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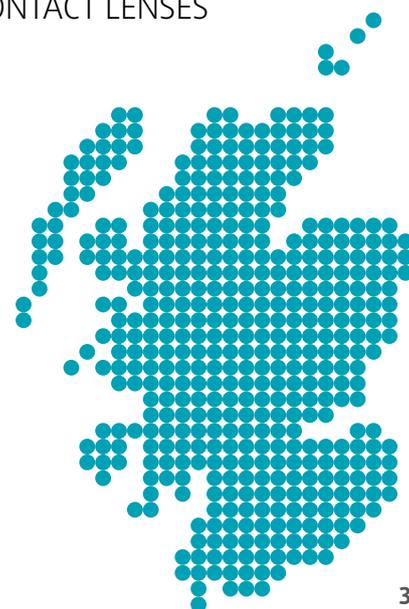
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INTRODUCTION

This guidance is directed to optometrists, dispensing opticians, ophthalmic medical practitioners (OMPs), optical practices and businesses in Scotland. Separate guidance is applicable in England, Wales and Northern Ireland.

This guidance is based on the most recent NHS General Ophthalmic Services, and Optical Charges and Payments, regulations applicable to Scotland.

This document is informal guidance and is not an authoritative interpretation of the law. In cases of uncertainty, please contact Optometry Scotland, your NHS Board or professional body for specific advice. Alternatively, you may wish to seek your own legal advice.

All references to patients' records include both hard copy and electronic records. Similarly, all references to completing forms also applies to using the eGOS system.

The Association of Optometrists, Optometry Scotland, The Association of British Dispensing Opticians, and The Federation of (Ophthalmic and Dispensing) Opticians wish to record their thanks to the Scottish Government Health Directorate and the Practitioner Services Division of NHS National Services Scotland for their advice.

INTRODUCTION: OPHTHALMIC LISTS IN SCOTLAND

- You must be listed with each Health Board in which you wish to see patients under GOS
- If you work in a practice regularly you should be on part one of the Ophthalmic List ('the List')
- You can work in any practice in a Health Board area as long as you are on either part of the List
- You must keep your listing information up to date and inform your Health Board of any changes

An optometrist can only provide, or assist in the provision of, eye examinations under General Ophthalmic Services (GOS) in an area of Scotland if they are on the Ophthalmic List (the List) of the NHS Board for that area. To provide domiciliary services you must be on the List of the area in which services are to be provided.

The Ophthalmic List maintained by each Health 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 the Board's area.

The second part lists those who assist in the provision of GOS (i.e. peripatetic locums). You can assist in the provision of GOS (i.e. not on a regular basis but as cover) in any practice in a Health Board area as long as you are on either part of the list in that area. If you work somewhere regularly you should be on part one of the List but this does not preclude you working anywhere else within that area.

Applications to join an Ophthalmic List are made on form GOS(S)6 part one or part two, depending on which part of the List the optometrist wishes to join. In addition to 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 (commonly called PVG after the Protecting Vulnerable Groups Act) dated not earlier than 28 days before the application and, in the case of individual applicants who have not worked in Scotland during the preceding two years, a training certificate issued by NHS Education for Scotland (NES) 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, they must complete the PVG 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, they 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 their 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 application form and the information accompanying the application form, including the enhanced criminal record certificate, to other Health Boards. The Boards to which the information has been copied may accept the relevant applicant onto their List or may wish to make further enquiries before listing.

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

Pre-registration students can apply to be admitted to part one or part two of a Health Board's List up to four months before their planned date of full (not student) registration with the GOC. Following passing their qualifying exams it should then take only a few days to be allocated a List number. Note that a pre-registration optometrist who becomes registered by the General Optical Council as a qualified optometrist, but has not yet been entered onto the Ophthalmic List, may not perform GOS examinations, even under supervision.

It is your responsibility to inform any Health Board with which you are listed of any changes to the routine information that you have provided to them within seven days. Routine information is the information contained in the Board's Ophthalmic List which is available to the general public, for example opening hours. In particular, you should remember to inform the Board if you change your name or address for correspondence.

Similarly, you must inform the Health Board or Boards on whose Ophthalmic List you are included or which you have applied to join, within 7 days, if the information you have given in the declarations changes, for example, criminal convictions, police cautions or investigations regarding professional conduct.

A Health Board

- must remove your name from part one of the Ophthalmic List if you have not provided GOS in its area for six months, and
- may remove your name from part two of the List if you have not assisted in the provision of GOS in its area for 12 months.

In either case the Board will write giving you 28 days' notice of their intention to remove your name from their List. (It is vital that you ensure the Board has your up to date address.) This gives you the opportunity to write to the Board, explain the circumstances and challenge the intention to remove.

Being on an Ophthalmic or Supplementary List in Wales or Northern Ireland, or on an Ophthalmic Performers List in England, does not permit you to provide, or assist with the provision of, GOS in Scotland. Separate listing is required in each country.

2

LOCUMS AND EMPLOYEES

Eye examinations can only be performed by an optometrist or OMP whose name appears on a Health Board's Ophthalmic List.

An optometrist or OMP can assist in providing GOS in a Board's area provided their name appears on either part one or part two of 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. They must be on the Ophthalmic List of each Health Board in whose area they plan to provide GOS.

3

POST-PAYMENT VERIFICATION (PPV)

- You should expect your claims to be audited by the NHS authorities which are legally entitled to inspect all records relating to GOS patients
- Keeping good records will enable you to support your GOS claims

Claims in relation to GOS eye examinations and domiciliary visits, as well as the issuing and redemption of optical vouchers, will 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 the same 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 read the protocol according to which PPV will be conducted at www.sehd.scot.nhs.uk/mels/CEL2013_15.pdf

It is essential to keep proper, complete, accurate and up-to-date records, including the reasons for any spectacle prescriptions, in order to be able to support your GOS claims in the event of any queries by your Health Board or Practitioner Services. Appendix H of The Statement which accompanies the GOS regulations (see PCA(O)(2014)1) lists the minimum data set for eye examination records.

SUPPLYING AND CLAIMING (GENERAL)

- You must keep accurate records of all services and appliances supplied under the GOS or using an NHS voucher
- The patient can redeem an NHS voucher as a grant towards spectacles or contact lenses at the practice of their choice
- You can claim either the voucher face value or whole appliance retail price, whichever is the lower
- 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 vouchers issued. For example, you should not redeem vouchers for distance and reading spectacles in order to supply the patient with a pair of bifocals; nor should you submit a GOS(S)3 and a GOS(S)4 at the same time, or later, in respect of the same patient, in order to provide a patient with a spare pair of glasses. A GOS(S)4 should only be used to repair or replace glasses when they are broken or lost.

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 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 however they please on or towards an appliance containing the correct prescription.

If the practice operates an 'all inclusive' charging policy for a complete pair of spectacles, then care must be taken to ensure that the patient receives their correct entitlement. As long as the retail price of the complete appliance, however it is made up, is equal to or exceeds the total value of the voucher plus any supplements, then the practice is entitled to claim the full value of the voucher. Conversely, if the 'all inclusive' retail price is less than the value of the voucher, then only the lower amount can be claimed.

A contact lens fitting or check-up is not a GOS eye examination and neither a Primary or Secondary GOS fee can be claimed.

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 page 32, section 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 contact the patient. See also page 37, section 40. Non collection of spectacles and contact lenses.

FILLING AND SIGNING GOS(S) FORMS (GENERAL)

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

All statements which apply to the patient on all GOS(S) forms must be completed. It is not necessary to include the CHI number if you or the patient does not know it.

You must only sign those GOS(S) forms relating to the services which you have provided. The only exceptions are pre-registration optometrists who are not allowed to sign payment claim forms. Such forms must be completed by the supervising practitioner.

The patient should sign the GOS(S)₁ before their examination to state that they are entitled to a GOS 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 you will be held responsible and could be accused of fraud. This advice is of particular importance to those practitioners who do locum work. Locums named on part two 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, recording the date on which the eye examination took place and their list number and payment location code. Proxy or "pp" signatures must not be used. See also page 21, section 13. Filling GOS(S)₁ Forms. The use of a rubber stamp for a signature is not acceptable. Similarly you should never share your eGOS PIN with anyone else.

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.

VERIFYING PATIENTS' ELIGIBILITY FOR GOS AND OPTICAL VOUCHERS

- You are required to verify a patient's eligibility for an eye examination or voucher by carrying out a Point of Service check
- If a patient cannot provide evidence of eligibility you should cross the box on the form for "Evidence Not Seen"
- A patient is required to be eligible on the date of the sight test and 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 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. For example 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. (A receipt will assist the patient to reclaim the costs from their own health insurance or home national health care system.)

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, Optometry Scotland or your Optical Confederation representative body.

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 you have good reason to disbelieve the patient's claim.

Patients receiving 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 making clear that they are entitled to the credit. 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 to impose a financial penalty on patients who fraudulently claim eligibility for GOS eye examination or optical vouchers although they may, in some cases, choose not to. Consequently it is also not in the patient's interest to claim falsely or erroneously.

FREQUENCY OF EYE EXAMINATIONS

- All examinations should be carried out for a clinical reason
- Wanting or needing new glasses (due to breakage etc.) is not a clinical reason
- The maximum primary examination frequencies specified in the Regulations, and set out in Table A below, are not recommended recall frequencies. You should use your clinical judgement to set the appropriate recall for each patient individually

Any eye examination – whether primary or supplementary – can only be performed for a clinical reason – i.e. the patient presents with symptoms or you recalled the patient for further investigations or another examination some time later.

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

TABLE A	
Category of patient	Maximum primary examination frequency
Patients under 16 years	Annually
Patients aged between 16 years and 59 years	Every two 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

These are not recommended recall periods but the maximum frequency at which NHS Scotland is prepared to fund primary examinations without challenge. Practitioners should use their clinical judgment when deciding on a recall period for each patient individually.

There are three exceptions to this maximum frequency:

1. Where a patient attends for an eye examination no more than four 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, has a clinical reason for an examination, and the optometrist/OMP does not have access to the patient's full records a primary examination fee can be performed and code seven should be used to allow the claim. If a patient has had a primary examination at another practice within the maximum frequency, and the optometrist/OMP feels that it is appropriate, a supplementary examination appropriate to the presenting complaint may be performed and a supplementary examination fee claimed. You do not have to perform a primary but may if you wish.
3. Under specific circumstances a patient who has turned 16 since their last appointment can have an examination after one year. This is only the case if they were under 15 at the time of their last examination - i.e. the maximum examination frequency is defined by their age when they will be recalled - and you had a clinically appropriate reason to recall them after one year. If they do not return for the examination until after they have turned 16 then you can carry out a primary examination and code eight should be used on the GOS(S)1.

If the patient is over 15 and you have a valid clinical reason to examine them again in one year - i.e. they will be over 16 when you recall them - then this can only be claimed as a supplementary examination.

All other necessary examinations within this maximum primary examination period may only be claimed as supplementary examinations.

It is not appropriate to apply a blanket recall interval to all patients within a category, for example over 60s or under 16s. Although an early reason code is not required for an examination, the set frequencies are not a recommended recall.

As a registered optometrist or OMP you have the freedom to exercise your clinical judgement to recall patients more often than the primary examination frequency intervals set out in Table A. In such cases only a supplementary examination fee can be claimed and the appropriate code should be used.

When you recall a patient at less than the primary examination frequency interval set out in Table A you should note the reason in the patient's record. Health Boards and Practitioner

Services have the discretion to ask you to justify each decision.

Over-frequent eye examinations under GOS could cause the Health 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.

GLAUCOMA AND OCULAR HYPERTENSION

- Patients with ocular hypertension can have a primary examination annually

A patient who is ocular hypertensive is entitled to a primary examination every year. This is defined as someone having an IOP over 21mmHg without visual field loss or optic nerve damage. Such patients do not have to have been diagnosed by an ophthalmologist.

If you recall a patient after one year under these circumstances and find during the examination that they are no longer ocular hypertensive (i.e. their IOP is 21 or lower) the primary examination should still be completed and claimed for. However the patient would not be eligible for a further primary examination in a year's time (unless they came under another eligibility category).

You are no longer required to send a written report to the patient's general practitioner (GP) of the results of every sight test of a patient suffering from glaucoma.

DIABETES

- Patient with diabetes can have a primary examination annually

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 GP of this, with the consent of the patient, so that the GP can make the appropriate arrangements.

A diabetic patient can have an annual primary examination as per Table A above.

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.

If you do need to dilate a diabetic patient aged under 60 as part of their primary eye examination, a supplementary eye examination fee can be claimed in addition to the primary eye examination fee on the same form.

See also the guidance of The College of Optometrists at <http://guidance.college-optometrists.org/guidance-contents>

PERFORMING A GOS EYE EXAMINATION

- All eye examinations should be clinically necessary
- If you need to carry out a further eye examination at less than the maximum primary examination frequency set out in Table A then you should only claim for a supplementary eye examination
- You are required to perform specific procedures or tests unless they are clinically inappropriate or the patient refuses
- Patients over 60 should be dilated at every primary eye examination

All examinations should be performed for a clinical reason, e.g. the patient reports new symptoms, or there has been a sufficient time gap since their previous examination for a routine appointment. Checking the refraction simply because the patient wishes to purchase new spectacles is not a clinical reason.

You must determine whether the patient should have a primary or a supplementary eye examination. If the examination will be within the maximum primary examination frequency set out in Table A and you have access to the patient's records, then you can only claim a supplementary eye examination fee irrespective of the patient's presenting problem or tests performed.

If the patient has not had a primary eye examination in the last 2 years, then on public health grounds, you should always perform a primary eye examination and claim accordingly.

If a new patient (i.e. you do not have access to the patient's records) presents with a valid clinical reason for examination and they have had a primary eye examination within

the maximum recall frequency set out in Table A, you can either carry out a primary eye examination (using Code 7 on the claim form) or a supplementary examination, depending on the patient's presenting problem, symptoms and your clinical judgement.

GOS fees are paid for the type of examination carried out – not for the length of time you spend with the patient.

If you are unable or do not have sufficient time to complete the primary eye examination at the first appointment, then any further appointment to complete the necessary procedures is covered by the primary eye examination fee and a supplementary examination fee cannot be claimed.

The primary eye examination

In carrying out a primary eye examination you are required to perform specific procedures. These procedures are laid out in The Statement accompanying the GOS regulations. All of these mandatory procedures should be carried out unless they are clinically inappropriate (e.g. due to an eye infection) or if the patient refuses. Some procedures are specific to the age of the patient and some are specific to certain clinical conditions of a patient.

It is a requirement of the GOS Terms of Service that you have access to suitable equipment in order to carry out these procedures.

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

Dilation and binocular internal examination are required procedures at the primary examination of any patient aged 60 or over.

The 2007 amendment to the GOS regulations removed the need to dilate every diabetic patient.

If it is necessary to dilate a patient under 60 as part of the primary eye examination then a supplementary fee can be claimed and this procedure can be carried out on the same day. You can claim for both the primary and secondary examination on the same claim form.

Retinal photography is required for a primary eye 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 patients aged under 60 but this has to be offered free and a charge cannot be made if the camera was purchased with the aid of the 2008 equipment grant.

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

The supplementary eye examination

A supplementary eye examination can be performed either following a primary eye examination because you wish to repeat certain tests or because the patient presents with symptoms within the maximum primary eye examination frequency.

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/repeat procedures
2.3	Suspect glaucoma, unusual optic disc appearance
2.4	<60 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 other cases all the specified procedures should be carried out, e.g. in code 2.1 a sight test alone is not enough for a valid claim – you should also examine oculo-motor balance and stereopsis but in 2.2 you can perform any of the tests in isolation. If you perform a refraction then in order to comply with the Opticians Act you should also examine the internal and external eye as well as other tests you deem clinically necessary.

In some cases where a patient presents with a particular problem and you claim a supplementary eye examination, you may find that coincidentally you have performed all the tests necessary for a primary examination. Nevertheless this is still deemed to be a

supplementary eye examination and only a supplementary eye examination fee can be claimed.

Following each eye examination, you are required to give the patient a statement on the outcome of the examination or a prescription if a refraction was performed.

You are required to record certain data for each eye examination. This data is set out in The Statement accompanying the GOS Regulations.

A GOS eye examination does not include the following procedures:

- Diabetic retinal screening programmes
- LVA examination
- Care pathway examinations as proposed by CCI
- Delegated care schemes such as GIES or HIES
- Shared care schemes such as low vision, paediatric or glaucoma 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

Maximum number of examinations allowed to be performed in a working day

Under the GOS Regulations you can only perform a maximum of 20 eye examinations (a combination of both primary and supplementary examinations) in a normal working day, i.e. a period of seven hours and 30 minutes, usually between the hours of 09.00 and 17.30 including a break of an hour for lunch.

Hospital referrals

Optometrists and OMPs are permitted to refer a patient to the ophthalmic department of a hospital without having to go via the patient's general medical practitioner. However you should always inform the general practitioner of any direct referral.

DOMICILIARY VISITS

- Patients are entitled to a domiciliary visit if they are unable to leave home unaccompanied by reason of physical or mental ill health or disability
- You must use the appropriate code to record the specific illness or disability on the GOS form
- Hospital in-patients are not entitled to a GOS domiciliary sight test
- A mobile practice must notify the Health Board one month before it makes a visit to three or more patients at the same address
- Automated visual fields is not a required procedure in a primary examination for a patient aged 60 or over

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, or their carer, have a responsibility to ensure that the domiciliary visit is necessary.

You must ask the patient or their carer 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. 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. Since July 2015 you must record the patient’s reason for needing a domiciliary visit on the GOS(S)¹ form using one of the following codes:

CODE	DESCRIPTION
11	Dementia
12	Severe arthritis
13	Severe learning difficulty
14	Severe stroke
15	COPD
16	Amputee
17	Advanced circulatory disorder
18	Parkinson’s disease
19	Severe mental health disorders
20	Motor neurone disorders
21	Multiple sclerosis
22	Undergoing cancer treatment
50	Other

The appropriate code should be recorded in the remarks box in part 3(E) of the GOS(S)¹ form with no further information required unless code 50 is used. If code 50 is appropriate then the reason must also be recorded.

The Regulations stipulate that GOS eye examinations may only be provided either at a listed practice, at a patient's normal place of residence, or at some day centres. (But see page 21, section 12. Visits to Day Centres). As with any examination you should ensure that the patient is entitled to an examination – either because sufficient time has passed from their last primary eye examination or the patient is incapable, or if their carer or authorised representative has requested a domiciliary visit.

You can only make domiciliary visits in an area where you are on the Health Board's Ophthalmic List. If you intend to make domiciliary visits in another area, you must apply to that Health Board to be on its Ophthalmic List and be accepted before undertaking any NHS domiciliary visits.

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. A lower domiciliary visiting fee is payable in respect of the third and subsequent residents seen during a single visit to a single address/unit.

If a Mobile Practice (i.e. a domiciliary company, not a fixed premises practice going out to perform some domiciliary examinations) intends to see three or more patients at the same address, it must notify the Health Board in which the patients reside at least one month before the visit. Notifications must identify the address where the eye examinations will take place. Some Health Boards may require you to complete a standard notification form.

Since April 2014 the required procedures for an examination in a patient's home or a day centre do not include automated visual fields. You must still, where possible, perform an external examination and binocular internal eye examination and have appropriate equipment to do so. For full details of the required procedures see Appendix C and Appendix E of The Statement which accompanies the GOS regulations.

Hospital in-patients are not entitled to GOS or a domiciliary sight test as they are deemed to be under the care of a hospital. Hospitals will normally therefore make arrangements with optometrists or optical practices to provide eye examinations for in-patients who require them.

The cost of the visit and any optical appliance the in-patient requires is met by the hospital requesting the service. If you are approached to provide this service for the first time, you should clarify that the hospital will accept the cost before you attend.

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Changes to domiciliary visits

If you are unable to visit a residence to conduct eye examinations for more than three patients on the day arranged for reasons beyond your control, e.g. due to an outbreak of illness at the residence, you may substitute another residence on the day of the visit, provided the Health Board was notified at least a month previously of your intention to visit the second residence.

VISITS TO DAY CENTRES

- A day centre must be approved by the Health Board
- A domiciliary fee is never payable for sight tests in a day centre

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

Each venue must be approved as a day centre by the Health Board before your visit. The domiciliary visiting fee is not payable for GOS eye examinations carried out at day centres, only the primary or supplementary fee can be claimed.

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 page 11, section 6. Verifying Patients' Eligibility for GOS and Optical Vouchers.

You should always enter the patient's full name on the claim form and on the patient record, for example "Elizabeth" and not "Liz", "Lizzie" or "Betty" etc., to avoid confusion, enable continuity of care and to facilitate PPV checks of the patient's entitlement. (This is different of course from noting in the record the name and title the patient likes to be addressed by.)

If the patient's name has changed in the past 12 months for example they have married or divorced you are required also to record the patient's previous surname for the same reasons.

You should always 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 also enter the patient’s CHI number if the patient is able to provide it. The patient is still entitled to receive GOS, even if they cannot provide a CHI number.

You must determine whether to perform a primary eye examination (and complete part 2A of the form) or a supplementary eye examination (and fill part 2B of the form).

If the examination is within the maximum primary examination frequency then, if necessary, you should enter the appropriate code in the box on the back of the form – See page 15, section 10. Performing a GOS Eye Examination.

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

If the patient cannot sign, a 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 complete 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 has occurred.)

The person who undertook the eye examination must sign and date the form (except pre-registration trainees – see also page 9, section 5. Completing and Signing GOS(S) Forms (General)) 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.

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PATIENTS AGED UNDER 16 OR INCAPABLE OF SIGNING

If the patient is under 16, or over 16 but incapable of signing, the patient’s parent, carer

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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).

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 - in effect a state or private school, college or university.

Those who are educated at home or at a school overseas are not usually eligible for GOS although they may be able to apply on grounds of income.

16

PRESCRIBING AND SUPPLYING TINTS, PHOTOCROMIC LENSES AND PRISMS

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

Tints, photochromic lenses and prisms are supplements to the prescription of a powered lens. This means that a tint or photochromic lens or prism can only be claimed with a clinically significant prescription.

You should only prescribe a tint if you judge it to be clinically necessary. The clinical reason for the tint should be recorded in the patient record.

A tint can only be prescribed by the optometrist or OMP performing the eye examination. If a patient requests a tint for cosmetic reasons it cannot be prescribed under GOS. A tint supplement cannot be added to the voucher by anyone other than the prescriber.

Where a tint has been prescribed 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, in the patient record.

If a practice operates an 'all inclusive' charging policy you are entitled to claim the full voucher value 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.

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 and supplied on the basis of clinical need.

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.

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SMALL PRESCRIPTIONS AND SMALL PRESCRIPTION CHANGES

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 page 25 section 20. No Change Prescriptions.

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 if 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 page 33, section 34. Repairs and Replacements (General).

The College of Optometrists issues helpful guidance on prescribing small prescriptions.

NO CHANGE PRESCRIPTIONS

Please see page 21, section 13. Filling GOS(S) 1 Forms and page 33, section 33. Repairs and Replacements (General).

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

If a patient's spectacles break e.g. six months after their 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), 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. You should ensure that the date of the eye examination and date of issue of the voucher are correct.

See also page 36, section 38. Eye Examinations for Adult Repairs and Replacements and page 35, section 37. Repairs and Replacements for Adults.

NON-TOLERANCE

The GOS scheme provides support for patients who, exceptionally, cannot tolerate new glasses. If you have a patient who is non-tolerant of a prescription, and not due to a prescribing, dispensing or manufacturing error, then you can contact Practitioner Services for permission to claim another GOS(S)3.

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

CHOOSING CORRECT VOUCHER VALUES

- While a voucher can be used towards the cost of either spectacles or contact lenses the value is determined by the spectacle prescription
- Vouchers 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. The value of the voucher is determined by the prescription for the spectacles and not for the contact lenses.

Vouchers E-H should only be used when there is a clinically significant distance prescription - see page 24, section 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 addition for a binocular vision problem, but these will be exceptions and should be clearly noted on the patient's record.

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 four dioptres more powerful than the distance portion. If a bifocal lens has a reading addition of over four dioptres and the reading lens power gives a higher voucher value, the higher value can be claimed.

Prism-controlled bifocal lenses always qualify for voucher H regardless of the distance or reading power.

Vouchers E-H for bifocal lenses may also be used towards the cost of varifocal/progressive lenses. If a patient with no significant distance prescription would like bifocals or varifocals for convenience then a voucher A can be used towards the cost of these.

You can only claim the lower of the voucher value (including all relevant supplements) or the retail cost of the appliance, but see also page 29, section 26. Transposition.

FILLING GOS(S)₂ FORMS (PATIENT'S OPTICAL PRESCRIPTION OR STATEMENT)

If there is no clinically significant change in refraction then you should tick the box 'No change in prescription'. You should sign and issue the GOS(S)₂ prescription statement (or any equivalent prescription card) at the end of every eye examination.

See also page 24, section 19. Small Prescriptions and Small Prescription Changes and page 25, section 20. No Change Prescriptions.

FILLING GOS(S)₃ FORMS

- If the patient is eligible for an NHS voucher it should be given to them following the examination
- 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 the appliance

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

If you are requested to perform a cycloplegic refraction by a hospital department and they want the patient to have new glasses then they will be provided with a HES₃ form which you should complete as the prescriber and can use to provide new glasses.

You should not use a GOS(S)₃ in these circumstances.

This is not the case for every patient being seen in the hospital – for example a patient with glaucoma may still have their routine eye care (and a GOS(S)₃ if applicable) in the community.

If an eligible patient is not issued with a GOS(S)₃ at the time of the eye examination and subsequently requires a voucher this should be issued by the practitioner who performed the eye examination or the practice where the eye examination was performed.

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 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 one 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 with a voucher at the time of the examination – for example 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 page 24, section 19. Small prescriptions and small prescription changes and page 33, section 33. Fair wear and tear.

If a patient who is eligible for a voucher chooses to have a private examination then you cannot issue a voucher. Other than the examples above, you can only issue a voucher following a GOS test.

Patients can choose where to have their spectacles dispensed. Spectacles for children under 16, or those registered blind or the partially sighted may only be dispensed by or under the supervision of a registered medical practitioner, optometrist or dispensing optician. Contact lenses may only be fitted with an up to date glasses prescription 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 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(S)3 and give it to the patient at the end of the eye examination.

If you receive a GOS(S)3 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, so you can claim a higher-value voucher. You may not transpose HES vouchers. See page 29, section 26. Transposition.

You must always check that the patient is still eligible for the voucher on the date when the patient orders their 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 they collect them. You must not ask the patient to sign the declaration of collection before they receive their spectacles or contact lenses.

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

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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.

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TRANSPOSITION

In order to establish voucher values, you should write all prescriptions in the form which gives the highest spherical power. If you dispense a prescription not written this way (or you receive a GOS(S)3 not written this way) you may transpose it on a separate piece of paper, annotate it with the words '1998 PCA(O)3' and attach it to the original voucher, in order to claim a higher voucher value. The form in which the prescription is written in the patient's record is not required to be the same as on the voucher.

You can not transpose Hospital Eye Service (HES) vouchers. HES prescriptions 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 but, when assessing what is in the patient's best interest, bear in mind that this may take some time. See also page 32, section 32. HES Vouchers.

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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(S)3 with the prescription for both eyes
- If the patient decides 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 patient has a change in prescription in one eye only and they require 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 can claim either the full voucher value or the normal retail price for one lens if this is lower than the voucher value.

VALIDITY OF VOUCHERS AND PRESCRIPTIONS

An optical voucher GOS(S)₃ 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 or contact lenses if there is any delay between the eye examination and the dispensing.

The form must be submitted for payment within three months of the patient being supplied the appliance – i.e. the collection date.

The maximum validity of a prescription is two years if presented to an unregistered supplier. However, a registered optometrist or registered dispensing optician can dispense an optical appliance against a prescription which is more than two years old, if in their professional judgement this is in the best interests of the patient. Such an occurrence would be rare and the reason should be recorded in the patient record (see the College of Optometrists' guidance).

SMALL GLASSES SUPPLEMENT

- A SGS is only valid if all three of 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 - note that all three conditions must be met:

- Glasses with a boxed centre of less than 56mm, 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. Details of adaptations should be annotated in the patient's record.

You should always check the dimensions of the frame, in order to ensure that the manufacturer's dimensions are correct, before you make your claim.

The supplement is payable in addition to the appropriate voucher. You should claim the lower of the retail price of the spectacles or the voucher.

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. Such a voucher is not available under GOS.

COMPLEX LENSES

- A complex lens voucher is not a supplement – it can only be claimed as a stand-alone voucher but with a tint or prism supplement if clinically necessary

A complex lens is either a lens with a power in any one meridian of at least 10 dioptries or a prism-controlled bifocal lens. If the distance prescription is below 10 dioptries but the reading addition takes it to 10 dioptries or more, the complex lens voucher applies to the reading spectacles only and not to the distance spectacles or to bifocal spectacles. British Standard BS EN ISO 13666:2012 defines prism controlled bifocals as including "slab-off" or bi-prism lenses.

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. A complex lens voucher is solely for patients who do not qualify for help with charges on any other grounds. However if a prism or tint is clinically necessary the relevant supplement can be added to the complex lens voucher.

If the patient qualifies for a complex voucher and has a HC3 certificate (which reduces their claim by more than the voucher value so not being of any use) then you should still

claim the full complex voucher – it is not reduced by the patient’s contribution like a regular 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, if there is a change in prescription, or on grounds 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 - 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 page 35, section 37. Repairs and Replacements for Adults and page 34, section 36. Repairs and Replacements for Children.

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

HES VOUCHERS

If the prescription on an HES(S)(P)2 form is not written to the highest spherical power you must not transpose it. The voucher type must be determined by the prescription as written, even if this disadvantages the patient. You are entitled to contact the HES to ask for a transposed prescription in order to help the patient but, when assessing what is in the patient’s best interest, bear in mind that this may take some time.

FAIR WEAR AND TEAR

- There is no statutory definition of fair wear and tear but spectacles for an adult are 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

You should only issue a voucher for new spectacles to the same prescription as the patient's existing spectacles (following an eye examination) if you judge the spectacles to be unserviceable through fair wear and tear. In general it is expected that spectacles will last for about two years. However that is not a statutory limit. See also page 32, section 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 whether the child has outgrown them. In either case 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.

REPAIRS AND REPLACEMENTS (GENERAL)

- You should only claim for the parts necessary to repair the spectacles
- You should keep dated records of what was repaired
- You can only repair the most recent pair of spectacles – not a spare pair
- Spectacles for a child provided on a HES voucher can be repaired using a GOS(S)₄
- Repairs and replacements for adults and students aged 16-18 need prior approval

If a child presents with broken glasses then a GOS(S)₄ can be claimed to repair or replace them. You should only claim for the parts necessary to repair the glasses.

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.

If you have examined a child and find an unchanged prescription or a clinically insignificant change and the child's glasses are broken but capable of being repaired, a repair is appropriate and a GOS(S)₄ form should be used. But see page 34, section 35. Filling GOS(S)₄ Forms for the conditions of eligibility. If enough time has passed then a GOS(S)₃ may be appropriate on the grounds of fair wear and tear. See 33. Fair Wear and Tear.

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:

- The reason for the repair or replacement, e.g. spectacles lost, side broken, lens(es) scratched
- What was repaired, or replaced, and how
- All relevant dates, including the dates of order and collection

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 in exactly the same way as for new spectacles. See page 11, section 6. 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 prior approval by Practitioner Services before a repair or replacement is carried out. 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, e.g. manufacturer's, guarantee.

REPAIRS AND REPLACEMENTS FOR CHILDREN

- You should only repair/replace the most recently prescribed spectacles with a GOS(S)₄
- You should keep good records showing what was repaired/replaced and what was claimed

Children under 16 are eligible for repairs or replacements in consequence of loss or damage

without the prior consent of Practitioner Services. See page 33, section 34. Repairs and replacements (General).

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

- What was repaired, or replaced, 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.

If a child repeatedly breaks or loses their spectacles, Practitioner Services may make enquiries and your records should clearly show the repairs in question. It is the responsibility of Practitioner Services to pursue the matter with the child's parents or guardian, if they suspect they are over claiming.

GOS(S)4 forms can only be used to repair or replace the current spectacles and not older pairs.

The prescription used for the repair does not have to be exactly the same as the spectacles - a patient may have had another test and no significant change so this could be claimed on the GOS(S)4.

Spectacles 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, or supplied, for a repair.

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REPAIRS AND REPLACEMENTS FOR ADULTS

- Adults are only eligible for a GOS(S)4 if the breakage or loss occurs due to illness
- If a patient has not had a voucher for over two years and breaks their spectacles a replacement pair can be supplied using a GOS(S)3 under fair wear and tear
- Repairs and replacements for those aged 16 or over need prior approval

You should not repair or replace an adult's spectacles and issue a GOS(S)4 form until your local Health Board is satisfied that the breakage or loss was due to illness. In very exceptional circumstances of major hardship the Health 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 recognises that: *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 e.g. within six or seven 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 should 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.

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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. You should not carry out an eye examination solely in order 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 private arrangements for a repair or replacement. Alternatively the patient must wait until a further GOS eye examination is due. See also page 12, section 7. Frequency of Eye Examinations. In cases of major hardship – for example a patient who is unable to work because their spectacles have been stolen – you may consult your Health Board, although the Board is under no obligation to assist the patient in these circumstances.

It is unacceptable to submit a GOS(S)⁴ form for a spare (or second) pair of spectacles for a child either at the same time as a GOS(S)³ form for the first pair, or at a later date. See also page 34, section 36. Repairs and Replacements for Children.

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SPARE PAIRS OF SPECTACLES FOR CHILDREN

No patient has ever been automatically entitled to a NHS voucher towards the cost of a spare pair of spectacles to the same prescription.

However, in exceptional circumstances, Health Boards may be approached for approval for a second pair. In such cases, a GOS(S)₃ (not a GOS(S)₄) form should be used.

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

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 contact 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 similar 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".

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 after the expiry date of the HC₂ or HC₃.

The patient contribution element of a HC₃ voucher should be taken off the total claim – and in some circumstances this will be larger than the value of the voucher so it is not possible to claim anything. If the patient is entitled to a complex voucher then this can be claimed on its own – it is not altered by anything on the HC₃.

CLAIMING A CET GRANT

CET grants are negotiated each year and are paid out of the GOS budget. A grant is available to optometrists and OMPs who:

- Provided GOS services in the relevant year
- Were on the Ophthalmic List for at least six months of that year
- Have undertaken sufficient CET in the year to maintain their registration.

The relevant year is the calendar year before the claim – i.e. a claim made in September 2016 is for January to December 2015.

OMPs can only claim the grant if their sole medical work is providing eye examinations – i.e. they cannot also work part time in, for example, the Hospital Eye Service.

You should complete the claim form and submit it within the claim window – usually September to December.

In Scotland the grant must be claimed by, and paid to, someone on part one of the List. If you are on part two of the List then someone else must claim on your behalf. It can be anyone who you have assisted in the relevant year – it does not have to be the practice where you mainly work.

The grant is meant to compensate the practitioner, or the business, for the time taken to undertake the CET. It is not supposed to cover the cost of CET courses, travel or accommodation. Grants are paid to the contractor, who must pass it on to the claimant, unless there has been a mutual agreement to retain it.

In order to be entitled to retain the money, the contractor must either provide CET in paid time to the performer, or have a formal agreement with the performer about the grant and how it will be managed. Any agreements reached between an employer and employee should address the purpose of the grant.

FURTHER INFORMATION

Ophthalmic Helpdesk of Practitioner Services on 0131 275 6200 (for payment matters)

Scottish Government on 0131 244 2544 or 0131 244 2378

If your issue cannot be resolved and for all other enquiries please contact Optometry Scotland, your Optical Confederation representative organisation or your Health Board. The Board may have an optometric adviser as a helpful first point of contact.

Optometry Scotland info@optometriscotland.org.uk 0141 202 0610

MEMBER ORGANISATIONS OF OPTICAL CONFEDERATION

- Association of British Dispensing Opticians (ABDO)
membership@abdo.org.uk 01227 733912
- Association of Contact Lens Manufacturers (ACLM)
secgen@aclm.org.uk 01380 860418
- Association of Optometrists (AOP)
postbox@aop.org.uk 020 7549 2000
- Federation of (Ophthalmic and Dispensing) Opticians (FODO)
optics@fodo.com 020 7298 5151
- Federation of Manufacturing Opticians (FMO)
mpolley@fmo.co.uk 020 7298 5123

REFERENCES

The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006, as amended

The National Health Service (Optical charges and payments) (Scotland) Regulations 1998, as amended

The Opticians Act 1989

Scottish Government Health Department notice PCA (O) (2006) 4

Scottish Government Health Department notice PCA (O) (2010) 1

Scottish Government Health Department notice PCA (O) (2015) 2

