

Directorate for Primary Care

Dentistry, Optometry and Community Hearing
Division



Scottish Government
Riaghaltas na h-Alba
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Community Eyecare:

- Uplifts to General Ophthalmic Services (GOS) and Community Glaucoma Service (CGS) fees
- Continuing Professional Development (CPD) allowances
- Pre-registration trainee optometrist supervisor grant
- GOS primary eye examination frequencies and patient recalls
- GOS supplementary eye examination reason code 3.0 amendment
- Patient / patient representative signatures for GOS and NHS optical vouchers
- Patient information resources for practices
- Guidance regarding wearing of face masks
- Winter flu and COVID vaccinations for frontline health and social care staff
- Support for bullying, harassment and abuse from the public
- Disclosure (Scotland) Act 2020 implementation

Summary

1. This letter advises on:
 - uplifts to fees for GOS and the CGS;
 - the CPD allowance amounts and claims process for CPD undertaken by optometrists and ophthalmic medical practitioners in 2022;
 - the pre-registration trainee optometrist supervisor grant amount and claims process for trainee optometrists taken on by a supervisor on or after 1 April 2023;
 - a reminder about GOS primary eye examination frequencies and patient recalls;
 - an amendment to the description for GOS supplementary eye examination reason code 3.0 (additional or significantly longer appointments to complete a primary eye examination for a patient with complex needs);
 - an update on patient and patient representative signatures for GOS and NHS optical vouchers;
 - a reminder about patient information resources for practices;
 - a reminder about the current guidance regarding wearing of face masks;
 - a reminder about winter flu and COVID vaccinations for frontline health and social care workers;
 - the support available for dealing with bullying, harassment and abuse from members of the public;
 - an update on the implementation of the Disclosure (Scotland) Act 2020.

Action

2. NHS 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;
 - community optometry practices in their NHS Board area.

Yours sincerely,

Tom Ferris

**Deputy Director,
Dentistry, Optometry and Community Hearing Division**

12 September 2023

Addresses

For action

Chief Executives, NHS Boards

For information

Chief Executive,
NHS National Services
Scotland

NHS Board Optometric
Advisers

Enquiries to:

nss.psdgospayteam@nhs.scot

(for queries about payments and claims relating to GOS, CGS, CPD allowances and the pre-registration trainee optometrist supervisor grant)

eyecare@gov.scot (for any other queries)

Summary

1. This Memorandum advises on the following:
 - uplifts to fees for General Ophthalmic Services (GOS) and the Community Glaucoma Service (CGS);
 - the Continuing Professional Development (CPD) allowance amounts and claims process for CPD undertaken by optometrists and ophthalmic medical practitioners (OMP) in 2022;
 - the pre-registration trainee optometrist supervisor grant amount and claims process for trainee optometrists taken on by a supervisor on or after 1 April 2023;
 - a reminder about GOS primary eye examination frequencies and patient recalls;
 - an amendment to the description for GOS supplementary eye examination reason code 3.0 (additional or significantly longer appointments to complete a primary eye examination for a patient with complex needs);
 - an update on patient and patient representative signatures for GOS and NHS optical vouchers;
 - a reminder about patient information resources for practices;
 - a reminder about the current guidance regarding wearing of face masks;
 - a reminder about winter flu and COVID vaccinations for frontline health and social care workers;
 - the support available for dealing with bullying, harassment and abuse from members of the public;
 - an update on the implementation of the Disclosure (Scotland) Act 2020.
2. All references to the “Statement” mean the Statement of GOS Remuneration and CPD allowances which is included in the [Annex](#) of this Memorandum and is also available in its latest form on the [eyes.scot website](https://eyes.scot.nhs.uk).

GOS fees increase

3. Fees for GOS eye examinations undertaken on or after 1 April 2023 will increase by 6%. [Appendix A](#) of the Statement sets out the new fee amounts.

4. The increases will be applied on relevant systems from 1 November 2023 and paid as follows:
 - a. For GOS eye examinations undertaken on or after 1 November 2023, and where the relevant claim is submitted during or after the October paid November 2023 payment schedule - Payment will be made at the new fee amounts on the relevant payment date for that schedule.
 - b. For GOS eye examinations undertaken on or after 1 April 2023, and paid in the April 2023 to October 2023 payment schedules inclusive - Payment of backdated fees will be made in the December 2023 paid January 2024 payment schedule, which will be paid to practices on 24 January 2024.
 - c. For GOS eye examinations undertaken before 1 November 2023, and where the relevant claim is submitted after the October paid November 2023 payment schedule - Payment of backdated fees will be made following a financial year end reconciliation process.
 - d. For GOS eye examinations undertaken before 1 November 2023, and where the relevant claim is submitted during the April paid May 2024 payment schedule - Payment of backdated fees will be made following a financial year end reconciliation process.

CGS fees increase

5. Fees for CGS assessments undertaken on or after 1 April 2023, and for patients registered with a CGS Accredited Provider on or after 1 April 2023, will increase by 6%.
6. The new fee amounts are as follows:
 - Primary CGS assessment - £88.62;
 - Supplementary CGS assessment - £43.35;
 - Patient registration (per patient per annum – paid pro rata monthly) - £44.40
7. Further information on how these increases (including backdated payments) will be applied on relevant systems and paid will be set out in the next circular, PCA(O)2023(04), which will be issued later in September 2023.

CPD allowance values increase and claims process

CPD allowance values increase and eligibility criteria

8. The amounts paid to optometrists and OMPs claiming an allowance for undertaking appropriate CPD will increase by 6% and are as follows:

- A standard allowance of £654 is payable in respect of appropriate CPD undertaken in 2022 (i.e. in the period 1 January 2022 to 31 December 2022 inclusive) by the following individuals:
 - optometrists (other than bodies corporate) who were on the Ophthalmic List of an NHS Board for at least six months during 2022, and who have maintained their registration with the General Optical Council;

and

- OMPs whose only remunerated medical or optical activity in 2022 was GOS, who were on the Ophthalmic List of an NHS Board for at least six months during 2022, and who have maintained their registration with the General Medical Council.
- A higher allowance of £979 is payable in respect of appropriate independent prescriber CPD undertaken in 2022 (i.e. in the period 1 January 2022 to 31 December 2022 inclusive) by optometrists (other than bodies corporate) who:
 - were registered as an independent prescriber during 2022;
 - were included on the Ophthalmic List of an NHS Board and registered with a host Board as an independent prescriber for at least six months during 2022;

and

 - have maintained their registration with the General Optical Council.

9. [Appendix F](#) of the Statement contains the rules determining the payment of such allowances.

CPD allowance claims process

10. CPD claims for appropriate CPD undertaken in 2022 can be submitted by eligible persons (with reference to paragraphs 8-9) to Practitioner and Counter Fraud Services (P&CFS) via the claim form that will be accessible via the [eyes.scot website](https://eyes.scot.nhs.uk) **from Monday 25 September 2023**. Eligible persons are asked to carefully read the instructions set out in the claim form prior to submission to P&CFS.

11. Completed forms must be sent from a personal or practice NHS email address to nss.psdGOSCPDclaims@nhs.scot with 'GOS CPD Allowance' in the subject field. Forms sent from a non-NHS email address will be returned. Once a claim has been submitted and received by P&CFS, the claimant will receive an email confirming acknowledgement of receipt of the claim.

12. A separate claim must be made for each eligible person, and must be received by P&CFS **by midnight Thursday 30 November 2023**. Claims received after this date will not be paid.
13. Only one claim may be paid in respect of any one eligible person for appropriate CPD or independent prescriber CPD undertaken by that person during the 2022 claim period.
14. Practitioners on Part 2 of an NHS Board's Ophthalmic List are reminded that (as is the case with practitioners on Part 1 of an NHS Board's Ophthalmic List) they should submit their own claim, and the allowance will be paid directly to them to the bank account details that they provide.

Pre-registration trainee optometrist supervisor grant increase and claims process

15. The amount paid to supervisors claiming a grant for taking on a pre-registration trainee optometrist on or after 1 April 2023 will increase by 6% to £4212.
16. Claims for payment should be made using the [form available on the P&CFS website](#).

GOS primary eye examination: frequencies and patient recalls

17. Practices and practitioners are reminded that patients are not entitled to a GOS primary eye examination more frequently than that set out in [Table A of Appendix B](#) of the Statement, unless a valid use of code 7 or 8 applies. This table of primary eye examination frequencies has been simplified for ease of reference.
18. The decision to recall a patient rests with the practitioner's professional judgement and should be made in the best interests of the patient. It should never be a blanket decision. There may be circumstances where, in the practitioner's professional judgement, a longer interval between primary eye examinations is appropriate.
19. Subject to a valid use of code 7 or 8, all other GOS eye examinations undertaken at shorter intervals than these frequencies must be undertaken as valid supplementary eye examinations.

Supplementary eye examination reason code 3.0 (additional or significantly longer appointment to complete a primary eye examination for a patient with complex needs)

20. The description for supplementary eye examination reason code 3.0 (set out in [Appendix D](#) of the Statement) has been slightly amended to make it clear that:

- the code can be claimed for each additional appointment (whether or not on the same day as the first appointment) required to complete a primary eye examination in practice premises for a patient with complex needs, when more time to complete the examination is needed;
- the code cannot be used more than once per day for the same patient.

21. The revised description is as follows:

“This code can be used for each additional appointment (whether or not on the same day as the first appointment), or a significantly longer single appointment, required to complete a primary eye examination in practice premises for a patient with complex needs, when more time to complete the examination is needed. This code should be claimed in addition to the relevant primary eye examination fee. This code must not be used more than once per day for the same patient.

A patient with complex needs is a patient who has a physical or mental condition and, as a result of that condition, the patient’s primary eye examination must be conducted significantly more slowly than that of a typical patient who does not have a physical or mental condition. This includes circumstances where a sign-language interpreter is required because of the patient’s physical or mental condition. A patient must not be treated as having complex needs solely due to their age.”

Patient / patient representative signatures – GOS eye examinations

22. As set out in [PCA\(O\)2020\(04\)](#), the requirement to capture patient / patient representative signatures on the GOS(S)1 ‘cheque book’ form was operationally suspended on 20 March 2020 as part of COVID-19 safety measures.
23. Following consultation with NHS Scotland Counter Fraud Services, the Scottish Government intends to amend the NHS (General Ophthalmic Services) (Scotland) Regulations 2006 (“2006 Regulations”) at a later date to remove the requirement to capture patient / patient representative signatures for GOS eye examinations. Until then, this requirement remains operationally suspended.
24. Until such time as the GOS(S)1 payment claim form in eOphthalmic is amended to remove the sections relating to patient / patient representative signatures, practitioners are advised to continue with the arrangements set out in PCA(O)2020(04) i.e. populate the relevant section of the GOS(S)1 payment claim form to state that it has been signed as a patient representative and enter ‘COVID’ in the patient representative name box.
25. Practices are asked to note this update and destroy any unused ‘cheque book’ forms that they may currently possess. Any ordering requests by practices for this form will not be fulfilled.

NHS optical vouchers - Patient / patient representative signatures and Document retention period

Patient / patient representative signatures

26. Similar to the GOS(S)1 'cheque book' form, as set out in [PCA\(O\)2020\(04\)](#) the requirement to capture patient / patient representative signatures on NHS optical voucher forms (GOS(S)3, GOS(S)4, HES(S)3) was operationally suspended on 20 March 2020 as part of COVID-19 safety measures.
27. Following consultation with NHS Scotland Counter Fraud Services, the operational requirement to capture patient / patient representative signatures on these forms will be reinstated where the patient has confirmed they are entitled to the voucher on or after 1 November 2023.
28. Until those new arrangements apply, practitioners are advised that they should continue with the arrangements set out in PCA(O)2020(04) i.e. populate the relevant section of the GOS(S)3 or GOS(S)4 payment claim form in eOphthalmic (or the relevant section on the HES(S)3 paper form) to state that it has been signed as a patient representative and enter 'COVID' in the patient representative name box.

Document retention period

29. NHS Counter Fraud Services has confirmed that it requires that completed NHS optical voucher forms that have been accepted or used by a supplier are retained for a period of three years. This is to support patient exemption checking.
30. Practices are asked to note and implement both these updates in relation to NHS optical vouchers (patient / patient representative signatures and the document retention period for completed forms) and ensure that all relevant staff are made aware of this change and that any relevant internal processes and documentation are updated accordingly.

Patient information resources for practices

31. Contractors providing GOS in Scotland are reminded that the GOS Terms of Service requires (under [paragraph 7 of Schedule 1 of the 2006 Regulations](#)) each place at which they provide GOS to have relevant notices and leaflets prominently displayed that provide further information on GOS and patient eligibility for NHS optical vouchers.
32. To support practices in complying with this legal requirement, the [eyes.scot website](#) has been updated with links to relevant practice resources, including the:

- revised version of the ‘Your guide to free NHS eye examinations in Scotland’ patient information leaflet, which practices should have received a delivery of earlier in 2023 - please ensure all copies of the previous version of this leaflet (dated 2012) are destroyed;
- ‘Help with Health Costs (HCS1)’ and ‘Help with Health Costs (HCS2): Quick Guide’ leaflets;
- ‘Are you entitled to help with the cost of your glasses?’ and ‘Help with the cost of glasses or contact lenses (flowchart)’ NHS Counter Fraud Services posters;
- ‘We Offer Free NHS Services’ poster;
- ‘Right Care Right Place’ campaign assets.

Current guidance regarding wearing of face masks

33. The Scottish Government issued [DL\(2023\)11](#) on 9 May 2023, which informed of the withdrawal of the extended use of face mask and face coverings in health and social care settings guidance with effect from 16 May 2023.
34. Following the withdrawal of this guidance, health and social care staff should continue to ensure they follow the infection prevention and control guidance on the appropriate use of personal protective equipment for standard infection control precautions and transmission based precautions as detailed in the [National Infection Prevention and Control Manual](#) and the [Care Home National Infection Prevention and Control Manual](#).
35. The College of Optometrists has also issued a [short statement on its website](#) advising that community optometry practice staff should continue to follow [section B39 of the College’s Guidance for Professional Practice](#) (which, under [paragraph 2 of Schedule 1 of the 2006 Regulations](#), is part of the GOS Terms of Service) regarding the wearing of Fluid Resistant Surgical Masks.
36. This currently states:

“You should wear a Fluid Resistant Surgical Face Mask (FRSM Type IIR) when:

- a. Performing procedures when in close proximity to the patient*
- b. You consider there is a risk of respiratory infection*
- c. There is a public health requirement to wear one, such as during a pandemic, unless the mask type specified by the relevant national or local public health guidance recommends an alternative specification and level of protection.”*

Winter flu and COVID vaccinations for frontline health and social care workers

37. Frontline health and social care workers (including community optometry practice staff) are eligible for winter flu and COVID-19 vaccinations. Community optometry practice staff are strongly encouraged to have these vaccines, and can do so by booking online via the [NHS Inform website](#).

Bullying, harassment and abuse from members of the public

38. In the [General Optical Council's Registrant Workforce and Perceptions Survey 2023](#), 47% of respondents in Scotland stated that they had experienced harassment, bullying, or abuse from patients and service users in the last 12 months – the highest figure across the UK.

39. Practices and practitioners are reminded that assets are available to download and use through the healthcare worker [Respect Campaign webpage](#).

Disclosure (Scotland) Act 2020 implementation update

40. Disclosure Scotland is continuing to working towards implementing the [Disclosure \(Scotland\) Act 2020](#) by 1 April 2025.

41. The additional time to implement these [changes](#) (which include the lifetime Protecting Vulnerable Groups (PVG) scheme membership ending and being replaced with a five-year membership period) will mean that:

- Disclosure Scotland's stakeholders and customers have more time to prepare for the changes required to move to the new disclosure regime;
- Disclosure Scotland will deliver its new services at a standard that maintains an excellent level of service to its stakeholders, customers and the people of Scotland.

42. During this time, Disclosure Scotland asks that its customers deliver on their legal responsibilities which include:

- PVG scheme members must notify Disclosure Scotland if their personal details have changed;
- Organisations must notify Disclosure Scotland when a PVG scheme member stops doing regulated work with them.

43. Organisations that require an up to date list of PVG members registered with them should email dsupdate@disclosurescotland.gov.scot, providing the organisation's counter-signatory and registered body codes.

44. Further information on the upcoming changes as a result of the implementation of the Disclosure (Scotland) Act 2020 can be found on the [Disclosure Scotland website](#), by keeping up to date with its [X](#) (formerly known as Twitter), [Facebook](#), [LinkedIn](#) and [YouTube](#) accounts, and signing up to its [quarterly e-bulletin](#).

Enquiries

45. Any queries about payment claims for the GOS fees uplift, the CPD allowance or the pre-registration trainee optometrist supervisor grant should be emailed to P&CFS at: nss.psdgospayteam@nhs.scot

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

Dentistry, Optometry and Community Hearing Division
Directorate for Primary Care
Scottish Government

NATIONAL HEALTH SERVICE (SCOTLAND)

GENERAL OPHTHALMIC SERVICES

THE STATEMENT

The Scottish Ministers, in exercise of powers conferred by sections 28A and 28B of the National Health Service (Scotland) Act 1978 and regulation 17 of the National Health Services (General Ophthalmic Services) (Scotland) Regulations 2006, after consultation with such organisations as appear to them to be representative of contractors providing General Ophthalmic Services, make the following determination (referred to as the “Statement”) -

Application

1. This determination applies to all primary eye examinations and supplementary eye examinations carried out on or after 1 April 2023.
2. This determination applies to all claims for CPD allowance or IPCPD allowance submitted to the Agency on or after 25 September 2023.

Interpretation

3. In this Statement:

“the 2006 Regulations” means The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006 (SSI 2006/135), as amended;

“CPD” means continuing professional development (previously named continuing education and training or CET);

“CPD allowance” means the sum of £654;

“Goldmann type tonometer” includes a Perkins type tonometer;

“IP optometrist” means an optometrist who is an optometrist independent prescriber as defined in the 2006 Regulations;

“IPCPD” means independent prescriber continuing professional development (previously named independent prescriber continuing education and training or IPCET);

“IPCPD allowance” means the sum of £979;

“optometrist” includes an optician as defined in the 2006 Regulations;

“professional registration” means, for optometrists, registration with the General Optical Council and, for ophthalmic medical practitioners, registration with the General Medical Council.

4. Any other terms defined in regulation 2 (‘Interpretation’) of the 2006 Regulations are to be given the same meaning in this Statement.

Fees Payable

5. The fees payable to an optometrist or ophthalmic medical practitioner for undertaking eye examinations are set out in [Appendix A](#).
6. Appendices B to E set out conditions which must be met before fees are payable:
 - (a) [Appendix B](#) sets out the frequencies of primary eye examinations by patient category for which fees will be payable, and the circumstances in which the use of early re-examination codes is permitted;
 - (b) [Appendix C](#) sets out conditions on the conduct of a primary eye examination;
 - (c) [Appendix D](#) sets out conditions on the conduct of a supplementary eye examination;
 - (d) [Appendix E](#) sets out:
 - (i) practice equipment that must be provided in accordance with paragraph 6 of Schedule 1 to the 2006 Regulations, as a condition of the fees payable under appendices A to D; and
 - (ii) records that must be kept in accordance with paragraph 8 of Schedule 1 to the 2006 Regulations, as a condition of the fees payable under appendices A to D.

Allowances Payable

7. [Appendix F](#) sets out the conditions which must be met before the CPD allowance and IPCPD allowance are payable.

APPENDIX A

FEES PAYABLE TO OPTOMETRISTS AND OPHTHALMIC MEDICAL PRACTITIONERS FOR EYE EXAMINATIONS

PRIMARY EYE EXAMINATION

1. Fees payable for each primary eye examination carried out in accordance with appendices [B](#) and [C](#) by an optometrist or ophthalmic medical practitioner for a patient aged under 60 years: £42.21
2. Fees payable for each primary eye examination carried out in accordance with appendices [B](#) and [C](#) by an optometrist or ophthalmic medical practitioner for a patient aged 60 years and over:
 - (a) no digital photograph taken - £45.63
 - (b) digital photograph taken - £51.35

SUPPLEMENTARY EYE EXAMINATION

3. Fees payable for each supplementary eye examination carried out in accordance with [Appendix D](#) by an optometrist or ophthalmic medical practitioner:
 - (a) standard supplementary eye examination - £27.96
 - (b) enhanced supplementary eye examination - £43.35

DOMICILIARY VISITING FEE

4. The additional fees payable to an optometrist or ophthalmic medical practitioner for visits to a place where the patient normally resides for the purpose of carrying out NHS eye examinations under General Ophthalmic Services are:
 - (a) for a visit to one establishment or location to undertake an NHS eye examination, for each of the first and second patients - £42.86
 - (b) for each of the third and subsequent patients at the same establishment or location - £10.73
5. A payment made under paragraph 1, 2, 3 or 4 above to an ophthalmic medical practitioner who is participating in the National Health Service Superannuation Scheme, is subject to adjustment in respect of superannuation by deduction of the appropriate contribution.

APPENDIX B

THE FREQUENCY OF PRIMARY EYE EXAMINATIONS FOR THE PURPOSE OF REGULATION 22B OF THE 2006 REGULATIONS

1. A primary eye examination must not be carried out more frequently than the frequency set out in [Table A](#) of this Appendix, except in the circumstances (and using the relevant reason code) set out in [Table B](#) of this Appendix.

TABLE A

Category of patients	Frequency
Patients: <ul style="list-style-type: none"> • aged under 16 years; • aged 60 years or over; • with diabetes; • who are sight impaired or severely sight impaired, as set out in Annex B to this Statement. 	Annually
All other patients	Biennially

TABLE B

Early Re-Examination Codes For Primary Eye Examination
<p>7 - This code is only to be used in the following scenarios:</p> <p>(a) the patient is new to the practice and the optometrist or ophthalmic medical practitioner does not have access to the patient's clinical records; or</p> <p>(b) the patient is not new to the practice but the optometrist or ophthalmic medical practitioner does not have access to the patient record created as a result of a primary eye examination carried out at another practice within the relevant primary eye examination frequency as defined in Table A.</p>
<p>8 - This code is to be used when the patient has turned 16 years of age (and does not have diabetes and/or is not sight impaired or severely sight impaired), resulting in a change in frequency between primary eye examinations from annually to biennially. Annex A to this Statement provides a guide chart which should be used by optometrists and ophthalmic medical practitioners when determining a patient's eligibility for an early re-examination under this code.</p>

PRIMARY EYE EXAMINATION

1. A primary eye examination carried out by an optometrist or ophthalmic medical practitioner shall consist of all appropriate tests or procedures relevant to the presenting signs, symptoms and needs of the patient for the purpose of that examination (including the tests and procedures of an eye health assessment as defined in the [Table](#) below), unless:
 - (a) the optometrist or ophthalmic medical practitioner considers that the patient has a physical or mental condition which would make the carrying out of a specific test or procedure clinically inappropriate;
 - (b) in the judgement of the optometrist or ophthalmic medical practitioner, a specific test or procedure is clinically inappropriate for any other reason; or
 - (c) the patient has refused to undertake a specific test or procedure.
2. Following a primary eye examination, if the patient is being referred they should be referred directly to an IP optometrist, ophthalmic medical practitioner, ophthalmic hospital or to the patient's General Practitioner.
3. Clinically appropriate equipment must be used for each test or procedure carried out under a primary eye examination.
4. Where –
 - (a) the patient has refused to consent to the use of a particular piece of equipment; or
 - (b) the patient has a physical or mental condition which would make the use of a particular piece of equipment clinically inappropriate or not reasonably practicable;alternative equipment may be used which, despite not being a direct equivalent to any suggested examples in professional guidance for that particular test or procedure in terms of clinical thoroughness, will enable the required test or procedure to be carried out.

TABLE

THE TESTS AND PROCEDURES INVOLVED IN AN EYE HEALTH ASSESSMENT REQUIRED FOR THE PURPOSES OF A PRIMARY EYE EXAMINATION

The tests and procedures involved in an eye health assessment required for the purposes of a primary eye examination should be in accordance with guidance laid out in the [College of Optometrists Guidance for Professional Practice](#) and [Scottish Intercollegiate Guidance Network 144: Glaucoma Referral and Safe Discharge](#), and must include (unless any of grounds (a), (b) and (c) set out in paragraph 1 of [Appendix C](#) apply):

Tests and procedures
Taking a record of any relevant history and symptoms, which includes relevant medical, family, and ocular history.
An eye health assessment appropriate to the patient's presenting signs, symptoms and needs.
A refraction and an assessment of the patient's visual function.
In keeping with the requirements of the Opticians Act 1989 'to perform such examinations of the eye for the purpose of detecting injury, disease or abnormality in the eye or elsewhere'.
An external examination of the eye using slit lamp biomicroscopy.
An internal examination of the eye using slit lamp biomicroscopy and a condensing lens.
The communication of the clinical findings, advice, results and diagnosis to the patient and, where appropriate, the patient's carer and other health professionals. This may include a referral letter and clinical reports.
To capture and record a digital image of the retina for all patients aged 60 years or over.
Primary eye examinations involving dilation: Patients aged 60 years or over should have a dilated internal eye examination.
Primary eye examinations carried out in a place where the patient normally resides: Use of a head mounted indirect ophthalmoscope and a direct ophthalmoscope may be appropriate for an internal examination of the eye. Use of a loupe and illumination may be appropriate for an external examination of the eye.

SUPPLEMENTARY EYE EXAMINATION

1. A supplementary eye examination carried out by an optometrist or ophthalmic medical practitioner shall consist of all appropriate tests or procedures relevant to the presenting signs, symptoms and needs of the patient for the purpose of that examination (including the tests and procedures of an eye health assessment as defined in [Table A](#) of Appendix D), unless:
 - (a) the optometrist or ophthalmic medical practitioner considers that the patient has a physical or mental condition which would make the carrying out of a specific test or procedure clinically inappropriate;
 - (b) in the judgement of the optometrist or ophthalmic medical practitioner, a specific test or procedure is clinically inappropriate for any other reason; or
 - (c) the patient has refused to undertake a specific test or procedure.
2. [Table B](#) of Appendix D lists the reason codes to be used in accordance with the carrying out of a supplementary eye examination. Only one reason code per supplementary eye examination is required.
3. Following a supplementary eye examination, if the patient is being referred they should be referred directly to an IP optometrist, ophthalmic medical practitioner, ophthalmic hospital or to the patient's General Practitioner.
4. Clinically appropriate equipment must be used for each test or procedure carried out under a supplementary eye examination.
5. Where:
 - (a) the patient has refused to consent to the use of a particular piece of equipment; or
 - (b) the patient has a physical or mental condition which would make the use of a particular piece of equipment clinically inappropriate or not reasonably practicable;alternative equipment may be used which, despite not being a direct equivalent to any suggested examples in professional guidance for that particular test or procedure in terms of clinical thoroughness, will enable the required test or procedure to be carried out.

TABLE A

THE TESTS AND PROCEDURES INVOLVED IN AN EYE HEALTH ASSESSMENT REQUIRED FOR THE PURPOSES OF A SUPPLEMENTARY EYE EXAMINATION

The tests and procedures involved in an eye health assessment required for the purposes of a supplementary eye examination should be in accordance with guidance laid out in the [College of Optometrists Guidance for Professional Practice](#) and [Scottish Intercollegiate Guidance Network 144: Glaucoma Referral and Safe Discharge](#), and must include (unless any of grounds (a), (b) and (c) set out in paragraph 1 of [Appendix D](#) apply):

Tests and procedures
Taking a record of any relevant history and symptoms, which includes relevant medical, family, and ocular history.
An eye health assessment appropriate to the patient's needs and any presenting signs and symptoms.
Whenever an external examination of the eye is required, it should be carried out using slit lamp biomicroscopy.
Whenever an internal examination of the eye is required, it should be carried out using slit lamp biomicroscopy and a condensing lens. A head mounted indirect ophthalmoscope may also be appropriate for some patients.
The communication of the clinical findings, advice, results and diagnosis to the patient and, where appropriate, the patient's carer and other health professionals. This may include a referral letter and clinical reports.
<i>Enhanced Supplementary Examination with dilation/cycloplegia:</i> If, in the judgement of the optometrist or ophthalmic medical practitioner, the patient requires a dilated internal examination or cycloplegia, then the reason must be recorded.
<i>Supplementary eye examinations carried out in a place where the patient normally resides:</i> Use of a head mounted indirect ophthalmoscope and a direct ophthalmoscope may be appropriate for an internal examination of the eye. Use of a loupe and illumination may be appropriate for an external examination of the eye.

TABLE B

SUPPLEMENTARY EYE EXAMINATION - REASON CODES

If a supplementary eye examination is carried out on the same day as a primary eye examination, full details of the reasons why must be provided in the patient's records.

A supplementary eye examination cannot be claimed on the same day as a primary eye examination, for the same patient, using the 2.1, 2.7, 4.1, 4.6 and 4.7 reason codes.

Reason codes 2.5, 2.8, 4.5 and 4.8 should only be claimed on the same day as a primary eye examination, for the same patient, where the supplementary eye examination is an emergency eye examination.

A supplementary eye examination undertaken using remote facilities must:

- only be claimed using one of reason codes 2.5, 2.8 or 2.9;
- and
- involve all the elements of an eye examination undertaken in person with the patient, except tests and procedures which require the physical presence of the patient. Any advice and recommendations should be issued and clearly documented in the patient's record.

A supplementary eye examination cannot be claimed where remote facilities are only used to ask the patient a series of questions to explore their concerns more fully and make a decision regarding whether the patient requires an eye examination.

Standard Supplementary Eye Examination
2.0 - Cycloplegic Refraction Following Routine Primary Eye Examination On A Child This code is to be used when a child requires a cycloplegic refraction following a routine primary eye examination.
2.1 - Paediatric Review (without dilation/cycloplegia that does not follow a primary eye examination) This code is to be used to review a child within 12 months of a primary eye examination, as judged clinically necessary, and dilation/cycloplegia is not required.

2.2 - Follow-Up / Repeat Procedures (without dilation and not associated with glaucoma)

This code is to be used for additional or repeat procedures not requiring dilation and which are required to refine a diagnosis or clinical outcome in order to determine whether the patient needs referral or can be retained for ongoing care in the community. This code can be used for a refraction, on a separate day, that could not be undertaken at the primary eye examination.

2.3 - Suspect Glaucoma (without dilation)

This code is to be used specifically for suspect glaucoma review, in keeping with SIGN 144 guidance for diagnosis and referral for glaucoma, and which does not require dilation. This includes ocular hypertension.

2.4 - Patients Aged Under 60 Requiring Dilation Following Primary Eye Examination

This code is to be used, following a primary eye examination, for a supplementary eye examination of a patient aged under 60 that requires to be dilated.

2.5 - Anterior Eye Condition (without dilation)

This code is to be used for a supplementary eye examination of a patient (in person or using remote facilities) with a suspect or diagnosed anterior eye condition within the normal interval between primary eye examinations, and which does not require dilation.

2.7 - Post-Operative Cataract Examination (without dilation)

This code is to be used for a post-operative cataract examination of a patient, which includes refraction, an ocular examination and (if required) a feedback report, but does not require dilation.

This code should not be used for a post-operative cataract examination of a patient where a General Ophthalmic Services provider has, is or will receive remuneration outwith General Ophthalmic Services arrangements for undertaking the appointment. Such examinations do not form part of General Ophthalmic Services.

2.8 - Unscheduled Appointment (without dilation)

This code is to be used for a supplementary eye examination for a patient (in person or using remote facilities) who presents with symptoms for an unscheduled appointment within the normal interval between primary eye examinations, and which does not require dilation.

2.9 - Cataract Referral Advice and Counselling

This code is to be used when providing advice and counselling to a patient (in person or using remote facilities) following an eye examination which has resulted in the patient being considered for referral. This may include providing prognosis or counselling and preparation for consent for cataract surgery, including risk factors.

3.0 – Additional or Significantly Longer Appointment To Complete Primary Eye Examination For A Patient With Complex Needs

This code can be used for each additional appointment (whether or not on the same day as the first appointment), or a significantly longer single appointment, required to complete a primary eye examination in practice premises for a patient with complex needs, when more time to complete the examination is needed. This code should be claimed in addition to the relevant primary eye examination fee. This code must not be used more than once per day for the same patient.

A patient with complex needs is a patient who has a physical or mental condition and, as a result of that condition, the patient's primary eye examination must be conducted significantly more slowly than that of a typical patient who does not have a physical or mental condition. This includes circumstances where a sign-language interpreter is required because of the patient's physical or mental condition. A patient must not be treated as having complex needs solely due to their age.

Enhanced Supplementary Eye Examination

An enhanced supplementary eye examination should be conducted where it is deemed clinically appropriate to support the care of the patient.

4.1 - Paediatric Review (with dilation/cycloplegia that does not follow a primary eye examination)

This code is to be used to review a child within 12 months of a primary eye examination, as judged clinically necessary, and dilation/cycloplegia is required.

4.2 - Follow-Up / Repeat Procedures (with dilation and not associated with glaucoma)

This code is to be used for additional or repeat procedures requiring dilation and which are required to refine a diagnosis or clinical outcome in order to determine whether the patient needs referral or can be retained for ongoing care in the community.

4.3 - Suspect Glaucoma (with dilation)

This code is to be used specifically for a suspect glaucoma review, in keeping with SIGN 144 guidance for diagnosis and referral for glaucoma, and which requires dilation. This includes ocular hypertension.

4.5 - Anterior Eye Condition (with dilation)

This code is to be used for a supplementary eye examination of a patient with a suspect or diagnosed anterior eye condition within the normal interval between primary eye examinations, and which requires dilation.

4.6 - Cycloplegic refraction of a child referred from the hospital eye service

To facilitate the cycloplegic refraction of a child aged under 16 referred from the hospital eye service. The supplementary eye examination must include an internal and external examination of the eye.

4.7 - Post-Operative Cataract Examination (with dilation)

This code is to be used for a post-operative cataract examination of a patient, which includes refraction, an ocular examination and (if required) a feedback report, and also requires dilation.

This code should not be used for a post-operative cataract examination of a patient where a General Ophthalmic Services provider has, is or will receive remuneration outwith General Ophthalmic Services arrangements for undertaking the appointment. Such examinations do not form part of General Ophthalmic Services.

4.8 - Unscheduled Appointment (with dilation)

This code is to be used for a supplementary eye examination for a patient who presents with symptoms for an unscheduled appointment within the normal interval between primary eye examinations, and which requires dilation.

PRACTICE EQUIPMENT THAT MUST BE PROVIDED IN ACCORDANCE WITH PARAGRAPH 6 OF SCHEDULE 1 TO THE 2006 REGULATIONS

1. An optometrist or ophthalmic medical practitioner must provide proper, sufficient and appropriate equipment in good working order for the provision of General Ophthalmic Services. This must include, but is not limited to:

(a) For practice premises:

- (i) Distance test chart (e.g. Snellen chart)
- (ii) Trial frame, trial lenses and accessories or phoropter head
- (iii) Condensing lens for indirect retinal viewing with slit lamp biomicroscope (60-120D)
- (iv) Slit lamp biomicroscope
- (v) Reading test type
- (vi) Automated visual field analyser, capable of full threshold analysis of the central 30 degrees
- (vii) A Goldmann type contact applanation tonometer
- (viii) Digital retinal imaging apparatus with a minimum resolution of 2 megapixels and capable of taking a clear retinal image under normal circumstances
- (ix) Distance binocular vision test
- (x) Near binocular vision test
- (xi) Retinoscope
- (xii) Direct ophthalmoscope
- (xiii) Colour vision test chart
- (xiv) Stereoacuity test
- (xv) Macula assessment test
- (xvi) Pachymeter
- (xvii) Appropriate hand disinfection product
- (xviii) Ophthalmic drugs required for tonometry, dilation, corneal examination and other necessary ophthalmic procedures.

(b) For mobile practices:

- (i) Distance test chart (e.g. Snellen chart)
- (ii) Trial frame, trial lenses and accessories or phoropter head
- (iii) Appropriate equipment for binocular internal eye examination (e.g. slit lamp and condensing lens or a head-mounted indirect ophthalmoscope)
- (iv) Appropriate equipment for external eye examination (e.g. slit lamp / loupe and illumination)
- (v) Reading test type
- (vi) A Goldmann type contact applanation tonometer
- (vii) Distance binocular vision test
- (viii) Near binocular vision test

- (ix) Retinoscope
- (x) Direct ophthalmoscope
- (xi) Colour vision test chart
- (xii) Stereoacuity test
- (xiii) Macula assessment test
- (xiv) Pachymeter
- (xv) Appropriate hand disinfection product
- (xvi) Ophthalmic drugs required for tonometry, dilation, corneal examination and other necessary ophthalmic procedures.

RECORDS THAT MUST BE KEPT IN ACCORDANCE WITH PARAGRAPH 8 OF SCHEDULE 1 TO THE 2006 REGULATIONS

2. An optometrist or ophthalmic medical practitioner must keep appropriate clinical records as relevant to any eye examination conducted.
3. The information recorded should follow professional guidance. In addition, the record should include:
 - (a) A record of any relevant history and symptoms, to include relevant medical, family, and ocular history;
 - (b) CHI number if available;
 - (c) All relevant clinical details; and
 - (d) A digital image (or reference to) of the retina when taken.

CONTINUING PROFESSIONAL DEVELOPMENT ALLOWANCE

1. Subject to paragraph 4, a CPD allowance shall be payable to an optometrist other than a body corporate if:
 - (a) that optometrist's name was included on the Ophthalmic List of a Health Board for a period of at least six months during the previous calendar year;
 - (b) the optometrist has maintained their professional registration;
 - (c) the optometrist has undertaken appropriate CPD during the previous calendar year; and
 - (d) the optometrist complies with paragraphs 5 and 6.

2. Subject to paragraph 4, a CPD allowance shall be payable to an ophthalmic medical practitioner if:
 - (a) during the previous calendar year that practitioner's only remunerated medical or optical activity was the conduct of General Ophthalmic Services;
 - (b) the practitioner's name was included on the Ophthalmic List of a Health Board for a period of at least six months during the previous calendar year;
 - (c) the practitioner has maintained their professional registration;
 - (d) the practitioner has undertaken appropriate CPD during the previous calendar year; and
 - (e) the practitioner complies with paragraphs 5 and 6.

3. Subject to paragraph 4, an IPCPD allowance shall be payable to an optometrist other than a body corporate if:
 - (a) that optometrist's name was included on the Ophthalmic List of a Health Board for a period of at least six months during the previous calendar year;
 - (b) the optometrist has maintained their professional registration and has been registered as an IP optometrist during the previous calendar year;
 - (c) the optometrist has been registered with a host Health Board as an IP optometrist for a period of at least six months during the previous calendar year;
 - (d) the optometrist has undertaken appropriate IPCPD during the previous calendar year; and
 - (e) the optometrist complies with paragraphs 5 and 6.

4. Only one CPD allowance or IPCPD allowance may be paid in respect of any one person for each calendar year in which appropriate CPD or IPCPD was undertaken by that person.
5. A claim for a CPD allowance or IPCPD allowance shall be made in writing on the form provided for this purpose by the Agency.
6. A claim for a CPD allowance or IPCPD allowance must be received by the Agency by 30 November of the calendar year following the year in which the appropriate CPD or IPCPD was undertaken.

PRIMARY EYE EXAMINATION EARLY RE-EXAMINATION CODE 8 – PATIENT TURNED 16 YEARS OF AGE

As set out in [Table B](#) of Appendix B, this Annex and the guide chart below is to be used by optometrists and ophthalmic medical practitioners when determining whether a patient who has turned 16 years of age (and does not have diabetes and/or is not sight impaired or severely sight impaired) is eligible to an early re-examination under code 8.

1 Ask for the age of the patient, as at the eye examination date.

2 How long ago was their last eye examination?

3 Cross-check age with examination interval to identify when to use the new early re-examination code 8.

2 Patient last had an NHS eye examination 1 year and 6 months ago

	11 months	1 year	1 year 1 month	1 year 2 months	1 year 3 months	1 year 4 months	1 year 5 months	1 year 6 months	1 year 7 months	1 year 8 months	1 year 9 months	1 year 10 months	1 year 11 months
16 years	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 1 month	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 2 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 3 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 4 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 5 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 6 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 7 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 8 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 9 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 10 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 11 months	N	8	8	8	8	8	8	8	8	8	8	8	8
17 years	N	N	8	8	8	8	8	8	8	8	8	8	8
17 + 1 month	N	N	N	8	8	8	8	8	8	8	8	8	8
17 + 2 months	N	N	N	N	8	8	8	8	8	8	8	8	8
17 + 3 months	N	N	N	N	N	8	8	8	8	8	8	8	8
17 + 4 months	N	N	N	N	N	N	8	8	8	8	8	8	8
17 + 5 months	N	N	N	N	N	N	N	8	8	8	8	8	8
17 + 6 months	N	N	N	N	N	N	N	N	8	8	8	8	8
17 + 7 months	N	N	N	N	N	N	N	N	N	8	8	8	8
17 + 8 months	N	N	N	N	N	N	N	N	N	N	8	8	8
17 + 9 months	N	N	N	N	N	N	N	N	N	N	N	8	8
17 + 10 months	N	N	N	N	N	N	N	N	N	N	N	N	8
17 + 11 months	N	N	N	N	N	N	N	N	N	N	N	N	N
18 years	N	N	N	N	N	N	N	N	N	N	N	N	N
Over 18 years	N	N	N	N	N	N	N	N	N	N	N	N	N

Key

8 Yes
Your patient is entitled to an NHS eye examination. Please use early re-examination reason code 8 on the claim form.

N No
Your patient is not entitled to an NHS eye examination.

1 Patient is 17 years and 1 month

3

Example:
In the example shown on the guide, the patient would be entitled to an NHS eye examination, and you would need to enter the early re-examination reason code on the claim form.

PRIMARY EYE EXAMINATION ENTITLEMENT - SIGHT IMPAIRED AND SEVERELY SIGHT IMPAIRED PATIENTS

1. As set out in [Table A](#) of Appendix B, this Annex is to be used by optometrists and ophthalmic medical practitioners for the purposes of determining a patient's entitlement to an annual primary eye examination because they are sight impaired or severely sight impaired.

Sight Impaired

2. There is no legal definition of sight impaired. A person can be sight impaired if they are "substantially and permanently functionally impaired by defective vision caused by congenital defect or illness or injury".
3. As a general guide, people who have visual acuity of the following should be considered as being sight impaired:
 - (a) 3/60 to 6/60 Snellen (or equivalent) with full field;
 - (b) up to 6/24 Snellen (or equivalent) with moderate contraction of the field, opacities in media or aphakia;
 - (c) 6/18 Snellen (or equivalent) or even better if they have a severe field defect, for example hemianopia, or if there is a contraction of the visual field, for example in retinitis pigmentosa or glaucoma.

Severely Sight Impaired

4. Although there is no legal definition of severely sight impaired, it is considered to be the same as the definition of "blind person" set out in section 64 of the National Assistance Act 1948 – "means a person so blind as to be unable to perform any work for which eyesight is essential".
5. The test is whether a person cannot do any work for which eyesight is essential, not just their normal job or one particular job. Only the condition of the person's eyesight should be taken into account - other physical or mental conditions cannot be considered.
6. Group 1: People who are below 3/60 Snellen (or equivalent)
 - (a) Severely sight impaired: people who have visual acuity below 3/60 Snellen (or equivalent).
 - (b) Not severely sight impaired: people who have visual acuity of 1/18 Snellen (or equivalent) unless they also have restriction of visual field. In many cases it is better to test the person's vision at one metre. 1/18 Snellen (or equivalent) indicates a

slightly better acuity than 3/60 Snellen (or equivalent). However, it may be better to specify 1/18 Snellen (or equivalent) because the standard test types provide a line of letters which a person who has a full acuity should read at 18 metres.

7. Group 2: People who are 3/60 but below 6/60 Snellen (or equivalent).

(a) Severely sight impaired: people who have a contracted field of vision.

(b) Not severely sight impaired: people who have a visual defect for a long time and who do not have a contracted field of vision. For example, people who have congenital nystagmus, albinism, myopia and other similar conditions.

8. Group 3: People who are 6/60 Snellen (or equivalent) or above.

(a) Severely sight impaired: people in this group who have a contracted field of vision especially if the contraction is in the lower part of the field.

(b) Not severely sight impaired: people who are suffering from homonymous or bitemporal hemianopia who still have central visual acuity 6/18 Snellen (or equivalent) or better.

9. Other points to consider: The following points are important because it is more likely that a person is severely sight impaired in the following circumstances:

(a) How recently the person's eyesight failed: A person whose eyesight has failed recently may find it more difficult to adapt than a person with the same visual acuity whose eyesight failed a long time ago. This applies particularly to people who are in groups 2 and 3 above.

(b) How old the person was when their eyesight failed: An older person whose eyesight has failed recently may find it more difficult to adapt than a younger person with the same defect. This applies particularly to people in group 2 above.