This form is to be completed by a Contractor / Store Director / Practice Manager and returned to NHS Wales Shared Services by email:

nwssp-primarycareservices@wales.nhs.uk

Please note:

* **Part A** - To be completed by **all** practices.
* **Part B** - To be completed by **Static Ophthalmic Practices** only.
* **Part C** - To be completed where **Mobile Services** are offered.
* **Part D** - To be completed by all practices.

 **A –**

## PART A: DETAILS OF APPLICATION *(this section must be completed by all applicants)*

### ****Reason for self-assessment declaration****

|  |  |
| --- | --- |
| [ ]  New Practice opening *(mobile & static)* | [ ]  Change of Ownership |
| [ ]  Relocation of Premises | [ ]  To become EHEW accredited *(static practices only)* |
| [ ]  Mobile Service preparation for WGOS |

### ****Practice Details****

|  |  |
| --- | --- |
| 1. Name of Contractor:
 | Click or tap here to enter text.  |
| 1. Trading as:
 | Click or tap here to enter text.  |
| 1. Practice Address:
 | Click or tap here to enter text.  |
| 1. Telephone Number:
 | Click or tap here to enter text.  |
| 1. Email:
 | Click or tap here to enter text.  |
| 1. Fax:
 | Click or tap here to enter text.  |
| 1. Website for practice:
 | Click or tap here to enter text. |

### Operation/Ownership:

|  |  |  |
| --- | --- | --- |
| 3.1 Business type: | [ ]  Sole Trader[ ]  Partnership | [ ]  Limited Company[ ]  Body Corporate |
| 3.2 GOC Number:  | Click or tap here to enter text.  |
| 3.3 Health Board: | Please select... |

* 1. Director(s) details:

|  |  |  |
| --- | --- | --- |
| **Name** | **Who is:** | **GOC number *(if applicable)*** |
|  | A Registered Optometrist |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

### Opening / Operating Hours

Days and Hours that services will be provided:

|  |  |  |
| --- | --- | --- |
| **Day**  | **Opening Hours** | **Core Hours** |
| Monday | Click or tap here to enter text. | Click or tap here to enter text. |
| Tuesday | Click or tap here to enter text. | Click or tap here to enter text. |
| Wednesday | Click or tap here to enter text. | Click or tap here to enter text. |
| Thursday | Click or tap here to enter text. | Click or tap here to enter text. |
| Friday | Click or tap here to enter text. | Click or tap here to enter text. |
| Saturday | Click or tap here to enter text. | Click or tap here to enter text. |
| Sunday | Click or tap here to enter text. | Click or tap here to enter text. |

### Clinical Practice Staff:

*(Please list the Optometrists and Dispensing Opticians, working in the practice)*

|  |  |  |
| --- | --- | --- |
| **Name** | **Registered as** | **GOC Number** |
| Click or tap here to enter text. | SOL | Click or tap here to enter text. |
| Click or tap here to enter text. | SOL | Click or tap here to enter text. |
| Click or tap here to enter text. | SOL | Click or tap here to enter text. |
| Click or tap here to enter text. | SOL | Click or tap here to enter text. |
| Click or tap here to enter text. | SOL | Click or tap here to enter text. |

### Patient Information

1. Is information available regarding the availability of, and eligibility for, NHS sight tests?

|  |  |
| --- | --- |
| [ ]  Yes [ ]  No | *Please upload evidence here**If this is available as a PDF, please send in an email to NWSSP* |

1. Are leaflets available regarding the NHS spectacle voucher scheme?

|  |  |
| --- | --- |
| [ ]  Yes [ ]  No | *Please upload evidence here**If this is available as a PDF, please send in an email to NWSSP* |

1. How would a patient know which Optometrist they were seeing?

|  |  |
| --- | --- |
| Choose an item. | *Please upload picture evidence here* |

### Complaints

* 1. Does the practice have a complaints procedure?

|  |  |
| --- | --- |
| [ ]  Yes [ ]  No | *Please upload evidence here**If this is available as a PDF, please send in an email to NWSSP* |

* 1. Is there a member of staff with responsibility for the management of complaints?

[ ]  Yes [ ]  No

7.3 Please provide contact details if different from main practice details:

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Telephone Number: Click or tap here to enter text.

7.4 Is information regarding the complaint’s procedures available to patients?

|  |  |
| --- | --- |
| [ ]  Yes [ ]  No | *Please upload evidence here**If this is available as a PDF, please send in an email to NWSSP* |

*Advisory: All ophthalmic practices must provide information on ‘Putting Things Right’ (PTR) to patients and service users.*

*More details available:*

[*4 (wales.nhs.uk)*](http://www.wales.nhs.uk/sitesplus/documents/861/Healthcare%20Quality%20-%20Guidance%20-%20Dealing%20with%20concerns%20about%20the%20NHS%20-%20Version%203%20-%20CLEAN%20VERSION%20%20-%2020140122.pdf)

[*Putting Things Right: When you tell us what's wrong (gov.wales)*](https://gov.wales/sites/default/files/publications/2020-09/putting-things-right-easy-read.pdf)

[*Putting Things Right: alternative formats | GOV.WALES*](https://gov.wales/putting-things-right-alternative-formats)

### Notices

1. Practice: Does the practice have and display a liability of insurance certificate? Please upload both your employers and public liability insurance certificates?

|  |  |  |
| --- | --- | --- |
| [ ]  Yes [x]  No |  |  |
|  | *Please upload evidence here**If this is available as a PDF, please send in an email to NWSSP* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Insurance Type** | **Insured by** | **Policy Number** | **Expiry date** |
| Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

### Record Keeping

*(This section is for the purpose of Post Payment Verification)*

* 1. Are the patient records:

 On Paper records [ ]

 Electronic [ ]

 Hybrid (paper and electronic) [ ]

If electronic, what is the name of practice management system used?

Click or tap here to enter text.

* 1. Are you registered with the Information Commissioners Office under the Data Protection Act? <https://ico.org.uk/>

|  |  |
| --- | --- |
| [ ]  Yes [ ]  No | *Please upload evidence here**If this is available as a PDF, please send in an email to NWSSP* |

* 1. Are the records stored securely and is access to them limited to practice staff?

|  |  |  |
| --- | --- | --- |
| [ ]  Yes [ ]  No |  |  |
|  | *Please upload evidence here**If this is available as a PDF, please send in an email to NWSSP* |

* 1. Does the format of the patient record permit good record-keeping?

(i.e. there prompts and not just a blank paper / screen)

|  |  |
| --- | --- |
| [ ]  Yes [ ]  No | *Please upload evidence here**If this is available as a PDF, please send in an email to NWSSP*  |

* 1. Do the records show that the practice is keeping clear, accurate and contemporaneous patient records that report the relevant clinical findings, the decisions made, the information given to patients and any drugs or other treatment prescribed and or used?

[ ]  Yes [ ]  No

9.6 Do the record cards show an adequate audit trail for NHS PPV purposes?

[ ]  Yes [ ]  No

### Privacy

* 1. Are there procedures / processes in place that to ensure that a suitable degree of confidentiality is respected whilst delivering a GOS / EHEW service?

[ ]  Yes [ ]  No

* 1. Are staff understand the importance of patient confidentiality and what to do if this is breached?

[ ]  Yes [ ]  No

Under the Freedom of Information Act 2000 all public authorities are required to have and operate a publication scheme approved by the Information Commissioner. Companies / practices providing general ophthalmic services under contract to the NHS in England, Wales and Northern Ireland are public authorities in respect of information relating to those services.

Do you have an Information Commissioner’s Publication Scheme for the practice in accordance with the Freedom of Information Act 2000 and fulfilling the obligations on optician’s practices under the Act?

|  |  |
| --- | --- |
| [ ]  Yes [ ]  No | *Please share the certificate in an email* |

*Useful Links:*

* [*https://ico.org.uk/for-organisations/guide-to-freedom-of-information/publication-scheme/*](https://ico.org.uk/for-organisations/guide-to-freedom-of-information/publication-scheme/)

## PART B: Static PrACTICE Details

## *(To be completed only if delivering GOS from a Static practices)*

### Notices

* 1. Does the practice display the latest HSE-approved Health & Safety poster?

Will the practice be providing EHEW service?

|  |  |
| --- | --- |
| [ ]  Yes [ ]  No | *Please upload evidence here**If this is available as a PDF, please send in an email to NWSSP*  |

### Services Provided

* 1. Will the practice be providing NHS eye examinations for adults?

[ ]  Yes [ ]  No

* 1. Will the practice be providing NHS eye examinations for children?

[ ]  Yes [ ]  No

* 1. Will the practice be providing Low Vision service?

[ ]  Yes [ ]  No

* + 1. Name of Low Vision Accredited Practitioner(s):

|  |
| --- |
| **Name** |
|  Click or tap here to enter text. |
|  Click or tap here to enter text. |
|  Click or tap here to enter text. |

* 1. Will the practice be providing EHEW?

[ ]  Yes [ ]  No

* + 1. Name of Optometrist(s) / Contact Lens Optician(s) regularly offering EHEW:

|  |
| --- |
| **Name** |
|  Click or tap here to enter text. |
|  Click or tap here to enter text. |
|  Click or tap here to enter text. |

### Accessibility

* 1. Is the practice wheelchair accessible?

|  |  |  |
| --- | --- | --- |
| [ ]  Yes [ ]  No |  |  |
|  | *Please upload picture of practice entrance* | *Please upload a picture of the consulting room entrance* |

* 1. Can the consulting room chair be re-moved to accommodate a wheelchair? *(This is not a requirement)*

[ ]  Yes [ ]  No

* 1. Does the practice have a Hearing Loop aid?

|  |  |
| --- | --- |
| [ ]  Yes [ ]  No | *Please upload evidence here*  |

### Equipment

* 1. Please confirm that the following equipment is available in the practice by uploading pictures in the appropriate box

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Distance test chart | Near reading test | Trial frame & accessories and/or phoropter-head |
|  |  |  |
| Retinoscope | Distance BV test | Near BV test |
|  |  |  |
| Focimeter | Direct ophthalmoscope | Slit lamp |
|  |  |  |
| Equipment to enable binocular fundus view | Goldmann-type applanation tonometer | Vision testing equipment suitable for testing children |
|  |  |  |
| Stereopsis test | Colour vision test | Amsler chart |
|  |  |  |
| Visual field screener which must be:* Automated
* Threshold-related
* Capable of producing a shareable field plot
 | Eyelash and Foreign body removal instrumentation |  |

4.2 Please can you confirm the name and model of the automated visual field equipment that will be used in practice:

Click or tap here to enter text.

4.3 Does the practice have an audit trail to demonstrate that the Contact Tonometer is regularly calibrated?

[ ]  Yes [ ]  No

*Advisory: It is recommended that the Contact Tonometer should be calibrated at least once a month*

4.4 Does the practice have the following equipment? *(Please upload evidence if available)*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Keratometer | Fundus Camera | OCT |

### Ophthalmic Drugs

* 1. Are the following drugs available/carried in/by the practice? If yes, where are they stored?

|  |  |  |
| --- | --- | --- |
| Topical Anaesthetic  | [ ]  Yes [ ]  No | Choose an item. |
| Mydriatic | [ ]  Yes [ ]  No | Choose an item. |
| Cycloplegics | [ ]  Yes [ ]  No | Choose an item. |
| Staining Agents | [ ]  Yes [ ]  No | Choose an item. |
| Chloramphenicol | [ ]  Yes [ ]  No | Choose an item. |



*Please upload evidence here*

* 1. How are the ophthalmic drugs disposed?

Click or tap here to enter text.

### Infection Control

Do you have a suitable means for hand washing/hand sterilizing in between patients?

*Advisory: to be effective against staphylococci, including MRSA, hand sanitisers must contain 70% of either ethyl isopropyl alcohol*

|  |  |
| --- | --- |
| [ ]  Yes [ ]  No | *Please provide evidence* |

## PART C: mobile service Details *(To be completed if offering any form of mobile service)*

### Display

* 1. Does the practice display the latest HSE-approved Health & Safety poster?

|  |  |
| --- | --- |
| [ ]  Yes [ ]  No | *Please upload evidence here**If this is available as a PDF, please send in an email to NWSSP*  |

### Services Provided

* 1. Will the practice be providing NHS eye examinations for adults?

[ ]  Yes [ ]  No

* 1. Will the practice be providing NHS eye examinations for children?

[ ]  Yes [ ]  No

* 1. Will the practice be providing Low Vision service?

[ ]  Yes [ ]  No

* + 1. Name of Low Vision Accredited Practitioner:

|  |
| --- |
| **Name** |
|  Click or tap here to enter text. |
|  Click or tap here to enter text. |
|  Click or tap here to enter text. |

### Equipment

* 1. The equipment required to deliver EHEW is listed in the table below. Please indicate whether the equipment is available to use at the time of the appointment or whether a re-visit would be necessary (e.g. where a loan kit would be sourced)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Available at time of appointment | Not available at time of appointment, but could be sourced | If not available at the appointment, when would the equipment be available?*(Number of days)* |
| Distance test chart |[ ] [ ]   |
| Near reading test |[ ] [ ]   |
| Trial frame & accessories and/or phoropter-head |[ ] [ ]   |
| Retinoscope |[ ] [ ]   |
| Distance & near BV test |[ ] [ ]   |
| Focimeter |[ ] [ ]   |
| Direct ophthalmoscope |[ ] [ ]   |
| Slit lamp |[ ] [ ]   |
| Equipment to enable binocular fundus view |[ ] [ ]   |
| Goldman-type applanation tonometer |[ ] [ ]   |
| Vision testing equipment suitable for testing children |[ ] [ ]   |
| Stereopsis test |[ ] [ ]   |
| Colour vision test |[ ] [ ]   |
| Amsler chart |[ ] [ ]   |
| Visual field screener which must be:* Automated
* Threshold-related
* Capable of producing a shareable field plot
 |[ ] [ ]   |
| Eyelash removal instruments |[ ] [ ]   |
| Foreign body removal instrumentation |[ ] [ ]   |

*NB: Where a Performer / Contractor wishes to complete a certain test as part of their clinical investigation, but the equipment (for whatever reason) is not available at the time of the WGOS episode, the WGOS episode may continue on condition that arrangements are in place for the examination to be completed in a timescale that does not compromise patient safety and care.*

* 1. Please upload pictures of the equipment that the practitioner would have access to

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Distance test chart | Near reading test | Trial frame & accessories and/or phoropter-head |
|  |  |  |
| Retinoscope | Distance BV test | Near BV test |
|  |  |  |
| Focimeter | Direct ophthalmoscope | Slit lamp |
|  |  |  |
| Equipment to enable binocular fundus view | Goldmann-type applanation tonometer | Vision testing equipment suitable for testing children |
|  |  |  |
| Stereopsis test | Colour vision test | Amsler chart |
|  |  |  |
| Visual field screener which must be:* Automated
* Threshold-related
* Capable of producing a shareable field plot
 | Eyelash and Foreign body removal instrumentation |  |

3.2 Please can you confirm the name and model of the automated visual field equipment that will be used in practice:

Click or tap here to enter text.

3.3 Does the practice have an audit trail to demonstrate that the Contact Tonometer is regularly calibrated?

[ ]  Yes [ ]  No

*Advisory: It is recommended that the Contact Tonometer should be calibrated at least once a month*

### Ophthalmic Drugs

* 1. Are the following drugs available? If yes, were are they stored between patient visits?

|  |  |  |
| --- | --- | --- |
| Topical Anaesthetic  | [ ]  Yes [ ]  No | Choose an item. |
| Mydriatic | [ ]  Yes [ ]  No | Choose an item. |
| Cycloplegics | [ ]  Yes [ ]  No | Choose an item. |
| Staining Agents | [ ]  Yes [ ]  No | Choose an item. |
| Chloramphenicol | [ ]  Yes [ ]  No | Choose an item. |



*Please upload evidence here*

* 1. How are the ophthalmic drugs disposed?

Click or tap here to enter text.

* 1. How are the Ophthalmic drugs transported to and from the patient’s home?

Click or tap here to enter text.

### Infection Control

Do you have a suitable means for hand washing/hand sterilizing in between patients?

*Advisory: to be effective against staphylococci, including MRSA, hand sanitisers must contain 70% of either ethyl isopropyl alcohol*

|  |  |
| --- | --- |
| [ ]  Yes [ ]  No | *Please provide evidence* |

## PART D *TO BE COMPLETED BY STATIC AND MOBILE SERVICES*

### General Ophthalmic Services/NHS Sight Testing:

I certify that the Practice, as detailed in this form, has the necessary equipment and documentation required to perform GOS/NHS Sight Testing. The Practice is aware that the provision of NHS GOS may only be provided by practitioners who are currently listed on the Supplementary/Ophthalmic List in Wales.

*(Applicant’s signature can be the Contractor / Store Director / Manager or Director)*

* 1. Applicant’s name: Click or tap here to enter text.
	2. Applicants Signature:
	3. Designation: Click or tap here to enter text.

Date: Click or tap to enter a date.

### EHEW accreditation

*Applicant can be the Contractor / Store Director / Manager or Director*

I certify that the Practice, as detailed in this form:

* Has access to the necessary equipment and documentation required to be able to perform an EHEW service.
* Is aware that the provision of EHEW cannot be delivered as a mobile service and may only be provided by practitioners who are currently listed on the Supplementary/Ophthalmic List in Wales and are accredited to deliver the service.
* Understands the requirement to carry out the EHEW service in accordance with the latest version of the EHEW Manual.
* Will notify the Health Board of any changes in information which relate to the delivery of the service.

Applicants name: Click or tap here to enter text.

Applicants Signature:

Designation: Click or tap here to enter text.

Date:  Click or tap to enter a date.

### Contractor Declarations

I declare:

* The information on this form is correct
* I consent to share information with the wider NHS family for the purposes of service administration, evaluation and audit
* I am aware that I must ensure that any Performer undertaking any service are:
1. registered with the General Optical Council or General Medical Council
2. listed on a Health Board Ophthalmic list in Wales
3. accredited and registered with NWSSP to deliver the service being performed and claimed
* I understand that EHEW services cannot be delivered in a domiciliary setting

Contractor name: Click or tap here to enter text.

OPL number: Click or tap here to enter text.

Contractor Signature:

Date:  Click or tap to enter a date.

|  |
| --- |
| PART E *(TO BE COMPLETED BY NWSSP CONTRACTS MANAGEMENT)* |

ActionPoint URN: Click or tap here to enter text.

Name: Click or tap here to enter text.

Tel No: 01495 33 Click or tap here to enter text.

Date sent to NWSSP Ophthalmic Adviser:  Click or tap to enter a date.

|  |
| --- |
| PART F NWSSP OPHTHALMIC ADVISOR REVIEW |

Decision on assessment:

[ ]  Approval

[ ]  Seek further information/Arrange video conference call

[ ]  Refer back to the Health Board

Comments/Supporting evidence:

Application considered by:

Name: Click or tap here to enter text.

Signature:

Date of decision:  Click or tap to enter a date.