



Dear Colleague

GENERAL OPHTHALMIC SERVICES (GOS) – COVID-19 RECOVERY:

FIRST PORT OF CALL RESPONSIBILITY; RESUMPTION OF ROUTINE EYE CARE IN DAY CENTRES AND RESIDENTIAL CENTRES; SUBMISSION OF GOS AND HES CLAIMS

Summary

1. This letter advises on:

- a reminder regarding the 'first port of call' responsibility to manage patients with an emergency eye problem.
- the resumption of routine eye care services provided within day centres and residential centres (including care homes) from 7 September 2020, subject to certain conditions being met.
- a reminder regarding the current submission arrangements for GOS(S)1, GOS(S)3, GOS(S)4, HES(S)1, HES(S)3 and HES(S)4 claims, including remote consultations.

Action

2. NHS Boards are asked to urgently copy and issue the Memorandum to this letter to all optometrists, ophthalmic medical practitioners, body corporates and practices on their ophthalmic lists.

Yours sincerely,

Tom Ferris
Deputy Director

4 September 2020

Addresses

For action
Chief Executives, NHS
Boards

For information
Chief Executive,
NHS National Services
Scotland

NHS Board Optometric
Advisers

NHS Education for
Scotland

Enquiries to:

Dentistry and Optometry
Division
1st Floor East Rear
St Andrews House
EDINBURGH
EH1 3DG

eyecare@gov.scot

**MEMORANDUM TO NHS:
PCA(O)2020(15)**

Summary

1. This Memorandum advises on:

- a reminder regarding the ‘first port of call’ responsibility to manage patients with an emergency eye problem.
- the resumption of routine eye care services provided within day centres and residential centres (including care homes) from 7 September 2020, subject to certain conditions being met.
- a reminder regarding the current submission arrangements for GOS(S)1, GOS(S)3, GOS(S)4, HES(S)1, HES(S)3 and HES(S)4 claims, including remote consultations.

First port of call responsibility to manage emergency patients

2. All optometrists and ophthalmic medical practitioners (OMPs) in Scotland are reminded that they have a professional responsibility to ensure that anyone presenting to them with an emergency eye problem is appropriately managed.
3. This professional responsibility is set out as a requirement in regulation 21B of the National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006, as amended. This places a statutory duty on all optometrists or OMPs, in providing General Ophthalmic Services in Scotland, to either examine a person presenting with an emergency eye problem or, if for any reason they cannot examine the patient, to take, with the person’s agreement, all reasonable steps to make an arrangement with another listed optometrist or OMP, hospital or GP practice to examine the patient.
4. As services resume, practitioners are expected to continue to prioritise those patients who are considered to be most at risk in the professional judgement of the optometrist or OMP. Emergency and essential care should continue to be prioritised over more routine services, and this should be reflected when scheduling appointments; those patients who are at greatest risk of detriment to sight or wellbeing should be seen first.

Resumption of routine eye care in day and residential centres

5. Following the latest review of [care homes visiting policy](#), the Scottish Government announced on 3 September 2020 that a further range of services could be provided in care homes from 7 September 2020.

6. In line with Stage 3 of this guidance, from 7 September 2020 community optometry practice premises and mobile practices may resume the provision of routine eye care services in day and residential centres (including care homes), subject to conditions A to C being met as follows:

A. The practice owner and Part 1 contractor have submitted a complete and signed declaration form, including a Health and Safety Risk Assessment for the practice, to the relevant Health Board's satisfaction.

If a declaration form and Health and Safety Risk Assessment for the practice have already been submitted to and accepted by the Board, in relation to the provision of routine eye care in a practice premises or a patient's own home, they do **not** need to be re-submitted for the resumption of routine eye care in day centres and residential centres. However, the practice should consider carefully the different risks pertinent to day centres and residential centres prior to providing a service to patients in these settings.

To ensure compliance with current guidance on the safe provision of eye care to patients, practitioners and practice owners are reminded to scrupulously follow the comprehensive guidance from NHS Education for Scotland that is available on Turas (this will require creating a Turas account if a person does not have one already), as this will be **updated on an ongoing basis**:

<https://learn.nes.nhs.scot/28963/optometry/covid-19-eyecare-delivery-support>.

B. The practice complies with the relevant Scottish Government care homes guidance in force at the time the service is provided. At the current date of this circular being published (4 September 2020) this is the [care homes visiting guidance](#) published on 3 September 2020. The practice must have a discussion with the day centre or residential centre when booking the visit to ensure that:

- There are no active COVID-19 cases within the day centre or residential centre.
- If the day centre or residential centre has had a previous COVID-19 positive case, this has been certified as safe by Health Protection Scotland / Director of Public Health teams **for 28 days from the last date of exposure to a case, whether a resident or staff member.**
- The care home (adults only) continues to be **actively participating in** the care home worker testing programme.

The practice must contact the day centre or residential centre on the day of the visit to ensure there has been no change to the information provided at the time of booking, and that it is still therefore appropriate for them to visit. The practice must maintain a record of the discussions with the centre for future reference.

In the event of local restrictions, information on these can be found online at: <https://www.gov.scot/publications/coronavirus-covid-19-local-measures/>. If a practice is unsure about how local restrictions impact on the provision of face-to-face eye care in day centres and residential centres in a particular area, they should seek further advice from the relevant Health Board.

- C. The practice has, and is using, appropriate PPE which has been provided by NHS Scotland for the provision of NHS services. The next supply of NHS PPE to practices will be provided in the week commencing 7 September 2020.

Submission of GOS and HES claims

7. All practices are reminded that they **must** submit, for all relevant activity undertaken by the practice, GOS(S)1, GOS(S)3 and GOS(S)4 forms via eOphthalmic. Any HES(S)1, HES(S)3 and HES(S)4 forms should be sent via post to Practitioner and Counter Fraud Services.
8. In addition, the following special arrangements continue to be in place until further notice for remote consultations, GOS(S)4 vouchers and patient/patient representative signatures.

Remote consultations

9. Remote consultations continue to be encouraged where the practitioner considers it is safe to manage a patient remotely. Remote consultation activity **must only** be submitted via eOphthalmic under supplementary eye examination reason codes 2.5, 2.8 and 2.9.
10. A remote consultation is undertaken by an optometrist or OMP and will involve all the elements of a normal eye examination, except tests and procedures which require the physical presence of the patient. The patient's history and presenting signs and symptoms will be recorded, and a diagnosis and subsequent management or treatment plan will be made. Any advice and recommendations should be issued and clearly documented in the patient's record.

GOS(S)4 vouchers

11. Any element of the GOS(S)4 optical voucher system which normally requires pre-approval from an NHS Board remains suspended until further notice. This is a temporary arrangement to ensure that such GOS(S)4 optical vouchers can be submitted and processed efficiently during the COVID-19 pandemic.
12. In order to submit such GOS(S)4 claims, the following must be entered when processing the claim via eOphthalmic (see the example screenshot below from the GOS(S)4 web form):

- 'Has universal credit' under the 'Voucher Entitlement' drop-down list;

- '0019' in the 'Reason Code' field;
- 'Covid' in the 'Reason' field.

Patient and patient representative signatures

13. For COVID-19 related safety reasons, NHS Scotland Counter Fraud Services has agreed to continue to temporarily not require patient or patient representative signatures on the GOS(S)1 'cheque book' slip and GOS(S)3, GOS(S)4, HES(S)1, HES(S)3 and HES(S)4 forms.

14. The table below sets out what to do for each form type, both in relation to their paper and, where relevant, electronic formats (**note:** NHS Counter Fraud Services has advised that they require the GOS(S)1 'cheque book' slip to be completed for remote consultations).

Form	What to do on the paper form	What to do on the electronic claim
GOS(S)1 (including remote consultations)	The patient/patient representative is not asked to sign the 'cheque book' slip	The contractor ticks that it has been signed as a representative of the patient and puts "COVID" in the representative name box
GOS(S)3	The patient/patient representative is not asked to sign the form	The contractor ticks that it has been signed as a representative of the patient and puts "COVID" in the representative name box

GOS(S)4	The patient/patient representative is not asked to sign the form	The contractor ticks that it has been signed as a representative of the patient and puts "COVID" in the representative name box
All HES forms	The contractor signs on the patient's behalf using the name "COVID"	N/A

Enquiries

15. Any queries about this Memorandum should be emailed to the Scottish Government at: eyecare@gov.scot.

**Dentistry and Optometry Division
Directorate of Primary Care
Scottish Government**