

## WGOS 5 IPOS Urgent Webinar Q&A



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Category	Questions	Answer
<b>Referring in to WGOS 5 IPOS Urgent</b>		
	Can we stress that all patients should be seen by someone before referring for IP - its very frustrating when people pre-empt need for IP optom when a problem that could have been managed in a normal EHEW practice	Agree. Our IP workforce is a precious resource.
	Can non ip practioners in a practice refer to ip optoms in the same practice	Yes.
	Will A&E be referring into IPOS under the national service?	Not currently, but that is something we'll look to do once this IPOS Urgent pathway is established.
	To confirm, if an IP optom sees a patient for a WGOS 2 but they feel that an IPOS is more appropriate it doesn't require a seperate appointment	It does not. An IP Optometrist can carry out interventions deemed appropriate to the patient's needs and then claim accordingly.
	If a patient is seen by a non-IP under WGOS2, referred to WGOS5 and then their problem is solved and episode complete, but there is a flare up and the patient represents to the WGOS2 practitioner, does a full WGOS2 have to be done as a triage, or can the non-IP practice refer straight to the IPOS practice? Thinking about recurrent ant. uveitis etc.	The patient should go through WGOS 2 first to ensure they truly require WGOS 5 IP Optometrist attention.
	As an IP Optom, what if someone presents with a red eye, but didn't require an IP Optom, what do you claim?	The IP Optometrist will use their judgment as to whether they have carried out a WGOS 2 or WGOS 5 equivalent service and claim accordingly.
	Is inter practice referral allowed whilst a patient is still undergoing treatment, e.g. in cases where the original prescriber is going on holiday and requires a patient to be followed up during that time?	Yes. A WGOS 5 follow-up can occur in different or same practice by different or same IP Optometrist.
	What is the best way to deal with patients who have chronic conditions that require a medication prescribed such as blepharitis? Refer/manage under IPOS or refer to HES as not acute problem?	This pathway is only for urgent symptoms.
	Can dry eye patients be referred to IPOS for prescriptions.	If the symptoms are urgent then yes, if chronic then no.
	Can patients self refer into IPOS - eg patients who have recurrent conditions like anterior uveitis.	Patients self-refer to Optometry. It is for the WGOS providers to navigate the patient appropriately through the pathway(s).
	Does a patient need to be referred at the first EHEW appointment or can they be referred at a follow up if it is a non resolving issue when you would normally then refer to HES?	Following WGOS 2 (EHEW) a patient is referred to IPOS Urgent whenever clinically indicated. This may be at an initial (WGOS 2 Band 1) or follow-up (WGOS 2 Band 3).
	if an IPOS advises that they are unable to accept a referral as it is beyond their particular professional capabilities, would we as the EHEW practioner have to phone around to see if another IPOS could accept them?	Yes.
	Will GP's be able to refer directly to IPOS Urgent?	GP's refer to Optometry. It is for the WGOS providers to navigate the patient appropriately through the pathway(s).

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Record keeping		
	The Serial Number can be kept on a separate spreadsheet I assume ?	So long as it's clear and sensible then either on the records or a separate document is acceptable.
	Will non IP optometrist receive an information letter from the IP optom they referred their patient to	Yes
	Essentially IP Practitioners need to think ...if a EHEW Optom could have dealt with this presenting condition (on first presentation) it isn't IP	The IP Optometrist will use their judgment as to whether they have carried out a WGOS 2 or WGOS 5 equivalent service and claim accordingly.
	If a patient is visiting from England, do we write a report to their GP in England or are they expected to temporarily register with a GP surgery in Wales?	There is no need for a visiting patient to register with a Wales GP
	Will we be able to offer a urgent email triage from non IP to urgent IPOS 5 IP if there is a problem getting through to the practice by phone with a criteria of reply with X amount of time to the referring practice?	The pathway is designed specifically for telephone referral, not email triage.
Delivering the service		
	As an IP can I claim a WGOS5 if I see a patient and not prescribe but just give self management advice or reassurance?	The payment for service is linked to the intervention of service itself, not the outcome. So yes, IPOS Urgent claim is made regardless of whether a medication is prescribed or not.
	Can you confirm that we can claim for all necessary follow up appointments please (as we do in CTM currently)?	There is no arbitrary limit on follow-ups.
	What is the best way to deal with patients who have chronic conditions that may require a medication prescribed, such as blepharitis? Refer/manage with IPOS or refer to HES as not an acute problem?	The patient should be managed according to your judgement. However, chronic symptoms are not suited for IPOS Urgent.
	is it only urgent cases we can refer to IP optom	Yes
	What constitutes an examination that can be claimed for? If a virtual consultation is done then no physical examination has been done so can you claim for this?	A remote consultation could be carried out to satisfy WGOS 5 IPOS Urgent, so long as the IP Optometrist is satisfied that an examination has occurred.
	Will the number of follow up visits be capped?	No
	I will be IP soon but work as a Locum. Can I participate in the scheme ?	An IP Optometrist will be required to have a practice (or practices) in order to obtain a prescription pad. Additionally, the Health Board may desire a working pattern to be notified to suitably plan their services.
	Is inter practice referral allowed whilst a patient is still undergoing treatment, e.g. in cases where the original prescriber is going on holiday and requires a patient to be followed up during that time?	Yes. A WGOS 5 follow-up can occur in different or same practice by different or same IP Optometrist

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	could we have the answer again please as to whether a optom can refer to an ipos optom in the same practice. can the store claim WGOS 2&5 on the same day?	That would be perfectly acceptable
	IE the IP optom sees PX under EHEW and then nees to be referred to IPOS urgent. So the same optom sees px. Can you claim for 2 separate appts.	If there are two separate episodes of care then claim for two separate episodes of care. It is perhaps more likely that what begins as a WGOS 2 Band 1 (EHEW Band 1) evolves into a WGOS 5 IPOS Urgent and that single claim is made.
<b>Providing the service</b>		
	How many daily appointments slots will the IP optoms be expected to have for IPOS urgent cases?	There is no minimum amount set nationally. Rather, each Health Board decides how it operates the service, so they will advise locally.
	Assuming that both have the space, is there any requirements by a practice to prefer an inter- or intra- practice referral for an IPOS urgent appointment? For example, a patient seen by a non-IP, they have an IP in practice and one down the street...?	Convenience to the patient should be a consideration. Each Health Board has opportunity to provide it's service (rotas for example) in it's own way. At launch of service you will receive local guidance.
	Could an IPOS claim be made for e.g. bacterial conjunctivitis if the patient chooses to be prescribed by the IP optometrist as an alternative to buying antibiotic privately or going to common ailment service?	Yes.
	We need to provide provision for the IP practitioner to be able to provide services at other premises than the one the WP10 lists the Practitioner at	The WP10 will be specific to the practice.
	Is there a timescale that WGOS5 needs to be seen after the initial WGOS2?	The timescale will be dependent on the IP Optometrist's judgement.
	For an IP optom to claim a fee do they need to be willing to be part of a rota and accept referrals from elsewhere or if they were in a large practice for example, could they only accept referrals from within?	The service would be a Health Board service, rather than a practice only service.
<b>Further support</b>		
	When will the IP manual be circulated?	It is live now on the Eye Care Wales website.
	Can we please maybe also look to provide a mechanism to work with MMG to ensure we have access to all appropriate medications on an ongoing basis - we need to be recognised as SPECIALISTS and not general practitioners and as such our formulary should not be restricted by the whimsy of pharmacists... I am hearing increasing cases of Pharmacists not accepting all prescriptions...	Formulary is a matter for consideration within a Health Board.
	We need to ensure that our scope of practice isn't unduly restricted and different HB's have different approaches	Local variation may occur, based on differences in workforce and patient needs.
	Is there a specific date for health boards to set this in place?	No

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	when qualified as IP will we work a rota or are we IP on call each day we're in.	Each Health Board has ability to adopt a rota or not.
	How will the health board communicate these new pathways to optoms?	There will be communications to the practice and the Eye Care Wales website will continually be updated with local detail.
	Will IP prescribers be obliged to provide the IPOS Urgent service?	No. It is an opt-in service level of WGOS.
	So if we have to refer to an IP out of our area/health board we will have to be informed of IPs in all areas/health boards? Not just our own?	Yes, all local information will be on the Eye Care Wales website.
	Can we treat a contact lens Px from our practice under IPOD Urgent if Prescription is needed?	Yes, if the patient has urgent symptoms you will triage and assess as required.
	Who will we contact in our health board if we don't know our local IPs by the time all goes live? Will there be someone we can contact?	Details (including contact details) will be available on the Eye Care Wales website.
	Will IPOS be regulated by the clusters that we're allocated to or can it cross over?	It will not be regulated by Clusters.
<b>Eligibility</b>		
	Currently we can't see patients from out of HB. As this is becoming a national service will that guidance change?	You will be able to see any patient.
	Are we treating all non-wales residents the same as we normally would with EHEW1 (i.e. we can claim a fee if a patient turns up with an ACUTE eye problem)?	Yes
	What are the arrangements for cross border patients under this service?	If a person is in Wales and has urgent symptoms they can be assessed.
	I missed that can we see patients from england	If a person is in Wales and has urgent symptoms they can be assessed.
	Can a non-welsh resident receive help through Ipos eg holiday maker	If a person is in Wales and has urgent symptoms they can be assessed.
	Can we have a list of conditions which CAN be managed by IPOS and those that CANNOT ?	No
	With this new IPOS urgent scheme, will the IP optom have to be in the patient's healthboard to treat them?	No
	Can we please NOT have a list of treatable conditions as any such decision should come down to the confidence / competence of the examining optometrist	Agree
	Generally speaking, does IPOS not include posterior eye conditions (e.g. detached retina)	Patient with concerns likely to benefit from the assessment of an IP Optometrist are included in WGOS 5 IPOS Urgent. As such, it is unlikely the IP Optometrist will consider a benefit in seeing a retinal detachment.
	In the case of conditions that present acutely but require ongoing management should these patients be seen by IPOS or not?	Urgent onset qualifies for WGOS 5 IPOS Urgent. If the condition is chronic then that would be managed separately from this pathway.

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	Sorry going back to blepharitis... If non IP has managed to best of ability can you refer to IP for antibiotics doxy etc or more intensive therapies instead of long waiting with HES?	If you felt this would be beneficial you can phone the IP Optometrist to discuss, who may choose to accept the referral.
	What happens if the patient has WGOS2 in a store such as Broughton and need emergency referral - does it depend on Px address or GP? Do they go to IPOS or A&E in England	If a person is in Wales and has urgent symptoms they can be assessed.
<b>Mobile service</b>		
	On the presentation it was mentioned that this service can be provided in a domiciliary setting if a practice provides mobile services. How soon would we be expected to see a patient on receipt of a referral?	In a timely manner, consistent with the IP Optometrist's judgement.
	On the presentation it was mentioned that this service can be provided in a domiciliary setting if a practice provides mobile services. How soon would we be expected to see a patient on receipt of a referral?	In a timely manner, consistent with the IP Optometrist's judgement.
	Will a mobile visiting fee be payable if the patient is eligible for a mobile visit on top of the IPOS fee? For initial and follow up?	Yes. Mobile fee for every mobile visit.
<b>Follow-ups</b>		
	Is it now inappropriate for IP optoms to commence treatment and provide a management plan, but have occasional follow ups eg IOP review by a non IP in the same practice due to leave etc.	A WGOS 5 IPOS Urgent follow-up can only be provided by an IP Optometrist.
	Can non Ip see IPOS FUs if the IP calls in sick or doesn't show up to work 😊 or if the IP is on holiday	A WGOS 5 IPOS Urgent follow-up can only be provided by an IP Optometrist.
	If a Patient is on holiday and deemed necessary to be seen in IPOS where do we stand with follow up if they go back home ?	A management letter would be given to the patient / follow-up care arranged
<b>Not directly relevant</b>		
	Given the increasing number of referral pathways over the coming year, IPOS Urgent included, are we any nearer to providing NHS email to optometrists in primary practice?	Digital Health Care Wales are working towards that. We agree there would be many benefits.
	Under the new contract it states that we can't refuse an EHEW except under exceptional circumstances. What are exceptional circumstances (fully Booked, day off) and what are the likely repercussions for poor compliance?	During Core Hours you would be expected to provide core service, as per your Service Agreement. Health Boards have the power to remove Service Agreement.