WALES GENERAL OPHTHALMIC SERVICES (WGOS)

SERVICE MANUAL: WGOS 3

LOW VISION & CVIW

Version 2.1: Implementation date: 01/04/2026
(added WGOS Escalation Tool, Electronic Patient Record & Electronic Referral System)

This clinical manual with standard operating procedures outlines a structure allowing the delivery of WGOS 3 for both Contractors and Performers.

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

It is not a replacement for professional judgment or responsibility.

	Useful links:
How to register to provide WGOS	https://www.nhs.wales/sa/eye-care-wales/wgos/eye-health-professional/how-to-become-registered-to-offer-wgos/
Training, courses, and assessments queries	heiw.optometrylowvision@wales.nhs.uk
Clinical, payment and registration enquiries	nwssp-primarycareservices@wales.nhs.uk
NWSSP Low Vision Team	low.vision@wales.nhs.uk
WCB Perspectif Portal	https://wcb-ccd.org.uk/perspectif

Warning:

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

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

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 (Select option 2)** **You can also access crisis support through your General Performer (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
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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W.1 WGOS 3 Service Information

WGOS 3 currently includes:

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

WGOS 3 utilises Primary Care Optometry to reduce historical hospital demand by managing patients requiring low vision rehabilitation. It is a primary care-based NHS funded pathway to provide low vision assessments, low vision aids and Certification of Vision Impairment (CVIW). WGOS 3 is a service provided wholly in Primary Care, with the Performer performing the WGOS 3 activity, retaining all responsibility for the outcome.

The delivery of WGOS 3 is underpinned by Legislative Directions. These directions refer to an 'Arranging Contractor'. For the purpose of this manual, the terms 'Arranging Contractor' and 'Practice' will be used interchangeably. This encompasses fixed premises and mobile providers, and the Performers providing within.

Optometrists and Dispensing Opticians who have completed relevant higher qualifications and complete any required service-specific WGOS 3 mandatory training (Y Tŷ Dysgu) are able to deliver services at WGOS 3 for Arranging Contractors with the relevant WGOS 3 service agreement(s).

Additionally, to provide CVIW, the Performer and Practice for which they deliver WGOS 3 must be listed for, and meet the requirements of mandatory WGOS 1 and 2.

WGOS 3 currently includes:

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

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

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

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

WGOS Escalation Tool: In the event of the service being compromised due to an unplanned circumstance not agreed with the Health Board, the practice must ensure this is considered and reflected appropriately in the WGOS Escalation tool, detailed in the WGOS 1 & 2 manual.

W.2 WGOS 3 Service Agreement and Practice Eligibility

To provide WGOS 3, the Arranging Contractor must have a WGOS 3 Service Agreement with the Health Board aligned to the location where the service is to be delivered.

To provide WGOS 3 as a mobile service, the Practice must have a WGOS 3 Mobile Service Agreement with the Health Board aligned to the location where the service is to be delivered.

Arranging Contractors must ensure that the Performer performing WGOS 3 on their behalf has the correctly listed qualification and training to deliver the service.

Arranging Contractors and Performers are liable for all acts and omissions of staff working under their supervision.

Practices must notify the Health Board of the Performers they employ.

Arranging Contractors and Performers must keep their registered information up to date.

To end a WGOS 3 service agreement, the Arranging Contractor must give the Health Board at least three months' notice.

Any Practice wishing to provide WGOS3 must apply to the appropriate Health Board to be included as a WGOS3 provider. The Arranging Contractor must comply with this clinical manual. All Arranging Contractors must have a WGOS 3 Service Agreement with each Health Board in which they wish to provide services.

A Practice which delivers WGOS 3 from fixed premises and also delivers WGOS 3 in a mobile setting must have a WGOS 3 Mobile Service Agreement.

A Service Agreement details the arrangement between the Health Board and the Arranging Contractor for the provision of WGOS 3 in line with the Legislative Directions. Service Agreement documentation is available directly from the relevant Health Board.

W.2.1 AMENDMENTS TO THE WGOS 3 SERVICE AGREEMENT

Arranging Contractors must notify the Health Board(s) with which they have a WGOS 3 Service Agreement of any relevant changes in their or their staff's 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 Health Boards are required to be notified and the time frame):

Health Boards must be notified when there are:	Notification period
• Changes to the declaration made by the Arranging Contractor *e.g. criminal conviction, caution, being charged with a criminal office, 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 Local Health Board 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*	7 days
• Change in the application prior to being awarded a WGOS 3 Service Agreement	7 days
• Change(s) or addition(s) affecting the details on the Wales Ophthalmic List	14 days

Any significant interruption in the provision of WGOS 3, for example, through illness, must be notified to the Health Board, except for statutory holidays.

W.2.2 ARRANGING CONTRACTOR'S RESPONSIBILITIES

Arranging Contractors must meet the mandatory requirements of WGOS 1 and 2 in the delivery of WGOS 3 Services, in line with The National Health Service (Ophthalmic Services) (Wales) Regulations 2023, including:

- Employment of staff to deliver WGOS 3, including successful completion of:
  - Wales General Ophthalmic Services - a guide;
  - Sharps training and disposal, including infection prevention and control;
  - Quality Improvement training; and
  - Making Every Contact Count (MECC) training

  by all the staff assisting the Arranging Contractor in providing the WGOS 3 service.
- Remote consultations;
- WGOS 3 access;
- Duty of Candour;
- The WGOS Quality Package (Quality for Optometry toolkit, Service Insights and Workforce reporting)
- Quality assurance, including but not limited to performance reviews, peer review mentoring and audits; and
- Adult and Child Level 1 and 2 Safeguarding training.

To end a WGOS 3 Service Agreement, the Arranging Contractor must give at least three months' notice to the Health Board, although this period can be made shorter by mutual agreement.

Where a Practice wishes to relocate its premises to a different location, the Health Board must be given at least 3 months' notice, although in exceptional instances, e.g. flooding of the Practice, this period can be made shorter by mutual agreement.

W.2.3 HEALTH BOARD'S RESPONSIBILITIES

Health Boards will be responsible for coordinating this service locally, including selecting Performers for NHS funded service training.

A Health Board shall seek the view of the Regional Optometric Committee (ROC) for its area in considering any minimum availability requirements, including regarding the effect of these on WGOS 3 Performers who are newly-WGOS 3-qualified and WGOS 3 Performers who may be working in different practices on different days.

Health Boards will engage with Practices and Performers on Quality for Optometry (quality assurance), including but not limited to, performance reviews, peer review mentoring and audits.

Performance management will be led by the Health Boards with support where required from the National Clinical Lead. This will be appropriate to the concerns presented and in line with quality and patient safety processes established by Health Boards for independent contractors and Performers in primary care. Interventions to support Practices / Performers may include, but are not limited to: raising concerns with the Practice / Performer; identification and completion of training; peer review; and/or mentoring. The Health Board will determine if / when intervention is no longer required. Failure to engage in the intervention suggested by the Health Board may result in withdrawal of approval for WGOS 3 service provision.

Health Boards may withdraw approval for WGOS 3 service provision from Arranging Contractors or Performers that fail to meet any mandatory requirements and / or that do not comply with the WGOS 3 manual. Withdrawal will only happen in response to concerns regarding patient safety or service delivery.

WGOS 3 Performers' and Arranging Contractors' performance in this service will be monitored through pre-payment verification and clinical audit by NHS Wales Shared Services Partnership and the relevant Health Board, which may exercise its existing powers under General Ophthalmic Services regulations as necessary, in cases of poor performance.

Health Boards will ensure that their WGOS 3 pathways, inclusive of support groups, social services, third sector organisations, falls, emergency mental health support, educational and employment services, are made available to Optometry practices and provide updates as necessary.

Local guidelines relating to the mode of referral, including details of WGOS 3 Performers and their availability for referrals, will be published by Health Boards.

W.3 Patient eligibility for WGOS 3 based on residency

WGOS 3 is available to:

- People resident in Wales and/or
- People who are on the practice list of a GP in Wales, provided they meet at least one of the clinical eligibility criteria.

To be considered a resident in Wales and therefore eligible for WGOS 3, individuals must be living in Wales on a lawful and properly settled basis.

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

W.4 WGOS 3 Service Delivery

W.4.1 DELEGATION

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

The WGOS 3 Optometrist must not delegate any part of CVIW assessment, including to a WGOS 3 Dispensing Optician, non WGOS 3 Optometrist or a Pre-registration Optometrist. A Pre-registration Optometrist cannot perform certification of vision impairment.

A WGOS 3 Performer may directly supervise a Pre-registration Optometrist in performing a Low Vision Assessment. The WGOS 3 Performer must be present in the same room and take responsibility for the episode of care, inclusive of completing and signing the WGOS 3 record card. The Pre-registration Optometrist MUST NOT perform depression screening or CVIW.

W.4.2 REMOTE CARE

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

WGOS 3 episodes cannot be delivered remotely.

Aspects of pre-visit history and symptoms, pre-visit triage to assess degree of urgency, may be undertaken remotely by the Performer. WGOS 3 episodes must be completed in a face-to-face consultation, where the patient and Performer are in the same room. The Performer should use their professional judgement to decide whether it is in the patient's best interest to offer previous history taking for WGOS 3 episode remotely.

W.4.3 VIRTUAL CARE

Virtual care occurs when the Performer 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 3 cannot be delivered virtually.

W.5 Mobile Services

To provide WGOS 3 as a mobile service, the Arranging Contractor must have a WGOS 3 Service Agreement with the Health Board aligned to the location where the service is to be delivered.

Patients are entitled to a mobile service if they are WGOS 3 qualifying patients whose circumstances relating to their physical or mental illness or disability make it impossible or unreasonable for them to receive primary ophthalmic services at a registered premises.

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

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

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

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

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

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

It is the patient's or their carer's responsibility to provide a reason why the patient requires a mobile service, not the Performer's responsibility. This must be documented on the record card. Terms like 'housebound', 'immobile', 'wheelchair bound' or 'resident of a home' are insufficient.

WGOS 3 cannot be delivered in Hospitals, Prisons, or secure units. The provision of eye care in these settings sits outside the scope of WGOS 3, and health boards may have their own arrangements for care in those settings.

WGOS 3 cannot be delivered in Special Schools.

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

W.6 Equipment

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

The full set of low vision equipment must be available to the Performer wherever they provide the low vision assessments, including where they are provided in a mobile setting.

When funded equipment is provided, the NWSSP Low Vision Team keeps a register. It is the responsibility of the named individual (Arranging Contractor or Performer) to:

- Be responsible for the equipment and its upkeep
- Inform the Team of any change in circumstances and/or equipment items.

The number of patients seen per Arranging Contractor will be reviewed by the WGOS National Clinical Lead annually. Where fewer than five WGOS 3 Low Vision Assessments or Follow-Ups within a 12-month period have been performed, the Arranging Contractor may be required to return the NHS-funded equipment so that it can be utilised elsewhere.

Where a Practice purchases its own low vision equipment, it must declare that it meets the standard WGOS 3 Low Vision equipment specification. It is the responsibility of the Arranging Contractor to upkeep the equipment and to make changes as required in line with any specification changes.

W.7 Electronic Referrals and Records

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.

W.7.1 ELECTRONIC REFERRAL SYSTEM (ERS)

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.7.2 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..

SECTION 1: WGOS 3 Low Vision

3.1 WGOS 3 Low Vision (Assessment & Follow-Ups)

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

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

3.1.2 A patient is eligible for the service when they have had a WGOS 1 Eye Examination, a WGOS2 Band 1 examination from which an optical prescription was issued, or a Private Sight Test within the last year (this may be completed immediately preceding the Low Vision Assessment or Follow-Up) **and** the patient has at least one of the following at the time of assessment:

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

3.1.3 A list of accredited Performers can be found on the Perspectif website.

3.2 Service Guidance

WGOS 3: Low Vision is delivered by Optometrists / OMPs / DOs listed on an NHS Wales list who have been accredited by meeting the requirements in 3.3, Performer Eligibility and Training

3.2.1 It is the Performer who is accredited to provide WGOS 3 Low Vision. The Practice from which the service is delivered must have a service agreement with the Health Board for the address where the service is provided/or a mobile service agreement.

3.2.2 WGOS 3 Low Vision is provided through Low Vision Assessments and Low Vision Follow-Ups.

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

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

3.2.5 Any WGOS 3 Low Vision Performer or Arranging Contractor listed as offering the service, should be able to offer an appointment to an eligible person within two weeks of the patient enquiring about or being referred into the service.

3.2.6 If an appointment cannot be offered in a timescale suitable for the patients' needs, then the patient must be referred, or the referral re-directed to, a practice where an appointment can be offered to meet those needs.

3.3 Performer Eligibility and Training

3.3.1 To become accredited:

- The Optometrist must hold the College of Optometrists' Professional Certificate in Low Vision, or
- OMPs and DOs must have successfully completed the postgraduate modules equivalent to the College of Optometrists' Professional Certificate in Low Vision qualification award.

Additionally, the Optometrist / OMP / DO must complete service-specific mandatory modules delivered through Health Education Improvement Wales, including:

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

3.3.2 Dispensing Opticians who wish to provide the service are also required to complete:

- Adult Pathology; and
- Children's Pathology.

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

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

3.3.5 Performers may self-fund the training to provide the service. However, in these cases, it is not guaranteed that the low vision equipment would be funded by NHS Wales, and it may be required for the Performer to fund the low vision equipment required to provide the service to the specifications. This includes the upkeep of the kit in line with specification changes.

3.4 WGOS 3 Low Vision Patient Eligibility

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

3.4.1 WGOS 3 is available for all eligible patients who meet the residency criteria in W.3, Patient eligibility for WGOS 3 based on residency, regardless of entitlement to WGOS 1 and 2.

3.4.2 A patient is eligible for the service when they have had a WGOS 1 Eye Examination, a WGOS2 Band 1 examination from which a prescription was issued, or a Private Sight Test within the last year (this may be completed immediately preceding the Low Vision Assessment or Follow-Up) **and** the patient has at least one of the following at the time of assessment:

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

3.4.3 Where a patient is referred into the service either by self-referral or by a healthcare professional, care provider and other support workers / agencies, the Performer should check the results of the patient's last WGOS 1 Eye Examination, the WGOS 2 band 1 examination from which a prescription was issued or the Private Sight Test to confirm eligibility. Where these are not available, the Performer should arrange or perform a WGOS 1 Eye Examination or Private Sight Test to confirm eligibility prior to performing a WGOS 3 Low Vision Assessment.

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

3.5 WGOS 3 Low Vision Assessment Overview

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

Where applicable, other examinations may be performed on the same day, for example, a WGOS 1 Eye Examination. The record card for each assessment must evidence that all requirements of each episode have been carried out, and the time made available for completion must be adequate.

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

- At the point of entering the service;
- When the patient is seen by a Practice for the first time and has not had a Low Vision assessment within the last 12 months;
- When following a WGOS 1 Eye Examination or Private Sight Test, the patient's vision has changed significantly; and / or
- Significant changes in a patient's personal circumstances or symptoms

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

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

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

LOW VISION ASSESSMENT EXAMINATION

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

3.5.6 Establish the patient's case history:

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

3.5.7 Assess the patient's visual function:

- Binocular distance and near VA or vision (recorded in LogMAR format)
- What can be seen with their current low vision aids
- Contrast Sensitivity

3.5.8 Consider the need for emotional support and care support, inclusive of:

- Completion of a FRAT questionnaire (Section 14) to establish the patient's level of risk for falling and manage appropriately (must be performed for each patient); and
- Depression screening (must be performed for each patient).

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

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

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

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

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

3.5.14 Patients should be informed of the benefits to them of gaining a CVI(W), as in part laid out in Section 3.16.2. This information must be provided independent of whether a patient accepts certification and the location in which the patient will be accessing certification.

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

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

3.5.17 If the patient reports any new visual symptoms or the VA is found to have reduced by 1 line (0.10 LogMAR) compared to that measured at the last WGOS 1 Eye Examination or Private Sight Test, arrangements should be made for the patient to receive a Private Sight Test, WGOS 1 Eye Examination or WGOS 2: Band 1 as appropriate.

3.6 Low Vision Follow-Up Overview

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

The WGOS 3 record card must be used when performing a follow-up examination.

3.6.1 A Low Vision Follow-Up examination provides continuation from a Low Vision Assessment or previous Low Vision Follow-Up. The face-to-face appointment with the low vision Performer enables them to:

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

3.6.2 A Low Vision Follow-Up may be either:

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

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

3.6.3 There is no limit to the number of Low Vision Follow-Ups a patient may receive. Low Vision Performers are free to exercise their clinical judgement to determine the frequency with which a patient needs to be seen for Follow-Ups, documenting clinical need in the patient's record, where appropriate.

3.6.4 The Low Vision Follow-Up must be performed face-to-face either in practice or in a mobile setting, where the patient and Performer are in the same room.

LOW VISION FOLLOW-UP EXAMINATION

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

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

3.6.7 If the patient reports any new visual symptoms or the VA is found to have reduced by 1 line (0.10 LogMAR) compared to that measured at the last WGOS 1 Eye Examination or Private Sight Test, arrangements should be made for the patient to receive a Private Sight Test, WGOS 1 Eye Examination or WGOS 2: Band 1 as appropriate.

3.7 Providing a holistic service

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

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

3.7.2 Performers should have a supportive conversation with patients to discuss the reasons for recommending signposting / referral to other services, thereby allowing the patient to make a fully informed choice regarding referral.

3.7.3 Performers should indicate the agencies to which the person is being referred.

3.8 Falls

3.8.1 Performers should use the FRAT questionnaire to help them determine the level of falls risk that a patient is at, and therefore assist in the completion of the falls risk section of the record card.

3.8.2 Definition: **Fall**: *An event whereby an individual comes to rest on the ground or another lower level with or without loss of consciousness (NICE 2004).*

3.8.3 Patients found to be at risk of falling (either by scoring 3 or above on the FRAT questionnaire or at the Performer's clinical discretion) should be referred to the GP or local falls services, where available.

FRAT Questionnaire *(One point to be given for each 'yes' answer)*	**Yes**	**No**
Is there a history of any fall in the previous year?		
Is the patient on four or more medications per day?		
Does the patient have a diagnosis of stroke or Parkinson's Disease?		
Does the patient report any problems with balance?		
Is the patient unable to rise from a chair of knee height? (Ask the patient to stand up from a chair of knee height without using their arms.)		

Total FRAT score	

3.9 Depression

SCREENING

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

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

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

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

3.9.3 If a patient refuses referral, then a note of this should be made on the record card and a follow-up arranged, where, if the patient still answers 'yes' to one or both questions, a referral is once again offered.

3.9.4 When a patient answers 'Yes' to either question, the Performer should consider whether they pose a risk to their own safety. This may be identifiable through patient / family / carer offered information. A patient can also be asked directly, for example '*At times, when people feel the way you do right now, they may start having thoughts of suicide. Is that something you've experienced?'*

URGENT REFERRALS

3.9.5 If a Performer considers that a patient is at risk of suicide, then an emergency referral should be made; this can be done by;

- Phoning the GP
- Calling the local Crisis Resolution and Home Treatment Team (CRHTT)
- Calling the Wales Mental Health Helpline (NHS 111 WALES PRESS 2)
- Dialling 999 and asking for the police

CONSENT FOR REFERRAL IN EMERGENCY SITUATIONS

3.9.6 Consent should be sought from the patient, if possible, but the referral can be made without consent if the person is at imminent risk of harm.

3.9.7 **When consent can be obtained:** If the patient is able to understand and agree, the Performer should explain the need for a referral (e.g., to a mental health crisis team) and get their consent.

3.9.8 **When consent cannot be obtained:** If the patient is unable to give consent (e.g., they're too distressed, confused, or at immediate risk), the referral can still be made without their consent to ensure their safety.

3.9.9 Legal and ethical considerations:

3.9.9.1 In these cases, it is generally acceptable for the Performer to act in the patient's best interest. You should document the situation and the reasons for not getting consent on the patient's record card.

3.9.9.2 For children or vulnerable adults: If the patient is under 16 or a vulnerable adult, a parent, guardian, or caregiver may need to be involved, and their consent might be required, depending on the circumstances.

3.10 Charles Bonnet Syndrome (CBS)

3.10.1 Charles Bonnet Syndrome (CBS) is characterised by visual hallucinations in the presence of normal mental functioning in those with Vision Impairment.

3.10.2 Patients accessing WGOS 3 should be told about the possibility of developing CBS visual hallucinations and encouraged to attend for another WGOS 3 appointment the first time they appear.

3.10.3 Patients who are unaware of CBS may not spontaneously report symptoms, even though they are usually aware that the hallucinations are not real, as they will not necessarily relate them to their vision impairment and may be concerned that they (or that other people) think they are developing dementia or a mental health condition.

3.10.4 All patients accessing WGOS 3 should be asked about CBS Symptoms.

3.10.5 Conditions such as psychosis, dementia and tumours, as well as certain drugs, may also give rise to visual hallucinations. Where there is uncertainty regarding the cause of hallucinations, WGOS 3 Performers should refer patients to their GP for further investigations, particularly if the patient's symptoms have another sensory input, e.g. hearing voices.

3.10.6 Performers should remember that it is possible that patients with a neurological or psychiatric disorder and Vision Impairment are not overlooked as potentially having CBS as a cause of any visual hallucination symptoms. Also, Performers should ensure that ocular causes of photopsia, e.g. vitreo-retinal traction, are excluded.

3.10.7 Patients with CBS symptoms should be told that although there is no treatment, they may get less frequent with time and eventually stop in some cases. There is the prospect of symptoms worsening in cases of isolation, stress or anxiety. WGOS 3 Performers may refer

such patients to other support services. Patients (and / or their relatives / carers, as appropriate) may find these online resources beneficial.

3.11 Peli Lenses: Performer Guide; Pre-cut 40$^{\Delta}$ Fresnel Press-ons

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

3.11.2 Suitable Patients

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

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

3.11.4 Fitting the lenses

- Peli lenses should be fitted monocularly over well-fitting habitual single vision distance lenses. If no glasses are worn, a carrier pair will be required.
- Clean the spectacle lenses, paying particular attention to the back surface.
- Mark the pupil centre (as with a varifocal lens fitting) on the hemianopic side i.e. if it is a right hemianopia, then mark the right lens. For a left hemianopia, the left lens.
- Remove the spectacles from the patient and apply the fitting template to the front of the lens, matching the template centre dot to the pupil centre dot marked on the lens or
- Mark the front of the spectacle lens 6mm above and 6mm below the pupil dot.
- Apply the Peli lenses to the back of the spectacle lens with the pointed end (signifying prism)

3.11.5 Patient Training

- The patient should always look through the central portion of the lens and not through the Peli lenses, as this will result in diplopia.
- The prisms move objects from the non-seeing portion of the visual field to the seeing portion of the field.

- The patient will then be required to move the head in order to view the object with the seeing portion of the visual field. These movements will need to be made deliberately at first, but with practice, should become more habitual to the patient.
- The movements required can be demonstrated to the patients by the Performer holding his hand out to the periphery in an area covered by the prism. When the patient detects the hand, they will need to move the head towards the blind side to view the hand through the centre of the lens. This can be demonstrated and practised by varying the position of the hand in the periphery.
- The patient should also try a 'training walk' before leaving the Practice. This should ensure that the patient understands how the prisms give an indication of objects on the blindside.
- The lenses can be fitted one at a time to aid adaptation if required.

3.11.6 A trial set of Peli Lenses is included in the WGOS 3 Low Vision equipment kit and includes:

- 2 Peli lenses
- Instructions on fitting
- Instructions on cleaning
- A fitting template
- A plano carrier frame if required.

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

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

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

3.12 Prescribing Low Vision Aids

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

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

3.12.2 Duplicate LVAs should not routinely be prescribed for adult patients.

3.12.3 Anyone under the age of 19 in full-time education should be given two sets of LVAs. One to use at home and one to be used within their educational setting.

3.12.4 LVAs may be prescribed following both a Low Vision Assessment and a Low Vision Follow-Up.

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

3.12.6 Exceptionally, if a Performer requires advice on what might be suitable for the patient, the Performer should email the WGOS National Clinical Lead via low.vision@wales.nhs.uk to find an appropriate solution for the patient.

PELI LENSES

3.12.7 Peli lenses (3.11) are designed to help patients with homonymous hemianopia as they offer a way of the patient increasing the visual field on the non-seeing side. Of those patients with homonymous hemianopia, only some will be suitable for a trial of the lenses.

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

3.13 Recycling and Returning Low Vision Aids

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

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

3.13.1 Damaged LVAs that would not be suitable for re-use should be disposed of responsibly at practice level. Performers should complete a Return Form or Replacement Form and send the form to the NWSSP Low Vision Team.

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

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

3.14 Replacement and Uncollected Low Vision Aids

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

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

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

3.15 Claiming Payment

3.15.1 All information on the WGOS 3 record Card is important, and as such, all sections must be completed for a Low Vision Assessment. Claims will automatically be returned unpaid if the record cards have not been appropriately completed and will be returned to the low vision Performer.

3.15.2 For Low Vision Follow-Ups, the Performer may use clinical judgement regarding the actions required, therefore only the appropriate sections of the WGOS 3 Record Card need completion.

3.15.3 The Low Vision Performer must clearly indicate in the WGOS 3 Record Card whether the episode is a Low Vision Assessment or a Low Vision Follow-Up by ticking the appropriate box.

3.15.4 NHS Wales Shared Services Partnership claim submission cut-off dates apply to this service.

MOBILE ASSESSMENTS

3.15.5 When the appointment has been completed in a mobile setting, to claim the Mobile Service Fee, the 'mobile claim' box must be ticked on the WGOS 3 Record Card, and the card clearly annotated outlining the patient's eligibility for the mobile assessment.

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

3.15.7 Residential homes will be considered as a single address and as a single unit of accommodation for the purpose of calculating the Mobile Service fees payable. Accordingly, a lower visiting fee is payable in respect of WGOS provided to a third and subsequent resident during a single visit. However, where residents in sheltered housing have individual postal addresses, these should be considered as individual visits and a separate Mobile Service fee should be payable for each.

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

SECTION 2: WGOS 3 CVI

3.16 WGOS 3 Certification of Vision Impairment Wales

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

3.16.2 Registration ensures access to services and support aimed at maintaining a person's independence, inclusive of that offered by Habilitation Officers and Vision Rehabilitation Specialists (VRS) (Formally known as Rehabilitation Officers for the Visually Impaired- ROVIs).

3.16.3 The CVIW also has additional functions. It allows the collection of epidemiological information about the incidence and causes of certifiable Vision Impairment in the UK. In

Wales, the CVIW is used to indicate the prevalence of Certifiable Vision Impairment and is recognised by the Department for Work and Pensions as medical evidence of Vision Impairment.

3.17 Patient Certification Eligibility Criteria

Performers should refer to the Certification of Vision Impairment guidance notes when determining a patient's eligibility for certification.

SEVERELY SIGHT IMPAIRED (SSI) GUIDANCE

3.17.1 SSI guidelines

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

SEVERELY IMPAIRED (SI) GUIDANCE

3.17.2 SI guidelines

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

3.18 Certification in Primary Care

Certification of Vision Impairment in Primary Care may be performed by Optometrists who are listed to provide **WGOS 1, 2 and 3 inclusive**.

3.18.1 Optometrists who are listed to provide WGOS 1, 2 and 3 are able to offer certification to patients within primary care in the following circumstances

- The patient must be aged 16 or over; and
- The cause of Vision Impairment must be permanent; and
- The patient must not be currently undergoing treatment which may result in vision returning to non-certification levels

3.18.2 Patients must be referred to secondary care for certification where;

- Hospital-based services, e.g. electrodiagnostic techniques, are required to measure vision; and
- There is uncertain diagnosis giving uncertainty that any visual impairment is permanent; and/or
- There is prospect for the improvement of vision through:
    - growth / development in childhood; or
    - medical or surgical treatment.

3.19 Clinical Certification Pathway Standard Operating Procedure

CVIW Interactive Form (PDF)
CVIW Explanatory notes
WHC/2023/10 Welsh Health Circular: CVIW in Primary and Community Care
CVIW Patient information

PART A: IDENTIFICATION OF ELIGIBLE PATIENTS

3.19.1 When eligibility for certification / change of eligibility (SI to SSI) is identified at a WGOS 1 Eye Examination, WGOS 2 band 1 examination from which a prescription was issued or a Private Sight Test, a patient must be advised of the eligibility for certification and be certified by the appropriate clinician in the primary or secondary care setting. The patient must be assured that certification in each setting is equivalent.

- Patients must be provided with relevant accessible information regarding certification in all cases, whether referral for certification is accepted or not.
- On patient consent, a relevant referral to a certifying professional must be made.
- A referral for a WGOS 3 Low Vision Assessment must also be offered to the patient, with accessible information regarding the service.

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

PART B: PERFORMING CERTIFICATION IN PRIMARY CARE *(WGOS 1, 2 and 3 Accredited Optometrists)*

3.19.2 Certification appointment must consist of:

- A conversation around the benefits of certification
- An explanation of the process of certification and registration, and the sharing of information
- The certifying WGOS 123 Optometrist must be assured that the patient fully understands what will happen on completion of the CVI, and where their information will be shared
- Verbal consent of whether the patient would like to progress with the process

- If the patient wishes to progress, then an ocular health examination should be performed by the dual WGOS 123 Optometrist to confirm the main cause of vision impairment inclusive of;
    - Monocular and Binocular Visual Acuity measurement
    - A slit lamp examination of the anterior segment and lens
    - An assessment of the anterior chamber depth (central and peripheral, the latter as a surrogate for angle width)
    - Tonometry
    - A bilateral dilated fundus examination using a slit lamp and a Volk lens where possible (unless an excellent view is seen without dilation, in which case this must be annotated on the record card)
    - Where eligibility is based upon visual fields, recent related visual field examination from which a quantifiable field printout is available should be provided, or performed if not available
    - Other procedures at the discretion of the examining Optometrist or Ophthalmic Medical Practitioner (OMP)
- The CVIW form must be completed in line with explanatory notes.
- The CVIW Patient Information leaflet must be provided to the patient with their copy of the CVIW form
- On completion of the CVIW form, it should be sent to:
    i. NWSSP
    ii. The patient
    iii. The patient's Local Authority
    iv. The patient's General Practitioner

  and copy kept in the patient records.
- Where the CVIW ocular examination is performed but the patient decides not to continue with certification, the CVIW ocular examination claim form should be completed and sent to NWSSP.

3.20 Claiming Payment

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

PATIENT IS CERTIFIED BY OPTOMETRIST

- Five copies of the CVIW form should be made (see table below for explanation as to what should be done with each copy)

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

OCULAR EXAMINATION CERTIFICATE ASSESSMENT *(does not result in patient certification by Optometrist)*

- Optometrist must complete a certification ocular examination claim and send to:

DST CVI
NHS Shared Services Partnership
Ground Floor
Cwmbran House
Mamhilad Park Estate
PONTYPOOL
NP4 0XS

Please note this is a different address to the WGOS submission

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