



Dear Colleague

GENERAL OPHTHALMIC SERVICES (GOS) – COVID-19 RECOVERY PLANNING: PHASE 2 DETAILS

Summary

1. This letter advises on the following:

- Community optometry practice premises may resume providing face-to-face emergency and essential eye care services from Monday 29 June 2020, subject to certain conditions being met;
- Emergency Eyecare Treatment Centres ceasing to operate after 28 June 2020;
- A practice declaration form which all practice premises owners and Part 1 contractors must complete and return to the local Health Board, once the criteria in the form have been met;
- New financial support and payment claims arrangements;
- 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.

Action

2. NHS Boards are asked to urgently copy and issue the Memorandum to this letter to all optometrists, ophthalmic medical practitioners, body corporates and practices on their ophthalmic lists.

Yours sincerely,
Tom Ferris,
Deputy Director

19 June 2020

Addresses:

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**MEMORANDUM TO NHS:
PCA(O)2020(10)**

Summary

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Practice premises: Resuming face-to-face emergency and essential eye care

Conditions for resuming provision of face-to-face emergency and essential eye care

2. The First Minister announced on 18 June 2020 that there had been sufficient progress in suppressing the COVID-19 disease to move to Phase 2 of the Scottish Government's recovery [Route Map](#).
3. Further to this announcement, community optometrists and ophthalmic medical practitioners (OMPs) may resume the provision of face-to-face emergency and essential eye care services from practice premises from Monday 29 June 2020, subject to:
 - the practice owner and Part 1 contractor submitting a complete and signed declaration form, including a Health and Safety Risk Assessment for the practice, to the relevant Health Board's satisfaction (see paragraphs 16 to 23);
 - the practice having appropriate Personal Protective Equipment (PPE) which has been provided by NHS Scotland, as set out in [PCA\(O\)2020\(9\)](#) (**note:** this PPE is for NHS services only – practices are required to source and use their own PPE for any non-NHS emergency and essential eye care activity undertaken).
4. The provision of routine eye care remains suspended. During Phase 2, **only** emergency and essential eye care is permitted.

5. During Phase 2, contractors are reminded that, where a practice has changed its operating hours, the contractor must notify the relevant Health Board of that fact, and of the date the change took effect.

Emergency Eyecare Treatment Centres

6. With practice premises resuming provision of face-to-face emergency and essential eye care from 29 June 2020, the Emergency Eyecare Treatment Centres (EETCs) established during the lockdown period will cease to operate after 28 June 2020. Health Boards should immediately begin making plans to put this into effect. The Scottish Government will continue to provide funding for activity carried out within EETCs up to and including this date.

Emergency and essential care

7. All patients should be considered on a case-by-case basis by an optometrist or OMP, using remote triage in the first instance to determine whether, in their professional judgement, the patient requires a face-to-face appointment.
8. The following definitions of emergency and essential care continue to apply during Phase 2:
 - Emergency care: Emergency care is to be interpreted as meaning appointments for patients where, in the professional judgement of an optometrist or OMP, the circumstances in which a patient presents constitutes an emergency. Professional guidance already exists to help practitioners in this regard, such as the College of Optometrists Guidance for Professional Practice: <https://guidance.college-optometrists.org/guidance-contents/knowledge-skills-and-performance-domain/examining-patients-who-present-as-an-emergency/>.
 - Essential care: Essential care is to be interpreted as meaning appointments for patients who would not normally be considered to be emergencies, but where, in the practitioner's professional judgement, a delay in an examination may be detrimental to a patient's sight or wellbeing.
9. It is recognised that the changes required to practices premises and ways of working to ensure safety will significantly reduce the number of patients that practices can safely see face-to-face, compared to pre-COVID-19 levels. It is therefore imperative that careful consideration is given to the allocation of available face-to-face appointment capacity, when determining the provision of emergency and essential care.
10. The provision of essential care during Phase 2 may include a patient who is incapacitated as a result of having lost or broken their glasses/contact lenses and requires a replacement to function, as failing to do so would, in the practitioner's professional judgement, be detrimental to their sight or wellbeing.

11. When making such decisions, it is for individual practitioners to assess each case separately, using their clinical judgement to do so. Patients most at risk of permanent sight loss if their condition is left untreated should be given priority over others who may also require to be seen face-to face.

Preparing to resume provision of face-to-face emergency and essential eye care

12. As set out in [Dr Janet Pooley's letter](#) of 12 June 2020, practice premises owners and Part 1 contractors should now be actively preparing for the practice to resume the provision of face-to-face emergency and essential eye care.
13. Safety will remain the priority during the recovery period, and the resumption of face-to-face emergency and essential eye care in practice premises will require considerable changes to the practice's layout, infection control and the way in which patients are looked after.
14. To support practitioners and practice owners, NHS Education for Scotland (NES) has produced comprehensive guidance on [Turas](#) (this will require creating a Turas account if a person does not have one already).
15. This guidance will be updated on an ongoing basis. Practitioners and practice owners must therefore access it regularly to ensure compliance with current guidance on the safe provision of emergency and essential eye care to their patients.

Practice declaration form

16. To provide Health Boards with assurance, and support governance around infection control and safety, a practice declaration form has been developed. A copy of this form has been provided separately with this Memorandum and is also available on the Practitioner and Counter Fraud Services (P&CFS) [website](#).
17. As set out in paragraph 3, before face-to-face emergency and essential eye care can resume from an individual practice premises, the practice owner and Part 1 contractor must submit a complete and signed declaration form (including a [Health and Safety Risk Assessment](#)) for that individual practice to the relevant Health Board's satisfaction.
18. **In order to reduce the risk of a delay to the practice resuming face-to-face emergency and essential eye care, practice owners and Part 1 contractors are advised to complete and submit the form for the individual practice premises to the relevant Health Board as soon as possible and by no later than Thursday 25 June 2020. This should only be done once the criteria in the declaration form has been met.**
19. If face-to-face emergency and essential eye care cannot be provided from the practice premises in the week commencing 29 June 2020, the practice **must** provide a reason for this to the Health Board by Thursday 25 June 2020. The

practice cannot resume face-to-face emergency and essential eye care at a later date until the declaration form has been completed and submitted to the Health Board.

20. The Health Board must be satisfied, in its view, that the reason(s) provided by the practice for not being able to provide face-to-face emergency and essential eye care in the week commencing 29 June 2020 is acceptable.
21. Health Boards are responsible for determining what constitutes an acceptable reason, but examples might include:
 - there is only one optometrist who normally works in the practice but they are currently shielding, and the practice owner is unable to find a locum optometrist to cover in the interim.
 - there are caring responsibilities preventing the practice from providing face-to-face emergency and essential eye care to patients, and the practice owner is unable to find a locum optometrist to cover in the interim. As a reminder, all optometrists in Scotland are Category 2 key workers, and all other optometry practice staff are Category 3 key workers (and therefore some childcare and learning provision may be available locally).
22. Where a practice is unable to provide face-to-face emergency and essential eye care, it must have appropriate sign-posting arrangements in place to another local practice.
23. The Health Board will notify P&CFS where, in its view, no acceptable reason has been given as to why face-to-face emergency and essential eye care cannot be provided from an individual practice premises. Following receipt of that notification, P&CFS will take the action set out in paragraph 36.

Financial support and payment claims arrangements during Phase 2

24. The Scottish Government recognises that this continues to be a particularly unsettling time for our valued community eye care service providers and staff. Community optometry practices and staff are key to the delivery of eye care in Scotland and our reform agenda in the longer term. During the COVID-19 pandemic, they have continued to demonstrate that they are a vital part of the health service in Scotland.
25. It is imperative therefore that the current infrastructure and workforce continue to be protected financially at a time when the need for appropriate infection control and physical distancing measures will significantly reduce the number of patients that practices can safely see face-to-face, compared to pre-COVID-19 levels.
26. The Scottish Government provided a substantial package of financial support measures during Lockdown and Phase 1 to protect practices and practitioners.

This has enabled patients to be managed safely by primary care - remotely where possible and, where face-to-face emergency eye care was required, in EETCs.

27. The Scottish Government will continue to provide financial support to practice premises and mobile practices during Phase 2, as set out below, and will review this financial support again ahead of Phase 3.

Practice premises: financial support / submission of claims

28. Practices are currently receiving payments under arrangements set out in paragraphs 12 to 25 of [PCA\(O\)2020\(4\)](#), as follows:

- **Part 1 payments:** all practices will receive a monthly payment equating to their average monthly item of service GOS(S)1, GOS(S)3 and GOS(S)4 income across the 2019/20 financial year.
- **Part 2 payments:** payments in addition to the Part 1 payment which support the provision of emergency and essential eye care.

29. Part 2 payments provided during lockdown and Phase 1 will cease with effect from 29 June 2020. **In order that costs associated with this phase may be finalised, all payment claims relating to Phase 1 must be submitted by 15 July 2020.**

30. Where local agreements are in place within a Health Board area, intra-referrals between practitioners continue to be permitted. The Scottish Government is working to develop a national framework for intra-referrals with relevant stakeholders.

Phase 2 financial support

31. In line with paragraphs 3 and 16 to 23, the financial support provided to an individual practice premises during Phase 2 depends on which of the following three scenarios apply:

- A. the practice owner and Part 1 contractor have submitted a complete and signed declaration form to the Health Board's satisfaction, appropriate PPE is available and the practice resumes the provision of face-to-face emergency and essential eye care in the week commencing 29 June 2020, or an acceptable date.
- B. the practice owner and Part 1 contractor **have** provided, in the Health Board's view, an acceptable reason as to why the practice cannot resume the provision of face-to-face emergency and essential eye care in the week commencing 29 June 2020, or an acceptable date.
- C. the practice owner and Part 1 contractor **have not** provided, in the Health Board's view, an acceptable reason as to why the practice cannot resume the provision of face-to-face emergency and essential eye care in the week commencing 29 June 2020.

32. **In scenarios A and B**, to provide certainty for practices and in recognition that patient numbers continue to remain depressed at the current time compared to pre-COVID-19 levels, practices will continue to receive 100% of Part 1 payments. HES(S)1, HES(S)3 and HES(S)4 payment claims will continue to be paid in addition to this monthly support payment.

33. As a condition of ongoing receipt of Part 1 payments, practices **must continue** to submit all:

- GOS(S)1 claims for emergency and essential eye examinations on or after 29 June 2020, in accordance with paragraphs 39 to 45;
- GOS(S)3 and GOS(S)4 optical vouchers redeemed where the date of order or repair/replacement of the optical appliance is on or after 29 June 2020.

34. **No additional payments for such claims (including remote consultations) will be paid**, on the basis that the practice is receiving a Part 1 payment set at 100% of its average monthly GOS(S)1, GOS(S)3 and GOS(S)4 income across the 2019/20 financial year.

35. The timely submission of claim activity is required to enable the Scottish Government to properly analyse activity levels and plan the level of financial support provided to practices in Phase 3 and beyond.

36. **In scenario C**, the practice will cease to receive a Part 1 payment with effect from 29 June 2020. This will be actioned as part of the scheduled payment to be made to practices on 24 July 2020.

37. This will continue until either:

- the practice, with prior Board approval, resumes providing face-to-face emergency and essential eye care; or
- the practice owner and Part 1 contractor provide an acceptable reason to the Board as to why the practice cannot provide that service.

38. When either of these conditions have been met, the practice will move to the same financial support model as other practices which are providing emergency and essential eye care, from a date to be determined by the Health Board and P&CFS.

GOS(S)1 claims which can be submitted once a practice premises has resumed face-to-face emergency and essential eye care

39. **Primary eye examinations (PEEs) cannot be undertaken during Phase 2.**

40. **Until further notice, only the following supplementary eye examinations (SEEs) can be undertaken:**

| Standard Supplementary Eye Examination |
|--|
| <p>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.</p> |
| <p>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 of the patient's pupils 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.</p> |
| <p>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 of the patient's pupils. This includes ocular hypertension.</p> |
| <p>2.5 - Anterior Eye Condition (without 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 does not require dilation of the patient's pupils.</p> |
| <p>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 of the patient's pupils.</p> |
| <p>2.8 - Unscheduled Appointment (without dilation) This code is to be used for a supplementary eye examination for a patient who presents with symptoms for an unscheduled visit within the normal interval between primary eye examinations, and which does not require dilation of the patient's pupils.</p> |
| <p>2.9 - Cataract Referral Advice and Counselling This code is to be used when providing advice and counselling to a patient 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.</p> |

| Enhanced Supplementary Eye Examination |
|---|
| <p>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.</p> |
| <p>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 of the patient's pupils 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.</p> |
| <p>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 of the patient's pupils. This includes ocular hypertension.</p> |
| <p>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 of the patient's pupils.</p> |
| <p>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.</p> |
| <p>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 of the patient's pupils.</p> |
| <p>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 visit within the normal interval between primary eye examinations, and which requires dilation of the patient's pupils.</p> |

41. The following SEEs **must not** be undertaken, because they are dependent on a recent PEE having been undertaken:

| Standard Supplementary Eye Examination |
|--|
| 2.0 - Cycloplegic Refraction Following Routine Primary Eye Examination On A Child |
| 2.4 - Patients Aged Under 60 Requiring Dilation Following Primary Eye Examination |
| 3.0 – Additional Appointment To Complete Primary Eye Examination For A Patient With Complex Needs |

42. **Remote consultations:** During lockdown and Phase 1, practices were able to undertake remote consultations. This will continue to be permitted in Phase 2 in order to reduce the number of patients who need to be seen face-to-face, where the optometrist/OMP considers that clinically appropriate.
43. The differences between a remote triage (which must not be submitted via eOphthalmic) and a remote consultation (which must be submitted via eOphthalmic) are:
- *Remote triage:* A patient phones the practice with concerns about their vision or eye health and a practice staff member (usually an optical assistant, dispensing optician or optometrist) asks a series of questions to explore the concerns more fully and makes a decision whether the patient requires a remote consultation with an optometrist/OMP.
 - *Remote consultation:* A remote consultation is undertaken by an optometrist/OMP and will involve all the elements of a normal eye examination, except tests and procedures which require the physical presence of the patient. The patient's history and presenting signs and symptoms will be recorded, and a diagnosis and subsequent management or treatment plan will be made. Any advice and recommendations should be issued and clearly documented in the patient's record.
44. Further guidance on managing patients remotely is provided in the NES guidance on [Turas](#), and on the [College of Optometrists](#) website.
45. Remote consultations **must only** be submitted under SEE codes 2.5, 2.8 and 2.9, in accordance with the tables outlined above.

Mobile practices

46. Mobile practices are not permitted to see patients face-to-face during Phase 2, in line with paragraph 3. In recognition of this, mobile practices will continue to receive Part 1 payments equating to 100% of their average monthly GOS(S)1, GOS(S)3 and GOS(S)4 income across the 2019/20 financial year, as set out in paragraphs 14 to 18 of [PCA\(O\)2020\(4\)](#).
47. Remote consultations undertaken by mobile practices should be undertaken and submitted in accordance with paragraphs 42 to 45 above. Where, following a remote consultation, a patient requires to be seen face-to-face in line with emergency and essential eye care, this should be done in accordance with local Board pathways.

Dispensing-only practices

48. A final monthly support payment will be made to these practices on 24 July 2020. No further monthly support payments will be made after this date.

Patient and patient representative signatures

49. 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. The table below sets out what to do for each form type, both in relation to their paper and (where relevant) electronic formats.

| Form | What to do on the paper form | What to do on the electronic claim |
|---------------|--|---|
| GOS(S)1 | 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 |

Enquiries

50. Any practice-specific queries about the financial support measures should be emailed to P&CFS at: nss.psdgospayments-covid19@nhs.net.

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

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