

**2010 No. 46**

**National Health Service (Wales) Act 2006**

**The Directions to the Hywel Dda Local Health Board as to the  
All Wales Low Vision Service 2010**

*Made* XXXX 2010

*Coming into force* 6<sup>th</sup> December 2010

The Welsh Ministers, in exercise of the powers conferred by sections 12(3), 203(9) and (10), and 204(1) of the National Health Service (Wales) Act 2006<sup>(1)</sup> (“*the Act*”) give the following directions.

**Title and commencement**

1.—(1) The title of these Directions is the Directions to The Hywel Dda Local Health Board as to the All Wales Low Vision Service 2010.

(2) These Directions come into force on 6<sup>th</sup> December 2010.

**Directions as to exercise of functions**

2.—(1) The Hywel Dda Local Health Board is directed to exercise the relevant functions in accordance with the provisions of the Schedule.

(2) In paragraph (1), “the relevant functions” means functions under—

(a) sections 1 and 2 of the Act in so far as they are exercisable in relation to ophthalmic services, and

(b) sections 71 to 77 of the Act.

Signed by [*name*] [*position*] under the authority of the Minister for Health and Social Services, one of the Welsh Ministers.

Dated:

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(1) 2006 c.42.

(2) 2009 No.18.

## SCHEDULE

### THE ALL WALES LOW VISION SERVICE

#### Interpretation

1. In this Schedule—

“*the accreditation requirements*” means the requirements set out in paragraph 11;

“*accredited practitioner*” means a practitioner practising in Wales who satisfies, and continues to satisfy, all of the accreditation requirements;

“*the approved resources*” means such resources of the LHB as the Welsh Ministers may from time to time approve in writing to be used for the purposes of the LVS, such as members of the LHB’s staff and any accommodation, equipment and services used by them for those purposes;

“*budget plan*” means a budget plan referred to in paragraph 2.3;

“*budget monitoring form*” means the budget monitoring form referred to in the conditions of supply, which must be in the form set out in Annex E, or such other form as the Welsh Ministers may from time to time approve;

“*call-off contract*” means a contract between the LHB and a supplier of devices under which the LHB is able to call upon the supplier to provide the LHB, or such clients as the LHB may nominate, with devices;

“*client*” means a person who lives in Wales and is registered as a patient with a general medical practitioner within Wales and who is certified by an accredited practitioner to have a visual impairment to such a degree that he or she would benefit significantly from the provision of one or more types of device;

“*the conditions of supply*” means the conditions set out in paragraph 12;

“*device*” means a device the provision of which is intended to help a person with a visual impairment to mitigate or overcome difficulties that he or she experiences as a result of that impairment;

“*device order*” means an order sent by an accredited practitioner to the LHB requesting that a client be supplied with one or more devices and which must be in the form set out in Annex A, or such other form as the Welsh Ministers may from time to time approve;

“*device replacement form*” means the device replacement form referred to in the condition of supply, which must be in the form set out in Annex D or such other form as the Welsh Ministers may from time to time approve;

“*device return form*” means the device return form referred to in the conditions of supply, which must be in the form set out in Annex C or such other form as the Welsh Ministers may from time to time approve;

“*dispose of*” in relation to a thing includes transferring ownership, parting with possession, letting, hiring, or creating any security in or over the thing in question;

“*financial year*” means the period of 12 months beginning on 1 April in one year and ending on 31 March in the following year;

“*includes*”, “*included*” and “*including*” are to be construed without limitation;

“*the LHB*” means the Hywel Dda Local Health Board;

“*the LVS*” means the All Wales Low Vision Service established by the Welsh Ministers for the provision of devices to clients;

“*the LVS Administration Manager*” means the Low Vision Service Administration Manager at the LHB;

“*practitioner*” means an optometrist or a dispensing optician;

“*quarter*” means each successive period of three months beginning on 1<sup>st</sup> April, 1<sup>st</sup> July, 1<sup>st</sup> October and 1<sup>st</sup> January;

“*reimbursement request*” means a request for re-imbusement made by the LHB under paragraph 7.1 which must be in the form set out in Annex B or such other form as the Welsh Ministers may from time to time approve;

“*relevant accredited practitioner*” in relation to a device and a client means the accredited practitioner who supplied that device to that client;

“*relevant supplier*” in relation to a device and an accredited practitioner means the supplier who supplied that device to that accredited practitioner;

“*restricted device*” means a device other than an unrestricted device;

“*the Service Manual*” means the service manual issued by the LHB on behalf of the Welsh Ministers in relation to the LVS, as amended from time to time;

“*supplier charge*” means a charge arising under a call-off contract in respect of the supply of a device under that contract pursuant to a device order; and

“*unrestricted device*” means a device of a type that the Welsh Ministers have designated in writing to be an unrestricted device for the purposes of the LVS.

## **Approved resources**

- 2.1 The LHB is responsible for all running costs relating to the LVS but is entitled to reimbursement of them from the Welsh Ministers in accordance with paragraph 7.
- 2.2 The LHB must use the approved resources to carry out all activities for which it is responsible under the provisions of this Schedule and not for any other purpose.
- 2.3 While the LVS continues, the LHB must not without the prior written approval of the Welsh Ministers:-
- (a) dispose of any accommodation or equipment included in the approved resources (whether or not to replace any of them), or
  - (b) acquire any additional accommodation or equipment to be included in the approved resources, and the Welsh Ministers may specify the type of accommodation or equipment to be acquired.
- 2.4 If the LHB plans to incur capital expenditure on approved resources during a financial year it must, submit a budget plan to the Welsh Ministers for approval before such expenditure is incurred.
- 2.5 The budget plan must:-
- (a) be delivered to the Welsh Ministers by no later 1 January immediately preceding the beginning of the financial year in question; and
  - (b) give full details of each item of capital expenditure together with an explanation of why the LHB considers that expenditure to be necessary.
- 2.6 The Welsh Ministers must decide whether to approve or reject each item shown in any budget plan that has been delivered to them for approval and they will communicate their decision to the LHB as soon as reasonably practicable having regard to all of the circumstances..
- 2.7 When considering whether to approve a budget plan, the Welsh Ministers may propose such modifications and conditions to the plan as they consider appropriate.
- 2.8 The LHB must obtain the prior written approval of the Welsh Ministers before incurring any staff overtime costs in connection with the activities referred to in sub-paragraph (a).

## **Call-off contracts**

- 3.1 The LHB must enter into such call-off contracts as are necessary to secure, so far as is reasonably practicable, that while these Directions remain in force the LHB is able to obtain sufficient supplies of devices for it to be able to fulfil all device orders it receives.

3.2 In awarding any call-off contract, the LHB must comply with all applicable legal requirements including those relating to procurement of goods or services.

3.3 The LHB must not issue any invitation to tender for the award of a call-off contract, or award such a contract without the Welsh Ministers` prior written approval.

### **Device orders**

4.1 The LHB must:-

- (a) operate a system for processing all device orders it receives with the aim of ensuring that devices are supplied to clients as promptly and efficiently as possible so far as that lies within the control of the LHB and in accordance with the provisions of this Schedule;
- (b) ensure so far as reasonably practicable that all accredited practitioners are given details of the address to which they must send device orders; and
- (c) verify that any person who purports to be an accredited practitioner has satisfied the accreditation requirements and continues to do so at all material times.

4.2 A restricted device must not be supplied to any person under the LVS unless its supply to that person is authorised by the Welsh Ministers.

4.3 The Welsh Ministers` designation of a type of device as an unrestricted device means that they have authorised that type of device to be supplied under the LVS without the need for further authorisation from them.

4.4 No later than seven days after receiving a device order for an unrestricted device, the LHB must place a corresponding order for that device with the relevant supplier under the call-off contract with that supplier.

4.5 Where a device order relates to a restricted device, it must be accompanied by a written submission from the accredited practitioner in question explaining why he or she considers it appropriate for such a device to be supplied in that case.

4.6 Within seven days of receiving a device order and submission of the type referred to in paragraph 4.5, the LHB must forward them to the Welsh Ministers for approval.

4.7 No later than seven days after receiving a response from the Welsh Ministers to a request for approval under paragraph 4.6, the LHB must (if such approval has been given) place a corresponding order for the restricted device in question with the relevant supplier under the call-off contract with that supplier or (if such approval has not been given) notify the accredited practitioner who requested the supply of that device that the request has been refused.

- 4.8 The LHB may instruct the relevant supplier to send any device ordered by the LHB under a call-off contract direct to the accredited practitioner who submitted the device order for that device.
- 4.9 The LHB is responsible for paying all supplier charges but will be entitled to reimbursement of them from the Welsh Ministers in accordance with paragraph 7.

### **Ownership, return and replacement of devices**

5. The LHB must take such steps as are necessary to give effect to the conditions of supply – including making appropriate arrangements with suppliers of devices (whether in their respective call-off contracts or otherwise) and instructing accredited practitioners to ensure that every client who receives a device is made aware of the conditions of supply, wherever practicable by marking or labelling the device in question and explaining the conditions of supply to the client.

### **Service Manual**

- 6.1 Within the LHB, the LVS Administration Manager is responsible for drafting and publishing the Service Manual.
- 6.2 Before publishing any version of the Service Manual (including any amendments to it), the LVS Administration Manager must obtain the prior written approval of the Welsh Ministers.
- 6.3 The LHB must:-
- (a) ensure that the LV Administration Manager complies with the provisions of the Service Manual; and
  - (b) take appropriate steps to ensure that accredited practitioners are familiar with its provisions.
- 6.4 If an accredited practitioner submits a device order without complying with the provisions of the Service Manual, the LHB must not process that device order until the accredited practitioner complies with those provisions.

### **Reimbursement of LHB**

- 7.1 No later than 30 days after the end of each quarter, the LHB must send to the Welsh Ministers a written request for reimbursement of all expenditure that the LHB has incurred during that quarter in providing the LVS together with a detailed breakdown of how that expenditure is calculated. The breakdown must include patient demand, revenue as well as capital annual report:-
- (a) all costs that the LHB has incurred in providing the approved resources; and
  - (b) all supplier charges paid by the LHB, together with a detailed breakdown of how those costs and charges are calculated.

7.2 Every reimbursement request must be in the form set out in Annex B or such other form as the Welsh Ministers may from time to time approve.

7.3 Within 30 days of receiving the LHB's reimbursement request, the Welsh Ministers will pay the amount shown in that request to the LHB unless they decide to query any of the items shown in that request.

7.4 Where the Welsh Ministers decide to query any item shown in a reimbursement request, they may withhold payment in respect of that item until the LHB has provided them with such information as they may reasonably require in order to satisfy themselves that the amount attributed to that item is correct.

### **Audit**

8.1 The LHB must retain all records and information relating to the LVS for a minimum of five years from the date that the record or information in question first comes into its possession (whether by being created or otherwise) and ensure that it is readily available for inspection by the Welsh Ministers, or their representatives, for the purpose of audit and statistical analysis.

8.2 If any of those records or that information take the form of a paper document, the LHB need only retain the paper document for a period of 12 months if the document is scanned into an electronic format, in which case the LHB's obligation under paragraph 8.1 in respect of the paper document will be met if the LHB retains the electronic version of that document for the period specified in paragraph 8.1.

### **Confidentiality and publicity**

9.1 The LHB is a data controller for the purposes of the *Data Protection Act 1998* and must comply with all requirements of that Act.

9.2 The LHB must ensure that personal data is obtained and processed in a secure manner, and keep in place security measures designed to protect any personal data accessed or processed by the LHB's staff from unauthorised or unlawful disclosure, unauthorised or unlawful processing, accidental loss, destruction or damage.

### **Contact points**

10.1 All communications from the LHB to the Welsh Ministers (including device orders, reimbursement requests and requests for the approval of the Welsh Ministers) regarding the LVS must be addressed to the Head of Eye Care Policy, Welsh Assembly Government, Cathays Park, Cardiff CF10 3NQ.

10.2 All communications from the Welsh Ministers to the LHB regarding the LVS must be addressed to the LVS Administration Manager at Hywel Dda LHB, Unit 5, Parc Dafen, Heol Cropin, Llanelli, Carmarthenshire, SA14 8QW.

## **Accreditation requirements**

11.1 In order to be accredited, a practitioner must satisfy both of the following conditions.

### Condition 1

The practitioner must practise in Wales and be an optometrist or Ophthalmic Medical Practitioner registered with the General Optical Council (GOC) or a dispensing optician registered with the GOC with an Association of British Dispensing Opticians diploma in Low Vision.

### Condition 2

The practitioner must also have successfully completed Low Vision Accreditation, as described in paragraph 11.2.

11.2 Initially, theoretical information is delivered in five internet-based modules and assessed by memory compensation questionnaires (MCQs). Those passing the theoretical modules gain 11 Continuing Education and Training (CET) credits and are offered practical training and accreditation. The two practical training days (about a month apart) are held in locations around Wales. Once accredited, a practitioner receives 13 CET credits for the practical training and all the equipment and paperwork required to provide the LVS. Re-accreditation is a two-part process. In Part 1, practitioners will be sent three distance-learning lectures and will have one month to complete the MCQs that accompany the CD-ROMS. In Part 2 practitioners will need to attend a multi-disciplinary training day.

## **Conditions of supply**

12.1 The conditions of supply are as follows.

12.2 Ownership of each device must be transferred from the relevant supplier to the LHB before it is delivered to the relevant accredited practitioner for supply to a client.

12.3 Each device supplied to a client through the LVS is on loan to the client and remains the property of the LHB until such time as the LHB transfers ownership of it to a third party or it is destroyed, whichever is the sooner.

12.4. Accredited practitioners and clients must take reasonable care to avoid loss of or damage to devices supplied to them through the LVS – fair wear and tear excepted.

12.5 After a device has been supplied to a client:-

(a) if it is found to be faulty or damaged or the client decides that it is no longer needed, the client must return the device to the relevant accredited practitioner; or

(b) if the device has been lost or destroyed the client must report that fact to the relevant accredited practitioner in writing .

- 12.6 Within seven days of receiving a device or a report from a client in accordance with paragraph 12.5, an accredited practitioner must:-
- (a) complete a device return form for that device and send that form and the device to the relevant supplier, making it clear on the form whether the device needs to be repaired; and
  - (b) notify the LHB in writing - using the device replacement form or the device return form (as the case may be) - of any devices that have been reported lost or destroyed.
- 12.7 If a client asks the relevant accredited practitioner to replace a faulty, broken or lost device, the accredited practitioner must send a device replacement form to the LHB for that device and the LHB must process the device replacement form as if it were a device order.
- 12.8 Wherever practicable, suppliers must take such action as is necessary to recycle devices that are returned to them in accordance with paragraph 12.6(a) including cleaning devices, repairing them and keeping them in storage so that they are available for supply in response to device orders.
- 12.9 Devices that are kept in storage by suppliers remain the property of the LHB (in accordance with paragraph 12.3) and must be kept separate from other devices held by them.
- 12.10 Suppliers will not make any charge for storing devices for the LHB but they may recover from the LHB the reasonable cost of packing and re-issuing them.
- 12.11 The LHB must monitor and keep records of all returns and replacements of devices and all reports of items that have been lost or destroyed using the Budget Monitoring form.

DEVICE REQUEST FORM

**Outcomes**

**LVA's advised and ordered**

Code	Magnification & description	Comments	VA

**Advice/Information**

- Lighting
- Registration
- Contrast
- Support groups
- Eye condition
- Television
- Talking books
- None
- Other

**Spectacles/ tints**

- RX Issued
- Tints Issued/ prescribed
- No spectacles/ tint
- Vision Passport issued
- Next Appointment**

**Report/Referral to other Agencies**

- For Registration
- Ophthalmologist
- GP
- Other Low Vision Service
- Social Services
- Voluntary Agency
- Education services
- Employment services
- No referral
- Other

Advice given:

Practitioner name ..... GOC No:.....

Practice address

Order Faxed	Date Pt Collected
LVA's Arrived & Checked	Claim Form Sent for Payment

- I agree to the information in this record being used in referrals to other agencies including.....
- I am happy for the information in this record to be used for audit and research purposes Including Ethnicity.
- I am happy to be contacted at a later date for audit or research.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Low Vision Assessment Record Card**

**Patient Detail**

Date: \_\_\_/\_\_\_/\_\_\_

Title	DOB
Surname	Patient Address
First Names	
GP	
GP address	Postcode
<input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone

**Ethnicity**  White  Black/Black British  Asian/Asian British  Other Ethnic Group

**Ocular History**

**Previous Consultations**

- Ophthalmology
- Low Vision

- AMD Wet  Other (Please Specify)
- AMD Dry
- Glaucoma
- Diab Eye Dis
- Cataract
- Nyctalopia  Not known

Registered:  S.S.I.  S.I.  Not Registered  Not Known Year First Bin. V.I.:

**General Health**  Hearing Impairment

**Accessing the service**

**How did they get there?**

- Public transport
- Car
- Taxi
- Walked
- Ambulance
- Domiciliary
- Accompanied
- Alone

**Who referred them?**

- Ophthalmologist
- GP
- Optometrist
- Social/ rehab worker
- Voluntary agency
- Friend/ relative/ self
- Education
- Employment
- Other

**How long did they wait?**

- < 2 weeks
- 2 weeks to 2 months
- 2 to 6 months
- 6 months to 1 year
- > 1 year
- Don't know

REIMBURSEMENT REQUEST FORM

**Patient**

I collected ..... (number) devices today

Signed

Practitioner's Claim (delete any that do not apply)

- I assessed this patient on ..... and I claim the appropriate fee
- This patient has collected all their low vision aids

Signed Date

DEVICE RETURN FORM

**LVA Return Form**

Date :..... Practitioner name:..... GOC number:..... Practice address:.....  
 .....

This form is used to return low vision aids that are not used or no longer used so that they can be recycled in the scheme.

Appliance(s) being returned. **Broken or Faulty aids more than a year old can be discarded by the practice.**

Patient Name & DOB	Code	Description	Reason for return (circle correct reason)	Brief description of fault	Comments
			Not useful for the task Vision changed Patient Deceased Broken & less than a year old (replacement not required).		
			Not useful for the task Vision changed Patient Deceased Broken & less than a year old (replacement not required).		
			Not useful for the task Vision changed Patient Deceased Broken & less than a year old (replacement not required).		

**Please include this form in the Parcel when returning Aids to Edward Marcus. Attach the Pre-Paid Returns Label to the parcel.**

DEVICE REPLACEMENT FORM

**LVA Replacement Form**

Date..... Practitioner name:.....GOC number:..... Practice address:  
 .....

This form is used to order replacement low vision aids that belong to the patient or **demonstration kit**, for the following reasons:

- **Broken, faulty or have been lost or stolen**
- **Only faulty aids less than a year old should be returned to Edward Marcus(Manufacturer Fault ONLY)**
- **Broken or faulty aids more than a year old should be discarded by the practice**

Patient Name & DOB or Practitioner who is responsible for the demo kit	LVA - description Code	Fax		Direct to	LHB	Replacement form & LVA to EM (Manufacturer Fault Only)	Brief description
		Lost	Stolen	01554	744411		

Please include this form in the Parcel with any LVAs to Edward Marcus. Attach the Pre-Paid Returns Label to the parcel or Fax to Carmarthenshire LHB.

Annex E

Budget Monitoring form

**Low Vision Aids Unit Spend and Projected Spend**

**FAO:** Head of Eye Care Policy, Welsh Assembly Government, NHS Wales Department, HSSDG DHSS CPCHSPD, Cathays Park, Cardiff, CF10 3NQ

<b>Item</b>	<b>2010/11 Month 1 £</b>	<b>Cumulative 2010/11 £</b>	<b>Forecast 2010/11 £</b>
<b>Staff Costs</b>  LVS Administration Manager FT Staff Cost x 1 PT Staff Cost x 2			
<b>Total Staff Costs</b>			
<b>Non-Staff Costs</b>  Post & Carriage Printing Stationery Training Telephone Land Line Telephone Mobile Leased Cars Vehicle Running Costs: Fuel Travel Expenses			

<b>Total Non-Staff Costs</b>			
<b>Total Staff and Non-Staff Costs</b>			

**NB:** Quarterly Invoice to be submitted with individual costs listed and no miscellaneous items.

**Payment to Optometrist**

Date Report Processed	Number of Assessments @ £67.00 each	Total		Authorised by (Initials)
		Month 1	£	
<b>Total Payment to Optometrists</b>				

**Payment to Low  
Vision Aid  
Supplier**

<b>Date Report Processed</b>	<b>Number of Invoices Received</b>	<b>Total    Month 1            £</b>	<b>Authorised by (Initials)</b>
<b>Total Payment to Supplier Credit Payment From Supplier</b>			

**NB:** Evidence based documentation to be held within LVS at Hywel Dda Local Health Board (LHB).

I confirm these payments have been processed for month 1 April 2010/11

**Signature:**            **Date:**

**Print:**

**Title:**