



# Children's Community Optometry Service

Northumberland, Tyne and Wear  
Launch Pack

Clinical Governance and Performance Leads:  
Lisa Gibson and Naomi Smith

## NTW Children's Community Optometry Service Contents

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## **CLINICAL GUIDELINES FOR CHILDREN'S SERVICE: Cycloplegic Refraction**

Children failing school vision screening will be referred to a community Optometrist unless:

- Unable to perform crowded LogMAR test
- Visual acuity  $<0.5$  LogMAR in one or both eyes
- Manifest strabismus
- Other pathology

### **Initial visit to community optometrist (includes GOS sight test)**

All of the following will be performed at the child's first visit to the community Optometrist;

#### **Procedure:**

- Measure unaided Vision with crowded LogMAR test with patch on either eye
- Cover Test and Stereopsis
- Cycloplegic refraction 30 minutes after instillation of G. Cyclopentolate 1%
- Fundal examination – either BIO 20D or 90D or direct ophthalmoscopy
- Prescribe glasses if appropriate
- “Add outcome” to optomanager and “sign off”
- Arrange 6 week appointment if outcome is to review

#### **Outcome:**

- If vision is  $\geq 0.2$  in both eyes discharge to GOS.
- If Visual acuity is  $\geq 0.2$  in both eyes, and glasses are prescribed, review at 6 weeks. (Clinical judgement will be used to decide if it is appropriate to discharge the child from the pathway at this point and clinical justification will be required and collected in OptoManager module)
- If Visual acuity is between 0.225 and 0.475, prescribe glasses if appropriate, and review at 6 weeks.
- If vision is between 0.225 and 0.475 with no significant refractive error, review at 6 weeks
- If visual acuity is  $<0.5$  in either eye, a manifest (non accommodative) strabismus or other pathology is present, refer to secondary care (prescribe glasses where required)

### **6 week review (no GOS sight test)**

#### **Procedure:**

- Check compliance with glasses and fit
- Measure visual acuity with glasses with crowded LogMAR test
- “Add Outcome” to optomanager and “sign off”
- Arrange 18 week appointment if outcome is to review

**Outcome:**

- If visual acuity is  $\geq 0.2$  in both eyes, discharge from pathway and arrange GOS 6 month review. Generate discharge outcome reports
- If visual acuity  $< 0.2$  in either eye, review in a further 12 weeks. Arrange 18 week review appointment. No outcome report required
- If visual acuity is  $< 0.5$  in either eye, manifest strabismus (non accommodative) or other pathology, refer to secondary care. Generate referral outcome reports

**18 week review (includes GOS sight test code 5.3): reminder has been sent****Procedure:**

- Check compliance with glasses and fit
- GOS sight test
- Measure VA with glasses with crowded LogMAR test
- “Add outcome” to optomanager and “sign off”
- Offer parent/carer copy of report

**Outcome:**

- If VA is  $\geq 0.2$  in both eyes discharge to GOS.
- If VA's are not equal, the child can be discharged where the VA is  $\geq 0.20$  in the better eye with **less** than 1 line difference in acuity between the eyes.
- If VA does not meet this standard, refer to secondary care

**NOTES****Outcome Reports**

- All outcome reports will be automatically populated when the details of the child's visits are entered on the Optomanager module
- Reports will automatically be sent to the screening orthoptists at RVI, SEI and S/T by Optomanager via a secure NHS.net link at episode sign off. You can print and keep a copy for your records if you wish
- GP reports will be automatically faxed to GPs in Newcastle and North East, Gateshead, South Tyneside and Sunderland CCGs by Optomanager at sign off.
- **All GP reports for Newcastle West, North Tyneside and Northumberland CCGs** must be printed and posted to GP surgeries (Same as IOPRR service)
- GP reports are generated on discharge and referral only
- **South Tyneside referrals** must be printed and referred to South Tyneside Hospital
- **Durham and HaST reports and referrals** will be emailed automatically to GP via the Optomanager platform if the outcome is refer or discharge.
- Give a satisfaction survey when outcome is discharge or referral and enter on Optomanager

### Recommended Time Frames

- All outcome reports should be entered within 1 week of seeing child in practice.
- All referral reports should be entered within 2 days of the appointment. The Orthoptist team will then automatically arrange for an appointment with secondary care
- GP copy reports to be triggered/posted, same recommended time frame as above. No action is required by the GP and the report is for their information only.

### FTA

Refer to the FTA policy and flow chart for instructions on procedure. Please note that an FTA should only be recorded on Optomanager after the FTA procedure has been followed and the child has not attended despite attempts to rebook. Once FTA is recorded, an FTA report is generated and sent to SEI/RVI and GP (print and post as above in some CCGs). The child is then considered to have left the service pathway, is closed on the optomanager system and cannot be re entered

### Claimable Fees

The practice will receive £42 via PEC and can claim a GOS sight test fee at the initial visit.

No fee is claimed at the 6 week visit.

A GOS sight test fee can be claimed at the 18 week visit. ***Please ensure that early re-test reason code 5.3 is recorded on the GOS1 form.***



Re:

Name

DOB

Address

**Failed to attend appointment with optometrist**

Dear Parent or Guardian

Your child has failed to attend an appointment for the children's eye service on

Date

Time

At

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 the vision assessment of your child, as screening revealed there may be some difficulty with their vision.

Yours Sincerely

**Document name:** Safeguarding, Mental Capacity Act and Deprivation of Liberties Policy

**Date created:** September 2018

**Author:** Rupesh Bagdai

**Approved by:** Board of Directors 31/3/2018

## **Safeguarding, Mental Capacity Act and Deprivation of Liberties Policy**

### **Overview**

Primary Eyecare Services ("the Company") has been established to specifically act as the lead for a network of local optical practices ("subcontractors") dedicated to delivering excellent eyecare in the local community. The Company will also utilise a non-clinical subcontractor, Cegedim Rx.

Safeguarding children and 'adults at risk' is an overriding professional duty for registered optical practitioners and practices, in the same way as for all other health and social care practitioners and providers.

The Company is committed to safeguarding children and 'adults at risk' including deprivation of liberties safeguards. The Company also supports the safeguarding agenda in the context of tackling health inequalities.

The Company will comply with local safeguarding, mental capacity and deprivation of liberty policies including any updates required in line with multi-agency policies and the Commissioner's requirements.

All local safeguarding concerns must be reported to the relevant local safeguarding children and adult board and to the company safeguarding lead.

### **Safeguarding governance**

The Company will appoint a named safeguarding lead. The Commissioner will be kept informed at all times of the identity of the safeguarding lead.

The Company is aware of the safeguarding provisions contained within the Care Act 2014 and will support the work of the Local Safeguarding Children Boards (LSCBs) and Safeguarding Adults Boards (SABs). The Company understands the key role of LSCBs and SABs in highlighting required improvements with regards safeguarding and will act accordingly as necessary.

The Company will participate in the development of any local multi-agency safeguarding quality indicators and/or plan if requested by the coordinating commissioner.

At the reasonable written request of the commissioner the Company will provide evidence to the commissioner no later than ten days from request confirming that it is addressing any concerns raised by relevant multi-agency reporting systems.

The Company supports Regulation 13: Safeguarding service users from abuse and improper treatment as one of the fundamental standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as amended by the Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015.

The Company is also aware of local authority's duty to investigate child welfare safeguarding set out in the Children Act 1989.

### **Mental capacity and deprivation of liberty**

The safeguarding lead will also act as the mental capacity and deprivation of liberty lead.

The Company will comply with the Mental Capacity Act 2005 and recognises its principles to be:

- Presumed capacity unless proven otherwise.
- Empowering decision making to the maximum extent utilising all practical steps before an individual is treated as lacking capacity.
- Recognising that unwise decisions do not in themselves indicate lack of capacity.
- Acting in the best interests of an individual lacking capacity.

- The objective of less restrictive options relating to acts or decisions when a person lacks capacity.

The Company supports the Deprivation of Liberty Safeguards and will ensure individual patients' freedom are not inappropriately restricted while protecting their rights and allowing them to make decisions where possible, putting the patient first when decisions are taken for them.

The Company will comply with local multi-agency policies relating to mental capacity and deprivation of liberty. We will meet training programme requirements and annual audit requirements as appropriate [for a small provider].

The Company will provide assurances to the commissioner raised through the relevant multi-agency reporting systems if requested as well as taking part in development of any local multi-agency safeguarding quality indicators and/or plan if requested.

### **Prevent**

The safeguarding lead will act as the Prevent lead.

The Company will meet Prevent requirements as appropriate [for a small provider].

To the extent applicable to the Services, and as agreed by the Co-ordinating Commissioner in consultation with the Regional Prevent Co-ordinator, the Company will:

- include in its policies and procedures, and comply with, the principles contained in the Government Prevent Strategy and the Prevent Guidance and Toolkit;
- include in relevant policies and procedures a programme to raise awareness of the Government Prevent Strategy among Staff and volunteers in line with the NHS England Prevent Training and Competencies Framework; and
- include in relevant policies and procedures a WRAP delivery plan that is sufficient resourced with WRAP facilitators.
  - o sexual abuse and rape (including within a relationship)
  - o punching, kicking, cutting, hitting with an object
  - o withholding money or preventing someone from earning money
  - o taking control over aspects of someone's everyday life, which can include where they go and what they wear
  - o not letting someone leave the house
  - o reading emails, text messages or letters
  - o threatening to kill or harm them, a partner, another family member or pet.

**Domestic Abuse – Adults & Children** - Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. But it isn't just physical violence – domestic abuse includes emotional, physical, sexual, financial or psychological abuse. Abusive behaviour can occur in any relationship. It can continue even after the relationship has ended. Both men and women can be abused or abusers. Domestic abuse can seriously harm children and young people. Witnessing domestic abuse is child abuse, and teenagers can suffer domestic abuse in their relationships. Examples of Domestic Abuse are;

### **Coercive behaviour**

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. This includes;

- **Forced Marriage** - A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used.
- **Female Genital Mutilation** - FGM is considered as child abuse and is illegal under UK law. It is now a legal duty for healthcare professionals to report any cases they may suspect or be



made aware of. For optometrists and dispensing opticians, one scenario in which FGM could come to their attention is if a child tells them that it has happened to them. Full guidance, posters and other resources can be found on the GOC website at:

[https://www.optical.org/en/Standards/Standards\\_for\\_optometrists\\_dispensing\\_opticians.cfm#FGM](https://www.optical.org/en/Standards/Standards_for_optometrists_dispensing_opticians.cfm#FGM), or on the Department's website, where you can also find a video guide:

<https://www.gov.uk/government/publications/fgm-mandatory-reporting-in-healthcare>

### **Modern Slavery**

The Human Rights Act 1998 sets out the fundamental rights and freedoms that everyone in the UK is entitled to. Article 4 protects the rights of an individual not to be held in slavery, servitude or made to do forced labour.

- **Slavery** is when someone actually owns you like a piece of property.
- **Servitude** is similar to slavery - you might live on the person's premises, work for them and be unable to leave, but they don't own you.
- **Forced labour** means you are forced to do work that you have not agreed to, under the threat of punishment.

The Modern Slavery Act 2015, places additional responsibility on commercial organisations that carry out some or all of their business in the UK, supply goods or services and have a global turnover of over £36million. Obligated entities need to publish a 'slavery and human trafficking Statement' for each financial year, disclosing the steps they have taken to ensure that slavery and human trafficking is not taking place in their own operations and supply chains (or a Statement stating that they have taken no such steps).

People can be enslaved for many different forms of exploitation such as;

- Forced prostitution
- Forced labour
- Forced begging
- Forced criminality
- Domestic servitude
- Forced marriage
- Forced organ removal
- **Human / Child Trafficking** - Human trafficking involves recruitment, harbouring or transporting people into a situation of exploitation through the use of violence, deception or coercion and forced to work against their will. In other words, trafficking is a process of enslaving people, coercing them into a situation with no way out, and exploiting them.

### **Other Safeguarding Concerns**

- **'Honour' based Violence** - (HBV) is a form of domestic abuse which is perpetrated in the name of so called '**honour**'. The **honour** code which it refers to is set at the discretion of male relatives and women who do not abide by the 'rules' are then punished for bringing shame on the family. The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they're bringing shame on their family). Financial abuse (taking your wages or not giving you any money) can also be a factor.
- **Fabricated or Induced Illness** - Fabricated or induced illness is a condition whereby a child has suffered, or is likely to suffer, significant harm through the deliberate action of their parent and which is attributed by the parent to another cause. There are three main ways of the parent fabricating (making up or lying about) or inducing illness in a child:

- Fabrication of signs and symptoms, including fabrication of past medical history;
- Fabrication of signs and symptoms and falsification of hospital charts, records, letters and documents and specimens of bodily fluid;
- Induction of illness by a variety of means.

The above three methods are not mutually exclusive. Existing diagnosed illness in a child does not exclude the possibility of induced illnesses. The very presence of an illness can act as a stimulus to the abnormal behaviour and also provide the parent with opportunities for inducing symptoms.

- **Sexually Exploited Children** - Child sexual exploitation (CSE) is a type of sexual abuse. Children in exploitative situations and relationships receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them.

Children or young people may be tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed and exploited online.

Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs.

- **Working with sexually active young people under 18** - most young people under the age of 18 will have a healthy interest in sex and sexual relationships. The primary concern of anyone working with sexually active young people under the age of 18 years must be to safeguard and promote the welfare of the child. Where staff working with young people identify those relationships may be abusive, the young people may need the provision of protection and additional services.

- **VIP, Celebrity, Media and Other Visitor Policy** - All visits by media, VIPs or celebrities are to be handled and managed by the executive team because of the high profile they can attract. Any requests for visits must be referred to and approved by the executive team. The policy requires that one-off or very short-term approved official visitors are always accompanied throughout their visit as there is a possibility of contact with patients/visitors. Consent for the visit, especially if media are involved, must be received in writing from any patients who may be involved in the visit. VIPs, celebrities or media are not to be granted access to patient records; staff must comply with all policies throughout the visit. Any area's that may be visited must be cleared of any paperwork and an IG review carried out around the area to be visited to ensure there is no patient or staff data visible.

### **Subcontractor requirements**

The Company requires subcontractors to:

- **Maintain their own Safeguarding Policies** in accordance with the Optical Confederation's *Guidance on Safeguarding and the Prevent Strategy: Protecting Children and Vulnerable Adults* and local policies and guidance.
- **Ensure that all practice staff are familiar with the guidance** <http://www.opticalconfederation.org.uk/downloads/oc-safeguarding-guidance---updated--june-2017.pdf> and know what to do if they suspect and observe signs or symptoms of suspected abuse or neglect, so that they are compliant with Intercollegiate Guidance for Safeguarding Children (2014) Level 1.

- Ensure each accredited practitioner has completed the DOCET Level 2 accredited; 'Safeguarding Children and Safeguarding Vulnerable Adults' training modules (funded by the Department of Health via the College of Optometrist) and submit evidence to the Company.
- Appoint a safeguarding, mental capacity and deprivation of liberty and prevent lead.
- Comply with local safeguarding, mental capacity and deprivation of liberty policies including any updates required in line with multi-agency policies and the commissioner's safeguarding requirements.
- Ensure all practitioners are aware of and adhere to the relevant College of Optometrist and equivalent guidelines.

i The DOCET Level 2 accredited safeguarding modules also cover the Mental Capacity Act

The Company's Safeguarding, Mental Capacity Act and Deprivation of Liberties Policy will be reviewed annually and amended in order to comply with evolving local multi-agency policies and commissioner safeguarding requirements as required.

## INTERPRETING SERVICES FOR PRIMARY CARE CONTRACTORS

<b>Sunderland</b>	IITL (LANGUAGE) Design Works, William Street, Felling, Gateshead, NE10 0JP. Telephone: 0191 421 2221 FAX: 0191 469 0589 <a href="http://www.interpretingline.co.uk">www.interpretingline.co.uk</a> <a href="mailto:info@interpretingline.co.uk">info@interpretingline.co.uk</a>	Northern Sign  Northern Sign Tel: 0191 499 8122 <a href="mailto:mail@northernsign.co.uk">mail@northernsign.co.uk</a>	North of England Refugee Service  Tel: 0191-2457303 <a href="mailto:sb@refugee.org.uk">sb@refugee.org.uk</a>
<b>South Tyneside</b>	ITL (LANGUAGE) - As above in Sunderland		
<b>Gateshead</b>	ITL (LANGUAGE) - As above in Sunderland		
<b>Newcastle North &amp; East</b>	LANGUAGE EMPIRE (LANGUAGE & SIGN)	0845 370 2002	
<b>Newcastle West</b>	LANGUAGE EMPIRE (LANGUAGE & SIGN)	0845 370 2002	
<b>North Tyneside</b>	LANGUAGE EMPIRE (LANGUAGE & SIGN)	0845 370 2002	
<b>Northumberland</b>	LANGUAGE EMPIRE (LANGUAGE & SIGN)	0845 370 2002	

# **Patient Satisfaction Questionnaires**

## Parent / Guardian Satisfaction Questionnaire

### Community Optometry Children's Vision Service

Dear Parent or Carer,

This service has been introduced to ensure that you have a choice of high quality, easily accessible places to attend with your child for an eye care assessment.

To ensure that the service has been set up to meet your needs, we are keen to hear your views regarding your experience of the service, and would therefore ask that you take a few minutes to fill in this short questionnaire.

Patient name (Optional): .....

1. Were you made aware of a choice of optometrists within your area who are able to provide an eye assessment for your child? Yes  No

2. Were you able to make an appointment to suit you within a reasonable timescale?  
Yes  No

3. a. Did the optometrist put your child at ease and explain each test in a way that they could understand? Yes  No

b. Do you feel that the outcome of the assessment was explained to you?  
Yes  No

4. Were you satisfied with the service that the optometrist provided?

Very Satisfied  Satisfied  Dissatisfied  Very Dissatisfied

5. How likely would you be to recommend this service to your friends and family?

Extremely likely  Likely  Neither likely nor unlikely  Unlikely  Extremely unlikely

Don't know

6. Thinking about the service you received, would you have preferred your child to have been referred to: Your Local Optometrist  The Hospital

7. Did you find the location of the service convenient? Yes  No

8. Do you feel you had a positive experience of care? Yes  No

1. Thinking about your responses, what is the main reason you've answered in the way you have?

.....  
 .....

10. Please add any comments that you would like to make about this service?

.....  
 .....

11. How would you describe your ethnicity?

Asian or Asian British		Mixed	Other Ethnic Group
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Chinese	
<input type="checkbox"/> Indian	<input type="checkbox"/> White & Black African	<input type="checkbox"/> any other ethnic group	
<input type="checkbox"/> Pakistani	<input type="checkbox"/> White & Black Caribbean		
<input type="checkbox"/> any other Asian background	<input type="checkbox"/> any other Mixed background		
Black or Black British		White	
<input type="checkbox"/> African	<input type="checkbox"/> British	<input type="checkbox"/> I do not wish to disclose this information	
<input type="checkbox"/> Caribbean	<input type="checkbox"/> Irish		
<input type="checkbox"/> any other Black background	<input type="checkbox"/> any other White background		

Thank you for taking the time to fill in this Questionnaire

Please leave the completed Questionnaire in the Practice

**PEC Services (North East) Children's service- Cycloplegic Refraction**  
**Useful contacts**

<b>Sunderland Eye Infirmary</b>	Julia Williams <i>(Vision Screening Co-ordinator Contact for any lost screening forms etc)</i>	0191 541 0039 Fax: 0191 5699273 <a href="mailto:julia.williams@chsft.nhs.uk">julia.williams@chsft.nhs.uk</a>
<b>Newcastle Eye Centre (RVI)</b>	Kathryn Smart <i>(Joint Head Orthoptist)</i>  Helen Haggerty <i>(Joint Head Orthoptist)</i>	0191 282 4929  0191 282 4434
<b>DDES/North Durham/Darlington/Stockton CCG patients</b>	Contact for lost screening forms etc	<b>03000 263538</b> <a href="mailto:hdft.durhamhealthychildservice@nhs.net">hdft.durhamhealthychildservice@nhs.net</a>
<b>Hartlepool</b>	Julie Mallinson Claire Andrews <i>Contact for lost/missing forms</i>	07531309319 07909975159
<b>South Tyneside School Screening</b>	TBC	TBC
<b>Primary Eyecare Services</b>	Lindsey Flynn <i>Registration queries/ Service queries</i>	<a href="mailto:info@primaryeyecare.co.uk">info@primaryeyecare.co.uk</a>
<b>CGPL</b>	Lisa Gibson  Naomi Smith	<a href="mailto:Lisa.gibson@primaryeyecare.co.uk">Lisa.gibson@primaryeyecare.co.uk</a> <a href="mailto:Lisa.gibson2@nhs.net">Lisa.gibson2@nhs.net</a> Please use for patient identifiable information) <a href="mailto:Naomi.smith@primaryeyecare.co.uk">Naomi.smith@primaryeyecare.co.uk</a> <a href="mailto:Naomi.smith16@nhs.net">Naomi.smith16@nhs.net</a> Please use for patient identifiable information)

Please contact the CGPL team in the first instance with any queries.

## **Frequently asked questions**

### **What documents do I need to be registered for the Children's service?**

- Qualified with a BSC(Hons) in Optometry
- Registered with the General Optical Council
- Registered on a NHS England performers list
- Complete WOPEC module for Children's screening (and upload certificate onto the Optomanager Platform)
- DBS
- Complete Level 2 DOCET Safeguarding Training (and upload certificate onto the Optomanager platform).

### **How do I upload my documents onto the Optomanager platform?**

Please contact [info@primaryeyecare.co.uk](mailto:info@primaryeyecare.co.uk) and we will send through a step by step guide on how to complete this process.

### **What is the difference between a child who Fails to Attend(FTA) and is 'not brought?'**

A child who is classed FTA is one who registers with the practice but fails to attend their appointment. A child classed as 'not brought' fails to register with the service after being asked to by the screening team. The CGPL team will have the responsibility to identify and manage the children who are classed as not brought.

### **My practice has an on-line appointment booking service how will I know they are booked in for the Children's service?**

PEC have asked the screening team to include instruction on the letter parents receive asking them not to book an appointment online for this service but rather telephone the practice and advise they have a screening team form when booking appointments.

### **When do I register a child on the Optomanager platform?**

Please ensure you register all patients on the Optomanager platform as soon as they register for an appointment. This allows FTA's to be monitored.

-

### **I need to register for the WOPEC module, how do I do this?**

Please contact NTW LOC for codes and instructions on how to complete the WOPEC module.  
[secretary@ntwloc.org.uk](mailto:secretary@ntwloc.org.uk)

**What code do I use on GOS1 forms to ensure that NHS England will be satisfied with the submitted form?**

5.3 identified in protocols as needing to be seen more frequently because of risk factors

**What do I do with the completed Patient Satisfaction Questionnaires?**

Please ask the patient to return to practice and upload the results onto the Optomanager platform. Please also record if a patient does not return the form or declines to answer.

**If a patient attends without their referral for can they still be seen? Is there a way to find out the visions they were referred with?**

Please log if patient attends without their referral form on Optomanager when prompted. If you require any missing information please use the "useful contacts" document on Optomanager to make contact with the appropriate screening team who will provide you the details you require.

**If you have any further questions relating to this service please contact the CGPL team who will be happy to help.**

[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)