WGOS 1 and 2 relaunch webinars Q&A

Webinars took place in February 2025, and Questions were collated from those attending the two live events.

If a patient requires dilation to check fundus due to new floaters but is unable to stay to be dilated due to time constraints/unable to dilate due to driving, and the floaters were not mentioned during booking the appointment, would i be able to claim a WGOS 2:2 as i am doing further examinations to prevent a referral?	If a patient attends for a private sight test or WGOS 1 eye examination and during the appointment it comes to the Optometrist's attention that they have floaters which required further investigation, the option to either: • convert the appointment into a WGOS 2: Band 1; or • bring the patient back for a WGOS 2: Band 2, so long as all the requirements of the private Sight Test (as per Opticians Act) or WGOS 1 Eye Examination (as per WGOS 1 and 2 Manual) have been carried out. The Optometrists must use their clinical judgement as to what is best for the patient.
Is there any move to get GP to write letters to us for more complicated things GPs might ask for	GPs are able to write should they wish, but do not have to. We recommend local engagement via Collaborative and Cluster working.
What should be done if a neighbouring store, sends a patient without triaging them expecting that you see them?	2 things: • You should triage and support the patient as best as possible. • Engage with the practice who bounced to you.
Does immediate access to equipment mean that practices with multiple consulting rooms will be supplied with additional NHS fb kits?	Not every room needs every piece of equipment, as multiple testing rooms may currently share fields and OCT machines. However, it is expected you would have access to all equipment required immediately, at the time of delivering the WGOS episode.
If patient require OCT scan to prevent referral, can we claim WGOS2 B2? even if the referral is not required after the scan	A WGOS 2: Band 2 fee can only be claimed where an intervention was both: • Clinically required, and • Not part of the preceding sight test / WGOS 1 Eye Examination (unless repetition is required) As with all aspects of WGOS 2, the examination should be appropriate to the reason for the appointment and

	procedures are at the discretion of the Optometrist completing the episode. The record must support the claim. Please note: Claiming a WGOS 2: Band 2 for completing an OCT in isolation, where there is no question of referral, is not considered appropriate.
Similar to the floaters question. If someone has booked a routine eye test but a gos4 med ret issues has been spotted. If px has driven to the appt and has no alternative can we do a normal private or gos 1 st and then get px back in for a dilated gos4	There is no definitive answer to this question, every case will be different. If WGOS 1 or private sight test is performed by a WGOS 4 MR Optom, then it would be for the WGOS MR to decide the best course of action for this individual. If the WGOS 1 or private sight test is performed by a non WGOS 4 MR Optom, they would need to consider whether referral refinement prior to referral into WGOS 4 was required.
So, as of the end of the month, we no longer need to tick the 'GP notified' box on reverse of WGOS2 form, payment will still be received? (when GP letter not deemed necessary by the examining optometrist)	Correct.
Are there any plans to allow all optoms to register/certificate patients as sight impaired, rather than just those doing WGOS3?	WGOS 3 Low Vision, like all elements of WGOS, are constantly reviewed with Clinical Manuals and Operating Procedures refreshed annually. Having said that, there are no current plans to move Certification of Vision Impairment outside of WGOS 3.
if a patient is eligible for a wgos1 examination and the practice offers a scheme which normally covers the cost of eye examinations. Can we claim as they are still eligible?	Contractors should not be claiming from two different sources for the same service.
If a patient comes from England and have an electronic voucher, how can we claim it in Wales? And vice versa with our written ones?	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, the annotator/transcriber may add the Child's Non-stock Lens Supplement at the point of ordering.
Not a current practice px. Having carried out WGOS 4 ie HCQ monitor and noticed suspicious disks which have not been mentioned prior - which is the next appropriate exam? GOS? WGOS 2 band 1, 2 or 3?	In this specific scenario, the WGOS MR Optom would be expected to refer back to the original Optometrist for Glaucoma Referral Refinement workup. * WGOS 2: Band 1 referred by another Healthcare professional
What sort of discussion are we expecting for activity of under 16's? What will need to be recorded on a WGOS1 record?	Guidance can be found here: Performer Resources - NHS Wales
Could we have a simple website with links to the required support services and also easier access to printed materials for distribution to patients	

Will patient information leaflets be available for guidance with regards the existing/new questions?	
The question about information leaflets I think is being dodged….having an easy to give PHYSICAL leaflet is what I and others are asking… i've seen great business card sized Help Me Quit cards in Pharmacies	Many Optometry Practices will already stock Help Me Quit cards, and other general materials, that are available to order here: Health Information Resources There are currently no plans in the budget to allow the printing and distribution of WGOS or ocular-centric materials.
Could we have a paper copy of the manual in practice as in days of old	No. Unnecessary paper printing is not encouraged; and also accessing the online Manual assure that you're accessing most up to date version.
Is there an expectation for practices to keep one or two appointment slots available for appointments which may need to be available for triaged patients? We book up approximately 2 weeks in advance so find we are frequently having to triage and then phone around to arrange for the patient to be seen elsewhere which takes up a lot of time for my practice staff as we frequently do not have availibility	Contractors are responsible for the running of their practices. It is for them to decide the processes they have in place to meet their WGOS service agreement
Given that asking questions around lifestyle eg smoking, diabetes etc can mean an extra 2-5min conversation per patient depending on their answers and following discussion, will there be any advice for practices to extend appointment times accordingly so that we can accommodate this?	Contractors are responsible for the running of their practices. It is for them to decide the processes they have in place to meet their WGOS service agreement
Do you need a formal referral from a Gp or is the px's word good enough ?	Patient word is enough. We would not expect the need for a letter from a GP to be a barrier to access for the patient.
I work for a domiciliary company and we don't have immediate access to fields machines. I believe this is one of the pieces we should have? If so, will this be chased with the contractors for us?	We would encourage that you discuss your concerns with your employer as outlined in the GOC's Speaking up: guidance for registrants (https://optical.org/media/yejg1tjl/speaking-up-guidance-for-registrants.pdf)

Hello. I would like to ask about GOS 1,code 6. Would it not be better to do a needs based further exam rather than repeat a full eye exam if not clinically needed?	It is for the optometrist to decide the type of appointment that is appropriate for the patient. 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. 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 nontolerance 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.
x What if a patient is already diagnosed as diabetic? Do we still discuss risk factors	The Directed Question relating to increasing awareness of Type 2 Diabetes is aimed at the cohort of patients who are: • Over 16, AND • Not previously diagnosed with diabetes. For patients who have diabetes you will naturally be discussing risk factors around diabetic retinopathy and other potential ocular outcomes, and the importance of mitigating those risks.
if patients are diabetic but under the retinopathy clinic, what should their recall be??	There are no absolute recall periods. Please use your clinical expertise, experience, and judgement.
If a patient comes in with CL related problems are we able to see them under the WGOS 2 Band 1?	If a patient is symptomatic and requiring urgent attention then a WGOS 2 Band 1 is appropriate, regardless of the contact lens wearing status.
Can a band 2 follow a band 1 (a low vision/deaf/ethnic minority etc.)	WGOS 2 Band 2 can only follow a private Sight Test / WGOS 1 Eye Examination, or a previous WGOS 2 Band 2 in exceptional cases. However, at risk groups you mention, have since October 2023 been entitled to a WGOS 1 Eye Examination (ie, not a EHEW as previous, and not a WGOS 2 Band 1).
Do we have to record on every sight test that we have asked the required mandatory questions	Yes.
Regarding the need for immediate access to equipment, what if your equipment is temporarily out of action or broken and awaiting repair?	It is expected to have immediate access to equipment. If a piece of equipment misfunctions during an examination then you must use best judgement to ensure the patient receives the care required in a timely manner.
If my clinic is running behind is it still mandatory to ask about outdoor activity etc..	Yes. Mandatory parts of WGOS 1 are not optional, and are all equally valuable.

Are directed questions needed for WGOS 5s?	No, WGOS 1 Eye Examinations only.
Can we use repeated WGOS2 Band 2's to monitor a patient identified with symptomatic vitreous-macula traction at an eye examination?	WGOS 1 and 2 are not monitoring services.
How about when HES ask patient to be monitored for things such as the VMT question… we have many occasions where referrals are essentially bounced for monitoring in Hywel Dda	
Did you say a non tol repeat WGOS1 has to be followed by issuing new vouchers?	No, but they can be if a change to prescription is found. Further guidance in the Manual.
If a patient contacts us having already contacted other practices and we can't see them can we direct them back to the practice they first contacted. Patients are still ringing around themselves	Once a patient presents to a WGOS practice, then they have a duty of care to that patient. As per GOC Standards of Practice: *The care, well-being and safety of patients must always be your first concern. This is at the heart of being a healthcare professional. Even if you do not have direct contact with patients, your decisions or behaviour can still affect their care and safety.*
Hi, I have a recent example of a patient triaged as emergency ie WGOS2 band 1 (exactly as in Poll qu 5) a store (in BCUHB) were unable to see the patient and advised same day assessment. They were unable to source an appt by phoning around and as an exceptional last resort they directed to HES. They received an email back from the HES informing that routine appts should be cancelled to see the patient, can I check this guidance? As I was of the understanding whilst this is an option, if not possible then HES would be the correct route so long as they were contacted appropriately? What would you advise? Thanks	

Is there a doc with summary to changes available or is this updated in the manual with the rest of the info. Looking to give out a doc to all residents in practice	WGOS Manuals - NHS Wales
Any plans to increase value vouchers 1 and 2?	Fees are discussed between Optometry Wales and Welsh Government, and communicated by Welsh Government. It is not a matter for NHS Wales.