PCA(O)2025(04)

Directorate for Primary Care
Dentistry and Optometry

Scottish Government
Riaghaltas na h-Alba
gov.scot

Dear Colleague

PRIMARY CARE OPTOMETRY:

- **Changes to the General Ophthalmic Services (GOS) primary and supplementary eye examination fee structures;**
- **Changes to GOS to support the management of more complex anterior eye conditions (GOS-SS);**
- **GOS-SS Interim Measure/Full Implementation;**
- **Health Board anterior eye schemes;**
- **Access to NHS pharmaceutical services for GOS-SS;**
- **Collaborative working within the profession;**
- **Changes to digital data submission;**
- **Transposition of HES(S)3 NHS optical vouchers;**
- **Amendments to the mandatory equipment required to carry out domiciliary GOS eye examinations;**
- **Scottish optometry sector events.**

Summary

1. This letter advises on:
   - Changes to GOS primary and supplementary eye examination fee structures;
   - Changes to GOS to support Independent Prescriber optometrists and ophthalmic medical practitioners in managing more complex acute anterior eye conditions, via a new tier of GOS Specialist Supplementary (GOS-SS) examination fees;
   - Implementation of GOS-SS (Interim Measure and Full Implementation);
   - Health Board anterior eye schemes;
   - Access to NHS pharmaceutical services to support the introduction of GOS-SS;
   - Collaborative working within the profession;
   - In addition to the changes in the primary and supplementary fee structure, further changes to digital data submission;
   - The ability to transpose HES(S)3 NHS optical vouchers;
   - Amendments to the mandatory equipment required to carry out a domiciliary GOS eye examination;
   - An update on the Scottish optometry sector events, and access to the recording of the online event from 2 July 2025.

Action

2. Health Boards are asked to immediately copy and issue the Memorandum to this letter to all:
   - optometrists, ophthalmic medical practitioners and body corporates on their Ophthalmic Lists;
   - community optometry practices and dispensing only practices in their Health Board area;
   - Hospital Eye Service (HES) manager(s) in your Health Board, for onward distribution to relevant HES colleagues to advise them about the introduction of GOS-SS.

Yours sincerely,

Tom Ferris
Deputy Director
Dentistry and Optometry Division

28 July 2025

Addresses

For action
Chief Executives, Health Boards

For information
Chief Executive,
NHS National Services Scotland

Health Board Optometric Advisers

Enquiries to:

nss.psdophthalmic@nhs.scot (for queries in relation to the submission of claims via the eOphthalmic system or a Practice Management System)

eyecare@gov.scot (for any other queries)

MEMORANDUM TO NHS:
PCA(O)2025(04)

Summary

1. This Memorandum advises on the following:

    - Changes to General Ophthalmic Services (GOS) primary and supplementary eye examination fee structures;
    - Changes to GOS to support Independent Prescriber (IP) optometrists and ophthalmic medical practitioners (OMP) in managing more complex acute anterior eye conditions, via a new tier of GOS Specialist Supplementary (GOS-SS) examination fees;
    - Implementation of GOS-SS (Interim Measure and Full Implementation);
    - Health Board anterior eye schemes;
    - Access to NHS pharmaceutical services to support the introduction of GOS-SS;
    - Collaborative working within the profession;
    - In addition to the changes in the primary and supplementary eye examination fee structures, further changes to digital data submission;
    - The ability to transpose HES(S)3 NHS optical vouchers;
    - Amendments to the mandatory equipment required to carry out a domiciliary eye examination;
    - An update on the Scottish optometry sector events, and access to the recording of the online event from 2 July 2025.

2. Where this Memorandum has been received by an optometry practice via their NHS email account, it should be shared with all relevant practice staff.

3. References to the “Statement” mean the Statement of GOS Remuneration and CPD allowances which is included in the Annex of this Memorandum and also available in its latest form on the eyes.nhs.scot website.

Changes to Primary Eye Examination Fee Structure

4. PCA(O)2018(2) introduced, from 1 October 2018, a revised supplementary fee structure that differentiated between eye examinations where dilation of a patient’s pupils had, or had not, been carried out.

5. Noting the importance of dilation as a means to carry out a thorough examination of the eye, the primary eye examination fee structure will be amended.

6. With effect for all GOS primary eye examinations undertaken on or after 1 August 2025, the following primary eye examination fee structure and amounts will apply (as set out in Appendix A of the Statement):

    - Patient aged under 60, and where the patient's pupils have not been dilated or a cycloplegic refraction has not been undertaken - £44.74

    - Patient aged under 60, and where the patient's pupils have been dilated or a cycloplegic refraction has been undertaken - £55.58

    - Patient aged 60 and over, and where the patient's pupils have not been dilated - £48.58

    - Patient aged 60 and over, and where the patient's pupils have been dilated - £55.58

7. There have been no changes to:

    - the frequency of primary eye examinations or early re-examination codes for primary eye examinations, which are set out in Tables A and B respectively of Appendix B of the Statement; and

    - the appropriate tests and procedures for primary eye examinations, set out in Appendix C of the Statement.

8. Practitioners are reminded that the duration 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 duration of the primary eye examination will increase.

9. With regards the appropriate tests and procedures for primary eye examinations, practitioners and practices are particularly reminded that **all** patients aged 60 and over should have:

    - a dilated internal eye examination; and

    - a digital image of the retina should be captured and recorded.

10. As set out under paragraph 1 of Appendix E of the Statement, **all** practice premises at or from which GOS is provided must have digital retinal imaging apparatus with a minimum resolution of 2 megapixels and capable of taking a

clear retinal image under normal circumstances (this can be standalone equipment, or as part of another equipment e.g. an Optical Coherence Tomography device).

11. If the equipment is not working, and this will impact on patient care, the practitioner/practice should notify the relevant Health Board.

12. The only circumstances in which the above do not have to be undertaken during a primary eye examination of a patient aged 60 and over are (as set out in paragraph 14(1A) of schedule 1 of the 2006 Regulations and paragraph 1 of Appendix C of the Statement):

    (a) the optometrist or ophthalmic medical practitioner considers that the patient has a physical or mental condition which would make the carrying out of a specific test or procedure clinically inappropriate;

    (b) in the judgement of the optometrist or ophthalmic medical practitioner, a specific test or procedure is clinically inappropriate for any other reason; or

    (c) the patient has refused to undertake a specific test or procedure.

13. As set out in the College of Optometrists Guidance for Professional Practice, practitioners are reminded about the importance of keeping full and accurate records. This includes recording the reason why you have **not** undertaken a specific test or procedure that is normally required.

14. In order to facilitate an increase in the incidence of patients aged 60 and over having a dilated internal eye examination, practitioners and practices are strongly advised to make patients aware when they book their appointment, and in any subsequent reminders, that their pupils will be dilated.

15. In accordance with Appendix C of the Statement, dilating the pupils of a patient aged under 60 as part of a primary eye examination should be undertaken where the practitioner considers it to be appropriate to do so with regards the presenting signs, symptoms and needs of the patient for the purpose of that examination.

16. Where a patient of any age refuses to have their pupils dilated for their primary eye examination, the practitioner/practice must claim the relevant ‘where the patient’s pupils have not been dilated’ primary eye examination fee amount.

17. Where a primary eye examination is commenced, but the patient returns to the practice at a later time (either the same or a different day) to have their pupils dilated as part of their primary eye examination, the practitioner/practice must claim **only** the relevant ‘where the patient’s pupils have been dilated’ primary eye examination fee amount. The date of the primary eye examination recorded on the payment claim form submitted to NSS should be the date on which the primary eye examination was concluded.

Changes to Supplementary Eye Examination Fee Structure

18. In light of the changes to the primary eye examination fee structure, further amendments have been made to the supplementary eye examination fee structure.

19. With effect for all GOS supplementary eye examinations undertaken on or after 1 August 2025, the following changes will apply to supplementary eye examination reason codes (as set out in Table B of Appendix D of the Statement):

- reason codes 2.1, 2.2, 2.3, 2.5, 2.7, 2.8 and 2.9 will cease, and be replaced with new reason codes 3.1, 3.2, 3.3, 3.5, 3.7, 3.8 and 3.9. The only change is in the code prefix (from '2.' to '3.') – the criteria that apply to each of these reason codes remains unchanged.

- reason code 2.0 (cycloplegic refraction following routine primary eye examination on a child) will cease.

  If the need to undertake a cycloplegic refraction of a child is identified during a primary eye examination:

  a) where the cycloplegic refraction is undertaken on the **same day** as the primary eye examination, then **only** the 'Patient aged under 60, and where the patient's pupils have been dilated or a cycloplegic refraction **has been** undertaken' primary eye examination fee can be claimed.

  b) where the cycloplegic refraction is undertaken on a **different day** to the primary eye examination, then **both** a primary eye examination fee (the 'Patient aged under 60, and where the patient's pupils have not been dilated or a cycloplegic refraction **has not** been undertaken' fee) **and** a supplementary eye examination fee (reason code 4.1 - Paediatric Review (with dilation or cycloplegic refraction)) can be claimed.

- reason code 2.4 (patients aged under 60 requiring dilation following primary eye examination) will cease. Where a patient aged under 60 requires to be dilated as part of a primary eye examination, the practitioner/practice must now claim **only** the 'Patient aged under 60, and where the patient's pupils have been dilated' primary eye examination fee amount.

- the addition of new 5.0 and 5.1 'specialist' supplementary eye examination reason codes. See paragraphs 21 to 32 for further information.

20. Practitioners and practices are strongly advised to read the Statement in full to familiarise themselves with the above changes before they come into effect on 1 August 2025.

Changes to GOS to support IP Optometrists and OMPs in managing more complex acute anterior eye conditions

21. The Scottish Government has set out, in the NHS Scotland Operational Improvement Plan, how it plans to improve access to treatment, reduce waiting times, and shift the balance of care from hospitals to primary care.

22. The Plan states a commitment to move some ophthalmic services into the community, bringing eye care closer to patient's homes and away from centralised hospital settings.

23. PCA(O)2025(02) set out how this commitment applies to community optometry, and in particular the intention to introduce changes to GOS that will support IP optometrists and OMPs, via higher remuneration, to manage some patients with specified acute anterior eye conditions. This new examination and fee structure is called the GOS Specialist Supplementary (GOS-SS).

GOS-SS Interim Measure

24. The Scottish Government Director of Primary Care, Tim McDonnell, wrote to the community optometry profession on 17 June 2025, setting out that the implementation of GOS-SS will commence on 1 August 2025 with the introduction of the Interim Measure (IM).

25. The GOS-SS IM will cover the following nine anterior eye conditions:

- Anterior Uveitis
- Anterior and Posterior Blepharitis
- Episcleritis
- Herpes Simplex Keratitis
- Herpes Zoster Ophthalmicus
- Infective Conjunctivitis
- Marginal Keratitis
- Ocular Allergy
- Ocular Rosacea

26. Care must be provided in line with the agreed Treatment Ladder for each condition (set out in Annex C of the Statement), and practitioners must at all times recognise their own level of competence and expertise in treating such presentations. Further guidance from the College of Optometrists may be found at: https://www.college-optometrists.org/clinical-guidance/clinical-management-guidelines.

27. GOS-SS fees will only apply where an IP optometrist or OMP provides care in line with **Stage 2** of the Treatment Ladder applicable to each clinical condition. The GOS-SS fee structure during the IM is as follows:

- 5.0 – First Specialist Supplementary Eye Examination Appointment - £93.93

  This code is to be used for the first specialist supplementary eye examination of a patient who receives any Stage 2 treatment as specified in Annex C of the Statement.

  For information on defining episodes of care under GOS-SS Stage 2 treatment, see the description of reason code 5.0 in Table B of Appendix D of the Statement.

- 5.1 – Second or Subsequent Supplementary Eye Examination Appointment - £45.96

a) for the second and subsequent specialist supplementary eye examination of a patient who receives any Stage 2 treatment as specified in Annex C of the Statement. This would normally be with the same IP optometrist or OMP but might be with another IP optometrist or OMP where the original IP optometrist or OMP is no longer able to manage the patient (for example due to unexpected absence).

b) where the patient is confirmed to have an anterior eye condition set out in Annex C, is deemed to require more complex treatment than Stage 2 as specified in Annex C, and is therefore referred onto an ophthalmic hospital (i.e. the Hospital Eye Service) or a General Practitioner.

28. NHS National Services Scotland (NSS) will ensure that the necessary validation is in place within the Optix payment system to ensure that only practitioners who are recorded on the National Primary Care Clinicians Database (NPCCD) as having an NHS prescribing code can submit claims for GOS-SS fee types during the IM. It is therefore not necessary for IP optometrists or OMPs to submit an application to provide GOS-SS during the IM phase.

29. Practitioners who do not have an NHS prescribing code may provide care in line with Stage 2 where appropriate. However, where they do so they are not eligible to claim GOS-SS fees.

GOS-SS Full Implementation

30. The intention is to amend the NHS (General Ophthalmic Services) (Scotland) Regulations 2006 in order to fully implement GOS-SS. The necessary legislation will be laid before the Scottish Parliament towards the end of 2025.

31. Full Implementation of GOS-SS will involve the following:

- A formal application process for the provision of the service;
- Hosting of data relevant to participating practice locations on Scotland's Service Directory on NHS Inform;
- Intra referral of patients from a practitioner not involved in the provision of GOS-SS to a practitioner at a practice location approved for the provision of GOS-SS;
- Referral and feedback templates, initially to be sent via NHS mail, and transitioning to SCI-Gateway;
- An additional anterior eye condition, Corneal Foreign Body, including equipment requirements and arrangements for the disposal of waste;
- Updated Treatment Ladders and GOS-SS fee structure.

32. Further information in relation to the Full Implementation of GOS-SS will be provided in due course.

Health Board Anterior Eye Schemes

33. A number of Health Boards already have in place local enhanced service schemes providing complex anterior eye condition management. Separate communication will come from these Boards to practices regarding transition arrangements for their local scheme and the GOS-SS IM and GOS-SS Full Implementation.

Access to NHS Pharmaceutical Services

34. The introduction of GOS-SS will reduce the number of patients receiving treatment in a secondary care setting, thus increasing the demand for prescription medication within local communities.

35. As a consequence, Health Boards are advised to review their arrangements with community pharmacies to ensure patients have appropriate access to dispensing services.

Working Collaboratively

36. Practitioners are reminded that the General Optical Council requires members of the profession to work collaboratively with colleagues and other healthcare professionals in the best interests of patients. This requirement is a key feature of both GOS-SS IM and GOS-SS Full Implementation, and applies to both those working in the same practice and to those working in different practices.

37. In its Guidance for Professional Practice, the College of Optometrists sets out that referral and delegation are examples of collaborative working between colleagues. The guidance explains that these approaches differ in that, where referral occurs, responsibility for the patient transfers to the optometrist accepting the referral, whereas in delegation it does not.

Changes to Digital Data Submission

38. In addition to the changes made to the primary and supplementary eye examination fee structures, a number of further amendments will be made to the digital data submission of payment claim forms, as follows:

- With effect for all HES(S)3 NHS optical vouchers issued by the Hospital Eye Service on or after 1 August 2025, HES(S)3 claims can now be submitted digitally, removing the need to post paper claims to NSS. Where HES vouchers are used for locally arranged schemes (e.g. HES contact lenses), they should not be submitted digitally;
- Where a GOS eye examination has been undertaken by a pre-registration trainee optometrist under supervision, this fact (in addition to the GOC number of the trainee) must be stated on the GOS payment claim form;
- It will be possible to denote that a GOS eye examination has been carried out under First Port of Call arrangements;
- It will be possible to denote that supplementary eye examination reason codes 3.5, 3.8 and 3.9 have been carried out using remote facilities;
- It will be possible to identify patients who are asylum seekers or refugees, thus aligning the claim process with Scottish Government policy that such individuals are eligible for GOS eye examinations;
- A revised list of clinical conditions to be associated with a primary or supplementary eye examination will be available. Please ensure that all relevant conditions are selected when recording this data, as this is key to research and analysis;
- In line with PCA(O)2022(03), a special facial characteristics supplement may now be specified as part of a GOS(S)3 or GOS(S)4 claim.

39. NSS has been working with system suppliers for some time to ensure that all necessary changes are made to eOphthalmic and Practice Management Systems (PMS) to reflect the new PEE and SEE fee structures and the changes to digital data submission.

40. For optometry practices utilising eOphthalmic to submit claims, all necessary changes will be implemented by 1 August 2025. Further information regarding the state of readiness of PMS suppliers can be found here: https://www.nss.nhs.scot/ophthalmic-services/eophthalmic/upcoming-gos-changes-pms-supplier-delivery-timelines/.

41. NSS has published detailed guidance on how to use the new payment claim forms, which can be accessed at: https://www.nss.nhs.scot/ophthalmic-services/eophthalmic/how-to-use-eophthalmic-for-claims/.

42. In line with Table B of Appendix D of the Statement, functionality in the GOS-SS payment claim form will be made available in due course to allow practitioners to denote that a GOS-SS eye examination has been carried out using remote facilities.

Transposition for HES(S)3 NHS optical vouchers

43. In addition to the enhanced functionality which permits digital submission of HES(S)3 NHS optical voucher claims to NSS, practitioners can now transpose HES(S)3 vouchers, thus mirroring the policy for GOS(S)3 vouchers.

Amendments to the mandatory equipment standards required in order to provide GOS in a domiciliary setting in Scotland

44. In line with paragraph 4 of PCA(O)2025(01), the Scottish Government has amended Appendix E of the Statement to reflect the new mandatory equipment standards required in order to provide GOS in a domiciliary setting.

45. To summarise, this will require that a portable slit lamp, meeting the following minimum standard, is required:

- 10x magnification;
- White and cobalt blue light;
- An adjustable slit width;
- Built-in illumination.

Scottish Optometry Sector Events

46. The in-person and online events that the Scottish Government delivered in partnership with NSS, NHS Education for Scotland, Glasgow Caledonian University and the University of the Highlands and Islands have now concluded. The recording for the online event held on 2 July can be accessed here: Online Event Recording.

Enquiries

47. Any queries about the submission of claims via either the eOphthalmic system or a PMS should be emailed to NSS at: nss.psdophthalmic@nhs.scot.

48. Any other queries about this Memorandum should be emailed to the Scottish Government at: eyecare@gov.scot.

Dentistry and Optometry Division
Directorate for Primary Care
Scottish Government

ANNEX

NATIONAL HEALTH SERVICE (SCOTLAND)

GENERAL OPHTHALMIC SERVICES

THE STATEMENT

The Scottish Ministers, in exercise of powers conferred by sections 28A and 28B of the National Health Service (Scotland) Act 1978 and regulation 17 of the National Health Services (General Ophthalmic Services) (Scotland) Regulations 2006, after consultation with such organisations as appear to them to be representative of contractors providing General Ophthalmic Services, make the following determination (referred to as the "Statement") -

Application

1. This determination applies to all primary eye examinations and supplementary eye examinations carried out on or after 1 August 2025.

Interpretation

2. In this Statement:

> "the 2006 Regulations" means The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006 (SSI 2006/135), as amended;
>
> "appropriate", in relation to CPD or IPCPD carried out on or after 4 April 2025, includes mandatory training as described in paragraph 3A of schedule 1 of the 2006 Regulations;
>
> "CPD" means continuing professional development;
>
> "CPD allowance" means the sum of £654;
>
> "Goldmann type tonometer" includes a Perkins type tonometer;
>
> "GOS" means general ophthalmic services as defined in the 2006 Regulations;
>
> "IP optometrist" means an optometrist who is an optometrist independent prescriber as defined in the 2006 Regulations;
>
> "IPCPD" means independent prescriber continuing professional development;
>
> "IPCPD allowance" means the sum of £979;

"OMP" means an ophthalmic medical practitioner as defined in the 2006 Regulations;

"optometrist" includes an optician as defined in the 2006 Regulations;
"professional registration" means, for optometrists, registration with the General Optical Council and, for OMPs, registration with the General Medical Council.

3. Any other terms defined in regulation 2 ('Interpretation') of the 2006 Regulations are to be given the same meaning in this Statement.

Fees Payable

4. The fees payable to an optometrist or OMP for undertaking eye examinations are set out in Appendix A.

5. Appendices B to E set out conditions which must be met before fees are payable:

(a) Appendix B sets out the frequencies of primary eye examinations by patient category for which fees will be payable, and the circumstances in which the use of early re-examination codes is permitted;

(b) Appendix C sets out conditions on the conduct of a primary eye examination;

(c) Appendix D sets out conditions on the conduct of a supplementary eye examination;

(d) Appendix E sets out:

(i) practice equipment that must be provided in accordance with paragraph 6 of Schedule 1 to the 2006 Regulations, as a condition of the fees payable under appendices A to D; and

(ii) records that must be kept in accordance with paragraph 8 of Schedule 1 to the 2006 Regulations, as a condition of the fees payable under appendices A to D.

Allowances Payable

6. Appendix F sets out the conditions which must be met before the CPD allowance and IPCPD allowance are payable.

APPENDIX A

FEES PAYABLE TO OPTOMETRISTS AND OMPS FOR EYE EXAMINATIONS

PRIMARY EYE EXAMINATION

1. Fees payable for each primary eye examination carried out in accordance with appendices B and C by an optometrist or OMP for a patient aged under 60 years:

   (a) where the patient's pupils have not been dilated or a cycloplegic refraction has not been undertaken - £44.74

   (b) where the patient's pupils have been dilated or a cycloplegic refraction has been undertaken - £55.58

2. Fees payable for each primary eye examination carried out in accordance with appendices B and C by an optometrist or OMP for a patient aged 60 years and over:

   (a) where the patient's pupils have not been dilated - £48.58

   (b) where the patient's pupils have been dilated - £55.58

SUPPLEMENTARY EYE EXAMINATION

3. Fees payable for each supplementary eye examination carried out in accordance with Appendix D by an optometrist or OMP:

   (a) standard supplementary eye examination - £29.64

   (b) enhanced supplementary eye examination - £45.96

SPECIALIST SUPPLEMENTARY EYE EXAMINATION – ANTERIOR EYE CONDITION

3A. Fees payable for each supplementary eye examination carried out in accordance with Appendix D and Annex C by an IP optometrist or OMP for an anterior eye condition:

   (a) specialist supplementary eye examination – anterior eye condition – first appointment - £93.93

   (b) specialist supplementary eye examination – anterior eye condition – second or subsequent appointment - £45.96

DOMICILIARY VISITING FEE

4. The additional fees payable to an optometrist or OMP for visits to a place where the patient normally resides for the purpose of carrying out NHS eye examinations under GOS are:

   (a) for a visit to one establishment or location to undertake an NHS eye examination, for each of the first and second patients - £45.43

   (b) for each of the third and subsequent patients at the same establishment or location - £11.37

5. A payment made under paragraph 1, 2, 3, 3A or 4 above to an OMP who is participating in the National Health Service Superannuation Scheme, is subject to adjustment in respect of superannuation by deduction of the appropriate contribution.

APPENDIX B

THE FREQUENCY OF PRIMARY EYE EXAMINATIONS FOR THE PURPOSE OF REGULATION 22A OF THE 2006 REGULATIONS

1. A primary eye examination must not be carried out more frequently than the frequency set out in Table A of this Appendix, except in the circumstances (and using the relevant reason code) set out in Table B of this Appendix.

TABLE A

Category of patients	Frequency
Patients: • aged under 16 years; • aged 60 years or over; • with diabetes; • who are sight impaired or severely sight impaired, as set out in Annex B to this Statement.	Annually
All other patients	Biennially

TABLE B

Early Re-Examination Codes For Primary Eye Examination
7 - This code is only to be used in the following scenarios: (a) the patient is new to the practice and the optometrist or OMP does not have access to the patient's clinical records; or (b) the patient is not new to the practice but the optometrist or OMP does not have access to the patient record created as a result of a primary eye examination carried out at another practice within the relevant primary eye examination frequency as defined in Table A.
8 - This code is to be used when the patient has turned 16 years of age (and does not have diabetes and/or is not sight impaired or severely sight impaired), resulting in a change in frequency between primary eye examinations from annually to biennially. Annex A to this Statement provides a guide chart which should be used by optometrists and OMPs when determining a patient's eligibility for an early re-examination under this code.

APPENDIX C

PRIMARY EYE EXAMINATION

1. A primary eye examination carried out by an optometrist or OMP shall consist of all appropriate tests or procedures relevant to the presenting signs, symptoms and needs of the patient for the purpose of that examination (including the tests and procedures of an eye health assessment as defined in the Table below), unless:

   (a) the optometrist or OMP considers that the patient has a physical or mental condition which would make the carrying out of a specific test or procedure clinically inappropriate;

   (b) in the judgement of the optometrist or OMP, a specific test or procedure is clinically inappropriate for any other reason; or

   (c) the patient has refused to undertake a specific test or procedure.

2. Following a primary eye examination, if the patient is being referred they should be referred directly to an IP optometrist, OMP, ophthalmic hospital or to the patient's GP practice.

3. Clinically appropriate equipment must be used for each test or procedure carried out under a primary eye examination.

4. Where –

   (a) the patient has refused to consent to the use of a particular piece of equipment; or

   (b) the patient has a physical or mental condition which would make the use of a particular piece of equipment clinically inappropriate or not reasonably practicable;

   alternative equipment may be used which, despite not being a direct equivalent to any suggested examples in professional guidance for that particular test or procedure in terms of clinical thoroughness, will enable the required test or procedure to be carried out.

TABLE

THE TESTS AND PROCEDURES INVOLVED IN AN EYE HEALTH ASSESSMENT REQUIRED FOR THE PURPOSES OF A PRIMARY EYE EXAMINATION

The tests and procedures involved in an eye health assessment required for the purposes of a primary eye examination should be in accordance with guidance laid out in the College of Optometrists Guidance for Professional Practice and Scottish Intercollegiate Guidance Network 144: Glaucoma Referral and Safe Discharge, and must include (unless any of grounds (a), (b) and (c) set out in paragraph 1 of Appendix C apply):

Tests and procedures
Taking a record of any relevant history and symptoms, which includes relevant medical, family, and ocular history.
An eye health assessment appropriate to the patient's presenting signs, symptoms and needs.
A refraction and an assessment of the patient's visual function.
In keeping with the requirements of the Opticians Act 1989 'to perform such examinations of the eye for the purpose of detecting injury, disease or abnormality in the eye or elsewhere'.
An external examination of the eye using slit lamp biomicroscopy.
An internal examination of the eye using slit lamp biomicroscopy and a condensing lens.
The communication of the clinical findings, advice, results and diagnosis to the patient and, where appropriate, the patient's carer and other health professionals. This may include a referral letter and clinical reports.
To capture and record a digital image of the retina for all patients aged 60 years or over.
Primary eye examinations involving dilation: Patients aged 60 years or over should have a dilated internal eye examination.
Primary eye examinations carried out in a place where the patient normally resides: Use of a head mounted indirect ophthalmoscope and a direct ophthalmoscope may be appropriate for an internal examination of the eye. Use of a portable slit lamp may be appropriate for an external examination of the eye.

APPENDIX D

SUPPLEMENTARY EYE EXAMINATION

1. A supplementary eye examination carried out by an optometrist or OMP shall consist of all appropriate tests or procedures relevant to the presenting signs, symptoms and needs of the patient for the purpose of that examination (including the tests and procedures of an eye health assessment as defined in Table A of Appendix D), unless:

   (a) the optometrist or OMP considers that the patient has a physical or mental condition which would make the carrying out of a specific test or procedure clinically inappropriate;

   (b) in the judgement of the optometrist or OMP, a specific test or procedure is clinically inappropriate for any other reason; or

   (c) the patient has refused to undertake a specific test or procedure.

2. Table B of Appendix D lists the reason codes to be used in accordance with the carrying out of a supplementary eye examination. Only one reason code per supplementary eye examination is required.

3. Following a supplementary eye examination, if the patient is being referred they should be referred directly to an IP optometrist, OMP, ophthalmic hospital or to the patient's GP practice.

4. Clinically appropriate equipment must be used for each test or procedure carried out under a supplementary eye examination.

5. Where:

   (a) the patient has refused to consent to the use of a particular piece of equipment; or

   (b) the patient has a physical or mental condition which would make the use of a particular piece of equipment clinically inappropriate or not reasonably practicable;

   alternative equipment may be used which, despite not being a direct equivalent to any suggested examples in professional guidance for that particular test or procedure in terms of clinical thoroughness, will enable the required test or procedure to be carried out.

TABLE A

THE TESTS AND PROCEDURES INVOLVED IN AN EYE HEALTH ASSESSMENT REQUIRED FOR THE PURPOSES OF A SUPPLEMENTARY EYE EXAMINATION

The tests and procedures involved in an eye health assessment required for the purposes of a supplementary eye examination should be in accordance with guidance laid out in the College of Optometrists Guidance for Professional Practice and Scottish Intercollegiate Guidance Network 144: Glaucoma Referral and Safe Discharge, and must include (unless any of grounds (a), (b) and (c) set out in paragraph 1 of Appendix D apply):

Tests and procedures
Taking a record of any relevant history and symptoms, which includes relevant medical, family, and ocular history.
An eye health assessment appropriate to the patient's needs and any presenting signs and symptoms.
Whenever an external examination of the eye is required, it should be carried out using slit lamp biomicroscopy.
Whenever an internal examination of the eye is required, it should be carried out using slit lamp biomicroscopy and a condensing lens. A head mounted indirect ophthalmoscope may also be appropriate for some patients.
The communication of the clinical findings, advice, results and diagnosis to the patient and, where appropriate, the patient's carer and other health professionals. This may include a referral letter and clinical reports.
Enhanced Supplementary Examination with dilation/cycloplegia: If, in the judgement of the optometrist or OMP, the patient requires a dilated internal examination or cycloplegia, then the reason must be recorded.
Supplementary eye examinations carried out in a place where the patient normally resides: Use of a head mounted indirect ophthalmoscope and a direct ophthalmoscope may be appropriate for an internal examination of the eye. Use of a portable slit lamp may be appropriate for an external examination of the eye.

TABLE B

SUPPLEMENTARY EYE EXAMINATION - REASON CODES

If a supplementary eye examination is carried out on the same day as a primary eye examination, full details of the reasons why must be provided in the patient's records.

A supplementary eye examination cannot be claimed on the same day as a primary eye examination, for the same patient, using the 3.1, 3.7, 4.1, 4.6 and 4.7 reason codes.

Reason codes 3.5, 3.8, 4.5, 4.8 and 5.0 should only be claimed on the same day as a primary eye examination, for the same patient, where the supplementary eye examination is an emergency eye examination.

A supplementary eye examination undertaken using remote facilities must:

- **only be claimed using one of reason codes 3.5, 3.8, 3.9, 5.0 or 5.1;**

  and

- **involve all the elements of an eye examination undertaken in person with the patient, except tests and procedures which require the physical presence of the patient. Any advice and recommendations should be issued and clearly documented in the patient's record.**

  A supplementary eye examination cannot be claimed where remote facilities are only used to ask the patient a series of questions to explore their concerns more fully and make a decision regarding whether the patient requires an eye examination.

Standard Supplementary Eye Examination
3.0 – Additional or Significantly Longer Appointment To Complete Primary Eye Examination For A Patient With Complex Needs This code can be used for an additional appointment (whether or not on the same day as the first appointment), or a significantly longer single appointment, required to complete a primary eye examination in practice premises for a patient with complex needs, when more time to complete the examination is needed. This code should be claimed in addition to the relevant primary eye examination fee. This code must not be used more than once per day for the same patient. A patient with complex needs is a patient who has a physical or mental condition and, as a result of that condition, the patient's primary eye examination must be conducted significantly more slowly than that of a typical patient who does not have a physical or mental condition. This includes circumstances where a sign-language

interpreter is required because of the patient's physical or mental condition. A patient must not be treated as having complex needs solely due to their age.
3.1 - Paediatric Review (without dilation/cycloplegia that does not follow a primary eye examination) This code is to be used to review a child within 12 months of a primary eye examination, as judged clinically necessary, and dilation/cycloplegia is not required.
3.2 - Follow-Up / Repeat Procedures (without dilation and not associated with glaucoma) This code is to be used for additional or repeat procedures not requiring dilation and which are required to refine a diagnosis or clinical outcome in order to determine whether the patient needs referral or can be retained for ongoing care in the community. This code can be used for a refraction, on a separate day, that could not be undertaken at the primary eye examination.
3.3 - Suspect Glaucoma (without dilation) This code is to be used specifically for suspect glaucoma review, in keeping with SIGN 144 guidance for diagnosis and referral for glaucoma, and which does not require dilation. This includes ocular hypertension.
3.5 - Anterior Eye Condition (without dilation) This code is to be used for a supplementary eye examination of a patient (in person or using remote facilities) with a suspect or diagnosed anterior eye condition within the normal interval between primary eye examinations, and which does not require dilation.
3.7 - Post-Operative Cataract Examination (without dilation) This code is to be used for a post-operative cataract examination of a patient, which includes refraction, an ocular examination and (if required) a feedback report, but does not require dilation. This code should not be used for a post-operative cataract examination of a patient where a GOS provider has, is or will receive remuneration outwith GOS arrangements for undertaking the appointment. Such examinations do not form part of GOS.
3.8 - Unscheduled Appointment (without dilation) This code is to be used for a supplementary eye examination for a patient (in person or using remote facilities) who presents with symptoms for an unscheduled

appointment within the normal interval between primary eye examinations, and which does not require dilation.

3.9 - Cataract Referral Advice and Counselling

This code is to be used when providing advice and counselling to a patient (in person or using remote facilities) following an eye examination which has resulted in the patient being considered for referral. This may include providing prognosis or counselling and preparation for consent for cataract surgery, including risk factors.

Enhanced Supplementary Eye Examination

An enhanced supplementary eye examination should be conducted where it is deemed clinically appropriate to support the care of the patient.

4.1 - Paediatric Review (with dilation or cycloplegic refraction)

This code is to be used to review a child within 12 months of a primary eye examination, as judged clinically necessary, and dilation/cycloplegia is required.

This code is also to be used to facilitate the cycloplegic refraction of a child aged under 16 when the cycloplegic refraction is undertaken on a different day to a primary eye examination. If the cycloplegic refraction is undertaken on the same day as a primary eye examination then only the relevant primary eye examination fee can be claimed.

4.2 - Follow-Up / Repeat Procedures (with dilation and not associated with glaucoma)

This code is to be used for additional or repeat procedures requiring dilation and which are required to refine a diagnosis or clinical outcome in order to determine whether the patient needs referral or can be retained for ongoing care in the community.

4.3 - Suspect Glaucoma (with dilation)

This code is to be used specifically for a suspect glaucoma review, in keeping with SIGN 144 guidance for diagnosis and referral for glaucoma, and which requires dilation. This includes ocular hypertension.

4.5 - Anterior Eye Condition (with dilation)

This code is to be used for a supplementary eye examination of a patient with a suspect or diagnosed anterior eye condition within the normal interval between primary eye examinations, and which requires dilation.

4.6 - Cycloplegic refraction of a child referred from the hospital eye service

To facilitate the cycloplegic refraction of a child aged under 16 referred from the hospital eye service.

The supplementary eye examination must include an internal and external examination of the eye.

4.7 - Post-Operative Cataract Examination (with dilation)

This code is to be used for a post-operative cataract examination of a patient, which includes refraction, an ocular examination and (if required) a feedback report, and also requires dilation.

This code should not be used for a post-operative cataract examination of a patient where a GOS provider has, is or will receive remuneration outwith GOS arrangements for undertaking the appointment. Such examinations do not form part of GOS.

4.8 - Unscheduled Appointment (with dilation)

This code is to be used for a supplementary eye examination for a patient who presents with symptoms for an unscheduled appointment within the normal interval between primary eye examinations, and which requires dilation.

Specialist Supplementary Eye Examination:
A specialist supplementary eye examination should be conducted where it is deemed clinically appropriate to support the care of the patient. These codes can only be claimed by an IP optometrist or OMP who manages patients with an anterior eye condition in accordance with Annex C.

5.0 – First Specialist Supplementary Eye Examination Appointment

This code is to be used for the first specialist supplementary eye examination of a patient who receives any Stage 2 treatment as specified in Annex C.

An episode of care at Stage 2 is defined as being complete when the condition:

- has been resolved successfully;
- does not respond to treatment or does not resolve, and onward referral is made for medical support/intervention; or
- steps down to Stage 1 on the Treatment Ladder.

Where an episode of care is complete and no follow-up appointments with the patient are scheduled, and the anterior eye condition later reoccurs such that the IP optometrist or OMP determines that the provision of any Stage 2 treatment is clinically required in accordance with Annex C, then a new episode of care is deemed to have commenced and a GOS claim under this reason code can be made.
5.1 – Second Or Subsequent Specialist Supplementary Eye Examination Appointment This code is to be used in the following circumstances: • for the second and subsequent specialist supplementary eye examination of a patient who receives any Stage 2 treatment as specified in Annex C. This would normally be with the same IP optometrist or OMP but might be with another IP optometrist or OMP where the original IP optometrist or OMP is no longer able to manage the patient (for example due to unexpected absence); • where the patient is confirmed to have an anterior eye condition set out in Annex C, is deemed to require more complex treatment than Stage 2 as specified in Annex C, and is therefore referred onto an ophthalmic hospital or a General Practitioner.

APPENDIX E

PRACTICE EQUIPMENT THAT MUST BE PROVIDED IN ACCORDANCE WITH PARAGRAPH 6 OF SCHEDULE 1 TO THE 2006 REGULATIONS

1. An optometrist or OMP must provide proper, sufficient and appropriate equipment in good working order for the provision of GOS. This must include, but is not limited to:

   (a) For practice premises:

   (i) Distance test chart (e.g. Snellen chart)
   (ii) Trial frame, trial lenses and accessories or phoropter head
   (iii) Condensing lens for indirect retinal viewing with slit lamp biomicroscope (60-120D)
   (iv) Slit lamp biomicroscope
   (v) Reading test type
   (vi) Automated visual field analyser, capable of full threshold analysis of the central 30 degrees
   (vii) A Goldmann type contact applanation tonometer
   (viii) Digital retinal imaging apparatus with a minimum resolution of 2 megapixels and capable of taking a clear retinal image under normal circumstances
   (ix) Distance binocular vision test
   (x) Near binocular vision test
   (xi) Retinoscope
   (xii) Direct ophthalmoscope
   (xiii) Colour vision test chart
   (xiv) Stereoacuity test
   (xv) Macula assessment test
   (xvi) Pachymeter
   (xvii) Appropriate hand disinfection product
   (xviii) Ophthalmic drugs required for tonometry, dilation, corneal examination and other necessary ophthalmic procedures.

   (b) For mobile practices:

   (i) Distance test chart (e.g. Snellen chart)
   (ii) Trial frame, trial lenses and accessories or phoropter head
   (iii) Appropriate equipment for binocular internal eye examination (e.g. slit lamp and condensing lens or a head-mounted indirect ophthalmoscope)
   (iv) Appropriate equipment for external eye examination (slit lamp, and loupe and illumination)
   (v) Reading test type
   (vi) A Goldmann type contact applanation tonometer
   (vii) Distance binocular vision test
   (viii) Near binocular vision test

(ix) Retinoscope
(x) Direct ophthalmoscope
(xi) Colour vision test chart
(xii) Stereoacuity test
(xiii) Macula assessment test
(xiv) Pachymeter
(xv) Appropriate hand disinfection product
(xvi) Ophthalmic drugs required for tonometry, dilation, corneal examination and other necessary ophthalmic procedures.

(c) For the provision of primary and supplementary eye examinations in a place where the patient normally resides (practice premises and mobile practices):

(i) Portable slit lamp which meets all of the following specifications:

- 10x magnification
- White and cobalt blue light
- An adjustable slit width
- Built-in illumination

RECORDS THAT MUST BE KEPT IN ACCORDANCE WITH PARAGRAPH 8 OF SCHEDULE 1 TO THE 2006 REGULATIONS

2. An optometrist or OMP must keep appropriate clinical records as relevant to any eye examination conducted.

3. The information recorded should follow professional guidance. In addition, the record should include:

(a) A record of any relevant history and symptoms, to include relevant medical, family, and ocular history;

(b) CHI number if available;

(c) All relevant clinical details, including a copy of any referral made; and

(d) A digital image (or reference to) of the retina when taken.

APPENDIX F

CONTINUING PROFESSIONAL DEVELOPMENT ALLOWANCE

1. Subject to paragraph 4, a CPD allowance shall be payable to an optometrist other than a body corporate if:

   (a) that optometrist's name was included on the Ophthalmic List of a Health Board for a period of at least six months during the previous calendar year;

   (b) the optometrist has maintained their professional registration;

   (c) the optometrist has undertaken appropriate CPD during the previous calendar year; and

   (d) the optometrist complies with paragraphs 5 and 6.

2. Subject to paragraph 4, a CPD allowance shall be payable to an OMP if:

   (a) during the previous calendar year that practitioner's only remunerated medical or optical activity was the conduct of GOS;

   (b) the practitioner's name was included on the Ophthalmic List of a Health Board for a period of at least six months during the previous calendar year;

   (c) the practitioner has maintained their professional registration;

   (d) the practitioner has undertaken appropriate CPD during the previous calendar year; and

   (e) the practitioner complies with paragraphs 5 and 6.

3. Subject to paragraph 4, an IPCPD allowance shall be payable to an optometrist other than a body corporate if:

   (a) that optometrist's name was included on the Ophthalmic List of a Health Board for a period of at least six months during the previous calendar year;

   (b) the optometrist has maintained their professional registration and has been registered as an IP optometrist during the previous calendar year;

   (c) the optometrist has been registered with a host Health Board as an IP optometrist for a period of at least six months during the previous calendar year;

   (d) the optometrist has undertaken appropriate IPCPD during the previous calendar year; and

   (e) the optometrist complies with paragraphs 5 and 6.

4. Only one CPD allowance or IPCPD allowance may be paid in respect of any one person for each calendar year in which appropriate CPD or IPCPD was undertaken by that person.

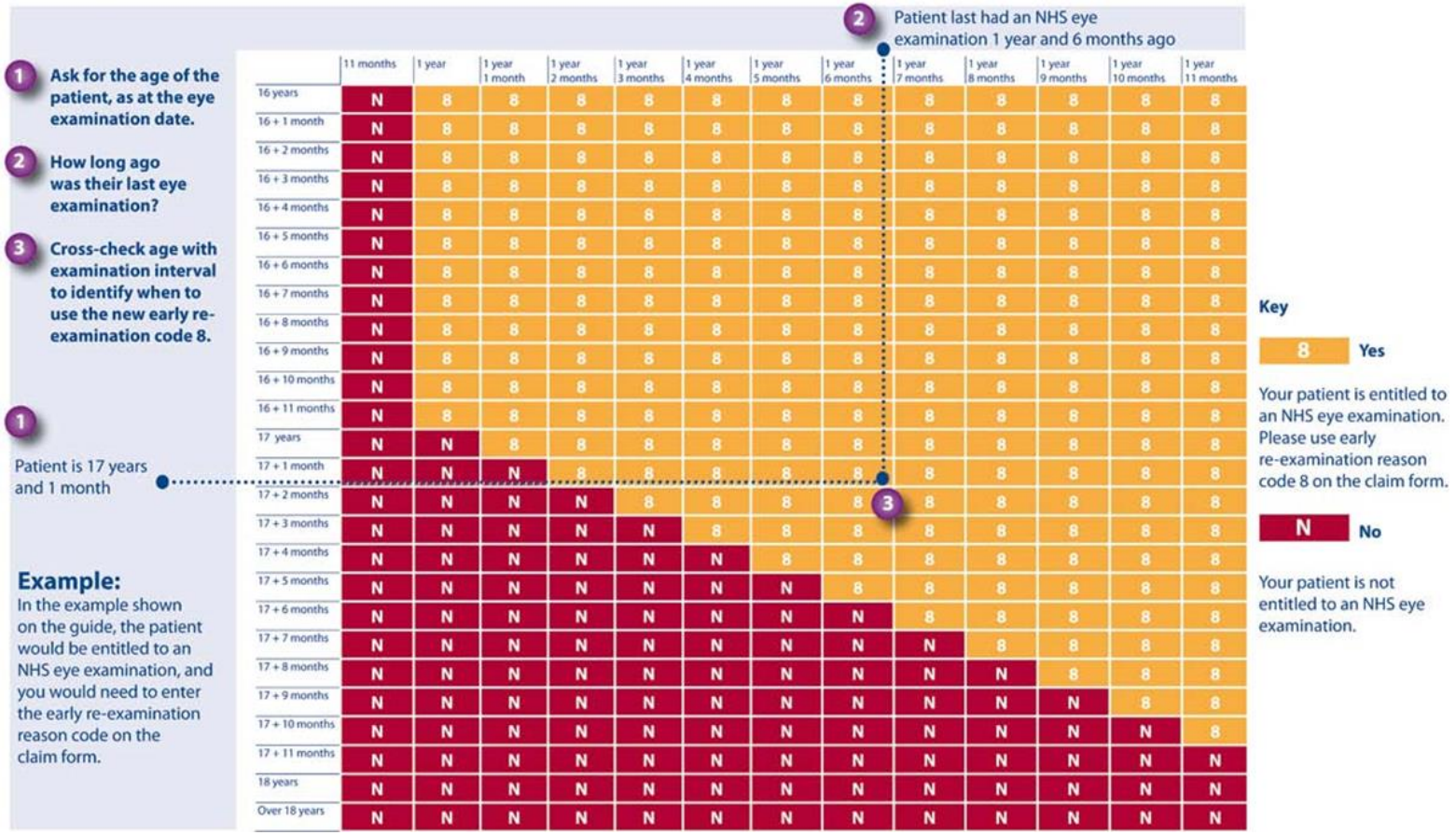
5. A claim for a CPD allowance or IPCPD allowance shall be made in writing on the form provided for this purpose by the Agency.

6. A claim for a CPD allowance or IPCPD allowance must be received by the Agency by 31 July of the calendar year following the year in which the appropriate CPD or IPCPD was undertaken.

ANNEX A

PRIMARY EYE EXAMINATION EARLY RE-EXAMINATION CODE 8 – PATIENT TURNED 16 YEARS OF AGE

As set out in Table B of Appendix B, this Annex and the guide chart below is to be used by optometrists and OMPs when determining whether a patient who has turned 16 years of age (and does not have diabetes and/or is not sight impaired or severely sight impaired) is eligible to an early re-examination under code 8.



ANNEX B

PRIMARY EYE EXAMINATION ENTITLEMENT - SIGHT IMPAIRED AND SEVERELY SIGHT IMPAIRED PATIENTS

1. As set out in Table A of Appendix B, this Annex is to be used by optometrists and OMPs for the purposes of determining a patient's entitlement to an annual primary eye examination because they are sight impaired or severely sight impaired.

Sight Impaired

2. There is no legal definition of sight impaired. A person can be sight impaired if they are "substantially and permanently functionally impaired by defective vision caused by congenital defect or illness or injury".

3. As a general guide, people who have visual acuity of the following should be considered as being sight impaired:

   (a) 3/60 to 6/60 Snellen (or equivalent) with full field;

   (b) up to 6/24 Snellen (or equivalent) with moderate contraction of the field, opacities in media or aphakia;

   (c) 6/18 Snellen (or equivalent) or even better if they have a severe field defect, for example hemianopia, or if there is a contraction of the visual field, for example in retinitis pigmentosa or glaucoma.

Severely Sight Impaired

4. Although there is no legal definition of severely sight impaired, it is considered to be the same as the definition of "blind person" set out in section 64 of the National Assistance Act 1948 – "means a person so blind as to be unable to perform any work for which eyesight is essential".

5. The test is whether a person cannot do any work for which eyesight is essential, not just their normal job or one particular job. Only the condition of the person's eyesight should be taken into account - other physical or mental conditions cannot be considered.

6. Group 1: People who are below 3/60 Snellen (or equivalent)

   (a) Severely sight impaired: people who have visual acuity below 3/60 Snellen (or equivalent).

   (b) Not severely sight impaired: people who have visual acuity of 1/18 Snellen (or equivalent) unless they also have restriction of visual field. In many cases it is better to test the person's vision at one metre. 1/18 Snellen (or equivalent) indicates a slightly better acuity than 3/60 Snellen (or equivalent). However, it may be better

to specify 1/18 Snellen (or equivalent) because the standard test types provide a line of letters which a person who has a full acuity should read at 18 metres.

7. Group 2: People who are 3/60 but below 6/60 Snellen (or equivalent).

   (a) Severely sight impaired: people who have a contracted field of vision.

   (b) Not severely sight impaired: people who have a visual defect for a long time and who do not have a contracted field of vision. For example, people who have congenital nystagmus, albinism, myopia and other similar conditions.

8. Group 3: People who are 6/60 Snellen (or equivalent) or above.

   (a) Severely sight impaired: people in this group who have a contracted field of vision especially if the contraction is in the lower part of the field.

   (b) Not severely sight impaired: people who are suffering from homonymous or bitemporal hemianopia who still have central visual acuity 6/18 Snellen (or equivalent) or better.

9. Other points to consider: The following points are important because it is more likely that a person is severely sight impaired in the following circumstances:

   (a) How recently the person's eyesight failed: A person whose eyesight has failed recently may find it more difficult to adapt than a person with the same visual acuity whose eyesight failed a long time ago. This applies particularly to people who are in groups 2 and 3 above.

   (b) How old the person was when their eyesight failed: An older person whose eyesight has failed recently may find it more difficult to adapt than a younger person with the same defect. This applies particularly to people in group 2 above.

ANNEX C

TREATMENT LADDERS FOR SPECIFIED ANTERIOR EYE CONDITIONS

The content in this Annex (hereafter referred to as 'Treatment Ladders') should be read in conjunction with:

- the remainder of this Statement (in particular Appendix B, Appendix C and Appendix D);
- the College of Optometrist's Clinical Management Guidelines;
- local formulary updates.

In following the Treatment Ladders, all optometrists and OMPs must recognise and work to their own level of competence and expertise.

The two different Stages of clinical treatment are as follows:

- Stage 1 – this applies to **all** optometrists and OMPs.
- Stage 2 – this applies only to IP optometrists and OMPs.

The anterior eye conditions applicable to this Annex are:

1. Anterior Uveitis
2. Anterior and Posterior Blepharitis
3. Episcleritis
4. Herpes Simplex Keratitis
5. Herpes Zoster Ophthalmicus
6. Infective Conjunctivitis
7. Marginal Keratitis
8. Ocular Allergy
9. Ocular Rosacea

All references in the Treatment Ladders to "alternative" is used to describe:

- a situation where a Stage 1 medication has not been effective and an "alternative" medication has been prescribed; or

- where the condition is severe enough at presentation to warrant initial treatment at Stage 2.

"Alternative" for this purpose is a Prescription Only Medicine that is only available to an IP optometrist or OMP, and is not a medication that is available via the NHS Pharmacy First Scotland service.

1. Anterior Uveitis

This is a common, complex sight threatening condition that requires first line management using topical steroids and topical anti-muscarinic agents. It is suggested that, except in the case of severe disease (e.g. bilateral disease, posterior segment involvement), then an IP optometrist/OMP can manage this condition.

Anterior Uveitis		**Clinician**
Stage 1	• Record Vision and IOP • Dilate to exclude intermediate and or posterior inflammation	All optometrists/OMPs
Stage 2	• Topical steroids • Topical cycloplegic	IP optometrist/OMP

2. Anterior and Posterior Blepharitis

This is a very common condition of the eye lids usually from gram-positive skin commensals and requires long term (often lifelong) care and management.

The initial treatment involves reducing the microbial load by cleaning the lids and applying heat. The natural history of the disease process can lead to chronic scarring of the lid margin, hordeola, loss of lashes, trichiasis, bacterial exotoxin toxicity of the ocular surface and tear deficiency.

The treatment of this condition can be time consuming and complex. This is a condition that could be managed by all community optometrists, but in more severe cases then an IP optometrist/OMP can manage this condition.

Blepharitis		**Clinician**
Stage 1a	• Blepharitis management – lid cleaning, hot compresses, lid massage • Ocular lubricants	All optometrists/OMPs
Stage 1b	• Chloramphenicol eye drops and ointment • Demodex treatment (rarely)	All optometrists/OMPs
Stage 2	• Alternative topical antibiotics • Topical steroids • Oral antibiotics	IP optometrist/OMP

3. Episcleritis

This is another self-limiting condition that is usually painless but alarming to some patients. Episcleritis is considered to be an auto-immune condition and often only requires palliation.

In some cases the redness causes distress and the condition (especially for nodular cases) can be painful. Blanching with phenylephrine 2.5% aids the diagnosis.

Episcleritis		**Clinician**
Stage 1	• Cold compresses • Ocular lubricants	All optometrists/OMPs
Stage 2	• Topical NSAIDs • Topical steroids • Oral NSAIDs	IP optometrist/OMP

4. Herpes Simplex Keratitis

This common viral infection can be sight threatening and first line management requires urgent intensive treatment over 5-10 days using topical anti-viral agents. Further complications might require additional treatment.

Herpes Simplex Keratitis		**Clinician**
Stage 1	• Carry out a dilated fundus examination to assess and establish HSK	All optometrists/OMPs
Stage 2	• Topical anti-viral • Oral anti-viral*	IP optometrist/OMP

* If prescribing systemic anti-viral drugs, ensure advice is given for adequate hydration to help avoid crystallisation of the drug in the kidney

5. Herpes Zoster Ophthalmicus (HZO)

The varicella zoster virus (VZV) is a member of the herpes virus family. HZO is a common unilateral infection caused by VZV. It typically affects older people but can occur earlier especially with immunocompromised individuals.

Presentation is often with a general malaise, with pain and a maculopapular rash across the distribution of the first division of the trigeminal nerve. The rash progresses through vesicles and pustules to crusting.

Periorbital oedema may close the eyes and spread to the other side, and lymphadenopathy is common. Skin lesions to the tip of the nose (Hutchison's Sign) increases the risk of ocular involvement by 50%.

Herpes Zoster Ophthalmicus		
Stage 1	• A detailed examination of the anterior eye may detect common anterior ocular findings such as mucopurulent conjunctivitis, episcleritis, scleritis, keratitis and anterior uveitis • Measure IOP and conduct a dilated internal examination to exclude posterior segment disease such as retinitis, secondary glaucoma, optic neuritis, optic atrophy, posterior uveitis • **Any cases with deeper corneal involvement, associated anterior uveitis or elevated IOP should be referred urgently to an ophthalmic hospital (same day)**	All optometrists/OMPs
Stage 2	• Systemic anti-viral drugs* • Assess for ocular signs e.g. conjunctivitis, blepharitis, keratitis, anterior uveitis, scleritis, raised IOP and treat/refer as appropriate • Topical lubricants • Systemic analgesia • Schedule optometric review at one week unless patient presents sooner with worsening disease • Where condition is not responding to treatment refer to an ophthalmic hospital for further investigation	IP optometrist/OMP

* If prescribing systemic anti-viral drugs, ensure advice is given for adequate hydration to help avoid crystallisation of the drug in the kidney

6. Infective Conjunctivitis

Bacterial and viral conjunctivitis are common presentations for community optometrists. Generally speaking they are self-limiting conditions but can cause a degree of distress to the patient and treating infective conjunctivitis will lead to a more rapid resolution.

The most common bacteria are skin and upper respiratory tract gram-positive organisms that can when required, be treated easily with topical antibiotics. The most common viral presentation is caused by adenoviral, often after an upper respiratory tract infection.

Complications can arise if the patient is allergic to chloramphenicol or if there is any corneal involvement (e.g. adenoviral keratoconjunctivitis).

Infective Conjunctivitis		**Clinician**
Stage 1a	• Eyelid cleaning • Wash out • Cold compresses	All optometrists/OMPs
Stage 1b	• Topical antibiotics e.g. chloramphenicol drops and ointment	All optometrists/OMPs
Stage 2	• Alternative topical antibiotics • Topical steroids • Removal of pseudo membrane	IP optometrist/OMP

7. Marginal Keratitis

This is a common self-limiting condition (associated with blepharitis or ocular rosacea) that can cause severe discomfort and distress to patients. As such, it is common practice to treat the condition with topical antibiotics and mild topical steroids.

This is a condition that could be managed by all community optometrists, but in more severe cases then an IP optometrist/OMP can manage this condition.

Marginal Keratitis		**Clinician**
Stage 1	• Blepharitis management • Topical antibiotics • Ocular lubricants • Systemic analgesia	All optometrists/OMPs
Stage 2	• Alternative antibiotic • Topical steroids	IP optometrist/OMP

8. Ocular Allergy

This is a common presentation that causes varying degrees of distress for patients. The common forms of ocular allergy can be considered as ‘acute allergic conjunctivitis’, ‘seasonal allergic conjunctivitis’ or ‘perennial allergic conjunctivitis’.

More complex manifestations would be vernal keratoconjunctivitis that requires more complex care and those with co-existing atopic disease – both normally associated with systemic atopy.

The milder forms of ocular allergy can be managed with simple first aid, topical H1 antagonists, topical mast cell stabilisers and ocular lubricants.

On occasion topical non-steroidal anti-inflammatory drugs (NSAID) and topical steroids need to be used for severe cases.

Ocular Allergy		**Clinician**
Stage 1	• Cold compresses • Wash out / eye bath • Advice – avoidance of allergen • Topical anti-allergy drugs • Oral anti-histamines	All optometrists/OMPs
Stage 2	• Alternative topical anti-allergy drugs • Alternative oral anti-histamines • Topical NSAIDs • Topical steroids	IP optometrist/OMP

9. Ocular Rosacea

As for anterior and posterior blepharitis.