



Dear Colleague

GENERAL OPHTHALMIC SERVICES (GOS)

GOS regulations amendments; Optical voucher values; Maximum number of daily GOS eye examinations and primary eye examination appointment times

Summary

1. This letter advises of:

- proposed amendments to The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006 which, subject to the approval of the Scottish Parliament, will come into effect from 1 October 2018 and 1 April 2019.
- no increase to optical voucher values for 2018-19.
- a reminder about the rule on the maximum number of GOS eye examinations and expectations regarding primary eye examination appointment times.

Action

2. 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.

Yours sincerely,

Richard Foggo
Head of Primary Care Division

28 June 2018

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For action

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GENERAL OPHTHALMIC SERVICES (GOS)

Summary

1. This Memorandum advises of:

- proposed amendments to The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006 (“the 2006 Regulations”) which, subject to the approval of the Scottish Parliament, will mostly come into effect from 1 October 2018.
- no increase to optical voucher values for 2018-19.
- a reminder of the rule on the maximum number of GOS eye examinations that can be carried out in any working day, and the expectations regarding primary eye examination appointment times.

Summary of amendments to the 2006 Regulations

2. The Scottish Government has laid a Scottish Statutory Instrument (“SSI”) before the Scottish Parliament (see the [Annex](#) to this Memorandum) which, if approved by the Parliament, will amend the 2006 Regulations to:

- support optometrists and ophthalmic medical practitioners (“OMPs”) in helping to shift the balance of care by being the first port of call for all eye related problems, including emergency eye examinations;
- require all listed optometrists and OMPs to complete mandatory training provided by NHS Education for Scotland, as a condition of being able to provide GOS in Scotland;
- remove the four week early primary eye examination claim;
- make the frequencies of primary and supplementary eye examinations a condition of remuneration in the Statement;
- provide for the mandatory electronic submission of GOS eye examination claims to Practitioner Services from 1 April 2019;
- add to the list of grounds under which certain tests and procedures need not be carried out as part of a GOS eye examination;
- make other miscellaneous amendments, including adding [Scottish Intercollegiate Guidance Network 144: Glaucoma Referral and Safe Discharge](#) (“SIGN 144”) to the GOS Terms of Service.

Emergency eye examinations

3. The [Community Eyecare Services Review](#) published in April 2017 showed that the number of people accessing free NHS funded eye examinations has increased significantly since the current GOS arrangements were introduced in 2006. The Review recommended that the Scottish Government consider with the optometry profession the changing role of community optometry in the early detection of eye disease and being the first port of call for unplanned and emergency eyecare, which is helping to reduce the burden on GPs and Emergency Hospital Ophthalmology Services. .
4. Optometrists registered with the General Optical Council (“GOC”), and OMPs registered with the General Medical Council, already have a professional responsibility to ensure that anyone presenting to them with an emergency eye condition is appropriately managed, either by undertaking an emergency examination of the person themselves, or by directing the person to an appropriate healthcare professional and indicating the degree of urgency.
5. The SSI in the [Annex](#) to this Memorandum reflects this professional responsibility by inserting a new regulation 21B (and definition of an “emergency eye examination”) to the 2006 Regulations from 1 October 2018 which places a duty on all listed optometrists or OMPs, as a condition of providing GOS in Scotland, to either:
 - carry out an emergency eye examination on a person presenting with an emergency eye-related problem, either on the same day on which the patient presents or within a reasonable time thereof; or
 - if for any reason they cannot examine the person, to take all reasonable steps to making an arrangement with another listed optometrist or OMP, hospital or GP practice to examine the person.
6. As is already the case, it is up to the professional judgement of the optometrist or OMP to determine whether or not the circumstances in which the patient presents constitutes an emergency. Professional guidance already exists to help practitioners in this regard, such as the College of Optometrists Guidance for Professional Practice: <https://guidance.college-optometrists.org/guidance-contents/knowledge-skills-and-performance-domain/examining-patients-who-present-as-an-emergency/>.

Mandatory training

7. The SSI in the [Annex](#) to this Memorandum inserts a new paragraph 3A to schedule 1 of the 2006 Regulations from 1 October 2018 providing that all listed optometrists and OMPs (except bodies corporate) must, as a condition of being able to provide GOS, satisfactorily undertake training provided by NHS Education for Scotland which comprises training on any or all of the following topics:
 - the content and application of the 2006 Regulations and other relevant rules and law; record keeping;

- leadership, managing and working within an ophthalmic practice;
 - clinical skills and governance; managing ocular conditions;
 - ethical and professional obligations; and
 - best practice guidance.
8. Optometrists undertaking these courses will receive Continuing Education and Training (“CET”) points which count towards their CET requirements as set by the GOC. NHS Education for Scotland’s Optometric Advisory Board, which has representation from the College of Optometrists, the GOC, Glasgow Caledonian University, the Scottish Government and Optometry Scotland, will support the prioritisation of training. The first mandatory training course will be delivered via an e-learning module and will support the new emergency eye examination provision being added to the 2006 Regulations from 1 October 2018.
9. Once the optometrist or OMP has satisfactorily completed the training, they must provide a completion certificate to the NHS Board with which they are listed. The first period within which the training must be completed is 1 October 2018 to 31 December 2020 and thereafter the training must be completed annually.
10. NHS Education for Scotland will be in touch in due course with optometrists and OMPs providing further details on mandatory training.

Removal of the four week early primary eye examination claim

11. Regulation 22(3B)(b) of the 2006 Regulations currently allows a primary eye examination to be carried out on a patient up to four weeks before their examination is clinically required, as determined by the general frequencies set out in Table C of schedule 3 of the 2006 Regulations. This was intended to provide practitioners with flexibility for unscheduled patient presentations within four weeks of the patient’s next primary eye examination entitlement.
12. There are practitioners automatically recalling patients for a primary eye examination within this four week window. Therefore, the decision has been made to remove this option from 1 October 2018, and the SSI in the [Annex](#) to this Memorandum delivers this by repealing regulation 22(3B)(b) from the 2006 Regulations.
13. From 1 October 2018 a claim submitted to Practitioner Services for a primary eye examination carried out on a patient within four weeks of their normal entitlement, and which is not otherwise accompanied with a valid early re-test code, will not therefore be a valid claim.

Changes to rules relating to the frequency of primary eye examinations

14. The SSI in the [Annex](#) to this Memorandum amends the 2006 Regulations from 1 October 2018 to make the frequencies of primary and supplementary eye examinations a condition of remuneration in the Statement, by:
- inserting a new regulation 22B which provides that primary eye examinations are not to be carried out more frequently than permitted as a condition of remuneration by the Statement. An eye examination carried out more frequently than this must be undertaken as a supplementary eye examination; and
 - removing the general frequencies of primary eye examinations currently set out in Table C of schedule 3 of the 2006 Regulations.
15. A revised GOS Statement of remuneration will shortly be published in a separate PCA to reflect these changes, and will include a revised table of general primary eye examination frequencies by patient category and list of early re-test codes.
16. Practitioners are reminded that the decision to recall a patient rests with your professional judgement and should be made in the best interests of your patient. It should never be a blanket decision. There may be circumstances where, in the practitioner's professional judgement, a longer interval between primary eye examinations is appropriate, for example a healthy fit 66 year old patient with no family history of note can probably be recalled after two years.
17. Patients should always be advised that if they have concerns about their eyes before the recall date then they can present at any time and receive a supplementary eye examination.

Mandatory electronic submission of GOS(S)1 claims from 1 April 2019

18. As previously notified to practitioners in [PCA\(O\)\(2017\)2](#), and as part of the continuation of the work of the Eyecare Integration Programme established in 2010, the SSI in the [Annex](#) to this Memorandum makes amendments to the 2006 Regulations (mainly to regulation 22 and paragraph 13 of schedule 1) requiring that, from 1 April 2019, GOS(S)1 eye examination claims will only be able to be submitted electronically (by a practice management system or using the web-based eOphthalmics forms/query-string) to Practitioner Services. From this date, irrespective of when the eye examination was carried out, paper GOS(S)1 claims will no longer be accepted and any that are received will be rejected.
19. The Scottish Government intends to separately amend The National Health Service (Optical Charges and Payments) (Scotland) Regulations 1998 in due course to require that, from 1 April 2019, optical voucher claims for the supply and replacement and repair of glasses and contact lenses (with the exception of those from the hospital eye service) will also have to be submitted electronically to Practitioner Services.

20. The number of practices submitting GOS claims electronically has increased significantly in recent months, and by July 2018 it is expected that around 65% of practices will be doing so. Submitting claims electronically realises significant benefits for optometrists and OMPs through real-time validation of claims, eliminating the vast majority of errors and leading to a quicker and more efficient system and a significant improvement in data quality.

21. Further enhancements (building on user feedback) will be made to the eOphthalmics GOS webforms by August 2018 to add more functionality and make the system even more user-friendly, including but not limited to:

- auto-population of certain fields, such as the amount being claimed;
- enabling sorting by patient name or chronological order (e.g. date of examination) on the Review Claims screen;
- removing unused fields and reordering/rearranging existing fields and options to be more user-friendly and based on most frequently entered data.

Addition to grounds under which certain tests and procedures need not be carried out as part of a GOS eye examination

22. The SSI in the [Annex](#) to this Memorandum amends the 2006 Regulations by amending paragraph 14(1A) of schedule 1 to add an additional ground under which an optometrist or OMP may determine that a test or procedure should not be conducted. This is relevant to the recommendation in the Community Eyecare Services Review that a revised national framework for GOS should have a focus on “patient need and greater flexibility for professional judgement”.

23. From 1 October 2018, practitioners may determine that an eye examination need not consist of every test or procedure appropriate to the presenting signs, symptoms and needs of the patient, in any of the following circumstances:

- they consider that the patient has a physical or mental condition which would make the carrying out of any such test or procedure clinically inappropriate;
- in their judgement, the test or procedure is clinically inappropriate for any other reason; or
- the patient has refused to undertake any such test or procedure.

24. A revised GOS Statement of remuneration will shortly be published in a separate PCA to reflect these changes, including a revised set of tests and procedures for primary and supplementary eye examinations which are more patient focused and give practitioners greater flexibility to use their professional judgement.

Miscellaneous amendments to the 2006 Regulations

25. The SSI in the [Annex](#) to this Memorandum makes other miscellaneous amendments to the 2006 Regulations, including:

- amending the GOS Terms of Service set out in schedule 1 to reflect the latest title of the College of Optometrists Guidance for Professional Practice and to incorporate SIGN 144 guidance regarding Glaucoma Referral and Safe Discharge (a recommendation of the Community Eyecare Services Review); and
- amending references to “applanation tonometry” to state more specifically that this means “contact applanation tonometry using a Goldmann type (including Perkins type) tonometer”.

Optical voucher values and allowances for repairs and replacements

26. There is no increase to optical voucher values and allowances for repairs and replacements for 2018-19.

Number of eye examinations in a working day and primary eye examination appointment times

27. Optometrists and OMPs are reminded that paragraph 14(7) of schedule 1 to the 2006 Regulations specifies that they must not carry out more than 20 eye examinations (both primary and supplementary) in any working day.

28. The Scottish Government is currently working with stakeholders including NHS Boards and Optometry Scotland to review this rule, in recognition that the current definition of working day in the 2006 Regulations (*“means a period of 7 hours 30 minutes on any day of the week, usually between the hours of 9.00am and 5.30pm with a 1 hour lunch break”*) is no longer reflective of modern working patterns, where increasing numbers of practitioners are working part time and/or longer hours, and in light of concerns that some practitioners may regularly be exceeding this number - with potential consequential risks to patient safety and quality of care.

29. Practitioners are reminded that the length of an eye examination will depend on the patient’s age and presenting signs and symptoms. As a general rule, the minimum time involved in providing a primary eye examination should be 30 minutes for those patients who attend for routine examinations with no specific symptoms and no prescription for glasses/contact lenses. For patients where additional tests and procedures are required because of their age or presenting signs and symptoms, the timing of the primary eye examination will increase.

Enquiries

30. Any enquiries arising from this Memorandum that are in relation to the mandatory electronic submission of GOS claims from 1 April 2019, or the eOphthalmics system in general, should be directed to Practitioner Services (email: nss.psdophthalmic@nhs.net; tel: 0131 275 6200).
31. Enquiries relating to anything else in 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
28 June 2018

2018 No.

NATIONAL HEALTH SERVICE

The National Health Service (General Ophthalmic Services)
(Scotland) Amendment Regulations 2018

Made - - - - - 26th June 2018

Laid before the Scottish Parliament 28th June 2018

Coming into force in accordance with regulation 1

The Scottish Ministers make the following Regulations in exercise of the powers conferred by sections 26, 28A(4), 105(7) and 106(a) of the National Health Service (Scotland) Act 1978(1) and all other powers enabling them to do so.

Citation and commencement

1.—(1) These Regulations may be cited as the National Health Service (General Ophthalmic Services) (Scotland) Amendment Regulations 2018.

(1) Subject to paragraph (3), these Regulations come into force on 1st October 2018.

(2) Regulations 3(b), 5, 7(1)(c), (e) and (g), 9 and 10(5) come into force on 1st April 2019.

Amendment of the National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006

2. The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006(2) are amended in accordance with regulations 3 to 13.

3. In regulation 2(1) (interpretation)—

(a) after the definition of “electronic communication” insert—

““emergency eye examination” means an eye examination carried out, in circumstances that in the professional judgement of an ophthalmic medical practitioner or optician constitute an emergency, on the day that a person presents under regulation 21B or within a reasonable period thereof;”;

(b) in the definition of “eye examination form”, for “a form supplied by a Health Board” substitute “an electronic form supplied by the Agency”;

(1) 1978 c.29; section 26 was amended by the Health and Social Security Act 1984 (c.48), section 1(7) and schedule 1, Part II, paragraph 1, the Health and Medicines Act 1988 (c.49), section 13(4) and the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), sections 13(2) and 19; section 28A(4) was inserted by the Health Act 1999 (c.8) (“the 1999 Act”), section 57(1); section 105(7) was amended by the Health Services Act 1980 (c.53), schedule 6, paragraph 5(1) and schedule 7, the Health and Social Services and Social Security Adjudications Act 1983 (c.41), section 29(1) and schedule 9, Part I, paragraph 24 and the 1999 Act, schedule 4, paragraph 60; section 108(1) contains definitions of “regulations” and “prescribed” relevant to the exercise of the statutory powers under which these Regulations are made. The functions of the Secretary of State were transferred to the Scottish Ministers by virtue of section 53 of the Scotland Act 1998 (c.46).

(2) S.S.I. 2006/135; relevant amending instruments are S.S.I. 2006/329, S.S.I. 2007/193, S.S.I. 2010/86, S.S.I. 2010/378, S.S.I. 2012/36, S.S.I. 2013/355 and S.S.I. 2015/219.

- (c) after the definition of “general ophthalmic services” insert—
 ““Goldmann type tonometer” includes a Perkins type tonometer;”;
- (d) in paragraph (b) of the definition of “supplementary eye examination”(3), for “22(3C)” substitute “22A(2)”.

4. In regulation 7(1)(b) (application for inclusion in ophthalmic list and notification of changes), for “3” substitute “3, 3A”.

5. In regulation 7(1)(b), for “13(2)(b), (3) and (4)” substitute “13(4) and (4A)”.

6. Before regulation 22 (application for an eye examination) and under the heading for Part V (procedure for choosing contractor) insert—

“Emergency eye examination

21B.—(1) Where a person presents to an ophthalmic medical practitioner or optician included in an Ophthalmic List in circumstances where that ophthalmic medical practitioner or optician considers it to be an emergency, that ophthalmic medical practitioner or optician—

- (a) must carry out an emergency eye examination; or
- (b) if unable to carry out an emergency eye examination, must, with the person’s agreement, take all reasonable steps to make an arrangement with—
 - (i) another ophthalmic medical practitioner or optician on the Ophthalmic List to carry out an emergency eye examination; or
 - (ii) a hospital or GP practice to examine the person,

and when making the arrangement, must indicate the degree of urgency.

(2) Before an ophthalmic medical practitioner or optician carries out an emergency eye examination under paragraph (1)(a) or (b)(i), the person must make an application for an eye examination under regulation 22(1).”.

7.—(2) In regulation 22 (application for an eye examination)—

- (a) in paragraph (1), for “may” substitute “must”;
- (b) in paragraph (2)(4), omit “provided for that purpose to contractors by the Board”;
- (c) for paragraph (2) substitute—
 “(2) The application must be made on an eye examination form and must be accompanied by a patient practice record form completed and signed by the applicant.”;
- (d) in paragraph (2A)(5), for “is submitted” substitute “will be submitted to the Agency under paragraph 13(1) of schedule 1”;
- (e) omit paragraph (2A);
- (f) for paragraph (2B)(6) substitute—
 “(2B) Where paragraph (2A) applies, the applicant must, before an eye examination, complete, sign and submit to the ophthalmic medical practitioner or optician a patient practice record form.”;
- (g) omit paragraph (2B);
- (h) for paragraph (3)(b) substitute—
 “(b) unless the eye examination is an emergency eye examination, be satisfied that it is necessary.”; and
- (i) omit paragraphs (3A) to (3C)(7).

(3) The definition of “supplementary eye examination” was substituted by S.S.I. 2013/355.
(4) Regulation 22(2) was amended by S.S.I. 2015/219.
(5) Regulation 22(2A) was inserted by S.S.I. 2015/219.
(6) Regulation 22(2B) was inserted by S.S.I. 2015/219.
(7) Regulation 22(3A) to (3C) was inserted by S.S.I. 2010/86.

(2) Paragraph (1)(b), (d) and (f) ceases to have effect on the coming into force of paragraph (1) (c), (e) and (g).

8. After regulation 22 insert—

“Frequency of eye examinations

22A.—(1) Where an eye examination is a primary eye examination, that examination must not be carried out more frequently than permitted as a condition of remuneration by the Statement.

(2) Where an eye examination is carried out more frequently than permitted as a condition of remuneration by the Statement, it must be undertaken as a supplementary eye examination.”.

9. In regulation 23 (application on behalf of children or incapable persons)—

- (a) in paragraph (1), for “general ophthalmic services in terms of these regulations shall be made and a signature required by these regulations shall be given” substitute “regulation 22(1) must be made, and the accompanying patient practice record form signed”;
- (b) in paragraph (2), for “an application” substitute “a patient practice record form”; and
- (c) omit paragraph (3)(8).

10.—(3) Schedule 1 (terms of service) is amended as follows.

(1) In paragraph 2 (incorporation of provisions)—

(a) for sub-paragraph (g) substitute—

“(g) the College of Optometrists’ Guidance for Professional Practice(9);”;

(b) at the end of sub-paragraph (g) omit “and”; and

(c) after sub-paragraph (h)(10) insert—

“; and

(i) Scottish Intercollegiate Guidance Network 144: Glaucoma Referral and Safe Discharge(11).”.

(2) In paragraph 3(1) (certificate of training), for “applanation tonometry” substitute “contact applanation tonometry using a Goldmann type tonometer”.

(3) After paragraph 3 insert—

“Mandatory training

3A.—(1) Except in the case of a body corporate, in each relevant period an ophthalmic medical practitioner or optician providing or assisting in the provision of general ophthalmic services must—

- (a) undertake a course of training provided by NHS Education for Scotland which comprises training on any or all of the following topics:—
 - (i) the content and application of these Regulations and other relevant rules and law;
 - (ii) record keeping;
 - (iii) leadership, managing and working within an ophthalmic practice;
 - (iv) clinical skills and governance;
 - (v) managing ocular conditions;
 - (vi) ethical and professional obligations;

(8) Regulation 23(3) was inserted by S.S.I. 2015/219.

(9) Guidance for Professional Practice was published on 24th November 2017, and is available at <https://guidance.college-optometrists.org/home/>. A paper copy of this guidance was made available to members of the College of Optometrists in February 2018.

(10) Paragraph 2(h) of schedule 1 was inserted by S.S.I. 2012/36.

(11) Scottish Intercollegiate Guidance Network 144: Glaucoma Referral and Safe Discharge (ISBN 978 1 909103 36 8) was published in 2015 in Edinburgh by Health Improvement Scotland and the Scottish Intercollegiate Guidance Network. An online version is available at <http://www.sign.ac.uk/assets/sign144.pdf>.

- (vii) best practice guidance; and
 - (b) provide the Board with a certificate confirming that the ophthalmic medical practitioner or optician has completed the training satisfactorily.
- (2) In this paragraph “relevant period” means each of the following periods—
- (a) 1st October 2018 until 31st December 2020;
 - (b) 1st January 2021 until 31st December 2021; and
 - (c) each successive period of 12 months after the period specified in head (b).”.
- (4) In paragraph 13 (payments)—
- (a) in sub-paragraph (1A)(**12**), omit “either sub-paragraphs (2) and (3), or”;
 - (b) omit sub-paragraphs (2) and (3);
 - (c) in sub-paragraph (3B)(**13**)—
 - (i) omit “by means of electronic communication”; and
 - (ii) after “(3A)” insert “or (4A)”;
 - (d) after sub-paragraph (4) insert—

“(4A) The claim referred to in sub-paragraph (4) must be submitted to the Agency by electronic communication and must contain the PIN allocated to the ophthalmic medical practitioner or optician who assists the contractor in the provision of general ophthalmic services.”.
- (5) In paragraph 14(1A)(**14**) (eye examinations)—
- (a) before “needs” insert “presenting signs, symptoms and”;
 - (b) at the end of head (a) omit “or”; and
 - (c) after head (a) insert—

“(aa) in the judgement of the ophthalmic medical practitioner or optician, the test or procedure is clinically inappropriate for any other reason; or”.

11. In paragraph 3(b)(**15**) of Part A of schedule 2 (information, declarations etc. to be included in application for inclusion in the first part of ophthalmic list), for “applanation tonometry” substitute “contact applanation tonometry using a Goldmann type tonometer”.

12. In paragraph 3(b)(**16**) of Part B of schedule 2 (information, declarations etc. to be included in application for inclusion in the second part of ophthalmic list), for “applanation tonometry” substitute “contact applanation tonometry using a Goldmann type tonometer”.

(**12**) Paragraph 13(1A) of schedule 1 was inserted by S.S.I. 2015/219.
 (**13**) Paragraph 13(3B) of schedule 1 was inserted by S.S.I. 2015/219.
 (**14**) Paragraph 14(1A) of schedule 1 was inserted by S.S.I. 2013/355.
 (**15**) Paragraph 3(b) of Part A of schedule 2 was amended by S.S.I. 2007/193.
 (**16**) Paragraph 3(b) of Part B of schedule 2 was amended by S.S.I. 2007/193.

13. Omit schedule 3 (primary eye examination).

St Andrew's House,
Edinburgh
26th June 2018

SHONA ROBISON
A member of the Scottish Government

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations amend the National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006 (“the 2006 Regulations”). The 2006 Regulations provide for arrangements under which general ophthalmic services are provided by Health Boards in Scotland in terms of the National Health Service (Scotland) Act 1978.

In addition to minor amendments, these Regulations make the changes detailed below.

Regulation 6 inserts a new regulation 21B into Part V of the 2006 Regulations. From 1st October 2018, a duty is placed on ophthalmic medical practitioners and opticians included on the Ophthalmic List to take certain steps where a person presents in circumstances where that ophthalmic medical practitioner or optician considers it to be an emergency.

Regulation 7 amends regulation 22 of the 2006 Regulation to (i) make miscellaneous amendments, which come into force on 1 October 2018, and (ii) to make amendments, which come into force on 1st April 2019, to reflect the introduction, through amendments to paragraph 13 of schedule 1 of the 2006 Regulations, of a requirement for all claims to the Common Services Agency for fees in respect of the provision of general ophthalmic services to be made electronically.

Regulation 8 inserts new regulation 22A into the 2006 Regulations. Regulation 22A(1) provides that primary eye examinations are not to be carried out more frequently than permitted as a condition of remuneration by the Statement. Under paragraph (2), an eye examination carried out more frequently than this must be undertaken as a supplementary eye examination. Related to this, regulation (7)(1)(i) omits regulation 22(3A) to (3C) and regulation 13 omits schedule 3 of the 2006 Regulations.

Regulation 10 makes a number of amendments to schedule 1 of the 2006 Regulations. In addition to minor amendments, regulation 10 makes the following changes:

- regulation 10(2) makes amendments to paragraph 2 of schedule 1, which include inserting “Scottish Intercollegiate Guidance Network 144: Glaucoma Referral and Safe Discharge” into the list in paragraph 2 of the 2006 Regulations;
- regulation 10(3) changes the reference in paragraph 3 of schedule 1 to “applanation tonometry” to “contact applanation tonometry using a Goldmann type tonometer”. Regulations 11 and 12 make consequential amendments to schedule 2;
- regulation 10(4) inserts paragraph 3A into schedule 1. Paragraph 3A(1) of the 2006 Regulations imposes a requirement, from 1st October 2018, on ophthalmic medical practitioners and opticians on the Ophthalmic List (with the exception of bodies corporate) to satisfactorily complete mandatory training in each relevant period. Sub-paragraph (2) defines “relevant period”;
- regulation 10(5) makes amendments to paragraph 13 of schedule 1 to provide that from 1st April 2019 all claims by a contractor for fees in respect of the provision of general ophthalmic services are to be made electronically. Regulation 10(5)(c)(ii) and (d) puts in place a requirement for the claim for remuneration completed under paragraph 13(4) of schedule 1 to be submitted to the Agency by electronic communication;
- regulation 10(6) amends paragraph 14(1A) of schedule 1 by adding an additional ground under which an ophthalmic medical practitioner or optician may determine that an eye examination need not consist of every test or procedure appropriate to the presenting signs, symptoms and needs of the patient. The additional ground is that, in the judgement of the ophthalmic medical practitioner or optician, the test or procedure is clinically inappropriate, other than as provided for in paragraph 14(1A)(a) of schedule 1.