

Making accurate claims in England **2022**



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Produced for the optical profession in England
by the **AOP**, supported by **ABDO** and **FODO**

Introduction

This guidance is for General Ophthalmic Services (GOS) contractors, optometrists, dispensing opticians and ophthalmic medical practitioners (OMPs) providing or performing GOS 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.

This document is informal guidance and is not an authoritative interpretation of the law. In cases of uncertainty, please contact your NHS England Directors of Commissioning Operations (DCO) or representative body ([See 44. Representative bodies on page 58](#)) for further advice.

This guidance is based on the most recent regulations NHS General Ophthalmic Services and optical vouchers and payments regulations in England.

All references to patient records include both paper and electronic records. All references to GOS forms includes paper forms as well as eGOS and PCSE Online.

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

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1

Introduction: providing and performing GOS in England

A practice must have a contract with the appropriate DCO to provide GOS in that area

To perform GOS you must be on the England-wide Ophthalmic Performers List

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

In England NHS sight testing is provided under General Ophthalmic Services (GOS).

In order to provide GOS a practice must hold a contract and each optometrist or OMP must be included on the national Ophthalmic Performers List.

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.

Contracts to provide GOS

Any practice wishing to provide GOS in England must apply to the appropriate Directors of Commissioning Operations (DCO) 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 hold a contract for both. 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 wish to provide services, whether fixed or mobile. Therefore if a contractor wishes to provide GOS in another area, whether from fixed premises or as a domiciliary service, they must enter into a contract with the relevant DCO. This is particularly important for domiciliary services as a patient may live nearby but in a different NHS area.

When a new GOS contract is issued by NHS England the commissioner will confirm the ODS code for the practice. This needs to be included on all GOS claims submitted in order for payment to be made. You can find your ODS code at <https://odsportal.digital.nhs.uk>

NOTE that a domiciliary provider will have a single ODS code even if they have contracts in multiple areas. The commissioner will forward the ODS code to PCSE along with the details required to register User Administrators for the PCSE Online system. PCSE will contact the contractor to confirm User Administrators have been set up and advise on next steps for creating and submitting GOS claims. See 4. Supplying and claiming (general) on page 12.

The Ophthalmic Performers List

In order to provide GOS for any contractor, an optometrist or OMP must be on the national Ophthalmic Performers List. To join this list you should apply to Primary Care Support England (PCSE).

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

A practitioner may be removed from the Ophthalmic Performers List if they have not performed GOS during a 12-month period anywhere in England. PCSE 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 PCSE 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 national list a practitioner can provide GOS for a contractor in any area of England.

Pre-registration optometrists can apply to be admitted to the list via PCSE up to three months before their planned date of registration by the GOC.

NOTE that a pre-registration optometrist who becomes registered as a qualified optometrist but has not yet been entered onto the Ophthalmic Performers List may not perform GOS sight tests even under supervision. Such an optometrist may only carry out private sight tests, other private work such as contact lens fittings and checks, and carry out the duties of a registered dispensing optician until they have been admitted to the List.

An optometrist or OMP 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 NHS England, 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 representative body.

You should not assume that, just because you have applied for a contract or to join the Ophthalmic Performers List, your application has been approved.

Performers should check with PCSE before performing GOS. Contractors must also check that the performers whom they employ are properly listed. You can check the performers list here – <https://secure.pcse.england.nhs.uk/PerformersLists>

Keeping NHS England (PCSE) informed

It is important that you inform PCSE if you change your address for correspondence. You are also required to notify PCSE of any relevant changes in your circumstances, in particular any changes in the information that you supplied in your original application or information published about you. 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 representative body.

To terminate your GOS contract, you must give three months’ notice, although this period can be made shorter by mutual agreement. Any significant interruption in the provision of GOS, for example through illness, must be notified to PCSE, except for statutory or accepted seasonal or religious holidays.

In the case of performers, the periods of notification are usually either seven 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 PCSE 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 representative body ([See 44. Representative bodies on page 58](#)).

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 optometrists. Under the regulations, contractors have the responsibility 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 PCSE 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 representative body.

NOTE that an employee who was a pre-registration optometrist, and becomes registered by the GOC as a qualified optometrist, may not perform GOS sight tests, even under supervision, until they have also been entered onto the Ophthalmic Performers List. It is also not possible for GOS forms to be signed by another performer on the newly qualified optometrist's behalf before they are listed.

3

Post-payment verification (PPV)

Your claims will be audited by your local NHS 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 local NHS team or NHS BSA on their behalf. NHS England, or its representative, 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 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 local NHS 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

Clause 52 of the GOS contract requires you to keep full, accurate and contemporaneous records. It is essential that these records include the clinical reasons for any prescriptions and early 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 but will also enable you to support your GOS claims in the event of any queries by the NHS. Failure to do so may lead to payments being reclaimed.

Your local NHS team can make a written request to any supplier (whether a GOS contractor or not) who has redeemed optical vouchers to produce relevant records. The records have to be produced within 14 days (or longer at the local NHS team's discretion).

➔ See **42. Suppliers who redeem vouchers** on page 56

4 Supplying and claiming (general)

You must keep accurate records of all services and appliances supplied under 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 and 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 provide a spare appliance.

A voucher is a grant to the patient towards the cost of spectacles or contact lenses, which they may redeem at the practice of their choice. There is no stipulation of type of appliance which a voucher can be used for, whether a frame, lenses or professional dispensing fees. For example, a voucher may be used towards:

- a) A re-glaze using relatively expensive high index lenses to the patient's own frame; or
- b) Less expensive lenses in a new frame; or
- c) Plastic lenses with an anti-reflection coating to the patient's own frame.

The choice is the patient's. They are entitled to 'spend' a voucher of a specified amount on or towards an appliance containing the correct prescription and the practice can claim the lower of the voucher value or the retail price of the appliance.

If the practice operates an 'all inclusive' charging policy for a complete pair of spectacles 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 practice is entitled to claim the full value of the voucher. Conversely, if the 'all inclusive' retail price 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 or 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. You cannot claim a second fee for the additional, clinically necessary, procedure.

A contact lens fitting or aftercare appointment is not a sight test and is not funded by 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 **41. HC5(O) forms and refunds** on page 55

You are advised to submit your claims at regular intervals for payment in order to assist the payments agency to expedite payment on the due date. You can check the submission and payment dates with the payments agency.

➔ See **42. Suppliers who redeem vouchers** on page 56

You should only submit GOS 3 forms for payment after you have supplied the spectacles or contact lenses, 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 **32. Contact lenses** on page 47 and **40. Non-collection of spectacles and contact lenses** on page 54

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

All statements which apply to the patient on the front of all GOS forms must be ticked, and other details entered as required for that category of patient, for example GP name and address.

GOS claims can be submitted electronically via the PCSE Online portal or a Patient Management system (PMS) eGOS solution. Claims entered on PCSE Online undergo real time validation which ensures any errors or omissions are corrected before submission. For claims submitted by eGOS an electronic rejection message is returned automatically if a claim has been rejected due to missing or incorrect mandatory data. Electronic claims received before midnight seven working days before your payment due date will be paid in the current payment cycle.

Paper GOS forms can be used if you are unable to submit claims electronically. NHS England and NHS Improvement launched new style paper GOS forms on 1 February 2021 which are processed via an automated scanning solution that requires all mandatory information to be completed accurately. Forms with any missing or incorrect data are automatically rejected and returned. You are advised to submit paper claims at regular intervals for processing in order to assist PCSE to expedite payment on the due date. You must attach the appropriate batch headers when you submit paper forms. You can check the submission and payment dates with PCSE.

➔ See **42. Suppliers who redeem vouchers** on page 56

You will receive a detailed monthly statement for GOS payments which can be viewed and downloaded via PCSE Online.

You should only sign those GOS forms relating to the services which you have personally provided and you are advised to sign the forms at the time of seeing the patient. Never sign blank GOS forms. If those forms were subsequently submitted fraudulently then you may be held responsible and could be accused of fraud. Similarly vouchers should never be post-dated.

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 optometrist 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 in the claim section on a paper form and cross the box in the Performer's Declaration to confirm they are the contractor. The Performer's Declaration must be signed on each electronic claim and the Contractor's Declaration can be signed in bulk.

➔ See **13. Filling GOS 1 forms (Application for an NHS-funded sight test)** on page 29

The use of a rubber stamp instead of a written signature on paper forms is not acceptable.

Only an Ophthalmic Performer can issue a voucher to an eligible person. 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', 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. You should make a note in the patient's record that the private prescription has been used. 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 **25. Filling GOS 3 forms (NHS optical voucher and patient's statement)** on page 39

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 Optician's Act, notably that dispensing to patients who are under 16 years of age or who are registered sight impaired or severely sight 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.

Connection problems

If either your internet connection or the Online Portal is not available, you should record the date and time of the incident in the **standard template** (<https://pcse.england.nhs.uk/media/2537/system-outage.xlsx>). You can then either submit a paper claim or

when the problem has been resolved submit the form in the usual way – inserting ‘PCSE Online outage [time]’ or ‘Internet down [time]’ in the Patient Signature box as appropriate.

NOTE that the use of this exception to the requirement for a signature will be monitored and you may be asked to provide your incident log as evidence.

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, e.g. if the patient is not in the correct age category or could not be eligible for a particular benefit.

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: <https://www.nhs.uk/using-the-nhs/help-with-health-costs/free-nhs-eye-tests-and-optical-vouchers> 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.

You must cross "Seen" or "Not seen" in the Evidence of Eligibility section of all GOS 1, GOS 3, GOS 4 or GOS 6 forms. If a patient fails to produce satisfactory evidence of eligibility, you should, nevertheless, carry out the sight test (and issue the voucher if applicable).

For patients who are eligible due to having diabetes or glaucoma you should enter their GPs details on the form. Patients who are eligible due to being a close relative of someone with glaucoma are unlikely to be able to furnish documentary proof of eligibility. You should 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. 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. It is not a requirement that the certificate is still in date when they collect them.

If a 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 but not again in the future unless they again require complex lenses.

➔ See **31. Complex lenses** on page 45

NHS England 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.

Prisoners and other detained persons

Prisoners on day release who visit a practice are eligible for a GOS sight test (and voucher if an appliance is required) 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 or box.

Separate non-GOS sight testing and supply services are commissioned by NHS England 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 you should apply the same eligibility criteria as you would to a UK resident. If in doubt, you should consult NHS England.

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

7

Glaucoma

Patients with glaucoma are entitled to a GOS sight test.

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 considered by an ophthalmologist to be 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 13. **Filling GOS 1 forms (Application for an NHS-funded sight test)** on page 29

8

Diabetes

Patients with diabetes are entitled to a GOS sight test. Even if a patient with type 2 diabetes has the condition fully controlled by diet they are still eligible.

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.

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 patients with diabetes, 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, and if they are not you should bring this to the attention of their GP, so that the patient may be included.

You are only required to dilate the pupils of a diabetic patient during their GOS sight test if you judge dilation to be clinically necessary. You cannot be instructed by a GP, practice nurse, local NHS 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.

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.

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 and



Top tips for early reason codes

It is important to remember that it is the symptoms which validate an early test – not the outcome of that test. So, if a patient presents to you, for example, complaining that their vision is worse then a GOS test is appropriate. The outcome of the test will dictate which code you use to validate the claim – i.e. a changed prescription is 3.2 and no change is 3.3.

It is never the case that the outcome of the test determines if it can be claimed and it is also not appropriate to charge a patient if no change is found.

validate the claim. This reason should also be clearly noted on the patient record. You may be challenged by a local NHS team to justify your clinical decision. Nevertheless all bona fide claims will be paid. Such claims (like other claims) may be subject to post-payment verification.

However, a patient who has a sight test when they are 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.

The Department of Health's guidance of January 2002 also allows claims for sight tests within one month of the minimum interval to accommodate patients' commitments and to give some flexibility.

NOTE that the forms require you to enter the date of last sight test – and it does not matter whether this was under GOS or private.

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. Your local NHS team have discretion to ask you to justify each decision.

Over-frequent GOS sight testing could cause them 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.

Table of intervals from the Memorandum of Understanding (January 2002)

Patient's age or clinical condition	Minimum interval between sight tests
Under 16 years, in the absence of any binocular vision anomaly	1 year
Under 7 years with binocular vision anomaly or corrected refractive error	6 months
7 years and over and under 16 with binocular vision anomaly or rapidly progressing myopia	6 months
16 years and over and under 70 years	2 years
70 years and over	1 year
40 years and over with family history of glaucoma, or with ocular hypertension and not in a monitoring scheme	1 year
Diabetic patients	1 year

Patients are entitled to a domiciliary visit if they are unable to leave home unaccompanied

You must record the reason for this on the GOS form

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 PCSE 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 an eligible patient if they are unable to leave home unaccompanied for reasons of physical or mental illness or disability. You must ask the patient to indicate the specific illness or disability which prevents them from attending a practice and note this on the GOS 5 or 6 form and it is good practice to note it in your records.

Terms like “housebound”, “immobile”, “wheelchair-bound” or “resident of a home” are insufficient. 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 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, at a patient's normal place of residence (including a residential home), or at some day centres. This means that a person in respite care in a care home is not entitled to a GOS domiciliary sight test.

➔ See **11. Visits to day centres** on page 28

You should assume that most residential homes will be considered as a single address and as a single unit of accommodation for the purpose of calculating the domiciliary fees payable to you. Accordingly, a lower domiciliary visiting fee is 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 DCO for a contract before any visits can be made.

You must notify PCSE 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 and at least three weeks' notice if you intend to see three or more patients at the same address. 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.

Pre-visit notifications (PVNs) can be submitted electronically via the PCSE Online portal or a (PMS) eGOS solution. A unique reference number is generated for a PVN once it has been accepted and must be included on the GOS 6 claim for it to be processed for payment. If you are unable to submit PVNs

electronically, you will need to complete the standard PVN template (https://pcse.england.nhs.uk/media/1424/pre-visit-notification_template.xls) and email it to PCSE.

NOTE you must use a secure nhs.net email address. PCSE will send you a PVN reference number once the notification has been processed.

For details of changes to a notification **see 12. Changes to notifications of domiciliary visits and substitutes on page 28.**

The notification form should only contain the names of the patients whom you intend to see on that day. Reminders to patients do not count as notifications to PCSE.

It is the responsibility of PCSE to verify notifications on receipt. On the rare occasions when NHS England decide that a visit may not take place, it should notify the service-provider immediately.

If the internet or the Online Portal is not available so you are not able to make the submission within the required time frame then you must record the time of the outage, complete the PVN setting the date for the earliest allowed by the regulations and then contact the PCSE Customer Support Centre and ask them to update the date of the visit to the correct one. You will need to quote your ODS code, the PVN reference and the details of the outage.

11 Visits to day centres

Every day centre must be approved by your local NHS 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 local NHS 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 local NHS team must confirm that the premises where you have been asked to visit patients complies with the definition of a day centre for the purpose of mobile sight-testing under GOS.

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

You must notify PCSE, 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.

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 PCSE.

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. In this scenario you must include the PVN reference for the visit on the GOS 6 form(s) and cross the "Patient was added/substituted on the day of the visit" box on the claim.

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 a care home, another venue may be substituted on the day of the visit, provided: a) a planned visit to the alternative venue has already been notified and this visit has not yet taken place; and b) the contractor informs NHS England and they agree.

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 form "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

You are required to fully complete the patient's details on a GOS 1 form. You should always enter the patient's full name on the claim form, for example "Elizabeth" and not "Liz", "Lizzie" or "Betty" etc., to avoid confusion, enable continuity of care and to

facilitate PPV checks of the patient's entitlement. (This is different of course from noting in the record the name and title the patient likes to be addressed by.) 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, 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" or, if this is the patient's first sight test, you should enter the word "first". On the electronic forms there are check boxes for both of those options.

If the patient is able to provide their NHS or National Insurance number you should enter it on the form. 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 and cross "Seen" or "Not seen" in the Evidence of Eligibility section of the form. 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. If the signatory's address is the same as the patient's this can be confirmed by crossing the box in the Patient Declaration section. 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.

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 after the contractor's declaration on a paper form and cross the box in the Performer's Declaration to confirm they are the contractor. The Performer's Declaration must be signed on each electronic claim and the Contractor's Declaration can be signed in bulk.

➔ See **6. Verifying patients' eligibility for GOS and vouchers: point of service checks** on page 18

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.

➔ See **10. Domiciliary visits** on page 25

You can only claim a domiciliary fee 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 the signatory's address is the same as the patient's this can be confirmed by crossing the box in the Patient Declaration section (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:

- 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 an educational establishment recognised by NHS England or in another setting similar to a school, college or university (for example, home education).
- Students on a “gap year” or those on a work study programme are not eligible for GOS as a student.

17 Prescribing and supplying tints or prisms

A tint or prism is a supplement to a necessary prescription

They should only be provided if it is clinically necessary

The tint supplement must be prescribed by the sight tester – not added to the voucher at the time of dispensing

Tints and prisms are supplements to a voucher for a powered lens. This means that a tint or prism can only be added to a claim for a clinically significant prescription. A voucher cannot be issued for plano, or not clinically significant, lenses to provide a tint or prism.

You should only prescribe a tint under GOS if you judge it clinically necessary as a result of the sight test you carried out. The clinical reason for the tint should be noted in your records.

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

A tint must be prescribed by the optometrist or OMP who performed the sight test – it cannot be added to the voucher at the time of dispensing.

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 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 GOS; and a voucher supplement cannot be claimed.

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

18 AR coatings and UV blocks

Neither anti-reflection coatings nor ultra-violet blocks are considered to be tints under GOS. Regardless of whether you have supplied an anti-reflection coating or ultra-violet block you cannot claim a tint supplement.

19

Plano lenses with tints or prisms

You may not claim a GOS voucher for plano lenses (either spectacles or contact lenses) with a tint or prism. 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. You should ensure that your records note the reason for this small 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 consider the change to be clinically significant. In such cases, you can issue a GOS voucher and you should record the reason for this. If, however, you decide the change is not clinically significant, you should not issue a voucher. 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 guidance on prescribing small prescriptions.

21 No change prescriptions

You should not issue a voucher following a sight test if there is no change in the patient's prescription and they have 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** on page 49

As indicated by the Department of Health's guidance in FPN 713, if a patient's spectacles break after their sight test and the spectacles are now more than two years old (for example, two years and six months have elapsed since the patient last used a voucher towards an appliance), 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, unless you think there has been a change in 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 **36. Repairs and replacements for adults** on page 51 and **37. Repairs and replacements for children** on page 52

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 make a note on the patient's record explaining the reason for the second sight test and enter the appropriate early retest code on the GOS 1 form. You may only

issue a second voucher after receiving the prior approval of NHS England (from your local NHS team) and should annotate the patient's record accordingly (including the date and the name of the 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

A voucher may be used towards the cost of spectacles or contact lenses. The value of the voucher is determined by the spectacle prescription not the strength of the contact lenses.

The amount that you can claim for a GOS 3 or GOS 4 is the lower of the voucher value (including all relevant supplements) or the retail price of the appliance.

➔ See **27. Transposition** on page 42

If a patient with no significant distance prescription would like bifocals or varifocals for convenience, then a voucher A can be used towards the cost of these.

Vouchers E-H for bifocal lenses may also be used towards the cost of varifocal/progressive lenses but this can only be claimed when there is a clinically significant distance prescription. There may be situations where this is not the case but the claim is valid, e.g. a child who requires a reading addition for a binocular vision problem, but these will be exceptions and should be clearly noted on the patient's record.

➔ See **20. Small prescriptions and small prescription changes** on page 35

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 four dioptres more powerful than the distance portion. If a bifocal lens has a reading addition of more than four 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 **31. Complex lenses** on page 45



Vouchers for multifocals and computer lenses

Eligibility for a voucher is determined by what the patient requires rather than the appliance they choose – i.e. if a patient requires a distance correction and a near addition they can have either 2 pairs of glasses or bifocals/multifocals and you can issue e.g. A+A or an E voucher. But if a patient only requires a reading prescription and chooses multifocal lenses or an occupational lens for convenience you can only issue the single vision voucher – but the patient can put that voucher towards a more expensive appliance.

Similarly anti-fatigue lenses would not be claimed using a voucher E-H because in this case the patient would only be prescribed a single vision lens. If the patient wishes to have these lenses the single vision voucher can be used towards the cost.

If a patient wishes to have lenses with a longer working distance for VDU use this is a reasonable claim – however, it is not possible for them to also have regular reading lenses (the voucher can only be used for a distance and a near prescription) and it should be clearly explained to them that they will not be able to have another pair of glasses for close reading.

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 20. **Small prescriptions and small prescription changes** on page 35

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 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', 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. You should make a note in the patient's record that the private prescription has been used. 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.

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 the GOS 3 has been created electronically, it can be printed from PCSE Online and given to the patient.

If you receive a GOS 3 voucher 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. It is not necessary to transpose prescriptions on an electronic form as the system automatically calculates the highest voucher value. You may not transpose HES vouchers.

➔ See **27. Transposition** on page 42

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. There is no need to check eligibility when the patient collects their spectacles or contact lenses as this is not relevant.

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.

26 Modifying a prescription (back vertex distance)

If you need to modify a prescription because of a change in the vertex distance, and the change requires a higher voucher band, you should annotate the GOS 3 or HES voucher form accordingly and submit it for Exception Processing. 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. If you use the electronic claim system the form in which the prescription is written does not matter as the system automatically assigns the highest possible voucher value.

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

➔ See **33. HES vouchers** on page 48

28 Single or reglazed lenses

There is no such thing as half a 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 patient has a change in prescription in one eye only and they require a new pair of spectacles you should issue the appropriate voucher inserting the prescription for both eyes.

They can then choose to use the voucher towards e.g. a whole new frame and lenses, two new lenses, or a single lens.

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 lens(es), whichever is the lower. There is no such thing as half a 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

A GOS 3 voucher is valid while the patient is eligible. 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 they order 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 also the College of Optometrists' guidance).

Small glasses supplement (SGS) and special facial characteristics (SFC)

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

Both the SGS and SFC can be claimed for specially manufactured frames

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

- Glasses with a boxed centre distance of not more than 55mm, 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. There is no longer a maximum age for this supplement.

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.

As of 2019 the supplement can be used to provide specially manufactured frames as well as for specially modified frames.

Similarly, the Special Facial Characteristics (SFC) supplement can be claimed for patients where their facial characteristics require a frame to be custom made. These frames can be any size and can also be specially manufactured or modified.

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

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.

NOTE that British Standard BS EN ISO 13666:2012 defines prism controlled bifocals as including “slab-off” or bi-prism lenses.

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 complex voucher is not a supplement but a standalone voucher. 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 a GOS 3 are not also entitled to a complex lens voucher. Only the normal voucher can be issued.

➔ See **23. Choosing correct voucher values** on page 37

Supplements for tints or prisms, where clinically necessary, or for small glasses or special glasses, can be added to a complex lens voucher.

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 be issued for contact lenses for a first prescription, 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 has 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** on page 51 and **37. Repairs and replacements for children** on page 52

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

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 may 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.

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

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

In general, spectacles for an adult are expected to last for two years; however that is not a statutory limit. Following a sight test you should only issue a voucher for new spectacles to the same prescription as the patient's existing spectacles if you judge the existing spectacles to be unserviceable through fair wear and tear.

➔ See 32. **Contact lenses** on page 47

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

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 be used to repair or replace an appliance for an eligible patient.

You should not claim a GOS 4 if the spectacles or contact lenses are 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.

➔ See **36. Repairs and replacements for adults** on page 51 and **37. Repairs and replacements for children** on page 52

You should keep dated records of repairs for which vouchers are claimed, indicating the reason for the repair or replacement (e.g. spectacles lost, side broken), and what was supplied (e.g. new side fitted). It is not a requirement to indicate in your records how the loss or damage occurred.

You should only claim for the parts of the appliance which are damaged rather than claiming for a whole frame or a whole pair.

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.

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.

➔ See 36. Repairs and replacements for adults

A repair or replacement voucher must not be claimed in order to provide a second or spare pair of spectacles to a patient or to repair an old pair – only the patient's current glasses can be repaired or replaced.

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.

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 are only eligible for a GOS 4 if they have broken or lost their spectacles as a direct result of illness. You should contact BSA and explain how the loss or breakage occurred and how this relates to the patient's illness or disability. If the claim is approved you will be provided with a code which should be entered on the form so it can be submitted. You should not make any repair or replacement before this approval is given.

Full-time students aged 16, 17 or 18 are regarded as adults for the purposes of repairs or replacements.

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 local NHS team who may have a system for providing a voucher in these circumstances.

Otherwise the patient must make a private arrangement for a repair or replacement. Alternatively, the patient can wait until a further sight test is due on clinical grounds.

➔ See **34. Fair wear and tear** on page 49

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 (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) are eligible for repairs or replacements in consequence of loss or damage of their spectacles, without prior approval.

It is important to keep good records for payment verification purposes particularly the reason for repair or replacement and what was repaired or replaced along with the relevant dates.

GOS 4 forms can only be used to repair or replace the child’s current spectacles and not older pairs or private spare pairs. If your practice provides a free second pair, only the initial pair should be repaired.

If a child repeatedly breaks or loses their spectacles, the local NHS 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 local NHS team may choose to write formally to the family, if the problem persists. In these circumstances it is particularly important to have clear records of the necessity of all of the repairs.

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 NHS BSA in the first instance

If a spare pair is approved a GOS 3 should be used to make the claim

A GOS 4 may 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, but that in exceptional circumstances, the NHS may be approached for approval of a second pair. You should apply to the BSA and if approved an additional GOS 3 should be submitted and evidence of the approval should be kept in your records. Neither a GOS 4, nor a post-dated GOS 3, should be used in any circumstances in order to claim a spare pair.

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

A claim for the repair or replacement of an NHS-authorized spare or second pair of spectacles should be dealt with in the same way as the repair or replacement of a first pair.

A spare or second pair prescribed by a hospital is also eligible for repairs using a GOS 4 form, in the same way as a first pair.

➔ See **37. Repairs and replacements for children** on page 52

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 keep a record of 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, annotate the form with the words "spectacles/contact lenses uncollected" in the patient signature box and cross the "Exception Processing" box in the Supplier's Declaration section.

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" in the patient signature box, adding the date of death if known to you, and cross the "Exception Processing" box in the Supplier's Declaration section.

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: https://assets.nhs.uk/prod/documents/HC5_O_optical.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

A supplier does not have to be a GOS contractor or performer. Local NHS 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
- The local NHS team judges the supplier to be unsuitable to receive public funds.
- In the first two cases the decision has immediate effect. In a case of "unsuitability", the local NHS 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 local NHS team's notice within 28 days. In a case of "unsuitability", the NHS has the discretion to continue to make payments to the supplier while the appeal proceeds.

If a local NHS team believes that a supplier should be subject to a national ban from redeeming vouchers, they 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 local NHS teams to:

- Impose a general policy of pre-payment verification of all suppliers before vouchers are redeemed; or
- Request records from all suppliers all of the time.

43 Claiming a CET grant

CET grants are negotiated each year and are paid out of the GOS budget. A grant is available to optometrists and OMPs who:

Provided GOS services in the relevant year

Were on the Ophthalmic List for at least six months of that year

Have undertaken CET in that year

A CET grant can be claimed by an optometrist or OMP who was on the Performers List for at least six months of the relevant year, provided GOS and undertook CET.

The grant is claimed in arrears for the CET cycle, which runs each calendar year, so the relevant year is the calendar year before the claim – i.e. a claim made in September 2022 is for January to December 2021.

OMPs can only claim the grant if their sole medical work is providing eye examinations – i.e. they cannot also work part-time in, for example, the Hospital Eye Service.

You should complete the claim form and submit it within the claim window.

In England all CET claim forms must be signed by a registered GOS contractor. Practitioners who are a GOS contractor are able to sign their own form. The CET allowance will be paid directly into the bank account of the GOS contractor who signs the form.

44 Representative bodies

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info@fodo.com

ABDO

Unit 2, Court Lodge Offices
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01227 733905
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AOP

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020 7549 2000
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Making accurate claims in England

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Promoting the profession,
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Association of
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