

## Contract Reform FAQ

General Questions / Observations	
Will a copy of the slides be available after the call?	Please see link to the edited version of the Slide Set used on 26.09.2022. Optometry Wales are happy to visit individual practice or arrange virtual sessions to go through any questions or to provide support as we transition to contract reform <a href="https://us02web.zoom.us/rec/share/H6zCBm4n5u93h9S3trZXjn9MLJMLqRyR8nYUlfmcge3x9Pu6JAgte5aTDu8bf8bi.krVFH4AeiYc5tqEM?startTime=1664213413000">https://us02web.zoom.us/rec/share/H6zCBm4n5u93h9S3trZXjn9MLJMLqRyR8nYUlfmcge3x9Pu6JAgte5aTDu8bf8bi.krVFH4AeiYc5tqEM?startTime=1664213413000</a>
My main concern for the practical implementation is the apparent disparity between the secondary care services in North Wales and South Wales. Is this situation acknowledged?	That is a health board specific issue and should be raised at health board level. Funding for health board services are allocated accordingly
When would this be available across the UK. Well done for our Welsh colleagues	We will pass this feedback on to your UK representative bodies - thank you
Progress but loaded to practices in the larger conurbations,	We feel that this is a contract for all areas
Is there a risk to this contract with a change in Government?	No risk as with other areas of devolved health
It does sound like the changes are about quality not quantity, which sounds brilliant but are we confident that we're not creating a backlog for primary care with routine tests?	A backlog would reveal what we believe we know which is that many who should be accessing eye care services in primary care do not. The presentation described a change in business model with the emphasis on properly remunerated clinical fees. This allows practices to alter their model so that they are not concentrating on routine work and the conversion to the sale of spectacles.
When should we expect the next update & further information on pathways/manuals etc?	We will update and kepe you informed of the work that happens in the implemntation groups via your Regional Optical Committees
If the manuals & pathways are due out end of Dec 2022, how long will we have to prepare for the go live?.	01/06/2023 hopefully but this will be a stepwise approach to implementation, with services introduced gradually over the coming 18 months.
Do you think we will move towards a similar set up to Scotland where everyone is entitled to NHS sight test?	The Welsh Government conducted an options appraisal on what approach to take, and it was agreed by all stakeholders that this approach was preferred in order to achieve the objectives of 'A Future Approach' strategic plan.
Do you expect private sight test fees to increase in line with new wGOS fees?	We are not in a position to be able to advise on how private practices create their fee structure for private work. Individual practices are able to determine their private fees, as they always have done. This will be confirmed during the legislative changes that are expected Summer 2023.

## Contract Reform FAQ

How much help will be available to practices to model the impact of funding changes for practices?	Help and support over the coming months will be available via Optometry Wales in terms of managing this transition
Who has investigated the actual cost of running clinics in practices? have these fees been based on actual running costs ?would it not have been a good idea to seek as much information as possible from as many practices as possible in order to understand the actual cost of providing a Wales wide	That is exactly what we have done. We have done our own commissioned financial modelling and this is why we have agreed to the financial package that was offered to secure the future of optometric practices across Wales
How will the change in GOS optical voucher value be communicated to patients?	A full and comprehensive communications plan will be shared in due course
Rural and part time practices providing excellent service to less wealthy communities may find the dispensing fee changes hard to live with, will there be funds available to enable these practices to survive. Many children seen in these practices are not the easiest to dispense, and perhaps there should be additional funding for these.	A health needs impact assessment will be undertaken when the contract is in place - our research has revealed that it is possible to dispense a pair of glasses within the voucher value. Again, the voucher is a patient benefit not a practice benefit
How does this restructuring of fees affect the statutory levy and therefore the funding of OW.	OW will continue to be funded in the way that it is now with ROCs voting to set what the levy will be
I'd like to know individual remuneration too for those involved	No one has been paid any extra for the incredible amount of work that has gone into delivering this negotiated package of reform
I waited 45 minutes to speak to someone at the RACE clinic. Is this going to be addressed.	This is an issue to take up via your ROC or Optometric Adviser
<b>Contract details</b>	
Is there a mechanism for ongoing review of funding built into the new fee structure?	Absolutely! This is the one of the reasons we have asked for a contract so that we have an opportunity to review services on a formal, annual basis as our other primary care colleagues are able to do - this means we can access inflationary increases and look at cost of living data to help
Has there been any discussions on pensions for Optometrists /DO's and ancillary staff?	Yes, we discussed this with Welsh Government and pensions are only offered to GPs on account of the main provision of their work being NHS. Optometry is largely and will remain private enterprises. We also considered professional indemnity costs being paid for by NHS Wales but decided that there were not enough advantages and the coverage was too narrow.

## Contract Reform FAQ

<p>My colleagues and I operate a specialist clinic for children and adults with learning disability and most of my paediatric patients come from outside wales. What are the implications for patients coming from other parts of the UK?</p>	<p>All matters affecting any cross border arrangements will be reviewed to ensure patients do not get missed</p>
<p>When do we start claiming the new voucher values?</p>	<p>This will be confirmed during the legislative changes that are expected in Summer 2023</p>
<p>Will the current GOS remuneration rates remain the same until the new system begins in 2023?</p>	<p>Yes they will. The new changes require legislative change</p>
<p>Is there going to be guidance as to how much time is expected to be allocated for appointments?</p>	<p>Guidance around average testing times can be found via <a href="http://www.goc.org.uk">www.goc.org.uk</a> or <a href="https://www.college-optometrists.org/">https://www.college-optometrists.org/</a> - it is not expected that there will be directed duration times for any elements of the WGOS pathways</p>
<p>With the increased clinical focus, how will this fit with the typical 25 minute appointment times? Also, will these changes mean less conversion pressure from retail managers and directors?</p>	<p>It will always be up to practice owners to manage how they deliver their own business models - Practice owners are responsible to manage how they deliver their own business models whilst adhering to the GOC's standards of practice for optical businesses.</p>
<p>Will the Level 1 exam be universally available, i.e. not means tested?</p>	<p>Not currently</p>
<p>Sharing workforce data was mentioned. Will it be mandatory to share records between Practices to assist with enhanced services, so we have full view of ocular history of patients? How will this work?</p>	<p>Contract reform will require practices sharing patient information as any true shared care pathway would - governance will be in place to ensure this is appropriately and carefully managed</p>

## Contract Reform FAQ

<b>WGOS Level 1</b>	
Hi, will there be any time requirement placed on a Level 1 exam? and what sort of administration do you have in mind to support this?	There will be no time requirement as any additional paperwork will no doubt be information that is already collected during the Sight Test - we would like to be able to document what is collected so that we can further enhance the patient experience. It is not expected that there will be directed duration times for any elements of WGOS pathways.
Can we learn a bit more re the detail of what level 1 GOS will include at a provider level vs now? (appreciate we already heard about management plan etc)	For much of the profession what will be covered with the patient management plan will not be new or different - what will be new is that we will expect some information to be recorded (probably on the revised GOS forms) although that detail is due to be worked out. More detail will emerge in the coming weeks but questions around lifestyle and Making Every Contact Count (MECCS). WGOS Level1 will include a Sight Test as defined by The Opticians Act. Additional expectation is yet to be formally agreed but will encompass prevention and behaviour messaging, age and patient appropriate and self-management support. Greater data output capture will occur at episode submission. <a href="#">Making Every Contact Count</a>
With a WGOS 1, will there be a template required to give to a patient to fulfil the prevention management plan/patient self care? I.e. something to be given to the patient alongside their prescription?	This will be determined by the implementation groups, of which OW sit on and contribute to. The current GOS2 offer to the patient will be reviewed and adapted to be more patient focussed.
Should we expect sight test intervals to change in any way under the new contract?	Yes, Sight Test intervals are being reviewed
<b>WGOS Level 2</b>	
For clarity, will all practitioners have to provide the WECS service personally (WGOS Level 2), or will there be an option to refer to another accredited practitioner within the same practice?	Of course, intra and inter practice referral will become very much a part of daily practice
Some multiples only offer GOS and not EHEW services. Will this still be allowed if you offer an NHS service?	If a practice chooses to continue to offer NHS services, it will be expected that they will offer EHEW services as part of their new NHS contract. Anyone providing NHS services in Wales will therefore need training equivalent to previous EHEW training and education and this will be delivered with support from HEIW.

## Contract Reform FAQ

<p>With regards to the current WECS examinations and the new proposed examinations – At present I am often conducting these before, after sessions and in lunch breaks to accommodate patients due to them not being able to access an appointment elsewhere even when our receptionists try all other local practices. The Patients are often being told by GP surgeries that they have to be seen that day. Will the new system require practices to keep some appointments free for the emergency appointments so that patients can be seen more promptly and efficiently or will this stay as it is?</p>	<p>It is important that those patient most in need and most at risk receive care in a timely manner. The precise expectation on practices is under review but will be communicated once agreed. Following this it will be up to practices how they accommodate and manage their diaries, as it is now.</p>
<p>Will there be policing/reporting of those practices which claim to offer EHEW examinations but fail to leave clinic space for those appointments on the day/or within the 24 hour period egg those practices which only open 1-2 days a week.</p>	<p>This will be addressed in the clinical manual</p>
<p>Can we request that GP referrals for EHEW are made in writing and subject to audit as present experience is GPs are using EHEW to avoid taking responsibility for any "head based" problems even where these are outside the remit of optometrists</p>	<p>We will pass this request on to the Clinical Leads to address via the implementation groups and the re-drafting of the clinical manuals. This will be addressed in the engagement training that other healthcare professionals will receive as part of the contract roll out. If there are any current issues / instances, then Optometry Wales would encourage you to raise this via your ROC / Clusters so that all healthcare practitioner work collaboratively. We do agree that appropriate communication both into and out form Optometry practices is critical. This is also under review.</p>
<p><b>WGOS Level 3 (Low Vision)</b></p>	
<p>Just to clarify, in regards to low vision, why is the annual assessment fee lower than the initial assessment? Initial and annual assessments will have the same tests undertaken, i.e. the record card currently is the same for an initial assessments and annual assessments</p>	<p>The annual assessment attracts a slightly lower fee because the work needed in the annual assessment has been timed as being slightly less than the initial assessment. A 'time and motion' assessment was carried out as part of the research for the fees</p>
<p>Low Vision Service - how will this work with accredited Dispensing Opticians ?</p>	<p>Dispensing Opticians are an invaluable part of the workforce and as such we foresee that DOs will become more involved with delivery of LVSW. DOs are currently able to deliver aspects of the LVSW (apart from the Sight Test. Full details of entrance on to the LVSW register and the pathway - which is not different to current pathway will be shared in due course as all existing clinical manuals are in the process of being reviewed</p>
<p>Is there a extra fee for CVI registration or is that included in LVA fee</p>	<p>There will be an additional fee for CVI</p>

## Contract Reform FAQ

<p>Can we please ensure DOs providing LVAs are able to sign off on a CVI as long as diagnosis of dry AMD or other end stage pathology is clear...perhaps in conjunction with EHEW / Med ret qualified optom.... increasingly we'll see DOs undertaking LVSW work</p>	<p>This is a very valid point and chimes with what we are trying to deliver with contract reform - CVI in Optometry is based on evidence. The current evidence allows Optometrists to certify. There will be further research to expand the scope of CVI and the results of that research will steer further changes. These changes could relate to the pathologies permitted or the workforce permitted.</p>
<p><b>WGOS Level 4/5 (Clinical pathways)</b></p>	
<p>Are we able to see the pathways (appreciate not finalised) that the fees were based on, so we can understand how clinic management needs to alter?</p>	<p>The new pathways are still under construction within the implementation groups. We will communicate this information as soon as we can in order to prepare everyone</p>
<p>What banding does Glaucoma ODT work fall in to?</p>	<p>Glaucoma ODT work in Wales varies currently with some being purely data capture and some being more true shared care - referral refinement and monitoring will fit into Level 3 and 4 respectively - (Data capture only is likely to be a WGOS Level 2 pathway)</p>
<p>Will the new level 4 and 5 pathways automatically be active in all health boards or will there still be an element of difference between health boards.</p>	<p>They wont be automatically active as the pathways are being reviewed by the new national clinical leads but as soon as they are (imminent) the need for tender processes etc will be removed and Health Board funding will be released - The pathways will be created and available Nationally. However, Health Boards retain the autonomy to deliver services how they choose. Every Health Board will be expected to meet the same outcomes for their patients.</p>
<p>What will happen to existing community schemes such as ODT or macula refinement clinics - will they still run as now and will the fee structure and claims process stay the same?</p>	<p>These will stop when the health board funding ceases and any existing contracts will probably not be renewed so that the new funding can be shared with all 'Any Qualified Providers'. ODTs will have contracts in place between the practice and the Health Board. WGOS is a separate Nationally run service. If you are a ODT and have queries it is best to contact your Health Board via your Optometric Adviser.</p>
<p>My local hospital/ Ophthalmology team are very poor at getting shared services going/ communicating in general with the profession, will my area have access to services that the contract says should be available across Wales?</p>	<p>Yes - all stakeholders, including Royal College of Ophthalmologists and Health Boards have signed up and are committed to this new way of working <a href="https://gov.wales/nhs-wales-eye-health-care-future-approach-optometry-services">https://gov.wales/nhs-wales-eye-health-care-future-approach-optometry-services</a>. This contract will help facilitate service change, despite historical challenges.)</p>
<p>who decides which practices join together in a cluster group</p>	<p>Practices in Wales already belong to a primary care cluster, full details about which cluster you belong to and how you will be involved will emerge in time</p>

## Contract Reform FAQ

<p>With inter-practice referrals, what would be the factor that dictates to which practice you refer to? Is it strictly based on locality for the patient, or will it become a case of being based on inter-practice and inter-practitioner relationship? Requiring those providing higher level of service to build a good reputation?</p>	<p>This will be based upon what services you offer in your practice. For example if you have an EHEW accredited optometrist who sees a patient requiring a prescription and you do not have an IP optometrist on site that day you would refer to your nearest colleague (your patient may have a preference for where they attend if there is a choice). Likewise if you have an IP optometrist in your practice you would likely receive a referral into your practice. The referral should be made from the patient's perspective, receiving care closer to home.</p>
<p>Are there any plans to incorporate Diabetic Retinopathy Screening into the new contract moving forwards and if not why not please?</p>	<p>The WGOS Contract can be utilised in an unlimited number of ways. DESW will remain distinct as it is part of the screening service in Public Health Wales. However, in future it could access WGOS capacity.</p>
<p>Will myopic management funding be available to patients ?</p>	<p>This is actively being explored as the evidence base evolves</p>
<p>Will there be additional funding for paediatric patients in light of the waiting times for orthoptic assessment?</p>	<p>This sounds like a regional issue that should be raised with your ROC</p>
<p>Will there be unlimited follow-ups for IPOS appointments?</p>	<p>That detail will be worked out on an evidence based basis through the Welsh Government Implementation Groups overseen by the new GOC Clinical Leads with representation at those groups from Optometry Wales. Please let us know your experience if you are an IP optometrist - should there be unlimited claims? Let us know</p>
<p>If we only have IP and not any of the higher qualifications in glaucoma and medical retina, how does this affect what we can do at WGOS 5 as the slide only seemed to mention in combination with the other qualifications?</p>	<p>We will be sharing and working out the detail for Level 5 as it is discussed and mapped out at the implementation group and will be shared in due course. IP alone will be highly valued and will be WGOS Level 5. Any of the higher qualifications will be valued for patient services and can be used in combination with other qualifications or stand alone.</p>
<p>What is the expectation with collagen cross linking pathway</p>	<p>This is actively being explored as the evidence base evolves</p>
<p><b>Cluster Working</b></p>	
<p>Is there a limit to the number of practices within a cluster that can provide level 4 &amp; 5 or open to all who wish to partake?</p>	<p>There are no limits currently to the number of practices that can provide levels 4 and 5</p>
<p>How will locums with additional higher qualifications fit into the scheme? Please remember locums when funding is issued.</p>	<p>Locums are welcome and always have been to apply for funding for the higher qualifications - any locum who holds any of the additional qualifications will be sought after</p>

## Contract Reform FAQ

<p>If a practitioner has higher qualifications, will they be obliged to take referrals from other local practices for referral refinement, at the expense of perhaps being able to continue to offer private routine services to their own loyal patients?</p>	<p>The higher qualification work is not mandatory, it will be up to individual practices to determine what they choose to do - If the practice is listed as being able to offer a level 4/5, this would indicate that they are prepared to work collaboratively with the other practices in the cluster who may not have the additional qualifications to assist those patient access the service that they need.</p>
<p><b>Domiciliary Services</b></p>	
<p>For WGOS level 1 domiciliary does the £43.00 include the domiciliary add on to the sight test fee or is that on top of</p>	<p>It does include the add on of £26.00 - If you undertake a WGOS Level 1 in a domiciliary setting, then you would be able to claim the sight test fee and the domiciliary fee (£43.00 + £26.00)</p>
<p>Is there any concern the change in domiciliary fee structure will disincentivise providers from seeing individual patients in their own homes as opposed to care homes?</p>	<p>The criteria for access will be widened and the fees have increased in this area so we do not see that this will happen. However, because we now have a contract we do have the opportunity to review this on an annual basis so we will be monitoring all services to ensure they do not disadvantage the patient and lead to inequities in the service</p>
<p>will we still have to provide a notice of intent for domiciliary visits as the current system discriminates against the housebound</p>	<p>This will be removed</p>
<p>Will EHEW services now be available to housebound patients? Currently a housebound person has to pay for a visit for an EHEW equivalent examination which I think amounts to discrimination.</p>	<p>Yes, EHEW style (WGOS Level 2) services will be available, subject to specified criteria being met to housebound patients</p>
<p>How will EHEW bands 1-3 work as a mandatory service in domiciliary e.g. timescales and equipment?</p>	<p>The detail of this will be worked out via the implementation groups - all of the detail will be evidence based and comply with the clinical governance now required as part of the contract package - It is expected that WGOS Levels 1 and 2 will be the minimum for mobile (domiciliary) services. A patient in Wales should have the same expectation of service regardless of where they receive their care. All parties are committed to reach that, apart from when equipment does exist to allow it. eg mobile OCT</p>
<p><b>GOS 3 and GOS 4 Vouchers</b></p>	

## Contract Reform FAQ

<p>please can you go through the E/F voucher changes again. Thank you</p>	<p>These will all be shared in documentation that will be shared with every practice in due course. Legislation and system changes will not happen in the voucher area for some time (June 2023) Currently the voucher value for higher prescriptions is lower than the cost of the appliance. To rectify this, the new contract will split the current voucher D and H into 2 sections as the price for a lens at the lower end of the voucher value is significantly different to that on the higher end of the voucher. This means that in the new contract Vouchers A to E will be issued for single vision appliances and Vouchers F to J will cover multifocal lenses</p>
<p>Will the GOS3 A voucher remain as up to a 6 sphere with a 2 cyl.</p>	<p>This is the expectation</p>
<p>For practices that continue to dispense, will they be required to provide spectacles that are FULLY covered by the value of the new voucher value?</p>	<p>It is possible to dispense a pair of glasses within the voucher value - even more so now with the higher levels of D,G and H - Making Accurate Claims states that the GOS 3 voucher is a grant to the patient towards the cost of spectacles or contact lenses, which the patient may redeem at the practice or supplier of their choice. We don't envisage that this will change. In the current system a patient's voucher represents money towards an optical appliance. In the new WGOS Contract a voucher will represent a suitable optical appliance. This is a significant positive change for patients in Wales.</p> <p>it is possible to dispense a pair of glasses within the voucher range. It will be a requirement that an optical appliance will be fully covered i.e. that anyone dispensing must fully cover and supply an optical appliance to a patient under the voucher system- it will not be a cost towards an appliance.</p>
<p>Hi, I noticed the new voucher system mentioned multifocal voucher. Will there be a requirement to supply a multifocal lens i.e. a varifocal on the voucher for free instead of a bifocal?</p>	<p>No. Any type of lens with two or more prescriptions is a multifocal. The terminology used references the ability to supply bifocal or multifocal as applicable.</p>

## Contract Reform FAQ

<p>Can you clarify, the point in relation to if you chose to supply optical appliances, they need to provide under the voucher system? Do you mean if you sell spectacles you can't do private only if have NHS contract for GOS 1-5?</p>	<p>Private work will still happen in the way it does now. If you dispense a GOS voucher we would expect you do so within the voucher value - our research into the market has shown that this is possible - Whilst the voucher values and parameters will change, the act of issuing and using the voucher will not i.e.</p> <p>If the patient is eligible to receive help towards the cost of their spectacles, you should provide them with the voucher. The patient is entitled to "spend" a voucher of a specified amount on or towards an optical appliance containing the correct prescription.</p> <p>If the patient is not eligible to receive help towards the cost of their spectacles, the patient would need to purchase a pair for themselves. Where they choose to purchase their spectacles is down to patient choice.</p> <p>As above with regards the supply of an appliance under the voucher system. It is expected that you will not be able to "opt out" of WGOS Optical Appliance provision. It is expected that you will still retain the option of providing private services and appliances additionally.</p>
<p>Any changes to GOS4's, I may have issued this but I didn't see this covered?</p>	<p>No changes to repairs - The ability to claim for a repair or replacement will still exist. The fees however will change to mirror that of the changes seen to the voucher values</p>
<p>will there be a review of values for claiming repairs - currently we claim for small parts like sides and fronts but with such a small voucher value overall</p>	<p>There will be annual reviews</p>

## Contract Reform FAQ

<b>Claiming process</b>	
Will we get new GOS/ EHEW forms?	Yes - new forms are being designed collaboratively in the implementation groups
Cwm Taff doesn't have an IPOS form - will one be introduced?	Yes - new forms are being designed collaboratively in the implementation groups
Could the new contact reform create an opportunity to move to electronic claims and Patient Management Plans to help us improve our green credentials?	Great question and yes, the green agenda will become part of the contract reform plan and all work will have to comply with our own Government's commitments -reducing waste etc
Is there any plans to bring in electronic NHS claims? instead of using paper forms?	Yes, there are plans to bring in e-GOS. This will be worked through via the sub group for the IT NHS Digital implementation group workstream
I'm an Optom that wants to deliver the higher level services, but my practice doesn't want to be involved, is there anything I can do apart from find a new job?	That would be a conversation to have with your employer
I'm a practice owner that wants to deliver higher services, but my Optoms don't want to be involved, is there anything I can do?	That would be a conversation to have with your employee
As a locum working over a wide area for odd days how will I know which practices to refer onto .	This detail will all be shared when it is ready
Are there currently adequate numbers of optometrists with additional specialist qualifications in practice to support inter practice referrals to satisfy patient demand?	HEIW have conducted a workforce analysis and is on track to upskilling the profession in order to be able to satisfy patient demand for the higher qualifications
you skimmed over the question about optometric manpower in north wales.	The workforce has been part of a wider HEIW based evaluation. We anticipate that the contract will address some of the current concerns around recruitment and retention in N Wales.
How will we tackle areas in North Wales with limited Optometrists & difficulty recruiting suitably accredited Optoms, to deliver these enhanced services, with already full clinics booking weeks ahead?	We believe that the new clinical fees will attract a workforce into Wales to stay and work in Wales. There will be no accreditation for WGOS Level 2 - contract reform has been undertaken because the profession have asked for this
Will there be any further roles outside of low vision for dispensing opticians? What is our role in the grand scheme?	We have worked closely with ABDO throughout this process as we wanted to ensure that the role of the DO is properly recognised - that is why as details emerge around the patient management plan and low vision services and anterior eye work there will be opportunities for the DO workforce to become more involved in clinical work
<b>Training</b>	
If I self fund a higher qualification course will I still be eligible to deliver higher service levels?	Absolutely

## Contract Reform FAQ

<p>Is there likely to be more availability/funding for higher glaucoma modules for optoms across health boards?</p>	<p>Health Education Improvement Wales (HEIW) will consistently and regularly be sending out opportunities for funded places for all higher qualifications. These will be allocated on a 'Primary Care Cluster' basis. Please see attached glossary for an explanation of what a primary care cluster is. In addition to this, HEIW will also be looking at delivering support and training packages to Dispensing Opticians to help prepare them for contract implementation. Please ensure you are signed up to the Optometry Wales Mailing List as we will be sharing information about all opportunities for places via email (officemanager@optometrywales.com) and our social media platforms @Optometry Wales</p>
<p>Are there plans for the training of optoms relocating to Wales from England? if you've not practiced or trained in Wales before surely it could be a bit intimidating with the change in clinical expectations leading to even more recruitment issues.</p>	<p>HEIW will have a training package for those optometrists relocating from other areas to ensure they are fully supported in the transition.</p>
<p>Will student Optometrists now have these specialities ( i.e. med ret) included as part of their degree? or is this purely a case of upskilling, once qualified?</p>	<p>Although the detail is not clear yet it would seem that most Schools will offer undergraduate courses - we expect all students will graduate with Prof Cert Medical Retina, Prof Cert Glaucoma and possibly the theory element of IP.</p>
<p>What courses will be available for DOs?</p>	<p>HEIW are reviewing what courses will be made available to DO's and CLOs</p>
<p>Will HEIW funding be available for CLO's who wish to upskill to EHEW?</p>	<p>Yes - HEIW want to offer CLOs the opportunities to upskill to EHEW</p>
<p>Will there be help for contractors to adequately train support staff?</p>	<p>Help will be provided via HEIW and also possibly via Cluster funding</p>
<p>Will there be any help towards the cost of extra equipment</p>	<p>This is not expected</p>
<p>The use of Higher Cert Qualifications will necessitate use of OCT, is that expected to be part of the 'clinical fee' which was based on optometrist time but is often performed by non qualified staff or will there be an additional fee for use of this expensive kit?</p>	<p>Yes, it will be part of the fee - as you own the equipment you are able to use the equipment for your own private work too and there will not be an additional fee just for using the OCT.</p>
<p>Will additional or specific equipment be required for level 4 &amp; 5?</p>	<p>All equipment and entry criteria will be shared once agreed and signed off via the implementation groups</p>
<p>Will there be a universal software package rolled out. E.g. Openeyes or equivalent? We currently do a diabetic retinopathy shared care scheme in Rhondda Cynon tab, and the actual paperwork and sending this onto the hospital actually takes longer than the patient episode. Will there be collaborative software across stores/the hospital to make this more efficient?</p>	<p>Yes, Open Eyes will be and is being rolled out to all practices in all health boards</p>

## Contract Reform FAQ

When is open eyes going to be rolled out? It seems we need this before we start doing more clinical work	Open Eyes is not part of the contract reform timeline but runs alongside it. Some tweaks are being made to the software and we are still needing all practices across Wales to ensure the Information Governance (IG) training is completed.
I need a new laptop, does the EPR/ Open Eyes/ API to link to PMS have minimum computer specs to run them?	Yes it will
<b>Additional Services</b>	
Is Bronze & Silver QiO for the practice or the practitioner?	All practice staff have to undertake Bronze Level 1, Silver is Optional and both attract payments - it is payment to the practice
Unless I am a practice owner I will not benefit from the additional payments. Will this be addressed under these changes?	The payment system for WGOS Optometry as a Primary Care Contractor is between NHS Wales and the Contractor only, as it is now. Any payment agreement between employer and employee is a matter separate, as it is now. However, this contract is not just about payments for service. It is much bigger and Performers will receive unprecedented levels of support, mentoring, access to funded training and career development, and will be operating in a system that allows them to utilise their skills more than ever before.
What will be remuneration for Pre Reg supervision ?	There will and it is likely to be at a higher fee. It cannot be part of contract reform because most Schools have not yet finalised what their new curriculums will look like but will be part of the 2023 negotiations