

<b><u>Frequently Asked Questions</u></b>	
<b>FAQ 1</b>	<b>Will the GOS(S)1 form change</b>
<i>Answer</i>	<i>No, the form will remain the same in the meantime, but the reason codes will change.</i>
<b>FAQ 2</b>	<b>Does GOS funding pay for the NES activity</b>
<i>Answer</i>	<i>OS has negotiated a recurring £1million training fund and this fund is administered by NES. NES have appointed two Optometric Directors; Donald Cameron &amp; Janet Pooley. NES have also set up an Advisory Committee with broad ranging representation from the profession and other relevant groups. In March 2010 NES published a training brochure outlining the various training courses that they will run this year, all of these courses are free for optometrists and dispensing opticians to attend.</i>
<b>FAQ 3</b>	<b>Will I receive a copy of the new amended regulations?</b>
<i>Answer</i>	<i>You should have been sent a copy of the Amending Regulations by your NHS Board and you can also access a copy from the OPSI website (<a href="http://www.opsi.gov.uk">www.opsi.gov.uk</a>), your NHS Board or the Optometry Scotland website.</i>
<b>FAQ 4</b>	<b>Where can I seek guidance on the new regulations and the new PSD reason codes?</b>
<i>Answer</i>	<i>Advice and guidance is available on the OS website. The SGHD and PSD have also provided guidance.</i>
<b>FAQ 5</b>	<b>How can I comply with the regulations if I do not have a camera?</b>
<i>Answer</i>	<i>You can only claim for the higher (over 60) fee if you have a digital camera. If you do not have one or are carrying out a domiciliary examination you can only claim the lower fee. You should still dilate the patient for fundus examination by slit lamp bio, headset or direct ophthalmoscope.</i>
<b>FAQ 6</b>	<b>I am opening a new practice, can I still get an equipment grant?</b>
<i>Answer</i>	<i>No grant funding is available for equipment.</i>
<b>FAQ 7</b>	<b>What happens if the captured digital image is of poor quality?</b>
<i>Answer</i>	<i>You can still claim the higher fee if you have dilated the patient prior to capturing the image even if the image is poor. If not, you cannot claim the higher fee.</i>
<b>FAQ 8</b>	<b>Why would the NHS Board inspect a practice?</b>
<i>Answer</i>	<i>The main purpose of a practice inspection is to determine whether the practice is fit for purpose to deliver General Ophthalmic Services. All new practices will be inspected prior to opening and the NHS Board has a responsibility to visit and inspect practices on a rolling basis over 3 years. To ensure consistency in approach the NHS Board representatives will use a common practice inspection criteria and reporting form.</i>
<b>FAQ 9</b>	<b>Does my equipment have to meet any specific standard?</b>
<i>Answer</i>	<i>All the equipment that you use must meet a general safety standard and have a current safety certificate. In addition, the equipment needs to be 'proper, sufficient and appropriate' to meet the general standard expected for GOS, and must include a slit lamp, applanation tonometer, condensing lens, and a visual field analyzer capable of full threshold analysis within central 30°.</i>
<b>FAQ 10</b>	<b>Can the NHS Board refuse an application to provide GOS?</b>
<i>Answer</i>	<i>Yes in a limited number of circumstances. For example, on grounds of inadequate knowledge of English or where the NHS Board refuses an application following a practice inspection if they consider that the contractor is not providing premises, equipment and procedures that are proper, sufficient and appropriate for General Ophthalmic Services</i>

	<p><i>In such a situation the NHS Board must provide the applicant with a reasonable period of time to carry out the necessary work to make the premises compliant with the regulations.</i></p> <p><i>In cases where the NHS Board does not want the applicant to join its ophthalmic list on the following grounds – fraud/attempted fraud, prejudice to the efficiency of general ophthalmic services, unsuitability by reason of professional or personal conduct – it may refer the applicant to the NHS Tribunal and request that the applicant be nationally disqualified from Scottish ophthalmic lists.</i></p>
<b>FAQ 11</b>	<b>How do I apply to be included on a NHS Board’s list?</b>
<i>Answer</i>	<i>You must contact the person within the relevant NHS Board responsible for listing independent contractors who will advise you. If you are going to work in different areas you need to be listed for each separate NHS Board.</i>
<b>FAQ 12</b>	<b>Where can I find information on the ‘specified tests &amp; procedures’ for a primary examination?</b>
<i>Answer</i>	<i>These are listed within Schedule 3, Table A of the Amending Regulations. You can also find helpful guidance on this on the OS website.</i>
<b>FAQ 13</b>	<b>Is there any online information or resource available to support practitioners?</b>
<i>Answer</i>	<i>You can download copies of the regulations from the OPSI website and the OS website. You can access information about the PSD reason codes from their website. Guidance on the regulations and the new PSD codes is available on the OS website.</i>
<b>FAQ 14</b>	<b>Do I still need to report findings to the GP for a diabetic or glaucoma patient?</b>
<i>Answer</i>	<i>No, this requirement has been removed from the regulations. You do, however, have a general duty of care to inform the GP if you detect any new or hitherto undiagnosed conditions.</i>
<b>FAQ 15</b>	<b>Do I now have to carry out a refraction as part of the primary examination?</b>
<i>Answer</i>	<i>The only acceptable reasons for not carrying out a refraction as part of a primary examination are where the patient refuses the procedure or where the physical or mental condition of the patient precludes this procedure being undertaken. You should record on the record card your reason for not undertaking the refraction.</i>
<b>FAQ 16</b>	<b>How often can I carry out a primary examination?</b>
<i>Answer</i>	<p><i>The frequency of primary eye examinations is laid out in Table C, Schedule 3 of the Amending Regulations. The frequency is determined by age or clinical conditions as follows:</i></p> <p><i>Under 16 – annually</i></p> <p><i>16 – 59 – every two years</i></p> <p><i>60 &amp; over – annually</i></p> <p><i>Patients with glaucoma – annually</i></p> <p><i>Patients over 40 with an immediate family history of glaucoma (mother, father, son, daughter, brother, sister)- annually</i></p> <p><i>Patients with ocular hypertension (IOP 21mmHg &amp; over/by applanation) – annually</i></p> <p><i>Patients with diabetes – annually</i></p>
<b>FAQ 17</b>	<b>What happens if a patient presents with a red eye outside the interval?</b>
<i>Answer</i>	<p><i>In this case manage the patient as normal; in many cases a refraction would be inappropriate at this time. This would be a primary claim.</i></p> <p><i>Examine, manage &amp; treat the patient as appropriate. If refraction is required this can be done at a later date when the eye is quiet and you can claim a supplementary fee for this purpose. Ensure you note these details and clinical decisions on your records.</i></p>
<b>FAQ 18</b>	<b>In the regulations it states that post op cataract examination can be either a primary or supplementary examination – please explain?</b>
<i>Answer</i>	<i>The type of examination is dependent on the agreed frequency between primary eye</i>

	<i>examinations .If the post op appointment falls within the frequency period (which would be the situation in most cases) it is a supplementary examination. If it is outside the period it is a primary examination. Post op cataract examinations can only be undertaken through GOS if the patient has been discharged from the hospital.</i>
<b>FAQ 19</b>	<b>Is it still possible to carry out a supplementary immediately after a primary examination?</b>
<i>Answer</i>	<i>The scenarios where a primary and supplementary examination can be undertaken on the same day are set out in the last row of Table B of Schedule 3 of the Amending Regulations. In addition a cycloplegic refraction can be undertaken on the same day.</i>
<b>FAQ 20</b>	<b>Do the Amending Regulations say anything about the NICE guidance on glaucoma?</b>
<i>Answer</i>	<i>No, the NICE guidelines only apply in England, although the evidence base underpinning the guidance should be considered by practitioners in day to day practice.</i>
<b>FAQ 21</b>	<b>Will we still use primary reason codes?</b>
<i>Answer</i>	<i>There will be two primary reason codes remaining – Code 7 and Code 8. Code 7 is to be used for new patients to your practice where you do not have access to or means to access the patient’s records. Code 8 is for patients who were under 16 at their last eye exam and who present within two years</i>
<b>FAQ 22</b>	<b>Why is there not a reason Code 6?</b>
<i>Answer</i>	<i>The old Code 6 has been dropped. PSD will monitor the time between primary examinations and any early presentations up to 4 weeks will be detected and automatically passed for payment.</i>
<b>FAQ 23</b>	<b>What if a patient is referred by a medical practitioner or other carer?</b>
<i>Answer</i>	<i>The same rule as above will apply. If this is an existing patient and seen within the normal interval period it is a supplementary examination. Otherwise it will be a new Primary examination - even if the patient has been seen in another practice within the interval (as long as you do not have access to or means to access the patient’s records).</i>
<b>FAQ 24</b>	<b>Will there be new supplementary reason codes?</b>
<i>Answer</i>	<i>Yes, PSD have produced a number of new reason codes to cover the various reasons for supplementary examinations. This will be sent to you in due course. You can also access this information on the PSD and OS websites. There will be additional supporting information and guidance made available for you on the OS website.</i>
<b>FAQ 25</b>	<b>Can we still claim a supplementary fee when referring patients for surgery?</b>
<i>Answer</i>	<i>You can claim for a referral refinement following a primary eye examination re cataract and re anti vascular endothelial growth factor but these are the only occasions when you can claim a supplementary for counseling.</i>
<b>FAQ 26</b>	<b>How much diary time should I give for a primary examination?</b>
<i>Answer</i>	<i>OS has suggested that a minimum of 30 minutes be made available for an uncomplicated presentation, this might vary for certain reasons and possibly require more time for more complex examinations. The maximum number of claims per day remains at 20 (to include both primary and supplementary examinations)</i>
<b>FAQ 27</b>	<b>What is Vision 2020?</b>
<i>Answer</i>	<i>Vision 2020 is a global initiative with the chief aim to eliminate avoidable blindness by the year 2020. This requires State support and funding in both the Primary &amp; Secondary Care sectors and it is hoped that the new arrangements for GOS in Scotland will be a significant step forward to establishing early intervention&amp; preventative measures for most causes of visual impairment.</i>
<b>FAQ 28</b>	<b>A patient presents within their primary eye exam interval and is treated as a supplementary but needs to be seen 3 or 4 times where a supplementary will be submitted for each of these visits. Will this be questioned/allowed by PSD?</b>
<i>Answer</i>	<i>If you record and justify the treatment on the record card and add the relevant reason code on the GOS(S)1 you will be paid. Obviously if it is highlighted to PSD that you are a</i>

	<i>carrying out an overwhelming amount of supplementaries for a patient/patients, questions will be asked.</i>
<b>FAQ 29</b>	<b>Patient aged 60 or over – can you bring them back for dilation and claim a supplementary eye exam?</b>
<i>Answer</i>	<i>No</i>
<b>FAQ 30</b>	<b>OHT – is it the optometrist that should make the diagnosis if over 21 by applanation tonometry</b>
<i>Answer</i>	<i>We are simply using 21 as a cut off point for OHT. As per NICE Guidelines found at <a href="http://www.nice.org.uk/Guidance/CG85/">www.nice.org.uk/Guidance/CG85/</a>.</i>
<b>FAQ 31</b>	<b>When is a post op cataract exam a primary and when a supplementary?</b>
<i>Answer</i>	<i>1. Patient new to practice = primary eye exam, add reason code 7 to the GOS(S)1. 2. Existing patient to practice primary or supplementary depending on normal primary eye exam intervals. 3. If the patient has not been discharged from HES or HES is asking for extra checks, this is not GOS and HES should pay for these.</i>
<b>FAQ 32</b>	<b>Can you do 2 supplementary eye exams in the same day on same patient?</b>
<i>Answer</i>	<i>No</i>
<b>FAQ 33</b>	<b>Are you allowed to claim a primary eye exam where refraction has not been carried out?</b>
<i>Answer</i>	<i>Yes, as long as you record on the record card your reason for this. The only acceptable reasons for not carrying out a refraction are where the patient refuses the procedure or where the physical or mental condition of the patient precludes this procedure being undertaken - for example if the patient presented with a nail in the eye, you would be unable to refract due to a “physical condition”.</i>
<b>FAQ 34</b>	<b>Can you claim a supplementary eye exam for dilating a patient under 60?</b>
<i>Answer</i>	<i>Yes, if there is a clinical reason for you to dilate the patient. You should record this in the patient’s record card and add the relevant reason code on the GOS(S)1.</i>
<b>FAQ 35</b>	<b>Primary eye exam interval is 2 years but the patient presents and wants new specs within this time – can you claim a supplementary eye exam for seeing this patient?</b>
<i>Answer</i>	<i>If the patient has no visual problems then no you cannot claim a supplementary eye exam in this case. If the patient presents with visual problems then you have a duty of care to examine this patient and you can claim a supplementary eye exam, add reason code 2.8 on the GOS(S)1, depending on symptoms/findings. As already stated at 1 above, obviously if it is highlighted to PSD that you are carrying out an overwhelming amount of supplementaries for a patient/patients, questions will be asked.</i>
<b>FAQ 36</b>	<b>If you have complex flashers and floaters you may see the patient for some time for example up to 40 mins. Would you claim a primary for this?</b>
<i>Answer</i>	<i>No. You cannot claim extra fees for the time it takes for a supplementary eye exam. You can only claim a primary if in line with the primary eye exam intervals.</i>
<b>FAQ 37</b>	<b>Can you refer to another optometrist for a second opinion? Are patients entitled to a second opinion?</b>
<i>Answer</i>	<i>No, patients are not entitled to second opinions. However, you can refer to another optometrist for level 2 but you cannot claim for this under GOS.</i>
<b>FAQ 38</b>	<b>Confrontation on kids – poor fixation – you just cannot do this here – will PSD question this?</b>
<i>Answer</i>	<i>No, not if there is any physical or mental reason for not performing the test. Practitioners must record this on patient record card.</i>
<b>FAQ 39</b>	<b>Patient who was examined just at the end of last year presents with a foreign body, acute presentation. A routine exam is not due. Can you claim a primary eye exam?</b>
<i>Answer</i>	<i>No, this would be a supplementary eye exam. Add the relevant reason code on the GOS(S)1.</i>

<b>FAQ 40</b>	<b>There has been little mention of level 2 optometry?</b>
<i>Answer</i>	<i>Level 2 arrangements are not part of GOS and arrangements for this should be agreed locally with your NHS board.</i>
<b>FAQ 41</b>	<b>New reason code 7 – Concern here about patients that abuse the system by visiting a number of optometrists in the same time period.</b>
<i>Answer</i>	<i>PSD will monitor this and steps will be taken by NHS Scotland Counter Fraud Services for recoveries from patients.</i>
<b>FAQ 42</b>	<b>Acute presentation, red eye. How much is the optometrists expected to do here with regards to the treatment of red eye. It was noted that red eye training is needed.</b>
<i>Answer</i>	<i>You work within your own sphere of competence. The chairman of OS has specifically requested the ongoing training of acute red eye.</i>
<b>FAQ 43</b>	<b>What happens if a patient presents to you for a refraction when they have been seen by another optometrists just recently for a primary eye exam but at that time their vision was cloudy so that optometrist did not refract. Where does this leave you?</b>
<i>Answer</i>	<i>If the patient is new to your practice you can undertake a primary eye exam, add reason code 7 on the GOS(S)1.</i>
<b>FAQ 44</b>	<b>Amendments to the NHS (General Ophthalmic Services) (Scotland) Regulations – new patient to practice. How much is the practice to do to get access to the patient’s records to check the last date of the eye exam if the patient cannot remember, phone round, etc?</b>
<i>Answer</i>	<i>You are not expected to phone around to check the last examination date. If you do not have access to the patient’s records or means to access these in hard copy or in an electronic form it is a primary eye exam and reason code 7 should be added to the GOS(S)1. Where a group of practices are in the same ownership means to access the records will be expected, e.g. by transferring the records from one practice to another, and a primary eye exam will not be payable. Where a domiciliary visit is being undertaken and the optometrist or company he/she works for has provided a primary eye exam to the patient on a previous occasion the patient’s records must be obtained prior to the visit taking place and this will not be a primary unless in line with the primary eye exam intervals.</i>
<b>FAQ 45</b>	<b>Supplementary re cataract, can you claim this for counseling the patient regarding referral?</b>
<i>Answer</i>	<i>Yes, you can claim for a referral refinement following a primary eye examination re cataract and re anti vascular endothelial growth factor treatment but these are the only occasions when you can claim a supplementary for counseling.</i>
<b>FAQ 46</b>	<b>New patient presents to practice with a sore red eye. Is it appropriate to claim a supplementary eye exam?</b>
<i>Answer</i>	<i>The patient is new to your practice so you will need to do a full primary eye exam.</i>
<b>FAQ 47</b>	<b>A patient presents to your practice that you saw 6 years ago. The patient has been seen by another optometrist since then and is now presenting to you again. The patient says that it is roughly 2 years since they were last seen. Technically you have seen them before but you do not have the most recent records. Would you be allowed to claim a primary eye exam here?</b>
<i>Answer</i>	<i>Yes, you can claim a primary eye exam provided the previous exam was not undertaken by a practice within the same ownership. You do not have access to the patient’s most recent records or means to access these and the patient is therefore new to your practice.</i>
<b>FAQ 48</b>	<b>Patients aged 60, or over do we have to recall everyone aged 60 or over every year if we feel that the yearly recall is not appropriate?</b>
<i>Answer</i>	<i>Exercise clinical judgment. Eye exams should only be undertaken when necessary.</i>
<b>FAQ 49</b>	<b>All "in between recall" appointments are to be treated as supplementary eye exams, but what about domiciliary visits? Can we do a supplementary eye exam and also claim</b>

	<b>a domiciliary visiting fee?</b>
<i>Answer</i>	<i>Yes, when undertaking a domiciliary visit you can claim a supplementary eye examination and a domiciliary visiting fee. You can also issue a voucher if necessary.</i>
<b>FAQ 50</b>	<b>Would lacrimal irrigation and probing come under a supplementary eye exam reason code 2.2?</b>
<i>Answer</i>	<i>No, this should be coded 2.5. Outside window would be part of primary.</i>
<b>FAQ 51</b>	<b>We have a young lad still in full time education, not due a primary eye exam again till January 2011. He is currently a spectacle wearer but feels he is not seeing so well at school. We can see him for a supplementary eye exam next month but can we, if his prescription changes, issue a new optical voucher on the back of a supplementary eye exam if his prescription is found to be different?</b>
<i>Answer</i>	<i>A voucher can be issued following a supplementary eye exam.</i>
<b>FAQ 52</b>	<b>Patient, not ours, if they come in with a straightforward foreign body that will need a "quick fix" can we book them for a short supplementary eye exam even though we have not seen them before? A primary eye exam would take longer and we are very busy, or do we book them in as a short primary eye exam then have to do the rest as a supplementary eye exam later? The patient has only presented with straightforward symptoms to be dealt with but the law seems to require more rigorous examination.</b>
<i>Answer</i>	<i>You have to undertake a primary eye exam as the patient is new to your practice and you need the patient's history etc. You should do as much of a primary eye exam as possible and record on the patient's record card why you could not perform any of the specified tests/procedures if any. You may need to see this patient again as a supplementary eye exam for follow up</i>
<b>FAQ 53</b>	<b>A 21 year old presents with a red eye who is new to your practice and you have no access to records. He/she tells you that his/her last sight test was 18 months ago. Is this a primary eye exam?</b>
<i>Answer</i>	<i>Yes, add reason code 7 on the GOS(S)1.</i>
<b>FAQ 54</b>	<b>Same patient as above but cannot be refracted on the day so can you bring this patient back for refraction and claim a supplementary eye exam?</b>
<i>Answer</i>	<i>If there is a good clinical reason you could recall for refraction and claim a supplementary eye exam.</i>
<b>FAQ 55</b>	<b>Can you do a supplementary eye exam on a new patient to your practice if you feel that they do not require the majority of tests you would carry out in a primary, eg the patient presents with conjunctivitis and had received an eye examination somewhere else within the month and have new specs which they are happy with but they are presenting to you as you are nearer and more convenient for them. Another example here is if a doctor asked you to just check pressures. Can you do this under a supplementary eye exam for a new or existing patient?</b>
<i>Answer</i>	<i>If the patient is new to your practice this must be a primary eye exam. You should undertake all the specified tests/procedures but if this is not possible due to the patient's physical (or mental) condition you should record on the patient's record card why you could not perform them. If an existing patient and within the primary eye exam intervals then this should be undertaken as a supplementary eye exam and the relevant reason code added on the GOS(S)1.</i>
<b>FAQ 56</b>	<b>Could you advise me whether optometrists can charge patients for retinal photographs of patients under 60 years old?</b>
<i>Answer</i>	<i>As of 1st April optometrists cannot charge patients for taking digital photos that was part of the initial 3 year agreement with a phasing in of extra GOS fees, and a phasing out of private charges. Practices could still charge the patient if they wanted a printed copy of the photo, to cover the time / ink / paper etc but the fee must be proportionate; and they can still charge for OCT / Optomap scans which are over and above the standard GOS</i>

	<i>requirement.</i>
<b>FAQ 57</b>	<b>The agreement with the pre 1 April 2010 regulations was that a maximum of 20 patients could be seen in a single working day of around 7.5 hours. Will this change with the amendments to the regulations and more supplementary eye exams being undertaken?</b>
<i>Answer</i>	<i>No, the maximum number for the day will remain unchanged at 20.</i>
<b>FAQ 58</b>	<b>Do you have to capture a digital image of all patients over 60?</b>
<i>Answer</i>	<i>If you don't have a camera you can still dilate and do BIO, but only get paid the lower of the fees. If you do have a camera and the image is poor quality, then that can still be useful, as it can show the extent of a lens or corneal opacity, and its effect on vision, so the optometrist should note that, and claim the higher fee. If the image is poor, because the optometrist didn't dilate and attempted a photo on small pupils, for whatever reason, then the higher fee shouldn't be claimed.</i>
<b>FAQ 59</b>	<b>Someone who comes who wants new spectacles and has symptoms.</b>
<i>Answer</i>	<i>Either primary or supplementary eye exam depending on whether the patient is new to your practice or on when the patient's last primary eye exam took place.</i>
<b>FAQ 60</b>	<b>Someone comes in to the practice wanting new spectacles and has no symptoms.</b>
<i>Answer</i>	<i>Depends on when the patient's last eye examination took place. If in line with the primary eye exam intervals, this can be undertaken as a primary eye exam if at a shorter interval then this would be a private transaction.</i>
<b>FAQ 61</b>	<b>Question re domiciliary. Why must the optometrist gain access to patient's last records? Why can't the optometrist just use reason code 7?</b>
<i>Answer</i>	<i>It will not be acceptable for those optometrists undertaking domiciliary visits or visits to care homes to provide a primary eye examination for a patient on the basis that there is no access to, or means to access, the patient's record. Where the optometrist or the company for which he or she works has provided an NHS eye examination to that patient on a previous occasion, the patient's record must be obtained prior to the visit taking place.</i>
<b>FAQ 62</b>	<b>Is it okay to claim a supplementary eye exam fee for repeat applanation tonometry only?</b>
<i>Answer</i>	<i>Yes, if you brought patient back and this was the only suspect symptom and fields had been done very recently. However, in order to refer onwards, full threshold would be required.</i>