****

**Primary Eyecare Services**

**Pre - Operative Cataract Assessment Pathway**

**Service Launch 01/04/2019**

**Pre Operative Cataract Assessment Pathway**

**Service Launch 01/04/2019**

**Contents**

**Information and Contacts**

**Criteria**

**Clinical pathway**

**Domiciliary Patients**

**FTA /FTE procedure**

**Policy requirements**

**Requirements for registration**

**DBS checks**

**Patient Questionnaires**

**Interpreting details**

**FAQ**

**Useful information**

**FTA documents**

**Information and Contacts**

**Primary Eyecare Services Limited (PEC Services Ltd)**

These Community Services have been commissioned by DDES and North Durham CCGs with Primary Eyecare Services Ltd (PECS. Ltd.) as the Prime Contractor.

The Subcontract is with PECS Ltd.

For enquires relating to:

• Administration of the services

• Practice detail changes

• Practice/Practitioner authorisation

• Contract Issues

Email: info@primaryeyecare.co.uk

For enquires relating to:

• Clinical Issues

• Service performance

• Service Governance

Email: [lisa.gibson@primaryeyecare.co.uk](mailto:lisa.gibson@primaryeyecare.co.uk)

[Naomi.smith@primaryeyecare.co.uk](mailto:Naomi.smith@primaryeyecare.co.uk)

**Durham LOC**

Website: <https://www.loc-net.org.uk/durham/>

Chair: [chair@durahmloc.co.uk](mailto:chair@durahmloc.co.uk)

Secretary: secretary@durhmloc.co.uk

**Optomanager (Cegedim Rx)**

Optomanager is the IT platform that is used process the commissioned services.

This is supplied by Cegedim Rx; a technology and services company for healthcare professionals: https://www.cegedimrx.co.uk

For Support (Technical Issues & General Queries) including:

• Bugs and error reporting

• Missing referrals / referral queries

• “How do I?”

• General enquiries

• Forgotten login details

• Locked accounts

Email: support@optomanager.co.uk Phone: (+44) 0330 303 3346

**Criteria**

**Acceptance**

The service is available for patients aged 18 years and over registered with a GP member Practice of DDES CCG and ND CCG who have attended an optometrist for a routine GOS or private sight test and presence of cataract identified.

**Exclusion**

The following patients are excluded from the service

Patients under the age of 18.

Patients who are registered with a GP practice other than a DDES or ND CCG.

Patients who are resident of County Durham and registered with a GP practice out with CCG boundaries.

Patients with co-existing ophthalmic pathology requiring secondary care intervention/monitoring – these patients require a written letter to their ophthalmologist with details of their visual changes rather than re-referral.

**Referrals into the service**

The service will accept referrals from participating and non-participating optical practices, GP practices and referral management solutions which the commissioner has in place. Optometrists should refer to their colleagues within the practice, if they are not accredited to deliver the service.

**Clinical pathways**

**Stage one - Routine GOS attendance**

A routine GOS or private sight test will reveal the presence of cataract and, as now, the examining optometrists will discuss this with the patient. If the cataract does not cause lifestyle difficulties, then they will continue to be reviewed by the optometrist under normal GOS arrangements.

If, however the patient wishes to consider surgery, then the optometrist will follow NICE Guideline NG77 Cataracts in adults: management published October 2017 and discuss options with the patient.

If the patient wishes to proceed, the optometrist will provide the patient with a self-assessment health questionnaire, which will help to establish suitability for surgery by highlighting other health problems and possible contra-indications.

The full cataract assessment may be carried out at this time if:

 The optometrist is accredited to deliver the service;

 If time permits and the patient agrees, if not, a further appointment is made for a full cataract assessment.

If the patients preferred optical practice is unable to provide the assessment, they shall direct the patient to an alternative optical practice, by way of a list of accredited optical practice providers.

Patients will be made aware that for future GOS sight tests they should return to their usual optometrist.

**Stage Two**: **cataract assessment**

Following routine GOS or private sight test, the patient attends the participating optical practice for full cataract assessment, to elicit relevant ocular, medical and social information which will assist secondary care facilities to ensure patients receive the most appropriate treatment and care.

The assessment will follow recommendations 1.1 and 1.2 set out in NICE Guidance NG77 Cataracts in adults: management published October 2017 and also include but not limited to:

 Pupil dilatation, where clinically appropriate

 Examination by direct ophthalmoscopy, in order to establish whether there are any co-existing

ocular disorders as well as cataract (Direct ophthalmoscopy should be on the slit lamp with a Volk lens and not with a hand-held ophthalmoscope.)

 Discussion of the self-assessment health questionnaire and any outstanding issues dealt with

 Communicate the relative risks and benefits of cataract extraction

 Ascertain the patient’s willingness for surgery

 Clinical guidelines and patient self-assessment questionnaire will support the participating

optometrist to establish patient suitability and willingness to be considered for surgery

**Outcomes of assessment**

There are two possible outcomes following assessment:

**1.Cataract patients who are not appropriate for referral for NHS treatment either because:**

 **the patient chooses not to be considered for cataract surgery,** having been counselled on the risks and benefits of cataract extraction, they choose not to proceed with surgery; or

 **the patient has chosen to be referred privately**, having been assessed under the service, but have chosen to be referred for private treatment rather than NHS surgery, patients should be referred directly to a named consultant and patients registered GP informed.

**2) Cataract patients who are suitable for referral to hospital eye services for NHS treatment**

 standard documentation should be completed and sent to patients registered GP to request onward referral to hospital eye services hospital.

**Stage Three: Onward referral**

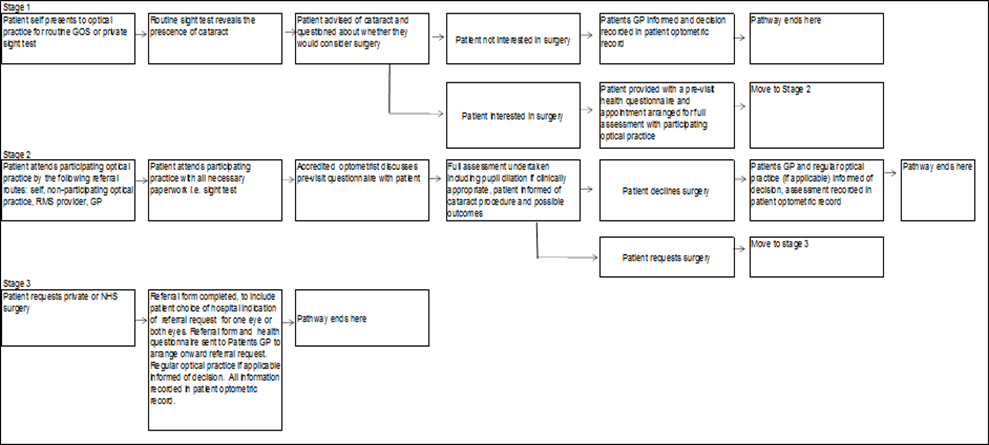
The optometrist will make every effort to ascertain the suitability of the patient and their willingness to undergo surgery and discuss choice of provider. It will ultimately be the consultant ophthalmology team that determines whether surgery will be carried out.

If the patient is willing to undergo surgery and the optometrist considers that they are suitable, then the referral via the patients registered GP using the locally agreed referral protocol and referral template will be completed, which will include the patients preferred choice of hospital and whether they should be considered for one eye or both eyes.

If notified, the patient did not attend hospital eye services, the optometrist should contact the patient and identify whether he/she is still interested in surgery and should notify the GP accordingly.

In order for payment to be claimed, the patient must complete stages 1 and 2 of the pathway and stage 3 if onward referral to hospital eye services is requested.

**If the outcome of the patient assessment is a referral. Please advise the patient of the appropriate timescale of referral and give advice on what they should do if they do not receive further information or appointments relating to the referral.**



**Domiciliary patients**

In order to qualify for a domiciliary GOS sight test, the patient must fall into one of the NHS eligibility categories and be unable to leave home unaccompanied. In order to qualify for a domiciliary cataract assessment under the service, the patient must be able to travel to the treatment centre for treatment if suitable transport can be provided, and be able to co-operate with the procedure. Generally the assessment will be carried out in their home at the same time, where possible, and the self-assessment health questionnaire will be issued.

The pathway then follows stages 2 and 3 of the normal pathway but in the patient’s home. In some cases it may be possible for part of the assessment to be carried out by telephone, where it has not been possible to provide the full assessment at the time of the initial visit, e.g. discussion of the health self-assessment questionnaire.

**FTA/DNA procedure**

If a patient fails to attend their stage 2 appointment the practice will ensure that all patients are contacted within two weeks to:

 Offer the opportunity to arrange an appointment at an alternative date and time; and

discuss any issues or concerns the patient may have resulting in their FTA (for example it may be that optician only works on days which are unsuitable for the patient, the patient may be too frail to travel or requires information on available transport); or

 If the patient is uncontactable by telephone after three attempts, the practice will issue a standardised FTA letter inviting the patient to arrange an alternative appointment. A suggested letter template can be found at the end of the information pack. Please document all attempts on the patient record card.

If the patient does not contact the practice to arrange an alternative appointment within six weeks the practice will contact by telephone the patient’s GP to check:

 If the patient’s clinical status has changed meaning they are no longer suitable for this Service (for example developed additional pathologies, deceased).

 If the patient has declared to their GP that they do not wish to attend the service and this is recorded on the GP patient record.

If the patient does not fit into the above categories then a standardised letter will then be sent to the GP to inform them that the patient has disengaged with the service. An example letter template can be found at the end of the information pack.

Practices should print a copy of this letter to retain for their records and also send a copy to the patient.

**Policy requirements**

The provider will ensure that all staff delivering the service are trained on all appropriate policies relating to the delivery of the service and have the normal range of appropriate workplace and human resources policies and training in place including but not limited to:

● Enhanced level 2 checks through the Disclosure and Barring Service (formally known as Criminal Records Bureau (CRB) prior to appointment and at 3 yearly intervals during the period of employment. Each member of staff has a duty to disclose any convictions for criminal offences to their employer as soon as they arise.

● Level 2 Safeguarding Training, in line with the requirements of the Intercollegiate Document Safeguarding Children and Young People roles and competencies for healthcare staff 2014.

● Level 1 Safeguarding Adults Training for all staff working in the service

● Level 2 Safeguarding Adults Training for all staff who have regular contact with patients, their families, carers or public.

● Basic mandatory training in infection, control and prevention, life support, moving and handling

● Adherence to mental and capacity act 2005.

● The Equality act 2010

● Recent NICE guidelines

●All staff must have safeguarding children training and be compliant with the levels required in the “Safeguarding children and young people: Roles and Competencies for Health Care staff intercollegiate document 2014

● Health and safety in the workplace including procedures to deal with violent patients

● Policy for recruitment, performance, appraisal, disciplinary issues, and staff grievances with a staff conduct policy which covers inappropriate behaviour, appearance of staff and personal hygiene, customer care

**Registration requirements**

**Subcontractor**

**QiO Compliance Checklist**

Quality in Optometry is a toolkit for clinical governance in optometric practice.

It is a prerequisite for all practices participating in this community service to complete the Quality in Optometry checklists found at http://www.qualityinoptometry.co.uk/ and to upload the relevant checklists onto Optomanager.

Below is a link to a comprehensive guide to completing QiO: https://www.qualityinoptometry.co.uk/documents/QiO%20User%20Guide%20%202017%20Update.pdf

QiO needs to be completed and re uploaded every three years.

**Performer**

All practitioners must have carried out safeguarding training and have a DBS certificate – see below.All practitioners must have completed WOPEC/LOCSU Cataract distance learning

All practitioners will also need to ensure they carry out appropriate CET annually.

All practitioners have to have been qualified for 12mths to participate in these services.

**WOPEC**

Cataract distance learning – Level 1 certification.

Codes accessed through: [wopec@durhamloc.co.uk](mailto:wopec@durhamloc.co.uk)

WOPEC website: https://wopec.co.uk/

**Adult & Child Safeguarding Level 2 Core**

All practitioners participating in any service must complete the Adult & Child Safeguarding Level 2 Core modules. These can be completed on the DOCET website.

https://docet.info/

**Disclosure & Barring Service (DBS) checks**

From 1 April 2013 all new applicants for a GOS performers list have to have an Enhanced Disclosure and Barring Service check carried out. This was previously called an Enhanced CRB check. GOS regulations do not require routine updating, however section 5.11 of the NHS Standard Contract, General Conditions does require proof of clinicians holding an Enhanced DBS certificate and PEC may request a copy of this certificate to ensure compliance.

The difference between a DBS and a CRB certificate is that it is transportable. It belongs to the individual and therefore it is their responsibility to ensure it is maintained when participating in community services.

A DBS check is nothing more than a snapshot in time. Health organisations have deemed that for DBS checks to be "valid" they should be repeated every three years. If you have not had an enhanced CRB/DBS check carried out in the last three years, you must now do so to participate in community services.

**Costs**

An enhanced DBS costs around £45, but you can’t apply for an enhanced one on yourself.  [https://www.gov.uk/disclosure-barring-service-check/overview](https://web.nhs.net/OWA/redir.aspx?C=XWq7yT_vHEKFHk19sCZtV7Iqe6oLotFIXNYbg-35i_3F-hEbg3WV5EnPAyPMDbHZkDH1FMsE4Z0.&URL=https%3a%2f%2fwww.gov.uk%2fdisclosure-barring-service-check%2foverview)

You need an “umbrella body” to do this, and they charge for the ID checking and processing of information – This means the total cost will be in the region of £60 per check.

Those working in corporate organisations should first check with their company in case they have a preferred supplier.

AOP have a preferred supplier who will provide the combined check and processing for £53.60

<https://www.aop.org.uk/membership/benefits/dbs-checks>

[www.ddc.uk.net](https://web.nhs.net/OWA/redir.aspx?C=XWq7yT_vHEKFHk19sCZtV7Iqe6oLotFIXNYbg-35i_3F-hEbg3WV5EnPAyPMDbHZkDH1FMsE4Z0.&URL=http%3a%2f%2fwww.ddc.uk.net)  also provides Enhanced checks. However please note, this is only an example and we can not guarantee the efficiency of these services.

NECS (North East commissioning service) will provide this service.

Application forms should be requested by sending an appropriate email to the general HR enquiry email address [NECSU.Recruitment@nhs.net](mailto:NECSU.Recruitment@nhs.net) clearly marked as **DBS application** in the Subject heading.

Signing up to a PEC community service contract verifies your role and allows performers to use this service in DDT/CNTW (Durham Darlington Tees / Cumbria North Tyne and Wear). You will need to ask a GOC registered optometrist working in DDT/CNTW to perform the role of verifying your evidence before you send this off with your completed application form to be further verified and counter-signed by NECS.

**IMPORTANT INFORMATION**

DBS update service[https://www.gov.uk/dbs-update-service](https://web.nhs.net/OWA/redir.aspx?C=XWq7yT_vHEKFHk19sCZtV7Iqe6oLotFIXNYbg-35i_3F-hEbg3WV5EnPAyPMDbHZkDH1FMsE4Z0.&URL=https%3a%2f%2fwww.gov.uk%2fdbs-update-service)

This service lets applicants keep their DBS certificates up to date online and allows employers to check a certificate online. You can register online as soon as you have your application form reference number. You can ask for the number when you apply for your DBS check, or you can wait and register with your certificate number when you receive your DBS certificate.

If so, you must do so within 14 days of the certificate being issued.

Registration lasts for 1 year and costs £13 per year (payable by debit or credit card only).

**Patient Pre - Op Questionnaire**

|  |  |
| --- | --- |
| Is your sight causing you any difficulty with mobility e.g. crossing roads, managing steps, using buses?: |  |
| Do you have problems with glare in sunlight, or from car headlights?: |  |
| Do you drive?: |  |
| If Yes, do you still feel confident to do so?: |  |
| Is your vision affecting your ability to look after yourself? e.g. cooking, housework, dressing: |  |
| Is your quality of life affected by visual difficulties? e.g. reading, watching TV, hobbies, sport: |  |
| If your vision causing problems socially? e.g. recognising people, handling coins and notes?: |  |
| How much better do you think your life would be without a cataract?: |  |
| If the eye specialist was to offer you cataract surgery, would you want it at this time?: |  |
| Has the patient consented to information sharing between clinicians in relation to this referral?: |  |

**Please ensure that you apply decision making tools when discussing referral for surgery with patients.**

**Advice on this will be refreshed at regular intervals.**

**Patient Satisfaction Questionnaire**

**About You! Primary Eyecare Survey**

We want to make sure that everyone receives a high level of service. By answering these

questions, we can check that all of our community groups are happy with our services.

**Gender:**  Male  Female

**Do you have a long-standing illness or disability?**

 Yes

 No

 Do not wish to say

 Physical disability

 Deaf / hard of hearing

 Blind / visual impairment

 Learning difficulty

 Long-term condition

**As a woman, are you pregnant, on maternity leave or returning from maternity leave?**

 Yes

 Do not wish to say

 No

**What is your ethnic background?**

WHITE

 British

 Irish

 Other

BLACK

 African

 Caribbean

 Other

MIXED RACE ASIAN

 White & Black African

 White & Black Caribbean

 White & Asian

 Other

 Indian

 Pakistani

 Bangladeshi

 Other

OTHER BACKGROUND

 Gypsy / Traveller

 Chinese

 Other

**What is your religion or belief?**

 Buddhist  Christian  Hindu

 Jewish  Muslim  Sikh

 None  Other

**THIS SECTION TO BE COMPLETED BY OVER 16s ONLY**

**What is your sexual orientation?**

 Heterosexual / straight  Homosexual / gay man

 Lesbian / gay woman  Bisexual

 Do not wish to say

**Is your gender the same as**

**you were assigned at birth?**

 Yes  No

**What is your marital status?**

 Single

 Co-habiting

 Married

 In a civil partnership

 Legally separated

 Divorced

 Widowed

**Cataract Service Patient Questionnaire**

**1. Where did you have your appointment?**

………………………………………………………………………………………

………………………………………………………………………………………

**2. How likely are you to recommend the service received at this optical practice to friends and**

**family if they needed similar care or assessment? (Please circle the most appropriate response)**

Extremely Likely Likely Neither Likely or Unlikely Unlikely Extremely Unlikely

OR Don’t Know

**3. Do you have any comments about the service you received or suggested improvements that**

**could be made?**

…………………………………………………………………………………………

………………………………………………………………………………………….

………………………………………………………………………………………….

………………………………………………………………………………………….

………………………………………………………………………………………….

………………………………………………………………………………………….

………………………………………………………………………………………….

**Thank you for completing this questionnaire**

**INTERPRETING SERVICES FOR PRIMARY CARE CONTRACTORS**

|  |  |  |
| --- | --- | --- |
| **AREA** | **PROVIDER** | **CONTACT DETAILS** |
| **Tees** | **Everyday Language Solutions (ELS) – must be used**    Language interpreting, translation, Deaf & Hard of Hearing support | **Everyday Language Solutions (ELS)**  Carbury House  Concorde Way  Preston Farm Industrial Estate  Stockton on Tees  TS18 3TB    Tel: 01642 603203  Fax: 01642 603403  [www.everydaylanguagesolutions.co.uk](mailto:tnu-tr.optometristreport@nhs.net) |
| **County Durham & Darlington** | **CJ Interpreting Service**    Deaf & Hard of Hearing Language Support | mobile: 07916 536176 (text message only)  Fax: 01325 952155  tel: 01325 257975  email: info@cjinterpretingservice.co.uk  [www.cjinterpretingservice.co.uk](http://www.cjinterpretingservice.co.uk/)  SMS: 07916 536176 |
| **County Durham & Darlington** | **Everyday Language Solutions (ELS)**    Language interpreting, translation, Deaf & Hard of Hearing support | Carbury House  Concorde Way  Preston Farm Industrial Estate  Stockton on Tees  TS18 3TB    Tel: 01642 603203  Fax: 01642 603403  [www.everydaylanguagesolutions.co.uk](mailto:tnu-tr.optometristreport@nhs.net) |
| **County Durham & Darlington** | **Language Line Solutions**    Language interpreting | Language interpreting (telephone)  Tel: 0800 169 2879  Fax: 0800 783 2443  Email: [enquiries@languageline.co.uk](mailto:julia.williams@chsft.nhs.uk)  Website: [www.languageline.co.uk](http://www.languageline.co.uk/)  Post: 25th Floor  40 Bank Street, Canary Wharf,  London, E14 5NR |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Sunderland** | ITL (LANGUAGE) | 0191 421 2221 |
| **South Tyneside** | ITL (LANGUAGE)    NORTHERN SIGN (SIGN)    APNA GHAR | 0191 421 2221    0191 499 8122    0191 456 4147 |
| **Gateshead** | ITL (LANGUAGE)    NORTHERN SIGN (SIGN) | 0191 421 2221    0191 499 8122 |
| **Newcastle North & East** | LANGUAGE EMPIRE (LANGUAGE & SIGN) | 0191 421 2221 |
| **Newcastle West** | LANGUAGE EMPIRE (LANGUAGE & SIGN) | 0191 421 2221 |
| **North Tyneside** | LANGUAGE EMPIRE (LANGUAGE & SIGN) | 0191 421 2221 |
| **Northumberland** | LANGUAGE EMPIRE (LANGUAGE & SIGN) | 0191 421 2221 |

**Frequently asked questions**

**1. Which areas does a patients GP need to be in to take part in this service?**

The Patient must have a GP in the North Durham CCG or Durham Dales, Easington and Sedgefield CCG. If you are situated in North Durham but your patient has a DDES CCG GP you can still see them under this service. All GP’s registered in the CCG areas are preloaded to the Optomanager software.

**2. How do I get a LOCSU code for the WOPEC cataract course?**  
Practitioners in need of a code should contact [wopec@durhamloc.co.uk](mailto:wopec@durhamloc.co.uk) and put in the subject box ‘WOPEC Code request’.

**3. Do all performers need a current DBS certificate?**

Yes, the contract stipulates all optometrists providing the services hold a current enhanced DBS certificate. Please note you can keep your DBS current by signing up to the renewal service when you receive your new certificate. (See DBS page in launch pack given to your sub-contractor).

**4. Where do I find the cataract patient satisfaction questionnaire and patient survey?**

Both these documents can be downloaded from the respective Optomanager modules

**5. Does a locum have to sign up to provide this service at every practice?**

No, A locum needs to pick one practice to sign up at. The locum’s details will go onto a master list. This master list can be accessed at any practice. The locum’s details can be loaded onto each practice the locum works at. Any activity will be linked to that practice.

**6. What is the clinical governance & performance lead role for?**

The clinical governance & performance lead (clinical lead) is responsible for day to day monitoring of all aspects of service provision and delivery including mobilisation, clinical governance, information governance, auditing and performance monitoring of the service. This role is facilitated by OptoManager. There needs to be a clinical lead for each service the LOC/ PEC have commissioned.

**7. What is required to register as a sub contractor?**

Sub contractors will have completed the relevant sections within Quality in Optometry, which will include level 1 (GOS contract compliance) and checklist for the offered NHS Standard Contract, which is monitored by NHS England Area Teams for the purposes of checking and monitoring contract compliance

**8. How can I contact someone to ask questions?**

[info@primaryeyecare.co.uk](mailto:info@primaryeyecare.co.uk)

[Lisa.gibson@primaryeyecare.co.uk](mailto:Lisa.gibson@primaryeyecare.co.uk)

[Naomi.smith@primaryeyecare.co.uk](mailto:Naomi.smith@primaryeyecare.co.uk)

**Useful Information**

All the clinical documents, pathway information, patient information sheets, patient questionnaires and links to useful patient information sites can be found to view and download within the Optomanager module.

The Optomanager menu on the left of the page shows “downloads” and “documents and information”.

**Participating practices**

A list of participating practices in this service (and all PEC Service contracts) can be found at

[https://www.loc-net.org.uk/durham/practices-providing-community-services/](https://www.loc-net.org.uk/durham/practices-providing-in-community-servies/)

**Local Optical Committee Support Unit (LOCSU)**

Local Optical Committee Support

Unit 2 Woodbridge Street,

London EC1R 0DG

Reception: 020 7549 2051 Fax: 020 7251 8315 http://www.locsu.co.uk/

**Association of Optometrists (AOP)**

For the Association of Optometrists please go to the following link: http://www.aop.org.uk/

**College of Optometrists**

For the College of Optometrists please go to the following link: https://www.college-optometrists.org/

**NHS safeguarding Lead**

[england.nursingandqualitycne@nhs.net](mailto:england.nursingandqualitycne@nhs.net)

, Mental Capacity

and

the

Prevent

S

trategy

Protecting Children and Vulnerable Adults

Updated

June 2017

Summary

Abuse is often hidden in our society and can be overlooked. Safeguarding children and vulnerable

adults therefore is an overriding professional duty for registered optical practitioners and practices,

in the same way as for all other health and social car

e practitioners and providers.

Part 1 of t

his guidance

provides a simple five step guide for all optical staff and practices to

safeguard children and vulnerable adults and

to comply with all relevant legislation. It

will help you

to be vigilant, able to

recognize and report abuse, and to help keep your patients safe.

This part of

the guidance has been

updated in

July

2014 in line with the revised Intercollegiate Guidance for

Safeguarding Children

(2014)

.

Part 2 of t

his guidance

also sets out

the

responsibilities for optical staff and practices under the

Government’s Prevent Strategy, which requires healthcare providers to work with partner

organisations to identify vulnerable individuals at risk of radicalisation and refer them to regional

Prevent

teams for support.

Part 3 of this guidance

sets out the responsibilities of optical practices,

practitioners

and staff. In

summary:

Practices

should ensure that

all

staff are familiar with this guidance and know what to do if they

suspect

or

observe signs

or symptoms of suspected abuse

(including female genital mutilation

-

FGM)

,

neglect

or radicalisation

.

A copy of this guidance and

up

-

to

-

date

local

S

afeguarding and Prevent team contact numbers should

be readily available in the practice.

NHS England and

/or

Local Health Boards

should regularly notify

practices of these details.

Practitioners

should ensure that they have completed appropriate

training

to Intercollegiate Level

2 for

safeguarding

children and vulnerable adults

.

This guidance will continue

to be updated periodically as legislation is revised and in the light of

experience.

Remember:

if you ever feel uncomfortable about a particular situation you encounter or have

concerns about a patient’s safety and think it might be abuse, you must record

all facts and seek

Guidance on Safeguarding

, Mental Capacity

and

the

Prevent

S

trategy

Protecting Children and Vulnerable Adults

Updated

June 2017

Summary

Abuse is often hidden in our society and can be overlooked. Safeguarding children and vulnerable

adults therefore is an overriding professional duty for registered optical practitioners and practices,

in the same way as for all other health and social car

e practitioners and providers.

Part 1 of t

his guidance

provides a simple five step guide for all optical staff and practices to

safeguard children and vulnerable adults and

to comply with all relevant legislation. It

will help you

to be vigilant, able to

recognize and report abuse, and to help keep your patients safe.

This part of

the guidance has been

updated in

July

2014 in line with the revised Intercollegiate Guidance for

Safeguarding Children

(2014)

.

Part 2 of t

his guidance

also sets out

the

responsibilities for optical staff and practices under the

Government’s Prevent Strategy, which requires healthcare providers to work with partner

organisations to identify vulnerable individuals at risk of radicalisation and refer them to regional

Prevent

teams for support.

Part 3 of this guidance

sets out the responsibilities of optical practices,

practitioners

and staff. In

summary:

Practices

should ensure that

all

staff are familiar with this guidance and know what to do if they

suspect

or

observe signs

or symptoms of suspected abuse

(including female genital mutilation

-

FGM)

,

neglect

or radicalisation

.

A copy of this guidance and

up

-

to

-

date

local

S

afeguarding and Prevent team contact numbers should

be readily available in the practice.

NHS England and

/or

Local Health Boards

should regularly notify

practices of these details.

Practitioners

should ensure that they have completed appropriate

training

to Intercollegiate Level

2 for

safeguarding

children and vulnerable adults

.

This guidance will continue

to be updated periodically as legislation is revised and in the light of

experience.

Remember:

if you ever feel uncomfortable about a particular situation you encounter or have

concerns about a patient’s safety and think it might be abuse, you must record

all facts and seek

Patient FTA letter – example of content

**Notification of patient’s failure to attend appointment in Cataract Assessment service**

|  |  |  |
| --- | --- | --- |
| Practice Name  Practice Address | Patient Name and address |  |

**Date:**

**Dear Patient Name,**

**Patient:**

**DOB:**

**NHS Number:**

**Address:**

**Failed to attend appointment with optometrist**

We have been unable to contact you by phone and so we kindly request that you contact the practice to make another appointment.

It is important that we complete your pre-op Assessment if you wish to be referred for surgery. If you no longer wish to be referred please let us or your GP practice know and we will update our records accordingly.

Yours sincerely

FTA – GP letter example of content

Notification of patient’s failure to attend (FTA) in the Community Eye Care – Cataract Pre-op Assessment Service

|  |  |
| --- | --- |
| GP Practice Name  GP Practice Address | Patient Name and address |

**Date:**

**Dear Doctor Name,**

**Patient:**

**DOB:**

**NHS Number:**

**Address:**

The above patient has failed to attend an appointment with the Community Eye Care Cataract Pre – Op Assessment service.

**This patient has now been discharged into the care of their GP.  Please manage this patient as your failed to attend (FTA) policy instructs and determine whether the patient is on the practice vulnerable adult register.**

Please encourage this patient to re-engage with the service.  Should the patient require a new invite to be sent, please do not make a new referral to the service as this is not required.  Please contact the practice directly who will arrange for the patient to re-access the service.

It is advised that you do not refer into secondary care.

Your Sincerely

Practice name

Address

*Detai*