Declaration from Sub contractor taking part in the Mid Essex Glaucoma Repeat Reading Scheme

Practice Name: ........................................................................................................................................

Section 1

As the owner or representative of the above practice I confirm that:

✓ This practice has a GOS contract.
✓ I will maintain my registration with the Information Commissioner.
✓ I will maintain my declared levels of Quality in Optometry documentation.
✓ I have the required practice insurances in place.
✓ My premises are suitable for the work required in the Glaucoma Repeat Reading scheme.
✓ The Practice has the required equipment for the Glaucoma Repeat Reading scheme.
✓ I will ensure the practitioners undertaking the Glaucoma Repeat Reading scheme are suitably qualified.
✓ I will ensure the practitioners undertaking the Glaucoma Repeat Reading scheme follow all the guidelines for the service.
✓ I will inform the Clinical Governance and Performance Lead if the practice is unable to undertake the IOP refinement service for a period of greater than a week.
✓ I confirm only practitioners registered with PEE will conduct the tests.
✓ I will inform the Clinical Governance and Performance Lead if I employ a new Optometrist to perform the Glaucoma Repeat Reading scheme. I will report any serious untoward incidents to the Clinical Governance and Performance Lead
✓ The practice will comply with the Safeguarding Policies.

Section 2

Once I have received the appropriate advice from Primary Eyecare Essex Ltd (PEE), I confirm that:

✓ I will maintain a Business Continuity Plan.
✓ I will maintain an Incident Response Plan.
✓ I will submit any reports for Glaucoma Repeat Reading scheme to PEE, in a timely manner.

Signed: ........................................................................................................................................ Name..............................................................................................................

Position................................................................................. Date: ........................................................................................................

Registered Office 2 Woodbridge Street London EC1R 0DG

www.primary-eyecare.co.uk

Registered Business no. 6719928