



Advice Note regarding PCA(O)(2012)01 – NHS Eye Examination

Practitioners may be aware of a recent communication from the SGHD PCA(O)(2012)01 regarding NHS eye examinations. This document has resulted in a considerable amount of confusion and concern within the profession. OS were consulted in drafting the advice but not privy to the final iteration that was sent out to the profession.

The intention behind this PCA was to encourage practitioners to make sound clinical judgement with regard to patient care with a view to making best use of NHS resources when deciding the time interval between visits. This makes sense on a number of levels as long as clinical care is never compromised and that Optometrists always record what action they have taken and why in the patients record card.

Recalls should be based on clinical grounds and for this reason it might mean a longer, or indeed more frequent recall time would be appropriate for any individual patient.

The recall should be based on the patient's needs so that an older person with AMD or progressive cataract would warrant an annual check (or even six monthly) to help monitor change but a young asymptomatic person could be left for a few years before needing to be seen again depending on all other aspects of their current health and family history.

It is important to emphasise at this juncture that the regulations relating to General Ophthalmic Services have **NOT** changed and that the current nominal time intervals between primary examinations is still valid, but these time intervals are advisory and the suggestion here is that practitioners make a judgement on an individual basis.

Normally the current time intervals will be what is required but in some circumstances you might wish vary the recall time and this is your prerogative and should always be based on clinical judgement.

Practitioners are also made aware that in certain circumstances patients might present for an eye examination when a full primary exam is not required. Again the optometrist must make a clinical judgement on whether a full primary exam is needed or could a supplementary exam suffice.

Optometrists are reminded however of the need to take a full medical history regardless of circumstances, carry out all relevant tests / procedures and must always satisfy themselves that they are not compromising clinical care.

To this end Section 9 in the PCA should be considered erroneous as it is not possible to decide what type of examination is required until a history is taken. Optometry Scotland will raise this point with the SGHD at our next meeting with them.

If members of Optometry Scotland need further clarification on any points within the PCA please email Debbie McGill at the OS office debbie.mcgill@optometriscotland.org.uk

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