

# Making Accurate Claims in England

General Ophthalmic Services and Optical Voucher Scheme



**GUIDANCE FOR MEMBERS OF THE  
OPTICAL CONFEDERATION**

PRODUCED BY THE ASSOCIATION OF OPTOMETRISTS

MAY 2014



### Introduction

This guidance is for General Ophthalmic Services (GOS) contractors, optometrists, dispensing opticians and ophthalmic medical practitioners (OMPs) providing or performing General Ophthalmic Services in England. All references to optometrists should be read as applying also to OMPs (or medical practitioners in general) as appropriate.

Separate guidance is applicable in Scotland, Wales and Northern Ireland.

All references to patient records include both paper 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.

This document is informal guidance and is not an authoritative interpretation of the law. In cases of uncertainty, please contact your NHS England Area Team or Optical Confederation representative body (**SEE ANNEX, PAGE 41**) for further advice.

The Association of Optometrists and the Optical Confederation wish to thank the Department of Health, NHS England, the College of Optometrists and the National Optometric Advisers Association for their advice.

Copyright © 2014 Optical Confederation





- To perform GOS you must be on the England-wide Ophthalmic Performers List
- A practice must have a contract with the appropriate Area Team to provide GOS in that area
- You must remember to keep your registered information up to date
- A newly qualified optometrist who is not on the Performers List cannot provide GOS even under supervision. You can apply up to three months before you are expected to qualify to prevent this situation.

## 1. Introduction: Providing and Performing GOS in England

### Who can test sight

Under UK law only an optometrist registered with the General Optical Council (GOC) or a doctor registered with the General Medical Council (GMC) can test sight.

In England NHS sight testing is known as General Ophthalmic Services (GOS) and carrying out NHS sight tests is known as 'performing GOS'.

Registered optometrists and Ophthalmic Medical Practitioners (OMPs) can only perform GOS if they are on the Ophthalmic Performers List in England.

Being on an ophthalmic list in any other UK country (Wales, Scotland or Northern Ireland) does not allow a practitioner to perform GOS in England; and vice versa.

Registered optometrists and OMPs should apply to be admitted to the English Ophthalmic Performers List via the Area Team in whose area they plan to practise or carry out most of their NHS work.

The Area Team may remove a performer from the Ophthalmic Performers List, if they cannot demonstrate that the performer has performed GOS during a 12 month period anywhere in England. The Area Team will notify the performer accordingly. Any performer removed from the Ophthalmic Performers List in this way is not allowed to do GOS work in England before their re-listing has been completed. Note that re-listing may take several

weeks. Performers must let the Area Team know if their details change, e.g. if they move house. This will ensure that their contact details are kept up to date, and that they are able to receive communications.

Once admitted to the List by an NHS England Area Team, a practitioner can also perform GOS sight tests in any other area without seeking that Area Team's permission (other than for an NHS domiciliary sight test where notification has to be given).

Pre-registration students can apply to be admitted to the List via an Area Team up to three months before the planned date of registration by the GOC. Note a pre-registration optometrist who becomes registered by the General Optical Council as a qualified optometrist (but has not yet been entered onto the Ophthalmic Performers List) may not perform GOS sight tests, even under supervision.

An optometrist, who is suspended for any reason from the Ophthalmic Performers List and so cannot perform GOS sight tests, is nevertheless eligible to receive GOS payments if so determined by their Area Team, in order to maintain GOS income until the matter initiating the suspension is resolved. Suspension is a neutral act. These powers are

distinct from the normal GOS and voucher regulations. In such cases, optometrists should seek immediate advice from their Optical Confederation representative body (**SEE ANNEX, PAGE 41**).

### Contracts to provide GOS

Any person (sole trader), partnership or limited company (body corporate) wishing to provide GOS in England must apply to the appropriate Area Team of NHS England for a contract.

There are two types of NHS sight testing (GOS) contract:

- Mandatory (for fixed premises services)
- Additional (for domiciliary services, also referred to as mobile services, operating outside fixed premises, normally in the patient's place of residence).

All contracts are made in the name of the NHS Commissioning Board, the legal name for NHS England.

Contractors wishing to provide both mandatory and additional services must have separate contracts for



each. One contract is not sufficient, as the contractual requirements are slightly different.

All contractors must have a GOS contract for every area in which they plan to provide services, whether fixed or mobile. Therefore if a contractor wishes to provide GOS in another NHS England Area Team area, whether from fixed premises or as a domiciliary service, they must enter into a relevant contract with the Area Team for that area.

Note that having a GOS contract and performing GOS are not the same thing. Even if you own your practice and hold a GOS contract, you must also be on the Ophthalmic Performers List in order to perform GOS sight tests.

### Always check if in doubt

You should not assume that, just because you have applied to an Area Team for a contract or to join the Ophthalmic Performers List, your application has been approved. Performers should, therefore, check with the Area Team to which they have applied, before performing GOS in that area or anywhere else in England. Contractors must also check that the performers whom they employ are properly listed. This may be done online at: [www.performer.england.nhs.uk](http://www.performer.england.nhs.uk)

### Identification numbers

If you are a performer, you will be identified by your GOC registration number.

If you are a contractor, you may be given a 'contractor number' by the Area Team for administrative purposes, although in law there is no such thing as a contractor number.

### Keeping NHS England (the Area Team) informed

Remember to inform the Area Team of your change of address for correspondence. Moreover, you are required to notify the Area Team of any relevant changes in your circumstances, in particular **any changes in the information that you supplied in your original application** to the Area Team or information published about you by the Area Team. This might include, for example, a finding against a practitioner or contractor following an investigation by a regulator such as the GOC. Different periods of notification apply in different circumstances. 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. In cases of doubt, please check with your Optical Confederation representative body.

To terminate your GOS contract, you must give the Area Team three months' notice, although this period can be made shorter by mutual agreement. An interruption in the provision of GOS, for example through illness, must be notified to the Area Team, except for statutory or accepted seasonal or religious holidays, for example Christmas, New Year, Diwali, Eid and so on.

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 Ophthalmic Performers List is required to notify the Area Team three months in advance, although this can be made shorter by mutual agreement.

Further information about the regulations governing GOS contracts and the Ophthalmic Performers List is available from your Optical Confederation representative body (**SEE ANNEX, PAGE 41**).

## 2. 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 optometry students. Under the regulations contractors have responsibilities to check the registration and listing in relation to performers they employ. They are also required to obtain and/or check two clinical references from performers. Performers should provide details of their registration, performers listing and insurance arrangements to the contractor. Contractors are also required by the GOS contracts in England to notify their Area Team at the start and end of their employment of optometrists or engagement of locums.

Locums should only be engaged or accept engagements to cover short-term vacancies, for example sick leave. Where regular cover is required, alternatives such as part-time contracts should be considered. In cases of doubt, advice should be sought from your Optical Confederation representative body (**SEE ANNEX, PAGE 41**).



GOS sight tests may only be performed by optometrists or OMPs whose names appear on the Ophthalmic Performers List. The performers list can be accessed at **[www.performer.england.nhs.uk](http://www.performer.england.nhs.uk)**. An optometrist or OMP may carry out GOS sight tests anywhere in England, if they appear on the List in England and have not been barred by any relevant agency from working with children or vulnerable adults.

Note that an employee, who was a pre-registration optometry student and becomes registered by the GOC as a qualified optometrist, may still not perform GOS sight tests, even under supervision, until they have also been entered onto the Ophthalmic Performers List. Nor may GOS forms be signed by another performer on the newly qualified optometrist's behalf before they are listed. Such an optometrist may only carry out private sight tests, undertake contact lens fittings and checks and carry out the duties of a registered dispensing optician until they have been admitted to the List. (Pre-registration students may apply to join the List three months before their anticipated date of registration and are advised to get their application in as early as possible).

### 3. Post-Payment Verification (PPV)

- Your claims will be audited by your Area Team and they are legally entitled to inspect all records relating to GOS patients
- Keeping good records will enable you to support your GOS claims.

From time to time 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 Area Team or payments agency on their behalf. The Area Team or its representative (on behalf of NHS England) is legally entitled to inspect records relating to your GOS patients (including mixed GOS and private records relating to that patient). You are obliged under the regulations to make the records available to the Area Team within a period specified by them.

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



### Good records are vital

The GOS contract requires you to keep full, accurate and contemporaneous records (clause 52 of the contract). It is essential that these records include the clinical reasons for any prescriptions and retest recommendations. This latter point is particularly important in the case of patients aged 70 and over who may need to be recalled annually rather than at longer intervals.

Keeping good records is not only best practice to ensure continuity of care and effective hand-over between practitioners; it will also enable you to support your GOS claims, in the event of any queries by your Area Team.

Failure to do so may lead to the Area Team reclaiming payments.

Area Teams 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 Area Team's discretion) **(SEE 42. SUPPLIERS WHO REDEEM VOUCHERS, PAGE 40).**

## 4. Supplying and Claiming (General)

- You must keep accurate records of all services and appliances supplied under the GOS and voucher regulations
- The patient can redeem an NHS voucher as a grant towards spectacles or contact lenses at the practice of their choice
- You can claim the lower of either the appropriate voucher value or retail price and the patient can choose how they use the voucher
- You cannot claim GOS fees for contact lens fitting or aftercare appointments
- You should submit vouchers regularly for payment within the maximum time limits specified.

You should claim only for what you have supplied and keep accurate, dated records of these services including details of any voucher issued. You should therefore not:

- Redeem a voucher for distance and reading spectacles and supply the patient with a pair of bifocals
- 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 for them.



A voucher is an NHS grant to the patient towards the cost of spectacles or contact lenses, which the patient may redeem at the practice of their choice. There is no stipulation of the elements of the dispensed appliance a voucher can be used for, whether frames, lenses or professional dispensing fees. For example, a C voucher may be used towards a) a re-glaze using relatively expensive hi-index lenses to the patient's own frame; or b) less-expensive lenses in a new frame; or even c) plastic lenses with an anti-reflection coating to the patient's 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 for 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 their 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 an additional procedure as part of the sight test (for example dilation, cycloplegia, repeat fields and pressures) and returns on a second occasion for this procedure, **the GOS sight test has not been completed until the additional procedure has been carried out.** You should not submit a claim until the sight test has been completed, the prescription or statement has been issued to the patient or a referral has been made. Nor should you claim a second fee for the additional, clinically necessary procedure.

A contact lens fitting or check-up (sometimes known as aftercare) 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, namely:

- Six months for GOS 1 and 6 forms
- Three months for GOS 3, 4 and 5 forms

after the date of supply of the service or appliance (**SEE ALSO 41. HC5(O) FORMS AND REFUNDS, PAGE 39**).

You are advised to submit your claims at regular intervals for payment (for example, weekly or monthly) in order to assist your Area Team or payments agency to expedite payment

on the due date. Check the submission and payment dates with your Area Team or payments agency (**SEE ALSO 42. SUPPLIERS WHO REDEEM VOUCHERS, PAGE 40**).

You should only submit GOS 3 forms for payment after you have supplied the spectacles or contact lenses (**SEE 32. CONTACT LENSES, PAGE 32**) except 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 to collect their spectacles or contact lenses and submit the GOS 3 claim in the normal way. Submission should normally be made within the standard three month timescale except in unusual circumstances (**SEE ALSO 40. NON-COLLECTION OF SPECTACLES AND CONTACT LENSES, PAGE 39**).

## 5. Filling and Signing GOS Forms (General)

- You should only sign forms for services which you provided
- Forms should be completed fully
- A voucher can only be provided following a GOS sight test
- Lay suppliers may sign the supplier's declaration on the GOS 3 and 4 forms and redeem vouchers, provided they comply with the provisions of the Opticians Act relating to restricted groups.

GOS forms must be ticked; and other details entered as required for that category of patient, for example GP name and address.

You are advised to sign only those GOS forms relating to the services which you have personally provided; and to sign the forms at the time of seeing the patient. **Never sign blank GOS forms.** If the forms are subsequently submitted fraudulently and they bear your signature, then you will be held responsible and could be accused of fraud.

This advice 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 if that test was performed by a pre-registration student under your supervision.

The **optometrist or OMP** who performed the sight test should sign the practitioner's declaration on 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 their authorised signatory, should sign and date the claim section of the GOS 1, 3, 4, 5, and 6 forms.

If the authorised signatory (if they are not the contractor) conducted the sight test, they sign 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, they need to sign only once, namely the claim section (**SEE ALSO 13. FILLING GOS 1 FORMS (APPLICATION FOR AN NHS FUNDED SIGHT TEST), PAGE 20.**

Only an optometrist or an OMP on the Ophthalmic Performers List can issue a voucher to an eligible person and then only following a GOS sight test. If, unusually, a sight test is provided privately (including a sight test free of charge) to a person who would otherwise be eligible for a GOS sight test, a voucher cannot be issued and the date of that sight test must be included as the "Date of last sight test" on the GOS 1 when they next have an NHS sight test. This may mean that the patient will have to continue as a private patient without the benefit of vouchers unless a suitably extended period between sight tests occurs (**SEE ALSO 25. FILLING GOS 3 FORMS (NHS OPTICAL VOUCHER AND PATIENT'S STATEMENT), PAGE 27.**

Lay suppliers may sign the supplier's declaration on the GOS 3 and 4 forms and redeem vouchers, provided they comply with the provision of the Opticians Act, notably that dispensing to patients who are under 16 years of age or who are registered visually impaired or severely visually impaired (previously partially sighted or blind) must be carried out by, or under the supervision of, a registered optometrist, OMP or dispensing optician. The registered practitioner should be identified on the dispensing record.

The use of a rubber stamp instead of a written signature is not acceptable. Electronic signature systems are not yet available but are now provided for under NHS regulations.

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

- You are required to verify a patient's eligibility for a sight test or voucher and are required to carry out a Point of Service check
- If a patient cannot provide evidence of eligibility you should mark the form as "Evidence Not Seen"
- A patient is required to be eligible on the date of the sight test and the date on which they order their spectacles or contact lenses.

You are required by regulations and the GOS contracts to take reasonable steps to verify patients' 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. It can be helpful to make a note on the patient's evidence of eligibility that you have seen. If patients have any questions about these criteria, further information about eligibility for NHS sight tests and optical vouchers is available on the NHS Choices website at: [www.nhs.uk/NHSEngland/Healthcosts/Pages/Eyecarecosts.aspx](http://www.nhs.uk/NHSEngland/Healthcosts/Pages/Eyecarecosts.aspx) or in leaflet HC11.

However, failure by a patient to produce documentary evidence should not prevent you performing a sight test if you deem this to be clinically necessary. The patient's and public health interest and your GOC duty to make the care of the patient your first and continuing concern rightly override administrative requirements.

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 should mark their forms "Evidence Not Seen" but include details of their GP).

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. 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 on which the patient orders their spectacles or contact lenses.

If the patient undergoing a private sight test is found to need a complex lens, then the test is deemed to have been a GOS sight test; and a GOS 1 or GOS 6 form should be 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, is still eligible for the GOS sight test on this occasion.

The NHS England Area Team is 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, the categories of eligible patients change. If the GOS form does not mention the category, you should annotate the form accordingly.

### **Prisoners and other detained persons**

Prisoners who visit a practice, say, on day-release, are eligible for a GOS sight test (and voucher if appropriate towards the cost of spectacles or contact lenses) in the same way as other members of the public. If the patient claims NHS eligibility but has not brought proof, you should cross the Evidence Not Seen roundel.

However, separate non-GOS sight testing and supply services are commissioned by NHS England (via Area Teams) for persons who are detained in prison, secure institutions or special (high-security) hospitals.

### **Overseas visitors and asylum seekers**

If you decide to provide a GOS sight test to an overseas visitor (depending on their circumstances and the length of their stay), you should apply the same eligibility criteria as you would to a UK resident. It is advisable to record the visitor's address and (if appropriate) GP in the UK on the

relevant GOS form. If in doubt, you should consult the NHS England Area Team.

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

## **7. 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.

A patient diagnosed by a consultant ophthalmologist as predisposed to the development of glaucoma is also eligible for a GOS sight test. However, this eligibility does not extend to their family members **(SEE ALSO 13. FILLING GOS 1 FORMS (APPLICATION FOR AN NHS FUNDED SIGHT TEST ), PAGE 20).**

## 8. 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 Type 1 or Type 2 diabetes are not cured (even if the Type 2 is fully controlled by diet). Therefore, they are always eligible for GOS.

A GOS sight test does not constitute diabetic retinopathy screening, although you should take action to manage any condition(s) encountered as part of that sight test. All diagnosed diabetic patients, unless they have opted out, should be receiving regular retinal screening from an NHS Diabetic Eye Screening Programme accredited scheme. It is advisable to establish whether a patient with diabetes is receiving retinopathy screening. If the patient is not receiving screening, you should bring this to the attention of the patient's GP, so that the patient may be included.

You are only required to dilate a patient suffering from diabetes during the course of a GOS sight test, if you judge dilation to be clinically necessary. You cannot be instructed

by a GP, practice nurse, Area Team or any other person or body routinely to dilate all patients having a GOS sight test. See also the guidance of The College of Optometrists at [www.college-optometrists.org](http://www.college-optometrists.org)

## 9. Frequency of Sight Tests

- Sight tests should only be carried out when clinically necessary
- You should exercise clinical judgement when recalling patients or issuing a changed prescription
- If you decide to see a patient at an interval shorter than recommended, then the appropriate code should be used on the form and the reason noted on the record.

As required by the regulations, you should only carry out a GOS sight test, if you think it is clinically necessary. You should ensure that the reason for the test is clearly shown on the patient's record.

In order not to waste NHS resources, the structure of the GOS 1, 5 and 6 forms is designed so that you determine as far as possible when the patient last had a sight test (whether private or NHS) and enter that date on the form



(SEE ALSO 13. FILLING GOS 1 FORMS (APPLICATION FOR AN NHS FUNDED SIGHT TEST),  
PAGE 20).

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 for different categories of patients, in respect of which GOS claims will normally be accepted. In the event of testing a patient's sight at a shorter interval than that specified by the Department of Health, you must record the appropriate numerical 'early retest code' on the GOS 1 or 6 form, in order to indicate the reason for the earlier sight test. This reason should also be clearly noted on the patient record. You might be challenged by an Area Team to justify your clinical decision. Nevertheless, Area Teams 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. Area Teams have discretion to ask you to justify each decision. Over-frequent GOS sight testing could cause the Area Team

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, the reason should be noted on the patient's record.

Regarding the measurement of the intervals between sight tests, the Department of Health's guidance of January 2002 says:

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

Note, however, that a patient, who had a sight test when they were 15 or 69 years old, would not normally be expected to have a further sight test a year later, unless there was a clinical reason for having one.

If a patient returns for, or needs, an earlier than planned sight test on grounds of suspected pathology, you must ensure that you indicate the appropriate early retest code on the GOS 1 or GOS 6 form, for example 3.1 "patient has



presented with symptoms or concerns requiring ophthalmic investigation resulting in referral to a medical practitioner”.

## 10. Domiciliary Visits

- Patients are only entitled to a domiciliary visit if they are unable to leave home unaccompanied
- You must record the specific illness or disability on the GOS form and your records
- Hospital in-patients are not entitled to a GOS domiciliary sight test
- You must have an Additional Services contract for each area in which you wish to provide domiciliary visits
- You must notify the Area Team at least 48 hours before you make a visit to one or two patients and three weeks before you see three or more patients at the same address.

You can only claim a domiciliary fee in respect of a patient who is eligible for a GOS sight test, if they are unable to leave home unaccompanied for reasons of physical or mental illness 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 them from attending a practice.

Terms like “housebound”, “immobile”, “wheelchair-bound” or “resident of a home” are insufficient. An actual medical condition should be used, not symptoms. You or the patient/ carer must also record the patient’s reason for needing a home visit on the GOS 5 or 6 form. The duty of providing a reason why the patient cannot leave home unaccompanied is the patient’s or their carer’s responsibility, not yours; and, as such, it raises no issues of medical confidentiality.

Patients in hospital are not eligible for a domiciliary sight test under the GOS. The fees for any visits and optical appliances supplied to patients in hospital must be met by the NHS Trust requesting the service, or privately by the patient themselves. If you are providing such services for the first time, you should verify before you attend that the hospital understands the position and is prepared to pay your fees for providing the service. Alternatively you can provide the service privately with the patient’s agreement.

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 (**SEE 11. DOMICILIARY VISITS TO DAY CENTRES, PAGE 19**). This means that a person in respite care in a care home is not entitled to a GOS domiciliary sight test.



The patient or, if they are incapable, their carer or authorised representative must have requested a domiciliary visit.

You should assume that most residential homes will be considered as a single address and as a single unit of accommodation by the Area Team for the purpose of calculating the domiciliary fees payable to you. Accordingly, a lower domiciliary visiting fee will be payable in respect of NHS sight tests provided to a third and subsequent resident during a single visit. However, where residents in sheltered housing have individual postal addresses, these should be considered as individual visits and a separate domiciliary fee should be payable for each.

If you intend to make domiciliary visits in an area which is not included in your or your employer's contract for additional services, the provider (i.e. contractor) will have to apply to the appropriate Area Team for a contract before any visits can be made.

You must notify the Area Team 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 made 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 Area Teams require you to complete a standard notification form.

The notification form should only contain the names of the patients who have requested a sight test (or whose main carer has requested a sight test if the patient is incapable) and whom you intend to see on that day. Reminders to patients do not count as notifications to the Area Team. Patients have the right to choose their eye care provider. Consequently no provider has an automatic right to an exclusive contract with a care home.

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

## 11. Domiciliary Visits to Day Centres

- A day centre must be approved by the Area Team
- A domiciliary fee is never payable for sight tests in a day centre.

You may carry out GOS sight tests at some day centres. 'Day centre' means an establishment in the locality of the Area Team attended by 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 Area Team whether, in its view, the particular day centre where you have been asked to visit patients complies with the definition of a day centre for the purpose of domiciliary sight-testing under the GOS.

Note that, irrespective of this, the domiciliary visiting fee is never payable for GOS sight tests carried out at day centres. However a GOS 6 form must be completed indicating the reason the patient is unable to attend

a practice unaccompanied.

You must notify the Area Team, 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 a notification (**SEE 12. CHANGES TO NOTIFICATIONS OF DOMICILIARY VISITS AND SUBSTITUTES, PAGE 19**).

## 12. Changes to Notifications of Domiciliary Visits and Substitutes

Changes to notifications may be made at least 48 hours in advance of any visit by notifying the Area Team.

Up to three further changes (additions or substitutions) may be made at the time of the notified visit, but only if it would not have been possible to give 48 hours' notice, for example in respect of a new resident or a person who has only just developed an eye or vision problem.



If, on the day of the visit, a contractor is unable to visit the residence previously notified for reasons beyond their control, for example an outbreak of illness affecting the care home, another venue may be substituted on the day of the visit, provided a) the Area Team has already been notified of a planned visit to the alternative venue and this visit has not yet taken place; and b) the contractor informs the Area Team and the Area Team agrees.

### 13. Filling GOS 1 Forms (Application for an NHS funded sight test)

- The date of last sight test should be entered on the GOS 1, whether NHS or private
- If you have not seen evidence of eligibility for GOS, then you should mark the roundel 'Evidence Not Seen'
- The Performer and the Contractor (or their agent) must sign the GOS 1  
If the contractor personally conducted the sight test they only need sign once.

For advice on checking a patient's eligibility for a GOS sight test (SEE 6. VERIFYING PATIENTS' ELIGIBILITY FOR GOS AND VOUCHERS: POINT OF SERVICE CHECKS, PAGE 12).

You are only required to ask the patient to give a previous surname, if you have reason to believe that their surname might have changed in the last 12 months. Marriage, civil partnership, divorce or adoption are cases when a name might change.

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 patient's first 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 they do not provide these numbers.

You must ask the patient for evidence of their eligibility for GOS. If you have not seen suitable evidence of eligibility, you must enter a cross in the Evidence Not Seen roundel. Some patients may qualify for GOS in more than one category, e.g. being 60 and over and also having a family history of glaucoma. In such cases, you should tick all the categories that apply.

You should ensure that the patient or their carer or authorised representative always signs and dates the patient's declaration. If the patient cannot sign, their carer or 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 made.) See also the College's guidance on small prescription changes at [www.college-optometrists.org](http://www.college-optometrists.org)

You must complete the field address where the sight test took place with the practice address.

The person who performed the sight test must sign and date the form, recording the date on which the sight test took place and giving their 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, they need only sign once, i.e. after the contractor's declaration.

## 14. Filling GOS 6 Forms (Application for a mobile NHS funded sight test)

In addition to the requirements for completing a GOS 1 form, you must indicate the venue of the domiciliary visit, whether it was the first, second or third or subsequent patient seen at that address on that visit and the reason for the domiciliary visit. The reason for the visit must indicate the specific illness or disability which prevents the patient from attending a practice. Terms like "housebound", "immobile", "wheelchair-bound" or "resident of a home" are insufficient. An actual medical condition should be used, not symptoms  
(SEE ALSO 10. DOMICILIARY VISITS, PAGE 17).

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



## 15. Patients Aged Under 16 or Incapable of Signing

If the patient is under the age of 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).

## 16. Patients Aged 16, 17 or 18 and in Full-Time Education

Patients aged 16, 17 or 18 in full-time education are eligible for GOS, once they have joined an academic course. They also remain eligible for the duration of their course including during holidays and the long vacation.

Students between academic years, changing schools or between school and university also remain eligible. To prove eligibility they should be able to show:

- Either a letter from their school, saying either that they are a current pupil or that they were a pupil and are changing to another school
- Or an offer of a place at a college or university to be taken up immediately after the long vacation.

Full-time education means that the student must be receiving full-time instruction at a educational establishment recognised by NHS England or in another setting similar to a school, college or university (for example, home education).

## 17. Prescribing and Supplying Tints, Photochromic Lenses and Prisms

- These supplements can only be provided under GOS where the patient requires a clinically significant prescription
- A tint should only be provided if it is clinically necessary and can only be prescribed by the sight tester – not added to the voucher at the time of dispensing.

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, unless one of the lenses is powered.

You should only prescribe a tint under the GOS, if you judge it clinically necessary as a result of the sight test you carried out and if you also prescribe a clinically necessary, powered lens. You must record the reason for the tint on the patient's record (it is advisable to note the symptoms, investigations to determine light sensitivity and clinical advice given) and include the prescription of a tint on the GOS 1, 5 or 6, and 2 and 3 forms as appropriate at the time of the sight test.

A tint can only be prescribed by the optometrist or 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 18. AR COATINGS AND UV BLOCKS, PAGE 24**).

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.

If a patient requests a tint for cosmetic reasons, it cannot be prescribed under the GOS.

You should only prescribe prisms in accordance with your clinical judgement and based on the outcome of the GOS sight test you carried out. You should record the reason, for example symptoms and test results, on the patient's record.

Tints and prisms determined as a result of a private examination, including additional investigations such as colorimetry for specific learning difficulties, are outside the scope of the GOS; and a voucher supplement cannot be claimed.

Where practices operate an 'all inclusive' charging policy, as long as the patient has been supplied with the correct appliance (including any clinically necessary 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.



## 18. 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 and supplied on clinical grounds.

## 19. 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.

## 20. Small Prescriptions and Small 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 such cases, you can issue a GOS 3 form (voucher). If, however, you decide the change is not clinically significant, you should not issue a voucher (GOS 3).

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 the small change in the comments section.

The College of Optometrists issues helpful guidance on prescribing small prescriptions. See the College's website [www.college-optometrists.org](http://www.college-optometrists.org)



## 21. No Change Prescriptions

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.

Although not stipulated in regulations, spectacles for an adult are normally expected to last for two years (**SEE 34. FAIR WEAR AND TEAR, PAGE 34**).

As indicated by the Department of Health's guidance in FPN 713 (paragraph 23), if the patient's spectacles subsequently break, say, six months after this last sight test and the spectacles were more than two years old (for example, two years and six months have elapsed since the patient was last issued with a GOS 3 form), it is reasonable to assume that the spectacles have become unserviceable through fair wear and tear.

In these circumstances, you should issue a new voucher without performing another 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. REPAIRS AND REPLACEMENTS FOR ADULTS PAGE 36 AND 37. REPAIRS AND REPLACEMENTS FOR CHILDREN, PAGE 37**).

## 22. Non-Tolerance

The GOS scheme provides support for patients who, exceptionally, cannot tolerate new spectacles made with a "clinically correct" prescription.

In such cases, 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 NHS England (from your Area Team) and annotate the GOS 3 form accordingly (including the date and the name of the Area Team official who gave you the approval).

You should not claim, if patients are unable to tolerate new spectacles as a result of a mistake, a misjudgement by the prescriber, a mistake by the dispenser, intolerance to the chosen lens form or design, or manufacturing errors.



## 23. Choosing Correct Voucher Values

- While a voucher can be used towards spectacles or contact lenses the value is determined by the spectacle prescription
- Vouchers E-H may be used to provide varifocals
- Patients can use the voucher in any way they choose. You can claim either the voucher value or the retail value of the appliance provided – whichever is the lower.

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

Vouchers should not be post-dated under any circumstances.

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

The voucher value for a bifocal lens is normally determined by the distance prescription only; the reading addition is

disregarded. However, where the reading addition is greater than 4 dioptres and the reading power results in a higher voucher value, the higher value should 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 31. COMPLEX LENSES, PAGE 31).**

The amount that you can claim for a GOS 3 or GOS 4 is the voucher value or the retail price of the appliance provided, whichever is the lower **(SEE ALSO 27. TRANSPOSITION, PAGE 29).**

## 24. Filling GOS 2 Forms (Patient's optical prescription or statement)

You must sign and give the patient the GOS 2 prescription statement (or equivalent) at the end of every sight test, unless you have referred the patient to their doctor.

If there is no refractive change, you must tick the box 'An unchanged prescription was issued' on the GOS 2 form and issue an unchanged prescription **(SEE ALSO 20. SMALL PRESCRIPTIONS AND SMALL PRESCRIPTION CHANGES, PAGE 24).**

## 25. Filling GOS 3 Forms (NHS optical voucher and patient's statement)

- If the patient is eligible for an NHS voucher it should be given to them following the sight test
- A patient is not entitled to a GOS 3 after a private sight test unless they subsequently became eligible
- You can transpose a prescription to claim a higher voucher value (except in the case of Hospital Eye Service vouchers)
- The patient must be eligible for a voucher on the day on which they order the appliance.

If the patient is eligible for an NHS voucher and 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 regulations require you to issue a voucher form (GOS 3) following a GOS sight test. The patient should sign part 1 of the GOS 3 form when the spectacles have been ordered.

Normally you may issue a voucher only on the basis of a GOS sight test. If, however, a patient has had a private sight test, chosen not to buy spectacles at the time and **subsequently** becomes eligible for a voucher, a voucher may

also 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 Ophthalmic Performers List number and sign and date the form. You must also record the date of the prescription on which the GOS 3 is based.

Vouchers cannot be issued to any patient who would have been eligible at the time of their sight test including children under 16 years of age, but who opted instead for a private sight test. For example, children who receive a private prescription from an ophthalmologist cannot be provided with a voucher when their spectacles are dispensed.

Patients have the choice of deciding where to have their spectacles dispensed or contact lenses fitted and supplied.

Spectacles for children under 16, those registered as sight impaired or severely sight impaired (previously partially sighted or blind) may only be dispensed by, or under the supervision of a registered optometrist, dispensing optician or medical practitioner.

Contact lenses may only be fitted by an optometrist, contact lens optician or medical practitioner.



If, immediately following a sight test, the patient chooses to order spectacles or to have contact lenses fitted at your practice, it is not necessary to physically hand the GOS 3 form to the patient, only to take it back again. However, if the patient wishes to order their spectacles or to have their contact lenses fitted elsewhere, or if they choose not to have the spectacles dispensed or contact lenses fitted immediately, you must sign the GOS 3 and give it to the patient 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 provides a higher-value voucher (**SEE 27. TRANSPOSITION, PAGE 29**).

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 their spectacles or contact lenses. However, there is no need to check eligibility, when the patient collects their spectacles or contact lenses.

When the patient collects their 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 GOS 3 form.

You must not ask the patient to sign the declaration of collection before they actually receive their spectacles or contact lenses.

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

Eligible patients are normally entitled to either one bifocal voucher or two single vision vouchers. It is a matter for clinical judgement, based on the individual circumstances of the patient, whether the bifocal lens includes a plano power in one portion.

It is not normal to issue a voucher for a third, intermediate pair of spectacles. If this is necessary, it is advisable to seek advice from your Area Team and always to note the reasons for the third pair on the patient's record for post payment verification purposes (and, if applicable, whom it was authorised by at the Area Team and when).

## 26. Modifying a Prescription (Vertex Distance)

If you need to modify a prescription because of a change in the vertex distance, you should annotate the GOS 3 form with the words “BVD change” in the margin. If the change requires a higher voucher band, you should annotate the GOS 3 or HES voucher form accordingly. This calculation should also be noted on the patient’s record.

## 27. Transposition

In order to establish the correct voucher values for the patient, you should write all prescriptions on a GOS 3 or GOS 4 form in the way which gives the highest spherical power.

If you dispense prescriptions not written in this way, you should transpose them, so that they give a higher voucher value, and initial the amendment with the annotation FPN 713. The transposition in which the prescription is written on the patient’s record or GOS 2 form does not need to be the same as that on the voucher.

Unlike GOS vouchers, prescriptions from the Hospital Eye Service (HES) must not be transposed and should be claimed based on their original format (**SEE ALSO 33. HES VOUCHERS, PAGE 33**).

## 28. Single or Reglazed Lenses

- There is no such thing as a half voucher – if a patient has a clinically significant change in one eye, then they should be given a GOS 3 with the prescription for both eyes
- If they decide to change only one lens in their current spectacles, then you should claim the voucher value or the retail cost – whichever is the lower.

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 should claim the full voucher value or the retail price for the new spectacles, whichever is the lower.

You will be due either the full voucher value or the normal retail price for one lens, whichever is the lower.

When reglazing an eligible patient's frame with a new prescription, you should claim the appropriate voucher value or your normal retail price for supplying and fitting the lenses, whichever is the lower. There is no such thing as a half voucher. So, if only one lens is reglazed, you should claim the full voucher value or your retail price for that lens, whichever is the lower.

### 29. 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. If there is any delay between the sight test and the dispensing, you must check the patient's eligibility for the voucher on the day when the patient orders the spectacles or contact lenses, as this may have changed. (Note that you should also satisfy yourself that the prescription is still clinically valid.)

The maximum validity of a prescription 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 their professional

judgement this is in the best interests of the patient. Such an occurrence would be rare; and the reason should be recorded in the patient record (**SEE THE COLLEGE OF OPTOMETRISTS' GUIDANCE AT [WWW.COLLEGE-OPTOMETRISTS.ORG](http://WWW.COLLEGE-OPTOMETRISTS.ORG)**).

### 30. Small Glasses Supplement (SGS)

- A SGS is only valid if the requirements below are met
- You should verify the measurements of the frame and record this information
- You should clearly note the alterations made to the frame or lenses.

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

- Glasses with a boxed centre distance of not more than 55 mm, and
- A custom-made frame or a stock frame requiring extensive adaptation to ensure a satisfactory fit.

Both conditions must be satisfied for a claim to be valid.

As Health Service Circular 1999/051 says, extensive adaptation can apply to the frame or lenses; and examples include:

- 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 a minimum substance (either by the practice or by the wholesale supplier).

Details of the adaptation necessary should be annotated on the patient's record. The orders for the frame, lenses and/or modification should be retained as evidence.

As you are certifying that the appliance supplied meets both criteria above, you should always measure the dimensions of the frame, before you submit your GOS claim. You should not assume that the manufacturer's stated dimensions meet the criteria.

The small glasses 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 retail price of the spectacles or repair, or the sum of the voucher and the supplement, whichever is the lower.

If any patient requires a special spectacle frame to be manufactured on account of their facial characteristics, an NHS Trust hospital can issue a voucher towards the cost. This voucher is not available under the GOS.

## 31. Complex Lenses

- **If a patient is found to require a complex lens, you can claim a GOS sight test**
- **If, subsequently, a patient is found to no longer require a complex lens, then you can claim a GOS sight test this time only**
- **A complex lens voucher is not a supplement – it can only be claimed in isolation, but with a tint or prism supplement if clinically necessary.**

Any patient who is prescribed a complex lens qualifies automatically for a GOS sight test and a complex lens voucher. As the Department of Health's guidance FPN 713 makes clear, 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 private sight 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, they may still receive the GOS sight test, but on this occasion only, and should be informed that they may not be eligible next time.

A patient who is prescribed a complex lens but who would not be eligible for help with costs on any other grounds is eligible for a complex lens voucher. However, patients who are eligible for spectacle vouchers on income grounds are not entitled to both a complex lens voucher and the 'normal' voucher. Only the normal voucher can be issued. (For such patients, the normal voucher value is determined by the distance prescription only). For the rule regarding reading additions over 4 dioptres (**SEE 23. CHOOSING CORRECT VOUCHER VALUES, PAGE 26**).

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 bifocal spectacles. This is an exception to the general

rule for determining voucher values. (Note that British Standard BS EN ISO 13666:2012 defines prism controlled bifocals as including "slab-off" or bi-prism lenses.)

Supplements for tints or prisms where clinically necessary, or for small glasses or special glasses (the latter HES only), can be added to a complex lens voucher.

## 32. Contact Lenses

- Any voucher value is calculated on the spectacle prescription
- Disposable or planned replacement contact lenses do not entitle a patient to vouchers on fair wear and tear grounds
- A voucher can be used in lieu of payments for regular replacement lenses.

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

Vouchers can only be issued for contact lenses for a first prescription, or for a change in prescription, or on grounds of fair wear and tear, as for spectacles. 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 can only issue a new voucher for disposable or planned replacement contact lenses, if the patient's prescription has changed. Disposable or planned replacement contact lenses do not entitle a patient to vouchers on fair wear and tear grounds.

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

The replacement of lost contact lenses is subject to the same rules as for spectacles for children and adults (**SEE 36. REPAIRS AND REPLACEMENTS FOR ADULTS, PAGE 36 AND 37. REPAIRS AND REPLACEMENTS FOR CHILDREN, PAGE 37**).

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

### 33. HES Vouchers

- HES patients may be entitled to GOS according to the normal criteria
- If the hospital requires a sight test that cannot be performed in-house, the patient should be issued with a HES1 form
- A HES prescription cannot be transposed even if this would give a higher voucher value
- Sight tests and glasses for in-patients are the responsibility of the NHS Trust.

On occasion it might be necessary for Hospital Eye Service (HES) patients to have a sight test as a part of the management of their eye condition. If hospital staff determine that a sight test is necessary and it is not available in-house, an NHS Trust hospital can arrange for a sight test to be carried out by a GOS provider. Such a sight test will be a GOS sight test if the patient is eligible for a GOS sight test outside hospital. If the patient is not eligible they should be issued with a HES1 form by the hospital, which the sight test provider should submit directly to the hospital for payment of the optometrist's fees.

HES voucher categories and eligibility are the same as for GOS vouchers but with the addition of a "catch all" category



"I". This provides scope for the HES to prescribe an optical correction that does not fall within the standard categories.

Where a patient is not eligible for a voucher and must pay towards the cost of their appliance, this payment is limited for HES patients to the published maximum patient charge.

Where a HES voucher is issued, it cannot be transposed. If the spectacle prescription on a HES (P) (or HES 2 or HES 3) 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 certain circumstances, any hospital in-patient is entitled to a free sight test and free glasses or contact lenses, funded by the NHS Trust responsible for the care of the patient. Sight tests and optical appliances should only be provided when there is a clinical need.

Optical appliances prescribed for hospital in-patients through the HES are supplied free of charge in hospital provided that the cheapest suitable frame is used for the prescribed lenses. When patients choose more expensive pairs of spectacles, they are responsible for paying the difference in price.

Separate guidance on the HES was issued by the Department of Health in November 2006, entitled 'Guidance on Optical Charges for Hospital Eye Service Patients'. It is available at: **[webarchive.nationalarchives.gov.uk/20080910134953/dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_063239](http://webarchive.nationalarchives.gov.uk/20080910134953/dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063239)**

## 34. Fair Wear and Tear

- There is no statutory definition of fair wear and tear but spectacles for an adult are expected to last two years
- If you find an unchanged prescription in a child and give them a new voucher you should record the reason why in your records.

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.) You should only issue a voucher for new spectacles to the same prescription as the patient's existing spectacles (following a sight test), if you judge the patient's existing spectacles to be

unserviceable through fair wear and tear (SEE ALSO 32. CONTACT LENSES, PAGE 32).

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.

In either case, you should issue a GOS 3 voucher.

The GOS 3 voucher should be marked to show that replacement spectacles have been issued.

The patient's record should contain the reason for the replacement.

## 35. Filling GOS 4 Forms (NHS optical repair/replacement voucher application form)

- You should only claim for the parts necessary to repair the spectacles
- You should keep dated records of what was repaired
- You can only repair the most recent pair of spectacles – not a spare pair
- Spectacles for a child provided on a HES voucher can be repaired using a GOS 4.

A GOS 4 may only be used, if the spectacles or contact lenses are not covered by a manufacturer's warranty, insurance policy or other guarantee. You should check a patient continues to be eligible for a voucher at the time of the repair or replacement.

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

You must not carry out a GOS sight test without a valid clinical reason. You must not carry out a sight test solely for the purpose of issuing a voucher to replace broken or



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

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 and 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 spectacles or contact lenses that are being repaired or replaced, and the reason for the repair or replacement, e.g. spectacles lost, frames damaged beyond repair. It is not a requirement of the GOS regulations to indicate in your records how the loss or damage occurred.

Repair or replacements to spectacles prescribed or supplied by the Hospital Eye Service to a child under 16 can be made using a GOS 4 form. In the case of adults, the Trust will decide whether to pay for a repair or replacement.

## 36. Repairs and Replacements for Adults

- Adults are only eligible for a GOS 4, if they need a repair due to illness
- If a patient has not had a voucher for over two years and breaks their spectacles, a GOS 3 can be used under fair wear and tear.

Adults (including full-time students aged 16 to 18) are only eligible for a GOS 4 voucher, if they have broken or lost their spectacles as a direct result of illness. In cases of major hardship – for example a patient who is unable to function or work because their spectacles have been stolen – you should consult your Area Team, although the Area Team is under no obligation to assist the patient in these circumstances. An explanation of how the loss or breakage occurred and how this relates to the patient's illness or disability must be entered on the GOS 4 form for prior approval by the Area Team. You should not make any repair or replacement before this approval is given. Some Area Teams are prepared to give approval by telephone, in which case the name of the official, time and date of the approval should be noted on the patient's record.

Unless a patient 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 on clinical grounds.

With regard to the replacement of broken spectacles, which are more than two years old, paragraph 23 of the Department of Health's guidance 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 retesting."**

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

## 37. Repairs and Replacements for Children

- You should only repair/replace the most recently prescribed spectacles with a GOS 4
- You should keep good records showing what was repaired/replaced and what was claimed.

Children under 16, including "looked-after" children in local authority care, are eligible for repairs or replacements in consequence of loss or damage of their spectacles, without the prior consent of the Area Team. (A looked-after child is aged 16 or 17, was in local authority care up to age 16, and is now being supported by the local authority.)

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

If a child repeatedly breaks or loses their spectacles, the Area Team may seek an explanation from the contractor and consider what advice to give to the child and the child's parents or guardian to take better care of the spectacles. The Area Team may choose to write formally to the family, if the problem persists.



## 38. Spare or Second Pairs of Spectacles for Children and Adults

- No patient is automatically entitled to a spare pair of spectacles
- You can request a spare pair for a patient by contacting your Area Team
- If a spare pair is approved, a GOS 4 should not be used to make the claim
- A GOS 4 must be used for repairs of a main or a spare pair.

As Paragraph 27 of the Department of Health's guidance FPN 713 states, no patient has ever been automatically entitled to a spare pair of spectacles to the same prescription. The FPN indicates that, in exceptional circumstances, Area Teams may be approached for approval of a second pair (preferably in writing). In that case, a GOS 3 (not a GOS 4) form should be used and any written approval submitted with the claim.

Exceptional circumstances could include the strength of the patient's lenses, the nature of the patient's medical condition and, in the case of children, their age and evidence from a parent.

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. Vouchers should not be post-dated under any circumstances (**SEE ALSO 37. REPAIRS AND REPLACEMENTS FOR CHILDREN, PAGE 37**).

A spare or second pair, prescribed by a hospital or authorised by the Area Team, is eligible for repairs using a GOS 4 form, in the same way as a first pair (**SEE ALSO 35. FILLING GOS 4 FORMS, PAGE 35**).

## 39. 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 their private sight test.

You should deduct the patient's contribution shown on the HC3 certificate from your private sight test fee when completing 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.

## 40. Non-Collection of Spectacles and Contact Lenses

It is reasonable for you to submit your GOS 3 claim in respect of uncollected appliances within the standard three month timescale except in unusual circumstances. You should record the steps you took to notify the patient before the three month deadline, together with dates.

In such cases, you should claim for the spectacles or contact lenses at the 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 or contact lenses. You should annotate the relevant form with the words "patient deceased", adding the date of death if known to you.

## 41. 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, they were eligible for an NHS sight test, the patient can obtain a refund using the HC5(O) form.

The forms are available from: [www.nhs.uk/nhsengland/healthcosts/documents/2011/hc5\(o\).pdf](http://www.nhs.uk/nhsengland/healthcosts/documents/2011/hc5(o).pdf)

As in the case of GOS 3 vouchers, HC5(O) forms should be submitted for payment within three months of the completion of the sight test – this is different to the six months for GOS 1 and 6 sight test claims.

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:

- They cannot change their mind after the private sight test and claim a GOS sight test using the HC5(O) form



- They will not be eligible for an NHS optical voucher towards the costs of spectacles or contact lenses as a result of the private sight test.

If in doubt, it is advisable to ask the patient in advance to sign a document stating that they understand this.

## 42. Suppliers Who Redeem Vouchers

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

A supplier does not have to be a GOS contractor or performer. Area Teams must refuse to redeem vouchers submitted by contractors and unregistered suppliers alike if:

- The supplier fails to produce the appropriate records; or
- The supplier has been removed from the Ophthalmic Performers List or has had their GOS contract terminated; or
- An Area Team judges the supplier to be unsuitable to receive public funds.

In the first two cases the Area Team's decision has immediate effect. In a case of 'unsuitability' the Area Team must give one month's notice of cessation.

In all cases the supplier has the right of appeal to the First-Tier Tribunal against the Area Team's notice within 28 days. In a case of 'unsuitability' the Area Team has the discretion to continue to make payments to the supplier while the appeal proceeds.

If an Area Team believes that a supplier should be subject to a national ban from redeeming vouchers, the Area Team can apply to the First-Tier Tribunal 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 made clear in guidance in 2008 that the power to request records from suppliers is a discretionary power only and does not enable Area Teams:

- 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.



## Annex

### Member organisations of Optical Confederation

Association of British Dispensing Opticians (ABDO) e: [membership@abdo.org.uk](mailto:membership@abdo.org.uk) t: 01227 733912

Association of Contact Lens Manufacturers (ACLM) e: [secgen@aclm.org.uk](mailto:secgen@aclm.org.uk) t: 01380 860418

Association of Optometrists (AOP) e: [postbox@aop.org.uk](mailto:postbox@aop.org.uk) t: 020 7549 2000

Federation of (Ophthalmic and Dispensing) Opticians (FODO) e: [optics@fodo.com](mailto:optics@fodo.com) t: 020 7298 5151

Federation of Manufacturing Opticians (FMO) e: [mpolley@fmo.co.uk](mailto:mpolley@fmo.co.uk) t: 020 7298 5123



## References

The General Ophthalmic Services Contracts Regulations 2008: 1185 as amended

The Primary Ophthalmic Services Regulations 2008: 1186 as amended

The National Health Service (Performers Lists) (England) Regulations 2013: 335

The National Health Service (Optical Charges and Payments) Regulations 2013: 461

Family Practitioner Notice (FPN) 713: 1997

Health Service Circular (HSC) 051: 1999

The Opticians Act 1989

Sale of optical appliances order of Council 1984

Sight testing (examination and prescription) No.2 regulations 1989

Standard (Mandatory) General Ophthalmic Services Contract (April 2013)

Standard (Additional Services) General Ophthalmic Services Contract (April 2013)

Optical Charges for Hospital Eye Service Patients (DH) (November 2006)

Determination on Payments to Persons Suspended from the Ophthalmic Performers List 2013

Guidance on redemption of NHS optical vouchers (DH) (July 2008)



