

## **CHAPERONE POLICY FOR ADOS SIGHTCARE LTD**

This policy is adapted from the: Guidance on the Role and Effective Use of Chaperones in Primary and Community Care Settings. Model Chaperone Framework, published by the NHS Clinical Governance Support Team in June 2004. This framework was developed by the Association of Optometrists, the Association of British Dispensing Opticians and the Federation of Ophthalmic and Dispensing Opticians in August 2005.

This policy has been written to address the particular circumstances relating to optometrists and relates to chaperoning, not the separate issues relating to safeguarding children. Particular attention should be drawn to the following extract from Section 26.05 of the College of Optometrists Guidance:

The practitioner should be aware of the need to protect him/herself against unfounded allegations of inappropriate conduct or assault that may result from the distress or discomfort of a patient at the close physical proximity and contact that is necessary in the conduct of a consultation. The unfamiliar environment of the consulting room may exacerbate feelings of distress or discomfort on the part of a child or vulnerable adult. The steps taken by an individual practitioner to overcome this will depend upon his/her own circumstances and must always take account of the need to preserve patient confidentiality. They may include:

- a) Ensuring the presence of a parent or other appropriate carer at all times, even outside the consulting room (but see 26.03);  
26.03 When examining a child or vulnerable adult, a practitioner should normally allow any request for a parent or carer to accompany the patient in the consulting room. However, the practitioner should not allow such a request where it is contrary to the declared wishes of an adult patient or of a Gillick competent child.
- b) An open-access policy i.e. a policy which means that colleagues are able to simply knock and enter the consulting room at any time without having to wait to be invited in after knocking;
- c) Having windows in the consulting room, or keeping the door ajar to enable the parent or carer to hear the consultation if he is not in the consulting room;

When a practice or corporate contractor publishes its policy, based on this guidance, the most up to date version of the relevant sections of the College of Optometrists guidance (Sections 1, 19, 24 and 26) and the relevant sections of the Association of British Dispensing Opticians guidance should be appended. These are available on: [www.college-optometrists.org](http://www.college-optometrists.org) and [www.abdo.org.uk](http://www.abdo.org.uk).

### **What is a Gillick competent child?**

The policy makes mention of a Gillick competent child. The law regards young people aged 16 or 17 to be adults for the purposes of consent to treatment and right to confidentiality. Therefore if a 16 year old wishes a medical practitioner to keep the treatment confidential then that wish should be respected. For example, children under the age of 16 who have the capacity and understanding to take decisions about their own treatment are also entitled to decide whether personal information may be passed on and generally to have their confidence respected, for example if they were receiving counselling or treatment about something they did not wish their parent to know. Case law has established that such a child is known as Gillick Competent, i.e. where a child is under 16 but has sufficient understanding in relation to the proposed treatment to give, or withhold consent, consent

or refusal should be respected. However, good practice dictates that the child should be encouraged to involve parents or other legal guardians in any treatment.

### **Department of Health Website - consent and request issues**

Consent for an NHS Sight Test is obtained by the patient signing the GOS 6 form. When a patient requests that the practitioner does not carry out any procedure, it may mean that a Sight Test cannot be completed. The requirements of the patient takes precedence, but if the practitioner judges that the Sight Test has not been completed, then the patient should be informed and the circumstances should be noted on the record card.

Further information on Chaperoning can be obtained from:

- Association of Optometrists (ABDO)
- Association of British Dispensing Opticians (AOP)
- Federation of Ophthalmic & Dispensing Opticians (FODO)

This policy is agreed on behalf of Ados Sightcare Ltd:

Signed:     Ashif Dhanani    

Name: Ashif Dhanani

POLICY AGREED: (June 2010)

POLICY REVIEWED: (May 2015)

POLICY REVIEW DUE: (June 2018)

## **LONE WORKER POLICY FOR ADOS SIGHTCARE LTD**

The purpose of a lone working policy is to reduce the risks of lone working as far as is reasonably practicable.

Such a policy provides guidance to staff and ensures there are systems in place to ensure the health, safety and welfare of lone workers. There is no general prohibition in health and safety law of working alone, but employers have a general duty of care under the Health and Safety at Work Act and must comply with the Secretary of State directions 2003 & 2004 amended 2006. When determining a safe system of work, it is likely that there will be a need for additional controls to be put in place. These controls will be identified once a risk assessment has been undertaken.

### **Definition of Lone Workers**

The Health and Safety Executive (HSE) defines lone workers as people who work by themselves, without close or direct supervision. Examples include, one person working in isolation from other workers in the same building, workers in remote locations, mobile workers, those on domiciliary visits, working alone with patients or staff working out of hours or returning to a locked and empty building

### **LONE WORKING POLICY**

Ados Sightcare Ltd are committed to providing a safe environment for staff and patients. This policy lays out the responsibilities of practice staff with regards to working alone or in an isolated area of the practice. The risk assessment is to be reviewed 3 yearly and in addition, reviewed if there is any incident or near miss involving a member of staff working alone.

Managers Responsibilities:

- Identify staff who are lone workers.
- Inform staff of their responsibilities under the lone working policy.
- Ensure that all new starters are made aware of protocols in relation to lone working.
- Ensure that a risk assessment has been completed and documented and is regularly reviewed.
- Put procedures, devices and/or safe systems of work into practice which are designed to eliminate or reduce the risks associated with lone working.
- Define working limits of what can and what cannot be done while working alone.
- Ensure that staff identified as being at risk are given appropriate information, instruction and training.
- Record and investigate incidents involving lone workers and make recommendations to prevent recurrence.
- Ensure that a chaperone policy is in place
- For domiciliary visits the practice manager shall also take account of the current advice for domiciliary practice when carrying out the risk assessment. This is available from the Association of Optometrists (AOP) and Federation of Ophthalmic and Dispensing Opticians (FODO) websites

#### Staff Responsibilities:

- It is the responsibility of all staff to take reasonable care of themselves by remaining alert and vigilant at all times.
- They should never knowingly put themselves at risk and withdraw immediately (or as soon as possible) from any situation where they feel threatened
- Ensure they read, understand and comply with the lone working policy and other related policies listed below
- Participate in the risk assessment process to reduce the risk associated with lone working
- Make full and proper use of any equipment provided, e.g. panic alarm
- Ensure that all known relevant information about patients is passed on, if there is a known risk, or history of violence or aggression, in line with Caldicott guidance.
- Report any incidents or risks identified from lone working to their manager

#### Risk assessments

The current risk assessment follows and forms part of this policy.

For reviewing the practice lone working risk assessments the following questions will be considered:

- Is it necessary for the individual to work alone?
- Does this workplace present any special risk to the lone worker?
- Is there a safe means of entry and exit to the workplace?
- Will cash or valuables be handled and will there be a risk of violence?
- Is the worker vulnerable to harassment or assault?
- Do lone workers have knowledge of the hazards and risks to which they are possibly being exposed?
- Do lone workers know what to do if something goes wrong?
- Do lone workers know how to contact their manager during their working hours?
- Does someone else know the whereabouts of the lone workers and what they are doing?

#### For Domiciliary Visits:

- All staff should accept responsibility for keeping personal contact details up to date
- Where a member of staff does not intend to return to base at the end of the day it is their responsibility to inform their colleagues
- Wherever practicable lone workers should be provided with, or in possession of, a mobile phone
- They should be expected by the patient i.e. appointments have been made
- They should park in well-lit areas close to the patient's house facing the direction in which they intend to leave, but not on the patient's driveway
- Ensure their car is in good condition and has sufficient fuel
- Make and registration number of car is to be held by their base
- If there is a known problem with animals at a particular address a polite request should be made to ensure they are secured or removed before the visit

This policy is agreed on behalf of Ados Sightcare Ltd:

Signed: Ashif Dhanani

Name: Ashif Dhanani

POLICY AGREED: (June 2010)

POLICY REVIEWED: (May 2015)

POLICY REVIEW DUE: (June 2018)

## HANDLING PATIENT DATA POLICY

We hold various pieces of information about you including your name and address, and clinical details such as the state of health of your eyes, your spectacle and/or contact lens prescription, and copies of any letters we have written about you or received from other professionals, such as your doctor. You are entitled to a copy of this information although there may be an administrative charge for providing it. If you wish to see your records, please ask ASHIF DHANANI and we will respond as quickly as possible and in any case are required to do so within 40 days. If you require independent advice, contact the Information Commissioners Office at [www.ico.gov.uk](http://www.ico.gov.uk).

We adhere to the guidelines of the College of Optometrists and the Data Protection Act and will not pass any of your personal information to a third party without your consent unless there is a clear public interest duty to do so. You will need to provide us with your consent if you wish us to pass your information to another optometrist.

If you are an NHS patient, we are obliged to provide the portion of your record that relates to NHS services to authorised persons within the NHS (who are in turn subject to a duty of confidentiality) if they request this. This is usually to confirm that we have provided the NHS services that we have been paid for, and to improve quality of care. It is also possible that the NHS may contact you to ask if you have received services (such as a sight test or spectacles) as part of this monitoring.

Within the practice we may use the information to analyse trends, or to audit our performance. This enables us to monitor and improve the quality of care that we offer you. Wherever possible (i.e. if we do not need to know who an individual patient is) we will only analyse trends from anonymised information.

If you have any queries about this please contact us and we will be happy to help.

This policy is agreed on behalf of Ados Sightcare Ltd:

Signed:     Ashif Dhanani    

Name: Ashif Dhanani

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## **FREEDOM OF INFORMATION ACT**

This document complies with the requirements of the Information Commissioner's Model Publication Scheme for Ados Sightcare Ltd in accordance with the Freedom of Information Act 2000 and fulfils the obligations on Opticians practices under the Act.

### **Introduction**

This is a complete guide to the information routinely made available to the public by Ados Sightcare Ltd. It is a description of the information about our NHS services that we make publicly available. It will be reviewed at regular intervals.

### **How this information is made available?**

The information within each Class is available in hard copy from:

1 RIDGEWOOD GARDENS, GREAT BARR, BIRMINGHAM B44 8JG

Or can be printed from this website [www.adossightcare.co.uk](http://www.adossightcare.co.uk)

### **This guide information**

We will publish any changes we make to this guide or relevant information. We will also publish any proposed changes or additions to publications already available.

### **Cost of Information**

For the most part, we will only charge for hard copies, or copies onto media.

Charges are as follows and will be reviewed regularly.

Accessed from our website = free of charge

Single hard copies = £10

As the Freedom of Information Act applies to the provision of information, a request for multiple hard copies does not fall within the provisions of the Act and will attract a charge for retrieval, photocopying and postage. We will inform you of the cost of these charges that will have to be paid in advance.

### **Your Rights to Information**

The Freedom of Information Act 2000 is designed to promote openness and accountability amongst all organisations that receive public money.

Like all NHS contractors, since 1 January 2005 there has been a FOI obligation on optical practices to respond to requests about the NHS related information that they hold, and a right of access to that information has been established in law.

These rights are subject to exemptions (see below) that have to be taken into consideration before releasing information.

In addition to accessing the information identified in this guide, you are entitled to request information about our NHS services under the NHS Openness Code 1995.

Under the Data Protection Act 1998, you are also entitled to access your clinical records or any other personal information held about you and you can contact any practice where your records are held to do this.

## **Feedback**

If you have any comments about the operation of the Publication Scheme, or how we have dealt with your request for information from the scheme, please write to:

Ashif Dhanani

1 RIDGEWOOD GARDENS, GREAT BARR, BIRMINGHAM B44 8JG

## **Classes of Information**

All NHS information at Ados Sightcare Ltd is held, retained and destroyed within NHS guidelines. Our commitment to publish information excludes any information that can be legitimately withheld under the exemptions set out in the NHS Openness Code or Freedom of Information Act 2000, the main reasons being the protection of commercial interests and personal information under the Data Protection Act 1998. This scheme has been written in accordance with those exemptions. The information on this Scheme is grouped into the following categories:

### 1) Who we are and what we do

Company background

We hold an additional contract NHS England to provide sight tests at home, residential and nursing homes in the West Midlands and Staffordshire

Contact phone numbers: 08450558971

Details of the opticians and optometrists employed in our practices (stores) can be obtained by contacting that practice directly.

Alternatively, details of all opticians and optometrists registered in the UK are available from the General Optical Council Tel: 0207 580 3898.

Company Registration number: 04916599

### 2) Financial and funding information: what we spend and how we spend it

For every sight test performed on behalf of the NHS the practice receives a set fee, which is fixed nationally. The fees paid by the NHS for each service are available from the practice on request. They include a contribution towards optometrists and staff salaries, equipment costs and other practice overheads. Information in this class will be published only where it is unlikely adversely to affect the commercial position of the firm or practice

### 3) Our Priorities

To provide our patients with high quality eye care

### 4) Decision Making

Any decisions made about the provision of NHS-funded services will be reflected in the services we provide and in the contract(s) held with the PCT.

### 5) Our policies and procedures

Complaints

Data protection

## Health and safety

They are available on request from Ashif Dhanani

This policy is agreed on behalf of Ados Sightcare Ltd:

## Complaints

If you have a complaint about any of our products or services, please do discuss any problems with Ashif Dhanani concerned in the first instance. We find that most issues can be put right at this stage.

A full copy of our complaints policy is available on request or on our website and can be found in Class 6.

## 6) Lists and Registers

We don't keep lists and registers. Our patient records are confidential.

## 7) The Services We Offer

Ados Sightcare Ltd provide NHS-funded sight tests for those who are eligible. Patients may also be entitled to NHS vouchers that can be used against the purchase of spectacles or contact lenses as required.

Appointments for sight tests can be booked over the phone.

## Regular publications and information for the public

Information about optical and ocular conditions, sight tests, spectacles, and contact lenses, can be found on [www.adosightcare.co.uk](http://www.adosightcare.co.uk) and also a number of other websites including [www.college-optometrists.org](http://www.college-optometrists.org)

Some of this information is also available in patient leaflets. These are freely available from our company. To request a set of leaflets by post, please write to:

Ashif Dhanani 1 Ridgewood Gardens Great Barr, Birmingham B44 8JG

## Useful Resources

### Websites:

Information Commissioner

<http://www.ico.gov.uk>

Ministry of Justice

<http://www.justice.gov.uk/whatwedo/freedomofinformation.htm>

### Publications:

NHS Openness Code

<http://www.doh.gov.uk/nhsexec/codemain.htm>

Freedom of Information Act 2000

<http://www.hmsa.gov.uk/acts/acts2000/20000036.htm>

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For HMSO Guidance notes on FOI publication schemes see [www.hmso.gov.uk/guides.htm](http://www.hmso.gov.uk/guides.htm).

## **DATA MANAGEMENT POLICY**

This policy describes the data that we hold about patients, how we hold it, how we protect it, how we use and process it (including what patients need to be provided with) and how we transfer it (if necessary).

There are certain legislative requirements for every organisation to hold information. Information about this is provided below.

The Practice complies with the eight data protection principles under the Data Protection Act 1998 in its processing of personal data in that such data is:

- fairly and lawfully processed
- processed for limited purposes
- adequate, relevant and not excessive
- accurate and up to date
- not kept for longer than is necessary
- processed in line with patients' rights
- secure
- not transferred to other countries without adequate protection

The practice is registered with the Information Commissioner

- Registration No. Z1838729
- Security No. 10795962

The practice has an up to date Freedom of Information Act statement and this is available to patients

A practice policy notice on handling patient data is available to patients (See appendix below)

Ashif Dhanani is responsible for procedures relating to confidentiality and data management.

### **What information we hold and how we hold it**

Patient records are held in a variety of formats:

- Paper records for sight tests.
- Paper records are used for spectacle prescription and dispensing information
- Recall dates are managed manually
- Visual Field records are noted in patient records

### **How we protect this information**

All personal information contained on practice records, whether paper or electronic, is considered confidential.

No personal information is discussed with anyone other than the patient or their parent or guardian (except where Gillick competency applies) without the patients permission.

Care is taken that records are not seen by other people in the practice

All staff are aware of the importance of ensuring and maintaining the confidentiality of patients? They are aware of what personal data is and that such data must be processed and stored in a secure manner.

Records are retained for periods as agreed by the optical bodies.

(See record retention policy below).

Confidential paper information requiring destruction is shredded.

Records due for destruction are shredded.

We have an IT security policy regarding specific access to electronic information (See IT security policy below)

If the need arises to transfer information we have procedures that include consent and secure transfer (See section on how we transfer personal data below)

Any suspected breaches of security or loss of information are reported immediately and are dealt with appropriately by the person responsible for confidentiality and data management.

Paper records are kept secure and away from access by the public.

#### **How we use and process the information we hold**

To discharge our legal and contractual duties:

Patients are given a copy of their spectacle prescription immediately following their sight test.

If a patient is referred, they are given a written statement that they are being referred, with a reason [e.g. cataract written on the GOS2 or similar private form]

We may also use the information we hold about patients to remind them when they are due for check-ups and we may send them eye care and eyewear information.

#### **How we transfer personal data**

We always transfer personal information (data) in a secure manner.

We seek permission before transferring personal information except in some cases where it is to another healthcare professional responsible for patient care and who needs that information to assist in patient care or where we are legally required not to.

See Policy & procedures on:

Patient consent to the provision of information (see appendix below)

Handling requests for Rx and clinical information (see appendix below)

Transferring Patient Identifiable Data (see appendix below)

## APPENDIX

### Suggested practice information notices on handling patient data

The practice displays the following as a part of the information poster

Information - we keep records of our information about you as a mixture of paper and/or computer records. Everyone in the practice is aware of the confidential nature of these records and will only use or release this information in accordance with the law. You will need to provide us with your consent if you wish us to pass your information to another optometrist. If you are an NHS patient, the NHS may ask to see the portion of your record that relates to NHS services provided. Such information will only be given to the NHS in strictest confidence. You are entitled to a copy of your records, although there may be an administrative charge. If you wish to see your records, please ask Ashif Dhanani and we will respond as quickly as possible and in any case are required to do so within 40 days. If you require independent advice, contact the Information Commissioners Office at [www.ico.gov.uk](http://www.ico.gov.uk)

Alternative longer form of wording for a notice of policy on handling patient data:

We hold various pieces of information about you including your name and address, and clinical details such as the state of health of your eyes, your spectacle and/or contact lens prescription, and copies of any letters we have written about you or received from other professionals, such as your doctor. You are entitled to a copy of this information although there may be an administrative charge for providing it. If you wish to see your records, please ask Ashif Dhanani and we will respond as quickly as possible and in any case are required to do so within 40 days. If you require independent advice, contact the Information Commissioners Office at [www.ico.gov.uk](http://www.ico.gov.uk)

We adhere to the guidelines of the College of Optometrists and the Data Protection Act and will not pass any of your personal information to a third party without your consent unless there is a clear public interest duty to do so. You will need to provide us with your consent if you wish us to pass your information to another optometrist.

If you are an NHS patient, we are obliged to provide the portion of your record that relates to NHS services to authorised persons within the NHS (who are in turn subject to a duty of confidentiality) if they request this. This is usually to confirm that we have provided the NHS services that we have been paid for, and to improve quality of care. It is also possible that the NHS may contact you to ask if you have received services (such as a sight test or spectacles) as part of this monitoring.

Within the practice we may use the information to analyse trends, or to audit our performance. This enables us to monitor and improve the quality of care that we offer you. Wherever possible (i.e. if we do not need to know who an individual patient is) we will only analyse trends from anonymised information.

If you have any queries about this please contact us and we will be happy to help.

## RECORD RETENTION

This policy applies to the following:

- Spectacle records
- Appointment diaries

All records are retained for [10] years from the date of last seeing the patient.

Records of children are retained until they are 25 AND it is 10 years since they were last seen.

Records of the deceased are kept for 10 years.

Records are destroyed by shredding.

Examples:

Age at last test    Time to retain record

Age 5                until age 25

Age 10              until age 25

Age 17              until age 27

Over 18             for 10 years

## **IT SECURITY POLICY**

When computers are replaced, old hard drives are securely erased or physically destroyed.

All electronic data is protected by suitable back-up procedures and any off-site storage uses a service which encrypts the data securely before transmitting it from the practice PC. (See also our separate data backup policy)

Patient identifiable or sensitive data is password protected for access as appropriate to the level of security required for staff members.

PCs in public areas are protected from access by the public e.g. by the use of password protected screensavers that enact after short periods or screen blanking software that requires a password for access.

Wireless networks are protected from unauthorised access by:

Access control i.e. access is restricted to specific PCs

Laptop computers do not contain unnecessary patient identifiable data and are password protected

Sensitive data on a laptop is stored in an encrypted folder.

Any data (e.g. backups) taken offsite is kept secure (password protected or not left unattended and/or locked away)

Ados Sightcare Ltd

Patient consent to the provision of information

To:

Patient:

Address:

I request that you provide Ados Sightcare Ltd with the following information:

Signed .....

Date:

## **APPENDIX**

### Handling requests for Rx and clinical information

#### Spectacle Prescription (Spec Rx) or Contact Lens Specification

Where a patient requests a copy of their own, or their children's spectacle prescription or contact lens specification this should be provided. It should be double checked for accuracy and signed by an optometrist. Such information may be collected or posted or faxed to the patient. It may also be emailed to their personal email address if they so request.

#### Requests from another optometrist for spec Rx information

In all cases you should be satisfied that the patient has consented to the transfer of the information. That may be obvious and implicit, the patient is on holiday elsewhere and has broken their glasses, but if not, ask to speak to the patient or for a signed consent to be faxed to us. The request should be noted on the patient's record.

#### Requests from another optometrist for clinical information

The optometrist should satisfy themselves that the request is for the clinical and health benefit of the patient and should conduct the phone conversation and provide the information themselves. They should also be satisfied that the patient has consented to the transfer of information.

#### Requests by us for clinical or spectacle prescription information.

These requests will be made by the optometrist personally. A signed consent should be held in case this is requested by the other party. If the information is not urgent the request may be made in writing using the form in Appendix 1.

## **APPENDIX 1**

### Transferring Patient Identifiable Data

Patient data may be communicated in the following ways:

#### **By ordinary 1st or 2nd class post**

This will be in a sealed envelope

#### **By Fax**

This will be to a safe haven fax where possible.

The cover sheet will state:

This fax contains proprietary confidential information some or all of which may be legally privileged and or subject to the provisions of privacy legislation. It is intended solely for the addressee. If you are not the intended recipient, you must not read, use, disclose, copy, print or disseminate the information contained within this fax. Please notify the author immediately by replying to this fax and then destroy the fax.

#### **By email**

Patient consent is required for sending data that can identify a patient except where both sender and recipient have NHS emails ending in @nhs.net.

Emails will carry a message stating:

This e-mail contains proprietary confidential information some or all of which may be legally privileged and or subject to the provisions of privacy legislation. It is intended solely for the addressee. If you are not the intended recipient, you must not read, use, disclose, copy, print or disseminate the information contained within this e-mail. Please notify the author immediately by replying to this e-mail and then delete the e-mail.

#### **Verbally**

With care that confidentiality is maintained

The recipient of the information is identified

A note is made on the record.

Information that could result in errors will be communicated in writing where possible

#### **Using digital media**

For instance, CDs, DVDs, USB memory sticks, portable hard drives.

No unnecessary patient identifiable data is committed to, or retained on, portable media.

These are hand delivered

These are not left unattended

Where possible information is held in encrypted folders