



NORTHERN IRELAND PRIMARY CARE OPTOMETRY ENHANCED SERVICE

Glaucoma and Ocular Hypertension Enhanced Case Finding (Level II Enhanced Service)

SERVICE COMMENCED 1ST JUNE 2016
(SERVICE SPECIFICATION UPDATED NOVEMBER 2018)

1. INTRODUCTION

This Enhanced Service specification for Glaucoma and Ocular Hypertension Enhanced Case Finding (Level II) outlines an enhanced optometric service. This service is designed to cover enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential, core, General Ophthalmic Services and other Primary Care Optometry Enhanced Services. No part of this specification by commission, omission or implication defines or redefines General Ophthalmic Services.

2. BACKGROUND

This Level II Enhanced Service funds contractors with accredited and listed optometrists/OMPs to provide enhanced case finding by permitting payment for a defined set of clinical tests to be performed in primary care optical practices with the intention of enhanced case finding for glaucoma, suspect glaucoma or ocular hypertension and can be used for both patients who have a sight test under General Ophthalmic Services (GOS) as well as those who have a private eye examination.

3. EVIDENCE BASE

The evidence to support the development of this Level II LES is:

- a) Developing Eyecare Partnerships: Improving the Commissioning and Provision of Eyecare Services in Northern Ireland, DHSSPS 2012
- b) NICE, 2017: guideline, NG81, Glaucoma: diagnosis and management.
- c) NICE, Quality Standard for Glaucoma (QS7, updated November 2017)
- d) Royal College of Ophthalmologists Commissioning Guide: Glaucoma (June 2016)
- e) UK Vision Strategy, 2008.
- f) Henson DB et al, 2002. Community refinement of glaucoma referrals, Eye 2002; 16, 1–6.

- g) Gray et al, 1997. The Bristol shared care glaucoma study - validity of measurements and patient satisfaction. Journal of Public Health Medicine 1997; Vol. 19, No. 4, pp. 431-436

4. AIMS

The aims of the Level II Enhanced Service for Glaucoma and Ocular Hypertension Enhanced Case Finding are:

- a) To reduce the number of inappropriate referrals to secondary care ophthalmology for the confirmation of a diagnosis and treatment commencement for patients with Glaucoma and Ocular Hypertension, thereby reducing the burden on secondary care.
- b) To integrate and optimise the available skilled workforce in primary care optometry within the Glaucoma care pathway aligned to Objective 6 of Developing Eyecare Partnerships: Improving the Commissioning and Provision of Eyecare Services in Northern Ireland¹. In doing so the service will deliver appropriate, safe and effective care for patients closer to home with reduced waiting times, reduced patient anxiety and good patient experience.

5. OBJECTIVES

- a) To provide an enhanced service in primary care for Glaucoma and Ocular Hypertension Enhanced Case Finding service which is easily accessible for patients and delivered by contractors with accredited primary care optometrists/OMP's consistent with: the NICE quality standard³, the Royal College of Ophthalmologist Commissioning Guidance for Glaucoma⁴ and where the accreditation meets the College of Optometrists' Professional Certificate Level in Glaucoma.
- b) To provide an evidence-based care pathway with defined protocols ensuring appropriate and timely referral where required.
- c) To provide evidence of patient outcomes and experience using key indicators of performance and quality as outlined in Appendix 1.
- d) To incorporate ophthalmic public health messages into the glaucoma care pathway in relation to eye health by the provision of information by primary care optometrists/OMP's providing the Level II Enhanced Service aligned to Objective 1 of Developing Eyecare Partnerships: : Improving the Commissioning and Provision of Eyecare Services in Northern Ireland¹.
- e) To build on existing relationships between primary and secondary care to support future developments within the Glaucoma Care Pathway.

6. SERVICE SPECIFICATION

6.1 OVERALL CONTRACTOR RESPONSIBILITY

- a) The Contractor is responsible for all aspects of the service provision in line with this service specification,
- b) It is the contractor's responsibility to ensure that the individual practitioners providing the service on their behalf are eligible to do so.
- c) The contractor will sign an annual enhanced service agreement and will be required to provide annual assurances in respect of the enhanced service provision.

6.2 INDIVIDUAL PRACTITIONER ELIGIBILITY - TRAINING AND ACCEPTANCE AS A PROVIDER

The following criteria enable accreditation of a practitioner for provision of Level II Enhanced Service from the premises of a registered contractor.

- a) Registration with the General Optical Council/General Medical Council

AND

- b) An Optometrist/OMP will have a current personal code for provision of General Ophthalmic Services in Northern Ireland

AND

- c) An Optometrist/OMP must be accredited to provide the Intraocular Pressure Repeat Measures (Level I) LES before commencing the accreditation process for Level II LES

AND

- d) An Optometrist will hold the College of Optometrists' Professional Certificate Level in Glaucoma and is required to provide evidence of this qualification

AND

- e) Attendance on request at HSCB protocol training in Level II LES provision **and** completion of an **annual CPD training session** as determined by the HSCB.

6.3 SERVICE TO BE PROVIDED

The Level II Enhanced Service will provide enhanced case finding for the detection of: glaucoma or, suspect glaucoma or, ocular hypertension by an accredited Optometrists/OMPs who will:

1. Perform each of the following ophthalmic clinical tests on eligible patients (as defined in section 6.1):

- i. Measurement of Intra Ocular Pressure via Goldmann contact tonometry
- ii. Examination and assessment of the Anterior Chamber with estimation of angle width
- iii. Assessment of the Optic Nerve Head by dilated binocular indirect ophthalmoscopy
- iv. Assessment of the Visual Field using central thresholding testing perimetry (automated)

Please note: Where optometrists/OMP's have access to a Pachymeter and fundus camera, or Ocular Coherence Tomography (OCT) with suitable capability, central corneal thickness could also be measured and fundus imaging results noted as good practice though additional remuneration is currently **not available** for this.

The assessment under Level II LES should also:

2. Collect and record information on the following:

- i. Gender
- ii. Ethnicity
- iii. Family history
- iv. Age
- v. Relevant medical history and
- vi. Patient experience (refer to Appendix 3 for patient experience survey)

6.4 PATIENT ELIGIBILITY CRITERIA

Patients INCLUDED in Level II LES:

- a) All patients MUST be registered with a GP in Northern Ireland and have a current Health and Care Number.

AND

- b) Level II Enhanced Services will be provided to enhance case find for suspected glaucoma /OHT referral in a patient who has one or more of the following clinical signs: *(Please note CD refers to Cup : Disc ratio)*

- i. Patients aged 18yrs or over with IOP ≥ 24 mm Hg with normal fields and CD appearance following provision of Level I LES Repeat Measures

Please note in this instance Level I LES fee will not be applicable and the Level II LES applies.

- ii. A repeatable visual field defect/loss alone (i.e. normal IOP and disc appearance) – visual field loss i.e. 'suspicious' or 'defect' following examination by automated perimetry with normal IOP and normal CD appearance
- iii. IOP ≥ 24 mmHg **and** suspicious CD appearance (i.e. normal fields) – the following parameters apply:
 - a) IOP ≥ 24 mmHg in either eye and CD of 0.5 or greater in that eye
 - b) IOP ≥ 24 mmHg in one eye with CD of that eye 0.2 or more greater than the other eye
 - c) IOP ≥ 24 mmHg in one eye with documented change in CD of 0.2 or greater
 - d) IOP ≥ 24 mmHg in one eye with evidence of a disc haemorrhage (merits closer inspection for early nerve fibre loss)

- iv. Anterior segment signs of secondary glaucoma (e.g. pseudoexfoliation) with raised IOP (IOP criteria as noted in criteria (i) above)

Patients EXCLUDED from the Level II LES:

Patients with the following clinical findings are **not eligible** for Level II LES and should be referred in line with usual agreed protocols if you identify any one or more of the following clinical findings:

1. Acute glaucoma (angle-closure or rubeotic) is a referral emergency and patients with this condition (or suspected condition) are not eligible for Level II LES and should be considered as an urgent referral to secondary care.
2. Patients with Intra Ocular Pressure in one or both eyes ≥ 35 mmHg in the presence of active uveitis are not eligible for Level II LES and should be considered as an urgent referral to secondary care.
3. Optic disc appearance alone – pathological cupping must be unequivocal. Disc size should be considered when deciding whether or not discs are suspicious – large cups on large discs are less likely to be suspicious than large cups on small discs.
4. Definite post-chiasmal and chiasmal visual field defects are not eligible for Level II LES as they are unlikely to be associated with glaucomatous change and require other investigation.
5. Patients in whom there is a visible and untreatable cause of field loss such as dry or end-stage wet age-related macular degeneration are not eligible for Level II LES.

6.5 SERVICE OUTCOMES – REFERRAL PROTOCOLS

The following protocols for referral of patients to secondary care following LES II assessments apply **AFTER** the clinical tests performed under Level II LES have evidenced the findings noted in the table below. Referrals should be made using the appropriate referral forms with all clinical observations fully completed.

Single Referral Criteria	Combined Referral Criteria	Additional Referral Criteria
<p>IOP:</p> <p>Patient over 18yrs old with IOP ≥ 24mmHg confirmed at a second visit</p> <p>If IOP > 35mmHg then no confirmatory measurement is necessary</p>	<p>IOP and DISC APPEARANCE:</p> <p>Raised IOP plus an optic disc appearance suspicious of glaucoma or optic disc asymmetry</p>	<p>DISC APPEARANCE:</p> <p>Optic disc change over time e.g. increase in cup size, change in the rim appearance, or the occurrence of a new haemorrhage (documented within the service). Refer for an optic disc haemorrhage only where there are additional optic disc and/or other indicators of glaucoma</p>

DISC APPEARANCE:	DISC APPEARANCE and VISUAL FIELDS:	ANTERIOR SEGMENT SIGNS:
<p>Unequivocal pathological cupping at the optic nerve head</p> <p>Abnormal neuroretinal rim configuration. Large cup, taking into account the overall size of the disc</p> <p>Notched neuroretinal rim A >0.2 asymmetry of cup to disc ratio</p> <p>The existence of a disc haemorrhage merits closer inspection for early nerve fibre loss. Refer for an optic disc haemorrhage only where there are additional optic disc and/or other indicators of glaucoma</p>	<p>Glaucomatous optic disc and corresponding visual field defect (IOP not raised)</p>	<p>Anterior segment signs of secondary glaucoma (e.g. pseudoexfoliation) with raised IOP ≥ 24mmHg <u>on two occasions</u></p>
<p>VISUAL FIELDS:</p> <p>Visual field loss consistent with a diagnosis of glaucoma, confirmed at a second visit. If explained by other disc or retinal pathology to be referred as such and should not be provided Level II LES</p>		

6.6 RECORD KEEPING

- a) The contractor and the accredited Optometrist/OMP will ensure that they comply with current regulations in regard to Data Protection.
- b) The contractor and the accredited Optometrist/OMP must ensure that records kept of services provided under this Level II LES are full, accurate and contemporaneous and these must be retained according to the peer accepted guidance (e.g. the College of Optometrists 'Guidance for Professional Practice'). They should be clearly identified as a LES II episode within the patient clinical record and should include the reason why the patient is eligible for LES II.
- c) The contractor and the accredited Optometrist/OMP will comply with any reasonable request by the Health and Social Care Board or their representative, to view records of patients on who enhanced case finding has been carried out, for clinical governance purposes.**
- d) The contractor and accredited Optometrist/OMP will ensure that records of any services provided under this service are legible.

6.7 FACILITIES AND EQUIPMENT

- a) The contractor and the accredited Optometrist/OMP will ensure that they have the necessary equipment needed to provide this service.
 - i. Applanation tonometry – the equipment is a Goldmann-type applanation tonometer (with disposable tonometer prisms or appropriate arrangements for decontamination of reusable prisms in line with infection control guidance from the College of Optometrists)
 - ii. Indirect ophthalmoscopy – the equipment is a Volk-type indirect lens
 - iii. Automated visual field instrument(s) capable of central thresholding test
 - iv. Minims of suitable anaesthetic drops and sodium fluorescein
- b) All ophthalmic diagnostic equipment must be calibrated and where required, serviced, in line with manufacturer's recommendations. The Health and Social Care Board may require practices to provide documentary evidence of the servicing and maintenance of the ophthalmic equipment used for Level II LES provision.
- c) The accredited Optometrist/OMP can only provide Level II Enhanced Service from an approved GOS contractor premise and where they are listed by the contractor as working.

6.8 CLINICAL GOVERNANCE

- a) The contractor must ensure and satisfy themselves that all individual practitioners providing the enhanced service:
 - i. Have valid and current personal code for GOS in Northern Ireland.
 - ii. Comply with all relevant legislation and guidance and maintain GOC registration.
 - iii. Fulfil the criteria for eligibility to provide the enhanced service
 - iv. Have signed the Individual Practitioner Enhanced Service Agreement.
- b) The contractor will sign an annual enhanced service agreement and will be required to provide annual assurances in respect of the enhanced service provision.
- c) The contractor shall declare that he/she fulfils the criteria for eligibility to provide Level II Enhanced Service and shall sign a Level II Enhanced Service agreement (Appendix 2).
- d) If the patient is referred to hospital it is important that all the relevant clinical information is included on the referral letter so that the ophthalmologist can prioritise the referral. Failure to adequately complete a full and legible referral may result in non-payment of the additional fee under this Enhanced Service
- e) The contractor providing the Enhanced Service must ensure that all adverse incidents (AIs) and serious adverse incidents (SAIs) are reported in line with current requirements. Adverse Incident reporting forms (A1F1 GOS) are available from the following link: <http://www.hscbusiness.hscni.net/services/2563.htm>

- f) Neither the contractor nor the accredited Optometrist/OMP shall link sight tests with the provision of the Level II Enhanced Service. In particular, any contractor or accredited Optometrist/OMP providing Level II Enhanced Service to another practice's patients shall not solicit further business from that patient (e.g. a sight test or dispensing) although this provision shall not prevent the contractor or the accredited Optometrist/OMP from undertaking such further business in circumstances where the patient specifically requests it. For the avoidance of doubt, this does not preclude a contractor or an accredited Optometrist/OMP from carrying out Level II Enhanced Service to its own patients at the same time as it conducts a sight test in respect of that patient for the convenience of the contractors or the accredited Optometrist/OMP's own patients.
- g) An accredited Optometrist/OMP who participates in the Level II Enhanced Service will be required to demonstrate a continuing and sustained level of activity.

7. FEE LEVELS

The fee level for the Level II Enhanced service in Glaucoma and Ocular Hypertension Enhanced Case Finding provided to patients registered with a General Medical Practitioner (GMP) in Northern Ireland is £50.

PLEASE NOTE: A fee can only be claimed for Level II Enhanced Service once per patient in line with DoH guidance on sight test intervals.

8. VERIFICATION AND PROBITY ASSURANCES

Level II Enhanced service provision will be subject to verification checks by the Business Services Organisation.

9. PAYMENT PROCESS

- a) **Payment procedure:** A Level I/Level II Enhanced Service Claim form should be completed for each patient seen under this enhanced service. Claims for payment can be sent using the method determined by the Business Services Organisation for validation and processing of claims.
- b) Claims must be submitted **no later than three months** after the date of service provision. Contractors should put in place a system to check that they receive payment for all valid claims submitted.
- c) Contractors must ensure that they only send payment claims for patients who are registered with a General Medical Practitioner in Northern Ireland. Contractors must also ensure that the Health and Care Number (HCN) for each patient for whom the enhanced service is provided is annotated on the Enhanced Service claim form. **Payment for the enhanced service will not be processed without the patient's HCN.**

10. REVIEW AND AUDIT

- a) Contractors and the accredited Optometrist/OMP must ensure that data on individual patients for which claims are made is recorded and held at practice level, and if requested by the Health and Social Care Board, should be provided in the requested format. This information may be used to evaluate and improve the Level II Enhanced Service.
- b) The service will be audited to ensure it meets its aims. To this effect the contractor must supply the Health and Social Care Board with such information as it may reasonably request for the purposes of monitoring the contractors and the accredited Optometrist /OMP's performance of its obligations under this Level II Enhanced Service to include revalidation as required.

11. TERMINATION/SERVICE WITHDRAWAL

The Health and Social Care Board reserves the right to:

- a) Terminate the provision of the enhanced service by a contractor who does not comply with the service specification in force at the time of service provision
- b) Withdraw accreditation of an individual practitioner who does not fulfill the eligibility criteria in force at the time of service provision.
- c) A contractor who is unable to provide the service in line with the service specification and supporting service protocols and guidance should notify the Health and Social Care Board at the earliest opportunity and in line with guidance noted in the service protocol.

APPENDICES

APPENDIX 1: Quality and Performance Indicators for Level II Glaucoma and Ocular Hypertension Enhanced Case Finding Enhanced Service (Level II ES)

APPENDIX 2: Level II Glaucoma and Ocular Hypertension Enhanced Case Finding: Contractor Agreement

APPENDIX 3: Level II Glaucoma and Ocular Hypertension Enhanced Case Finding: Individual Practitioner Agreement

APPENDIX 4: Level II Glaucoma and Ocular Hypertension Enhanced Case Finding ES Patient Experience Survey

APPENDIX 1

Quality and Performance Indicators

	Indicator	Benefit to Glaucoma Care Pathway	Timescales/Mechanism	Monitoring
Service Delivery and Improvement	Detection of Glaucoma by Level II ES	% reduction in referrals to secondary care	Annual / Audit	Annual
Quality				
1. Compliance with NICE	NICE, NG81 (2017)	Effective and efficient use of HSC resources	Annual / Clinical Audit of patient records	Annual
2. Service User Experience	Complaints and Patient Experience Survey		Analysis of patient surveys and resolution of complaints	Annual
3. Adverse Incidents	Adverse Incident Reporting		Investigation and review of AIs	Annual
Access	Number of patients accessing Level II ES		Audit	Annual
Assurance and Probity	Service Specification - 100% assurance on claims		Post Payment Verification	In usual PPV cycle

APPENDIX 2
**Primary Care Optometry Enhanced Service:
Contractor Service Agreement**

This document constitutes the agreement between the Contractor and the Health and Social Care Board in regard to the Primary Care Optometry Enhanced Service detailed below.

Contractor Details	
Contractor Name	
Contractor Practice Code	
Address	
Contractor Practice HSCNI email address	
LCG Area	
Name of Enhanced Service	Glaucoma and OHT Enhanced Case Finding (Level II)
Declaration:	<p>The above contractor agrees to and is responsible for the provision of the Enhanced Service stated in line with the service specification (operational at the time of service provision).</p> <p>The contractor will ensure that the individual practitioner(s) providing the service in the contractor premise fulfil the eligibility criteria and is/are accredited to provide the service.</p> <p>The contractor will inform the Health and Social Care Board of any changes in the provision of the enhanced service including changes in the individual practitioner(s) eligible to provide the service.</p>
Name of Contractor / Practice Owner / Practice Principal (PRINT)	
Signature	
Date	

Health and Social Care Board	
Date of Initiation of Agreement	
Name and Signature of HSCB Representative	

Please complete and return form by email to: amy.mcatamney@hscni.net , or Complete and return by Post to: Amy McAtamney, Directorate of Integrated Care, Health and Social Care Board, 182 Galgorm Road, Ballymena, County Antrim, BT42 1QB.

Appendix 3

Primary Care Optometry Enhanced Service:
Individual Practitioner Service Agreement
**LEVEL II Glaucoma and Ocular Hypertension Enhanced Case Finding ES
Agreement**

This document constitutes the agreement between the Optometrist/OMP and the Health and Social Care Board in regard to the Primary Care Optometry Level II Local Enhanced Service for Glaucoma and Ocular Hypertension Enhanced Case Finding

Optometrist/OMP Details	
Name	
GOC / GMC Registration Number	
GOS Personal Code	
Contact email address	
Declaration:	I fulfil the eligibility criteria and agree to provide the enhanced service in accordance with the service specification (operational at the time of service provision). I will notify the contractor and the Health and Social Care Board if I am no longer eligible, or cease, to provide the service in line with the service specification (operational at the time of service provision).
Signature	
PRINT NAME	
Date	

Health and Social Care Board Details	
Date of Initiation of Agreement	
Evidence of Eligibility to provide service	<input type="checkbox"/> <i>Copy of Professional Certificate in Glaucoma obtained, please tick.</i>
Name and Signature of HSCB representative	

Please complete and return form by email to: amy.mcatamney@hscni.net, or Complete and return by Post to: Amy McAtamney, Directorate of Integrated Care, Health and Social Care Board, 182 Galgorm Road, Ballymena, County Antrim, BT42 1QB.

APPENDIX 4

Patient Experience Questionnaire – Optometry Enhanced Service

You have recently had an assessment with an Optometrist (optician) who has an advanced qualification allowing them to provide an enhanced eyecare service in their optometry practice. This service means that they can carry out additional tests (and some repeat tests) to examine certain aspects of your eyes and eye health. We would like to get your thoughts on this experience and would be grateful if you could answer a few short questions.

Please note that HSC will use this information to see whether the patient experience differs between groups of people. We will never identify individual patients.

For the following questions, please simply circle / tick your answer or, write it in where appropriate.

Q1. What is your gender? Male Female Other

Q2. Into which of the following age bands do you fall?

18-34yrs 35-50yrs 51-64yrs 65-79yrs 80+yrs

Q3. What is your ethnic group?

- | | | | | | |
|------------------------|--------------------------|------------------------|--------------------------|--------------------|--------------------------|
| White | <input type="checkbox"/> | Black African | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | Irish Traveller | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| Indian | <input type="checkbox"/> | Black Caribbean | <input type="checkbox"/> | Mixed Ethnic Group | <input type="checkbox"/> |
| Filipino | <input type="checkbox"/> | Black Other | <input type="checkbox"/> | Roma Traveler | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> | | | | |
| Any Other Ethnic Group | | (Please specify) _____ | | | |

Q4. Disability: In accordance with the Disability Discrimination Act 1995, a disability is defined as a physical or mental impairment which has a substantial and long-term effect on a person's ability to carry out normal day-to-day activities. Under this definition, do you consider yourself as having a disability? Yes No Prefer not to say

Q4a. If yes, please indicate which type of impairment(s) applies to you

- Physical Impairment, such as difficulty using arms or mobility requiring a wheelchair or crutches
- Sensory Impairment, such as blind/visual impairment or deaf/hearing impairment
- Mental health condition, such as depression or schizophrenia
- Learning disability, such as Down's Syndrome, Dyslexia or Cognitive Impairment such as Autism
- Long standing illness, such as cancer, HIV, diabetes, chronic heart disease or epilepsy
- Other (Please specify)_____ Prefer not to say

Q5. How would you describe your caring responsibilities? (Please tick all that apply)

- Child(ren) under 18 An older person A person with a disability
None Other (Please specify) _____ Prefer not to say

PART 1: Feedback on your appointment with the Optometrist

Q1. How did you make your appointment?

- By Phone Online Text In-person
Someone else made appointment Other Do not know

Q2. How urgent did you feel your appointment was?

- Very urgent Quite urgent Not very urgent Not at all urgent

Q3. How long after making your appointment did you have to wait before seeing your optometrist?

- I had the appointment the same day
I had the appointment the next day
I had to wait 2-3 days
I had to wait longer than 2-3 days

Add comment if required:

Q4. What is the main reason you visited your optometrist? Please briefly state the reason if you had a ‘problem’ with your eyes or, ‘other’ reason for your visit

It was a routine Eye Examination

I had a specific problem with my eyes (please write in the problem you had with your eye/eyes): _____

Other (please write in your reason): _____

Q5. How far did you have to travel for your appointment?

Less than 5 miles 5-10 miles 10-15 miles Greater than 15 miles

Q6. How convenient was the practice location for you?

Very convenient Convenient Not convenient

Q7. Did your Optometrist clearly explain to you the outcome of the eyecare service provided?

Yes No

Q8. Did your Optometrist provide advice on aspects of eye health including the links between smoking and sight loss and/or the importance of a healthy balanced diet for eye health?

Yes No

PART 2: YOUR OPINION AND VIEWS ON THE SERVICE

‘Enhanced Service’ is the name given to a new service whereby an optometrist in the community (or ‘high street’) with an advanced qualification is able to provide additional and repeat tests in order to better identify if there are problems with your eyes, in particular, if you are at risk glaucoma.

For each of the following statements, please state the extent, to which you agree or disagree with them, where:

1 = strongly disagree.....10 = strongly agree

1. Optometrists providing this service improves the healthcare service as a whole (please circle)

1 2 3 4 5 6 7 8 9 10

2. Optometrists providing this service is more convenient for me than attending another location such as a hospital or, other health service facility (please circle)

1 2 3 4 5 6 7 8 9 10

3. In my opinion the Optometrist provided an efficient and professional service (please circle)

1 2 3 4 5 6 7 8 9 10

4. I feel that the service met my needs (please circle)

Yes No

Reason for answer

5. Do you have any suggestions for improvements to meet your needs?

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Overall, how would you rate the service provided by your Optometrist									
(Please circle)	Poor	Average	Good	Excellent		
1	2	3	4	5	6	7	8	9	10

Date survey completed: _____

Please return your completed survey to:
Ms Amy McAtamney, Practice Support, Integrated Care
Health and Social Care Board (Northern Office)
County Hall
182 Galgorm Road
Ballymena BT42 1QB

Thank you for taking the time to complete this survey your feedback is valued