



Dear Colleague

PRIMARY CARE OPTOMETRY:

- **General Ophthalmic Services (GOS) Specialist Supplementary service: Full Implementation**

Summary

1. This letter advises on the Full Implementation of the GOS Specialist Supplementary eye examination service.

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 in their Health Board area;
 - Hospital Eye Service (HES) manager(s) in their Health Board, for onward distribution to relevant HES colleagues.

Yours sincerely,

Tom Ferris

Deputy Director
Dentistry and Optometry Division

24 November 2025

Addresses

For action

Chief Executives, NHS Boards

For information

Chief Executive,
NHS National Services
Scotland

Health Board Optometric
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Enquiries to:

eyecare@gov.scot

Summary

1. This Memorandum advises on the Full Implementation of the General Ophthalmic Services (GOS) Specialist Supplementary eye examination service.
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 in this Memorandum to the “Statement” mean the legal Determination issued by Scottish Ministers under regulation 17 of the [National Health Service \(General Ophthalmic Services\) \(Scotland\) Regulations 2006](#) (“2006 Regulations”) that, amongst other things, sets out the fees payable under GOS.

GOS Specialist Supplementary Full Implementation

4. As set out in [PCA\(O\)2025\(04\)](#), the Scottish Government commenced the implementation of GOS Specialist Supplementary on 1 August 2025 with the Interim Measure.
5. In order to bring the Full Implementation of GOS Specialist Supplementary into effect, amendments to the 2006 Regulations are required. Subject to those amendments coming into force, a new Statement will be introduced. Further details on each of these are provided below.

Amendments to 2006 Regulations

6. The amendments to the 2006 Regulations will be made via a Scottish Statutory Instrument (SSI) – [The National Health Service \(General Ophthalmic Services\) \(Scotland\) Amendment Regulations 2025](#) - which has been laid before the Scottish Parliament. Subject to its Parliamentary passage, the SSI will come into effect on 1 January 2026.
7. As set out in the SSI [Policy Note](#), the SSI will make the following amendments to the 2006 Regulations:
 - a) inserting a new “anterior eye condition” definition in regulation 2 comprising the following ten listed anterior eye conditions: anterior uveitis; blepharitis; corneal foreign body (newly added under GOS Specialist Supplementary Full Implementation); episcleritis; herpes simplex keratitis; herpes zoster ophthalmicus; infective conjunctivitis; marginal keratitis; ocular allergy; ocular rosacea.
 - b) inserting a new paragraph 14A in schedule 1, enabling a Health Board to enter into arrangements with Independent Prescriber (IP) optometrists and ophthalmic medical practitioners (OMP) for the provision of GOS Specialist Supplementary in the Health Board’s area for the above ten anterior eye conditions.

Once such arrangements have been entered into, the relevant IP optometrist or OMP is defined for the purposes of the 2006 Regulations as a “specialist optometrist independent prescriber” (specialist IP optometrist) or “specialist ophthalmic medical practitioner” (specialist OMP) respectively, and such definitions have been added to regulation 2 of the 2006 Regulations.

- c) inserting new sub paragraphs (4A) to (4C) in paragraph 14 of schedule 1 that set the following requirements to be followed when an optometrist/OMP has undertaken a GOS eye examination of a patient, the patient shows signs of an anterior eye condition and the optometrist/OMP determines it would be appropriate to refer the patient to a specialist IP optometrist/specialist OMP:
- the specialist IP optometrist/specialist OMP must have agreed to accept the referral;
 - the referring optometrist/OMP must take into account the place where the patient normally resides when making the referral;
 - in accepting such a referral, the specialist IP optometrist/specialist OMP must reasonably anticipate that they or another specialist IP optometrist/specialist OMP providing GOS at the same practice premises will be able to carry out any necessary eye examination.

New Statement

8. Subject to the SSI completing its Parliamentary passage and coming into effect on 1 January 2026, a new Statement will be made that will apply to GOS eye examinations (including those carried out under GOS Specialist Supplementary arrangements) undertaken on and after **19 January 2026**.
9. **Full Implementation of GOS Specialist Supplementary will therefore not take place until this date**, and in the meantime the current Statement (available on the eyes.nhs.scot website and in [PCA\(O\)2025\(05\)](#)) is in force.
10. A draft copy of the planned new Statement is included in this circular as an [Annex](#). This is being provided in advance to assist IP optometrists and OMPs in determining whether they wish to enter into arrangements with a Health Board for the provision of GOS Specialist Supplementary on and after **19 January 2026**.
11. Specific reference should be made to the following changes in the planned new Statement.

Revised claiming rules and Stage 1 and Stage 2 treatment tables

12. [Appendix D](#) of the planned new Statement introduces revised claiming rules for 5.0 and 5.1 supplementary reason codes to reflect the Full Implementation of GOS Specialist Supplementary, including amongst other things the intra-referral pathway (see paragraph 7c) and paragraphs 22-30 of this circular for more information on intra-referrals).

13. These claiming rules should be read in conjunction with [Annex C](#) of the planned new Statement, which has been amended to include corneal foreign body and to provide clearer claiming guidance for each of the GOS Specialist Supplementary anterior eye conditions. This includes updated Stage 1 and Stage 2 tables to focus on supporting practitioners to make appropriate claims.
14. See paragraphs 42-45 of this circular for further information on transitional claiming arrangements between GOS Specialist Supplementary Interim Measure and Full Implementation.
15. Scotland-specific clinical guidance (adapted from the College of Optometrists Clinical Management Guidelines) to support practitioners in managing patients with a GOS Specialist Supplementary anterior eye condition is currently being developed by NSS, and will be made available by **19 January 2026** on the 'Eyecare Guidelines' section of the eyes.nhs.scot website. This is in addition to other guidance available including the College of Optometrist's [Clinical Management Guidelines](#), local formulary updates and local guidance.

Equipment requirements and clinical waste management and disposal arrangements

16. [Appendix E](#) of the planned new Statement includes revised equipment requirements for the provision of GOS Specialist Supplementary, reflecting the addition of corneal foreign body to the list of GOS Specialist Supplementary anterior eye conditions.
17. These are that the contractor providing GOS Specialist Supplementary has sterile needles, an Alger brush and burr and a sharps bin.
18. The GOS Specialist Supplementary application forms require that applicants declare that appropriate clinical waste management and disposal arrangements are in place for the provision of the service.
19. The College of Optometrists Guidance for Professional Practice has specific requirements regarding infection control. [Paragraphs B92-B95](#) of this guidance set out the arrangements for the safe disposal of waste, which all optometrists and practices are expected to adhere to.
20. In line with professional guidance, community optometry practices are responsible for ensuring that they have clinical waste disposal and uplift arrangements in place. The Scottish Government is currently exploring with Health Boards (including Waste Management Officers) the possibility of introducing a national framework for clinical waste disposal and uplift arrangements for community optometry practices.
21. The Scottish Government plans to introduce a revised national optometry practice inspection form in due course, which will take into account the specific equipment requirements for the GOS Specialist Supplementary service and also clinical waste management and disposal arrangements. Until that is in place, Health Boards are responsible for determining if any changes are required to their routine optometry practice inspection arrangements.

GOS Specialist Supplementary referrals and the provision of feedback

22. Once GOS Specialist Supplementary Full Implementation is live from 19 January 2026, a specialist IP optometrist/specialist OMP may accept referrals from another optometrist/OMP who has undertaken a GOS eye examination on a patient and has determined that they require to receive Stage 2 treatment for a GOS Specialist Supplementary anterior eye condition.
23. See paragraph 7c) for the conditions that apply to such referrals - including that the referring optometrist/OMP must take into account the location where the patient normally resides, and that the specialist IP optometrist/specialist OMP must have accepted the referral (the referring optometrist/OMP must telephone the specialist IP optometrist/specialist OMP to discuss the referral request).
24. Details of optometry practices from which GOS Specialist Supplementary is being provided by one or more specialist IP optometrists/specialist OMPs (and therefore to which a patient requiring Stage 2 treatment for a GOS Specialist Supplementary anterior eye condition can be referred) will be listed under 'Services Offered' in the Ophthalmic section of [Scotland's Service Directory](#) on NHS Inform from 19 January 2026.
25. Further to the completion of the episode of care for that patient (see Appendix D for further information on what constitutes an episode of care), the specialist IP optometrist/specialist OMP who accepted the GOS Specialist Supplementary referral **should provide feedback to the optometrist/OMP who initiated the referral**. Where appropriate, the specialist IP optometrist/specialist OMP should also consider making the patient's registered General Practice aware about the care provided to the patient.
26. Practitioners are to use one of the following two methods when making GOS Specialist Supplementary referrals and providing feedback to the referring optometrist/OMP once the episode of care is complete:
 - a) The GOS Specialist Supplementary referral and feedback forms in SCI Gateway (guidance on using these forms will be available on the eyes.nhs.scot website by 19 January 2026).
 - b) The GOS Specialist Supplementary referral and feedback forms available on the eyes.nhs.scot website (these will be published by 19 January 2026). These forms **must** be submitted via NHS email, and it is recommended that this is sent to both the individual clinician and practice NHS email accounts (practice NHS email accounts will be displayed on NHS Inform).
27. The SCI Gateway forms will only be available in NHS Greater Glasgow and Clyde when GOS Specialist Supplementary Full Implementation goes live on 19 January 2026. The implementation of these forms in other Health Boards is for those Boards to manage locally. Health Boards are individually responsible for informing their local optometry sector as and when these forms are available in SCI Gateway.

28. Where a patient is being referred to a practice in a different Health Board, the referring optometrist/OMP must ask the receiving specialist IP optometrist/specialist OMP whether they are in a Health Board that has locally implemented the SCI Gateway referral and feedback forms. Where this is not the case, the forms on the eyes.nhs.scot website must be used.
29. Health Board Primary Care Teams are asked to note that, in order to ensure their local SCI Gateway forms continue to display an accurate list of practices providing the GOS Specialist Supplementary service (i.e. locations that form part of arrangements that a Health Board has entered into with a specialist IP optometrist/specialist OMP), they must inform their Board's SCI Gateway team on an ongoing basis as and when the GOS Specialist Supplementary service starts or ceases to be provided from specific practice locations. This communication should ideally be issued immediately following relevant changes being made in the National Primary Care Clinician Database (NPCCD) system that trigger a change in a practice's 'GOS Specialist Supplementary' status.
30. The Scottish Government is currently working with relevant stakeholders on a national solution to the long-standing issue of SCI Gateway access for locum optometrists. Until that solution has been implemented (which will also apply to optometry referrals to the Hospital Eye Service), it is recommended that the GOS Specialist Supplementary referral and feedback forms available on the eyes.nhs.scot website should be used instead of SCI Gateway where the referring optometrist/OMP and/or the specialist IP optometrist/specialist OMP receiving the patient is working at the relevant practice on a locum basis and does not already have access to SCI Gateway. These forms should also be used when SCI Gateway is unavailable.

GOS Specialist Supplementary provider exemptions

31. Scenarios may arise from time to time where it is inappropriate for a specialist IP optometrist/specialist OMP to provide care in relation to one of the GOS Specialist Supplementary anterior eye conditions.
32. Examples of this may include someone who is pregnant treating a patient with herpes zoster ophthalmicus, or who is experiencing a hand tremor carrying out corneal foreign body removal.
33. On the proviso that the scenario in question does not render the specialist IP optometrist/specialist OMP in breach of the [Standards of Practice](#) set by the General Optical Council, they may be excused from the provision of GOS Specialist Supplementary care in relation to the anterior eye condition in question but should continue to provide care and accept referrals for the other GOS Specialist Supplementary anterior eye conditions as detailed in their arrangement with the relevant Health Board. In such circumstances, it may be advisable for the relevant specialist IP optometrist/specialist OMP to notify the Health Board.

Application process for entering into arrangements with a Health Board for the provision of GOS Specialist Supplementary

Prior to submitting a GOS Specialist Supplementary application

34. IP optometrists/OMPs are strongly advised to ensure they read the full content of this circular (including the planned new Statement) prior to deciding whether or not to submit an application to enter into arrangements with a Health Board for the provision of GOS Specialist Supplementary on and after 19 January 2026, so that:

- for those intending to submit such an application, they understand and are comfortable with the requirements of providing GOS Specialist Supplementary;
- for those intending not to submit such an application, they understand and are comfortable with the effect of such a decision (set out in paragraphs 42-43).

Submitting a GOS Specialist Supplementary application

35. The application process for entering into arrangements with a Health Board for the provision of GOS Specialist Supplementary will open on **24 November 2025**. Application forms are hosted on the eyes.nhs.scot website.

36. Many IP optometrists work across multiple practice locations and Health Boards. To simplify the process for entering into arrangements with Health Boards for GOS Specialist Supplementary provision, it will be managed via two streams:

- a) **STREAM A** – this stream is for IP optometrists whose GOS Specialist Supplementary application **is consistent** with the information currently held about them on the Ophthalmic List(s) of the Health Board(s) with which they wish to enter into arrangements to provide GOS Specialist Supplementary.

Stream A will operate for a limited time only, and practitioners will be notified in advance of it closing. Stream A applications are submitted via a single application form to NHS National Services Scotland (NSS) at: NSS.psd-GOS-SS@nhs.scot.

- b) **STREAM B** – this stream is for IP optometrists whose GOS Specialist Supplementary application **is not consistent** with the information currently held about them on the Ophthalmic List(s) of the Health Board(s) with which they wish to enter into arrangements to provide GOS Specialist Supplementary.

In such instances, the relevant amendment(s) need to be made first to the Ophthalmic List before the relevant Health Board(s) can consider the GOS Specialist Supplementary application. Examples of relevant amendments include applying to join the Ophthalmic List of a new Health Board, or the addition of a new practice location within a Health Board on whose Ophthalmic List the IP optometrist is already included.

Stream B applications (which also apply to all OMPs) are individually submitted to each relevant Health Board (see the eyes.nhs.scot website for Health Board contact details).

37. In order to help determine which stream an IP optometrist should use to submit their GOS Specialist Supplementary application, they should refer to the new functionality made available via the **Ophthalmic Clinician Data Access (OCDA) application hosted within TURAS**. OCDA provides the means to access the information held about clinicians on a Health Board Ophthalmic List. Further information regarding OCDA, and how to access it, is set out in [PCA\(O\)2025\(06\)](#).
38. As part of the GOS Specialist Supplementary application process, applicants are required to declare that the relevant equipment requirements in [Appendix E](#) of the Statement have been met and that appropriate clinical waste management and disposal arrangements are in place (see paragraphs 16-21).
39. Health Boards are individually responsible for determining whether or not these declarations are satisfactory for considering GOS Specialist Supplementary applications. In case one or more Health Boards require specific evidence of these requirements having been met before making a decision on GOS Specialist Supplementary applications, IP optometrists/OMPs are strongly advised to submit their GOS Specialist Supplementary application via the appropriate stream at the earliest opportunity.

After submitting a GOS Specialist Supplementary application

40. GOS Specialist Supplementary applications submitted via Stream A will be subject to an initial review process carried out by NSS. Where the information contained within the application is consistent with the information currently held on the relevant Health Board Ophthalmic List for the IP optometrist, the application will be passed to the relevant Health Board for a decision. The Health Board will notify NSS of its decision and NSS will in turn similarly notify the IP optometrist applicant. In the case of an approval, NSS will update the specialist IP optometrist's record accordingly in the NPCCD system.
41. GOS Specialist Supplementary applications submitted via Stream B will be subject to review by the relevant Health Board. The Health Board will notify the applicant of the decision it has made and, in the case of an approval, update their record accordingly in NPCCD.

Claiming arrangements for the transition from GOS Specialist Supplementary Interim Measure to Full Implementation

IP Optometrists or OMPs who have chosen not to enter into arrangements with a Health Board for the provision of GOS Specialist Supplementary

42. Such IP optometrists/OMPs are not permitted to submit a 5.0/5.1 supplementary reason code claim for eye examinations **undertaken on and after 19 January 2026** (i.e. once GOS Specialist Supplementary Full Implementation is live). If they provide Stage 2 treatment in line with [Annex C](#) of the Statement, a 3.5/4.5 supplementary reason code claim (as appropriate) should be submitted instead.
43. Where such an IP optometrist/OMP has provided Stage 2 treatment in line with [Annex C](#) of the Statement **prior to 19 January 2026** (i.e. during the GOS Specialist Supplementary Interim Measure period), a 5.0/5.1 supplementary reason code claim may be submitted up to three months from the date of the eye examination.

IP Optometrists or OMPs who have submitted an application to enter into arrangements with a Health Board for the provision of GOS Specialist Supplementary, but have not been notified of approval by 19 January 2026

44. Where an IP optometrist/OMP has submitted a GOS Specialist Supplementary application but has not been notified by 19 January 2026 that the application has been approved, they **will not** be able to submit supplementary reason code 5.0/5.1 claims for Stage 2 treatment provided from this date – a 3.5/4.5 supplementary reason code claim (as appropriate) should be submitted instead.
45. Once the IP optometrist/OMP has been notified by NSS or the relevant Health Board that their GOS Specialist Supplementary application has been approved (and NPCCD has been accordingly updated), they can submit a 5.0/5.1 supplementary reason code claim for Stage 2 treatment provided **from that point onwards** that is in line with [Annex C](#) of the Statement.

Enquiries

46. Any 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 19 January 2026.

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;

“specialist IP optometrist” means a specialist optometrist independent prescriber as defined in the 2006 Regulations;

“specialist OMP” means a specialist ophthalmic medical practitioner as defined in the 2006 Regulations.

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 - £46.53
 - (b) where the patient's pupils have been dilated or a cycloplegic refraction has been undertaken - £57.80
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 - £50.52
 - (b) where the patient's pupils have been dilated - £57.80

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 - £30.83
 - (b) enhanced supplementary eye examination - £47.80

SPECIALIST SUPPLEMENTARY EYE EXAMINATION – ANTERIOR EYE CONDITION

4. Fees payable for each supplementary eye examination carried out in accordance with [Appendix D](#) and [Annex C](#) by a specialist IP optometrist or specialist OMP:
 - (a) specialist supplementary eye examination – anterior eye condition – first appointment - £97.69
 - (b) specialist supplementary eye examination – anterior eye condition – second or subsequent appointment - £47.80

DOMICILIARY VISITING FEE

5. 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 - £47.24
 - (b) for each of the third and subsequent patients at the same establishment or location - £11.83
6. A payment made under paragraph 1, 2, 3, 4 or 5 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.

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.
Primary eye examinations involving dilation: Patients aged 60 years or over should have a dilated internal eye examination.
Primary eye examinations carried out in practice premises: To capture and record a digital image of the retina for all patients aged 60 years or over.
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.

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.
<i>Enhanced Supplementary Examination with dilation/cycloplegia:</i> If, in the judgement of the optometrist or OMP, the patient requires a dilated internal examination or cycloplegia, then the reason must be recorded.
<i>Supplementary eye examinations carried out in a place where the patient normally resides:</i> 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 the clinical need for which is identified at a different time of day to the primary 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.

Practitioners should follow [Annex C](#) to determine how to make an appropriate claim for treatment of an anterior eye condition.

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.

Practitioners should follow [Annex C](#) to determine how to make an appropriate claim for treatment of an anterior eye condition.

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 must only be carried out at a location that forms part of arrangements that a Health Board has entered into regarding the provision of specialist supplementary eye examinations.

A specialist supplementary eye examination should be conducted where it is deemed clinically appropriate to support the care of the patient. A specialist IP optometrist or specialist OMP must not provide Stage 2 treatment to a patient earlier than clinically necessary solely to claim a specialist supplementary eye examination fee.

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 has presented, without referral, to a specialist IP optometrist or specialist OMP, and receives any Stage 2 treatment as specified in [Annex C](#); or
- who has been referred under [paragraph 14\(4\) of schedule 1](#) of the 2006 Regulations to a specialist IP optometrist or specialist OMP, and receives any Stage 2 treatment as specified in [Annex C](#).

No GOS claim can be made for clinically triaging a patient before accepting a referral.

Patients who are incorrectly referred

Where the patient is referred, if, after the specialist IP optometrist or specialist OMP has reviewed the patient's presenting signs, symptoms and needs, they determine that the patient does not have an anterior eye condition requiring Stage 2 treatment, a supplementary eye examination under a 5.0 reason code can still be claimed.

Patients managed by different clinicians within a practice

Where:

- a patient has an appointment with an optometrist or OMP in relation to a suspect or diagnosed anterior eye condition that is anticipated to require Stage 2 treatment; and
- as a result of that appointment the patient is then directed to receive any Stage 2 treatment from a specialist IP optometrist or specialist OMP during a separate appointment on the same day within the same optometry practice location,

only **one** supplementary eye examination claim must be made in relation to **both** appointments, under reason code 5.0. The patient notes should clearly record each practitioner's professional contribution to the management of the patient.

Episodes of care

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 to an ophthalmic hospital or to the patient's GP practice for medical support/intervention; or
- steps down to Stage 1 treatment.

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 specialist IP optometrist or specialist 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 specialist supplementary eye examination claim under reason code 5.0 can be made.

5.1 – Second Or Subsequent Specialist Supplementary Eye Examination Appointment (or where onward referral to an ophthalmic hospital or a General Practitioner is required)

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 specialist IP optometrist or specialist OMP who initiated the Stage 2 treatment, but might be with another specialist IP optometrist or specialist OMP where the original IP optometrist or specialist OMP is no longer able to manage the patient (for example due to unexpected absence);
- where the patient is examined by a specialist IP optometrist or specialist OMP who determines that the patient has an anterior eye condition that requires more complex treatment than Stage 2 as specified in [Annex C](#), and is therefore referred onto an ophthalmic hospital or a General Practitioner under [paragraph 14\(4\) of schedule 1](#) of the 2006 Regulations.

In the unlikely event where a patient has a scheduled primary eye examination and, during that examination, the patient is diagnosed with an anterior eye condition and is provided with any Stage 2 treatment, then both a primary eye examination claim and a specialist supplementary eye examination claim under reason code 5.1 can be made.

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

1. A contractor 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

(d) For the provision of specialist supplementary eye examinations (practice premises and mobile practices):

- (i) Sterile needles
- (ii) Alger brush and burr
- (iii) Sharps bin

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

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 30 June of the calendar year following the year in which the appropriate CPD or IPCPD was undertaken.

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.

1 Ask for the age of the patient, as at the eye examination date.

2 How long ago was their last eye examination?

3 Cross-check age with examination interval to identify when to use the new early re-examination code 8.

	11 months	1 year	1 year 1 month	1 year 2 months	1 year 3 months	1 year 4 months	1 year 5 months	1 year 6 months	1 year 7 months	1 year 8 months	1 year 9 months	1 year 10 months	1 year 11 months
16 years	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 1 month	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 2 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 3 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 4 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 5 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 6 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 7 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 8 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 9 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 10 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 11 months	N	8	8	8	8	8	8	8	8	8	8	8	8
17 years	N	N	N	N	N	N	N	N	N	N	N	N	N
17 + 1 month	N	N	N	N	N	N	N	N	N	N	N	N	N
17 + 2 months	N	N	N	N	N	N	N	N	N	N	N	N	N
17 + 3 months	N	N	N	N	N	N	N	N	N	N	N	N	N
17 + 4 months	N	N	N	N	N	N	N	N	N	N	N	N	N
17 + 5 months	N	N	N	N	N	N	N	N	N	N	N	N	N
17 + 6 months	N	N	N	N	N	N	N	N	N	N	N	N	N
17 + 7 months	N	N	N	N	N	N	N	N	N	N	N	N	N
17 + 8 months	N	N	N	N	N	N	N	N	N	N	N	N	N
17 + 9 months	N	N	N	N	N	N	N	N	N	N	N	N	N
17 + 10 months	N	N	N	N	N	N	N	N	N	N	N	N	N
17 + 11 months	N	N	N	N	N	N	N	N	N	N	N	N	N
18 years	N	N	N	N	N	N	N	N	N	N	N	N	N
Over 18 years	N	N	N	N	N	N	N	N	N	N	N	N	N

Key

8 Yes

N No

Your patient is entitled to an NHS eye examination. Please use early re-examination reason code 8 on the claim form.

Your patient is not entitled to an NHS eye examination.

Example:
In the example shown on the guide, the patient would be entitled to an NHS eye examination, and you would need to enter the early re-examination reason code on the claim form.

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.

CLAIMING INFORMATION FOR SPECIALIST SUPPLEMENTARY EYE EXAMINATIONS

The content in this Annex and in the remainder of the Statement (in particular [Appendix B](#), [Appendix C](#) and [Appendix D](#)) is to support practitioners in making appropriate claims under GOS with respect to specialist supplementary eye examinations. **It should not be used as a clinical management guide.**

In managing patients with a suspect or diagnosed anterior eye condition, all optometrists and OMPs must recognise and work to their own level of competence and expertise and are reminded that clinical guidance and information to support them in managing such patients is available, including:

- the College of Optometrist's [Clinical Management Guidelines](#);
- the [Eyecare Guidelines](#);
- local formulary updates;
- local guidance.

The anterior eye conditions applicable to this Annex are:

1. [Anterior Uveitis](#)
2. [Blepharitis](#)
3. [Corneal Foreign Body](#)
4. [Episcleritis](#)
5. [Herpes Simplex Keratitis](#)
6. [Herpes Zoster Ophthalmicus](#)
7. [Infective Conjunctivitis](#)
8. [Marginal Keratitis](#)
9. [Ocular Allergy](#)
10. [Ocular Rosacea](#)

All references in this Annex 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.

The [Table](#) at the end of this Annex provides further information to support practitioners in making appropriate claims to the Agency when a patient has a suspect or diagnosed anterior eye condition.

1. Anterior Uveitis

Anterior Uveitis		Eligible Claimants
Stage 1	- Record vision and intra ocular pressure (IOP) - Dilate to exclude intermediate and or posterior inflammation	All optometrists and OMPs
Stage 2	- Topical steroids - Topical cycloplegic	Specialist IP optometrists and specialist OMPs

2. Blepharitis

Blepharitis		Eligible Claimants
Stage 1a	- Blepharitis management – lid cleaning, hot compresses, lid massage - Ocular lubricants	All optometrists and OMPs
Stage 1b	- Chloramphenicol eye drops or ointment - Demodex treatment (rarely)	All optometrists and OMPs
Stage 2	- Alternative topical antibiotics - Topical steroids - Oral antibiotics	Specialist IP optometrists and specialist OMPs

3. Corneal Foreign Body

Corneal Foreign Body		Eligible Claimants
Stage 1	- Assess the eye and adnexa for other injury / disease - Remove foreign body - Chloramphenicol eye ointment may be required - Ocular lubricant may be required	All optometrists and OMPs
Stage 2	- A sterile needle is required to remove foreign body - Remove rust ring - Systemic analgesia - Topical non-steroidal anti-inflammatory drugs (NSAID) - Bandage contact lenses	Specialist IP optometrists and specialist OMPs

4. Episcleritis

Episcleritis		Eligible Claimants
Stage 1	• Cold compresses • Ocular lubricants	All optometrists and OMPs
Stage 2	• Topical NSAID • Topical steroids • Oral NSAIDs	Specialist IP optometrists and specialist OMPs

5. Herpes Simplex Keratitis (HSK)

Herpes Simplex Keratitis		Eligible Claimants
Stage 1	• Carry out a dilated fundus examination to assess and establish HSK	All optometrists and OMPs
Stage 2	• Topical anti-viral • Oral anti-viral	Specialist IP optometrists and specialist OMPs

6. Herpes Zoster Ophthalmicus (HZO)

Herpes Zoster Ophthalmicus		
Stage 1	• A detailed examination of the anterior eye • Measure IOP and conduct a dilated internal examination • Any cases with deeper corneal involvement, associated anterior uveitis or elevated IOP should be referred urgently to an ophthalmic hospital (same day)	All optometrists and OMPs
Stage 2	• Systemic anti-viral drugs • Systemic analgesia	Specialist IP optometrists and specialist OMPs

7. Infective Conjunctivitis

Infective Conjunctivitis		Eligible Claimants
Stage 1a	• Eyelid cleaning • Wash out • Cold compresses	All optometrists and OMPs
Stage 1b	• Topical antibiotics e.g. chloramphenicol drops or ointment	All optometrists and OMPs
Stage 2	• Alternative topical antibiotics • Topical steroids • Removal of pseudo membrane	Specialist IP optometrists and specialist OMPs

8. Marginal Keratitis

Marginal Keratitis		Eligible Claimants
Stage 1	• Blepharitis management • Topical antibiotics • Ocular lubricants • Systemic analgesia	All optometrists and OMPs
Stage 2	• Alternative antibiotic • Topical steroids	Specialist IP optometrists and specialist OMPs

9. Ocular Allergy

Ocular Allergy		Eligible Claimants
Stage 1	• Cold compresses • Wash out / eye bath • Advice – avoidance of allergen • Topical anti-allergy drugs • Oral anti-histamines	All optometrists and OMPs
Stage 2	• Alternative topical anti-allergy drugs • Alternative oral anti-histamines • Topical NSAIDs • Topical steroids	Specialist IP optometrists and specialist OMPs

10. Ocular Rosacea

As for [blepharitis](#).

TABLE

Please refer to the following table when determining how to make an appropriate claim to the Agency when a patient has a suspect or diagnosed anterior eye condition

Stage	Arrangements for GOS claims when a suspect or diagnosed anterior eye condition is involved		
	Optometrist (including IP optometrist) or OMP who provides treatment (with or without subsequent referral to a specialist IP optometrist or specialist OMP)	Specialist IP optometrist or specialist OMP to whom the patient presents (without referral)	Specialist IP optometrist or specialist OMP who accepts the referral of a patient from an optometrist or OMP for the provision of Stage 2 treatment
1 (including a and b)	Primary eye examination or Supplementary eye examination reason code 3.5 or 4.5.		Not applicable – unless, in the unlikely event, the specialist IP optometrist or specialist OMP determines that the patient requires Stage 1 treatment instead of Stage 2 treatment, in which case a supplementary eye examination under a 5.0 reason code can still be claimed.
2	Primary eye examination or Supplementary eye examination reason code 3.5 or 4.5.	Supplementary eye examination reason code 5.0 (First appointment) or 5.1 (Second and subsequent appointments). * Refer to the full information for the reason 5.0 and 5.1 codes before submitting a claim	