

## ***F2 Guidance for the issuing of small prescriptions and making small changes to existing prescriptions***

### **Guideline**

**F2.01** The optometrist has a duty to prescribe or recommend a change of spectacles or contact lenses only when it is in the patient's best interests to do so.

### **Advice**

#### **General**

**F2.02** The counter-fraud agency have a remit to pursue cases of what they believe to be fraudulent claims against the NHS, this includes cases where eye examinations are carried out at inappropriate intervals and where spectacles are supplied when they may not strictly be needed.

**F2.03** It is of course up to the practitioner's individual clinical judgement as to whether or not a patient would benefit from the prescribing of spectacles for a low refractive error – e.g. small hypermetropic corrections in children. If the practitioner routinely supplies such prescriptions (less than +0.75 R&L for example) they may be asked to give reasons for this. The optometrist is advised to be sure of the clinical need for the spectacles and that their records clearly explain why they were needed. If the optometrist cannot explain the reason the counter-fraud agency may take the view that the optometrist is over-prescribing and take action against them.

**F2.04** Similarly, it is a professional judgement as to whether a small change to an existing prescription is clinically necessary or not. Where a small change is prescribed, the practitioner should be clear as to the benefit of the change and the reason should be recorded.

**F2.05** Although they are not proscriptive or exhaustive, the following guidelines are intended to assist practitioners in deciding whether or not the prescription is likely to be beneficial.

- (a) Plus prescriptions of less than +0.75 (binocularly) are unlikely to be of benefit in children under 16 unless there are clinical indications for giving such a low prescription or where there are persuasive psychological reasons for doing so;
- (b) If a practitioner feels that a patient is likely to benefit from such a low prescription the reason for this should be noted on the patient's record card.;
- (c) Factors which could be considered include:
  - A particularly low amplitude of accommodation;
  - Oculomotor balance problems at distance and/or near;
  - Low fusional reserves;
  - Poor health of a patient resulting in the need to correct low degrees of ametropia. If this is likely to be of short duration, the practitioner should consider whether the prescription will still be necessary when the patient's health improves;

- (d) If a low prescription is found in one eye only the practitioner should consider the points above and in particular whether the patient will benefit from such a low prescription in one eye only;
- (e) If the practitioner decides to prescribe a small prism (less than 1 prism horizontally or 0.5 prism vertically) he should take into account all the clinical factors including the patient's oculomotor status, and whether the use of the prism is appropriate. Again, consideration should be given to any presenting symptoms. Any advice given and the clinical reason for prescribing should be carefully documented in the patient's notes;
- (f) A small change in prescription (e.g. +0.25D extra in both eyes) may be justifiable in some circumstances but not in others. For example changing a +1.00 reading prescription to a +1.25 may well have significant benefits to the patient whereas changing a +8.00 to +8.25 is likely to have much less effect;
- (g) When considering whether to make small prescription changes practitioners should consider factors such as the patient's visual acuity and ocular muscle balance. A small prescription change in a patient with poor visual acuity may not be as significant as one in a patient with good visual acuity;
- (h) In very high powers practitioners should be aware that the manufacturing tolerances and/or the effect of very small changes in Back Vertex Distance make 0.25D changes meaningless.

**F2.06** As with all prescribing, the patient should be made fully aware of the reason that a particular prescription or change in prescription is indicated.

### **Information**

**F2.07** Other relevant sections include:

*Section A1 – Professional integrity, particularly paragraph A1.09*

*Section A4 – Patient-practitioner communication*

*Section A5 – Inter- and intra-professional relationships*

*Section A9 – Patient records*

*Section F1 – The prescribing of optical appliances*