

Directorate for Primary Care

Dentistry, Optometry and Community Hearing
Division



Scottish Government
Riaghaltas na h-Alba
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Dear Colleague

Primary Care Optometry:

- **Changes to General Ophthalmic Services (GOS) to support Independent Prescriber (IP) optometrists in managing more complex acute anterior eye conditions**
- **Continuing Professional Development (CPD) allowance claims and GOS mandatory training**
- **Tests, procedures and examinations not part of GOS**
- **Tax Credits and NHS optical voucher eligibility**
- **Disclosure (Scotland) Act 2020 implementation update**
- **Workforce Specialist Service**

Summary

1. This letter advises on:
 - Changes to GOS to support IP optometrists in managing more complex acute anterior eye conditions, via a new tier of 'specialist' supplementary eye examination fees;
 - CPD allowance claims and the satisfactory completion of annual GOS mandatory training;
 - A reminder regarding tests, procedures and examinations that are not part of GOS;
 - Working Tax Credits and Child Tax Credits ceasing to be a valid reason for eligibility to an NHS optical voucher on or after 6 April 2025;
 - An implementation update regarding the Disclosure (Scotland) Act 2020;
 - Information about the Workforce Specialist Service.

Action

2. Health Boards are asked to immediately copy and issue the Memorandum to this letter to all:
 - optometrists, ophthalmic medical practitioners and body corporates on their Ophthalmic Lists, for whom they are the Host Health Board;
 - community optometry practices and dispensing only practices in their Health Board area;
 - Hospital Eye Service (HES) manager(s) in their Health Board, for onward distribution to relevant HES colleagues to advise them of the planned changes to GOS and to NHS optical voucher eligibility (including HES(S)3 vouchers).

Yours sincerely,

Tom Ferris
Deputy Director,
Dentistry, Optometry and Community Hearing Division

4 April 2025

Addresses

For action

Chief Executives,
Health Boards

For information

Chief Executive,
NHS National Services
Scotland

Health Board Optometric
Advisers

Enquiries to:

disclosureact@disclosurescotland.gov.scot

(for queries in relation to the
Disclosure Scotland Act)

eyecare@gov.scot
(for all other queries)

Summary

1. This Memorandum advises on the following:
 - Changes to General Ophthalmic Services (GOS) to support Independent Prescriber (IP) optometrists in managing more complex acute anterior eye conditions, via a new tier of 'specialist' supplementary eye examination fees;
 - Continued Professional Development (CPD) allowance claims and the satisfactory completion of annual GOS mandatory training;
 - A reminder regarding tests, procedures and examinations that are not part of GOS;
 - Working Tax Credits and Child Tax Credits ceasing to be a valid reason for eligibility to an NHS optical voucher on or after 6 April 2025;
 - An implementation update regarding the Disclosure (Scotland) Act 2020 ("Disclosure Scotland Act");
 - Information about the Workforce Specialist Service.
2. Where this Memorandum has been received by an optometry practice via their NHS email account, it should be shared with all relevant practice staff.
3. References to the "Statement" mean the Statement of GOS Remuneration and CPD allowances which is included in the [Annex](#) of this Memorandum and also available in its latest form on the eyes.nhs.scot website.

Changes to GOS to support IP optometrists in managing more complex acute anterior eye conditions

4. The Scottish Government has previously committed, via the [NHS Recovery Plan](#), to sustainably reduce demand in the hospital eye service (HES) by managing more patients in the community. In doing so, hospital capacity can be freed up to support those most at risk from sight-threatening conditions to access care in that setting.
5. The [Community Glaucoma Service](#) is one of the ways in which HES capacity can be freed up, and this is currently being rolled out in Health Board areas across Scotland.
6. As set out in the [NHS Scotland Operational Improvement Plan](#), the Scottish Government is now in a position to advise that, later in 2025, it will introduce changes to GOS that will help further increase capacity within HES.

7. These changes will support IP optometrists – via a new tier of GOS ‘specialist’ supplementary eye examination fees – who have agreed to manage patients with one of the following ten complex acute anterior eye conditions, who either self-present to the IP optometrist or have been referred from another GOS practitioner.
- Anterior Uveitis
 - Herpes Simplex Keratitis
 - Marginal Keratitis
 - Anterior and Posterior Blepharitis
 - Ocular Rosacea
 - Ocular Allergy
 - Episcleritis
 - Infective Conjunctivitis
 - Corneal Foreign Body
 - Herpes Zoster Ophthalmicus
8. In introducing these changes, it is expected that most patients with these conditions will thereafter be managed closer to home under GOS, instead of being referred to HES.
9. The Scottish Government is actively working with delivery partners in NHS Scotland to put in place the necessary framework for these changes to be delivered. Further information about these changes will be provided in due course. In the meantime, the community optometry sector and Health Boards are advised to note this update.

CPD allowance claims and GOS mandatory training

Background

10. [Paragraph 3A](#) of schedule 1 of the National Health Service (General Ophthalmic Services) (Scotland) Regulation 2006 (“GOS Regulations”), as amended, provides that optometrists and ophthalmic medical practitioners (OMP) are required – as part of the GOS Terms of Service - to satisfactorily complete annual mandatory training provided by NHS Education for Scotland, unless paragraph 3A(3) of that schedule applies.
11. The effect of paragraph 3A(3) is that an optometrist or OMP who is added to a Health Board’s Ophthalmic List after 31 October in any calendar year will not have to satisfactorily complete the GOS mandatory training for that year if:
- at the point of that addition, they are not on another Health Board’s Ophthalmic List; and
 - they have not been on the Health Board’s Ophthalmic List at any point in the 1 January to 31 October inclusive period of that calendar year.

12. Where paragraph 3A(3) applies, optometrists and OMPs are still encouraged to complete the GOS mandatory training for that calendar year. Further information can be found on the [Turas Learn system](#) and CPD points are available.

New CPD allowance eligibility condition – Satisfactory completion of annual GOS mandatory training

13. Optometrists and OMPs are advised that, in order to be eligible to claim a CPD allowance for appropriate CPD undertaken during the 2025 calendar year and in future years, they should have satisfactorily completed GOS mandatory training for that calendar year - unless they are exempt from having to do so under paragraph 3A(3) of schedule 1 of the GOS Regulations. An amendment to the [Statement](#) has been made to reflect this new policy.
14. This new eligibility condition does not apply to appropriate CPD undertaken during the 2024 calendar year, which will be claimed as part of the CPD allowance claims process that will open later this year between 1 June to 31 July 2025 inclusive. A further PCA circular will be issued in due course advising when this year's CPD allowance claims process is active.

Tests, procedures and examinations which are not part of GOS

15. Practitioners are reminded that there are certain tests, procedures and examinations that are not part of GOS. These include, but are not necessarily limited to:
- Myopia management – practice that slows down the speed of myopia progression;
 - Monitoring of patients using hydroxychloroquine and chloroquine;
 - Diabetic Retinopathy Screening programmes;
 - Low vision assessment examination;
 - Care Pathway examinations;
 - Delegated Care Schemes/Shared Care/Co-Managed Schemes;
 - Children's pre-school screening programmes;
 - Colorimetry, coloured overlay, or rate of reading tests for those with reading difficulty;
 - Occupational tests or reports for admission to the Armed Forces, Police Scotland, Scottish Fire and Rescue Service, Scottish Ambulance Service, Railway etc.;
 - Occupational tests specifically for the provision of Visual Display Unit (VDU) spectacles;
 - Occupational tests specifically for the provision of safety spectacles;
 - Driver and Vehicle Licensing Agency (DVLA) acuity and visual field checks;
 - Behavioural optometry or vision therapy;
 - BlephEx and TearLab type treatments for anterior eye conditions.

16. Contact lens related appointments, including aftercare reviews (see [guidance from the College of Optometrists](#) in relation to contact lens supply aftercare) are also not part of GOS. However, in the event that a contact lens patient attends your practice with an emergency eye problem and requires care under duties relating to the GOS first port of call responsibility ([regulation 21B](#) of the GOS Regulations) that is not covered by any contact lens supply aftercare arrangement you may already have in place with the patient, then a GOS claim may be made. It is good practice to inform the patient's contact lens practitioner of any care provided.

Tax Credits and NHS Optical Voucher eligibility

17. Following [changes being made to the reserved benefit system](#) by the UK Government, no one in the UK will be in receipt of Working Tax Credits and/or Child Tax Credits on or after 6 April 2025. Persons in receipt of either or both of these benefits prior to this date have been written to, asking them to apply for Universal Credit or Pension Credit depending on their circumstances.
18. The NHS Business Services Authority has made arrangements to rescind existing, and not issue new, [NHS Tax Credit Exemption Certificates](#) on or after 6 April 2025. As such, on or after 6 April 2025 practices must no longer accept an NHS Tax Credit Certificate as evidence of a person's eligibility for an NHS optical voucher.
19. Where a person states, on or after 6 April 2025, that they are eligible to an NHS optical voucher on Working Tax Credits and/or Child Tax Credits grounds, practice staff should first advise the person that this is no longer a valid NHS optical voucher eligibility category. Practice staff should then determine with the person whether they may be eligible to an NHS optical voucher on different grounds (such as Universal Credit or Pension Credit Guarantee Credit).
20. As is current practice, if a person states that they are eligible for an NHS optical voucher but cannot provide evidence of entitlement then practice staff should ensure the 'Evidence not produced/shown' box is marked/selected on both the relevant paper and digital NHS optical voucher forms.
21. [NHS Inform](#) will be updated by 6 April 2025 to reflect this policy, and the [NHS Business Services Authority website](#) also has further information. Relevant forms (paper and digital) and documents (such as 'Help with Health Costs' booklets and NHS Counter Fraud Services patient eligibility posters), will also be updated in due course to reflect this change.
22. In the meantime:
- paper NHS optical voucher forms containing references to Tax Credits can continue to be used by practices until stocks are depleted, without any need to destroy them;

- Practitioner Services have configured their system for the purposes of fraud prevention, such that any attempt to submit a digital NHS optical voucher payment claim where the 'Date Signed' value in the 'Patient Declaration' section is on or after 6 April 2025 and the 'Voucher Entitlement' option selected is 'Tax Credits' will be rejected in real time.

Disclosure Scotland Act implementation update

23. Circular [PCA\(O\)2023\(03\)](#) previously updated on the implementation of changes to the disclosure system in Scotland as a result of the [Disclosure Scotland Act](#), which include simplified disclosure products, giving people more control over their information and important changes to the Protecting Vulnerable Groups (PVG) scheme.
24. Whilst some changes have been in force since 14 November 2024 (such as new PVG scheme applications being made through a Disclosure Scotland online account, and paper certificates no longer being issued), there are further changes set out below that community optometry practices and practice staff are asked to particularly note and, where relevant, action.

Changes to disclosure products

25. From 1 April 2025, the [new disclosure levels](#) are:

- Level 1 (replacing the previous 'basic' disclosure)
- Level 2 (replacing most previous 'standard' disclosures) – required for non-regulated roles in the practice (including dedicated administrative staff)
- Level 2 with barred list check (replacing most previous 'enhanced' disclosures)
- PVG scheme – required for [regulated roles](#) in the practice (including optometrists and dispensing opticians who have contact with children or protected adults)

26. The following changes apply to the PVG scheme:

- From 1 April 2025 onwards, PVG scheme membership is now a legal requirement for those in regulated roles with children and protected adults. **Practices are responsible for determining which individuals in the practice are undertaking a regulated role.** Disclosure Scotland has produced the following products to help support this determination process:
 - [Regulated roles guidance](#)

- [List of regulated roles](#) (this list is not exhaustive)
- [Toolkit](#)
- [Video](#)
- Disclosure Scotland provides free online training, including sessions on regulated roles and how to become an “accredited body”. You can sign up for these on Disclosure Scotland’s [events page](#).

However, for the avoidance of doubt:

- (a) optometrists and dispensing opticians who have contact with children or protected adults are to be deemed as undertaking a regulated role (and therefore are required to be a PVG scheme member);
 - (b) dedicated administrative staff are not to be deemed as undertaking a regulated role (and therefore are required to have Level 2 disclosure);
 - (c) Anyone whose role includes day-to-day supervision or management of someone in a regulated role (e.g. a practice manager who line manages an optometrist or dispensing optician that has contact with children or protected adults) is required to have PVG scheme membership.
- Between 1 April 2025 to 30 June 2025 inclusive, a three month ‘grace period’ will be permitted for PVG scheme applications to be submitted for individuals who are currently in a regulated role but who are not a PVG scheme member.
 - From 1 July 2025 onwards, it will become a criminal offence for:
 - individuals to carry out a regulated role if they are not a member of the PVG scheme;
 - organisations to offer a regulated role to an individual who is not a member of the PVG scheme.

This adds to the existing offences under the [Protection of Vulnerable Groups \(Scotland\) Act 2007](#), as amended. It will continue to be an offence for an individual to seek, agree to do or carry out a regulated role if the individual is barred from working with children, protected adults or both. Similarly, organisations must not offer a regulated role to someone who is barred from that type of regulated role.

- From 1 April 2026 onwards, lifetime PVG scheme membership will end and instead will need to be renewed every five years. Disclosure Scotland are currently engaging with stakeholders to understand what is required for the transition of existing scheme members to time-limited membership. Further details on transitional arrangements will be provided by Disclosure

Scotland in due course. It is expected that Health Boards will then liaise with those on their Ophthalmic List who are providing GOS in their area to support the introduction of this change.

What community optometry practices and individuals need to do

27. Practices and individuals must ensure that they adhere to the changes to the disclosure products for all those aged 16 years and over.

28. In relation to individuals working in a non-regulated role:

- For those who currently have a standard disclosure, no further action is required (i.e. no application needs to be made for a Level 2 disclosure).
- For those who do not currently have a standard disclosure, a [Level 2 disclosure application](#) must be made. See paragraph 31 for further information.

29. In relation to individuals working in a regulated role:

- For those who are currently a PVG scheme member, no further action is required as long as the information that Disclosure Scotland currently holds about the individual is up to date – if this is not the case then Disclosure Scotland must be [accordingly notified as soon as possible](#).
- For those who are not currently a PVG scheme member, a [PVG scheme application](#) must be made, noting the previously mentioned 'grace period' between 1 April 2025 to 30 June 2025 inclusive. See paragraph 31 for further information.
- Where a PVG scheme member ceases doing a regulated role for an employer, both the [individual](#) and the [employer](#) should accordingly notify Disclosure Scotland.

30. Where an individual works across differently owned practices, each practice requires to obtain a registered interest for that individual. Health Boards secure a registered interest in optometrists as part of the Ophthalmic Listing process.

31. Where a new Level 2 disclosure or PVG scheme application is required, the practice will need to either:

- [register itself as an organisation](#) with Disclosure Scotland. Registering means that the practice will be able to countersign disclosure applications, and will become an 'accredited body'. Accredited bodies can check employees' disclosures to help decide if they are suitable for certain roles and make sure they are allowed to do certain roles; or

- use [another accredited body](#) registered with Disclosure Scotland to process their staff disclosures, including countersigning applications on the practice's behalf. If a practice chooses to use another accredited body to process its disclosures, the practice's relationship with regards disclosure services is between it and the accredited body and not directly with Disclosure Scotland. Any organisation using disclosure services, whether they use an accredited body or not, has to accept [certain responsibilities](#).

32. Further information about these changes, and others, can be found on the [Disclosure Scotland website](#). Practices and practice staff may find it useful to [subscribe to Disclosure Scotland's mailing list](#) to get future updates on these changes and other important developments.

33. Any queries about the Disclosure Scotland Act should be emailed to Disclosure Scotland at: disclosureact@disclosurescotland.gov.scot.

Workforce Specialist Service

34. The Workforce Specialist Service (WSS) – part of the [National Wellbeing Hub](#) - is a primary care-led, multidisciplinary mental health service with expertise in confidentially treating regulated health and social services professionals. The providers specialise in caring for regulated professionals as patients, and as such are experts at the interface between regulation, employment and mental illness and addiction.

35. Optometrists, OMPs and dispensing opticians wanting to find out more about this service can do so by accessing the WSS webpage at: <https://wellbeinghub.scot/the-workforce-specialist-service-wss/>.

Enquiries

36. Any queries about this Memorandum (other than about the Disclosure Scotland Act) should be emailed to the Scottish Government at: eyecare@gov.scot.

Dentistry, Optometry and Community Hearing Division
Directorate for Primary Care
Scottish Government

NATIONAL HEALTH SERVICE (SCOTLAND)

GENERAL OPHTHALMIC SERVICES

THE STATEMENT

The Scottish Ministers, in exercise of powers conferred 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 April 2024.
2. This determination applies:
 - a) in relation to the change to the date for receipt of a claim by the Agency in paragraph 6 of [Appendix F](#), to all claims for CPD allowance or IPCPD allowance for CPD or IPCPD carried out in the period 1 January 2024 to 31 December 2024 and in each successive period of 12 months thereafter; and
 - b) in relation to all other changes, to all claims for CPD allowance or IPCPD allowance for CPD or IPCPD carried out in the period 1 January 2025 to 31 December 2025 and in each successive period of 12 months thereafter.

Interpretation

3. In this Statement:

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

“appropriate”, in relation to CPD or IPCPD carried out on or after 4 April 2025, includes mandatory training as described in paragraph 3A of schedule 1 of the 2006 Regulations;

“CPD” means continuing professional development;

“CPD allowance” means the sum of £654;

“Goldmann type tonometer” includes a Perkins type tonometer;

“IP optometrist” means an optometrist who is an optometrist independent prescriber as defined in the 2006 Regulations;

“IPCPD” means independent prescriber continuing professional development;

“IPCPD allowance” means the sum of £979;

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

“professional registration” means, for optometrists, registration with the General Optical Council and, for ophthalmic medical practitioners, registration with the General Medical Council.

4. Any other 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 CPD allowance and IPCPD allowance are payable.

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: £44.74
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 - £48.37
 - (b) digital photograph taken - £54.43

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 - £29.64
 - (b) enhanced supplementary eye examination - £45.96

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 - £45.43
 - (b) for each of the third and subsequent patients at the same establishment or location - £11.37
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 22A OF THE 2006 REGULATIONS

1. A primary eye examination must not 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

Category of patients	Frequency
Patients: <ul style="list-style-type: none">• aged under 16 years;• aged 60 years or over;• with diabetes;• who are sight impaired or severely sight impaired, as set out in Annex B to this Statement.	Annually
All other patients	Biennially

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.

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 IP optometrist, ophthalmic medical practitioner, 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.

TABLE

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

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](#) 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 C](#) apply):

Tests and procedures
Taking a record of any relevant history and symptoms, which includes relevant medical, family, and ocular history.
An eye health assessment appropriate to the patient's presenting signs, symptoms and needs.
A refraction and an assessment of the patient's visual function.
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'.
An external examination of the eye using slit lamp biomicroscopy.
An internal examination of the eye using slit lamp biomicroscopy and a condensing lens.
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.
To capture and record a digital image of the retina for all patients aged 60 years or over.
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 IP optometrist, ophthalmic medical practitioner, 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.

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):

Tests and procedures
Taking a record of any relevant history and symptoms, which includes relevant medical, family, and ocular history.
An eye health assessment appropriate to the patient's needs and any presenting signs and symptoms.
Whenever an external examination of the eye is required, it should be carried out using slit lamp biomicroscopy.
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.
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.
<p><i>Enhanced Supplementary Examination with dilation/cycloplegia:</i></p> <p>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.</p>
<p><i>Supplementary eye examinations carried out in a place where the patient normally resides:</i></p> <p>Use of a head mounted indirect ophthalmoscope and a direct ophthalmoscope may be appropriate for an internal examination of the eye.</p> <p>Use of a loupe and illumination may be appropriate for an external examination of the eye.</p>

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.

A supplementary eye examination undertaken using remote facilities must:

- only be claimed using one of reason codes 2.5, 2.8 or 2.9;
- and
- involve all the elements of an eye examination undertaken in person with the patient, except tests and procedures which require the physical presence of the patient. Any advice and recommendations should be issued and clearly documented in the patient's record.

A supplementary eye examination cannot be claimed where remote facilities are only used to ask the patient a series of questions to explore their concerns more fully and make a decision regarding whether the patient requires an eye examination.

Standard Supplementary Eye Examination
2.0 - Cycloplegic Refraction Following Routine Primary Eye Examination On A Child
This code is to be used when a child requires a cycloplegic refraction following a routine primary eye examination.
2.1 - Paediatric Review (without dilation/cycloplegia that does not follow a primary eye examination)
This code is to be used to review a child within 12 months of a primary eye examination, as judged clinically necessary, and dilation/cycloplegia is not required.

2.2 - Follow-Up / Repeat Procedures (without dilation and not associated with glaucoma)

This code is to be used for additional or repeat procedures not requiring dilation 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 (in person or using remote facilities) with a suspect or diagnosed anterior eye condition within the normal interval between primary eye examinations, and which does not require dilation.

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.

This code should not be used for a post-operative cataract examination of a patient where a General Ophthalmic Services provider has, is or will receive remuneration outwith General Ophthalmic Services arrangements for undertaking the appointment. Such examinations do not form part of General Ophthalmic Services.

2.8 - Unscheduled Appointment (without dilation)

This code is to be used for a supplementary eye examination for a patient (in person or using remote facilities) who presents with symptoms for an unscheduled appointment 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 (in person or using remote facilities) 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 or Significantly Longer Appointment To Complete Primary Eye Examination For A Patient With Complex Needs

This code can be used for each additional appointment (whether or not on the same day as the first appointment), or a significantly longer single appointment, required 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 should be claimed in addition to the relevant primary eye examination fee. This code must not be used more than once per day for the same patient.

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 who does not have a physical or mental condition. This includes circumstances where a sign-language interpreter is required because of the patient's physical or mental condition. A patient must not be treated as having 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.

4.3 - Suspect Glaucoma (with dilation)

This code is to be used specifically for a suspect glaucoma review, in keeping with SIGN 144 guidance for diagnosis and referral for glaucoma, and which requires dilation. This includes ocular hypertension.

4.5 - Anterior Eye Condition (with dilation)

This code is to be used for a supplementary eye examination of a patient with a suspect or diagnosed anterior eye condition within the normal interval between primary eye examinations, and which requires dilation.

4.6 - Cycloplegic refraction of a child referred from the hospital eye service

To facilitate the cycloplegic refraction of a child aged under 16 referred from the hospital eye service. The supplementary eye examination must include an internal and external examination of the eye.

4.7 - Post-Operative Cataract Examination (with dilation)

This code is to be used for a post-operative cataract examination of a patient, which includes refraction, an ocular examination and (if required) a feedback report, and also requires dilation.

This code should not be used for a post-operative cataract examination of a patient where a General Ophthalmic Services provider has, is or will receive remuneration outwith General Ophthalmic Services arrangements for undertaking the appointment. Such examinations do not form part of General Ophthalmic Services.

4.8 - Unscheduled Appointment (with dilation)

This code is to be used for a supplementary eye examination for a patient who presents with symptoms for an unscheduled appointment within the normal interval between primary eye examinations, and which requires dilation.

**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
- (xi) 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 PROFESSIONAL DEVELOPMENT ALLOWANCE

1. Subject to paragraph 4, a CPD 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 CPD during the previous calendar year; and
 - (d) the optometrist complies with paragraphs 5 and 6.
2. Subject to paragraph 4, a CPD 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 CPD during the previous calendar year; and
 - (e) the practitioner complies with paragraphs 5 and 6.
3. Subject to paragraph 4, an IPCPD 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 IP optometrist during the previous calendar year;
 - (c) the optometrist has been registered with a host Health Board as an IP optometrist for a period of at least six months during the previous calendar year;
 - (d) the optometrist has undertaken appropriate IPCPD during the previous calendar year; and
 - (e) the optometrist complies with paragraphs 5 and 6.

4. Only one CPD allowance or IPCPD allowance may be paid in respect of any one person for each calendar year in which appropriate CPD or IPCPD was undertaken by that person.
5. A claim for a CPD allowance or IPCPD allowance shall be made in writing on the form provided for this purpose by the Agency.
6. A claim for a CPD allowance or IPCPD allowance must be received by the Agency by 31 July of the calendar year following the year in which the appropriate CPD or IPCPD 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.

1 Ask for the age of the patient, as at the eye examination date.

2 How long ago was their last eye examination?

3 Cross-check age with examination interval to identify when to use the new early re-examination code 8.

	11 months	1 year	1 year 1 month	1 year 2 months	1 year 3 months	1 year 4 months	1 year 5 months	1 year 6 months	1 year 7 months	1 year 8 months	1 year 9 months	1 year 10 months	1 year 11 months
16 years	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 1 month	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 2 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 3 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 4 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 5 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 6 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 7 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 8 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 9 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 10 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 11 months	N	8	8	8	8	8	8	8	8	8	8	8	8
17 years	N	N	8	8	8	8	8	8	8	8	8	8	8
17 + 1 month	N	N	N	8	8	8	8	8	8	8	8	8	8
17 + 2 months	N	N	N	N	8	8	8	8	8	8	8	8	8
17 + 3 months	N	N	N	N	N	8	8	8	8	8	8	8	8
17 + 4 months	N	N	N	N	N	N	8	8	8	8	8	8	8
17 + 5 months	N	N	N	N	N	N	N	8	8	8	8	8	8
17 + 6 months	N	N	N	N	N	N	N	N	8	8	8	8	8
17 + 7 months	N	N	N	N	N	N	N	N	N	8	8	8	8
17 + 8 months	N	N	N	N	N	N	N	N	N	N	8	8	8
17 + 9 months	N	N	N	N	N	N	N	N	N	N	N	8	8
17 + 10 months	N	N	N	N	N	N	N	N	N	N	N	N	8
17 + 11 months	N	N	N	N	N	N	N	N	N	N	N	N	N
18 years	N	N	N	N	N	N	N	N	N	N	N	N	N
Over 18 years	N	N	N	N	N	N	N	N	N	N	N	N	N

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 on the claim form.

PRIMARY EYE EXAMINATION ENTITLEMENT - SIGHT IMPAIRED AND SEVERELY SIGHT IMPAIRED PATIENTS

1. As set out in [Table A](#) of Appendix B, this Annex is to be used by optometrists and ophthalmic medical practitioners for the purposes of determining a patient's entitlement to an annual primary eye examination because they are 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.