

# WALES GENERAL OPHTHALMIC SERVICES (WGOS)

## WGOS 4

### *MEDICAL RETINA, HYDROXYCHLOROQUINE AND GLAUCOMA*

#### VERSION 2.2

(Hydroxychloroquine/Chloroquine (HCQ) Monitoring recall change)

IMPLEMENTATION DATE: 01 MAY 2026

This manual outlines a structure allowing the delivery of WGOS 4.

It is not a replacement for professional judgment or responsibility.

#### Useful links:

|                                                          |                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| For most up-to-date version of this WGOS Clinical Manual | <a href="http://www.eyecare.wales.nhs.uk">www.eyecare.wales.nhs.uk</a>                                                                                                                                                                                                                                          |
| How to register to provide WGOS                          | <a href="http://www.eyecare.wales.nhs.uk">www.eyecare.wales.nhs.uk</a>                                                                                                                                                                                                                                          |
| Training, courses, and assessments queries               | <a href="mailto:heiw.optometry@wales.nhs.uk">heiw.optometry@wales.nhs.uk</a>                                                                                                                                                                                                                                    |
| Payment and registration enquiries                       | <a href="mailto:nwssp-primarycareservices@wales.nhs.uk">nwssp-primarycareservices@wales.nhs.uk</a>                                                                                                                                                                                                              |
| Questions relating to WGOS                               | <a href="mailto:GOSWClinical.Lead@wales.nhs.uk">GOSWClinical.Lead@wales.nhs.uk</a>                                                                                                                                                                                                                              |
| Wales Council of the Blind                               | <a href="https://wcb-ccd.org.uk/">https://wcb-ccd.org.uk/</a>                                                                                                                                                                                                                                                   |
| WGOS Legislative Directions                              | <a href="https://www.gov.wales/sites/default/files/publications/2024-03/the-national-health-service-wales-eye-care-services-wales-no2-directions-2024.pdf">https://www.gov.wales/sites/default/files/publications/2024-03/the-national-health-service-wales-eye-care-services-wales-no2-directions-2024.pdf</a> |

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## 1. WGOS 4 Service Information



*WGOS 4 is a service where 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 referral refinement or monitoring pathway.*

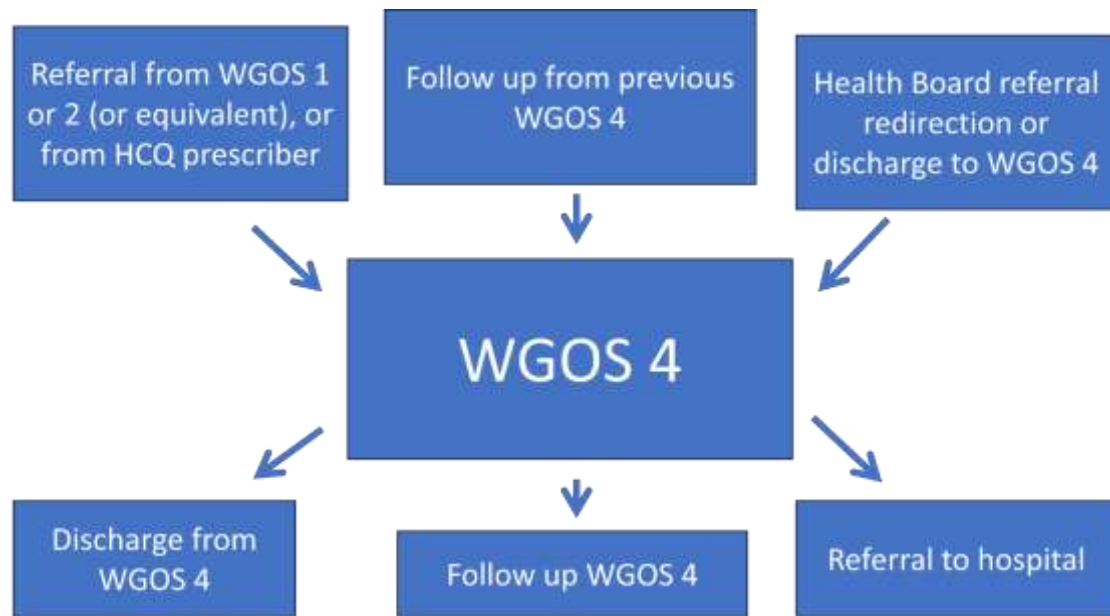
- 1.1. WGOS 4 utilises Primary Care Optometry to reduce historical hospital demand by managing presentations of higher clinical risk.
- 1.2. The overall aim of the WGOS 4 and 5 clinical pathways is in line with “A Healthier Wales” improving access for patients’ eye care and managing more patients closer to home, ensuring patients stay healthy and independent. The target is to reduce the number of referrals into the Hospital Eye Service (HES) by 1/3 (approximately 30,000 per annum) and to increase capacity in hospital eye departments by freeing up 35,000 follow up appointments through monitoring, management, and treatment in primary care. These figures will be monitored by Health Boards.
- 1.3. The delivery of WGOS 4 is underpinned by [Legislative Directions](#). These allow WGOS 4 to be delivered by an Optometrist registered with the General Optical Council or an ophthalmic medical practitioner registered with the General Medical Council. For brevity this Manual will refer to “Optometrists with higher qualifications” though this can also apply to Ophthalmic Medical Practitioners registered with the General Medical Council with fellowship in Ophthalmology from the Royal College of Ophthalmologists (FRCOphth) and at least two years of ophthalmic appointments in an approved NHS hospital.
- 1.4. WGOS 4 (Filtering)<sup>1</sup>- utilises Optometrists with higher qualifications in glaucoma and medical retina to accept suitable referrals for filtering with management in primary care where appropriate. The referrals may originate from:
  - 1.4.1. another practice (inter-practice);
  - 1.4.2. the same practice (intra-practice); or
  - 1.4.3. the WGOS 4 Optometrist following a WGOS 1 (in place of progressing to a WGOS 2 Band 2.)
- 1.5. Note: An unsuitable referral may be returned to the referrer for further action. In the case of an unsuitable referral being received if in the opinion of the WGOS 4 Performer a rejection of referral will not be in the patient’s best interest, (eg) there is no prospect of a more suitable referral being produced as the practice outside Wales and/or unacceptable delays would occur, the WGOS 4 Performer may perform a WGOS 1 or WGOS 2 (as appropriate) in order to inform whether a WGOS 4 is required. WGOS 4 (Monitoring)- utilises Optometrists with higher qualifications in medical retina and glaucoma to monitor suitable patients who may otherwise be under care of the HES. This can be a discharge from HES or monitoring directly from WGOS4 filtering; or from hydroxychloroquine (HCQ) prescriber.

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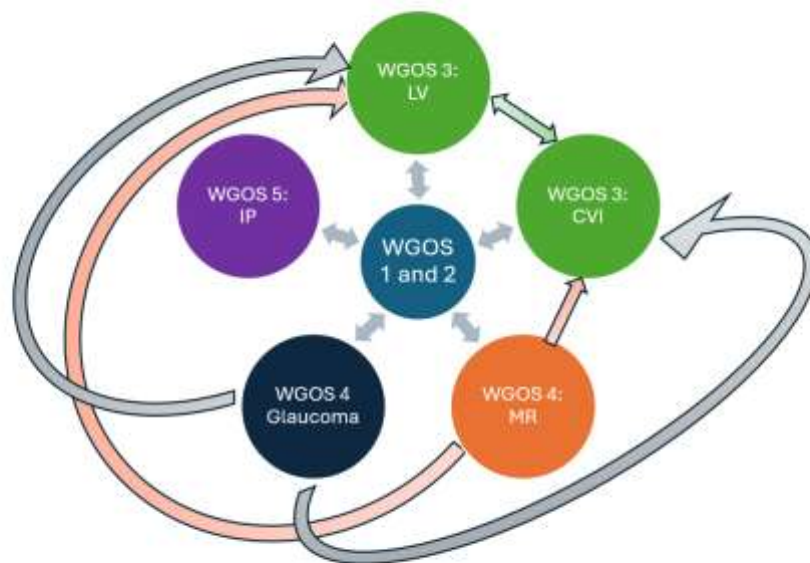
<sup>1</sup> Defined in the Legislative Directions as ‘Referral Refinement’.

- 1.6. Optometrists who have completed relevant higher qualifications and complete any required service specific WGOS 4 mandatory training ([Y Tŷ Dysgu](#)) are able to deliver services at WGOS 4 for contractors with the relevant WGOS service agreement(s).
- 1.7. WGOS 4 is a service provided wholly in Primary Care with the Optometrist performing the WGOS 4 activity retaining all responsibility for the outcome.
- 1.8. Patient is eligible for WGOS 4 if:
- they are resident in Wales and/or
  - are on the practice list of a GP in Wales
- and there is a clinical need identified.
- 1.9. The identification of clinical need occurs in one of four places:
- i) Previous WGOS 1 or WGOS 2 episode or private or non-Wales NHS episode of care, where the subsequent examination required is beyond the scope of WGOS 1 and 2
  - ii) Previous WGOS 4
  - iii) Health Board; NHS/Private Hospital referral redirection/discharge to WGOS 4
  - iv) Request from HCQ prescriber
- 1.10. WGOS 4 outcomes have three possibilities:
- i) Discharge from WGOS 4
  - ii) Follow-up WGOS 4
  - iii) Referral to HES
- Other routine duties of care should also be met.
- 1.11. For any WGOS 4 patient contact, consideration must also be given to providing sources of trusted information and support that would aid the patient with any of the following:
- Understanding their eye care journey
  - Understanding their diagnosis
  - Accessing sources of practical and emotional support.
- e.g. Wales Vision Forum [resources](#)

## Typical Patient Flow Diagram



- 1.12. 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. When a patient requires a service additional to WGOS 4 the Performer must ensure the WGOS service options are offered.
- 1.13 Patients accessing WGOS 4 may be eligible for WGOS 3 Low Vision and/or WGOS 3 CVI-W. A patient eligibility for these services and their access to these services is monitored as part of WGOS evaluation.



## 2. WGOS 4 Service Agreement and Contractor eligibility



*To provide WGOS 4, the Contractor must have a WGOS 4 Service Agreement with the Health Board aligned to the location where the service is to be delivered.*

*To provide WGOS as a mobile service, the Contractor must have a WGOS 4 Mobile Service Agreement with the Health Board aligned to the location where the service is to be delivered.*

*Contractors must ensure that the practitioner performing WGOS 4 on their behalf has the correctly listed qualification and training to deliver the service.*

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

*Contractors must notify the Health Board of the Optometrists they employ.*

*Practices, Contractors, and Performers must keep their registered information up to date.*

*To end a WGOS 4 service agreement the Contract must give the Health Board at least three months' notice.*

- 2.1. Any Contractor wishing to provide WGOS4 must apply to the appropriate Health Board to be included as a WGOS 4 provider for the relevant service(s). The Contractor must comply with this clinical manual. All Contractors must have a WGOS 4 Service Agreement for every WGOS 4 service in each Health Board they wish to provide services.
- 2.2. A Contractor who delivers WGOS 4 from fixed premises and also delivers WGOS 4 in a mobile setting, must have a WGOS 4 Mobile Service Agreement.
- 2.3. In addition to 2.1 and 2.2, the WGOS 4 Service Agreement will specify:
  - The equipment requirement for the service; and
  - The availability and connectivity requirements for the services, including any Health Board agreed variation (as per 2.11-2.12 below).
- 2.4. The following WGOS 4 Service Agreements are available. (Please contact your Health Board's Primary Care Team to discuss providing WGOS 4. [Health Board Information - NHS Wales](#)):
  - for fixed premises:
    - Medical Retina
    - HCQ
    - Glaucoma Referral Filtering
    - Glaucoma Monitoring
  - for mobile providers (regardless of whether they have fixed premises):
    - Medical Retina Mobile
    - HCQ Mobile
    - Glaucoma Referral Filtering Mobile
    - Glaucoma Monitoring Mobile

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## ADVANCED TRAINING PRACTICES

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*Workforce planning is required to ensure access to services is equitable across Wales.*

*Placements for Higher Qualifications can be delivered in a hospital setting with Health Board coordination, or alternatively within WGOS Practices who are registered as Advanced Training Practices (ATPs). ATPs are supported by HEIW, and receive funding related to this.*

*To address the backlog of Optometrists waiting for postgraduate clinical placements Advanced Training Practices (ATP's) have been established.*

*They aim to increase the capacity of, and access to, quality postgraduate clinical placements.*

*These placements will foster professional development through training opportunities in supportive community optometry practices across Wales. They will provide comprehensive, hands-on clinical experience and professional guidance.*

*ATPs mark an exciting new chapter in the professional development of Optometrists across Wales.*

*ATPs also support Higher Qualifications for the delivery of WGOS 5.*

- 2.5. Contractors may apply to be an ATP at [HEIW.Optomtryatp@wales.nhs.uk](mailto:HEIW.Optomtryatp@wales.nhs.uk)
- 2.6. ATPs will deliver WGOS 4 episodes, as per their WGOS 4 Service Agreement. The responsibility for the patient episode remains with the Performer who has the relevant WGOS 4 Higher Qualification, and not the Performer on placement.
- 2.7. The record card must contain the details of both the WGOS 4 Host ATP Performer and the WGOS 4 Placement Performer.
- 2.8. A WGOS 4 Placement Performer at an ATP must be included on the combined NWSSP Ophthalmic list in Wales and be enrolled in a course to achieve a relevant WGOS 4 qualification (Professional Certificate; Professional Higher Certificate; Professional Diploma)
- 2.9. Some Placement Performers may also or alternatively receive placements in the Hospital Eye Service, either in Ophthalmologist led Clinics or as Shared Care Clinics. This may exist in hospitals or in Teach and Treat Centres, which may be alongside other WGOS 4 activity but is not covered in this Manual.
- 2.10. The Activity Data Set submission must contain the name of the WGOS 4 Host ATP Performer.
- 2.11. A Health Board will not prioritise an ATP over a non-ATP practice. However, a Health Board may decide to deliver a new service from an ATP as a time limited proof of concept before full Health Board roll-out.

- 2.12. An ATP agreement will include obligation to host a minimum number of placement sessions.

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## AMENDMENTS TO THE WGOS 4 SERVICE AGREEMENT

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- 2.13. Contractors must 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. 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):

| Health Boards must be notified when there are:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Notification period |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <ul style="list-style-type: none"><li>Changes to the declaration made by the Contractor<br/><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 LHB 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 awarded a WGOS 4 Service Agreement</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                           | 7 days              |
| <ul style="list-style-type: none"><li>Change(s) or addition(s) affecting the details on the Wales Ophthalmic List</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                           | 14 days             |

- 2.14. Any significant interruption in the provision of WGOS 4, for example through illness, must be notified to the Health Board, except for statutory holidays.
- 2.15. Any significant interruption in the provision of WGOS 4, which includes the cessation of provision of WGOS 4, requires the Contractor to be able to transfer the care for all Monitoring patients to another WGOS 4 provider, via Health Board coordination. This includes all WGOS Transfer of Care Dataset and target next appointment date. Where an interruption of service is for a predicted period of time (e.g. for parental leave) then, with HB agreement, it may be required to only transfer the care of relevant patients.

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## CONTRACTOR'S RESPONSIBILITIES

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- 2.16. Contractors must meet the mandatory requirements of WGOS 1 and 2 in the delivery of WGOS 4 Services, in line with The National Health Service (Ophthalmic Services) (Wales) Regulations 2023
- 2.17. The mandatory requirements of WGOS are explicit in chapter "W" in the [Mandatory Manual](#). Explicitly, sections W1, 2, 3, 4, 5, 6, 7, 9 and/or 10, 11, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25 and 26.



*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.

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.*

- 2.17.1 **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](#).
- 2.18. To end a WGOS 4 Service Agreement, the Contractor give at least three months’ notice to the Health Board, although this period can be made shorter by mutual agreement.
- 2.19. Where a Contractor 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.

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## HEALTH BOARD’S RESPONSIBILITIES

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- 2.20. Health Boards will be responsible for co-ordinating this service locally including approving optometry practices for service provision.
- 2.21. 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 Optometrists who are newly-WGOS 4-qualified and WGOS 4 Optometrists who may be working in different practices on different days.
- 2.22. Health Boards will agree any variation to national availability and connectivity requirements at their Eye Care Collaborative group in consultation with their ROC.
- 2.23. Health Boards will coordinate local referrals and discharges in-line with WGOS Transfer of Care Dataset recommendations ([WGOS 4 Data Sets - NHS Wales](#)). The dataset will indicate the clinical data required for patient flows in the pathway.
- 2.24. Health Boards will engage with contractors and performers on Quality for Optometry (quality assurance) including but not limited to performance reviews, peer review mentoring and audits.
- 2.25. Performance management will be led by the Health Boards with support where required from the WGOS National Clinical Lead and HEIW. This will be:

- 2.25.1 Part of routine service management and quality assurance, and
- 2.25.2 Appropriate to any concerns presented.

This will be in-line with quality and patient safety processes established by Health Boards for independent contractors and performers in primary care. Health Board teams should involve the Optometric Advisor and may also consist of the clinical medical team and the operational management team. Interventions to support contractors/performers may include but are not limited to: raising concerns with the contractor/performer; identification and completion of training; peer review; and/or mentoring. The Health Board will determine if/when intervention is no longer required. Failure for to engage in the intervention suggested by the Health Board may result in withdrawal of approval for WGOS 4 service provision. Further detail is available in section W.14 of the [Mandatory Manual](#).

- 2.26. Health Boards may withdraw approval for WGOS 4 service provision from MR/HCQ/Glaucoma contractors or performers that fail to meet any mandatory requirements and/or that do not comply with the WGOS 4 manual. Withdrawal will only happen in response to concerns regarding patient safety or service delivery.
- 2.27. WGOS 4 Optometrists' and Contractors' activity and performance in this service will be monitored through post-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.
- 2.28. Health Boards will ensure that their WGOS 4 pathways for medical retina and glaucoma conditions are made available to Optometry practices and provide updates as necessary.
- 2.29. Local guidelines relating to the mode of referral, including details of WGOS 4 Optometrists and their availability for referrals, will be published by Health Boards.

### 3. WGOS 4 Optometrist (performer) eligibility



*To be able to perform WGOS 4, the Optometrist in addition to be listed on the NHS Wales Ophthalmic List must hold the relevant qualification(s) and have completed any required service specific WGOS 4 mandatory training.*

- 3.1. The WGOS 4 Optometrist must:
  - 3.1.1. be on the combined NWSSP Ophthalmic list in Wales; and
  - 3.1.2. have achieved the relevant qualification (Professional Certificate; Professional Higher Certificate; Professional Diploma); and
  - 3.1.3. have successfully completed any required service specific WGOS 4 mandatory training ([Y Tŷ Dysgu](#)); and
  - 3.1.4. engage with WGOS quality assurances; to include (not limited to) performance appraisal/review, peer review, mentoring, and audits, at Health Board/Regional/National level; and

- 3.1.5. keep records, make payment claims and participate in audits in line with The National Health Service (Ophthalmic Services) (Wales) Regulations 2023; and
- 3.1.6. maintain their competence in this area of practice, or refresh it following a period outside this area of practice. This includes self-led CPD, and completion of any required mandatory training (inclusive Adult and Child Level2 safeguarding every 3 years) and as required in response to service need. This training may include quality assurances, peer review, and/or mentoring and may be directed nationally or locally by HB; and
- 3.1.7. provide the Health Board with an enhanced criminal record certificate under section 113B of the Police Act 1997 in relation to them, if a Health Board at any time, for reasonable cause, gives them notice to provide such a certificate.

## 4. WGOS 4 Mobile Service



*WGOS 4 may only be provided at in a mobile setting where performer, contractor and equipment availability permits.*

*Mobile WGOS 4 services may only be performed in Wales.*

*Patients are entitled to a mobile service if 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.*

*Hospital in-patients are not entitled to a WGOS 4 mobile service.*

*WGOS 4 cannot be delivered in prisons or secure units. The provision of eye care in these settings sit outside the scope of WGOS 4 and Health Boards have their own service agreements.*

*To provide WGOS 4 as a mobile service, the Contractor must hold a WGOS 4 Service Agreement with the Health Board aligned to the location where the service is to be delivered.*

- 4.1. WGOS 4 may be provided in mobile settings in health boards where performer, contractor and equipment availability permit. WGOS 4 examinations may be delivered as a mobile service, if:

- a patient is eligible for mobile services (see point 4.2); and
- the Contractor has a Mobile WGOS 4 Services Agreement with the Health Board aligned to the location where the service is to be delivered.

In such cases the mobile fee should be claimed in addition to the WGOS 4 fee.

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### PATIENT'S ELIGIBILITY FOR MOBILE WGOS 4

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- 4.2. Patients are eligible for mobile WGOS 4 services if 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.
- 4.3. Prior approval to provide a mobile service does not need to be sought. However, the Practitioner should be able to reasonably justify why it was performed, and the reason for the requiring a mobile service must be clearly documented in the patient's record and claim form.

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## OFFERING A MOBILE WGOS 4 SERVICE

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- 4.4. If a patient is identified as requiring a WGOS 4 mobile service, and a mobile service is not available, referrals should be made to other appropriate NHS services, e.g. hospital-based services, that are served by Non-Emergency Patient Transport Services. Such referrals should make it clear why they are not following the WGOS 4 pathway, so that they are not redirected to WGOS 4 from hospital-based services.
- 4.5. Where mobile services are available, the non-WGOS 4 Optometrist should refer the patient to a mobile WGOS 4 Optometrist for a mobile assessment where one is required. A WGOS 4 Optometrist should refer the patient to a mobile WGOS 4 Optometrist if they are unable to provide a mobile assessment where one is required.
- 4.6. If a patient does not meet the eligibility criteria for mobile services but wishes for a mobile service to be performed, a WGOS 4 Optometrist whose Contractor holds a Mobile WGOS 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 WGOS 4 fee, however, a mobile fee cannot be claimed.

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## MOBILE WGOS 4 SERVICE SETTING

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- 4.7. Mobile WGOS 4 services may only be performed in Wales.
- 4.8. Hospital in-patients are not eligible for WGOS 4 mobile services. The provision of eye care in these settings sit outside the scope of WGOS 4 and Health Boards have their own arrangements / service agreements for these patients.
- 4.9. WGOS 4 cannot be delivered in prisons or secure units. The provision of eye care in these settings sit outside the scope of WGOS 4 and Health Boards have their own service agreements.

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## CLAIMING A MOBILE WGOS 4 SERVICE

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- 4.10. A Contractor may only claim WGOS 4 as a mobile service if:
- they hold a Mobile WGOS Service Agreement with the relevant Health Board for the location at which the mobile service is to be provided;
  - the patient or their carer's request that the WGOS 4 episode is delivered in a mobile setting; 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.

## 5. WGOS 4 – Medical Retina



*The WGOS 4 Medical Retina Service comprises referral filtering and monitoring of medical retina conditions.*

*The service is provided wholly in Primary Care with the Optometrist performing the WGOS 4 activity retaining the responsibility for the outcome.*

- 5.1. This service is intended for filtering of medical retina referrals with management in primary care where appropriate. It is also intended to provide monitoring for suitable patients identified in WGOS 4 Filtering or discharged from Hospital Eye Services (HES) with a condition-specific management plan/discharge communication with referral back into HES if/when appropriate. Contractors must offer referral filtering and monitoring in the service.
- 5.2. This service does not replace medical retina services in secondary care but is intended to provide additional capacity in primary care and reduce demand in secondary care by filtering out patients who do not need referral to secondary care and may be monitored/ managed by a Medical Retina Optometrist (MR Optometrist) with the appropriate qualification.

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### MEDICAL RETINA EXAMINATIONS – OPTOMETRIST ELIGIBILITY

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- 5.3. The WGOS 4 Medical Retina Optometrist must comply with the requirements of section 3 “WGOS 4 Optometrist (performer) eligibility” of this clinical manual, and:
  - have achieved the Professional Certificate in Medical Retina (Prof Cert Med Ret) qualification or the Professional Higher Certificate in Medical Retina (Higher Cert Med Ret) qualification, and
  - have successfully completed any required WGOS 4 Medical Retina mandatory training ([Y Tŷ Dysgu](#)).

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**NOTE** See 12 Appendix for summary

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### MEDICAL RETINA- RECORD KEEPING

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- 5.4. WGOS 4 MR records should be maintained in-line with this manual and guidance from the College of Optometrists. In particular:
  - WGOS 4 MRF and MRM episodes must be clearly identifiable as such in the patient's record, e.g. on a separate page / screen from other episodes of care and by labelling as "WGOS 4 MRF" or “WGOS 4 MRM” as appropriate;
  - details of the referring Optometrist or referral to self must be recorded;
  - copies of referrals in to and out of the service must be retained, inclusive of details of signposting and referral for non-clinical support;
  - copies of reports must be retained;

- Where a practice ceases to offer WGOS 4 MR all active patients' WGOS Transfer of Care Datasets with target follow-up date must be shared with HB; and
- Where provided by the Health Board a co-accessible electronic patient record, provided must be used.

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## MEDICAL RETINA – CLAIMS

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- 5.5. MR Optometrists will deliver WGOS 4 Medical Retina Filtering (MRF) Assessments following an eligible referral. The WGOS 4 MRF fee is claimed independently of the outcome of the episode.
- 5.6. MR Optometrists will additionally deliver WGOS 4 Medical Retina Monitoring Assessments (MRM) for suitable patients referred from MRF, and/or previous MRM, and/or discharged from HES in line with Health Board guidance. The WGOS 4 MRM fee may be claimed independently of the outcome of the episode.

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**NOTE** WGOS 4 MRF and WGOS 4 MRM episodes must be clearly identifiable in the patient's record, otherwise the fee will be reclaimed.

- 5.7. Payments for practices providing WGOS 4 MR Assessments will be claimed by online submission to NHS Wales Shared Services Partnership.
- 5.8. Claims are made online at the end of the consultation or within 28 days by the WGOS 4 MR Optometrist, or by a member of the Contractor's staff using the information provided by the WGOS 4 MR Optometrist. Each practice will be provided with an electronic submission system, facilitated by NWSSP.
- 5.9. NHS Wales Shared Services Partnership will make WGOS 4 MR payments on behalf of Health Boards.
- 5.10. NHS Wales Shared Services Partnership claim submission cut-off dates apply to this service. Payment of late claims will be at the discretion of the Health Board.
- 5.11. Claims made by Contractors listed for activity in WGOS 4 MR will be accepted with the national activity dataset. ([WGOS 4 Data Sets - NHS Wales](#))

## 6. Medical Retina Filtering (MRF) Examinations

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### MRF PATIENT ELIGIBILITY CRITERIA

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- 6.1. WGOS 4 MR Optometrists will accept referrals where appropriate from an Optometrist who has completed a consultation where the indication is a medical retina condition that cannot be managed by the non-MR Optometrist. Such referrals may be:
- Made directly by an Optometrist, or
  - Redirected following triage in the HES.
  - Generated by themselves at WGOS 1, WGOS 2 Band 1, or Private Sight Test. This would be instead of a WGOS 2 Band 2.
- 6.2. The MR Optometrist will not accept referrals for patients that they determine are likely to require emergency treatment in secondary care for an eye problem that is outside the scope of practice for a MR Optometrist, e.g. retinal detachment. The non-MR Optometrist should refer to secondary care in-line with local pathways.
- 6.3. The MR Optometrist should not accept any referral, whether from Primary or via Secondary Care, that is inappropriate. Referrals that do not contain the full Transfer of Care dataset but, in the MR Optometrist's opinion, contain enough information for safe management of the patient may be accepted.
- 6.4. The WGOS 4 MR Optometrist may provide this service to any patient who in their clinical judgement is likely to require a medical retina examination that cannot be provided by a non-MR Optometrist.

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### MRF PATHWAY

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#### *Referral into the pathway*

- 6.5. An Optometrist identifies that a condition cannot be managed by non-MR Optometrist and so requires onward referral to a WGOS 4 MR Optometrist for examination and management. In the first instance and in accordance with regulation and Prudent Healthcare the patient should be referred to a Primary Care Optometrist with qualifications appropriate to the needs of the patient (in this case, WGOS 4 MR Optometrist).
- 6.6. Referral for MR Examination may be either from one practice to another (inter-practice referral) or between Optometrists in a practice (intra-practice referral). Referrals should be made using WGOS Dataset and WGOS referral template in-line with local referral guidance published by the Health Board. ([WGOS 4 Data Sets - NHS Wales](#), [WGOS 4 Templates - NHS Wales](#), [Health Board Information - NHS Wales](#))

- 6.7. The Optometrist must refer within and to a clinically appropriate timescale in-line with operational guidance published by the Health Board by the specified method, e.g. telephone, email, post.
- 6.8. For urgent referrals, the referrer must telephone the MR practice to ensure that the WGOS 4 MR Optometrist is able to accept the referral and that the referral can be managed appropriately in the MR practice. The referrer must be prepared to give the patient details and provisional diagnosis so this can be recorded; the WGOS 4 MR Optometrist will not necessarily take the telephone call in person. If the WGOS 4 MR Optometrist deems that the patient cannot be managed appropriately in the MR practice, the WGOS 4 MR Optometrist will advise the referrer to make a referral instead to urgent HES or another local pathway.
- 6.9. If the referrer is unsure whether the MR Optometrist should see the patient, they should telephone the MR practice first to discuss the case before calling HES.
- 6.10. When a WGOS 4 MR Optometrist agrees to accept a referral from an Optometrist, a referral should be provided as per local pathway, e.g. by electronic referral system (ERS), email, post or hand as appropriate, to the WGOS 4 MR Optometrist using the WGOS referral template ([WGOS 1 and 2 template](#)) or other system agreed between the Regional Optometric Committee and Health Board, e.g. electronic referral, and copy this to the patient's GP or otherwise inform the GP of action taken.
- 6.11. The care of the patient is transferred to the WGOS 4 MR Optometrist:
- for non-urgent referrals, when the referral is sent; and
  - for urgent referrals, when the referral is accepted by telephone and provided to the MR Optometrist as above.
- If on examination the WGOS 4 MR Optometrist makes a clinical decision to refer the patient to the HES, they will be responsible for this referral.
- 6.12. Referrals of suitable cases may also be directed to WGOS 4 following triage in the HES in-line with Health Board guidance.

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**NOTE** The MR practice will not seek to retain a patient referred for WGOS 4 MR for other eye care.

### *Examination*

- 6.13. The WGOS 4 MR Optometrist will accept or reject referrals in-line with the patient eligibility criteria (in 6.1-6.3 above) and offer an appointment in an appropriate timescale using their clinical judgement. This must include both inter-practice and intra-practice referrals.
- 6.14. The WGOS 4 MR Optometrist will perform a WGOS 4 MR examination which is appropriate to any presenting symptoms and referral; manage and advise the patient appropriately; and follow-up and/or refer or discharge the patient. This is a needs-led examination; so the WGOS 4 MR Optometrist should conduct tests relevant to the patient's needs.
- 6.15. The WGOS 4 MR Optometrist should make it clear to the patient that they are not conducting a Sight Test (resulting in a spectacle prescription).

- 6.16. The WGOS 4 MR Optometrist will use clinical judgement to decide when the care is complete.
- 6.17. The WGOS 4 MR Optometrist will actively seek to support a patient through the provision, signposting and/or referral to sources of trusted information and support, as part of a consultation. Local guidelines will be published by [Wales Council of the Blind](#). Written information should be provided in the patient's preferred accessible format.

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**NOTE** The MR practice will not seek to retain a patient referred for WGOS 4 MR for other eye care

- 6.18. A report must be sent following the initial consultation and at the completion of care to:
- the referrer, i.e. Optometrist or DESW
  - the patient's GP
  - the patient
  - other relevant providers of care to the patient, e.g., their Ophthalmologist, where appropriate.

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#### PATIENTS THAT DO NOT ATTEND (DNA)

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- 6.19. The WGOS 4 Contractor will take responsibility for the management of accepted referrals including contacting patients who do not attend their appointment(s) and informing the referring Optometrist and GP, in line with the WGOS 4 DNA protocol.
- 6.20. WGOS 4 Contractors will be required to submit monthly total numbers of instances where patients failed to attend their appointment, to inform service evaluation.

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#### REMOTE CONSULTATIONS

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- 6.21. Aspects of, but not entire episodes of, WGOS 4 MR may be performed remotely and/or virtually. This is at the discretion of the WGOS 4 MR Optometrist undertaking the examination. In such cases there is no mobile fee because the WGOS 4 MR Optometrist would not have left practice.

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#### RECORD KEEPING

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- 6.22. The WGOS 4 MR Optometrist will keep a record of the triage process and the advice given to urgent referrers / potential urgent referrers, along with the triage date plus, if the urgent referral is accepted and in all cases for non-urgent referrals, the date recommended for MR Examination and date that patient attended. This includes recording potential urgent MR referrals that cannot be accepted due to availability being filled. Triage records must be made available to the health board on request.
- 6.23. The WGOS 4 MR Optometrist must keep adequate records of the consultation including the management, e.g. follow-up plan / referral, and advice given to the patient.

- 6.24. Records will be subject to normal inspections for the purposes of post-payment verification WGOS 4 episodes must be clearly identifiable in the patient's record, otherwise the fee will be reclaimed.
- 6.25. Records will be subject to normal inspections for the purposes of clinical audit and assurance by NHS Wales Shared Services Partnership, HEIW, and the relevant Health Board.

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## CLAIMING FOR WGOS 4 MRF

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- 6.26. The WGOS 4 MR Optometrist (or another WGOS 4 MR Optometrist) will conduct WGOS 4 MRF appointments as clinically necessary to prevent / reduce referrals to other parts of the NHS, including Ophthalmology. A fee is claimable for each MRF assessment performed by the WGOS 4 MR Optometrist.
- 6.27. The WGOS 4 MR Optometrist may claim a fee under this service for patients who have been examined, regardless of whether the patient is subsequently discharged, referred to WGOS 4 MR Monitoring, or referred to HES.
- 6.28. Non-MR Optometrists cannot conduct WGOS 4 MR assessments.
- 6.29. The WGOS 4 MR Optometrist's records will clearly document the reasoning and clinical necessity for all assessments for audit purposes.
- 6.30. The WGOS 4 MR Optometrist will not claim a fee under this service for patients who have not been examined.

## 7. Medical Retina Monitoring (MRM) Examinations

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### MRM PATIENT ELIGIBILITY CRITERIA

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- 7.1. WGOS 4 MR Optometrists will offer WGOS 4 MRM examinations following:
- a WGOS 4 MRF consultation where the medical retina condition can be managed within the remit of MRM, in-line with local guidance;
  - a WGOS 4 MRM episode where the patient has requested a transfer of care to alternative WGOS 4 MR provider; and
  - discharges of suitable MR patients, that cannot be managed by a non-MR Optometrist, from secondary care in-line with Health Board guidance.
- 7.2. The MR Optometrist should not offer WGOS 4 MRM examinations for inappropriate cases. Transfers of care that do not contain the full Transfer of Care dataset but, in the MR Optometrist's opinion, contain enough information for safe management of the patient may be accepted.

### *Referral into the pathway*

- 7.3. The WGOS 4 MR Optometrist will accept or reject referrals in-line with the eligibility criteria (in 7.1 above), and HES re-directed referrals and discharges in-line with Health Board guidance. The MR Optometrist will offer an appointment in an appropriate timescale using their clinical judgement.

### *Examination*

- 7.4. The WGOS 4 MR Optometrist will conduct WGOS 4 MRM assessments as clinically necessary to prevent / reduce referrals to other parts of the NHS, including Ophthalmology.
- 7.5. The WGOS 4 MR Optometrist will perform a WGOS 4 MRM examination which is appropriate to the patient's needs; manage and advise the patient appropriately; and write and follow-up and/or refer the patient to hospital eye services when clinically necessary. This is a needs-led examination; so the WGOS 4 MR Optometrist should conduct tests relevant to the patient's needs.
- 7.6. The MR Optometrist should make it clear to the patient that they are not conducting a Sight Test (resulting in a spectacle prescription).
- 7.7. The WGOS 4 MR Optometrist will use clinical judgement to decide if/when the MRM care is complete.

The MR Optometrist will actively seek to support a patient through the provision, signposting and/or referral to sources of trusted information and support, as part of an examination. Local guidelines will be published by [Wales Council of the Blind](#). Written information should be provided in the patient's preferred accessible format.

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**NOTE** The MRM practice will not seek to retain a patient referred for WGOS 4 MR for other eye care.

- 7.8. A report must be sent following the initial consultation and at the completion of care to:
- the refer, i.e. Optometrist or DESW (including for a redirected referral from the HES)
  - the patient's GP
  - the patient
  - other relevant providers of care to the patient, e.g. their diabetologist

### *Referral out of the pathway*

- 7.9. Where the WGOS 4 MR Optometrist has performed a WGOS 4 MRM examination which is appropriate to the case they may decide the patient is no longer suitable for WGOS 4 MRM. This may be:
- 7.9.1. Discharge back to WGOS 1 (to the practice of choice of patient)
- 7.9.2. Referral to hospital eye services

In both cases the patient is transferred with a full Transfer of Care Dataset, report to GP, and letter to patient.

#### *Referral within the pathway*

- 7.10. Where the local pathway allows, the patient may request a transfer of care to another WGOS 4 MRM Provider. In this case, with agreement from the receiving practice, the patient is transferred with a full Transfer of Care Dataset, report to GP, and letter to patient.

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## RECORD KEEPING

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- 7.11. The WGOS 4 MR Optometrist will keep a record of the date recommended for MRM Examination and date that patient attended.
- 7.12. The WGOS 4 MR Optometrist must keep adequate records of the consultation including the management, e.g. follow-up plan / referral, and advice given to the patient.
- 7.13. The MR Optometrist's records will clearly document the reasoning and clinical necessity for all assessments for audit purposes.
- 7.14. Records will be subject to normal inspections for the purposes of post-payment verification WGOS 4 episodes must be clearly identifiable in the patient's record, otherwise the fee will be reclaimed.
- 7.15. Records will be subject to normal inspections for the purposes of clinical audit and assurance by NHS Wales Shared Services Partnership, HEIW, and the relevant Health Board.

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## PATIENTS THAT DO NOT ATTEND (DNA)

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- 7.16. The WGOS 4 MR Optometrist will take responsibility for the management of accepted referrals including contacting patients who do not attend their appointment(s) and informing the patient's GP and/or referrer, in line with the WGOS 4 DNA protocol.
- 7.17. WGOS 4 Contractors will be required to submit monthly total numbers of instances where patients failed to attend their appointment, to inform service evaluation.

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## CLAIMING

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- 7.18. A fee is claimable for each MRM assessment performed by the WGOS 4 MR Optometrist. Only one fee is claimable, regardless of the number of visits required to complete it.
- 7.19. The MR Optometrist may claim a fee under this service for patients who have been examined, regardless of whether the patient is subsequently discharged, followed up with MRM, or referred to the HES.
- 7.20. Non-MR Optometrists cannot conduct MRM appointments.

- 7.21. The WGOS 4 MR Optometrist will not claim a fee under this service for patients who have not been examined.

## 8. WGOS 4 – Hydroxychloroquine/Chloroquine (HCQ) Monitoring



*The service aims to identify patients at risk of vision loss due to retinal toxicity through monitoring.*

- 8.1. This service is intended for the monitoring of patients who are at risk of hydroxychloroquine or chloroquine retinal toxicity.
- 8.2. It is intended that this service is provided in primary care alone, with patients only being referred to secondary care where a clinical need exists.
- 8.3. MR Optometrists will deliver WGOS 4 HCQ following an eligible referral. The WGOS 4 HCQ fee is claimed independently of the outcome of the episode.

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**NOTE** WGOS 4 HCQ episodes must be clearly identifiable in the patient's record, otherwise the fee will be reclaimed.

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### HCQ MONITORING PATIENT ELIGIBILITY CRITERIA

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- 8.4. WGOS 4 MR Optometrists will accept referrals where appropriate from a HCQ/chloroquine prescriber (the 'prescribing physician') where the indication is a risk of HCQ/chloroquine retinal toxicity based on the Royal College of Ophthalmologists' criteria;
  - All individuals who have taken hydroxychloroquine for greater than five years should receive annual monitoring for retinopathy.
  - All individuals who have taken chloroquine for greater than one year should receive annual monitoring for retinopathy.
  - All individuals taking hydroxychloroquine who have additional risk factors for retinal toxicity may be monitored annually after the initiation of therapy. It is to be decided by the prescribing physician whether additional risk factors are present.
- 8.5. Baseline monitoring is not an eligibility criterion for access to the service.

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### HCQ MONITORING OPTOMETRIST ELIGIBILITY

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- 8.6. The WGOS 4 Medical Retina Optometrist must comply with the requirements of section 3 "WGOS 4 Optometrist (performer) eligibility" of this clinical manual, and:
  - have achieved the Professional Certificate in Medical Retina (Prof Cert Med Ret) qualification or the Professional Higher Certificate in Medical Retina (Higher Cert Med Ret) qualification, and
  - have successfully completed any required WGOS 4 Medical Retina mandatory training ([Y Tŷ Dysgu](#)).

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**NOTE** See 12.0 Appendix for summary

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## HCQ MONITORING MOBILE SERVICE

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- 8.7. Should the patient meet the mobile provision criteria as outlined in section 4 “WGOS 4 Mobile Service” of this clinical manual, then the prescriber should send the request for WGOS 4 HCQ monitoring to a relevant service provider.
- 8.8. If there are no WGOS 4 HCQ monitoring mobile providers, then the Health Board is responsible for meeting the needs of the patient with regards to HCQ monitoring provision, which will not necessarily be delivered in a mobile setting.

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## REMOTE CONSULTATIONS

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- 8.9. Aspects of, but not entire episodes of, WGOS 4 HCQ may be performed remotely and/or virtually. This is at the discretion of the WGOS 4 MR Optometrist undertaking the examination. In such cases there is no mobile fee because the WGOS 4 MR Optometrist would not have left practice.

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## HCQ MONITORING PATHWAY

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### *Accessing the service – the role of the prescribing physician*

- 8.10. The prescribing physician identifies a patient that meets the eligibility criteria for HCQ/chloroquine monitoring.
- 8.11. As per GMC and Royal College of Ophthalmologists’ guidelines, it is the responsibility of the prescribing physician to request WGOS 4 HCQ/chloroquine monitoring for eligible patients.
- 8.12. The prescribing physician should complete a national request proforma ([Other Health Care Professionals - NHS Wales](#)) specifying the key clinical details relevant to monitoring for retinal toxicity. This will allow a determination of risk toxicity and interpretation of test results. This should include.
- The drug and prescribed
  - The duration of prescription
  - The presence or absence of additional risk factors
  - The presence or absence of other known retinal conditions
  - The presence or absence of previous HCQ toxicity
- 8.13. The prescribing physician must request WGOS 4 HCQ/chloroquine monitoring within and to a clinically appropriate timescale in-line with operational guidelines published by the Health Board by the specified method, e.g. telephone, email, post.
- 8.14. The prescribing physician must provide a WGOS 4 HCQ/chloroquine monitoring request, i.e. by email, post or hand as appropriate (or other system agreed between the Regional

Optometric Committee and Health Board, e.g. electronic referral), to the WGOS 4 MR Optometrist, inclusive of the information outlined above (in 8.12).

- 8.15. The prescribing physician maintains responsibility for the care of the patient. The role of the MR Optometrist is to assess for retinal toxicity and inform the prescribing physician of the results of the assessment. Only the prescribing physician will advise the patient on continuation/cessation of hydroxychloroquine/chloroquine.
- 8.16. Where a patient taking hydroxychloroquine or chloroquine cannot undergo monitoring, or in whom retinal imaging cannot be performed or images interpreted, a discussion between the patient and the prescribing physician is recommended to determine whether hydroxychloroquine treatment should be continued without retinal monitoring.
- 8.17. Patients must be recalled annually following their first WGOS 4 HCQ/chloroquine monitoring by the MR Optometrist for further WGOS 4 HCQ/chloroquine monitoring.
- 8.18. The WGOS 4 MR Optometrist will accept or reject referrals in-line with the eligibility criteria outlined in 8.11 and offer an appointment within 28 days of receipt of referral. WGOS 4 HCQ/chloroquine requests from prescribing physicians that are incomplete but, in the MR Optometrist's opinion, contain enough information to establish the eligibility of the patient may be accepted. Otherwise, incomplete requests will be returned to the prescribing physician.
- 8.19. It is intended that this service is provided in primary care alone, with patients only being referred to secondary care where a clinical need exists. It is not expected that referrals for HCQ/chloroquine monitoring will be made to the HES by the prescribing physician. Any such referrals from prescribing physicians received in the HES may be deflected to WGOS 4 HCQ/chloroquine.

#### *Examination by a MR Optometrist*

- 8.20. The WGOS 4 Optometrist will perform the HCQ/chloroquine monitoring in line with the monitoring algorithm.
- 8.21. In addition to verbal communication, written information about HCQ/chloroquine retinopathy and monitoring for HCQ/chloroquine retinopathy should be given to all patients.
- 8.22. The WGOS 4 MR Optometrist will actively seek to support a patient through the provision, signposting and/or referral to sources of trusted information and support, as part of an examination. Local guidelines will be published by [Wales Council of the Blind](#). Written information should be provided in the patient's preferred accessible format.
- 8.23. All patients should undergo both optical coherence tomography (either spectral domain (SD-OCT) or swept source (SS-OCT)) and fundus autofluorescence (FAF). The autofluorescence (FAF) capture will be widefield if available, or mosaic where widefield capabilities are not available.
- 8.24. Patients with abnormalities on either OCT or fundus autofluorescence imaging should undergo automated visual field testing using either a 10-2 or 30-2 protocol depending on the location of the structural abnormality. Patients with paracentral defects may benefit from 10-

2 visual field testing, and those with pericentral disease may benefit from 30-2 visual field testing.

- 8.25. Visual field (VF) assessment can be undertaken at a separate visit if dilating eye drops are used for imaging, or in the setting of virtual clinics when images are reviewed after the patient visit. However, only one WGOS 4 HCQ/chloroquine fee is claimable per HCQ/chloroquine monitoring episode.
- 8.26. A VF assessment must be undertaken in all cases where a retinal abnormality suggestive of HCQ/chloroquine toxicity is found. Failure to complete and provide the results of a VF assessment will result in the referral not being accepted by the HES.
- 8.27. Some patients at risk of HCQ/chloroquine retinopathy may not be able to undertake the required monitoring tests, and in some there may be ocular co-pathology that prevents interpretable imaging. This may be identified at the first or subsequent monitoring episode and must be communicated back to the prescribing physician.

#### *Outcome / Management Plan*

- 8.28. Following HCQ/chloroquine monitoring, the outcome should be classified as below and communicated back to the prescribing physician using the national template.

| CLASSIFICATION           | CLINICAL FEATURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>NO TOXICITY</b>       | No abnormalities suggestive of toxicity detected on OCT or FAF.                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>POSSIBLE TOXICITY</b> | OCT <u>or</u> FAF result typical of hydroxychloroquine retinopathy, visual fields normal. Patient referred to the HES for further investigation                                                                                                                                                                                                                                                                                                                                                            |
| <b>DEFINITE TOXICITY</b> | Two test results with corresponding abnormalities consistent with hydroxychloroquine retinopathy. This definition can be satisfied in the following scenarios:<br><ul style="list-style-type: none"><li>i) OCT <u>and</u> FAF typical of hydroxychloroquine retinopathy</li><li>ii) Either OCT <u>or</u> FAF typical of hydroxychloroquine retinopathy, supported by visual field-testing findings corresponding to the anatomical defect.</li></ul> Patient referred to the HES for further investigation |

If screening is not possible then the reason should be clearly communicated to the prescribing physician and any remedial measures possible to improve view discussed with the patient and communicated to the prescribing physician

- 8.29. If retinal or other ocular pathology is identified as part of the HCQ/chloroquine monitoring, then the patient should be referred as appropriate to the relevant clinical pathway.
- 8.30. Patients with a retinal abnormality indicative of HCQ/chloroquine toxicity with or without a VF defect, should be referred to the HES for further assessment.

- 8.31. If following assessment, the MR Optometrist decides to refer the patient to the HES then they are responsible for this referral, including informing the prescribing physician and the GP of this referral. However, the prescribing physician maintains overall responsibility for the patient.
- 8.32. Patients must be recalled annually following their first WGOS 4 HCQ/chloroquine monitoring by the MR Optometrist for further WGOS 4 HCQ/chloroquine monitoring.

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**NOTE** The MR practice will not seek to retain for other eye care a patient for whom WGOS 4 HCQ monitoring has been requested.

### *Reports*

- 8.33. A report must be sent following HCQ/chloroquine monitoring to:
- the requesting prescribing physician
  - the patient's GP
  - the patient
  - other relevant providers of care to the patient, e.g., their Ophthalmologist, where appropriate.

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### RECORD KEEPING

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- 8.34. The MR Optometrist's records will clearly document the reasoning and clinical necessity (supported by the request from the prescribing physician) for all assessments for audit purposes.
- 8.35. Records will be subject to normal inspections for the purposes of post-payment verification WGOS 4 episodes must be clearly identifiable in the patient's record, otherwise the fee will be reclaimed.
- 8.36. Records will be subject to normal inspections for the purposes of clinical audit and assurance by NHS Wales Shared Services Partnership, HEIW, and the relevant Health Board.

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### PATIENTS THAT DO NOT ATTEND (DNA)

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- 8.37. The WGOS 4 MR Optometrist will take responsibility for the management of accepted WGOS 4 HCQ/chloroquine requests including contacting patients who do not attend their appointment(s) and informing the requesting prescribing physician and GP as per Health Board guidance, in line with the WGOS 4 DNA protocol.
- 8.38. WGOS 4 Contractors will be required to submit monthly total numbers of instances where patients failed to attend their appointment, to inform service evaluation.

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### CLAIMING

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- 8.39. A fee is claimable for each completed WGOS 4 HCQ/chloroquine monitoring episode. Only one fee is claimable, regardless of the number of visits required to complete it.

- 8.40. The WGOS 4 MR Optometrist will not claim a fee under this service for patients who have not been examined.
- 8.41. The WGOS 4 MR Optometrist may claim a fee for this service for patients who have been examined, regardless of the outcome of the assessment.
- 8.42. Non-MR Optometrists cannot conduct HCQ/chloroquine assessments.

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**NOTE** WGOS 4 MRF and WGOS 4 MRM episodes must be clearly identifiable in the patient's record, otherwise the fee will be reclaimed.

- 8.43. Payments for practices providing WGOS 4 HCQ/chloroquine monitoring will be claimed by online submission to NHS Wales Shared Services Partnership.
- 8.44. Claims are made online at the end of the consultation or within 28 days by the WGOS 4 MR Optometrist, or by a member of the Contractor's staff using the information provided by the WGOS 4 MR Optometrist. Each practice will be provided with an electronic submission system, facilitated by NWSSP.
- 8.45. NHS Wales Shared Services Partnership will make WGOS 4 HCQ/chloroquine monitoring payments on behalf of Health Boards.
- 8.46. NHS Wales Shared Services Partnership claim submission cut-off dates apply to this service. Payment of late claims will be at the discretion of the Health Board.
- 8.47. Claims made by Contractors listed for activity in WGOS 4 HCQ/chloroquine monitoring will be accepted with the national WGOS Activity Dataset. ([WGOS 4 Data Sets - NHS Wales](#))

## 9. WGOS 4 – Glaucoma



*The WGOS 4 Glaucoma Service comprises referral filtering and monitoring of glaucoma sub-speciality conditions.*

*The service is provided wholly in Primary Care with the Optometrist performing the WGOS 4 activity retaining the responsibility for the outcome.*

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### GLAUCOMA QUALIFICATION DEFINITIONS

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- 9.1. Optometrists who have completed a GOC approved course and achieved the Professional Certificate in Glaucoma (Prof Cert Glau) qualification are able to participate in OHT/suspect chronic open angle glaucoma (COAG) monitoring services. (GC Optometrists.)
- 9.2. Optometrists who have completed a GOC approved course and achieved the Professional Higher Certificate in Glaucoma (Higher Cert Glau) qualification are able to diagnose OHT and preliminary diagnose COAG and make management decisions for patients with OHT and suspect glaucoma. (GH Optometrists.)
- 9.3. Optometrists who have completed a GOC approved course and achieved the Professional Diploma in Glaucoma (Dip Glau) qualification are able to manage or co-manage patients with OHT and glaucoma. (GD Optometrists.)

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**NOTE** See 12 Appendix for summary

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### GLAUCOMA EXAMINATIONS BY WGOS 4 OPTOMETRISTS

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- 9.4. This service is intended for further refinement of glaucoma referrals with management in primary care where appropriate. It is also intended to provide monitoring for suitable patients identified in WGOS 4 Glaucoma Referral Filtering or discharged from HES with a condition-specific management plan / discharge communication with referral back into HES if/when appropriate.
- 9.5. This service does not replace glaucoma services in secondary care but is intended to provide additional capacity in primary care and reduce demand in secondary care by filtering out patients that can be managed by a Glaucoma Optometrist.
- 9.6. Conditions can be managed in-line with the “Glaucoma and OHT Case Risk Stratification By Qualification in WGOS”. See Appendix (12.3).
- 9.7. Glaucoma Optometrists with the Higher Certificate and Diploma (GH & GD) will deliver WGOS 4 Glaucoma Filtering (GF) Assessments following an eligible referral. The WGOS 4 GF fee may be claimed independently of the outcome of the episode.

- 9.8. Glaucoma Optometrists will (according to their qualification (GC, GH & GD) additionally deliver WGOS 4 Glaucoma Monitoring Assessments (WGOS 4 GM) for suitable patients referred from GF, and/or previous GM, and/or discharged from hospital eye services (HES) in-line with Health Board guidance. The WGOS 4 GM fee may be claimed independently of the outcome of the episode.

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## GLAUCOMA- RECORD KEEPING

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- 9.9. WGOS 4 Glaucoma records should be maintained in-line with this manual and guidance from the College of Optometrists. In particular:
- WGOS 4 GF and GM episodes must be clearly identifiable as such in the patient's record, e.g. on a separate page / screen from other episodes of care and by labelling as "WGOS 4 GF" or "WGOS 4 GM" as appropriate;
  - details of the referring Optometrist or referral to self must be recorded;
  - copies of referrals in to and out of the service must be retained, inclusive of details of signposting and referral for non-clinical support;
  - copies of reports must be retained;
  - Where a practice ceases to offer WGOS 4 MR all active patients' WGOS Transfer of Care Datasets with target follow-up date must be shared with HB; and
  - Where provided by the Health Board a co-accessible electronic patient record, provided must be used.

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**NOTE** WGOS 4 GF and WGOS 4 GM episodes must be clearly identifiable in the patient's record, otherwise the fee will be reclaimed.

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## GLAUCOMA – CLAIMS

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- 9.10. Payments for practices providing WGOS 4 Glaucoma Assessments will be claimed by online submission to NHS Wales Shared Services Partnership.
- 9.11. Claims are made online at the end of the consultation or within 28 days by the WGOS 4 Glaucoma Optometrist, or by a member of the Contractor's staff using the information provided by the WGOS 4 Glaucoma Optometrist. Each practice will be provided with an electronic submission system, facilitated by NWSSP.
- 9.12. NHS Wales Shared Services Partnership will make WGOS 4 Glaucoma payments on behalf of Health Boards.
- 9.13. NHS Wales Shared Services Partnership claim submission cut-off dates apply to this service. Payment of late claims will be at the discretion of the Health Board.
- 9.14. Claims made by Contractors listed for activity in WGOS 4 Glaucoma will be accepted with the national Activity Dataset. ([WGOS 4 Data Sets - NHS Wales](#))

## 10. Glaucoma Filtering (GF) Examinations

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### GF EXAMINATIONS – PATIENT ELIGIBILITY CRITERIA

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- 10.1. WGOS 4 GH and GD Optometrists will accept referrals where appropriate from an Optometrist who has completed a consultation where there is an indication of OHT/glaucoma. Such referrals may be:
- Made by an Optometrist, or
  - Redirected following triage in the HES.
- 10.2. The GH/GD Optometrist will not accept referrals for patients that they determine are likely to require emergency treatment in secondary care for an eye problem that the WGOS 4 GH/GD Optometrist is unlikely to be able to manage, e.g. acute angle closure glaucoma. The non-GH/GD Optometrist should refer to secondary care in-line with local pathways.
- 10.3. The GH/GD Optometrist should not accept any referral, whether from Primary or via Secondary Care, that is inappropriate. Referrals that do not contain the full Transfer of Care dataset but, in the MR Optometrist's opinion, contain enough information for safe management of the patient may be accepted
- 10.4. The WGOS 4 GH/GD Optometrist may provide this service to any patient who, in their clinical judgement, is likely to require an examination that cannot be provided by a non-GH/GD Optometrist. Where self-generated at WGOS 1, WGOS 2 Band 1, or Private Sight Test. This may be instead of a WGOS 2 Band 2, as per clinical judgement.

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### GF EXAMINATIONS – GH/GD OPTOMETRIST ELIGIBILITY

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- 10.5. The WGOS 4 Glaucoma Optometrist must comply with the requirements of section 3 “WGOS 4 Optometrist (performer) eligibility” of this clinical manual, and:
- have achieved the Professional Certificate in Glaucoma (Higher Cert Glauc) qualification or Professional Diploma (Dip Glauc), and
  - have successfully completed any required WGOS 4 Glaucoma mandatory training ([Y Tŷ Dysgu](#)).

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### GF PATHWAY

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#### *Referral into the pathway*

- 10.6. An Optometrist identifies that a condition cannot be managed by non-GH/GD Optometrist and requires onward referral to a WGOS 4 GH/GD Optometrist for examination and management. In the first instance and in accordance with regulation and Prudent Healthcare the patient should be referred to a Primary Care Optometrist with qualifications appropriate to the needs of the patient (in this case, WGOS 4 GH/GD Optometrist).

- 10.7. Referral for Glaucoma Examination may be either from one practice to another (inter-practice referral) or between Optometrists in a practice (intra-practice referral). Referrals should be made using national dataset and template in-line with operational guidance published by the Health Board.
- 10.8. The Optometrist must refer within and to a clinically appropriate timescale in-line with guidance published by the Health Board by the specified method, e.g. ERS, email, post or hand as appropriate.
- 10.9. When a referral is made by ERS, email, post or hand as appropriate for GF WGOS referral template ([WGOS 1 and 2 template](#)), or other system agreed between the Regional Optometric Committee and Health Board as per local pathway, should be used. A copy of this should be provided to the patient's GP or the GP otherwise informed of action taken.
- 10.10. The care of the patient is transferred to the WGOS 4 GH/GD Optometrist when the referral is received. If on examination the WGOS 4 GH/GD Optometrist makes a clinical decision to refer the patient to the HES, they will be responsible for this referral.
- 10.11. Local operational guidelines, including details of WGOS 4 GH/GD Optometrists, will be published by Health Boards.
- 10.12. Aspects of, but not entire episodes of, WGOS 4 GF may be performed remotely and/or virtually. This is at the discretion of the WGOS 4 GH/GD Optometrist undertaking the examination. In such cases there is no mobile fee because the WGOS 4 GH/GD Optometrist would not have left practice.

### *Examination*

- 10.13. The WGOS 4 GH/GD Optometrist will accept or reject referrals in-line with the eligibility criteria (in 10.1-10.3 above) and offer an appointment in an appropriate timescale using their clinical judgement. This must include both inter-practice and intra-practice referrals. Referrals of suitable cases may also be redirected following triage in the HES in-line with Health Board guidance.
- 10.14. The WGOS 4 GH/GD Optometrist will perform a WGOS 4 GF examination which is appropriate to any presenting symptoms and referral; manage and advise the patient appropriately; and follow-up and/or refer or discharge the patient. This is a needs-led examination; so the WGOS 4 GH/GD Optometrist should conduct tests relevant to the patient's needs.
- 10.15. The WGOS 4 GH/GD Optometrist will actively seek to support a patient through the provision, signposting and/or referral to sources of trusted information and support, as part of an examination. Local guidelines will be published by [Wales Council of the Blind](#). Written information should be provided in the patient's preferred accessible format.
- 10.16. A report must be sent following the initial consultation and at the completion of care to:
  - the referring Optometrist
  - the patient's GP
  - the patient

- other relevant providers of care to the patient, e.g., their Ophthalmologist, where appropriate.
- 10.17. The WGOS 4 GH/GD Optometrist (or another WGOS 4 GH/GD Optometrist) will conduct WGOS 4 GF assessments as clinically necessary to prevent / reduce referrals to other parts of the NHS, including Ophthalmology. A fee is claimable for each assessment performed by the WGOS 4 GH/GD Optometrist. Non-GH/GD Optometrists cannot conduct Glaucoma Filtering assessments. The GH/GD Optometrist's records will clearly document the reasoning and clinical necessity for all assessments for audit purposes.
- 10.18. The WGOS 4 GH/GD Optometrist will use clinical judgement to decide when the care is complete.

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**NOTE** The glaucoma practice will not seek to retain a patient referred for WGOS 4 GF for other eye care.

#### *Referral out of the pathway*

- 10.19. Where the WGOS 4 Optometrist has performed a WGOS 4 GM examination which is appropriate to the case they may decide the patient is no longer suitable for WGOS 4 GM. This may be:
- 10.19.1. Discharge back to WGOS 1 (to the practice of choice of patient)
  - 10.19.2. Referral to hospital eye services
- In both cases the patient is transferred with a full Transfer of Care Dataset, report to GP, and letter to patient.

#### *Referral within the pathway*

- 10.20. Where the local pathway allows, the patient may request a transfer of care to another WGOS 4 GM Provider. In this case, with agreement from the receiving practice, the patient is transferred with a full Transfer of Care Dataset, report to GP, and letter to patient.

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## RECORD KEEPING

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- 10.21. The WGOS 4 GH/GD Optometrist will keep a record of the triage process, along with the triage date plus the date recommended for GF Examination and date that patient attended. Triage records must be made available to the health board on request.
- 10.22. The WGOS 4 GH/GD Optometrist must keep adequate records of the consultation including the management, e.g. follow-up plan / referral, and advice given to the patient.
- 10.23. The GH/GD Optometrist's records will clearly document the reasoning and clinical necessity for all assessments for audit purposes.
- 10.24. Records will be subject to normal inspections for the purposes of post-payment verification. WGOS 4 episodes must be clearly identifiable in the patient's record, otherwise the fee will be reclaimed.

- 10.25. Records will be subject to normal inspections for the purposes of clinical audit and assurance by NHS Wales Shared Services Partnership, HEIW, and the relevant Health Board.

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#### PATIENTS THAT DO NOT ATTEND (DNA)

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- 10.26. The WGOS 4 GH/GD Optometrist will take responsibility for the management of accepted referrals including contacting patients who do not attend their appointment(s) and informing the patient's GP and/or referrer, in line with the WGOS 4 DNA protocol.
- 10.27. WGOS 4 Contractors will be required to submit monthly total numbers of instances where patients failed to attend their appointment, to inform service evaluation.

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#### CLAIMING

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- 10.28. A fee is claimable for each GF assessment performed by the WGOS 4 GH/GD Optometrist. Only one fee is claimable, regardless of the number of visits required to complete it.
- 10.29. The GH/GD Optometrist may claim a fee under this service for patients who have been examined, regardless of whether the patient is subsequently discharged, followed up with GM, or referred to the HES.
- 10.30. Non-GH/GD Optometrists cannot conduct GF appointments.
- 10.31. The WGOS 4 GH/GD Optometrist will not claim a fee under this service for patients who have not been examined.

## 11. Glaucoma Monitoring (GM) Examinations

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### GM EXAMINATIONS – PATIENT ELIGIBILITY CRITERIA

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- 11.1. WGOS 4 Glaucoma Optometrists (GC, GH, & GD) will accept:
- Referrals, where appropriate:
    - from GH/GD Optometrists who have completed a WGOS 4 GF consultation where the management required meets the scope of practice for their level of qualification;
    - of suitable cases redirected following triage in the HES in-line with Health Board operational guidance; and
    - from a WGOS 4 GM episode where the patient has requested a transfer of care to alternative WGOS 4 GM provider; and
  - Discharges, where appropriate of suitable patients, that cannot be managed by a non-glaucoma Optometrist, from secondary care, in-line with Health Board guidance.
- 11.2. The Glaucoma Optometrist should not offer WGOS 4 GM examinations for inappropriate cases. Transfers of care that do not contain the full Transfer of Care dataset but, in the Glaucoma Optometrist's opinion, contain enough information for safe management of the patient may be accepted.

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### GM EXAMINATIONS – GC/GH/GD OPTOMETRIST ELIGIBILITY

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- 11.3. The WGOS 4 Glaucoma Optometrist must comply with the requirements of section 3 “WGOS 4 Optometrist (performer) eligibility” of this clinical manual, and:
- have achieved the Professional Certificate in Glaucoma (Prof Cert) qualification; the Professional Higher Certificate in Glaucoma (Higher Cert Glauc) qualification; or Professional Diploma (Dip Glauc), and
  - have successfully completed any required WGOS 4 Glaucoma mandatory training ([YTŷ Dysgu](#)).

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### GM PATHWAY

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#### *Referral into the pathway*

- 11.4. A GH/GD WGOS Optometrist identifies that a condition can be managed in WGOS 4 and requires onward referral to a WGOS 4 GC/GH/GD Optometrist for examination and management. Alternatively, the GH/GD WGOS Optometrist concludes a Glaucoma Filtering episode with a decision to continue to manage the patient with Glaucoma Monitoring examination(s).

- 11.5. Referral for Glaucoma Monitoring Examination may be either from one practice to another (inter-practice referral) or between Optometrists in a practice (intra-practice referral). Referrals should be made using national and template in-line with operational guidance published by the Health Board.
- 11.6. The GH/GD Optometrist must refer within and to a clinically appropriate timescale in-line with operational guidance published by the Health Board by the specified method, e.g. telephone, email, post.
- 11.7. When a referral is made by ERS, email or post, as appropriate, to the WGOS 4 GC/GH/GD Optometrist using the national template, or other system agreed between the Regional Optometric Committee and Health Board, e.g. electronic referral, a copy must be sent to the patient's GP or otherwise the GP informed of the action taken.
- 11.8. The care of the patient is transferred to the WGOS 4 GC/GH/GD Optometrist when the referral is received. If on examination the WGOS 4 GC/GH/GD Optometrist makes a clinical decision to refer the patient to the HES, the WGOS 4 GC/GH/GD Optometrist will be responsible for this referral.
- 11.9. Local operational guidelines, including the details of WGOS 4 Glaucoma Optometrists and their scope of practice, will be published by Health Boards.
- 11.10. GC/GH/GD Optometrist may return referrals made outside their scope of practice. The care of the patient is transferred back to the referrer when the return communication is received.
- 11.11. GC/GH/GD Optometrists may only conduct Glaucoma Monitoring Assessments of cases within their scope of practice.
- 11.12. Non-GC/GH/GD Optometrists may not conduct GM Assessments.

### *Examination*

- 11.13. The WGOS 4 GC/GH/GD Optometrist will accept or reject referrals in-line with their scope of practice, the eligibility criteria (in 11.1 above), and HES re-directed referrals and discharges in-line with Health Board guidance. This must include both inter-practice and intra-practice referrals. The Glaucoma Optometrist will offer an appointment in an appropriate timescale using their clinical judgement.
- 11.14. The WGOS 4 GC/GH/GD Optometrist will perform a WGOS 4 GM examination which is appropriate to any presenting symptoms and referral; manage and advise the patient appropriately; and follow-up and/or refer or discharge the patient. This is a needs-led examination; so the WGOS 4 GC/GH/GD Optometrist should conduct tests relevant to the patient's needs.
- 11.15. The WGOS 4 GC/GH/GD Optometrist will actively seek to support a patient through the provision, signposting and/or referral to sources of trusted information and support, as part of an examination. Local guidelines will be published by [Wales Council of the Blind](#). Written information should be provided in the patient's preferred accessible format.
- 11.16. A report must be sent following the initial consultation and at the completion of care to:

- the referring Optometrist (either from GF referrer or to the original Optometrist if discharged to WGOS 4 GM by the HES)
  - the patient's GP
  - the patient
  - other relevant providers of care to the patient
- 11.17. The WGOS 4 GC/GH/GD Optometrist (or another WGOS 4 Glaucoma Optometrist) will conduct WGOS 4 GM assessments, in-line with their scope of practice, as clinically necessary to prevent/reduce referrals to other parts of the NHS, including Ophthalmology. A fee is claimable for each assessment performed by the WGOS 4 GC/GH/GD Optometrist. Non-Glaucoma Optometrists cannot conduct GM assessments. The Glaucoma Optometrist's records will clearly document the reasoning and clinical necessity for all assessments for audit purposes.
- 11.18. The WGOS 4 GC/GH/GD Optometrist will use clinical judgement to;
- Determine the timeframe for the next monitoring appointment and advise the patient accordingly; or
  - Determine if/when the GM care is complete and advise the patient accordingly.

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**NOTE** The glaucoma practice will not seek to retain a patient referred for WGOS 4 Glaucoma Monitoring for other eye care.

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## RECORD KEEPING

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- 11.19. The WGOS 4 GC/GH/GD Optometrist will keep a record of the date recommended for GM Examination and date that patient attended.
- 11.20. The WGOS 4 GC/GH/GD Optometrist must keep adequate records of the consultation including the management, e.g. follow-up plan / referral, and advice given to the patient.
- 11.21. The GC/GH/GD Optometrist's records will clearly document the reasoning and clinical necessity for all assessments for audit purposes.
- 11.22. Records will be subject to normal inspections for the purposes of post-payment verification and clinical audit by NHS Wales Shared Services Partnership and the relevant Health Board.

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## PATIENTS THAT DO NOT ATTEND (DNA)

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- 11.23. The WGOS 4 GC/GH/GD Optometrist will take responsibility for the management of accepted referrals including contacting patients who do not attend their appointment(s) and informing the patient's GP and/or referrer, in line with the WGOS 4 DNA protocol.
- 11.24. WGOS 4 Contractors will be required to submit monthly total numbers of instances where patients failed to attend their appointment, to inform service evaluation.

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## CLAIMING

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- 11.25. The relevant fee is claimable for each GM assessment performed by the WGOS 4 GM Optometrist. Only one fee is claimable, regardless of the number of visits required to complete it.
- 11.26. The GC/GH/GD Optometrist may claim a fee under this service for patients who have been examined, regardless of whether the patient is subsequently discharged, followed up with GM, or referred to the HES.
- 11.27. Non-GC/GH/GD Optometrists cannot conduct GM appointments.
- 11.28. The WGOS 4 Glaucoma Optometrist will not claim a fee under this service for patients who have not been examined.

## 12. Appendix

### MEDICAL RETINA CASE RISK STRATIFICATION BY QUALIFICATION IN WGOS

12.1. Health Boards may adopt a stratified approach to the management of patients with Medical Retina conditions. The national WGOS 4 MR risk stratification below is to be applied as per the Health Board needs:

| Stratification                                                                                                                                                  | Rationale                                                                           | Example conditions                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Lower risk WGOS 4 MR Filtering and Monitoring <ul style="list-style-type: none"> <li>All WGOS 4 MR Optometrists</li> </ul>                                      | Lower likelihood of requiring time-critical treatment                               | DESW ungradable<br>Lamellar hole<br>ERM<br>Naevus<br>AMD discharge after IVT concluded                           |
| Higher risk WGOS 4 MR Filtering and Monitoring <ul style="list-style-type: none"> <li>MR Higher Cert</li> <li>MR Prof Cert with DOC (See 12.2 below)</li> </ul> | Higher likelihood of requiring time-critical treatment and/or proliferative changes | Diabetic retinopathy (M1+ and R2+)<br>Retinal vein occlusion                                                     |
| Time critical MR <ul style="list-style-type: none"> <li>All WGOS 4 MR Optometrists</li> </ul>                                                                   | Higher likelihood of requiring time-critical treatment                              | (Suspected) nAMD                                                                                                 |
| Time critical higher risk MR <ul style="list-style-type: none"> <li>HES (not WGOS 4 MR)</li> </ul>                                                              | Highest likelihood of requiring time-critical treatment                             | Central retinal artery occlusion<br>(Suspected) temporal arteritis<br>Retinal detachment<br>Vitreous haemorrhage |

12.2. MR Prof Cert with DOC is a Health Board-delivered condition-specific directly observed in clinic (DOC) assurance. Health Board's Consultant Ophthalmologists oversee (but not necessarily deliver) their local DOC process. This assures equitable patient management across Primary and Secondary locations for higher risk patients. MR Prof Cert with DOC may be applied historically where long-term services are established or to new-to-service MR Prof Cert Optometrists.

**NOTE** HBs may elect not to involve WGOS 4 MR Filtering for time critical pathways where referral to treatment targets are being met

## GLAUCOMA AND OHT CASE RISK STRATIFICATION BY QUALIFICATION IN WGOS

12.3 Health Boards may adopt a stratified approach to the management of patients with glaucoma and OHT. The national WGOS 4 Glaucoma risk stratification below is to be applied as per the Health Board needs:

| Stratification                                                                | Rationale*                                                        | Example conditions                                                                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Lowest risk WGOS 4 Glaucoma Monitoring<br>– GC, GH and GD Optometrists        | Low risk diagnoses                                                | Untreated Primary OHT<br><br>Glaucoma Suspect                                                                                                                                                                                                                                             |
| Low risk WGOS 4 Glaucoma Filtering and Monitoring<br>– GH and GD Optometrists | Low risk diagnoses                                                | Treated Primary OHT<br><br>Primary Angle-Closure Glaucoma Suspect<br><br>Secondary OHT<br><br>Primary Angle-Closure<br><br>Early Primary Open Angle Glaucoma                                                                                                                              |
| Medium risk WGOS 4 Glaucoma Filtering and Monitoring<br>– GD Optometrists     | Medium risk diagnoses                                             | Moderate Primary Open Angle Glaucoma (<3 drops)<br><br>Early Primary Angle-Closure Glaucoma (<4dB)<br><br>Early Secondary Glaucoma (<4db)<br><br>Moderate Primary Open Angle Glaucoma (3 or more drops)<br><br>Moderate Primary Angle-Closure Glaucoma<br><br>Moderate Secondary Glaucoma |
| High risk WGOS 4 Glaucoma Filtering and Monitoring<br>– GD Optometrists       | High risk diagnoses                                               | Advanced Primary Open Angle Glaucoma<br><br>Advanced Secondary Glaucoma<br><br>Developmental Glaucoma                                                                                                                                                                                     |
| Highest risk glaucoma<br>– HES (not WGOS 4 Glaucoma)                          | High risk diagnoses requiring consultant ophthalmologist led care | Advanced Glaucoma + high IOP<br><br>Surgical Glaucoma<br><br>Progressive Glaucoma (with reliable visual field changes)                                                                                                                                                                    |

\* Reference: <https://www.rcophth.ac.uk/wp-content/uploads/2022/04/Designing-Glaucoma-Care-Pathways-using-GLAUC-STRAT-FAST.pdf>

## WGOS 4 QUALIFICATIONS REQUIRED (EFFECTIVE 01 DECEMBER 2025)

12.4 The table below summarises the qualifications required for Optometrists wishing to perform WGOS 4.

|                                                  | WGOS 4 |     |     |    |    |
|--------------------------------------------------|--------|-----|-----|----|----|
|                                                  | MRF    | MRM | HCQ | GF | GM |
| Prof Cert Med Ret plus WGOS 4 mandatory training | X      | X   | X   |    |    |
| Higher Cert Med Ret~                             | X      | X   | X   |    |    |
| Prof Cert Glauca <sup>+</sup> (GC)               |        |     |     |    | X  |
| Higher Cert Glauca <sup>+</sup> (GH)             |        |     |     | X  | X  |
| Dip Glauca <sup>+</sup> (GD)                     |        |     |     | X  | X  |

**NOTE** ~Currently (01 December2025) no WGOS 4 mandatory training for MR Optometrists with higher certificate in medical retina.  
+Currently (01 December2025) no WGOS 4 mandatory training for glaucoma.