

# WALES GENERAL OPHTHALMIC SERVICES (WGOS)

## SERVICE MANUAL: WGOS 1 AND 2

VERSION 2.3 (added WGOS Escalation Tool, WGOS Signed Orders, Discharge from School Vision Screening, Complex Prisms, Electronic Patient Record & Electronic Referral System)

Implementation date: 01 / 04 / 2026

This clinical manual with standard operating procedures outlines a structure allowing the delivery of WGOS 1 and 2, for both Contractor and Performers.

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

It is not a replacement for professional judgment or responsibility.

### Useful links:

How to register to provide WGOS, and links to your Health Board (HB)

[www.eyecare.wales.nhs.uk](http://www.eyecare.wales.nhs.uk)

Training, courses, and assessments queries

[heiw.optometry@wales.nhs.uk](mailto:heiw.optometry@wales.nhs.uk)

Clinical, payment and registration enquiries

[nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk)

### Warning:

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

Please check [www.eyecare.wales.nhs.uk](http://www.eyecare.wales.nhs.uk) for the current version.

Dear Fellow Professional,

This manual will serve as guidance to help you engage and perform WGOS for the benefit of the people of Wales. We realise that no manual can ever be completely exhaustive, and we trust you to use your experience and judgement in real-life situations.

As your WGOS National Clinical Lead we understand that being a health and care professional can be very stressful. Support is available for you or your colleagues if there is impact to mental health and wellbeing.

Kindly,

Rebecca John / Mike George / Tim Morgan

Arweinydd Clinigol GOCC Cenedlaethol National GOSW Clinical Lead

Gwasanaethau Gofal Sylfaenol Primary Care Services

Partneriaeth Cydwasanaethau GIG Cymru NHS Wales Shared Services Partnership



Gwasanaethau Offthalmig  
Cyffredinol Cymru  
Wales General  
Ophthalmic Services

### Mental Health Support

**Sometimes, we need help right away.**


**In an emergency, please call NHS 111 (option 2)**

**You can also access crisis support through your General Practitioner (GP).**

### Other support

#### **C.A.L.L. Mental Health Helpline for Wales**

Provides a Wales wide 24/7 mental health service. CALL offers emotional support, signposting to agencies relevant to the caller's needs as well as free literature.

 Call 0800 132 737 or text HELP to 81066

[www.callhelpline.org.uk](http://www.callhelpline.org.uk)


#### **SHOUT Crisis Support Text Service**


A 24/7 text service, free on all major mobile networks for anyone in crisis, anytime, anywhere.

 Text FRONTLINE to 85258

### **Samaritans**

A Samaritans volunteer will listen without judgement and offer free and confidential support.


 Cymraeg: 0808 164 0123. (7pm – 11pm)

 English: 116 123 (24/7)

### **British Medical Association (BMA) Counselling Service**


All doctors and medical students can access this BMA service.

You do not have to be a member of the BMA to access this service.

 0330 123 1245

### **DAN 24/7 Wales Drug & Alcohol Helpline**

Provides a Wales wide 24/7 drug and alcohol service. DAN offers emotional support, signposting to agencies relevant to the caller's needs as well as free literature.

 0808 808 2234/ text DAN to 81066

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# Wales General Ophthalmic Services (WGOS)

## 1. W.1 WGOS Service Overview



*The aim of WGOS is to enable more patients to be managed in primary care, reducing the demand upon secondary care services.*

*Primary eyecare services are delivered through five WGOS service levels.*

*The terms and conditions of the Service Agreement are outlined in Schedule 4 of [The National Health Service \(Ophthalmic Services\) \(Wales\) Regulations 2023](#).*

The following documents form the basis for the WGOS

- [A Healthier Wales: Together for Health 2017](#)
- [A Future Approach for Optometry Services 2021](#)
- [Minister's statement Autumn 2022](#)
- [Regulations](#)
- [Legislative Directions](#)

WGOS has a unified service architecture, governance, and evaluation across Wales to provide evidence-based care closer to home and ensure that people only attend secondary care when required.

WGOS comprises of:

- **WGOS 1** – an eye examination comprising of a Sight Test (as defined by the [Opticians Act 1989](#)) with embedded prevention and well-being provision to create a Patient Management Plan (PMP) specific to the patient.
- **WGOS 2** – Mandatory Optometry care which does not necessarily include a Sight Test, comprising of three Bands:
  - Band 1: Acute eye care and to accept referrals from another healthcare professional,
  - Band 2: Further examination to inform or prevent a referral, and
  - Band 3: Follow up to Band 1 or a post operative cataract assessment following NHS Wales funded surgery.
- **WGOS 3**
  - **WGOS 3 Low Vision (LV)** – enables patients who would benefit from optical and non-optical aids as well as holistic rehabilitation support and advice to access a low vision service in / close to their place of residence.
  - **WGOS 3 Certificate of Vision Impairment (CVI(W))** – enables Optometrists with relevant qualifications to complete certificates of vision impairment in a primary care setting for people who meet the eligibility criteria for the service.

- **WGOS 4** –patients who would previously have been referred to/or managed in the Hospital Eye Service (HES) instead remain in primary care for further enhanced assessment as part of an agreed Filtering or Monitoring pathway.
- **WGOS 5** – provision of eye care services in primary care that require an independent prescriber Optometrist/OMP to manage, treat and monitor patients to prevent onward referral.
- **WGOS Optical Vouchers** – provision of NHS Wales funded optical appliances.

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### W.1.1 DUTY TO MAKE AVAILABLE A BASIC PAIR OF SPECTACLES

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*Contractors who provide WGOS and sell spectacles are obliged to offer patients a basic pair of spectacles that meet the specification of the individual's prescription and be within the value of the relevant optical Voucher to which the individual is entitled, regardless of where in the UK the optical Voucher was issued.*

*If a Practice supplies spectacles privately, then to hold a WGOS Service Agreement, they must also provide spectacles through WGOS Optical Vouchers.*

A full WGOS Optical Voucher (i.e. not HC3W Voucher) ensures an eligible patient has the expectation of provision of a functional optical appliance without incurring cost.

Patients must have the option of a suitable pair of spectacles within their Voucher value, not just a grant towards the cost of more expensive spectacles. The suitable spectacles must be single vision, bifocal or multifocal as specified by the prescriber or otherwise single vision, bifocal or multifocal as per the patient's choice. However, so long as the expectation of provision of a functional optical appliance without incurring cost is met, a patient may be offered the option to pay towards a different appliance.

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### W.1.2 MANUAL REVIEW AND VARIATION.

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The manual will be reviewed in accordance with legislative direction, on an annual basis with changes made in according to the need of the service.

Whilst a once-for-Wales approach is desired for uniformity of expectation and outcome for patients, it is acknowledged that innovation to meet patient need at Cluster or Health Board (HB) level may result in local variation. Variation will be justified and agreed at Eye Care Wales Committee following recommendations by Clusters, HB's, Regional Optical Committees (ROC's) and Optometric Advisors. Performers should ensure that they are aware of such pathways and their protocols / guidelines. All details relating to your HB can be found [here](#).

All Contractors offering and every Performer delivering WGOS will be notified of any changes to the manual via email. The Contractor has a responsibility to ensure that anyone working on their behalf are also made aware of any changes that are communicated.

## W.2 WGOS 1 and 2 delivery



*WGOS 1 and 2 can only be delivered in Wales*

*Eligibility criteria differ depending on the WGOS episode.*

*A patient is required to be eligible on the date the service is being provided.*

*WGOS 1 and 2 can be delivered in a mobile setting, with the appropriate WGOS Service Agreement.*

*WGOS 1 and 2 cannot be delivered in hospitals, prisons, secure units, or special schools.*

*A WGOS 1 cannot be fully completed remotely.*

*A WGOS 1 and 2 cannot be fully delivered virtually*

WGOS 1 and 2 can only be delivered in Wales from static premises or in a mobile setting.

A Contractor with a Service Agreement for a static Practice may only provide WGOS 1 and 2 at that address.

A Contractor may only provide WGOS 1 and 2 in a mobile setting if:

- they hold a mobile Service Agreement with the relevant HB
- the patient or their carer(s) request a mobile service and
- the patient's circumstances relating to their physical mental illness or disability make it impossible or unreasonable for them to receive primary ophthalmic services at a registered premises.

WGOS 1 and 2 cannot be delivered in hospitals, prisons, or secure units. The provision of eye care in these settings sits outside the scope of WGOS 1 and 2; HBs must make their own arrangement to provide a service in these settings.

WGOS 1 and 2 cannot be delivered in special schools.

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### W.2.1 QUALIFYING FOR WGOS 1 AND 2

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WGOS 1 and 2 is available to all patients, regardless of where they reside, providing they meet at least one of the eligibility criteria (these can be found in the WGOS 1 and WGOS 2 sections of this manual)

WGOS 1 and 2 is not limited to those patients who ordinarily reside in Wales or are registered with a GP in Wales.

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### W.2.2 REMOTE CARE

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Remote care occurs where the examination is conducted in real time, but the patient and clinician are not in the same room.

In principle components of WGOS 1 or 2 episodes may be delivered remotely e.g. pre-visit history and symptoms, pre-visit triage to assess degree of urgency.

If the WGOS 1 or 2 episode requires the clinician to complete an examination / assessment using specialised equipment, these must be completed in a face-to-face consultation, where the patient and clinician are in the same room. Therefore, a WGOS 1 and most WGOS 2 cannot be fully completed remotely.

The clinician should use their professional judgement to decide whether it is in the patient's best interest to offer components of a WGOS 1 or 2 episode remotely. Clinicians must ensure that the technology and the methodology to deliver care remotely do not compromise patient safety.

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### W.2.3 VIRTUAL CARE

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Virtual care occurs when the practitioner with clinical responsibility is not present at the same time as the patient undergoing an assessment. They do not review the results of the assessment in real time and do not necessarily communicate their findings with the patient directly but may instead send a letter or email, or leave a voice message.

WGOS 1 and 2 cannot be fully delivered virtually.

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### W.2.4 DELEGATED CARE

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Delegation is when a clinician asks a colleague to provide care or undertake a procedure on their behalf.

When a Performer delegates care under WGOS, the Performer is still responsible for the overall management of the patient and must ensure that the patient receives the same standard of care that they would provide. The Performer must be satisfied that the person to whom they delegate has the skills and experience to provide the relevant care or undertake the procedure. The Performer must remain on the premises and be aware of what is going on so they may intervene if necessary.

The Performer must not ask someone who is not suitably qualified to interpret any clinical findings.

The Performer must explain to the patient that they are delegating a particular part of their care to a colleague and that they will discuss any clinical findings with the patient. The Performer must not delegate any part of the protected functions of sight testing, including any part that would be regarded as assessing the patient or exercising professional judgement, other than to someone who is registered to perform the protected function and is included as an Optometrist or OMP in a HB's combined list.

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**NOTE:** A phone call or email exchange with a patient, for example to determine if a follow-up episode of care is required, is not considered a full episode of care in its own right.

## W.3 WGOS Service Agreement



*A business / individual must ensure that they hold the appropriate WGOS 1 and 2 Service Agreement for the setting in which they are delivering the WGOS episode.*

*To end a WGOS Service Agreement, the Contractor must give at least three months' notice.*

To provide WGOS 1 and 2, a Practice/business must hold a WGOS Service Agreement with the relevant HB and be recognised as a Contractor with the HB.

WGOS Service Agreements can be issued to provide WGOS from either a static premises or in a mobile setting.

A business or individual wishing to provide WGOS 1 and 2 from static premises must hold a WGOS Service Agreement for every premises.

A business or individual wishing to provide WGOS 1 and 2 in a mobile setting must hold a WGOS Service Agreement for every HB they intend to deliver the service.

A business or individual wishing to provide WGOS 1 and 2 from a fixed premises and in a mobile setting, must have Service Agreement that covers both static and mobile WGOS.

A business or individual wishing to provide WGOS 1 and 2 must apply (via NWSSP-PCS) to the appropriate HB for a WGOS Service Agreement(s).

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### W.3.1 APPLYING FOR A WGOS SERVICE AGREEMENT (INCLUDING OPENING A PRACTICE)

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The application process is run by NWSSP-PCS on behalf of and in conjunction with the HBs.

The WGOS 1 and 2 Service Agreement application is a four-part process.

#### W.3.1.1 Stage one – application for inclusion in the HB’s ophthalmic list

Businesses or individuals applying for their first Service Agreement with the HB must apply to join the HB’s ophthalmic list. For static premises the trading address is listed and for mobile services, it is the business address which is included in the HB’s list.

Businesses or individuals represented in the HB’s ophthalmic list that wish to deliver WGOS 1 and 2 from an additional Practice within the same HB must complete and submit a change of status form.

Businesses or individuals that have a WGOS Service Agreement with a HB to provide WGOS 1 and 2 from a static premises but wish to provide WGOS 1 and 2 from a mobile setting within the same HB area, must complete and submit a change of status form.

#### W.3.1.2 Stage two – submitting of documents

The business or individual is required to complete and submit to NWSSP-PCS a Practice self-assessment form.

The Practice self-assessment form requires the business to evidence that the Practice/business complies with the WGOS 1 and 2 Terms of Service.

Failure to provide or omitting to include information on a self-assessment form will result in a delay of the application process.

#### W.3.1.3 Stage three – the Practice visit

To undergo a Practice visit, the applicant must have applied for inclusion or change of status in the HB’s ophthalmic list, and the Practice self-assessment form must have been submitted, be compliant and have been approved by a NWSSP-PCS Optometric Advisor.

The Practice visit is conducted by NWSSP-PCS on behalf of the HB. This visit is completed remotely via Microsoft Teams.

The visit's purpose is to inspect and confirm that the contractual and clinical aspects of WGOS 1 and 2 are in place.

A report on the Practice visit is forwarded to the HB.

#### W.3.1.4 Stage four – HB review

The HB will review all documents associated with stages one to three to determine whether a WGOS Service Agreement can be issued.

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### W.3.2 ISSUING A WGOS SERVICE AGREEMENT

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When an HB has approved the application, the HB's ophthalmic list is updated.

The business will receive confirmation in writing from NWSSP-PCS of either their inclusion as a Contractor on the ophthalmic list or the amendment (inclusion of an additional premises) to the HB's ophthalmic list. This letter will include a commencement date from which the Contractor can provide WGOS 1 and 2.

To receive payment for the WGOS 1 and 2 services provided, the Contractor must complete and submit a banking mandate and an ophthalmic authorised signatory form. These will be sent to the business by NWSSP-PCS for completion.

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### W.3.3 ADHERING TO THE WGOS SERVICE AGREEMENT

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To adhere to the WGOS Service Agreement, a Contractor must comply with the WGOS Terms of Service and this manual.

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### W.3.4 AMENDING A WGOS SERVICE AGREEMENT

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#### W.3.4.1 Business changes

Where a Contractor wishes to amend any changes to the business (see below list), they must inform the HB via NWSSP-PCS. This is done by completing a Change of Status form.

- Any change of contact details including email address
- Change of address of a mobile service provider
- Change in company name
- Change from an individual to a partnership
- Partner joining or leaving a partnership (*this does not include changing from sole trader to partnership and vice versa*)
- Change from a partnership to an individual
- Additional or removal of directors to a body corporate
- Change of trading name
- Change of registered office
- Change of bank account

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NOTE: A change to the company's number is treated as a new application. This is not an amendment.

### W.3.4.2 Changes to core hours

Core hours are the hours that the Contractor has agreed with the HB to provide WGOS 1 and 2. They usually correspond to the days and times a WGOS Optometrist / OMP is available.

A Contractor must give at least 14 days' notice to the HB of any planned changes (increase or decrease) to the agreed core hours. Planned changes could include closing for refurbishment, long-term staffing changes, or business expansion.

The HB can be notified of planned changes to core hours by contacting NWSSP-PCS by email: [nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk).

### W.3.4.3 Change to Performers

The contractor must provide such workforce data to the Health Board on whose ophthalmic list the contractor is included as the Health Board may, from time to time, require and notify the HB of any changes to the Performers working for them (whether employed or not) to deliver WGOS 1 and 2.

### W.3.4.4 Practice relocation

Where a Contractor wishes to relocate its premises (including relocation within the same building/complex), but still within the HB area, the HB must be given 3 months' notice.

In exceptional instances the period can be shorter by mutual agreement.

Contractors should complete the Change of Status form and Practice self-assessment form, available from NWSSP-PCS.

WGOS Services can continue under the existing Service Agreement at the new location providing all the following have been met:

- the HB have been made aware of the move
- the Practice/business have completed and submitted a self-assessment form which has been reviewed by a NWSSP-PCS Optometric Advisor.
- a 'successful' Practice visit is completed within 14 days of opening of the new premises.

### W.3.4.5 Practice renovation

The HB should be notified of any proposed renovations which alters the Practice layout. The HB may choose to inspect the Contractor's accommodation following the renovation.

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## W.3.5 TERMINATION OF WGOS SERVICE AGREEMENT (INCLUDING PRACTICE CLOSURES)

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A Contractor may wish to terminate their WGOS Service Agreement for a static Practice if:

- the Practice is being transferred to a new owner as a going concern and will remain open but with a new Contractor
- is merging with another neighbouring Practice which may belong to the same Contractor or to another Contractor and WGOS will no longer be provided at that location.
- the Practice is withdrawing from WGOS to operate a private Practice/business model.
- the Practice is being permanently closed.

A Contractor may wish to terminate their WGOS Service Agreement for a mobile service if:

- the mobile service is being sold as a going concern to a new Contractor
- the Practice is withdrawing from WGOS to operate a private Practice/business model.
- is being permanently closed.

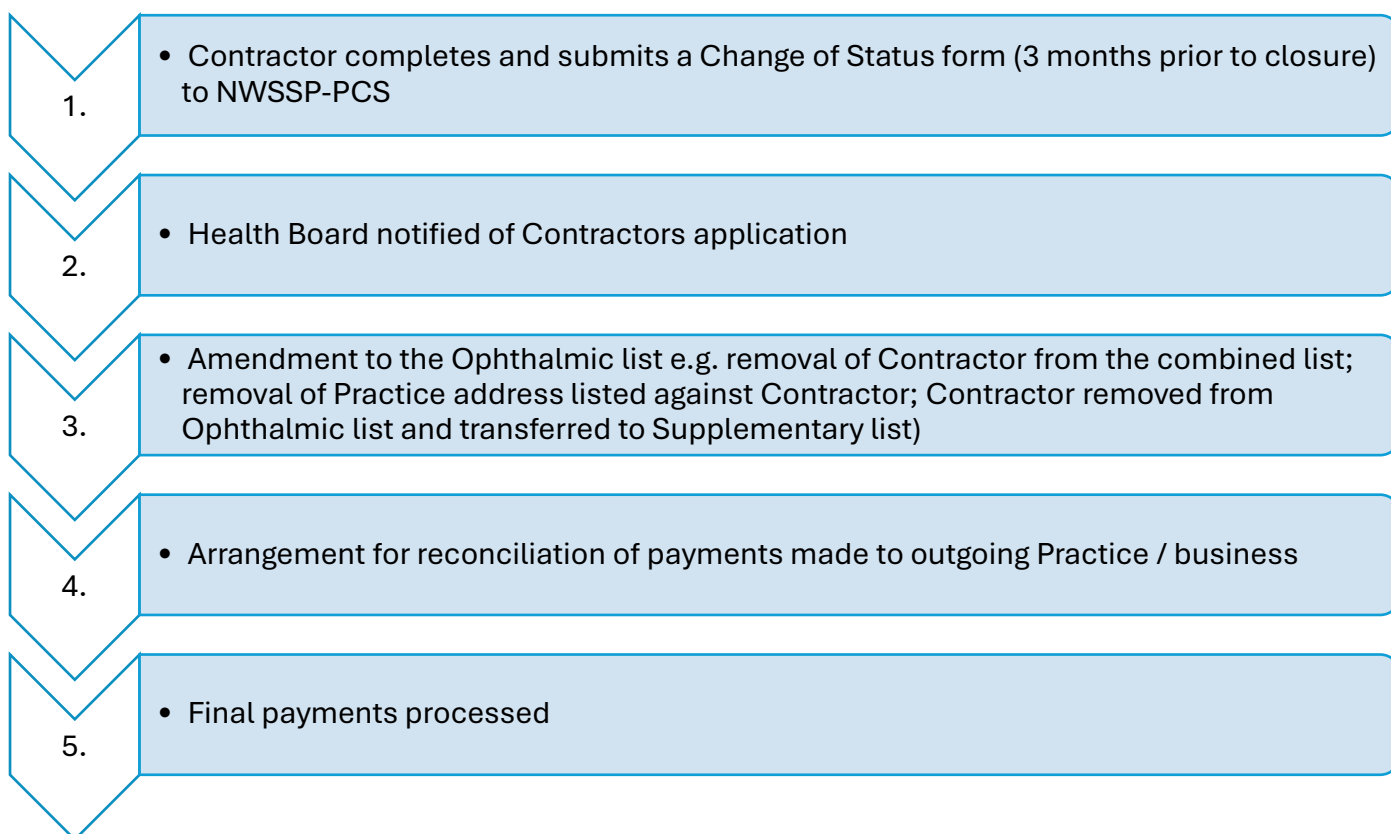
To terminate a WGOS Service Agreement, the Contractor should give the HB three months' notice via NWSSP-PCS (though this period can be shorter by mutual agreement) using the OPL Change of Status form available from [nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk).

Where a Contractor has more than one Practice with a Service Agreement with a HB and wishes to close only one of them, the Contractor would remain on the Ophthalmic list.

Where a Contractor who is an individual optometrist or OMP wishes to end their Service Agreement but wishes to still offer WGOS as a Performer, their name will be transferred to the HB Supplementary list.

Where a Contractor wishes to end their Service Agreement and no longer wishes to offer WGOS in any capacity, their name will be withdrawn from the HB Ophthalmic list.

The NWSSP- PCS process for this complete withdrawal is outlined below



Where a Contractor closes a Practice, therefore terminating their WGOS Service Agreement from that location, they must keep their bank account open for at least 3 months after the date of termination to allow for payment of claims.

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### W.3.6 PATIENT RECORDS

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Patient records belong to the Practice not the patient. The Terms of Service for WGOS require the contractor to retain a patient's records (regardless of whether they have died):

- For adults, for 10 years after the patient's last visit.

- For children and young people, for 10 years after their last visit, or until they turn 25, whichever is later.

The patient can make a request to have access to a copy of their record under the Data Protection Act (DPA) 2018 and General Data Protection Regulation (GDPR). Clinical records therefore must be available to the patient, Health Board, and the Welsh Ministers, for the whole duration of the ‘retention period’ even if the Practice has closed.

On terminating the WGOS Service Agreement, The Contractor must therefore:

- Arrange for the patient records to be stored somewhere safely and securely where they can be accessed in the future as required
- Put in place a plan for managing the records so that they can be accessed as required within the required retention period
- Notify the HB where the records are stored
- Notify the patients how they can gain a copy of their record should they require it.

The Contractor should be mindful that the patient record may extend across various physical and digital locations, including on pieces of equipment such as visual field screeners and Optical Coherence Tomographers.

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### W.3.7 WGOS ESCALATION TOOL

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From 1st April 2026, the Contractor must enter their escalation submission in the Optometry Practice Escalation Tool on a monthly basis. The cut-off date for submission is aligned to the WGOS claim submission window and must be submitted by no later than 3.00pm on the last day. In addition, Contractors must also re-submit if there is a significant change in practice circumstances based on the set criteria. Failure to submit on three consecutive months will result in a breach notice being issued by the Health Board, unless there are exceptional circumstances for Health Board consideration.

## W.4 HB Lists



*Contractors are included in a HB’s ophthalmic list*

*Performers are included in a HB’s supplementary list*

*The combined list is the HB’s ophthalmic and supplementary lists considered together*

*Contractors, Performers and WGOS CLOs must inform the HB of any changes relating to the data shown on the list*

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### W.4.1 HB’S COMBINED LIST

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The ‘combined list’ is the HB’s ophthalmic and supplementary lists considered together.

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## W.4.2 HB'S OPHTHALMIC LIST

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This is a list of all Optometrist/OMP working as sole traders, partnerships including Optometrists and/or OMPs, or bodies corporate registered with the General Optical Council (GOC) that the HB has approved to provide WGOS 1 and 2 in their area and have issued a WGOS 1 and 2 Service Agreement.

Businesses and individuals listed in an HB's ophthalmic list are Contractors.

A Contractor:

- can be listed in more than one HB's ophthalmic list.
- must be listed in the HB's ophthalmic list for the area where they are providing WGOS 1 and 2.
- cannot be included in a supplementary list.
- will have a unique 'OL' number for every HB ophthalmic list that they are included in.

### W.4.2.1 Application

Please see Section 'Applying to become a WGOS Contractor'

### W.4.2.2 Maintenance

Contractors must notify the HB via NWSSP-PCS of any relevant changes in their circumstances, in particular any changes in the information supplied in the original application or information published about them. Different periods of notification apply in different circumstances (See table for examples of when the HB are required to be notified and the time frame):

HB's must be notified when there are:	Notification period
<ul style="list-style-type: none"><li>• Changes to the declaration made by the Contractor <i>e.g. Criminal conviction, caution, being charged with a criminal offence, any investigation by their licencing body and their outcome of any investigation, an investigation by Counter Fraud Services and any outcome, an investigation by another HB which may lead to removal, or if they have been removed, contingently removed or suspended from, or refused admission to, or conditionally included on any other equivalent list</i></li></ul>	7 days
<ul style="list-style-type: none"><li>• Change in the application prior to being listed in the HB's ophthalmic list</li></ul>	7 days
<ul style="list-style-type: none"><li>• Change(s) or addition(s) affecting the details in the HB's ophthalmic list</li></ul>	14 days

### W.4.2.3 Withdrawal

If a body corporate, partnership or Optometrist/OMP sole trader wishes to withdraw from a HB's ophthalmic list, they must give the HB via NWSSP-PCS three months' notice, although this can be made shorter by mutual agreement.

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## W.4.3 HB'S SUPPLEMENTARY LIST

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This list includes all Optometrists, OMPs and Student Optometrists that the HB has approved to assist in the provision of WGOS 1 and 2.

Individuals listed on a HB's supplementary list are called Performers.

A Performer:

- may only be listed on one HB's supplementary list.

- should be listed in the supplementary list of the HB where they perform the majority of their WGOS activities.
- is permitted to perform WGOS 1 and 2 across the whole of Wales.

#### W.4.3.1 Application

Please see Section ‘Applying to become a WGOS Performer’

#### W.4.3.2 Maintenance

Optometrist / OMP / Student Optometrist must inform the HB via NWSSP-PCS 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.

Optometrist / OMP / Student Optometrist are also required to notify the HB of any relevant changes in their circumstances, in particular any changes in the information supplied in the original application or information published about them. This might include, for example, a finding against an Optometrist / OMP / Student Optometrist following an investigation by a regulator such as the GOC. (See table for examples of when the HB are required to be notified and the time frame):

HB’s must be notified when there are:	Notification period
<ul style="list-style-type: none"> <li>• Changes to declaration made by the Optometrist / OMP / Student Optometrist <i>e.g. criminal conviction, caution, being charged with a criminal offence, any investigation by their licensing body and their outcome of any investigation, an investigation by Counter Fraud Services and any outcome, an investigation by another HB which may lead to removal, or if they have been removed, contingently removed or suspended from, or refused admission to, or conditionally included on any other equivalent list</i></li> </ul>	7 days
<ul style="list-style-type: none"> <li>• Change in the information recorded about the Optometrist / OMP / Student Optometrist in an HB’s supplementary list <i>e.g. Change of name, address, contact details, place of Practice, additional qualifications</i></li> </ul>	28 days

#### W.4.3.3 Withdrawal

If an Optometrist / OMP / Student Optometrist wishes to withdraw from a HB’s supplementary list, they must give the HB via NWSSP-PCS three months’ notice, although this can be made shorter by mutual agreement.

An Optometrist / OMP / Student Optometrist may be removed from an HB’s supplementary list if they have not performed WGOS during a 12-month period anywhere in Wales. NWSSP-PCS will notify the Optometrist / OMP / Student Optometrist accordingly. Any Optometrist / OMP / Student Optometrist removed from the Wales Ophthalmic list in this way is not allowed to perform WGOS work before their relisting has been completed. Note that re-listing may take several weeks.

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### W.4.4 HB’S ADMINISTRATIVE LIST

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This list includes all Optometrists, OMPs, CLOs and DOs working in Practice delivering WGOS that are not included in the HB’s combined list.

The purpose of the Administrative List is to provide HBs with greater clarity around workforce modelling, whilst ensuring appropriate oversight and governance arrangements are in place.

#### W.4.4.1 Process

Contractors will periodically be asked by their HBs to verify the accuracy of the administrative list.

It is good Practice for the Contractor to notify the HB of any changes relating to their registrant workforce. Details of how to notify the HB of any changes can be found [here](#).

#### W.4.4.2 Withdrawal

The HB will periodically review their administrative list against their combined list and the details submitted by the Contractors to ensure that only Optometrists, OMPs, Contact Lens Opticians (CLOs) and Dispensing Opticians (DOs) not included in the HB's combined list who work within Practices delivering WGOS are included.

## W.5 Applying to become a WGOS Contractor



*Individual Optometrists / OMPs, Partnerships or body corporates can apply to become a WGOS Contractor.*

*The application process varies depending on whether the application is for an individual or a business.*

*Contractors provide WGOS on behalf of the HB.*

*Contractors are listed in the HB's ophthalmic list.*

The individual Optometrist / OMP, partnership or body corporate must complete an application to be included in the HB's ophthalmic list. The application process varies depending on whether the application is for an individual or a business.

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### W.5.1 BODIES CORPORATE

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A body corporate is a limited company or limited liability partnership incorporated with Companies House and registered with the GOC. It can only provide WGOS 1 and 2 within localities that align with the HBs that recognise it as a Contractor.

Optometrists or OMPs that are body corporate directors and who wish to perform WGOS 1 and 2 must be listed in a HB's supplementary list.

#### W.5.1.1 Eligibility

To join a HB's ophthalmic list, a body corporate must be registered with the General Optical Council. (please see [Register as a business | GeneralOpticalCouncil](#) for more information).

#### W.5.1.2 Application process

To apply for inclusion in the HB's ophthalmic list, the corporate body should follow the application process outlined on the NWSSP-PCS website: [Apply for Inclusion in the Ophthalmic list \(Corporate Opticians\)](#)

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### W.5.2 PARTNERSHIPS

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A partnership exists where there is an arrangement between two or more individuals to oversee business operations and share the profits and liabilities.

For the partnership to be recognised as a WGOS 1 and 2 Contractor, one of the partners must be an Optometrist / OMP and must be listed in the HB's ophthalmic list aligned with the Practice location or in case of mobile services, the HB's area where the partnership is wishing to offer WGOS 1 and 2.

Where there is more than one Optometrist / OMP in the partnership, they may both/all be listed in the HB's ophthalmic list, but the business must appoint one to be the 'Contractor.'

### W.5.2.1 Eligibility

To join a HB's ophthalmic list as the Contractor for the partnership, an Optometrist or OMP must:

1. be registered with the General Optical Council or General Medical Council;
2. be appropriately trained / qualified to deliver WGOS 1 and 2;
3. meet the necessary criteria to be listed on a HBs ophthalmic list.

This will include completing the following mandatory WGOS training modules:

- a. Wales General Optometry Services – a guide;
  - b. Sharps training and disposal, including infection, prevention, and control;
  - c. Quality Improvement training ; and
  - d. Making Every Contact Count (MECC) training;
4. have had an Enhanced Disclosure and Barring Service (DBS) Check (with both adult and children's barred lists checked) within the last 3 years; and
  5. have Indemnity Insurance.

The HB will request two references from referees who can provide a clinical reference relating to two recent (within the last 2 years) clinical posts as an Optometrist or OMP which lasted at least three months without a significant break. The referees should not be related to the applicant. If this is not possible, a full explanation must be included in the application.

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NOTE: Where an applicant wishes to use a reference from a registrant that they have previously supervised, the referee must have worked alongside the applicant in a clinical capacity for at least three months after their date of GOC registration.

### W.5.2.2 Application process

Optometrists or OMP that wish to be WGOS 1 and 2 Contractors, must apply for inclusion in the relevant HB's ophthalmic list by following the application process outlined on the NWSSP-PCS website: [Apply for Inclusion in the Ophthalmic & Supplementary Ophthalmic lists](#)

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## W.5.3 OPTOMETRISTS / OMP WORKING AS SOLE TRADERS

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Optometrists or OMPs listed in an HB's ophthalmic list are only considered Contractors whilst working in Practices recorded against their name on an HB Ophthalmic list. They are permitted to *perform* WGOS 1 and 2 for other Contractors across the whole of Wales regardless of whether they are on the other Contractor's HB's ophthalmic list.

### W.5.3.1 Eligibility

To join a HB's ophthalmic list, an Optometrist or OMP must:

1. be registered with the General Optical Council or General Medical Council;
2. be appropriately trained / qualified to deliver WGOS 1 and 2;
3. meet the necessary criteria to be listed on a HBs ophthalmic list.
  - a. This will include completing the following mandatory WGOS training modules:
  - b. Wales General Optometry Services – a guide;
  - c. Sharps training and disposal, including infection, prevention, and control;
  - d. Quality Improvement training; and
  - e. Making Every Contact Count (MECC) training;
4. have had an Enhanced Disclosure and Barring Service (DBS) Check (with both adult and children's barred lists checked) within the last 3 years;  and
5. have Indemnity Insurance.

The HB will request two references from referees who can provide a clinical reference relating to two recent (within the last 2 years) clinical posts as an Optometrist or OMP which lasted at least three months without a significant break. The referees should not be related to the applicant. If this is not possible, a full explanation must be included in the application.

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**NOTE:** Where an applicant wishes to use a reference from a registrant that they have previously supervised, the referee must have worked alongside the applicant in a clinical capacity for at least three months after their date of GOC registration.

## W.6 Applying to become a WGOS Performer



*Optometrists, OMPs and Student Optometrists completing their Scheme for Registration can apply to become a WGOS Performer.*

*Performers assist Contractors with the provision of WGOS.*

*Performers are included in the HB's supplementary list.*

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### W.6.1 OPTOMETRISTS AND OMPS

#### W.6.1.1 Eligibility criteria

To join a HB's supplementary list, an Optometrist or OMP must:

1. be registered with the General Optical Council or General Medical Council;
2. be appropriately trained / qualified to deliver WGOS 1 and 2;
3. meet the necessary criteria to be listed on a HB's supplementary list.

This will include completing the following mandatory WGOS training modules:

- a. Wales General Optometry Services – a guide;
- b. Sharps training and disposal, including infection, prevention, and control;
- c. Quality Improvement training; and
- d. Making Every Contact Count (MECC) training;

4. have had an Enhanced Disclosure and Barring Service (DBS) Check (with both adult and children's barred lists checked) within the last 3 years; and
5. have Indemnity Insurance.

The HB will request two references from referees who can provide a clinical reference relating to two recent (within the last 2 years) clinical posts as an Optometrist or OMP which lasted at least three months without a significant break. The referees should not be related to the applicant. If this is not possible, a full explanation must be included in the application.

---

NOTE: Where an applicant wishes to use a reference from a registrant that they have previously supervised, the referee must have worked alongside the applicant in a clinical capacity for at least three months after their date of GOC registration.

### W.6.1.2 Application process

Optometrists or OMP that wish to be WGOS 1 and 2 Performers, must apply for inclusion in the relevant HB's ophthalmic list by following the application process outlined on the NWSSP-PCS website: [Apply for Inclusion in the Ophthalmic & Supplementary Ophthalmic lists](#)

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## W.6.2 STUDENT OPTOMETRISTS

To assist in the delivery of Wales General Ophthalmic Services (WGOS), a Student Optometrist undertaking their [Scheme for Registration \(SfR\)](#) placement with the College of Optometrists, **must be** listed on a HB Supplementary Ophthalmic list ([NHS \(Ophthalmic Services\) \(Wales\) Regulations 2023](#)) and work under the supervision of an Ophthalmic Medical Practitioner (OMP) or Optometrist whose name is included in a HB Ophthalmic list.

### W.6.2.1 Eligibility criteria

To join the supplementary list as a Student Optometrist, a Student Optometrist **must**:

1. be registered with the General Optical Council as a Student Optometrist;
2. Be enrolled on the College of Optometrist's [Scheme for Registration \(SfR\)](#)
3. meet the necessary criteria to be listed on a HB Ophthalmic list in Wales.

This will include completing the following mandatory WGOS training modules:

- a. Wales General Optometry Services – a guide;
  - b. Sharps training and disposal, including infection, prevention, and control;
  - c. Quality Improvement training; and
  - d. Making Every Contact Count (MECC) training;
4. have had an Enhanced Disclosure and Barring Service (DBS) Check (with both adult and children's barred lists checked) within the last 3 years; and
  5. have Indemnity Insurance.

### W.6.2.2 Application process

Student Optometrist completing their SfR in a Practice in Wales, must apply for inclusion in the relevant HB's ophthalmic list by following the application process outlined in [A Student Optometrist's guide to WGOS](#).

## W.7 Inclusion in a HB's administrative list



*An individual cannot be listed in a HB's administrative list if already listed in a HB's combined list.*

*Contractors are responsible for ensuring that the details on the administrative list are accurate (but see below regarding WGOS CLOs).*

Practitioners not included in the HB's combined list and therefore not performing WGOS 1 and 2 do not need to apply for inclusion on the administrative list: The HB will periodically gather this information from Contractors. CLOs wishing to perform elements of WGOS 2 must apply as detailed in W.8 below.

When asked, the Contractor must provide the HB with the following information:

- Full name of Optometrist / OMP / CLO / DO
- Registration number
- Date of registration
- How their skills will be utilised within Practice to deliver WGOS

The Optometrist / OMP / CLO / DO must be informed by the Contractor that their details have been shared.

## W.8 Application to become a WGOS CLO



*A WGOS CLO can perform elements of WGOS 2 relating to anterior eye problems in certain circumstances.*

*WGOS CLOs are included on a HB's administrative list*

A CLO can perform elements of WGOS 2 relating to anterior eye problems if:

- they are accredited as suitably qualified / trained to perform the service
- included in a HBs administrative list
- there is an Optometrist / OMP, whose name appears in a HBs combined ophthalmic list, on the premises who can intervene.

### W.8.1 Eligibility criteria

To become WGOS accredited a CLO must:

1. be an extended primary care Minor Eye Conditions (MECS) accredited CLO.

To be a MECS accredited CLO, the CLO must:

- complete 11 WOPEC online modules
- attend an ABDO extended service training day
- pass the WOPEC Objective Structured Clinical Examination (OSCE)
- complete adult and children safeguarding courses

For more information and to complete the training programme, please see [ABDO website](#).

2. have completed all WGOS mandatory training modules on [Y Ty Dysgu](#) to include:

- Wales General Optometry Services – a guide,
- Sharps training and disposal, including infection, prevention, and control,
- Quality Improvement training, and
- Making Every Contact Count (MECC) training.

3. have attended WGOS additional training delivered by HEIW

The training involved CLO-specific virtual peer review focused on WGOS, particularly anterior eye cases. These peer review sessions are scheduled based on demand and typically take 6-8 weeks to plan. CLOs are therefore advised to contact HEIW as soon as possible after qualifying as a MECS accredited CLO.

## W.8.2 Application Process

The CLO must contact NWSSP-PCS for an application form. The CLO must be able to demonstrate that they:

- are MECS accredited
- completed the WGOS Mandatory training and additional training
- have Indemnity Insurance to provide for the extended responsibilities involved in the delivery of WGOS 2
- hold a Disclosure and Barring Service (DBS) Enhanced Disclosure Certificate (with both Children's and Adults Barred Lists checked) dated within the 3 years leading up to being approved to deliver WGOS 2. (If the CLO does not hold the necessary DBS certificate, NWSSP-PCS can support with obtaining one from both a process and funding perspective. Further details can be found [here](#))

The application requires the CLO to provide names and contact details for two referees that can provide a clinical reference relating to two recent (within the last 2 years) clinical posts, which lasted at least three months without a significant break. The referees should not be related to the CLO. If the CLO is unable to meet this request, they must provide a full explanation to the HB.

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NOTE: Where an applicant wishes to use a reference from a registrant that they have previously supervised, the referee must have worked alongside the applicant in a clinical capacity for at least three months after their date of GOC registration.

The CLO will be notified by email of their inclusion / conditional inclusion as a WGOS 2 CLO in the Administrative list. The CLO will be issued an Administrative List number unique to themselves. This number will be used by the CLO when claiming for any WGOS episodes that they perform.

## W.9 WGOS from static premises



*WGOS can only be offered from premises within Wales.*

*A WGOS Service Agreement must be in place to deliver WGOS 1 and 2 from the premises.*

*The premises must have proper and sufficient consulting and waiting accommodation.*

Unless a Mobile Service Agreement exists between a Contractor and HB, the Contractor may only deliver WGOS from a Practice recorded against their entry in the HB's Ophthalmic list.

To hold a WGOS Service Agreement, the Contractor must ensure the Practice has proper and sufficient consulting and waiting accommodation, which must be:

- fully equipped (see below)
- adequately lit
- clean and tidy
- free from trip hazards

The Practice layout should respect the need for patient confidentiality and 'reasonable adjustments' must be made to ensure access equity for people with disabilities.

## W.10 WGOS as a mobile service



*To provide WGOS as a mobile service, the Contractor must have a Mobile Service Agreement with the HB aligned to the location where the service is to be delivered.*

*Patients are entitled to a mobile service if they are entitled to receive a WGOS 1 and their 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 reason for requiring a mobile service must be documented on the claim form as well as on the record.*

*WGOS cannot be delivered in Hospitals, Prisons, or secure units.*

*If a patient is not eligible for WGOS mobile services, it is not possible to deliver WGOS 1 and 2 in a mobile setting. Note, this is different to WGOS 3, 4, and 5 services.*

A Contractor providing WGOS 1 and 2 in a mobile setting will deliver services in a clinically appropriate timescale, across the whole of the HB with which they have a Mobile Service Agreement, adhering with their agreed core hours. Accordingly, Contractors should ensure they have sufficient capacity to triage and provide services themselves for acute cases in a mobile setting.

Where a Contractor intends to visit a day or residential centre regularly, they must share with the HB (via NWSSP-PCS) the addresses of the centre(s) the months in which visits are intended to take place and the planned interval between such visits.

A Contractor may only provide WGOS as a mobile service if:

- they hold a Mobile Service Agreement with the relevant HB
- the patient or their carer(s) requests 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 primary ophthalmic services at a registered premises.

When requesting a mobile service, the patient or their carer must state the reason 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 static premises. It is the patient’s or their carer’s responsibility to provide the reason the patient requires a mobile service, not the Contractor’s. Where a medical condition is given as the reason for being unable to attend a static premises, the patient or their carer must explain how this necessitates the need for a mobile service. The reason must be documented on the claim form and on the record card. Terms like ‘housebound,’ ‘immobile,’ ‘wheelchair-bound,’ and ‘resident of a care home,’ are insufficient. The reason given by the patient indicating the specific illness or disability which prevents them from attending a practice must be documented.

WGOS cannot be delivered in Hospitals, Prisons, or secure units. The provision of eye care in these settings sit outside the scope of WGOS and HB should have their own Service Agreements.

WGOS cannot be delivered in Special Schools.

## W.11 Displaying notices



*A Contractor must have a notice and leaflets to indicate that they can provide WGOS 1 and 2.*

*The Practice must publicly display their agreed core hours and ensure that key WGOS messaging themes are visible to patients.*

*A Contractor must publish and display the information about their complaints procedure.*

*Any notices or leaflets about WGOS should be available in Welsh and English and conform with accessibility standards.*

### W.11.1 NOTICES RELATING TO WGOS

A Contractor must ensure that the following are displayed prominently in the Practice in line with [Accessibility Information Standards 2013](#):

- a notice to indicate that they provide WGOS 1 and 2 together with the days and hours that they offer the service
- information about their complaints procedure which must also be available in an accessible format for their patient to take away
- key WGOS messaging themes (health and behaviour messaging)

Potential areas to prominently display notices may include:

- the outward projection (Practice windows),
- the inward spaces (waiting areas, testing rooms),
- communications with patients e.g., prescriptions and recall and promotional letters, and

- the Contractor’s digital space (e.g. website, social media)

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NOTE: Where a mobile service is being provided, a notice is required to be displayed only as far as it is reasonably practicable to do so.

Leaflets about WGOS should also be available to patients to take and read.

WGOS notices and leaflets must be available in Welsh and in English.

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## W.11.2 NOTICES TO COMPLY WITH BUSINESS REGULATIONS

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### W.11.2.1 No Smoking Sign

In accordance with the Smoke-free (Wales) Regulations (2021) and Smoke-free Premises etc. (Wales) Regulations (2007), premises which are considered workplaces and those open to the public are required to display at least one ‘No Smoking’ sign. There are no requirements regarding the location of the signs in these premises, however good Practice would be to place the signage in a prominent position at or near each entrance to the premises, so that people entering the premises can see it.

For mobile services, vehicles that are used wholly or mainly for work purposes are required to display a ‘No Smoking’ sign. Although there are no longer any requirements regarding the sign's location, good Practice would be to place the sign in a prominent position so that people in the vehicle can see it.

### W.11.2.2 Business ownership

The Companies Act 2006, required Contractors to display in a prominent position to the public a notice containing the following information:

- Business name
- Business owner
- Business address and Business registered office

### W.11.2.3 HSE law poster

The Health and Safety Information for Employees Regulations 1989 requires employers to either display the HSE-approved law poster or to provide each of their workers (on or off payroll) with the equivalent leaflet. The poster must be displayed in a prominent position in each workplace location, ensuring that all workers can read and have access to it.

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NOTE: To check that the HSE law poster being displayed is HSE-approved, please see [How to Identify a Genuine Law Poster](#).

### W.11.2.4 Employers Liability Insurance Certificate

In accordance with the Employer’s Liability (compulsory insurance) Act 1969, employers must display a copy of their employer’s Liability Insurance certificate in a prominent location where their workers have reasonable access to it. Where the certificate is retained electronically e.g., intranet, Dropbox, SharePoint, Contractors must ensure that their workers know how and where to find the certificate and have reasonable access to it.

## W.12 Core hours



*Core hours are the hours that the Contractor has agreed with the HB to provide WGOS 1 and 2.*

*HBs must be notified of planned changes to core hours.*

*HBs must be notified directly as soon as possible of unplanned changes to core hours if there is any indication that WGOS 1 and 2 delivery will be reduced for 7 days or more.*

*HBs must be notified directly as soon as possible of unplanned changes to core hours if WGOS 1 and 2 cannot be provided by the Practice at all, e.g., Performer illness, adverse weather closure.*

*Contractors may deliver WGOS 1 and 2 outside of their core hours but where this is a regular occurrence, Contractors must contact the HB to amend their core hours.*

Core hours are the hours that the Contractor has agreed with the HB to provide WGOS 1 and 2. They usually correspond to the days and times a WGOS Optometrist / OMP is available.

The Contractor's opening hours (i.e., the days and hours that patients can visit / contact the Practice) and core hours do not need to align.

In accordance with [The National Health Service \(Ophthalmic Services\) \(Wales\) Regulations 2023](#), a Contractor must provide WGOS 1 and 2 during their core hours. Therefore, when deciding the core hours all Contractors should consider the availability of their workforce and equipment.

Contractors holding a WGOS Mobile Service Agreement(s) should also consider the practicalities of being able to offer the same core hours across multiple HBs / alongside any fixed premises core hours.

Where a Contractor offers WGOS:

- from a registered Practice and in a mobile setting, or
- from multiple registered Practices, or
- as a mobile service across multiple HBs locations

the HB will require assurance that the Contractors can meet their obligation to assist and manage patients that present with an acute eye/vision problem during their agreed core hours.

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### W.12.1 AGREEING CORE HOURS

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The Contractor must include their intended core hours when applying for a WGOS Service Agreement.

The core hours are agreed upon at the point of the Contractor's inclusion on the Ophthalmic list and issuing of a Service Agreement.

Once the core hours have been agreed, the Contractor must provide WGOS 1 and 2 during these times. Failure to do so would be a breach of the WGOS Service Agreement.

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## W.12.2 ADHERING TO CORE HOURS

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HBs acknowledge that in exceptional circumstances the planned core hours may not be met. This temporary inability to deliver WGOS should be communicated to the HB, but not to NWSSP-PCS as it is not intended as a published change to planned core hours. These exceptional circumstances could include illness, estate failures, emergencies, etc.

The HB should be notified directly as soon as possible and kept updated as to when the core hours will be reinstated.

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NOTE that Contractors are not expected to notify the HB's of changes to core hours related to Bank or Public Holidays.

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## W.12.3 CHANGES TO CORE HOURS

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A Contractor must give at least 14 days' notice to the HB of any planned changes (increase or decrease) to the agreed core hours. Planned changes could include closing for refurbishment, long-term staffing changes, or business expansion.

The HB can be notified of planned changes to core hours by contacting NWSSP-PCS by email: [nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk)

Once the updated core hours have been agreed, the Contractor must provide WGOS 1 and 2 during these times. Failure to do so would be a breach of the WGOS Service Agreement.

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## W.12.4 REVIEW OF CORE HOURS

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It is recommended that Contractors regularly review their diary against the demand and workforce availability to ensure that they can meet their Service Agreement.

WGOS may be delivered outside of core hours. However, where this becomes a regular occurrence, the Contractor must amend their core hours with the HB.

HBs may request a change to the core hours where they do not correlate with WGOS 1 and 2 activity.

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## W.12.5 DISPLAYING CORE HOURS

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The Contractor must prominently display in the Practice the core hours during which it can assist patients with WGOS 1 and 2. Where a mobile service is being provided, Contractors should publish their core hours.

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# W.13 WGOS equipment requirement



*To be awarded a WGOS Service Agreement for a static or mobile service, the Contractor must be able to provide the Performer access to a minimum standard of equipment. This applies equally to fixed premises and to mobile service provision.*

Whilst the Performer / Contractor must use their own professional judgment and the minimum legal requirement to decide the format and content of the WGOS episode, the following equipment is

required to be immediately available, i.e. when an episode is taking place, to be able to deliver WGOS 1 and 2:

- Distance test chart
- Near reading test
- Trial frame & accessories and/or phoropter-head
- Retinoscope
- Distance and near binocular vision test
- Focimeter
- Direct ophthalmoscope
- Slit lamp
- Volk lens, or equivalent to enable binocular indirect ophthalmoscopy to be performed
- Applanation tonometer
- Vision testing equipment suitable for testing children
- Stereopsis test
- Colour vision test
- Amsler chart
- Visual field screener which must be:
  - Automated
  - Threshold related
  - Capable of producing a sharable field plot
- Eyelash removal instruments
- Foreign body removal instrumentation

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**NOTE** Where a Performer wishes to complete a certain test as part of their clinical investigation, but the equipment (which is ordinarily immediately available) is not available at the time of the WGOS episode (for example malfunctioning) the WGOS episode may continue on condition that arrangements are in place for the examination with the necessary equipment to be completed on a different day, in a timescale that does not compromise patient safety and care. A claim cannot be submitted until all the necessary tests have been completed.

## W.14 Clinical Records



*Contractors and Performers must keep proper records in respect of each WGOS patient episode.*

*Contractors must ensure that they comply with the Data Protection Act 2018.*

*Clinical records must be available to the patient, HB, and the Welsh Ministers, for the whole duration of the 'retention period' even if the Practice has closed.*

Full and accurate patient records must be kept. They should be made at the time of the examination and provide a history of the patient's care. The records should include:

- the reason for and type of WGOS episode performed

- evidence of the clinical investigation performed
- a note of the discussion held with the patient, including the advice given
- any referrals/reports associated with the WGOS episode

Patient records can be a paper record, an electronic record, or a combination of both.

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**NOTE:** Contractors who use computers in their Practices must notify the Information Commissioner's Office (ICO), because they are processing personal data for health administration and services. Notification is also required where records such as fundus photographs and the results of field tests are stored digitally. Notification must be renewed annually. Failure to notify is a criminal offence.

Claims will be audited by the HB or by NWSSP-PCS on behalf of the HB and they are legally entitled to inspect all records relating to WGOS.

Contractors must ensure that they comply with the Data Protection Act 2018.

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## W.14.1 STORAGE

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GDPR demands that all medical records are adequately safeguarded against:

- Fire
- Water Damage
- Theft
- Erroneous Destruction

To comply with these requirements, Contractor should consider the ICO advice regarding storing clinical records:

### W.14.1.1 Paper records

- the use of lockable offices, cabinets, and drawers to store records, with higher levels of security for records containing special categories of personal data e.g., clinical records
- that keys are securely stored, and records are locked away when staff are absent for extended periods, e.g., overnight.
- environmental controls for records storage areas, which might include waterproofing and drainage to protect against flood risk, fire protection such as use of fire resistant or fireproof materials, fire control systems and heating to protect against damp.

### W.14.1.2 Electronic records

- Where data is held on a storage device, this should be backed up regularly and stored somewhere other than the Practice. It should be encrypted and locked away.
- Strong passwords should be used that must be difficult to guess. Where possible, Contractors should consider using multi-factor authentication.
- Screens should be locked when not in use.

### W.14.1.3 Electronic Patient Record (EPR)

WGOS practices (fixed premises and mobile) will have access to the Electronic Patient Record (EPR) made available by NHS Wales in a “read only” capacity for all patients. This means that clinical

details will be visible from examinations occurring in HES and/or WGOS 4 and WGOS 5, but with no ability to add new clinical information or communication.

All records for episodes of WGOS 4 and WGOS 5 must be made electronically using the EPR, or other method directed by the Health Board if the EPR is unavailable.



*Health Boards will control when mandatory use of the Electronic Patient Record begins. They will contact your practice to share any local operational elements.*

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## W.14.2 FREEDOM OF INFORMATION

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In accordance with the Data Protection Act 2018 and Freedom of Information Act 2000 a Contractor must have a data handling policy that is available to patient.

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## W.14.3 RETENTION

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GDPR Article 5(1)(e) states that personal data must not be kept for longer than is needed and that this will depend on the purpose for holding the data. As part of the Service Agreement, Contractors must comply with the retention periods outlined in the [National Health Service \(Ophthalmic Services\) \(Wales\) Regulations 2023](#):

Type of record	Recommended period of retention
adult patients	10 years after they were last seen, even if the patient has subsequently died.
children and young people	10 years after they were last seen or until the patient's 25th birthday, if later. If the child or young person has died, keep the records for 10 years after they were last seen.

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## W.14.4 DESTRUCTION

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Under GDPR, Contractors must adhere to strict legal requirements for data (including clinical records) destruction. This includes ensuring that all digital data is securely deleted or erased when no longer needed and that unwanted physical documents are disposed of in a safe and secure manner. Where a third-party service provider is used for document destruction, the Contractor must ensure that the service provider is also compliant with GDPR.

Contractors must make sure no personal data is left on computers, laptops, smartphones, or any other devices, before disposing of them. Contractors could consider using deletion software or hire a specialist to wipe the data.

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## W.14.5 ACCESS FOLLOWING PRACTICE CLOSURE

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After a Practice closes the HB may require access to the patients' clinical records. In addition, Under the Data Protection Act (DPA) 2018 and General Data Protection Regulation (GDPR) individuals have a legal right to apply for access to health information held about them. This is a 'Subject Access Request.' Clinical records therefore must be available to the patient, HB and the Welsh Ministers, for the whole duration of the 'retention period' even if the Practice has closed.



*Contractors must notify the HB if they provide any aspect of WGOS 1 and 2 through the medium of Welsh.*

*Any notices or leaflets about WGOS should be available in Welsh and in English.*

Under the Welsh language duties placed on independent primary care Contractors, a Contractor must:

1. notify the HB in writing through the HB primary care team (see email addresses below) if they provide WGOS, or any part of a WGOS through the medium of Welsh.

Aneurin Bevan UHB:	<a href="mailto:ABB.PrimaryCareDepartment@wales.nhs.uk">ABB.PrimaryCareDepartment@wales.nhs.uk</a>
Betsi Cadwaladr UHB:	<a href="mailto:BCU.PCCOptometry@wales.nhs.uk">BCU.PCCOptometry@wales.nhs.uk</a>
Cardiff and Value UHB:	<a href="mailto:Optom.CAV@wales.nhs.uk">Optom.CAV@wales.nhs.uk</a>
Cwm Taf Morgannwg UHB:	<a href="mailto:CTM.primarycareoptometry@wales.nhs.uk">CTM.primarycareoptometry@wales.nhs.uk</a>
Hywel Dda UHB:	<a href="mailto:Primarycareoptometry.HDd@wales.nhs.uk">Primarycareoptometry.HDd@wales.nhs.uk</a>
Powys Teaching HB:	<a href="mailto:PrimaryCareGeneral.Powys@wales.nhs.uk">PrimaryCareGeneral.Powys@wales.nhs.uk</a>
Swansea Bay UHB:	<a href="mailto:SBU.PCCOptometry@wales.nhs.uk">SBU.PCCOptometry@wales.nhs.uk</a>
2. make available to its patients and members of the public a Welsh language version of any document or form provided to the Contractor by the HB.
3. ensure that any new signs or notices used by the Contractor in connection with WGOS, or any part of WGOS, must be in English and in Welsh. The Contractor may utilise the translation service offered by the HB for this purpose.
4. must encourage its staff to wear a badge<sup>1</sup> to convey that they are able to speak Welsh, if they provide WGOS or any part of WGOS through the medium of Welsh.
5. must encourage and assist its staff to utilise information and/or attend training courses or events provided by the HB, so that it can develop:
  - a. an awareness of the Welsh language (including awareness of its history and its role in Welsh culture); and
  - b. an understanding of how the Welsh language can be used when delivering WGOS, or any part of a WGOS.

When delivering WGOS, or any part of WGOs, the Contractor is also required to:

- (a) establish the language preference of a patient; and
- (b) record any language preference expressed by or on behalf of a patient.

Service Agreements are managed and monitored by HB and complaints relating to Contractor not meeting their duties will be investigated by the relevant HB.

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<sup>1</sup> The *laith Gwaith* (Working Welsh) scheme and the orange speech bubble badge is used to show if a person can speak Welsh. For more details, please refer to the [Welsh Language Commissioner](#)

## W.16 WGOS Quality Package



*A Contractor must submit a Quality for Optometry return annually on the request of the HB.*

*Contractors must provide workforce data when requested by the HB.*

*Contractors are required to participate in three Service Insights each financial year*

*Contractors will receive a payment for completing the WGOS quality package.*

The WGOS Quality Package consists of three elements:

1. Quality for Optometry
2. Workforce reporting
3. Service Insights

Where a Contractor fails to complete the three elements of the WGOS Quality Package, they will be considered in breach of their Terms of Service by their HB, and they will not receive a WGOS quality package payment.

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### W.16.1 QUALITY FOR OPTOMETRY

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Quality for Optometry is the tool kit for Contractors to submit a quality improvement and governance self-assessment in each financial year. The purpose of Quality for Optometry is to:

- Satisfy HBs regarding levels of governance awareness and validation quality;
- Understand the workforce capacity and skillset to plan and deliver optometry services;
- Better understand the work environment in WGOS

Contractor must submit a Quality for Optometry return annually on the request of the HB.

#### W.16.1.1 Safeguarding

Safeguarding children and adults at risk (also sometimes referred to as vulnerable adults) is a professional duty for registered optical practitioners and Practices, in the same way as it is for all other health and social care practitioners and providers.

Contractors must have a process for staff to report any safeguarding concerns. Contractors should ensure that all staff are familiar with what to do if they suspect or observe signs or symptoms of suspected abuse, neglect or radicalisation.

All WGOS performers must complete level two adult and child safeguarding training every 3 years. This will be captured as part of Quality for Optometry.

It is considered good Practice to ensure that all other Practice staff have completed appropriate training on safeguarding.

## W.16.2 WORKFORCE DATA REPORTING

This data is crucial for understanding changing capacity across WGOS. The information provided by Contractors shapes local and system workforce planning. It also informs national policy and investment decisions on new workforce supply and training pipelines, and additional support across the primary care workforce.

Contractors must provide workforce data when requested by the HB.

## W.16.3 SERVICE INSIGHTS

Service Insights are designed to support delivery of WGOS. Their purpose is to better understand the delivery of WGOS and identify areas where further development of services for patients, or support to practitioners and Contractors is needed. This may include but is not limited to:

- Activity within WGOS
- Enablers and barriers to delivering services
- Practitioner and Contractor behaviour in delivery of primary eye care services
- Patient access to services
- Delivery of wider Welsh Government policy within primary care optometry.

The content and scope of each Service Insight is agreed by NHS Wales. Participation in WGOS Service Insight audits is mandatory for all Contractors on the Wales Ophthalmic list as set out in regulations. All Contractors must take part regardless of whether they perform WGOS in a static premises or in a mobile setting. Contractors are required to participate in three Service Insights each financial year.

## W.17 Optometry Collaboratives



*A Contractor must be represented in at least four meetings of the relevant optometry collaborative in each financial year*

*A Contractor must vote in the election of the optometric lead of the relevant optometry collaborative.*

*Contractors are remunerated by the HB for attending Optometry Collaboratives*

An Optometry Collaborative is a group of Contractors providing primary ophthalmic services within the geographic area of a primary care cluster.

Fixed premises Practices can find which of Wales' Primary Care Clusters they are situated using the following link: [www.primarycareone.nhs.wales/cluster-area/find-a-cluster](http://www.primarycareone.nhs.wales/cluster-area/find-a-cluster)

Mobile Contractors should contact their HB to agree how to engage with Clusters.

A Contractor must:

- be represented by a GOC registrant in at least four meetings of the relevant optometry collaborative in each financial year, and
- vote in the election of the optometric lead of the relevant optometry collaborative.

Attendance is remunerated, via a claim to the HB. The Contractor should contact the Primary Care Services team at the relevant HB:

- Aneurin Bevan UHB: [ABB.PrimaryCareDepartment@wales.nhs.uk](mailto:ABB.PrimaryCareDepartment@wales.nhs.uk)
- Betsi Cadwaladr UHB: [BCU.PCCOptometry@wales.nhs.uk](mailto:BCU.PCCOptometry@wales.nhs.uk)
- Cardiff and Vale UHB: [Optom.CAV@wales.nhs.uk](mailto:Optom.CAV@wales.nhs.uk)
- Cwm Taf Morgannwg UHB: [CTM.primarycareoptometry@wales.nhs.uk](mailto:CTM.primarycareoptometry@wales.nhs.uk)
- Hywel Dda UHB: [Primarycareoptometry.HDd@wales.nhs.uk](mailto:Primarycareoptometry.HDd@wales.nhs.uk)
- Powys Teaching HB: [PrimaryCareGeneral.Powys@wales.nhs.uk](mailto:PrimaryCareGeneral.Powys@wales.nhs.uk)
- Swansea Bay UHB: [SBU.PCCOptometry@wales.nhs.uk](mailto:SBU.PCCOptometry@wales.nhs.uk)

**NOTE:** Where a Contractor chooses to send a representative to the optometry collaborative, the representative must be a fully qualified GOC registrant or an OMP listed on a HB's supplementary list.

## W.18 Engagement of staff to deliver WGOS



*Contractors must ensure that the Performer performing WGOS on their behalf has the correct qualifications, registration and listing to deliver the service.*

*Contractors and Performers are liable for all acts and omissions of staff working under their supervision (including Student Optometrists).*

*Contractors have a duty to ensure that the HB are aware of all registrants that work at their Practice or in their Mobile Service.*

Under the regulations, Contractors have the responsibility to check that:

- an Optometrist / OMP / Student Optometrist performing WGOS on their behalf (regularly or on an ad hoc basis) is included in a HB's [combined list](#)
- a CLO (employed regularly or on an ad hoc basis) performing WGOS 2 is recognised as a WGOS 2 Performer in the [Administrative List](#)
- all support colleagues working within the Practice have completed all WGOS mandatory training requested by the HB.

**NOTE** support colleagues include all individuals, on or off payroll, that interact with a contractor's WGOS eligible patients

### W.18.1 Student Optometrists

To assist in the provision of WGOS (to the extent they are qualified to do so), a Student Optometrist must:

1. be listed on a HB's Supplementary list
2. work under the supervision of an Optometrist / OMP whose name is included on a HB's combined list and is registered to deliver the WGOS episode being performed and claimed,

The supervisor should assess the capability of the student so that they can tailor supervision to the pre-registration's level of competence.

The supervisor must be on-site to be able to claim for the WGOS episode and comply with all requirements above.

More information is available [here](#).

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NOTE a Student Optometrist who becomes registered as a qualified Optometrist but has not yet been listed as an Optometrist in a HB's combined list may not perform WGOS 1 and 2 even under supervision. Such an Optometrist may only carry out non-WGOS work, such as private sight tests, other private work such as contact lens fittings and checks until they have been included on a HB's combined list as an Optometrist.

## W.18.2 Right to work checks

Contractors are reminded that all employers in the UK have a responsibility to prevent illegal working. For more information, please refer to [Right to work checks: an employer's guide - GOV.UK](#).

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NOTE the right to work in the UK does not form part of the application or inclusion on a HB's combined list

## W.19 Maintenance of HB's lists



*Contractors, Performers and WGOS CLOs must ensure that the information on the HB's lists are accurate.*

*Contractors are responsible for ensuring that the details of the HBs lists reflect the registrant workforce within the Practice / business.*

As part of their undertakings, Performers, Contractors and WGOS CLOs included on a HB's list are required to keep the HB informed of any material changes to their information, including their contact details and other material information that might affect whether they should remain on the list.

HBs validate that a Contractor / Performer / WGOS CLO included on their list is still undertaking WGOS and, where this is not evidenced, they may remove the Performer / Contractor / WGOS CLO from their list.

A Performer / Contractor / WGOS CLO planning not to work within a WGOS setting for a period of 12 months, should contact the HB which may on a case-by-case basis permit the Performer/Contractor/WGOS CLO to remain on a list.

Any Performer / Contractor / WGOS CLO removed from the Combined List may not perform or claim payment for WGOS work before their relisting has been completed. Note that re-listing may take several weeks.

Contractors are also responsible for ensuring that the details of the HBs lists reflect the registrant workforce within the contractor's Practice / business.

- Changes to Performers and WGOS CLOs assisting the Contractor with provision of WGOS should be notified to NWSSP-PCS
- Change to the DOs and CLOs supporting the Contractor with provision of WGOS, should be updated using the following link: [Add, Amend or Remove a Dispensing Optician on the Wales Eye Care Services Administrative List](#)

## W.20 Complaints and concerns



*A Contractor must have a complaints policy which include the name of the person responsible for dealing with the complaints*

*Contractors must publish and display the information about their complaint's procedure*

In accordance with [the National Health Service \(Concerns, Complaints and Redress Arrangements\) \(Wales\) Regulations 2011](#), a Contractor must have a complaints policy which outlines the system and process that are in place to receive, manage, investigate, and respond to concerns.

The complaints policy should include the name of the person responsible for dealing with any complaints, not just a department. This is usually the Optometrist / OMP Contractor or Practice manager or someone suitably qualified to deal with complaints in accordance with NHS Wales regulations.

In line with '[Putting Things Right](#)', Contractors must publish and display the information about their complaints procedure to their patient in an accessible format e.g., leaflets, posters, websites.

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NOTE: Contractors are reminded that WGOS notices and leaflets regarding any aspect of WGOS must be displayed in Welsh and in English.

## W.21 Duty of Candour



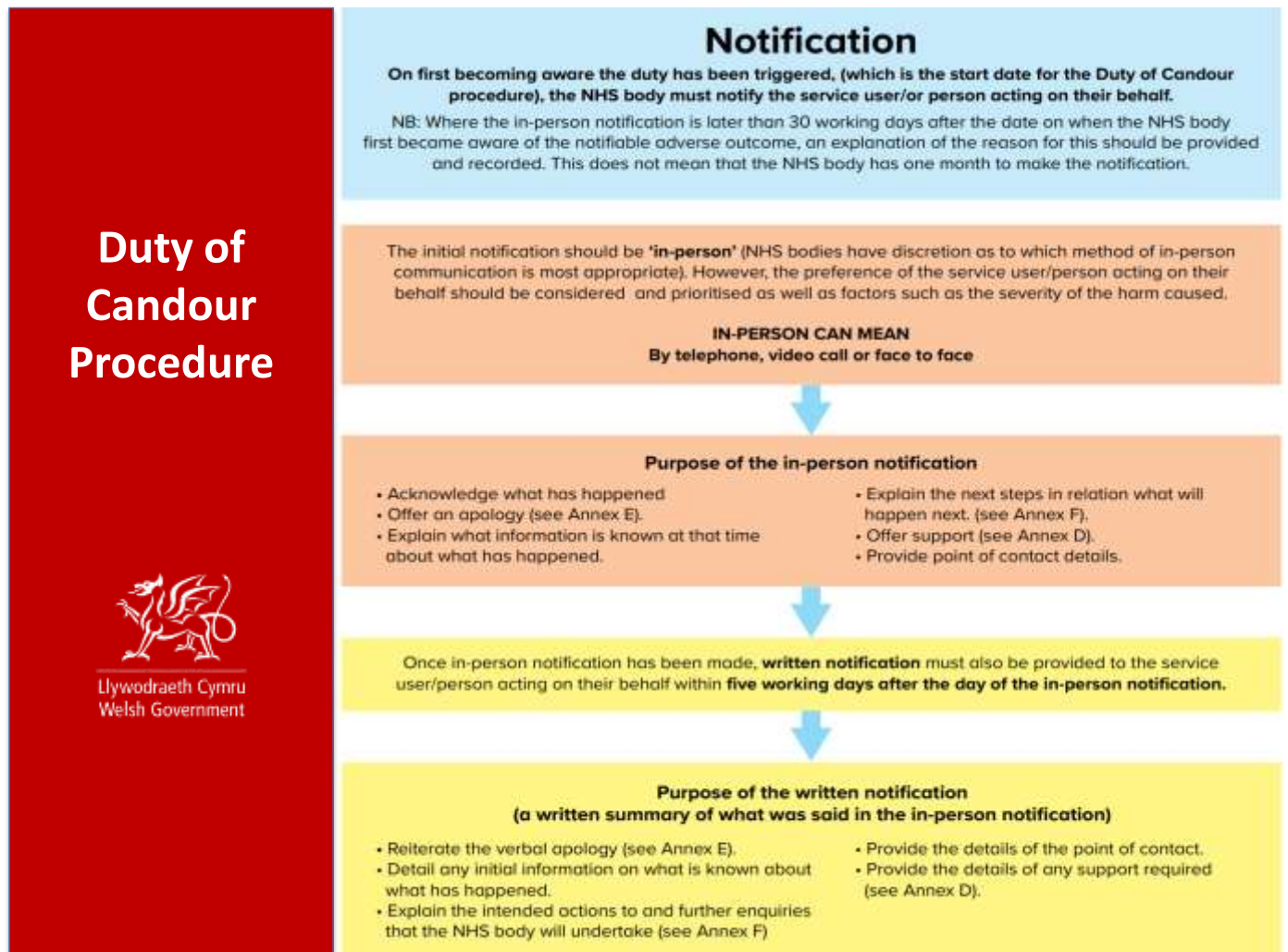
*Contractors are required to notify the HB when the Duty of Candour has been triggered for an incident involving an NHS Wales patient*

In accordance with The Health and Social Care (Quality and Engagement) [Wales] Act 2020, providers of WGOS have a Duty of Candour to follow a [process](#) when a service user suffers or may suffer an adverse outcome which has or could result in unexpected or unintended harm that is moderate and above (see table below) and the provision of healthcare was or may have been a factor.

Level of Harm	Description	Example
<b>Moderate</b>	A service user experiences a moderate increase in treatment and significant but not permanent harm, and the care provided by the NHS did or may have contributed.	<ol style="list-style-type: none"><li>1. Patient slipped in Practice as the floor was wet resulting in a broken arm which required surgery and hospital admission</li><li>2. Patient diagnosed with retinal tear at optometry Practice. Referral not completed. Patient presents 2 weeks later with retinal detachment (macula on)</li></ol>
<b>Severe</b>	A service user experiences a permanent disability or loss of function, and the NHS care did or may have contributed.	<ol style="list-style-type: none"><li>1. Patient under the care of HES. Last seen 6 months ago for anti-VEGF injections. Patient was not called back for follow up. VA dropped from 6/12 to 6/60</li><li>2. Patient asked to return for repeat visual fields by Optometrist / OMP. Test repeated but not shared with</li></ol>

		Optometrist / OMP therefore no referral was made. Patient presents 1 year later with advanced field loss
<b>Death</b>	A service user dies, and the NHS care did or may have contributed to the death.	They are given medication despite this being documented in their notes as an allergy, and this leads to their death

## W.21.1 PROCESS



## W.21.2 REPORTING

WGOS Contractors must prepare an annual report on whether a duty of candour has come into effect relating to an NHS Wales funded episode of care provided by the Contractor within the reporting period.

The purpose of collecting such data is to identify learning and implement improvement. The goal is to make healthcare safer for NHS Wales patients and staff through shared learning and continuous systems improvement.

The report must specify if the duty of candour has come into effect in the reporting year, and if it has the following details must be shared:

- The number of times the duty of candour has come into effect
- A brief description of the circumstances in which the duty came into effect

- Any steps taken to prevent similar incidents from arising in the future

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NOTE: Where there are no incidents to report within the reporting period, the Contractor is still required to submit a report to inform the HB of this.

The HB is responsible for collating the information from the Contractors and for publishing all information relevant to the duty of candour in respect of its own services and the service provided by Primary Care Services for its area.

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NOTE Any queries relating to the duty of candour process or policy should be directed to the HB.

## W.22 Refusal of service



*All patients should have equal access to eyecare services.*

*Refusal of service cannot be on the grounds of any protected characteristic listed in The Equality Act 2010 nor on the patient's medical and/or ophthalmic condition.*

The Contractor may only refuse to provide relevant services to the eligible patient if they have reasonable grounds to do so. Reasonable grounds may not relate to the eligible patient's:

- Age
- Disability
- Gender Re-assignment
- Marriage or Civil Partnership
- Pregnancy & Maternity
- Race
- Religion or Belief / Non belief
- Sexual Orientation
- Sex (Gender)
- Medical condition
- Ophthalmic condition

A Contractor may refuse to see an eligible patient for WGOS where there is a break-down in the patient-Practice relationship, including after incidents relating to violence, harassment or abuse against staff. The HB must be notified of such refusals.

## W.23 Referrals and reports



*WGOS performers should write to a patient's GP following any episode of WGOS where, in the performer's clinical judgement, there may be potential benefit to the patients, e.g. where there is a new diagnosis, or a new or changed treatment. Performers must consider not only the patient's ocular health, but also any aspect of physical, or mental health, well-being, and safeguarding.*

*Where a patient has attended at the request of the GP/Health Care Practitioner for WGOS, the performer should consider whether the requester is expecting a written response.*

*A copy of any referral or notification letter must be offered to the patient.*

In alignment with the GOC standards of Practice for Optometrists and Dispensing Opticians, all referrals and reports must be completed in a timescale that does not compromise patient safety and care.

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### W.23.1 REPORTS

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Where another Healthcare Professional has referred a patient for a WGOS episode of care, it is considered best Practice to notify them of the outcome / findings.

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### W.23.2 REFERRALS

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General Optical Council registrants must make referrals in-line with relevant rules and regulations of the [GOC](#).

Where a practitioner observes a sign or symptom of injury or disease which they are unable to manage within their scope of Practice, with the patient's consent, they should refer the patient to an appropriate practitioner. In the first instance and in accordance with regulation and prudent healthcare, with their consent, the patient should be referred to a Primary Care Optometrist / OMP with qualifications appropriate to the needs of the patient, within WGOS. Where the patient cannot be managed in Primary Care Healthcare Professional, the practitioner should arrange for the patient to be seen in Secondary Care.

WGOS referrals must be made electronically where the HB has provided the contractor means to do so, e.g. via NHS Wales email accounts, unless this would compromise patient safety, e.g. a telephone referral is required for an acute case. To minimise the risk of follow up emails going unactioned, it is best Practice for the referring practitioner to copy in the Practice's NHS Wales email address when referring a patient electronically.

Ocular referrals must be sent directly along the eye care pathway (within WGOS where available or otherwise to HES) and not via the GP. This is the case unless in an exceptional circumstance where the GP is reasonably expected to manage the ocular condition. A copy of the referral letter must be:

1. sent to the GP
2. retained in the patient's record
3. offered to the patient.

Performers can either use a nationally or locally agreed reporting / referral templates or their own Practice referral letter, which must incorporate all the relevant information contained in the WGOS templates. This must include the WGOS logo (please see [WGOS Logo Guide](#)). If a Practice letter is used, the Performer must ensure that the intended management of the patient is made clear in the letter heading.

Other referrals (i.e. non- ocular referrals) shall be directed where appropriate using the methods described above. For example, to GP, vascular surgery, neurology, or to social prescribing.

**NOTE** In accordance with the Opticians Act 1989, if a patient refuses the offer of a copy of referral, the patient must still be given a written statement of the reason for referral.

### W.23.3 ELECTRONIC REFERRALS



*All referrals made by Performers and Contractors in WGOS must be made electronically. Health Boards will control when mandatory use of the Electronic Referral System begins. They will contact your practice to share any local operational elements.*

All reports and referrals made from WGOS episodes must be made electronically using the Electronic Referral System (ERS) made available by NHS Wales or other method directed by the Health Board if the ERS is unavailable.

## W.24 Engaging with WGOS 3, 4, and 5



*When a patient requires a service additional to WGOS 1 and 2 the Performer must ensure the WGOS service options are offered.*

*The Performer referring must ensure all WGOS options are explored before considering a hospital/GP referral.*

The provision of WGOS 1 and 2 requires that referrals, if clinically appropriate, and with the consent of the patient are made in the first instance to an Optometrist or Dispensing Optician with qualifications appropriate to the needs of the patient, in WGOS 3, 4 and 5. These must be made electronically where the means of making electronic referrals are available to the Contractor.

All WGOS 1 and 2 Performers are expected to have an understanding of these services, their eligibility criteria and referral pathways as outlined below:, in order to advise patients and make appropriate referrals:

Service name	Summary of the service	How to direct or refer into the service
<b>WGOS 3 Low Vision and Certification of Vision Impairment Wales (CVIW)</b>	WGOS 3 is a primary care-based NHS Wales funded pathway to provide low vision assessments, low vision aids and certification of visual impairment (CVIW)	<p>Eligibility is based on clinical need. It is available to those who have:</p> <ul style="list-style-type: none"> <li>▪ a binocular distance visual acuity of 6/12 or worse</li> <li>▪ a near acuity of N6 or worse with a +4.00D reading addition</li> <li>▪ an impairment of visual function and/or a significant visual field defect, or</li> <li>▪ been certified as Sight Impaired or Severely Sight Impaired and despite wearing the correct prescription in their spectacles / contact lenses find that their vision</li> </ul>

		<p>makes general day to day tasks difficult to complete.</p> <p>Before a WGOS 3 Low Vision, a patient must have undergone a WGOS 1 Eye Examination or Private Sight Test within 12 months (this may be completed immediately preceding the Low Vision Assessment)</p>
<p><b>WGOS 4</b></p>	<p>WGOS 4 uses Primary Care Optometry to retain patients in a primary care setting where possible</p> <ul style="list-style-type: none"> <li>• WGOS 4 filtering accepts referrals for additional investigations before patients are referred to secondary care or back to the referrer. Filtering improves the accuracy of referrals and reduces the number of false positives into secondary care. WGOS 4 filtering accepts referrals for glaucoma and medical retina cases.</li> <li>• WGOS 4 Monitoring reviews suitable patients with glaucoma and medical retina conditions who may otherwise be under the care of secondary care ophthalmology.</li> </ul> <p>NB WGOS4 Hydroxychloroquine (HCQ) monitoring is not available from WGOS 1 and 2. It is for referrals from prescriber physicians only.</p>	<p>The HB will provide contractors with local referral pathways. It is the duty of the Contractor to inform registrants working in their Practice of local pathways</p>
<p><b>WGOS 5</b></p>	<p>This service provides an eye casualty service in primary care, by utilising the capabilities of an Independent Prescribing (IP) Optometrist.</p>	<p>The HB will provide contractors with information on WGOS 5 IPOS availability.</p> <p>Referral pathway</p> <ol style="list-style-type: none"> <li>1. Contact a WGOS 5 IPOS Performer to request a referral</li> <li>2. WGOS 5 IPOS will either (a) accept the referral (referring practitioner sends a referral, and care transferred) or (b) decline the referral (referring practitioner still needs to source care for this patient with an alternative WGOS 5 IPOS Performer, or hospital if there is no Primary Care capacity.)</li> </ol>

Patients may experience WGOS care from multiple WGOS Practices which will be condition specific. It is expected that the core WGOS 1 and 2 care will be provided by the patients original Practice unless or until the patient chooses a new WGOS 1 and 2 Practice.

## W.25 WGOS Claims



*Accurate records of all services and appliances supplied under WGOS should be kept.*

*A Contractor should only claim for what has been delivered / supplied.*

*Claims forms should be completed and submitted to NWSSP-PCS for payment.*

*A Contractor should complete and submit the [NWSSP-PCS Authorised Signatory Form](#) if they wish to nominate and authorise a representative to be able to counter-sign the Contractors declaration on the claim forms on their behalf.*

*Claims will be audited by the HB and they are legally entitled to inspect all records relating to WGOS patients.*

### W.25.1 CLAIM FORMS

To claim for WGOS, the appropriate claim form should be completed and submitted to NWSSP-PCS at regular intervals for payment and within the time limits specified in the regulations (see the table below).

WGOS episode type	Form	Submission time limits from the date of supply of the service or collection of the appliance
<b>WGOS 1</b>	GOS 1W	3 months
<b>WGOS 1 Mobile Service</b>	GOS 6W	3 months
<b>WGOS 1 if patient has a HC3 certificate</b>	GOS 5W	3 months
<b>WGOS 2</b>	WECS 1	3 months
<b>NHS Wales funded optical appliance Voucher<sup>2</sup></b>	GOS 3W	3 months
<b>Repair / Replacement of NHS Wales funded spectacles<sup>2</sup></b>	GOS 4W	3 months

Submitting forms on time will assist NWSSP-PCS to expedite payment on the due date. Specific information on the submission and payment dates may be found [online](#).

Following submission, and before any payment is made, the claim forms are checked by NWWSP to determine if the:

1. Optometrist / OMP / CLO / DO is WGOS registered and listed for the service delivered
2. Contractor is listed as a WGOS Contractor for the service delivered
3. Claim form has been fully completed
4. Patient is eligible for the service delivered

<sup>2</sup>For WGOS Vouchers the submission date is from Date of Collection

5. Claim has been received in the appropriate timeframe as specified in the regulations

Failure to meet the above conditions will result in non-payment and return of the claim form to the relevant Contractor. The Practice will then have one month to resubmit a corrected claim.

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## W.25.2 COMPLETING THE CLAIM FORMS

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Claims forms comprise

1. Patient's details and declaration
2. Performer and/or Contractor declaration

### W.25.2.1 Patient's details and declaration

All statements which apply to the patient on the claim forms must be ticked, and other details entered as required for the category of patient and service level.

Where applicable, the Contractor must ask the patient for evidence of their eligibility for WGOS. If evidence of eligibility has not been seen, this should be noted in the appropriate place on the claim form. Good Practice would be to note the reason for eligibility on the record card and whether evidence has been seen.

When claiming for a mobile service payment, the patient must state the reason 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. Where a medical condition is given as the reason for being unable to attend a static premises, the patient or their carer must explain how this necessitates the need for a mobile service. Terms like 'housebound,' 'immobile,' 'wheelchair-bound,' and 'resident of a care home,' are insufficient. The reason given by the patient indicating the specific illness or disability which prevents them from attending a practice must be documented.

It is the patient's or their carer's responsibility to provide the reason the patient requires a Mobile service, not the Contractors.

Where there is a section on the claim form that requires a patient signature, unless there is instruction by NHS Wales not to, the Performer and Contractor must ensure that the patient signs and dates the patient's declaration at the appropriate time. If the patient cannot sign, the carer or authorised representative must sign in the appropriate place and print their name and provide their address. Under no circumstances should the Performer / Contractor or a Practice staff member sign on behalf of a patient unless the member of staff is the patient's carer or authorised representative.

### W.25.2.2 Performer and/or Contractor declaration

The Performer conducting the WGOS episode must tick all applicable statements on the claim form to indicate the outcome of the WGOS episode.

A WGOS claim must not be submitted until all elements of the episode of care of which the claim comprises have been completed. If the episode is incomplete, e.g. a patient must return for an element of the episode to be performed for whatever reason, the WGOS claim form should not be submitted until this has been done. In a mobile setting where a WGOS episode cannot be fully completed for whatever reason, the claim may not be submitted until the optometrist has returned at

a later time to complete. In such situations, an additional WGOS mobile fee for the second visit may not be claimed.

If the Performer who conducted the WGOS episode is not the Contractor making the claim, they should sign the Performer's declaration on the claim form, indicating the date on which the appointment took place and giving their Ophthalmic list number.

Forms that have a 'claim section' must be completed by the Contractor or their authorised signatory. If the Performer conducting the WGOS episode is the Contractor making the claim, they need only sign once, namely the claim section.

WGOS claims are subject to post-payment verification in-line with an agreed protocol. By signing the claim form, an individual is signing to confirm that they understand and accept that if they withhold information or provide false or misleading information, they may be liable to prosecution and or civil proceedings.

In signing the claim form, the Performer who carries out the WGOS episode is confirming that they are entitled to perform the WGOS episode and consents to the disclosure of relevant information for the purpose of checking this; planning, researching, and administering the service; and in relation to the prevention and detection of fraud.

In signing the form, the Contractor is also consenting to the disclosure of relevant information for the purpose of checking the claim; planning and administering the service; and in relation to the prevention and detection of fraud; and agreeing to pay back the cost of the service if later found not to be entitled to it.

The authorised signatories of a so-called 'grandfather' Practice should be fully aware of their legal responsibilities. (A so-called grandfather is a qualified and registered Performer who acts as the WGOS Contractor on behalf of a Practice owned by a lay person or entity, or a Dispensing Optician.)

Contractors are advised to sign only claim forms relating to the services which have been provided. It is advised that the claim form should be signed at the time of providing the service to the patient. Blank claim forms should never be signed. If they are subsequently submitted fraudulently, the signatory will be held responsible and could be accused of fraud. Apart from signing the Contractor's section, a Performer should not sign a claim form for an episode completed by someone else.

The use of a rubber stamp for a signature is not permitted.

Further guidance on completing WGOS paperwork can be found [here](#).

### W.25.2.3 Student Optometrists

On completion of a WGOS 1 or 2 episode, it is the responsibility of a SOL-listed Student Optometrist to complete the practitioner's declaration on the claim forms, and not the supervisor.

In signing the WGOS claim forms, the SOL-listed Optometrist is taking responsibility for the claiming for the patient episode, but the supervisor retains clinical responsibility for the patient episode.

Where the supervising Optometrist / OMP chooses to countersign / initial the claim form, for the contractor's purposes, this must be outside the main body of the form.

A SOL-listed Student Optometrist cannot be named as an authorised signatory for the Contractor and therefore are unable to complete the Contractor declaration on the WGOS claim forms.

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## W.25.3 WGOS CLINICAL FEES

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Claims are reviewed by Welsh Government on an annual basis. The current fees can be found [here](#).

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## W.25.4 POST PAYMENT VERIFICATION (PPV)

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All WGOS activities and fee claims are subject to post payment verification by the HB or NWSSP-PCS on their behalf. The HB, or its representative, is legally entitled to inspect records relating to WGOS patients (including records for private episodes of care which are linked to WGOS). Contractors are obliged under the regulations to make the records available within a period specified to them.

Maintaining accurate, detailed records and adhering to the various WGOS requirements is essential to be able to support any WGOS claims and avoid PPV difficulties.

Full and accurate patient records must be kept. They should be made at the time of the examination and provide details of the patient's care. The records should include:

- the reason for and type of WGOS episode performed
- evidence of the clinical investigations performed
- notes of the discussion held with the patient, including the advice given
- any referrals/reports associated with the WGOS episode

## W.26 WGOS Signed Orders



*All WGOS Performers and all Contractors must enable the provision of WGOS Signed Orders appropriately.*

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### W.26.1 WGOS SIGNED ORDERS

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Under [Pharmacy Regulations](#), Community Pharmacies in Wales are able to supply approved medicines and appliances ordered by WGOS Optometrists, i.e. optometrists included on a Health Board's Ophthalmic Combined List who is providing or assisting in the provision of primary ophthalmic services in Wales, on a WGOS Signed Order form in response to patients' clinical need.

This service does not replace the Eye Casualty Service in secondary care, nor WGOS 5 IPOS Urgent, nor the Common Ailments Service in Pharmacies. It is intended to provide additional capacity in primary care and reduce demand elsewhere in the system (secondary care, IP Optometrists, Pharmacists and GPs) by filtering out patients that can be managed by any WGOS Optometrist.

Ophthalmic Medical Practitioners, Contact Lens Opticians, Dispensing Opticians, Student Optometrists and Student Dispensing Opticians may not write WGOS Signed Orders

The list of approved medicines and appliances is published as the [Wales General Ophthalmic Services - Signed Orders Formulary](#).

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### W.26.2 WGOS SIGNED ORDERS ELIGIBILITY

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A patient accessing an episode of WGOS 1, 2, 3, or 4 is eligible for WGOS Signed Order during that episode of care.

Typically, WGOS Signed Orders will be issued in response to patients' clinical need when they are receiving WGOS 2 Band 1 and Band 3 examinations for urgent eye problems, for example patients with acute dry eye, eye infection or allergic eye conditions. However, a patient may receive a WGOS Signed Order during any episode of WGOS 1-4 when the WGOS Optometrist determines clinical need, regardless of whether the condition is acute or chronic.

The eligibility for WGOS 1 and 2 is based on numerous factors and is explicit ([WGOS 1](#), [WGOS 2](#)). In cases where a patient presents for a WGOS 1 with symptoms indicating an acute eye problem, the appointment may become a WGOS 2 Band 1 examination and the WGOS 1 activity deferred until the resolution of the condition for which a WGOS Signed Order may be indicated.

If the clinical need for a WGOS Signed Order becomes apparent during a WGOS 1 appointment, there is no need for the appointment to become a WGOS 2 Band 1. The issuing of a WGOS Signed Order does not change the episode of care being provided.

The eligibility for WGOS [3](#) and [4](#) is defined in the relevant clinical manual, and requires the patient lives in Wales or is registered with a GP in Wales. In cases where a patient presents for a WGOS 3 or 4 with symptoms indicating an acute eye problem, the appointment may become a WGOS 2 Band 1 examination and the WGOS 3 or 4 activity deferred until the resolution of the condition for which a WGOS Signed Order may be indicated, particularly if the resolution of the condition is clinically necessary before the WGOS 3 or 4 assessment, e.g. to measure vision and contrast sensitivity reliably in WGOS 3.

If the clinical need for a WGOS Signed Order becomes apparent during a WGOS 3 or 4 appointment, there is no need for the appointment to become a WGOS 2 Band 1. The issuing of a WGOS Signed Order does not change the episode of care being provided.

Patients receiving WGOS 5 do not receive WGOS Signed Orders, as any medication or appliance will be prescribed by the IP Optometrist.

Patients receiving non-WGOS care, e.g. privately or free of charge, in a WGOS practice may not receive a Signed Order.

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### W.26.3 WGOS SIGNED ORDERS PADS

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All WGOS Practices (fixed premises and mobile) must hold WGOS Signed Order pads. These will be supplied by NHS Wales Shared Services Partnership and available to reorder from stores in the same way as other stationery. Mobile Contractors will hold pads for each Health Board in which they hold a Mobile Service Agreement.

WGOS Signed Order pads must be stored securely. Excessive stock of pads must not be held by WGOS Practices. Loss or theft of pads must be reported immediately to the relevant Health Board and NHS Wales Shared Services Partnership. WGOS practices should adhere to their Health Board's local guidance as they would for the security of NHS prescription pads for their WGOS Signed Order pads.

Contractors are responsible for their WGOS Signed Order pads and all reasonable precautions to prevent loss and inappropriate use must be taken.

Blank WGOS Signed Orders must not be pre-signed before use.

A record of the first and last serial number of WGOS Signed in the pad issued to the contractor must be made when the pad is received.

It is considered good practice to record the serial number of the first remaining WGOS Signed Order form at the end of each working day. This would help identify any lost or stolen overnight.

In preparation for the closure of any WGOS Contractor, the contractor must liaise with the Health Board and NHS Wales Shared Services Partnership, to include the secure return or destruction of any unused WGOS Signed Orders.

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#### W.26.4 ISSUING WGOS SIGNED ORDERS

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The [WGOS Signed Orders Formulary](#) contains details of good eyelid hygiene and an approved list of eye preparations (medicines and devices) which may be ordered.

The Formulary includes details of legal classification, type of medicine/device, indications and formulary preparations.

Generic formulations of medicines and devices are listed in the Formulary:

- to reduce the risk of delays in treatment of acute eye conditions due to out-of stock branded items;
- to ensure access, by allowing pharmacists to dispense any equivalent licensed version, so reducing the risk of supply shortages; and
- to maximise clarity and safety in any discharge summaries or transfers of care, for example from optometrists to general practitioners where ongoing prescribing for chronic eye conditions is indicated.

When issuing a WGOS Signed Order, the WGOS Optometrist must in all cases:

- Give the patient appropriate advice, ideally supported with written literature
- Inform the patient that product name, bottle structure and administration technique, may vary from those discussed depending which product is dispensed to the generic order
- Clearly notate the details (diagnosis, preparation(s), directions for use, WGOS Signed Order serial number) in the patient record
- Inform the patient's GP of all preparations ordered or changed (including when the patient is advised to cease a current medication or appliance prescribed elsewhere, e.g. by the patient's GP or ophthalmologist).

Optometrists may issue a WGOS Signed Order to initiate treatment where clinically indicated. Following initiation, ongoing prescribing should be undertaken by the GP (or other responsible prescriber) where this is appropriate for the patient's long-term care.

One or more different WGOS Signed Orders Formulary medications or appliances may be ordered on a single WGOS Signed Order.

Only one WGOS Signed Order form may be issued in a WGOS 1-4 episode of care.

The quantity of any individual WGOS Signed Orders Formulary medication or appliance that may be ordered on a WGOS Signed Order is one pack.

The optometrist must specify on the WGOS Signed Order in indelible ink, handwritten or printed:

- the patient's name, address, date of birth and age
- WGOS Formulary drug name

- WGOS Formulary drug form
- WGOS Formulary drug strength
- route of administration, for example topical, which eye(s)
- dose/frequency, e.g. nocte for 1 week, using standard [abbreviations](#)
- purpose/indication
- cross through any errors and countersign & date them
- cross through any unused space to prevent additional drugs being added later
- include their name and number as listed on the GOC register

The WGOS Optometrist must also:

- sign the WGOS Signed Order in indelible ink
- must ask the patient about known drug allergies or previous adverse incidents before supplying them with a WGOS Signed Order
- tell the patient how to use and store the drug
- tell the patient what to do in the case of an adverse incident
- arrange any clinically necessary re-assessment of the patient during or after the course of treatment

The WGOS Optometrist must not write WGOS Signed Orders:

- for themselves
- for close associates, e.g. relatives, except in emergencies
- for medicines or appliances not in the WGOS Signed Orders Formulary

WGOS Signed Orders may initiate or change treatment for a condition that is or may prove to be chronic. They must not be used as a substitute for repeat prescribing. They are not intended for the ongoing management of chronic conditions where prescribing responsibility appropriately sits with the patient's GP or usual prescriber, e.g. ophthalmologist.

WGOS episodes must not be undertaken solely for the purpose of generating a repeat Signed Order. All WGOS episodes must have a clear clinical justification based on the presenting condition and the requirements of the clinical manual.

A WGOS Signed Order is valid for six months from the date it is signed.

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#### W.26.5 WORKING TO THE WGOS SIGNED ORDERS FORMULARY

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The [WGOS Signed Orders Formulary](#) indicates usual first-line, second-line and third-line treatments. WGOS Optometrists should adhere to the treatment hierarchy in the Formulary in most cases, documenting the clinical rationale for any deviation in the patient's record.

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#### W.26.6 REFUSING A WGOS SIGNED ORDER

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A patient must be offered a WGOS Signed Order to obtain an eye preparation where there is clinical need. The patient has the option to refuse to receive a WGOS Signed Order, for example if they wish to purchase a medication or appliance privately. Any refusal must be documented in the patient record.

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#### W.26.7 IP OPTOMETRISTS AND WGOS SIGNED ORDERS

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IP Optometrists must not use WGOS Signed Orders in practices (fixed or mobile) in which they hold a WP10 prescription pad and/or in practices in which they perform WGOS 5.

IP Optometrists may use WGOS Signed Orders when performing in practices in which they do not hold a WP10 prescription pad in providing WGOS 1, 2, 3 or 4.

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## W.26.8 WGOS SIGNED ORDERS QUALITY ASSURANCE

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Activity and content of WGOS Signed Orders will be reviewed by the Health Board using WGOS activity and Signed Order dispensing data.

Clinical Audit and Post Payment Verification will assure that all Performers and all Contractors are providing WGOS Signed Orders appropriately.

All WGOS activities and fee claims are subject to post payment verification by the HB or NWSSP-PCS on their behalf. The HB, or its representative, is legally entitled to inspect records relating to WGOS patients (including records for WGOS Signed Orders).

Contractors are obliged under the regulations to make the records available within a period specified to them. Maintaining accurate, detailed records and adhering to the various WGOS requirements is essential to be able to support any WGOS claims and avoid PPV difficulties.

Full and accurate patient records must be kept. They should be made at the time of the examination and provide details of the patient's care.

The records should include:

- the reason for and type of WGOS episode performed
- evidence of the clinical investigations performed
- notes of the discussion held with the patient, including the advice given
- any details of WGOS Signed Orders written, including serial numbers, associated with the WGOS episode
- any referrals/reports associated with the WGOS episode.

# WGOS 1 Eye Examination

## 1.0 WGOS 1 Eye Examination Overview



*Every Contractor that has been awarded a WGOS Service Agreement must be able to provide this level of service.*

A WGOS 1 Eye Examination is:

- A Sight Test (as defined in the Opticians Act, 1989) plus
- Holistic health elements.

The holistic health element is based on the principles of Making Every Contact Count (MECC) and includes:

- Directed questions
- Health & Behaviours messaging
- Social Prescribing

The Optometrist performing a WGOS 1 Eye Examination must consider a patient's needs, risk and behaviours. The Optometrist must be mindful of the patient as a person and take all opportunities to support them in making positive changes to their physical and mental health and wellbeing.

On conclusion of a WGOS 1 Eye Examination, the Optometrist will communicate to the patient the summary/outcome of the examination. This is referred to as the 'Patient Management Plan' (PMP).

## 1.1 Making Every Contact Count (MECC)

MECC is an approach to behaviour change that utilises the millions of day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing.

MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations.

HBs in Wales require Optometry Contractors to appropriately introduce ideas of lifestyle and behaviour change and motivate individuals to improve their own health and wellbeing, reduce avoidable premature mortality linked to poor lifestyle choices, reduce health inequalities and help people better manage long term conditions.

Performers and support staff can help people to make healthier choices, by having brief conversations referred to as Brief Advice which has three simple principles:

1. **Ask** a person about their health and well-being when the opportunity arises (MECC and Directed Screening)
2. **Advise** them to consider the benefits of making a change if they are interested (Health and Behaviours Messaging)
3. **Act** by offering encouragement and information about sources of support

## 1.2 Directed Questions

Directed questions are specific enquiries which (where applicable to patient defined cohort) must be made at every WGOS 1 Eye Examination.

The set of directed question will be periodically reviewed and agreed by WGOS Board. At any time, there may be **up to** three directed screening questions for a patient which must be delivered during WGOS1 Eye Examinations to defined cohorts of patients.

Resources to support the delivery of the directed questions are available on [Eye Care Wales website](#).

Directed questions:

Patient to be asked...		Reason	Cohort	Act
1a)	if they smoke or vape.	To raise awareness of the link between smoking and eye/general health	Every patient 16 years old and over	If yes, then patient is to be offered <a href="#">Help Me Quit</a> services.
1b)	how much time they spend outdoors every day.	To begin a discussion on the importance of daily activity time outside	Every patient 15 years old and under	Explain importance of daily activity time outside in terms of: <ul style="list-style-type: none"> <li>• <a href="#">Physical activity</a>, for general health promotion</li> <li>• Outdoor stimulation, for child onset myopia risk reduction</li> </ul>
2a)	if they are aware of the risk factors for type 2 diabetes (age, weight (and waist size), ethnicity, having a close relative with diabetes).	To raise awareness of the link between diabetes and eye/general health	Every patient 16 years old and over who is not already diagnosed diabetic	Inform risk factors (if not already aware) and if patient has one or more of: <ul style="list-style-type: none"> <li>• parent, brother, sister and/or own child with diabetes;</li> <li>• age 40 years old and over (White European)</li> <li>• age 25 years old and over (non-White European)</li> <li>• self-identifies as over-weight</li> </ul> Patient directed to: <ul style="list-style-type: none"> <li>• A diabetes risk tool, e.g., <a href="#">Diabetes UK – Know Your Risk of Type 2 diabetes</a></li> </ul> If a patient is unable to access a diabetes risk tool then the Performer may consider a suitable alternative, which may be a direction to GP/Practice

				nurse/pharmacist to discuss diabetes risk.
2b)	To be introduced in 2025/26			
3	To be introduced in 2025/26			

NOTE Help Me Quit service offer support from aged 12, so any qualifying child and/or child's guardians identified at other points of the WGOS 1 Eye Examination should be directed to the support.

### 1.3 Health & Behaviours messaging

As a healthcare profession, Optometry have a role to play to help increase the public awareness of the impact that lifestyle and behaviours choice have on their ocular and general health.

HBs in Wales create an environment where Contractors can appropriately introduce ideas of lifestyle and behaviour change and motivate individuals to improve their own health and wellbeing.

The HB require Contractors to promote up to a maximum of three specific key message themes, which will be National and/or Cluster messages. Health and Behaviours messaging will be conveyed by both the Practice, e.g. by [posters](#) (physical and/or website), and Performer, e.g. PMP (verbal and/or written), to ensure all patients are supported to receive the messaging.

NHS Wales approved messaging resources are available for the Contractor to order or download via [Eye Care Wales](#) website.

### 1.4 Social Prescribing

In Wales, social prescribing is defined as ‘connecting citizens to community support, to better manage their health and well-being’. The model is holistic, person-centred and moves away from a medicalised approach, to one where the sources of signposting and referral are cross-sectoral and not limited to healthcare/primary care.

It is expected that the Optometrist/OMP be aware of the details of local services and signpost or refer patients to appropriate services.

It is expected that a Contractor makes all Performers aware of local services and how to engage/refer.

### 1.5 Patient Management Plan

The patient management plan is the outcome/summary of a WGOS 1 Eye Examination and comprises of:

1. The particulars to be included in a written statement or prescription provided to the patient immediately following any sight test as required by [the Sight Testing \(Examination and Prescription\) \(No. 2\) Regulations 1989](#)

plus:

2. whether the patient is to be referred to another Healthcare Professional and where applicable the reason for referral and to whom they are being referred
3. Self-management resource e.g. leaflets, links to online resources etc.
4. Any targeted health or behaviour messages required
5. Any Social Prescribing signposting or referral, e.g. to non-clinical services and activities, typically provided by the voluntary and community sectors
6. A recommendation for their minimum interval to next routine WGOS 1 Eye Examination.

The patient management plan must be communicated with the patient following WGOS 1 Eye Examination, offered as a written statement.

A Practice may choose to utilise the [WGOS PMP form](#) or create their own. Where a Practice creates its own it must also contain the following:

- Specific QR codes and/or web addresses in-line with the WGOS PMP form
- The WGOS logo
- Health messages in-line with the WGOS PMP form

## 1.6 Further Holistic Intervention

There may be times where a Contractor is asked to participate with a cluster / HB / regional / national health awareness campaign / screening / intervention activity (e.g. Blood pressure screening). Such activities would be over and above the core WGOS 1 Eye Examination.

The intervention would be agreed at a Cluster, HB, regional, or national level and given a code to be used on the submission so that the Contractor is remunerated appropriately.

## 1.7 Eligibility



*The Contractor is required to verify a patient's eligibility for a WGOS 1 Eye Examination.*

*A patient is required to be eligible on the date of the WGOS 1 Eye Examination.*

*If a patient is unable to provide evidence of eligibility, this should be noted on the claims form as "Evidence Not Seen".*

A patient is eligible for a WGOS 1 Eye Examination if they meet one of the following Welsh Government criteria:

Eligibility (Patient is/has...)	Comments
<b>Under 16</b>	All patients under the age of 16 regardless of where they receive their schooling
<b>16, 17, or 18 and in full-time education</b>	<p>Patients aged 16, 17 or 18 in full-time education at a recognised educational establishment are eligible for a WGOS 1 Eye Examination once they have joined an academic course.</p> <p>Students under the age of 19 and are between academic years or changing schools continue to be eligible during the holidays</p>

	<p>as do students under the age of 19 going to college or university who have an offer of a place at college or university to be taken up immediately after the long holiday, i.e., no gap year.</p> <p>Patients aged 16, 17 or 18 who are being home educated are eligible for a WGOS 1 Eye Examination and, if necessary, optical Vouchers for help towards the cost of glasses.</p> <p>Patients aged 16, 17 or 18 who are on a Welsh Government Traineeship with attendance of 21 hours or more a week are entitled to a WGOS 1 Eye Examination and if necessary, optical Vouchers for help towards the cost of glasses.</p> <p>When completing the WGOS paperwork, optometrists and ophthalmic medical practitioners should tick the box for a patient being a full-time student aged 16, 17 or 18 and attend School/College/University and annotate "home educated" or "Welsh Government Traineeship" accordingly.</p>
<b>Under 18 who are care leaver or are in the care of a Local Authority</b>	
<b>60 or over</b>	All patients who are aged 60 or over
<b>Registered as sight impaired / severely sight impaired</b>	All patients who are registered as sight impaired / severely sight impaired
<b>Dementia</b>	Patients diagnosed as having dementia
<b>Diabetic</b>	<p>Patients diagnosed with diabetes are entitled to WGOS 1 Eye Examination</p> <p>Patients aged 12 or over and have been diagnosed with diabetes should be part of a Diabetic retinopathy screening service. Unless they are currently under the HES for their diabetic eye care, the screening is completed by Diabetic Eye Screening Wales (DESW). If the patient is not receiving screening, you should bring this to the attention of the patient's GP, so that the patient may be included.</p>
<b>Glaucoma</b>	Patients diagnosed as having glaucoma regardless of whether they are under the care of an Ophthalmologist
<b>A family history of glaucoma</b>	A patient who is aged 40 or over who is the parent, child or sibling of a person who has or had glaucoma
<b>Considered to be at risk of glaucoma</b>	A patient considered by an ophthalmologist / glaucoma qualified practitioner to be predisposed to the development of glaucoma is also eligible for a WGOS 1 Eye Examination. However, this eligibility does not extend to their family members


<p><b>At risk of developing eye disease based on ethnicity</b></p>	<p>Patients that are 40 years of age or over and self-certify as Asian or Black are eligible for a WGOS 1 Eye Examination on the basis that they are at much greater risk of glaucoma and diabetes at an earlier age and with more severe disease compared to other ethnicities.</p> <p>Patients that are under 40 years of age and self-certify as Asian or Black with additional risk factors associated with glaucoma or diabetes (e.g. Family History of glaucoma) are also eligible.</p>
<p><b>Unocular</b></p>	<p>Patients who are unocular and would be eligible for Certification as <a href="#">Sight Impaired</a> if they lost vision in their ‘good’ eye</p>
<p><b>A hearing impairment</b></p>	<p>A hearing impairment is defined by Welsh Government as: Anyone using an implantable hearing device or a personal hearing aid/s customised by an audiologist with registration with the Health Professions Council or Academy of Health Science and/or are registered D/deaf, hearing impaired or living with hearing loss on a register kept by a local authority.</p>
<p><b>Retinitis pigmentosa</b></p>	<p>Patients who have been diagnosed as having retinitis pigmentosa by an Ophthalmologist</p>
<p><b>A Complex Prescription</b></p>	<p>A patient currently wearing complex lenses. If during the WGOS 1 Eye Examination it is found that their prescription is no longer considered ‘complex’, they will still be eligible for an WGOS 1 Eye Examination on this occasion, but they would not be automatically entitled to subsequent WGOS 1 Eye Examinations unless they are eligible for another reason.</p> <p>If the patient undergoing a private Sight Test is found to need a complex lens, a WGOS 1 Eye Examination can be claimed, providing that all additional elements (which would not ordinarily be included in a sight test) to comply with the regulations are completed</p>
<p><b>A prisoner on leave from prison</b></p>	<p>A “prisoner” in this context means a person who is detained in a prison, including a young offender institution, but is, at the time of receiving any primary ophthalmic service, on leave from that prison. A prisoner may be allowed to leave prison for short periods towards the end of their sentence and extending eligibility for prisoners on leave is a means to initiate integration with the rest of open society, extending and democratising provisions wider members of the public are entitled to have.</p>
<p><b>An adult receiving one of the following (and in some cases a</b></p>	<p>The following link is useful to determine whether a patient is entitled to a WGOS 1 Eye Examination and/or help towards the cost of an optical appliance.</p>

<p><b>dependent or partner of someone receiving):</b></p> <ul style="list-style-type: none"> <li>• Income Support</li> <li>• Income-related Employment and Support Allowance</li> <li>• Income-based Jobseeker’s Allowance</li> <li>• Pension Credit Guarantee Credit</li> <li>• Universal Credit and meet the criteria</li> <li>• HC2 (full help) or HC3 (partial help) certificate</li> <li>• valid NHS tax credit exemption certificate</li> </ul>	<p><a href="https://www.gov.wales/get-help-nhs-eye-care-costs">https://www.gov.wales/get-help-nhs-eye-care-costs</a></p>
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The Performer and Contractor are required to take reasonable steps to verify a patient’s eligibility for a WGOS 1 Eye Examination on the date that the examination takes place.

If a Contractor establishes a patient’s eligibility to WGOS after a Private Sight Test has been completed and wishes offer the patient the option of converting the episode to WGOS in lieu of paying privately, the Contractor should make arrangements for the Performer to undertake any additional elements of questioning, examination and/or advice required prior to submitting a claim for WGOS.

## 1.8 Frequency

 *WGOS 1 Eye Examinations should only be carried out when the contractor is satisfied that they are clinically necessary.*

*WGOS Performers should exercise their own clinical judgment when recalling patients.*

*If a WGOS Performer decide to see a patient at an interval shorter than recommended, then the appropriate code must be used on the claim form and the reason noted on the record.*

The WGOS Contractor should ensure that its Performers only carry out a WGOS 1 Eye Examination when they deem it clinically necessary. The reason for the test must be clearly documented in the patient's record. A WGOS 1 Eye Examination should not be conducted solely to issue a Voucher to replace broken or lost spectacles / contact lenses.

## 1.9 Minimum WGOS 1 Eye Examination Intervals

WGOS Performers may exercise their clinical judgement to determine the frequency with which a patient needs a WGOS 1 Eye Examination. The shortest intervals between WGOS 1 Eye Examinations for which NHS Wales does not require claim form coding are:

Patient's Age at Time of WGOS 1 Eye Examination or Clinical Condition	Minimum Interval Between WGOS 1 Eye Examinations
Under 16 years	1 year
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 or WGOS4	1 year
Diabetic patients	1 year
At risk of developing eye disease based on ethnicity, they are unioocular, hearing impaired or have been diagnosed with Retinitis pigmentosa	1 year

NOTE Whilst there is complete freedom to exercise clinical judgement in individual cases, it is not appropriate to apply a blanket recall interval to all patients within a category e.g. all patients over the age of 70 or patients with diabetes are automatically placed on 12 months recalls.

## 1.10 WGOS 1 Eye Examination Early Test Codes

Contractors and Performers have a duty of care to assist patients presenting to Practice with a visual or ocular problem.

Patients that present earlier than their recall dates, should be triaged to determine whether further investigation is required either via a WGOS 1 Eye Examination or a WGOS 2: Band 1 appointment. Where there is a clinical need, the patient should be booked the appropriate appointment type within a clinically appropriate timescale.

When a WGOS 1 Eye Examination is completed at a shorter interval than listed above, an early re-test code must be documented on the claim form. As the HBs have the discretion to ask the Performer to justify their decisions, the notes on the clinical record must support the reason for the early test.

HBs allow claims for WGOS 1 Eye Examinations within one month of the minimum interval to accommodate patients' commitments and to give some flexibility.

Early Test Codes	Reason
<b>1</b>	Patient was identified at the last WGOS 1 Eye Examination / Private Sight Test as being at risk of changes to optical prescription
<b>2</b>	Patient has an ocular pathology likely to worsen, e.g. cataracts and vision is borderline for driving; binocular vision anomalies
<b>3</b>	Patient that has presented with visual symptoms who following triage by the Practice is not eligible for a WGOS 2: Band 1 but requires further examination
<b>4</b>	Patient has been identified in WGOS protocols as needing to be seen more frequently because of ocular / health / behavioural risk factors

<b>5</b>	Patient has been referred by a medical practitioner for a WGOS 1 Eye Examination
<b>6</b>	A second WGOS 1 Eye Examination is necessary as the patient is unable to tolerate their new spectacles
<b>7</b>	Other circumstances requiring clinical investigation which are not outlined above

### 1.10.1 EARLY TEST CODE 6 – NON-TOLERANCE



*It is the responsibility of the dispensing Practice to resolve any non-tolerance issue and if necessary to issue a new dispense. They have the contract with the patient and they should ensure that the patient has spectacles that are fit for purpose.*

*In cases of non-tolerance where, in the clinical judgement of an Optometrist/OMP, a patient's symptoms indicate that a further WGOS 1 Examination is required:*

- *to detect signs of injury, disease or abnormality in the eye or elsewhere, and/or*
- *as there is likely to be a clinically significant change in the prescription,*

*Early recall code 6 would be used on the WGOS 1 claim.*

*Where there has been a change in prescription found a GOS 3W can facilitate this, otherwise the Practice is expected to rectify to situation.*

Early test code 6 is to be used to claim a further WGOS 1 Eye Examination if the patient is unable to tolerate their new spectacles and the Optometrist / OMP decides that another WGOS 1 Eye Examination is clinically necessary.

Practitioners should use their clinical judgement with what constitutes non tolerance; however 'non-tolerance' **does not** cover errors or changes of heart.

As the clinical records must support the reason for claiming, it is considered good Practice to triage the patient's concerns to establish:

- the possible cause of the issue they are having with their new spectacles (e.g. fitting of spectacles, error in prescription, non-tolerance to prescription, non-tolerance to lens type or a change to their vision due to an underlying pathology),
- the type of appointment required to investigate their concerns, and
- the urgency in which they need to be seen.

A WGOS 1 (code 6) can only be claimed if:

- the patients presenting concerns appear to be related to a prescription issue and not a performer/Practice/glazing error,
- the patient is still eligible for a WGOS 1, and
- all elements of WGOS 1 as detailed in the manual are completed (i.e. a claim cannot be submitted for refraction only).

A further GOS 3W optical Voucher may be issued to replace lenses / spectacles causing non-tolerance symptoms if:

- the non-tolerance WGOS 1 Eye Examination results in a changed prescription or the prescriber modifies the prescription; and
- the patient is still eligible for help towards the cost of the spectacles.

NB The changed or modified prescription must include a dioptric and/or axis and/or prismatic alteration, not only a change in lens form.

**NOTE** The change in prescription may be a change to distance and/or near, and the GOS 3W would be relevant to that change.

## 1.11 Claiming for WGOS 1



*A Performer should only sign forms for services which they have provided.*

*The date of the last sight test / eye examination should be entered on the GOS 1W form, whether NHS or private.*

*A claim should not be submitted until the WGOS 1 Eye Examination has been completed, the prescription or statement has been issued to the patient, or a referral has been made.*

The claim form to be used for a WGOS 1 Eye Examination will depend on:

1. Whether the patient receives full or partial help towards the cost of their WGOS 1 Eye Examination
2. The location where the WGOS 1 Eye Examination has been completed

### 1.11.1 FORMS TO BE USED TO CLAIM A WGOS 1 EYE EXAMINATION

WGOS 1 Eye Examination eligibility		
Location where WGOS 1 Eye Examination was completed	Full help (all eligibility criteria except when patient has a HC3 certificate)	Partial Help (Patient has a HC3 Certificate)
In a Practice	GOS 1W	GOS 5W
Any permitted setting in Wales, outside of a WGOS Practice premises	GOS 6W	GOS 5W

### 1.11.2 MOBILE SERVICES

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 domiciliary 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.

**NOTE:** Where a WGOS 1 Eye Examination plus any other WGOS episode, e.g. a WGOS 2: Band 2, is completed on the same day in a mobile setting, only one mobile service fee can be claimed per person, per visit.

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### 1.11.3 HC3 CERTIFICATES

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A patient who has a valid HC3 certificates at the time of their private sight test may be eligible for help towards its cost if the amount in Box A on the HC3 certificate is lower than the cost of a private sight test and is also lower than the WGOS 1 Eye Examination fee.

Where the patient is eligible for help towards the cost of a private sight test, a GOS 5W claim form should be completed. The amount to be claimed is calculated as follows:

$$\begin{array}{rcl} \text{Claim Value} & = & \begin{array}{l} \text{The lower of: Private Sight test fee or} \\ \text{WGOS 1 Eye examination fee} \\ \text{(Whichever is the lowest)} \end{array} & - & \begin{array}{l} \text{Patient contribution} \\ \text{(Box A on HC3 certificate)} \end{array} \end{array}$$

A patient who has a valid HC3 certificate at the time of the private sight test may be eligible for help towards the cost of an optical appliance if the amount in Box B on the HC3 certificate is lower than the cost of a privately funded optical appliance and is also lower than the WGOS Optical Voucher for the required spectacle prescription.

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### 1.11.4 HC5W(O) FORMS AND REFUNDS

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If a patient discovers, after receiving and paying for a private sight test, that at the time of that test, they were eligible for a WGOS 1 Eye Examination, the patient can obtain a refund using the HC5(O) form. Submission must be made by the patient within three months of when the private sight test took place.

The HC5W(O) forms can be obtained [here](#)

HC5W(O) forms are sent to the benefits agency by the patient for approval. If approved by the benefits agency the form is sent to the NWSSP-PCS payments team, and the patient is directly refunded by NHS Wales.

# WGOS 2 – Band 1, 2 & 3

## 2.0 WGOS 2



*This service can be performed by*

- *an Optometrist / OMP included in a HB's combined list*
- *a Student Optometrist included in a supplementary list working under the supervision of an Optometrist / OMP whose name is included on the Wales Ophthalmic list and is on the premises at the time*
- *a WGOS CLO who is accredited as suitably qualified / trained to perform the service for anterior eye conditions, is included on an administrative list, and working with a WGOS Optometrist / OMP on the premises and who can intervene*

WGOS 2 allows three distinct eye care examinations (bands) to be completed in primary care.

The following outlines the banding:

**Band 1:** This examination is for patients who have acute eye (or vision) symptoms or signs. It can also be used where clinically necessary to examine patients referred by another healthcare professional.

**Band 2:** These examinations enable patients to have additional investigations following a WGOS 1 Examination or Private Sight Test that will either further inform or prevent onward referral.

NB Band 2 examinations do not enable additional investigations following Band 1.

**Band 3:** These examinations enable a patient to be followed up where clinically necessary after they have had an initial examination under WGOS 2: Band 1

NB Band 3 examinations do not enable additional investigations following Band 2, Private Sight Tests or WGOS 1.

NB The Band 2 and Band 3 fees are also applied in certain circumstances for cataract post-operative examinations.

## 2.1 WGOS 2: Band 1



*A patient may have a WGOS 2: Band 1 examination when clinically necessary, i.e. when:*

- *they have acute symptoms or signs that require examination other than as a follow-up to a previous Band 1, i.e. a new clinical episode;*
- *they require a Band 1 examination having been referred by a health care professional*

*Patients that self-refer or are referred by other Healthcare Practitioners for a WGOS 2: Band 1, should be triaged to determine the eligibility, and the urgency with which they need to be seen.*

*A Contractor must **respond** to the patient within 24 hours of the patient contacting them. There is no expectation that all patients are **examined** within 24 hours. Contractors must make arrangements for patients to be examined within a clinically appropriate timescale.*

*Contractors are expected to assist patients that present during their agreed core hours.*

*The level of examination should be appropriate to the reason for the WGOS 2: Band 1 and procedures are at the discretion of the Optometrist / OMP / CLO, which may include a Sight Test and Patient Management Plan equivalent to WGOS 1 Eye Examination if clinically indicated.*

*A CLO approved by the HB to perform a WGOS 2: Band 1 for a patient who present with an anterior eye problem may only complete such an episode when they are working alongside and in the same premises as an Optometrist / OMP whose name appears on a HB's combined list.*

A WGOS 2: Band 1 examination enables patients with acute eye conditions to obtain a free at the point of access eye examination. The full list of eligibility is below:

1. The patient has an acute eye/vision problem (self-referral or referral from another healthcare practitioner)
2. Referral by another health care professional for further investigation e.g., GP, ophthalmologist, pharmacist, allied health professional, Diabetic Eye Screening Wales (DESW) service
3. Other pathways agreed in HB protocols.

A WGOS 2 Band 1 can be performed whenever it is justified as triaged by a WGOS Performer. Where triage indicates subsequent care following WGOS 2 Band 1 (planned or unplanned) a WGOS 2 Band 3 (explained below) is required, rather than a further WGOS 2 Band 1.

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## 2.1.1 THE PATIENT HAS AN ACUTE EYE PROBLEM

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### 2.1.1.1 Eligibility

A Performer can only submit a claim if a patient presents with symptoms which are of acute onset and that after triage by the Optometrist/OMP/CLO, are deemed to require clinical investigation. The type of symptom or eye problem and how long since they began should be stated clearly on the patient's record card.

In such instances, the Performer must use their professional judgement to decide on the urgency with which the appointment should be performed. Please note whilst the Contractor must **respond** to the patient within 24 hours, there is no expectation that all patients will be **seen** within 24 hours.

Contractors are expected to be able to assist the patient within their agreed core hours. Once the patient presents to the Practice, the Contractor has an obligation to ensure that the patient is managed appropriately within the timescale indicated by triage. Only in exceptional circumstances would this involve arranging for the patient to be seen by a different Contractor.

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**NOTE** if a Contractor refuses to assist / provide WGOS service to an eligible patient (e.g. a patient has been told by a Practice to contact another Practice themselves), the HB must be notified.

### 2.1.1.2 Examination

If a patient presents with an eye problem that requires urgent investigation, then:

- The level of examination should be appropriate to the reason for referral and procedures are at the discretion of the Optometrist / OMP / CLO (for guidance refer to the College of Optometrists [Guidance for Professional Practice](#) and [Clinical Management Guidelines](#))
- Refraction is not usually necessary, unless it may help determine the nature of the acute eye problem (e.g., headaches or diplopia) and should be conducted in line with the Performer's professional judgement. This may be a refraction even if there is no intention to prescribe from it and therefore may not constitute an eye examination / sight test. If a need to prescribe spectacles is found, all elements that would constitute a sight test as defined in the Opticians Act 1989, must be completed and an NHS Voucher may be issued if the patient is eligible. NB a Patient Management Plan and the holistic elements mandated in WGOS 1 may also be appropriate.

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**NOTE** In addition to providing the appropriate advice / management to the patient, the WGOS Performer / CLO may decide it appropriate to notify the patient's GP of the outcome of the examination (See reports and referral section). It is acceptable to send one letter to cover both a Band 1 and subsequent Band 3 examination provided it is sent in a time that doesn't compromise patient safety.

### 2.1.2.1 Eligibility

If a GP or other health professional has concerns regarding a patient's eye health, they can refer them for a WGOS 2: Band 1 examination. The patient can be of any age and the referral may arise for a variety of reasons e.g. GP managing unexplained headaches, or Pharmacist referring a person with an eye infection.

On receiving the referral, the patient will be triaged by the Contractor and the WGO Performer / CLO will decide the urgency in which the patient needs to be seen. Please note whilst the Contractor must **respond** to the patient within 24 hours, there is no expectation that all patients will be **seen** within 24 hours.

### 2.1.2.2 Examination

If a patient is referred by a healthcare practitioner, then:

- The type of examination offered should be appropriate to the reason for referral according to the Optometrist / OMP / CLO's clinical judgement. For example, if a newly diagnosed diabetic patient is told by her GP "make sure you see the optometrist regularly", routine WGOS 1 eye examinations may be indicated whereas if a similar patient is told "make sure you see your optician about that recent blurry vision" a WGOS 1 eye examination or WGOS 2 Band 1 examination may be appropriate depending on triage of the symptoms.
- The extent of examination should be appropriate to the reason for referral and procedures are at the discretion of the Optometrist / OMP / CLO (for guidance refer to the College of Optometrists [Guidance for Professional Practice](#) and [Clinical Management Guidelines](#))
- Refraction is not usually necessary, unless it may help determine the nature of the acute eye problem (e.g., headaches or diplopia) and should be conducted in line with the Performer's professional judgement. This may be a refraction even if there is no intention to prescribe from it, and therefore may not constitute an eye examination / sight test. If a need to prescribe spectacles is found, all elements that would constitute a sight test as defined in the Opticians Act 1989, must be completed and an NHS Voucher may be issued if the patient is eligible. In this instance the holistic elements mandated in WGOS 1 Eye Examination would not be optional, based on Optometrist/OMP discretion.

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**NOTE** In addition to providing the appropriate advice / management to the patient, the WGO Performer / CLO may decide it appropriate to also notify the patient's GP of the outcome of the examination

Other pathways agreed by the HB can be found on the [Eye Care Wales](#) website.



*All WGOS 1&2 Contractors must accept discharges from School Vision Screening,*

### 2.1.3.1 Eligibility for Discharge to WGOS from School Vision Screening

Those children with vision of 0.225 logMAR (6/9.5<sup>-1</sup> Snellen) or worse who are not managed in the HES and those children who were unable to complete screening without their parent/carer present, will be discharged to WGOS 2 Band 1 by the Health Board.

Health Boards will coordinate local discharges with the demographic and clinical data required for patient flows in this pathway.

The WGOS 1&2 Contractor will take responsibility for the management of accepted discharges including contacting patients who do not attend their appointment(s) and informing the discharging Health Board and patient's GP.

### 2.1.3.2 Clinical Expectations from WGOS

All contractors must accept discharges allocated to them from the Health Board, including mobile contractors where clinically necessary.

Clinical examination under WGOS 2 Band 1 must comprise a sight test as defined in legislation and regulations with the mandatory inclusion, where the patient is capable and where not contraindicated, of:

- Visual acuity with **crowded** chart, i.e. logMAR letters. Or, other ability-appropriate acuity test.
- Binocular vision investigations, including:
  - Distance and near vision cover tests, with and/or without spectacles, as appropriate
  - Convergence
  - Stereopsis
  - Ocular motility
- Cycloplegic refraction
- Examinations for the purpose of detecting signs of injury, disease or abnormality in the eye or elsewhere, including, as a minimum, media and fundus check
- The holistic elements of WGOS 1, including directed questions and Patient Management Plan
- The issue of WGOS optical vouchers where necessary

Where any of the above are not performed explanation as to why must be included in the patient notes.

Where spectacles are prescribed, visual acuity after spectacle adaptation (minimum 18 weeks) must be performed (WGOS 2 Band 3).

Further management beyond the initial WGOS 2 Band 1 (and Band 3 if required) should be through WGOS 1.

### 2.1.3.3 Management Guidelines

#### **Reduced visual acuity**

- If following cycloplegic refraction spectacles are prescribed, advise full-time wear (unless clinical judgement to the contrary). Do not refer to the HES for cycloplegic refraction.

- If visual acuity appears reduced but fundus and media normal, with no refractive error and no other systemic symptoms e.g. headaches, the optometrist should use their clinical judgement to whether the patient should be recalled under WGOS 1 or whether a referral to the HES is required.
- Where spectacles are prescribed, children should be given sufficient refractive adaptation time (18 weeks of spectacle wear) and then followed- up as WGOS 2 Band 3 to check the impact of spectacle wear.
  - Equal visual acuity of 0.2 logMAR (6/9.5) or better after refractive adaptation is deemed acceptable and does not warrant referral into the HES in the absence of other referrable concerns, and patient care evolves to regular WGOS care, see 2.1.3.6.
  - If following review the visual acuity has not significantly improved and there is still 2 lines of interocular difference in visual acuities, then the child may be referred to the HES unless they are over the age of 8 with a history of previous treatment for amblyopia.
- If the optometrist is not confident in the visual acuity results, for example the examination was problematic, the optometrist should arrange completion of the WGOS 2 Band 1 episode after a short interval.
- Amblyopia is defined as a difference of at least 2 lines (0.2 logMAR) between the eyes in best corrected vision, after full refractive adaptation time (18 weeks of spectacle wear). Performers should use the guidelines above regarding reduced vision to refer children for amblyopia treatment.

### **Convergence weakness**

- Correct any significant refractive error and refer routinely to HES for orthoptic treatment if symptomatic. If it is an incidental finding as part of a routine examination and the patient is asymptomatic, do not refer to HES.

### **Reduced Stereopsis**

- An isolated finding of reduced stereopsis alone does not warrant referral into the HES, as there is no specific treatment for this.

### **Strabismus**

- Longstanding strabismus should be referred to the HES routinely, especially in the absence of amblyopia. If a child with strabismus has previously been seen and discharged from the HES, they do not need referring unless the child has new symptoms or if a parent wishes to consider corrective surgery.
- New strabismus and/or the patient reports diplopia – refer to HES:
  - same day if red flags, for example, headache, vomiting, fever or recent infection, history of cancer, trauma, orbital signs (proptosis, restricted motility, pain), papilloedema, new abnormal head posture, suspicion of intracranial disease; or
  - routinely, including if new intermittent diplopia due to decompensating long-standing strabismus.
- Fully-accommodative esotropia no longer controlled – undertake Cycloplegic refraction and prescribe maximum hypermetropia for full-time wear. Only refer if the patient is symptomatic or has cosmetic concerns.

### **2.1.3.4 Transfer of Care Dataset from WGOS to HES**

- Optometry practice and contact details
- Patient details and contact number

- Date of examination/referral
- Visual acuity with **crowded** chart ( LogMAR or Kays)(or age appropriate with reason)
- Binocular vision investigations, including:
  - Distance and near vision cover tests, with and/or without spectacles, as appropriate
  - Convergence
  - Stereopsis
  - Ocular motility
- Media and fundus check with comments on eye health
- Cycloplegic refraction results
- Optical prescription issued
- VA after spectacle adaptation (minimum 18 weeks)

### 2.1.3.5 From “Discharge from School Vision Screening” to routine WGOS 1

A child’s care evolves into WGOS 1 routinely.

The Discharged to School Screening pathway will comprise a WGOS 2 Band 1; or a WGOS 2 Band 1 plus WGOS 2 Band 3 at 18 weeks, as part of the Health Board’s pathway.

Further ongoing care in Primary Care will be under WGOS as per Optometrist clinical judgement.



*Health Boards will notify practices when this Discharge from School Vision Screening Pathway begins. They will contact practices to share any local operational elements before they receive any requests to examine failed School Vision Screening patients*

## 2.2 WGOS 2: Band 2



*The purpose of a WGOS 2: Band 2 is to facilitate additional investigations which inform or prevent onward referral.*

*A WGOS 2: Band 2 episode can only follow a WGOS 1 Eye Examination or a private sight test.*

*Most cases will require only one WGOS 2: Band 2 episode to inform or prevent a referral. In rare cases more than one WGOS 2: Band 2 episode, on a different day, may be required to inform or prevent a referral.*

*A WGOS 2: Band 2 may be completed on the same day or a subsequent day as a WGOS 1 Eye Examination or a Private Sight Test.*

*A WGOS 2: Band 2 may be completed by a different Performer than the one who performed the preceding assessment.*

*A WGOS 2: Band 2 fee may be claimed instead of a Band 3 fee if unexpected symptoms or signs are found during a Post Cataract assessment that instigate further investigation.*

WGOS 2: Band 2 examinations enable patients to have additional investigations funded by NHS Wales. They can be used to further inform or prevent onward referral.

### 2.2.1 Eligibility

Patients are eligible for a WGOS 2: Band 2 if the Optometrist / OMP performing the WGOS 1 Eye Examination or private sight test identifies signs or symptoms that may need referral and performing a Band 2 would facilitate adding valuable information to that referral or may even prevent it.

This category is not to be used as a follow up to any type of WGOS 2 Band 1 examination.

A WGOS 2: Band 2 may be carried out on the same day as a WGOS 1 Eye Examination or a private sight test but could be carried out on a different day according to patient or clinical needs.

In cataract post-op assessments, a Band 2 fee may be claimed instead of a Band 3 fee if unexpected symptoms or signs are found that instigate further investigation.

### 2.2.2 Examination

In all cases a WGOS 2 Band 2 fee can only be claimed where an intervention was both:

- 1) clinically required, and
- 2) not part of the preceding Sight Test / WGOS 1 Eye Examination unless repetition is required.

The following are guidelines about investigations that **would** be considered appropriate for a Band 2 (Note that this is not an exhaustive list).

- A pre-operative cataract assessment, as described below
- Cycloplegic refraction
- Wide field (e.g. 60 degrees) threshold related visual field examination for unexplained headaches
- Applanation tonometry and/or threshold related visual fields for a patient where initial results were suggestive of (non-urgent) glaucoma to inform/prevent referral via the established pathway
- An OCT assessment in order to refine or prevent a referral

The following tests **in isolation would not** normally be considered appropriate for a Band 2:

- Dilation of the pupil to get a better view of the fundus (e.g., asymptomatic patient with small pupils) as part of a WGOS 1 Eye Examination / private Sight Test
- OCT to establish or compare with base line readings
- OCT where there is no question of referral
- Heidelberg Retina Tomography (HRT)
- Pachymetry
- Fundus photography
- Syringing or punctum plugs for dry eye
- Gonioscopy

The following are guidelines about investigations that **would** be considered appropriate for a second or subsequent Band 2 (Note that this is not an exhaustive list).

- To assess visual acuity following a period of refractive adaptation in an amblyopic child

- To check on progress with binocular vision exercises and to change the exercises if necessary
- Reassessing a visual field defect suspected of being transient

The following are guidelines about what **would not** normally be considered appropriate for a second or subsequent Band 2 (note that this is not an exhaustive list):

- Finishing tests which could/should have been completed at the/a previous episode
- Investigating novel symptoms

- 
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- **NOTE** In addition to providing the appropriate advice / management to the patient, the WGO Performer / CLO may decide it appropriate to also notify the patient's GP of the outcome of the examination

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### 2.2.3 CATARACT PRE-OPERATIVE ASSESSMENT

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#### 2.2.3.1 Eligibility

Patient found to have significant cataract(s) at a WGOS 1 Eye Examination or private Sight Test should have a WGOS 2 Band 2 cataract pre-operative assessment prior to referral to Ophthalmology.

The episode should be performed and claimed for regardless of whether the investigation results in an onward referral for cataract extraction.

#### 2.2.3.2 Examination

The level of examination should be appropriate to the reason for review and procedures are at the discretion of the Optometrist / OMP. The assessment should include as a minimum, the following:

- Such clinical investigations as to adequately populate a referral to Ophthalmology, which may include:
  - Visual acuity - Recorded and compared to previous recordings where available
  - Pinhole visual acuity
  - Slit lamp biomicroscopy of the anterior and posterior segments through a dilated pupil noting location and type of cataract
- [Pre-operative questionnaire](#)
- Any locally agreed communications
- Counselling to the patient, to include risks associated, and delivered in the patient's preferred accessible format.

Risks associated with cataract surgery Information needs to be communicated to patients with care and sensitivity.

- 1:25 (4%) Any complication
- 1:100 (1%) Risk of reduced vision
- 1:1000 (0.1%) Risk of total loss of vision

Note that the risk increases for factors such as dense cataract, high ametropia, previous vitrectomy, pseudoexfoliation etc. Risks, therefore, should only be discussed in approximate terms as individual risks will be discussed prior to the operation within Ophthalmology.

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NOTE Patients may need time to digest the results of the assessment and the risks associated with surgery before they decide whether to go ahead with a referral. This means that the Optometrist / OMP may need to conclude the WGOS 2 Band 2 episode by having a conversation with the patient sometime after the assessment to determine their decision prior to sending any referral.

## 2.3 WGOS 2: Band 3



*A WGOS 2: Band 3 can only be performed following a WGOS 2: Band 1 or as part of a cataract post-operative assessment.*

*It is not expected that every WGOS 2: Band 1 episode will require a WGOS 2: Band 3 appointment.*

*Where there is a clinical need, more than one WGOS 2: Band 3 may be claimed.*

*A WGOS 3: Band 3 may be completed by a different Performer than the one who performed the preceding assessment.*

*The examination should be appropriate to the reason for the appointment and procedures are at the discretion of the Optometrist / OMP / CLO.*

*A CLO approved by the HB to perform a WGOS 2: Band 3 follow up to a WGOS 2: Band 1 episode may only complete such an episode when they are working alongside and in the same premises as an Optometrist / OMP whose name appears on the Wales Ophthalmic list.*

WGOS 2: Band 3 examinations can be completed:

- To provide a follow-up to a WGOS 2: Band 1
- When the patient has been discharged to optometry for a cataract postoperative assessment, *see detail below*
- As part of another pathway which has been agreed by the HB

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### 2.3.1 AS A FOLLOW UP TO A BAND 1

#### 2.3.1.1 Eligibility

Following a WGOS 2: Band 1 an Optometrist / OMP / CLO may deem it clinically necessary to review the patient again to ensure the patient is being clinically managed in the most appropriate way. Occasionally, this may involve the patient being reviewed on more than one occasion.

Whilst there is scope to exercise clinical judgement in individual cases, it would not be appropriate to complete a Band 3 following every Band 1. As the HBs have the discretion to ask the Optometrist / OMP to justify their decisions, the record must support the reason for completing the Band 3.

This appointment can be either:

1. Scheduled

The appointment is booked on completion of a WGOS 2: Band 1 and prior to the patient leaving the Practice. Examples include (Note that this is not an exhaustive list):

- Re-assessment of a patient with marginal keratitis
- Re-assessment of a patient with corneal abrasion
- Re-assessment of a patient following foreign body removal
- Re-assessment of a patient with a non-resolving red eye
- Corneal lesions of unknown origin follow-up

## 2. Unscheduled

The appointment is booked when the patient, who has recently been seen for a WGOS 2: Band 1, re-presents to the Contractor on another occasion as their symptoms persist or have worsened when they were advised that the symptoms should resolve.

If the WGOS 2: Band 3 is a “scheduled” appointment, this would indicate that the Optometrist / OMP / CLO wished to check that the patient’s symptoms / signs were resolving. In this case, it would be inappropriate to schedule a WGOS 1 Eye Examination or private sight test until the issue is known to have fully resolved. Only in exceptional circumstances can a WGOS 1 Eye Examination and WGOS 2: Band 3 follow up to a Band 1 be claimed on the same day.

### 2.3.1.2 Examination

The level of examination should be appropriate to the reason for review and procedures are at the discretion of the Optometrist / OMP / CLO.

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**NOTE** In addition to providing the appropriate advice / management to the patient, the WGO Performer / CLO may decide it appropriate to also notify the patient’s GP of the outcome of the examination

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## 2.3.2 CATARACT POST-OPERATIVE ASSESSMENT

### 2.3.2.1 Eligibility

Where a patient presents to the Contractor following an NHS Wales funded cataract operation, for their post operative WGOS 1 Eye Examination or private sight test after their surgery, a WGOS 2: Band 3 can be claimed for performing the WGOS 2 Band 3 assessment, completing a post operative report for Ophthalmology and facilitating the [post-operative Cat PROM 5](#).

Please note:

- If a post-operative cataract assessment finds an unexplained reduction in vision or if the patient presents with signs / symptoms in **either** eye which require subsequent further investigations, a Band 2 can be completed instead of a Band 3 to determine if onward referral is required and to inform the referral where indicated.
- Unless a locally commissioned pathway permits, at no point should a Band 3 and a Band 2 be claimed for the same patient on the same day.

### 2.3.2.2 Examination

The level of examination should be appropriate to the reason for review and procedures are at the discretion of the WGOS Performer.

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NOTE Unless a locally commissioned pathway permits, at no point should a Band 3 and a Band 2 be claimed for the same patient on the same day.

# WGOS Optical Vouchers

## V.0 WGOS Optical Vouchers



*An Optometrist, OMP or Student Optometrist listed on a HB's combined list may issue a WGOS Optical Voucher to an eligible person only when there has been a significant change in spectacle prescription, or the spectacles are no longer serviceable through fair wear or tear or no longer fit.*

*If the patient is eligible for a WGOS Optical Voucher, it should be issued to them following the WGOS 1 Eye Examination or a private sight test which has been partially funded by a HC3W certificate.*

*The records should indicate that a Voucher has been issued.*

*A WGOS Optical Voucher is valid only while the patient is eligible and for a maximum of two years from the date on which it was issued. The Supplier must check the patient's eligibility for the Voucher on the date of the patient ordering the spectacles or contact lenses, if there is any delay between the issuing Voucher and ordering the appliance.*

Eligible patients can obtain a WGOS Optical Voucher (GOS3 W) which they redeem at the Practice of their choice. The patient is entitled to 'spend' a Voucher of a specified amount on or towards a pair of spectacles / contact lenses of their choice, providing that they are still eligible at the time of ordering the spectacles / contact lenses.

## V.1 Duty to make available a basic pair of spectacles



*Contractors who provide WGOS and sell spectacles are obliged to offer patients a basic pair of spectacles that meet the specification of the individual's prescription and be within the value of the relevant Voucher to which the individual is entitled, regardless of where in the UK the optical Voucher was issued.*

*If a Practice supplies spectacles privately then to hold a WGOS Service Agreement, they must also provide spectacles through WGOS Optical Vouchers.*

A full WGOS Optical Voucher (i.e. not HC3W Voucher) ensures an eligible patient has the expectation of provision of a functional optical appliance without incurring cost.

Patients must have the option of a suitable pair of spectacles within their Voucher value, not just a grant towards the cost of more expensive spectacles. The suitable spectacles must be single vision, bifocal or multifocal as specified by the prescriber or otherwise single vision, bifocal or multifocal as per the patient's choice. However, so long as the expectation of provision of a functional optical

appliance without incurring cost is met a patient may be offered the choice to pay towards a different appliance.

## V.2 Eligibility



*The Contractor is required to verify a patient's eligibility for a Voucher.*

*To be able to claim their Voucher, the patient is required to be eligible on the date on which they order their optical appliance.*

*If a patient is unable to provide evidence of eligibility, the Contractor should indicate this on the claim form.*

A WGOS Optical Voucher can be issued immediately after a WGOS 1 Eye Examination, WGOS 2: Band 1 episode (which included refraction and all other tests to understand the effect of the prescribed result) or a private sight test which has been partially funded by a HC3 certificate.

If the patient:

1. Falls into one of the categories listed in part A of the table below and
2. The outcome of the WGOS 1 Eye Examination; WGOS 2: Band 1 episode (which included refraction and all other tests to understand the effect of the prescribed result); or a private sight test which has been partially funded by a HC3 certificate; meets one of the criteria listed in part B of the following table:

### Eligibility criteria for an Optical Appliance funded by NHS Wales

PART A	PART B
<ul style="list-style-type: none"> <li>• Children under 16</li> <li>• Students in full time education, aged 16-18</li> <li>• Under 18 who are care leavers or are in the care of a Local Authority</li> <li>• Adults receiving:               <ul style="list-style-type: none"> <li>○ Income Support (and their partners)</li> <li>○ Income-based Jobseeker's Allowance (JSA)</li> <li>○ Income-related Employment and Support Allowance (ESA)</li> <li>○ Pension Credit Guarantee Credit (PCGC)</li> <li>○ Tax Credit</li> <li>○ Universal Credit</li> </ul> </li> <li>• Patients holding a HC2 (full help) or a HC3 (partial help) certificate</li> <li>• Prisoners on Leave (PoL)</li> <li>• Patients requiring complex lenses</li> </ul>	<ul style="list-style-type: none"> <li>• The Optometrist / OMP considered there had been a significant clinical change in spectacle prescription</li> <li>• The Optometrist / OMP found no significant change in the spectacles prescription but judged the spectacles / contact lenses no longer fitted or had become unserviceable through fair wear and tear</li> </ul>

**NOTE** Where there is a change in the contact lens specification but no change in spectacle prescription, a Voucher cannot be issued. Spectacles are normally expected to last for two years. However, this is not a

**statutory limit. A Voucher can only be issued for disposable or planned replacement contact lenses if the spectacle prescription has changed. Disposable or planned replacements contact lenses do not entitle a patient to a Voucher on the grounds of fair wear and tear.**

A Voucher may be issued at a later date if the prescription is still valid and

- the patient falls into one of the categories listed in part A of the table above and at the time of the WGOS 1 Eye Examination / WGOS 2: Band 1 / Private Sight Test, there had been no significant change in the spectacles prescription and the patient had a serviceable optical appliance to correct their vision, but at the time of dispensing no longer has any form of 'useful' optical correction available to them due to damage / loss
- the patient at the time of their last WGOS 1 Eye Examination / Private Sight Test was not entitled to NHS Wales funded spectacles / contact lenses as they did not meet any of the categories listed in Part A of the table above, but at the time of dispensing, are eligible. In such circumstances, a WGOS 1 Eye Examination is not required, unless there is reason to believe there has been a change in prescription. Having satisfied themselves that the patient is eligible for a Voucher, the Performer should copy the prescription into the WGOS 3. In the signature box the Performer should write 'transcribed by' and enter their name and list number and sign and date the form indicating the date of the prescription on which the GOS 3W is based. It is good Practice to record the name and address of the original prescriber, together with the date and details of the prescription, on the patient's record.

If at the time of dispensing, a patient who would usually be seen at the HES for a sight test / refraction has become eligible for help towards the cost of their optical appliance, a Performer may issue a WGOS 3 Voucher. In such circumstances, the patient should not be offered a WGOS 1 Eye Examination, unless there is reason to believe there has been a change in prescription or the prescription issued by the HES is out of date. Having satisfied themselves that the patient is eligible for a Voucher, the Performer should copy the prescription from the HES prescription form onto the WGOS 3 Voucher. In the signature box the Performer should write 'transcribed by' and enter their name and list number and sign and date the form indicating the date of the prescription on which the GOS 3W is based. It is good Practice to record the name and address of the original prescriber, together with the date and details of the prescription, on the patient's record.

## **V.3 Non-tolerance**

A second GOS 3 W optical Voucher may be issued in the exceptional case where a patient cannot tolerate their new spectacles and a further WGOS 1 Eye Examination (early recall code 6) results in a modified prescription being issued. Please see guidance above.

To be able to issue a second GOS 3W optical Voucher, the patient must at the time of dispensing must be eligible for help towards the cost of the spectacles.

Non-tolerance does not cover errors or changes of heart.

The patient's record should indicate the details for why the subsequent Voucher has been issued.

## V.4 WGOS Optical Voucher number codes and values

A Voucher can be used for spectacles or contact lenses. The value of the Voucher is determined by the spectacle prescription not the strength of the contact lenses.

(Voucher values are published and maintained by [Welsh Government](#).)

Single Vision	Cyl				Bifocals / Multifocals	Cyl			
Sph	0.25–2.00D	2.25–6.00D	6.25–10.00D	≥ 10.25D	Sph	0.25–2.00D	2.25–6.00D	6.25–10.00D	≥ 10.25D
PI–6.00D	(1)				PI–6.00D	(6)			
6.25–9.75D	(2)				6.25–9.75D	(7)			
10.00–14.00D	(3)		(4)	(5)	10.00–14.00D	(8)		(9)	(10)
14.25–20.00D					14.25–20.00D				
≥ 20.25D					≥ 20.25D				

	Single Vision	Multifocal	Fee								
Prisms (per lens)			HES Voucher 11								
Tint / photochromic (per lens)			HES Patient Charge*								
U19, non-stock supplement (per frame)			Complex lens voucher (single vision)								
Small Frame Supplement (per frame)			Complex lens voucher (multifocal)								
Repair & Replacement (£)	1	2	3	4	5	6	7	8	9	10	11
One lens											
Two lenses											
Front of frame	Side of frame			Whole Frame							
Small frame: Front	Side of frame			Whole Frame							

\*Where a Consultant Ophthalmologist deems that a patient has a clinical need for contact lenses, the patient must contribute up to the 'HES patient charge' per lens. The HES will cover the remaining costs

The highest spherical power of the spectacle prescription and form of the lens determines the value of the Voucher. If a GOS 3W form is presented for dispensing and the prescription is not written in the form which gives the highest spherical power, the prescription should be transposed. If the transposed prescription provides a higher-value Voucher and benefits the patient, the Voucher type should be amended on the GOS 3W claim form and annotated with “FPN 713”.

Vouchers with number codes 1 to 5 are for single vision optical appliances; 6 to 10 are for bifocal / multifocal optical appliances. Prism controlled bifocal lenses are classed as Voucher 9 in all cases, regardless of the distance or reading power.

HES Voucher 11 may be issued by a HB/hospital only. This Voucher covers appliance prescribed by a HB/ hospital that does not fall under any of the categories 1 to 10.

### V.4.1 VOUCHERS FOR MULTIFOCALS AND COMPUTER LENSES

The value of the Voucher is determined by the spectacle prescription the patient requires rather than the appliance they choose e.g. if a patient requires a distance correction and a near addition, they can have either two pairs of glasses or one pair of bifocals/multifocals and you can issue two single vision Vouchers or one multifocal Voucher.

The Voucher value for a bifocal/multifocal lens is determined by the distance prescription.

If a patient only requires a reading prescription (i.e., the Patient and/or Optometrist deems that the distance prescription is insignificant) and requires bifocals/multifocal lenses or an occupational lens, the Performer may issue a multifocal Voucher.

Anti-fatigue lenses are considered multifocals and therefore may be prescribed with the appropriate distance and near prescriptions using a Voucher number codes 6-10.

If a patient wishes to have lenses with a longer or shorter working distance (as different from a what may be expected a comfortable reading working distance) 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 one near prescription) and it should be clearly explained to them that they will not be able to have another Voucher for another working distance.

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#### V.4.2 VOUCHERS FOR CONTACT LENSES

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A Voucher can only be issued for disposable or planned replacement contact lenses if the **spectacle** prescription has changed.

Disposable or planned replacement contact lenses do not entitle a patient to a Voucher on the grounds of fair wear and tear.

The patient may use their Voucher towards the cost of contact lenses. A Voucher can be used in lieu of payments for regular replacement lenses.

### V.5 Complex Lenses



*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 Voucher can be issued to a patient if they meet the following criteria:

1. They have a spectacle prescription of 10 dioptres or more, or require prism-controlled bifocals
2. There has been a significant change in prescription, or their current optical appliance are unserviceable.
3. They are not eligible for help with the cost of an optical appliance on any other grounds.

Supplements for prisms and tints, if clinically necessary can be claimed in addition to the complex lens Voucher.

### V.6 Back Vertex Distance (BVD) adjustments

If the spectacle prescription needs to be altered as the frame being dispensed sits at different back vertex distance to that recorded at the time of the WGOS 1 Eye Examination, the GOS 3W or HES 3 form should be annotated with the words 'BVD change' in the margin. If the change requires a higher Voucher band, the GOS 3W or HES Voucher form should be annotated accordingly.

## V.7 Lens Supplements



*A tint or prism is a supplement to a necessary prescription.*

*Supplements should only be provided if there is a clinical need.*

*The tint supplement must be prescribed by the Optometrist / OMP conducting a WGOS 1 Eye Examination / private sight test. It cannot be added to the Voucher at the time of dispensing.*

*The child non-stock lens supplement can be claimed at the time of dispensing for all eligible patients with a qualifying spectacle prescription to improve the cosmetic appearance of the spectacles.*

If a patient is prescribed a tint or a prism for clinical reasons during a WGOS 1 Eye Examination and is eligible for an optical appliance funded by NHS Wales (on a number-coded or complex optical Voucher), an additional supplement can be included when the Voucher is issued. Such supplements can only be prescribed by the Optometrist / OMP who have performed the WGOS 1 Eye Examination and only when they are prescribing a powered lens (i.e. tints and prisms for bilateral plano single vision lenses are not eligible for NHS Wales funding). They cannot be added to the Voucher at the time of dispensing. The Voucher issued must correspond to the power of the prescription plus the tint or prism supplement.

### V.7.1 TINTS

- The clinical reason for the tint should be noted on the clinical record e.g. symptoms, test results or clinical findings. Tints must not be prescribed simply because the patient “has had them before” or requests a tint for cosmetic reasons.
- 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.
- Anti-reflection coatings and ultra-violet blocks are not considered to be tints under WGOS.

### V.7.2 PRISMS

- The reason that prism is required should be evident on the clinical record.
- If the dioptric prescription would typically be insignificant but a prism is clinically necessary, a Voucher may be issued including a prism supplement.

If the Supplier operates an ‘all inclusive’ charging policy (i.e. no additional charges made for tints and prisms), if 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, then the Supplier is entitled to claim the full Voucher value.

### V.7.3 CHILD NON-STOCK LENS SUPPLEMENT

To provide a better cosmetic appearance, patients under the age of 19 years who require a spectacle prescription that has one/both eyes between 4.00 and 6.00D (inclusive) with optical Voucher code 1,

are eligible for a 'Child Non-Stock Lens Supplement'. This supplement should be prescribed by the Optometrist / OMP who has performed the WGOS 1 Eye Examination. The supplement can be claimed if there is evidence to demonstrate that the patient has received a lens that improves the cosmetic appearance e.g., surfaced lenses, smaller blank sizes, higher index lenses. Details of the non-stock lens should be annotated on the patient's record.

The Practice must demonstrate that:

- The lens supplied is different to the standard lens dispensed by the Practice as part of their NHS Wales fully funded basic optical appliance offering
- The supplied lenses are regarded as being cosmetically better than a standard lens
- The patient would usually be charged for the cosmetic upgrade of the lens
- The retail price of the upgraded optical appliance is higher than the value of an optical Voucher 1. The Contractor can claim the lower of either the appropriate Voucher value (Voucher 1 + Child non-stock supplement) or the retail price.

The supplement can be claimed on an initial supply and a full replacement dispense (but not a partial repair).

This Voucher can be issued by a hospital or a WGOS provider.

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#### V.7.4 COMPLEX PRISMS

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*Contractors who provide WGOS 1&2 and sell spectacles are obliged to offer patients a basic pair of spectacles that meet the specification of the individual's prescription and be within the value of the relevant Voucher to which the individual is entitled, regardless of where in the UK the optical Voucher was issued.*

*If a Practice supplies spectacles privately then to hold a WGOS Service Agreement, they must also provide spectacles through WGOS Optical Vouchers.*

##### 7.4.1 Complex Prism Supplement

The Complex Prism Supplement is an additional payment to contractors intended to cover the additional costs associated with incorporating prismatic correction into spectacle lenses, where those costs are not fully met by the standard optical voucher and the existing prism supplement.

The supplement exists to ensure equity of access for patients requiring prism correction, enabling them to receive a basic pair of NHS spectacles, while also ensuring that Suppliers are not financially disadvantaged when dispensing more complex prescriptions.

##### 7.4.2 Claiming the Complex Prism Supplement

The Complex Prism Supplement may be claimed where both:

- The patient has been prescribed lenses with prism(s); and
- The cost of incorporating the prismatic element of the prescription causes the production cost of the lenses to exceed the combined value of the standard optical voucher and the ordinary prism supplement.

The supplement reimburses the additional cost incurred specifically in relation to incorporating the prismatic element of the prescription into the lens(es).

For the purposes of this supplement, a 'basic lens' is defined as the cheapest available lens suitable for the prescription being dispensed.

The Supplier must submit:

1. Evidence demonstrating the cost of producing the prescription using 'basic' lenses without the prismatic element; and
2. Evidence demonstrating the cost of producing the prescription using 'basic' lenses incorporating the prismatic element; and
3. A completed [Complex Prism Supplement Claim Form](#).

NWSSP-PCS, on behalf of Health Boards, administers payments to reimburse the Supplier the difference between the total cost of producing the prescription lenses and the voucher value for two lenses, calculated as if processing a claim for replacement lenses for a GOS 4W.

## V.8 Frame Supplements



*A Small Frame Supplement or Special Facial Characteristic Supplement is only valid if the requirements below are met.*

*The Supplier should verify the measurement of the frame and record this information on the dispensing records.*

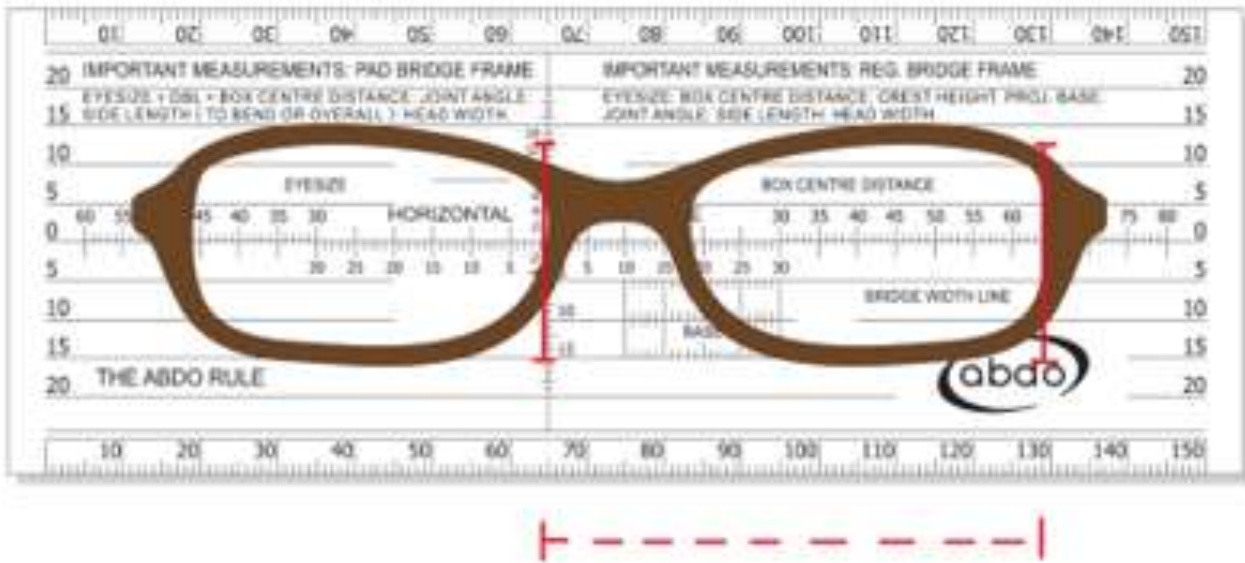
*All alterations that have been made to the frame should be noted on the dispensing records.*

### V.8.1 SMALL FRAME SUPPLEMENT

A small frame supplement can only be claimed if the optical appliance supplied meets the following two conditions:

- Has a frame with a boxed centre distance (see diagram below) of not more than 55mm, and
- Is either a frame which have been designed with appropriate modification (e.g., supplied with alternative frame parts requiring Practice assembly) or a stock frame requiring significant adaptation (more than regular frame adjustments) to ensure a satisfactory fit

**Diagram to demonstrate how to measure Box Centre Distance of a frame  
(with permission from and thanks to [ABDO](#))**



The Contractor has a responsibility to ensure that the appliance supplied meets the small glasses criteria. It should not be assumed that the manufacturer's dimensions are accurate.

Extensive adaptation can apply to the frame or the lenses. Evidence of adaptation should be annotated on the patient's record. The orders for the frame, lenses and/or modification should be retained as evidence.

The supplement is payable in addition to the appropriate Voucher(s).

If a frame needs to be repaired or replaced, the supplement is also payable in addition to a repair or replacement Voucher. The claim should be the lower of the retail price of the spectacles / repair, or the sum of the Voucher and the supplement.

## V.8.2 SPECIAL FACIAL CHARACTERISTICS SUPPLEMENT

If any patient who is eligible for a NHS Wales funded optical appliance requires a special spectacle frame to be custom made or specifically adapted on account of their facial characteristics, a Special Facial Characteristics Supplement can be issued to help towards the cost. The specialist frame must be provided for clinical need rather than choice. The supplement is payable in addition to the appropriate Voucher. This Voucher can be issued by a hospital or a WGOS provider.

If a frame needs to be repaired or replaced, the supplement is also payable in addition to a repair or replacement Voucher. The claim should be the lower of the retail price of the spectacles / repair, or the sum of the Voucher and the supplement.

## V.9 Claiming



*The Supplier must keep accurate records of the optical appliances supplied under WGOS and Voucher regulations.*

*The patient can redeem an NHS Wales Voucher as a grant towards spectacles or contact lenses at the supplier of their choice.*

*The Supplier must claim the lower of either the appropriate Voucher value or retail price and the patient can choose how they use the Voucher.*

*Vouchers should be regularly submitted for payment.*

- To claim for spectacles/contact lenses that have been issued via WGOS, the patient's GOS 3W form should be completed
- The Contractor can claim the lower of either the appropriate Voucher value or retail price.
- If a patient pays for disposable or planned replacement contact lenses by instalments, a GOS 3W Voucher may be accepted in lieu of several payments up to the value of the Voucher
- Completed GOS 3W claims should be submitted to NWSSP-PCS at regular intervals for payment and within 3 months of the date of collection of the spectacles / contact lenses
- If a patient has committed to a contract for the supply of disposable or planned replacement contact lenses, the Voucher for payment can be submitted once the first set of lenses has been collected

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#### V.9.1 HC3 CERTIFICATES

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- If the patient's contribution (shown in Box B on the HC3 certificate) is more than the WGOS Optical Voucher that they are entitled to, the patient is unable to have any help towards the cost of their spectacles / contact lenses
- Where the patient is eligible for partial help, the value of the Voucher being issued is reduced by the patient's contribution (shown in Box B on the HC3 certificate)

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#### V.9.2 UNCOLLECTED SPECTACLES / CONTACT LENSES

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It is reasonable for a Contractor to submit a claim for a Voucher in respect of uncollected appliances three months after the spectacles / contact lenses were ordered. It is considered good Practice, but not a requirement of the Terms of Service or the GOS regulations for the Contractor to ensure that a record exists to demonstrate that the patients have been notified. NWSSP-PCS considers it reasonable to make at least two attempts to contact the patient.

Where the patient fails to collect their spectacles or contact lenses, the Contractor should claim for the spectacles or contact lenses at the retail price or the appropriate Voucher value, whichever is the lower. The GOS3 W claim form should be annotated with the words 'spectacles/contact lenses uncollected' and the date the form is submitted.

If a patient passes away before collecting the spectacles or contact lenses, the Contractor should annotate the GOS 3W with the words 'patient deceased'. The form should be dated to represent the date at which the claim is being made i.e. date of submission.

When re-glazing an eligible patient's frame with a new prescription, you should claim the appropriate Voucher value or your normal retail price to private patients for the supplying and fitting of the lenses, whichever is the lower.

If only one lens is re-glazed, the appropriate Voucher value or the private retail price for that lens should be claimed, whichever is the lower.

## V.10 Repairs and Replacements



*Approval from NWSSP-PCS is required to repair / replace an adult's pair of spectacles.*

*A repair / replacement Voucher cannot be used to repair / replace contact lenses.*

*A Supplier should only claim for the parts necessary to repair/replace the spectacles.*

*The Supplier should keep dated records of what has been repaired/replaced.*

*The Supplier may only repair/replace the most recent pair of spectacles.*

*Spare or second pairs authorised by NWSSP-PCS or prescribed by HES are eligible for repairs / replacement.*

### Eligibility

- The following patients are entitled to repairs or replacements on their most recent NHS Wales funded spectacles, in consequence of loss or damage without the prior authorisation of the NWSSP-PCS :
  - Children under the age of 16
  - Full time students aged 16, 17 or 18
  - Care leavers under the age of 18
  - Under 18 and are in the care of a Local Authority
- All other patients are only eligible for repairs or replacements on their most recent NHS Wales funded spectacles if they are still eligible for NHS Wales funded spectacles and with prior authorisation from NWSSP-PCS by emailing [nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk) with the patient details, exemption reason and medical reason for loss/damage
- A GOS4 W form for a second pair of spectacles cannot be submitted at the same time as a GOS3 W form. GOS 4W forms can be used to repair or replace the current spectacles and not older pairs. A new or changed prescription requires a GOS3 W form.
- Where a patient has a second pair of spectacles that has been authorised by HES or NWSSP-PCS , both pairs can be repaired
- Where spectacles are covered by an insurance policy or manufacturer's warranty, a WGOS claim for a repair / replacement is not permitted
- A GOS 4W cannot be used for minor repairs for which the Supplier would not normally charge
- A GOS 4W cannot be used to repair / replace contact lenses

## Claiming

Repairs and replacements for eligible patients can be made by completing a GOS 4W claim form.

When completing a GOS 4W the Contractor **must** ensure that:

- The patient's eligibility for a repair or replacement is checked before making a claim
- The repair or replacement is based on a valid prescription
- Dated records are kept of repairs or replacements for which Vouchers are claimed, indicating which pair of spectacles that are being repaired or replaced and the reason for the repair or replacement e.g. spectacles lost, frames damaged beyond repair
- The GOS 4W form is annotated with the reason for repair / replacement
- They claim the lower of the retail price of the repair / replacement or the repair & replacement Voucher for the item(s) that they have repaired / replaced

If the claim is for repairing / replacing a pair of spectacles for an adult (aged 18 and over) that has been pre-approved by NWSSP-PCS, the claim and record must include the approval ActionPoint call number.

## V.11 Second / Spare Pairs



*No patient is automatically entitled to a second or spare pair of spectacles.*

*A “second” pair may be (eg) a different depth of tint for indoor vs outdoors; whereas a “spare” pair may be an additional identical pair when frequent breakages are exceptionally likely.*

*A Performer or Supplier can request a second or spare pair for a patient by contacting NWSSP-PCS.*

*If a second/spare pair is approved a GOSW 3 should be used to make the claim.*

*A GOSW 4 may be used for repairs of a main or a second/spare pair*

### V.11.1 Eligibility

No patient is automatically entitled to a second or spare pair of spectacles to the same prescription. A Performer or Supplier may request permission from NWSSP-PCS to supply a second pair of spectacles on clinical grounds. NWSSP-PCS will consider each case on its own merit and in exceptional circumstances, NWSSP-PCS may authorise the supply of a second or spare pair of spectacles. Exceptional circumstances could include the strength of the patient's lenses, the nature of any ophthalmic or medical condition and, in the case of children, their age and evidence from a parent.

Patients currently under the care of HES for their Sight Test / refraction are not eligible for a spare pair under WGOS. If a patient under the care of the HES for their Sight Test / refraction requires a second or spare pair, they should be directed to the HES.

## V.11.2 Process

The registrant completes an online [form](#). NWSSP-PCS Optometric Advisors review the application. If the application is approved, a uniquely coded GOS 3W form is issued to the Contractor by NWSSP-PCS.

Once the patient has collected their second/spare pair, the uniquely coded GOS 3W form should be claimed in the same way as a 'normal' GOS 3W.

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**NOTE** If a patient is approved to have a second/spare pair on one occasion, this does not automatically mean that they will be entitled if and when another application is submitted.

## V.12 Vouchers issued by the Hospital Eye Service



*Eligibility for Vouchers issued by the HES is the same as for WGOS Vouchers.*

*The Supplier must ensure that the patient is still eligible at the point of dispensing the optical appliance.*

*The values of HES Voucher categories are the same as WGOS Vouchers.*

*HES Vouchers cannot be transposed by the supplier, but amendments relating to BVD can be made.*

*Claim forms are sent to Hospital for approval and not NWSSP-PCS.*

*Patients under the care of the HES for their sight test / refraction are not eligible for a second / spare pair under WGOS.*

### V.12.1 Eligibility

HES Vouchers are issued by the Hospital to eligible patients and are provided outside of WGOS.

HES Vouchers have number codes 1-10 (like WGOS). The HES may issue Vouchers 11 and 12 additionally.

- Voucher 11 is issued by HBs for glasses not falling within any of 1 to 10 for which a prescription is given in consequence of a Sight Test by a HB not under WGOS, e.g. a Sight Test in the Hospital Eye Service.
- Voucher 12 is issued by HBs for contact lenses for which a prescription is given in consequence of a Sight Test by a HB not under WGOS, e.g. a sight test in the Hospital Eye Service.

Voucher 11 and 12 may be redeemed by supplier Practices in Primary Care, but not issued under WGOS.

## V.12.2 Issuing by HES

Patients who have a sight test / refraction performed at the HES may be given a HES (P) form which details their spectacle prescription. If the patient is eligible for help towards the cost of their spectacles / contact lenses, they will be issued with a HES 3 form.

If the patient has a sight test as part of the management of their condition at the HES and the prescriber deems that lenses are clinically required, but the patient is not eligible for a WGOS Voucher, the patient may benefit from the maximum charge arrangements. Patients who wish to take advantage of these arrangements will be asked, where appropriate to opt for dispensing within the HES or at an optometry Practice which has been contracted by the HES to provide the service.

## V.12.3 Claiming the correct Voucher value

Unlike WGOS Vouchers, prescriptions from the Hospital Eye Service (HES) must not be transposed and should be claimed based on their original format. The supplying Practice may contact the prescriber who may agree to issue a new HES3 with a transposed prescription if this would provide a higher value Voucher and benefit the patient.

A Child's Non-stock Lens Supplement may be issued by HES but cannot be added at the point of dispensing if it was not originally issued.

The supplier should annotate the HES3 form with the words 'BVD change' in the margin, if the prescription is altered because of a change in the back vertex distance. If the change requires a higher Voucher band, you should annotate the HES Voucher form accordingly.

## V.12.4 Submitting claims

To claim a Voucher issued by the Hospital Eye Service, the Supplier must send them to the issuing Hospital.

## V.12.5 Repairs and Replacement

Patients whose NHS Wales funded spectacles were obtained via a HES3 form may under certain circumstances claim a repair under WGOS (please refer to Repair and Replacement section).

Where, exceptionally, the HES has issued two pairs of the same prescription they may, if necessary, both be repaired.

## V.12.6 Spare Pairs

Normally, if the HES considers a second pair is appropriate, the HES will issue two optical Vouchers. Patients under the care of the HES cannot apply for a second pair of spectacles funded by WGOS.

# V.13 GOS Vouchers issued elsewhere in the UK



*GOS Vouchers issued elsewhere in the UK that are presented to a WGOS Contractor should be treated in the same way as a WGOS Optical Voucher.*

Where a patient has received an NHS funded Sight Test elsewhere in the UK and is eligible for help towards the cost of their optical appliance, they will be issued a GOS 3 Voucher from that nation. This GOS 3 Voucher should be treated in the same way as a WGOS Optical Voucher in all regards to the

advice in the sections above. It is expected that the Voucher is adapted and annotated accordingly to WGOS Optical Voucher guidelines, relating to:

- Voucher Number Code, i.e. 1, 2, 3 etc not A, B, C
- Voucher Value
- Processing the claim

In the event of being presented with an electronic code as a non-Wales Voucher, the Practice should use a GOS3W form and copy the prescription into the prescription box, writing 'transcribed by' and enter their name and list number and sign and date the form indicating the date of the prescription on the GOS3W. The eGOS code should be documented in the section that asks for the HB details. This GOS 3 Voucher should be treated in the same way as a WGOS Optical Voucher i.e. annotated accordingly to WGOS Optical Voucher guidelines, relating to:

- Voucher Number Code, i.e. 1, 2, 3 etc not A, B, C
- Voucher Value
- Processing the claim

Where the patient is eligible, a the annotater/transcriber may add the Child's Non-stock Lens Supplement at the point of ordering.

#### V.13.1 Claiming

The GOS 3 Voucher should be processed in the same way as a GOS 3W Voucher.

#### V.13.2 Repairs and Replacement

Please refer to Repair and Replacement section.

#### V.13.3 Spare Pairs

Please refer to Second / Spare Pairs section.

## G. Glossary

### G.1 GLOSSARY OF WGOS STAKEHOLDERS

#### *Welsh Government*

The Senedd and Welsh Government have a responsibility for Healthcare in Wales.

#### *Local Health Board (HB)*

A HB in Wales is a statutory body responsible for planning and delivering NHS services to meet the health needs of the people of Wales. Although Regulations refer to “Local Health Boards” this document will adopt the widely accepted “Health Board” or “HB”.

A HB is responsible for WGOS in their areas.

Legislation states that they must prepare and publish their [combined](#) and [administrative lists](#). The information for these lists is collated by NWSSP-PCS.

The HB must send a copy of the lists to the Local Medical Committee (LMC) and the relevant Regional Optical Committee (ROC), notifying them at least every three months of any alterations.

#### *NHS Wales Shared Service Partnership – Primary Care Services (NWSSP-PCS)*

NWSSP-PCS is an independent mutual organisation, owned and directed by NHS Wales. It provides a range of technical and administrative services on behalf of all HBs and NHS Trusts in Wales.

Under WGOS, it provides the HBs with Contractor services for primary care, including contracts and lists management, payment processing and post-payment verification, and clinical leadership.

NWSSP-PCS are responsible for holding and maintain the HB’s combined lists and administrative lists.

#### *WGOS National Clinical Lead (NCL)*

The WGOS National Clinical Lead provides leadership and management, clinical and governance advice, quality assurance and service improvement and leads on strategic development and implementation of the future approach for optometry services and WGOS for all HBs in Wales.

They have clinical leadership responsibility for the delivery and development of WGOS within all HBs. They ensure efficient, high quality, professional and coordinated services. They engage with patients, professionals and key stakeholders in all optometric activities that support WGOS in line with the principles of ‘A Healthier Wales.’

#### *WGOS Contractor*

A Contractor is a business or individual Optometrist / OMP that holds a WGOS Service Agreement to provide WGOS on behalf of the HB. They are responsible for ensuring that they meet the WGOS terms of service.

#### *WGOS Performers*

A Performer is an Optometrist, OMP or Student Optometrist that the HB has approved to assist in the provision of WGOS 1 and 2. They are responsible for ensuring that they provide WGOS 1 and 2 in line with this manual and their professional obligations.

### *WGOS Contact Lens Optician (WGOS CLO)*

A WGOS CLO is a Contact Lens Optician included in a HB’s administrative list and have been accredited to assist in the provision of elements of WGOS 2. They are responsible for ensuring that they provide the elements of WGOS 2 in line with this manual and their professional obligations.

### *Regional Optical Committee (ROC)*

An ROC is a statutory body established under the National Health Service (Wales) Act 2006 to represent the interests of community optometrists and dispensing opticians. There are three ROCs in Wales that work closely with Optometry Wales.

### *Optometry Wales*

Optometry Wales is the umbrella professional body for all community optometrists, dispensing opticians, and optometric Practices in Wales. Its main function is to represent the optometry profession at all levels in Wales. Optometry Wales negotiates on behalf of the ROCs in Wales in respect of NHS Wales optometry services in primary care.

### *Health Education Improvement Wales*

HEIW is the strategic workforce body for NHS Wales. They are responsible for addressing strategic and specialist WGOS workforce issues, maximising the contribution of all optometry professions and occupations through their functions. HEIW provide the education and training for WGOS.

### *Eye Care Wales Committee (ECWC)*

ECWC is a committee established under Legislative Directions for HBs to exercise functions jointly relating to the provision of and need for WGOS 1 to 5. It is responsible for approving the clinical manuals and standard operating procedures; assessing performance indicators relating to WGOS 1 to 5 and publishing reports.

### *Welsh Optometric Committee (WOC)*

WOC is the Statutory Advisory Committee to the Welsh Government, advising on all aspects of optometry and optometrists’ issues in Wales.

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## G.2 GENERAL GLOSSARY OF TERMS

<b>Term to be defined</b>	<b>Definition of the term</b>
<b>A Future Approach For Optometry Services 2021</b>	Welsh Government's expectation of NHS Wales to deliver eye health care services over the next decade
<b>A Healthier Wales: Together For Health 2017</b>	Welsh Government's long-term plan for health and social care
<b>A Prisoner on Leave</b>	A prisoner may be allowed to leave prison for short periods towards the end of their sentence
<b>ABDO</b>	Professional body which solely supports Dispensing Opticians in the UK

<b>Basic Optical Appliance</b>	A pair of spectacles that are an appropriate fit for the person which meet the person's prescription and are of a value equal to or less than the face value of the NHS Wales optical Voucher.
<b>Certification Of Vision Impairment Wales (CVIW)</b>	The process of assessing and registering a person as sight impaired or severely sight impaired.
<b>Child Non-Stock Supplement</b>	An additional payment that may be claimed when dispensing spectacles to a child who requires a spectacle prescription between 4.00 and 6.00D inclusive to improve the cosmetic appearance of the lens
<b>Cluster</b>	A cluster brings together all local services involved in health and care across a geographical area, typically serving a population between 25,000 and 100,000. Working as a cluster ensures care is better coordinated to promote the wellbeing of individuals and communities
<b>Cluster Lead</b>	The Cluster Lead is the person elected by an optometry collaborative to represent it within a primary care cluster.
<b>Considered At Risk Of Glaucoma</b>	A patient considered by an ophthalmologist / glaucoma qualified practitioner (including WGOS 4 Glaucoma Optometrist) to be predisposed to the development of glaucoma is also eligible for a WGOS 1 Eye Examination. However, this eligibility does not extend to their family members
<b>Contractor</b>	An Optometrist / OMP / a GOC registered Body Corporate who has entered into an arrangement with a Health Board to provide WGOS 1 and WGOS 2
<b>Core Hours</b>	Hours between which a Contractor has agreed with a Health Board to deliver WGOS 1 and WGOS 2
<b>DATIX</b>	The DATIX database is used by NHS Wales and Health Boards to report and manage all incidents, concerns, claims, risks and requests for information. Optometric Practices in Wales are able to utilise this system to log any incidents / concerns which may trigger a duty of candour.
<b>DBS</b>	A Disclosure and Barring Service (DBS) Check is a way for employers to check their employees (current or potential) criminal records to help decide if they are a suitable person to work for them. There are four types of DBS check and the information contained on each type is different.
<b>Delegation</b>	Delegation is the transfer of a task, but not the interpretation of the result, from one person to another suitably qualified / trained individual or team. Delegation does not absolve the clinician of their responsibility to the delegated task.
<b>DESW</b>	Diabetic Eye Screening Wales (DESW) is an All Wales service for everyone aged 12 or over, diagnosed with type 1 or type 2 diabetes and registered with a doctor in Wales.
<b>Duty Of Candour</b>	A professional responsibility to be open, honest, and transparent with patients when things go wrong with their treatment or care which has resulted in them suffering harm or distress or where there may be implications for future patient care.

<b>ECWC</b>	Eye Care Wales Committee - oversees the three Eye Care Wales subgroups and replaces the Joint Committee following the introduction of WGOS
<b>Enhanced DBS</b>	In addition to conviction, cautions and reprimands, an Enhanced DBS check will also show information held by local police forces about the individual.
<b>Enhanced With Barred List DBS</b>	An Enhanced with Barred Lists certificate will contain the same information as an Enhanced DBS certificate, but will also include a check of the child barred list and / or adults barred list (a list of individuals that are prevented by law from working with children or vulnerable groups)
<b>Face To Face Consultation</b>	Both the clinician and the patient are in the same room at the same time for the purpose of an examination.
<b>Family History Of Glaucoma</b>	A patient who is aged 40 or over who is the parent, child or sibling of a person who has or had glaucoma
<b>Form GOS1 W</b>	Application for an NHS Wales funded WGOS 1 Eye Examination
<b>Form GOS3 W</b>	NHS Wales optical Voucher and patient's statement form
<b>Form GOS4 W</b>	NHS Wales optical repair / replacement Voucher application form
<b>Form GOS6 W</b>	Application for a mobile NHS Wales funded WGOS 1 Eye Examination
<b>Form HC5W(O)</b>	A form to claim back the cost of a sight test, glasses or contact lenses on low-income grounds.
<b>Form GOS5 W</b>	A form to help the patient with the cost of a private Sight Test
<b>Further Holistic Intervention</b>	A cluster/Health Board/regional/national health awareness campaign/screening/intervention activity in which a Contractor participates but is deemed outside the scope of a core WGOS 1 Eye Examination.
<b>General Medical Council</b>	The independent regulator of doctors in the UK
<b>General Optical Council</b>	The regulator for the optical professions (i.e. Optometrists, Dispensing Opticians, Contact Lens Opticians, Student Optometrists and Student Dispensing Opticians) in the UK
<b>HC2 (W) Certificate</b>	A certificate that entitles the named individual to full help with health costs, including free NHS Wales prescriptions, dental treatment, wigs and fabric support, sight tests, Vouchers towards the cost of glasses or contact lenses, and necessary travel costs to and from hospital for NHS Wales treatment under the care of a consultant.
<b>HC3 (W) Certificate</b>	A certificate delivered by the NHS Wales allowing the patient to get partial help with healthcare expenses. The amount on the certificate is the amount the patient is required to pay before obtaining any assistance from the NHS Wales.
<b>Hearing Impaired</b>	For the purposes of eligibility for WGOS, patients who can self-certify that even with aids they consider themselves as hearing impaired and they rely on their vision to assist communication e.g., lip reading, signing or written communication
<b>HES</b>	Hospital Eye Service
<b>Holistic Elements</b>	Considering aspects of the person's well-being e.g. their spirituality, social connections, and how things are with them generally
<b>IPOS</b>	Independent Prescribing Optometry Service

<b>MECC</b>	An approach to behaviour change that utilises the millions of day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing
<b>Mobile Service Agreement</b>	An agreement to provide Mobile Services made by a Contractor with a Health Board
<b>Mobile Service Payment</b>	A fee paid in addition to the examination fee for delivering the service in a mobile setting
<b>National Clinical Lead</b>	A person with responsibility for providing clinical leadership and support in relation to optometric services in Wales
<b>Non Tolerance</b>	Where a patient is unable to adapt to a prescription or lens design
<b>NWSSP-PCS</b>	The NHS Wales Shared Services Partnership (NWSSP-PCS) provides 'shared services' to support the seven Health Boards (HBs) of NHS Wales. They provide the Health Boards with Contractor services for primary care, including contracts and lists management, payment processing and post-payment verification, and clinical leadership.
<b>Occupational Lenses</b>	Lenses that are specifically prescribed to meet the demands of the patient's occupation at the time of the WGOS episode.
<b>OMP</b>	Ophthalmic Medical Practitioner
<b>Ophthalmic List</b>	A list of Contractors that provide WGOS 1 and WGOS 2 in the Health Board's area
<b>Optical Appliance</b>	A pair of spectacles or contact lenses
<b>Patient Management Plan</b>	The patient management plan is the outcome/summary of a WGOS 1 Eye Examination
<b>Performer</b>	An ophthalmic medical practitioner, an optometrist, a student optometrist or a contact lens optician who is included in a combined list and works for (or is also) a Contractor in the provision of WGOS.
<b>Post Payment Verification (PPV)</b>	The process to provide assurance to Health Boards that the claims for payment made by Primary Care Contractors are appropriate and that the delivery of the services is as defined by NHS Wales specification and relevant legislation.
<b>Pre-Registration Optometrist</b>	A Student Optometrist enrolled on the SfR but not listed on a HB Supplementary Ophthalmic List (i.e. completing their SfR in a Practice outside of Wales)
<b>Prims</b>	An element of / addition to a spectacle lens which alleviates symptoms caused by a heterophoria / heterotropia.
<b>Quality For Optometry</b>	An annual quality improvement and governance self-assessment completed by the Contractor and submitted to the Health Board
<b>Remote Consultation</b>	A consultation where the patient and clinician are not in the same location. It may be conducted by telephone or video link as appropriate.
<b>Residency</b>	Place of domicile
<b>Scheduled Care</b>	Care that has been planned.
<b>Service Insights</b>	NHS Wales' opportunity to listen to those delivering WGOS to improve the service. Service Insights occur three times a year.
<b>Severely Sight Impaired</b>	Group 1: Offer to certify as severely sight impaired: people who have visual acuity worse than 3/60 Snellen (or equivalent);

	<p>Group 2: Offer to certify as severely sight impaired: people who are 3/60 Snellen or better (or equivalent) but worse than 6/60 Snellen (or equivalent) who also have contraction of their visual field;</p> <p>Group 3: Offer to certify as severely sight impaired: people who are 6/60 Snellen or better (or equivalent) who have a clinically significant contracted field of vision which is functionally impairing the person e.g. significant reduction of inferior field or bi-temporal hemianopia.</p>
<b>Sight Impaired</b>	<p>Group 1: Offer to certify as sight impaired: people who are 3/60 to 6/60 Snellen (or equivalent) with full field;</p> <p>Group 2: Offer to certify as sight impaired: people between 6/60 and 6/24 Snellen (or equivalent) with moderate contraction of the field e.g. superior or patchy loss, media opacities or aphakia;</p> <p>Group 3: Offer to certify as sight impaired: people who are 6/18 Snellen (or equivalent) or even better if they have a marked field defect e.g. homonymous hemianopia.</p>
<b>Single Vision</b>	A lens of one power that corrects vision for one distance only.
<b>Small Frame Supplement</b>	A fee which may be claimed for supplying an optical appliance that meets a specific requirement as outlined in the manual. The fee is in addition to the Voucher value.
<b>Social Prescribing</b>	The process of connecting citizens to community support, to better manage their health and well-being. The model is holistic, person-centred and moves away from a medicalised approach, to one where the sources of referral are cross-sectoral and not limited to healthcare/primary care.
<b>Sol-Listed Student Optometrist</b>	A Student Optometrist that is listed on a HB Supplementary Ophthalmic List
<b>Spare Pair</b>	An additional pair of spectacles to assist the patient in the event of loss or damage to their 'main' pair. To be able to dispense a spare pair, pre-authorisation from NWSSP-PCS is required.
<b>Special Facial Characteristic Supplement</b>	A fee which may be claimed for supplying an optical appliance that meets a specific requirement as outlined in the manual. The fee is in addition to the Voucher value.
<b>Student Optometrist</b>	A Student Optometrist that is registered with the GOC but not listed on the Supplementary Ophthalmic list
<b>Supervisor</b>	An optometrist or OMP who is engaged in the supervision of a student optometrist
<b>Supplementary List</b>	A list of the persons approved by the Health Board for the purpose of assisting in the provision of primary ophthalmic services
<b>The College Of Optometrists</b>	Professional body for Optometrists and Student Optometrists in the UK
<b>The Equality Act 2010</b>	The law that legally protects people from discrimination in the workplace and in wider society, on the basis of 'protected characteristics'
<b>The Health And Social Care (Quality And Engagement) [Wales] Act 2020</b>	A law to improve quality and public engagement in health and social care.
<b>The Opticians Act 1989</b>	Legislative framework that regulates the Practice of Optometry in the UK.

<b>Triage</b>	An interaction between the patient and Optometry Practice to establish the type, timing and location of the appointment required to assist the patient.
<b>Unioocular</b>	for the purpose of eligibility for WGOS, Patients who are unioocular and would be eligible for registration as Sight Impaired if they lost vision in their 'good' eye
<b>Unscheduled Care</b>	Care that is unplanned e.g. urgent / emergency appointments
<b>Varifocals</b>	A spectacle lens having a gradual and progressive change in power either over the whole lens or over a designated region of the lens, which permits the user to focus at all distances.
<b>Wales Administrative List</b>	A list that captures the names, registration details and WGOS involvement of all Optometrists, OMPs, Contact Lens Opticians (CLOs) and Dispensing Opticians (DOs) working in a WGOS Practice that <b>are not</b> included in the Ophthalmic List
<b>Y Ty Dysgu</b>	HEIW's e-learning platform which hosts training modules for healthcare professionals.