

1. Q. For the domiciliary equipment, I am a sole trader and domiciliary practice only, do I need a health & safety certificate? I haven't got one at present, but I have Public Liability insurance.

A. If you have no employees, you do not require a Health and Safety poster / leaflets.

2. Q. Can domiciliary practices claim the cluster practice payment?

A. Yes as long as the practice satisfies the attendance criteria. Please contact your health board for more information.

3. Q. I'm getting quite a few queries on the requirements for VF devices in a domiciliary setting. Is there an approved kit list?

A. There is no approved provider list – it is up to each Contractor/Performer to ensure their equipment is fit for purpose. It must be automated, threshold related and capable of producing a sharable field plot.

4. Q. I've emailed NWSSP but awaiting their reply. Just wondering if you know off hand whether we need to do separate applications for each of our 4 practices or whether one application suffices for the 4 to continue doing domiciliary.

A. In order for each practice to have a service agreement with the health board we do need an application from each practice. Much of the information may be duplicate (insurance certificates etc if you have a group policy rather than individual practice policies). Our suggestion is that you submit one application for one practice to start with that we can work through and help you refine before using as a template for the other practices. This way we avoid the situation of having several documents on the go all of which are incorrect in some way. If you use one kit between the practices, the same images may be used for all applications, if each practice has its own kit, we will need to have pictures of the kit specifically used by that practice.

5. Q. Do we list all locum Optoms under Clinical Practice Staff, or just employed?

A. If you use 'regular locums' i.e. fixed pattern of work, that invoice you for use of their service then include these.

6. Q. What evidence should we upload regarding eligibility for NHS tests as all this info is on our website - will the URL suffice?

A. Yes, the URL will suffice.

7. Q. We do not have leaflets about the NHS spectacle scheme, but information is available on our website - will the URL again suffice?

A. Yes, the URL will suffice.

8. Q. All complaints procedures etc are on the website and there is a pdf document - do I upload a screenshot of the front page, or do you need the complaints procedure in its entirety?

A. Yes, the URL will suffice.

9. Q. How can I evidence the record keeping format? Are screenshots of each screen of our record keeping system required?

A. Screen shots of the record would be sufficient. This question relates to PPV visits, so if can ensure that the screen shots capture the area where the prescription and recommendation/advice would be that would be great.

10. Q. We have an Optom who will be providing Low Vision Service once she has completed her course (soon) - shall I include her on this application or is it better to wait until she has completed her accreditation?

A. Suggest that you wait until they are accredited. As soon as they have become accredited, please notify NWSSP so that you can be appropriately paid.

11. Q. Regarding equipment, what will suffice as suitable binocular vision test and stereo tests? What degree of arc are we required to measure to? Or is there a recommended app we can use on our iPads?

A. Exact equipment comes down to personal choice. However here are examples of the types of equipment/evidence that the Health Boards have approved:

- DV test: Screen shot of the BV tests that the Distance chart has, ensure to include evidence that you have access to the necessarily filters/lenses need to complete the test e.g. spotlight and Maddox rod lens or fixation disparity screen with accompanying filters.
- NV: most appear to send a picture of a mallet unit or Maddox wing
- Stereo: No stipulation for the degree of arc as different tests offers different results.
- Most providers have shown pictures of the Lang Stereo Test or Titmus Fly test that can be taken with them on visit.
- A quick google search suggests that there are digital versions, however we have not used these and wouldn't want to recommend without conducting a review.

12. Q. We do not have access to a portable field screener - what would be your best advice here please?

A. Suggested speaking to OW who will advise.

13. Q. Although recently EHEW accredited in FB removal we have not been provided with a FB removal kit. We have emailed to chase this, but I am not sure if they only provided kits with earlier cohorts. If this is the case, could you recommend where to purchase suitable instrumentation?

A. No FB removal kits available but OW can advise what is reasonable to obtain.

14. Q. In relation to storage of Benoxinate and Chloramphenicol, neither of which we currently use as they require refrigeration, what is an accepted method of storage please when we are on the road all day without a fridge and a cool bag will not be a regulated temperature?

A. Please note that as WGOS levels 1 and 2 will be mandatory, this will include "acute eye care". Therefore, you will require access to topical anaesthetics, mydriatics, cycloplegics and staining agents. Domic providers will usually opt to have these in forms that do not require refrigeration.

Chloramphenicol is not a requirement - many providers don't keep this. Instead, they refer into the common ailment scheme. If you do want to hold Chloramphenicol you will need to consider how you dispose of this in a safe manner.

Regarding storage - it needs to be safe and secure and not easily accessible to the general public.

In the form there is there a drop down to indicate where / how you store. Most domi companies will state that they are in "locked cupboard / cabinet" (this can be a case)

15. Q What is the grace period between WGOS 1 eye examination minimum intervals that does not require an early retest reason code?

A. To provide flexibility for patients, health boards should not challenge claims for WGOS1 eye examinations within one month of WGOS1 minimum intervals.

16. Q. I perform a private sight test at a patient's home, can I perform and claim for a WGOS2 Band 2 if clinically required and not claim the domiciliary visiting fee?

Contractor may only provide mobile WGOS 1 and 2 in a mobile setting if they have a Service Agreement with the relevant Health Board and if the patient's circumstances relating to their physical or mental illness or disability make it impossible or unreasonable for them to receive primary ophthalmic services at a registered premises.

17. Q. A patient requests a post-operative cataract eye examination and provides the audit form to complete from the HES. It is 5 months post the cataract operation. Is there a time limit on when a post-cataract Band 3 assessment can be completed and claimed?

There is no time limit on when a Band 3 assessment can be completed and claimed. The professional judgement to decide whether it is appropriate to claim the WGOS 2: Band 3 and their records should support their decision.