# Ophthalmic Contract Visit Form 2019

**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 How does the contractor ensure that all professional staff have up-to date professional registration? Contractors should check this on an annual basis in April/May | | | | | | | | | |  | | | |  | | | | | | | | |
| 7.2 Does the contractor check the references of all registered clinical staff (including locums)? | | | | | | | | | |  | | | |  | | | | | | | | |
| 7.3 How 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 or engaged optometrists and OMPs are included in NHS England ophthalmic performers list? Contractor should hold documentary evidence of inclusion | | | | | | | | | |  | | | |  | | | | | | | | |
| 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 How 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 How 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 If you undertake assembly or glazing you should be registered with Medicines and Healthcare products Regulatory Agency (MHRA)  (28) If you do not undertake assembly/glazing enter N/A | | | | | | | | | |  | | | |  | | | | | | | | |
| **9. GOS sight test application procedures** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | **Yes/No** | | | | **Supporting evidence** | | | | | | | | |
| 9.1 Practice staff always ask for proof of patient eligibility for GOS sight tests (point of service checks) (37) | | | | | | | | | |  | | | |  | | | | | | | | |
| 9.2 Do 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 Is the patient is offered a choice of performer where appropriate (25A) | | | | | | | | | |  | | | |  | | | | | | | | |
| 9.6 Does the practice offer all GOS patient groups equal access to appointments during GOS hours (39) | | | | | | | | | |  | | | |  | | | | | | | | |
| 9.7 Is the Contractor 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 Data Protection fee paid to the Information Commissioners Office(ICO)? (Patient data held on computer or other electronic device (100) (Data Protection( Charges and Information)) Regulations 2018 | | | | | | | | | |  | | | |  | | | | | | | | |
| 10.3 Name of Data Protection Officer(DPO) or if a DPO has not been appointed, the person responsible for practices and procedures relating to data protection and confidentiality(56) | | | | | | | | | |  | | | |  | | | | | | | | |
| 10.4 The practice policy on handling patient data is available to patients (100) (General Data Protection Regulations, Art 13 Freedom of Information Act 2000) | | | | | | | | | |  | | | |  | | | | | | | | |
| 10.5 Staff are aware how to handle patient data correctly (100) *(GDPR/Data*  *Protection Act 2018)* | | | | | | | | | |  | | | |  | | | | | | | | |
| 10.6 Does the practice have details of local child /vulnerable adult safeguarding protection arrangements and are these 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 How are 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) | | | | | | | | | |  | | | |  | | | | | | | | |
| 11.6 How does the contractor ensure that records are securely destroyed.(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 is aware of requirement to maintain a separate record of all complaints and associated paperwork for two years (112) |  |  |
| 14.5 Contractor is aware of the obligation to report adverse incidents potentially affecting the performance of the contract (66) |  |  |
| 14.6 The contractor receives safety alerts from NHS England  within an appropriate timescale |  |  |
| 14.7 Does the Contractor adhere 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, NHS Voucher and NHS Complaints is displayed and populated as appropriate  (57) | | |  | |  | | |
| 16.2 Details of business ownership and registered office are displayed in an accessible location  *(Companies Act 2006)* (100) | | |  | |  | | |
| 16.3 Most recent version of Health and Safety poster is displayed (or copies supplied to individual employees) (25) | | |  | |  | | |
| 16.4 No smoking sign is displayed *(Health Act 2006)* (100) | | |  | |  | | |
| 16.5 Has the practice got a suitable chaperone policy and is this regularly reviewed? (100) Notice displayed in prominent place | | |  | |  | | |
| **17. Health & Safety (28)** | | | | | | | |
|  | | | **Yes/No** | | **Supporting evidence** | | |
| 17.1 Health and safety risk assessment done (must be documented if 5 or more employees or individuals under a contract to provide services in the organisation) | | |  | |  | | |
| 17.2 Does the Contractor has health and safety policy | | |  | |  | | |
| 17.3 Has the practice got a suitable lone worker policy and is this regularly reviewed (100) (This may be part of your Health and Safety Policy) | | |  | |  | | |
| 17.4 Can the Contractor explain their reporting responsibilities under RIDDOR  *(100) (Reporting Injuries Diseases and Dangerous Occurrences Act*  *1995)* | | |  | |  | | |
| 17.5 A suitable first aid kit is available, the contents are up to date and its location is clearly identified *(*100) *(First Aid Regulations 1981)* | | |  | |  | | |
| 17.6 Contractor has an accident record book or other arrangements and this is compliant 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)* | | |  | |  | | |
| 17.7 Portable appliance electrical (PAT) testing and/or regular visual inspection of appliances is carried out (100) *(Electricity at Work Regulations 1989)* | | |  | |  | | |
| 17.8 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 Has the fire risk been assessment completed(Regulatory Reform(Fire Safety) Order 2005) | | |  | |  | | |
| 18.2 Fire extinguishers | | |  | |  | | |
| 18.3 Fire extinguishers serviced on a regular basis as per manufacture’s recommendations | | |  | |  | | |
| 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 Are the premises clean and tidy? | |  | |  | | |  |
| 19.2 Does the premises have adequate lighting? | |  | |  | | |  |
| 19.3 Is the premises clear of trip hazards? | |  | |  | | |  |
| 19.4 Does the premises have traffic routes are clear of obstructions? | |  | |  | | |  |
| 19.5 Does the premises have reasonable patient access (where applicable)?  *(Equality Act 2010)* | |  | |  | | |  |
| 19.6 Does the premises have 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 There are appropriate facilities for employees to take breaks including meal breaks. This should include adequate toilet and washing facilities. (Workplace(Health and Welfare) Regulations 1992. | |  | |  | | |  |
| 19.10 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 Is the consulting room clean and tidy |  |  |  |  |  |
| 20.2 Is there adequate lighting |  |  |  |  |  |
| 20.3 Is the area is clear of trip hazards |  |  |  |  |  |
| 20.4 Are traffic routes are clear of obstructions |  |  |  |  |  |
| 20.5 Is there reasonable patient access(100) *(Equality Act 2010)* |  |  |  |  |  |
| 20.6 Is there suitable and sufficient seating |  |  |  |  |  |
| 20.7 Is the consulting room suitable for confidential consultations and confidential telephone calls to be made by the optometrist/OMP. e.g for urgent referrals |  |  |  |  |  |
| 20.8 Is there 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  Retinoscopes and ophthalmoscopes belong to the performers.  The practice is required to have a retinoscope and ophthalmoscope that is kept permanently at the practice. | | | | | |

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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 and non fridge items to be stored out of reach of children) |  |  |
| 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 Liquid Soap |  |  |
| 22.3 Paper towels in a wall-mounted dispenser |  |  |
| 22.4 Alcohol gel or alternative anti-bacterial hand rub available |  |  |
| 22.5 Staff aware of good hand washing practice and advice on good handwashing practice is displayed. |  |  |
| 22.6 What 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 Name of provider 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 Is there a Suitable GOS patient leaflet available (57) | |  | |  | |
| 24.2 Is contractor aware of domiciliary code of practice? | |  | |  | |
| 24.3 How does practice comply with notification requirements (24) | |  | |  | |
| 24.4 Has the practice got a suitable lone worker policy and is this regularly reviewed (100) (This may be part of your Health and Safety Policy) | |  | |  | |
| **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 | |  | |  | |
| **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 appropriate 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 Is the Contractor registered as a waste carrier. You can register at [www.wastecarriersregistration.service.gov.uk](http://www.wastecarriersregistration.service.gov.uk) | |  | |  | |

**Section D – Action Plan**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Section No.** | **Key Actions** | **Person(s) Responsible** | **Timescale** |
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The timescales set out in this action plan are to allow a contractor time to take remedial action to comply with their NHS contract in relation to the issues listed.

After the relevant timescales have expired an extension may be granted at the absolute discretion of the Commissioner or a formal remedial/breach notice may be issued. This action plan will not excuse or prevent any action or disciplinary sanctions from other bodies during the time permitted to comply with the actions set out.

I have addressed the actions detailed in the action plan listed above dated \_\_\_\_\_\_\_\_ and implemented any/all relevant changes.

I understand that if I provide information that is inaccurate or untrue I may be prosecuted, and I declare that the information that I have provided is true and accurate to my best knowledge and belief.

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