Optometry Wales
Optometreg Cymru

**Optometry Wales Guidance Document for the NHS Wales Quality For Optometry Template submission (V2 December 2024).**

With thanks to colleagues at FODO and AOP for working with Optometry Wales to create the guidance and for Quality in Optometry (England) for providing content and templates.

The NHS Wales Quality For Optometry Template Submission document is an excel document, which has a number of tabs at the bottom. Please ensure that you complete ALL tabs, before completing the declaration.

Example policy templates have been provided. Contractors may opt to review, amend with their practice details (highlighted in red text within the templates) and adopt these templates if they choose. Whilst you will not need to provide evidence of compliance when completing the NHS Wales Quality For Optometry Template submission (unless indicated), please be aware that you will need to provide this upon request by the NHS.

To access some of the links to documents, you will need to register to access the members-only section of the Optometry Wales website here

For any queries around this document, please contact administrator@optometrywales.com

| **Template Section: PRACTICE DETAILS** | |
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| **Template Question** | **Optometry Wales Guidance** |
| Practice Details | Submission of the Quality For Optometry template to the Local Health Board is mandatory for every individual practice providing WGOS. For mobile-only practices, a submission is required for each Health Board where you provide WGOS. Practices submitting multiple submissions may find that some of the information submitted is the same for each individual submission. |

| **Template Section: SAFE** | |
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| **Template Question** | **Optometry Wales Guidance** |
| Infection, Prevention & Control | |
| The premises, equipment and | Infection control information from Public Health Wales can be found here Guidance - Public Health Wales and here Infection Prevention & Control - Public Health Wales |

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| arrangements for infection control and decontaminati on meet the minimum national standards. | The College of Optometrists have advice on Infection Control: http://guidance.college-optometrists.org/guidance-contents/safety-and-quality-domain/infection-control/<br><br>**To achieve compliance**<br>A key to infection control is effective hand washing and drying procedures. Where frequent hand washing is impractical or undesirable, for example in a domiciliary setting, alcohol-based disinfectant hand gel is an acceptable alternative. Alcohol gel may not be required if there are adequate handwashing facilities, including antibacterial liquid soap, available.<br>A running hot water supply for hand washing, liquid antibacterial soap and hand drying facilities, should be easily accessible to staff and patients in the practice. When new premises are under consideration NHS Wales are likely to insist that all consulting rooms contain wash basins and when re-fitting existing consulting rooms, those without wash basins should have them installed where it is reasonable to do so.<br>Liquid soap available, paper towels in a wall-mounted dispenser available, alcohol gel or alternative anti-bacterial hand rub available, staff aware of good handwashing practice and advice on good handwashing practice is displayed near washbasins, suitable procedures in place for decontamination of hard surfaces, suitable procedures for decontamination of reusable equipment, appropriate storage, use and arrangements for disposal of disposable and single use items. No reuse of minims.<br>A sample Infection Control Policy is available here: https://www.optometrywales.org.uk/wp-content/uploads/2024/12/1.-Infection-Control-Policy_HCAI-Reduction-Plan-.docx<br><br>  <br>1. Infection Control Policy_HCAI Reductio<br><br>The Code of Practice for the Prevention and Control of HealthCare Associated Infections is found here https://www.gov.wales/sites/default/files/publications/2019-06/code-of-practice-for-the-prevention-and-control-of-healthcare-associated-infections.pdf<br><br>A Public Health Wales poster around hand washing can be found here publichealthwales.nhs.wales/services-and-teams/healthy-working-wales/workplace-guidance/healthy-work-environments/infection-prevention-and-control/guidance-and-resources/handwashing-poster/<br>HSE advice is found here: http://www.hse.gov.uk/legionnaires/ |
| Health and Safety including Fire Prevention | |
| The practice meets the statutory requirements of the Health & | Statutory requirements exist, making risk assessments in health and safety and COSHH, mandatory on all businesses. Practices should undertake risk assessments and manage perceived risks from this process. If you employ 5 or more people, then your risk assessment must be recorded in writing. |

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| Safety at Work Act and complies with the current Approved Code of Practice in Management of Health and Safety at Work Regulations. | A risk management policy promotes clinical leadership and assures the quality of safety of clinical services for patients/service users. Any such policy should include all processes involved in identifying, assessing and judging risks, assigning ownership, taking actions to reduce risk occurring in the future, and monitoring and reviewing processes, with a named lead.<br>**To achieve compliance**<br>Undertake a risk assessment for your practice. For guidance on risk assessment see:<br>http://www.hse.gov.uk/pubns/indg163.pdf<br>For more information on statutory obligations on businesses go to the HSE website, where there are also links to interactive risk assessment tools:<br>http://www.hse.gov.uk/risk/index.htm<br><br>Contractors should have a policy on Health and Safety.<br>A sample is available here: https://www.optometrywales.org.uk/wp-content/uploads/2024/12/2.-Health-and-Safety-Policy-.docx<br><br>  <br>2. Health and Safety Policy .docx<br><br>(Reporting Injuries Diseases and Dangerous Occurrences Act 1995):<br>Under the Reporting Injuries Diseases and Dangerous Occurrences Act 1995, employers, the self-employed and those in control of premises must record and report specified workplace incidents. It is good practice to maintain an accident book for this purpose.<br>To achieve compliance<br>Guidance on RIDDOR is available on the HSE website:<br>http://www.hse.gov.uk/riddor/<br><br>(First Aid Regulations 1981)<br>The Health and Safety (First Aid) Regulations 1981 require you to provide adequate and appropriate equipment, facilities and personnel to enable first aid to be given to your employees if they are injured or become ill at work.<br>(Social Security (Claims and Payments) Regulations 1979) (required if 10 or more employees, best practice for smaller organisations)<br>The Health and Safety (First Aid) Regulations 1981 require you to provide adequate and appropriate equipment, facilities and personnel to enable first aid to be given to your employees if they are injured or become ill at work.<br>What is adequate and appropriate will depend on the circumstances in your workplace and you should assess what your first aid needs are.<br>**To achieve compliance**<br>The minimum first-aid provision on any work site is a clearly signposted (including as part of inductions) a suitably stocked first-aid box and an appointed person to take charge of first-aid arrangements. |

HSE guidance suggests that for an enterprise like an office or shop (or by analogy an optical practice) with low hazard levels and fewer than 25 employees only an appointed person rather than a trained first aider is required.
A guidance leaflet on health and safety at work is available from the HSE website:
http://www.hse.gov.uk/pubns/indg214.pdf
Additional guidance is available in the first aid section of the HSE website:
http://www.hse.gov.uk/firstaid/

(Electricity at Work Regulations 1989)
The law requires employers to assess risks and take appropriate action. This includes portable and fixed electrical appliances.
**To achieve compliance**
HSE's advice is that for most office electrical equipment, visual checks for obvious signs of damage and perhaps simple tests by a competent member of staff are sufficient:
Maintaining portable electrical equipment in low-risk environments (INDG236(rev2)) and
Maintaining electrical equipment safety - Electrical safety
Portable appliance testing (PAT) is one means of demonstrating compliance:
http://www.hse.gov.uk/pubns/indg236.pdf
Fixed electrical installations (lighting, air conditioning, electric ovens etc) should be tested often enough that there is little chance of deterioration leading to danger. Any part of an installation that has become obviously defective between tests should be de-energised until the fault can be fixed. You should have your electrical installation inspected and tested by a person who has the competence to do so. i.e. an electrician.
http://www.hse.gov.uk/electricity/faq.htm#a8

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| Does the Practice have a lone working policy that staff are aware of and is in use? | **To achieve compliance**<br>If you have staff who work alone, or who are ever alone in the practice or are isolated in a part of the practice, you should have procedures in place for their safety and security including a written lone working policy of which all staff are aware.<br>You may wish to install an alarm in any vulnerable places and keep records of any incidents (a bit like an accident book) to identify any areas of risk for lone working.<br>For more information on lone working and the safety of employees who work alone visit the Health and Safety Executive website:<br>Lone working - HSE<br>Lone worker guidance aimed primarily at domiciliary providers is available here: DOMICILIARY EYE CARE - fodo.com<br>ABDO, AOP and FODO (previously the Optical Confederation) have joint Domiciliary Lone Working guidance here:<br>https://www.optometrywales.org.uk/wp-content/uploads/2024/12/3.-TEMPLATE-Lone-Worker-Policy.docx<br><br>3. TEMPLATE Lone Worker Policy.docx |
| Does the Practice have a Chaperone policy that staff are aware of and is in use? | Practices have safeguarding duties towards staff as well as patients, including against false allegation which is why it is important to have a clear written chaperone policy known to all staff. NHS Wales may have sent optical practices details of chaperone policies for dealing with vulnerable patients, including children. Alternatively, you may prefer to adopt one of the policies developed for optometry by the profession.<br>A sample is available here: https://www.optometrywales.org.uk/wp-content/uploads/2024/12/4-TEMPLATE-Chaperone-Policy.docx<br><br>4 TEMPLATE - Chaperone Policy.doc<br>**To achieve compliance**<br>Contractors should ensure that their written chaperone policy is available to all staff in the practice.<br>The ABDO, AOP and FODO (previously Optical Confederation) model policy for the profession can be downloaded here:<br>https://www.optometrywales.org.uk/wp-content/uploads/2024/12/4-TEMPLATE-Chaperone-Policy.docx |

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| | 4 TEMPLATE - Chaperone Policy.doc |
| For this site does the practice have policies/procedures in place in respect of fire safety management? Including records of risk assessments, fire alarm drills, staff training, emergency lighting, firefighting equipment, action plans, fire safety maintenance records etc? And is it up to date? (Records are required by enforcing authorities when carrying out a fire safety audit) | **To achieve compliance**<br>Advice regarding what you need to do to meet your legal duties is found here Fire Safety guidance for businesses and workplaces \| GOV.WALES<br>The guidance includes a Fire Risk Assessment Checklist for completion. |
| Has a Fire Risk | **To achieve compliance** |

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| Assessment been completed for these premises? | Advice regarding what you need to do to meet your legal duties is found here Fire Safety guidance for businesses and workplaces \| GOV.WALES<br>The guidance includes a Fire Risk Assessment Checklist for completion. |
| If 'Yes' what date was the assessment completed? | |
| If 'Yes' please provide a copy of the assessment along with the QfO return | |
| If 'Yes' please provide a copy of the evacuation plans/procedures/staff training | |
| If 'Yes' please provide Details of fire alarm & detection system – including testing records/maintenance records. | It is worth having the Fire Brigade or other competent fire safety authority complete a fire safety visit if you have not had one for some time. Fire alarms (and sprinkler systems where these are in place), and that fire extinguishers are charged and ready to use, should be checked regularly by a fire safety professional. |
| If 'Yes' please provide Details of emergency lighting – including testing | |

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| records/maintenance. | |
| Information Governance | |
| Have you completed the IG Toolkit? If yes, please provide a copy, if no, please answer the following questions: | IG Toolkit = Information Governance Toolkit. Some Health Boards had previously issued IG Toolkits for completion by practices which can be found here https://www.optometrywales.org.uk/wp-content/uploads/2024/11/latest-FINAL-all-Wales-template-submission.xlsx<br><br>If you have previously completed this IG Toolkit, then please confirm this and attach (or embed) the document when you return this document to the Health Board. If you have not previously completed the IG Toolkit, then please complete the questions as requested. |
| The practice has a system to allow patients access to their records on request in accordance with current legislation, including the Freedom of Information Act. | (General Data Protection Regulations, Art 13 Freedom of Information Act 2000)<br>The Data Protection Act 2018 and Freedom of Information Act 2000 state that practices should have a data handling policy that is available to patients.<br>**To achieve compliance**<br>**Suggested short form of wording for a notice on handling patient data:**<br>"Information - we lawfully hold personal information about you as part of the provision of health care and customer service. We are registered as a data controller with the Information Commissioner's Office (ICO) and process and store this information securely in a mixture of paper and/or computer records in accordance with data security legislation. Everyone in the practice is aware of the confidential nature of these records and will only use or release this information in accordance with the law. You will need to provide us with your consent if you wish us to pass your information to another optometrist. If you are an NHS patient, the NHS may ask to see the portion of your record that relates to NHS services provided and we are required by legislation to share any hospital referral information securely with your NHS GP. Such information will only be shared in strictest confidence. You are entitled to a copy of your records, although there may be an administrative charge. If you wish to see your records, please ask [NAME OF PERSON] and we will respond as quickly as possible and in any case are required to do so within 30 days. If you require independent advice, contact the Information Commissioner's Office (ICO)"<br><br>**Suggested longer form of wording for a notice of policy on handling patient data:**<br>"Information - we lawfully hold personal information about you as part of the provision of health care and customer service. We are registered as a data controller with the Information Commissioner's Office (ICO) and process and store this information securely in a mixture of paper and/or computer records in accordance with data security legislation. Everyone in the practice is aware of the confidential nature of these records and will only use or release this information in accordance with the law. You will need to provide us with your consent if you wish us to pass your information to another optometrist. If you are an NHS patient, the NHS may ask to see the portion of your record that relates to NHS services provided and we are required by legislation to share any hospital referral information securely with your NHS GP. Such information will only be shared in strictest confidence. You are entitled to a copy of your records, although there may be an administrative charge. If you wish to see your records, please ask [NAME OF PERSON] and we will respond as quickly as |

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| | possible and in any case are required to do so within 30 days. If you require independent advice, contact the Information Commissioner's Office (ICO)We hold various pieces of information about you including your name and address, and clinical details such as the state of health of your eyes, your spectacle and/or contact lens prescription, and copies of any letters we have written about you or received from other professionals, such as your doctor. You are entitled to a copy of this information although there may be an administrative charge for providing it. If you wish to see your records, please ask [NAME OF PERSON] and we will respond as quickly as possible and in any case are required to do so within 30 days. If you require independent advice, contact the Information Commissioner's Office (ICO). All practices should be registered with the ICO.<br>Optical Confederation guidance https://www.fodo.com/downloads/managed/Guidance/data%20protection%20and%20FOIA/1_data-protection-and-gdpr-updated-guidance-july-2018.docx?<br>We adhere to the guidelines of the College of Optometrists and the Data Protection Act and will not pass any of your personal information to a third party without your consent unless there is a clear public interest duty to do so. You will need to provide us with your consent if you wish us to pass your information to another optometrist<br>If you are an NHS patient, we are obliged to provide the portion of your record that relates to NHS services to authorised persons within the NHS (who are in turn subject to a duty of confidentiality) if they request this. This is usually to confirm that we have provided the NHS services that we have been paid for, and to improve quality of care. It is also possible that the NHS may contact you to ask if you have received services (such as a sight test or spectacles) as part of this monitoring<br>Within the practice we may wish to use the information to analyse trends, or to audit our performance. This is also a legitimate use of the data as it enables us to monitor and improve the quality of care that we offer. Wherever possible (i.e. if we do not need to know who an individual patient is) we only analyse trends from anonymised information<br>If you have any queries about this please contact us and we will be happy to help” |
| The Contractor has an up-to-date Freedom of Information Act statement and this is available to patients? (100) (Freedom of Information Act 2000) | (Freedom of Information Act 2000)<br>All practices should have a publication scheme, which sets out what information will be made available to the public and this must be registered with the Information Commissioner.<br>A sample is available here: https://www.optometrywales.org.uk/wp-content/uploads/2024/12/5.-TEMPLATE-Freedom-of-Information.docx<br>  <br>5. TEMPLATE Freedom of Informati<br><br>**To achieve compliance**<br>The scheme should be available to any member of the public who wishes to see it. If the practice has a website, then it is good practice to make the policy available online.<br>The publication scheme must include details of all services provided that are funded by the NHS, i.e. WGOS Sight Tests and enhanced services.<br>More information can be obtained from the Information Commissioners office:<br>http://www.ico.org.uk/ |

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| There is a designated individual responsible for confidentiality and compliance with GDPR. | Please record the details of the person responsible and have these available to staff and patients in the practice and ideally on your website. |
| Are there mechanisms in place to ensure that both electronic and hard copy data is available when patients leave the practice, either due to a move to a new practice or other circumstances. | (General Data Protection Regulations, Art 13 Freedom of Information Act 2000)<br>The Data Protection Act 2018 and Freedom of Information Act 2000 state that practices should have a data handling policy that is available to patients.<br>**To achieve compliance**<br>Suggested short form of wording for a notice on handling patient data:<br>"Information - we keep records of our information about you as a mixture of paper and/or computer records. Everyone in the practice is aware of the confidential nature of these records and will only use or release this information in accordance with the law. You will need to provide us with your consent if you wish us to pass your information to another optometrist. If you are an NHS patient, the NHS may ask to see the portion of your record that relates to NHS services provided. Such information will only be given to the NHS in strictest confidence. You are entitled to a copy of your records, although there may be an administrative charge. If you wish to see your records, please ask [NAME OF PERSON] and we will respond as quickly as possible and in any case are required to do so within 30 days. If you require independent advice, contact the Information Commissioners Office at http://www.ico.org.uk/"<br><br>**Suggested longer form of wording for a notice of policy on handling patient data:**<br>"We hold various pieces of information about you including your name and address, and clinical details such as the state of health of your eyes, your spectacle and/or contact lens prescription, and copies of any letters we have written about you or received from other professionals, such as your doctor. You are entitled to a copy of this information although there may be an administrative charge for providing it. If you wish to see your records, please ask [NAME OF PERSON] and we will respond as quickly as possible and in any case are required to do so within 30 days. If you require independent advice, contact the Information Commissioners Office at http://www.ico.org.uk/ We adhere to the guidelines of the College of Optometrists and the Data Protection Act and will not pass any of your personal information to a third party without your consent unless there is a clear public interest duty to do so. You will need to provide us with your consent if you wish us to pass your information to another optometrist<br>If you are an NHS patient, we are obliged to provide the portion of your record that relates to NHS services to authorised persons within the NHS (who are in turn subject to a duty of confidentiality) if they request this. This is usually to confirm that we have provided the NHS services that we have been paid for, and to improve quality of care. It is also possible that the NHS may contact you to ask if you have received services (such as a sight test or spectacles) as part of this monitoring<br>Within the practice we may use the information to analyse trends, or to audit our performance. This enables us to monitor and improve the quality of care that we offer you. Wherever possible (i.e. if we do not need to know who an individual patient is) we will only analyse trends from anonymised information<br>If you have any queries about this please contact us and we will be happy to help" |

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| | A link to the Template Data Security and Protection Policy can be found here: https://www.optometrywales.org.uk/wp-content/uploads/2024/12/6.-TEMPLATE-Data-Security-and-Protection-Policy.docx<br><br>  <br>6. TEMPLATE Data Security and Protectic |
| The practice has a written procedure for the electronic transmission of patient data which is in line with national policy. | (General Data Protection Regulations, Art 13 Freedom of Information Act 2000)<br>The Data Protection Act 2018 and Freedom of Information Act 2000 state that practices should have a data handling policy that is available to patients.<br><br>**To achieve compliance**<br>**Suggested short form of wording for a notice on handling patient data:**<br>"Information - we keep records of our information about you as a mixture of paper and/or computer records. Everyone in the practice is aware of the confidential nature of these records and will only use or release this information in accordance with the law. You will need to provide us with your consent if you wish us to pass your information to another optometrist. If you are an NHS patient, the NHS may ask to see the portion of your record that relates to NHS services provided. Such information will only be given to the NHS in strictest confidence. You are entitled to a copy of your records, although there may be an administrative charge. If you wish to see your records, please ask [NAME OF PERSON] and we will respond as quickly as possible and in any case are required to do so within 30 days. If you require independent advice, contact the Information Commissioners Office a http://www.ico.org.uk/"<br><br>**Suggested longer form of wording for a notice of policy on handling patient data:**<br>"We hold various pieces of information about you including your name and address, and clinical details such as the state of health of your eyes, your spectacle and/or contact lens prescription, and copies of any letters we have written about you or received from other professionals, such as your doctor. You are entitled to a copy of this information although there may be an administrative charge for providing it. If you wish to see your records, please ask [NAME OF PERSON] and we will respond as quickly as possible and in any case are required to do so within 30 days. If you require independent advice, contact the Information Commissioners Office at http://www.ico.org.uk/ We adhere to the guidelines of the College of Optometrists and the Data Protection Act and will not pass any of your personal information to a third party without your consent unless there is a clear public interest duty to do so. You will need to provide us with your consent if you wish us to pass your information to another optometrist<br>If you are an NHS patient, we are obliged to provide the portion of your record that relates to NHS services to authorised persons within the NHS (who are in turn subject to a duty of confidentiality) if they request this. This is usually to confirm that we have provided the NHS services that we have been paid for, and to improve quality of care. It is also possible that the NHS may contact you to ask if you have received services (such as a sight test or spectacles) as part of this monitoring<br>Within the practice we may use the information to analyse trends, or to audit our performance. This enables us to monitor and improve the quality of care that we offer you. Wherever possible (i.e. if we do not need to know who an individual patient is) we will only analyse trends from anonymised information |

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| | If you have any queries about this please contact us and we will be happy to help”<br><br>**To achieve compliance**<br>Practices should have a policy on how to handle data. This should be available for inspection.<br>(GDPR/Data Protection Act 2018)<br>Data Security and Protection Policy (sample here): https://www.optometrywales.org.uk/wp-content/uploads/2024/12/6.-TEMPLATE-Data-Security-and-Protection-Policy.docx<br><br>  <br>6. TEMPLATE Data Security and Protectic |
| The practice has in place systems of clinical governance which enable quality assurance of its services and promote quality improvement and enhanced patient safety. Underpinning structures within the practice will assure embedding of clinical governance, reported through a nominated clinical | Clinical governance is an umbrella term for activities that help to maintain and improve standards of patient care, ensuring increased quality and consistency of services to patients. Information can be found around the different elements of clinical governance https://www.college-optometrists.org/clinical-guidance/supplementary-guidance/clinical-governance-in-optometric-practice<br>**To achieve compliance:**<br>Completion of the NHS Wales Quality for Optometry Requirements is contractual. There are several mandatory elements:<br>Contractors should check and confirm that:<br>1. All practice managers and employees involved in the provision of NHS WGOS will have completed the Optometry Improving Quality Together Foundations e-learning package as part of their mandatory WGOS training. This includes all new starters.<br>2. Complete the Quality improvement and governance self – assessment toolkit.<br>3. The relevant staff members (as stipulated by NHS Wales) have completed the Service Insight/s that have been released.<br><br>Contractors should confirm that they have a nominated clinical governance lead (which may be the Contractor) who ensures embedding of clinical governance.<br><br>Keeping full, accurate and contemporaneous records is not only a requirement of WGOS and GOC standards but forms an essential part of good patient care and your legal defence.<br><br>The WGOS Clinical Manuals are found here WGOS Manuals - NHS Wales<br><br>**To achieve compliance**<br>NHS Wales will wish to satisfy itself that the Practice is keeping full, accurate and contemporaneous records. One way to provide evidence that this is being done is to show that the contractor is regularly auditing their performers' clinical records.<br>A sample proforma and guidance for auditing the list of items can be found here: https://www.optometrywales.org.uk/wp-content/uploads/2024/12/7.-GOS-Record-Audit-Guidance.pdf |

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| governance lead. | 7.-GOS-Record-Audit-Guidance.pdf<br>The proforma is also available as a spreadsheet which you may find is an easier way of completing such audits:<br>For Excel 2007: https://www.optometrywales.org.uk/wp-content/uploads/2024/12/8.-Record-Audit-for-2007.xlsx<br><br>8.%20Record%20Audit%20for%202007.xlsx<br><br>For Excel 97-2003: https://www.optometrywales.org.uk/wp-content/uploads/2024/12/9.-Record-Audit-for-97-2003.xls<br><br>9.%20Record%20Audit%20for%2097-2003.:<br><br>(some browsers download this as a zip file. In this case simply change the file extension from .zip to .xlsx when you save the file)<br>This section requires evidence that an item is being recorded but is not about the clinical process itself. Similarly to Post Payment Verification, the question is whether something is recorded regarding a procedure, not how well and how thoroughly that procedure was carried out in the consulting room. Many contractors are not optometrists and so cannot be asked to make clinical judgements on the performance of their performers.<br>This is a basic list of items that can appear on records and is not intended to be an exhaustive list of items. Practitioners are reminded good records, rather than basic ones, are often vital to defence in cases of complaint.<br>The College of Optometrists provide advice on record keeping:<br>Patient records - College of Optometrists<br><br>http://guidance.college-optometrists.org/guidance-contents/knowledge-skills-and-performance-domain/the-routine-eye-examination/<br><br>Optometry Today has information on record keeping:<br>Staying out of trouble:<br>https://www.aop.org.uk/ot/professional-support/clinical-and-regulatory/2015/11/10/staying-out-of-trouble |

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| | The AOP sight test guide lists the procedures involved in a standard sight test:<br>https://www.aop.org.uk/advice-and-support/regulation/england/sight-test-guide-in-england<br><br>DOCET can be contacted for information on record keeping:<br>https://docet.info/<br><br>Ensure you meet your statutory obligations. Further information can be obtained from the AOP website:<br>https://www.aop.org.uk/advice-and-support/business/business-regulations<br><br>https://www.aop.org.uk/advice-and-support/legal/patient-confidentiality<br><br>or direct from the Information Commissioners office: http://www.ico.org.uk/<br><br>**WGOS3 Audits:**<br>Optometry Wales has developed WGOS3 practice record audit templates as below:<br><br>For Excel 2007:<br>  <br>8b WGOS Record Audit for 2007.xlsx 8b-WGOS-Record-Audit-for-2007.xlsx<br><br>For Excel 97-2003:<br>  <br>9b. WGOS3 Record Audit for 2003.xlsx 9b.-WGOS3-Record-Audit-for-2003.xlsx |
| Registered with Information Commissioner for Data protection (patient data | **To achieve compliance**<br>http://www.ico.org.uk/<br>You should be registered as a data controller with the Information Commissioners Office (ICO) and have your registration certificate or a printout from the Information Commissioner's website available for inspection. |

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| held on computer or another electronic device)? (100) (Data Protection Act 2018 ) | |
| Employment Checks and Indemnity | |
| The practice ensures that all healthcare professionals providing primary eye care services on behalf of the practice are currently registered with the relevant professional body on the appropriate part(s) of its Register(s) and that any practitioner is a member of a recognised medical defence organisation and registered on the appropriate | **To achieve compliance**<br>Practices should check registration details of all professional staff, including locums, at the start of their engagement and at regular intervals (e.g. annually) by checking registration details in April on the GOC website or on the GMC website for OMPs.<br>Keep a printout of the webpage as evidence.<br>Check details on the GOC website:<br>http://www.optical.org/en/utilities/online-registers.cfm<br>Check details of OMPs on the GMC website:<br>http://www.gmc-uk.org/register/search/index.asp<br><br>**To achieve compliance**<br>Contractors can check the NHS Wales Performers' website to ensure Performers are on the list:<br>Ophthalmic and Supplementary Ophthalmic List Search - NHS Wales Shared Services Partnership<br>Contractors may wish to perform this check at the same time as checking registration. Contractors should be aware that NHS Wales might require a retest or reclaim monies paid for WGOS performed by an unlisted or unregistered practitioner.<br>It is advisable to print the confirmation of listing from the website and file it. |

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| health boards ophthalmic or supplementary list. | |
| All professionals working in the practice are covered by appropriate indemnity insurance. | If the performer is not covered by the contractor's professional malpractice insurance, you should ask to see evidence of their own professional malpractice (indemnity) insurance and check this annually for employees or on engagement for locums.<br>It is a legal requirement for performers to be covered by malpractice insurance and they are required to show evidence of this when renewing their registration with the GOC in March each year.<br>Locums who specified a company insurance for GOC registration purposes may not be covered for work outside that company. |
| The practice complies with current legislation on employment rights and discrimination. | Information can be found here:<br>Employment Act 2002<br>Workplace rights and responsibilities \| GOV.WALES<br>Employment law advice for optometrists |
| All staff have written terms and conditions of employment conforming to or exceeding the statutory minimum. | Guidance can be obtained from your professional membership bodies e.g. FODO, AOP. |
| All staff have employment checks and references? | It is good practice to have a written procedure/system and use a proforma for obtaining or verifying a reference for any employee or locum.<br>This question requires a yes or no answer. If you are a small practice and/or rarely have changes of professional staff (or otherwise feel that this question doesn't apply to you) then ask yourself what you would do if the situation did arise at some point in the future; as a contractor you would then be under an obligation to check.<br>On the basis of that determination answer either Yes or No.<br>To achieve compliance<br>Use a proforma to verify references for any employees or locums.<br>A sample proforma is available here: https://www.optometrywales.org.uk/wp-content/uploads/2024/12/10.-Clinical-Reference-Proforma.doc |

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| | 10. Clinical Reference Proforma.doc<br><br>An additional resource, not necessary for compliance, but with a wealth of information for employers, can be found here: Employing people - GOV.UK |
| Current Employers liability cover? (Employers Liability [Compulsory Insurance] Act 1969) (100) | (Employers Liability (Compulsory Insurance) Act 1969)<br>By law employers, including optical practices, must have Employers Liability Insurance to insure themselves against liability for injury or disease sustained by employees in the course of employment.<br>There is also a statutory requirement to display a valid certificate where it can be seen by employees.<br>**To achieve compliance**<br>You must hold insurance provided by an authorised insurance company and be insured for a minimum of £5 million per annum [in one occurrence or in aggregate]<br>You are also required to display a copy of the certificate of insurance where your employees can easily read it. You may display the certificate electronically if you wish but you must ensure your employees know how and where to find it and have reasonable access to it.<br>Contractors should have their insurance certificate available for inspection by NHS Wales |
| Current Public Liability cover? (90) | Public liability insurance covers claims made by members of the public in respect of injury or loss sustained (other than through professional negligence) because of visits to the premises.<br>It would also cover claims arising from someone who was injured in the vicinity of your premises, for example, a roof tile falling on a passer-by.<br>**To achieve compliance**<br>Practices should ensure they have adequate insurance cover. Although not a statutory requirement (as with Employers Liability Insurance) it is important for a practice to have public liability insurance.<br>Unlike Employers Liability Insurance there is no specific requirement to display a certificate, but contractors may need to have it available for inspection by NHS Wales. |
| Statutory and Mandatory Training Compliance | |
| Are all staff up to date with their statutory and mandatory training? | **To achieve compliance:**<br>All practice staff members (including new starters) prior to providing/supporting WGOS must have completed the HEIW Optometry Improving Quality Together Foundations e-learning package as part of their mandatory WGOS training. https://www.nhs.wales/sa/eye-care-wales/eye-care-docs/eng-wgos-newsletter/wgos-newsletter-4-pdf/ |
| How is this documented? | Practice staff members can download and print off confirmation of e-learning completion through the HEIW website. Contractors can either store these certificates or can record the date of completion from the documents. |

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| Compliance and National Safety Alerts | |
| Do you have a process in place to ensure that all national safety alerts are actioned appropriately? | NHS Wales Shared Services Partnership (NWSSP) maintain a Safety Alert Broadcast System (SABS). NHS Wales Shared Services Partnership should ensure that optical practices are included in the appropriate circulation of relevant patient safety notices, alerts and related communications and that they are aware of how to acknowledge them. Practices should ensure that practice NHS email addresses are accessed regularly as this will be the means of communication from NWSSP to practices from 1st January 2025.<br>**To achieve compliance**<br>Contractors should ensure that any appropriate action has been taken in response to the SAB.<br>To complete the information loop correctly it is helpful if each recipient sends an acknowledgement that the alert has been received and any appropriate action has been taken; it is also helpful if this could be done by a named individual within the practice.<br>Contractors should ensure that staff opening mail, report these alerts to the contractor straight away. It would be helpful to have a documented process that involves the filing of MHRA and other safety alerts and details of action taken.<br>Further information available from the MHRA Website:<br>http://www.mhra.gov.uk/Publications/Safetywarnings/MedicalDeviceAlerts/index.htm |
| Safeguarding | |
| Does the practice have a policy for consent to the treatment of children that conforms to the current Children's Act or equivalent legislation? | Example Safeguarding Policy: https://www.optometrywales.org.uk/wp-content/uploads/2024/12/11.-Example-LOCSU-Safeguarding-Policy-2023.docx<br>  <br>11. Example LOCSU Safeguarding Policy 2<br><br>Further information can be found here:<br><br>Capacity to consent – children and young people - College of Optometrists<br>Children and young people with the capacity to consent - College of Optometrists<br>Children and young people who lack the capacity to consent - College of Optometrists<br>Disclosing information about children or young people without their consent - College of Optometrists<br>Children and young people - College of Optometrists<br>Disclosing information about children - College of Optometrists<br>For information on Gillick competency and data access in children see the College Guideline (C55-C60) http://guidance.college-optometrists.org/guidance-contents/communication-partnership-and-teamwork-domain/consent/children-and-young-people-with-the-capacity-to-consent/<br><br>and more generally on consent (C20-C60): |

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| | http://guidance.college-optometrists.org/guidance-contents/communication-partnership-and-teamwork-domain/consent/ |
| Individual healthcare professionals should be able to demonstrate that they comply with the national safeguarding guidance, and should provide at least one critical event analysis regarding concerns about vulnerable person's welfare if appropriate. | Further information can be found here Safeguarding guidance \| GOV.WALES<br><br>Example Safeguarding Policy can be found here: https://www.optometrywales.org.uk/wp-content/uploads/2024/12/11.-Example-LOCSU-Safeguarding-Policy-2023.docx If using the Example Safeguarding Policy, Contractors should update the document in line with their local safeguarding agency contacts. If you are unsure of your local safeguarding agency contacts, you should contact your local health board for further information.<br><br>  <br>11. Example LOCSU Safeguarding Policy 2 |
| Have all staff providing clinical services to patients received an Enhanced Disclosure and Barring Service (DBS) check? | Disclosure and Barring Service (DBS) checks (enhanced level disclosure) are required by NHS Wales for<br>(1) Optometrists when applying to join the Ophthalmic and<br>(2) Dispensing Opticians when applying to provide WGOS2 and/or WGOS3.<br><br>DBS checks for non-clinical staff is considered good practice but is not a mandatory requirement.<br>There is no requirement under NHS Wales for non-clinical staff to have a DBS check and this is not currently funded by NHS Wales (unlike for clinical staff). |

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| Have all non-clinical staff received a Standard Disclosure and Barring Service (DBS) check? | Disclosure and Barring Service (DBS) checks (enhanced level disclosure) are required by NHS Wales for<br>(1) Optometrists when applying to join the Ophthalmic List and<br>(2) Dispensing Opticians when applying to provide WGOS2 and/or WGOS3.<br><br>Standard DBS checks would normally depend on provider's HR policy and role e.g. staff with significant financial responsibilities to check for convictions of fraud or embezzlement.<br>DBS checks for non-clinical staff is considered good practice but is not a mandatory requirement.<br>There is no requirement under NHS Wales for non-clinical staff to have a DBS check and this is not currently funded by NHS Wales (unlike for clinical staff). Contractors should consider all staff deemed as appropriate (e.g. will be in patient facing roles that could see them in a room alone with the patient) to have a Standard DBS check completed. |
| Have all practice staff received an appropriate level* of Safeguarding Children and adults training? (*appropriate level) | The WGOS1&2 clinical manual refresh states (page 35) nhs.wales/sa/eye-care-wales/eye-care-docs/wgos-manuals-changes-summary/wgos-1-and-2-service-manual/<br>*"W.16.1.1 Safeguarding*<br>*Safeguarding children and adults at risk (also sometimes referred to as vulnerable adults) is a professional duty for registered optical practitioners and Practices, in the same way as it is for all other health and social care practitioners and providers. Contractors must have a process for staff to report any safeguarding concerns. Contractors should ensure that all staff are familiar with what to do if they suspect or observe signs or symptoms of suspected abuse, neglect or radicalisation. All WGOS performers must complete level two adult and child safeguarding training every 3 years. This will be captured as part of Quality for Optometry. It is considered good Practice to ensure that all other Practice staff have completed appropriate training on safeguarding".*<br><br>Guidance from the Optical Confederation can be found here: oc-safeguarding-guidance-august-2019-update.docx<br>ABDO, AOP and FODO (previously the Optical Confederation) guidance states:<br>Safeguarding Training for Optometrists and Opticians<br>All optometrists, contact lens and dispensing opticians should complete safeguarding training to Level 2 of the Intercollegiate Safeguarding Guidance for Adults (2018) and children (2019). They should then receive refresher training equivalent to a minimum of 3-4 hours at least every three years.<br>Practices should incorporate these requirements into CPD planning and annual appraisal systems.<br>Safeguarding Training for Other Practice Staff<br>All non-registered practice staff should complete safeguarding training to Level 1 of the Intercollegiate Safeguarding Guidance for Adults (2018) and children (2019).<br>This can be achieved by all non-registered staff studying the ABDO, AOP and FODO (previously the Optical |

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| | Confederation) guidance, discussing anything<br>they do not understand or any concerns they have with their manager, senior professional or designated staff member (see page 2, section 2) and signing to acknowledge they have read and understood the contents and know what steps to take should a situation arise with regard to safeguarding or Prevent. A template form for this is at Annex 6 oc-safeguarding-guidance-august-2019-update.docx<br>Practices should file and retain staff forms for reference purposes. Refresher training should be undertaken every three years.<br>Studying this guidance and discussing any points that are unclear with a manager is sufficient to meet level 1 requirements of the Intercollegiate Guidance for Adults (2018) and children (2019).<br><br>Optometrists can access free online safeguarding training from the College of Optometrists *docet : Search results* Dispensing Opticians can access free online safeguarding training from ABDO (for ABDO members) or from HEIW. |

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| **Template Section: TIMELY** | |
| **Template Question** | **Optometry Wales Guidance** |
| Access to Services | For fixed premises also providing mobile WGOS, you may wish to duplicate the section for Core Hours and indicate your fixed premises WGOS Core Hours and your mobile services WGOS Core Hours. For mobile-only Practices, a submission is required for each Health Board where you provide WGOS. Practices submitting multiple submissions may find that some of the information provided is the same for each individual submission.<br>Opening Hours – these are the hours that you have notified to the local health board that your practice is open to the public (WGOS services may not be available throughout 100% of this time) |

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| | Core Hours – these are the hours that you have provided to the local health board to state when you routinely provide WGOS 1 and 2 services. Do not use this spreadsheet to notify changes to the LHB. |

| **Template Section: EFFECTIVE** | |
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| **Template Question** | **Optometry Wales Guidance** |
| Quality Improvement Skills Training - Foundations in Improvement | |
| Have all practice managers and employees involved in the provision of NHS GOS Wales completed the Improving Quality Together bronze level (IQT bronze) e-learning package? This must include anyone who works at least one day in the practice. | **To achieve compliance:**<br>All practice staff members (including new starters) prior to providing/supporting WGOS must have completed the HEIW Optometry Improving Quality Together Foundations e-learning package as part of their mandatory WGOS training. More details can be found in the NWSSP newsletter https://www.nhs.wales/sa/eye-care-wales/eye-care-docs/eng-wgos-newsletter/wgos-newsletter-4-pdf/<br>Practice staff members can download/print off confirmation of e-learning completion through the HEIW website. |
| Has anyone in the practice completed a Silver/ improvement in practice QI project? If yes, please state the date of the project completion, the title of the project and the names of the staff members involved in it. | This is not mandatory, but this positive offer is available to Practices<br>https://heiw.nhs.wales/support/quality-improvement-skills-training-qist/<br>Further information can be obtained from HEIW on heiw.optometry@wales.nhs.uk |
| Would your practice like to do a funded Silver/ improvement in practice QI project? | This is not mandatory, but this positive offer is available to Practices<br>https://heiw.nhs.wales/support/quality-improvement-skills-training-qist/<br>Further information can be obtained from HEIW on heiw.optometry@wales.nhs.uk |
| Record Keeping | |
| What types of records are held in the Practice e.g. paper/electronic/both? | Please indicate what type of patient records are held in the Practice |
| Please confirm the name of the practice management system that is in use. | Practice management systems = electronic record systems |
| If a mix of paper and electronic records, please confirm what is kept electronically. | For example, a Practice may use an electronic practice management system as a diary management system but use paper patient clinical records. |
| How are the paper/electronic records stored within the practice? | Patient record cards should be always stored safely and inaccessible to anyone other than practice staff. |

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| | Example Data Security and Protection Policy can be found here: https://www.optometrywales.org.uk/wp-content/uploads/2024/12/6.-TEMPLATE-Data-Security-and-Protection-Policy.docx<br><br>  <br>6. TEMPLATE Data Security and Protectic<br>**To achieve compliance**<br>Records should not be shown, copied or given to other parties, unless this is clearly in the patient's interest, or they give explicit consent. However, the patient may request copies of their record cards. Practices may make a small administration charge to cover the cost of copying only.<br>Patient record cards and filing cabinets in public areas of the practice should be capable of being secured or should not be left unmonitored during opening hours. The alternative is to store records in a non-public area of the practice. Out of hours they should be kept in a locked environment, e.g locked practice premises.<br>Records that are stored electronically should be regularly backed up and it is sensible to keep a backup offsite. Online backup is increasingly popular, but you should ensure that the service you use encrypts the data securely (e.g. 128 bit SSL or better) before transmitting it from your PC.<br>The College has guidance on confidentiality http://guidance.college-optometrists.org/guidance-contents/communication-partnership-and-teamwork-domain/confidentiality/ |
| Are patient records securely stored. If electronic, are backups made regularly and kept separately and securely? (52) | Patient record cards should be stored safely and inaccessible to anyone other than practice staff at all times.<br>Example Data Security and Protection Policy can be found here: https://www.optometrywales.org.uk/wp-content/uploads/2024/12/6.-TEMPLATE-Data-Security-and-Protection-Policy.docx<br><br>  <br>6. TEMPLATE Data Security and Protectic<br>**To achieve compliance**<br>Records should not be shown, copied or given to other parties, unless this is clearly in the patient's interest, or they give explicit consent. However, the patient may request copies of their record cards. Practices may make a small administration charge to cover the cost of copying only.<br>Patient record cards and filing cabinets in public areas of the practice should be capable of being secured or should not be left unmonitored during opening hours. The alternative is to store records in a non-public area of the practice. Out of hours they should be kept in a locked environment, e.g locked practice premises. |

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| | Records that are stored electronically should be regularly backed up and it is sensible to keep a backup offsite. Online backup is increasingly popular, but you should ensure that the service you use encrypts the data securely (e.g. 128 bit SSL or better) before transmitting it from your PC.<br>The College has guidance on confidentiality http://guidance.college-optometrists.org/guidance-contents/communication-partnership-and-teamwork-domain/confidentiality/ |
| What processes does the practice have in place to provide an assurance that they are compliant with WGOS Regulations on the retention of records? | GOS regulations require that records are retained for 7 years, however the professional bodies recommend a longer period.<br>Example Data Policy can be found here: https://www.optometrywales.org.uk/wp-content/uploads/2024/12/12.-Information-Governance-Data-Management-Policy-May-2018.docx<br>  <br>12. Information Governance Data Ma<br>**To achieve compliance**<br>Advice on the length of time to retain records can be found at: http://guidance.college-optometrists.org/guidance-contents/knowledge-skills-and-performance-domain/patient-records/ (A32)<br>and https://www.aop.org.uk/advice-and-support/legal/common-legal-questions<br><br>Contractor is aware of professional recommendations to keep records for longer (i.e. adults and deceased patients for 10 years; children to 25th birthday) |
| How does the practice securely dispose of confidential information? | **To achieve compliance**<br>Advice on the length of time to retain records can be found at: http://guidance.college-optometrists.org/guidance-contents/knowledge-skills-and-performance-domain/patient-records/ (A32) and https://www.aop.org.uk/advice-and-support/legal/common-legal-questions<br>When disposing of paper records they should be destroyed, e.g. by shredding. Practitioners are reminded that simply deleting files on a hard drive may not actually remove them. Redundant hard drives that may contain patient data should be securely erased or physically destroyed. |
| Clinical Audit | |
| Please give the title of the last clinical audit undertaken along with the date of completion? | Clinical governance is an umbrella term for activities that help to maintain and improve standards of patient care, ensuring increased quality and consistency of services to patients. Information can be found around the different elements of clinical governance https://www.college-optometrists.org/clinical-guidance/supplementary-guidance/clinical-governance-in-optometric-practice<br>**To achieve compliance:** |

Completion of the NHS Wales Quality for Optometry Requirements is contractual. There are several mandatory elements:
Contractors should check and confirm that:
1. All practice managers and employees involved in the provision of NHS WGOS will have completed the Optometry Improving Quality Together Foundations e-learning package as part of their mandatory WGOS training. This includes all new starters.
2. Complete the Quality improvement and governance self – assessment toolkit.
3. The relevant staff members (as stipulated by NHS Wales) have completed the Service Insight/s that have been released.

Contractors should confirm that they have a nominated clinical governance lead (which may be the Contractor) who ensures embedding of clinical governance.

Keeping full, accurate and contemporaneous records is not only a requirement of WGOS and GOC standards but forms an essential part of good patient care and your legal defence.

The WGOS Clinical Manuals are found here [WGOS Manuals - NHS Wales]

**To achieve compliance**
NHS Wales will wish to satisfy itself that the Practice is keeping full, accurate and contemporaneous records. One way to provide evidence that this is being done is to show that the contractor is regularly auditing their performers' clinical records.
A sample proforma and guidance for auditing the list of items can be found here:
https://www.optometrywales.org.uk/wp-content/uploads/2024/12/7.-GOS-Record-Audit-Guidance.pdf

7. GOS Record Audit Guidance.pdf

The proforma is also available as a spreadsheet which you may find is an easier way of completing such audits:
For Excel 2007: https://www.optometrywales.org.uk/wp-content/uploads/2024/12/8.-Record-Audit-for-2007.xlsx


8.%20Record%20Audit%20for%202007.xlsx

For Excel 97-2003: https://www.optometrywales.org.uk/wp-content/uploads/2024/12/9.-Record-Audit-for-97-2003.xls

9.%20Record%20Audit%20for%2097-2003.

(some browsers download this as a zip file. In this case simply change the file extension from .zip to .xlsx when you save the file)
This section requires evidence that an item is being recorded but is not about the clinical process itself. Similarly to Post Payment Verification, the question is whether something is recorded regarding a procedure, not how well and how thoroughly that procedure was carried out in the consulting room. Many contractors are not optometrists and so cannot be asked to make clinical judgements on the performance of their performers.
This is a basic list of items that can appear on records and is not intended to be an exhaustive list of items. Practitioners are reminded good records, rather than basic ones, are often vital to defence in cases of complaint.
The College of Optometrists provide advice on record keeping:

Patient records - College of Optometrists

http://guidance.college-optometrists.org/guidance-contents/knowledge-skills-and-performance-domain/the-routine-eye-examination/

Optometry Today has information on record keeping:
Staying out of trouble:
https://www.aop.org.uk/ot/professional-support/clinical-and-regulatory/2015/11/10/staying-out-of-trouble

The AOP sight test guide lists the procedures involved in a standard sight test:
https://www.aop.org.uk/advice-and-support/regulation/england/sight-test-guide-in-england

DOCET can be contacted for information on record keeping:
https://docet.info/

Ensure you meet your statutory obligations. Further information can be obtained from the AOP website:

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| | https://www.aop.org.uk/advice-and-support/business/business-regulations<br><br>https://www.aop.org.uk/advice-and-support/legal/patient-confidentiality<br><br>or direct from the Information Commissioners office: http://www.ico.org.uk/ |

| **Template Section: EFFICIENT** | |
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| **Template Question** | **Optometry Wales Guidance** |
| Referral & Notifications | |
| Please describe the process that you have in place for inter practice referrals for all WGOS pathways? | When referring a patient through the appropriate care pathway an optometrist must adhere to the GOC rules relating to injury or disease of the eye. It is the duty of all optometrists to ensure that they understand and comply with the GOC rules.<br>**To achieve compliance**<br>Contractors should ensure that their performers and support staff are aware of the process for inter practice referrals (referrals from one practice to another) for all WGOS pathways which includes emergency routes for referral and local referral protocols in their health board areas. Contractors should describe how all staff (including locums) are made aware of how to make inter-practice referrals and state what are the processes for WGOS3, WGOS4 and WGOS5 inter-practice referrals when required. Whilst it may be that practices usually make intra-practice referrals (referrals within the same practice) to in-house WGOS3,4 and 5 services, practices should still state what is their contingency processes if staff members are absent and an inter practice referral is required. The national protocols for inter practice referrals for all WGOS pathways can be found in the WGOS clinical manuals here https://www.nhs.wales/sa/eye-care-wales/wgos/eye-health-professional/wgos-manuals/<br>Practices should contact their local health board if they require further clarification around local referral guidelines.<br>Unless there are locally agreed health board variations, for urgent inter-practice referrals, a phone call would be made to the receiving practice in order to confirm they can accept the referral. A referral would then be sent electronically using secure NHS email (as all practices have now been offered a practice NHS email address)<br>Ensure that all practitioners working in the practice understand the regulatory requirements and their obligations in relation to the referral of patients. This could be evidenced by the contractor producing information on local referral protocols received from NHS Wales.<br>Optometry Wales also host local referral protocols for all Health Boards on the members-only section of their website. Register here to access https://www.optometrywales.org.uk/new-members-register/ |

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| | The College of Optometrists guidelines on emergency patient care should be used to inform the decision making process:<br>http://guidance.college-optometrists.org/guidance-contents/knowledge-skills-and-performance-domain/examining-patients-who-present-as-an-emergency/<br>The College also has guidance on the urgency of referrals:<br>Annex 4 Urgency of referrals table - College of Optometrists<br>The urgency of a referral must be indicated when the referral is made to a triage or referral centre.<br>There is specific guidance on dealing with flashes and floaters: http://guidance.college-optometrists.org/guidance-contents/knowledge-skills-and-performance-domain/examining-patients-who-present-with-flashes-and-floaters/<br>and on measuring intra-ocular pressure in relation to NICE guidance on glaucoma: http://www.college-optometrists.org/en/utilities/document-summary.cfm/docid/B7251E0C-2436-455A-B15F1E43B6594206<br>There should be information at every practice to ensure that locums and other staff are aware of local contact details and procedures for referral of patients with ocular conditions requiring emergency care. This should be in a fixed and accessible location. |
| If under WGOS4 you refer to other Optometric practices, please describe the process that you use? | When referring a patient through the appropriate care pathway an optometrist must adhere to the GOC rules relating to injury or disease of the eye. It is the duty of all optometrists to ensure that they understand and comply with the GOC rules.<br>**To achieve compliance**<br>Contractors should ensure that their performers and support staff are aware of the local WGOS4 referral protocols in their health board areas. Where WGOS4 pathways are not yet live in the health board, Contractors may wish to state how they would relay the practice process to their performers and support staff once in receipt of the local WGOS4 pathway referral information from the local health board. Contractors should describe how all staff (including locums) are made aware of how to make WGOS4 inter-practice referrals and state what are the processes WGOS4 inter-practice referrals when required. Whilst it may be that practices usually make intra-practice referrals to in-house WGOS4 services, Practices should still state what is their contingency processes if staff members are absent and an inter practice referral is required. The national protocols for inter practice referrals for all WGOS pathways can be found in the WGOS clinical manuals here https://www.nhs.wales/sa/eye-care-wales/wgos/eye-health-professional/wgos-manuals/<br>Practices should contact their local health board if they require further clarification around local referral guidelines.<br>Unless there are locally agreed health board variations, for urgent inter-practice referrals, a phone call would be made to the receiving practice in order to confirm they can accept the |

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| | referral. A referral would then be sent electronically using secure NHS email (as all practices have now been offered a practice NHS email address)<br><br>Ensure that all optometrists working in the practice understand the regulatory requirements and their obligations in relation to the referral of WGOS4 patients. This could be evidenced by the contractor producing information on local referral protocols received from NHS Wales. Optometry Wales also host local referral protocols for all Health Boards on the members-only section of their website. Register here to access https://www.optometrywales.org.uk/new-members-register/<br>The College of Optometrists guidelines on emergency patient care should be used to inform the decision making process:<br>http://guidance.college-optometrists.org/guidance-contents/knowledge-skills-and-performance-domain/examining-patients-who-present-as-an-emergency/<br><br>The College also has guidance on the urgency of referrals:<br>Annex 4 Urgency of referrals table - College of Optometrists The urgency of a referral must be indicated when the referral is made to a triage or referral centre.<br>There is specific guidance on dealing with flashes and floaters: http://guidance.college-optometrists.org/guidance-contents/knowledge-skills-and-performance-domain/examining-patients-who-present-with-flashes-and-floaters/<br>and on measuring intra-ocular pressure in relation to NICE guidance on glaucoma: http://www.college-optometrists.org/en/utilities/document-summary.cfm/docid/B7251E0C-2436-455A-B15F1E43B6594206<br>There should be information at every practice to ensure that locums and other staff are aware of local contact details and procedures for referral of patients with ocular conditions requiring emergency care. This should be in a fixed and accessible location. |
| Post Payment Verification | |
| Please confirm the date of your last PPV visit? | If you are unsure of the last date, you can email the NHS Wales Shared Services Partnership team to request this information at nwssp-primarycareservices@wales.nhs.uk |

| **Template Section: EQUITABLE** | |
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| **Template Question** | **Optometry Wales Guidance** |
| Welsh Language Duties | You will see that Optometry Wales have inserted breaks between the following questions for clarity. You will see a statement in red text which sets out the mandatory requirement followed by the question. There are notes beside each question to provide guidance. The link to the |

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| | Welsh language in primary care standards and duties is here: Welsh language in primary care \| GOV.WALES<br>Since 30th May 2019, 6 Welsh language duties have been placed on independent primary care contractors.<br>For any services provided under the contract providers must:<br>• notify the local health board if they provide services through the medium of Welsh<br>• provide Welsh language versions of all documents or forms provided to it by the local health board<br>• ensure that any new sign or notice provided is bilingual. Contractors can use local health boards translation services for this purpose.<br>• encourage staff to wear a badge or lanyard to show that they are able to speak or learning Welsh, if they provide services in Welsh<br>• establish and record the language preference of a patient<br>• encourage and assist staff to utilise information and/or attend training courses or events provided by the local health board |
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| If you provide services, or part of a service, through the medium of Welsh, you must notify the Health Board that you do so. You only need to answer this question if you provide services/part of a service through the medium of Welsh. | |
| If you provide services, or part of a service, through the medium of Welsh, have you notified the Health Board that you do so? | Contractors may wish to answer N/A if the Practice does not provide services, or part of a service, through the medium of Welsh. |
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| You must make available to patients and members of the public a Welsh language version of any document or form provided by the Health Board. | |
| Do you make available to patients and members of the public a Welsh language version of any document or form provided by the Health Board? | Contractors can use local health board translation services for this purpose. |
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| Where you display a new sign or notice, including temporary signs or notices, in connection with services or any part of a service provided under the contract, you must ensure that any new sign or notice provided is bilingual (you may use the | |

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| translation service offered by the Health Board for this purpose). | |
| Do you display bilingual versions of new signs or notices? | Contractors can use local health board translation services for this purpose. |
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| Where you provide services, or any part of a service, under the contract through the medium of Welsh, you must encourage your staff to wear a badge to convey that they are able to speak Welsh. | |
| Do you encourage your staff to wear a badge (or lanyard) to show that they are able to speak, or are learning, Welsh? | Contractors may wish to answer N/A if the Practice does not provide services, or part of a service, through the medium of Welsh. |
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| You must encourage and assist your staff to utilise information and/or attend training courses or events provided by the Health Board, so that they can develop: (a) an awareness of the Welsh language (including awareness of its history and its role in Welsh culture); and (b) an understanding of how the Welsh language can be used when delivering services, or any part of a service, under the contract. | Contractors can contact their local health board translation services for further information. |
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| When delivering services, or any part of a service, under the contract, you must encourage those delivering primary ophthalmic services to establish and record the Welsh or English language preference expressed by or on behalf of a patient . | |
| Do you establish and record the language preference of a patient? | Since 30th May 2019, six Welsh language duties have been placed on independent primary care contractors.<br>For any services provided under the contract, providers must:<br>• notify the local health board if they provide services through the medium of Welsh<br>• provide Welsh language versions of all documents or forms provided to it by the local health board<br>• ensure that any new sign or notice provided is bilingual. Contractors can use local health boards translation services for this purpose.<br>• encourage staff to wear a badge or lanyard to show that they are able to speak or learning Welsh, if they provide services in Welsh<br>• **establish and record the language preference of a patient** |

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| | • encourage and assist staff to utilise information and/or attend training courses or events provided by the local health board<br>**To achieve compliance**<br>Practices must establish and record the language preference of a patient. |

| **Template Section: PERSON CENTRED** | |
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| **Template Question** | **Optometry Wales Guidance** |
| Practice Posters and Leaflets | |
| Does the practice prominently display a notice and leaflets which is available to all patients. | A notice showing eligibility for WGOS sight tests and vouchers should be displayed. An example is available here: https://www.optometrywales.org.uk/wp-content/uploads/2024/12/13.-Eye-care-services.docx<br>  <br>13. Eye care services.docx<br>Useful resources for signposting patients are available here Other Useful Learning Resources - NHS Wales<br>Patient information leaflets can be ordered from sources including the College of Optometrists Patient leaflets and resources - College of Optometrists and the Royal College of Ophthalmologists Patient Information Booklets \| The Royal College of Ophthalmologists<br>**To achieve compliance**<br>Ensure that relevant information is displayed/provided as required. |
| Do you supply your practice leaflet in other formats for use by patients with Sensory Loss? | In the UK there is a legal requirement for NHS and social care organisations to ensure that information is accessible, and communications needs are met for patients with Sensory Loss. https://www.aop.org.uk/ot/home/advice-and-support/regulation/england/accessible-information-standard |
| If yes, is this on request or do you keep a supply in the Practice for immediate distribution? | |
| Complaints & Incidents | |
| The practice has an agreed procedure in line with “Putting Things Right" ‘guidance for handling patients’ complaints which complies with the NHS complaints procedure and is advertised to the patients. https://nwssp.nhs.wales/a-wp/pcir/ | The practice must have a formal written NHS-compliant complaints procedure. This is a requirement of NHS Wales. Complaints in this context are those related to the WGOS sight test and the issuing of prescriptions and vouchers, not those related to private services or spectacle dispensing. |

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| | It is a contractual requirement for contractors to report the number of complaints received, normally on an annual basis. Regional Optical Committees may reach an agreement with local health baords that they write annually to contractors to request the information.<br>**To achieve compliance**<br>Practices should have a formal procedure/policy for dealing with complaints. The WGOS contract requires that this policy be in writing, that a complaints manager should be appointed and named (even if you are an independent practitioner working alone) and that the number of complaints received should be reported to NHS Wales. Details of the procedure must be made available to patients including the name of the complaints manager.<br>The optical representative bodies have issued joint advice detailing the requirements of NHS complaints handling which includes model documentation for adaptation and use in the practice which has been adapted for Wales and can be found here: https://www.optometrywales.org.uk/wp-content/uploads/2024/12/14.-Template-Complaints-Policy.docx<br><br>14. Template Complaints Policy.doc<br><br>The NHS complaints regulations are : National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 and the NHS Duty of Candour regulations The NHS Duty of Candour \| GOV.WALES https://www.qualityinoptometry.co.uk/policy/?policy=73 |
| Are you compliant with the Duty of Candour Act 2022? | In accordance with The Health and Social Care (Quality and Engagement) [Wales] Act 2020, providers of WGOS have a Duty of Candour to follow a process when a service user suffers or may suffer an adverse outcome which has or could result in unexpected or unintended harm that is moderate and above and the provision of healthcare was or may have been a factor. Contractors are required to notify the Health Board when the Duty of Candour has been triggered for an incident involving an NHS patient.<br>**To achieve compliance:**<br>Contractors can log incidents on the Datix portal https://nwssp.nhs.wales/a-wp/pcir/<br>This allows a report to be generated by NWSSP for the Contractor to meet the Service Agreement. Otherwise, a Contractor must provide a separate annual candour report to the Health Board with whom they have a Service Agreement with.<br>More information can be found on the Optometry Wales website https://www.optometrywales.org.uk/?s=duty+of+candour&id=331 |

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| | and within the WGOS1&2 clinical manual: https://www.nhs.wales/sa/eye-care-wales/eye-care-docs/wgos-manuals-changes-summary/wgos-1-2-clinical-manual/ |
| How many times has Duty of Candour been triggered in the previous 12 months? | **To achieve compliance**<br>Contractors should state how many Duty of Candour incidents have been reported to the Health Board. This may be zero if no Duty of Candour incidents have occurred.<br>In accordance with The Health and Social Care (Quality and Engagement) [Wales] Act 2020, providers of WGOS have a Duty of Candour to follow a process when a service user suffers or may suffer an adverse outcome which has or could result in unexpected or unintended harm that is moderate and above and the provision of healthcare was or may have been a factor. Contractors are required to notify the Health Board when the Duty of Candour has been triggered for an incident involving<br>**To achieve compliance:**<br>Contractors can log incidents on the Datix portal https://nwssp.nhs.wales/a-wp/pcir/<br>This allows a report to be generated by NWSSP for the Contractor to meet the Service Agreement. Otherwise, a Contractor must provide a separate annual candour report to the Health Board with whom they have a Service Agreement with.<br>More information can be found on the Optometry Wales website<br>https://www.optometrywales.org.uk/?s=duty+of+candour&id=331<br>and within the WGOS1&2 clinical manual: https://www.nhs.wales/sa/eye-care-wales/eye-care-docs/wgos-manuals-changes-summary/wgos-1-2-clinical-manual/ |