

June 2013

To all ophthalmic practitioners

Dear Practitioner

ATTENTION REQUIRED – FURTHER GUIDANCE ON EARLY RETESTS

A recent review of early retest patterns showed that up to 35% of sight test claim forms (GOS ST) are submitted for sight tests carried out earlier than the recommended sight test intervals without appropriate clinical reason being noted on the claim form.

PLEASE TAKE NOTE OF THE FOLLOWING GUIDANCE AND INFORMATION ON NEW PROCESSES IN RELATION TO EARLY SIGHT TESTS AND POST PAYMENT VERIFICATION.

Due to the high number of sight test claim forms submitted for early retests without a clinical reason noted, an additional probity check is to be introduced as part of the routine probity visit. A sample of claim forms for early retests will be checked against the patient's clinical records to ensure that there is an appropriate clinical reason for the early retest.

This check will be introduced from 1st July 2013. From this date any claims for early retests not supported by appropriate clinical information **both** on the patient's clinical record card and on the claim form cannot be verified and will result in the payment being recovered by BSO Probity Service.

HSCB/BSO take this opportunity to remind all contractors that auditing of payments is a routine activity for all HSC organisations and we are required to carry this work out to give assurance that public money is being spent appropriately.

Providing Support to Health and Social Care

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REMINDER OF CURRENT GUIDANCE ON SIGHT TEST INTERVALS (MOS/275)

You are reminded that, as required by the Regulations, you should only carry out a sight test early if you think it is clinically necessary. General Ophthalmic Services Regulations require a contractor to -
“satisfy himself that the testing of sight is necessary”
(2007 Regulations, Sight Test applications, 17 (4 (c))).

Consideration must be given to recommended DoH sight test intervals (MOS/275) and current evidence of best practice. MOS/275 specifies the **minimum** intervals between sight tests expected for different categories of patients.

In the event of testing a patient's sight at a shorter interval than that recommended by DoH and in line with MOS/275, you must write **the actual clinical reason** for the early sight test in the remarks box on the GOS (NI) ST forms. As stated in MOS/275 the facility for early re-tests is for cases where a GOS sight test needs to be carried out before the recommended time interval. This has been designed to allow provision of GOS for patients who present with eye problems which cannot be predicted and planned for e.g. sudden loss of vision or sudden onset of diplopia. In particular, the testing of children earlier than the recommended DoH intervals must be supported by appropriate clinical reasons.

You are also reminded of the specific procedures if the sight test is being carried out at an interval of **less than three months** when approval must be sought from an Optometric Adviser before the test is undertaken, in line with the procedures detailed in MOS/275.

If you have any queries in relation to this guidance please contact an optometric adviser.

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Yours faithfully



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