



## SCOTTISH EXECUTIVE

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Health Department  
Directorate of Primary Care and Community Care

Primary Care Division  
St Andrew's House  
Regent Road  
EDINBURGH  
EH1 3DG

Dear Colleague

### GENERAL OPHTHALMIC SERVICES

1. **INSPECTION OF PREMISES**
2. **ALLOWANCE FOR REQUIRED EQUIPMENT**

#### Summary

1. This letter provides guidance and a national checklist for undertaking inspections of those premises where general ophthalmic services are provided or where it is proposed that such services be provided. It also advised of an amendment to the allowance for practice expenses.

#### Background

##### Inspection of premises

2. NHS Boards are asked to inspect existing premises from which general ophthalmic services are provided on a 3 year rolling-programme basis. Boards are also asked to inspect, before allowing an optometrist/ophthalmic medical practitioner onto the Board's ophthalmic list, premises where general ophthalmic services will be provided for the first time.

3. Guidance on premises inspections and a checklist for undertaking such inspections are attached at Annex A and Annex B to the Memorandum to this letter.

##### Allowance for required equipment

4. The £8,000 allowance for required equipment is being extended for a further, and final, time to include all new practices in Scotland where general ophthalmic services will be provided for the first time after 30 March 2007 and before 1 October 2007. Further information about this is contained in the Memorandum to this letter.

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11 May 2007

#### Addresses

For action  
Chief Executives,  
NHS Boards

For information  
Chief Executive,  
NHS National Services Scotland

Director,  
Practitioner Services

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#### Enquiries to:

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## Action

5. NHS Boards are asked to:

5.1 implement the attached guidance and are asked to cover the matters contained in the attached checklist when undertaking any inspection; and

5.2 send a summary of the guidance, covering notice, who will inspect, action following an inspection, what a contractor can do if he/she disagrees with the outcome of an inspection and follow-up inspections and the checklist to an optometrist before undertaking an inspection;

5.3 note the extension to the allowance payable for required equipment; and

5.4 note that a revised equipment allowance claim form is attached at Annex B to this letter for practices which are providing general ophthalmic services for the first time after 30 March 2007 and before 1 October 2007. This form should be copied on demand.

6. Copies of the Memorandum to this letter are being sent under separate cover for **urgent** distribution to all optometrists and ophthalmic medical practitioners on NHS Board lists.

Yours sincerely



DR JONATHAN PRYCE  
Head of Primary Care Division

## **Inspection of General Ophthalmic Services Premises by NHS Boards**

1. Under paragraph 6 (premises and equipment) of Schedule 1 (terms of service) of the NHS (General Ophthalmic Services) (Scotland) Regulations 2006 (“the 2006 Regulations”) contractors are required to provide “proper and sufficient consulting and waiting room accommodation and suitable equipment, including required equipment”, for the provision of general ophthalmic services (GOS). In the case of a mobile practice, the contractor must “provide suitable equipment, including required equipment”, for the provision of GOS. A contractor is defined as “a person who has undertaken to provide general ophthalmic services and whose name is included in the first part of the Ophthalmic List”.

2. NHS Boards are asked to inspect existing premises from which GOS are provided on a 3 year rolling-programme basis and are also asked to inspect new premises before allowing GOS to be provided from that address for the first time.

### Types of Visits

3. NHS Boards may make routine inspections of the premises from which GOS are provided and may have their own programme for such inspections. Boards are, however, asked to carry out an inspection of the premises of every optometrist and ophthalmic medical practitioner (OMP) whose name is included in their ophthalmic list at intervals not exceeding 3 years.

4. NHS Boards are particularly asked to undertake an inspection where the premises are new, ie where an optometrist or OMP applies to join the ophthalmic list of the NHS Board and the premises which he/she proposes to provide GOS from have never before been inspected, either in respect of the optometrist/OMP who is making the application or in respect of a previous optometrist/OMP who has provided GOS from those premises. They should arrange for the premises to be inspected before the optometrist/OMP is admitted to the list. If the NHS Board considers after inspection that the premises are of such an unsatisfactory standard that GOS should not be provided from these they will wish to discuss this with the applicant and seek confirmation in writing that the necessary improvements will be made. If this written confirmation is not forthcoming the Board will wish to explain that unless they receive the written confirmation and the premises are improved they may refer the applicant to the NHS Tribunal. In addition, an NHS Board could take the decision to inspect the proposed premises of any optometrist/OMP applying to join its ophthalmic list.

### Reasonable Notice

5. NHS Boards must give reasonable notice in writing to a contractor that they intend to inspect the premises. “Reasonable” is not defined but at least one month, for routine inspections, ie inspection of premises from which optometrists/OMPs are already listed to operate, would be reasonable. The letter to the contractor should, therefore, specify a date and time after one month from its issue. If a contractor says that the date is inconvenient, and the NHS Board is satisfied that he/she has good reason for wanting a later date, they should agree a mutually convenient date and time. If an NHS Board considers that a contractor is deliberately trying to prevent an inspection, they should warn him/her of potential referral for Discipline proceedings if he/she fails to allow an inspection. If the inspection is not routine,

for example where the NHS Board is responding to a complaint, one month's notice may not be appropriate. However, the contractor must still be given written notice and efforts made to arrange a mutually convenient date.

6. Where an inspection is to be made in the case of new premises an NHS Board should inspect the proposed premises within 14 days of the application for inclusion in the ophthalmic list. If the applicant is applying to join the second part of the Board's ophthalmic list notification of inspection should be sent to the contractor who is the practice owner or where the owner is not a contractor to the contractor or contractors who provide GOS from the premises to be inspected, copied to the applicant. Following inspection the NHS Board should advise the contractor or contractors and the applicant (if applying for inclusion on the second part of the list) of the outcome of the inspection within 14 days of the inspection.

### Who Should Inspect

7. The inspection should be undertaken by an optometrist or OMP nominated by the NHS Board. This could be the Board's optometric adviser or an independent optometrist/OMP. It is, however, advisable to identify more than one practitioner, so that an optometrist/OMP is never required to inspect his/her own premises, or the premises of close colleagues, where it might seem better if he/she did not do so. In certain circumstances an NHS Board might think the inspection should be undertaken by a practitioner from another NHS Board, eg where the Board is an island Board with few optical practices locally or where the optometrist/OMP who would usually undertake the inspection has an interest (this must be declared). These are not definitive examples. Boards should use their judgement when deciding on who should inspect particular premises.

8. The optometric adviser or inspecting optometrist/OMP should be accompanied by one other person, for administrative purposes. When notifying the contractor or contractors about the proposed visit, the NHS Board should name the optometric adviser or inspecting optometrist/OMP visiting and the accompanying person.

### Guidelines for Inspection

9. A consistent approach to inspection country-wide is important and is more likely to be achieved if a standard checklist is used. A checklist is attached at Annex B to the Memorandum to this letter for this purpose; and we would expect that every inspection should cover the matters it contains.

### Inspection Report and Notification to the Contractor

10. The optometric adviser or inspecting optometrist/OMP should complete a report and submit it to the NHS Board within 7 days of the inspection. Exceptions to this timescale should be rare, eg absence on sick leave simultaneously of both persons inspecting the premises. If the report on an existing practice highlights deficiencies, the NHS Board should write to the contractor within one month clearly setting out the areas the report indicates are unsatisfactory. The contractor should be advised that he/she must take steps to effect improvements within 2 months, after which a further inspection will be made. It would be helpful if a suggested date for this follow-up inspection were included in the letter.

11. If in a particular case, the content of the inspection report indicates that it would be unreasonable to expect the contractor to make improvements within 2 months, the NHS Board may, at its discretion, suggest a longer period. But the over-riding consideration must be the need for the premises to be of a satisfactory standard in the interest of patient safety and providing a good standard of GOS to patients.

12. Where at the time of the visit the optometric adviser or inspecting optometrist/OMP considers that the premises present a danger to patients he/she should inform the NHS Board who should consider whether it is appropriate to refer the matter to the Health and Safety Executive (HSE). If it is decided that reference to the HSE is appropriate, the NHS Board's letter to the contractor should say this.

13. If the inspection is made following an application to join the list, the optometric adviser or inspecting optometrist/OMP should similarly complete a report and pass this to the NHS Board within a week of inspection. The NHS Board should write to the optometrist/OMP no later than 14 days after the inspection, either letting him/her know that his/her name will be added to the list on satisfactory receipt of the information, documents, declarations, consents and undertakings required under regulation 7 (application for inclusion in Ophthalmic List and notification of changes) of the 2006 Regulations, or informing him/her of any improvements required to bring the premises up to standard]. As in the case of routine inspections, the letter should specify the areas which are unsatisfactory and the contractor should be advised to contact the NHS Board to arrange a further inspection when improvements have been made.

#### Contractor disagrees that his/her Premises are Unsatisfactory

14. If, in response to a letter notifying him/her that his/her premises are unsatisfactory, the contractor disagrees with this view, he/she should be told that arrangements will be made for a further visit to be undertaken by an optometric adviser or inspecting optometrist/OMP from another NHS Board. The contractor should be told that this optometric adviser or inspecting optometrist/OMP's report will be final. A contractor has no right of appeal against a finding that his premises are not of a satisfactory standard.

#### Follow-up Inspections

15. Any subsequent inspections can only be made following reasonable notice, in writing, as set out in paragraph 5 above. Where a contractor contacts the NHS Board to arrange a further visit as in paragraph 13 above, it would be advisable for the NHS Board to confirm the arrangements in writing. Follow-up inspections may be carried out by the same, or a different, optometric adviser or inspecting optometrist/OMP.

16. Where a contractor is named on an NHS Board's ophthalmic list, if that Board decides that the contractor's failure to improve his/her premises should be referred for consideration by a Discipline Committee, it would be advisable for a further inspection to be carried out by an optometric adviser or inspecting optometrist/OMP from another NHS Board unless the premises are of so unsatisfactory a standard that immediate referral is judged appropriate. If that report shows the premises to be unsatisfactory, the case should be prepared for reference to a Discipline Committee based on the reports of the optometric adviser or inspecting optometrist/OMP. It would not be appropriate for the optometric

advisers/optometrists/OMPs who inspect on behalf of the NHS board to be a member of the Discipline Committee to which the case is referred.

### Possible Courses of Action if a Contractor Fails to Comply

17. Where premises which have been inspected proved to be inadequate, the main concern must be to get the contractor to bring his/her premises up to a proper standard. This is in the interest of providing a satisfactory service to the public. It is not primarily about punishing the contractor for failing to meet the required standards unless the Board has additional concerns other than unsatisfactory premises or the premises are of an entirely unsatisfactory quality. However, if a contractor fails to take action he/she may be in breach of paragraph 6 of his/her terms of service (Schedule 1 to the 2006 Regulations).

18. There are various courses of action open to an NHS Board, who must decide what is most appropriate at any particular time, and in the light of the circumstances of each case. These include:

- initiate Discipline committee proceedings if it is considered there is clearly a breach of the contractors Terms of Service;
- initiate a referral to the NHS Tribunal if there are serious concerns about the contractor.

### Expenses Incurred in Inspections

19. Any cost incurred in connection with premises inspections must be met from the NHS Board's unified budget. The optometric adviser should undertake such inspections as part of his/her duties. Inspecting optometrist/OMP should be paid a sessional fee for carrying out the inspections and completing the reports. The fee should be agreed between the NHS Board and the inspecting optometrist/OMP.

### Confidentiality

20. Any inspection report is confidential between the NHS Board and the contractor/contractors whose premises have been inspected and the optometrist/OMP on the second part of the list where relevant but may be used as part of a case referred eg to an NHS Discipline Committee, to the NHS Tribunal or to the General Optical Council. If an NHS Board decides that inspection reports should be considered by a meeting of the NHS Board, or any of its sub-committees, it would be appropriate for the report to be dealt with in the closed part of the meeting. It would not be appropriate for the report to be considered by the Area Optical Committee since members of this Committee may be commercial competitors of the contractor. For the same reason, it would not be appropriate for the report to be considered by the CHP.

NHS BOARD  
GENERAL OPHTHALMIC SERVICES

**Practice Inspection**  
Checklist

**INSPECTION DETAILS**

PRACTICE INSPECTED BY:	INSPECTION DATE
	REASON FOR INSPECTION:

**PRACTICE DETAILS**

PRACTICE TITLE:	PRACTICE TEL NO:
PRACTICE ADDRESS:	PRACTICE FAX NO:
	PRACTICE EMAIL:
PRACTICE HOURS:	Thursday:
Monday:	Friday:
Tuesday:	Saturday:
Wednesday:	Sunday:

**OPERATION/OWNERSHIP**

OWNER(S)/DIRECTOR(S)	a) A registered optometrist [ ] b) A registered dispensing optician [ ] c) A registered medical practitioner [ ] d) No optical qualification [ ]
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PRACTICE MANAGER	e) A registered optometrist [ ] f) A registered dispensing optician [ ] g) A registered medical practitioner [ ] h) No optical qualification [ ]
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PROFESSIONAL STAFF IN ATTENDANCE	No of individuals	Whole-time equivalent
Registered optometrists		
Pre-registered optometrists		
Registered medical practitioners		
Registered dispensing optician		
Pre-registered dispensing optician		

PROFESSIONAL STAFF IN ATTENDANCE		Ophthalmic List Number
	<u>Name</u>	
Qualified Optometrists	.....	<input type="text"/>
	.....	<input type="text"/>
	.....	<input type="text"/>
	.....	<input type="text"/>
Ophthalmic Medical Practitioners	.....	<input type="text"/>
	.....	<input type="text"/>
Qualified Dispensing Opticians	.....	N/A
	.....	N/A
	.....	N/A
	.....	N/A

OTHER STAFF	No. of individuals	Whole-time equivalent
Reception staff		
Technician staff		
Other staff (please specify Function)		

**INFORMATION**

Is there information displayed regarding the availability of NHS eye examinations? YES / NO

Is there information displayed regarding the availability of, and eligibility for, the NHS spectacle voucher scheme? YES / NO

Is the name of the optometrist(s) clearly displayed? YES / NO

## COMPLAINTS

Does the practice have a written complaints procedure?	YES / NO
Is information displayed regarding the complaint procedures?	YES / NO
Is there a member of staff with responsibility for the management of complaints?	YES / NO
If answer "yes" to the above question state:	
Person's name:	.....
Designation:	.....
Address: (if different from practice)	..... ..... .....
Tel no: (if different from practice)	.....

## SERVICES PROVIDED

NHS Eye examinations for adults?	YES / NO
NHS Eye examinations for children?	YES / NO
Domiciliary Eye examinations?	YES / NO
In which districts are domiciliary services undertaken?	
Low vision services	YES / NO
Do you provide any other specialist services (e.g. diabetic shared care, colourimetry etc)	YES / NO
Details of any specialist services provided	

## FACILITIES

Is there access to the practice without the use of stairs?	YES / NO
Is there a waiting area?	YES / NO
Is practice decoration /cleanliness of acceptable standard?	YES / NO
Is the room/s constructed to achieve a suitable degree of confidentiality?	YES / NO
Is there adequate wheelchair access for patients?	YES / NO
Are patient records stored manually	YES / NO
Are patient records computerised fully/partly	YES / NO
Are patient records stored securely?	YES / NO

## ESSENTIAL EQUIPMENT

Is the following equipment available permanently in the practice		
Equipment	Available?	Type
Distance test chart (e.g. Snellen chart)	YES / NO	Computer / projector / traditional
Trial lenses and accessories or phoropter head	YES / NO	Lenses / phoropter
Trial frame	YES / NO	n/a
Distance binocular vision test	YES / NO	Maddox rod / mallet (oxo) / other
Near binocular vision test	YES / NO	Maddox wing / mallet (oxo) / other
Retinoscope	YES / NO	n/a
Direct ophthalmoscope	YES / NO	n/a
Condensing lens (60-120D)	YES / NO	condensing lens / binocular head mounted/ monocular hand held
Contact applanation tonometer – disposable / reusable heads and disinfection system	YES / NO	Goldman / Perkins type
Reading test for adults	YES / NO	n/a
Automated Perimeter – approved type. Central 30, full threshold	YES / NO	central only / full peripheral
Slit lamp	YES / NO	n/a
Keratometer/Topographer	YES / NO	n/a
Colour vision test charts	YES / NO	Ishihara / City University
Stereoacuity test	YES / NO	TNO / Frisby / other



## OPHTHALMIC DRUGS

Are the following drugs available in practice:	
Topical anaesthetic (eg Proxymetacaine/Benoxinate)	YES / NO
Mydriatic (eg Tropicamide/Phenylephrine)	YES / NO
Myotics (eg Pilocarpine). (Only applies to those with additional supply)	YES / NO
Cycloplegics (eg Cyclopentolate)	YES / NO
Anti-infection (eg Chloramphenico/Fucidic Acid)	YES / NO
Staining agents (eg Fluorescein/Rose Bengal)	YES / NO
Are they stored safely? (Proxymetacaine and Chloramphenicol should be stored in a fridge)	YES / NO

## DISPENSING EQUIPMENT

Is the following equipment available in the practice for dispensing/adjustment of spectacles?	
Assorted pliers / screwdrivers etc	YES / NO
Frame ruler or equivalent	YES / NO
Frame heater	YES / NO
Lens measure	YES / NO
Focimeter	YES / NO

## CONTACT LENSES

Are contact lenses fitted at the practice?	YES / NO
Does practice system for fitting and provision of contact lenses comply with CJD guidelines? <i>(i.e. soft lenses fitted using disposable lens banks, rigid gas permeable or complex soft lenses ordered individually for each patient. If traditional fitting sets used lenses should be disinfected with dilute solution of sodium hypochlorite or equivalent)</i>	YES / NO

**HEALTH AND SAFETY**

Appropriate poster if 5 or more employees	YES / NO / N/A
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**CERTIFICATION**

Employer's liability certificate	YES / NO
Professional indemnity (all practitioners)	YES / NO

**CONCERNS**

Does practitioner have any concerns	YES / NO

**COMMENTS AND RECOMMENDATIONS**

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**RESULT OF INSPECTION**

In my opinion, the premises *are/*are not satisfactory for the provision of general ophthalmic services.
Signature of Inspecting Optometrist.....Date.....

**IS FURTHER ACTION REQUIRED?**

Action

.....

.....

.....

.....

Timescale

.....

Signature of Inspecting Optometrist.....Date.....

Signature of Practitioner.....Date.....

**NATIONAL HEALTH SERVICE  
GENERAL OPHTHALMIC SERVICES**

**ALLOWANCE FOR REQUIRED EQUIPMENT**

**Summary**

1. This Memorandum advises optometrists and ophthalmic medical practitioners of an amendment to the allowance for practice expenses which takes effect from 1 April 2007.
2. The Memorandum to [NHS: 2006 PCA\(O\)7](#) advised that the £8,000 allowance for required equipment was being extended to include all practices in Scotland where general ophthalmic services (GOS) would be provided for the first time after 1 February 2006 and before 31 March 2007. The allowance is being further extended to include all new practices in Scotland where GOS will be provided for the first time after 30 March 2007 and before 1 October 2007 and where GOS will continue to be provided for 12 months from the date of payment of the allowance.
3. Where general ophthalmic services are to be provided from a practice for the first time the allowance will only be payable for the purchase of required equipment. To be able to claim this allowance it is expected that new practices will purchase new equipment and not re-located or purchase existing equipment.
4. Where a practice ceases within 12 months from the date of payment of the allowance to have any optometrists or OMPs on the relevant NHS Board's Ophthalmic List in order to provide GOS from the practice then the allowance will be recovered in full. Where a practice is sold but GOS continues to be provided from the practice the allowance received will not require to be recovered provided that the successor takes over responsibility for the conditions of payment of the allowance. The successor will require to make a written statement to the effect that he/she is taking over responsibility for the conditions of payment.
5. A revised Appendix D (allowance for practice expenses) to the Statement which provides for this extension is attached at Annex A – this should replace the existing Appendix D to the Statement. A revised claim form for new practices providing GOS for the first time after 30 March 2007 and before 1 October 2007 is attached at Annex B.
6. The allowance is only payable where a new practice is opened and GOS is being provided before 1 October. It is not payable where a practice is completed but not open and providing GOS before that date. Practices which begin providing GOS after 30 September 2007 will not therefore be entitled to this allowance.

7. This is the final time that entitlement to this allowance will be extended.
8. Any enquiries arising from this Memorandum should be taken up with your NHS Board.

SCOTTISH EXECUTIVE HEALTH DEPARTMENT  
11 May 2007

## ALLOWANCE FOR PRACTICE EXPENSES

1. For the purposes of this allowance:

“practice” means a non-mobile single geographical location from which general ophthalmic services are provided other than a location at which domiciliary visits are undertaken or day centres, this location being the practice address on the NHS Board ophthalmic list;

“required practice equipment” means:

- visual field analyser capable of full threshold analysis within central 30 degrees
- slit lamp
- applanation tonometers
- condensing lens(es)

2. An allowance for practice expenses of £8,000 may be claimed in respect of a practice from which an optometrist or ophthalmic medical practitioner provided general ophthalmic services:

2.1 at 1 February 2006 and from which general ophthalmic services will continue to be provided from 1 April 2006; or

2.2 in respect of a practice where general ophthalmic services are provided by an optometrist or ophthalmic medical practitioner for the first time after 1 February 2006 and before 31 March 2007 and from which general ophthalmic services will continue to be provided from 1 April 2006; or

2.3 in respect of a practice where general ophthalmic services are provided by an optometrist or ophthalmic medical practitioner for the first time after 30 March 2007 and before 1 October 2007.

3. A claim for an expenses allowance shall be made by a designated optometrist or ophthalmic medical practitioner, who is on the ophthalmic list of the relevant NHS Board and who provides general ophthalmic services at that practice, on behalf of the whole practice.

4. The allowance may be paid toward the purchase, renewal or upgrade of required practice equipment or for the reimbursement of expenses in respect of required equipment already purchased and which is a condition of the provision of general ophthalmic service with effect from 1 April 2006. Where general ophthalmic services are to be provided from a practice for the first time the allowance may be paid towards the purchase of required new equipment only.

5. Only one expenses allowance is payable in respect of each practice. Where a practice provides general ophthalmic services only in accordance with paragraph 4(2)<sup>1</sup> of Schedule 1 to the National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006 then only one allowance for practices expenses will be payable to the practice.

6. A claim for an expenses allowance shall be made on a form supplied by the NHS Board for this purpose and;

(a) where the claim is for reimbursement of expenses for required equipment already purchased shall be accompanied by proof of purchase. This proof shall take the form of invoices and receipts of payment or, where this cannot be obtained, a photographic image of the actual instrument, including the serial number, the name and address of the company from which the equipment was purchased and the date of purchase; or

(b) where the claim is for the purchase of required equipment shall include proof of purchase which shall take the form of invoices and receipts of payment or an undertaking to provide proof of purchase in the form of invoices and receipts within 3 months of the date of claim.

7. Where there is a failure to provide the proof required under paragraph 6(b) above, the designated optometrist or ophthalmic medical practitioner will be responsible for ensuring the full amount of the allowance received is repaid to the Health Board within 3 months of receipt of payment of the allowance.

8. Where general ophthalmic services ceases to be provided from the practice within 12 months of 1 April 2006 or within 12 months from the date of payment of the allowance if after 1 April 2006 the full amount of the allowance received will require to be repaid to the Health Board within 3 months of the practice ceasing to provide general ophthalmic services.

9. Where a practice is sold but general ophthalmic services continue to be provided from the practice the allowance received will not require to be repaid where the successor takes over responsibility for the allowance conditions.

10. A Health Board may waive repayment of the allowance in any case where it considers that there were exceptional circumstances for not meeting the condition for payment set out in paragraph 7 and 8.

**NATIONAL HEALTH SERVICE  
GENERAL OPHTHALMIC SERVICES**

**CLAIM IN RESPECT OF .....NHS BOARD FOR AN EQUIPMENT  
ALLOWANCE**

An allowance for payment towards the purchase of equipment required for the provision of general ophthalmic services where general ophthalmic services are provided by an optometrist or ophthalmic medical practitioner (OMPs) for the first time after 30 March 2007 and before 1 October 2007 and where general ophthalmic service will continue to be provided for at least 12 months after the date of payment of the allowance. Only one allowance is payable per practice. Full details of this allowance are contained in Annex D to the Statement.

**PART 1 DETAILS OF DESIGNATED OPTOMETRIST/OMP MAKING CLAIM Please complete this section in BLOCK CAPITALS)**

1. Surname .....	3. List Number of Optometrist/OMP  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Other Name(s) .....	

**PART 2 PRACTICE PARTICULARS (Please complete this section in BLOCK CAPITALS)**

1. Practice Name .....	
2. Practice Address ..... ..... ..... .....Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
3. Payment Location Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. Practice provides domiciliary visits and or visits to day centres only	Yes <input type="checkbox"/> No <input type="checkbox"/>

**PART 3 EQUIPMENT INVENTORY**

Equipment	Model	Serial Number
Automated Visual Field Analyser		
Slit Lamp		
Contact Applanation Tonometers		
Condensing Lenses		

**PART 3 DECLARATION**

I claim payment of the equipment allowance of £8,000 on behalf of the practice and I declare that:

- my name is on the ophthalmic list of the NHS Board for the area in respect of which this claim is being made;
- I am making this claim in respect of the practice at Part 2;
- general ophthalmic services were provided for the first time at the practice at Part 2 after 30 March 2007 and before 1 October 2007 and it is the intention that they will continue to be provided at that practice for at least 12 months from the date of payment of the allowance;
- the above instruments are situated within the practice at Part 2, are in good working order and that the automated visual field analyser is capable of a minimum full central 30-degree assessment;
- \*the above instruments are located principally at the practice at Part 2 and are only removed for purposes of undertaking domiciliary visits or visits to day centres in accordance with paragraph 4(2) of Schedule 1 to the NHS (General Ophthalmic Services) (Scotland) Regulations 2006;
- \*the above instruments are used for domiciliary visit purposes and/or visits to day centres only in accordance with paragraph 4(2) of Schedule 1 to the NHS (General Ophthalmic Services) (Scotland) Regulations 2006 and are not located at the address at Part 2;
- this is the only claim for an equipment allowance which has been submitted or will be submitted in respect of the practice at Part 2; and
- the information I have given on this form is correct and complete. I understand that if it is not appropriate action may be taken.

\*I enclose with this claim, proof of the purchase of required equipment, as detailed in Part 3. This proof must take the form of invoices and receipts of payment.

\*I have ordered but not yet paid for the required equipment, as detailed in Part 3, and undertake to provide proof of the purchase in the form of invoices and receipts within 3 months of the date of this claim. I understand that failure to provide such proof within the required time limit will result in the allowance having to be repaid.

For the purposes of verification of this claim for an equipment allowance and the prevention, detection and investigation of crime, I consent to the disclosure of relevant information on this form including to and by the Common Services Agency.

Optometrist's/OMP's Signature ..... Date .....

\*Delete as applicable.

**PLEASE RETURN COMPLETED FORMS TO NHS NATIONAL SERVICES SCOTLAND, PRACTITIONER SERVICES, GYLE SQUARE, 1 SOUTH GYLE CRESCENT, EDINBURGH, EH12 9EB AND MARK THE ENVELOPE EQUIPMENT ALLOWANCE CLAIM**