |  |  |
| 22.7 Suitable procedures for decontamination of reusable equipment |  |  |
| 22.8 Appropriate use of disposable and single use items |  |  |
| **23. Waste disposal (100) *(Section 34 Environmental Protection Act 1990)*** | | |
|  | **Yes/No** | **Supporting evidence** |
| 23.1 Contractor aware of duty of care to appropriately dispose of waste |  |  |
| 23.2 Contract in place for disposal of pharmaceutical waste |  |  |
| 23.3 Record relating to medicines disposal kept for correct time period (transfer notes two years, consignment notes three years) |  |  |

**Section C – Additional Contracts Only**

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| **24. Procedures and documentation** | | | | | |
|  | | **Yes/No** | | **Supporting evidence** | |
| 24.1 Suitable GOS patient leaflet available (57) | |  | |  | |
| 24.2 Is contractor aware of domiciliary code of practice? | |  | |  | |
| 24.3 Does practice comply with notification requirement (24) | |  | |  | |
| **25. Mobile equipment requirements (25)** | | | | | |
|  | | **Yes/No** | | **Supporting evidence** | |
| Distance test chart (internally illuminated or computer) | |  | |  | |
| 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 | |  | |  | |
| Distance test chart (internally illuminated or computer) | |  | |  | |
| **26. Ophthalmic drugs (25) \*Essential to provision of GOS; Others optional dependant on practice and instrumentation** | | | | | |
|  | **Available** | | **In date** | | **Comments** |
| 26.1 \*Mydriatic (e.g. tropicamide) |  | |  | |  |
| 26.2 \*Staining Agents (e.g. fluorescein/rose Bengal) |  | |  | |  |
| 26.3 Cycloplegic (e.g. cyclopentolate) |  | |  | |  |
| 26.4 Anti-infection (e.g. chloramphenicol) |  | |  | |  |
| 26.5 Topical anaesthetics (e.g. proxymetacaine / oxybuprocaine) |  | |  | |  |
|  | **Yes/No** | | | | **Supporting evidence** |
| 26.6 Drugs are stored appropriately and securely (e.g. proxymetacaine and chloramphenicol in a fridge at base) |  | | | |  |
| 26.7 Single dose drugs (e.g. Minims) are used once and then discarded |  | | | |  |
| **27. Infection control *(28)*** | | | | | |
|  | | **Yes/No** | | **Supporting evidence** | |
| 27.1 Liquid soap where this is unlikely to be available at the premises visited or alternative means of cleaning the hands | |  | |  | |
| 27.2 Paper towels where appropriate hand-drying facilities are unlikely to be available on the premises visited | |  | |  | |
| 27.3 Alcohol gel or alternative anti-bacterial hand rub available | |  | |  | |
| 27.4 Suitable procedures for decontamination of reusable equipment | |  | |  | |
| 27.5 Appropriate use of disposable and single use items | |  | |  | |
| **28. Waste disposal (100) *(Section 34 Environmental Protection Act 1990)*** | | | | | |
|  | | **Yes/No** | | **Supporting evidence** | |
| 28.1 Contractor aware of duty of care to appropriately dispose of waste | |  | |  | |
| 28.2 Contract in place for disposal of pharmaceutical waste | |  | |  | |
| 28.3 Records relating to medicines disposal kept for correct time period (transfer notes two years, consignment notes three years) | |  | |  | |
| 28.4 Contractor registered as a waste carrier | |  | |  | |

**Section D – Action Plan**

|  |  |
| --- | --- |
| **Name of Practice** |  |
| **Address** |  |
|  |  |
|  |  |
|  |  |
| **Date of Action Plan** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section No.** | **Key Actions** | **Person(s) Responsible** | **Timescale** |
|  |  |  |  |
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I have addressed the above actions detailed in the action plan above and implemented any/all 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:

Medical & Optometry Team (Primary Care Commissioning), Floor 2, Preston Business Centre, Watling Street Road Preston, PR2 8DY or via email to england.lancsat-optometry@nhs.net