 

**Paeds Q&A**

**Q. Our practice has an on line booking system, can patients use this service?**

A. No, as the appointment must have enough time in it for a cycloplegic refraction. This would not normally be taken into account with on line booking sites.

**Q. My patient’s GP is in Basildon and Brentwood CCG, why can’t they be seen under this service?**

A. Currently that CCG is not paying for the more detailed assessments of children under this service.

**Q. Can I code a GOS form if the child has had a recent sight test but then still failed vision screening?**

A. No, for these rarer ones, there is the option to claim a higher fee.

**Q What code do I use for the 18 week check-up?**

A. You would need to use code 5.3.

**Q. How many times would a child be seen in this pathway?**

A. A maximum of three only. We do not expect all children will need three visits though. Children should be put onto a normal GOS recall as soon as possible. The number of visits put through will be monitored by the Clinical Governance and Performance Lead.

**Q. Can I give a second opinion on this scheme?**

A. No. If a parent is unhappy with the information they were given by the original Optometrist, they should still be asked to return to that Optometrist for advice.

**Q. So, if my patient’s parents says they are unhappy with my advice, what should I do?**

A. Refer the patient to the eye department explaining what assessment you have done and why you are referring them.

**Q. Does my patient have to get their specs from me as a scheme provider or can they take their prescription away?**

A. Sadly they can, normal NHS/GOC rules apply. You should give the parent the usual advice about buying spectacles from where they had their original test and that the dispensing process should be undertaken by a qualified optician. The parent should be told exactly when the child should wear their spectacles. They should be informed that they must return to yourself for their follow up appointment at six weeks so that you can check the fit of those spectacles and check compliance.

**Q. My patient wants to take their prescription but they are a patient who I haven’t undertaken a GOS test on, simply claimed the higher fee. What do they do about their extra payment for their spectacles?**

A. The Extra fee for spectacles is only available to children who buy their spectacles as part of this service. There is no voucher to claim.

**Q. What happens if parent goes to practitioner A on scheme for initial visit and then decides wants second opinion and goes to practitioner B on scheme and doesn’t disclose has seen practitioner A already**

A. Duplicate patients will be monitored on the portal. If a duplicate is flagged, the both practitioners will be informed their patient shouldn’t have been put through the pathway and they must not see them further on this pathway. The patient would then be seen either under GOS at the normal intervals or be referred to the hospital.

**Q. My patient was discharged from the service because they DNA’d. Now they want to return to me. Can I add them back onto the pathway?**

A. No. If a patient subsequently arrives for an assessment after they have been through the DNA process, they should be simply put through GOS. The Clinical Governance and Performance Lead will be monitoring for duplicate names added onto the portal, to ensure practices don't accidentally add a DNA patient as a new episode.

**Q. If the child messes about or screams the place down and we have to bring them back, do we get paid again for the next appointment?**

A. No. There are no fees for having to rebook patients in this manner.

**Q. I have been undertaking children’s eye examinations for years and have much experience. Can I instigate a course of patching?**

A. If you are competent at seeing children and undertaking this sort of therapy, you cannot do this work under this scheme. The service spec was written by Southend Eye Hospital Paediatric team and they have stated that any child who needs patching should be under their care.

**Q. If I have an older child who has been seen in past but has residual amblyopia or have never attended HES although lazy eye, can I see them on this scheme.**

A. No. This child should be seen as part of GOS. Clinical judgement should prevail that the 15 year old in front of them doesn't need to come through scheme even though one eye is < 0.150. This service is only suitable for patients who have never had a sight test or fail school screening, unless referred by another Optom who would know if this was longstanding.

**Q. The service guidelines say I should refer all squints into the hospital. However, I have a patient with intermittent exotropia and good VA R&L. Do I need to refer this one in?**

A. The Trust don’t necessarily need to see them as often they just present as exophoric, and the tropia is only notice by family members if the patient is unwell or tired. However, not all practitioners will be comfortable monitoring them for change or the parents may feel they would actually like to discuss the squint with a surgeon. In this case a referral would not be rejected by the Eye Department but you must make it clear on the referral why you would like an opinion from the Orthoptic department in the hospital.

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