

Produced by FODO for the Optical Confederation

VOUCHERS AT A GLANCE

The voucher values on this card relate to England. Scotland, Wales and Northern Ireland voucher values were not confirmed at the time of going to print.

SINGLE VISIO	N		CYL	BIFOCALS			CYL	
SPHERE	0.25–2.00	2.25–6.00	Over 6	SPHERE	0.25–2.00	2.25–6.00	Over 6	
Plano – 6.00	A £39.10			Plano – 6.00	E £67.50			
6.25 – 9.75		B £59.30		6.25 – 9.75		F £85.60		
10.00 – 14.00		C £86.90		10.00 – 14.00		G £111.20		
Over 14.00			D £196.00	Over 14.00			H £215.50	

			Small glasses / Special facial characteristics supplement: £64.20									
HES Patient Charge £57.00 (per contact lens)		Repair & Replacement (£)	А	В	С	D	E	F	G	Н	I	
	Single Vision	Bifocal	One lens:	12.15	22.25	36.05	90.60	26.35	35.40	48.20	100.35	93.00
Complex Lenses	£14.60	£37.40	Two lenses:	24.30	44.50	72.10	181.20	52.70	70.80	96.40	200.70	186.00
Prisms (per lens)	£12.60	£15.40	Front of frame:	12.45	Side o	f frame:	7.35	Whole	e frame:	14.80		
Tint/Photo (per lens)	£4.40	£4.90	Small Glasses: Front	57.00	Side o	f frame:	30.80	Whole	e frame:	64.20		

GOS Sight Test (Primary Eye Examination) Minimum Intervals

Age	Clinical Condition	Interval
Under 16	All patients	1 year
16 – 59	All patients	2 years
60 – 69	All patients	1 year 2 years
70 & over	All patients	1 year
Any age	Diabetic	1 year
Any age	Glaucoma	1 year 2 years
40 & over	Glaucoma family history (not in monitoring scheme)	1 year 1 year
	Ocular hypertension (not in monitoring scheme)	1 year
Under 7	BV anomaly / corrected refractive error	6 months
7 – under 16	BV anomaly or rapidly progressing myopia	6 months

England, Wales

Early Re-test Reason Codes

1. Patient is at risk of frequent changes of preserved reasons not requiring medical referral or for	
reasons not requiring medical referral or for	cription for
reasons already known to a medical practitio	ner.
2. Patient has pathology likely to worsen, for ex	ample
age-related macular degeneration, cataract,	corneal
dystrophy or congenital anomalies.	
3. Patient has presented with symptoms or con	icerns
requiring ophthalmic investigation: 3.1 resulti	ng in
referral to a medical practitioner; or 3.2 result	ting in
issue of a changed prescription; or 3.3 result	ing in
either no change or no referral (the patient's	record
should indicate any symptoms shown to sup	port this
category of claim if necessary).	
4. 4.1 Patient needing complex lenses; or 4.2 v	vith
	VICII
corrected vision of less than 6/60 in one eye.	
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corrected vision of less than 6/60 in one eye	the
corrected vision of less than 6/60 in one eye.5. Patient has: 5.1 presented for a sight test at	the bing
 corrected vision of less than 6/60 in one eye. 5. Patient has: 5.1 presented for a sight test at request of a medical practitioner; or 5.2 is be 	the bing referral
 corrected vision of less than 6/60 in one eye. 5. Patient has: 5.1 presented for a sight test at request of a medical practitioner; or 5.2 is be managed by an optometrist under the GOC in the second se	the bing referral le
 corrected vision of less than 6/60 in one eye. 5. Patient has: 5.1 presented for a sight test at request of a medical practitioner; or 5.2 is be managed by an optometrist under the GOC rules, for example suspect visual fields on on 	the bing referral lie or
 corrected vision of less than 6/60 in one eye. 5. Patient has: 5.1 presented for a sight test at request of a medical practitioner; or 5.2 is be managed by an optometrist under the GOC rules, for example suspect visual fields on on occasion which is not confirmed on repeat, control of the subject of th	the bing referral le or of
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 corrected vision of less than 6/60 in one eye. 5. Patient has: 5.1 presented for a sight test at request of a medical practitioner; or 5.2 is be managed by an optometrist under the GOC rules, for example suspect visual fields on on occasion which is not confirmed on repeat, or abnormal IOP with no other significant signs glaucoma; or 5.3 identified in protocols as new protocols as new protocols. 	the the referral e or of eeding to ors.
 corrected vision of less than 6/60 in one eye. 5. Patient has: 5.1 presented for a sight test at request of a medical practitioner; or 5.2 is be managed by an optometrist under the GOC i rules, for example suspect visual fields on on occasion which is not confirmed on repeat, c abnormal IOP with no other significant signs glaucoma; or 5.3 identified in protocols as ne be seen more frequently because of risk fact 	the the referral e or of eeding to ors.

Scotland

Supplementary Codes

2.0	Cycloplegic refraction following primary examination					
2.1	Paediatric follow-up					
2.2	Referral refinement/repeat or follow-up procedures					
2.3	Suspect glaucoma					
2.4	<60 dilation and biomicroscopy					
2.5	Anterior segment disorder					
2.6	Cycloplegic refraction at request of hospital					
2.7	Postoperative cataract examination					
2.8	Reduced acuity, sudden vision loss, flashes and floaters or neurological symptoms – requires sight test, macular assessment and slit lamp biomicroscopy (possible mydriasis)					
Pri	Primary Examination Codes					
7	Patient new to practice (no access to patient's record)					
8	Patient aged 16 (who should have attended at age					

15 but did not attend until age 16)

N. Ireland

In Northern Ireland the reason for all early sight tests must be recorded in full on the patient's record and sufficient detail must also be given in the remarks box of the GOS (ST) form to allow an optometric adviser to see clearly why an early sight test has occurred. The exception is for sight tests within three months of the previous test where prior approval must be sought from the Ophthalmic Department of BSO before carrying out the test.