



Dear Colleague

GENERAL OPHTHALMIC SERVICES (GOS):

- **COMMUNITY OPTOMETRY PRACTICE PREMISES VENTILATION ENHANCEMENT GRANT**

Summary

1. This letter advises of a new ventilation enhancement grant for community optometry practice premises. Funding has been made available from the Scottish Government to be paid to community optometry practices that meet the conditions of entitlement for the new grant.

Action

2. Territorial NHS Boards and Practitioner and Counter Fraud Services (P&CFS) of NHS National Services Scotland should ensure they are familiar with the Memorandum to this letter, and in particular the requirement to have the necessary arrangements in place to manage the administration and payment of the ventilation enhancement grant to qualifying community optometry practices. The Scottish Government will provide additional instructions to NHS Boards via email on how information should be sent to P&CFS.
3. Territorial NHS Boards are asked to immediately copy and issue the Memorandum to this letter, along with the grant claim form provided separately with this letter and Memorandum, to all optometrists, ophthalmic medical practitioners and body corporates on their Ophthalmic Lists, and all community optometry practice premises in their Board area.

TOM FERRIS
Deputy Director

21 February 2022

Addresses

For action

Chief Executives, NHS Boards

For information

Chief Executive,
NHS National Services
Scotland

NHS Board Optometric
Advisers

NHS Education for Scotland

Enquiries to:

Local NHS Board Primary Care
teams (contact details to be
provided by NHS Boards)

**MEMORANDUM TO NHS:
PCA(O)2022(02)**

Summary

1. This Memorandum advises on a new ventilation enhancement grant for community optometry practice premises.

Background

2. In Scotland, the [Winter Respiratory Infections in Health and Care Settings IPC Addendum guidance](#) came into effect on Monday 13 December 2021 for all areas of health and social care, including community optometry practices.
3. While the situation with COVID-19 has improved recently in Scotland, we also need to be mindful that the situation can deteriorate relatively quickly. As such, it is important that the community optometry sector does what it can to protect staff and patients from the risk of respiratory infections and COVID-19.
4. Details of the legal requirement to have sufficient ventilation within enclosed premises is outlined in the [Annex](#). This funding does not remove or replace these obligations.

Funding Support for Ventilation Enhancement

5. To further help support practice staff and patients, the Scottish Government is making funding available to help community optometry practice premises purchase air extraction equipment. This may be a permanent or temporary solution where the practice has fitted or committed to install air extraction equipment on or after 1 April 2020.
6. This funding is **only available** for community optometry [practice premises](#) (i.e. premises from which the public have unrestricted access during normal business hours) from which General Ophthalmic Services (GOS) eye examinations are provided.
7. The funding is **not available** for mobile practices (i.e. practices that only provide GOS in a domiciliary setting), peripatetic practices and dispensing only practices (i.e. practices that do not provide GOS).

Ventilation Enhancement Grant Payment Amount

8. A community optometry practice may claim costs for the purchase of ventilation enhancement equipment up to a maximum ventilation enhancement grant payment of £1,500 per individual practice premises.
9. The value of the ventilation enhancement grant payment will be the actual amount paid by the practice for the purchase of the ventilation enhancement equipment (**not including VAT**), as confirmed by the relevant invoices and receipts provided to the Health Board with the claim form.

Conditions of Entitlement

10. It is a condition of entitlement for payment of the ventilation enhancement grant that:

- the ventilation enhancement equipment for which a grant is claimed meets the minimum recommended ventilation rate of **6 Air changes per hour**. Air cleaners and scrubbers are also eligible, but air purifiers are not permitted. Further information can be found in the [Annex](#).
- it is a condition of receiving the grant that the ventilation enhancement equipment purchased is maintained in accordance with the manufacturer's guidelines. The cost of ongoing maintenance (as per the manufacturer's recommendations) is not included within the ventilation enhancement grant.
- the ventilation enhancement equipment is used to support clinical practise in one or more consulting room locations in the practice premises.

Making a Claim for Payment

11. Community optometry practices that intend to submit a claim for the ventilation enhancement grant must either:

- complete and send the separately provided claim form to their local NHS Board **by 31 March 2022**, along with all relevant invoices and receipts associated with the purchase of the ventilation enhancement equipment;

or

- if the practice is unable to send the completed claim form and relevant invoices and receipts to their local NHS Board by 31 March 2022, the practice must:
 - notify their local NHS Board via email **by 31 March 2022** of their commitment to purchase the ventilation enhancement equipment and intention to submit a claim and relevant invoices and receipts for the ventilation enhancement grant. **This notification must include the practice name, address and Payment Location Code** (the five digit unique code for the practice used by Practitioner and Counter Fraud Services (P&CFS) which is linked to the bank account for payment purposes);

and

- complete and send the claim form and relevant invoices and receipts as soon as possible to their local NHS Board. To be eligible to receive the ventilation enhancement grant payment all appropriate documentation **must be received by the NHS Board on or before 30 June 2022**. Claims received after this date will not be paid.

12. Only one claim is permitted per practice premises (even if ventilation enhancement equipment is used in more than one consulting room), and an individual claim form must be submitted for each practice.
13. The claim form must be completed and signed by the practice premises owner or a person who is authorised to sign on their behalf.
14. Claims for the ventilation enhancement grant can be made for ventilation enhancement equipment purchased, renewed or upgraded on or after 1 April 2020. This means that practices which have already invested in ventilation enhancement equipment have the opportunity to recoup some or all of this financial cost.
15. With respect to paragraph 14, claims will only be paid to practice premises with active Payment Location Codes on or after the date this Memorandum is issued (“active” means practice premises that have not been closed by the NHS Board via submission of a GOS6A form to P&CFS).
16. Claims will therefore not be considered from practice premises that do not have an active Payment Location Code on the date this Memorandum is issued. This means that a practice premises whose payment location code has changed because of a change in ownership will not be eligible for the ventilation enhancement grant.
17. Where the amount receipted is less than the maximum ventilation enhancement grant of £1,500, only the actual receipted value will be paid. **As set out in paragraph 9, the grant paid to practice premises will not include VAT.**

Payment timescales

18. If the local NHS Board is satisfied that the claim is complete, and relevant invoices and receipts have been provided, they will notify P&CFS who will then process and pay the relevant grant amount to the practice as follows:
 - for valid claims received by the NHS Board on or before 31 March 2022, and submitted by the NHS Board to P&CFS by 10 May 2022, the grant will be paid to practices in the April 2022 (paid May 2022) schedule;
 - for all other valid claims received by the NHS Board on or before 30 June 2022, and submitted by the NHS Board to P&CFS by 10 August 2022, the grant will be paid to practices in the July 2022 (paid August 2022) schedule.

Recovery of Grant Payments

19. Practice premises must ensure that the information and documentation submitted in support of the claim is accurate and valid. If it is found not to be, appropriate action will be taken and any payment made will be recovered.

Enquiries

20. Any enquiries arising from this Memorandum should be taken up with your local NHS Board, who will provide the relevant contact details.

**Dentistry and Optometry Division
Directorate of Primary Care
Scottish Government**

Further information on ventilation standards

The legal requirement to have sufficient ventilation within enclosed premises is contained within the [Workplace \(Health, Safety and Welfare\) Regulations 1992](#). In addition, the [Scottish Building Standards Technical Handbook \(non-domestic\)](#) in Scotland provide the regulations for the ventilation requirements to maintain indoor air quality. Specific requirements for healthcare can be found in [Scottish Healthcare Technical Memorandum \(SHTM\) 03-01](#) “*Specialised ventilation for healthcare premises*”. Additional information is also set out in the [Chartered Institution of Building Service Engineers \(CIBSE\) Guide B](#).

The minimum recommended ventilation rate is 6 Air changes per hour (ACH).

The use of carbon dioxide sensors may assist in identifying areas of poor ventilation. Concentrations of 600 part per million (ppm) or less are generally considered to represent good ventilation. Areas where concentrations of 1500ppm are observed should be treated as a priority for improved ventilation. It should be noted that these figures are indicative only and are dependent on a number of factors including occupancy and activity.

The practice may decide to utilise air cleaning devices as a temporary measure until the permanent ventilation is working. These devices do not provide any additional fresh air into a space as required above but, depending on the device, remove particles in the space. Air cleaning devices are not a permanent solution to resolving ventilation issues in a space. These devices should utilise HEPA filtration and preferably in conjunction with a UVC source and be sized correctly for the room in question. Some devices may generate unwanted chemical by-products through their operation. Details on selection criteria for air cleaning devices can be found in [CIBSE documentation “COVID-19: Air cleaning technologies”](#).

It is recommended that professional engineering advice is sought regarding all aspects of the ventilation.