



Dear Colleague

PRIMARY CARE OPTOMETRY

- **General Ophthalmic Services (GOS) primary eye examination dilation rates for patients aged 60 and over**
- **Practitioner and practice profile reports**

Summary

1. This letter advises on:

GOS primary eye examination dilation rates for patients aged 60 and over between 1 August 2025 and 31 March 2026 inclusive;

- Practitioner and practice profile reports.

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.

Yours sincerely,

Gillian Leslie

Deputy Director
Dentistry and Optometry Division

31 August 2026

Addresses:

For action
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For information
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Enquiries to:

eyecare@gov.scot

**MEMORANDUM TO NHS:
PCA(O)2026(06)**

Summary

1. This Memorandum advises on the following:
 - General Ophthalmic Services (GOS) primary eye examination dilation rates for patients aged 60 and over between 1 August 2025 and 31 March 2026 inclusive;
 - Practitioner and practice profile reports.
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 available in its latest form on the eyes.nhs.scot website.

GOS Primary Eye Examination Dilation Rates For Patients Aged 60 And Over

Background

4. Circular [PCA\(O\)2025\(04\)](#) outlined changes to the GOS primary eye examination fee structure (as set out in Appendix A of the Statement) that apply to eye examinations carried out on or after 1 August 2025.
5. These changes were introduced to reflect the importance of dilation as a means to carry out a thorough examination of the eye for signs of disease or damage.
6. No changes were made to the tests or procedures set out in Appendix C of the Statement that are required to be carried out as part of a primary eye examination, as applicable to the presenting signs, symptoms and needs of the patient – including that patients aged 60 and over should have a dilated internal eye examination.

Analysis Of Primary Eye Examination Claim Data

7. At the request of the Scottish Government, Public Health Scotland has undertaken an analysis of primary eye examination dilation rates for patients aged 60 and over, covering the period 1 August 2025 to 31 March 2026 inclusive.
8. This analysis has shown that, for the period in question, the **average** rate for dilated primary eye examinations of patients aged 60 and over carried out in a practice premises setting was 75.2%, and for those carried out in a location where the patient normally resides was 92.3%.
9. At a practice level, whilst there are many examples where practices have dilated the vast majority of the patients aged 60 and over during a primary eye

examination, there are a number of examples where dilation rates give cause for considerable concern.

Reasons For Non-dilation

10. The **only** circumstances in which a patient aged 60 and over is not required to have a dilated internal eye examination as part of a primary eye examination is set out in paragraph 1 of Appendix C of the Statement, as follows:

- a) the optometrist or ophthalmic medical practitioner (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.

11. For the avoidance of doubt the following **do not** meet any of the criteria above:

- a corporate or business policy advising or instructing an optometrist or OMP to not routinely dilate patients aged 60 and over as part of a GOS primary eye examination.
- not routinely dilating patients aged 60 and over as part of a GOS primary eye examination because insufficient time is scheduled for such appointments. As a general rule, the minimum time involved in providing a primary eye examination should be 30 minutes. 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.

12. In order to minimise occurrences of patient refusal, and thus encourage high rates of dilation, the profession was reminded in [PCA\(O\)2025\(04\)](#) about the importance of making patients aged 60 and over aware in advance of their primary eye examination that their pupils will be dilated. This could also extend to explaining the clinical benefits of dilation to the patient.

Record Keeping and Claim Validity

13. As set out in the College of Optometrists [Guidance for Professional Practice](#), practitioners must keep full and accurate records. In Scotland, this includes recording the reason why a dilated internal eye examination has not been undertaken as part of a primary eye examination for a patient aged 60 and over.

14. In instances where the reason(s) documented for not undertaking a dilated internal eye examination of a patient aged 60 and over as part of a primary eye examination does/do not conform to the circumstances set out in paragraph 10 above, or has/have been omitted from the patient record, the claim made in respect of that primary eye examination cannot be considered to be valid.
15. Details of any payment made in respect of an invalid claim will be communicated to the practitioner, providing an explanation of the reasons for the claim being deemed invalid and therefore recoverable. This communication will also include confirmation that Public Services Delivery (PSD) Scotland will recover the overpayment on behalf of the relevant health board.

Next Steps

16. Data setting out primary eye examination dilation rates for patients aged 60 and over at practice level has been shared by the Scottish Government with health boards.
17. As GOS eye examinations are provided under arrangements between optometrists / OMPs and health boards, the local investigation of primary eye examination dilation rates for patients aged 60 and over is therefore the responsibility of health boards.
18. To ensure consistency of approach in addressing this issue, the Scottish Government will facilitate further discussion with health boards to determine how local engagement with relevant practices and practitioners will take place.

Practitioner and Practice Profile Reports

19. To support the existence of a robust clinical governance framework for GOS, PSD Scotland has been commissioned and funded by the Scottish Government to develop practitioner and practice profile reports.
20. These reports will support practitioners and practices to self-reflect on their activity patterns across GOS and NHS optical voucher claims, and compare their data to health board and national averages. These reports will therefore include data on primary eye examination dilation rates.
21. A short-life working group was established by PSD Scotland to determine the system requirements for these reports, and comprised a wide range of stakeholders from across the profession, including Optometry Scotland.
22. These reports are now in development and scheduled for delivery to practitioners and practices by March 2027 at the latest.

Enquiries

23. 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