Dear Colleague

GENERAL OPHTHALMIC SERVICES (GOS)

(1) Revised Statement: primary eye examination (PEE) frequencies and early re-examination codes; supplementary eye examination (SEE) reason codes and fee structure; PEE and SEE mandatory tests and procedures; equipment provision; record keeping; continuing training and education (CET) allowances.
(2) Tests, procedures and examinations outwith GOS.
(3) Pre-registration trainee supervisor grant.

Summary
1. This letter advises of a revised Statement which includes the following changes which apply to all PEEs and SEEs carried out on or after 1 October 2018:
   • revised maximum frequencies and early re-examination codes for PEEs;
   • revised reason codes and fee structure for SEEs;
   • revised mandatory tests and procedures for PEEs and SEEs;
   • revised requirements for equipment provision and record keeping.
2. The Statement sets out increases to CET allowances and changes to the CET allowance application process which apply from 12 September 2018.
3. This letter also advises of tests, procedures and examinations outwith GOS, and an increase to the grant paid to supervisors of pre-registration trainees.

Action
4. NHS Boards are asked to copy and issue the Memorandum and Annex to this letter to all optometrists and ophthalmic medical practitioners on their ophthalmic lists.
5. Practitioner Services are asked to ensure that systems and processes are in place to accommodate the changes in the Memorandum and Annex to this letter.

Yours sincerely,
Richard Foggo,
Head of Primary Care Division, Scottish Government

12 September 2018

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NATIONAL HEALTH SERVICE
GENERAL OPHTHALMIC SERVICES (“GOS”)

Summary

1. This Memorandum advises practitioners of a revised GOS Statement (provided in the Annex to this Memorandum) issued on behalf of Scottish Ministers which applies to all primary eye examinations (“PEEs”) and supplementary eye examinations (“SEEs”) carried out on or after 1 October 2018:

   • revised maximum frequencies and early re-examination codes for PEEs;
   • revised reason codes and fee structure for SEEs;
   • revised mandatory tests and procedures for PEEs and SEEs;
   • revised requirements for equipment provision and record keeping.

2. Practitioners should familiarise themselves with these changes ahead of them coming into effect. Optometry Scotland and NHS National Services Scotland, with input and representation from territorial Health Boards, will jointly be running a series of roadshows across Scotland in autumn 2018 to support practitioners with the changes to GOS introduced in both this PCA and in PCA(O)(2018)01. Practitioners are reminded that GOS in Scotland is a package and, as such, all practitioners listed with an NHS Board to provide GOS in that Board’s area must comply with all of these changes in order to provide GOS.

3. The revised Statement sets out increases to continuing training and education (“CET”) allowances and changes to the CET allowance application process, that apply from 12 September 2018.

4. This Memorandum also advises practitioners about certain tests, procedures and examinations which sit outwith GOS, and an increase to the grant paid to supervisors of pre-registration trainees.

PEEs – revised maximum frequencies and early re-examination codes

Revised maximum PEE frequencies

5. The Community Eyecare Services Review (“the Review”) published in April 2017 recommended that the frequencies of eye examinations for those at minimal risk should be reviewed, in the light of international evidence.

1 http://www.sehd.scot.nhs.uk/pca/PCA2018(O)01.pdf
2 http://www.gov.scot/Publications/2017/04/7983
6. In line with Scottish Intercollegiate Guidance Network 144: Glaucoma Referral and Safe Discharge\(^3\) ("SIGN 144") the Scottish Government has determined that, with effect from 1 October 2018, the entitlement to a PEE for the following categories of patients will change to every two years instead of every one year as at present:

- patients with glaucoma;
- patients aged 40 and over with a close family history of glaucoma (the patient’s father, mother, brother, sister, son or daughter);
- patients with ocular hypertension (patients with an intra-ocular pressure consistently greater than 21mm Hg, in at least one eye, and the absence of clinical signs of glaucoma).

7. Where practitioners judge that it is clinically necessary to examine patients in these categories more frequently than every two years, the examination should be undertaken as a SEE and claimed under reason code 2.3 or 4.3 (see paragraphs 15 to 17 which outline a new SEE reason code structure for all SEEs carried out on or after 1 October 2018). Practitioners should refer to SIGN 144 and can access training through NHS Education for Scotland.

8. Table A of Appendix B of the Statement provided in the Annex to this Memorandum sets out the list of all maximum frequencies of PEEs by patient category, and includes these changes.

9. As set out in PCA(O)(2018)01, practitioners are reminded that PEEs should only be undertaken in line with these set frequencies and that, from 1 October 2018, the option to carry out a PEE on a patient up to four weeks before their normal entitlement will be removed. The decision to recall a patient rests with the practitioner’s professional judgement and should be made in the best interests of the patient. It should never be a blanket decision. There may be circumstances where, in the practitioner’s professional judgement, a longer interval between PEEs is appropriate.

10. Subject to the exceptions set out under paragraph 11, all other examinations undertaken at shorter intervals than these maximum frequencies must be undertaken as SEEs.

Revised early re-examination codes for PEEs

11. As set out in Table B of Appendix B of the Statement provided in the Annex to this Memorandum, the following revised set of early re-examination codes should be used for all PEEs carried out on or after 1 October 2018 which are undertaken at shorter intervals than the maximum frequencies set out in Table A of Appendix B of the Statement:

\(^3\) [http://www.sign.ac.uk/sign-144-glaucoma-referral-and-safe-discharge.html](http://www.sign.ac.uk/sign-144-glaucoma-referral-and-safe-discharge.html)
• code 7 - when either:
  o the patient is new to the practice and the practitioner does not have access to the patient’s clinical records; or
  o the patient is not new to the practice but the practitioner does not have access to the patient record created as a result of a PEE carried out at another practice within the relevant PEE frequency as defined in Table A of Appendix B of the Statement. If both practices are part of the same multiple or small group, then the practitioner is considered to have access to the patient’s record.

• code 8 - when the patient has turned 16 years of age and does not have diabetes and/or is not sight impaired or severely sight impaired, resulting in a change in frequency between PEEs from one to two years. Annex A to the Statement provides a guide chart which practitioners should use when determining a patient’s eligibility to an early re-examination under this code;

• code 9 - when the patient is sight impaired or severely sight impaired, they can be recalled for an annual PEE. Annex B to the Statement provides further information which practitioners should use when determining whether a patient is sight impaired or severely sight impaired.

12. Practitioners are reminded that if the examination is considered clinically necessary and the patient is eligible, then it can always be conducted as a PEE or a SEE, whichever is appropriate.

13. As set out in PCA(O)(2018)1, from 1 October 2018 it will be a statutory requirement of providing GOS that, if a practitioner considers that the circumstances in which a person presents constitutes an emergency, they must:

• carry out an emergency eye examination on the person, either on the same day on which the person presents or within a reasonable time thereof; or

• if for any reason they cannot examine the person, take all reasonable steps to making an arrangement with another listed practitioner, hospital or GP practice to examine the person.

14. Practitioners should continue to use the two existing early re-examination codes (codes 7 and 8), where relevant, when submitting claims for PEEs carried out before 1 October 2018.
SEEs – revised reason codes and fee structure

Revised SEE reason codes

15. A new reason code structure will apply to SEEs carried out on or after 1 October 2018, and is set out in Table B of Appendix D to the Statement provided in the Annex to this Memorandum.

16. Claims for SEEs carried out on or after 1 October 2018 should continue to be submitted using the current reason code structure (2.0 to 2.8 inclusive).

17. In summary the main changes to the reason codes for SEEs carried out on or after 1 October 2018 are:
   
   - a new set of ‘4.’ prefixed codes (4.1, 4.2, 4.3, 4.5, 4.6, 4.7 and 4.8). Apart from code 4.6 (cycloplegic refraction of a child referred from the hospital eye service – which replaces the current 2.6 code), all ‘4.’ prefixed codes will have equivalents under the retained ‘2.’ prefixed code structure, with the only differentiator being whether or not the patient is dilated as part of the SEE.

   - A new code 2.9, which is to be used when providing advice and counselling to a patient following an eye examination which has resulted in the patient being considered for cataract referral. This may include providing prognosis or counselling and preparation for consent for cataract surgery, including risk factors. NHS Education for Scotland has provided online training for practitioners for cataract referral.

   - A new code 3.0 which, if required, can be used for an additional appointment to complete a PEE in practice premises (the code cannot be used for domiciliary eye examinations) for a patient with complex needs, when more time to complete the examination is needed.

   This code may only be used where it has not been possible to complete a PEE in the time scheduled and a further appointment is required. This will usually be conducted on another day.

   A patient with complex needs is a patient who has a physical or mental condition and as a result of that condition the patient’s PEE must be conducted significantly more slowly than that of a typical patient.

   A patient must not be treated as a patient with complex needs solely due to their age.

   This code is being introduced following a recommendation in the Review “to address the increased level of time and expertise to provide services to those with complex needs.” NHS Education for Scotland has already made available training for practitioners for examining children with autism, and is in the process of developing other training to help practitioners in the
management of patients with complex needs, and this will be made available in due course.

- Patients no longer have to be discharged from an ophthalmic hospital in order to have a post-operative cataract assessment carried out as a SEE. This will usually be conducted as a code 2.7 SEE but, where the patient’s vision is not as expected, or there are additional complications, the practitioner may judge that it is clinically appropriate to dilate the patient - this can be claimed as code 4.7.

To support national cataract surgery auditing, practitioners may be required to complete a feedback report following this assessment. An electronic feedback report is in the process of being developed to make this easier, and will be introduced in due course.

- a SEE under reason codes 2.1, 2.7, 4.1, 4.6 or 4.7 cannot be claimed on the same day as a PEE for the same patient.

- a SEE under reason codes 2.5, 2.8, 4.5 or 4.8 should only be claimed on the same day as a PEE, for the same patient, when the SEE is an emergency eye examination (see PCA(O)(2018)01).

Revised SEE fee structure

18. Appendix A of the Statement in the Annex to this Memorandum introduces a new fee structure applying to all SEEs carried out from 1 October 2018, as follows:

- a standard £24.50 SEE fee will be payable to practitioners submitting a GOS(S)1 claim using one of the following reason codes: 2.0, 2.1, 2.2, 2.3, 2.4, 2.5, 2.7, 2.8, 2.9 and 3.0;

- an enhanced £38.00 SEE fee will be payable to practitioners submitting a GOS(S)1 claim using one of the following reason codes: 4.1, 4.2, 4.3, 4.5, 4.6, 4.7 and 4.8.

19. The higher enhanced SEE fee has been introduced to reflect the additional time involved in carrying out some SEEs.

20. With the one exception set out in paragraph 21, all SEEs carried out before 1 October 2018 will continue to attract the current £24.50 fee.

Backdated fee increase for cycloplegic refractions of children referred from the hospital eye service carried out between 1 April and 30 September 2018

21. To reflect the position that the cycloplegic refraction of a child referred from the hospital eye service carried out on or after 1 October 2018 will attract a £38.00 SEE fee, instead of £24.50 as at present, it has been decided that this increase will also be applied to such SEEs carried out between 1 April and 30 September 2018. The following arrangements will apply:
• practitioners submitting a claim before 1 October 2018 for a SEE carried out between 1 April and 30 September 2018 inclusive using code 2.6 (cycloplegic refraction of a child referred from the hospital eye service) will receive an additional payment of £13.50 in their October (paid November) 2018 schedule.

• practitioners submitting a claim on or after 1 October 2018 for a 2.6 reason code SEE carried out between 1 April and 30 September 2018 will receive an additional payment of £13.50 in the April (paid May) 2019 schedule.

22. Practitioners are advised that a cycloplegic examination conducted on a child referred from the hospital eye service should include a retinal examination and other tests and procedures that are clinically appropriate.

**Arrangements for submitting GOS(S)1 claims**

23. For practitioners submitting GOS(S)1 claims using the paper form:

• for claims for SEEs carried out before 1 October 2018, a £24.50 fee amount and one of the current reason codes (2.0 to 2.8) must continue to be entered in Part 3(E) of the form. This includes claims involving code 2.6 – as set out in paragraph 21, Practitioner Services will ensure the eventual payment made totals £38.00;

• for claims for SEEs carried out on or after 1 October 2018, either a £24.50 or £38.00 fee amount and one of the corresponding new reason codes (as set out in Table B of Appendix D of the Statement provided in the Annex to this Memorandum) must be entered in Part 3(E) of the form.

24. Paper GOS(S)1 claims submitted with the incorrect fee amount or reason code will fail Practitioner Services systems and may be rejected or delayed in being processed for payment.

25. For practitioners submitting GOS(S)1 claims using the web-based eOphthalmics forms/query-string or a practice management system, Practitioner Services and practice management system suppliers will ensure that their webform and payment systems are appropriately adjusted to reflect the changes being introduced, but practitioners remain responsible for ensuring that the correct reason code is selected on the claim form.

**Revised mandatory tests and procedures for PEEs and SEEs**

26. The Review recommended that “the Scottish Government should discuss with the profession a revised national framework for GOS, to be provided by all listed optometrists, which has a focus on patient need and greater flexibility for professional judgement”. This was because “the current GOS arrangements are seen as promoting a tick box approach focused on ensuring that claims are made
for the relevant fees, rather than a needs-led, person centred approach” as set out in the principles of Realistic Medicine⁴.

27. Since the publication of the Review the Scottish Government has worked with Optometry Scotland and NHS Boards to review the current arrangements for mandatory tests and procedures for GOS eye examinations, with the aim of providing practitioners with greater flexibility to exercise professional judgement in determining which tests and procedures are clinically appropriate for a patient, whilst continuing to ensure appropriate levels of patient safety and quality of care are maintained.

28. As a result of this work new simplified arrangements are set out in appendices C and D of the Statement provided in the Annex to this Memorandum, for the determination of tests and procedures required as part of a PEE or SEE carried out on or after 1 October 2018. This removes much of the extensive lists of tests and procedures prescribed in previous versions of the Statement, delivering a more person-centred approach to GOS and giving practitioners greater flexibility to exercise professional judgement.

29. In general, a PEE or SEE carried out by a practitioner shall consist of all appropriate tests or procedures relevant to the presenting signs, symptoms and needs of the patient for the purpose of that examination (including the tests and procedures of an eye health assessment as defined in the Table of Appendix C and Table A of Appendix D of the Statement), unless:

- the practitioner considers that the patient has a physical or mental condition which would make the carrying out of a specific test or procedure clinically inappropriate;

- in the judgement of the practitioner, a specific test or procedure is clinically inappropriate for any other reason; or

- the patient has refused to undertake a specific test or procedure.

30. Practitioners are advised that the patient’s record should reflect your judgement in applying any of the above.

31. The College of Optometrists Guidance for Professional Practice⁵ and SIGN 144, will form part of the GOS legislation in Scotland from 1 October 2018 (see PCA(O)(2018)01). A PEE or SEE should be conducted with reference to this guidance.

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⁵ https://guidance.college-optometrists.org/home/
Revised practice equipment provision requirements

32. Practitioners are already required, under paragraph 6 of schedule 1 to The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006, to provide proper, sufficient and appropriate equipment for the provision of GOS.

33. In accordance with this requirement, Appendix E of the Statement in the Annex to this Memorandum sets out separate lists of equipment that are required to be provided both in practice premises and in mobile practices, as a condition of being eligible to receive payments for undertaking GOS eye examinations from 1 October 2018.

Revised record keeping requirements

34. Practitioners are already required, under paragraph 6 of schedule 1 to The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006, to keep proper, complete, accurate and up-to-date records in respect of each patient examined under GOS.

35. In accordance with this requirement, Appendix E of the Statement in the Annex to this Memorandum requires practitioners to ensure that the following types of records about patients are kept, as a condition of being eligible to receive payments for undertaking GOS eye examinations:

- a record of any relevant history and symptoms, to include relevant medical, family, and ocular history;
- CHI number if available;
- all relevant clinical details; and
- a digital image (or reference to) of the retina when taken.

36. Practitioners are reminded that the College of Optometrists Guidance for Professional Practice has content on record keeping⁶, and this must also be followed, given that it forms part of the GOS legislation in Scotland.

CET allowances

CET allowance criteria

37. Appendix F of the Statement in the Annex to this Memorandum contains the rules determining the payment of allowances to practitioners for undertaking appropriate CET in 2017.

38. A standard allowance of £550 is payable in respect of appropriate CET undertaken in 2017 (i.e. in the period 1 January 2017 to 31 December 2017) by the following individuals:

- optometrists (other than bodies corporate) who were on the Ophthalmic List of an NHS Board for at least six months during 2017, and who have maintained their registration with the General Optical Council; and

- ophthalmic medical practitioners (“OMPs”) whose only remunerated medical or optical activity in 2017 was GOS, who were on the Ophthalmic List of an NHS Board for at least six months during 2017, and who have maintained their registration with the General Medical Council.

39. A higher allowance of £825 is payable in respect of appropriate independent prescriber CET undertaken in 2017 (i.e. in the period 1 January 2017 to 31 December 2017) by optometrists (other than bodies corporate) who were registered as an independent prescriber during 2017, who were on the Ophthalmic List of an NHS Board and registered with a host Board as an independent prescriber for at least six months during 2017, and who have maintained their registration with the General Optical Council.

CET allowance claims process

40. The application form for claiming the CET allowance, and instructions on completing and submitting it, can be found at Annex B of this Memorandum.

41. A separate claim must be made for each eligible optometrist or OMP, and must be received by Practitioner Services by no later than 31 December 2018. Only one claim may be paid in respect of any one person for appropriate CET or independent prescriber CET undertaken by that person during 2017.

42. In a change to this year’s claims process, practitioners on the second part of an NHS Board’s ophthalmic list no longer need to have their CET allowance claim submitted on their behalf by, and paid to, the contractor who they are assisting in the provision of GOS – they must now submit their own claim, and the allowance will be paid directly to them.

43. Optometrists and OMPs are not required to produce evidence of undertaking CET prospectively, as a compulsory part of the claim or pre-condition of payment. However, a claim may only be paid in respect of an optometrist or OMP who has maintained their professional registration and Practitioner Services may conduct a sample or selective check to confirm registration.

44. Claims submitted by optometrist independent prescribers should include their independent prescriber code, which will be verified by Practitioner Services to confirm eligibility.
Tests, procedures and examinations outwith GOS

Practitioners are reminded that there are certain tests, procedures and examinations that fall outwith GOS. These include but are not necessarily limited to:

- Diabetic Retinopathy Screening programme;
- Low vision assessment examination;
- Care Pathway examinations;
- Delegated Care Schemes/Shared Care/Co-Managed Schemes;
- 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 Brigade, Ambulance Service, 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 or vision therapy;
- BlephEx and TearLab type treatments for anterior eye conditions.

Pre-registration trainee supervisor grant

From 1 April 2018 the allowance to be paid to supervisors of pre-registration trainees has increased to £3,548. Claims from trainers taking on pre-registration trainees on or after 1 April 2018 should be paid at this new rate. The application form, and instructions on completing and submitting it, can be found on the Practitioner Services website at: https://nhsnss.org/services/practitioner/ophthalmic/ophthalmic-payment-claims-and-fees/allowances/.

Enquiries

Any enquiries arising from this Memorandum that are in relation to GOS claims, CET allowances and the pre-registration trainee supervisor grant should be
directed to Practitioner Services (email: nss.psdophthalmic@nhs.net; tel: 0131 275 6200).

48. Any other enquiries arising from this Memorandum should be directed to the Scottish Government (email: NHSgeneralophthalmicservicesmailbox@gov.scot; tel: 0131 244 7292).

Scottish Government
Directorate for Population Health
Primary Care Division
12 September 2018
The Scottish Ministers, in exercise of powers conferred on them by sections 28A and 28B of the National Health Service (Scotland) Act 1978 and regulation 17 of the National Health Services (General Ophthalmic Services) (Scotland) Regulations 2006, after consultation with such organisations as appear to them to be representative of contractors providing General Ophthalmic Services, make the following determination (referred to as the “Statement”) -

Application

1. This determination applies to all primary eye examinations and supplementary eye examinations carried out on or after 1 October 2018.

2. This determination applies to all claims for CET allowance or IPCET allowance submitted to the Agency on or after 12 September 2018.

Interpretation

3. In this Statement:

   “the 2006 Regulations” means The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006 (SSI 2006/135), as amended;

   “CET” means continuing education and training;

   “CET allowance” means the sum of £550;

   “Goldmann type tonometer” includes a Perkins type tonometer;

   “IPCET” means independent prescriber continuing education and training;

   “IPCET allowance” means the sum of £825;

   “optometrist” includes an optician as defined in the 2006 Regulations;

   “optometrist independent prescriber” means a person—
   (a) who is a registered optometrist; and
   (b) against whose name is recorded in the relevant register an annotation signifying that the person is qualified to order drugs, medicines and appliances as an optometrist independent prescriber;
“professional registration” means, for optometrists, registration with the General Optical Council and, for ophthalmic medical practitioners, registration with the General Medical Council.

4. Any terms defined in regulation 2 (‘Interpretation’) of the 2006 Regulations are to be given the same meaning in this Statement.

Fees Payable

5. The fees payable to an optometrist or ophthalmic medical practitioner for undertaking eye examinations are set out in Appendix A.

6. Appendices B to E set out conditions which must be met before fees are payable:
   
   (a) Appendix B sets out the frequencies of primary eye examinations by patient category for which fees will be payable, and the circumstances in which the use of early re-examination codes is permitted;

   (b) Appendix C sets out conditions on the conduct of a primary eye examination;

   (c) Appendix D sets out conditions on the conduct of a supplementary eye examination;

   (d) Appendix E sets out:

       (i) practice equipment that must be provided in accordance with paragraph 6 of Schedule 1 to the 2006 Regulations, as a condition of the fees payable under appendices A to D; and

       (ii) records that must be kept in accordance with paragraph 8 of Schedule 1 to the 2006 Regulations, as a condition of the fees payable under appendices A to D.

Allowances Payable

7. Appendix F sets out the conditions which must be met before the CET allowance and IPCET allowance are payable.
Memorandum to PCA(O)(2018)2

APPENDIX A

FEES PAYABLE TO OPTOMETRISTS AND OPHTHALMIC MEDICAL PRACTITIONERS FOR EYE EXAMINATIONS

PRIMARY EYE EXAMINATION

1. Fees payable for each primary eye examination carried out in accordance with appendices B and C by an optometrist or ophthalmic medical practitioner for a patient aged under 60 years: £37.00

2. Fees payable for each primary eye examination carried out in accordance with appendices B and C by an optometrist or ophthalmic medical practitioner for a patient aged 60 years and over:
   (a) no digital photograph taken - £40.00
   (b) digital photograph taken - £45.00

SUPPLEMENTARY EYE EXAMINATION

3. Fees payable for each supplementary eye examination carried out in accordance with Appendix D by an optometrist or ophthalmic medical practitioner:
   (a) standard supplementary eye examination - £24.50
   (b) enhanced supplementary eye examination - £38.00

DOMICILIARY VISITING FEE

4. The additional fees payable to an optometrist or ophthalmic medical practitioner for visits to a place where the patient normally resides for the purpose of carrying out NHS eye examinations under General Ophthalmic Services are:
   (a) for a visit to one establishment or location to undertake an NHS eye examination, for each of the first and second patients - £37.56
   (b) for each of the third and subsequent patients at the same establishment or location - £9.40

5. A payment made under paragraph 1, 2, 3 or 4 above to an ophthalmic medical practitioner who is participating in the National Health Service Superannuation Scheme, is subject to adjustment in respect of superannuation by deduction of the appropriate contribution.
APPENDIX B

THE FREQUENCY OF PRIMARY EYE EXAMINATIONS FOR THE PURPOSE OF REGULATION 22B OF THE 2006 REGULATIONS

1. A primary eye examination cannot be carried out more frequently than the frequency set out in Table A of this Appendix, except in the circumstances (and using the relevant reason code) set out in Table B of this Appendix.

TABLE A

<table>
<thead>
<tr>
<th>Category of patients</th>
<th>Maximum frequency at which primary eye examinations are to be carried out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients aged under 16 years</td>
<td>Annually</td>
</tr>
<tr>
<td>Patients aged between 16 years and 59 years</td>
<td>Biennially</td>
</tr>
<tr>
<td>Patients aged 60 years or over</td>
<td>Annually</td>
</tr>
<tr>
<td>Patients with glaucoma</td>
<td>Biennially</td>
</tr>
<tr>
<td>Patients aged 40 years or over with a close family* history of glaucoma</td>
<td>Biennially</td>
</tr>
<tr>
<td>*father, mother, brother, sister, son, daughter</td>
<td></td>
</tr>
<tr>
<td>Patients with ocular hypertension</td>
<td>Biennially</td>
</tr>
<tr>
<td>Patients with diabetes</td>
<td>Annually</td>
</tr>
</tbody>
</table>

TABLE B

**Early Re-Examination Codes For Primary Eye Examination**

**7** - This code is only to be used in the following scenarios:

(a) the patient is new to the practice and the optometrist or ophthalmic medical practitioner does not have access to the patient’s clinical records; or

(b) the patient is not new to the practice but the optometrist or ophthalmic medical practitioner does not have access to the patient record created as a result of a primary eye examination carried out at another practice within the relevant primary eye examination frequency as defined in Table A.

**8** - This code is to be used when the patient has turned 16 years of age (and does not have diabetes and/or is not sight impaired or severely sight impaired), resulting in a change in frequency between primary eye examinations from annually to biennially. Annex A to this Statement provides a guide chart which should be used by optometrists and ophthalmic medical practitioners when determining a patient’s eligibility for an early re-examination under this code.

**9** - An optometrist or ophthalmic medical practitioner can use this code to recall a patient for an annual primary eye examination when that patient is sight impaired or severely sight impaired, as set out in Annex B to this Statement.
APPENDIX C

PRIMARY EYE EXAMINATION

1. A primary eye examination carried out by an optometrist or ophthalmic medical practitioner shall consist of all appropriate tests or procedures relevant to the presenting signs, symptoms and needs of the patient for the purpose of that examination (including the tests and procedures of an eye health assessment as defined in the Table below), unless:

   (a) the optometrist or ophthalmic medical practitioner considers that the patient has a physical or mental condition which would make the carrying out of a specific test or procedure clinically inappropriate;

   (b) in the judgement of the optometrist or ophthalmic medical practitioner, a specific test or procedure is clinically inappropriate for any other reason; or

   (c) the patient has refused to undertake a specific test or procedure.

2. Following a primary eye examination, if the patient is being referred they should be referred directly to an ophthalmic hospital or to the patient’s General Practitioner.

3. Clinically appropriate equipment must be used for each test or procedure carried out under a primary eye examination.

4. Where –

   (a) the patient has refused to consent to the use of a particular piece of equipment; or

   (b) the patient has a physical or mental condition which would make the use of a particular piece of equipment clinically inappropriate or not reasonably practicable;

alternative equipment may be used which, despite not being a direct equivalent to any suggested examples in professional guidance for that particular test or procedure in terms of clinical thoroughness, will enable the required test or procedure to be carried out.
The tests and procedures involved in an eye health assessment required for the purposes of a primary eye examination should be in accordance with guidance laid out in the [College of Optometrists Guidance for Professional Practice](https://www.college-optometrists.org.uk/) and [Scottish Intercollegiate Guidance Network 144: Glaucoma Referral and Safe Discharge](https://www.sign.ac.uk/), and must include (unless any of grounds (a), (b) and (c) set out in paragraph 1 of Appendix C apply):

<table>
<thead>
<tr>
<th>Tests and procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taking a record of any relevant history and symptoms, which includes relevant medical, family, and ocular history.</td>
</tr>
<tr>
<td>An eye health assessment appropriate to the patient’s presenting signs, symptoms and needs.</td>
</tr>
<tr>
<td>A refraction and an assessment of the patient’s visual function.</td>
</tr>
<tr>
<td>In keeping with the requirements of the Opticians Act 1989 ‘to perform such examinations of the eye for the purpose of detecting injury, disease or abnormality in the eye or elsewhere’.</td>
</tr>
<tr>
<td>An external examination of the eye using slit lamp biomicroscopy.</td>
</tr>
<tr>
<td>An internal examination of the eye using slit lamp biomicroscopy and a condensing lens.</td>
</tr>
<tr>
<td>The communication of the clinical findings, advice, results and diagnosis to the patient and, where appropriate, the patient’s carer and other health professionals. This may include a referral letter and clinical reports.</td>
</tr>
<tr>
<td>To capture and record a digital image of the retina for all patients aged 60 years or over.</td>
</tr>
</tbody>
</table>

**Primary eye examinations involving dilation:**
Patients aged 60 years or over should have a dilated internal eye examination.

**Primary eye examinations carried out in a place where the patient normally resides:**
Use of a head mounted indirect ophthalmoscope and a direct ophthalmoscope may be appropriate for an internal examination of the eye.
Use of a loupe and illumination may be appropriate for an external examination of the eye.
SUPPLEMENTARY EYE EXAMINATION

1. A supplementary eye examination carried out by an optometrist or ophthalmic medical practitioner shall consist of all appropriate tests or procedures relevant to the presenting signs, symptoms and needs of the patient for the purpose of that examination (including the tests and procedures of an eye health assessment as defined in Table A of Appendix D), unless:

   (a) the optometrist or ophthalmic medical practitioner considers that the patient has a physical or mental condition which would make the carrying out of a specific test or procedure clinically inappropriate;

   (b) in the judgement of the optometrist or ophthalmic medical practitioner, a specific test or procedure is clinically inappropriate for any other reason; or

   (c) the patient has refused to undertake a specific test or procedure.

2. Table B of Appendix D lists the reason codes to be used in accordance with the carrying out of a supplementary eye examination. Only one reason code per supplementary eye examination is required.

3. Following a supplementary eye examination, if the patient is being referred they should be referred directly to an ophthalmic hospital or to the patient’s General Practitioner.

4. Clinically appropriate equipment must be used for each test or procedure carried out under a supplementary eye examination.

5. Where:

   (a) the patient has refused to consent to the use of a particular piece of equipment; or

   (b) the patient has a physical or mental condition which would make the use of a particular piece of equipment clinically inappropriate or not reasonably practicable;

   alternative equipment may be used which, despite not being a direct equivalent to any suggested examples in professional guidance for that particular test or procedure in terms of clinical thoroughness, will enable the required test or procedure to be carried out.
APPENDIX D

TABLE A

THE TESTS AND PROCEDURES INVOLVED IN AN EYE HEALTH ASSESSMENT REQUIRED FOR THE PURPOSES OF A SUPPLEMENTARY EYE EXAMINATION

The tests and procedures involved in an eye health assessment required for the purposes of a supplementary eye examination should be in accordance with guidance laid out in the College of Optometrists Guidance for Professional Practice and Scottish Intercollegiate Guidance Network 144: Glaucoma Referral and Safe Discharge, and must include (unless any of grounds (a), (b) and (c) set out in paragraph 1 of Appendix D apply):

<table>
<thead>
<tr>
<th>Tests and procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taking a record of any relevant history and symptoms, which includes relevant medical, family, and ocular history.</td>
</tr>
<tr>
<td>An eye health assessment appropriate to the patient’s needs and any presenting signs and symptoms.</td>
</tr>
<tr>
<td>Whenever an external examination of the eye is required, it should be carried out using slit lamp biomicroscopy.</td>
</tr>
<tr>
<td>Whenever an internal examination of the eye is required, it should be carried out using slit lamp biomicroscopy and a condensing lens. A head mounted indirect ophthalmoscope may also be appropriate for some patients.</td>
</tr>
<tr>
<td>The communication of the clinical findings, advice, results and diagnosis to the patient and, where appropriate, the patient’s carer and other health professionals. This may include a referral letter and clinical reports.</td>
</tr>
</tbody>
</table>

**Enhanced Supplementary Examination with dilation/cycloplegia:**
If, in the judgement of the optometrist or ophthalmic medical practitioner, the patient requires a dilated internal examination or cycloplegia, then the reason must be recorded.

**Supplementary eye examinations carried out in a place where the patient normally resides:**
Use of a head mounted indirect ophthalmoscope and a direct ophthalmoscope may be appropriate for an internal examination of the eye.
Use of a loupe and illumination may be appropriate for an external examination of the eye.
TABLE B

SUPPLEMENTARY EYE EXAMINATION - REASON CODES

If a supplementary eye examination is carried out on the same day as a primary eye examination, full details of the reasons why must be provided in the patient's records. A supplementary eye examination cannot be claimed on the same day as a primary eye examination, for the same patient, using the 2.1, 2.7, 4.1, 4.6 and 4.7 reason codes. Reason codes 2.5, 2.8, 4.5 and 4.8 should only be claimed on the same day as a primary eye examination, for the same patient, where the supplementary eye examination is an emergency eye examination.

<table>
<thead>
<tr>
<th>Standard Supplementary Eye Examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.0 - Cycloplegic Refraction Following Routine Primary Eye Examination On A Child</td>
</tr>
<tr>
<td>This code is to be used when a child requires a cycloplegic refraction following a routine primary eye examination.</td>
</tr>
</tbody>
</table>

| 2.1 - Paediatric Review (without dilation/cycloplegia that does not follow a primary eye examination) |
| This code is to be used to review a child within 12 months of a primary eye examination, as judged clinically necessary, and dilation/cycloplegia is not required. |

| 2.2 - Follow-Up / Repeat Procedures (without dilation and not associated with glaucoma) |
| This code is to be used for additional or repeat procedures not requiring dilation and which are required to refine a diagnosis or clinical outcome in order to determine whether the patient needs referral or can be retained for ongoing care in the community. This code can be used for a refraction, on a separate day, that could not be undertaken at the primary eye examination. |

| 2.3 - Suspect Glaucoma (without dilation) |
| This code is to be used specifically for suspect glaucoma review, in keeping with SIGN 144 guidance for diagnosis and referral for glaucoma, and which does not require dilation. This includes ocular hypertension. |

| 2.4 - Patients Aged Under 60 Requiring Dilation Following Primary Eye Examination |
| This code is to be used, following a primary eye examination, for a supplementary eye examination of a patient aged under 60 that requires to be dilated. |

| 2.5 - Anterior Eye Condition (without dilation) |
| This code is to be used for a supplementary eye examination of a patient with a suspect or diagnosed anterior eye condition within the normal interval between primary eye examinations, and which does not require dilation. |
## Standard Supplementary Eye Examination (continued)

### 2.7 - Post-Operative Cataract Examination (without dilation)
This code is to be used for a post-operative cataract examination of a patient, which includes refraction, an ocular examination and (if required) a feedback report, but does not require dilation.

### 2.8 - Unscheduled Appointment (without dilation)
This code is to be used for a supplementary eye examination for a patient who presents with symptoms for an unscheduled visit within the normal interval between primary eye examinations, and which does not require dilation.

### 2.9 - Cataract Referral Advice and Counselling
This code is to be used when providing advice and counselling to a patient following an eye examination which has resulted in the patient being considered for referral. This may include providing prognosis or counselling and preparation for consent for cataract surgery, including risk factors.

### 3.0 – Additional Appointment To Complete Primary Eye Examination For A Patient With Complex Needs
If required, this code can be used for an additional appointment to complete a primary eye examination in practice premises for a patient with complex needs, when more time to complete the examination is needed.

This code may only be used where it has not been possible to complete a primary eye examination in the time scheduled and a further appointment is required.

A patient with complex needs is a patient who has a physical or mental condition and as a result of that condition the patient’s primary eye examination must be conducted significantly more slowly than that of a typical patient.

A patient must not be treated as a patient with complex needs solely due to their age.

### Enhanced Supplementary Eye Examination:
An enhanced supplementary eye examination should be conducted where it is deemed clinically appropriate to support the care of the patient.

### 4.1 - Paediatric Review (with dilation/cycloplegia that does not follow a primary eye examination)
This code is to be used to review a child within 12 months of a primary eye examination, as judged clinically necessary, and dilation/cycloplegia is required.

### 4.2 - Follow-Up / Repeat Procedures (with dilation and not associated with glaucoma)
This code is to be used for additional or repeat procedures requiring dilation and which are required to refine a diagnosis or clinical outcome in order to determine whether the patient needs referral or can be retained for ongoing care in the community.
<table>
<thead>
<tr>
<th>Enhanced Supplementary Eye Examination (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4.3 - Suspect Glaucoma (with dilation)</strong></td>
</tr>
<tr>
<td>This code is to be used specifically for a suspect glaucoma review, in keeping with SIGN 144 guidance for diagnosis and referral for glaucoma, and which requires dilation. This includes ocular hypertension.</td>
</tr>
<tr>
<td><strong>4.5 - Anterior Eye Condition (with dilation)</strong></td>
</tr>
<tr>
<td>This code is to be used for a supplementary eye examination of a patient with a suspect or diagnosed anterior eye condition within the normal interval between primary eye examinations, and which requires dilation.</td>
</tr>
<tr>
<td><strong>4.6 - Cycloplegic refraction of a child referred from the hospital eye service</strong></td>
</tr>
<tr>
<td>To facilitate the cycloplegic refraction of a child aged under 16 referred from the hospital eye service. The supplementary eye examination must include an internal and external examination of the eye.</td>
</tr>
<tr>
<td><strong>4.7 - Post-Operative Cataract Examination (with dilation)</strong></td>
</tr>
<tr>
<td>This code is to be used for a post-operative cataract examination of a patient, which includes refraction, an ocular examination and (if required) a feedback report, and also requires dilation.</td>
</tr>
<tr>
<td><strong>4.8 - Unscheduled Appointment (with dilation)</strong></td>
</tr>
<tr>
<td>This code is to be used for a supplementary eye examination for a patient who presents with symptoms for an unscheduled visit within the normal interval between primary eye examinations, and which requires dilation.</td>
</tr>
</tbody>
</table>
APPENDIX E

PRACTICE EQUIPMENT THAT MUST BE PROVIDED IN ACCORDANCE WITH PARAGRAPH 6 OF SCHEDULE 1 TO THE 2006 REGULATIONS

1. An optometrist or ophthalmic medical practitioner must provide proper, sufficient and appropriate equipment in good working order for the provision of General Ophthalmic Services. This must include, but is not limited to:

(a) For practice premises:

(i) Distance test chart (e.g. Snellen chart)
(ii) Trial frame, trial lenses and accessories or phoropter head
(iii) Condensing lens for indirect retinal viewing with slit lamp biomicroscope (60-120D)
(iv) Slit lamp biomicroscope
(v) Reading test type
(vi) Automated visual field analyser, capable of full threshold analysis of the central 30 degrees
(vii) A Goldmann type contact applanation tonometer
(viii) Digital retinal imaging apparatus with a minimum resolution of 2 megapixels and capable of taking a clear retinal image under normal circumstances
(ix) Distance binocular vision test
(x) Near binocular vision test
(xi) Retinoscope
(xii) Direct ophthalmoscope
(xiii) Colour vision test chart
(xiv) Stereoacuity test
(xv) Macula assessment test
(xvi) Pachymeter
(xvii) Appropriate hand disinfection product
(xviii) Ophthalmic drugs required for tonometry, dilation, corneal examination and other necessary ophthalmic procedures.

(b) For mobile practices:

(i) Distance test chart (e.g. Snellen chart)
(ii) Trial frame, trial lenses and accessories or phoropter head
(iii) Appropriate equipment for binocular internal eye examination (e.g. slit lamp and condensing lens or a head-mounted indirect ophthalmoscope)
(iv) Appropriate equipment for external eye examination (e.g. slit lamp / loupe and illumination)
(v) Reading test type
(vi) A Goldmann type contact applanation tonometer
(vii) Distance binocular vision test
(viii) Near binocular vision test
(ix) Retinoscope
(x) Direct ophthalmoscope
APPENDIX E

(xii) Colour vision test chart
(xii) Stereoacuity test
(xiii) Macula assessment test
(xiv) Pachymeter
(xv) Appropriate hand disinfection product
(xvi) Ophthalmic drugs required for tonometry, dilation, corneal examination and other necessary ophthalmic procedures.

RECORDS THAT MUST BE KEPT IN ACCORDANCE WITH PARAGRAPH 8 OF SCHEDULE 1 TO THE 2006 REGULATIONS

2. An optometrist or ophthalmic medical practitioner must keep appropriate clinical records as relevant to any eye examination conducted.

3. The information recorded should follow professional guidance. In addition, the record should include:

   (a) A record of any relevant history and symptoms, to include relevant medical, family, and ocular history;

   (b) CHI number if available;

   (c) All relevant clinical details; and

   (d) A digital image (or reference to) of the retina when taken.
CONTINUING EDUCATION AND TRAINING ALLOWANCE

1. Subject to paragraph 4, a CET allowance shall be payable to an optometrist other than a body corporate if:
   (a) that optometrist’s name was included on the Ophthalmic List of a Health Board for a period of at least six months during the previous calendar year;
   (b) the optometrist has maintained their professional registration;
   (c) the optometrist has undertaken appropriate CET during the previous calendar year; and
   (d) the optometrist complies with paragraphs 5 and 6.

2. Subject to paragraph 4, a CET allowance shall be payable to an ophthalmic medical practitioner if:
   (a) during the previous calendar year that practitioner’s only remunerated medical or optical activity was the conduct of General Ophthalmic Services;
   (b) the practitioner’s name was included on the Ophthalmic List of a Health Board for a period of at least six months during the previous calendar year;
   (c) the practitioner has maintained their professional registration;
   (d) the practitioner has undertaken appropriate CET during the previous calendar year; and
   (e) the practitioner complies with paragraphs 5 and 6.

3. Subject to paragraph 4, an IPCET allowance shall be payable to an optometrist other than a body corporate if:
   (a) that optometrist’s name was included on the Ophthalmic List of a Health Board for a period of at least six months during the previous calendar year;
   (b) the optometrist has maintained their professional registration and has been registered as an optometrist independent prescriber during the previous calendar year;
   (c) the optometrist has been registered with a host Health Board as an optometrist independent prescriber for a period of at least six months during the previous calendar year;
   (d) the optometrist has undertaken appropriate IPCET during the previous calendar year; and
   (e) the optometrist complies with paragraphs 5 and 6.
APPENDIX F

4. Only one CET allowance or IPCET allowance may be paid in respect of any one person for each calendar year in which appropriate CET or IPCET was undertaken by that person.

5. A claim for a CET allowance or IPCET allowance shall be made in writing on the form provided for this purpose by the Agency.

6. A claim for a CET allowance or IPCET allowance must be received by the Agency by 31 December of the calendar year following the year in which the appropriate CET or IPCET was undertaken.
### PRIMARY EYE EXAMINATION EARLY RE-EXAMINATION CODE 8 – PATIENT TURNED 16 YEARS OF AGE

As set out in Table B of Appendix B, this Annex and the guide chart below is to be used by optometrists and ophthalmic medical practitioners when determining whether a patient who has turned 16 years of age (and does not have diabetes and/or is not sight impaired or severely sight impaired) is eligible to an early re-examination under code 8.

<table>
<thead>
<tr>
<th>Patient Age (Years)</th>
<th>11 months</th>
<th>1 year</th>
<th>1 year 6 months</th>
<th>1 year 12 months</th>
<th>1 year 18 months</th>
<th>1 year 24 months</th>
<th>1 year 30 months</th>
<th>1 year 36 months</th>
<th>1 year 42 months</th>
<th>1 year 48 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
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<td>N</td>
</tr>
<tr>
<td>16 + 1 months</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>16 + 2 months</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>16 + 3 months</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>16 + 4 months</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
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<tr>
<td>16 + 5 months</td>
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<td>N</td>
<td>N</td>
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<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>16 + 6 months</td>
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<td>N</td>
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<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
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</tr>
<tr>
<td>16 + 7 months</td>
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<td>N</td>
<td>N</td>
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<td>N</td>
<td>N</td>
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<td>N</td>
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<tr>
<td>16 + 8 months</td>
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<td>N</td>
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<td>N</td>
<td>N</td>
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<tr>
<td>16 + 9 months</td>
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<td>N</td>
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</tr>
<tr>
<td>16 + 10 months</td>
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<td>N</td>
<td>N</td>
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<tr>
<td>16 + 11 months</td>
<td>N</td>
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<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
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</tr>
<tr>
<td>17 years</td>
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<td>N</td>
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<td>N</td>
<td>N</td>
<td>N</td>
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</tr>
<tr>
<td>17 + 1 month</td>
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</tr>
<tr>
<td>17 + 2 months</td>
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</tr>
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<td>17 + 3 months</td>
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</tr>
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<td>17 + 4 months</td>
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<td>N</td>
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<td>N</td>
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<td>N</td>
<td>N</td>
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<tr>
<td>17 + 5 months</td>
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<td>N</td>
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<td>17 + 7 months</td>
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<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
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</tr>
<tr>
<td>17 + 8 months</td>
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<td>N</td>
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<td>N</td>
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<td>N</td>
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<tr>
<td>17 + 9 months</td>
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<tr>
<td>17 + 10 months</td>
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<td>N</td>
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</tr>
<tr>
<td>17 + 11 months</td>
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<td>N</td>
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<td>N</td>
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</tr>
<tr>
<td>18 years</td>
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<td>N</td>
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<td>N</td>
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</tr>
<tr>
<td>Over 18 years</td>
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<td>N</td>
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<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

**Key**
- **8** Yes
- **N** No

Your patient is entitled to an NHS eye examination. Please use early re-examination reason code 8 on the claim form.

Your patient is not entitled to an NHS eye examination.

---

**Example:**
In the example shown on the guide, the patient would be entitled to an NHS eye examination, and you would need to enter the early re-examination reason code 8 on the claim form.
ANNEX B

PRIMARY EYE EXAMINATION EARLY RE-EXAMINATION CODE 9 - SIGHT IMPAIRED AND SEVERELY SIGHT IMPAIRED PATIENTS

1. As set out in Table B of Appendix B, this Annex is to be used by optometrists and ophthalmic medical practitioners when determining whether a patient is sight impaired or severely sight impaired, for the purposes of using code 9 to recall a patient for an annual primary eye examination when that patient is sight impaired or severely sight impaired.

Sight Impaired

2. There is no legal definition of sight impaired. A person can be sight impaired if they are “substantially and permanently functionally impaired by defective vision caused by congenital defect or illness or injury”.

3. As a general guide, people who have visual acuity of the following should be considered as being sight impaired:

   (a) 3/60 to 6/60 Snellen (or equivalent) with full field;

   (b) up to 6/24 Snellen (or equivalent) with moderate contraction of the field, opacities in media or aphakia;

   (c) 6/18 Snellen (or equivalent) or even better if they have a severe field defect, for example hemianopia, or if there is a contraction of the visual field, for example in retinitis pigmentosa or glaucoma.

Severely Sight Impaired

4. Although there is no legal definition of severely sight impaired, it is considered to be the same as the definition of “blind person” set out in section 64 of the National Assistance Act 1948 – “means a person so blind as to be unable to perform any work for which eyesight is essential”.

5. The test is whether a person cannot do any work for which eyesight is essential, not just their normal job or one particular job. Only the condition of the person’s eyesight should be taken into account - other physical or mental conditions cannot be considered.

6. **Group 1:** People who are below 3/60 Snellen (or equivalent)

   (a) Severely sight impaired: people who have visual acuity below 3/60 Snellen (or equivalent).

   (b) Not severely sight impaired: people who have visual acuity of 1/18 Snellen (or equivalent) unless they also have restriction of visual field. In many cases it is better to test the person’s vision at one metre. 1/18 Snellen (or equivalent) indicates a slightly better acuity than 3/60 Snellen (or equivalent). However, it
may be better to specify 1/18 Snellen (or equivalent) because the standard test types provide a line of letters which a person who has a full acuity should read at 18 metres.

7. **Group 2:** People who are 3/60 but below 6/60 Snellen (or equivalent).
   (a) Severely sight impaired: people who have a contracted field of vision.
   (b) Not severely sight impaired: people who have a visual defect for a long time and who do not have a contracted field of vision. For example, people who have congenital nystagmus, albinism, myopia and other similar conditions.

8. **Group 3:** People who are 6/60 Snellen (or equivalent) or above.
   (a) Severely sight impaired: people in this group who have a contracted field of vision especially if the contraction is in the lower part of the field.
   (b) Not severely sight impaired: people who are suffering from homonymous or bitemporal hemianopia who still have central visual acuity 6/18 Snellen (or equivalent) or better.

9. **Other points to consider:** The following points are important because it is more likely that a person is severely sight impaired in the following circumstances:
   (a) How recently the person’s eyesight failed: A person whose eyesight has failed recently may find it more difficult to adapt than a person with the same visual acuity whose eyesight failed a long time ago. This applies particularly to people who are in groups 2 and 3 above.
   (b) How old the person was when their eyesight failed: An older person whose eyesight has failed recently may find it more difficult to adapt than a younger person with the same defect. This applies particularly to people in group 2 above.
ANNEX B

NATIONAL HEALTH SERVICE
GENERAL OPHTHALMIC SERVICES

CLAIM IN RESPECT OF ........................................NHS BOARD
FOR A CONTINUING EDUCATION AND TRAINING ALLOWANCE

An allowance for continuing education and training (CET) is payable to optometrists (other than bodies corporate carrying on the business of optometrists) and ophthalmic medical practitioners (OMP) who:

- have been included on an NHS Board's Ophthalmic List for at least six months during 2017;
- have maintained their professional registration (with the General Optical Council for optometrists, and with the General Medical Council for OMPs);
- have undertaken appropriate CET during 2017;
- (for OMPs only) during 2017 their only remunerated medical or optical activity was the conduct of general ophthalmic services.

An allowance for independent prescriber continuing education and training (IPCET) is payable to optometrist independent prescribers who:

- have been included on an NHS Board's Ophthalmic List for at least six months during 2017;
- have been registered with a host Health Board as an optometrist independent prescriber for a period of at least six months during 2017;
- have maintained their professional registration with the General Optical Council and have been registered as an optometrist independent prescriber;
- have undertaken appropriate IPCET during 2017.

The independent prescribing code should be noted on the form over the page and will be checked by Practitioner Services prior to payment.

Where your name is included in the Ophthalmic List of more than one Board you should make the claim in respect of the NHS Board for whom you provide the greatest proportion of general ophthalmic services at the time you make the claim.

Only one CET allowance or IPCET allowance may be paid in respect of any one person for appropriate CET or IPCET undertaken by that person during 2017.

Full details of this allowance is contained in Appendix F of the Statement.

HOW TO RETURN THE FORM ONCE COMPLETED

- Mark the envelope “CET ALLOWANCE CLAIM”

- Return the form on the next page by 31 December 2018 to:

NHS NATIONAL SERVICES SCOTLAND, PRACTITIONER SERVICES, AREA 233C, GYLE SQUARE, 1 SOUTH GYLE CRESCENT, EDINBURGH, EH12 9EB.
PART 1 PARTICULARS OF OPTOMETRIST/OMP (Complete this section in BLOCK CAPITALS)

1. Surname ..........................................................................................................................

2. Other Names (in full) ......................................................................................................

3. Practice Address ...........................................................................................................

........................................................................................................................................ Postcode ........................................................................................................

4. Payment is by BACS. Please provide Bank Account name, Sort Code, and Account Number where payment is to be made.

Account name

Sort Code

Account number

5. List Number

6. IP Code

PART 2 DECLARATION BY OPTOMETRIST/OMP AT PART 1 ABOVE

I claim payment of the CET allowance of £550 or IPCET allowance of £825 and I declare that:

- I have been included on an NHS Board’s Ophthalmic List for at least six months during 2017;
- (for optometrist independent prescribers claiming the IPCET allowance) I have been registered with a host Health Board as an optometrist independent prescriber for a period of at least six months during 2017;
- I have maintained my professional registration and (for optometrist independent prescribers claiming the IPCET allowance) am a registered optometrist independent prescriber;
- I undertook appropriate CET or IPCET during 2017;
- (for OMPs) during 2017 my only remunerated medical or optical activity was the conduct of general ophthalmic services;
- I am properly entitled to claim the allowance; and
- the information I have given on this form is correct and complete. I understand if I knowingly give wrong or incomplete information I may be subject to court proceedings.

I understand the NHS may use this information to assure accurate payments and for the prevention and detection of fraud and share it with other bodies responsible for auditing or administering public services.

I also confirm that I am an optometrist/OMP on the first or second part of the Ophthalmic List of the NHS Board in respect of which I am claiming this allowance and that this is the only claim for the CET/IPCET allowance that I have submitted or will submit in respect of appropriate CET or IPCET undertaken in 2017.

Optometrist/OMP Signature .................................................. Date ..............................................