

General Ophthalmic Services Memorandum

13 December 2018

To all Optometrists,
Dispensing Opticians and
Ophthalmic Medical Practitioners
Providing General Ophthalmic Services and Enhanced Services

Correct Identification of Patients accessing Ophthalmic Services and Care

1. GOS Claims

Recently a significant number of General Ophthalmic Services (GOS) claims have been submitted with incorrect patient details. These errors can arise when the full patient information available is not checked by the practice. When identifying any patient for GOS, practices **must** check four factors with the patient

- **Patient Name**
- **Date of Birth**
- **Health & Care Number (HCN)**
- **Address**

In some cases two patients may have the same name and date of birth and the further two factors **must** both be checked to ensure that the correct patient is chosen.

These 4 checks should be done each time a patient accesses GOS in the practice to ensure that the correct HCN is identified.

If the incorrect patient details have been entered on a claim form and the patient isn't entitled to GOS, then this patient may subsequently receive a letter from the Patient Exemptions Team requesting either payment or proof of their exemption for a Sight Test/Voucher which they did not get.

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Understandably, when a patient receives a challenge letter from Counter Fraud and Probity Services indicating that services have been accessed when actually they have not, this can cause significant distress and annoyance.

Submitting claims with incorrect patient details can cause significant additional and unnecessary work for the Patient Exemptions Team, particularly in dealing with calls and correspondence from patients angry and confused at receiving such letters.

Incorrect claims may also affect access to GOS for the patient when they are next due a sight test as their date of service will be inaccurately recorded within BSO.

The ineligible GOS payment will be recovered from the practice and the practice may not resubmit a claim with the correct details if the claim is outside the time limits i.e. 6 months for a sight test and 3 months for a voucher or repair/replacement claim.

This type of incorrect claiming will be monitored and a pattern of repeat offending may be referred to members of the Counter Fraud and Probity team for follow up.

2. Electronic Referrals (eReferral) via CCG

Optometrists should also adhere to the advice and guidance noted above when generating a referral via CCG.

CCG eReferrals can be generated using the patient HCN or using the patient demographics (Forename/Surname/Gender/DOB and Postcode). If you are 'matching' a patient using the HCN search function please check, as above, to ensure that the HCN is correct for the patient you are referring.

Contractors should also consider their responsibilities in regards Data Protection and the risk associated with sharing patient identifiable information incorrectly with other HSC organisations. Please see MOS 321 for further guidance on responsibilities in regards Data Protection.

***Kind Regards
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