



SCOTTISH EXECUTIVE

Health Department
Directorate of Primary Care and Community Care

Primary Care Division
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Dear Colleague

GENERAL OPHTHALMIC SERVICES

- 1. THE NATIONAL HEALTH SERVICE (GENERAL OPHTHALMIC SERVICES) (SCOTLAND) REGULATIONS 2006**
- 2. INTRODUCTION OF NEW NHS EYE EXAMINATION**
- 3. INTRODUCTION OF A NEW GOS(S)1 FORM**

Summary

1. This letter advises NHS Boards and Practitioner Services of the consolidation of the NHS (General Ophthalmic Services) (Scotland) Regulations 1986 and subsequent amending Regulations, into the [NHS \(General Ophthalmic Services\) \(Scotland\) Regulations 2006](#) ("the 2006" Regulations"). This letter focuses on explaining the changes in the 2006 Regulations resulting from the introduction of free NHS eye examinations with effect from 1 April 2006. Details of the new listing requirements will be sent under cover of a further PCA. It also advises of the introduction of a new GOS(S)1 form.

Background

2. [NHS: 2005 PCA\(O\)3](#), issued on 2 December 2005, advised of the agreement reached with Optometry Scotland on the new eye examination which is being introduced in Scotland with effect from 1 April 2006. Further information on the new NHS eye examination is contained in the Memorandum to this letter.

17 March 2006

Addresses

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Primary and Supplementary NHS Eye Examinations

3. The new primary and supplementary eye examinations will:
 - allow patients to receive, free of charge, an appropriate health assessment of their whole visual system which does not have to include a refraction unless this is clinically required;
 - give optometrists/ophthalmic medical practitioners (OMPs) the professional freedom to perform the tests that are appropriate to patients' symptoms and needs, including where required a refraction;
 - allow for the management of a wide range of common conditions in the community;
 - promote optometrists/OMPs as the first point of contact for eye problems;
 - significantly reduce inappropriate referrals to secondary care.

It is not, however, a mechanism for NHS Boards to shift the responsibility for services which are currently provided by optometrists/OMPs on behalf of hospital eye departments via shared-care/co-management schemes, such as the Glasgow Integrated Eyecare Service, Highland Integrated Eyecare Service, Low Vision services, and the cost of such schemes to primary care. There are a number of tests, procedures and examinations that fall outwith the new NHS eye examination, including shared-care/co-management schemes and these are listed in Annex C to the Memorandum to this letter.

4. It is estimated that the time involved in undertaking the new eye examination will increase with the minimum time spent on each patient being around 30 minutes for those patients who attend for routine examinations with no specific symptoms and no prescription for glasses/contact lenses. Due to the increased time involved in each eye examination the number of tests which an optometrist/OMP will be allowed to undertake under the 2006 Regulations in a working day will be limited to 20. A working day is defined as a period of 7 hours 30 minutes on any day of the week, usually between the hours of 9.00am and 5.30pm with a 1 hour lunch break. Some optical practices open longer than 7 hours and 30 minutes a day and in such cases additional examinations will be able to be undertaken on a pro-rata basis where information on the extending opening hours is provided to Practitioner Services.

5. The primary eye examination will include a number of core tests and procedures and optometrists/OMPs will require to have undertaken training to demonstrate their "competency" to deliver the new eye examination. Optometry Scotland and the Scottish Committee of Optometrists have been running training workshops to assist optometrists/OMPs in complying with this terms of service requirement. Training will continue for new optometrists/OMPs joining NHS Board's Ophthalmic Lists.

6. Optometrists/OMPs on NHS Board Ophthalmic Lists at 1 April 2006 will be required to send the training certificate by 30 June 2006 to one of the NHS Boards in whose area they wish to continue to provide General Ophthalmic Services (GOS). Further information about this will be contained in the listing requirement PCA to be issued shortly.

7. Optometrists/OMPs wishing to join an NHS Board's Ophthalmic List on or after 1 April 2006 will require to have a training certificate before being allowed to join the List in order to provide GOS in the area.

8. Optometrists/OMPs undertaking the new NHS eye examination will require to have access to certain required equipment. The required equipment is:

- visual field analyser capable of full threshold analysis within central 30 degrees;
- slit lamp;
- applanation tonometer;
- condensing lens(es).

NHS Boards when inspecting practices from which GOS is or, in the case of a new practice, will be provided will be required to check that such equipment is available. The Executive will shortly be issuing a standard inspection check-list and guidance for practice inspections to ensure consistency.

Introduction of a New GOS(S)1 Form

9. A new GOS(S)1 form is being introduced with effect from 1 April 2006 as a result of the introduction of the new primary and supplementary eye examinations. For ease of identification the colour of the new form has changed to light brown. Supplies of the new form will be issued to NHS Boards shortly for onward distribution to optometrists and ophthalmic medical practitioners **by 24 March**. The current version of the GOS(S)1 form should not be used after 1 April 2006 and supplies should be destroyed as soon as possible thereafter.

New Contractual Arrangement

10. Paragraph 7 of NHS: 2005 PCA(O)3 advised that the introduction of the new eye examination would change the scope of GOS and would in effect produce a new set of contractual arrangements for optometrists/OMPs. The letter further advised that optometrists/OMPs would be required to enter into a new contractual arrangement with each NHS Board area where they intend to continue to provide GOS and that they would be unable to provide GOS, ie NHS eye examinations, if they have not entered into this new contractual arrangement. With the introduction of listing requirements, which will require all those on NHS Board Ophthalmic Lists to provide certain declarations, undertakings, etc, it has been decided that optometrists/OMPs will not require to enter into a new contractual arrangement with each NHS Board area where they intend to provide GOS. Further information about the listing requirement will be issued shortly.

Action

11. NHS Boards and Practitioner Services are asked to note:

11.1 the information contained in the Memorandum to this letter;

11.2 the new NHS primary eye examination and supplementary eye examination fees contained in paragraph 13 of the Memorandum to this letter;

11.3 the extension of the £8,000 allowance for required equipment to practices providing GOS for the first time after 1 February 2006 and before 31 March 2007, paragraph 22 of the Memorandum to this letter refers. An amendment application for this purpose will be issued to NHS Boards shortly;

11.4 that further information about the new audit requirements, new practice inspection procedures and direct referral to ophthalmic hospitals will be issued shortly.

12. Practitioner Services are asked to:

12.1 pay the new NHS eye examination fees for primary and supplementary eye examinations undertaken **on or after 1 April 2006**;

12.2 note that from 1 April those optometrists/OMPs who assist in the provision of GOS, ie those who are not contractors themselves, will be required to join the second part of the NHS Board's list for the area in which they intend to provide GOS. Further information about the listing requirement will be issued shortly. Listed assistants will be required to sign GOS(S)1 forms for any NHS eye examinations which they themselves undertake and give the name of the contractor on whose behalf the examination was undertaken, paragraph 24 of the Memorandum to this letter refers;

13. NHS Boards are asked to:

13.1. copy and issue the Memorandum to this letter **by 21 March** to all optometrists and OMPs on their ophthalmic lists.

13.2 send supplies of the new GOS(S)1 **by 24 March** to all optometrists and ophthalmic medical practitioners on their ophthalmic lists; and

13.3 send a copy of the 2006 Regulations to all optometrists and OMPs on their lists. If an optometrist or OMP has more than one address within an NHS Board area he/she should only be sent one copy of the Regulations. Copies of the 2006 Regulations will be sent to NHS Boards once available.

Yours sincerely

DR JONATHAN PRYCE
Head of Primary Care Division

**NATIONAL HEALTH SERVICE
GENERAL OPHTHALMIC SERVICES**

- 1. THE NATIONAL HEALTH SERVICE (GENERAL OPHTHALMIC SERVICES) (SCOTLAND) REGULATIONS 2006**
- 2. INTRODUCTION OF NEW NHS EYE EXAMINATION**
- 3. INTRODUCTION OF A NEW GOS(S)1 FORM**

1. This Memorandum advises optometrists and ophthalmic medical practitioners (OMP) of the consolidation of the NHS (General Ophthalmic Services) (Scotland) Regulations 1986 and subsequent amending Regulations, into the NHS (General Ophthalmic Services) (Scotland) Regulations 2006 (“the 2006” Regulations”). This Memorandum focuses on explaining the changes in the 2006 Regulations resulting from the introduction of free NHS eye examinations with effect from 1 April 2006. Details of the new listing requirements will be sent under cover of a further Memorandum. It also advises of the introduction of a new GOS(S)1 form.

Partnership Commitment

2. A Partnership for a Better Scotland: Partnership Agreement made a high level commitment to systematically introduce free eye checks for all before 2007. Provision has been made within the Smoking, Health and Social Care (Scotland) Act 2005 to provide for free NHS eye examinations, including sight test where required, for all in Scotland. The reference to “sight test” has had to be retained due to cross-references in the NHS (Scotland) Act 1978 and other primary and secondary legislation.

New Eye Examination

3. The thrust of the new service as agreed with Ministers is to move away from the current emphasis of a sight test with refraction to broader health aspects. Under the new service everyone will be entitled to a free NHS eye examination, except where otherwise provided for in the NHS (Charges for Overseas Visitors) (Scotland) Regulations 1989, see paragraph 16, including sight test, which for the purposes of General Ophthalmic Services (GOS) will be defined as a refraction, where required. This will be one examination, which may include a refraction, attracting a single fee and will not be two separate examinations with two fees.

4. Re-defining the sight test in this way will allow the examination to be tailored to meet the symptoms and needs of the patient, taking into account their history and symptoms, rather than being prescriptive and including tests, eg routine refractions, which are not clinically required. One outcome of the examination may of course be that the patient requires a refraction. In such cases this will be provided free of charge, as part of the examination.

5. It may be that not every test or procedure required by a patient can be carried out during one visit to the practice and it may be necessary for a second visit consisting of repeat procedures. Examples of the latter include:

- cycloplegic refraction;
- repeat fields;
- IOPs; and
- referral refinement.

Under the new service repeat examinations will also be provided free of charge to all patients, except where otherwise provided for in the NHS (Charges for Overseas Visitors) (Scotland) Regulations 1989, see paragraph 16.

6. The initial eye examination will be defined as a primary eye examination and the follow up/repeat examination will be defined as a supplementary eye examination. The supplementary eye examination is a separate procedure and should not be carried out as part of the primary eye examination. The supplementary eye examination can be carried out on the same day as the primary eye examination or on another day.

7. The new primary eye examination will include an eye health assessment appropriate to a patient's needs and symptoms and will include core tests and procedures, which have to be undertaken as part of every primary eye examination, as well as patient specific procedures, eg based on presenting signs and symptoms, age and condition. The new core and patient specific procedures are set out in Annex A to this Memorandum. The conditions that may require a supplementary eye examination are set out in Annex B. There will continue to be certain procedures that fall outwith the scope of the new eye examination and these are set out at Annex C.

8. It is estimated that the time involved in undertaking the new eye examination will increase with the minimum time spent on each patient being around 30 minutes for those patients who attend for routine examinations with no specific symptoms and no prescription for glasses/contact lenses. This extra time may be due to extra tests, more complex tests, or simply more time for symptoms, history, co-morbidity, investigations and advice. How much extra time will be spent on other patients will depend on their particular circumstances. Due to the increased time involved in each eye examination the number of tests which an optometrist/OMP will be allowed to undertake under the 2006 Regulations in a working day will be limited to 20. A working day is defined as a period of 7 hours 30 minutes on any day of the week, usually between the hours of 9.00am and 5.30pm with a 1 hour lunch break – paragraph 7 of Schedule 1 to the 2006 Regulations refers.

9. Following either a primary or supplementary eye examination an optometrist/OMP will be required to issue the patient with a statement of the outcome of the examination. Where a sight test, ie refraction, is undertaken as part of the eye examination a prescription should be given to the patient – paragraph 8 of Schedule 1 refers.

10. With the introduction of free eye examination for all, the Executive will require optometrists/OMPs to maintain proper, complete, accurate and up-to-date records with a standardised data set – paragraph 8(1) of Schedule 1 refers and Schedule 5. The data that optometrists/OMPs must maintain in their patient records is set out in Annex D. Records can be kept in a computerised form – paragraph 8(2) of Schedule 1 refers.

11. Those optometrists/OMPs undertaking GOS from 1 April 2006 will be required to follow the College of Optometrist's Code of Ethics and Guidance for Professional Conduct, which is available at <http://www.college-optometrists.org.uk>, and the General Optical Council's Rules Relating to Injury of the Eye, which will become part of their NHS terms of service – paragraphs 2(f) and (g) of Schedule 1 refer.

12. The current Memorandum of Understanding on Frequency of NHS sight tests, which sets down the interval between NHS sight tests for different categories of patients, has been revised to provide for the new eye examination. A copy of the revised Memorandum is attached at Annex E.

Introduction of a New GOS(S)1 Form

13. A new GOS(S)1 form (Application for an NHS eye examination) is being introduced with effect from 1 April 2006 as a result of the introduction of the new primary and supplementary eye examinations. For ease of identification the colour of the new form has changed to light brown. Supplies of the new form will be issued by NHS Boards by 24 March. The current version of the GOS(S)1 form should not be used for eye examinations carried out on or after 1 April 2006 and supplies should be destroyed as soon as possible after that date.

14. The new GOS(S)1 form should be used for both primary and supplementary eye examinations. Where both examinations are carried out either one form can be used to claim both examinations or a separate form can be used for each examination.

15. Guidance on how to complete the new GOS(S)1 form and Questions and Answers will be included in the next edition of FOCUS, which will be issued shortly to optometrists/OMPs by Practitioner Services.

NHS Eye Examination Fees

16. Following consultation with Optometry Scotland, Scottish Ministers have determined that the fees for NHS eye examinations carried out on or after **1 April 2006** which should be paid to:

16.1 optometrists for each NHS primary eye examinations should be £28.50;

16.2 optometrists for each NHS supplementary eye examinations should be £18.00;

16.3 ophthalmic medical practitioners for each NHS primary eye examinations should be £28.50. This consists of a fee element of £21.09 and an expenses component of £7.41; and

16.4 ophthalmic medical practitioners for each NHS supplementary eye examinations should be £18.00. This consists of a fee element of £13.32 and an expenses component of £4.68.

17. Negotiations on the NHS domiciliary visiting fees from 1 April 2006 are ongoing and information about the uprated fees will be issued as soon as possible.

18. A revised Statement in accordance with regulation 17 of the 2006 Regulations is attached at Annex F.

NHS Eye Examination – Eligibility

19. Eligibility to the new NHS eye examination will be restricted to those ordinarily resident in the UK or who are exempt from NHS charges under the NHS (Charges to Overseas Visitors) (Scotland) Regulations 1989. Further information about those exempt from charges is contained in Annex G.

20. No optometrist/OMP is obliged to provide an NHS eye examination to an overseas visitor whether or not free of charge. As an alternative he/she may choose to provide a private examination and charge accordingly.

Training

21. From 1 April 2006 it will be a terms of service requirement – paragraph 3 of Schedule 1 refers - that optometrists/OMPs wishing to undertake the new NHS eye examination have a certificate showing that they have undertaken and completed training in:

- slit lamp biomicroscopy;
- Volk lens biomicroscopy;
- applanation tonometry; and
- threshold visual fields.

22. Optometry Scotland and the Scottish Committee of Optometrists have been running training workshops to assist optometrists/OMPs in complying with this terms of service requirement. Training will continue for new optometrists/OMPs joining NHS Board's Ophthalmic Lists.

23. Optometrists/OMPs on NHS Board Ophthalmic Lists at 1 April 2006 will be required to send the certificate by 30 June 2006 to those NHS Boards in whose area they wish to continue to provide GOS. The certificate will be returned. Further information about this will be contained in the listing requirement Memorandum to be issued shortly.

24. Optometrists/OMPs wishing to join an NHS Board's Ophthalmic List on or after 1 April 2006 will require to have a training certificate before being allowed to join the List in order to provide GOS in the area.

Equipment

25. It will be a terms of service requirement that optometrists/OMPs have access to certain required equipment – paragraph 6 of Schedule 1 refers. The required equipment is:

- visual field analyser capable of full threshold analysis within central 30 degrees;
- slit lamp;
- applanation tonometer;
- condensing lens(es).

26. The Executive has introduced a new allowance which provides for the payment of £8,000 towards the purchase, or reimbursement of expenses already incurred for the purchase, of required equipment. This allowance was initially made available to those practices where GOS were provided on 1 February 2006 and where they would continue to be provided for at least 12 months from 1 April 2006. We are now extending access to this allowance to all practices in Scotland where GOS will be provided for the first time before 31 March 2007. This will allow any practices which have opened since 1 February 2006 to claim this one-off allowance.

Signing of GOS(S)1 Forms

27. Currently only optometrists/OMPs who are on the NHS Board's Ophthalmic List can sign GOS(S)1 claim forms. From 1 April those optometrists/OMPs who assist in the provision of GOS, ie those who are not contractors themselves, will be required to join the second part of the NHS Board's list for the area in which they intend to provide GOS, further information about the listing requirement will be issued shortly. Listed assistants will be required to sign GOS(S)1 forms for any NHS eye examinations which they themselves undertake giving the name of the contractor on whose behalf the examination was undertaken - paragraphs 13(2) and (4) of Schedule 1 refer.

Audit

28. In addition a 3 stage audit process will also be put in place, as follows:

- Internal practice audit of numbers, competency and record keeping;
- Local NHS Board clinical audit by the Area Optical Committee and the Board's Optometric Adviser;
- National audit by NSS regarding probity (numbers, outliers, etc).

Further information about this will be issued in due course

Practice Inspections

29. A new practice inspection procedure will be put in place. Further information about this will be issued shortly.

Direct Referral to an Ophthalmic Hospital

30. From 1 April 2006 optometrists/OMPs will be able to directly refer patients to ophthalmic hospitals, which includes an ophthalmic department of a hospital. Where an optometrist/OMP refers a patient directly to a hospital they should inform the patient's doctor or GP practice that he/she has done so. Further information about this will be issued in due course.

Giving of Incentives

31. From 1 April 2006 an optometrist/OMP must not give, promise or offer, or cause to be given, promised or offered, to any person any incentive, gift or reward as an inducement to, or in consideration of, the provision of any general ophthalmic services, regulation 15(3) of the 2006 Regulations refers.

2006 Regulations

32. Copies of the 2006 Regulations will be sent once available. Optometrists/OMPs are advised to familiarise themselves with these Regulations.

33. Any enquiries arising out of this Memorandum should be taken up with your NHS Board.

SCOTTISH EXECUTIVE HEALTH DEPARTMENT
17 March 2006

THE PRIMARY EYE EXAMINATION

There will be a number of core elements to the new NHS eye examination that will be provided for all patients as follows:

- ❑ The taking of detailed history and symptoms, including relevant medical, family or ocular history.
- ❑ An assessment of current spectacle correction and their appropriateness to the patient's current needs by focimetry and identification of lens and frame type.
- ❑ The maintaining of appropriate clinical records with an agreed data set of findings, as set down in Annex D.
- ❑ A pupillary assessment including testing for Relative Afferent Pupillary Defects.
- ❑ The recording of unaided vision, visual acuity or pinhole vision as appropriate.
- ❑ An examination appropriate to the reason for referral from a medical practitioner or other carer (eg as part of an integrated care network).
- ❑ An eye health assessment appropriate to the patient's needs and presenting signs and symptoms.
- ❑ An Internal eye examination, with mydriasis where appropriate, using direct ophthalmoscope and/or slit lamp biomicroscopy.
- ❑ The external examination of the eyes using slit lamp biomicroscopy, and appropriate diagnostic agents.
- ❑ A relevant assessment of extra ocular motor function; oculo-motor function and ocular motility.
- ❑ The examination and checking for co-existing ocular disorders.
- ❑ The communication of the clinical findings, results and diagnosis to the patient, their carer (where appropriate), and other appropriate health professionals as agreed by the patient and their carer.
- ❑ Issuing Statement.

There are a number of additional test and procedures that should be undertaken, as appropriate, and dependent on the presenting signs and symptoms of the patient, including the following:

- ❑ Standard tests such as binocular function and stereopsis, amplitude of accommodation, colour vision, confrontation fields and other appropriate tests.
- ❑ Objective/subjective refraction, visual acuity and mandatory issue of spectacle prescription.
- ❑ Advice regarding the dispensing of the prescription, and discussion of an appropriate dispensing solution to the current needs of the patient.
- ❑ Issue of advice and instruction to patients prior to referral into a care pathway, shared care scheme or a level 2 optometric examination.
- ❑ Direct referral to a hospital ophthalmology department (copy information to GP).
- ❑ Completing a clinical report for another health care professional or referral letter if required.

There are a number of additional patient and condition specific tests and procedures that should be undertaken, as appropriate, as follows:

Patient Specific

Children aged under 16

- ❑ Tests appropriate to the age of a child to determine vision, refractive state, stereopsis, oculo-motor function (muscle balance motility) and ocular health.

Adults 40+ and/or Family history of Glaucoma

- ❑ Intra ocular pressure measurement (IOP), visual field tests, and assessment of the optic nerve head by slit lamp biomicroscopy, should be performed on a screening basis. This will consist of non-contact tonometry, suprathreshold visual fields and slit lamp biomicroscopy.

Adults aged 60 years and over

- ❑ All patients over 60 should be offered dilated slit lamp biomicroscopy. It is expected that optometrists should consider carrying out dilated slit lamp biomicroscopy to everyone over 60 (depending on presenting signs & symptoms).
- ❑ Supra-threshold fields on a screening basis.
- ❑ Amsler Test if the macula is suspect.

Adults aged 70 years and over

- ❑ It is expected that optometrists would normally encourage all patients over 70 to have dilated slit lamp biomicroscopy.

Patients referred from an ophthalmic hospital

- ❑ Postoperative cataract examination, refraction and report.

Condition Specific

Refractive Abnormality

- ❑ Refraction, muscle balance, and other tests as required.
- ❑ Spectacle dispensing advice.

Patients presenting with flashes and floaters or sudden visual loss

- ❑ Diagnosis following sudden visual loss.
- ❑ Vitreous examination and fundus assessment by dilated slit lamp biomicroscopy

Patients presenting with suspect glaucoma or ocular hypertensives

- ❑ Intra ocular pressure measurement (IOP), visual field tests, and assessment of the optic nerve head by slit lamp biomicroscopy, should be performed on a screening basis. This will consist of non-contact tonometry, suprathreshold visual fields and slit lamp biomicroscopy.

Patients with macular disorders

- ❑ Internal Eye examination must be with mydriasis, using slit lamp biomicroscopy.
- ❑ Amsler chart test.

Patients with cataract

- ❑ Internal Eye examination must be with mydriasis when a clear view of the fundus cannot be obtained without mydriasis, using slit lamp biomicroscopy or head mounted indirect ophthalmoscopy.

Patients with diabetes

- ❑ Internal Eye examination must be with mydriasis using slit lamp biomicroscopy or head mounted indirect ophthalmoscopy.

Note:

1. “Slit lamp biomicroscopy” as mentioned in the text refers to internal eye examination with a slit lamp bio microscope using a condensing lens or with a head mounted bio microscope and condensing lens. This may be with or without mydriasis as mentioned in the text.
2. It would be expected that all patients over 60 be offered dilated fundus biomicroscopy as part of the primary examination. A supplementary fee would normally be claimed for those under 60 requiring a dilated examination. There may be instances where a Supplementary examination for over 60s is required which consists of dilated fundus biomicroscopy.
3. These patient and condition specific tests are what would normally be performed for a routine appointment.

THE SUPPLEMENTARY EYE EXAMINATION

There will, at times, be a need for certain supplementary procedures to be carried out to complete the examination. Examples of the types of situations are listed below:

- ❑ Cycloplegic refraction following routine refraction or for children aged under 16 years on referral by an ophthalmic hospital.
- ❑ Paediatric follow up within six months of the previous examination to include a refraction, oculo-motor balance and stereopsis.
- ❑ Referral refinement to include, as required, repeat of visual field assessment by full threshold visual fields, repeat tonometry using applanation tonometry and slit lamp biomicroscopy, which may include mydriasis.
- ❑ Repeat of visual field assessment by full threshold visual fields, repeat tonometry using applanation tonometry and slit lamp biomicroscopy, which may include mydriasis, due to suspect glaucoma, unusual optic disc appearance and where abnormalities have been detected during the primary eye examination.
- ❑ Dilated slit lamp biomicroscopy (e.g. diabetes, vitreo retinal disorders, tumour risk etc).
- ❑ Repeat external eye assessment using slit lamp and diagnostic agents for minor disorders (e.g. corneal abrasion, foreign body etc).

Note:

1. All children suspected of Strabismus (squint) must have a Supplementary examination consisting of Cycloplegic refraction following a full Primary examination.
2. Following the supplementary eye examination a Prescription or Statement should be handed to the patient.

TESTS, PROCEDURES AND EXAMINATIONS THAT CURRENTLY FALL OUTWITH THE NEW NHS EYE EXAMINATION

- ❑ Digital imaging.
- ❑ Diabetic Retinal Screening Programme
- ❑ LVA examination
- ❑ Care Pathway examinations as proposed by CCI
- ❑ Delegated Care Schemes such as GIES, HIES, Grampian Glaucoma
- ❑ Shared Care Schemes such as LOCI, Fife Low Vision
- ❑ Contact lens specific tests
- ❑ Children's pre-school screening programmes
- ❑ Colorimetry, Coloured overlay and Rate of reading tests for those with reading difficulty
- ❑ Occupational tests or reports for admission to the Armed forces, Police, Fire, Ambulance, Railway etc
- ❑ Occupational tests specifically for the provision of VDU spectacles
- ❑ Occupational tests specifically for the provision of safety spectacles
- ❑ DVLA acuity and visual field checks
- ❑ Behavioural Optometry

Note:

For the purposes of this Memorandum an occupational test is a test required for work purposes, eg for purposes provided for in legislation other than in section 26 of the NHS (Scotland) Act 1978 and the 2006 Regulations.

RECORDS

All patient visits will require proper, complete, accurate and up-to-date records to be kept, which should include reasons for repeat visit, advice given, any referral letter to GP, ophthalmologist, or other Care Pathways, and dispensing details.

Patients records should contain the following minimum data set as appropriate for each specific examination.

| Element | Details |
|-------------------------------------|---|
| Personal Patient Data | Name, title, address, telephone number, DoB, General Practitioner's details, occupation, driver Yes/No, hobbies |
| Symptoms & History | Presenting signs & symptoms, past ocular history, past medical history, family ocular and patient's own medical history, medication, reason for referral to or from the optometrist or OMP, Smoker Yes/No |
| External Examination | A record of all relevant findings, eg lids, lashes, corneae |
| Internal Examination | A record of whether this was with or without mydriasis, the apparatus and diagnostic agent used, and a description of the ocular media, fundus, blood vessels, optic disc, macula |
| Pupil Assessment | Relative afferent pupillary defect, direct, consensual and near responses, pupil size and shape |
| Extra Ocular Motor Function | Cover test, convergence, muscle balance, motility, stereopsis, amplitude of accommodation results |
| Visual Fields | Record relative findings, apparatus, confrontation |
| Intra Ocular Pressure | IOP measurement, contact or non-contact |
| Refraction | Objective/subjective findings, unaided vision, pinhole acuity, visual acuity, back vertex distance, prescription issued, spectacle, dispensing details |
| Colour Vision | Record findings and test procedure |
| Imaging | Record reference to any electronic images taken |
| Supplementary Additional Procedures | Note the reason for any supplementary or additional procedures |
| Diagnosis/Findings | Make a record of all findings and any diagnosis |
| Communication | Note any advice, statements, reports or referrals issued to the patient or made on behalf of the patient. |

All optometric record cards, whether kept in a written form or computerised, will have to have the scope and capacity to adequately record this information.

**MEMORANDUM OF UNDERSTANDING
BETWEEN
SCOTTISH EXECUTIVE HEALTH DEPARTMENT
AND
OPTOMETRY SCOTLAND
ON
FREQUENCY OF NHS PRIMARY EYE EXAMINATIONS**

1. Introduction

1.1 This Memorandum of Understanding refers to primary eye examinations for different categories of patients under the General Ophthalmic Services (GOS). An eye examination means an examination by an optometrist or ophthalmic medical practitioner as defined in Regulations.

1.2 Practitioner Services will automatically pay all *bona fide* and complete claims for NHS eye examinations carried out at the intervals listed below or longer intervals, subject to normal payment verification. Random checks of contractors are made from time to time as part of the normal auditing procedures. Practitioners should always include clinical information in patients' record cards, partly so that Practitioner Services can verify claims retrospectively. Like Health Boards, Practitioner Services has the statutory right of access to the records of NHS patients.

1.3 Claims for NHS eye examinations carried out at an interval, which is shorter than those listed below, will require a code indicating the reason for the early re-test. Such an eye examination may be initiated by an optometrist/OMP or by a patient who presents with a problem requiring immediate attention in the judgement of the optometrist/OMP. On occasions, there may be no appropriate code which explains the reason. In such cases code 5 should be used and a brief annotation of the reason for the early examination given on the GOS(S)1 form.

2. Minimum Intervals between NHS Eye Examinations

2.1 The GOS Regulations require practitioners to satisfy themselves that an eye examination is clinically necessary before undertaking the test. Therefore, the intervals given below are not to be read as applying automatically to all patients in a category. Clinical judgement should be used when determining frequency of eye examinations. Simply examining patients in these groups at the listed intervals without cause is not acceptable and examination patterns of individual optometrists and OMPs will be monitored in order to examine whether examination of patients at more frequent intervals than clinically necessary may have taken place. In cases where practitioners are being investigated, it should be noted that their record cards would be examined for the clinical reason behind the tests. This applies mainly, but not exclusively, to the under 16s with no history of refractive error, or binocular vision anomaly.

2.2 However, optometrists will not normally test the sight of patients under the GOS more frequently than according to the following schedule of intervals. Where sight tests are clinically required at more frequent intervals a reason has to be provided.

Patients Age at Time of Eye Examination – Minimum Interval between Eye Examination or Clinical Condition

| | |
|---|----------|
| Under 7 years of age, with binocular vision anomaly or corrected refractive error | 6 months |
| 7 years of age and over and under 16 years of age with binocular vision anomaly or rapidly progressing myopia | 6 months |
| Under 16 years of age unless in one of the categories above | 1 year |
| 16 years of age and over and under 60 years of age | 2 years |
| 60 years of age and over | 1 year |
| Those with glaucoma | 1 year |
| Those 40 years of age and over with a close family history of glaucoma | 1 year |
| Those with ocular hypertension | 1 year |
| Diabetic patients | 1 year |

3. Reason for Earlier Eye Examination

3.1 An optometrist may carry out an eye examination at a shorter interval than those listed above, either at the optometrist's initiative for a clinical reason, or because the patient presents him/herself to the optometrist with symptoms or concerns which might be related to an eye condition.

If an optometrist carries out an NHS eye examination at an interval shorter than one of those listed above, he/she must annotate the GOS(S)1 form with one of the following codes:

1. Patient at risk of frequent changes of prescription for reasons not requiring medical referral or for reasons already known to a medical practitioner – justified by the patient's history as recorded on the patient's record.
2. Patient with pathology likely to worsen, for example age-related macular degeneration, cataract, corneal dystrophy, or congenital anomalies.
3. Patient has presented with symptoms or concerns requiring ophthalmic investigation:
 - 3.1 resulting in referral to a medical practitioner, ophthalmic hospital or other care professional; or
 - 3.2 resulting in issue of a changed prescription;
 - 3.3 resulting in either no change or no referral (the patient's record should indicate any symptoms shown to support this category of claim, if necessary).

4. Patient has presented for an eye examination at the request of a medical practitioner, optometrist/OMP or other care professional:
5. Other unusual circumstances requiring clinical investigation: annotate the GOS(S)1 form
6. Early response, by up to four weeks, to recall. This allows testing where the appointment has been rearranged to suit an individual patient's circumstances.

3.2 Broken glasses do not by themselves constitute a reason for an NHS eye examination. If, in exceptional cases, the optometrist/ophthalmic medical practitioner considers an eye examination to be necessary, he/she will be required to justify the examination on purely clinical grounds.

4. **Clinical Condition Codes**

| | |
|-----|----------------------------|
| BVA | Binocular Vision Anomaly |
| CRE | Corrected Refractive Error |
| RPM | Rapidly Progressing Myopia |

Use for a:

- Child under 7 with a binocular vision anomaly or corrected refractive error;
- Child over 7 and under 16 with a binocular vision anomaly or rapidly progressing myopia.

NATIONAL HEALTH SERVICE (SCOTLAND)

GENERAL OPHTHALMIC SERVICES

THE STATEMENT

NATIONAL HEALTH SERVICE (SCOTLAND)

GENERAL OPHTHALMIC SERVICES

THE STATEMENT

Scottish Ministers, in exercise of powers conferred on them by Regulation 17 of the National Health Services (Scotland) Regulations 2006 (“the 2006 Regulations”), having regard to Section 7(4) of the Health and Social Security Act 1984, after consultation with such organisations as appear to them to be representative of contractors providing general ophthalmic services, have determined as follows:-

1. The fees payable to ophthalmic medical practitioners and optometrists for undertaking eye examinations are set out in Appendices A and B;
2. The allowance payable to ophthalmic medical practitioners and optometrists for continuing education and training is set out in Appendix C; and
3. The allowance payable for practice expenses is set out in Appendix D.

Scottish Executive Health Department
April 2006

APPENDIX A

FEES PAYABLE TO OPHTHALMIC MEDICAL PRACTITIONERS AND OPTOMETRISTS FOR EYE EXAMINATIONS

1. Fees payable for each NHS primary eye examination carried out by an ophthalmic medical practitioner or optometrist:

on or after 1 April 2006.....£28.50

2. Fees payable for each NHS supplementary eye examination carried out by an ophthalmic medical practitioner or optometrist:

on or after 1 April 2006.....£18.00

3. The payments to ophthalmic medical practitioners under paragraph 1 and 2 above are subject to adjustment in respect of superannuation as follows:
 - a. in the case of an ophthalmic medical practitioner who is participating in the National Health Service Superannuation Scheme, deduction of the appropriate contribution;
 - b. in the case of an ophthalmic medical practitioner for whom an option under Regulation 78 of the National Health Service (Superannuation) (Scotland) Regulations 1980 continued under V2(2)(a) of the National Health Service Superannuation Scheme (Scotland) Regulations 1995 has been approved, payment of the appropriate allowance.

APPENDIX B

FEES PAYABLE FOR GENERAL OPHTHALMIC SERVICE EYE EXAMINATIONS CARRIED OUT AS DOMICILIARY VISITS BY OPHTHALMIC MEDICAL PRACTITIONERS AND OPTOMETRISTS

The fees paid to ophthalmic medical practitioners and optometrists for Domiciliary Visits to carry out eye examinations under General Ophthalmic Services on or after 1 April 2005 shall be:

for a visit to one establishment to undertake an eye examination of one but no more than two patients -£32.38 per patient; or

for a visit to one establishment to undertake an eye examination of more than two patients -£32.38 per patient for first two patients
-£8.11 per patient for each subsequent patient

NOTE

The fee for a Domiciliary Visit is paid in addition to the appropriate General Ophthalmic Services eye examination fee.

CONTINUING EDUCATION AND TRAINING ALLOWANCE

1. For the purposes of this allowance:
 - “CET” means continuing education and training;
 - “CET allowance” means the sum of £270; and
 - “relevant year” means the year commencing 1st January 2004.
2. Subject to sub-paragraph 4, a CET allowance shall be payable to an optician other than a body corporate if he/she –
 - a. was included in the ophthalmic list of a Health Board for a period of at least six months during the relevant year;
 - b. has undertaken appropriate continuing education and training during the relevant year; and
 - c. complies with sub-paragraphs 5 and 6.
3. Subject to sub-paragraph 4, a CET allowance shall be payable to an ophthalmic medical practitioner if –
 - a. during the relevant year his/her only remunerated medical or optical activity was the conduct of NHS sight tests;
 - b. he/she was included in the ophthalmic list of a Health Board for a period of at least six months during the relevant year;
 - c. he/she has undertaken appropriate continuing education and training during the relevant year; and
 - d. he/she complies with sub-paragraphs 5 and 6.
4. Only one CET allowances may be paid in respect of any one person.
5. A claim for a CET allowance shall be made in writing on the form provided for this purpose by the Health Board.
6. A separate claim form shall be completed for each CET allowance claimed.

ALLOWANCE FOR PRACTICE EXPENSES

1. For the purposes of this allowance:

“practice” means a non-mobile single geographical location from which general ophthalmic services are provided other than a location at which domiciliary visits are undertaken or day centres, this location being the practice address on the NHS Board ophthalmic list;

“required practice equipment” means:

- visual field analyser
- slit lamp
- tonometers
- condensing lenses

2. An allowance for practice expenses of £8,000 may be claimed in respect of a practice from which an optometrist or ophthalmic medical practitioner provides general ophthalmic services at 1 February 2006 and from which general ophthalmic services will continue to be provided from 1 April 2006 or in respect of a practice where general ophthalmic services are provided by an optometrist or ophthalmic medical practitioner for the first time after 1 February 2006 and from which general ophthalmic services will continue to be provided from 1 April 2006.

3. A claim for an expenses allowance shall be made by a designated optometrist or ophthalmic medical practitioner, who is on the ophthalmic list of the relevant NHS Board and who provides general ophthalmic services at that practice, on behalf of the whole practice.

4. The allowance may be paid toward the purchase, renewal or upgrade of required practice equipment or for the reimbursement of expenses in respect of required equipment already purchased and which is a condition of the provision of general ophthalmic service with effect from 1 April 2006.

5. Only one expenses allowance is payable in respect of each practice. Where a practice provides general ophthalmic services only in accordance with paragraph 3(2)¹ of Schedule 1 to the National Health Service (General Ophthalmic Services) (Scotland) Regulations 1986 then only one allowance for practices expenses will be payable to the practice.

6. A claim for an expenses allowance shall be made on a form supplied by the NHS Board for this purpose and;

- (a) where the claim is for reimbursement of expenses for required equipment already purchased shall be accompanied by proof of purchase. This proof shall take the form of invoices and receipts of payment or, where this cannot be obtained, a photographic image of the actual instrument, including the serial number, the name and address of the company from which the equipment was purchased and the date of purchase; or

(b) where the claim is for the purchase of required equipment shall include an undertaking to provide proof of purchase in the form of invoices and receipts within 3 months of the date of claim.

7. Where there is a failure to provide the proof required under paragraph 6(b) above, the designated optometrist or ophthalmic medical practitioner will be responsible for ensuring the full amount of the allowance received is repaid to the Health Board within 3 months of receipt of payment of the allowance.

8. Where general ophthalmic services ceases to be provided from the practice within 12 months of 1 April 2006 the full amount of the allowance received will require to be repaid to the Health Board within 3 months of the practice ceasing to provide general ophthalmic services.

9. A Health Board may waive repayment of the allowance in any case where it considers that there were exceptional circumstances for not meeting the condition for payment set out in paragraph 7 and 8.

| |
|------------------------------------|
| OVERSEAS VISITORS - A GUIDE |
|------------------------------------|

Please note that this is a general guide and not a full statement of the current regulations. Reference should be made also to the NHSScotland Manual of Guidance for Overseas Visitors. Copies available on request or on-line at <http://www.scotland.gov.uk/library/documents-w/guide-01.htm>

References in brackets which follow relate to the NHSScotland Manual of Guidance.

Further advice can also be obtained from the Scottish Executive Health Department at 0131 244 2787 or 0131 244 2782.

OVERSEAS VISITORS VISITING THE UK (including British passport holders)

Entitlement to NHS treatment and services, including the NHS eye examinations, in this country is based predominantly on residency – irrespective of whether a UK passport is held or benefits, pensions etc received

1. RESIDENCY

- Those who have been out of the country for more than 3 months (or 6 months for UK state pensioners living in another European Economic Area) are classed as “overseas visitors” (ie not ordinarily resident in the UK) not residents, even where they hold a UK passport, when they return to or visit the UK.
- Exemption from NHS charges, or entitlement to free NHS eye examinations, in all cases means **only** that the visitor, including those described in the bullet point above, will be treated the same as a UK resident, ie where a legitimate NHS charge is due (eg prescriptions) visitors will be expected to pay.
- Those with 2 homes (one UK one abroad) must have lived in UK for more than 6 months in the immediately preceding period to qualify on a residency basis (Chapter 2, para 4).

2. RESIDENCY BASED ENTITLEMENT TO FREE NHS EYE EXAMINATIONS FOR ALL OVERSEAS VISITORS

Overseas visitors, irrespective of their country of origin, are treated on the same basis as those classed as “Scottish residents”, ie they will be entitled to a free NHS eye examination, if they can provide acceptable evidence to the optometrist/ophthalmic medical practitioner that the primary purpose of their visit falls within one of the following categories (Chapter 11):

- **Someone taking up permanent residency in the UK.** For British Passport holders evidence as at Appendix G (of the manual) must apply. Others will have approached the Home Office and received a stick page Visa for their Passport confirming they have been accepted to stay.

- **Someone who has been lawfully resident in the UK for more than one year.**
- **Someone in receipt of:**
 - **Form E128 (now being phased out by the European Health Insurance Card)** for EEA persons posted temporarily to the UK or students studying in an EEA state but whose course brings them to the UK for a specific period.
 - **A UK War Pension or UK War Widow's Pension** (for war disablement/personal injuries pension only) – advise on who is in receipt of such a pension can be obtained from –

Veterans Agency
 Norcross
 Blackpool
 FY5 3WP

Tel: 0800 169 22 77 or on-line at <http://www.veteransagency.mod.uk/>

- **Students** whose principal purpose is to follow “a full time course of study” get free NHS care from the day of their arrival which continues until one month after the course is completed. Letter from academic institution confirming dates of duration of course etc will be required. Dependants (spouse and children) are also covered (para 6 of Chapter 11). EEA students must have a Form E128 in all cases (see above).
- **Employment purposes where:**
 - The person's primary purpose in UK is for employment (para 5 of Chapter 11)
 - The person is employed or Self-Employed for the duration of their employment.
 - EEA national seeking employment who has a Form E119 (para 10 of Chapter 11)
 - Employed on a UK registered ship (para 13).
 - Offshore workers (working in UK waters, British employer or UK continental shelf) (para 11 of Chapter 11)
 - Those employed by HM Government - Diplomatic staff/Crown Servant/HM UK Armed Forces (para 14, 15, 16 of Chapter 11)
 - EEA national paying class 1 or 2 UK social security contributions (para 21 of Chapter 11)
 - Voluntary workers
 - Former UK residents temporarily working overseas (para 20 of Chapter 11) if they can provide evidence that:
 - They previously resided continuously in the UK for more than 10 years and if the absence from the UK has lasted for less than 5 years; or
 - If absence is more than 5 years evidence that home leave has been taken (ie right of paid passage home by employer)
- **UK state pensioners** living abroad who have at any time had more than 10 years continual residency in the UK are entitled **only to free NHS treatment the need for which arose during the visit to the UK** (paras 23 and 24 of Chapter 11) (See 3 below for definition.)
- **Refugee and asylum seekers** (whilst application for residency is being considered). If application is refused the patient is then liable for NHS charges. These are repaid if a subsequent appeal is successful). (para 4 and 25-27 of Chapter 11)

NB – it should be noted that au pairs are not regarded as employees or students and not therefore entitled to free NHS eye examinations unless they fulfil other criteria above, ie have been resident in the UK for more than a year.

3. CATEGORIES OF VISITORS ENTITLED TO "TREATMENT THE NEED FOR WHICH AROSE DURING THE VISIT"

There are categories of visitors who would be entitled to a free NHS eye examination but only where the eye examination arose during the visit to the UK, "treatment the need for which arose during the visit". This means diagnosis of symptoms or signs occurring for the first time after the visitor's arrival in the UK, eg flashers or floaters or sudden vision loss, where prompt attention to the condition which arose after arrival in the UK is likely to become acutely exacerbated. The aim is to stabilise the condition and to seek to repatriate the visitor as soon as it is safe in the clinician's view to do so.

- **UK state pensioners living abroad who have at any time had more than 10 years continual residency in the UK are entitled** only to "treatment the need for which arose" during the visit to the UK.
- Any visitor from the EEA (chapter 12) or 'other' reciprocal health care country visitors (chapter 13) are entitled only to "treatment the need for which arose" during the visit to the UK.

4. KNOWN PRECONDITIONS

No visitor is entitled to free NHS eye examinations for a "known precondition" no matter their country of origin unless they fall within a specific residency based exemption category (see section 2 above) or have a valid European Health Insurance Card or an appropriate "E" form (eg E128 see below).

5. "E" Forms (chapter 12, para 2)

- "E" forms are the passport to exempted treatment for the EEA visitor named on the form who will be here for the specific treatment only, which would not include a NHS eye examination.
- E111 (now being phased out and replaced by the European Health Insurance Card) – not needed for patient to access emergency treatment. Sufficient as evidence of entitlement to an NHS eye examination for "the treatment the need for which arose" during the visit to the UK
- [E123 – accident at work and referred for treatment] [A person holding form E123 is authorised to receive NHS treatment only during the period of validity entered on the form. If the treatment is expected to extend beyond this period the person must either seek another form extending the authorised period from their home health or benefits authority. The alternative is that the patient would be liable to NHS charges or private care if they so choose after the expiry date on the form]

- E128 (also being phased out by the European Health Insurance Card) – temporary posting or student (who is exempt for all treatment)

6. EEA NATIONALS (Chapter 12)

Austria, Belgium, Cyprus (except areas controlled by Turkey) Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hungary, Iceland, Irish Republic, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, UK

EEA Nationals from the above list, provided they can provide suitable evidence, are entitled to treatment the need for which arose during the visit to the UK.

7. NON EEA RECIPROCAL NATIONALS (chapter 13)

The UK has negotiated reciprocal health care agreements with other non EEA countries who are entitled to an NHS eye examination the need for which arose during the visit to the UK, ie “Treatment the need for which arose”.

List 1 Countries⁽ⁱ⁾

Bulgaria

New Zealand

Russian Federation

Former Soviet Union states

Former Yugoslavia

List 2 Countries⁽ⁱⁱ⁾

Anguilla

Australia

Barbados

British Virgin Islands

Channel Islands

Falkland Islands

Isle of Man

Montserrat

Romania

St Helena

Turks and Caicos Islands

- (i) List 1 countries cover nationals who are resident in the country concerned.
- (ii) List 2 countries cover residents of these countries irrespective of their nationality.

Credible evidence must be provided to support their status (eg passports, residency permits, identity cards, home health or benefits documentation)

Scottish Executive Health Department
March 2006