OFNC FAQs
December 2025

Introduction

The OFNC has published these FAQs in response to calls from contractors for support in shaping their thinking about the NHS primary eye care services they offer following the repeated real terms cuts imposed on the sector by DHSC and NHS England.

We will keep this FAQ resource up to date, if you would like us to answer a new question, please email **secretary@ofnc.co.uk**

1. My practice is struggling to make the GOS contract work, what options do we have other than terminating our GOS contract?

Many practices in England are struggling to provide GOS because fees do not cover costs and have been systematically suppressed for 15 years since 2010. They do not want to terminate their GOS contract because NHS patients will be worse off, but at the same time they can no longer afford to continue to subsidise NHS care. The underfunding is making it increasingly difficult for practices to

- make NHS appointments available
- offer additional care as they have in the past out of good will – e.g. repeating tests before referring etc.

When forced to make tough decisions, such as changing when your practice can offer NHS care and whether you can continue to offer additional care out of good will, you should consider the following factors:

- doing all you can to care for your patients
- ensuring any changes are safe
- engaging with your membership body/medical malpractice providers before you make any changes to ensure you manage any clinical risk upstream.

To help you better manage capacity and costs, you might, for example, change the days and hours you offer NHS care. This might include not offering NHS care at weekends or only running NHS clinics in the morning and keeping lunch and afternoon slots for self-funding patients.[1]

To change the hours/days you offer GOS, you need to vary your contract, to do this you need to email pao-cm@nhsbsa.nhs.uk with the following information:

- Current trading address and contact telephone number.

- Details of the change you wish to make – e.g. reduction from 9 hours a day to 5 or from 6 to two days per week
- Set out your current hours and new working hours

The NHS cannot refuse a reasonable request to reduce your hours, but the notice period can be up to three months in some cases.

If you hold a GOS contract, then even with reduced hours, you must make sure you continue to meet your contractual obligations. Historically, many practices and practitioners go beyond this to support their patients and local NHS systems – e.g. repeating tests for no charge.

If you can no longer afford to do additional work for free, but have met your contract requirements, you might take the decision to refer people who need additional tests. When doing so you should consider the impact on patients (e.g. the anxiety of waiting for confirmation) and the wider system (e.g. more patients on hospital waiting lists and the associated risks). This, however, might be a more pragmatic and safer choice to make if the alternative is terminating your GOS contract and making it harder for patients to access first-line NHS eye care.

2. My practice often gets requests to complete additional paperwork, which is not funded, what can I do about this?

Red tape continues to be a significant challenge in the NHS. Contractors do have a duty under the GOS contract to provide the NHS with data it reasonably requires to perform its functions in relation to the contract or its wider functions (Clauses 58-59 of GOS contract). However, this was always intended to be used reasonably and the underfunded sight test fee makes no provision at all for ad hoc requests from ICBs.

If you receive a request to complete surveys or submit something which you think falls outside the scope of what you are funded to do, then please contact your membership body for support and inform your LOC.

It is important you do not rush a response, as you may well be undertaking unnecessary and unfunded work. At the same time, it is important you seek advice and guidance early on and do not miss a deadline for something you are required to do. You should ensure that you contact your membership body at the earliest opportunity and seek advice and guidance.

3. Given NHS England and DHSC know that the GOS sight test fee does not cover the cost of a GOS test, can I count the GOS fee as a contribution towards the cost of a sight test?

No.

While this seems unfair, and the approach taken by the NHS in England means your practice is paid much less for an NHS sight test compared to Scotland and Wales, you cannot charge an NHS patient a top up fee for a sight test.

As an independent practice, there is however no requirement for you to offer NHS care at all (see FAQ#6). You can opt to offer only private services or reduce the number of hours you offer NHS care and/or no longer offer unfunded goodwill support to the NHS(see FAQ #1).

You can also charge clinical fees for work not covered by the NHS sight test – e.g. advanced diagnostics, repeat measures or similar.

4. **How can DHSC and NHS England acknowledge the OFNC has submitted evidence on the cost of a sight test and disregard this, and at the same time refuse to engage in working together on collecting data and paying the cost of a sight test?**

The OFNC has submitted evidence on multiple occasions to DHSC and NHS England showing how the average cost of providing a GOS sight test far exceeds what the NHS pays. DHSC and NHS England will also be aware that independent research into the cost of providing a GOS test in Northern Ireland, Scotland and Wales all support the OFNC cost data. We have made clear that the funding gap is paid for by patients through the purchase of optical appliances.

DHSC and NHS England have avoided restarting any collaborative cost exercise, which was unilaterally discontinued when the then Department of Health downsized in 2004, despite our repeated offer to do so. We can only assume that collecting and analysing data jointly would support OFNC survey data and our case for fairer funding which is why it has not happened.

5. **The 10 Year Health Plan and the government have acknowledged that primary care services have suffered because of underfunding, and the NHS is not sustainable because of the over dependence on the hospital model of care, so why has this not changed the approach to primary eye care?**

We have explained to officials at DHSC and NHS England that the profession will be perplexed by glaring gap between the political rhetoric and delivery when it comes to recommendations made in the Darzi review and commitments in the 10 Year Health Plan.

On paper there is a desire to rebalance the NHS and shift care from hospital to the community, but in practice the reality is that the NHS remains a system that is weighted towards the hospital model of care. Unless there is a significant change, it is likely the 10 Year Health Plan, like many NHS plans before it, will fail to deliver the shift from hospital to the community and the systemic reforms the NHS needs to be sustainable into the future.

6. **My practice can no longer deliver GOS due to the now unviable low GOS fees, how do we exit?**

This will always be a difficult decision for practices because so many patients depend on NHS support to access primary eye care services for disease prevention and care. However, with the cost of a GOS test estimated to exceed £49 and the NHS in England only paying £24.13 more practices are having to make the difficult decision to reduce or end NHS work.

If you have exhausted other options (see FAQ#1) and need to cease offering services, then complete the GOS contract termination form and email it to pao-cm@nhsbsa.nhs.uk.

You should also consider contacting your local LOC for advice, for example they might be able to help you network with other local practices which are able to continue seeing NHS patients for now.

We would also recommend you contact your membership body and medical malpractice provider, to get additional advice – e.g. how to best inform and support existing NHS patients.

We know that for many this will be a heartbreaking decision, after many years at the heart of local communities, and that the membership bodies will give you all the support they can.

7. What will OFNC do?

We will continue to

- raise these matters with Minsters, senior officials in the merging DHSC/NHS England where roles are changing, and parliamentarians at all levels to highlight the need for the government to wake up and deliver the changes at national level recommended by Lord Darzi to help the NHS recover and survive
- push for the new DHSC/NHS England entity to restart joint data collection on practice costs, so that the fee setting process is more evidence-led than arbitrarily imposed.
- work with wider primary care sectors who are also suffering real term cuts and want the 10 Year Plan to be delivered on the ground, including with our joint Parliamentary events for MPs.

End

[1]The GOS contract requires that NHS funded patients have equal access to appointments, and you must ensure that both private and NHS funded patients have equity of access to your services. This means that in those hours you agree you will be offering NHS care, you should treat NHS and self-funded slots the same. It does not mean you have to offer NHS appointments on every day of the week. However, you are permitted to manage your business and clinics flexibly to provide the best possible care for all patients. This may include adjusting appointment schedules to accommodate patients' needs, such as offering more slots for children after school or arranging sessions to suit other patients' availability. Such measures are entirely consistent with sector guidance and the

principles of equitable patient access, allowing you to balance NHS commitments with private services without disadvantaging any group.