

WALES GENERAL OPHTHALMIC SERVICES (WGOS)

SERVICE MANUAL: WGOS 5 IPOS

Version 2.1.1: Implementation date: 01/04/2026

(fixed weblinks & removed watermark)

(added WGOS Escalation Tool, Electronic Patient Record & Electronic Referral System)

This manual outlines a structure allowing the delivery of WGOS 5 IPOS Urgent.

It is not a replacement for professional judgment or responsibility.

Useful links:

For most up-to-date version of this WGOS Clinical Manual	www.eyecare.wales.nhs.uk
How to register to provide WGOS	www.eyecare.wales.nhs.uk
Training, courses, and assessments queries	heiw.optometry@wales.nhs.uk
Payment and registration enquiries	nwssp-primarycareservices@wales.nhs.uk
Questions relating to WGOS	WGOSClinical.Lead@wales.nhs.uk

Warning:

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

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

WGOS 5 IPOS Urgent

1.0 Independent Prescribing

- 1.1 Optometrists who have completed a GOC approved training course and had the independent prescribing (IP) speciality entered against their name in the Optometrist's register are able to prescribe any licensed medicines for ocular conditions affecting the eye and the tissues surrounding the eye, within their recognised area of expertise and competence, other than medicinal products that are controlled drugs or for parenteral administration or both.
- 1.2 IP Optometrists may prescribe within their competence for any patient consulting them in either an NHS or private service using an NHS prescription pad when they are entitled to an NHS prescription.
- 1.3 Please refer to the College of Optometrists' Clinical Management Guidelines for examples of conditions that may be managed in primary care. These are not exhaustive and not intended to limit the conditions which Optometrists may manage in primary care, providing the treatments are evidence based and within the Optometrist's scope of practice or in-line with the College's principles on expanding scope of practice.
<https://www.college-optometrists.org/guidance/clinical-management-guidelines.html>
<https://www.college-optometrists.org/clinical-guidance/supplementary-guidance/expanding-scope-of-practice-optometrists>
- 1.4 Please refer to the prescribing formulary of the relevant Health Board to check which drugs should be prescribed on NHS prescriptions, including advice on first/second line treatments, off-formulary prescribing and relevant All Wales Therapeutics and Toxicology Centre advice.
<https://awttc.nhs.wales/>
- 1.5 Please see NHS Wales Shared Services Partnership's website for forms to apply to the relevant Health Board for and NHS prescription pad.
<https://nwssp.nhs.wales/ourservices/primary-care-services/our-services/ophthalmic-services/>
- 1.6 Please contact the relevant Health Board for local guidance on the security of NHS prescription pads.

2.0 Independent Prescribing by WGOS 5 Optometrists

- 2.1 This service is intended for advanced referral refinement/management in primary care optometry with an expectation of increased levels of management, treatment and prevention in primary eye care and a reduction of referrals to ophthalmology. It is intended to provide an eye casualty service in primary care in-line with *A Future Approach to Optometry Services*. This pathway is for patients who require acute eye care only. Monitoring by or discharge to Optometrists with relevant qualifications, e.g. for glaucoma, is not covered by this pathway. A service for monitoring by or discharge to Optometrists with relevant qualifications in glaucoma and/or independent prescribing to autonomously manage patients will be introduced later.
- 2.2 This service does not replace the Eye Casualty Service 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 an IP Optometrist.

- 2.3 IP WGOS 5 Optometrists will deliver WGOS 5 IPOS Urgent Assessments and whenever possible offer treatment and management, either: for patients they identify during WGOS triage who, in their clinical judgement, have acute symptoms and/or history warranting IPOS Urgent; or following an eligible referral from a non-IP WGOS Optometrist or WGOS CLO; or Ophthalmology. The WGOS 5 IPOS Urgent fee will be claimable for this Assessment even if a medication is not prescribed. The fee may be claimed independently of the prescribing decision.
- 2.4 An IPOS Urgent fee will not be claimable when IP Optometrists write an NHS prescription for non-acute eye problems identified within normal course of practice, e.g. if the need for an NHS prescription is identified in a private sight test.
- 2.5 If the IP Optometrist identifies a sign/symptom during another episode of care that requires an IPOS Urgent Assessment, they may replace the NHS claim or private fee for that other episode of care with a claim for WGOS 5 IPOS Urgent. The other episode of care should be rescheduled and be clearly identifiable as a separate episode of care in the patient's record. If appropriate, the rescheduled episode may take place immediately following the IPOS Urgent episode. The IPOS Urgent Assessment must remain clearly identifiable a separate episode of care in the patient's records.

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WGOS 5 IPOS Urgent episodes must be clearly identifiable in the patient's record, otherwise the fee will be reclaimed.

- 2.6 Health Boards will be responsible for co-ordinating this service locally including approving IP optometry practices for service provision.
- 2.6.1 A Health Board shall seek the view of the Regional Optometric Committee for its area in considering any minimum availability requirements, including regarding the effect of these on Optometrists who are newly-IP-qualified and IP Optometrists who may be working in different practices on different days.
- 2.6.2 Health Boards will specify any minimum availability requirements for service provision using a template.
- 2.6.3 Health Boards may withdraw approval for service provision from IP optometry practices which fail to meet any mandatory requirements and/or which do not comply with the WGOS 5 IPOS Urgent manual.
- 2.6.4 Health Boards will ensure that their formularies are made available to optometry practices and provide updates as necessary.

3.0 WGOS 5 IPOS Urgent – eligibility criteria

- 3.1 The WGOS 5 IP Optometrist will accept referrals where appropriate from:
- 3.1.1 A non-IP Optometrist or Contact Lens Optician who has completed an WGOS consultation when it is likely to result in the management of a problem that cannot be provided by the non-IP WGOS Optometrist or Contact Lens Optician, including where a patient chooses referral to IPOS Urgent for conditions that can be managed within the

WGOS 2 scope of practice as an alternative to receiving a written order to buy medication privately, buying medication privately in the practice or pharmacy, using the Common Ailments Scheme or attending their GP practice for an NHS prescription.

- 3.1.2 Ophthalmology who have triaged without examination, or treated a patient, and deemed them suitable for WGOS 5 IPOS and cannot be managed within the WGOS 2 scope of practice. Ophthalmology retain the ability to triage without examination and deem the patient suitable for WGOS 2, where they would direct to Optometry Practice, who will manage the patient in WGOS as appropriate.
- 3.2 The WGOS 5 IP Optometrist will not accept referrals in the following situations:
 - 3.2.1 for patients that they determine are likely to require emergency treatment in secondary care for an eye problem that the WGOS 5 IP Optometrist is unlikely to be able to manage, e.g. penetrating trauma. The non-IP WGOS Optometrist or CLO should refer secondary care Eye Casualty in-line with local pathways.
 - 3.2.2 for patients that they determine are likely to require a more appropriate pathway. The non-IP WGOS Optometrist or CLO should refer to the GP, vascular, neurology or other local pathway as appropriate.
- 3.3. The WGOS 5 IP Optometrist may provide this service to, or switch from WGOS 2 to this service, any patient with acute symptoms if, in their clinical judgement, the patient is likely to require provision of a treatment for a problem that cannot be provided by a non-IP Optometrist.
- 3.4 WGOS 5 IPOS Urgent Assessments or Follow-Ups may be delivered as a mobile service, if a patient is eligible for mobile services and the Contractor has a Mobile Service 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.
 - 3.4.1 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.
 - 3.4.2 The non-IP WGOS Optometrist should refer the patient to a mobile WGOS 5 IP Optometrist for a mobile Assessment where one is required. A WGOS 5 IP Optometrist should refer the patient to a mobile WGOS 5 IP Optometrist if they are unable to provide a mobile Follow-Up where one is required.
 - 3.4.3 If a patient does not meet the above criteria but wishes for a mobile service to be performed, a WGOS 5 IP Optometrist whose Contractor holds a Mobile 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 5 IPOS Urgent Assessment or IPOS Urgent Follow-Up fee , however, a mobile fee will not be claimable.
 - 3.4.4 Mobile WGOS 5 services may only be performed in Wales.
 - 3.4.5 The reason for requiring a mobile service must be documented in the patient's record.
 - 3.4.6 Hospital in-patients are not entitled to WGOS 5 mobile services.

- 3.4.7 A Contractor may only claim WGOS 5 as a mobile service if:
- they hold a Mobile Service Agreement with the relevant Health Board;
 - the patient or their carer's request a mobile service; and
 - the patient's circumstances relating to their physical or mental illness or disability make it impossible or unreasonable for them to receive primary ophthalmic services at a registered premises.
- 3.4.8 WGOS 5 cannot be delivered in Hospitals, Prisons, or secure units. The provision of eye care in these settings sit outside the scope of WGOS 5 and health boards have their own service agreements.
- 3.4.9 WGOS 5 cannot be delivered in Special Schools.
- 3.4.10 Prior approval to provide a mobile service does not need to be sought. However, the Practitioner should be able to reasonably justify why it was performed, and the reason for the mobile Assessment or Follow-Up must be clearly annotated on the patients record.

4.0 IPOS Urgent Assessments and Follow-Ups – Optometrist eligibility

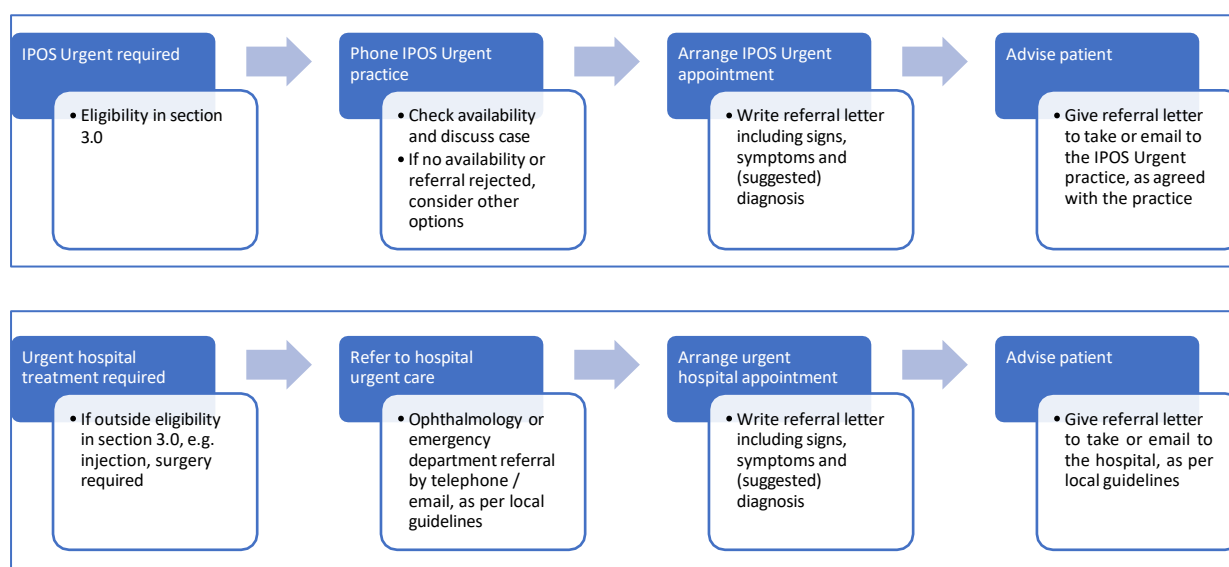
- 4.1 The WGOS 5 IP Optometrist must:
- be on a combined list in Wales;
 - registered by the General Optical Council with the Independent Prescribing Specialty; and
 - hold a WP10 prescribing pad in the practice where the Contractor is based.

5.0 Pathway Standard Operating Procedures – Non-IP WGOS Optometrists and CLOs

- 5.1 Transfer of care into WGOS 5 IPOS can occur when:
- 5.1.1 A non-IP WGOS Optometrists or CLO identifies that a condition cannot be managed at WGOS 2 and requires onward referral to a WGOS 5 IP Optometrist for Assessment and management which may include medication that can be prescribed; or
- 5.1.2 Ophthalmology identifies that a condition could be managed in primary care and discharges from hospital to a WGOS 5 IP Optometrist for Assessment and management which may include medication that can be prescribed.
- 5.2 WGOS facilitates referrals to be made to another healthcare professional following the examination, including to another Optometrist. Referral to IPOS Urgent can be either:
- 5.2.1 from one practice to another (inter-practice referral);
- 5.2.2 between Optometrists in a practice (intra-practice referral); or
- 5.2.3 from Ophthalmology to optometrist (e.g. Eye Casualty discharge).

Referrals should be made in-line with guidance published by the health board.

- 5.3 The referrer transferring care to IPOS Urgent (whether non-IP Optometrist or CLO in Primary Care, or discharging hospital Eye Casualty) must telephone and speak to the IP practice to check IPOS Urgent availability and, if an appointment is available, to discuss the case so that the IP Optometrist can decide if the referral should be accepted by the IP practice. The non-IP practice must not send the patient to the IP practice without discussing with the IP practice beforehand. IP practices that have filled their minimum availability are not obliged to accept additional referrals, including by rescheduling other patients to increase availability, even if the referral would be eligible.
- 5.4 If the WGOS 5 IP Optometrist accepting the transfer of care deems that the patient cannot be managed appropriately in the IP practice, the WGOS 5 IP Optometrist will advise the referrer to make a referral instead to Eye Casualty or other local pathway. If the referrer is unsure whether the IP Optometrist can treat the eye condition, they should telephone the IP practice first to discuss the case before calling Eye Casualty. The non-IP practice retains responsibility for the patient and must make alternative arrangements with another IPOS Urgent practice, Eye Casualty, or other local pathway.
- 5.5 When a WGOS 5 IP Optometrist agrees to accept a transfer of care these should be made using WGOS National Dataset and WGOS referral template in-line with local referral guidance published by the Health Board.
- 5.6 The care of the patient is transferred to the WGOS 5 IP Optometrist on referral acceptance, and if on examination the WGOS 5 IP Optometrist makes a clinical decision to refer the patient to the HES, they will be responsible for this referral.
- 5.7 Local referral guidelines, including details of WGOS 5 IP Optometrists and their availability, will be published by Health Boards.
- 5.8 Non-IP WGOS Optometrists or CLOs may not conduct IPOS Urgent Follow-Up appointments.
- 5.9 Aspects of, or entire episodes of, WGOS 5 IPOS Urgent may be performed remotely. This is at the discretion of the WGOS 5 IP Optometrists undertaking the examination. In such cases there is no mobile fee because the WGOS 5 IP Optometrists would not have left practice.



- 5.10 **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](#).

6.0 Pathway Standard Operating Procedures – WGOS 5 IP Optometrists

- 6.1 The WGOS 5 IP Optometrist will accept or reject referrals in-line with the eligibility criteria above and offer an appointment in an appropriate timescale using their clinical judgement. This must include both inter-practice and intra-practice referrals.
- 6.2 The WGOS 5 IP Optometrist will keep a record of the triage process and the advice given to referrers / potential referrers, along with the triage date plus, if the referral is accepted, the date recommended for IPOS Urgent Assessment and date that patient attended. This includes recording potential IPOS Urgent referrals that cannot be accepted due to availability being filled. Triage records must be made available to the health board on request.
- 6.3 The WGOS 5 IP Optometrist will take responsibility for the management of accepted referrals including contacting patients who do not attend their appointment(s) and informing the referring Optometrist or CLO and GP as appropriate.
- 6.4 The WGOS 5 IP Optometrist will perform a WGOS 5 IPOS Urgent Assessment which is appropriate to the presenting symptoms and referral; manage and advise the patient appropriately; and write an NHS prescription when clinically necessary. This is a needs-led examination; so the WGOS 5 IP Optometrist should conduct tests relevant to the patient's needs. They should make it clear to the patient that they are not conducting a Sight Test. The WGOS 5 IP Optometrist must keep adequate records of the consultation including the management, e.g. medications prescribed / referral, and advice given to the patient.
- 6.5 The WGOS 5 IP Optometrist will not write an NHS prescription under this service before they have examined the patient, to the extent they consider appropriate.
- 6.6 The WGOS 5 IP Optometrist will not claim a fee under this service for patients who have not been examined.
- 6.7 The IP Optometrist may claim a fee under this service for patients who have been examined, regardless of whether an NHS prescription is issued or whether the patient is subsequently referred to the Hospital Eye Service.



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.

- 6.8 A report must be sent following the initial consultation and at the completion of care to:
- the referring Optometrist or CLO
 - the patient's GP
 - the patient
 - other relevant providers of care to the patient, e.g., their Ophthalmologist,

where appropriate.

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.

- 6.9 The patient's GP must be notified by the WGOS 5 IP Optometrist of all medications prescribed or changed (including when the patient is advised to cease a current medication prescribed elsewhere, e.g. by the patient's GP or ophthalmologist).
- 6.10 The WGOS 5 IP Optometrist (or another WGOS 5 IP Optometrist) will conduct WGOS 5 IPOS Urgent Follow-Up appointments as clinically necessary to prevent / reduce referrals to other parts of the NHS, including Ophthalmology and the patient's GP. A Follow-Up appointment fee is claimable for each Follow-Up appointment performed by the WGOS 5 IP Optometrist. Non-IP Optometrists cannot conduct IPOS Urgent Follow-Up appointments. The IP Optometrist's records will clearly document the reasoning and clinical necessity for Follow-Up appointments for audit purposes.
- 6.11 The WGOS 5 IP Optometrist will use clinical judgement to decide when the care is complete.
- 6.12 If a patient is examined again under this service, the WGOS 5 IP Optometrist will use clinical judgement to determine whether a patient is attending for a first appointment in a new episode of care or a Follow-Up appointment during a current episode of care, clearly documenting the reasoning and clinical necessity in their records for audit purposes.
- 6.13 The IP practice will not seek to retain a patient referred for WGOS 5 IPOS Urgent for other eye care.
- 6.14 WGOS 5 IP Optometrists using NHS prescription pads will be monitored by medicines use groups within the Health Board to ensure prescribing formularies are followed and will be subject to the same auditing as other primary care professionals.
- 6.15 WGOS 5 IP Optometrists shall not prescribe drugs, medicines and appliances whose cost or quality in relation to any patient is by reason of the character of the drug, medicine or appliance in question in excess of that which was reasonably necessary for the proper treatment of that patient.
- 6.16 A Health Board shall seek the view of the Regional Optometric Committee for its area in considering whether an WGOS 5 IP Optometrist has breached obligations under paragraph 6.15.
- 6.17 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.
- 6.18 WGOS 5 IP Optometrists' 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.
- 6.19 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.

- 6.20 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.

7.0 Pathway Standard Operating Procedure – record keeping and payments

- 7.1 WGOS 5 IPOS Urgent records should be maintained in-line with this manual and guidance from the College of Optometrists. In particular:
- 7.1.1 WGOS 5 IPOS Urgent 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 "IPOS Urgent";
 - 7.1.2 details of the referring Optometrist or referral to self must be recorded;
 - 7.1.3 copies of referral letters in to and out of the service must be retained;
 - 7.1.4 copies of reports must be retained; and
 - 7.1.5 the serial number of WP10 prescriptions issued (or voided) must be recorded in the patient's record.
- 7.2 Payments for IP practices providing WGOS 5 IPOS Urgent Assessments and Follow-Ups will be claimed by online submission to NHS Wales Shared Services Partnership.
- 7.3 Claims are made online at the end of the consultation by the WGOS 5 IP Optometrist or within 28 days by a member of the Contractor's staff using the information provided by the WGOS 5 IP Optometrist. Each IP practice will be provided with a unique electronic submission system, facilitated by NWSSP.
- 7.4 NHS Wales Shared Services Partnership will make WGOS 5 payments on behalf of Health Boards.
- 7.5 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.
- 7.6 Claims made by Contractors listed for activity in WGOS 5 IPOS Urgent will be accepted with the dataset outlined in the table below:

<i>What</i>	<i>Why it is necessary</i>
IP Performer	Payment processing: to establish that a person qualified and listed for WGOS 5 IPOS Urgent performed the episode
Patient unique reference number – the contractor’s unique identifier for this patient.	Post payment verification: to enable the contractor and PPV team to link the claim to the patient’s clinical record
Patient name and address	PREMs: to administer PREMs centrally without practice involvement High-level service monitoring: access
Patient date of birth	High-level service monitoring: access
Patient ethnicity	High-level service monitoring: access
Patient eligibility	Payment processing: to establish that the patient requires WGOS 5 IPOS Urgent as a practice-based or mobile service
Appointment type	Initial Assessment or Follow-Up
Contact date – the date the patient or referrer contacted the practice or the date an intra-practice referral was made	High-level service monitoring: waiting times
Offer date – the date of the appointment offered to the patient	High-level service monitoring: waiting times
For Follow-ups, Follow-up number – If relevant, the number to indicate whether this is the first or subsequent Follow-Up	Service evaluation: number of Follow-Ups; discharges; and referrals out of the service.
For Follow-Ups, Previous episode date – If relevant, the date of the WGOS 5 IPOS Urgent episode that this episode is following-up	High-level service monitoring: waiting times
For Follow-Ups, Due date – The date that was planned for this Follow-Up	High-level service monitoring: waiting times
Appointment date – the date of the episode of care	High-level service monitoring: waiting times
Outcome – Planned Follow-Up in WGOS 5 IPOS Urgent or discharge or referral	Service evaluation: number of Follow-Ups; discharges; and referrals out of the service.
Follow-up date (if planned) – the date of the planned Follow-Up in the (same) service	High-level service monitoring: waiting times