

2016 No.10

**THE NATIONAL HEALTH SERVICE (WALES) ACT
2006**

**The Eye Health Examination Service Committee (Wales)
Directions 2016**

Made and coming into force on 5 April 2016

The Welsh Ministers, give the following Directions in exercise of the powers conferred by section 13(2)(c) and (4)(c) and 203(9) and (10) of the National Health Service (Wales) Act 2006 (1).

Title, commencement and application

1.—(1) The title of these Directions is the Eye Health Examination Service Committee (Wales) Directions 2016.

(2) These Directions come into force on 5 April 2016.

(3) These Directions are given to Local Health Boards and to Velindre University NHS Trust and apply in relation to Wales.

Interpretation

2. In these Directions –

“the Act” means the National Health Service (Wales) Act 2006;

“accreditation requirements” means the requirements in paragraph 9 of Schedule 1 to the Directions;

“Enhanced Optometry Services” means (i) advanced practitioner management of medical retina and glaucoma referral refinement or monitoring services and (ii) advanced practitioner management of acute health presentations and glaucoma;

“Enhanced Optometry Accredited Practitioner” means a practitioner who satisfies all of the accreditation requirements;

“host NHS body” means Velindre University NHS Trust;

“Local Health Board” means a Local Health Board established in accordance with section 11(2) of the Act;

“National WGOS Clinical Lead” means a person who is employed by Velindre University NHS Trust with responsibility for providing clinical leadership and support in relation to national optometric services;

“operational date” means 5 April 2016; “the joint committee” means the Enhanced Optometry Services Committee established under direction 3;

“the relevant functions” means arranging the provision of the Enhanced Optometry Services;

“the SSP” means the National Health Service Wales Shared Services Partnership Committee(1) which provides administrative, professional and technical services to the health service in Wales on behalf of Velindre University NHS Trust;

“Velindre University NHS Trust” means Velindre University National Health Service Trust established by the Velindre National Health Service Trust (Establishment) Order 1993(2);

“Wales Optometric Committee Statutory Advisory Group” means the Wales Optometric Committee recognised by the Welsh Ministers under section 190 of the Act.

Directions to each Local Health Board

3.—(1) The Local Health Boards will jointly exercise the relevant functions.

(2) For the purpose of exercising the relevant functions the Local Health Boards will establish a joint committee as soon as practicable after 5 April 2016.

(3) The joint committee will ensure that the relevant functions are exercised in accordance with the service specification in Schedule 1 to these Directions.

Membership of the joint committee

4.—(1) The members of the joint committee consist of the chief executive or their representative of each of the seven Local Health Boards together with—

- (a) a chair;
- (b) a vice-chair;
- (c) Welsh Government representative(s);

- (d) National WGOS Clinical Leads; and
- (e) officer members.

(2) The officer members consist of –

- (a) a member of each Local Health Board;
- (b) a deputy medical director; nominated by each of the Local Health Boards’ medical directors;
- (c) a finance director or their representative of the SSP; and
- (d) Enhanced Optometry Accredited Practitioner(s); nominated by the Welsh Optometric Committee Statutory Advisory Group.

(3) The chair in paragraph (1) may not be a member or member of staff of the host NHS body.

(4) Officer members in paragraph (2) will have such responsibilities as may be prescribed by the joint committee.

(5) In addition there will be two associate members who will be the chief executive of Optometry Wales, and the chief executive of the Citizen Voice Body for Health and Social Care, Wales(3) or their representative. The associate members will be asked to attend the joint committee as appropriate and may not vote in any meetings or proceedings of the joint committee.

(1) Established by S.I. 2012/1261 (W.156), amended by S.I. 2013/235; S.I. 2015/137; S.I. 2016/481; S.I. 2020/585 (W.133) and S.I. 2021/237 (W.60).

(2) S.I. 1993/2838, amended by S.I. 1999/826; S.I. 2002/442 (W.57); S.I. 2002/2199 (W.219); S.I. 2009/2059 (W.178); S.I. 2012/1262 (W. 157); S.I. 2017/912 (W.223); S.I. 2018/887 (W.176); S.I. 2021/232 (W.58) and S.I. 2022/251 (W.77).

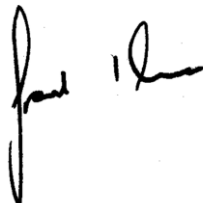
(3) Established under section 12(1) of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 asc 1.

Hosting arrangements

5. The host NHS body will exercise its functions to provide professional, administrative and technical services⁽¹⁾ for the running of the joint committee in accordance with the service specification in Schedule 1 to these Directions.

Signed by Dr Grant L Duncan, Deputy Director of Primary Care under the authority of the Minister for Health and Social Service, one of the Welsh Ministers

Yours sincerely



Dated: 5 April 2016

SCHEDULE 1

ENHANCED OPTOMETRY SERVICES SPECIFICATION

1 Interpretation

1.1 In this Schedule—

“2023 Regulations” means the National Health Service (Ophthalmic Services) (Wales) Regulations 2023⁽²⁾;

“the Act” means the National Health Service (Wales) Act 2006;

“the administrative list” means the administrative list prepared and published by a Local Health Board in accordance with the Wales Eye Care Services (Administrative List) (Wales) Directions 2024⁽³⁾;

“annual budget plan” means the annual budget plan referred to in paragraph 2.3;

“the accreditation requirements” means the requirements set out in paragraph 9;

“accredited practitioner” means a practitioner who satisfies all of the accreditation requirements;

“approved resources” means such resources of the host NHS body as the Enhanced Optometry Services Committee may from time to time approve in writing to be used for the purposes of the Enhanced Optometry Services, such as members of the host

(1) The provision of administrative, professional and technical services to the health service in Wales is delegated to the SSP under S.I. 2012/1261 (W.156), amended by S.I. 2013/235; S.I. 2015/137; S.I. 2016/481; S.I. 2020/585 (W.133) and S.I. 2021/237 (W.60).

(2) S.I. 2023/1053 (W.179).

(3) WG24-01.

NHS body’s staff and any accommodation equipment and services used by them for those purposes;

“*arranging practitioner*” means—

- (a) a corporate optician,
- (b) an optometrist,
- (c) an ophthalmic medical practitioner,

who is entering into or has entered into an arrangement with the Local Health Board to provide any of the Enhanced Optometry Services;

“*client*” means a person who lives in Wales and is registered as a patient with a general medical practitioner and who is identified by an accredited practitioner to satisfy the eligibility criteria outlined in the Clinical Manual, or by having been approved by prior request from an accredited practitioner to the National WGOS Clinical Leads;

“*the Clinical Manual*” means the clinical manual for the Enhanced Optometry Services and other optometric services prepared and published by the SSP;

“*corporate optician*” has the meaning given in regulation 2 of the 2023 Regulations;

“*data protection legislation*” has the meaning given in section 3 of the Data Protection Act 2018⁽¹⁾ (terms relating to the processing of personal data);

“*director*” means—

- (a) a director of a body corporate;
- (b) a member of a body of persons controlling a body corporate (whether or not a limited liability partnership);

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

“*the Enhanced Optometry Services*” means (i) advanced practitioner management of medical retina and glaucoma referral refinement or monitoring services and (ii) advanced practitioner management of acute health presentations and glaucoma;

“*the Enhanced Optometry Services Committee*” means the joint committee established pursuant to direction 3(2);

“*equivalent body*” has the meaning given in regulation 2 of the 2023 Regulations;

⁽¹⁾ 2018 (c.12); the definition in section 3 was amended by S.I. 2019/419.

“equivalent list” means a list kept by an equivalent body which is equivalent to a primary care list;

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

“first annual budget plan” means the annual budget plan for the financial year beginning on 1 April 2016;

“the host NHS body” means Velindre University NHS Trust⁽¹⁾;

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

“in-year budget plan” means the budget plan referred to in paragraph 2.11;

“LHBs” means the all Local Health Boards in Wales ;

“mobile services” means any of the Enhanced Optometry Services provided at a place other than a registered premises;

“National WGOS Clinical Lead” means a person who is employed by Velindre University NHS Trust with responsibility for providing clinical leadership and support in relation to national optometric services;

“ophthalmic medical practitioner” has the meaning given in regulation 2 of the 2023 Regulations;

“optometrist” has the meaning given in regulation 2 of the 2023 Regulations;

“originating events” means the events that gave rise to the suspension, refusal to admit, conditional inclusion, removal or contingent removal that took place;

“Pre-employment Checks Standards” means the pre-appointment checks that an employer must undertake as part of their recruitment process before recruiting staff which must at least include the following elements of the NHS Employment Checks Standards published by the NHS Confederation—

- (a) identity checks standard,
- (b) right to work checks standard,
- (c) professional registration and qualification checks standard,
- (d) reference checks standard, and
- (e) criminal record checks standard;

“primary care list” means a list referred to in section 115(1)(a) to (d) of the Act;

“professional registration number” means the number against the arranging practitioner or accredited practitioner’s name in the register;

(1) The functions of Velindre NHS Trust as regards the provision of administrative, professional and technical services to the health service in Wales is delegated to the SSP under S.I. 2012/1261 (W.156), amended by S.I. 2013/235; S.I. 2015/137; S.I. 2016/481; S.I. 2020/585 (W.133) and S.I. 2021/237 (W.60).

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

“the register” means—

- (a) in relation to an ophthalmic medical practitioner, a register maintained by the General Medical Council under the Medical Act 1983(1), or
- (b) in relation to an arranging practitioner other than an ophthalmic medical practitioner, a register maintained by the General Optical Council under the Opticians Act 1989(2);

“registered premises” means an address in relation to an arranging practitioner provided in accordance with paragraph 2.1C(d);

“running costs” means such costs as the host NHS body may reasonably incur in providing professional, administrative and technical services for the running of the Enhanced Optometry Services Committee, including staff and administration costs together with costs associated with the procurement and supply of equipment; and

“the SOPs” means the standard operating procedures for the Enhanced Optometry Services and other optometric services prepared and published by the SSP;

“the SSP” means National Health Service Wales Shared Services Partnership Committee(3) which exercises Velindre University NHS Trust’s functions in relation to administrative, professional and technical services to the health service in Wales;

“Velindre University NHS Trust” means Velindre University National Health Service Trust established by the Velindre National Health Service Trust (Establishment) Order 1993(4).

2 Funding Arrangements

2.1 The LHBs are responsible for ensuring provision of the Enhanced Optometry Services (as outlined in the Clinical Manual) for clients within their locality and for ensuring that arranging practitioners are suitably qualified and competent, with appropriate safeguards in place, in the provision of the Enhanced Optometry Services. The LHBs will receive funding within their general allocation for arranging the provision of the Enhanced Optometry Services (including the costs of reimbursing accredited practitioners for the delivery of the Enhanced Optometry Services). All other running costs will be met by the host NHS body through its general allocation, except that the costs for the training and accreditation of accredited practitioners to undertake the Enhanced Optometry Services will be met by Health Education and Improvement Wales(5).

(1) 1983 c. 54.

(2) 1989 c. 44.

(3) Established by S.I. 2012/1261 (W.156), amended by S.I. 2013/235; S.I. 2015/137; S.I. 2016/481; S.I. 2020/585 (W.133) and S.I. 2021/237 (W.60).

(4) S.I. 1993/2838, amended by S.I. 1999/826; S.I. 2002/442 (W.57); S.I. 2002/2199 (W.219); S.I. 2009/2059 (W.178); S.I. 2017/912 (W.223); S.I. 2018/887 (W.176); S.I. 2021/232 (W.58) and S.I. 2022/251 (W.77).

(5) Established by S.I. 2017/913 (W.224).

2.1A In arranging the provision of the Enhanced Optometry Services in accordance with paragraph 2.1 each Local Health Board must include a requirement that the arranging practitioner—

- (a) provides the information set out in paragraph 2.1C to the Local Health Board;
- (b) where the arranging practitioner regularly employs or engages an accredited practitioner to provide or assist in the provision of the Enhanced Optometry Services—
 - (i) obtains the information set out in paragraph 2.1D from the accredited practitioner,
 - (ii) notifies the accredited practitioner that their information will be provided to the Local Health Board and that the information set out in paragraphs 2.1D(a), (b) and (c) will be published by the Local Health Board for the purposes of the administrative list, and
 - (iii) provides the information set out in paragraph 2.1D to the Local Health Board;
- (c) provides any other information to the Local Health Board that the Local Health Board may from time to time require;
- (d) notifies the Local Health Board within 7 days of any material changes to the information provided to the Local Health Board in accordance with paragraphs (a), (b) or (c);
- (e) must, before employing or engaging any accredited practitioner to provide or assist in the provision of any of the Enhanced Optometry Services—
 - (i) comply with the Pre-employment Checks Standards in relation to that person, and
 - (ii) take reasonable steps to satisfy itself that the person in question is both suitably qualified and competent to discharge the duties for which that person is to be employed or engaged.

2.1B A Local Health Board is not required to obtain any information from an arranging practitioner that the Local Health Board already holds.

2.1C The information to be provided about the arranging practitioner is as follows—

- (a) the arranging practitioner's full name;
- (b) the arranging practitioner's professional registration number;
- (c) the date of the arranging practitioner's first registration in the register;
- (d) details of the addresses of any places in the Local Health Board's locality at which the arranging practitioner undertakes to provide the Enhanced Optometry Services;
- (e) if the arranging practitioner wishes to provide mobile services, the addresses to which correspondence in connection with such provision may be sent;
- (f) particulars of the days on which and hours between which the arranging practitioner agrees to provide the Enhanced Optometry Services;
- (g) company number, if appropriate;

- (h) the arranging practitioner's private address, or in the case of a corporate optician, the address of its registered office, and, in either case, a telephone number;
- (i) qualifications (including the appropriate post-graduate qualifications) and where they were obtained;
- (j) chronological details of the arranging practitioner's professional experience (including starting and finishing dates of each appointment together with an explanation of any gaps between appointments), with any supporting particulars, and an explanation of why the arranging practitioner was dismissed from any post;
- (k) names and addresses of two referees who are willing to provide references for the arranging practitioner in respect of two recent posts (which may include any current post), which lasted for at least 3 months without a significant break, and where this is not possible, a full explanation and the names and addresses of alternative referees;
- (l) particulars of any outstanding or deferred inclusion in a primary care list, or any other list of a Local Health Board or equivalent body, with the name of the Local Health Board or equivalent body in question;
- (m) particulars of any Local Health Board or equivalent body in whose lists the arranging practitioner is included, or from which the arranging practitioner has been removed or contingently removed, or is suspended, or to which they have been refused admission or in which they have been conditionally included, with an explanation as to why;
- (n) if the arranging practitioner is a director of a body corporate that is included in any list or equivalent list, or which has an outstanding application (including a deferred application) for inclusion in such a list, the name and address of the registered office of that body and details of the Local Health Board or equivalent body concerned;
- (o) if the arranging practitioner is, or was in the preceding 6 months, or was at the time of the originating events, a director of a body corporate, details of any list or equivalent list to which that body has been refused admission, in which it has been conditionally included, from which it has been removed, contingently removed or from which it is currently suspended, with an explanation as to why and details of the Local Health Board or equivalent body concerned;
- (p) all necessary authority to enable a request to be made by the Local Health Board to any employer (or former employer), licensing, regulatory or other body in the United Kingdom or elsewhere, for information relating to a current investigation, or an investigation where the outcome was adverse, by them into the arranging practitioner.

2.1D The information to be provided about an accredited practitioner who is employed or engaged by the arranging practitioner is as follows—

- (a) the accredited practitioner's full name;
- (b) the accredited practitioner's professional registration number;
- (c) the date of the accredited practitioner's first registration in the register;

(d) the accredited practitioner's qualifications (including the appropriate post-graduate qualifications) and where they were obtained.

- 2.2 The LHBs must not use the funding provided within their general allocation for the provision of the Enhanced Optometry Services for any other purpose. The host NHS body must not use the funding provided within its general allocation in respect of the running costs for any other purpose.
- 2.3 Each financial year the host NHS body must submit an annual budget plan in the form set out in Annex 3, setting out the forecast running costs for that financial year to the Enhanced Optometry Services Committee for approval.
- 2.4 The host NHS body will not incur any expenditure from the running costs until the Enhanced Optometry Services Committee has approved the annual budget plan.
- 2.5 The annual budget plan must:-
 - (a) be delivered to the Enhanced Optometry Services Committee by no later 31 January immediately preceding the beginning of the financial year in question;
 - (b) give full details of each item of expenditure together with an explanation of why the host NHS body considers that expenditure to be necessary; and
 - (c) be monitored and reviewed to ensure reporting is delivered to the Enhanced Optometry Services Committee quarterly.
- 2.6 The Enhanced Optometry Services Committee must decide whether to approve or reject each item shown in the annual budget plan that has been delivered to them for approval and they will communicate their decision to the host NHS body as soon as reasonably practicable having regard to all of the circumstances.
- 2.7 When considering whether to approve an annual budget plan, the Enhanced Optometry Services Committee may propose such modifications and conditions to the plan as they consider appropriate.
- 2.8 When the Enhanced Optometry Services Committee approve the budget plan, the host NHS body will commence implementation immediately. If the Enhanced Optometry Services Committee is unable to agree and approve the budget plan, the Enhanced Optometry Services Committee will ask the Welsh Ministers to make the final decision of such modifications and conditions to the budget plan as they consider appropriate.
- 2.9 The budget plan must be signed off by the Enhanced Optometry Services Committee by no later than 31 March of the year preceding the year to which the budget plan relates.
- 2.10 Paragraph 2.5(a) does not apply to the first annual budget plan. The first annual budget plan must be delivered to the Enhanced Optometry Services Committee no later than 7 days prior to the Enhanced Optometry Services

Committee's first meeting. The Enhanced Optometry Services Committee must approve the first annual budget plan no later than 30th September 2016.

- 2.11 If the host NHS body is required to incur any additional expenditure which has not been approved by the Enhanced Optometry Services Committee in the annual budget plan, the host NHS body must submit to the Enhanced Optometry Services Committee for approval an in-year budget plan giving full details of each item of expenditure together with an explanation of why the host NHS body considers that expenditure to be necessary.
- 2.12 The Enhanced Optometry Services Committee must decide whether to approve or reject each item shown in any in-year budget plan that has been delivered to them for approval and they will communicate their decision to the host NHS body as soon as reasonably practicable having regard to all of the circumstances.
- 2.13 While the Enhanced Optometry Services continue, the host NHS body must not without the prior written approval of the Welsh Ministers dispose of any accommodation or equipment included in the approved resources (whether or not to replace any of them).

3 Service delivery

- 3.1 The LHBs must not without the prior written approval of the Welsh Ministers:-
 - (a) cease providing the Enhanced Optometry Services or reduce provision locally or nationally of the Enhanced Optometry Services; or
 - (b) reduce the standards and quality of care to below that outlined in the SOPs and Clinical Manual.
- 3.2 The LHBs must ensure that the Enhanced Optometry Services are delivered in line with the clinical standards set out within the Clinical Manual and the SOPs and/or any other clinical/quality measures agreed by the Enhanced Optometry Services Committee.
- 3.3 Any concerns, incidents or complaints which occur as a consequence of the provision of the Enhanced Optometry Services in a LHB's area must be investigated by that LHB in accordance with the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011(1) and any other process requirements set out in the Clinical Manual.

4 Clinical Manual and SOPs

- 4.1 The Enhanced Optometry Services Committee must(b) ensure that the host NHS body takes appropriate steps to ensure that accredited practitioners are familiar with the provisions of the SOPs and the Clinical Manual.

(1) S.I. 2011/704 (W.108), amended by S.I. 2013/235; S.I. 2013/898 (W.102); S.I. 2022/634; S.I. 2023/274 (W.41); S.I. 2023/281 (W.42) and S.I. 2023/1053 (W.179).

5 Reimbursement of accredited practitioner fee

- 5.1 Having provided any of the Enhanced Optometry Services to a client, an accredited practitioner **or the arranging practitioner (as appropriate)** must send the claim for payment to the host NHS body. Following consideration of the claim for payment, the host NHS body will either—
- (a) accept the claim for payment and refer it for payment; or
 - (b) query the claim for payment .
- 5.2 No later than 30 days after the end of each quarter, the LHBs must send to the Enhanced Optometry Services Committee a breakdown of all expenditure that each accredited practitioner has incurred during that quarter in providing the Enhanced Optometry Services in the particular LHB's area together with a detailed breakdown of how that expenditure is calculated.
- 5.3 The breakdown of expenditure must be in the form set out by the Enhanced Optometry Services Committee that may change from time to time.
- 5.4 No later than 30 days after the end of each quarter a full breakdown of the reimbursement request, including patient demand and revenue will be produced by the host NHS body for the Enhanced Optometry Services Committee.
- 5.5. The Enhanced Optometry Services Committee will consider the information provided under paragraphs 5.2 and 5.4 with a view to monitoring the Enhanced Optometry Services and client activity.

6 Audit

- 6.1 All expenditure incurred by LHBs relating to the Enhanced Optometry Services will be subject to the usual internal and external audit arrangements for LHBs. All audit information is set out in the SOPs and the Clinical Manual.

7 Confidentiality and publicity

- 7.1 The LHBs and the host NHS body is a data controller for the purposes of the Data Protection Act 2018 and must comply with all requirements of that Act.
- 7.2 The LHBs and host NHS body 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 host NHS body staff from unauthorised or unlawful disclosure, unauthorised or unlawful processing, accidental loss, destruction or damage.

7.3 Nothing in these Directions require a Local Health Board or the host NHS body to do anything contrary to data protection legislation.

8 Contact points

- 8.1 All communications from the LHBs to the host NHS body and/or the Enhanced Optometry Services Committee regarding any aspect of the Enhanced Optometry Services must be made formally in writing and addressed to the Enhanced Optometry Services Committee, Mamhilad Park Estate, Pontypool, Torfaen NP4 0YP. The host NHS body and National WGOS Clinical Leads will agree on the most appropriate course of action to answer all communications received and will provide a full written response or interim reply within 7 days and full written response as soon as practicably possible.

9 Accreditation requirements

- 9.1 In order to be an accredited practitioner, a practitioner must satisfy and continue to satisfy the following requirements, the practitioner must:
- (a) practise in Wales and be an optometrist or ophthalmic medical practitioner registered with the General Optical Council;
 - (b) successfully complete the practice and clinical requirements set out in the Clinical Manual;
 - (c) successfully complete any mandatory continuing development training required by the National WGOS Clinical Leads and Enhanced Optometry Services Committee as set out in the Clinical Manual.

