



Dear Colleague

**GENERAL OPHTHALMIC SERVICES (GOS) – COVID-19
RECOVERY PLANNING: PHASE 3 DETAILS**

Summary

1. This letter advises on the following:

- Details for community optometry in relation to Phase 3 of the Scottish Government's COVID-19 recovery Route Map;
- A reminder about the 15 July 2020 deadline for submission of 'Part 2' payment claims for activity during Lockdown and Phase 1;
- Financial support and activity submission arrangements during Phase 3;
- Clarification regarding intra-referrals;
- 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

9 July 2020

Addresses

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Summary

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 - Details for community optometry in relation to Phase 3 of the Scottish Government's COVID-19 recovery Route Map;
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Phase 3 details for community optometry

2. The First Minister announced on 9 July 2020 that there had been sufficient progress in suppressing the COVID-19 disease to move to Phase 3 of the Scottish Government's [recovery Route Map](#).

Community optometry practice premises

3. Further to this announcement, from Monday 13 July 2020 community optometry practice premises may increase their provision by way of needs-led and/or symptoms-led emergency and essential eye care, and start to meet outstanding care as capacity permits, in accordance with paragraphs 13 to 19, subject to:
 - A. the practice owner and Part 1 contractor having submitted a complete and signed declaration form, including a Health and Safety Risk Assessment for the practice, to the relevant Health Board's satisfaction (as set out in paragraphs 16 to 23 of [PCA\(O\)2020\(10\)](#)).

Practice owners and practitioners may find the following five step guidance on risk assessment developed for General Practice helpful in continuing to review their Health and Safety Risk Assessment: <https://ihub.scot/media/7176/5-step-guide-to-risk-assessment-in-general-practice-final.pdf>.

If the declaration form and Health and Safety Risk Assessment have already been submitted to and accepted by the Board during Phase 2, they do **not** need to be re-submitted during Phase 3.

and

- B. the practice having appropriate Personal Protective Equipment (PPE) which has been provided by NHS Scotland, as set out in [PCA\(O\)2020\(9\)](#).

PPE for practice premises

4. The next supply of NHS-provided PPE will be made available to practice premises at no charge in the week commencing 13 July 2020, and the local Health Board will be in contact with practices regarding this.
5. This PPE is for NHS services and practice staff **only**. Practices are required to source and use their own PPE for any non-NHS emergency and essential eye care activity undertaken.
6. From Friday 10 July, subject to some exceptions [the wearing of a face covering will, by law, be compulsory in shops](#) for people aged 5 years and over, including community optometry practice premises. Practitioners are advised, when scheduling a face-to-face appointment, to remind patients to bring an appropriate face covering with them to the practice.
7. In exceptional circumstances only, if a patient turns up for an appointment without an appropriate face covering they may be given an NHS-supplied face mask, but practices are advised that such usage has not been factored into PPE supply modelling and therefore excessive provision of face masks to patients may result in the practice running low on supply.
8. The Scottish Government has been asked to clarify the position on the use of face visors in practice premises. As set out in [Health Protection Scotland guidance](#), use of face visors should be risk-assessed and, where used, this should be sessional.

Routine eye care

9. The provision of routine eye care in **any** setting remains suspended until further notice.

Domiciliary eye care

10. Domiciliary eye care providers (both practice premises and mobile practices) should continue to be available to provide a remote triage and consultation service to patients in a domiciliary setting. If a practitioner is concerned about the health and wellbeing of a patient in a domiciliary setting after undertaking a remote consultation, they should speak to the patient's GP in the first instance and the relevant Health Board, in order that care is provided in line with local pathways.

11. Face-to-face domiciliary eye care services remain suspended until further notice. The Scottish Government is currently undertaking a review of domiciliary eye care, with a view to remobilising some face-to-face care as soon as it is considered safe to do so in line with wider Government policy. Further information on this will be communicated in due course.
12. In order that mobile practices are in a position to provide this service from a future date, an initial supply of NHS PPE will be made available to mobile practices at no charge in the week commencing 13 July 2020. The Health Board in which, or nearest to where, the mobile practice is centrally registered or based will be in contact with practices regarding this supply.

Increasing the capacity of emergency and clinical needs-led (including essential) care in practice premises

13. In Phase 3, and until further notice, community optometry practice premises may increase their provision by way of needs-led and/or symptoms-led emergency and essential eye care services, and start to meet outstanding eye care needs as capacity permits.
14. Practitioners should consider whether patients who had a supplementary eye examination cancelled, or have such an examination due, should be recalled.
15. All such eye care provided must be needs-led and/or symptoms-led, as determined on a case-by-case basis by an optometrist or ophthalmic medical practitioner (OMP) using their professional judgement. Remote triage must continue to be used in the first instance to determine whether, in the practitioner's professional judgement, the patient requires a face-to-face appointment.
16. In addition to needs-led services being provided, the following definitions of emergency and essential care continue to apply during Phase 3:
 - 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.

17. The changes required to practices premises and ways of working to ensure safety will continue to 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 continues to be given during Phase 3 as to the allocation of available face-to-face appointment capacity.
18. In starting to meet outstanding needs-led eye care, and as capacity permits, a practitioner may examine a patient, under a supplementary eye examination, who requires a replacement optical appliance to function.
19. 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 should be given priority over others who may also require to be seen face-to face.

Guidance for practitioners and practice owners

20. To ensure compliance with current guidance on the safe provision of emergency and essential eye care to patients, practitioners and practice owners are reminded to regularly check the comprehensive guidance from NHS Education for Scotland that is available on Turas (this will require creating a Turas account if a person does not have one already), as this will be updated on an ongoing basis: <https://learn.nes.nhs.scot/28963/optometry/covid-19-eyecare-delivery-support>.

Deadline for submission of 'Part 2' payment claims for activity during Lockdown and Phase 1

21. As set out in paragraph 29 of [PCA\(O\)2020\(10\)](#), practices are reminded that the deadline for submitting claims for 'Part 2' payments provided during Lockdown and Phase 1 from 23 March to 28 June 2020 inclusive under paragraphs 12 to 25 of [PCA\(O\)2020\(4\)](#) **must be submitted via eOphthalmic by 15 July 2020**. Claims made after this date will not be paid.

Financial support and activity submission arrangements during Phase 3

22. Community optometry practices and staff are key to the delivery of eye care in Scotland and the Scottish Government's eye care reform agenda. The Scottish Government recognises the importance of continuing to protect the current infrastructure and workforce at a time when the need for appropriate infection control and physical distancing measures will reduce the number of patients that practices can safely see face-to-face at the current time, compared to pre-COVID-19 levels.

Phase 3 financial support for practice premises

23. Practice premises in receipt of 'Part 1' monthly support payments in Phase 2, in accordance with paragraphs 31 to 32 of [PCA\(O\)2020\(10\)](#), will continue until further notice to receive these 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\(4\)](#).
24. As a condition of ongoing receipt of these 'Part 1' monthly support payments, practice premises **must continue to electronically submit all GOS(S)1 forms** (in accordance with paragraphs 30 to 34), **GOS(S)3 forms and GOS(S)4 forms** (in accordance with paragraphs 35 to 37) to Practitioner and Counter Fraud Services (P&CFS). **A practice which fails to comply with this requirement may have its monthly support payments stopped.** This data will be used to inform the model of financial support measures going forward.
25. **No additional payments for GOS(S)1, GOS(S)3 and GOS(S)4 submissions (including remote consultations) will be paid**, on the basis that the practice continues to receive the monthly support payment set out in paragraph 23.
26. The Scottish Government will continue to review the appropriateness of the financial support provided to practices, taking into account compliance with, and activity data arising from, the requirement set out in paragraph 24.
27. HES(S)1, HES(S)3 and HES(S)4 payment claims will continue to be paid in addition to this monthly support payment.
28. Practice premises which had their 'Part 1' monthly support payments stopped in Phase 2 in accordance with paragraph 36 of [PCA\(O\)2020\(10\)](#) will not receive a monthly support payment until either:
- the practice, with prior Health 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.
29. 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 future date to be determined by the Health Board and P&CFS.

GOS(S)1 form submission arrangements

30. **Primary eye examinations (PEE) must not be undertaken and submitted to P&CFS at the current time.**

31. As in Phase 2, until further notice only the following supplementary eye examinations (SEE) activity can be undertaken and submitted to P&CFS:

Standard Supplementary 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 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.
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.
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.
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.
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.
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.

Enhanced Supplementary Eye Examination	
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 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.

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.

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.

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 of the patient's pupils.

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.

32. The following SEEs **must not** be undertaken and submitted to P&CFS, 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

33. **Remote consultations:** Remote consultations continue to be permitted in Phase 3 in accordance with paragraphs 42 and 43 of [PCA\(O\)2020\(10\)](#), in order to reduce the number of patients who need to be seen face-to-face, where the optometrist/OMP considers that to be clinically appropriate.

34. Remote consultation activity **must only** be submitted to P&CFS under SEE codes 2.5, 2.8 and 2.9, in accordance with the tables outlined above.

GOS(S)4 form – continued temporary suspension of NHS Board pre-approval, and changes to submission arrangements

35. As originally set out in paragraphs 12 and 15 to 16 of [PCA\(O\)2020\(7\)](#), any element of the GOS(S)4 optical voucher system which requires pre-approval from an NHS Board remains suspended until further notice. This is a temporary arrangement to ensure that such GOS(S)4 optical vouchers can be submitted and processed efficiently during the COVID-19 pandemic.

36. In order to submit such GOS(S)4 claims, the following must be entered when processing the claim via eOphthalmic (see the example screenshot below from the GOS(S)4 web form):

- 'Has universal credit' under the 'Voucher Entitlement' drop-down list;
- '0019' in the 'Reason Code' field;
- 'Covid' in the 'Reason' field.

Patient's Declaration

Voucher Entitlement
Has universal credit

Person who gets benefits (if not Patient):

DoB	Forename	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
	Number on current HC2	Number on current HC3
	<input type="text"/>	<input type="text"/>
		Amount of HC3
	<input type="checkbox"/> Evidence Not Shown	<input type="text"/>

Signed? Yes No

Signed By Patient Guardian/Carer

Date Signed: 27/04/2020

If over 16, explain how illness or disability resulted in loss/damage of glasses/contact lenses

Reason Code: 0019 Date Signed: 27/04/2020

Reason: Covid

37. Practitioners will be advised when this is revoked and normal pre-approval and submission arrangements for GOS(S)4 vouchers are reinstated.

Phase 3 financial support for mobile practices

38. Mobile practices in receipt of monthly support payments in Phase 2 will continue, until further notice, to receive these 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\(4\)](#).

39. Remote consultations undertaken by mobile practices must be undertaken and submitted in accordance with paragraphs 33 to 34 above.

Intra-referrals

40. As set out in paragraph 30 of [PCA\(O\)2020\(10\)](#), where local agreements are in place within a Health Board area, and in accordance with rule 7(b)(i) of the General Optical Council's [Rules Relating To Injury Or Disease Of The Eye 1999](#), intra-referrals between practitioners may be undertaken outwith General Ophthalmic Services. As a result, such activity **must not** be submitted via eOphthalmic.

41. The Scottish Government is working to develop a national framework for intra-referrals with relevant stakeholders.

Patient and patient representative signatures

42. 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.

43. The table below sets out what to do for each form type, both in relation to their paper and, where relevant, electronic formats (**note:** NHS Counter Fraud Services has advised that they require the GOS(S)1 'cheque book' slip to be completed for remote consultations).

Form	What to do on the paper form	What to do on the electronic claim
GOS(S)1 (including remote consultations)	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

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

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

Dentistry and Optometry Division
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Scottish Government