



Making Accurate Claims

In England

Guidance to members

Association of British
Dispensing Opticians

Association of Optometrists

Federation of Ophthalmic
and Dispensing Opticians

March 2009

This guidance is directed to GOS contractors, optometrists, dispensing opticians and ophthalmic medical practitioners (OMPs) in England. Separate guidance is applicable in Scotland, Wales and Northern Ireland.

The AOP, ABDO and FODO wish to thank NHS Primary Care Contracting and the Department of Health in England for their advice.

This document is informal guidance and is not an authoritative interpretation of the law, which only the courts can provide. In the event of uncertainty, please contact your Primary Care Trust and representative organisation for specific advice.

The guidance covers ophthalmic medical practitioners providing General Ophthalmic Services; and all references to optometrists should be read as applying also to OMPs (or medical practitioners in general, as appropriate).

All references to patient records include record cards and electronic records.

This guidance is based on the most recent regulations on the NHS General Ophthalmic Services and optical vouchers and payments in England. It should not be relied upon as a definitive interpretation of the law.

Contents

Section

- 1** Introduction: Providing and Performing GOS in England
- 2** Post-payment Verification (PPV)
- 3** Supplying and Claiming (General)
- 4** Filling and Signing GOS Forms (General)
- 5** Verifying Patients' Eligibility for GOS and Vouchers: Point of Service Checks
- 6** Glaucoma and Ocular Hypertension
- 7** Diabetes
- 8** Frequency of Sight Tests
- 9** Domiciliary Visits
- 10** Domiciliary Visits to Day Centres
- 11** Changes to Notifications of Domiciliary Visits and Substitutes
- 12** Filling GOS 1 Forms (Application for an NHS Funded Sight Test)
- 13** Filling GOS 6 Forms (Application for a Mobile NHS Funded Sight Test)
- 14** Patients Aged Under 16 or Incapable of Signing
- 15** Patients Aged 16, 17 or 18
- 16** Prescribing and Supplying Tints, Photochromic Lenses and Prisms
- 17** AR Coatings and UV Blocks
- 18** Plano Lenses with Tints or Prisms
- 19** Small Prescriptions and Small Prescription Changes
- 20** No Change Prescriptions
- 21** Non-Tolerance
- 22** Choosing Correct Voucher Values
- 23** Filling GOS 2 Forms (Patient's Optical Prescription or Statement)
- 24** Filling GOS 3 Forms (NHS Optical Voucher and Patient's Statement)
- 25** Altering Another Prescriber's Prescription (BVD)
- 26** Transposition
- 27** Single or Reglazed Lenses

- 28** Validity of Vouchers and Prescriptions
- 29** Small Glasses Supplement
- 30** Complex Lenses
- 31** Contact Lenses
- 32** HES Vouchers
- 33** Fair Wear and Tear
- 34** Repairs and Replacements (General)
- 35** Filling GOS 4 Forms (NHS Optical Repair/Replacement Voucher Application Form)
- 36** Sight Tests for Adult Repairs and Replacements
- 37** Vouchers for Adult Repairs and Replacements
- 38** Spare Pairs of Spectacles for Children
- 39** Children's Repairs and Replacements
- 40** Filling GOS 5 Forms (Help with the Cost of a Private Sight Test)
- 41** Non-Collection of Spectacles and Contact Lenses
- 42** HC2 and HC3 Certificates
- 43** HC5(O) Forms and Refunds
- 44** Assistants, Deputies, Employees and Staff Working Under Supervision
- 45** Suppliers Who Redeem Vouchers

1

Introduction: Providing and Performing GOS in England

An optometrist or ophthalmic medical practitioner (OMP) can perform sight tests under General Ophthalmic Services (GOS) in England, only if he is on an Ophthalmic Performers List of a Primary Care Trust (PCT) in England. (In this document, he also indicates she.) Being on a GOS list in Wales, Scotland or Northern Ireland does not allow a practitioner to perform GOS in England; and *vice versa*.

Lay persons, dispensing opticians, optometrists, OMPs, partnerships including optometrists or OMPs or bodies corporate wishing to provide GOS in a PCT's area must apply for a contract from that PCT. This applies to both those persons who wish to work from fixed premises or to provide domiciliary services. (Domiciliary services are also referred to as mobile services, because they are not always provided in the place of domicile.)

Contractors wishing to provide GOS from fixed premises must apply to the PCT for a contract to provide general ophthalmic mandatory services (a 'mandatory services contract'). Contractors wishing to provide domiciliary services must apply to the PCT for a contract to provide general ophthalmic additional services (an 'additional services contract'). Contractors wishing to provide both mandatory and additional services must have contracts with the PCT for both. If a contractor wishes to provide GOS in another PCT's area, whether from premises or as a domiciliary service, he must enter into a relevant contract with the PCT for that area.

Those who undertake sight tests in practices owned by contractors are regarded as 'performing' GOS, and must be included in the Ophthalmic Performers List of the PCT or of another PCT in England. In other words, any optometrist or OMP, who is on an Ophthalmic Performers List anywhere in England, can also perform GOS sight testing in any other PCT area (provided he is not debarred) without seeking that PCT's permission. Note that an employee, who was a pre-registration optometric student and becomes registered by the General Optical Council as a qualified optometrist (but has not been entered onto an Ophthalmic Performers List), may not test sight even if under supervision.

All contractors have to have a GOS contract with every PCT in whose area they plan to provide services, whether fixed or mobile. Even if you own your practice and have

a GOS contract, you must be on an Ophthalmic Performers List in order to perform GOS sight tests.

You should not assume that, because you have applied to a PCT for a contract or to join the Ophthalmic Performers List, that your application has been approved. You should, therefore, check with the PCT to which you have applied, before providing GOS in that PCT's area or performing GOS anywhere in England.

If you are a performer, you will be given an Ophthalmic Performers List number by the PCT. If you are a contractor, you may be given a 'contractor number' by the PCT for administrative purposes, although in law there is no such thing as a contractor number.

Remember to inform the PCT of your change of address for correspondence. Moreover, you are required to notify the PCT of any relevant changes in your circumstances, in particular of any changes in the information that you supplied in your original application to the PCT or information published by the PCT. Different periods of notification apply. In the case of contractors and depending on the type of contractor and on the nature of the information to be notified, the periods vary between advance notice, immediate notice, 'as soon as reasonably practicable' and 28 days. An interruption in the provision of GOS or a cessation of provision must be notified also.

In the case of performers, the periods of notification are usually either 7 or 28 days, depending on the nature of the information. However, a performer intending to withdraw from the list is required to notify the PCT three months in advance. Performers are advised to be on the Ophthalmic Performers List of the PCT, where they do either all or most of their GOS work. The PCT may remove a performer from its Ophthalmic Performers List, if he cannot demonstrate that he has performed GOS in the PCT's area for a year. The PCT will notify the performer accordingly. Performers who have moved home are particularly at risk, because the notice of removal will have been sent to their old address. Any performer removed from the Ophthalmic Performers List in this way is not allowed to do GOS work in England before his re-listing elsewhere has been completed. Note that re-listing may take several weeks to be completed.

Information about the regulations governing GOS contracts and Ophthalmic Performers Lists is available from your representative body.

2

Post-Payment Verification (PPV)

You can expect your claims in relation to GOS sight tests and domiciliary visits, as well as the issuing and redemption of optical vouchers, to be audited by your PCT or payments agency on their behalf from time to time. The PCT or its representative is legally entitled to inspect records relating to your GOS patients (including mixed GOS and private records relating to a patient). You are obliged under the regulations to make the records available to the PCT within a period specified by the PCT.

If you, your practice or the practice where you work is subject to a PPV visit, you can check with your PCT and Local Optical Committee the scope of the local protocol, according to which the PPV visit is conducted.

See also the guidance on practice visits issued jointly by ABDO, AOP and FODO.

It is essential to keep full and accurate records, including the reasons for any prescriptions, in order to be able to support your GOS claims, in the event of any queries by your PCT.

PCTs can make a written request to any supplier (whether a GOS contractor or not) who has redeemed optical vouchers in the previous two years to produce relevant records. The records have to be produced within 14 days (or longer at the PCT's discretion). (See **45 Suppliers Who Redeem Vouchers**.)

An optometrist, suspended from an Ophthalmic Performers List, may continue to receive GOS payments, according to a determination by the PCT.

3

Supplying and Claiming (General)

You should claim only for what you have supplied and keep accurate, dated records of the services that you have supplied, including details of any voucher issued. For example, you should not redeem a voucher for distance and reading spectacles and supply the patient with a pair of bifocals. Another example: you should not submit a GOS 3 form (voucher) and a GOS 4 form (repair and replacement voucher) at the same time in respect of the same patient, in order to create a spare pair.

Nor should you keep the GOS 4 for a period and submit it later in order to provide the patient with a spare pair of spectacles.

A voucher is a grant to the patient towards the cost of spectacles or contact lenses, which the patient may redeem at the practice of his choice. The voucher is not intended as payment for one part of a pair of spectacles. Restricting the use of the voucher in that way would be a breach of the regulations. In other words, there is no stipulation as to which part of the price of the dispensed appliance a voucher can be used for, whether frame, lenses or the professional dispensing fee. For example, a voucher C, may be used towards the charge for a) a re-glaze using relatively expensive hi-index lenses to their own frame; or b) less-expensive plastic lenses in a new frame; or even c) plastic lenses with an anti-reflection coating to their own frame. The choice is the patient's. The patient is entitled to 'spend' a voucher of a specified amount on or towards an appliance containing the correct prescription.

If the practice operates an 'all inclusive' charging policy to a complete pair of spectacles (not including, for example, insurance or a spectacle case), then care must be taken to ensure that the patient receives his correct entitlement. As long as the retail price for the completed appliance - however it is made up - exceeds the total value of the voucher plus any supplements, then the patient is entitled to spend the full value of the voucher; and the practice is entitled to claim the full value of the voucher. Conversely, if the 'all inclusive' retail price (described above) is less than the value of the voucher, then only this lower amount can be claimed.

If a patient requires dilation or cycloplegia and returns on a second occasion for this procedure, the GOS sight test has not been completed until the dilation or cycloplegia has been carried out. You should not submit a claim until the sight test has been completed and the prescription or statement is issued to the patient. Nor should you claim a second fee for the dilation or cycloplegia.

A contact lens fitting or check-up is not a sight test and is not funded by the GOS.

You must submit GOS 1, 3, 4, 5 and 6 forms within the time limits in the regulations: six months for GOS 1 and 6 forms and three months GOS 3, 4 and 5 forms from the date of supply of the service or appliance. You are also advised to submit your claims at regular intervals for payment (for example, weekly or monthly), in order to assist your payments agency to expedite payment on the due date. Check the submission and payment dates with your payments agency. (See also **45 Suppliers Who Redeem Vouchers**.)

You should only submit GOS 3 forms for payment by your payments agency after you have supplied the spectacles or contact lenses (but see **31 Contact Lenses**), the only exceptions being when the spectacles or contact lenses remain uncollected. In the case of non-collection, you should record what steps were taken to remind the patient.

4

Filling and Signing GOS Forms (General)

All statements that apply to the patient on the fronts of all GOS forms must be ticked; and other details required for that category of patient, e.g. GP name and address, completed.

You are advised to sign only those GOS forms relating to the services which you have provided. You are advised to sign them at the time of dealing with the patient.

Never sign blank GOS forms. If they are subsequently submitted fraudulently and they have your signature, then you will be held responsible and could be accused of fraud. This is of particular importance to those practitioners who do locum work. Apart from signing the contractor's section, you should only sign a GOS 1, 5 or 6 form for a test done by someone else when that test was performed by a pre-registration student under your supervision.

The optometrist or OMP who conducted the sight test should sign the practitioner's declaration in the GOS 1, 2, 3, 5 and 6 forms, indicating the date on which the sight test took place and giving their Ophthalmic Performers List number. The contractor, or his authorised signatory, should sign and date the claim section of the GOS 1, 3, 4, 5, and 6 forms. If the authorised signatory (who is not the contractor) conducted the sight test, he signs twice: once as the sight-tester and once as the agent for the contractor, using the contractor's number (if issued). If the contractor conducted the sight test personally, he needs to sign only once, namely the claim section. (See also **12 Filling GOS 1 Forms (Application for an NHS Funded Sight Test)**)

Only an optometrist or an OMP on an Ophthalmic Performers List can issue a voucher to an eligible person and *only* following a GOS sight test. (*Note that this advice is different from previous advice.*) If, unusually, a sight test is provided privately but free of charge to a person who would otherwise be eligible for a GOS sight test, a voucher cannot be issued. But see also **24 Filling GOS 3 Forms (NHS Optical Voucher and Patient's Statement)**

Dispensing opticians and lay suppliers may also sign the suppliers' declaration of the GOS 3 and 4 forms and redeem vouchers, provided the dispensing to patients who are under 16 years of age or who are registered blind or partially sighted has been done by, or under the supervision of, a registered practitioner (OMP, optometrist or dispensing optician). The registered practitioner should be identified on the dispensing record.

The use of a rubber stamp for a signature is not acceptable.

5

Verifying Patients' Eligibility for GOS and Vouchers: Point of Service Checks

You are required by regulations and the GOS contract to take reasonable steps to verify a patient's eligibility for a sight test or a voucher. You should not carry out a sight test, if it is clear to you (using your common sense) that the patient is not eligible. In addition, you are required to carry out a Point of Service check by requesting written evidence of eligibility.

If a patient fails to produce satisfactory evidence of eligibility, you must record the fact on the GOS 1, GOS 3, GOS 4 or GOS 6 form by crossing the *Evidence Not Seen* roundel. In such cases, you should, nevertheless, carry out the sight test (and issue the voucher if applicable). (Close relatives of glaucoma sufferers are unlikely to be able to furnish documentary proof of eligibility. You must mark their forms *Evidence Not Seen*.)

If patients are eligible for a sight test because they have a HC2 or HC3 certificate, you must check that the certificate is valid on the date of the sight test and enter the number on the GOS form. You must not, under any circumstances, provide the sight test, unless you have seen the valid certificate. Similarly, in respect of a GOS 3 form, you must see the HC2 or HC3 certificate and check that it is valid on the date that the patient orders his/her spectacles or contact lenses from you.

If the patient undergoing a private sight test is found to need a complex lens, then the test should be treated as having been performed under the GOS and a GOS 1 or GOS 6 form completed and submitted for payment. Conversely, a GOS patient currently wearing complex lenses, who undergoes a sight test and is found no longer to require a complex lens, may still receive a GOS sight test (on this occasion only).

It can be helpful to make a note on the patient's record of the evidence of eligibility that you have seen.

PCTs are empowered (but not required) to impose a financial penalty on patients who fraudulently claim eligibility for GOS sight tests or optical vouchers. Consequently, it is also not in the patient's interest to claim erroneously.

From time to time, categories of eligible patients change, for example those on the new Income-related Employment and Support Allowance. If the GOS form does not mention the category, you should annotate the form accordingly.

Only prisoners, who visit a practice obviously under supervision or on day-release, are eligible for GOS. (Separate non-GOS arrangements apply to the testing of prisoners' sight in prison.)

Some visitors from overseas are entitled to medical treatment under the NHS, depending on the arrangements between the UK and their country of origin. However the DH has not issued precise guidance on which visitors are entitled to GOS. You may have to decide whether to provide a GOS sight test to a temporary visitor who would be eligible, as if he were ordinarily resident in the UK or as if he were a citizen of the UK. It is advisable to record the visitor's address in the UK on the relevant GOS form. If in doubt, you should consult your PCT.

Bona fide asylum seekers should normally be in possession of a HC2 certificate and, therefore, be entitled to a GOS sight test (and voucher if appropriate).

6

Glaucoma and Ocular Hypertension

After receiving treatment in hospital for glaucoma (either by medication or surgery), patients are not cured of the disease. They will, therefore, continue to be eligible for GOS. Parents, children and siblings of glaucoma sufferers are also eligible for a GOS sight test, if they are aged 40 or over.

Under regulations and the GOS contract, you are required to send a written report to the patient's general medical practitioner of the results of every sight test of a patient suffering from glaucoma.

A patient diagnosed by a consultant ophthalmologist as predisposed to the development of glaucoma is eligible for a GOS sight test. However, this eligibility does not extend to their family members. See also **12 Filling GOS 1 Forms (Application for an NHS Funded Sight Test)**.

7

Diabetes

Patients who have gestational diabetes, or diabetes associated with a medical condition that is later resolved, are only eligible for a GOS sight test while they are suffering from the condition.

Patients diagnosed with the common Type 1 or 2 diabetes are not cured (even if the Type 2 is fully controlled by diet). Therefore, they will continue to be eligible for GOS.

Under regulations and the GOS contract, you are required to send a written report to the patient's general medical practitioner of the results of every sight test of a patient suffering from diabetes.

A GOS sight test does not constitute diabetic retinopathy screening. The Department of Health's Diabetes National Service Framework specifies various aspects of screening, including audit and recall processes. It is advisable to establish whether a patient with diabetes is receiving retinopathy screening. If the patient is not receiving screening, you should request screening in your report to the patient's doctor.

You are only required to dilate a patient suffering from diabetes during the course of a GOS sight test in so far as you judge dilation to be clinically necessary. You cannot be instructed by a GP, practice nurse, PCT or other routinely to dilate all patients having a GOS sight test. See also the guidance of The College of Optometrists at www.college-optometrists.org

8

Frequency of Sight Tests

It is recommended that healthy adults receive a sight test every two years. Nevertheless, as required by the regulations, you should only carry out a GOS sight test, if you think it clinically necessary. You should ensure that the reason for the test is clearly shown on the patient's record.

The structure of the GOS 1, 5 and 6 forms is such that you are expected to determine as far as possible when the patient last had a sight test and to enter that date on the form. See also **12 Filling GOS 1 Forms (Application for an NHS Funded Sight Test)**.

You are free to exercise your clinical judgement to determine how frequently a patient needs a sight test and to determine when to issue a changed prescription. However, the Department of Health has specified (in a Memorandum of Understanding with the profession) the minimum intervals between sight tests normally accepted as appropriate for different categories of patients. In the event of testing a patient's sight at a shorter interval than that specified by the Department of Health, you must put the appropriate numerical code on the GOS 1 or 6 form, in order to indicate the reason for the earlier sight test. You might be challenged by a PCT to justify your clinical decision. Nevertheless, PCTs will pay all *bona fide* claims. Such claims (like other claims) may be subject to post-payment verification.

While you have complete freedom to exercise your clinical judgement in individual cases, it is not appropriate to apply a blanket recall interval to all patients within a category. PCTs have the discretion to ask you to justify each decision. Over-frequent GOS sight testing could cause the PCT to question whether you should remain on the Ophthalmic Performers List or retain a GOS contract. When you intend to recall a patient at less than a two-year interval, it is advisable to note the reason in the patient's record.

A patient, who has a sight test when he/she is already fifteen, would not normally expect to have a sight test a year later, unless there was a clinical reason to do so.

9

Domiciliary Visits

You can only claim a domiciliary fee in respect of a patient who is eligible for a GOS sight test and who is unable to attend a practice unaccompanied (for reasons of physical or mental ill health or disability). You and the patient have a responsibility to ensure that the domiciliary visit is necessary. You must ask the patient to indicate the specific illness or disability which prevents him/her from attending a practice. Terms like 'housebound', 'immobile', 'wheelchair-bound' or 'resident of a home' are insufficient. You or the patient must also record the patient's reason for needing a home visit on the GOS 5 or 6 form. Giving the reason why the patient cannot leave

home unaccompanied is the patient's responsibility, not yours, and as such raises no issues of medical confidentiality.

Patients in hospital are not eligible for a domiciliary sight test under the GOS. The cost of the visits you might have to make and any basic optical appliance required must be met by the hospital trust requesting the service. If you are providing such services for the first time, you should verify before you attend that the hospital trust understands the position and is prepared to pay your fees for providing the service.

The regulations stipulate that GOS sight tests may only be provided either at a listed practice, or at a patient's normal place of residence (including residing at a residential home), or at some day centres. (But see **10 Domiciliary Visits to Day Centres**.) The patient or, if he is incapable, his carer or authorised representative must have requested a domiciliary visit.

You should assume that most residential homes and sheltered accommodation will be considered as a single address and as a single unit of accommodation by the PCT for the purpose of calculating the domiciliary fees payable to you. Accordingly, a lower domiciliary visiting fee will be payable in respect of the third and subsequent residents during one visit to the unit.

If you intend to make domiciliary visits in an area where you or your employer does not have a contract for additional services with that PCT, the provider (i.e. contractor) will have to receive a contract from that PCT, before any visits can be made.

See **11 Changes to Notifications of Domiciliary Visits and Substitutes**.

You must notify the PCT at least 48 hours (excluding weekends and public holidays) before you intend to make a domiciliary visit to one or two patients at a single dwelling. If you intend to see three or more patients at the same address, you must give at least three weeks' notice. No notification may be more than eight weeks in advance. All notifications must identify the individual patients, the address where the sight test will take place, the date and approximate time. Most PCTs require you to complete a standard notification form.

It is the responsibility of the PCT to verify notifications on receipt. In the rare occurrence that the PCT decides that a visit may not take place, it should notify the service-provider immediately by phone, fax or electronically.

10

Domiciliary Visits to Day Centres

You may carry out GOS sight tests at *some* day centres. 'Day centre' means an establishment in the locality of the PCT attended by persons, including eligible persons, who would have difficulty in obtaining sight-testing services from practice premises because of physical or mental illness or disability or because of difficulties in communicating their health needs unaided. The person on whom you carry out a GOS sight test must be eligible for GOS according to the normal criteria.

You should ask the PCT whether, in its view, the particular day centre which you wish to visit complies with the definition of a day centre for the purpose of domiciliary sight-testing under the GOS. Note that the domiciliary visiting fee is not payable for GOS sight tests carried out at day centres.

You must notify the PCT, giving patients' details, before you visit a day centre in the same way as a domiciliary location.

Schools, secure units and prisons are not considered to be day centres.

For details of changes to the notice, see **11 Changes to Notifications of Domiciliary Visits and Substitutes**.

11

Changes to Notifications of Domiciliary Visits and Substitutes

Changes to notifications concerning a limited number of patients may be made with at least 48 hours' notice to the PCT. Up to three changes (additions or substitutions) may be made on the day of the visit, but only if it would not have been possible to give 48 hours' notice, e.g. in respect of a new resident or a person who has only just developed an eye or vision problem.

If a contractor is unable to visit a residence on the day arranged for reasons beyond his control, e.g. due to an outbreak of illness at the care home, another venue may be substituted on the day of the visit a) provided the PCT had been previously notified according to the regulations of the intention to undertake GOS at the care home that is replacing the visit which has been prevented from taking place; and b) subject to informing the PCT and the PCT's agreeing.

Filling GOS 1 Forms (Application for an NHS Funded Sight Test)

See **5 Verifying Patients' Eligibility for GOS and Vouchers: Point of Service Checks** for advice on checking a patient's eligibility for GOS.

You are only required to ask the patient to give a previous surname if it has changed in the last twelve months.

You should enter the date of the last sight test, either GOS or private, and regardless of whether it took place at your practice or another practice. If the exact date is not known, the month and year should be indicated, if possible. Otherwise, you should write 'not known'. If this is the first NHS sight test, you should enter the word 'first'.

It is desirable to enter the patient's NHS and/or National Insurance numbers, if the patient is able to provide them. The patient may still receive GOS, even if he/she does not provide these numbers.

You must ask the patient for evidence of their eligibility for GOS. But, if you have not seen suitable evidence of eligibility, you must enter a cross in the *Evidence Not Seen* roundel.

You should ensure that the patient signs and dates the patient's declaration. If the patient cannot sign, the carer or authorised representative must sign in the appropriate place and print their name and provide their address. Under no circumstances should you or a member of your staff sign on behalf of a patient, unless you or the member of staff is the patient's carer or normal authorised representative.

If the sight test results in a no-change prescription, you must tick the box in Part 3 worded *A prescription showing no change or a statement was issued*. (It is a legal requirement to issue a GOS 2 or equivalent, whether or not an optical appliance is prescribed, or a change in prescription is given.) See also the College's guidance on small prescription changes at www.college-optometrists.org

You must complete the field 'address where sight test took place' indicating your listed community practice.

The person who undertook the sight test must sign and date the form, recording the date on which the sight test took place and giving his Ophthalmic Performers List number. The contractor or their authorised signatory must sign and date the claim section. If the contractor conducted the sight test personally, he need only sign once after the contractor's declaration.

13

Filling GOS 6 Forms (Application for a Mobile NHS Funded Sight Test)

In addition to the requirements for completing a GOS 1 form (see above), you must indicate the reason and venue of the domiciliary visit, and whether it was the first, second, or third or subsequent patient seen at that address on that visit.

The domiciliary fee is payable, only if the sight test is carried out at the patient's domicile.

14

Patients Aged Under 16 or Incapable of Signing

If the patient is under 16, or over 16 and is incapable of signing, the patient's parent, carer or other person responsible for the patient should sign the GOS 1, 3, 4, 5 or 6 form and print their name and provide their address (if different from the patient's address). Neither the contractor, nor the optometrist nor their staff can sign on behalf of the patient (unless the patient is their child or dependant).

15

Patients Aged 16, 17 or 18 and in Full-time Education

The DH has updated its advice to the effect that patients aged 16, 17 or 18 in full-time education are eligible for GOS, once they have joined an academic course *and* remain eligible, thereafter, during the holidays. Students between academic years or changing schools continue to be eligible; but they should be able to show a letter from their school, saying that either they are a current pupil or were a pupil and are changing to another school. If the student is going to college or university, he should be able to show a letter offering a place at the college or university to be taken up immediately after the long holiday.

Patients in full-time education must be attending an institution recognised by the Department for Education and Skills. Those who are educated at home or at a school overseas are not eligible although they might be able to apply on grounds of income.

16

Prescribing and Supplying Tints, Photochromic Lenses and Prisms

Tints, photochromic lenses and prisms are supplements to the prescription of a powered lens. Plano lenses cannot have a tint or photochromic lens or prism added to them under GOS. Under the GOS you should only prescribe a tint, if you judge it clinically necessary and are also prescribing a clinically necessary, powered lens. You must record the reason for the tint on the patient's record and indicate on the GOS 1, 5 or 6, and 2 and 3 forms accordingly, at the time of the sight test. You should not prescribe and claim for a tint if it is not clinically necessary or if it has not been included in the prescription. Similarly, you should not claim for a tint if the spectacles supplied are non-tinted. If a patient requests a tint for cosmetic reasons, it cannot be prescribed under the GOS. A tint can only be prescribed by the optometrist/OMP who performed the sight test. It cannot be added to the prescription at the time of dispensing. Claims for tint supplements may not be made in respect of lenses which merely incorporate UV blockers. (See also **17 AR Coatings and UV Blocks**.)

If a tint has been prescribed as clinically necessary and photochromic lenses would be suitable, then the spectacles may be dispensed with photochromic lenses and the tint supplement claimed.

You should only prescribe prisms in accordance with your clinical judgement and record the reason, e.g. symptoms and test results, on the patient's record.

Where practices operate an 'all inclusive' charging policy, as long as the patient has been supplied with the correct appliance (including a prism or tint) and the retail price of the complete appliance equals or exceeds the value of the voucher including any supplements, then the practice is entitled to claim the full voucher value.

17

AR Coatings and UV Blocks

Neither anti-reflection coatings nor ultra-violet blocks are considered to be tints under the GOS. Regardless of whether you have supplied an anti-reflection coating or

ultra-violet block, you can only claim the voucher tint supplement, if an actual tint has been prescribed on clinical grounds and supplied.

18

Plano Lenses with Tints or Prisms

You may not claim a GOS voucher for plano tinted lenses (either spectacles or contact lenses). If a patient needs a small but clinically significant correction and a tint or prism is clinically necessary, you may claim a supplement, in the same way as with a stronger prescription. The voucher issued should, as always, correspond to the power of the prescription issued plus the appropriate supplement.

19

Small Prescriptions and Prescription Changes

You should keep a complete record of the reasons for issuing a small prescription, including any supplements.

If there are small changes to a prescription, the patient should only be advised of the need for a new optical appliance, when you (the prescriber) consider the change clinically significant. In this instance, you can issue a GOS 3 form. If, however, you decide the change is not clinically significant, you should not issue a voucher (GOS 3). But see **34 Repairs and Replacements (General)**.

If the sight test results in a small refractive change, which you do not consider clinically significant, you are advised to indicate this on the GOS 2 form by ticking the box 'No Change' and by noting it in the comments section.

The College of Optometrists issues helpful guidance on prescribing small prescriptions. See the College's website www.college-optometrists.org

20

No Change Prescriptions

Please see **12 Filling GOS 1 Forms (Application for an NHS funded sight test)** and **34 Repairs and Replacements (General)**.

You should not issue a voucher if there is no change in the prescription (following a sight test) and the patient has a serviceable pair of spectacles. (Spectacles for an adult are expected to last two years. See **33 Fair Wear and Tear**.)

If, thereafter, the patient's spectacles break, say, six months after this last sight test and the spectacles were more than two years old (for example, a period of two years and six months has elapsed since the patient was last issued with a GOS 3 form), it is reasonable to assume that the glasses became unserviceable through fair wear and tear. In these circumstances, you should issue a new voucher without performing a sight test, provided you think there is unlikely to have been any change in the prescription since the last sight test. You should ensure that the date of the sight test and date of issue of the voucher are correct.

See also **36 Sight Tests for Adult Repairs and Replacements** and **37 Vouchers for Adult Repairs and Replacements**.

21

Non-Tolerance

The GOS scheme provides support for patients who, exceptionally, cannot tolerate new glasses.

You should annotate the GOS 1 form with the words 're-test/non-tolerance', if a second sight test is necessary. You may only issue a second voucher after receiving the prior approval of your PCT and annotate the GOS 3 form accordingly (including the date and the name of the PCT official who gave you the approval).

22

Choosing Correct Voucher Values

A voucher may be used for spectacles *or* contact lenses. Contact lenses can only be fitted (dispensed) by an optometrist, medical practitioner, or contact-lens qualified dispensing optician. The value of the voucher is determined by the prescription for the spectacles and not for the contact lenses.

See also **26 Transposition**.

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

The voucher value for a bifocal lens is determined by the distance prescription only; the reading addition is ignored, except when the addition is more than 4 dioptres more powerful than the distance portion. If a bifocal lens has a reading addition of over 4 dioptres and the reading lens power gives a higher voucher value, the higher value can be claimed.

Prism-controlled bifocal lenses for patients entitled to a full voucher are classed as voucher H in all cases regardless of the distance or reading power. See also

30 Complex Lenses.

The amount that you can claim for a GOS 3 or GOS 4 is the *lesser* of the voucher value or the retail price of the appliance provided.

23

Filling GOS 2 Forms (Patient's Optical Prescription or Statement)

You should sign and issue the GOS 2 prescription statement (or equivalent) at the end of every sight test. See also **19 Small Prescriptions and Small Prescription Changes.**

If there is no refractive change, you should tick the box *An unchanged prescription was issued.*

24

Filling GOS 3 Forms (NHS Optical Voucher and Patient's Statement)

The regulations require you to issue a voucher form (GOS 3) following a GOS sight test, if the patient is eligible for a voucher *and* either requires spectacles for the first time, or the prescription has changed significantly, or new spectacles are required as a result of fair wear and tear. The patient should sign part 1 of the form.

Normally you may issue a voucher *only* on the basis of a GOS sight test. (*Note that this advice is different from previous advice.*) If, however, a patient has had a private sight test and chose not to buy spectacles at the time and subsequently becomes eligible for a voucher, a voucher may be issued. You should copy the details of the private prescription into the part of the GOS 3 entitled *NHS Optical Voucher*. In the signature box you should write 'transcribed by' and enter your name and list number

and sign and date the form. You must also indicate the date of the prescription, on which the GOS 3 is based.

Patients have the choice of deciding where to have their spectacles dispensed. (Spectacles for children under 16, those registered blind or the partially sighted may only be dispensed by a medical practitioner, optometrist or dispensing optician. Contact lenses may only be fitted by an optometrist, medical practitioner, or contact lens-qualified dispensing optician.) If, immediately following a sight test in your practice, the patient chooses to order the spectacles from your practice, it may not be necessary to physically hand the GOS 3 form to the patient. However, if the patient chooses to order his spectacles elsewhere or if the patient chooses not to have the spectacles dispensed immediately, you should sign the GOS 3 and give the patient the GOS 3 form at the end of the sight test.

If you receive a GOS 3 form for dispensing and the prescription is not written in the form which gives the highest spherical power, you should transpose the prescription and initial the amendment with the annotation *FPN 713*, if this would provide a higher-value voucher. See **26 Transposition**. You may not transpose HES vouchers.

You must always check that the patient is still eligible for the voucher on the date when the patient orders his spectacles or contact lenses. However, there is no need to check eligibility, when the patient collects his spectacles or contact lenses. You should indicate the dates when the spectacles or contact lenses were supplied, insert the number of pairs, and ensure that the patient signs and dates the form, when they collect them. You must not ask the patient to sign the declaration of collection before they receive their spectacles or contact lenses.

GOS 3 forms are not transferable. They can only be used to pay for or towards the spectacles or contact lenses for the patient named on the front of the voucher.

25

Altering Another Prescriber's Prescription (BVD)

You should annotate the GOS 3 form with the words 'BVD change' in the margin, if you have to alter a prescription because of a change in the back vertex distance. If the change requires a higher voucher band, you should annotate the GOS 3 or HES voucher form accordingly.

26

Transposition

You should write all prescriptions on a GOS 3 or GOS 4 form in the way which gives the highest spherical power, in order to establish voucher values. If you dispense prescriptions not written this way, you should transpose them, if this would give a higher voucher value, initialling the amendment with the annotation *FPN 713*. It is not necessary that the form in which the prescription is written on the patient's record or GOS 2 form should be the same as that on the voucher.

Prescriptions from the Hospital Eye Service must be claimed according to the transposition in which they are written. (See also **32 HES Vouchers**.)

27

Single or Reglazed Lenses

If a prescription has changed in one eye only but the patient requests a new pair of spectacles, you should issue the appropriate voucher, inserting the prescription for both eyes. You can claim the full voucher value or the private retail price for the new spectacles, whichever is the lower.

When re-glazing an eligible patient's frame with a new prescription, you should claim the appropriate voucher value or your normal retail price to private patients for the supplying and fitting of the lenses, whichever is the lower.

If only one lens is re-glazed, you should claim the appropriate voucher value or the private retail price for that lens, whichever is the lower. There is no such thing as a half voucher. You will be due either the full voucher value or the normal retail price for one lens, if lower than the voucher value.

28

Validity of Vouchers and Prescriptions

An optical voucher (GOS 3 form) is valid only while the patient is eligible and for a maximum of two years from the date on which it was issued. (However, you should be aware that an old prescription may no longer be clinically suitable.) You must check the patient's eligibility for the voucher on the date of the patient ordering the spectacles, if there is any delay between the sight test and the dispensing.

The maximum validity of a prescription (GOS 2 form) is two years, if presented to an unregistered supplier. However, a registered optometrist or registered dispensing optician can dispense an optical appliance against a prescription which is more than two years old, if in his professional judgement that is in the best interests of the patient. Such an occurrence would be rare; and the reason for the dispensing should be recorded on the patient's record.

29

Small Glasses Supplement

You should claim a small glasses supplement, only if you have supplied as follows:

- glasses with a boxed centre of not more than 55 mm, *and*
- the patient is a child under seven years of age, *and*
- you have supplied a custom-made frame *or* a stock frame requiring extensive adaptation to ensure a satisfactory fit.

Extensive adaptation can apply to the frame or the lenses. Evidence of adaptation should be annotated on the patient's record. The orders for the frame, lenses and/or modification should be retained as evidence.

As you must certify that the appliance supplied makes up small glasses, you should always check the dimensions of the frame, in order to ensure that the manufacturer's claim concerning the size of the frame is correct, before you make your claim. You should not assume that the manufacturer's dimensions are correct.

The supplement is payable in addition to the appropriate voucher. If a frame needs to be repaired or replaced, the supplement is also payable in addition to a repair or replacement voucher. You should claim the lower of the retail price of the spectacles/repair or the sum of the voucher and the supplement.

If a person over six years of age requires a special spectacle frame to be manufactured on account of their facial characteristics a hospital trust can issue a voucher to help towards the cost. This voucher is not available under the GOS.

30

Complex Lenses

A patient who is prescribed a complex lens is eligible for a GOS sight test and a complex lens voucher. As *FPN 713* says, 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 GOS 1 form (thereby converting the test to a GOS sight test). If a patient, previously requiring a complex lens is found during a GOS sight test to no longer require a complex lens, he may still receive the GOS sight test, but on this occasion only.

A patient who is prescribed a complex lens is eligible for a complex lens voucher. However patients who are eligible for spectacle vouchers on income grounds are not entitled to a complex lens voucher in addition to the 'normal' voucher. (For such patients, the normal voucher value is determined by the distance prescription only. For the rule regarding reading additions over 4.00 dioptres, see **22 Choosing Correct Voucher Values**.)

A complex lens is defined as either a lens with a power in any one meridian of plus or minus 10 dioptres or more; or a prism-controlled bifocal lens. If the distance prescription is below 10 dioptres but the reading addition takes it to 10 dioptres or more, the complex lens voucher applies to the reading spectacles only and not to the distance spectacles or to the bifocal spectacles. This is an exception to the general rule for determining voucher values.

Supplements for tints or prisms, if prescribed as clinically necessary, or for special glasses (HES only) can be added to a complex lens voucher.

31

Contact Lenses

You should only issue a voucher for contact lenses on the basis of the prescription for the spectacles.

The prescription should not be amended. Vouchers can only be issued for contact lenses on a first prescription, or if there is a change in prescription or on grounds of fair wear and tear. As a prescriber, you should use your professional judgement to determine whether a pair of contact lenses needs to be replaced as a result of fair

wear and tear. You should not issue a new voucher for disposable or planned replacement contact lenses on the grounds of fair wear and tear. Therefore, you can only issue a new voucher for disposable or planned replacement contact lenses, if the patient's prescription has changed.

Where patients pay for disposable or planned replacement contact lenses by instalment, a GOS 3 voucher may be accepted in lieu of a number of payments up to the value of the voucher. Where a patient has committed to a contract for supply of such lenses, it is acceptable to submit the voucher for payment once the contract for supply has commenced.

The replacement of lost contact lenses is subject to the same rules for children and adults as for spectacles (see **37 Vouchers for Adult Repairs and Replacements** and **39 Children's Repairs and Replacements**).

Vouchers cannot be used for the purchase of plano tinted contact lenses, plano cosmetic contact lenses or contact lens care solutions.

32

HES Vouchers

Hospital Eye Service (HES) patients are entitled to a sight test provided by the hospital, if a sight test is a necessary part of the management of their eye condition or if they are in-patients for other reasons. If a sight test is not available in-house, a hospital trust can arrange for a GOS contractor to provide the sight test. However, such a sight test would not be a GOS sight test, even if the patient were eligible for a GOS sight test. Instead, the patient would be issued with a HES 1 form by the hospital; and the provider of the test should invoice the hospital trust directly for the optometrist's fee.

If the prescription on a HES (P) (or HES 2) form is not written to the highest spherical power, you should *not* transpose it. Consequently, the voucher type will be determined by the prescription as written, even if this disadvantages the patient financially in some instances.

Separate guidance on the HES was issued by the DH in November 2006, entitled *Guidance on Optical Charges for Hospital Eye Service Patients* and available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063239

33

Fair Wear and Tear

As a prescriber, you should use your judgement to determine whether a pair of spectacles needs to be replaced as a result of fair wear and tear. (In general, spectacles for an adult are expected to last for about two years. However, that is not a statutory limit.) Therefore, you should not issue a voucher for new spectacles to the same prescription as the patient's existing spectacles (following a sight test), unless you judge the spectacles to be unserviceable through fair wear and tear. See also

31 Contact Lenses

In the event of an unchanged prescription for a child, you will have to consider whether the spectacles have become unserviceable, due to fair wear and tear, or the child has outgrown them. If so, you may issue a GOS 3 form.

The GOS 3 form should be marked to show that replacement spectacles have been issued. The patient's record should indicate the reason for the replacement.

34

Repairs and Replacements (General)

A repair or replacement voucher must not be claimed in order to provide a second or spare pair of spectacles to a child, for example by repairing an old pair, when a new pair has been supplied.

In the event of an unchanged prescription for a **child** and where the child's frame is broken, a repair voucher is appropriate in order to replace the frame. A GOS 4 form should be used. But see **35 Filling GOS 4 Forms (NHS Optical Repair/Replacement Voucher Application Form)** for the conditions of eligibility.

Full-time students aged 16, 17 or 18 are regarded as adults for the purposes of repairs or replacements. Like adults who are eligible for vouchers, they must satisfy the PCT that the breakage or loss was due to illness.

When repairing a patient's spectacles (for example, by soldering or by replacing a pad), you should claim the appropriate repair voucher or the retail price of the repairs, whichever is the lower. You should endorse the GOS 4 form accordingly.

You should not claim for a minor repair, for which you would not normally charge.

You should keep dated records of repairs for which vouchers are claimed, indicating the reason for the repair or replacement, e.g. spectacles lost, frames damaged beyond repair.

35

Filling GOS 4 Forms (NHS Optical Repair/Replacement Voucher Application Form)

You are required under your GOS terms of service to check a patient's eligibility for a repair or replacement voucher. See **5 Verifying Patients' Eligibility for GOS and Vouchers: Point of Service Checks**.

In the case of adults (including students aged 16 to 18), an explanation of how the loss or breakage occurred must be entered on the GOS 4 form for consideration and possible approval by the PCT. You should not make any repair or replacement before this approval. Some PCTs are prepared to give approval by telephone.

A GOS 4 may only be used, if the spectacles or contact lenses are not covered by an insurance policy or other guarantee.

36

Sight Tests for Adult Repairs and Replacements

If a valid prescription is available, a repair or replacement should be made on the basis of that prescription.

Sight tests should not be carried out except for clinical reasons. Therefore, you should not carry out a sight test solely in order to be able to issue a voucher to replace broken or lost spectacles. Unless a patient is under 16 or qualifies for a GOS 4 because of illness, the patient must make a private arrangement for a repair or replacement. Alternatively, the patient must wait until a further sight test is due. (See also **8 Frequency of Sight Tests**.) In cases of major hardship – for example a patient who is unable to work because his spectacles have been stolen – you may consult your PCT, although the PCT is under no obligation to assist the patient in these circumstances.

37

Vouchers for Adult Repairs and Replacements

You should not repair or replace an adult's spectacles and issue a GOS 4 form, until your PCT is satisfied that the breakage or loss was due to illness. (In very exceptional circumstances of major hardship, the PCT may be willing to consider the replacement of lost, stolen or broken spectacles, without which the patient would have extreme difficulty in working.)

With regard to the replacement of broken spectacles, which are more than two years old, Paragraph 23 of *FPN 713* says:

'a situation could arise where a patient was retested after two years and found to have no change in prescription and his/her glasses to be serviceable. Shortly after, say within six months, the patient's glasses break and he/she returns to the practice. Since the glasses would have lasted over two years, it would be appropriate for the practice to consider issuing a replacement on the grounds of fair wear and tear. If the practitioner judged that there was unlikely to have been a change in prescription, a voucher could be issued without re-testing.'

In this case, the GOS 3 form should have the date of the actual sight test and the date when the voucher was issued.

38

Spare Pairs of Spectacles for Children

As Paragraph 27 of *FPN 713* says, no patient has ever been automatically entitled to a spare pair of spectacles to the same prescription. The *FPN* indicates that, in exceptional circumstances, PCTs may be approached for approval of a second pair. In that case, a GOS 3 (**not** a GOS 4) form should be used.

A claim for the repair or replacement of a spare or second pair of spectacles (if authorised) should be dealt with in the same way as the repair or replacement of a first pair. It is illegal to post-date vouchers. See also **39 Children's Repairs and Replacements**.

A spare pair, prescribed by a hospital, can be repaired, and the repair claimed by using a GOS 4 form.

39

Children's Repairs and Replacements

Children under 16 are eligible for repairs or replacements in consequence of loss or damage without the prior consent of the PCT.

GOS 4 forms can only be used to repair or replace the current spectacles and not older pairs. (A new prescription justifies a GOS 3 form.)

You are advised to note the reasons for the repair or replacement, and the dates of the order and collection, on the child's record card.

If a child repeatedly breaks or loses his spectacles, according to *FPN 713*, the PCT may seek an explanation from the contractor and consider what advice to give to help the child and the child's parents or guardian to take better care of the spectacles. The PCT might write formally to the family, if the problem persists.

40

Filling GOS 5 Forms (Help with the Cost of a Private Sight Test)

The GOS 5 form is only for use by patients who hold a valid HC3 certificate at the time of the sight test. See also **42 HC2 and HC3 Certificates**.

You should deduct the patient's contribution shown on the HC3 certificate from your private sight test fee, when filling the GOS 5 form. If your private sight test fee is less than the GOS sight test fee, you should use the lesser amount to make the calculation.

41

Non-Collection of Spectacles and Contact Lenses

It is reasonable for you to submit your voucher claim in respect of uncollected appliances after three months. (You should record the steps you took to notify the patient, with the dates.)

In such cases, you should claim for the spectacles or contact lenses at retail price or the appropriate voucher value, whichever is the lower, and annotate the form with the words 'spectacles/contact lenses uncollected'.

A claim may be made in respect of a patient who dies before collecting the spectacles. You are advised to annotate the relevant form with the words 'patient deceased', adding the date of death if known to you.

42

HC2 and HC3 Certificates

All spectacles or contact lenses must be ordered within the period of validity of an HC2 or HC3 certificate. However, the spectacles or contact lenses may be collected after the end of that period.

43

HC5(O) Forms and Refunds

If a patient discovers, after receiving and paying for a private sight test, that at the time of that test, he or she was eligible for an NHS sight test, the patient can obtain a refund from the PCT, using the HC5(O) form. However, this exemption does not allow a patient who chooses in advance to have a private sight test (e.g. on a non-GOS day or by an optometrist who is not listed to provide GOS) to claim a sight test fee from the PCT.

If a patient, who is eligible for GOS, chooses to have a private sight test instead, you should be sure that the patient understands beforehand that he cannot change his mind after the private sight test and claim a GOS sight test using the HC5(O) form. It is advisable to ask the patient in advance to sign a document stating that he understands this.

44

Assistants, Deputies, Employees and Staff Working Under Supervision

Contractors and performers are reminded that they are liable for all acts and omissions of their assistants, deputies, employees and staff working under their supervision including pre-registration optometric students. Contractors are also required by the new GOS contracts in England to notify their PCT at the start and end of their employment of optometrists including locums.

GOS sight tests may only be performed by optometrists or OMPs, whose names appear on a PCT's Ophthalmic Performers List. An optometrist or OMP can carry out GOS sight tests in any PCT area in England, if he appears on the list of any PCT in England, as long as he has not been debarred by that PCT.

Note that an employee, who was a pre-registration optometric student and becomes registered by the General Optical Council as a qualified optometrist (but has not been entered onto an Ophthalmic Performers List), may not test sight even if under supervision.

45

Suppliers Who Redeem Vouchers

Suppliers with fixed premises must submit their vouchers for payment to the PCT where the supplier is situated. Internet or postal suppliers must submit their vouchers to the PCT where the voucher was issued.

PCTs are empowered to refuse to pay for vouchers redeemed by contractors and unregistered suppliers alike:

- if the supplier fails to produce the appropriate records;
- if the supplier has been removed from an Ophthalmic Performers List or had his GOS contract withdrawn; or
- if a PCT judges the supplier to be unsuitable to receive public funds.

In the first two cases the PCT's decision takes immediate effect. In a case of 'unsuitability' the PCT must give one month's notice of cessation. In all cases the supplier has the right of appeal to the Family Health Services Appeals Authority (FHSAA) against the PCT's notice within 28 days. In a case of unsuitability the PCT has the discretion to continue to make payments to the supplier, while the appeal proceeds.

If a PCT believes that a supplier should be subject to a national ban from redeeming vouchers, the PCT can apply to the FHSAA for a national disqualification (called a 'stop order'). The supplier has a right to an appeal within 28 days and can continue redeeming vouchers until the appeal has been determined.

The Department of Health has made clear in guidance that the power to request records from suppliers is a *discretionary* power only and does not enable PCTs:

- to impose a general policy of *pre*-payment verification of all suppliers before vouchers are redeemed; or
- to request records from all suppliers all of the time.

