

Dear Colleague

## GENERAL OPHTHALMIC SERVICES

1. INCREASE IN NHS DOMICILIARY FEES
2. INCREASE IN THE CONTINUING EDUCATION AND TRAINING ALLOWANCE
3. INCREASE IN THE PRE-REGISTRATION SUPERVISORS GRANT

### Summary

1. This letter advises NHS Boards and Practitioner Services of increases in the:
  - fees payable to optometrists and ophthalmic medical practitioners (OMPs) for NHS domiciliary visits carried out on or after 1 April 2015;
  - allowance payable to optometrists and OMPs for loss of earnings in respect of continuing education and training (CET) for 2014; and
  - pre-registration supervisors grant from 1 April 2015.

It also advises of an Amendment to the Statement.

### Action

2. NHS Boards and Practitioner Services are asked to note the:
  - 2.1 increased domiciliary visiting fees;
  - 2.2 information about the CET allowance;
  - 2.3 increase in the pre-registration supervisors grant; and

20 August 2015

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#### Addresses

##### For action

Chief Executives, NHS Boards

Director, Practitioner Services

##### For information

Chief Executive,  
NHS National Services Scotland

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#### Enquiries to:

Practitioner Services  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

Tel: 0131 275 6000

NHSgeneralophthalmicservicesma  
ilbox@scotland.gsi.gov.uk

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2.4 amendments to the Statement.

3. Practitioner Services are asked to pay the increased fees for domiciliary visits undertaken **on or after 1 April 2015**.

3. 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

A handwritten signature in black ink, appearing to read 'D Thomson', written over a horizontal dotted line.

DAVID THOMSON  
Deputy Director

**NATIONAL HEALTH SERVICE  
GENERAL OPHTHALMIC SERVICES**

- 1. Increase in NHS Domiciliary Fees**
- 2. Increase in the Continuing Education and Training Allowance**
- 3. Increase in the Pre-Registration Supervisors Grant**

1. This Memorandum advises of:
  - increases in the NHS domiciliary visiting fees payable to optometrist and ophthalmic medical practitioners from 1 April 2015
  - increases of the allowance payable for the loss of earnings in respect of continuing education and training for 2014
  - increases of the pre-registration supervisor grant from 1 April 2015.
  - an amendment to the Statement in accordance with regulation 17 of the NHS (General Ophthalmic Services) (Scotland) Regulations 2006.

**Increase in fees for NHS domiciliary visits**

2. The fees payable to optometrists and ophthalmic medical practitioners, in addition to the relevant NHS eye examination fee, for NHS domiciliary eye examinations carried out **on or after 1 April 2015** are £37.56 for the first and second patient seen at one visit and £9.40 for the third and subsequent patient seen at the same visit.

**Increase in the Continuing Education and Training Allowance**

3. The Scottish Government has agreed that payments for 2014 should be made in respect of CET undertaken by optometrists and OMPs without further medical appointments.
4. The payment which will be payable in respect of CET undertaken in 2014, ie in the year to 31 December 2014, is £535. The payment is due to:
  - optometrists, other than a body corporate carrying on the business of optometrists; and
  - ophthalmic medical practitioners, who conduct only eye examinations and have no other remunerated medical employment such as hospital work or general practice;

who were on the first part of the Ophthalmic List of an NHS Board, ie a contractor, or who assisted, ie on the second part of the Ophthalmic List of an NHS Board, a contractor in the provision of general ophthalmic services for at least six months in the relevant year and have maintained their professional registration. The payment is for having undertaken appropriate CET.

5. Claims from eligible optometrists and OMPs for a CET payment should be made to Practitioner Services of NHS National Services, Scotland by a contractor, whether the contractor is claiming for him/herself or for an assistant. **The period by which optometrists may make their claims will**

**be 1<sup>st</sup> September to 31<sup>st</sup> December 2015.** A claim form for this purpose is attached at Annex B. Contractors are required to provide details of the bank account that they wish the CET payment to be paid to. If this information is not provided the claim will not be paid.

6. Where a contractor is making a claim in respect of an assistant, the claim should normally be paid to the contractor whom the assistant assists. Where an assistant assists two or more contractors the CET allowance should be claimed by and paid to the contractor whom the assistant nominates for the purpose of payment of the CET allowance.
7. A separate claim must be made for each eligible optometrist/OMP. Only one claim is payable per eligible optometrist/OMP.
8. For OMPs the payment may only be made to practitioners who have no other medical appointments, ie who do no other remunerative work than eye examinations.
9. Payment must be made to contractors. Arrangements for payments to assistants are a matter for agreement between contractors and assistants and not a matter for the NHS. In cases where the contractor has provided or made available to the assistant sufficient CET to enable the assistant to meet the statutory requirements for compulsory CET (in the case of an optometrist subject to the requirements of the GOC) then the payment may be retained by the contractor. However, if they do not the payment is due to the assistant.
10. Optometrists/OMPs are not required to produce direct evidence of undertaking CET as a compulsory part of the claim or pre-condition of payment. However, a claim may only be paid in respect of an optometrist/OMP who has maintained their professional registration and Practitioner Services may conduct a sample or selective check to confirm registration.

### **Pre-registration Supervisors Grant**

11. From 1 April 2015 the allowance to be paid to supervisors of pre-registration trainees has increased to £3,445. Claims from trainers taking on pre-registration trainees on or after 1 April 2015 should be paid at this new rate.

### **The Statement**

12. An Amendment to the Statement in accordance with regulation 17 of the NHS (General Ophthalmic Services) (Scotland) Regulations 2006, which bring the changes at paragraphs 2 to 4 into effect, is attached at Annex A to this Memorandum.

### **Enquiries**

13. Any enquiries arising from this Memorandum should be taken up with your NHS Board.

**NATIONAL HEALTH SERVICE  
GENERAL OPHTHALMIC SERVICES**

**THE STATEMENT**

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

The fees payable to optometrists and ophthalmic medical practitioners for undertaking eye examinations carried out as domiciliary visits are set out in Appendix F

The allowance payable to optometrists and ophthalmic medical practitioners for continuing education and training is set out in Appendix G

Scottish Government Health Directorates  
August 2015

**DOMICILIARY VISITING FEE**

The additional fees payable to an ophthalmic medical practitioner or optometrist for visits to a place where the patient normally resides for the purpose of carrying out NHS eye examinations under General Ophthalmic Services on or after 1 April 2015 are:

for a visit to one establishment to undertake an NHS eye examination of one but no more than two patients. - £37.56

For a visit to one establishment to undertake an NHS eye examination of more than two patients. - £9.40

## CONTINUING EDUCATION AND TRAINING ALLOWANCE

1. In this appendix:

“assistant” means a person who has undertaken to assist in the provision of general ophthalmic services and whose name is included in the second part of the Ophthalmic List;

“CET” means continuing education and training;

“CET allowance” means the sum of £535;

“contractor” means a person, other than a body corporate carrying on the business of optometrists, who has undertaken to provide general ophthalmic services and whose name is included in the first part of the Ophthalmic List;

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

“relevant year” means the year commencing 1 January 2014.

2. Subject to sub-paragraph 5, a CET allowance shall be payable to an optometrist other than a body corporate if –

- a. that optometrist’s name was included in the first part of the Ophthalmic List of a Health Board for a period of at least six months during the relevant year;
- b. the optometrist has maintained their professional registration;
- c. the optometrist has undertaken appropriate continuing education and training during the relevant year; and
- d. the optometrist complies with sub-paragraphs 7 and 8.

3. Subject to sub-paragraph 5, a CET allowance shall be payable to an ophthalmic medical practitioner if –

- a. during the relevant year that practitioner’s only remunerated medical or optical activity was the conduct of General Ophthalmic Services;
- b. the practitioner’s name was included in the first part of the Ophthalmic List of a Health Board for a period of at least six months during the relevant year;
- c. the practitioner has maintained their professional registration;
- d. the practitioner has undertaken appropriate continuing education and training during the relevant year; and

e. the practitioner complies with sub-paragraphs 7 and 8.

4. Subject to sub-paragraph 5 and 6, a CET allowance shall be payable to a contractor in respect of each assistant who assists that contractor if that assistant –

a. is either –

(i) an optometrist (other than a body corporate), or

(ii) an ophthalmic medical practitioner whose only remunerated medical or optical activity during the relevant year was the conduct of General Ophthalmic Services;

b. is included in the second part of the Ophthalmic List of the Health Board in respect of which the contractor makes a claim for a CET allowance;

c. has assisted in the provision of general ophthalmic services for a period of at least six months during the relevant year;

d. has maintained their professional registration; and

e. has undertaken appropriate continuing education and training during the relevant year,

and the contractor complies with sub-paragraphs 7 and 8.

5. Only one CET allowance may be paid in respect of any one person.

6. Where an assistant assists two or more contractors, the CET allowance shall be paid to the contractor who the assistant nominates for the purposes of payment of the CET allowance under this determination.

7. A claim for a CET allowance shall be made in writing on the form provided for this purpose by the Health Board.

8. A separate claim form shall be completed for each CET allowance claimed.

9. A claim for a CET allowance must be made by 31 December 2015.



**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 (OMPs) on the first part of NHS Board Ophthalmic Lists. 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. An allowance can also be claimed by an optometrist or OMP on the first part of the Ophthalmic List for CET undertaken by an assistant on the second part of the Ophthalmic List.

A claim can be made by an optometrist or OMP in respect of CET undertaken personally or undertaken by an assistant on the second part of the ophthalmic list in the year to 31 December 2014. Full details of this allowance are contained in Appendix C of the Statement.

**PART 1 PARTICULARS OF OPTOMETRIST/OMP (Please complete this section in BLOCK CAPITALS)**

1. Surname .....	5. List Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Other Names (in full) .....	
3. Practice Address .....	
..... Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
4. Payment is by BACS. Please provide Bank Account name, Sort Code, and Account Number where payment is to be made:.	
Account name <input style="width: 90%;" type="text"/>	
Sort Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**PART 2 PARTICULARS OF ASSISTANT (Please complete this section in BLOCK CAPITALS)**

1. Surname .....	3. Assistant List Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Other Names (in full).....	

Where the claim is in respect of an assistant the claim must be made by and the payment made to an optometrist or OMP on the first part of the Ophthalmic List of the relevant NHS Board in respect of that assistant (who should be nominated by the assistant if they assist more than one optometrist/OMP). Payment will be made to the optometrist/OMP as identified in Part 1 above. Only one payment may be made in respect of each individual assistant, irrespective of the number of optometrists/OMPs they assist or the number of NHS Board Ophthalmic Lists, second part, they are on. The assistant should confirm by signing the declaration on the next page that to his or her knowledge only one claim is being made in their name.

**PART 3 DECLARATION BY OPTOMETRIST/OMP AT PART 1 ABOVE**

I claim payment of the CET allowance of £535 and I declare that:

- I have maintained my professional registration;
- appropriate CET was undertaken during 2014;
- I am properly entitled to claim the allowance; and
- the information I have given on this form is correct and complete. I understand that if it is not appropriate action may be taken against me.

For the purposes of verification of this claim for a CET allowance and the prevention and detection of fraud, I consent to the disclosure of relevant information from this form to and by the Common Services Agency.

Where this claim is in respect of my personal CET I also confirm that I am an optometrist/OMP on the first part of the Ophthalmic List of the NHS Board in respect of which I am claiming this allowance and that it is the only claim for the CET allowance that I have submitted or will submit in respect of 2014.

For claims made in respect of a named assistant I confirm that the information provided is correct to the best of my knowledge and that appropriate action may be taken if there is proved to have been more than one claim in respect of a named assistant. I further confirm that, if I have not made CET available in paid time or under an alternative arrangement agreed between us, I will pass on the payment to the named assistant. In the case of an optometrist subject to the requirements of the GOC, if I have made available fewer than 12 GOC accredited points of CET I will pass on to the named assistant a proportion of the payment calculated either on a basis agreed between us or, failing that, pro rata, based on 12 points made available entitling me to retain 100% of the annual fund.

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

**PART 4 DECLARATION BY ASSISTANT**

**If the claim is in respect of an assistant, the assistant should sign the following declaration:**

I understand that the above named optometrist/OMP is claiming payment of the £535 CET grant in respect of myself and I declare that:

- I undertook appropriate CET during 2014; and
- the information I have given on this form is correct and complete. I understand that if it is not appropriate action may be taken against me.

For the purposes of verification of this claim for a CET allowance and the prevention and detection of fraud, I consent to the disclosure of relevant information from this form to and by the Common Services Agency.

I also confirm that I am included in the second part of the ophthalmic list of the NHS Board in respect of which this claim is being made and that this is the only claim for the CET allowance that has been submitted or will be submitted with my agreement in respect of CET in 2014.

Assistant's Signature ..... Date .....

**PLEASE MARK THE ENVELOPE "CET ALLOWANCE CLAIM" AND RETURN COMPLETED FORMS TO NHS NATIONAL SERVICES SCOTLAND, PRACTITIONER SERVICES, GYLE SQUARE, 1 SOUTH GYLE CRESCENT, EDINBURGH, EH12 9EB BY 31 DECEMBER 2015.**