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#### Guide to completing the OFNC sight test timing survey

### **Background**

Thank you for taking part in this OFNC survey.

This is an important collective exercise for the benefit of all.

Your support will help us demonstrate the time it takes to deliver an NHS funded sight test. By contributing to this exercise, you will support one strand of our negotiating strategy on behalf of all GOS contractors in England. If possible, please also encourage colleagues in local practices to take part.

The sight test has grown in content and complexity as diagnostic equipment has improved and the patient mix has become older and more complex. NHS England (NHSE) and the Department of Health and Social Care (DHSC) collect data on patient episodes for other professions but have not done so for some time for primary eye care. It is therefore important to provide data on the current time taken to deliver an NHS sight test so that they better understand resource requirements for delivering GOS.

The questions and answers below aim to help support you in completing this short survey. If you have any questions or suggestions for improvements for a future survey please send these to the lead at your respective membership body:

ABDO <u>dmcgill@abdo.org.uk</u>

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## User guide to completing the timing survey

# Q1. Which period should I report on?

Please report on any convenient period for your practice in the current year (2022), this is a time where Covid IPC measures have been eased.

## Q2: What sample size (number of sight tests or days) do I use and how should I go about this?

The sample needs to be representative of a normal NHS case mix for your practice. In particular:

- Only record timing data for NHS funded sight tests
- Avoid specialist clinic days where there are either unusual patient demographics, or a limited number of NHS sight tests.

Regarding how much data to collect, we need you to record enough episodes of care to give us a meaningful, representative average. The exact volume may differ depending on the setting, the more data you can collect the better, but we suggest the following approaches may be helpful.

- Independent practices: it will be sufficient to collect timing data over one full clinic day if the case mix on that day is representative of a normal clinic, i.e., not a specialist clinic day
- Multi-site/regional providers: may treat several sites as independent practices and report on them separately as above, or pool data and report on a representative sample of NHS patients across your practices
- National providers: may provide NHS timing data for all practices, or pool data and report on a representative sample of NHS sight testing times across England.

Whichever method you pick please answer question four based on the sample used. For example, if you group practices in your sample, then select the answer based on the total number of NHS tests provided at all these practices.

### Q3: What do you mean by a half day?

We want to establish if your practice provides GOS full time or part time.

If you provide GOS in the morning 5 days per week, please record 5 half days. If you provide GOS all day 7 days per week, please record 14 half days.

We understand that some practices are open for extended hours but please report based on half days as above.

#### Q4: What do you mean by pre-test activity?

It is important to correctly capture all aspects of the work that goes into providing an NHS sight test.

This means this question covers a range of activities including:

- Booking the patient into the computer system so that eGOS can be utilised, preparing/printing the record card, patient questionnaires
- Pre-screening the patient before they see the optometrist, this may include tests such as visual fields, IOP, autorefraction and retinal imaging.

All of these aid the optometrist to perform the NHS sight test.

It is important that you only include items that are covered by the GOS sight test, for example additional diagnostic tests done outside of the GOS test should not be included – for instance, in some cases you might agree to perform an OCT scan which is outside the scope of a GOS funded sight test.

The goal is to fairly capture the resources invested in provision of the NHS sight test as a unit of activity.

## Q5: What do you mean by a post-test activity?

As with pre-test activity, the aim is to fairly capture the resources invested in provision of the NHS sight test as a unit of activity.

This section includes:

- Admin tasks that are necessary as part of the sight test, completing forms (such as issuing a GOS 3), writing referrals
- Repeating tests such as visual fields, or IOP, or carrying them out in the first instance
- Phoning ophthalmology for A&E/urgent referrals etc.

Do not include time spent on dispensing spectacles or contact lenses.

### Q6: What if I don't make any referrals on the days I monitor?

Research suggests optometrists refer around 5% of patients (range 3 to 6%). This will of course vary day by day and it may be that you don't have any referrals on the day you use for your timing analysis and as a result the average NHS sight test time is underestimated.

It is important therefore to capture the time taken for a referral as this is part of the NHS sight test (as set out in the NHS contract and as required by the Opticians Act).

If your timing sample does not include any referrals, then you should make an adjustment to average time.

To do this, please take your average NHS referral rate and perform the following calculation. If you do not know your average referral rate, we suggest using the 5% figure established by research.

((Number of sight tests per year x average NHS referral rate %) x how long it takes to write a referral (secs))

Number of sight tests per year

= Number of seconds on average spent on a referral

Worked example for a practice that performs 3,000 GOS tests and has a 5% referral rate, and where a referral takes 10 minutes on average to gather information to write a referral letter)

((3000 x 5%) x 600) 3000

= 30 seconds per sight test

This value should be added into the post test section.

It is important to avoid double counting elements of the sight test. Therefore, if your sample includes referrals already, then please do not make this adjustment.

# Q7: Why do you want data from 2019?

For many years we have encouraged DHSC and NHSE to collect timing data so we could monitor whether changing patient demographics means it is taking longer to perform an NHS sight test on patients. The gap in data since the last timing survey means the NHS does not currently have this data. If you have data from 2019, will help us identify trends.