

Dear Colleague

GENERAL OPHTHALMIC SERVICES

1. INTRODUCTION OF VISIT REASON CODES FOR DOMICILIARY VISITS
2. TESTS, PROCEDURES AND EXAMINATIONS OUTWITH GENERAL OPHTHALMIC SERVICES
3. THE NHS (OPTICAL CHARGES AND PAYMENTS AND GENERAL OPHTHALMIC SERVICES) (SCOTLAND) AMENDMENT REGULATIONS 2015

Summary

1. This letter advises NHS Boards of:

- The introduction of visit reason codes that are to be input in the Remarks section of Part 3 (E) of a GOS1 form when carrying out a domiciliary visit.
- It also provides a reminder of those tests, procedures and examinations that are outwith General Ophthalmic Services.

Action

2. NHS Boards are asked to note:

- 2.1 the visit reason codes
- 2.2 The tests, procedures and examinations that continue to fall outwith General Ophthalmic Services
- 2.3 The changes to the 2006 and 1998 Regulations

27 July 2015

Addresses

For action
Chief Executives, NHS Boards

Director, Practitioner Services

For information
Chief Executive,
NHS National Services Scotland

Enquiries to:

Liam Kearney
Primary Care Division
1st Floor East Rear
St Andrew's House
EDINBURGH
EH1 3DG

Tel: 0131-244 2895

NHSgeneralophthalmicservicesma
ilbox@scotland.gsi.gov.uk

3. NHS Boards and Practitioner Services are asked to note that the NHS (Optical Charges and Payments and General Ophthalmic Services) (Scotland) Amendment Regulations 2015 can be viewed or downloaded at: <http://www.legislation.gov.uk/ssi/2015/219/contents/made>

4. NHS Boards are asked to copy and issue the Memorandum to this letter to all optometrists and ophthalmic medical practitioners on their ophthalmic lists.

Yours sincerely



DAVID THOMSON
Deputy Director
Primary Care Division

**NATIONAL HEALTH SERVICE
GENERAL OPHTHALMIC SERVICES**

1. Introduction of Visit Reason Codes For Domiciliary Visits
2. Tests, Procedures and Examinations Outwith General Ophthalmic Services
3. The NHS (Optical Charges and Payments and General Ophthalmic Services) (Scotland) Amendment Regulations 2015

Current Situation

1. Optometrist domiciliary visits summarise the patient's health condition using free text in the Remarks text box in Part 3 (E) of the GOS1 form. More information on this is provided in **Appendix A**. This information is then used by Practitioner Services to rationalise the visit in processing payments.
2. Once the GOS1 form is sent to Practitioner Services, the forms are scanned and then sent on to the processing team within Practitioner Services to check the payments are appropriate. When scanning the forms, the scanners can have difficulty deciphering some handwriting, and when the processing team cannot decipher the handwriting, the forms are then rejected back to the optometrist to provide further information.

Introduction of Visit Reason Codes

3. In order to reduce the number of forms being rejected by Practitioner Services, it is proposed that reason codes are used by the optometrist in explaining the reason for the domiciliary visit. The codes, listed below, should be written in the free text box (as described above), with no further information required, unless the 'Other' category is selected.
4. This change in process helps to align the paper GOS1 form with the eOphthalmics system, and it is proposed that a drop down box containing the reason codes will be used when an optometrist is submitting their claim electronically.
5. The reason codes are listed as:

Code	Description
11	Dementia
12	Severe arthritis
13	Severe learning difficulty
14	Severe stroke
15	COPD
16	Amputee
17	Advanced circulatory disorder
18	Parkinson's Disease
19	Severe mental health problems
20	Motor Neurone disorders
21	Multiple sclerosis
22	Undergoing Cancer Treatment
50	Other

ENQUIRIES

6. Any enquiries arising from the domiciliary codes should be taken up with Practitioner Services.

Tests, Procedures and Examinations outwith General Ophthalmic Services

7. With the publication of the SIGN Guidelines on **Glaucoma Referral and Safe Discharge**, it is worthwhile to remind optometrists of PCA(O)(2014)1 which listed the tests, procedures and examinations that fall outwith General Ophthalmic Services. These are set out in **Annex A**.
8. Any enquiries arising from the tests, procedures and examinations that are outwith General Ophthalmic Services should be taken up with your NHS Board.

The NHS (Optical Charges and Payments and General Ophthalmic Services) (Scotland) Amendment Regulations 2015

9. This Memorandum advises optometrists and ophthalmic medical practitioners (OMPS) of:
 - Amendments to the NHS (General Ophthalmic Services) (Scotland) Regulations 2006 (“the 2006 Regulations”);
 - Amendments to the NHS (Optical Charges and Payments) (Scotland) Regulations 1998 (“the 1998 Regulations”)

which take effect from 1st July 2015. These Regulations have been amended with effect from 1st July 2015 to reflect the phased rollout of e-payments that will begin in November 2015.

10. Information about the amendments to the 2006 Regulations is provided below.
11. In regulation 22 (application for an eye examination), paragraph 2 has been amended to include electronic forms as a way of submitting eye examination forms.
12. Paragraph 13 (payments) of Schedule 1 (terms of service) has been amended as follows:
 - (a) after sub-paragraph (1), insert—

“(1A) Any such claim shall be submitted in accordance with either sub-paragraphs (2) and (3), or sub-paragraphs (3A) and (3B)”;
 - (b) in sub-paragraph (2), for “Any such claim” substitute “The claim shall be submitted by post or by hand and”; and
 - (c) after sub-paragraph (3) insert—

“(3A) The claim shall be submitted by electronic communication and—

- (a) if the service was provided on behalf of a contractor by a deputy or employee who is also a contractor, the claim shall contain the PIN allocated to that deputy or employee;
- (b) if the service was provided on behalf of a contractor by a person whose name is included in the second part of the Ophthalmic List, the claim shall contain the PIN allocated to that person; and

(c) in all other cases, the claim shall contain the PIN allocated to the contractor providing the service.

(3B) When submitting a claim by means of electronic communication under subparagraph (3A) a person shall make use only of such computer programme as the Agency has approved as suitable for that purpose.

(3C) In this paragraph, “PIN” means the personal identification number allocated by the Agency.”

13. This will allow for eye examination forms to be submitted by post or electronically. It also reminds contractors that when submitting claims, they need to use appropriate electronic systems and that they need to include their personal identification number on any electronic claims.

Amendments of the NHS (Optical Charges and Payments) (Scotland) Regulations 1998

14. The 1998 Regulations have also been amended to reflect that eye examination forms can now be submitted via electronic systems, and that optometrists must ensure they include their personal identification number on any claims submitted.

15. In regulation 13 (payments to suppliers)—

(a) in paragraph (2)(c)(ii), after “payment” insert “either by means of electronic communication in accordance with paragraph (2A) or”; and

(b) after paragraph (2), insert—

“(2A) A claim made by means of electronic communication shall—
(a) be submitted using such computer programme as the responsible authority has approved as suitable for that purpose;
(b) confirm the matters referred to in paragraph (2)(c)(iii) and (iv), where applicable; and
(c) contain the personal identification number that has been allocated to the supplier by the responsible authority.”.

(4) In regulation 18 (payments to suppliers for replacement or repair)—
(a) in paragraph (2)(b)(iii), after “payment” insert “either by means of electronic communication in accordance with paragraph (2A) or”;
(b) after paragraph (2), insert—

“(2A) A claim made by means of electronic communication shall—
(a) be submitted using such computer programme as the responsible authority has approved as suitable for that purpose;
(b) confirm the amount of contribution referred to in paragraph (2)(b)(iv), if any; and

(c)contain the personal identification number that has been allocated to the supplier by the responsible authority.”.

Scottish Government Population Health Improvement Directorate
July 2015

TESTS, PROCEDURES AND EXAMINATIONS THAT CONTINUE TO FALL OUTWITH THE NHS EYE EXAMINATION

- Diabetic Retinal Screening Programme
- LVA 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 Scotland, Scottish Fire and Rescue Service, Scottish Ambulance Service, rail workers 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

GOS(S) 1 Changes to domiciliary visit entry

General Ophthalmic Services (Scotland) 1

Now it is easier to enter the reason why a patient is unable to attend the practice.

Look at the back of the GOS(S) 1, part 3 (E)

New

Reason codes for domiciliary visits

I have made a domiciliary visit to conduct this eye examination to the address in Part 1. The patient was unable to attend the practice for their eye examination because:

Remarks

I carried out a refraction as part of the examination: Yes No

No change in prescription/No prescription A new or changed prescription was issued

A voucher was issued: Type D N Supplements: Complex D N Prism D N Tint D N

If appropriate, place the relevant code listed below into the box for remarks:

Reason	Code	Reason	Code
Dementia	11	Parkinson's disease	18
Severe arthritis	12	Severe mental health problems	19
Severe learning difficulty	13	Motor neurone disorders	20
Severe stroke	14	Multiple sclerosis	21
Chronic obstructive pulmonary disease (COPD)	15	Undergoing cancer treatment	22
Amputee	16	Other	50
Advanced circulatory disorder	17		