

Dear Colleague

**GENERAL OPHTHALMIC SERVICES (GOS) –  
COVID-19: Suspension of all routine community eye care  
services, and the move to providing only emergency and  
essential eye care; Financial measures to support community  
optometry practices; Other important COVID-19 updates**

**Summary**

1. This communication provides details of the suspension of all routine community eye care services as a result of the COVID-19 pandemic and the move to providing only emergency and essential eye care. It sets out financial measures to help support community optometry practices in Scotland and also other important COVID-19 related information and updates.

**Action**

2. NHS Boards are asked to **urgently** issue this letter and the enclosed Memorandum to all optometrists, ophthalmic medical practitioners and practices within their Board area.

Yours sincerely,



**Heather Campbell**  
Interim Deputy Director of Primary Care,  
Scottish Government

20 March 2020

**Addresses:**

For action  
Chief Executives, NHS Boards

For information  
Chief Executive,  
NHS National Services  
Scotland  
NHS Board Optometric  
Advisers  
NHS Education for Scotland  
Optometry Scotland

**Enquiries to:**

Mike Stewart  
Community Eyecare Policy  
Primary Care Division  
1st Floor East Rear  
St Andrews House  
EDINBURGH  
EH1 3DG

Email: [eyecare@gov.scot](mailto:eyecare@gov.scot)

**MEMORANDUM TO NHS:  
PCA(O)2020(4)**

**Summary**

1. This Memorandum provides an important update to all community optometry practices and staff regarding the provision of community eye care services during the COVID-19 pandemic.
2. It includes:
  - an instruction to all General Ophthalmic Services (GOS) providers to **cease** the provision of routine eye care services in Scotland from Monday 23 March 2020, and move to providing only emergency and essential eye care;
  - details of a package of financial measures to help support community optometry practices in Scotland during the COVID-19 pandemic;
  - information about the development of emergency eye care pathways within NHS Board areas;
  - infection control measures;
  - information about revised Health Protection Scotland guidance for optometrists and opticians;
  - information about new General Optical Council guidance for COVID-19;
  - details of the temporary suspension of the requirement for patient or patient representative signatures on GOS(S)1 'cheque book' slip and GOS(S)3, GOS(S)4, HES(S)1, HES(S)3 and HES(S)4 forms;
  - information about notifying Health Boards of changes in practice opening hours or of practice closures as a result of COVID-19.

**Suspension of all routine eye examinations, and arrangements for continuation of emergency and essential eye care**

3. In line with wider guidance on social distancing to reduce the transmission of COVID-19, **all** providers of GOS in Scotland are instructed to cease the provision of routine eye care services from Monday 23 March 2020 until further notice. Routine existing appointments on or after this date should therefore be postponed with immediate effect.
4. From Monday 23 March 2020, community eye care services provision will change to supporting **only patients who need emergency or essential eye care**. As set out in paragraphs 8 to 25, financial support measures are being put in place to complement the continuation of this care.
5. Practitioners and practice staff are reminded that, where applicable, they are required to follow the advice issued in relation to self-isolating and social

distancing. This information is available from [NHS Inform](#) and is constantly changing. It should be referred to regularly.

### Emergency care

6. As is already the case, it is up to the professional judgement of an optometrist or ophthalmic medical practitioner to determine whether or not the circumstances in which a 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/>.

### Essential care

7. As these measures will likely be in place for some months, essential care is to be interpreted as meaning appointments for patients who would not normally be considered to be emergencies, but where, in the practitioner's professional judgement, a delay in an examination may be detrimental to a patient's sight or wellbeing.

## **Financial support measures**

8. The Scottish Government recognises that this is a particularly unsettling time for all community eye care service providers and staff. Community optometry practices and staff are key to the delivery of eye care in Scotland and our reform agenda in the longer term. It is imperative therefore that, as far as possible, the current infrastructure and workforce are protected.
9. On Wednesday 18 March 2020 the Scottish Government announced a broad package of financial support for businesses in Scotland: <https://www.gov.scot/news/gbp-2-2-billion-for-business/>. Further information on each of these measures will be published and announced in due course on the Scottish Government website.
10. In addition to this general support for businesses, this Memorandum sets out a package of specific financial support measures for community optometry practices that the Scottish Government is introducing to preserve the integrity of NHS community eye care services during the current COVID-19 pandemic.
11. The Scottish Government would like to thank Optometry Scotland and NHS Boards (in particular Practitioner and Counter Fraud Services (P&CFS), part of NHS National Services Scotland) for their constructive engagement, input and support to the development of the measures set out in this Memorandum.

### Overview of specific financial support measures for community optometry practices

12. To achieve this, the current GOS contractor reimbursement model will be suspended following the next scheduled payment to be made to practices on Tuesday 24 March 2020.

13. With effect from the scheduled April payment date, a two-part payment support model will be implemented:

- **Part 1:** all practices will receive a monthly payment equating to their average monthly item of service income across the 2019/20 financial year.
- **Part 2:** community eye care will continue to support other primary and secondary care colleagues by managing persons requiring emergency and essential eyecare. Payments in addition to the Part 1 payment will be introduced for the provision of emergency and essential eye care.

#### Part 1 payments

14. With regard to Part 1 support, P&CFS will calculate the value of the monthly payment, which will then be fixed for the duration of the period to which Part 1 support payments apply. The processes that they will utilise to do this is part of their routine Business Continuity Plan, which has been subject to regular test and review.

15. Practices which are forced to temporarily close as a result of COVID-19 will continue to receive their Part 1 payments throughout the temporary closure period, as long as the practice continues to have listed practitioners. However, Part 1 payments to practices which permanently close (not related to COVID-19) will cease.

16. The value of the payment made will take into account the practice's average income (from GOS eye examination fees and NHS optical vouchers) over a representative period. It will be calculated as follows:

- If the practice's income has been stable over the previous 12 months, subject to seasonal variation, a 12 month period will be used to calculate the average monthly payment.
- Where there has been significant movement or change within practice income, the average will be based on the most relevant period appropriate as follows:
  - a. if the practice has only been operational for 3 months, the average will be calculated on an average of the income for those 3 months;
  - b. if the practice has significantly expanded at some point during the financial year, the average will be based on the most appropriate number of months;
  - c. if the practice has significantly reduced operations for the last 3 months of the 12 month period, the average will be based on an average of the last 3 months of income.

17. It is not possible to provide examples for every set of circumstances applicable to practices, however P&CFS have committed to take all reasonable steps to ensure that the appropriate level of Part 1 support is calculated.

18. GOS item of service activity submitted since Tuesday 10 March 2020, and for which payment has not yet been made, will be offset against the value of the monthly support payment for April 2020.

### Part 2 payments

19. With regard to Part 2 payments, practices who have provided an emergency or essential eye care examination in line with local Health Board emergency or essential care pathways (where available) with effect from Monday 23 March 2020 will be permitted to claim for each examination via eOphthalmic.
20. Only 2.8 or 4.8 supplementary eye examination (SEE) reason codes will be able to be claimed for emergency or essential eye care examinations, as follows:

Optometrist	Type of Care Provided	SEE reason code to be used	Fee
Non-Independent Prescriber (IP) Optometrist or Ophthalmic Medical Practitioner	Emergency/essential eye care examination – patient's pupils are <b>not</b> dilated	2.8	£24.50
Non-IP Optometrist or Ophthalmic Medical Practitioner	Emergency/essential eye care examination – patient's pupils <b>are</b> dilated	4.8	£38.00
IP Optometrist	Emergency/essential eye care examination (irrespective of whether or not the patient's pupils are dilated)	4.8	£38.00

21. No other types of NHS GOS eye examination claims (primaries or other supplementaries) carried out on or after Monday 23 March 2020 can be made until further notice.
22. Where local agreements are in place within a Health Board area, a non-IP optometrist can refer a patient to an IP optometrist for enhanced care. This referral route is covered by the General Optical Council's Rules Relating To Injury Or Disease Of The Eye 7b(i), 1999.
23. Where this intra-referral occurs, and only where the non-IP optometrist and IP optometrist are in a **different practice**, each practitioner can submit a separate electronic GOS(S)1 payment claim for the eye examination they have undertaken, in line with the table further above (i.e. the first claim by the non-IP optometrist will be a 2.8/4.8 SEE, and the second claim by the IP optometrist will be a 4.8 SEE). Practitioners should ensure that the "referred to" and "referred by" fields are appropriately populated. This information will be used to assist with the monitoring of these payments.

24. Where an emergency or essential eye care examination is undertaken in a domiciliary setting (a patient's own home, or in a day or residential centre) in line with local emergency care pathways within a particular NHS Board, the practitioner can claim the additional (first patient) domiciliary visit fee of £37.56 in addition to the relevant SEE fee as set out in the table above.
25. P&CFS are currently developing business processes to facilitate the payment of Part 2 support, and once this is complete further information will be made available. In the meantime, contractors should retain details of any emergency or essential eye care examinations provided on or after Monday 23 March 2020.

### **Emergency care pathways**

26. During the COVID-19 pandemic, patients will still require access to emergency eye care. It is imperative that the provision of this service will continue to be provided within health board areas. It is anticipated that IP optometrists will be key in the delivery of emergency eye care. Primary Care teams within NHS Boards are being asked to develop emergency eye care pathways within their areas (including for all emergency or essential domiciliary eye care) and to ensure that patients are able to get the emergency care that they require in a timely manner.
27. Once NHS Boards have determined how emergency eye care is to be delivered within their area, this information should be shared with the community optometry practices, NHS 24 and the Scottish Government. This is likely to be a flexible and changing provision.

### **Infection control measures**

28. The removal of corneal foreign bodies and rust rings with an Alger brush is an aerosol generating procedure. Optometrists are advised not to continue to use this technique until appropriate Personal and Protective Equipment has been issued.
29. It is particularly important during the COVID-19 pandemic that effective infection control measures are in place both within the consulting room and throughout the practice.
30. Contractors are reminded that, under the GOS Terms of Service set out in the National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006 ("2006 Regulations"), as amended, they must ensure that they provide "*proper, sufficient and appropriate premises* [excluding mobile practices], *equipment and procedures*" (Schedule 1 paragraph 5) for the provision of GOS.
31. In addition, all GOS practitioners are required to follow relevant guidance set out in the College of Optometrists Guidance for Professional Practice (Schedule 1 paragraph 2(g) of the 2006 Regulations): <https://guidance.college-optometrists.org/guidance-contents/safety-and-quality-domain/infection-control/#open:293,281,279,282>.

32. Should an individual with symptoms consistent with COVID-19 be present within a practice, follow the Health Protection Scotland guidance (see next section) for further guidance on environmental cleaning measures.

### **Revised Health Protection Scotland guidance for COVID-19**

33. The Health Protection Scotland guidance for community eye care services providers has been revised and is available at: [www.hps.scot.nhs.uk/web-resources-container/covid-19-advice-for-opticians-and-optometrists/](http://www.hps.scot.nhs.uk/web-resources-container/covid-19-advice-for-opticians-and-optometrists/).
34. This guidance is subject to revision, so please always check the above link to ensure that any guidance being referred to is the latest version.

### **New General Optical Council guidance for COVID-19**

35. The General Optical Council has published a suite of new COVID-19 statements for its registrants, including: remote consultations and prescribing; supply of sales of spectacles and contact lenses; education provision.
36. The guidance, which is subject to ongoing review, is available online at: [https://www.optical.org/en/news\\_publications/Publications/joint-statement-and-guidance-on-coronavirus-covid19.cfm](https://www.optical.org/en/news_publications/Publications/joint-statement-and-guidance-on-coronavirus-covid19.cfm).

### **Patient and patient representative signatures**

37. For COVID-19 related safety reasons, NHS Scotland Counter Fraud Services has agreed to temporarily suspend, until further notice, the requirement for patient or patient representative signatures on the GOS(S)1 'cheque book' slip and GOS(S)3, GOS(S)4, HES(S)1, HES(S)3 and HES(S)4 forms. The table below sets out what to do for each form type, both in relation to their paper and (where relevant) electronic formats.

<b>Form</b>	<b>What to do on the paper form</b>	<b>What to do on the electronic claim</b>
GOS(S)1	The patient/patient representative is not asked to sign the 'cheque book' slip	The contractor ticks that it has been signed as a representative of the patient and puts "COVID" in the representative name box
GOS(S)3	The patient/patient representative is not asked to sign the form	The contractor ticks that it has been signed as a representative of the patient and puts "COVID" in the representative name box
GOS(S)4	The patient/patient representative is not asked to sign the form	The contractor ticks that it has been signed as a representative of the patient and puts "COVID"

		in the representative name box
All HES forms	The contractor signs on the patient's behalf using the name "COVID"	N/A

### Notification of change in practice opening hours or practice closure

38. If a contractor decides to temporarily change their opening hours during the COVID-19 pandemic, this should be communicated to the Health Board on whose Ophthalmic List the contractor appears, **only** where the change in opening hours is to be in place for the foreseeable future.
39. Any contractor who requires to close their practice as a direct result of the COVID-19 pandemic must advise the relevant Health Board of that fact, and of the date of the closure. Practice closures which occur during the COVID-19 pandemic will be classed as temporary and the contractor shall **not** be removed from the Board's Ophthalmic List, unless otherwise advised.

### Enquiries

40. Any enquiries arising from this Memorandum should be emailed to: [eyecare@gov.scot](mailto:eyecare@gov.scot).

Primary Care Division,  
Directorate for Community Health and Social Care  
Scottish Government