PCA(O)2026(04)

Directorate for Primary Care
Dentistry and Optometry Division

Scottish Government
Riaghaltas na h-Alba
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Dear Colleague

Primary Care Optometry:

- **Ophthalmic Practice Data Access system**
- **Optometry practice information enhancements on NHS Inform and NHS 24 websites**
- **General Ophthalmic Services (GOS) – new 'Frequently Asked Questions' and 'Clinical Conditions' GOS claim form guidance**
- **Cataract referrals**
- **Community Glaucoma Service (CGS) – procedure when suspected ineligible patient is identified**

Summary

1. This letter advises of:

- The introduction of a new system enabling designated representatives of optometry practices to view and make change requests in relation to relevant data held by the relevant health board about the practice. Health boards, optometry practices and designated representatives are asked to note and undertake the specific actions outlined.

- Enhancements to optometry practice information on the NHS Inform and NHS 24 websites.

- The publication of guidance to support practitioners following the changes made to GOS in Scotland on 1 August 2025 and 19 January 2026, and in completing the 'Clinical Conditions' options on the GOS payment claim form.

- A reminder to optometrists that they should not refer a patient for cataract surgery earlier than they would normally, to account for the wait.

- A reminder of the procedure to follow in relation to the CGS when an Accredited Provider receives notification from the Hospital Eye Service of a patient to be registered under the CGS, and further to the review of that patient's record by the Accredited Clinician it is suspected that the patient may not meet the definition of an "eligible patient".

Action

2. Health boards are asked to immediately copy and issue the Memorandum to this letter to all:

- optometrists, ophthalmic medical practitioners and body corporates on their Ophthalmic Lists, for whom they are the Host health board;

- community optometry practices in their health board area;

- Hospital Eye Service (HES) manager(s) in their health board, for onward distribution to relevant HES colleagues.

Yours sincerely,

Gillian Leslie
Deputy Director
Dentistry and Optometry Division

29 May 2026

Addresses

For action
Chief Executives,
health boards

Chief Executive,
Public Services Delivery Scotland

For information

Health board Optometric Advisers

Enquiries to:

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

MEMORANDUM TO NHS:
PCA(O)2026(04)

Summary

1. This Memorandum advises on the following:

- The introduction of a new system enabling designated representatives of optometry practices to view and make change requests in relation to relevant data held by the relevant health board about the practice. Health boards, optometry practices and designated representatives are asked to note and undertake the specific actions outlined.

- Enhancements to optometry practice information on the NHS Inform and NHS 24 websites.

- The publication of guidance to support practitioners following the changes made to General Ophthalmic Services (GOS) in Scotland on 1 August 2025 and 19 January 2026, and in completing the 'Clinical Conditions' options on the GOS payment claim form.

- A reminder to optometrists that they should not refer a patient for cataract surgery earlier than they would normally, to account for the wait.

- A reminder of the procedure to follow in relation to the Community Glaucoma Service (CGS) when an Accredited Provider receives notification from the Hospital Eye Service of a patient to be registered under the CGS, and further to the review of that patient's record by the Accredited Clinician it is suspected that the patient may not meet the definition of an "eligible patient".

2. Where this Memorandum has been received by an optometry practice via their NHS email account, it should be shared with all relevant practice staff.

Ophthalmic Practice Data Access system

3. A new system – Ophthalmic Practice Data Access (OPDA), which can also be accessed via the TURAS platform – has been introduced, enabling a "designated representative" of an existing optometry practice to:

   a. view data held by the relevant health board about the practice in the National Primary Care Clinician Database (NPCCD) system in relation to GOS and national enhanced services provision; and

   b. submit the following types of data change requests to the relevant health board directly via OPDA: Practice Name; Contact Name; Practice Manager; Website; Telephone Number; Domiciliary (GOS) Provision; Wheelchair Access; (Accessible) Without Stair Use; Opening Hours.

Other data change request types must be emailed to the relevant health board via the email address outlined on the eyes.nhs.scot website.

4. A "designated representative", for OPDA purposes, is an optometrist or ophthalmic medical practitioner (OMP) included on Part 1 of the relevant health board's Ophthalmic List and who is associated with that practice on NPCCD (i.e. the individual must be providing GOS regularly at or from the optometry practice).

Actions for health boards

5. To support the rollout of OPDA, all health boards are asked to undertake the following actions:

Actions to support initial rollout of OPDA

a. Email each optometry practice in your health board via the practice's NHS email account, requesting the name and NHS email address of at least one designated representative who will be given access to the practice's details in OPDA (each practice can have more than one designated representative). Such individuals **must** be a Part 1 listed optometrist or OMP associated with that practice on NPCCD and have an NHS email address.

b. Upon receipt of a reply from the practice, grant the designated representative(s) access to the practice's details in OPDA by going into the practice's NPCCD record, selecting the 'Manage OPDA Users' button in the top right of the screen, selecting 'Create OPDA User' on the next screen and then entering and submitting the NHS email address of the designated representative (repeat this process if there is more than one designated representative). The designated representative will then receive an email in their NHS email account setting out the next steps involved in accessing OPDA.

Actions to support business as usual OPDA processes

c. Ensure that the 'Completed Practice Update Requests' section of the health board's NPCCD Ophthalmic Dashboard is regularly monitored to ensure that practice data changes submitted via OPDA are reviewed (the submitted changes are automatically approved in NPCCD but health boards are still required to read the change notification).

d. Advise any optometry practice representative who contacts a health board requesting to change an existing practice's details that any changes involving the following data types **must** be submitted via OPDA: Practice Name; Contact Name; Practice Manager; Website; Telephone Number; Domiciliary (GOS) Provision; Wheelchair Access; (Accessible) Without Stair Use; Opening Hours.

Any other data change request types must continue to be submitted to the relevant health board via the email address outlined on the eyes.nhs.scot website.

e. When a new optometry practice opens and is added to NPCCD, the health board should ensure that actions a. and b. are undertaken so that at least one designated representative has access to the practice's details in OPDA.

6. Guidance for health boards in relation to OPDA is available under the 'Help' area of NPCCD, entitled 'Ophthalmic Practice Data Access (OPDA) Guidance'.

Actions for optometry practices and designated representatives

7. To support the rollout of OPDA, all optometry practices and designated representatives are asked to undertake the following actions:

   a. Once the relevant health board has emailed the practice via its NHS email account regarding OPDA access, the practice must reply to that email with the name and NHS email address of at least one designated representative of the practice who should be given access to the practice's details in OPDA (more than one designated representative for the practice can be submitted).

      Such individuals **must** be a Part 1 listed optometrist or OMP associated with that practice on NPCCD and have an NHS email address. An individual who is unsure whether they meet this criteria can check this on the Ophthalmic Clinician Data Access (OCDA) system (see the eyes.nhs.scot website for further information on how to access OCDA).

   b. Once the relevant health board has granted OPDA access to a practice's designated representative, the designated representative should follow the instructions in the email sent to their NHS email account.

   c. Once logged into OPDA, the designated representative should select the relevant practice on the OPDA home page (an individual may be the designated representative for more than one optometry practice) and then review the practice's details that are displayed.

   d. The designated representative must then select the 'Submit Declaration' button at the bottom of the page and, on the following screen, submit one of two declarations:

      - the data is accurate and thus no changes are required; or
      - at least one data change is required.

e. If no changes are required, this is the end of the process. If at least one data change is required then, after the declaration is submitted, the practice's OPDA page will update enabling the designated representative to submit the following data change request types in OPDA:

   Practice Name; Contact Name; Practice Manager; Website; Telephone Number; Domiciliary (GOS) Provision; Wheelchair Access; (Accessible) Without Stair Use; Opening Hours.

   Any other data change request types must be submitted to the relevant health board via the email address outlined on the eyes.nhs.scot website.

   Designated representatives are asked to ensure these data change requests are submitted in a timeous manner. Once there are no outstanding change requests, the designated representative should go back into OPDA and make a declaration that the practice's data is now accurate and no changes are required.

8. Guidance for optometry practices and designated representatives in relation to OPDA is available on the eyes.nhs.scot website.

Optometry practice information enhancements on NHS Inform and NHS 24 websites

9. Paragraphs 21-27 of circular PCA(O)2026(01) set out a schedule of work to expand and improve the range of information held about optometry practices on the NHS Inform and NHS 24 websites.

10. This work is now complete, including the addition of website entries for contractors that do not have a practice premises in a particular health board's area and only provide GOS in domiciliary locations in that area (a 'mobile practice' as defined in regulation 2 of the National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006).

11. Some businesses have more than one mobile practice because they provide GOS on a 'domiciliary-only' basis in more than one health board area in Scotland. Such businesses have been given a separate NHS Inform and NHS 24 website entry for each mobile practice, and for identification purposes the name of the relevant health board is stated in brackets after the mobile practice's name.

12. The address displayed for a mobile practice is the correspondence address provided to the health board by the practice as part of the Ophthalmic Listing process. This is made clear in each practice's webpage on the NHS Inform and NHS 24 websites, along with advice to contact the practice via its telephone number, email address or website to establish whether it can provide a GOS eye examination at the required location.

Action for optometry practices

13. **All** optometry practices (practice premises and mobile practices) are asked to check their entry on the NHS Inform or NHS 24 websites (the practice information on each of these websites is identical, so it is only necessary to check one of these websites).

14. If any information needs to be updated (either as a result of this check, or at any point in the future), the change request(s) must be submitted via the OPDA system (see paragraph 7) or, where that is not possible, by emailing the relevant health board via the email address outlined on the eyes.nhs.scot website.

General Ophthalmic Services – new 'Frequently Asked Questions' and 'Clinical Conditions' GOS claim form guidance

15. The Scottish Government has published the following guidance on the eyes.nhs.scot website:

    - a 'Frequently Asked Questions' document to support practitioners following the changes made to GOS in Scotland on 1 August 2025 and 19 January 2026 that were communicated in circulars PCA(O)2025(04), PCA(O)2025(08) and PCA(O)2026(01) respectively.

    - a document to support practitioners in completing the 'Clinical Conditions' options on the GOS payment claim form.

16. Both documents will be updated as and when considered required. Feedback on either document can be emailed to the Scottish Government at eyecare@gov.scot.

Cataract referrals

17. The cataract service in Scotland remains under considerable pressure, with long waits for surgery. Referring optometrists are well aware that the decision to refer is made jointly with their patient, taking into account the Realistic Medicine principles.

18. All optometrists are asked to ensure that they do not refer a patient for cataract surgery earlier than they would normally in order to account for the wait. The referring optometrist may also wish to advise patients that their care could be delivered in a National Treatment Centre.

Community Glaucoma Service – procedure when suspected ineligible patient is identified

Background

19. Legislation for the CGS is set out in Directions given by Scottish Ministers, the latest version of which is accessible on the eyes.nhs.scot website.

20. As of the date of issue of this circular, an "eligible person" for CGS purposes means a person who:

    (a) resides ordinarily in Scotland;

    (b) has been under the care of a Hospital Eye Service where their discharge to an Accredited Provider has been authorised by the consultant ophthalmologist responsible for their care;

    and

    (c) has any of—

    (i) lower risk glaucoma,

    (ii) ocular hypertension where the person is on prescribed treatment for that condition,

    (iii) ocular hypertension where the person has had selective laser trabeculoplasty treatment for that condition.

21. The CGS Clinical Governance Group managed by Public Services Delivery Scotland publishes a guidance document which supports the safe discharge of patients from the Hospital Eye Service into the CGS, in line with the "eligible person" definition set out in the CGS Directions. This guidance is available on the eyes.nhs.scot website.

Procedure when suspected ineligible patient is identified

22. Where an Accredited Provider receives notification from the Hospital Eye Service of a patient to be registered under the CGS, and further to the review of that patient's record by the Accredited Clinician it is suspected that the patient may not meet the definition of an "eligible patient", the registration process must be paused and contact made with the relevant Hospital Eye Service to discuss the matter further.

23. The patient must only be subsequently registered under the CGS if, as a result of that discussion, it is agreed that the patient meets the definition of an "eligible patient" set out in the Directions. This discussion must be documented in the patient's OpenEyes record.

Enquiries

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

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