MEMORANDUM TO NHS:
PCA(O)2025(06)

Summary

1. This Memorandum advises on the following:

    - the launch of a new digital application within the TURAS system that enables optometrists and ophthalmic medical practitioners (hereafter together referred to in this document as "clinicians") to access relevant data held about them by Health Boards in relation to General Ophthalmic Services (GOS) and the Community Glaucoma Service (CGS);

    - a reminder to all clinicians providing GOS about the 30 November 2025 deadline for completing the 2025 GOS mandatory training;

    - new Directions for CGS that implement uplifts to CGS remuneration arrangements.

2. Where this Memorandum has been received by an optometry practice via their NHS email account, it should be shared with all relevant practice staff.

New application enabling clinicians to access relevant data held about them by Health Boards in relation to GOS and CGS

Overview

3. Health Boards currently hold data on the National Primary Care Clinician Database (NPCCD) system in relation to clinicians who provide GOS and CGS in the relevant Health Board's area. Until now, clinicians have not had the means to efficiently access this data.

4. Under regulation 7(2)(a) of the National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006 ("2006 Regulations"), clinicians who are included on a Health Board's Ophthalmic List must notify the relevant Health Board in writing if there is subsequently a change to any of the information which they have provided in their listing application, and must do so within seven days of the occurrence of the relevant change.

5. With effect from Wednesday 24 September 2025, a new application hosted on the TURAS system – Ophthalmic Clinician Data Access (OCDA) – will begin to be rolled out to clinicians who have a NHS email account, providing them with access to the data held about them by Health Boards in relation to GOS and CGS. Further information on the OCDA rollout schedule, and in particular what clinicians and Health Boards need to do, is set out in paragraphs 12-26.

6. At launch, OCDA will also provide clinicians with the means to submit specified data change requests to Health Boards on a system to system basis. Further information on this functionality is set out in paragraphs 8-11.

7. The Scottish Government has funded the development of OCDA to help improve the quality and accuracy of the data held within NPCCD for workforce and service planning purposes, by making it easier for clinicians to access and timeously submit data change requests to Health Boards in accordance with the 2006 Regulations. It is also the first phase of a wider programme of Scottish Government funded work underway that will digitalise as much of the Ophthalmic Listing process as possible for clinicians, body corporates and Health Boards.

Data change request functionality

8. At launch, OCDA will provide clinicians with the means to submit data change requests to Health Boards on a system to system basis (i.e. without involving email) for the following data types:

    - Personal details (title, name)
    - Private address details
    - Contact details (personal telephone number(s), non-NHS email address)
    - Host Health Board (the Health Board in which the clinicians carries out the majority of their GOS activity)
    - (for clinicians on Part 1 of a Health Board's Ophthalmic List) Whether or not the clinician provides GOS in domiciliary locations from practices premises that they are associated with

9. Some of these data change requests (such as title, private address, personal telephone number, non-NHS email address) will be automatically approved and then applied in NPCCD. Others (such as name and Host Health Board) will require the relevant Health Board(s) to review the change request in NPCCD and then approve or reject it. Data change requests that are pending a decision by a Health Board can be amended by clinicians in OCDA.

10. The outcome of all data change requests made via OCDA will be notified to clinicians via their NHS email account and also in the 'My Change Requests' area of OCDA. Health Boards will receive notification of OCDA-initiated data change requests in NPCCD.

11. This data change request functionality will be expanded in due course to cover all relevant data held by Health Boards about clinicians in relation to GOS and CGS provision. In the meantime, data change requests that cannot be made via OCDA should be emailed to the relevant organisation as set out in OCDA.

Rollout schedule

12. The launch of OCDA is likely to trigger a temporary increase in data change requests being submitted to Health Boards as clinicians access their data for the first time. To support Health Boards in managing these data change requests, the rollout of OCDA will be delivered on a staggered basis based on the clinician's surname.

13. The OCDA rollout schedule is as follows:

    - Wednesday 24 September – surnames ABDULRAFI to BREW
    - Friday 26 September - BREYDIN to DICKIE
    - Tuesday 30 September – DICKSON to HAMILTON
    - Thursday 2 October – HANEY to KIRLEY
    - Monday 6 October - KNOWLES to MCGINTY
    - Wednesday 8 October - MCGLYNN to NOOR
    - Friday 10 October - NORRIE to SALANI
    - Tuesday 14 October – SALEEM to TORRANCE
    - Thursday 16 October - TOWERS to ZVIRGZDINA

Action required by clinicians prior to OCDA account creation and sign-in

14. During the evening of each respective date above, the relevant clinicians will be sent an OCDA invite email to their NHS email account providing them with further information on how to create their OCDA account. This will involve the clinician validating their identity by providing their surname and date of birth, and reading and accepting the OCDA Privacy Notice.

15. **All** clinicians with a NHS email account are asked to participate in this process as soon as possible after the OCDA invitation email has been sent. This is particularly important for Independent Prescribing optometrists and ophthalmic medical practitioners who intend to apply to provide the GOS specialist supplementary service when it is fully implemented, as the application process for this service will be easier for those individuals whose Ophthalmic Listing data is accurate.

16. As OCDA is hosted within TURAS, if a clinician already has a TURAS account which is registered against a non-NHS email address and they wish to use a single TURAS account for both OCDA and non-OCDA related purposes, then the existing TURAS account settings will need to be updated so that it is registered against their NHS email address. Guidance on how to do this is available on the eyes.nhs.scot website.

17. A clinician providing GOS in Scotland who does not have a NHS email account will be unable to access OCDA until they are provided with a NHS email account. Such clinicians should contact their Host Health Board to request a NHS email account by following any local guidance on the Board's area of the eyes.nhs.scot website. Where such local guidance does not exist, the NHS email account request should be emailed to the relevant Board's Primary Care Team.

Action required by clinicians after OCDA account creation and sign-in

18. Once the clinician has signed into OCDA for the first time, the OCDA application will become available in the clinician's TURAS dashboard for future ease of access.

19. After signing into OCDA, the clinician will be required to review the data displayed and submit one of two declarations:

    - the data is accurate and thus no changes are required; or
    - at least one data change is required.

20. In the second scenario above, once the declaration is submitted the main OCDA page will update with further information on how to submit relevant data change requests in line with paragraphs 8-11 above. Clinicians are asked to ensure these data change requests are submitted in a timeous manner.

21. Detailed OCDA guidance for clinicians is available on the eyes.nhs.scot website.

Action required by Health Boards

22. Health Boards are asked to note the above information, in particular that the way in which they manage certain data change requests from clinicians will change as OCDA is progressively rolled out from Wednesday 24 September 2025 onwards.

23. To support the efficient management and resolution of OCDA-initiated data change requests, Health Boards are asked to ensure that they continue to access NPCCD on a regular basis and timeously review and, where relevant, action all notifications in the 'Clinician Update Requests' and 'Completed Clinician Update Requests' sections of their NPCCD Ophthalmic Dashboard.

24. The initial rollout and provision of OCDA accounts will be managed centrally by the NSS NPCCD team, and will only cover clinicians who have a NHS email account as of the commencement of the OCDA rollout process.

25. After the commencement of the initial OCDA rollout process, when a Host Health Board provides a new NHS email account to a clinician, the Board is required to initiate the OCDA account creation process for the clinician immediately after it has updated their NPCCD record with the details of the NHS email address. The OCDA account creation process is initiated by the Health Board user selecting the 'Create Contractor User' button at the top of the relevant 'Clinician Details' page. This then grants the relevant clinician access to OCDA.

26. Guidance to support Health Boards in reviewing data change requests submitted by clinicians via OCDA, and in initiating the OCDA account creation process, is under the 'Help' area of NPCCD, entitled 'Clinician Data Access Guidance'.

Reminder about GOS mandatory training

27. Clinicians are reminded that the deadline for completing the 2025 GOS mandatory training exercise ('Population Health: Community Optometry making an impact in Scotland' – available on TURAS) is 30 November 2025.

28. Clinicians are also reminded that, as set out in PCA(O)2025(02), in order to be eligible to claim a Continuing Professional Development allowance in future a clinician must have satisfactorily completed GOS mandatory training for that calendar year - unless they are exempt from having to do so under paragraph 3A(3) of schedule 1 of the NHS (General Ophthalmic Services) (Scotland) Regulations 2006, as amended.

New CGS Directions

29. The Optometry Enhanced Services (Community Glaucoma Service) (Scotland) Directions 2025 ("the 2025 Directions") come into force on 1 October 2025.

30. The 2025 Directions, provided in the Annex and on the eyes.nhs.scot website, revoke the previous Directions (The Optometry Enhanced Services (Community Glaucoma Service) (Scotland) Directions 2024).

31. Schedule 6 of the 2025 Directions applies the following new remuneration arrangements (communicated in PCA(O)2025(05)) for CGS assessments undertaken on or after 1 April 2025, and for patients registered with a CGS Accredited Provider on or after 1 April 2025:

    - Primary CGS assessment - £97.69;
    - Supplementary CGS assessment - £47.80;
    - Patient registration (per patient per annum – paid pro rata monthly) - £48.96.

Enquiries

32. Any queries regarding the new OCDA application within TURAS should be emailed to NSS at: nss.pcfsnpccd@nhs.scot.

33. Any queries regarding GOS mandatory training should be emailed to NES at: optometry@nes.scot.nhs.uk.

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

Dentistry and Optometry Division
Directorate for Primary Care
Scottish Government

ANNEX

NATIONAL HEALTH SERVICE (SCOTLAND) ACT 1978

THE OPTOMETRY ENHANCED SERVICES (COMMUNITY GLAUCOMA SERVICE) (SCOTLAND) DIRECTIONS 2025

The Scottish Ministers give the following Directions in exercise of the powers conferred by sections 2(5), 10(7) and 105(7) of the National Health Service (Scotland) Act 1978[1] and all other powers enabling them to do so.

Citation, commencement and application

1.—(1) These Directions may be cited as the Optometry Enhanced Services (Community Glaucoma Service) (Scotland) Directions 2025 and, with the exception of schedule 6, come into force on 1 October 2025.

(2) Schedule 6 comes into force on 1 April 2025.

(3) These Directions are given to all Health Boards in Scotland and to the Agency.

Interpretation

2.—(1) In these Directions, unless the context otherwise requires—

"the 1978 Act" means the National Health Service (Scotland) Act 1978;
"the 2006 Regulations" means the National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006[2];
"accredited clinician" means an optometrist independent prescriber who is accredited with a Health Board in accordance with paragraph 14 and schedule 3;
"accredited provider" means a service provider who is registered with a Health Board to provide a Community Glaucoma Service;
"the Agency" means the Common Services Agency[3] constituted by section 10 of the 1978 Act;
"assisting accredited clinician" means an accredited clinician who is engaged by an accredited provider on a temporary or ad hoc basis;
"Clinician Terms of Service" means the terms of service specified in schedule 4;
"Community Glaucoma Service" is to be construed in accordance with paragraph 3;
"eligible person" means a person who—

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[1] 1978 c.29. Section 2(5) was amended by section 66(1) and schedule 9, paragraph 19(1) of the National Health Service and Community Care Act 1990 (c.19). Section 105(7) was amended by schedule 6, paragraph 5(1) and schedule 7 of the Health Services Act 1980 (c.53), section 29(1) and schedule 9, Part 1, paragraph 24 of the Health and Social Services and Social Security Adjudications Act 1983 (c.41), and schedule 4 paragraph 60 of the Health Act 1999 (c.8).
[2] S.S.I. 2006/135.
[3] The Common Services Agency is commonly known as NHS National Services Scotland (NSS).

(a) resides ordinarily in Scotland,
(b) has been under the care of a hospital eye service where their discharge to an accredited provider has been authorised by the consultant ophthalmologist responsible for their care, and
(c) has either—
(i) lower risk glaucoma, or
(ii) ocular hypertension and is on prescribed treatment for that condition;
"NHS Education for Scotland" means the body of the same name constituted under the NHS Education for Scotland Order 2002[4];
"NESGAT" means NHS Education for Scotland Glaucoma Award Training;
"practice list" is to be construed in accordance with paragraph 27;
"Provider Terms of Service" means the terms of service specified in schedule 2;
"registered patient" means an eligible person who is registered with an accredited provider; and
"service provider" means a contractor other than—
(a) a mobile practice,
(b) an ophthalmic medical practitioner, or
(c) a body corporate.

(2) Unless otherwise defined in these Directions, words and phrases used in these Directions have meaning given to them in the 1978 Act and in the 2006 Regulations.

Basis of Community Glaucoma Service

3. Each Health Board must exercise its function under section 2A of the 1978 Act of promoting the improvement of the physical and mental health of the people of Scotland by (as part of its discharge of that function) establishing and operating for its area a Community Glaucoma Service, the underlying purpose of which is to facilitate the discharge of certain glaucoma patients and patients with ocular hypertension from the hospital eye service to accredited providers for the provision of care.

Community Glaucoma Service – arrangements with accredited providers

Entering in to arrangements

4. Before entering into Community Glaucoma Service arrangements with a service provider, a Health Board must satisfy itself that the service provider with whom it is proposing to enter into those arrangements is—
(a) an accredited provider, and
(b) an accredited clinician or has engaged the services of an accredited clinician.

5. Arrangements made by a Health Board in accordance with paragraph 4 must include the Provider Terms of Service with which service providers will be obliged to comply.

[4] S.S.I. 2002/103.

Ending arrangements and breaches of terms of service

6. A Health Board must end the registration of an accredited provider and any Community Glaucoma Service arrangements made with them where a period of 3 months has passed since—
(a) the accredited provider has ceased to be an accredited clinician or has ceased to engage the services of an accredited clinician, or
(b) the accredited provider has given notice to the Health Board that the accredited provider no longer wishes to be registered with the Health Board.

7. Where an accredited provider fails to comply with the Provider Terms of Service, the Health Board must investigate that failure and, where the Health Board considers it appropriate to do so, give the accredited provider an opportunity to make representations to the Health Board.

8. Where paragraph 7 applies, the Health Board must write to the accredited provider to confirm that it is investigating the failure and to confirm whether representations are to be sought.

9. Having carried out an investigation and taken into account any representations, the Health Board may take one or more of the following actions—
(a) decide to take no further action in respect of the failure,
(b) instruct the accredited provider to cease provision of a Community Glaucoma Service until such time as the failure has been rectified,
(c) advise the Agency to recover fees paid to the accredited provider (under paragraph 30 - fees) in respect of any period during which the accredited provider failed to comply with the Provider Terms of Service,
(d) instruct the accredited provider to carry out training,
(e) suspend arrangements with the accredited provider, and instruct them not to register new patients or carry out community glaucoma assessments,
(f) refer the accredited provider to the General Optical Council,
(g) end the registration of the accredited provider and arrangements made with them.

10. The Health Board must write to the accredited provider to confirm any action that they are taking in accordance with paragraph 9 including—
(a) where paragraph 9(b) applies, any time period within which a failure is to be rectified and any other consequences for the accredited provider (for example, in relation to the payment of fees to the accredited provider and in relation to the registration of new patients),
(b) where paragraph 9(e) applies, the period of suspension.

11. Where paragraph 9(f) or (g) applies, the Health Board is to also consider whether it should take steps in accordance with regulation 11 (suspension) of the 2006 Regulations.

12. The Health Board may take further action in accordance with paragraph 9 where an accredited provider fails to take action to rectify a failure.

13. Where, in accordance with paragraph 6 or 9, a Health Board ends the registration of an accredited provider and arrangements made with them, the Health Board must assess whether there is sufficient capacity for the provision of the Community Glaucoma Service within the Health Board's area. Where the Health Board decides that there is not sufficient capacity the Health Board must invite applications from service providers that are not registered.

Community Glaucoma Service – accredited clinicians

Registration as accredited clinician

14. A Health Board may register an optometrist independent prescriber as an accredited clinician in accordance with schedule 3, and in doing so must require the optometrist independent prescriber to adhere to the Clinician Terms of Service (schedule 4).

Ending registration and accreditation

15. A Health Board must end the registration and accreditation of an accredited clinician where the accredited clinician has given notice to the Health Board that the accredited clinician no longer wishes to provide a Community Glaucoma Service and a period of 3 months has passed since giving that notice.

16. Where an accredited clinician fails to comply with the Clinician Terms of Service, the Health Board must investigate that failure and, where the Health Board considers it appropriate to do so, give the accredited clinician an opportunity to make representations to the Health Board.

17. Where paragraph 16 applies, the Health Board must write to the accredited clinician to confirm that it is investigating the failure and whether representations are to be sought.

18. Having carried out an investigation and taken into account any representations, the Health Board may take one or more of the following actions—
(a) decide to take no further action in respect of the failure,
(b) instruct the accredited clinician to cease provision of a Community Glaucoma Service until such time as the failure has been rectified,
(c) where the accredited clinician is the only accredited clinician associated with an accredited provider, instruct the accredited provider not to carry out new patient registration or assessments,
(c) advise the Agency to recover fees paid to the accredited provider (under paragraph 30 – fees) in respect of any period during which the accredited clinician failed to comply with the Clinician Terms of Service,
(d) instruct the accredited clinician to carry out training,

(e) refer the accredited clinician to the General Optical Council,
(f) end the registration and accreditation of the accredited clinician.

19. The Health Board must write to the accredited clinician to confirm any action that they are taking in accordance with paragraph 18 including any applicable time period for actions that the accredited clinician is to take.

20. Where paragraph 18(e) or (f) applies, the Health Board is to also consider whether it should take steps in accordance with regulation 11 (suspension) of the 2006 Regulations.

21. The Health Board may take further action in accordance with paragraph 18 where an accredited clinician fails to take action to rectify a failure.

Community Glaucoma Service – registered patients

22. A Health Board is to ensure that the Ophthalmology Electronic Patient Record for each eligible person in the Board's area (who is not yet a registered patient) is updated prior to the Board providing an eligible person with information regarding accessing a Community Glaucoma Service.

23. The Agency is to provide, to the hospital eye service of each Health Board, details of accredited providers to whom eligible persons may be discharged.

24. The relevant hospital eye service is to write to an eligible person to inform them that they are being discharged and should register with an accredited provider.

25. A letter issued under paragraph 24 is to be uploaded by the hospital eye service to the Ophthalmology Electronic Patient Record for the eligible person.

26. Where an eligible person has not registered for the Community Glaucoma Service within 3 months of the issue of the letter mentioned in paragraph 24, the hospital eye service is to issue a reminder to the eligible person which may be either in writing or by telephone.

27.—(1) The Agency is to administer a registration process for eligible persons.

(2) An eligible person may only be registered with one accredited provider at a time.

(3) The registration process is to permit anything that is required to be done by the eligible person to be done on their behalf by the eligible person's representative.

(4) The registration process is to include—
(a) registration of an eligible person with an accredited provider, with registration taking effect from the date on which the eligible person completes an application form,
(b) completion of a practice list of registered patients for each accredited provider which will detail, in relation to each registered patient—

(i) their name, address and community health index number,
(ii) the date on which the registered patient was registered,
(c) provision of the practice list, as detailed in sub-paragraph (b), to the accredited provider on a monthly basis.

28.—(1) The Agency's registration process is also to include provision for moving the registration of a registered patient from one accredited provider to another.

(2) Registration of a registered patient is to be moved, with practice lists updated accordingly, where—
(a) the registered patient has approached a different accredited provider to receive the Community Glaucoma Service and that accredited provider has submitted an application to the Agency in accordance with paragraph 23 of schedule 2, or
(b) the registration of the registered patient's existing accredited provider has ended in accordance with paragraph 6 or 9.

(3) Where sub-paragraph (2)(b) applies the Agency must write to the registered patient to advise them that they have been moved to a different practice list.

29.—(1) The Agency is to administer a process to deregister patients.

(2) A registered patient may be deregistered where one or more of the following paragraphs applies—
(a) the patient dies,
(b) the patient no longer resides ordinarily in Scotland,
(c) the patient no longer falls within paragraph (c) of the definition of "eligible person" due to the patient's condition worsening,
(d) the patient's accredited clinician has agreed with the patient that the patient will receive services under the 2006 Regulations rather than the Community Glaucoma Service,
(e) the patient no longer wishes to receive a Community Glaucoma Service,
(f) the accredited provider no longer wishes to provide a Community Glaucoma Service to the patient.

30.—(1) This paragraph applies in a paragraph 29(2)(c) case (patient's condition worsened).

(2) Responsibility for the care of the patient transfers back to the relevant hospital eye service.

31.—(1) This paragraph applies in a paragraph 29(2)(e) case (patient no longer wishes to receive a Community Glaucoma Service).

(2) This paragraph does not apply where the patient wishes to move their registration to another accredited provider (see paragraph 28).

(3) The accredited provider is to request the deregistration of the registered patient.

(4) The Agency must administer the deregistration process no earlier than 28 calendar days following receipt of a request.

(5) On commencing the deregistration process the Agency must write to the patient to—
(a) inform them that they are to be deregistered,
(b) provide details of other accredited providers that the patient may seek to be registered with, and
(c) confirm the date on which provision of a Community Glaucoma Service will cease or has ceased.

32.—(1) This paragraph applies in a paragraph 29(2)(f) case (accredited provider no longer wishes to provide Community Glaucoma Service).

(2) An accredited provider may only request the deregistration of a registered patient where—
(a) there has been an irrevocable breakdown in the relationship between the accredited provider and the registered patient (in which case the Agency, having received approval from the relevant Health Board, must administer the deregistration process no earlier than 7 calendar days following that approval) and, prior to making the request for deregistration, the accredited provider has complied with paragraph 33;
(b) the registered patient has failed to engage with the accredited provider within the meaning of sub-paragraph (3) (in which case the Agency, having received approval from the relevant Health Board, must administer the deregistration process no earlier than 28 calendar days following that approval); or
(c) the registered patient has committed a violent act against the accredited provider or a member of staff of the accredited provider and that act has been reported to Police Scotland (in which case the Agency must administer the deregistration process immediately upon receiving a request).

(3) A registered patient has failed to engage (see sub-paragraph (2)(b)) where the accredited provider has evidence that—
(a) the patient has been invited, on 3 occasions each no less than one calendar month apart[5], to make an appointment for a community glaucoma assessment and the patient has failed to respond to any of those invitations, or
(b) the patient has failed to attend 3 consecutive appointments for a community glaucoma assessment.

(4) On commencing the deregistration process, in a sub-paragraph (2)(a) or (b) case (irrevocable breakdown or failure to engage), the Agency must write to the patient to—
(a) inform them that they are to be deregistered,
(b) explain the reasons for deregistration,

[5] The first invitation should not be earlier than 1 month before the 12 month period mentioned in paragraph 1 of schedule 5.

(c) provide details of other accredited providers that the patient may seek to be registered with, and
(d) confirm the date on which provision of a Community Glaucoma Service will cease or has ceased.

(5) On deregistering a patient, in a sub-paragraph (2)(c) case (violent act), the Agency must write to the patient to—
(a) inform them that they have been deregistered,
(b) explain the reasons for deregistration, and
(c) confirm the date on which provision of a Community Glaucoma Service will cease or has ceased.

(6) On deregistering a patient, in a sub-paragraph (2)(c) case (violent act), the Agency must inform the relevant Health Board.

33.—(1) This paragraph applies in a paragraph 32(2)(a) case (irrevocable breakdown).

(2) Before making a request to the Agency, the accredited provider must write to the patient to confirm that they consider that the relationship is at risk of breaking down and the steps that they would wish the patient to take in order to rectify the situation.

(3) Having written to the patient in accordance with sub-paragraph (2), the accredited provider must give the patient a reasonable period of time to rectify the behaviour that led to the accredited provider writing to the patient.

34. The Agency must review the data held for registered patients on a regular basis in order to verify accuracy of that data.

Fees

35. The Agency is to pay fees to accredited providers in accordance with schedule 6 for—
(a) registration of eligible persons; and
(b) assessment of registered patients.

36. Paragraph 35(a) is subject to the accredited provider continuing to be registered with the Health Board.

37. Where the Agency considers that it has made a payment to an accredited provider in error or in circumstances where a payment was not due, the Agency must draw the payment to the attention of the accredited provider and the amount overpaid is recoverable as a debt by any lawful means. The Agency may deduct the amount overpaid from fees due to the accredited provider in respect of the provision of general ophthalmic services.

Revocation

38. The Optometry Enhanced Services (Community Glaucoma Service) (Scotland) Directions 2024 are revoked.

THOMAS FERRIS

St Andrews House
Edinburgh
16 September 2025

A member of the staff of the Scottish Ministers

SCHEDULE 1

ACCREDITED PROVIDERS - APPLICATIONS

Application to provide Community Glaucoma Service

1. A service provider ("the applicant") who is located within a Health Board's area may submit a written application to that Health Board to provide a Community Glaucoma Service which is to include—

(a) details of the optometrist independent prescribers who will provide a Community Glaucoma Service at the premises of the applicant, including information as to whether each optometrist independent prescriber has successfully completed NESGAT (or has obtained NESGAT equivalency as determined by NHS Education for Scotland),

(b) information about physical access to the premises of the applicant, and physical space and equipment within the premises, at which the Community Glaucoma Service is to be provided,

(c) information about capacity to provide a Community Glaucoma Service and continuity of that provision, which is to include information about other NHS eyecare services provided from the premises,

(d) an undertaking to comply with the Provider Terms of Service in schedule 2, and

(e) any additional information that the applicant wishes the Health Board to consider as part of the application.

2. For any premises at which a Community Glaucoma Service is to be provided there is to be only one accredited provider.

3. Where the service provider is not the owner of the practice associated with the premises at which a Community Glaucoma Service is to be provided, the application must be signed by the owner.

4. An application must be submitted along with the corresponding accredited clinician applications (see schedule 3), not being assisting accredited clinician applications, from optometrist independent prescribers.

Consideration of application to provide Community Glaucoma Service

5. On receipt of an application, a Health Board must—

(a) check that an accredited provider is not already registered at the premises,

(b) check the information that has been provided by the applicant in accordance with paragraph 1 of this schedule,

(b) review the findings of the most recent inspection under regulation 21A of the 2006 Regulations and ensure that there are no outstanding actions in respect of the premises of the application,

(c) check that the applicant is not suspended in accordance with the 2006 Regulations,

(d) check that the applicant is not subject to a sanction imposed by the General Optical Council, and, where the applicant is subject to such a sanction, consider whether that should prevent the application being accepted,
(e) check that any optometrist independent prescribers in relation to which the applicant has submitted an accredited clinician application (see paragraph 4 of this schedule) are not suspended in accordance with the 2006 Regulations,
(f) confirm that the premises and equipment requirements specific to the Community Glaucoma Service (see schedule 2, paragraphs 1 to 5) have been met, and
(g) consider the corresponding accredited clinician applications.

Acceptance of application to provide Community Glaucoma Service – pending provider

6. Where the optometrist independent prescribers mentioned in paragraph 1(a) of this schedule have not successfully completed NESGAT, a Health Board may accept an application subject to the condition of successful completion of NESGAT, in which case the applicant will have pending provider status. No Community Glaucoma Service is to be provided while an applicant has pending provider status.

7. A Health Board must withdraw pending provider status where the applicant, or any of the optometrist independent prescribers mentioned in paragraph 1(a) of this schedule, are suspended or removed from the Ophthalmic List in accordance with the 2006 Regulations.

8. A Health Board must consider withdrawing pending provider status where the applicant, or any of the optometrist independent prescribers mentioned in paragraph 1(a) of this schedule, are subject to a sanction imposed by the General Optical Council.

Acceptance of application to provide Community Glaucoma Service – accredited provider

9. On accepting an application, where the optometrist independent prescribers mentioned in paragraph 1(a) of this schedule have successfully completed NESGAT (or have obtained NESGAT equivalency as determined by NHS Education for Scotland), a Health Board is to register the service provider as an accredited provider.

SCHEDULE 2

ACCREDITED PROVIDERS – TERMS OF SERVICE

Premises & Equipment

1. Accredited providers must provide proper, sufficient and appropriate premises, equipment and procedures for the provision of a Community Glaucoma Service.

2. Premises, including all areas where the Community Glaucoma Service is provided, must have step free access that is accessible to a wheelchair user.

3. Equipment must include—
   (a) a gonioscope,
   (b) a Goldmann applanation tonometer, and
   (c) a visual field machine that, in the professional opinion of the accredited provider's accredited clinicians, allows adequate evaluation and monitoring of registered patients.

4. Accredited providers, on receipt of a written request from the relevant Health Board, must agree to the inspection of premises, equipment and procedures for the provision of a Community Glaucoma Service. A Health Board is to carry out Community Glaucoma Service inspections at intervals not exceeding three years. A Community Glaucoma Service inspection should be carried out at the same time as an inspection under regulation 21A of the 2006 Regulations.

5. An accredited provider may only issue or display the publicity material and patient information leaflet made available by the Scottish Ministers in respect of the Community Glaucoma Service.

Provision of Community Glaucoma Service

6. An accredited provider must ensure that only accredited clinicians provide a Community Glaucoma Service and that those services are only provided to registered patients.

7. Arrangements made by an accredited provider with an accredited clinician must include the Clinician Terms of Service with which the accredited clinician is to be obliged to comply.

8. An accredited provider may, from time to time, make arrangements with an assisting accredited clinician but only where this is necessary to do so[6].

9. An accredited provider who gives notice under paragraph 6(b) of these Directions must continue to provide a Community Glaucoma Service until arrangements and registration have been brought to an end in accordance with that paragraph.

[6] This might be where, for example, an accredited clinician is unavailable due to illness.

Temporary halt in provision of Community Glaucoma Service to New Patients

10. Paragraphs 11 to 19 apply where an accredited provider wishes, for a period of not more than 12 months, to cease registering new eligible patients.

11. The accredited provider must, not later than 3 months before the period from which they wish to cease registering new patients, make an application in writing to the Health Board.

12. Within 28 days of receiving an application under paragraph 11, the Health Board is to enter into discussions with the accredited provider to determine whether they could, with appropriate support, continue to register new patients.

13. Discussions under paragraph 12 must be concluded within 14 days , at which point the Health Board must make a decision that—
    (a) the accredited provider is to continue to register new patients, or
    (b) the accredited provider is to cease registering new patients, for a period (of not more than 12 months) to be specified by the Health Board.

14. The Health Board must inform the accredited provider of their decision under paragraph 13 within 14 days of the decision being made.

15. Where the Health Board decides that the accredited provider is to cease registration of new patients, the Health Board is to notify the Agency and the hospital eye service of that decision and the period applicable.

16. Prior to the end of the period mentioned in paragraph 13(b), the accredited provider may make a further application in writing to the Health Board to recommence registering new patients.

17. Where a Health Board decides to agree to a request under paragraph 16 the Health Board must inform the accredited provider of that decision and the date from which the accredited provider may recommence registering new patients.

18. The Health Board is to notify the Agency and the hospital eye service of a decision under paragraph 17 and the date on which registration of new patients is to recommence.

19. The accredited provider is to continue to provide a Community Glaucoma Service to those patients registered prior to the period mentioned in paragraph 13(b).

Registration of Patients

20. An accredited provider must not—
    (a) approach (with a view to offering them a Community Glaucoma Service) registered patients who are registered with another accredited provider, or
    (b) offer incentives to eligible persons to register for the Community Glaucoma Service.

21. Where an eligible person wishes to register for the Community Glaucoma Service, an accredited provider must undertake the registration process in accordance with this schedule.

22. An accredited provider may only refuse to register an eligible person where—
    (a) the eligible person was previously registered with the accredited provider and that registration was brought to an end in the circumstances described in paragraph 32(2) (irrevocable breakdown, failure to engage or violent act) of these Directions, or
    (b) the accredited provider has agreed with the Health Board that they will no longer accept applications for registration (see paragraphs 10 to 19).

23. Applications for registration of eligible persons under the Community Glaucoma Service should be submitted by accredited providers to the Agency using electronic communication within 14 calendar days of the date on which the eligible person completes a registration form.

24. The Agency will register eligible persons with an accredited provider and registration takes effect from the date when the eligible person completes a registration form.

25. An accredited provider is to advise a registered patient's GP practice of that registration, and is also to advise the GP practice where the patient is no longer receiving a Community Glaucoma Service from the accredited provider (see paragraphs 29(2)(c),(d), (e) and (f) of these Directions).

26. Where an accredited provider becomes aware of information regarding a registered patient which renders them no longer eligible to be registered for the provision of a Community Glaucoma Service, they must inform the Agency and, where paragraph 29(2)(c) of these directions applies, the accredited provider must refer the registered patient to a hospital eye service for treatment.

Assessments

27. Within 2 weeks of the Agency confirming registration, a registered patient must be advised as to when they will receive their first assessment (see schedule 5) under the Community Glaucoma Service.

28. An accredited provider is to recall a registered patient for a Primary Community Glaucoma Assessment ("PCGA") when the relevant accredited clinician has determined it is clinically appropriate for that further PCGA to be carried out (provided that is not more frequently than every 12 months).

29. A recall should not be sent earlier than 1 month before the 12 month period mentioned in paragraph 28.

Investigations

30. An accredited provider must co-operate with any investigation raised by the Agency, or the relevant Health Board. This includes investigations in relation to patient care and payment verification.

Audit

31. An accredited provider is required to support an audit process, which is to be secured by the Agency, as part of the provision of the Community Glaucoma Service.

Complaints

32. An accredited provider must have arrangements in place which operate in accordance with section 15 (arrangements for handling and responding to patient feedback etc.) of the Patient Rights (Scotland) Act 2011[7].

Duty to notify the Health Board

33. An accredited provider must notify the Health Board of circumstances, for example an extended period of leave, which may impact provision of a Community Glaucoma Service.

34. Notification under paragraph 33 of this schedule should be given in advance of an event that may impact provision or, where it is not possible to do so in advance, within 7 days of an event occurring that impacts provision.

Suspension under 2006 Regulations

35. An accredited provider must not be suspended in accordance with the 2006 Regulations.

Sanctions other than suspension

36. An accredited provider must not be subject to any other sanction imposed by the General Optical Council.

[7] 2011 asp 5.

Communication with health bodies

37. An accredited provider is to monitor and use any NHS email address for the purpose of electronic communication to and from a Health Board, the Agency or NHS Education for Scotland in relation to the Community Glaucoma Service.

SCHEDULE 3

ACCREDITED CLINICIANS - APPLICATIONS

Application to be registered as an accredited clinician

1. An optometrist independent prescriber ("the applicant") who wishes to be registered as an accredited clinician must submit a written application to a Health Board which is to include—

(a) confirmation that the applicant is included within the Health Board's Ophthalmic List,

(b) details of relevant qualifications and registration,

(c) information as to whether the applicant has successfully completed NESGAT or has obtained NESGAT equivalency as determined by NHS Education for Scotland,

(d) confirmation that the applicant holds indemnity insurance that covers provision of a Community Glaucoma Service,

(e) an undertaking to comply with the Clinician Terms of Service in schedule 4, and

(f) any additional information that the applicant wishes the Health Board to consider as part of the application.

Consideration of application to provide Community Glaucoma Service

2. On receipt of an application, a Health Board must check—

(a) the information that has been provided by the applicant in accordance with paragraph 1 of this schedule,

(b) that the applicant is not suspended in accordance with the 2006 Regulations, and

(c) that the applicant is not subject to a sanction imposed by the General Optical Council, and, where the applicant is subject to such a sanction, consider whether that should prevent the application being accepted.

Acceptance of application to be registered – pending clinician

3. Where an applicant has not successfully completed NESGAT, a Health Board may accept an application subject to successful completion of NESGAT, in which case the applicant will have pending clinician status. No Community Glaucoma Service is to be provided while an applicant has pending clinician status.

4. A Health Board must withdraw pending clinician status where the applicant is suspended or removed from the Ophthalmic List in accordance with the 2006 Regulations.

5. A Health Board must consider withdrawing pending clinician status where the applicant is subject to a sanction imposed by the General Optical Council.

Acceptance of application to be registered – accredited clinician

6. On accepting an application, where the applicant has successfully completed NESGAT (or has obtained NESGAT equivalency as determined by NHS Education for Scotland), a Health Board is to register the applicant as an accredited clinician.

Assisting accredited clinicians

7. An applicant may request to be registered as an assisting accredited clinician. No applicant may be registered with any one Health Board as an assisting accredited clinician and an accredited clinician at the same time.

SCHEDULE 4

ACCREDITED CLINICIANS – TERMS OF SERVICE

Provision of Community Glaucoma Service

1. Provision of a Community Glaucoma Service must be in line with NICE guideline NG81[8].

2. An accredited clinician must act in the best interests of a registered patient at all times.

Community Glaucoma Assessment

3. The community glaucoma assessment provided to a registered patient by an accredited clinician must consist of all relevant tests and procedures, as set out in schedule 5, appropriate to the needs of that patient, unless—

   a) the patient's physical or mental condition would mean that carrying out the test or procedure was inappropriate, or
   b) the patient has refused to undertake the test or procedure in question.

4. Where a community glaucoma assessment indicates that a registered patient is suffering from a clinical condition that requires further investigation, the accredited clinician must, with the consent of the registered patient, refer them onwards as appropriate.

Records

5. An accredited clinician who provides a Community Glaucoma Service must keep proper, complete, accurate and up-to-date records in respect of each registered patient to whom a Community Glaucoma Service is provided. This must only be done by the accredited clinician using the Ophthalmology Electronic Patient Record.

Claims

6. Claims for community glaucoma assessments carried out by accredited clinicians must be submitted to the Agency by electronic communication within 3 months of the date of assessment.

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[8] Guideline was published on 1 November 2017 and is accessible here: Recommendations | Glaucoma: diagnosis and management | Guidance | NICE

Mandatory Community Glaucoma Assessment Activity Level

7. In order to maintain accreditation for the provision of a Community Glaucoma Services, accredited clinicians should undertake a minimum of 25[9] community glaucoma assessments each calendar year.

Mandatory Training

8. Accredited clinicians must undertake all mandatory training processes applicable to a Community Glaucoma Service, as specified by NHS Education for Scotland each calendar year.

Investigations

9. An accredited clinician must co-operate with any investigation raised by the Agency or the relevant Health Board. This includes investigations in relation to patient care and payment verification.

Audit

10. Accredited clinicians must undertake audit, which is to be secured by the Agency as part of the provision of the Community Glaucoma Service.

Suspension under 2006 Regulations

11. An accredited clinician must not be suspended in accordance with the 2006 Regulations.

Sanctions other than suspension

12. An accredited clinician must not be subject to any other sanction imposed by the General Optical Council

Communication with health bodies

13. An accredited clinician is to monitor and use any NHS email address for the purpose of electronic communication to and from the Health Board, the Agency or NHS Education for Scotland in relation to the Community Glaucoma Service.

[9] Where an optometrist independent prescriber becomes accredited during a calendar year this figure will be applied pro rata.

SCHEDULE 5

COMMUNITY GLAUCOMA ASSESSMENT

Primary Community Glaucoma Assessment

1. A primary community glaucoma assessment ("PCGA") is to be carried out for each registered patient at least every 18 months, but no more frequently than every 12 months.

2. A PCGA is to include—
(a) a discussion with the registered patient and provision of information, and
(b) the carrying out of such tests and examinations, as detailed in paragraph 3 below, as are clinically appropriate.

3. In addition to any other test or examination that an accredited clinician considers appropriate for assessment of the registered patient, the accredited clinician is to consider offering the registered patient the following tests and examinations—
(a) Goldmann applanation tonometry,
(b) anterior segment examination,
(c) visual field testing, and
(d) assessment of the optic nerve head.

Supplementary Community Glaucoma Assessment

4. A supplementary community glaucoma assessment ("SCGA") may be carried out where—
(a) during a PCGA, an accredited clinician has noted change in the registered patient's glaucoma or ocular hypertension and the accredited clinician wishes to review them in order to confirm the treatment path to be followed, or
(b) a registered patient has presented to an accredited clinician with concerns which the accredited clinician reasonably considers to be related to their glaucoma or ocular hypertension.

5. A SCGA is to include a discussion with the registered patient and such tests and examinations as the accredited clinician considers clinically appropriate.

General Ophthalmic Services

6. Where a registered patient presents with an ocular condition, presentation or concern that is not related to their glaucoma or ocular hypertension, the accredited clinician is to either undertake an eye examination in accordance with the 2006 Regulations or refer the registered patient to another contractor.

Communication

7. Where a PCGA or SCGA results in a change to a registered patient's prescribed treatment for glaucoma or ocular hypertension the accredited clinician must notify the registered patient's GP practice.

SCHEDULE 6

FEES

Patient Registration

1.(a) Fee payable for patient registration— £48.96 per patient per annum.

(b) The fee set out in paragraph (a) will be divided into 12 monthly payments, with the number of registered patients counted at the last day of each calendar month (and payments being made only for patients registered as at that day).

(c) A registered patient will be included in the count set out in paragraph (b) from the month of registration, but will thereafter be excluded from the count where the patient does not receive a Primary Community Glaucoma Assessment—
(i) within the 21 month period following registration, or
(ii) within the 21 month period following their last Primary Community Glaucoma Assessment.

Primary community glaucoma assessment

2. Fee payable for each primary community glaucoma assessment carried out in accordance with schedule 5 by an accredited clinician— £97.69.

Supplementary community glaucoma assessment

3. Fee payable for each supplementary community glaucoma assessment carried out in accordance with schedule 5 by an accredited clinician— £47.80.

Fees in respect of suspension etc

4. Where an accredited provider is suspended in accordance with paragraph 9(e) of these directions—
(a) the fee in paragraph 1 of this schedule (patient registration) will be paid up to the last day of the calendar month when the accredited provider was first suspended, and
(b) fees in paragraphs 2 and 3 of this schedule (community glaucoma assessments) will be paid in relation to any community glaucoma assessment carried out prior to the date of suspension.

5. Where an accredited clinician has been instructed to cease provision of a Community Glaucoma Service in accordance with paragraph 18(b) of these directions—
(a) the fee in paragraph 1 of this schedule (patient registration) will be paid up to the last day of the calendar month that is two months in the future from when the accredited clinician was first instructed to cease provision, and

(b) fees in paragraphs 2 and 3 of this schedule (community glaucoma assessments) will be paid in relation to any community glaucoma assessment carried out prior to the date on which the accredited clinician was instructed to cease provision.