



Decision making in General Ophthalmic Services

Decision Making In General Ophthalmic Services

Version number: 1

First published: March 2024

Updated: (only if this is applicable)

Prepared by: Eye Health Policy Development group, Primary Care NHS LSC ICB

Contents

Contents	4
1 Executive Summary.....	6
2 Definitions.....	6
3 Eligibility for sight tests	9
3.1 Introduction.....	9
3.2 Eligibility of glaucoma patients for NHS sight tests.....	10
3.3 Complex lenses.....	10
3.4 Eligibility for sight test on income grounds.....	10
4 Authorisation of non-tolerance requests	10
4.1 Non-tolerance.....	10
4.2 Non-tolerance criteria	11
4.3 Non-tolerance to hospital prescribed spectacles This procedure applies to patients of all ages who had their original spectacles provided under GOS.	11
4.4 Regulatory basis for decision making.....	11
4.4.1 Definition of non-tolerance	11
4.5 Retests and second opinions	12
4.6 Standard Operating Procedure for authorisation of non-tolerance	12
5 Completing GOS 2 and GOS 3 forms.....	13
5.1 When should be completed.....	13
5.2 Tint and prism supplements	13
5.3 Change of patient circumstances	13
6 Eligibility for Vouchers and their issue	13
6.1 Who is eligible for GOS 3 and when?.....	13
6.2 GOS 3 issued after a private sight test.....	14
6.3 GOS 3 issued through Fair Wear and tear	14
6.4 GOS 3 where prescription has changed in one eye only.....	14
6.5 GOS 3 when a patient becomes eligible after a GOS sight test	14
6.6 GOS 3 when supply of distance & near vision spectacles separated.....	14
7 Voucher Values and Supplements	15
7.1 Tints/Photochromic lenses	15
7.2 Prism	15
7.3 Complex lenses.....	15
7.4 Prism controlled bifocal	15
7.5 Transposition.....	16
7.6 Other alteration to prescriptions	16
7.7 High reading Add.....	16
7.8 Small Glasses Supplement	16
7.9 Contact lenses.....	17
7.9.1 Disposable contact lenses	17
7.10 Reglazes	17
8 Issue of GOS 3 on other occasions.....	18
8.1 Provision of Second Pairs	18
8.1.1 Basis for decision making	18

8.1.2	Additional Guidance	18
8.1.3	Second Pairs for children	18
8.1.4	Second Pairs for Adults	19
8.1.5	Atypical second voucher requests	21
8.1.6	Standard Operating Procedure for authorisation of second pairs	21
9	Vouchers in other circumstances	21
9.1	Vouchers for Intermediate Spectacles or 3 pairs	21
9.1.1	Entitlement	21
9.1.2	Regulatory basis for decision making	22
9.1.3	Spectacles for Display Screen Equipment (DSE) (VDU Use)	22
10	Issue of GOS 4	23
10.1	Approval of repair/replacement of spectacles for an Adult	23
10.1.1	When may spectacles be repaired?	23
10.1.2	Completion of GOS 4 repair forms	23
10.1.3	Extent of repair	23
10.1.4	Repairs to Second Pairs	23
10.1.5	Regulatory basis for decision making	24
10.1.6	Standard Operating Procedure for authorisation of GOS Adult Repairs	24
11	References	25
	APPENDIX ONE - Memorandum of Understanding	26
	APPENDIX TWO – Voucher Categories	31
	APPENDIX THREE – Contact Details	32

1 Executive Summary

This guidance brings together the advice on General Ophthalmic Services (GOS) payments contained in FPN 713, HSG51 and other relevant FAQs about implementation of the Optical Charges and Payments Regulations 2013 as amended. Lancashire and South Cumbria Integrated Care Board (LSC ICB) and providers should reference this document and its appendices when making decisions.

LSC ICB regularly receives requests for clarification of GOS procedures. Such requests relate to GOS procedures which offer discretion to providers. This guidance is intended for use by both providers and LSC ICB and will be periodically reviewed to ensure it remains up to date.

The testing of sight and supply of optical appliances are treated as separate transactions. Entitlement to use a GOS voucher depends upon patients' circumstances at the time they order their optical appliance.

Requests may be made by patients (or their representative) for additional help under GOS in a number of different circumstances. These include requests for second pairs of spectacles, help with repair or replacement of their spectacles and further assistance for those intolerant to their new spectacles that need a change of lenses. The majority of these requests are made on the patient's behalf by their provider.

This guidance is intended to assist providers and LSC ICB in processing such requests and to help make consistent decisions when approving or rejecting requests. It contains definitions, explanation, regulatory background and standard operating procedures designed to support decision making.

2 Definitions

Adult For the purpose of this document an adult is all those aged 16 or over except in the definition of "looked after child" (see below).

Amblyopia often referred to as 'lazy eye' is where the visual acuity [VA] has not reached normal levels due to interruption in development. It usually only affects one eye.

Ametropia a condition of the eyes where there is myopia [short sightedness] hyperopia [long sightedness], astigmatism or a combination of these, usually requiring correction with spectacles or contact lenses.

Anisometropia a condition where the ametropia is different in each eye.

Bifocal Type of lens where there are two viewing portions separated by a distinct line. The top portion is for distance viewing and the lower portion for near. The power of the near portion to be based on the patient's choice of working distance. The GOS voucher value that applies is specified by the distant prescription unless the reading addition is +4.00D or more.

Child for the purpose for this document the term child refers to all children and young people aged under 16 except in the definition of “looked after child” (see below).

Complex lens A lens with a power in any one meridian of plus or minus 10 dioptres or a prism-controlled bi-focal lens. A lens with a cylindrical power greater than plus or minus 6 dioptres is not a complex lens (unless the spherical power is greater than plus or minus 10 dioptres).

Degressive An enhanced reading lens which uses varifocal technology to increase range of distances over which a person can read small print. It is normally prescribed using only the reading prescription and is therefore included in the definition of single vision spectacles when issuing a GOS 3 or 4.

Eligible person is someone who is entitled to mandatory or additional Primary Ophthalmic Services (POS) under the terms of the GOS contract regulations 2008.

Full Time Education A person aged 16-18 attending a school/college/university is eligible for GOS services if they are in full time education of more than 12 hours per week. This will also apply to people in this age group if they are educated by “other means” such as home schooling.

GOS Contractor is an individual, partnership or company contracted with NHS England to provide GOS sight tests.

GOS Forms:

GOS1 Application for NHS funded sight test

GOS2 Patient’s optical prescription or statement Issued to the patient at the conclusion of an NHS sight test.

GOS 3 NHS optical voucher and patient statement. Voucher toward the cost of spectacles for eligible patients.

GOS 4 NHS optical repair/replacement voucher application form
Completed when an eligible patient requests repair /replacement of spectacles.

GOS 5 Help with the cost of a private sight test Used when a patient is allowed partial help toward the cost of a sight test on an HC3.

GOS 6 Application for a domiciliary sight test Completed when a patient has an NHS sight test in their normal place of residence or approved day centre.

Help with health costs: System used when a patient has low income but is not automatically eligible for NHS help on other grounds.

HC1 Application for help with health costs.

HC2 Full Help with health costs. Allows eligible patients the full NHS allowance toward the cost of spectacles. Issued following application made by patient for help using HC1.

HC3 Partial Help with health costs certificate issued following application made by patient for help using form HC1.

Heterotropia also called squint or strabismus is a condition where the two eyes are not aligned and includes exotropia, esotropia and hypertropia.

Home Education A person aged 16-18 attending a school/college/university is eligible for GOS services if they are in full time education of more than 12 hours per week. This will also apply to people in this age group if they are educated by “other means” such as home schooling.

Illness includes mental as well as physical illness and disability as defined under the Health Act 2006: *“illness” includes mental disorder within the meaning of the Mental Health Act 1983 (c. 20) and any injury or disability requiring medical or dental treatment or nursing,*”

Looked after child is a child in the care of the local authority. This includes young people aged 16 or 17 who are being supported by the local authority. A looked after child may have no evidence of their entitlement, but they will have a support/care worker.

Non-tolerance A patient is considered not to be tolerant to an optical appliance if exceptionally they are unable to adjust to new spectacles and have visual discomfort even though the prescription issued may have been “clinically” correct at the time of testing and which subsequently requires a modification to the prescription to be made. It does not apply to non-tolerance where the problem is caused by the type of lens that has been prescribed.

Optical Appliance Spectacles or contact lenses used to correct a defect of sight. A pair of entirely plano lenses may not be supplied. Bifocal lenses with a plano distance portion and power in the reading portion may be supplied if the patient requires this for daily activities.

Practitioner is a person on the National performers list who may provide services as a GOS Contractor or assist a GOS Contractor in the provision of GOS. Practitioners may be either optometrists or ophthalmic medical practitioners (OMPs).

Prism thinning is a **non-prescribed** prism with vertical base setting applied to a progressive-power, degressive- power or e line multifocal lens to optimize its weight and thickness NOTE 1: Both lenses of a pair should exhibit equal thinning. NOTE 2: The prism thinning should be specified when ordering one lens of a pair to avoid introducing relative vertical prism.

Progressive power lens see **Varifocal**

Provider refers to a person or company that provides optical appliances under GOS. They may be a GOS contractor or a supplier.

Spectacles

Distance spectacles correct the vision for far distances.

Near or reading spectacles correct the vision at distances less than arm-length and are prescribed for a person's habitual reading position.

Intermediate spectacles cover the distances that fall between those corrected by the near and distance pairs (e.g. in VDU use).

Second Pair is defined as the provision of a second GOS3 towards the cost of a second pair of spectacles where the first pair remains in serviceable condition, and both are of the same prescription.

Single Vision spectacles have a single lens power. They may be prescribed for distance, intermediate or near work.

Supplier is a provider of optical appliances who does not also hold a GOS contract for sight testing.

Varifocal A blended lens that contains multiple lens powers for distance, intermediate and near viewing. The GOS voucher value that applies is specified by the distant prescription unless the reading addition is +4.00D or more in a similar way to bifocals.

Voucher Bands are defined in the NHS optical charges and payments regulations 2013. The amount toward the cost of spectacles that a patient is entitled to is dependent on the lens strength prescribed at the sight test (for illustration of voucher bands see appendix 3).

3 Eligibility for sight tests

3.1 Introduction

It is for practitioners to decide how frequently a patient's sight needs testing. However, it is necessary for LSC ICB and providers to have a guide on when claims for GOS sight tests should not normally be challenged (other than by routine or exceptional PPV). Accordingly, a Memorandum of Understanding was agreed between the NHS and the national optical representative bodies 2002.

The Memorandum of Understanding 2002 sets out that adults under 70 with refractive errors, who do not have any underlying disease or risk of disease which could affect their sight should not need routine sight tests more often than every two years. Most optical appliances are expected to last this long.

Providers should therefore only accept requests from patients for a sight test within two years if they have reason to believe the prescription could have changed. LSC ICB and providers should be aware that patients, who have been refused a GOS4 for lost or broken spectacles, could seek a further sight test (earlier than would normally be judged necessary) in order to obtain a GOS3 for new spectacles.

Please refer to the Memorandum of Understanding Frequency of Sight tests in Appendix 1.

3.2 Eligibility of glaucoma patients for NHS sight tests

Patients who have undergone surgery for treatment of glaucoma may continue to receive NHS sight tests at the appropriate interval.

3.3 Complex lenses

If a patient undergoing a private sight test is found to need a complex lens, the practitioner should arrange for the patient to complete a GOS1 form (thereby converting it to an NHS test]. If a patient, previously requiring a complex lens, is found, during an NHS sight test, no longer to require complex lens, he/she may still receive an NHS sight test (on this occasion only).

3.4 Eligibility for sight test on income grounds

In 2001 Point of Service checks were introduced as a means of checking patient eligibility for an NHS sight test and/or help towards the cost of optical appliances. Patients are asked to produce evidence of eligibility for services and providers indicate whether evidence has been seen or not.

4 Authorisation of non-tolerance requests

4.1 Non-tolerance

This guidance should be used by LSC ICB Delivery Assurance Team and providers to help them make consistent decisions about whether a further GOS 3 should be issued, in cases where the patient is not able to adapt to new spectacles and a GOS 3 was used in the original supply.

4.2 Non-tolerance criteria

In order for a new GOS 3 to be issued on the grounds of non-tolerance the case under consideration should fulfil the following criteria:

- The tolerance problems should have been present from the time of supply (rather than starting later)
- The cause of the problems has been shown to be related to the prescription (i.e. the strength of the lenses), not the type of lens or appliance

Requests for additional GOS 3s to allow a change from single vision to bifocal/varifocal or vice versa in the absence of a change in prescription should not be accepted as these are not changes in prescription.

4.3 Non-tolerance to hospital prescribed spectacles This procedure applies to patients of all ages who had their original spectacles provided under GOS.

Children or adults who are in receipt of their original spectacles from the Hospital Eye Service should apply to the individual NHS Trust concerned if they have a problem. The cost of any additional voucher in these cases should be borne by the NHS Acute Trust not by GOS.

4.4 Regulatory basis for decision making

4.4.1 Definition of non-tolerance

Non-tolerance is defined under regulation 9 (6) of the NHS Optical Charges and Payments Regulations 2013:

“9(6) Where a person requires a prescription for an optical appliance, the particulars of which differ from those relating to their existing appliance only because the person is non-tolerant of that appliance, and has been so since it was supplied, a voucher must not be issued unless the Board, being satisfied that the prescription for that existing appliance was clinically correct, has authorised the issue of a voucher.”

LSC ICB's interpretation of this regulation is that non-tolerance should be defined by the prescription and not by the type of optical appliance that is ultimately provided.

The particulars that make up the prescription are defined in the Sight testing (Examination and Prescription) (No2) Regulations 1989 5 (1) (a).

“5.—(1) A prescription provided in fulfilment of the duty imposed by section 20B (2) of the Act shall include—

(a) particulars of any spherical power of each lens to be included in the appliance prescribed and, where appropriate, particulars of the cylindrical power (including particulars of its axis), prismatic power (including particulars of the orientation of the prism) and near addition of each such lens;

4.5 Retests and second opinions

If a patient is non-tolerant of their spectacles, they may have another GOS sight test as long as the form is annotated with the words retest/non-tolerance. For clarity this includes domiciliary sight tests submitted via a GOS6 form. Furthermore, it does not have to be the original practitioner who carries out the second sight test.

It is recommended that the patient should, if at all possible, return to have the retest with the original prescriber. However, in situations where the professional/ patient relationship has broken down this may be done by another practitioner. In all cases the spectacles should be verified as correct to the prescription before commencing a further test.

Approval does not need to be sought for the test.

Approval does have to be sought for any GOS 3 that the prescriber may wish to issue.

4.6 Standard Operating Procedure for authorisation of non-tolerance

- The provider should complete and submit the ICB form Application **Spare/Replacement Pair**. If information is missing these may be returned to the provider for the omissions to be rectified.
- Submission should **be by email**, contact details are given at Appendix Three and on the application form.
- Submissions by email are only permissible if a secure [nhs.net](https://nhs.uk) address is available. Note that to be secure both the sending and receiving email addresses shall be nhs.net.
- Decisions should be made in accordance with this guidance. Where appropriate, cases will be referred to an optometric advisor for a decision.
- All requests and decisions made are recorded by the ICB.
- The provider that made the request should be notified of the decision. Notification should be in writing and may be made electronically using NHS net, to the address given on the request form. Any telephone confirmation should be followed up in writing.
- When the provider submits the claim for payment, a copy of the authorised application should be attached to the GOS 3.

5 Completing GOS 2 and GOS 3 forms

5.1 When should be completed

Forms GOS 2 and GOS 3 should be completed at the time of the sight test by the prescriber unless the patient becomes eligible for a GOS3 after the date of the sight test in which case the rules in 6.2, 6.5 or 6.6 apply.

5.2 Tint and prism supplements

Part 2 of the GOS 2 includes a box for the prescriber to show the type (band) of GOS 3 issued. This is to enable GOS 3 forms to be reconciled with patients' prescriptions. It also includes boxes for practitioners to indicate whether prisms, tints or a complex lens supplement is required. This is because tints and prism supplements should only be added to GOS 3 and GOS 4 where they are, in the opinion of the prescriber, clinically necessary.

5.3 Change of patient circumstances

The separation of prescribing and supply has pointed up the possibility of a patient's circumstances changing between his/her sight test and the time when he/she orders spectacles. A patient eligible for an NHS sight test and GOS 3 at the time of the sight test may not still be eligible when he/she orders the spectacles, e.g. a patient who was in receipt of specified benefits at the time of the sight test might return to work and no longer be eligible to use a GOS 3. There will also be patients who have had a private sight test who may subsequently become eligible for a GOS 3 by the time they order their spectacles.

To better provide for the possibility of these changes in the patient's circumstances, the prescriber should enter the prescription details on the GOS3 and issue the form to the patient. If the patient is eligible when he/she orders the spectacles, he/she should complete Part 2 of the GOS3 and give it to the provider.

6 Eligibility for Vouchers and their issue

6.1 Who is eligible for GOS 3 and when?

Vouchers should normally be issued to eligible patients at the time of their GOS Sight test and are available to:

- Children U16
- Young people aged 16-17 and 18 in Full Time Education (FTE)
- Those people with a complex prescription see Appendix 3
- People who are eligible on income grounds (i.e. patients on specific named benefits) Appendix 2b references types of evidence that might support such claims

The GOS 3 emphasises that eligibility at the time of the sight test does not mean that the patient will automatically be entitled to use a GOS 3 for the supply of an optical appliance. Contractors should therefore issue GOS3, with details of the prescription entered at Part 1 to patients who are eligible for GOS 3s at the time of the sight test.

6.2 GOS 3 issued after a private sight test

If a patient becomes eligible for a GOS 3 after a private sight test and before ordering their spectacles it is not necessary for the patient to undergo a second sight test. Instead, the provider should complete a GOS 3 form and copy the prescription details from the private prescription. If a supplier does not hold a GOS contract, he should direct the patient to the contractor where he had his sight tested for a GOS 3 to be issued.

6.3 GOS 3 issued through Fair Wear and tear

Vouchers may be issued where the current spectacles are no longer serviceable even if there is no change in prescription. (Regulation 9 Optical Charges and Payments regulations 2013 SI0461).

It may be that a situation could arise where a patient is retested two years after supply of spectacles and there is no change to the prescription. A GOS 3 is not issued at the time as his/her spectacles remain serviceable. If, shortly after testing, the patient's spectacles break it would be appropriate for the provider to consider issuing a replacement on the grounds of fair wear and tear. If the provider judges that there is unlikely to have been a change in prescription, a sight test is not required and a GOS 3 may be issued.

6.4 GOS 3 where prescription has changed in one eye only

If, a prescription has only changed in one eye, but the patient requests a complete new appliance, the provider may meet the request and may claim the appropriate GOS 3.

6.5 GOS 3 when a patient becomes eligible after a GOS sight test

On occasions a patient may be eligible for a GOS sight test but is not eligible for a GOS 3 at that time. If the patient's circumstances change at a later date a GOS 3 may then be issued without repeating the sight test.

6.6. GOS 3 when supply of distance & near vision spectacles separated.

A patient who has been prescribed separate distance and near spectacles may decide not to order both pairs at the same time.

The GOS 3 for the first pair should be submitted for payment in the usual way within three months of collection.

It is acceptable for a further GOS 3 to be issued for the other pair later, provided the patient is still eligible. The second GOS 3 should be annotated with the information about which pair has already been supplied.

7 Voucher Values and Supplements

Vouchers are banded according to the prescription of the patient and are assigned a letter code. The GOS 3 and GOS 4 values are announced by the Secretary of State and are usually implemented in April. For definition of each voucher see Appendix 3.

All prescriptions issued under GOS may be written in the highest spherical power.

Vouchers E-H for bifocal lenses may also be used for varifocal/progressive lenses.

7.1 Tints/Photochromic lenses

Tints should only be supplied where, in the opinion of the prescriber, they are clinically necessary. The use of photochromic lenses is permitted. If a patient requests a tint for cosmetic reasons, it cannot be claimed under GOS. Prescription form (GOS 2) provides a box for the prescriber to indicate whether a tint is clinically necessary, *and this should be reflected in the clinical notes.*

Since neither anti-reflective coatings, nor ultra-violet blocks are tints, practitioners cannot supplement the voucher value when these are prescribed.

Plano-tinted lenses are occasionally prescribed for children with reading difficulties. These should not be provided under GOS, as the available evidence to support their use is unclear.

7.2 Prism

A prism should only be included in a prescription where clinically necessary and not to alleviate the weight and thickness of the lenses i.e. prism-thinning.

7.3 Complex lenses

Patients requiring complex lenses are eligible for an NHS sight test and a complex lens GOS 3.

Supplements for tints, prisms or small frames may be added to a complex lens GOS 3.

However, patients who are eligible for GOS 3s on income grounds are not entitled to an additional complex lens supplement.

7.4 Prism controlled bifocal

A Prism controlled bifocal is used where different prismatic correction in each portion of the lens **is prescribed** and is defined under BS EN ISO 13666:2012 14.1.26 as *Prism-controlled bifocal [or multifocal] is a lens whose method of construction permits some independent control of prismatic effect or optical centration of the various portions of the lens.*

NOTE: This can include a “slab-off” or bi prism lens where for example the near portion of one lens contains a prism to reduce the vertical prismatic difference that would otherwise occur in anisometropia.

For clarification prism –thinning **does not** constitute a prism-controlled bifocal although similar methods of construction are used.

BS EN ISO 13666:2012 14.2.11

Prism controlled bifocals would not attract an extra prism supplement.

7.5 Transposition

All prescriptions issued under GOS may be claimed in the highest spherical power. Where providers receive prescriptions which are not in this form, they should transpose them and initial the amendments.

7.6 Other alteration to prescriptions

Providers may occasionally need to alter a prescription when, on measuring the patient for a frame, they find that the lenses will be either closer or further from the eye than the back vertex distance assumed by the prescriber. The change is very unlikely to be so great as to alter the GOS 3 band and, provided there is no change, the provider may amend the GOS3 -by initialling and noting in margin "BVD change".

7.7 High reading Add

To provide help to the small group of people with poor reading vision, who might otherwise seek to apply for a low vision aid the optical charges and payments regulations allow that the GOS 3 appropriate to bifocal spectacles is determined by the power of the reading segment where it is more than 4 dioptres more powerful than the distance segment. For all prescriptions with a reading addition of less than 4, the GOS 3 will continue to be determined solely by the power of the distance segment.

7.8 Small Glasses Supplement

The intention of the small glasses supplement is to provide for the additional cost of supplying and fitting small spectacles including, where appropriate, the supply of lenses worked for minimum substance The supplement is payable when small frames are supplied as defined in Regulation 1 of the NHS (Optical Charges and Payments) Regulations 2013

For reference the definition below is extracted from the regulations 2013 SI 461. The NHS (Optical Charges and Payments regulations) 2013

“small glasses” means spectacles—

(a)

having a frame which is either custom made or a stock frame requiring extensive adaptation to ensure an adequate fit; and

(b)

having a boxed centre distance of no more than 55 millimetres, and for this purpose “box centre” is to be construed in accordance with the British Standard BS EN ISO 8624:2011 (Ophthalmic Optics. Spectacle Frames. Measuring System and Terminology) published on 28th February 2011

Examples of “extensive adaptations” are:

- reductions or increases in the length of sides
- manipulations to reduce or increase the bridge width which cannot be achieved solely by adjustment of the pads
- lenses with a high, positive spherical power worked to minimum substance (either by the provider or a wholesaler).

Providers should not rely on the manufacturer’s description and should check that the above conditions are met including measurement of the frame to ensure that it is within the prescribed size limits.

7.9 Contact lenses

A patient may use a GOS 3 towards the purchase of contact lenses (CLs). The prescription written for spectacles should not be amended. Where the CL prescription is in a higher or lower band than that for spectacles **the value appropriate for the spectacles should be issued**. As with spectacles, providers may issue a GOS4 for replacement of durable contact lenses where they judge them to have become unserviceable.

7.9.1 Disposable contact lenses

Contact lenses are judged to be 'disposable' where the manufacturer advises that they should be replaced at six monthly intervals or less. Where an eligible patient opts for disposable contact lenses the GOS 3 may only be used for the first stock supplied and no subsequent GOS 3 issued until the patient's prescription changes. Because of their short life, **a new GOS 3 should not be issued** for the replacement of disposable contact lenses on the grounds of fair wear and tear.

7.10 Reglazes

Where a patient whose prescription has changed opts to have his/her existing frame reglazed, the provider should use form GOS3 to claim the appropriate value or the cost of the reglaze whichever is the lower. The same applies if only one lens is being re-glazed.

8 Issue of GOS 3 on other occasions.

8.1 Provision of Second Pairs

This policy only considers Second Pairs for patients who had their original spectacles provided under GOS. Children or adults who are in receipt of their first pair of spectacles from the HES should apply to the individual NHS Trust concerned if they wish to have a second. The cost of the Second Pair should be borne by the NHS Acute Trust not by GOS in these circumstances.

8.1.1 Basis for decision making

“No patient has ever been automatically entitled to a spare pair of spectacles of the same prescription but exceptionally – e.g. where a child with a disabling illness is breaking his/her spectacles with such frequency that his/her education is being disrupted – permission may be sought from the LCS ICB to supply a Second Pair.

8.1.2 Additional Guidance

The guidance below has been produced in an attempt to further define “exceptional circumstances”.

8.1.3 Second Pairs for children

It is generally accepted that children up to the age of seven may suffer long term visual impairment (amblyopia or lazy eye) if they are unable to wear their spectacles on a consistent basis and they also have an accompanying eye condition such as a heterotropia anisometropia) or large degrees of ametropia These conditions in themselves may be considered to be “disabling” illnesses/conditions under the Department of Health definition of illness. For this reason, it is recommended that a child that frequently breaks his/her spectacles should be allowed to have a Second Pair to prevent long term visual impairment.

It is recommended that applications for Second Pairs should be routinely approved if:

1. The child is aged 7 or under **and**
2. The prescription falls into the GOS 3 B band* or above for at least one eye **and**
3. There is a history of spectacle loss or breakage (2 or more repairs in the preceding 6 months).

Second Pairs should not be provided “just in case” where there is no evidence of need.

Second Pair applications may also be routinely approved if:

1. A child is aged over 7 or is a “looked after child” **and**
2. They have a further illness (i.e. not just the visual impairment described above) that causes the frequent breakage/loss **and**
3. The prescription falls into the GOS 3 B band or above for at least one eye **and**

4. There is a history of spectacle loss or breakage (2 or more repairs in the preceding 6 months). **and**
5. Evidence from the patient or their representative leads staff to reasonably believe that the patient's education or quality of life is likely to be affected if they are without their spectacles.

Second Pairs should not be provided "just in case" where there is no evidence of need.

If there is any doubt as to whether it is the illness that is causing the frequent loss or damage, the application shall be referred to the optometric adviser for further consideration.

Second Pairs may also be approved with discretion for children of any age if:

1. The GOS 3 band is in voucher A (those children with high A values may still be at risk)
2. An optometric adviser has reviewed the case and is satisfied that the other criteria described above are met.

8.1.4 Second Pairs for Adults

It is rare that a request will be made for an adult to have a Second Pair; however, where this is made the grounds for decision making should be similar to that above for older children i.e. they may be routinely approved if:

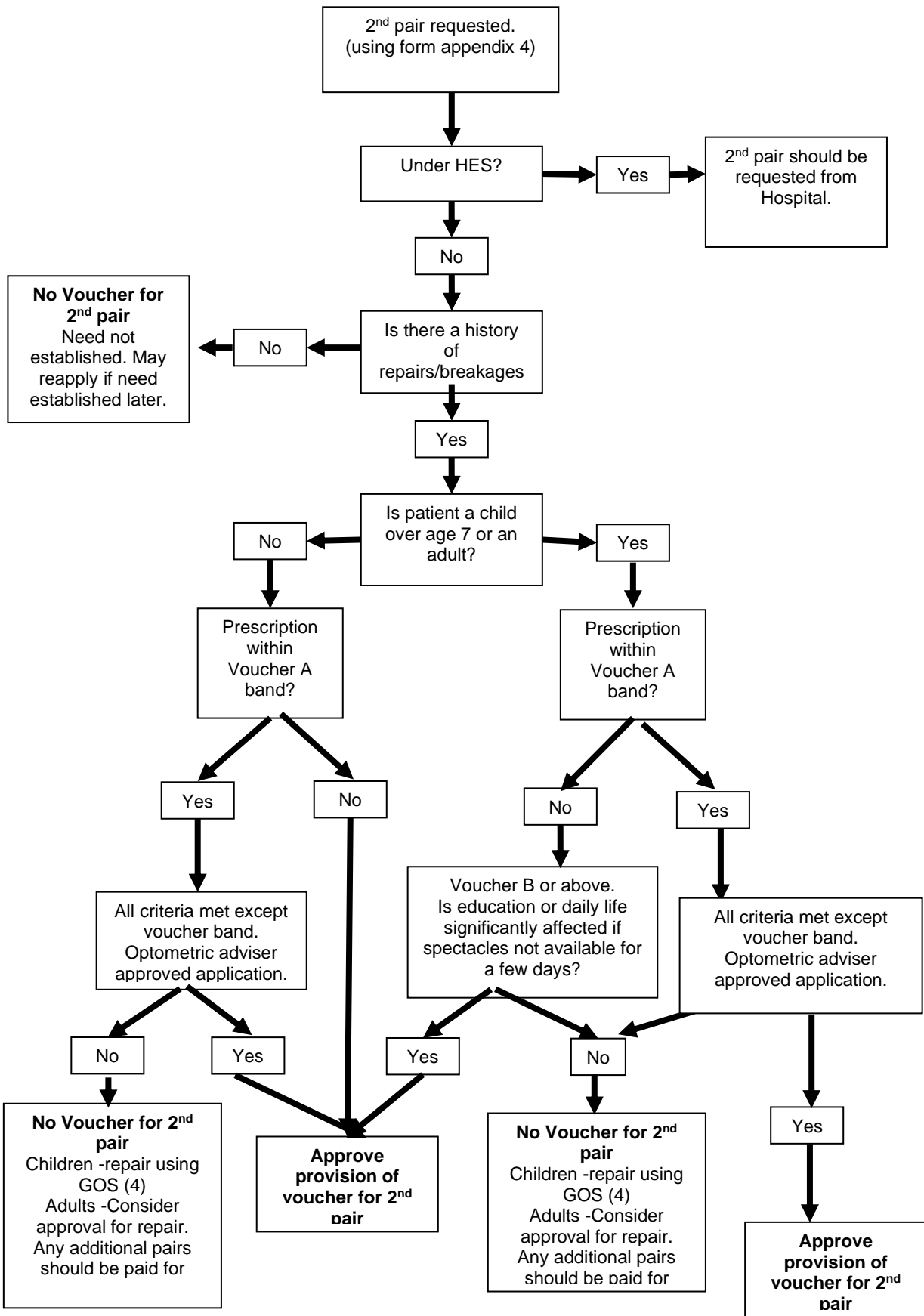
1. They have an illness that causes the frequent breakage/loss **and**
2. The prescription falls into the GOS 3 B band or above for at least one eye **and**
3. There is a history of spectacle loss or breakage (2 or more repairs in the preceding 6 months). **and**
4. Evidence from the patient or their representative leads staff to reasonably believe that the patient's education or quality of life is likely to be affected if they are without their spectacles.

Second Pairs should not be provided "just in case" where there is no evidence of need

Second Pairs for adults may also be approved with discretion if;

1. The GOS 3 band is in voucher A (those adults with high A values may still be at risk)
2. An optometric adviser has reviewed the case and is satisfied that the other criteria described above are met.

Second Pair Decision Tree



8.1.5 Atypical second voucher requests

Some requests for a second pair may not fit in with any of the circumstances described above e.g. a child who needs both bifocals for school plus a distance pair for other daily activities or a patient who is albino who, for clinical reasons needs a tinted and a clear pair of spectacles. Such cases should be resolved on their individual merits. For this reason, all such requests should be referred to an optometric adviser for a considered opinion.

8.1.6 Standard Operating Procedure for authorisation of second pairs

- Second Pair requests are generally made on a patient's behalf by their ophthalmic provider who should complete and submit the form Application Second Pair/Replacement if information is missing the form will be returned to the ophthalmic provider for the omissions to be rectified.
- Submission should be via secure nhs.net email details are given on the application form and in Appendix 4. **Note** that to be secure both the sending and receiving email addresses must be nhs.net
- Decisions should be made in accordance with this guidance. Where appropriate cases shall be referred to the optometric adviser for a decision.
- The Ophthalmic provider making the request will be notified of the decision electronically to the address given on the request form.
- When an Ophthalmic provider submits the claim for payment a copy of the authorised application should be attached to the GOS 3.

9 Vouchers in other circumstances

9.1 Vouchers for Intermediate Spectacles or 3 pairs.

The number of queries relating to intermediate pairs of spectacles and possible issue of a third GOS 3 to be used for this purpose is increasing. This section outlines the approach that will be taken by LSC ICB when presented with such requests based on current GOS regulations.

9.1.1 Entitlement

In general, a person is entitled to either

- One bifocal GOS 3 (which may also be used for varifocals where this includes a distant prescription) or
- Two single vision GOS 3s one for distant spectacles and one for near vision spectacles. The distant pair must be used for far vision. The near vision pair may be either a close reading pair or an intermediate pair, but a patient is not entitled to both.

Note that for the purposes of this policy a single vision GOS 3 may be used towards the cost of a degressive near vision lens.

The following combinations are not supported by the regulations and therefore requests for such combinations shall not be accepted

- Two single vision GOS 3s where one pair is for near and the other intermediate (where 2 single vision GOS 3s are issued one must be for a distant pair)
- A bifocal GOS 3 where this is for intermediate and near correction
- A third single vision GOS 3 for the purpose of providing intermediate correction
- A bifocal GOS 3 for the purpose of providing degressive or enhanced reading spectacles
- An additional single vision GOS 3 where a bifocal GOS 3 has already been given.

In all of these cases if the patient wishes to have spectacles the additional pairs must be supplied privately.

9.1.2 Regulatory basis for decision making

The regulatory basis for decision making is based on the wording of the NHS Optical Charges and Payments Regulations 2013 which do not explicitly mention all aspects of intermediate prescribing. Please note that the information below may not completely explain all aspects of intermediate and multifocal prescribing.

In schedule 1 of these regulations:

(3) For the purposes of Schedule 1 -

(b) where, subject to sub-paragraph (c), an optical appliance has a bifocal lens, the power of the lens shall be determined according to the power of that segment of the lens designed to correct a defect in distant sight.

Hence, for a bifocal, to be able to specify the lens the distant prescription should be used. This means that bifocals for intermediate and near may not be given under GOS.

For the purposes of GOS a varifocal may be used in place of a bifocal and therefore should also be specified by the distant prescription.

9.1.3 Spectacles for Display Screen Equipment (DSE) (VDU Use)

With regard to Display Screen Equipment (VDU) spectacles for use at work, the employer has to provide a sight test and spectacles which are used specifically for DSE use. This is the responsibility of the employer, not GOS.

The Health and Safety (Display Screen Equipment) Regulations 1992 says that if a user or a potential user of DSE requests an eye test the employer is required to provide one. If the test shows that the user needs spectacles specifically for DSE work, the employer must also pay for basic frames and lenses.

10 Issue of GOS 4

10.1 Approval of repair/replacement of spectacles for an Adult

10.1.1 When may spectacles be repaired?

An adult may request GOS help toward the cost of repairing their spectacles if they are eligible (see below for the definition of eligibility) and the cause of the breakage or loss was due to illness.

Approval for an adult repair under this policy should be sought from NHSBSA before any repair is undertaken. LSC ICB cannot be held responsible if a repair is undertaken in advance of approval being sought.

All children aged under 16 and looked after children are automatically entitled to repairs under GOS and do not need to apply for approval.

10.1.2 Completion of GOS 4 repair forms

Repair forms submitted for approval should clearly explain the link between the illness that caused the loss or damage and the incident. If the space on the form is insufficient additional info may be submitted on an additional sheet.

Where spectacles are lost it would be expected that additional information regarding the loss and efforts that have been made to locate them is included in the explanation.

10.1.3 Extent of repair

Please note that only the broken part of the spectacles may be repaired under GOS. For example, if a frame is broken only the frame should be replaced and any lens supplied will not be the responsibility of GOS. Exceptions may be made to this rule only if the frame is no longer available or the patient has presented to a different provider who does not supply such a frame. In these cases, a complete new pair may be ordered.

10.1.4 Repairs to Second Pairs

Where a Second Pair has been granted by the HES or by LSC ICB both pairs may be repaired or replaced via GOS (4) provided that they are children, or if an adult NHSBSA must be satisfied that the breakage/loss is due to illness.

Second pairs supplied free of charge at the ophthalmic provider expense not under GOS (e.g.in 2 for 1 offers), may not be repaired under GOS.

10.1.5 Regulatory basis for decision making

The regulations that support this procedure are the National Health Service Optical Charges and Payments Regulations 2013. Part 5 covers the rules relating to payments toward the cost of repairs. Under regulation 16(3) (b), a person may have repair/replacement if entitled on income grounds and the cause of loss/breakage is due to the illness.

“16.— (1) A payment must be made as provided for by this Part to meet, or contribute towards,

any cost accepted by the Board as having been incurred for the replacement or repair of an optical appliance for which the condition in paragraph (3) is met.

(2) The payment referred to in paragraph (1) must be made whether or not the cost was incurred by way of a charge under the 2006 Act.

(3) The condition referred to in paragraph (1) is that a prescription is given for the optical appliance in consequence of the sight test of a person who, at the time the cost is incurred for the replacement or repair—

(a) is under the age of 16 years, where the appliance needs replacement or repair as a result of loss or damage

(b) is a person of any description specified in regulation 8(2) (b), (c), (d), or (e)

(note additional to regulations; briefly these are patients who are:

- Aged under 19 and in full time education.
- In receipt of income support, income-based job seekers allowance; income-based employment and support allowance, working tax credit, universal credit, and pension credit guarantee credit or hold an HC3 certificate.
- Patients who are in the family of someone who received the benefits listed above (such family members are normally listed on the benefit entitlement letter) who is suffering from illness, where the appliance needs replacement or repair as a result of loss or damage and the Board is satisfied, after making such enquiries as it considers relevant, that the loss or damage would not have occurred but for that illness.

(4) No payment must be made under this Part unless the Board is satisfied, after making such enquiries as it considers relevant, that the full cost of replacement or repair cannot be met under the terms of any warranty, insurance or other arrangement made with the provider or manufacturer.

Please note that benefit rules may change in the future. These would normally be flagged by an amendment to the optical charges and payments regulations. If in doubt the current version of the regulations should be consulted (published on DH website).

10.1.6 Standard Operating Procedure for authorisation of GOS Adult Repairs

- Providers must seek approval from NHSBSA prior to any repairs taking place.

11 References

Optical Charges and Payments regulations 2013 SI0461
Memorandum of Understanding Frequency of sight tests
FPN713
HSG51
BS EN ISO 13666:2012 313

APPENDIX ONE

Memorandum of Understanding



To:
Chief Executive Health Authorities)
Directors of Primary Care Health Authorities
Directors of Finance Health Authorities
Local Counter Fraud Specialists in Health Authorities
Optometrists and () on health authority
Ophthalmic Medical Practitioners) lists

January 02

Dear Colleague

FREQUENCY OF SIGHT TESTS

1. In my letter of January 2001 I indicated that the box titled *In the case of a retest at less than the standard interval* on the reverse of the new version of the GOS 1 *Application for a NHS sight test* form should not be used until further notice. We have completed discussions with the optometric profession on a Memorandum of Understanding on the Frequency of NHS Sight Tests and this letter is about how the box should be brought into use.

Clinical judgement

2. It is for optometrists and ophthalmic medical practitioner to decide whether a patient's sight needs to be tested in the light of their assessment of the patient's eye care needs. The interval at which the patient should be advised to have a subsequent sight test/eye examination is also a matter of clinical judgement. However, unnecessary NHS sight tests and NHS optical vouchers result in the misallocation of NHS funds from other areas of patient care. To avoid this the Department has worked with the profession to devise guidance on appropriate intervals between sight tests and on how health authorities may be informed of the reasons for sight tests at shorter than expected intervals. The Department is grateful to the profession for the cooperation it received on producing guidance which protects the clinical judgement of practitioners with the minimum of bureaucracy.

Background to the memorandum

3. A working party comprising the Association of Optometrists, the College of Optometrists, the Federation of Ophthalmic and Dispensing Opticians and the Department of Health reviewed and reported on good practice on sight test intervals. As a result of a request from the working party and following consultation with members of the working party the College has produced guidance on appropriate intervals between sight tests which it has now included in its *Code of Ethics and Guidance for Professional Conduct*. For use within the general ophthalmic services FODO, AOP and the Department have summarised this guidance in the memorandum in the annex to this letter.

Use of the memorandum

4. As the introduction indicates, where optometrists and ophthalmic medical practitioners carry out NHS sight tests at intervals equivalent to or greater than those given in paragraph 2.2 of the guidance no entries are required at Part 3 of the form GOS 1. Where a test is undertaken at a shorter interval the practitioner should enter the appropriate code given at paragraph 3.1 of the memorandum. **Only the code number is required. When the forms are revised the title of the box will be amended to show that a coding system is in use.** The following additional points need to be taken into account.

Monitoring schemes

5. These could be shared care or co-management schemes undertaken in accordance with a protocol agreed with hospital ophthalmologists and general practitioners. Since they provide for patients for whom a confirmatory diagnosis has been made in the secondary care sector, these schemes are outwith the GOS. Payments to practitioners should be made from hospital and community health services funds, but where refraction is required as part of the agreed protocol, a NHS sight test fee may be claimed for eligible patients

Broken or lost spectacles

6. Paragraph 22 of the Annex to HSG(97)48/FPN713 *Advice and Clarification of GOS Procedures* indicated how patients who had lost or broken their spectacles (and did not meet the criteria for replacement/ repair) might exert pressure on practitioners for early re-tests. In these circumstances practitioners should still determine the need for testing on the basis of clinical judgement informed by the attached guidance. Patients experiencing major hardship as a result of not having serviceable spectacles should be advised to consult the health authority

Measurement of intervals between sight tests

7. Practitioners have to make appointments to accommodate their patients' commitments and this may result in tests conducted slightly earlier than the intervals in the annex. To give some flexibility health authorities should not challenge claims for tests made within one month of these intervals.

Action

8. Health Authorities are asked to send copies of this letter and the memorandum to the optometrists and OMPs on their ophthalmic lists. Optometrists and OMPs should start entering codes for sight tests undertaken at shorter intervals than those given at paragraph 2.2 of the memorandum from 1 April 2002.

Yours sincerely

Jerry Read
Head of General Ophthalmic Services

MEMORANDUM OF UNDERSTANDING

**between
Department of Health
and
Association of Optometrists
and
Federation of Ophthalmic and Dispensing Opticians
on**

FREQUENCY OF GOS SIGHT TESTS

1. Introduction

- 1.1** This Memorandum of Understanding refers to sight tests for different categories of patients under the General Ophthalmic Services (GOS). A sight test means a test by an optometrist or an ophthalmic medical practitioner (OMP) as defined in regulations.
- 1.2** Health Authorities and payments agencies will automatically pay all *bona fide* claims for GOS fees for sight tests carried out at the intervals listed below, subject to normal post-payment verification.
- 1.3** Claims for GOS fees for sight tests carried out at an interval, which is shorter than those listed below, will be accompanied by a justification by the optometrist or OMP by means of one of the numerical codes, described below. Such a sight test may be initiated by an optometrist or OMP or by a patient who presents with a problem requiring immediate attention in the judgement of the optometrist or OMP.

continued

2. Minimum Intervals Between Sight Tests

- 2.1 The GOS regulations require practitioners to satisfy themselves that a sight test is clinically necessary. Therefore, the intervals given below are not to be read as applying automatically to all patients in a category.
- 2.2 However, optometrists and OMPs will not normally test the sight of patients under the GOS more frequently than according to the following schedule of intervals.

Patient's Age at Time of Sight Test
Minimum Interval Between Sight Tests
or Clinical Condition

Under 16 years, in the absence of any binocular vision anomaly	1 year
Under 7 years with binocular vision anomaly or corrected refractive error	6 months
7 years and over and under 16 with binocular vision anomaly or rapidly progressing myopia	6 months
16 years and over and under 70 years	2 years
70 years and over	1 year
40 years and over with family history of glaucoma or with ocular hypertension and not in a monitoring scheme	1 year
Diabetic patients	1 year

3. Reasons for Earlier Sight Test

- 3.1 An optometrist or OMP may carry out a sight test at a shorter interval than those listed above, either at the practitioner's initiative for a clinical reason, or because the patient presents him/herself to the practitioner with symptoms or concerns which might be related to an eye condition.
- 3.2 If an optometrist or OMP carries out a GOS sight test at an interval shorter than one of those listed above, the practitioner must annotate the GOS 1 form with one of the following codes:
1. Patient is at risk of frequent changes of prescription for reasons not requiring medical referral or for reasons already known to a medical practitioner.
 2. Patient has pathology likely to worsen, for example age-related macular degeneration, cataract, corneal dystrophy, or congenital anomalies.
 3. Patient has presented with symptoms or concerns requiring ophthalmic investigation
 - 3.1 resulting in referral to a medical practitioner; or
 - 3.2 resulting in issue of a changed prescription; or
 - 3.3 resulting in either no change or no referral (the patient's record should indicate any symptoms shown to support this category of claim, if necessary).
 4.
 - 4.1 Patient needing complex lenses; or
 - 4.2 with corrected vision of less than 6/60 in one eye.
 5. Patient has
 - 5.1 presented for a sight test at the request of a medical practitioner; or
 - 5.2 is being managed by an optometrist under the GOC referral rules, for example suspect visual fields on one occasion which is not confirmed on repeat, or abnormal IOP with no other significant signs of glaucoma; or
 - 5.3 identified in protocols as needing to be seen more frequently because of risk factors.
 6. Other unusual circumstances requiring clinical investigation.

[END]

APPENDIX TWO

SINGLE VISION			
↓ SPHERE	← CYL →		
	0.25–2.00	2.25–6.00	Over 6.00
Plano - 6.00	A	B	
6.25 - 9.75			
10.00 - 14.00	C		
Over 14.00	D		

BIFOCAL or VARIFOCAL			
↓ SPHERE	← CYL →		
	0.25–2.00	2.25–6.00	Over 6.00
Plano - 6.00	E	F	
6.25 - 9.75			
10.00 - 14.00	G		
Over 14.00	H		

APPENDIX THREE

Contact details:

Providers, please note that secure nhs.net email must be used for requests.

england.lancsat-optometry@nhs.net