



Dear Colleague

GENERAL OPHTHALMIC SERVICES (GOS):

- **GOS eye examination fees increase**
- **Update to Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum**

Summary

1. This letter advises on a 3% increase applied to all fees paid for GOS eye examinations undertaken on or after 1 April 2021.
2. Practices are advised to note changes to the Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum.

Action

3. 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.

Yours sincerely,

Tom Ferris
Deputy Director

24 January 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:

nss.psdgospayteam@nhs.scot
(for any practice-specific
queries about payments)

nss.hpsinfectioncontrol@nhs.scot
(for Infection Prevention and
Control)

eyecare@gov.scot (for any
other enquiries)

**MEMORANDUM TO NHS:
PCA(O)2022(01)**

Summary

1. This Memorandum advises on a 3% increase applied to all fees paid for General Ophthalmic Services (GOS) eye examinations undertaken on or after 1 April 2021.

GOS eye examination fees increase

2. After due consideration and consultation with Optometry Scotland, Scottish Ministers have determined that fees for all GOS eye examinations undertaken on or after 1 April 2021 (including domiciliary visiting fees) will be increased by 3%. The Statement of GOS remuneration included in the [Annex](#) sets out the full award.
3. The increase will not apply to additional payments made to practices as part of COVID-19 related financial support measures i.e. “top-up” payments in line with [PCA\(O\)2020\(14\)](#). There will be no retrospective re-calculation of entitlement to COVID-19 related financial support in previous months as a result of this backdated fee uplift.
4. The increase will be applied as follows:
 - **For claims paid between the April 2021 and January 2022 payment schedules inclusive, for GOS eye examinations undertaken on or after 1 April 2021** – payment of backdated fees will be made in the February paid March 2022 payment schedule, which will be paid to practices on Thursday 24 March 2022.
 - **For claims submitted after the January paid February 2022 payment schedule, for GOS eye examinations undertaken on or after 1 April 2021** – as GOS claims can be submitted up to [six months from the eye examination date](#), payments will be made to practices at the end of the first and second quarters of financial year 2022-23.

Update to Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum

5. It should be noted that there have been changes to the screening assessment questions for all health and social care settings. Please refer to the [Winter \(21/22\), Respiratory Infections in Health and Care Settings Infection Prevention and Control \(IPC\) Addendum](#) (section 5.7) for the most up to date version.

Enquiries

6. Any queries about how the payments outlined above will be made on an individual practice basis should be emailed to Practitioner and Counter Fraud Services at: nss.psdgospayteam@nhs.scot.

7. Any queries relating to the **Infection Prevention and Control Addendum** should be sent to nss.hpsinfectioncontrol@nhs.scot and additional advice, support around risk assessment and guidance implementation can be accessed by contacting your local health board.
8. Any other queries about this Memorandum should be emailed to the Scottish Government at: eyecare@gov.scot.

Dentistry and Optometry Division
Directorate of Primary Care
Scottish Government

NATIONAL HEALTH SERVICE (SCOTLAND)

GENERAL OPHTHALMIC SERVICES

THE STATEMENT

The Scottish Ministers, in exercise of powers conferred on them 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 2021.
2. This determination applies to all claims for CET allowance or IPCET allowance submitted to the Agency on or after 9 August 2021.

Interpretation

3. In this Statement:

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

“CET” means continuing education and training;

“CET allowance” means the sum of £590;

“Goldmann type tonometer” includes a Perkins type tonometer;

“IPCET” means independent prescriber continuing education and training;

“IPCET allowance” means the sum of £884;

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

“optometrist independent prescriber” means a person—

(a) who is a registered optometrist; and

(b) against whose name is recorded in the relevant register an annotation signifying that the person is qualified to order drugs, medicines and appliances as an optometrist independent prescriber;

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

4. Any 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 CET allowance and IPCET 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: £38.11
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 - £41.20
 - (b) digital photograph taken - £46.35

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 - £25.24
 - (b) enhanced supplementary eye examination - £39.14

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 - £38.69
 - (b) for each of the third and subsequent patients at the same establishment or location - £9.68
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 cannot 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	Maximum frequency at which primary eye examinations are to be carried out
Patients aged under 16 years	Annually
Patients aged between 16 years and 59 years	Biennially
Patients aged 60 years or over	Annually
Patients with glaucoma	Biennially
Patients aged 40 years or over with a close family* history of glaucoma *father, mother, brother, sister, son, daughter	Biennially
Patients with ocular hypertension	Biennially
Patients with diabetes	Annually
Patients who are sight impaired or severely sight impaired, as set out in Annex B to this Statement.	Annually

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 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;
5. 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.
<i>Primary eye examinations involving dilation:</i> Patients aged 60 years or over should have a dilated internal eye examination.
<i>Primary 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.

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 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.

Standard Supplementary Eye Examination
<p>2.0 - Cycloplegic Refraction Following Routine Primary Eye Examination On A Child</p> <p>This code is to be used when a child requires a cycloplegic refraction following a routine primary eye examination.</p>
<p>2.1 - Paediatric Review (without dilation/cycloplegia that does not follow a primary eye examination)</p> <p>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)</p> <p>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.</p>
<p>2.3 - Suspect Glaucoma (without dilation)</p> <p>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.</p>
<p>2.4 - Patients Aged Under 60 Requiring Dilation Following Primary Eye Examination</p> <p>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.</p>
<p>2.5 - Anterior Eye Condition (without dilation)</p> <p>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.</p>

Standard Supplementary Eye Examination (continued)
<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.</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.</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>
<p>3.0 – Additional Appointment To Complete Primary Eye Examination For A Patient With Complex Needs If required, this code can be used for an additional appointment to complete a primary eye examination in practice premises for a patient with complex needs, when more time to complete the examination is needed.</p> <p>This code may only be used where it has not been possible to complete a primary eye examination in the time scheduled and a further appointment is required.</p> <p>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.</p> <p>A patient must not be treated as a patient with complex needs solely due to their age.</p>
<p>Enhanced Supplementary Eye Examination:</p> <p>An enhanced supplementary eye examination should be conducted where it is deemed clinically appropriate to support the care of the patient.</p>
<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 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>

Enhanced Supplementary Eye Examination (continued)
<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. 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.</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.</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.</p>

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

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- (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 EDUCATION AND TRAINING ALLOWANCE

1. Subject to paragraph 4, a CET 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 CET during the previous calendar year; and
 - (d) the optometrist complies with paragraphs 5 and 6.

2. Subject to paragraph 4, a CET 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 CET during the previous calendar year; and
 - (e) the practitioner complies with paragraphs 5 and 6.

3. Subject to paragraph 4, an IPCET 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 optometrist independent prescriber during the previous calendar year;
 - (c) the optometrist has been registered with a host Health Board as an optometrist independent prescriber for a period of at least six months during the previous calendar year;
 - (d) the optometrist has undertaken appropriate IPCET during the previous calendar year; and

APPENDIX F

- (e) the optometrist complies with paragraphs 5 and 6.
4. Only one CET allowance or IPCET allowance may be paid in respect of any one person for each calendar year in which appropriate CET or IPCET was undertaken by that person.
 5. A claim for a CET allowance or IPCET allowance shall be made in writing on the form provided for this purpose by the Agency.
 6. A claim for a CET allowance or IPCET allowance must be received by the Agency by 31 October of the calendar year following the year in which the appropriate CET or IPCET 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.

1 Patient is 17 years and 1 month

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.

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

3

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.

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.