

WALES GENERAL OPHTHALMIC SERVICES (WGOS)

CHANGES SUMMARY: WGOS 3 LOW VISION (LV)

EXPECTED IMPLEMENTATION DATE: 20 OCTOBER 2023

Warning:

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This summary is issued post regulatory reforms laid by Welsh Government in the Senedd in September 2023.

Current	Proposed change	Rationale
Prior approval by clinical lead required for entry to the service for patients with an impairment of visual function and/or significant visual field defect	Prior approval no longer required	WGOS: LV practitioners are able to determine which patients will benefit from access to the service. Those accessing due to visual field loss alone are in the minority.
Only patients who are ordinarily resident in Wales are eligible to access the service	WGOS 3 is available to people resident in Wales and/or who are on the practice list of a GP in Wales, providing they meet at least one of the clinical eligibility criteria	In line with WGOS 1&2
Re-accreditation required on a 3-year basis to remain accredited	To be able to continue to deliver WGOS 3: LV, practitioners are required to maintain their competence in this area of practice, this includes self-led CPD, and completion of mandatory training if required in response to service need.	In line with contract reform papers

Practitioners are not able to self-fund the training and required equipment to provide the LVSW	Practitioners may self-fund the training to provide the service. However, in these cases, it is not guaranteed that the low vision equipment would be funded by NHS Wales, and it may be required for the Practitioner to fund the low vision equipment required to provide the service to the specifications. This includes the upkeep of the kit in line with specification changes.	<p>In line with contract reform papers that anyone wishing to provide LVSW can do so.</p> <p>LVSW experience of numerous requests by practitioners to self-fund to enable service delivery.</p> <p>Substantial over subscription to number of NHS Wales funded training places available</p>
A minimum number of 5 LVSW assessments must be performed on an annual basis for retention as a LVSW accredited practitioner	The number of patients seen per Practitioner will be reviewed by the WGOS National Clinical Lead (NCL) annually. Where a Practitioner has been identified as having completed less than five WGOS 3 Low Vision Assessments or Follow-Ups within a 12-month period, the WGOS NCL may require the Practitioner to return the NHS-funded equipment so that it can be used by another accredited Practitioner. In this case the Practitioner may maintain their accreditation but may be required to fund their own low vision equipment for the purposes of service provision.	<p>In line with other WGOS pathways</p> <p>Practitioner responsibility exists to maintain clinical skills and knowledge.</p> <p>To maximise the number of practitioners able to provide the LVSW</p>
Patients should be offered an annual LVSW assessment. Follow up assessments are performed as required and not remunerated	<p>The patient is entitled to a WGOS 3 Low Vision Assessment:</p> <ul style="list-style-type: none"> • At the point of entering the service; • When the patient is seen by a Practice for the first time and has not had a Low Vision assessment within the last 12 months; • When following a WGOS 1 Eye Examination or Private Sight Test, the patient's vision has changed significantly; and/or • Significant changes in a patient's personal circumstances <p>Remunerated follow-ups provided according to patient need</p>	In line with contract reform papers

No LVSW record card sent to the LVSW if a follow up is performed	A LVSW record card needs to be completed (in line with actions taken in the follow up appointment) and submitted to the LVSW with a 'follow up' box ticked on the record card	To enable payment of the follow up fee Service evaluation
To claim the domiciliary fee, practitioners must write to the LVSW clinical lead outlining the aspects in which the patient met the domiciliary assessment criteria	When a mobile assessment is performed, where the patient meets the criteria for that assessment to be remunerated, the practitioner ticks a 'mobile claim' box on the record card. Activity will be audited through routine service audit	Streamline of process.
Delivery note from LVAs must be sent to the LVSW administrative team	Delivery aid does not need to be sent to the LVSW administrative team	Does not affect service delivery, streamline of process
<p>Mobile eligibility for payment</p> <ul style="list-style-type: none"> • LVSW DOMS implementation If a patient or their representative insists that due to health or transportation difficulties the patient cannot attend a LVSW accredited practitioner's practice, then a LVSW accredited practitioner can decide to carry out a LVSW DOM assessment. Patients should be encouraged to attend a practice for a low vision assessment wherever possible. • The reason for the LVSW DOM visit should be written on headed paper and faxed with the record card. • It is the responsibility of the LVSW practitioner to check that, patients in residential nursing homes and similar settings, have explored all available transportation options (taxis, care home's own transport, third sector transportation etc) before agreeing to carry out a LVSW DOM assessment. 	<p>To provide WGOS 3 as a mobile service, the Contractor must have a Service Agreement with the Health Board aligned to the location where the service is to be delivered. Patients are entitled to a mobile service if they are WGOS 3 qualifying patients whose circumstances relating to their physical or mental illness or disability make it impossible or unreasonable for them to receive primary ophthalmic services at a registered premises.</p> <p>The reason for requiring a Mobile service must be documented on the claim form as well as on the record.</p>	As per WGOS 1&2
Patient signature on the record card is not required (Temporary Covid change)	Patient signature required from 20.10.2023	Removal of temporary Covid change