Dear Humber and North Yorkshire Optometrists and Practices,

Re: Single Point of Access

As you will be aware the Humber and North Yorkshire ICB covering North Yorkshire, East Yorkshire and North & North East Lincolnshire has developed a Single Point of Access (SPoA) for Cataract Referrals. The 3 LOCs (Local Optical Committees) have worked collectively at as the Local Optical Network (LON) to aid communicating the changes, protects patients' right to choice and ensure the referral process is appropriate and easy for optometrists to use. Apologies for the length of this letter, but we are keen to ensure all are well informed. **Please note specific LOCSU advice in bold re the use of ODS B1102 proxy authority.**

The ICB has written to all practices of the 2nd September detailing the go-live with a Cataract Single Point of Access (SPOA) across all of Humber and North Yorkshire from Monday 29th of September. If you did not receive this letter, please let your LOC know and we will forward this to you.

The SPoA is comprised of two elements. Firstly, a structured script used by the Referral Support Office. The aim of this is to ensure patients are referred to an appropriate service first time and given choice of provider. This script has been live in North Yorkshire for a number of months. The second element is a digital platform called Gateway, by a provider call Accenda. The LOC/LON has provided feedback on the user facing elements of the platform, including the requirement for only a GOS18 or equivalent PDF upload and no double keying. Information Governance specifics are beyond the scope of LOC/LON or LOCSU when we have requested support. As such we have encouraged practices to assess Gateway's suitability to meet their own requirements and shared any concerns we are made aware of with the ICB and other practices.

To the LON's knowledge, below are concerns raised and responses to date. As the LOCs/LON cannot provide advice we again encourage practices to review the actions taken and responses to check they resolve any concerns. We are aware of a mixed response from practices either using Gateway or remaining to have significant reservations based on these responses.

- Governance arrangements. Concerns were raised that the DPIA was not shared and it was not clear who was a data processor or controller in the portal.
    - The ICB reports is has all the necessary arrangements required to deliver the service and have the shared the necessary documentation including the DPIA with various providers.
    - If you have not had sight of the DPIA and wish to, please contact you LOC and we can forward a copy.
    - Some practices remain concerned that these governance requirements have not been resolved.
- Risk of costs for utilising platform for optometrists/practices.
    - The ICB have confirmed there will be no costs to Optometrists for delivery of the SPoA or Gateway. This also includes Registration Authority (RA) costs which will be covered by the ICB. The RA team provide access to the system by checking your identity and ensuring Information Governance compliance.
    - The LON is reassured by this statement.
- The LON has passed on queries about the use of optometrists NI number and personal mobile phone numbers to register. We have also raised the issue of unpaid time required to register.

    - The ICB response: Simplified sign-up process: In order to use the new system, each individual Optometrist (and administrator if desired) is required to sign up to the referral system. This is a staged process which requires completion of a questionnaire, provision of ID documents to adhere with national requirements to confirm only the named person can access patient data and finally a short call which takes 5-10 minutes to setup multifactor authentication which will enable you to use your phone to login to the system. This process is required in lieu of a smartcard and is called Apply for Care ID. To start the process you can complete this Registration Form and respond to emails from n3i.support@nhs.net (the ICB IT provider). Additional information on why ID documents are required by the ICB and how NHS England processes this information can be found here: Privacy Notice.
    - From the LON's perspective, this appears to be a statement that this is required, and the only option is to comply with if that individual optometrist is happy with the use of this data.
- A requirement for a failsafe if not using or downtime of Gateway.
    - NHS.net as an alternative: The ICB will continue to accept NHS.net referrals (with a GOS18 or equivalent). The email address to send all referral across HNY is: hnyicb-voy.choice@nhs.net .
    - This is the method that North Yorkshire area have been using for several years and is effective. The only issue will arise for those practices without NHS.net access. As such the LON is reassured that this route of referral is acceptable, with the caveat that an option for those without NHS.net should be also provided.
- Rejected referrals. A clear pathway so any rejected referrals are returned to the practice, not the specific optometrist so can be actioned in timely manner.
    - The ICB state this has now been resolved.
    - The LON is not aware of any practices having yet received a rejected referral to confirm this process works appropriately, but if as described, we feel this is a suitable resolution.
- Managing staff permissions: Optometrists (including locums) need to be able to be added and removed from a practice quickly and effectively.
    - The ICB are working on a way of locum's onboarding without a specific practice to then allow quickly adding/removing their affiliation with a practice.
    - Once this fix is available, we will share details for practices to assess.
- The use of administrators to send referrals as this is contradictory to some internal clinical policies which state that the referring optometrist should be the one who processes and sends the referral.
    - There is no requirement for a practice to register or use an administrator.
- Optometrist as the named Referrer: In the original process, the Optometrist would be the named referred on the GOS-18 form but a GP would be used as a proxy in the e-RS system (also known as Choose and Book).
    - A change has been made meaning the referring Optometrist will be named on the e-RS referral. This will require optometry practices sharing their ODS number (further detail below).

- Practice/Contractor ODS access: The ICB will require access to each practice's ODS code, using B1102 proxy for RSS/SPoA to allow the admin team in the ICB to refer on behalf of the Optometrist.
    - The ICB state the access required will be purely administrative and enables the team to fulfil their responsibility in having the choice conversation to allocate the patient to their preferred provider and complete the referral in e-RS (Choose & Book). This process is the same as medical secretaries in GP practices. The administrators will only see referral information, any information logged internally that does not form part of the referral is inaccessible to the team. The administrators will then ensure the referral is created in the named Optometrists' name. The ICB are requesting all Contractors who would like their Optometrists to be the named referrer to sign up using this link: ODS Sign-Up.
    - The LON have sought advice from LOCSU in this area. They feel a few critical governance and medicolegal nuances need discussion so practices can be assured of the implementation of the process. LOCSU raised the following concerns:
        - *Assurance against unintended risk transfer to the referring practice: We understand that B1102 protects against broad data access, but we need to mitigate the medicolegal liability to the referring practice. Possible solutions may include the SPoA having its own ODS code / a RRS checkbox that's ticked and records that the onward referral was made by RSS admin / a written agreement that is clear as to when a referral reaches the SPoA, the referring practice's liability ends and the RSS/SPoA's liability begins.*
        - *Clarification on clinical responsibility: Currently, as the SPoA acts as a proxy using the practice's ODS identity, this implies that the practice retains clinical responsibility for the patient's journey until the final destination. In cases of delays caused by the SPoA or mismatching patient records, this would create a liability gap pointing to the referring practice. As you will agree, we need to ensure that practices are protected and understand at which point the practice's clinical and legal responsibility ends and the SPoA's responsibility begins.*
        - *Written confirmation of medicolegal liability and clinical risk: We need clear written confirmation detailing who holds the medicolegal liability and clinical risk for all actions taken by the SPoA (including shortlisting, booking, and redirection). This confirmation should also detail the appropriate clinical oversight and indemnity the SPoA holds to cover against risks from their actions.*
        - *Governance documentation: Currently, the DPIA from May 2025 states that all parties are data controllers. Should this be reviewed to detail the separation in liability based on the journey of the referral as detailed above?*
        - *Alignment with national frameworks: We need clarity on how this specific operating model (using an external SPoA under a practice's ODS identity) aligns with national e-RS/ODS frameworks for clinical risk holding, particularly concerning existing GP practices.*
        - **As an interim position, to maintain the safety and contractual integrity of our practices, our advice to contractors will be to pause**

granting the B1102 proxy authority until we can receive the written assurances to ensure a smooth and safe rollout of the SPoA.

- FAQs and Script: The ICB have provided responses to a number of queries raised to date on the ICB website which can be accessed here. The website also has a copy of the script, a demo of Gateway and the link to login to Gateway.
- The ICB also state that this platform will also enable future developments for Optometrists including all referrals being shared via the platform, the potential for additional functionality including sharing of images and two-way communication with Ophthalmologists.

Additionally, there is a separate work stream for the Cataract Post Operative Pathway which will allow all NHS surgery patients to have a face-to-face post cataract assessment, with low-risk appointments being completed in community practice. Thank you to those who completed the clinical component survey- we will share the results with the ICB. As soon as we are able to share further information on the contract with practices/optometrists we will.

If you have any further queries, please contact the ICB directly on hnyicb-voy.rsservice@nhs.net. If you are also able to inform your LOC of queries raised, we will support you receiving a response and sharing outcome with other practices.

Kind Regards,

Katherine Friis (North Yorkshire LOC)

Garrey Haase and Roger Smith (East Yorkshire LOC)

Nizz Sabir and John Maddock (North and North East Lincolnshire LOC)