

General Ophthalmic Services
and Optical Voucher Scheme

Making Accurate Claims in Scotland



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Association of British
Dispensing Opticians



ASSOCIATION OF
OPTOMETRISTS



FEDERATION OF OPHTHALMIC
AND DISPENSING OPTICIANS



optometry scotland

This guidance covers optometrists and ophthalmic medical practitioners providing General Ophthalmic Services; and all references to optometrists should be read as applying also to OMPs (or medical practitioners in general, as appropriate).

All references to patients' records include record cards and electronic records.

This guidance is based on the most recent regulations on the NHS General Ophthalmic Services and optical vouchers and payments in Scotland. However, it cannot be relied upon as a definitive interpretation of the law, which can only be determined by a court of law. In the event of uncertainty please contact your NHS Board and professional body for specific advice. Alternatively, you may wish to seek your own legal advice.

In this document all references to he or him should be read as including she and her, where appropriate.

Chapters which have been updated are marked with a * in the index and the changes are marked with red text.

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1

Introduction: Ophthalmic Lists in Scotland

An optometrist can only provide, or assist in the provision of, eye examinations under General Ophthalmic Services (GOS) in an area of Scotland if he is on the ophthalmic list of the NHS Board for that area.

The ophthalmic list maintained by each NHS Board consists of two parts. The first part lists optometrists, ophthalmic bodies corporate and ophthalmic medical practitioners who undertake to provide GOS on a regular basis in a Board area from their own practice or by undertaking domiciliary visits or who are regularly employed or engaged to do so. The second part lists those who assist in the provision of GOS (i.e. peripatetic locums **or employees who work in a variety of locations**).

Applications to join an ophthalmic list are made on form GOS(S)6 Part 1 or Part 2, depending on which part of the list the optometrist wishes to join. In addition to providing the information required on the relevant part of the form, applicants (including bodies corporate) must supply an original enhanced criminal record certificate from Disclosure Scotland dated not earlier than 28 days before their applications; and, in the case of individual applicants, **who have not worked in Scotland in the preceding 2 years**, a training certificate issued by the Scottish Committee of Optometrists (SCO) relating to the use of various ophthalmic instruments. In the case of ophthalmic bodies corporate enhanced criminal record certificates must be supplied by each director or person controlling that body corporate. If the applicant does not have an enhanced criminal record certificate with the correct date he must complete the Disclosure Scotland application form, which is provided by the NHS Board, and return it to the Board with the ophthalmic list application form.

If an applicant wishes to join the ophthalmic list of more than one Board the applicant should indicate this on the application form. Applications to more than

one NHS Board may be channelled through a single Board - usually the Board for the area where the applicant is likely to undertake most of his GOS work. The Board undertakes all the necessary checks to streamline the process as much as possible (for example, by obtaining two references); it also copies the application form, together with all the accompanying information, for the Board or Boards, where the applicant wishes to practise. An applicant, who signs an ophthalmic list application form, also consents to the disclosure of the information in the ophthalmic list application form and the information accompanying the application form, including the enhanced criminal record certificate. Subject to regulations each Board decides whether or not to accept the application in respect of its own area. The Boards, to whom the information has been copied, may accept the relevant applicant onto their ophthalmic list without further enquiry if they so wish.

You should not assume, because you have applied to a NHS Board to join the Ophthalmic List, that your application has been approved. You should, therefore, check with the NHS Board before providing, or assisting with the provision of, GOS in that Board's area. You will be issued with a Board list number that should be included in all GOS forms that you complete.

It is your responsibility to inform the NHS Board within 7 days of any changes to the routine information that you have provided to the Board and which is contained in the Board's ophthalmic list (and which is available to the general public, for example opening hours). In particular you should remember to inform the Board if you change your address for correspondence.

Similarly, you must inform the NHS Board or Boards, within 7 days, on whose ophthalmic list you are included or which you have applied to join, if the information in the declaration, which you have made to the Board(s) concerning, for example, criminal convictions, police cautions, investigations regarding professional conduct, changes. This requirement is a separate requirement from

informing the Boards, on whose ophthalmic list your name appears, about changes to routine information.

A NHS Board must remove a person from Part 1 of the ophthalmic list if he does not provide any GOS for six months and may remove a person from Part 2 of the list if he does not assist in the provision of GOS for twelve months.

Being on an Ophthalmic or Supplementary List in Wales or Northern Ireland, or on an Ophthalmic Performers List in England, does not allow an optometrist to provide, or assist with the provision of, GOS in Scotland.

The relevant regulations are the National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006, as amended by the NHS (GOS)(Scotland) Amendment Regulations 2010. See also the Scottish Government Health Department's notice of 12 March 2010, PCA(O)(2010)1.

2

Post-Payment Verification (PPV)

You can expect your claims in relation to GOS eye examinations and domiciliary visits, as well as the issuing and redemption of optical vouchers, to be audited by your NHS Board or NHS National Services Scotland Practitioner Services from time to time. The NHS Board or Practitioner Services is legally entitled to inspect records relating to your GOS patients (including mixed GOS and private records relating to a patient). You are obliged under the regulations to produce GOS-related records, or to send such records, to an authorised officer of the Scottish Ministers, the NHS Board or Practitioner Services, within 14 days of the request being made.

If you, your practice or the practice where you work is subject to a PPV visit, you can check with Optometry Scotland or Practitioner Services the scope of the Scotland-wide protocol, according to which PPV is conducted.

It is essential to keep proper, complete, accurate and up-to-date records, including the reasons for any prescriptions, in order to be able to support your GOS claims in the event of any queries by your NHS Board or NHS National Services Scotland. Schedule 5 of the National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006, as amended by the NHS (GOS) (Scotland) Amendment Regulations 2010, lists the minimum data set for eye examination records.

3

Supplying and Claiming (General)

You should claim only for what you have supplied and keep accurate, dated records of the services that you have supplied, including details of any voucher issued. For example, you should not redeem a voucher for distance and reading spectacles and supply the patient with a pair of bifocals. Another example: you should not submit a GOS(S)3 form (voucher) and a GOS(S)4 form (repair and replacement voucher) at the same time in respect of the same patient, in order to create a spare pair. Nor should you keep the GOS(S)4 for a period and submit it later in order to provide the patient with a spare pair of spectacles.

A voucher is a grant to the patient towards the cost of spectacles or contact lenses which the patient may redeem at the practice of his choice. There is no stipulation of the elements of the dispensed appliance a voucher can be used for, whether frames, lenses or professional dispensing fees. For example, a voucher C may be used towards the charge for a) a re-glaze using relatively expensive hi-index lenses to their own frame; or b) less expensive plastic lenses in a new frame; or even c) plastic lenses with an anti-reflection coating to their own frame. The choice is the patient's. The patient is entitled to 'spend' a voucher of a specified amount on or towards an appliance containing the correct prescription.

If the practice operates an 'all inclusive' charging policy to a complete pair of spectacles (not including, for example, insurance or a spectacle case), then care must be taken to ensure that the patient receives his correct entitlement. As long as the retail price for the completed appliance - however it is made up - is equal to or exceeds the total value of the voucher plus any supplements, then the patient is entitled to spend the full value of the voucher; and the practice is entitled to claim the full value of the voucher. Conversely, if the 'all inclusive' retail price (described above) is less than the value of the voucher, then only this lower amount can be claimed.

A contact lens fitting or check-up is not a GOS eye examination.

You should submit GOS(S)1, 3, and 4 forms at regular intervals for payment and within the time limits in the regulations: six months for GOS(S)1 forms and three months for GOS(S)3 and 4 forms from the date of supply of the service or appliance. This is to assist your payments agency to expedite payment on the due date. Check the submission and payment dates with Practitioner Services.

You should only submit GOS(S)3 forms for payment by Practitioner Services after you have supplied the spectacles or contact lenses (but see [31. Contact Lenses](#)), the only exceptions being when the spectacles or contact lenses remain uncollected. In the case of non-collection, you should record what steps were taken to remind the patient.

4

Filling and Signing GOS(S) Forms (General)

All statements that apply to the patient on all GOS(S) forms must be completed.

You must sign only those GOS(S) forms relating to the services which you have provided. The only exceptions are pre-registration students who are not allowed

under the NHS (General Ophthalmic Services) (Scotland) Regulations 2006 to sign payment claim forms. Such forms must be completed by the contractor.

The patient should sign the GOS(S)1 before their examination to state that they are entitled to an examination.

You are advised to sign claim forms at the time of dealing with the patient.

Never sign blank GOS(S) forms. If such forms are subsequently submitted fraudulently and they have your signature, then you will be held responsible and you could be accused of fraud. This advice is of particular importance to those practitioners who do locum work. Locums named on Part 2 of an ophthalmic list should only sign payment claim forms for NHS eye examinations which they have themselves carried out or vouchers which they have themselves issued.

The optometrist or OMP who conducted the eye examination should sign the practitioner's declaration in the GOS(S)1 and 3 forms, indicating the date on which the eye examination took place, giving their ophthalmic list number and payment location code. Proxy or "pp" signatures should not be used. See also **13. Filling GOS(S) 1 Forms.** The use of a rubber stamp for a signature is not acceptable.

Only an optometrist or an OMP on an Ophthalmic List can issue a voucher.

Dispensing opticians and lay suppliers may also sign the suppliers' declaration of the GOS(S)3 and 4 forms and redeem vouchers, provided the dispensing to patients who are under 16 years of age or who are registered blind or partially sighted has been done by, or under the supervision of, a registered practitioner. The registered practitioner should be identified on the dispensing record.

5

Verifying Patients' Eligibility for GOS and Optical Vouchers

You are required by your Terms of Service and GOS regulations to take reasonable steps to verify a patient's eligibility for a GOS eye examination or an optical voucher.

Only patients, who are ordinarily resident in the UK, or exempt from NHS charges under the NHS (Charges to Overseas Visitors) (Scotland) Regulations 1989, are eligible for an eye examination free of charge under GOS. Persons not ordinarily resident in the UK who are exempt from NHS charges include citizens of a member state of the European Economic Area or a country, with which the UK has reciprocal arrangements regarding health care – **but only if the need for treatment arose during their visit – e.g. they may present with an eye injury or infection.** If a person is not entitled to exemption from NHS charges under the regulations mentioned above, optometrists or OMPs may wish to provide a private eye examination and charge accordingly.

You should take reasonable steps to verify a patient's eligibility if you are in doubt by, for example, asking to see proof of the patient's identity. If you are unsure whether a person would be considered exempt from NHS charges, you may wish to consult Annex G ("Overseas Visitors – A Guide") of the memorandum in the circular 2006 NHS PCA(o)4, which was issued by the Scottish Government Health Department to all optometrists and OMPs on ophthalmic lists in Scotland on 17 March 2006; or to seek advice from the Scottish Government on 0131 244 2544 or 0131 244 2378.

The same categories of patients remain eligible for optical vouchers as before. If a patient fails to produce satisfactory evidence of eligibility for a voucher, you must record the fact on the GOS(S)3 or 4 form by crossing the *Evidence Not Produced* box. In such cases, you should, nevertheless, issue the voucher, unless

(using your common sense) you have good reason to disbelieve the patient's claim.

Patients receiving the Income-based Jobseeker's Allowance are unlikely to be able to furnish documentary proof of eligibility. You must mark their forms *Evidence Not Produced* unless you have evidence. Patients receiving Pension Credit Guarantee Credit should have a letter from the Department of Work and Pensions.

It can be helpful to make a note on the patient's record of the evidence of eligibility that you have seen. NHS Scotland Counter Fraud are empowered (but not required) to impose a financial penalty on patients who fraudulently claim eligibility for GOS eye examination or optical vouchers. Consequently, it is also not in the patient's interest to claim falsely or erroneously.

6

Frequency of Eye Examinations

Primary eye examinations **may** only be undertaken in line with set frequencies as below:

<i>Category of Patient</i>	<i>Minimum primary examination frequency</i>
Patients under 16 years	Annually
Patients aged between 16 years and 59 years	Every 2 years
Patients aged 60 years or over	Annually
Patients with glaucoma	Annually
Patients aged 40 years or over with a close family history of glaucoma	Annually

Patients with ocular hypertension	Annually
Patients with diabetes	Annually

There are three exceptions to this:

1. Where a patient attends for an eye examination no more than 4 weeks before the next Primary Examination is due. An early reason code is no longer required for this.
2. Where a patient is new to a practice and the optometrist does not have access to the patient's full records. Code 7 should be used to claim this.
3. A patient who has turned 16 since their last appointment can, under specific circumstances, have an examination after 1 year. The recall period is determined by their age at the next appointment – so if they are under 15 *at the time of examination* they can be recalled after 1 year and examined at, for example, 16 years and 1 month of age. Code 8 should be used on the GOS(S)1.

All other examinations necessary within this minimum primary examination period will be paid as supplementary examinations.

It is not appropriate to apply a blanket recall interval to all patients within a category, e.g. over 60s or under 16s (PCA 2006(O)4). Although an early reason code is not required for an examination, the set frequencies are not a recommended recall. When you intend to recall a patient at less than the set frequency, it is advisable to note the reason in the patient's record. NHS Boards or Practitioner Services have the discretion to ask you to justify each decision. Over-frequent eye examinations under GOS could cause the NHS Board to

question whether you should remain on the ophthalmic list, i.e. whether a referral to the NHS Tribunal for national disqualification would be appropriate.

You have the freedom to exercise your clinical judgement and recall certain patients more often than the minimum primary examination frequency; and this is still possible – but the examination provided can only be claimed as a supplementary, and the appropriate code should be used. In these cases, the reason for the recall should be noted in the patient's record.

7

Glaucoma and Ocular Hypertension

Under the GOS Terms of Service, you are no longer required to send a written report to the patient's general medical practitioner of the results of every sight test of a patient suffering from glaucoma.

A patient who is ocular hypertensive is entitled to a primary examination every year. This person does not have to have been diagnosed by an ophthalmologist, but is defined as someone having an IOP over 21mmHg without visual field loss or optic nerve damage (PCA(O)(2010)1).

8

Diabetes

A GOS eye examination does not constitute diabetic retinopathy screening. The Diabetes National Service Framework specifies various aspects of screening, including audit and recall processes. It is advisable to establish whether a patient with diabetes is receiving retinopathy screening. If the patient is not receiving screening, you should inform the patient's general practitioner of this, so that the GP can make the appropriate arrangements.

You are not required to dilate a patient under the age of 60 years suffering from diabetes during the course of a primary GOS eye examination (SSI 2007 no.193). If you do have to dilate a diabetic patient, aged under 60, this can be claimed as a supplementary eye examination. See also the guidance of The College of Optometrists at www.collegeoptometrists.org

9

Performing a GOS Eye Examination

You must determine whether the patient is entitled to a primary or a supplementary eye examination. If it is less than the minimum primary examination frequency and you have access to the patient's records then the examination can only be claimed as a supplementary eye examination independent of their presenting problem.

Any examination should be performed for a clinical reason, e.g. the patient reports new symptoms, or there has been enough time since their previous examination for a routine appointment. Checking the refraction for the purpose of purchasing new spectacles is not a clinical reason.

If you do not have access to the patient's records (i.e. the patient is new to you) and they have had a primary examination within the minimum recall period this examination can be carried out as a supplementary examination – or you can perform a primary examination and use code 7.

The fee is paid for the procedures carried out – not for the length of time you spend with the patient. If you do not have sufficient time to complete the primary examination then any further appointment to complete the necessary procedures is not a supplementary examination.

In carrying out a primary eye examination you are required to perform specific procedures using specific types of ophthalmic instrument. These procedures are

laid out in Table A of Schedule 3 of the regulations. Some procedures are specific to the age and condition of the patient; others to certain clinical conditions of a patient – these procedures are laid out in Table B of Schedule 3. It is also part of the Terms of Service of the GOS that you have access to certain required equipment.

It is important to note that a sight test (which is defined in the regulations as a refraction) should usually be performed as part of a primary examination.

Dilation should be performed on any patient aged 60 or over as part of their primary eye examination. If it is necessary to dilate a patient under 60 as part of the primary examination then this can be claimed as a supplementary and can be done on the same day as the primary examination and claimed on the same form. The only other time the primary and supplementary can be on the same day is in the case of a cycloplegic refraction following a primary examination.

The 2007 amendment to the GOS regulations removed the need to dilate every diabetic patient. If a diabetic under 60 requires dilation then this can be claimed as a supplementary examination in the same way as a non-diabetic patient.

Retinal photography is required for a primary examination on all patients aged 60 or over. If you do not have access to a fundus camera then a lower fee of £40 is payable for the examination. Retinal photography is optional for those under 60 but a private charge cannot be made. (See PCA(O)(2008)3).

If a procedure that would normally be performed was not possible or inappropriate, the reason for this should be noted in the examination record.

The supplementary codes and the examination reason are as follows:

Supplementary Code	
2.0	Cycloplegic refraction
2.1	Paediatric follow-up

2.2	Referral refinement
2.3	Suspect glaucoma, unusual optic disc
2.4	<6o dilation
2.5	Anterior segment disorder
2.6	Cycloplegic refraction at the request of a hospital
2.7	Post-operative cataract examination
2.8	Patient presenting with reduced visual acuity, sudden vision loss, sudden onset flashes and floaters, or neurological symptoms

The procedures that should be performed as part of a supplementary examination are laid out in the regulations. It should be noted that some supplementary examinations are defined with optional tests depending on symptoms but in some cases all the specified procedures should be carried out, e.g. in code 2.8 a sight test alone is not enough for the examination – you should also perform macular assessment and slit lamp biomicroscopy. In some cases of patients with a particular problem you may find that you have performed all of the tests necessary for a primary examination – but this still only attracts the fee for a supplementary examination.

Following each eye examination, you are required to give the patient a statement on the outcome of the examination or a prescription if a sight test was performed. You are required to record certain data for each eye examination. This data is set out in Schedule 5 of the GOS regulations.

Under the GOS Regulations you can only perform a maximum of twenty eye examinations (a combination of both primary and supplementary examinations)

in a normal working day, i.e. a period of seven hours and thirty minutes, usually between the hours of 09.00 and 17.30 including a break of an hour for lunch.

You are allowed to refer a patient to the ophthalmic department of a hospital without having to go via the patient's general medical practitioner. However, you must inform the general practitioner of any such direct referrals.

A GOS eye examination does *not* include the following procedures:

- diabetic retinal screening programmes
- a LVA examination
- care pathway examinations as proposed by CCI
- delegated care schemes such as GIES, HIES, Grampian glaucoma scheme
- shared care schemes such as low vision or paediatric schemes
- specific tests for contact lenses
- children's pre-school screening programmes
- colorimetry, coloured overlay and rate of reading tests for patients with reading difficulties
- occupational tests or reports for admission to the armed forces, police, fire, ambulance, railway and other occupations
- occupational tests specifically for the provision of VDU spectacles
- occupational tests specifically for the provision of safety spectacles
- acuity and visual field checks for the DVLA
- behavioural optometry

For further details of the regulations on eye examinations, consult the website of Optometry Scotland at www.optometryscotland.org.uk

10

Domiciliary Visits

You can only claim a domiciliary fee in respect of a patient who is eligible for a GOS eye examination and who is unable to attend a practice unaccompanied (for reasons of physical or mental ill health or disability). You and the patient have a responsibility to ensure that the domiciliary visit is necessary. You must ask the patient to indicate the specific illness or disability which prevents him from attending a practice. Terms like "housebound", "immobile", "wheelchair-bound" or "resident of a home" are insufficient. Giving the reason why the patient cannot leave home unaccompanied is the patient's responsibility, not yours, and as such raises no issues of medical confidentiality. You must record the patient's reason for needing a domiciliary visit on the GOS(S)1 form.

Hospitals are responsible for meeting the health needs of their in-patients and normally make arrangements with certain optometrists to provide this service. Therefore, patients in hospital are not eligible for a domiciliary eye examination under the GOS. The cost of the visit which you might make and of any basic optical appliance required is met by the hospital requesting the service. If you provide the service for the first time, you should clarify that the hospital will accept the cost, before you attend.

The regulations stipulate that GOS eye examinations may only be provided either at a listed practice, or at a patient's normal place of residence, or at some day centres. (But see **11. Visits to Day Centres**.) The patient or, if he is incapable, his carer or authorised representative must have requested a domiciliary visit.

You should assume that most residential homes will be considered as a single address and as a single unit of accommodation by Practitioner Services for the purpose of calculating the domiciliary fees payable to you. Accordingly, a lower domiciliary visiting fee will be payable in respect of the third and subsequent residents seen during one visit to the unit.

If you intend to make domiciliary visits in an area where you are not on the NHS Board's ophthalmic list, you will have to apply to that Board to be on the ophthalmic list and be accepted as a domiciliary provider before undertaking any domiciliary visits.

If a mobile practice intends to see three or more patients at the same address, it must give at least one month's notice. Notifications must identify the address where the eye examination will take place. Some NHS Boards may require you to complete a standard notification form. See also **12. Changes to Notifications of Domiciliary Visits and Substitutes**.

11

Visits to Day Centres

You may carry out GOS eye examinations at some day centres for patients with disabilities, children with special needs and patients who have difficulties in communicating their health needs unaided.

You should ask the NHS Board whether, in its view, the particular day centre which you wish to visit complies with the definition of a day centre for the purpose of domiciliary eye examinations under the GOS. Note that the domiciliary visiting fee is not payable for GOS eye examinations carried out at day centres.

You must notify the NHS Board, giving the patients' details, before you visit a day centre.

12

Changes to Domiciliary Visits

If a contractor is unable to visit a residence to conduct eye examinations for more than three patients on the day arranged for reasons beyond their control, e.g. due to an outbreak of illness at the residence, another residence may be

substituted on the day of the visit, provided the NHS Board was notified at least a month previously of the intention to visit the second residence.

13

Filling GOS(S)1 Forms

You must be satisfied that the patient is eligible for a GOS eye examination by virtue of either being ordinarily resident in the United Kingdom or, if the patient is an overseas visitor, being exempt from NHS charges under the NHS (Charges to Overseas Visitors) (Scotland) Regulations 1989. See **5. Verifying Patients'**

Eligibility for GOS and Optical Vouchers You are only required to ask the patient to give a previous surname if it has changed in the last twelve months. You should also enter the patient's full name on the claim form and on the patient's record, for example "Elizabeth" and not "Liz", "Lizzie" or "Betty" etc., in order to facilitate PPV checks of patients' entitlement. You should enter the date of the previous NHS eye examination, whether or not it took place at the same practice. If the exact date is not known, the month and year should be indicated. If this is the first NHS eye examination, you should enter the word "first". You should enter the patient's CHI number, if the patient is able to provide it. The patient still receives GOS, even if he does not provide the number. You must determine whether to give the patient a primary eye examination (and fill Part 2A of the form) or a supplementary eye examination (and fill Part 2B of the form). You should only perform a supplementary eye examination in relation to a previous primary eye examination (except in the case of a cycloplegic refraction at the request of a hospital department). If the patient presents with new symptoms, and you have access to the patient's records, you may only perform a new primary eye examination if it would be outwith the minimum primary examination frequency. If it would be within this period you should perform a supplementary eye examination and code it

accordingly. If you do not have access to the patient's records you must always perform a primary eye examination.

You should ensure that the patient signs and dates the patient's declaration.

If the patient cannot sign, the carer or authorised representative must sign in the appropriate place and print their name and provide their address. Under no circumstances should you or a member of your staff sign on behalf of a patient, unless you or the member of staff is the patient's carer or authorised representative.

You must fill all the relevant boxes in Part 3 of the form. If the sight test results in a no-change prescription, you must fill the box worded *No change in prescription*. (It is a legal requirement to issue a GOS(S)2 or equivalent, whether or not an optical appliance is prescribed, or a change in prescription is given.)

The person who undertook the eye examination must sign and date the form (except pre-registration trainees), recording the date on which the examination took place and giving their ophthalmic list number and payment location code. Proxy or "pp" signatures should not be used. The use of a rubber stamp for a signature is not acceptable.

14

Patients Aged Under 16 or Incapable of Signing

If the patient is under 16, or over 16 and is incapable of signing, the patient's parent, carer or other person responsible for the patient should sign the GOS(S)1, 3 or 4 form and print their name and provide their address (if different from the patient's address). Neither the contractor, nor the optometrist nor their staff can sign on behalf of the patient (unless the patient is their child or dependant).

15

Patients Aged 16, 17 or 18 and in full time education

In order to qualify for an optical voucher, patients in full-time education must be attending an institution recognised by the Scottish Government Education Department on behalf of Scottish Ministers. Those who are educated at home or a school overseas may not be eligible, although they might be able to apply on grounds of income.

16

Prescribing and Supplying Tints, Photochromic Lenses and Prisms

Tints, photochromic lenses and prisms are supplements to the prescription of a powered lens. Plano lenses cannot have a tint or photochromic lens or prism added to them under GOS. Under GOS you should only prescribe a tint if you judge it clinically necessary and are also prescribing a powered lens. You must record the reason for the tint on the patient's record and indicate on the GOS(S)1, 2 and 3 forms accordingly at the time of the eye examination. You should not prescribe and claim for a tint if it is not clinically necessary or if it has not been included in the prescription. Similarly, you should not claim for a tint if the spectacles supplied are non-tinted. If a patient requests a tint for cosmetic reasons it cannot be prescribed under GOS. A tint can only be prescribed by the optometrist/OMP who performed the eye examination. It cannot be added to the prescription at the time of dispensing.

Where a tint has been prescribed as clinically necessary and photochromic lenses would be suitable, then the spectacles may be dispensed with photochromic lenses and the tint supplement claimed. You should only prescribe prisms in accordance with your clinical judgement and record the reason, i.e. symptoms and test results, on the patient's record.

If practices operate an 'all inclusive' charging policy, as long as the patient has been supplied with the correct appliance (including the prism or tint as appropriate) and the retail price of the complete appliance equals or exceeds the value of the voucher including any supplements, then the practice is entitled to claim the full voucher value.

17

AR Coatings and UV Blocks

Neither anti-reflection coatings nor ultra-violet blocks are considered to be tints under GOS. Regardless of whether you have supplied an anti-reflection coating or ultra-violet block, you can only claim the voucher tint supplement, if an actual tint has been prescribed on clinical grounds and supplied.

18

Plano Lenses with Tints or Prisms

You may not claim a GOS voucher for plano tinted lenses (either spectacles or contact lenses). If a patient needs a small but clinically significant correction and a tint or prism is clinically necessary, you may claim a supplement, in the same way as with a stronger prescription. The voucher issued should, as always, correspond to the power of the prescription issued plus the appropriate supplement.

19

Small Prescriptions and Small Prescription Changes

You should keep a complete record of the reasons for issuing a small prescription, including any supplements. If there are small changes to a

prescription, the patient should only be advised of the need for a new optical appliance when you (the prescriber) consider the change clinically significant. In this instance you can issue a GOS(S)3 form. If, however, you decide the change is not clinically significant you should not issue a voucher (GOS(S)3). But see **34.**

Repairs and Replacements (General).

If the eye examination results in a small refractive change which you do not consider clinically significant you are advised to indicate this on the GOS(S)2 form by ticking the box 'No Change' and by noting it in the comments section. But see **20. No Change Prescriptions.**

The College of Optometrists issues helpful guidance on prescribing small prescriptions. See the College's website www.college-optometrists.org

20

No Change Prescriptions

Please see **13. Filling GOS(S) 1 Forms** and **34. Repairs and Replacements (General)**

You should not issue a voucher if there is no change in the prescription (following an eye examination) and the patient has a serviceable pair of spectacles. (Spectacles are expected to last two years. See **33. Fair Wear and Tear.**)

If, thereafter, the patient's spectacles break, say, six months after this last eye examination and the spectacles were more than two years old (i.e. a period of two years and six months has elapsed since the patient was last issued with a GOS(S)3 form), it is reasonable to assume that the glasses became unserviceable through fair wear and tear. In these circumstances you should issue a new voucher without performing an eye examination - provided you think there is unlikely to have been any change in the prescription since the last eye

examination. You should ensure that the date of the eye examination and date of issue of the voucher are correct. See also **36. Eye Examinations for Adult Repairs and Replacements** and **37. Vouchers for Adult Repairs and Replacements**.

21

Non-Tolerance

The GOS scheme provides support for patients who, exceptionally, cannot tolerate new glasses. You should annotate the GOS(S)1 form with the words “re-test/nontolerance”, if a second eye examination is necessary. You may only issue a second voucher after receiving the prior approval of Practitioner Services.

You should annotate the GOS(S)3 form accordingly (including the date and the name of the official who gave you the approval).

22

Choosing Correct Voucher Values

A voucher may be used for spectacles or contact lenses. Contact lenses can only be fitted (dispensed) by an optometrist, medical practitioner, or contact lens qualified dispensing optician. The value of the voucher is determined by the prescription for the spectacles and not for the contact lenses.

See also **26. Transposition**.

Vouchers E-H for bifocal lenses may also be used for varifocal/progressive lenses. Prism-controlled bifocal lenses are classed as voucher H in all cases regardless of the distance or reading power. The voucher value for a bifocal lens is determined by the distance prescription only; the reading addition is ignored, except when the addition is more than 4 dioptres more powerful than the distance portion. If a bifocal lens has a reading addition of over 4 dioptres and

the reading lens power gives a higher voucher value, the higher value can be claimed.

Vouchers for bifocals should usually only be used when there is a clinically significant distance prescription - see **19. Small Prescriptions and Small Prescription Changes**. There may be situations where this is not the case e.g. a child who requires a reading add for a binocular vision problem but these will be exceptions and should be clearly noted on the patient's record.

The amount that you can claim for a GOS(S)3 or 4 is the lesser of the voucher value or the retail price of the appliance provided.

23

Filling GOS(S) 2 Forms

If there is no refractive change, you should tick the box *No change in prescription*. You should sign and issue the GOS(S)2 prescription statement (or equivalent) at the end of every eye examination.

See also **19. Small Prescriptions and Small Prescription Changes** and **20. No Change Prescriptions**.

24

Filling GOS(S) 3 Forms

The regulations require you to issue a voucher form (GOS(S)3 at the time of the eye examination, provided that the patient is eligible for a voucher and either requires spectacles for the first time, or the prescription has changed significantly, or new spectacles are required as a result of fair wear and tear. The patient should sign part 1 of the form. If a patient is under the care of the HES then they should not be provided with a GOS(S)3 voucher. This is the case if you

are requested to perform a cycloplegic refraction by a hospital department – the patient should be provided with a prescription and then they will be given a HES₃ voucher. **This is not the case for every patient being seen in the hospital – e.g. a patient with glaucoma can still have routine eyecare (and a GOS(S)3 voucher if applicable) in the community.**

If an eligible patient is not issued with a GOS(S)3 form at the time of the eye examination, and requires a voucher, he should be directed to the practitioner who performed the eye examination.

If, at the time of dispensing, a patient has become eligible for a voucher you may issue a voucher - even if the patient has a private prescription or a prescription from the Hospital Eye Service (HES). In such circumstances it is not necessary to give the patient a second eye examination - unless you believe there has been a change in prescription. Instead, having first satisfied yourself that the patient is, in fact, eligible for a voucher, you should copy the details of the prescription from the private or HES prescription into the part of the GOS(S)3 entitled *NHS Optical Voucher*. In the signature box before Part 1, you should write "transcribed by" and enter your name and ophthalmic list number and sign and date the form. You must indicate the date of the prescription, on which the GOS(S)3 is based. This is not the case if the patient should have been provided a voucher at the time of the examination – e.g. in the case of a child. They should be referred back to the hospital department to be issued with a HES₃ voucher.

If a patient buys a pair of spectacles privately and then becomes eligible for a voucher, you should only issue a voucher in accordance with the advice given in **19. Small Prescriptions and Small Prescription Changes** and **33. Fair Wear and Tear**.

Patients have the choice of deciding where to have their spectacles dispensed. (Spectacles for children under 16, those registered blind or the partially sighted may only be dispensed by a medical practitioner, optometrist or dispensing

optician. Contact lenses may only be fitted by an optometrist, medical practitioner, or contact lens-qualified dispensing optician.) If, immediately following an eye examination in your practice, the patient chooses to order the spectacles from your practice, it may not be necessary to physically hand the GOS(S)3 form to the patient. However, if the patient chooses to order his spectacles elsewhere, or if the patient chooses not to have the spectacles dispensed immediately, you should sign the GOS(S)3 and give the patient the GOS(S)3 form at the end of the eye examination.

If you receive a GOS(S)3 form for dispensing and the prescription is not written in the form which gives the highest spherical power, you may transpose the prescription on a separate piece of paper, annotate it with the words '1998 PCA(O)3' and attach it to the original form, if this would provide a higher-value voucher. You may **not** transpose HES vouchers. See **26. Transposition**.

You must always check that the patient is still eligible for the voucher on the date when the patient orders his spectacles or contact lenses. You should indicate the dates when the spectacles or contact lenses were supplied, insert the number of pairs, and ensure that the patient signs and dates the form, when he collects them. You must not ask the patient to sign the declaration of collection before he receives his spectacles or contact lenses.

GOS(S)3 forms are not transferable. They can only be used to pay for or towards the spectacles or contact lenses for the patient named on the front of the voucher.

25

Altering Another Prescriber's Prescription (BVD)

You should annotate the GOS(S)3 form with the words "BVD change" in the margin, if you have to alter a prescription because of a change in the back vertex

distance. If the change requires a higher voucher band, you should annotate the GOS(S)3 form or HES voucher form accordingly.

26

Transposition

You should write all prescriptions in the form which gives the highest spherical power, in order to establish voucher values. If you dispense prescriptions not written this way, you should transpose them on a separate piece of paper, annotate it with the words '1998 PCA(O)3' and attach it to the original form, if this would give a higher voucher value. It is not necessary that the form in which the prescription is written on the patient's record should be the same as that on the voucher.

Prescriptions from the Hospital Eye Service should be dispensed as they are written. You are entitled to contact the HES to ask for a transposed prescription in order to help the patient. Bear in mind that this may take some time. See also 32. **HES Vouchers**.

27

Single or Reglazed Lenses

If a prescription has changed in one eye only but the patient requests a new pair of spectacles, you should issue the appropriate voucher, inserting the prescription for both eyes. You can claim the full voucher value or the private retail price for the new spectacles, whichever is the lower. When re-glazing an eligible patient's frame with a new prescription, you should claim the appropriate voucher value or your normal retail price to private patients for the supplying and fitting of the lenses, whichever is the lower.

If only one lens is re-glazed, you should claim the appropriate voucher value or the private retail price for that lens, whichever is the lower. There is no such thing as a half voucher. You will be due either the full voucher value or the normal retail price for one lens, if lower than the voucher value.

28

Validity of Vouchers and Prescriptions

An optical voucher (GOS(S)3 form) is valid only while the patient is eligible and for a maximum of two years from the date on which it was issued. (However, you should be aware that an old prescription may no longer be clinically suitable.) You must check the patient's eligibility for the voucher on the date of the patient ordering the spectacles, if there is any delay between the eye examination and the dispensing.

The maximum validity of a prescription (GOS(S)2 form) is two years, if presented to an unregistered supplier.

29

Small Glasses Supplement

You should claim a small glasses supplement, only if you have supplied as follows - **note that all three conditions must be met:**

- glasses with a boxed centre of not more than 55 mm, **and**
- the patient is a child under seven years of age, **and**
- you have supplied a non-stock frame or a stock frame requiring extensive adaptation to ensure a satisfactory fit.

Extensive adaptation can apply to the frame or the lenses. Evidence of adaptation should be annotated on the patient's record. The orders for the

frame, lenses and/or modification should be retained as evidence. As you must certify that the appliance supplied conforms to the small glasses description, you should always check the dimensions of the frame, in order to ensure that the manufacturer's claim concerning the size of the frame is correct, before you make your claim. You should not assume that the manufacturer's dimensions are correct.

The supplement is payable in addition to the appropriate voucher. If a frame needs to be repaired or replaced, the supplement is also payable in addition to a repair or replacement voucher. You should claim the lower of the retail price of the spectacles / repair or the sum of the voucher and the supplement.

If a person over six years of age requires a special spectacle frame to be manufactured on account of their facial characteristics a hospital trust can issue a voucher to help towards the cost. This voucher is not available under GOS.

30

Complex Lenses

A complex lens is either a lens with a power in any one meridian of plus or minus 10 dioptres or more; or a prism-controlled bifocal lens. This definition means that if any meridian of any part of a bifocal lens exceeds 10 dioptres the patient is entitled to a complex lens voucher. This is an exception to the general rule for determining voucher values. The complex lens voucher is not an addition to the normal voucher for a child or patient who is eligible for a voucher on income grounds. For patients, who receive an income-related benefit, the voucher value is determined by the distance prescription. For the rule regarding reading additions over 4 dioptres, see **22. Choosing Correct Voucher Values**.

A complex lens voucher is solely for patients who do not qualify for help with charges on any other grounds. However, prisms and tints, if clinically necessary, can be claimed in addition to the complex lens voucher. Prism-controlled bifocal

lenses are classed as voucher H in all cases regardless of the distance or reading power.

31

Contact Lenses

You should only issue a voucher for contact lenses on the basis of the prescription for the spectacles. The prescription should not be amended. Vouchers can only be issued for contact lenses on a first prescription, or if there is a change in prescription or on grounds of fair wear and tear. As a prescriber, you should use your professional judgement to determine whether a pair of contact lenses needs to be replaced as a result of fair wear and tear. You should not issue a new voucher for disposable or planned replacement contact lenses on the grounds of fair wear and tear. Therefore, you can only issue a new voucher for disposable or planned replacement contact lenses, if the patient's prescription has changed.

If a patient pays for disposable or planned replacement contact lenses by instalment, a GOS(S)3 voucher may be accepted in lieu of a number of payments up to the value of the voucher. If a patient has committed to a contract for supply of such lenses it is acceptable to submit the voucher for payment once the contract for supply has commenced.

The replacement of lost contact lenses is subject to the same rules for children and adults as for spectacles. See **37. Vouchers for Adult Repairs and Replacements** and **39. Children's Repairs and Replacements**.

Vouchers cannot be used for the purchase of plano tinted contact lenses.

32

HES Vouchers

If the prescription on an HES(S)(P)2 form is not written to the highest spherical power, you should not transpose it. Consequently, the voucher type will be determined by the prescription as written, even if this disadvantages the patient in some instances.

33

Fair Wear and Tear

As a prescriber, you should use your judgement to determine whether a pair of spectacles needs to be replaced as a result of fair wear and tear. (In general, it is expected that spectacles will last for about two years. However, that is not a statutory limit.) Therefore, you should not issue a voucher for new spectacles to the same prescription as the patient's existing spectacles (following an eye examination), unless you judge the spectacles to be unserviceable through fair wear and tear. See also **31. Contact Lenses**.

In the event of an unchanged prescription for a child, you will have to consider whether the spectacles have become unserviceable, due to fair wear and tear, or the child has outgrown them. If so, you may issue a GOS(S)3 form. The GOS(S)3 form should be marked to show that replacement spectacles have been issued. The patient's record should indicate the reason for the replacement.

34

Repairs and Replacements (General)

A repair or replacement voucher is only appropriate, when there is no reason to believe that there has been a change of prescription.

Such a voucher must not be claimed in order to provide a second or spare pair of spectacles to a child, for example by repairing an old pair, when a new pair has been supplied.

In the event of an unchanged prescription or a clinically insignificant change for a child and the child's frame is broken, a repair voucher is appropriate in order to replace the frame. A GOS(S)4 form should be used. But see **35. Filling GOS(S)4 Forms** for the conditions of eligibility.

Full-time students aged 16, 17 or 18 are regarded as adults for the purposes of repairs or replacements. Like adults who are eligible for vouchers, they must satisfy the Health Board that the breakage or loss was due to illness.

When repairing a patient's spectacles (for example, by soldering), you should claim the appropriate repair voucher or the retail price of the repairs, whichever is the lower. You should endorse the GOS(S)4 form accordingly. You should not claim for a minor repair, for which you would not normally charge.

You should keep accurate records of all repairs and replacements for which vouchers are claimed, indicating:

- what was repaired or replaced; and by what and how
- the reason for the repair or replacement, e.g. spectacles lost, frames damaged beyond repair
- all relevant dates, including the dates of order and collection.

35

Filling GOS(S)4 Forms

You are required under your GOS terms of service to check a patient's eligibility for a repair or replacement voucher. See **5. Verifying Patients' Eligibility for GOS and Vouchers.**

In the case of adults (including students aged 16 to 18) an explanation of how the loss or breakage occurred must be entered on the GOS(S)4 form for consideration and possible approval by Practitioner Services. You should not make any repair or replacement before this approval. A GOS(S)4 may only be used, if the spectacles or contact lenses are not covered by an insurance policy or other guarantee.

36

Eye Examinations for Adult Repairs and Replacements

If a valid prescription is available, a repair or replacement should be made on the basis of that prescription.

GOS eye examinations should not be carried out except for clinical reasons.

Therefore, you should not carry out an eye examination solely in order to be able to issue a voucher to replace broken or lost spectacles. Unless a patient is under 16 or qualifies for a GOS(S)4 because of illness, the patient must make a private arrangement for a repair or replacement. Alternatively, the patient must wait until a further GOS eye examination is due. (See also **6. Frequency of Eye Examinations**.) In cases of major hardship – for example a patient who is unable to work because his spectacles have been stolen – you may consult your NHS Board, although the Board is under no obligation to assist the patient in these circumstances.

37

Vouchers for Adult Repairs and Replacements

You should not repair or replace an adult's spectacles and issue a GOS(S)4 form, until Practitioner Services are satisfied that the breakage or loss was due to illness. (In very exceptional circumstances of major hardship, the NHS Board

may be willing to consider the replacement of lost, stolen or broken spectacles, without which the patient would have extreme difficulty in working.)

With regard to the replacement of broken spectacles, which are more than two years old, Paragraph 28 of '1998 PCA(O)3' says *a situation could arise where a patient was retested after two years and found to have no change in prescription and his/her glasses to be serviceable. Shortly after, say within six months, the patient's glasses break and he/she returns to the practice. Since the glasses would have lasted over two years, it would be appropriate for the practice to consider issuing a replacement on the grounds of fair wear and tear. If the practitioner judged that there was unlikely to have been a change in prescription, a voucher could be issued without re-testing.* In this case, the GOS(S)3 form should have the date of the most recent eye examination and the date when the voucher was issued.

38

Spare Pairs of Spectacles for Children

As Paragraph 29 of '1998 PCA(O)3' says, no patient has ever been automatically entitled to a spare pair of spectacles to the same prescription.

The PCA indicates that, in exceptional circumstances, NHS Boards may be approached for approval of a second pair. In that case, a GOS(S)3 (**not** a GOS(S)4) form should be used.

A claim for the repair or replacement of a spare or second pair of spectacles should be dealt with in the same way as the repair or replacement of a first pair, i.e. if necessary, the child may have both pairs repaired. A spare pair, prescribed by a hospital, can be repaired and the repair claimed by using a GOS(S)4 form.

It is unacceptable to submit a GOS(S)4 form for a spare (or second) pair of spectacles for a child at the same time as a GOS(S)3 form for the first pair. It is

also illegal to post-date vouchers. See also **39. Children's Repairs and Replacements.**

39

Children's Repairs and Replacements

Children under 16 are eligible for repairs or replacements in consequence of loss or damage without the prior consent of Practitioner Services. If a child repeatedly breaks or loses his spectacles and if Practitioner Services make enquiries, you should respond with your advice about why you consider the losses or breakages to be so frequent. It is the responsibility of Practitioner Services to pursue the matter with the child's parents or guardian. GOS(S)4 forms can only be used to repair or replace the current spectacles and not older pairs. (A new prescription justifies a GOS(S)3 form.)

You should keep accurate records of all repairs and replacements for which vouchers are claimed, indicating:

- what was repaired or replaced; and by what and how
- the reason for the repair or replacement, e.g. spectacles lost, frames damaged beyond repair
- all relevant dates, including the dates of order and collection.

Glasses prescribed by a hospital can be repaired by any practitioner using a GOS(S)4 – they do not have to return to where they were prescribed for a repair.

40

Non-Collection of Spectacles and Contact Lenses

It is reasonable for you to submit your voucher claim in respect of uncollected appliances after three months. (You should record the steps you took to notify the patient, with the dates.)

In such cases you should claim for the spectacles, or contact lenses, at retail price or the appropriate voucher value, whichever is the lower, and annotate the form with the words "spectacles/contact lenses uncollected".

A claim may be made in respect of a patient who dies before collecting the spectacles. You should annotate the relevant form with the words "patient deceased".

41

HC2 and HC3 Certificates

All spectacles must be ordered within the period of validity of an HC2 or HC3 certificate. However, the spectacles may be collected by the patient thereafter.

42

Locums and Employees

Eye examinations can only be performed by optometrists or OMPs whose name appears on an NHS Board's ophthalmic list. An optometrist or OMP can assist in providing GOS in a Board's area, provided their name appears on the ophthalmic list of that Board. Being named on the ophthalmic list of one Board does not entitle an optometrist or OMP to provide, or assist with the provision of, GOS in other areas of Scotland, if they are not on the ophthalmic list of another Board.

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Seeking Further Information

For further information regarding policy and regulations, you are advised to contact your NHS Board. (The Board may also have an optometric adviser.) You can also ask your professional organisation.

Regarding payments, you are advised to contact the Ophthalmic Helpdesk of Practitioner Services on 0131 275 6200.