WALES GENERAL OPHTHALMIC SERVICES (WGOS)

SERVICE MANUAL: WGOS 3
LOW VISION & CVIW

IMPLEMENTATION DATE: 20 OCTOBER 2023

This manual outlines a structure allowing the delivery of WGOS 3.

It supports the delivery of the WGOS 3 to ensure uniformity of expectation for the people of Wales.

It is not a replacement for professional judgment or responsibility.

Useful links:

For most up-to-date version of this WGOS Clinical Manual	www.eyecare.wales.nhs.uk
How to register to provide WGOS	www.eyecare.wales.nhs.uk
Training, courses, and assessments queries	heiw.optometry@wales.nhs.uk
Payment and registration enquiries	nwssp-primarycareservices@wales.nhs.uk
NWSSP Low Vision Team	low.vision@wales.nhs.uk
Questions relating to WGOS	GOSWClinical.Lead@wales.nhs.uk
WCB Perspctif Portal	https://wcb-ccd.org.uk/perspectif

Warning:

This may not be the latest version if you downloaded or printed the document.

Please check www.eyecare.wales.nhs.uk for the current version.

Contents

WGOS 3 Overview

WGOS 3 currently includes;

- WGOS 3 Low Vision Assessments & Follow-Ups and
- WGOS 3 Certificate Vision Impairment Wales (CVIW)

Following legislative changes in 2023, Wales General Ophthalmic Services (WGOS) replaced General Ophthalmic Services (Wales) (GOS[W]), Eye Health Examination Wales (EHEW), Low Vision Services Wales (LVSW), and many various local enhanced service pathways.

WGOS 3 is a non-mandatory primary care-based NHS funded pathway to provide low vision assessments, low vision aids and certification of visual impairment (CVIW).

WGOS 3 Low Vision, Practitioners must have completed mandatory additional training delivered by HEIW. Additionally, to provide CVIW, the Practitioner and Practice from which they deliver WGOS 3 must be listed for and meet the requirements of mandatory WGOS 1 and 2. WGOS 3 currently includes:

- WGOS 3 Low Vision Assessments & Follow-Ups
- WGOS 3 Certificate Vision Impairment Wales (CVIW)

To be able to continue to deliver WGOS 3, Practitioners are required to maintain their competence in this area of practice, this includes self-led CPD, and completion of mandatory training (inclusive Adult and Child level 1 and 2 safeguarding every 3 years) and as required in response to service need.

WGOS 3 practitioners must supply the Health Board with an enhanced criminal record certificate under section 113B of the Police Act 1997 in relation to them, if a Health Board at any time, for reasonable cause, gives them notice to provide such a certificate.

WGOS 3 practitioners must keep records, make payment claims and participate in audits in line with The National Health Service (Ophthalmic Services) (Wales) Regulations 2023.

The WGOS 3 Practitioner must not delegate any part of WGOS 3, including to other Optometrists / Dispensing Opticians, Pre-registration Optometrists / Dispensing Opticians or Student Optometrists / Dispensing Opticians.

Qualifying for WGOS 3 based on residency

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

NOTE Mobile WGOS 3 services may only be performed at addresses in Wales, regardless of whether the patient is on the practice list of a GP in Wales. Please see the following section for further information.

Mobile Services

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.

The WGOS 3 Practitioner should refer the patient to another WGOS 3 Practitioner if they are unable to provide a mobile service where one is required.

If a patient does not meet the above criteria but wishes for a mobile service to be performed, a WGOS 3 Practitioner whose Contractor holds a Service Agreement with the Health Board aligned to the location where the service is to be delivered, may provide an appointment in a mobile setting and claim the appropriate Low Vision Assessment or Low Vision Follow-Up fee, however, a mobile fee will not be claimable.

Mobile WGOS 3 services may only be performed in Wales, regardless of whether the patient is on the practice list of a GP in Wales.

The reason for requiring a mobile service must be documented in the patient's record.

Hospital in-patients are not entitled to WGOS 3 mobile services.

A Contractor may only claim WGOS 3 as a mobile service if:

- they hold a WGOS 3 Service Agreement with the relevant Health Board;
- the patient or their carer's request a mobile service; and
- the patient's circumstances relating to their physical or mental illness or disability make it impossible or unreasonable for them to receive pr*i*mary ophthalmic services at a registered premises.

WGOS 3 cannot be delivered in Hospitals, Prisons, or secure units. The provision of eye care in these settings sit outside the scope of WGOS 3 and health boards have their own service agreements.

WGOS 3 cannot be delivered in Special Schools.

Prior approval to provide a mobile service does not need to be sought. However, the Practitioner should be able to reasonably justify why it was performed, and the reason for the mobile assessment must be clearly annotated on the patients record.

SECTION 1 WGOS 3 Low Vision

1. WGOS 3 Low Vision (Assessment & Follow Ups)

The aim of the service is to support those with vision loss through the provision of low vision aids, signposting to other services and offering information regarding daily living and eye conditions. The service is free at point of contact for all patients and any low vision aids prescribed are provided on a loan basis through NHS Wales

1.1. Any patients that meet the eligibility criteria for the service should be offered a referral. Patients of all ages are eligible to access the service as eligibility is based upon clinical need.

1.2. A patient is eligible for the service when they have had a WGOS 1 Eye Examination or Private Sight Test within the last year (this may be completed immediately preceding the Low Vision Assessment or Follow-Up) **and** the patient has at least one of:

- Binocular distance vision acuity of 6/12 or worse;
- Near acuity of N6 or worse with a +4.00 reading addition;
- Impairment of visual function and/or significant visual field defect; or
- Certification of Sight Impaired or Severely Sight Impaired.

1.3. A list of accredited Practitioners can be found on the Eyecare Wales website.

2. Service Guidance

WGOS 3: Low Vision is delivered by Optometrist / OMP / DOs listed on an NHS Ophthalmic list or the Administrative list who hold the necessary qualifications (see accreditation / registration section).

2.1. It is the Practitioner rather than the Practice which is registered to provide WGOS 3 Low Vision. The Practice must have a service agreement and/or a mobile service agreement with the Health Board for the address where the service is provided.

2.2. WGOS 3: Low Vision is provided through Low Vision Assessments, and Low Vision Follow-Ups.

2.3. WGOS 3 Low Vision Assessments and Follow-Ups may be provided within an Optometry Practice or within a mobile setting.

2.4. The Practitioner must inform the NWSSP Low Vision Team of which Practice(s) they are delivering the service at. This will enable payments to be made and to allow for service delivery planning and monitoring.

2.5. Any WGOS 3 Low Vision Practitioner or Contractor listed as offering the service, should be able to offer an appointment to an eligible person within two weeks of the patient enquiring about or being referred into the service. All aspects of the service should be available to each patient who accesses the service.

3. Practitioner Eligibility and Training

3.1. To be accredited the Optometrist / OMP / DO must hold the College of Optometrists' Postgraduate Certificate in Low Vision and complete service specific mandatory modules delivered through Health Education Improvement Wales including:

- Depression;
- Falls;
- Peli Lenses; and
- WGOS 3 Low Vision & CVIW processes
- Safeguarding Adults and Children Level 1 and 2 (required every 3 years)

3.2. Dispensing Opticians who wish to provide the service are also required to complete:
Adult Pathology; and
Children's Pathology.

3.3. GOS 3 practitioners must supply the Health Board with an enhanced criminal record certificate under section 113B of the Police Act 1997 in relation to them, if a Health Board at any time, for reasonable cause, gives them notice to provide such a certificate.

3.4. Health Education Improvement Wales provides a limited number of funded places for WGOS 3 Low Vision accreditation on an annual basis. These places are awarded in partnership with Health Boards and the WGOS National Clinical Lead, with priority being given to areas of service need. Where necessary, low vision equipment will be provided.

3.5. 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.

4. Equipment

A standard set of equipment is required to provide WGOS 3 Low Vision

The full set of low vision equipment must be available to the Practitioner wherever they provide the low vision assessments, inclusive of whether these are provided in a mobile setting.

4.1. When funded equipment is provided to a Practitioner, a named WGOS 3 Low Vision Practitioner will be responsible for the equipment and its upkeep. The NWSSP Low Vision Team keeps a register of those responsible for the equipment. It is the responsibility of the named individual to inform the Team of any change in circumstances and/or equipment items.

4.2. 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.

4.3. Where a Practitioner purchases their own low vision equipment, it must meet the standard WGOS 3 Low Vision equipment specification. It is the responsibility of the Practitioner to upkeep the equipment and to make changes as required in line with any specification changes.

5. Patient Eligibility

Eligibility is based on clinical need. All those with an impairment of visual function for whom full remediation, by conventional spectacles or contact lenses, is not possible and which causes restriction in their everyday lives are entitled to use the service.

5.1. WGOS 3 is free at the point of contact for all eligible patients, regardless of entitlement to WGOS 1 and 2.

5.2. A patient is eligible for the service when they have had a WGOS 1 Eye Examination or Private Sight Test within the last year (this may be completed immediately preceding the Low Vision Assessment) **and** the patient has at least one of:

- binocular distance visual acuity of 6/12 or worse;

- near acuity of N6 or worse with a +4.00D reading addition;
- impairment of visual function and/or a significant visual field defect; or
- certification as Sight Impaired or Severely Sight Impaired.

5.3. Where a patient is referred into the service either self-referral or by a healthcare professional, care provider and other support workers / agencies, the Practitioner should check the results of the patient's last WGOS 1 Eye Examination or Private Sight Test to confirm eligibility. Where these are not available, the Practitioner should arrange or perform a WGOS 1 Eye Examination or Private Sight Test to confirm eligibility prior to performing a WGOS 3 Low Vision Assessment.

5.4. In exceptional circumstances, a Practitioner may request approval for a WGOS 3 Low Vision Assessment for a patient whose eligibility is not covered in 5.2 by emailing the WGOS National Clinical Lead at low.vision@wales.nhs.uk. The request should outline any relevant information regarding the vision impairment, difficulties experienced by the patient and the desired outcome of performing the assessment. Any supporting information available should be included.

6. WGOS Low Vision Assessment Overview

It is expected that a Low Vision Assessment should take between 45-60 minutes.

Where applicable, other examinations may be performed at the same appointment, for example a WGOS 1 Eye Examination.

6.1. The patient is entitled to a WGOS 3 Low Vision Assessment:

- 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.

6.2. The WGOS 3 Practitioner should use their clinical discretion to perform another Low Vision Assessment if deemed clinically necessary and is in the best interest of the patient. The usual safeguards regarding decision-making apply and the relevant reasons and circumstances for performing the assessment must be recorded in the clinical record.

6.3. When a Practice does not have any historical Low Vision records for the patient, the Practice should contact the NWSSP Low Vision Team prior to commencing an assessment. This will enable the Team to advise the Practice of when an assessment was last performed, and details of any low vision aids previously provided for the patient.

6.4. A Low Vision Assessment must be performed face-to-face, in practice or in a mobile setting, where the patient and Practitioner are in the same room.

LOW VISION ASSESSMENT EXAMINATION

6.5. A Low Vision Assessment is a problem-solving exercise to which there is not just one correct solution. The Practitioner has the right to use their professional judgement to decide the format and content of the assessment however the following areas of investigation must be covered and evidenced on the clinical record:

a) Establish the patient's case history:
   - Ocular / visual history to include diagnosis (if known), registration status (sight impaired / severely sight impaired), current optical corrections / appliances that are being used
   - Current medical status – general health, medication noting any hearing impairment, mobility / dexterity issues
   - Social status e.g. do they live alone? are they working / in education? Can they manage day to day activities such as cooking, reading their post, taking their medication?
   - Hobbies
   - Current support being received / accessed

b) Assess the patient's visual function:
   - Binocular distance and near VA or vision (recorded in LogMAR format)
   - What can be seen with their current Low vision aids
   - Contrast Sensitivity

c) Consider the need for emotional support and care support inclusive of:
   - completion of a FRAT questionnaire to establish the patient's level of risk for falling and manage appropriately (must be performed for each patient); and
   - depression screening (must be performed for each patient)

d) Determine which Low Vision Aid(s) suit the patient's needs – recording the VA achieved

e) Provide patients with appropriate and relevant information e.g., information about their eye condition, the aids that have been prescribed and other services / organisations available to them

f) Consider the need for emotional support and care support and where applicable, offer to and with their consent refer them to another agency who are better placed to provide a given solution, for example social care or the third sector

g) If a new disease/change in pathology is detected that requires referral, patients should be referred as per local and national pathways

h) Where appropriate, patients should be offered the option of referral to complete a Certificate of Visual Impairment Wales (CVIW) to certify that a person is eligible to be registered as sight impaired (SI) or severely sight impaired (SSI)

i) In partnership with the patient, agree date of next low vision appointment where appropriate, and communicate to the patient that they can self-refer for a Low Vision Follow-Up should they need one

j) Following a Low Vision Assessment, patients should be contacted two months after collecting their low vision aids. This is to check that the LVAs are appropriate and are being used correctly, referrals have been acted upon and any new needs are identified. This contact can be performed over the telephone and only if the call highlights the need for further investigation does a face-to-face (WGOS 3 Low Vision Follow-Up) appointment need to be made.

6.6. If during the Low Vision Assessment, the VA is found to have reduced by 1 line (0.10 LogMAR) compared to that measured at the last WGOS 1 Eye Examination or Private Sight Test, the patient should be referred for a WGOS 2: Band 1.

6.7. If the patient reports any new visual symptoms arrangements should be made for the patient to receive a WGOS 2: Band 1.

7. Low Vision Follow-Up Overview

It is expected that a Low Vision Follow-Up examination would take between 15-30 minutes.

7.1. A Low Vision Follow-Up examination provides continuation from a Low Vision Assessment or previous Low Vision Follow-Up. The face-to-face appointment enables the Low Vision Practitioner to:

- Establish how the patient managed with the low vision aid and work on any problems they encountered;
- Ensure aids and spectacles dispensed are the most appropriate;
- Provide basic training in the use of the aid(s);
- Clarify points not understood or have been forgotten from the assessment;
- Address problems which the Practitioner didn't have time to address at a previous appointment, e.g. telescopes are often introduced after the patient's ability to use a simple low vision aid has been assessed; and
- Check progress of referral to other agencies.

7.2. A Low Vision Follow-Up may be either:

- Scheduled
  The appointment is booked on completion of a Low Vision Assessment or Low Vision Follow-Up at an interval advised by the Low Vision Practitioner. Practitioners will usually offer a Follow-Up to patients on an annual basis.

- Unscheduled
  The appointment is booked when the Practice are informed that the patient is having difficulties and the Low Vision Practitioner deems is clinically necessary for the patient to have a Low Vision Follow-Up.

7.3. There is no limit to the number of Low Vision Follow-Ups a patient may receive. The number required will depend on the patient, what has been prescribed and other services available in the area. Low Vision Practitioners are free to exercise their clinical judgement to determine the frequency with which a patient needs to be seen for Follow-Ups, documenting clinical need in the patient's record, where appropriate. Over-frequent Low Vision Follow-Ups may cause a Health Board to question whether it should retain a Performer / Contractor on its list.

7.4. The Low Vision Follow up must be performed face-to-face, in practice or in a mobile setting, where the patient and Practitioner are in the same room.

LOW VISION FOLLOW-UP EXAMINATION

7.5. The level of examination should be appropriate to the reason for the Low Vision Follow-Up and patient's needs.

7.6. The actions taken during the Follow-Up should be noted on the Low Vision Record Card, with the 'Follow-Up' box ticked.

7.7. If during the Low Vision Follow-Up the VA is found to have reduced by one line (0.10 LogMAR) compared to that measured at the last WGOS 1 Eye Examination or Private Sight Test, the patient should be referred for a WGOS 2: Band 1.

7.8. If the patient reports any new visual symptoms arrangements should be made for the patient to receive a WGOS 2: Band 1.

8. Providing a holistic service

Each WGOS 3 Low Vision Practitioner should compile a list of services available in their area including social services, education services, employment services and voluntary organisations, health board social prescribing pathways and how to refer to these. Services can be found online through the Wales Council of the Blind's Perspectif portal.

8.1. To address all the needs of patients using the service, referral to other agencies and sharing information with others may be required.

8.2. Practitioners should discuss fully with patients the reasons for recommending referral to other services thereby allowing the patient to make a fully informed choice regarding referral.

8.3. Practitioners should indicate the agencies the person is being referred to.

9. Prescribing Low Vision Aids

A list of all devices available to order in the WGOS 3 Low Vision Service can be seen in the WGOS 3 Catalogue.

9.1. Although there are no limits on the number of LVAs prescribed, it would be expected that only in exceptional cases would more than five LVAs be prescribed per assessment.

9.2. Duplicate LVAs should not normally be prescribed. However, anyone under the age of 19 in full time education should be given the option of two sets of LVAs. One to use at home and one to be used within their educational setting.

9.3. LVAs may be prescribed as a result of both a Low Vision Assessment and a Low Vision Follow-Up.

9.4. In rare circumstances, devices not in the WGOS 3 Catalogue may be ordered for a patient. To order anything not in the catalogue, a request should be made in writing, explaining why the person needs a non-catalogue item. This should be sent to the WGOS National Clinical Lead for review via low.vision@wales.nhs.uk. Please note that, if a request for a non-catalogue device is approved, it may take up to six weeks for the device to reach the patient.

9.5. Exceptionally, if a Low Vision Practitioner requires advice on what might be suitable for the patient, the Practitioner should discuss the case with the WGOS National Clinical Lead to find an appropriate solution for the patient.

PELI LENSES

9.6. Peli lenses are designed to help patients with homonymous hemianopia as they offer a way of the patient increasing the visual field on the non-seeing side. Of those with homonymous hemianopia, only some will be suitable for a trial of the lenses.

9.7. If the patient tries them during the appointment and feels that they are helpful, the patient is given the lenses. The Low Vision Practitioner must clearly document that the patient has 'taken' the lenses so that the NWSSP Low Vision Team identify that replacement lenses are required for the demo kit.

10. Recycling and Returning Low Vision Aids

LVAs are issued on loan to the patient and those returned are recycled where possible.

If an LVA is no longer required by the patient, it should be returned to their Low Vision Practitioner.

10.1. Broken or heavily soiled LVAs that would not be suitable for re-use should be disposed of at practice level and Practitioners should complete a Return Form or Replacement Form and send the form to the NWSSP Low Vision Team.

10.2. A Return Form or Replacement Form should be completed when LVAs are returned that may be fit for recycling. The Practice should send the appliance(s) and the completed form to the Low Vision Supplier using the WGOS Low Vision freepost address labels.

10.3. The LVAs should be returned as soon as possible. They should not be stored in the Practice.

11. Replacement and uncollected LVAs

11.1. If a replacement is required and no LVA is to be returned, the completed Return Form or Replacement Form can be sent to the NWSSP Low Vision Team to process.

11.2. If an LVA develops a fault (has not been dropped or broken) and is under a year old, it is possible it may be replaced under the manufacturer's warranty at no cost to the patient or NHS Wales. It is important to demonstrate this clearly on the Replacement Form and to send the faulty item back to the Low Vision Supplier with the form.

11.3. Uncollected LVAs must be returned to the Low Vision Supplier. The Practice must make reasonable effort to contact the patient at least three times, which must be documented on the patient record. If the patient does not collect the LVA(s) within three months, the LVA(s) should be returned to the supplier. However, in cases where the patient requires the LVA(s) but is unable to collect them for a valid reason, e.g. hospitalisation, they may be held in the practice for longer and this reason should be documented on the patient record.

12. Claiming Payment

To claim a WGOS 3: Low Vision Service Assessment or Follow-Up, the Practitioner/Practice must send a copy of the Low Vision Record Card to the NWSSP Low Vision Team.

12.1. When the appointment has been completed in a mobile setting, to claim the Mobile Service Fee, the 'mobile claim' box must by ticked on the Low Vision Record Card, and the card clearly annotated outlining the patient's eligibility for the mobile assessment.

12.2. Only one mobile fee is claimable per visit to the patient. For example, if the patient receives a WGOS 1 Eye Examination and a Low Vision Assessment on the same day, the mobile fee must only be claimed once.

12.3. Residential homes will be considered as a single address and as a single unit of accommodation for the purpose of calculating the Mobile Service fees payable. Accordingly, a lower visiting fee is payable in respect of WGOS 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 Mobile Service fee should be payable for each.

12.4. Where WGOS 3 Low Vision Assessment or Low Vision Follow-Up is performed in a mobile setting this must be indicated on the Low Vision record card, including if the mobile fee is not being claimed, e.g. when the mobile fee is being claimed for a WGOS 1 Eye Examination of the same patient on the same day. The record must indicate whether the higher (first or second resident at an address) or lower (third or subsequent resident at an address) mobile fee is being claimed.

12.5. All information on the Low Vision Record Card is important and as such all sections must be completed for a Low Vision Assessment. Claims will automatically be returned unpaid if the record cards have not been appropriately completed and will be returned to the low vision Practitioner.

12.6. For Low Vision Follow-Ups, the Practitioner may use clinical judgement regarding the actions required, therefore only the appropriate sections of the Low Vision Record Card need completion.

12.7. The Low Vision Practitioner must clearly indicate in the Low Vision Record Card whether the episode is a Low Vision Assessment or a Low Vision Follow-Up by ticking the appropriate box.

13. Clinical Guidance

13.1. FALLS

- Practitioners should use the FRAT questionnaire to help them determine the level of falls risk that a patient is at and therefore assist in the completion of the falls risk section of the record card.
- Definition Fall- An event whereby an individual comes to rest on the ground or another lower level with or without loss of consciousness (NICE 2004).
- Patients found to be at risk of falling (either by scoring 3 or above on the FRAT questionnaire or at the Low Vision Practitioner's clinical discretion) should be referred to the GP or local falls services where available.

FRAT Questionnaire *(One point to be given for each 'yes' answer)*	**Yes**	**No**
Is there a history of any fall in the previous year?		
Is the patient on four or more medications per day?		
Does the patient have a diagnosis of stroke or Parkinson's Disease		

Does the patient report any problems with balance		
Is the patient unable to rise from a chair of knee height? (Ask the patient to stand up from a chair of knee height without using their arms.)		
Total FRAT score		

13.2. DEPRESSION

- All patients that access WGOS 3 Low Vision should be screened for depression by asking the following two questions: (included on the Low Vision Record Card)

    a) **During the last month, have you often been bothered by feeling down, depressed or hopeless?**

    b) **During the last month, have they often been bothered by having little interest or pleasure in doing things?**

- If the patient answers 'yes' to either question, the 'Depression' box should be ticked in the 'Risks Identified' section. A referral to the GP should also be offered. If referral to GP is accepted, then the 'refer to GP for depression' box should be ticked under 'Report/Referral to other Agencies'

13.3. PELI LENSES

- Peli lens Practitioner Guide; Pre- cut 40Δ Fresnel Press-ons

- The Peli lens can provide an expansion of up to 30° of the visual field. The high-power prims move objects from the non-seeing side to the seeing side of the visual field. Once aware of the object the patient can then move the head to see the object in more detail in the seeing part of the visual field as required.

- Suitable Patients
    - Patients with hemianopia
    - Highly motivated
    - Patients without visual neglect
    - Requiring increased visual field to aid mobility

- Managing Expectations: Peli lenses are meant as a field expander to help patients with visual field loss with mobility and awareness of obstacles. They are not meant as a driving or reading aid. Studies have shown that after a year approximately 50% of patients are still using their Peli lenses. High patient motivation and patient education in the use of the lenses is essential to ensure the highest possible level of success.

- Fitting the lenses

    a) Peli lenses should be fitted monocularly over well-fitting habitual single vision distance lenses. If no glasses are worn a carrier pair will be required.

b) Clean the spectacle lenses paying particular attention to the back surface.

c) Mark the pupil centre (as with a varifocal lens fitting) on the hemianopic side i.e. if it is a right hemianopia then mark the right lens. For a left hemianopia the left lens.

d) Remove the spectacles from the patient and apply the fitting template to the front of the lens matching the template centre dot to the pupil centre dot marked on the lens

OR

mark the front of the spectacle lens 6mm above and 6mm below the pupil dot.

e) Apply the Peli lenses to the back of the spectacle lens with the pointed end (signifying prism)

- Patient Training
    a) The patient should always look through the central portion of the lens and not through the Peli lenses as this will result in diplopia.

    b) The prisms move objects from the non-seeing portion of the visual field to the seeing portion of the field.

    c) The patient will then be required to move the head in order to view the object with the seeing portion of the visual field. These movements will need to be made deliberately at first but with practice should become more habitual to the patient.

    d) The movements required can be demonstrated to the patients by the Practitioner holding his hand out to the periphery in an area covered by the prism. When the patient detects the hand they will need to move the head towards the blind side to view the hand through the centre of the lens. This can be demonstrated and practised varying the position of the hand in the periphery.

    e) The patient should also try a 'training walk' prior to leaving the Practice. This should ensure that the patient understands how the prisms give an indication of objects on the blindside.

    f) The lenses can be fitted one at a time to aid adaptation if required.

- A trial set of Peli Lenses is included in the WGOS 3 Low Vision equipment kit and includes:
    - 2 Peli lenses
    - Instructions on fitting
    - Instructions on cleaning
    - A fitting template
    - A plano carrier frame if required.

- Lenses should be dispensed directly from the Low Vision equipment kit and noted on the Low Vision Record Card as 'aids ordered'. This will prompt the NWSSP Low Vision Team to send out replacement Peli lenses for the Low Vision equipment kit.

- A trial period of 4 weeks is required, after which the patient will need to attend a Low Vision Follow-Up appointment. If the lenses are successful then the patient can keep the lenses and plano carrier frame if applicable. If the patient doesn't wish to continue with the lenses they need to be returned along with the carrier frame, if used, to the NWSSP Low Vision Team.

- The stick-on Peli lenses do not have a long life as they get dirty quickly and UV exposure can degrade the optical quality. For this reason, it is recommended that patients using the lenses seen for Low Vision Follow-Ups every 6 months so that replacement lenses can be ordered and fitted if required.

SECTION 2 WGOS 3 Certification of Vision Impairment

14. WGOS 3 Certification of Vision Impairment Wales

14.1. Certification is the pre-requisite to registration with a vision impairment. The Social Services and Well-being (Wales) 2014 Act requires local authorities to establish and maintain a register of people who are ordinarily resident in the local authority's area and who are sight-impaired, hearing-impaired or who suffer from sight and hearing impairments which, in combination, have a significant effect on their day to day lives.

14.2. Registration ensures access to services and support aimed at maintaining a person's independence, inclusive of that offered by Habilitation officers and Rehabilitation Officers for the Visually Impaired.

14.3. The CVIW also has additional functions. It allows the collection of epidemiological information about the incidence and causes of certifiable sight loss in the UK. In Wales, the CVIW is used to indicate prevalence of certifiable vision impairment and is recognised by the Department of Work and Pensions as medical evidence of sight loss.

15. Patient Certification Eligibility Criteria

Practitioners should reference the Certification of Vision Impairment guidance notes when deciding a patient's eligibility for certification (WGOS Level 3-Low Vision Assessment).

15.1 SEVERELY SIGHT IMPAIRED

- VA below 3/60 Snellen
- VA better than 3/60 but below 6/60 Snellen with a contracted visual field
- VA 6/60 Snellen or above with a contracted field of vision especially if the contraction is in the lower part of the field.

15.2 SIGHT IMPAIRED

- VA 3/60 to 6/60 Snellen with full field
- VA up to 6/24 Snellen with moderate contraction of the field, opacities in media or aphakia
- VA of 6/18 Snellen or even better if there is a gross defect, for example hemianopia, or if there is a marked contraction of the visual field, for example in retinitis pigmentosa or glaucoma.

16. Certification in Primary Care

Certification of Vision Impairment in Primary Care may be performed by Optometrists who are listed to provide **WGOS 1, 2 and 3 inclusive** (WGOS123 Optometrists) for patients whose leading cause of vision loss is **Dry Age-Related Macular Degeneration**.

NOTE The Optometrist must be listed for WGOS 1 & 2 and for WGOS 3 and comply with the eligibility requirements under WGOS 3: Low Vision as set out above.

17. Clinical Certification Pathway Standard Operating Procedures

Supporting material:

CVIW form (WGOS Level 3-Low Vision Assessment).
CVIW explanatory notes (WGOS Level 3-Low Vision Assessment).
CVIW WHC 2022 (WGOS Level 3-Low Vision Assessment).
CVI patient information (WGOS Level 3-Low Vision Assessment).

17.1 PART A: IDENTIFICATION OF ELIGIBLE PATIENTS *(ALL EHEW OPTOMETRISTS)*

- A WGOS 1 Eye Examination or Private Sight Test must have been performed within the last 12 months.
- When eligibility for certification/change of eligibility (SI to SSI) is identified, a patient must be advised of the eligibility for certification and be certified by the appropriate clinician in the primary or secondary care setting. The patient must be assured that certification in each setting is equivalent.
- Patients must be provided with relevant accessible information regarding certification in all cases, whether referral for certification is accepted or not.
- On patient consent, a relevant referral to a certifying professional must be made.
- A referral for a WGOS 3 Low Vision Assessment must also be offered to the patient, with accessible information regarding the service.

NOTE A WGOS 3 Low Vision Assessment is not mandatory to access primary care certification.

17.2 PART B: PERFORMING CERTIFICATION IN PRIMARY CARE *(DUAL ACCREDITED EHEW AND LVSW OPTOMETRISTS)*

- Certification appointment must consist of;
  - A conversation around the benefits of certification
  - An explanation of the process of certification and registration and the sharing of information

- The certifying WGOS123 Optometrist must be assured that the patient fully understands what will happen on completion of the CVI, and where their information will be shared
- Verbal consent of whether the patient would like to progress with the process
- If the patient wishes to progress, then an ocular health examination should be performed by the dual WGOS123 Optometrist to confirm the main cause of vision impairment inclusive of;
    - Monocular and Binocular Visual Acuity measurement
    - A slit lamp examination of the anterior segment and lens
    - An assessment of the anterior chamber depth (central and peripheral, the latter as a surrogate for angle width)
    - Tonometry
    - A bilateral dilated fundus examination using a slit lamp and a Volk lens where possible (unless an excellent view is seen without dilation, in which case this must be annotated on the record card)
    - Where eligibility is based upon visual fields, recent related visual field examination from which a quantifiable field printout is available should be provided, or performed if not available
    - Other procedures at the discretion of the examining Optometrist or ophthalmic medical practitioner (OMP)

- The CVIW (2022) form (WGOS Level 3-Low Vision Assessment) must be completed in line with guidance notes (WGOS Level 3-Low Vision Assessment).

- On completion of the CVI form, it should be sent to
    i. NSWWP
    ii. The patient
    iii. The Local Authority (WGOS Level 3-Low Vision Assessment)
    iv. The patient's general practitioner
    v. A copy kept in the patient records

- Where the CVI ocular examination is performed but the patient decides not to continue with certification, then the CVI ocular examination claim form(WGOS Level 3-Low Vision Assessment) should be completed and sent to NWSSP.

18. Claiming Payment

Payment will be made in line with WGOS payment cut off dates.

18.1 PATIENT IS CERTIFIED BY OPTOMETRIST

- Five copies of the CVI form (WGOS Level 3-Low Vision Assessment) should be made (see table below for explanation as to what should be done with each copy)

Copy	Action to be taken:
1	Send to The Certification Office The Certifications Office NHS Shared Services Partnership Ground Floor Cwmbran House Mamhilad Park Estate PONTYPOOL NP4 0XS Scanned copies may be sent from a secure email address to: nwssp-primarycareservices@wales.nhs.uk) Please note this is a different address to the GOS submission
2	Copy to the patients GP
3	Give to patient
4	Send to Local Authority responsible for the area the person is resident (WGOS Level 3-Low Vision Assessment)
5	A copy should be kept in the patient records

18.2 OCULAR EXAMINATION CERTIFICATION ASSESSMENT *(DOES NOT RESULT IN PATIENT CERTIFICATION BY OPTOMETRIST)*

- Optometrist must complete a certification ocular examination claim (WGOS Level 3-Low Vision Assessment) and send to:

The Certifications Office
NHS Shared Services Partnership
Ground Floor
Cwmbran House
Mamhilad Park Estate
PONTYPOOL
NP4 0XS

Please note this is a different address to the GOS submission

Scanned copies may be sent from a secure email to:
nwssp-primarycareservices@wales.nhs.uk)