



Dear Colleague

**GENERAL OPHTHALMIC SERVICES (GOS):**

- **Update on Ophthalmic List removal for non-provision of GOS;**
- **Reminder regarding participation in the lateral flow device testing programme;**
- **Update on financial support for practice premises and mobile practices.**

**Summary**

1. This letter advises on the following:

- Update on Ophthalmic List removal for non-provision of GOS;
- Reminder regarding participation in the lateral flow device testing programme;
- Update on financial support for practice premises and mobile practices.

**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**

4 June 2021

**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:**

Dentistry and Optometry  
Division  
1st Floor East Rear  
St Andrew's House  
EDINBURGH  
EH1 3DG

[nss.psdgospayments-covid19@nhs.net](mailto:nss.psdgospayments-covid19@nhs.net) (for any practice-specific queries about the financial support measures)

[eyecare@gov.scot](mailto:eyecare@gov.scot) (for any other queries)

**MEMORANDUM TO NHS:  
PCA(O)2021(07)**

**Summary**

1. This Memorandum advises on the following:

- Update on Ophthalmic List removal for non-provision of GOS;
- Reminder regarding participation in the lateral flow device testing programme;
- Update on financial support for practice premises and mobile practices.

**Update on Ophthalmic List removal for non-provision of GOS**

2. Paragraph 39 of [PCA\(O\)2020\(4\)](#) advised that *‘Practice closures which occur during the COVID-19 pandemic will be classed as temporary and the contractor shall not be removed from the Board’s Ophthalmic List, unless otherwise advised’*.
3. In line with increasing GOS activity, NHS Boards are advised that they can now resume removing Part 1 contractors, as well as Part 2 optometrists and ophthalmic medical practitioners, from Ophthalmic Lists in line with arrangements set out under the National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006, as amended.

**Reminder regarding participation in the lateral flow device testing programme**

4. Dr Gregor Smith, Chief Medical Officer for Scotland, wrote to all independent contractors in April 2021 to set out the benefits of inclusion within the asymptomatic lateral flow testing programme. A copy of the letter is detailed in [Appendix A](#) of this circular.
5. Practice premises and mobile practices should now be in possession of their second delivery of test kits, and Scottish Government would like to remind contractors and their staff of the importance of continued participation in the programme.
6. In particular, the recording of all test results via the online portal (<https://nhsnss.service-now.com/covidtesting>) is required, and the recording of negative and inconclusive test results is as important to record as positive results.

**Update on financial support for practice premises and mobile practices**

7. Eye examination activity levels within practice premises for the month of April 2021 have increased to an average of 96% of the level seen in April 2019. This represents an increase of approximately 26% from the activity level seen in January 2021.

8. Eye examination activity levels within mobile practices for the month of April 2021 have increased to an average of 95% of the level seen in April 2019. This represents an increase of approximately 50% from the activity level seen in January 2021.
9. Activity rates at an individual practice level continue to vary, however an increasing number of practice premises and mobile practices are exceeding the minimum GOS(S)1 activity levels previously set.
10. As a consequence of the similar activity levels displayed by practice premises and mobile practices for the month of April 2021, with effect from **1 Jun 2021**, both practice types will move to a single model of financial support.
11. With effect from [the June 2021 \(paid July 2021\) payment schedule](#) period, the minimum GOS(S)1 activity level for practice premises and mobile providers (relative to the average monthly GOS(S)1 item of service income across the 2019/20 financial year) required to be met in order to qualify for a 'top-up' payment will increase to **60%**.
12. In addition, the arrangements set out in paragraphs 11-17 of [PCA\(O\)2021\(4\)](#) for practice premises and in paragraph 21 of [PCA\(O\)2021\(5\)](#) for mobile practices will no longer apply.
13. With effect from the **July 2021 (paid August 2021)** payment schedule period, the minimum GOS(S)1 activity level for practice premises and mobile providers (relative to the average monthly GOS(S)1 item of service income across the 2019/20 financial year) required to be met in order to qualify for a 'top-up' payment will increase to **70%**.
14. With effect from the **the August 2021 (paid September 2021)** payment schedule period, the minimum GOS(S)1 activity level for practice premises and mobile providers (relative to the average monthly GOS(S)1 item of service income across the 2019/20 financial year) required to be met in order to qualify for a 'top-up' payment will increase to **80%**.
15. With effect from **1 September 2021**, financial support for practice premises and mobile practices will cease, and payments will revert to an actual activity-only basis.

***Exemption from minimum GOS(S)1 activity level – practice premises***

16. The requirement remains that practitioners and all practice staff must continue to scrupulously follow the advice set out in the NHS Education for Scotland document 'Resuming General Ophthalmic Services Following COVID-19 Shutdown', available on Turas. This must include adherence to strict IPC procedures, allowing sufficient time to decontaminate equipment and surfaces between patients, and for the safe use and disposal of PPE.

17. It is recognised that there may be instances when, due to these IPC procedures, a practice premises is unable to increase its eye examination levels above the number currently achieved.
18. Community optometry practices and their staff remain key to the delivery of eye care in Scotland and the eye care reform agenda, and as such, Scottish Government will continue to make available financial support available to practice premises which can demonstrate circumstances that prevent them achieving the minimum activity levels detailed in paragraphs 8-12 above.
19. Practice premises which are able to successfully demonstrate these circumstances will be considered exempt from achievement of the minimum GOS(S)1 activity level, and will receive a 'top-up' payment in line with [PCA\(O\)2020\(14\)](#).
20. In order to be considered for exemption, a practice premises must complete the **Exemption from Minimum GOS(S)1 Activity Level Practice Premises Declaration Form**, detailed in [Appendix B](#) of this circular, and submit it to its local NHS Board for consideration.
21. Further to receipt of the application for exemption, the Health Board must review the information provided, and be satisfied, in its view, that the reason(s) provided are acceptable.
22. Should a Board approve exemption, notification must be provided to P&CFS, who will in turn ensure that the practice premises receives a 'top-up' in the next applicable payment schedule.
23. It is for NHS Boards to determine the period to which exemption will apply. In order to determine this, the information provided in the practice premises declaration form will be fully reviewed, in conjunction with any additional supporting information subsequently requested. The period of exemption will be notified to both the practice and to P&CFS.
24. Exemption will automatically cease should a practice premises exceed the minimum GOS(S)1 activity level detailed in paragraphs 11-14 above.
25. The provisions detailed in paragraphs 16-24 above do not apply to mobile practices.

## **Enquiries**

26. Any practice-specific queries about the financial support measures should be emailed to P&CFS at: [nss.psdgospayments-covid19@nhs.net](mailto:nss.psdgospayments-covid19@nhs.net).
27. Any other queries about this Memorandum should be emailed to the Scottish Government at: [eyecare@gov.scot](mailto:eyecare@gov.scot).

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

## Appendix A

Primary Care Directorate



Scottish Government  
Riaghaltas na h-Alba  
gov.scot

### Addresses

#### For Action

LFD Leads

All Independent Contractors (Dental, Pharmacy, General Practice and Optometry)

#### For Information

Chief Executives NHS Boards

Primary Care Leads

Directors of Dentistry

Directors of Pharmacy

NHS Board Optometric Advisors

### Enquiries to:

[PrimaryCareLFD@gov.scot](mailto:PrimaryCareLFD@gov.scot)

23 April 2021

Dear Colleague

### **Asymptomatic Lateral Flow Device Testing – Primary Care Workforce**

Twice-weekly lateral flow device (LFD) testing has now been rolled out to the patient-facing primary care workforce in general practice, dentistry, community pharmacy and optometry.

### **Benefits of Participation in Testing**

The testing of staff is offered on a voluntary basis. However, over 97% of primary care premises across Scotland are participating in the testing programme and I would strongly encourage all eligible staff to undertake the testing on a routine basis, given the benefits to staff, your families and your patients. Asymptomatic and pre-symptomatic people can transmit infection to others so routine twice weekly testing and reporting is important for identifying positive cases early so that staff members can self-isolate as soon as possible and contact tracing can commence.

Research shows that the Innova LFD test will identify more than three quarters of positive cases of COVID and this rises to over 95% of those with high viral loads – who are those most likely to be infectious.<sup>1</sup> However, while current LFD tests for COVID-19 are less than 100% sensitive, this means that negative results do not rule

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<sup>1</sup> Preliminary report from the Joint PHE Porton Down & University of Oxford SARS-CoV-2 test development and validation cell: Rapid evaluation of Lateral Flow Viral Antigen detection devices (LFDs) for mass community testing, 8 November 2020, [https://www.ox.ac.uk/sites/files/oxford/media\\_wysiwyg/UK%20evaluation\\_PHE%20Porton%20Down%20%20University%20of%20Oxford\\_final.pdf](https://www.ox.ac.uk/sites/files/oxford/media_wysiwyg/UK%20evaluation_PHE%20Porton%20Down%20%20University%20of%20Oxford_final.pdf)

out COVID-19 and existing Infection Prevention and Control (IPC) measures - including the use of PPE, the extended use of face masks, physical distancing, increased environmental cleaning, symptom vigilance and good hand and respiratory hygiene – all remain critical to minimise the risk of transmission of COVID-19. However, expanding routine testing provides an additional layer of protection to staff, your colleagues, your patients and clients, and will identify a large proportion of asymptomatic infections which would otherwise not be detected and allow earlier identification of some pre-symptomatic infections.

It is estimated that 5% of all COVID-19 cases in the UK have been in Healthcare Workers (HCWs) and the risk is 6-fold higher than that of the general population.<sup>2</sup> A study by Imperial College London estimates that weekly PCR screening of HCWs and other high risk groups is estimated to reduce their contribution to SARS-CoV-2 by 23%, on top of reductions achieved by self-isolation following symptoms, assuming results are available within 24 hours.<sup>3</sup> A modelling study from Public Health England indicates that periodic testing of staff can reduce infection in other staff by as much as 64%.<sup>4</sup>

While LFD tests have lower sensitivity and slightly lower specificity than the PCR test, testing twice weekly helps mitigate the sensitivity consideration, and to mitigate lower specificity, all positive results will be followed up with a confirmatory PCR test.

I recognise that testing can be uncomfortable, and inconvenient for staff, who are continuing to provide excellent care for patients. I would not be asking staff to participate in the testing if I did not believe that it would be beneficial to the safety of staff and patients.

## Recording Test Results

Please ensure that you record your test results on the online portal (<https://nhsnss.service-now.com/covidtesting>). Negative and inconclusive test results are as important to record as positive results. The data suggests that whilst uptake of test-kits has been very high, recording of results on the portal remains low.

Please note that you can now register on the portal (using the “Login/Register for Rapid Testing (LFD)” option). Registering makes the process of recording your test results quicker and easier. Please ensure that you record your reason for testing as “Primary Care and Independent Contractors”.

Results are collected primarily to assist in protecting your health and the health of others. They are used to contribute to the public health effort including contact

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<sup>2</sup> Grassly NC, Pons-Salort M, Parker EPK, White PJ, Ferguson NM, on behalf of the Imperial College COVID-19 Response Team Comparison of molecular testing strategies for COVID-19 control: a mathematical modelling study. *The Lancet Infectious Diseases* 2020. [https://doi.org/10.1016/S1473-3099\(20\)30630-7](https://doi.org/10.1016/S1473-3099(20)30630-7)

<sup>3</sup> Ibid.

<sup>4</sup> Evans S, Agnew E, Vynnycky E, Robotham J. The impact of testing and infection prevention and control strategies on within hospital transmission dynamics of COVID-19 in English hospitals. <https://www.medrxiv.org/content/10.1101/2020.05.12.20095562v2>

tracing, providing information to local Health Protection Teams in Health Boards and highlighting areas where local NHS incident management teams may need to take urgent action.

I would like to take this opportunity to thank you for your commitment to providing exceptional care to patients and for your ongoing support for the testing programme.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Gregor Smith', with a stylized flourish at the end.

**Dr Gregor Smith**

Chief Medical Officer for Scotland

**Appendix B - EXEMPTION FROM MINIMUM GOS(S)1 ACTIVITY LEVEL****PRACTICE PREMISES DECLARATION FORM****Practice Details**

<b>NHS Board:</b>	
<b>Payment Location Code:</b>	
<b>Practice Name:</b>	
<b>Practice Address:</b>	
<b>Practice nhs.scot Address:</b>	
<b>Named Contact:</b>	

**A. Days & Hours During Which GOS is Available**

In line with regulation 6(3)(c) of the National Health Service (General Ophthalmic Services)(Scotland) Regulations 2006, an NHS Board's Ophthalmic list must contain particulars of the days on which and hours between which general ophthalmic services would normally be available at listed premises.

Practices were permitted to temporarily reduce their opening hours as a result of the pandemic, however in line with paragraph 5 of [PCA\(O\)2021\(06\)](#), practices are expected to have returned to their pre-pandemic hours.

Please state your pre-pandemic and current hours where GOS is available at your listed premises:

Pre-pandemic Examination Days/Hours		Current Examination Days/Hours	
<b>Monday:</b>		<b>Monday:</b>	
<b>Tuesday:</b>		<b>Tuesday:</b>	
<b>Wednesday:</b>		<b>Wednesday:</b>	
<b>Thursday:</b>		<b>Thursday:</b>	
<b>Friday:</b>		<b>Friday:</b>	
<b>Saturday:</b>		<b>Saturday:</b>	
<b>Sunday:</b>		<b>Sunday:</b>	

Where these differ, please explain the reason for this:

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In instances where you have chosen **not** to return to pre-pandemic examination days/hours, please explain the reason for this:

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## **B. Staff**

Please state your pre-pandemic and current staff cohort, including details of headcount and whole time equivalent (WTE):

	Pre-pandemic Staff Cohort		Current Staff Cohort	
	Headcount	WTE	Headcount	WTE
<b>Optometrist:</b>				
<b>Dispensing Optician:</b>				
<b>Non-Clinical:</b>				

Where these differ, please explain the reason for this:

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Do you have any staff members still on furlough? Where the answer to this is 'yes', please explain the reason for this:

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## **C. Appointment Availability/Duration**

Please provide the following information in respect of appointment availability and duration:

How much additional time has IPC added to the duration of your appointments:	
How long does a patient currently have to wait to be seen for emergency/essential eye care:	
How much time do you schedule for an emergency/essential appointment:	
Are you currently providing routine eye care and recalling patients:	
How long does a patient currently have to wait to be seen for routine eye care:	
How much time do you schedule for a routine appointment:	

**D. Other Information**

Please provide details of any other information that you consider relevant to your request to be deemed exempt from the minimum GOS(S)1 activity level:

**F. Declaration**

I/we agree that the information I/we give on this form is complete and correct.

I/we agree to repay any money I/we receive to which I/we am not entitled.

**Signed:**

**Part 1 Optometrist/OMP:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Practice Owner:** \_\_\_\_\_

**Date:** \_\_\_\_\_