



Dear Colleague

**GENERAL OPHTHALMIC SERVICES (GOS):**

- **Update on the transition to the pull model of PPE ordering – NHS Borders, NHS Lanarkshire, NHS Greater Glasgow & Clyde;**
- **Update on financial support for practice premises, mobile practices and peripatetic services provision.**

**Summary**

1. This letter advises on the following:

- Update on the transition to the pull model of PPE ordering – NHS Borders, NHS Lanarkshire, NHS Greater Glasgow & Clyde;
- Update on financial support for practice premises, mobile practices and peripatetic services provision.

**Action**

2. NHS Boards are asked to urgently copy and issue the Memorandum to this letter to all optometrists, ophthalmic medical practitioners, body corporates and practices on their ophthalmic lists.

Yours sincerely,

**Tom Ferris**  
**Deputy Director**

9 March 2021

**Addresses**

For action

Chief Executives, NHS Boards

For information

Chief Executive,  
NHS National Services  
Scotland

NHS Board Optometric  
Advisers

NHS Education for Scotland

**Enquiries to:**

[nss.psdgospayments-covid19@nhs.scot](mailto:nss.psdgospayments-covid19@nhs.scot) (for any practice-specific queries about the financial support measures)

[eyecare@gov.scot](mailto:eyecare@gov.scot) (for any other queries)

**MEMORANDUM TO NHS:  
PCA(O)2021(5)**

**Summary**

1. This Memorandum advises on the following:

- Update on the transition to the pull model of PPE ordering – NHS Borders, NHS Lanarkshire, NHS Greater Glasgow & Clyde;
- Update on financial support for practice premises, mobile practices and peripatetic services provision.

**Update on the transition to the pull model of PPE ordering – NHS Borders, NHS Lanarkshire, NHS Greater Glasgow & Clyde**

2. [PCA\(O\)2021\(1\)](#) provided information to practices regarding the transition to the pull model of PPE ordering, and in particular, to which phase their NHS Board had been assigned.
3. Further to discussion with NHS NSS National Procurement, it has been possible to combine phases 2 and 3, and to implement a “go live” date of 4 March 2021 for the ordering of PPE via PECOS for practices in NHS Borders, NHS Lanarkshire and NHS Greater Glasgow & Clyde.
4. Practices in these Boards should now be in receipt of information detailing how to log in to PECOS and order PPE, which will be available to them via their practice-specific nhs.scot email address.
5. Practice premises and mobile practices who are not aware of what their email address is, or who are having difficulty in accessing it, should **urgently** contact the IT Department at their NHS Board.
6. The information issued included the cut-off dates for PECOS orders covering the period March to May 2021. Practices are reminded that orders must be received by **midday** on the date of cut-off, in order to ensure delivery within the following 10 days.
7. It is strongly recommended that processes are implemented to ensure that cut-off dates are known, that the review of PPE stock levels is carried out in conjunction with anticipated levels of demand for eye examinations, and that orders are placed in a timeous manner. If a practice who identifies that they require PPE fails to place an order by the cut-off date, any subsequent order they place will not be processed until the following cut-off date four weeks later.
8. Arrangements will be made for one final ‘push’ supply of PPE to be made to practices in these NHS Boards to ensure continuity of supply whilst the transition process completes. This will be delivered to practices w/c 22 March 2021.

## Update on financial support for practice premises

9. As essential businesses providing health care services with well-established infection prevention and control (IPC) arrangements in place, community optometry practices have remained open during the current lockdown and have been able to provide a full range of services.
10. Eye examination activity levels within practice premises for the month of January 2021 are approximately 70% of the level seen in January 2020. Activity rates at an individual practice level vary greatly, and as a result, the provision of ongoing financial support will continue, where required.
11. With regard to February 2021, the minimum GOS(S)1 activity level for practice premises (relative to the average monthly GOS(S)1 item of service income across the 2019/20 financial year) required to be met in order to qualify for a 'top-up' payment in line with [PCA\(O\)2020\(14\)](#) has been kept at 20%.
12. With effect from **Monday 1 March 2021**, the minimum GOS(S)1 activity level for practice premises (relative to the average GOS(S)1 item of service income across the 2019/20 financial year) required to be met in order to qualify for a 'top-up' payment in line with [PCA\(O\)2020\(14\)](#) will increase to 40%.
13. With effect from **Thursday 1 April 2021**, the minimum GOS(S)1 activity level for practice premises (relative to the average GOS(S)1 item of service income across the 2019/20 financial year) required to be met in order to qualify for a 'top-up' payment in line with [PCA\(O\)2020\(14\)](#) will increase to 50%.
14. If a practice has to close as a result of COVID-19, paragraphs 10 to 14 of [PCA\(O\)2020\(19\)](#) continue to provide a mechanism for the practice to discuss the situation with the local NHS Board.
15. In addition, the safety measure for financial support for practice premises detailed in paragraphs 11 to 17 of [PCA\(O\)2021\(4\)](#) will remain in place, but will be subject to the following arrangements:
  - For the March 2021 payment schedule, the GOS(S)1 activity level at which a practice premises will **automatically** be brought to the attention of their local NHS Board by Practitioner & Counter Fraud Services (P&CFS) will remain at less than 20%, but greater than or equal to 15%.
  - For the April 2021 payment schedule, the GOS(S)1 activity level at which a practice premises will **automatically** be brought to the attention of their local NHS Board by P&CFS will be amended to less than 40%, but greater than or equal to 35%.
  - For the May 2021 payment schedule, the GOS(S)1 activity level at which a practice premises will **automatically** be brought to the attention of their local

NHS Board by P&CFS will be amended to less than 50%, but greater than or equal to 45%.

16. Further adjustments to the model of financial support as it applies from 1 May 2021 will be communicated in due course.

### **Update on financial support for mobile practices**

#### ***Correction to PCA(O)2020(21)***

17. It has been noted that paragraph 6 of [PCA\(O\)2020\(21\)](#) states that the current model of remuneration applicable to mobile practices applies from Friday 1 January 2020.
18. Scottish Government would like to advise mobile practices that this date is incorrect, and should have been stated as **on and after Friday 1 January 2021**.

#### ***Financial support from 1<sup>st</sup> April 2021***

19. Activity levels displayed by mobile practices have been significantly reduced throughout the COVID-19 pandemic, and data for the month of January 2021 across all practices within the grouping stands at approximately 40% of the level seen in January 2020.
20. A number of the current difficulties associated with the provision of domiciliary eye care will be negated by the COVID-19 vaccination programme and lateral flow device testing, however financial support for mobile practices will continue to be provided, where required.
21. Mobile practices will move to a new model of financial support **on and after Thursday 1 April 2021**, as follows:
- Where a payment location code attributable to a mobile provider exceeds its GOS(S)1 monthly average from the 2019/20 financial year, its payment for that month will be based solely on submitted GOS(S)1 activity.
  - 'Top-up' payments in line with [PCA\(O\)2020\(21\)](#) will continue to be available to mobile practices, but in order to qualify for this payment, a minimum % of GOS(S)1 activity must be met.
  - Where the total value of primary and supplementary eye examination claims, including domiciliary visit fees, submitted in respect of a mobile provider payment location code within the monthly payment schedule is greater than 20% of the average monthly GOS(S)1 item of service income across the 2019/20 financial year, the 'top-up' will be paid.

- Where the total value of primary and supplementary eye examination claims, including domiciliary visit fees, submitted in respect of a mobile provider payment location code within the monthly payment schedule is less than 20% of the average monthly GOS(S)1 item of service income across the 2019/20 financial year), but greater than or equal to 15%, this will **automatically** be brought to the attention of their local NHS Board by P&CFS. The Board will review the data provided to them, in conjunction with other local intelligence that it may possess, to determine whether, in its view, a GOS(S)1 'top-up' payment should be made in respect of the payment location code on the basis that there are COVID-19 specific circumstances for the activity level achieved. The specific circumstances must be directly related to COVID-19 and be beyond the mobile provider's control. Where a local NHS Board reaches a determination that the 'top-up' should be paid, they must notify P&CFS accordingly, stating the reason(s) for their decision.
- In instances where a payment location code attributable to a mobile provider does not qualify to receive a 'top-up' payment, it will be paid on an actual activity-only basis for claims submitted via eOphthalmic.

### ***Impact of COVID-19 on activity levels***

22. It is recognised that there may be instances where a mobile provider is unable to meet the minimum activity level as a direct result of COVID-19.
23. Should a provider anticipate that this may happen, and notwithstanding the arrangements detailed in paragraph 20 above, it should in the first instance contact its NHS Board and explain the exact circumstances. The NHS Board will, where appropriate, contact P&CFS to discuss the issue further, and in particular to review the level of GOS(S)1 claims that have been submitted within the relevant timeframe. A decision will then be made as to whether the 'top-up' will be paid.
24. Examples of applicable circumstances may include:
- higher than expected staff absence following the receipt of positive COVID-19 test results;
  - higher than expected staff absence on the basis of self-isolation due to symptoms, or on the advice of NHS Scotland Test & Protect.
25. This list is not exhaustive, and it is for NHS Boards to discuss the exact circumstances with relevant providers on a case-by-case basis.
26. For the avoidance of doubt, circumstances impacting on GOS(S)1 activity levels which are unrelated to COVID-19 will not be considered.

### ***Financial support from 1 May 2021***

27. Further adjustments to the model of financial support applicable to mobile practices from 1 May 2021 will be communicated in due course.

### **Update on financial support for peripatetic services provision**

28. The remobilisation of peripatetic eye care should now be well underway, and therefore providers will move to a new model of financial support **on and after Thursday 1 April 2021** as follows:

- **GOS eye examinations:** payment of the 100% monthly average attributable to GOS(S)1 claims, calculated from the 2019/20 financial year, will cease. Practices will be paid for actual activity only which has been submitted via the eOphthalmic claims process.
- **GOS(S)3 and GOS(S)4 vouchers:** payment of the 100% monthly average attributable to GOS(S)3 and GOS(S)4 vouchers, calculated from the 2019/20 financial year, will cease. Practices will be paid for actual activity only which has been submitted via the eOphthalmic claims process.

29. The Scottish Government will continue to review peripatetic service provision in conjunction with NHS Boards, and should the ongoing provision of these services be forced to cease as a result of COVID-19, the reinstatement of financial support for providers will be considered.

### **Enquiries**

30. Any practice-specific queries about the financial support measures should be emailed to Practitioner and Counter Fraud Services at: [nss.psdgospayments-covid19@nhs.scot](mailto:nss.psdgospayments-covid19@nhs.scot).

31. Any other queries about this Memorandum should be emailed to the Scottish Government at: [eyecare@gov.scot](mailto:eyecare@gov.scot).

**Dentistry and Optometry Division**  
**Directorate of Primary Care**  
**Scottish Government**