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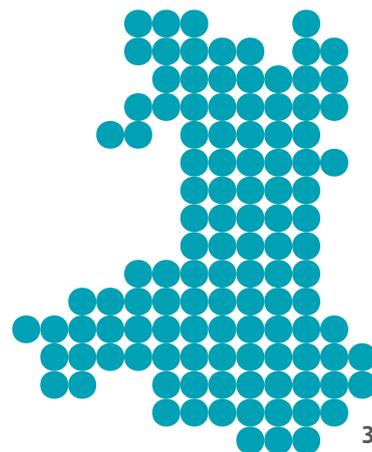
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## INTRODUCTION

This guidance is directed to optometrists, dispensing opticians and ophthalmic medical practitioners (OMPs) in Wales. The guidance has been produced by the Association of Optometrists (AOP) with Optometry Wales. We wish to record thanks to Geoff Roberson for undertaking the majority of the drafting and to the Welsh Government and National Health Service Wales Shared Services Partnership for advice and assistance given.

The guidance covers 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 paper 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 Wales. However, it cannot be relied on as a definitive interpretation of the law. In the event of uncertainty, please contact your NHS Wales Shared Services Partnership, Local Health Board or professional body for specific advice.

## GENERAL OPHTHALMIC SERVICES AND OPTICAL VOUCHER SCHEME

- To perform GOS in Wales you must be on a Health Board Ophthalmic or Supplementary List
- A practice must be on the Ophthalmic List of the appropriate LHB to provide GOS in that area
- You must remember to keep your registered information up to date

# 1

### INTRODUCTION: OPHTHALMIC AND SUPPLEMENTARY LISTS IN WALES

Local Health Boards (LHBs) in Wales are statutory bodies responsible for securing services to meet the health needs of the people of Wales.

The NHS Wales Shared Services Partnership (SSP) provides 'shared services' through its regional offices to support the seven Local Health Boards of NHS Wales. They provide them with contractor services for primary care optometry including contracts and lists management, payment processing and post-payment verification. Ophthalmic and Supplementary Lists in Wales are held and maintained by the Shared Services Partnership. It acts on behalf of all the LHBs in Wales. The point of contact at the SSP is the Ophthalmic Performers List Team. For full contact details see 47 GOS Useful Contacts.

An optometrist or ophthalmic medical practitioner (OMP) can provide or perform sight tests under General Ophthalmic Services (GOS) in Wales, only if they are on an Ophthalmic or a Supplementary List of a Local Health Board. Being on a GOS list in England, Scotland or Northern Ireland does not allow a practitioner to provide or perform GOS in Wales. (The Supplementary List is sometimes referred to as Supplementary Ophthalmic List.)

'Contractors' (i.e. optometrists or OMPs working as sole traders, partnerships including optometrists or OMPs, or bodies corporate registered with the General Optical Council) wishing to provide General Ophthalmic Services in an LHBs area must apply to have their names included in the Ophthalmic List of that LHB. This applies to both those contractors who wish to work from fixed premises or to provide domiciliary services. Domiciliary services are also referred to as mobile services, because they are not always provided in the patient's place of domicile. Contractors providing GOS from fixed premises must apply separately to the Shared Services Partnership, if they wish to provide domiciliary services. If a contractor wants to provide GOS in another LHB area, whether from premises or as a domiciliary service, they must contract separately with that LHB to do so. If a contractor

wishes to provide GOS from fixed premises and provide domiciliary sight tests in the same area, then two separate decisions must be made by the LHB. Admission to an Ophthalmic List in an area is not sufficient to allow a practitioner also to provide domiciliary sight tests.

You should not assume that, because you have applied to the Shared Services Partnership to join the appropriate list, that your application has been approved. You should, therefore, check with them before providing GOS.

It is your responsibility to inform the Shared Services Partnership, normally within 14 days for contractors and 28 days for assistants, if there are any changes to the information that you supplied on the application form. In particular, remember to inform them if you change your address for correspondence. The SSP must remove a person from a LHBs Ophthalmic List if they do not provide any GOS for 12 months. In the case of a practitioner on the Supplementary List, the LHB may remove them from the list if the practitioner cannot demonstrate that they have assisted in the provision of GOS in the LHB area for 12 months. Therefore, a practitioner intending to move to another practice in another LHB area should apply to the SSP to be switched to the appropriate Ophthalmic or Supplementary List of the other LHB.

Information about the regulations governing Ophthalmic and Supplementary Lists is available from your representative body. In law, there is no domiciliary list, although a specific decision is required to allow a contractor to provide domiciliary sight tests; this is separate from acceptance onto the Ophthalmic List to provide sight tests from fixed premises.

## 2

### **ASSISTANTS, DEPUTIES AND EMPLOYEES**

- To perform GOS sight tests in Wales you must be on a Health Board Ophthalmic or Supplementary List
- If you provide GOS in someone else's practice you are 'assisting' in the provision of GOS
- A newly qualified optometrist who is not on the Ophthalmic or Supplementary List cannot provide GOS even under supervision. You can apply up to 3 months before you are expected to qualify to prevent this situation

Sight tests can only be performed by optometrists or OMPs whose names appear on a LHBs list, whether Ophthalmic or Supplementary. Those who undertake sight tests in practices owned by contractors are regarded as 'assisting' in the provision of GOS. An optometrist or OMP can assist in providing GOS in any LHB area in Wales, if they appear on either list of any

LHB in Wales, as long as they have not been debarred from that LHB area. All contractors have to be on the Ophthalmic List of every LHB in whose area they plan to provide services, whether fixed or mobile.

Note that an employee, who was a pre-registration optometry student and becomes registered by the GOC as a qualified optometrist may still not perform GOS sight tests, even under supervision, until they have also been entered onto the Ophthalmic or Supplementary List. Nor may GOS forms be signed by another optometrist on the newly qualified optometrist's behalf before they are listed. Such a newly qualified optometrist may only carry out private sight tests, undertake contact lens fittings and checks and carry out the duties of a registered dispensing optician until they have been admitted to the List. (Pre-registration students may apply to join the List three months before their anticipated date of registration and are advised to get their application in as early as possible.)

Contractors are reminded that they are liable for all acts and omissions of their assistants, deputies and employees.

### POST-PAYMENT VERIFICATION (PPV)

- Your claims will be audited by your LHB or the SSP and they are legally entitled to inspect all records relating to GOS services
- Keeping good records will enable you to support your GOS claims

You can expect your claims in relation to GOS sight tests and domiciliary visits, as well as the issuing and redemption of optical vouchers, to be audited by your LHB or SSP on behalf of the LHB, from time to time. The LHB or its representative is contractually entitled to inspect records relating to your GOS patients (including mixed GOS and private records relating to a GOS claim). You are obliged under the regulations to make the records available to the LHB, subject to your being given not fewer than 14 days' notice in writing.

If you, your practice or the practice where you work is subject to a PPV visit, you should request a copy of the All Wales PPV Protocol, according to which the PPV visit is conducted. Optometry Wales also offers a 'buddy' service for practitioners subject to a PPV visit, via your Regional Optometric Committee.

It is essential to keep full and accurate 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 LHB.

## SUPPLYING AND CLAIMING (GENERAL)

- You must keep accurate records of all services and appliances supplied or repaired under the GOS and voucher regulations
- A patient can redeem a NHS voucher as a grant towards spectacles or contact lenses at the practice of their choice
- You can claim the lower of either the appropriate voucher value or retail price and the patient can choose how they use the voucher
- You cannot claim GOS fees for contact lens fitting or aftercare appointments
- You should submit vouchers regularly for payment within the maximum time limits specified

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
- you should not submit a GOS 3W form (voucher) and a GOS 4W 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 4W 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 or supplier of their 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 optical 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 their correct entitlement. As long as the retail price for the completed appliance - however it is made up - 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.

If it becomes clear during a GOS sight test that a patient requires dilation or cycloplegia this can be undertaken as part of the GOS sight test, or the patient may be eligible for follow-up under EHEW. Adult patients requiring a cyclo or patients requiring dilation simply for a better fundus view, in the absence of signs or symptoms indicating further investigations are required, must remain as a GOS patient. If the GOS dilation or cyclo are not completed on the same day as the rest of the sight test and the patient returns on a second occasion for this procedure, the sight test has not been completed until the dilation or cycloplegia has been carried out. You should not submit a claim until the sight test has been completed and the prescription issued to the patient. You cannot claim a second GOS fee for such a dilation or cycloplegia.

A contact lens fitting or check-up is not a GOS sight test. Services other than GOS sight tests may take the form of a local enhanced service (LES) negotiated between the Regional Optometric Committee and the LHB, and funded separately by the NHS, or may be funded by patients, e.g sports vision assessments; treatment of the visual symptoms of dyslexia; writing reports or completing forms for solicitors, insurers or employers, including VDU reports; and issuing duplicate optical prescriptions, duplicate contact lens specifications and copies of record cards, subject to the Data Protection Act

You should submit GOS 1W, 3W, 4W, 5W and 6W forms at regular intervals for payment (SSP recommend weekly) and within the time limits specified in the regulations. These are six months in the case of GOS 1W and 6W forms; and three months in the case of GOS 3W, 4W and 5W forms. These time periods begin on the date of supply of the service or appliance, i.e. when the patient signs either part 2 of the GOS 1W form or part 4 of the GOS 3W, 4W, 5W and 6W forms. Therefore, you should only submit GOS 3W forms for payment after you have supplied the spectacles or contact lenses (but see 34 Contact Lenses), the only exception being when the spectacles or contact lenses remain uncollected. See also 44 Non-Collection of Spectacles and Contact Lenses.

Submitting forms on time will assist the SSP to expedite payment on the due date. Specific information on the submission and payment dates may be found on the SSP website.

# 5

## COMPLETING AND SIGNING GOS FORMS (GENERAL)

- You should only sign forms for services which you provided
- Forms should be completed fully
- Dispensing opticians and lay suppliers may sign the supplier's declaration on the GOS 3W and 4 forms and redeem vouchers, provided they comply with the provisions of the Opticians Act relating to restricted groups

All statements that apply to the patient on the fronts of all GOS forms must be ticked; and other details required for that category of patient, e.g. GP's name and address, completed.

You are advised to sign only those GOS forms relating to the services which you have provided. You are advised to sign them at the time of dealing with the patient. Never sign blank GOS forms. If they are subsequently submitted fraudulently and they have your signature, then you will be held responsible and could be accused of fraud. This is of particular importance to those practitioners who do locum work. Apart from signing the contractor's section, you should only sign a GOS 1W, 5W or 6W form for a test done by someone else, when that test was performed by a pre-registration student under your supervision.

The potential for errors in claiming is reduced if practitioners strike a line through the section in part 3 of GOS 1W form and part 1 of a GOS 3W form, in order to indicate whether or not they have supplied a prism or tint. Similarly, errors can be avoided by striking a line through the distance or reading prescription boxes in part 1 of a GOS 3W form, when only one pair of distance or reading or intermediate spectacles are prescribed, supplied and claimed for.

The optometrist or OMP who conducted the sight test should sign the practitioner's declaration in the GOS 1W, 2W, 3W, 5W and 6W forms, indicating the date on which the sight test took place and giving their Ophthalmic List or Supplementary List number. The contractor, or their authorised signatory, should sign and date the claim section of the GOS 1W, 3W, 4W, 5W, and 6W forms. If the authorised signatory (who is not the contractor) conducted the sight test, they sign twice: once as the sight-tester, and once not on their own behalf but as the agent for the contractor, using the contractor's list number. If the contractor conducted the sight test personally, they need only sign once, namely the claim section. (See also 14 Completing GOS 1W Forms.)

Only an optometrist or an OMP on an Ophthalmic List or Supplementary List can issue a voucher. Dispensing opticians and lay suppliers may also sign the suppliers' declaration of the GOS 3W and 4W forms and redeem vouchers, provided the dispensing to patients who are under 16 years of age or who are registered severely sight impaired/sight impaired has been done by, or under the supervision of, a registered practitioner. It is good practice, but not a requirement of your Terms of Service or the GOS regulations that the registered practitioner should be identified on the dispensing record.

# 6

The authorised signatories of a so called 'grandfather' practice should be fully aware of their legal responsibilities. (A so called grandfather is a qualified and registered practitioner who acts as the GOS contractor on behalf of a practice owned by a lay person or entity, or a dispensing optician.)

The use of a rubber stamp for a signature is not acceptable.

## VERIFYING PATIENTS' ELIGIBILITY FOR GOS AND VOUCHERS: POINT OF SERVICE CHECKS

- You are required to verify a patient's eligibility for a sight test or voucher and are required to carry out a Point of Service check
- If a patient cannot provide evidence of eligibility you should mark the form as Evidence Not Seen
- A patient must be eligible on the date of the sight test and/or the date on which they order their spectacles or contact lenses

You are required by your Terms of Service and GOS Regulations to take reasonable steps to verify a patient's eligibility for a sight test or a voucher on the date that the sight test takes place or the patient orders spectacles or contact lenses. In particular, you are required to carry out a Point of Service check.

If a patient fails to produce satisfactory evidence of eligibility, you must record the fact on the GOS 1W, 3W, 4W or GOS 6W form by crossing the 'Evidence Not Seen' roundel. In such cases, you should, nevertheless, carry out the sight test or issue the voucher, unless (using your common sense) you have good reason to believe the patient's claim is false, e.g. a patient gives a date of birth indicating his age is under sixty yet ticks the "Over 60" entitlement category on a GOS 1W form. Close relatives of glaucoma sufferers and those receiving the income-based Job Seekers Allowance and Pension Credit Guarantee Credit are unlikely to be able to furnish documentary proof of eligibility. You must mark their forms Evidence Not Seen unless you have evidence.

If patients are eligible for a sight test because they have a HC2W or HC3W certificate, you must check that the certificate is valid on the date of the sight test and enter the number on the GOS form. You must not, under any circumstances, provide the sight test, unless you have seen the valid certificate. Similarly, in respect of a GOS 3W form, you must see the HC2W or HC3W certificate and check that it is valid on the date that the patient orders their spectacles or contact lenses from you.

If the patient undergoing a private sight test is found to need a complex lens, then the test may be treated as having been performed under the GOS, and a GOS 1W or GOS 6W form may be completed and submitted for payment. Equally, a GOS patient currently wearing complex lenses, who undergoes a sight test and is found no longer to require a complex lens, may still receive a GOS sight test on this occasion only.

# 7

It is good practice, but not a requirement of your Terms of Service or GOS regulations to make a note on the patient's record of the evidence of eligibility that you have seen.

LHBs are empowered (but not required) to impose a financial penalty on patients who fraudulently claim eligibility for GOS sight tests or optical vouchers. Consequently, it is not in the patient's interest to claim erroneously.

## **OVERSEAS VISITORS AND ASYLUM SEEKERS**

If you decide to provide a GOS sight test to an overseas visitor (depending on their circumstances and the length of their stay), you should apply the same eligibility criteria as you would to a UK resident. It is advisable to record the visitor's address and (if appropriate) GP in the UK on the relevant GOS form. If in doubt, you should consult the NHS England Area Team.

Bona fide asylum seekers will normally be in possession of a HC2 certificate and are therefore entitled to a GOS sight test (and voucher if appropriate).

# 8

## **GLAUCOMA AND OCULAR HYPERTENSION**

After receiving treatment in hospital for glaucoma (either by medication or surgery), patients are not cured of the disease. They will, therefore, continue to be eligible for GOS. Parents, children and siblings of glaucoma sufferers are also eligible for a GOS sight test, if they are aged 40 or over.

Following a change in the regulations you are no longer obliged to send written information to the GP every time you see a patient suffering from glaucoma. Only contact the GP if you believe it is clinically necessary.

A patient diagnosed by a consultant ophthalmologist as having ocular hypertension and at risk of glaucoma is eligible for a GOS sight test. However, this eligibility does not extend to their family members. See also 14 Completing GOS 1W forms.

# 9

## **DIABETES**

Patients who have gestational diabetes, or diabetes associated with a medical condition that is later resolved, are only eligible for a GOS sight test while they are suffering from the condition.

Patients diagnosed with the common Type 1 or 2 diabetes are not cured (even if the Type 2 is fully controlled by diet). Therefore, they will continue to be eligible for GOS.

Following a change in the regulations you are no longer obliged to send written information to the GP every time you see a patient suffering from diabetes. Only contact the GP if you believe it is clinically necessary.

A GOS sight test does not constitute diabetic retinopathy screening. Diabetic Eye Screening Wales (DESW) provides 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 bring this to the attention of the patient's GP, so that the patient may be included.

You are only required to dilate a patient suffering from diabetes during the course of a GOS sight test, in so far as you judge dilation to be clinically necessary. You cannot be instructed by a GP, practice nurse, LHB or other person to routinely dilate all patients having a GOS sight test. See also the guidance of the College of Optometrists.

### FREQUENCY OF SIGHT TESTS

- Sight tests should only be carried out if clinically necessary
- You should exercise clinical judgement when recalling patients or issuing a changed prescription
- If you decide to see a patient at an interval shorter than recommended, then the appropriate code should be used on the form and the reason noted on the record

As required by the regulations, you should only carry out a sight test, if you think it clinically necessary. You should ensure that the reason for the test is clearly shown on the patient's record.

The structure of the GOS 1W, 5W and 6W forms is such that the patient is expected to determine when they last had a sight test and to enter that date on the form.

You are free to exercise your clinical judgement to determine how frequently a patient needs a sight test and to determine when to issue a changed prescription. The NHS will automatically pay all bona fide claims for GOS fees for sight tests carried out at the intervals specified in the Memorandum of Understanding with the profession. The Memorandum can be accessed by clicking [here](#).

In the event of testing a patient's sight at a shorter interval than that specified you must put the appropriate numerical code on the GOS 1W or 6W form to indicate the reason for the earlier sight test. Such a sight test may be initiated by an optometrist, or by a patient who presents with a problem which requires attention in the judgement of the optometrist. You might be challenged by your LHB (advised by an optometric adviser) to justify your clinical decision. Therefore, it is good practice, but not a requirement of your Terms of Service or GOS regulations to protect yourself by noting the code on the patient's record and ensuring

the record supports your decision. Nevertheless, LHBs will pay all bona fide claims. Such claims (like other claims) may be subject to post-payment verification.

While you have complete freedom to exercise your clinical judgement in individual cases, it is not appropriate to apply a blanket recall interval to all patients within a category. The GOS regulations require practitioners to satisfy themselves that a sight test is clinically necessary for each individual patient. Therefore, the intervals in the Memorandum are not to be read as applying automatically to all patients in a category. LHBs have the discretion to ask you to justify each decision. Over-frequent GOS sight testing could cause the LHB to question whether you should remain on the list. When you intend to recall a patient at less than a two-year interval, it is advisable to note the reason in the patient's record. You can also seek advice from the LHBs optometric adviser.

A patient, who has a sight test when they are already fifteen, would normally expect to have a sight test two years later, unless there was a clinical reason to have an earlier sight test.

### DOMICILIARY VISITS

- GOS eligible patients are only entitled to a domiciliary visit if they are unable to leave home
- unaccompanied
- You must record the specific illness or disability on the GOS form and your records
- Hospital in-patients are not entitled to a GOS domiciliary sight test
- You must be on the Ophthalmic List for every LHB area in which you wish to provide domiciliary visits
- You must notify the SSP at least 48 hours before you make a visit to one or two patients and three weeks before you see three or more patients at the same address

You can only claim a domiciliary fee in respect of a patient who is eligible for a GOS sight test 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 them from attending a practice. Terms like 'housebound', 'immobile', 'wheelchair-bound' or 'resident of a home' are insufficient. You or the patient must also record the patient's reason for needing a home visit on the GOS 5W or 6W form. 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.

Patients in hospital are not eligible for a domiciliary sight test under the GOS. The cost of the visits you might have to make and any basic optical appliance required is met by the hospital requesting the service. If it is the first time you are providing services you should clarify that the hospital understands this before attending. Some LHBs have a local Service

Level Agreement in place to provide these services. Contact Optometry Wales if you require further information.

The regulations stipulate that GOS sight tests 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 12 Domiciliary Visits to Day Centres.) The patient or, if they are incapable, their 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 the SSP 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 during one visit to the unit.

If you intend to make domiciliary visits in an area where you or your employer is not on the LHBs Ophthalmic List and is not approved as a domiciliary provider, the provider (i.e. contractor) will have to apply to that LHB to be on the Ophthalmic List and be accepted as a domiciliary provider. See 13 Changes to Notifications of Domiciliary Visits and Substitutes.

You must notify the SSP at least 48 hours (excluding weekends and public holidays) before you intend to make a domiciliary visit to one or two patients at a single dwelling. If, in exceptional circumstances, the LHB authorises you to make the visit sooner, you are advised to document the authorisation. Notice must be given by letter, fax or email. If you intend to see three or more patients at the same address, you must give at least three weeks' notice. All notifications must identify the individual patients, the address where the sight test will take place, the date, and approximate time using a standard notification form . Completed forms should be faxed to the SSP on 01495 332383

## 12

### DOMICILIARY VISITS TO DAY CENTRES

- 
- A day centre must be approved by the SSP
- A domiciliary fee is not payable for sight tests in a day centre

You may carry out GOS sight tests at some day centres for patients with disabilities, children with special needs, patients who have difficulties in communicating their health needs unaided, and for genuinely homeless people.

You should ask your SSP 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 sight-testing under the GOS. Note that the domiciliary visiting fee is not payable in respect of GOS sight tests carried out at day centres.

You must notify the SSP according to the appropriate period (48 hours or three weeks), giving patients' details, before you visit a day centre in the same way as any other location.

# 13

For details of changes to the notice, see 13 Changes to Notifications of Domiciliary Visits and Substitutes.

## CHANGES TO NOTIFICATIONS OF DOMICILIARY VISITS AND SUBSTITUTES

If a contractor is unable to visit a residence on the day arranged for reasons beyond their control, e.g. due to an outbreak of illness at the care home, another venue may be substituted on the day of the visit, subject to informing the SSP and provided that the SSP had been previously notified according to the regulations of the intention to undertake GOS at the care home that is replacing the visit which has been prevented from taking place.

Changes to notifications concerning the number and identity of patients may be made with at least 48 hours' notice to the SSP. Up to three changes (additions or substitutions) may be made on the day of the visit, but only if it would not have been possible to give 48 hours' notice, e.g. in respect of a new resident or a person who has only just developed an eye or vision problem.

# 14

## COMPLETING GOS 1W FORMS

- The date of last sight test should be entered on the GOS 1W, whether NHS or private
- If you have not seen evidence of eligibility for GOS, then you should mark the Evidence Not Seen roundel
- The practitioner who performed the sight test and the Contractor (or their agent) must sign the GOS 1W. If the contractor personally conducted the sight test they only need sign once

See 6 Verifying Patients' Eligibility for GOS and Vouchers: Point of Service Checks for advice on checking a patient's eligibility for GOS.

The patient is only required to give a former surname if it has changed in the previous twelve months.

You should enter the date of the last sight test, whether NHS or private and 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 sight test, you should enter the word 'first'.

You should enter the patient's NHS and/or National Insurance numbers, if the patient is able to provide them. The patient may still receive GOS, even if they do not provide these numbers.

You must ask the patient for evidence of their eligibility for GOS. But, if you have not seen suitable evidence of eligibility, you must enter a cross in the Evidence not seen roundel.

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.

If the sight test results in a no-change prescription, you must tick the box in Part 3 worded "A prescription showing no change or a statement was issued." It is a legal requirement to issue a GOS 2W or equivalent, whether or not an optical appliance is prescribed, or a change in prescription is given.

You must complete the field 'address where sight test took place' indicating either your listed community practice or the venue of the domiciliary sight test. The person who undertook the sight test must sign and date the form, recording the date on which the sight test took place and giving their Ophthalmic or Supplementary List number. The contractor or their authorised signatory must sign and date the claim section. If the contractor is a sole trader or a partner in a partnership and conducted the sight test personally, they need only sign once after the contractor's declaration.

## 15

### COMPLETING GOS 6W FORMS

In addition to the requirements for completing a GOS 1W form (see above); you must indicate the reason for and venue of the domiciliary visit, and whether the patient was the first, second, or third or subsequent patient seen at that address on that visit. The domiciliary fee is payable, only if the sight test is carried out at the patient's domicile.

## 16

### 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 1W, 3W, 4W, 5W or 6W form and print their name and provide their address (if different from the patient's address). Neither the contractor, the optometrist or staff member can sign on behalf of the patient (unless the patient is their child or dependant).

## 17

### PATIENTS AGED 16, 17 OR 18 AND IN FULL-TIME EDUCATION

Patients aged 16, 17 or 18 in full-time education at a "recognised educational establishment" (meaning an establishment recognised by Welsh Ministers as being, or as comparable to, a

school, college or university) are eligible for GOS once they have joined an academic course and remain eligible thereafter during the holidays. Those who are educated at home or a school overseas are not eligible, although they might be able to apply for an HC2W or HC3W on grounds of income.

Students between academic years or changing schools continue to be eligible during the holidays as do students going to college or university who have an offer of a place at college or university to be taken up immediately after the long holiday, i.e. no gap year.

As with all GOS entitlements, optometrists should ask for evidence of eligibility, i.e. conduct a Point of Service check. Patients should be able to show one of the following:

- a letter from their school, saying that either they are a current pupil
- a letter from their school saying that they were a pupil at School X and are changing to another School Y in September; or
- a letter offering a place at the college or university to be taken up immediately after the long holiday.

If evidence is not shown by the patient, optometrists and OMPs should mark the "Evidence not seen" roundel on the GOS form and proceed to provide the service, if clinically necessary.

### PRESCRIBING AND SUPPLYING TINTS, PHOTOCROMIC LENSES AND PRISMS

- These supplements can only be provided under GOS where the patient requires a clinically significant prescription
- A tint should only be provided if it is clinically necessary and can only be prescribed by the sight tester – not added to the voucher at the time of dispensing

Tints, photochromic lenses and prisms are supplements to the prescription of a powered lens. They are claimable in addition to the normal voucher value.

Under the GOS you should only prescribe a tint, if you judge it clinically necessary at the time of the sight test and are also prescribing a powered lens. Tints must not be prescribed simply because the patient "has had them before". You must note the clinical reason for the tint, e.g. symptoms, test results or clinical findings, on the patient's record and indicate on the GOS 1W, 5W or 6W, and 2W and 3W forms accordingly, at the time of the sight test. You should not prescribe a tint if it is not clinically necessary or claim for a tint 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 the GOS. A tint can only be prescribed by the optometrist/OMP who performed the sight test. It cannot be added to the prescription at the time of dispensing.

Full details of the SSPs policy on claiming for tints can be found at: [www.primarycareservices.wales.nhs.uk/opendoc/312630](http://www.primarycareservices.wales.nhs.uk/opendoc/312630)

If 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 reasons on the patient's record, e.g. symptoms, test results or clinical findings.

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.

## 19

### **PLANO LENSES WITH TINTS OR PRISMS**

You may not claim a GOS voucher for tinted lenses, photochromic lenses or a prism where both lenses are plano (either spectacles or contact lenses) – at least one lens should have a prescription. 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.

## 20

### **AR COATINGS AND UV BLOCKS**

Neither anti-reflection coatings nor ultra-violet blocks are considered to be tints under the 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.

## 21

### **SMALL PRESCRIPTIONS AND 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 3W form. If, however, you decide the change is not clinically significant, you should not issue a voucher (GOS 3W). But see 37

## 22

Repairs and Replacements (General).

If the sight test results in a small refractive change, which you do not consider clinically significant, you are advised to indicate this on the GOS 2W form by ticking the box 'No Change' and by noting it in the comments section.

The College of Optometrists has issued guidance on prescribing small prescriptions. See the College's website [www.college-optometrists.org](http://www.college-optometrists.org)

### NO CHANGE PRESCRIPTIONS

Please see 12 Completing GOS 1W Forms and 35 Repairs and Replacements (General).

You should not issue a voucher if there is no change in the prescription (following a sight test) and the patient has a serviceable pair of spectacles. (Spectacles are normally expected to last two years. See 36 Fair Wear and Tear.)

If, thereafter, the patient's spectacles break, say, six months after this last sight test 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 3WW 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 a sight test, provided you think there is unlikely to have been any change in the prescription since the last sight test. You should ensure that the date of the sight test and date of issue of the voucher are correct. See also 39 Sight Tests for Adult Repairs and Replacements and 40 Vouchers for Adult Repairs and Replacements.

## 23

### NON-TOLERANCE

The GOS scheme provides support for patients who, exceptionally, cannot tolerate new glasses.

You should annotate the GOS 1W form with the words 're-test/non-tolerance', if a second sight test is necessary. You may only issue a second voucher after receiving the prior approval of the SSP and annotate the GOS 3W form accordingly (including the date and the name of the SSP official who gave you the approval) and, when appropriate, a copy of any written authorisation.

### CHOOSING CORRECT VOUCHER VALUES

- While a voucher can be used towards spectacles or contact lenses the value is determined by the
    - spectacle prescription
    - Vouchers E-H may be used to provide varifocals
- Patients can use the voucher in any way they choose. You can claim either the voucher value or the retail value of the appliance provided – whichever is the lower

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

See also 28 Transposition below.

Vouchers should not be post-dated under any circumstances.

Vouchers E-H for bifocal lenses may also be used for multifocal 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 dioptries greater than the distance portion. If a bifocal lens has a reading addition of over 4 dioptries and the reading lens power gives a higher voucher value, the higher value can be claimed.

The amount that you can claim for a GOS 3W or the retail price of the appliance provided if this is lower.

### COMPLETING GOS 2W FORMS

If there is no refractive change, or if the sight test results in a small refractive change, that you do not consider clinically significant, you should tick the box An unchanged prescription was issued. You should sign and issue a GOS 2W prescription statement (or equivalent) at the end of every sight test. See also 21 Small Prescription Changes.

## COMPLETING GOS 3W FORMS

- If the patient is eligible for a NHS voucher it should be given to them following the sight test or EHEW examination
- A patient is only entitled to a GOS 3W after a private sight test if they subsequently became eligible. You can transpose a prescription to claim a higher voucher value (except in the case of Hospital Eye Service vouchers)
- The patient must be eligible for a voucher on the day on which they order their appliance

The regulations require you to issue a voucher form (GOS 3W) at the time of the sight test, 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.

A voucher can be issued after an EHEW examination if:

- the patient has GOS 3W eligibility
- a sight test formed part of the EHEW examination
- a change in prescription was found

If an eligible patient is not issued with a GOS 3W form at the time of the sight test and requires a voucher, they should be directed to the practitioner who performed the sight test.

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 HES, private prescription or prescription issued following an Eye Health Examination. In such circumstances, it is not necessary to give the patient a second sight test, unless you believe there has been a change in prescription. Instead, having first satisfied yourself that the patient is eligible for a voucher, you should copy the details of the prescription from the private, HES or Eye Health Examination prescription into the part of the GOS 3W entitled NHS Optical Voucher. In the signature box you should write 'transcribed by' and enter your name and list number and sign and date the form. You must indicate the date of the prescription, on which the GOS 3W is based. It is good practice to record the name and address of the original prescriber, together with the date and details of the prescription, on the patient's record.

If, after a private sight test, 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 21 Small Prescriptions and Prescription Changes and 36 Fair Wear and Tear.

Patients have the choice of deciding where to have their spectacles dispensed. Spectacles for children under 16, those registered severely sight impaired/sight impaired 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 optician. If, immediately following a sight test in your practice, the patient chooses to order the spectacles from your practice, it may not be necessary to physically hand the GOS 3W form to the patient. However, if the patient chooses to order their spectacles elsewhere or if the patient chooses not to have the spectacles dispensed immediately, you should sign the GOS 3W and give the patient the GOS 3W form at the end of the sight test.

If you receive a GOS 3W form for dispensing and the prescription is not written in the form which gives the highest spherical power, you should transpose the prescription if this would provide a higher-value voucher and benefit the patient. Initial the amendment with the annotation FPN 713. See 28 Transposition.

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

GOS 3W 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.

## 27

### ALTERING ANOTHER PRESCRIBER'S PRESCRIPTION (BVD)

You should annotate the GOS 3W or HES 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 3W or HES voucher form accordingly.

## 28

### TRANSPPOSITION

You should write all prescriptions in the form which gives the highest spherical power, in order to establish voucher values. If you dispense a prescription not written this way, you should transpose it, if this would give a higher voucher value, initialling the amendment with the annotation FPN 713 except for HES prescriptions. It is not necessary that the form (transposition) in which the prescription is written on the patient's record should be the same as that on the voucher. Note that the SSP does not transpose prescriptions. So, if you claim a higher voucher value than the form in which the prescription is written, the voucher may be returned to you for correction.

Prescriptions from the Hospital Eye Service must normally be claimed according to the transposition in which they are written. The prescriber can be contacted and may agree to issue a new HES3 with a revised prescription. (See also 35 HES Vouchers.)

**SINGLE OR REGLAZED LENSES**

- There is no such thing as a half voucher – if a patient has a clinically significant change in one eye,
  - then they should be given a GOS 3W with the prescription for both eyes
- If they decide to change only one lens in their current spectacles, then you should claim the voucher value or the retail cost – whichever is the lower

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.

**VALIDITY OF VOUCHERS AND PRESCRIPTIONS**

An optical voucher (GOS 3W 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 sight test and the dispensing. The maximum validity of a prescription (GOS 2W form) is two years, if presented to an unregistered supplier.

**SMALL GLASSES SUPPLEMENT**

- A SGS is only valid if the requirements below are met
  - You should verify the measurements of the frame and record this information
- You should clearly note the alterations made to the frame or lenses

You should claim a small glasses supplement, only if you have supplied as follows:

- glasses with a boxed centre of not more than 55 mm, and
- you have supplied a non-stock frame or a stock frame requiring extensive adaptation to ensure a satisfactory fit.

Both conditions must be satisfied for a claim to be valid.

It is your responsibility to ensure that the appliance supplied meets the small glasses criteria. You should always, therefore, check the dimensions of the frame in order to ensure that it has been correctly marked by the manufacturer and record this before you make your claim. You should not assume that the manufacturer's dimensions are accurate.

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.

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 retail price of the spectacles or repair, or the sum of the voucher and the supplement, whichever is the lower.

## 32

### SPECIAL FACIAL CHARACTERISTICS SUPPLEMENT

If any patient requires a special spectacle frame to be manufactured on account of their facial characteristics, a voucher can be issued to help towards the cost. This voucher can be issued by a hospital or, following a change in the regulations, a GOS provider.

## 33

### COMPLEX LENSES

- 
- If a patient is found to require a complex lens, you can claim a GOS sight test fee
- If, after a GOS sight test, a patient is found to no longer require a complex lens you can claim a sight test fee for that time only

A complex lens voucher is not a supplement – it can only be claimed in isolation, but with a tint or prism supplement added if clinically necessary

A complex lens is either a lens with a power in any one meridian of plus or minus 10 dioptries or more; or a prism-controlled bifocal lens. This definition means that, if any meridian of any part of a bifocal lens exceeds 10 dioptries, the patient is entitled to a complex lens voucher. This is an exception to the general rule for determining voucher

values.

If the distance prescription is below 10 dioptres but the reading addition takes it to 10 dioptres or over, the patient will qualify for a GOS sight test on the grounds that the patient requires a complex lens.

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 and prism-controlled bifocal lenses, see 24 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, supplements for prisms and tints, if clinically necessary, can be claimed in addition to the complex lens voucher.

### CONTACT LENSES

- 
- Any voucher value is calculated on the spectacle prescription  
Disposable or planned replacement contact lenses do not entitle a patient to vouchers on fair wear and tear grounds
- A voucher can be used in lieu of payments for regular replacement 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, however 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 spectacle prescription has changed.

If patients pay for disposable or planned replacement contact lenses by instalment, a GOS 3W 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 40 Vouchers for Adult Repairs and Replacements and 42 Children's Repairs and Replacements.)

# 35

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

## HES Vouchers

If the prescription on an HES (P) form is not written to the highest spherical power, you should not automatically transpose it. Consequently, the voucher type will normally be determined by the prescription as written. The prescriber can be contacted however and may agree to issue a new HES3 with a revised prescription if this would provide a higher-value voucher and benefit the patient.

# 36

## FAIR WEAR AND TEAR

- There is no statutory definition of fair wear and tear but spectacles for an adult are normally expected
  - to last two years
- If you find an unchanged prescription in a child and give them a new voucher you should record the reason why in your records

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. Spectacles are normally expected to last for about two years. However, this 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 a sight test), unless you judge the spectacles to be unserviceable through fair wear and tear. See also 34 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 3W form. The GOS 3W form should be marked to show that replacement spectacles have been issued. The patient's record should indicate the reason for the replacement.

# 37

## 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. Except if a second pair has been authorised (see 41 Second Pairs of Spectacles), a repair should only be made to the most recent pair of spectacles.

The SSP can authorise the supply of a second pair of spectacles to a child if there is a significant change of prescription and the patient would suffer significant visual hardship

because their spectacles were lost or broken. Prior approval from the Optometric Advisor must be sought on form GOS(Wales)SP. The form can be downloaded from the NHS Wales website here.

In the event of an unchanged prescription for a child and where the child's frame is broken, a repair voucher is appropriate in order to replace the frame. A GOS 4W form should be used. But see 38 Completing GOS 4W 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 LHB 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 4W form accordingly.

You should not claim for a minor repair, for which you would not normally charge. Nor should you claim for a replacement, when only a repair has been made.

You should keep dated records of repairs or replacements for which vouchers are claimed, indicating the spectacles or contact lenses that are being repaired or replaced and the reason for the repair or replacement, e.g. spectacles lost, frames damaged beyond repair. It is not a requirement of your Terms of Service or the GOS regulations to indicate in your records how the loss or damage occurred.

## 38

### COMPLETING GOS 4W FORMS

- - You should check a patient's eligibility for a repair or replacement
  - You should get SSP approval before repairing adults' spectacles
- Spectacles for a child provided on a HES voucher can be repaired using a GOS 4W

You are required under your GOS terms of service to check a patient's eligibility for a repair or replacement voucher. See 6 Verifying Patients' Eligibility for GOS and Vouchers: Point of Service Checks above.

In the case of adults, including students aged 16 to 18, an explanation of how the loss or damage occurred must be entered on the GOS 4W form for consideration and possible approval by the SSP. You should not make any repair or replacement before this approval.

A GOS 4W form may only be used, if the spectacles or contact lenses are not covered by an insurance policy or other guarantee.

# 39

Where spectacles are supplied to a child under 16 by the Hospital Eye Service, they may be repaired by a supplier in the community under GOS and a claim made to the SSP on form GOS4. Where, exceptionally, the HES has issued two pairs of the same prescription they may, if necessary, both be repaired. Adult patients who have lost or broken glasses supplied by the HES should explain how the loss or damage occurred using a GOS 4W form and apply to the SSP in the same way.

## SIGHT TESTS FOR ADULT REPAIRS AND REPLACEMENTS

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

Sight tests should not be carried out except for clinical reasons. Therefore, you should not carry out a sight test 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 4W because of illness, the patient must make a private arrangement for a repair or replacement. Alternatively, the patient must wait until a further sight test is clinically necessary. (See also 10 Frequency of Sight Tests.) In cases of major hardship – for example a patient who is unable to work because their spectacles have been stolen – you may consult the SSP, although the SSP is under no obligation to assist the patient in these circumstances.

# 40

## VOUCHERS FOR ADULT REPAIRS AND REPLACEMENTS

- - Spectacles are normally expected by the NHS to last 2 years
- Do not repair an adult's spectacles without prior approval

You should not repair or replace an adult's spectacles and issue a GOS 4W form, until the SSP is satisfied that the breakage or loss was due to illness. In very exceptional circumstances of major hardship, the SSP 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 23 of *FPN 713* 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 3W form should have the date of the actual sight test and the date when the voucher was issued.

## SPARE PAIRS OF SPECTACLES

- 
- No patient is automatically entitled to a spare pair of spectacles
- You can request a spare pair for a patient by contacting the SSP
- If a spare pair is approved, a GOS 4W should not be used to make the claim

A GOS 4W must be used for repairs of a main or a spare pair

As Paragraph 27 of FPN 713 says, no patient has ever been automatically entitled to a spare (second) pair of spectacles to the same prescription. The FPN indicates that, in exceptional circumstances, the SSP may be approached for permission to supply a second pair to the current prescription. In that case, a GOS 3W (not a GOS 4W) form should be used. The SSP can authorise the supply of a second pair of spectacles, if there is a significant change of prescription and the patient would suffer significant visual hardship because their spectacles were lost or broken. Prior approval from the Optometric Advisor must be sought on form GOS(Wales)SP.

A claim for the repair or replacement of a 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 patient may have both pairs repaired. A spare pair, prescribed by a hospital, can be repaired and the repair claimed by using a GOS 4W form.

It is not acceptable to submit a GOS 4W form for a second pair of spectacles at the same time as a GOS 3W form for the first pair. It is also illegal to post-date vouchers. See also 42 Children's Repairs and Replacements.

Normally, if the HES think a second pair is appropriate, the HES will bear the cost of the voucher.

## 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 the SSP.

GOS 4W forms can only be used to repair or replace the current spectacles and not older pairs. A new prescription justifies a GOS 3W form.

You should keep dated records of repairs or replacements for which vouchers are claimed, indicating the spectacles or contact lenses that are being repaired or replaced and the reason for the repair or replacement, e.g. spectacles lost, frames damaged beyond repair. It is not a requirement of your Terms of Service or GOS regulations to indicate in your records how the loss or damage occurred.

If a child repeatedly breaks or loses their spectacles, the SSP may consult the supplier about why the losses/breakages are so frequent and consider what advice they could give to help the patient/parents/guardians take better care of the spectacles. The SSP might consider writing formally to the family where the problem persisted.

## 43

### COMPLETING GOS 5W FORMS

The GOS 5W form is only for use by patients who hold a valid HC3W certificate at the time of the sight test. See also 45 HC2W and HC3W Certificates.

You should deduct the patient's contribution shown on the HC3W certificate from your private sight test fee, when completing the GOS 5W form. If your private sight test fee is less than the GOS sight test fee, you should use the lesser amount to make the calculation.

## 44

### NON-COLLECTION OF SPECTACLES AND CONTACT LENSES

It is reasonable for you to submit your claim for a voucher in respect of uncollected appliances three months after the spectacles were ordered. It is good practice, but not a requirement of your Terms of Service or the GOS regulations to record the steps you took to remind the patient, with the dates. The SSP considers it reasonable to make at least two attempts to contact the patient.

In such cases, you should claim for the spectacles or contact lenses at the 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'.

## 45

### HC2W AND HC3W CERTIFICATES

All spectacles must be ordered within the period of validity of an HC2W or HC3W certificate. However, the spectacles may be collected by the patient thereafter.

## 46

### HC5W(O) FORMS AND REFUNDS

If a patient discovers, after receiving and paying for a private sight test, that at the time of that test, they were eligible for an NHS sight test, the patient can obtain a refund, using the HC5W(O) form. The HC5W(O) form can be viewed and downloaded from the NHS Wales

website by clicking here.

This exemption does not allow a patient who chooses in advance to have a private sight test (e.g. on a non-GOS day or by an optometrist who is not listed to provide GOS) to claim a sight test fee. If a patient, who is eligible for GOS, chooses to have a private sight test instead, you should be sure that the patient understands beforehand that they cannot change their mind after the private sight test and claim a GOS sight test using the HC5W(0) form. It is advisable to ask the patient in advance to sign a document stating that they understand this.

### **GOS USEFUL CONTACTS**

Applications for inclusion in the NHS Wales GOS Ophthalmic and Supplementary Lists, including provision of mobile services, should be made to:

#### **Performers List Team**

NHS Wales Shared Services Partnership  
Cwmbran House  
Mamhilad Park Estate  
Pontypool  
Gwent  
NP4 0XS

01495 332000  
ophthalmic.performerslist@wales.nhs.uk  
<http://www.primarycareservices.wales.nhs.uk/home>

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## WALES EYE CARE SERVICES

### INTRODUCTION

The Wales Eye Care Service is intended to detect eye problems in susceptible individuals, enable early assessment of acute eye problems and provide support for those with a visual impairment beyond the scope of a sight test. The service comprises three strands; diabetic retinopathy screening provided by Diabetic Eye Screening Wales (DESW), the Eye Health Examination Wales (EHEW), and the Low Vision Service Wales (LVSU), both of which are delivered by primary care optometry.

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### INTRODUCTION: EYE HEALTH EXAMINATION WALES (EHEW)

EHEW is an extended eye care service to address the specific needs of patients ordinarily resident in Wales. It enables as many patients as possible to remain in primary care, closer to home avoiding unnecessary referrals to the Hospital Eye Service. Provision is made for patients with acute eye problems, patient at greater risk of developing a serious eye problem and some specific patients discharged from the HES but who still require ongoing monitoring.

The Eye Health Examination is available free of charge and on request to people in specified groups.

Full details of the scheme can be found on the Eyecare Wales website.

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### PROVIDING EHEW

Any optometrist on a health board list in Wales can provide EHEW but must go through a training programme provided by the Wales Optometry Postgraduate Centre (WOPEC) and be accredited. Further details about the application and accreditation process can be found on the Eyecare Wales website.

Currently, accredited optometrists must be re-accredited every 3 years.

Practices wishing to provide EHEW must be registered and have the following equipment:

- Slit lamp
- Fundus lens for Binocular Indirect Ophthalmoscopy (BIO)
- Contact tonometer (Goldmann or Perkins)
- Automated visual field equipment capable of producing a field plot print-out
- Eyelash removal instruments
- Foreign body removal instruments

- Direct Ophthalmoscope
- Amsler charts
- Diagnostic drugs
- Retinoscope
- Vision testing equipment for testing children

### PATIENTS ELIGIBLE FOR EHEW

The following patient groups are entitled to EHEW (whether they are GOS eligible or not):

- Any patient presenting with signs or symptoms requiring urgent investigation.
- Patients who are at risk of eye disease due to ethnic background
- Patients with additional risk factors:
  - Unilateral
  - Hearing impairment
  - Retinitis pigmentosa
- Patients referred by another healthcare professional
  - GP
  - Ophthalmologist
  - Nurse
  - Pharmacist
  - Other Optometrist
  - Other
- Examinations to comply with WG agreed protocols
  - Pharmacy common ailment scheme
  - Ocular Hypertension (OHT)
  - Glaucoma suspects
  - Following uncomplicated cataract extraction
  - As part of the DESW pathway
- Patients requiring extended examination (following a sight test):
  - Children requiring cycloplegia
  - Dilation to investigate specific symptoms
  - Additional investigations to inform or prevent referral
- Clinically necessary follow up of a patient following a Band 1 EHEW

A patient can self-refer or may be referred by another healthcare practitioner, for example a GP. General practitioners are able to refer any of their patients to an optometrist for the Eye Health Examination whether or not they are in the 'at risk' groups. Optometrists should use their clinical skill in determining the extent of the examination that is necessary. Where a general practitioner refers a patient for an examination and a specific condition is suspected, the optometrist should again use their clinical skill to determine the level of testing that is required to confirm the suspected diagnosis.

## EHEW STRUCTURE AND BANDING

The EHEW is organised into three parts called Bands – each Band dealing with a specific group of patient signs, symptoms or presentation and is associated with its own fee level. The Bands are numbered 1, 2 and 3 and in general require a mandatory level of examination and specific requirements for record keeping and referral communications for most patient examinations. For patients presenting with a problem requiring urgent investigation the optometrist should use their discretion to determine the most appropriate examination and management plan for each individual patient.

Full details of the Bands; the specific eligibility criteria, the required clinical elements, clinical management guidance, reporting procedures and relevant paperwork associated with each can be found in the EHEW Manual at:

<http://www.optometrywales.org.uk/documents/ehew-manual-refresh-v18-2018-final-final-443.pdf>

Or

<http://www.eyecare.wales.nhs.uk/ehew>

### Band 1

Band 1 EHEW examinations enable patients with acute eye conditions, those in at-risk categories for developing eye disease, or those who would find losing their sight particularly difficult. At least one of the following criteria must be met:

- Patients experiencing an eye problem that requires urgent investigation
- Patient at risk of eye disease by reason of ethnic group (Asian or Black)
- Unilateral patients (eligible for registration as Sight Impaired in their worse eye)
- Patients with a hearing impairment
- Patients with Retinitis Pigmentosa (RP)
- Patients referred by another eye care professional (e.g. GP/ ophthalmologist)
- Patients who need investigations to comply with Welsh Government (WG) agreed protocols:
  - Referral by the DRSSW
  - Pharmacy Common Ailment Scheme
  - Monitoring of patients with OHT, suspect glaucoma or stable glaucoma discharged from the HES

The following groups are not eligible:

- Patients with chronic dry eye
- Cosmetic contact lens wearers with lens associated problems

If a Band 1 examination is carried out because of an acute eye problem, or following referral from another healthcare practitioner then a refraction may not be necessary (unless it helps determine the nature of the acute eye problem (e.g. headaches or diplopia). If the Band 1 examination is for any other reason then a refraction must be carried out as part of the examination and a private prescription should be issued, not a GOS 2W. A NHS voucher (GOS 3W) can be issued if required and the patient is eligible.

## **Band 2**

A Band 2 examination allows an optometrist to further inform a referral, investigate clinical findings or determine a management plan and can only follow a sight test, whether GOS or private. The following investigations would normally be allowed:

- Pre-operative cataract assessment
- Cycloplegic refraction of a child
- Wide field full threshold visual field examination for unexplained headaches
- Repeat IOP and visual fields to inform whether a patient should be referred with suspect glaucoma
- Macular conditions where additional examinations are carried out to determine the nature of the problem and whether referral is required
- Post operative cataract check where the patient is found to have an unexplained reduction in vision, a Band 2 can be done instead of a Band 3 to determine if referral is required and inform the referral

The following investigations would not normally be allowed in isolation unless they form part of a wider Band 2 assessment:

- Dilation of the pupil to get a better view of the fundus only
- OCT
- HRT
- Pachymetry
- Fundus photography
- Syringing or punctum plugs for dry eye
- Gonioscopy

Up to two Band 2 claims can be submitted per patient within a calendar year providing they are both appropriate and providing one of the claims is for investigation of unexpected post-operative cataract signs or symptoms. In exceptional clinical circumstances approval for a further examination may be sought by contacting an Optometric Adviser at the LHB or SSP.

## **Band 3**

A Band 3 examination is intended to allow short term follow-up of a problem requiring a Band 1 examination, and is at the discretion of the optometrist unless it's for an uncomplicated post-operative cataract examination. For example Band 3 patient examination might be appropriate following:

- a cataract extraction
- unresolved symptoms of flashes and floaters
- a marginal keratitis presentation
- a corneal abrasion or foreign body
- a non-resolving red eye
- a corneal lesion of unknown origin

Only one Band 3 EHEW follow up claim can be submitted for each Band 1 a patient requires, unless an Optometric Adviser at the LHB or SSP has given approval to perform an additional Band 3 EHEW in exceptional clinical circumstances.

## INTRODUCTION: LOW VISION SERVICE WALES (LVSU)

Low Vision Service Wales is provided by accredited optometrists and dispensing opticians either in optometry practices in primary care or as a domiciliary service.

Low Vision Assessments and follow-ups are provided free of charge and on request to people with low vision who have been referred by another health or social care professional or who self-refer. The assessment is not a sight test and is provided outside the provisions of General Ophthalmic Services which are unaffected by the scheme. Any low vision aids prescribed as a result of a low vision assessment are provided on loan and also free of charge.

## PROVIDING LVSU

Any optometrist practicing in Wales can provide LVSU but must go through a training programme provided by the Cardiff University School of Optometry and Vision Sciences and be accredited. Registered Dispensing Opticians may also undertake this training and provide the service but are required to undergo additional training in ocular disease. Accredited practitioners are also required to undergo safeguarding training. Further details about the application and accreditation process can be found on the Eyecare Wales website.

LVSU providers must have the following assessment and demonstration equipment:

- A specific range of hand magnifiers
- A specific range of illuminated hand magnifiers
- A chest magnifier
- A specific range of folding magnifiers
- A specific range of stand magnifiers
- A specific range of illuminated stand magnifiers
- A specific range of bar and bright field magnifiers
- A specific range of distance viewing aids
- An electronic magnifier
- Batteries, UV filters, reading lamps, non-optical aids and a spectacle mounted kit
- Specific low vision assessment equipment

Full details of the exact requirements can be found on the Eyecare Wales website.

## PATIENTS ELIGIBLE FOR LVSU

A person who resides in Wales can refer themselves to an accredited practitioner for a Low Vision Assessment or be referred by: a general practitioner; an optometrist; social services; community services; or an ophthalmologist in the Hospital Eye Service. Patients must have had a sight test within the previous 12 months and can be assessed either in a LVSU practice or at home if they are housebound due to health or transportation difficulties.

All those with an impairment of visual function for whom full remediation is not possible (by conventional spectacles or contact lenses) and which causes restriction in their everyday lives are entitled to use the service if the vision falls within the following parameters:

- A binocular distance visual acuity of 6/12 or worse
- A near acuity of N6 or worse with a plus 4 dioptre reading addition
- Patients with an impairment of visual function and/or significant visual field defect may access the service if prior consent is received from LVSU clinical lead
- Registration as SI or SSI

Patients with an impairment of visual function outside these parameters may access the service if prior consent is received from the Clinical lead for LVSU.

### **Home Visits**

If possible a domiciliary Low Vision Assessment should be carried out at the same time as a domiciliary sight test. If the patient is eligible for a GOS sight test a domiciliary fee should then be claimed with the sight test. If a patient has already had a sight test within the recommended interval or is not eligible for a GOS test then a specific LVSU domiciliary fee to cover the additional costs of a home visit may be claimed. Full details can be found on the Eyecare Wales website.

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### **FEES**

A fee is payable to registered WECS practitioners for each EHEW or low vision assessment carried out providing the appropriate paperwork, including (where appropriate) audit and patient satisfaction feedback, has been completed.

For EHEW examinations different fee levels are payable for each Band and are published by the Welsh Government following discussion with the profession.

Low vision service providers receive a fee for each low vision assessment carried out. The fee is expected to cover as many follow-ups as are required by that patient in a calendar year. Included in this fee is payment for writing referral letters and reports and all administrative time and postal costs required to operate the service as outlined in the Welsh Low Vision Service Manual.

Current fee levels can be found on the Eyecare Wales website.

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### **POST PAYMENT VERIFICATION (PPV)**

All EHEW and LVSU activities and fee claims are subject to post payment verification in the same way as the GOS. EHEW and LVSU activities, patient eligibility, clinical assessments, frequency of patient visits are subject to both clinical necessity and detailed protocols. Strict adherence to all the various requirements of both schemes is essential in order to make legitimate claims and avoid PPV difficulties.

Good record keeping and correct completion of all necessary paperwork, in accordance with the requirements of each scheme, is essential. In particular ensure:

- Services are normally only offered to patient's resident in Wales, or with a GP in Wales, unless they present with acute eye problems and are unable to wait until they return home to be seen
- All relevant signs and symptoms have been recorded and reasons for the EHEW can be identified
- All necessary referral forms have been completed and sent
- Copies of all documentation have been retained
- Only one Band 2 claim per year per patient is made unless a second claim is made for a cataract pre-operative assessment or LHB/SSP approval has been given
- Only one Band 3 claim per associated Band 1 is made unless LHB/SSP approval has been given
- If permission has been given, a copy of the fax/e-mail should be retained in the patient's record
- Patients offered the LVSW meet the eligibility criteria
- Patients offered a domiciliary LVSW assessment meet the normal criteria for a domiciliary visit

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#### **USEFUL INFORMATION**

Full details of the Wales Eye Care Services can be found on the WECS website at: [www.eyecare.wales.nhs.uk/professionals](http://www.eyecare.wales.nhs.uk/professionals)

