

Summary

1. This Memorandum advises on the following:

- Routine eye care services, including primary eye examinations (PEEs), can be provided within community optometry practice premises and in patients' own homes from Monday 3 August 2020, subject to certain conditions being met.
- The financial support arrangements set out in [PCA\(O\)2020\(11\)](#) will continue to be provided at the current time, pending a review of this support which will be communicated in due course.
- The continued temporary suspension of the requirement for patient or patient representative signatures on the GOS(S)1 'cheque book' slip and GOS(S)3, GOS(S)4, HES(S)1, HES(S)3 and HES(S)4 forms.
- In line with the wider remobilisation of community eye care services in Scotland, NHS Boards may consider resuming practice inspections, where they deem that this can be carried out safely.

Resumption of routine eye care in community optometry practice premises and patients' own homes

2. Following a review of the Scottish Government's [COVID-19 recovery Route Map](#), the First Minister announced on 30 July 2020 that, from Monday 3 August 2020, routine eye care services (including PEEs) can be provided within community optometry practice premises and in patients' own homes, subject to the conditions in paragraphs 10 and 11 for practice premises and mobile practices respectively being met.
3. In resuming the provision of routine eye care services, practitioners are expected to continue to prioritise those patients who are considered to be most at risk in the professional judgement of the optometrist or ophthalmic medical practitioner. Emergency and essential care should continue to be prioritised over more routine services, and this should be reflected when scheduling appointments; those patients who are at greatest risk of detriment to sight or wellbeing should be seen first.
4. The Scottish Government recognises that practices will need time to prepare for this change (e.g. to remobilise and train staff who are currently furloughed, and to contact patients) and may therefore be unable to immediately resume routine eye care in practice premises and patients' own homes from 3 August 2020.

5. In recognition of this, the financial support arrangements set out in [PCA\(O\)2020\(11\)](#) will continue to be provided at the current time. The Scottish Government is reviewing this support following the latest step in the remobilisation of community optometry services, and will issue a separate communication on this matter shortly.
6. In undertaking this review of financial support, the Scottish Government continues to recognise the importance of protecting the practice infrastructure and workforce at a time when the need for appropriate infection control and physical distancing measures will reduce the number of patients that practices can safely see face-to-face, compared to pre-COVID-19 levels.

Guidance for practitioners and practice owners

7. To ensure compliance with current guidance on the safe provision of eye care to patients, practitioners and practice owners are reminded to regularly check the comprehensive guidance from NHS Education for Scotland that is available on Turas (this will require creating a Turas account if a person does not have one already), as this will be updated on an ongoing basis:
<https://learn.nes.nhs.scot/28963/optometry/covid-19-eyecare-delivery-support>.

Domiciliary eye care in day centres and residential centres

8. Face-to-face domiciliary eye care provided in day centres and residential centres, including care homes, remains suspended at the current time. The Scottish Government is continuing to review this position, with a view to remobilising this service as soon as it is considered safe to do so in line with wider Government policy.
9. In the meantime, patients in day centres and residential centres should continue to be triaged and managed remotely where possible. If a practitioner is concerned about the health and wellbeing of such a patient after undertaking a remote consultation, they should speak to the patient's GP in the first instance and the relevant Health Board, in order that care is provided in line with local pathways.

Community optometry practice premises

10. From 3 August 2020, community optometry practice premises may resume the provision of routine eye care in the practice or in a patient's own home, subject to conditions A to C being met as follows:
 - A. To provide assurance and support governance around infection control and safety, the practice owner and Part 1 contractor have submitted a complete and signed declaration form, including a Health and Safety Risk Assessment for the practice, to the relevant Health Board's satisfaction (as set out in paragraphs 16 to 23 of [PCA\(O\)2020\(10\)](#)).

If a declaration form and Health and Safety Risk Assessment for the practice have already been submitted to and accepted by the Board, they do **not** need to be re-submitted for the resumption of routine eye care provided in the practice premises or in patients' own homes. However, the practitioner should consider carefully the different risks pertinent to the home setting prior to undertaking a domiciliary eye examination.

- B. the practice has, **and is using**, appropriate Personal Protective Equipment (PPE) which has been provided by NHS Scotland for the provision of NHS services, as set out in [PCA\(O\)2020\(9\)](#). Practices are required to source and use their own PPE for any private activity undertaken, including dispensing. A further supply of NHS PPE will be provided to practice premises in the week commencing 10 August 2020, which takes into account increased activity from the resumption of routine eye care in practice premises and in patients' own homes.
- C. the practice submits GOS(S)1, GOS(S)3 and GOS(S)4 forms in accordance with paragraphs 12 to 18.

Mobile practices

11. From 3 August 2020, mobile practices may resume the provision of routine eye care in a patient's own home, subject to conditions A to C being met as follows:

- A. To provide assurance and support governance around infection control and safety, the practice owner and Part 1 contractor have submitted a complete and signed declaration form, including a Health and Safety Risk Assessment for the practice, to the relevant Health Board's satisfaction. Health Boards will be in touch separately with mobile practices regarding this process.
- B. the practice has, **and is using**, appropriate PPE which has been provided by NHS Scotland for the provision of NHS services, as set out in [PCA\(O\)2020\(9\)](#). Practices are required to source and use their own PPE for any private activity undertaken, including dispensing. An initial supply of NHS PPE was provided to mobile practices in the week commencing 13 July 2020. The next supply of NHS PPE to mobile practices will be provided in the week commencing 7 September 2020.
- C. the practice submits GOS(S)1, GOS(S)3 and GOS(S)4 forms in accordance with paragraphs 12 to 18.

GOS(S)1, GOS(S)3 and GOS(S)4 forms submission

12. Practices **must** submit GOS(S)1, GOS(S)3 and GOS(S)4 forms via eOphthalmic for all relevant activity undertaken by the practice.

13. **A practice which fails to comply with this requirement may have its monthly support payments stopped.** This data will be used to inform the ongoing review of financial support measures provided by the Scottish Government.
14. The full range of supplementary eye examination (SEE) reason codes can now be submitted following the resumption of PEEs in practice premises and those relevant to patients' in their own homes.
15. **Remote consultations:** These continue to be permitted in accordance with paragraphs 42 and 43 of [PCA\(O\)2020\(10\)](#), in order to reduce the number of patients who need to be seen face-to-face, where the practitioner considers it to be clinically appropriate. Remote consultation activity **must only** be submitted via eOphthalmic under SEE reason codes 2.5, 2.8 and 2.9.
16. **GOS(S)4 vouchers:** Any element of the GOS(S)4 optical voucher system which normally requires pre-approval from an NHS Board remains suspended until further notice. This is a temporary arrangement to ensure that such GOS(S)4 optical vouchers can be submitted and processed efficiently during the COVID-19 pandemic.
17. In order to submit such GOS(S)4 claims, the following must be entered when processing the claim via eOphthalmic (see the example screenshot below from the GOS(S)4 web form):
- 'Has universal credit' under the 'Voucher Entitlement' drop-down list;
 - '0019' in the 'Reason Code' field;
 - 'Covid' in the 'Reason' field.

The screenshot shows a 'Patient's Declaration' form with the following fields and values:

- Voucher Entitlement:** Has universal credit (selected in a dropdown menu)
- Person who gets benefits (if not Patient):**
 - DoB:** [Calendar icon]
 - Forename:** [Text box]
 - Surname:** [Text box]
 - Number on current HC2:** [Text box]
 - Number on current HC3:** [Text box]
 - Amount of HC3:** [Text box]
 - Evidence Not Shown:** [Checkbox]
- Signed?:** Yes (selected), No
- Date Signed:** [Calendar icon]
- Signed By:** Patient (selected), Guardian/Carer
- Date Signed:** 27/04/2020 [Calendar icon]
- If over 16, explain how illness or disability resulted in loss/damage of glasses/contact lenses:** [Text box]
- Reason Code:** 0019
- Date Signed:** 27/04/2020 [Calendar icon]
- Reason:** Covid

18. Practitioners will be advised when this is revoked and normal pre-approval and submission arrangements for GOS(S)4 vouchers are reinstated.

Patient and patient representative signatures

19. For COVID-19 related safety reasons, NHS Scotland Counter Fraud Services has agreed to continue to temporarily suspend, until further notice, the requirement for patient or patient representative signatures on the GOS(S)1 'cheque book' slip and GOS(S)3, GOS(S)4, HES(S)1, HES(S)3 and HES(S)4 forms.
20. The table below sets out what to do for each form type, both in relation to their paper and, where relevant, electronic formats (**note:** NHS Counter Fraud Services has advised that they require the GOS(S)1 'cheque book' slip to be completed for remote consultations).

Form	What to do on the paper form	What to do on the electronic claim
GOS(S)1 (including remote consultations)	The patient/patient representative is not asked to sign the 'cheque book' slip	The contractor ticks that it has been signed as a representative of the patient and puts "COVID" in the representative name box
GOS(S)3	The patient/patient representative is not asked to sign the form	The contractor ticks that it has been signed as a representative of the patient and puts "COVID" in the representative name box
GOS(S)4	The patient/patient representative is not asked to sign the form	The contractor ticks that it has been signed as a representative of the patient and puts "COVID" in the representative name box
All HES forms	The contractor signs on the patient's behalf using the name "COVID"	N/A

Practice Inspections

21. [PCA\(O\)2020\(3\)](#) issued on 13 March 2020 advised NHS Boards that, until further notice, they should consider postponing all practice inspections.
22. In line with the wider remobilisation of community eye care services in Scotland, NHS Boards may now consider resuming practice inspections, where they deem that this can be carried out safely.

Enquiries

23. Any queries about this Memorandum should be emailed to the Scottish Government at: eyecare@gov.scot.

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