1. Q. Would the practitioner need to cancel appointments for the next day to be able to accommodate the patient if the next day is outside of their stated core hours? Could the practitioner instead, ring around for the patient and gain an appointment for the patient elsewhere? Can stated core hours for the practice domiciliary service be different for the practice core hours for fixed premises work?
A. Patients must be triaged and responded to within 24hours and receive their care in a timely manner. If after triage care is indicated within a timescale not able to met, then alternative care would be expected to be arranged.

2. Q. When we have questions regarding the clinical manuals, what is the appropriate place and format to ask them please?
A. Depending on the nature of the query we would recommend the following contacts via email:

- Training, courses, and assessments queries heiw.optometry@wales.nhs.uk
- Payment and registration enquiries nwssp-primarycareservices@wales.nhs.uk
- Questions relating to WGOS GOSWClinical.Lead@wales.nhs.uk

3. Q. Can you clarify what is meant by an "anti-fatigue lens" as mentioned on page 48 of the manual please?
A. The term “antifatigue lens” in this instance refers to a multifocal with a very low addition. There is no minimum addition that triggers a multifocal Optical Voucher.

4. Q. Just a query with regards to CVI. I did the WGOS training yesterday, and it mentioned in the Low Vision CVI section that we need to send a report to the GP (like with EHEW) as well as sending the CVI. I did put a comment in the training about this. I have looked again on the Eyecare website and CVI section and it does not mention this. Just seems an unnecessary duplicate as the CVI is self-explanatory. Was hoping you could clarify please.
A. If the patient has the full CVI then the CVI form itself would suffice as a report to the GP. If they had the ocular examination but then decided against having a CVI then a report noting this should be copied to the GP. I should hope that this would only happen in very rare cases.

5. Q. Does this mean that domiciliary businesses must have a separate agreement for every Health board they cross, as they will cross boundaries daily or will a single mobile service agreement suffice?
A. Yes. Mobile Service Agreements are required for every HB where the activity occurs.

6. Q. How do we access smoking cessation resources? E.g. helpmequit.wales. Is the expectation that NHS Wales will provide leaflets and resources or is the practice required to source them?
A. These will be made available shortly. We will make available materials, though a practice will be able to adapt certain materials to incorporate own branding.

7. Q. What is the burden of proof for early retest code 5? Quite often a patient is verbally advised by their general practitioner or AHP to seek an assistance, is this sufficient and how should it be recorded?
A. As now. If a patient has been advised they will inform you, and you will note it in the records. No written referral is required.

8. Q. If there is a need to prescribe following a diagnostic refraction, does this mean a voucher can be issued following a WGOS2 examination as now?
A. Yes, to any eligible patient, providing everything required as part of a Sight Test (Opticians Act 1989) has been performed.

9. Q. Please could you clarify what symptoms and signs would be included as unexpected, for example, ocular pain or drop in visual acuity? Are these expected symptoms of a post-op cataract assessment or not?
A. This is for clinical judgement. A list would not be helpful.

10. Q. Would establishing a baseline reading for monitoring an epiretinal membrane, for example, be considered appropriate in order to claim the band 2 fee?
A. We wish to refrain from giving examples in a list – WGOS is about the Optometry maturing and being accountable for their own decisions. A WGOS Band 2 is about informing or preventing a referral. So, if you ERM patient has been 6/10 for the past 20 years and is 6/10 today, a WGOS 2 Band 2 to record their ERM would not be sensible, as there is no hint of a referral. However, if their VA has dropped to 6/30 and you're investigating the cause to inform or prevent a referral then it would.

11. Q. Also, in the example of an ERM, these conditions generally require annual OCT in order to ascertain progression or stability in the condition. Would it therefore be appropriate to claim each year? Please could you give some examples of non-tolerance that would be considered acceptable to give rise to an additional claim? e.g. non-tolerant to varifocal, therefore requiring change to single vision and requiring additional focal length measurements?
A. We would expect practitioners to use their clinical judgement with what constitutes non tolerance.

12. Q. Please could you define anti-fatigue lenses, in relation to our product range?
A. The term "antifatigue lens" in this instance refers to a multifocal with a very low addition. There is no minimum addition that triggers a multifocal Optical Voucher

13. Q. Currently in C&V we are not supposed to accept IP referrals from out of the health authority. As the new contract is nationwide, am I correct in assuming we will be then able to accept such referrals
A. So yes, we will be able to see patients from other health boards when it IPOS is rolled out nationally. Health Boards are currently making preparations for this, and we expect to see some comms from health boards from next month including CAV. There will be an electronic payment submission form (which was piloted by OW and some IPOS colleagues) and the increased fees will start when this form is available for use. "If a person is in Wales and has acute symptoms they can be assessed."

14. Q. I have been discussing the Y Ty Dysgu Learning with my colleagues today and we were wondering if there is a way to review the articles once you have completed them. It would be handy to have the information for reference, but it seems we can't view them once each module has been completed.
A. In the tab labelled 'launchpad', click on 'courses', then 'my courses', then click on the course you wish to review, and on the next page it will give you access to the course by clicking on the course overview again.

15. Q. How do we process an English voucher used in Wales for payment?
A. Non-Wales vouchers are processed as Wales vouchers would be. Annotate the form (e.g., if a non-Wales practice issues a "B" voucher you cross out and write "2") and submit to NWSSP.

16. Q. NB (under the kit list): can we have clarification on 'continue with WGOS' and then return to complete. Does this mean we can claim a WGOS at the time of the test or do we have to wait until the kit has been sourced and we have returned before claiming?
A. Just like current regulations, a Contractor is unable to claim for a sight test until all elements of the sight test is completed e.g. if you wish to complete visual fields, as part of the sight test, but this cannot be completed on the same day as the sight test, the GOS 1 form cannot be submitted until the patient returns and the visual field test has been completed and reviewed by the Optometrist / OMP.

17. Q. Calibration of GAT type tonometer: does this mean using the weights or engaging with a calibration company.
A. Calibration with weights is acceptable. Good practice would be to have a process in place of what to do if the instrument was not reliant.

18. Q. Who is ensuring/responsible for locum Optometrists completing the mandatory training?
A. Contractors are responsible for ensuring all staff engaged have the appropriate training and accreditation required to comply with WGOS regulations.

19. Q. If a colleague has completed the training elsewhere e.g. they work in more than 1 practice/business, do they need to complete it for each? How can they demonstrate completion to us e.g. in case of a locum?
A. They would only be expected to complete the training once. They are able to download a certificate of completion from the programme that provides evidence of completion.

20. Q. What do we do for colleagues who are out of the business e.g. mat leave etc on submission?
A. They are welcome to register at Y Ty Dysgu at any point and complete the presentations and gain the CPD points that are available. It would be incumbent on the contractor to ensure that they are WGOS compliant before returning to duties.

21. Q. Similarly, as to the question for page 3, how can a seamless transition for a qualifying student optometrist be achieved? Would the College of

Optometrists' OSCE demonstrate competence e.g. if they were to be required to avoid FB removal until they have completed the workshop as part of HEIW training? This would maintain service provision for higher tier services that would otherwise struggle to cope with demand if a competent colleague was unable to undertake WGOS1 / 2 – they could just be limited to WGOS1.
A. The regulations are not expected to allow any transition period whereby an Optometrist delivers only WGOS 1.

22. Q. Webinar talked to a list of local support/resources for this on Eyecare Wales website. Where abouts is this please as I cannot find on the site?
A. Eye Care Wales website is in process of being updated.

23. Q. For people moving to work in Wales, how will they going forward know cluster lead details for their area to get involved with?
A. This will be worked out at each Cluster.

24. Q. I can see in the regs we need to attend 4 meetings per year, how as a contractor can I get visibility of these meeting dates by HB to ensure attendance.
A. This will be coordinated by each Health Board

25. Q. On the webinars it referred to ethnicity, in the regs it says a person has been clinically assessed as being at particular risk of developing eye disease. – What is the criteria for this? Which eye disease? Who is assessing it? Are we meant to be recording ethnicity to show at higher risk groupings?
A. Ethnicity if over 40 is automatic eligibility. Ethnicity under 40 can still be eligible if the Optometrist/OMP believes there to be supporting evidence that raises the patient's risk of sight loss.

26. Q. Can I confirm the definition of uniocular vs amblyopic eyes for example. What is the criteria?
A. If losing sight in the "good" eye would leave the patient being able to be certified Sight Impaired (SI).

27. Q. How would we evidence for PPV re surfaced/non stocked lens supplement for children? Can you also confirm if this is for U16 or U19?
A. PPV currently can look at dispensing records and what has been dispensed will be evidenced there. It's U19.

28. Q. Patient examined in Wales, takes voucher to England to be dispense. It is honoured at Welsh vouchers values & submitted to Wales HB for payments?
A. No, the Optical Voucher can move between UK nations and is submitted where the order takes place, in line with that nation's expectations, tariff and governance.

29. Q. Patient examined in another nation of the UK, takes voucher to Welsh practice or electronic code (due to e-GOS in other nations) and we create a paper GOS 3, claim at welsh voucher value & submit to Wales HB for payment?
A. Yes.

30. Q. Non tolerance WGOS1 no longer needing approval. If a patient attends having been seen at another practice, can we see as a non tol WGOS 1 even though may end up being prescriber error?
A. You cannot claim NHS Wales funds if it's prescriber error.

31. Q. The U19 non stocked supplement, assume this applies to GOS 4s as well as GOS 3?
A. Correct.

32. Q. I have had a few questions as to what are vouchers 11 and 12? I think there's some confusion as voucher 12 is listed as a voucher on the 'Voucher Repairs Supplements and clinical fees' document but it's called a HES Patient charge (which is the norm) on the Vouchers at a glance type document.
A. The Voucher 11 is the "old" HES voucher I. The Voucher 12 is the "old" HES Patient Charge (usually for contact lens(es)).

33. Q. The Voucher 12 is the "old" HES Patient Charge (usually for contact lens(es)).
A. NWSSP payments team will operate on both old and new tariffs for a little while. They'll ensure the correct payment is made, based on when the service was performed/optical voucher issued. The Contractor doesn't need to separate them out to pre- and post- CIF date.

34. Q. In the regs it talks to electronic referral where possible, my stores & Optoms are struggling to get NHS mail accounts even after completing the required IG training. How do we go about getting these guys set up?
A. Please contact the health board for further updates.

35. Q. WGOS 2. If a patient attends & is eligible for a WGOS 2, I am assuming they can be seen at your practice as they have presented irrelevant of where they have had their WGOS 1 or private EE? Some colleagues have been told that patients should be triaged on presenting & if you haven't performed the WGOS 1 should be referred back to the WGOS 1 optician & not seen?
A. Yes the patient should be seen at your practice for a WGOS2 Band 1 if presenting with acute symptoms and have been triaged as requiring a WGOS2 Band1. It is irrelevant of where they have had their WGOS1 or private sight test. The manual states (page 36/37) 'A Contractor must respond to the patient within 24 hours of the patient contacting them. There is no expectation that all patients are seen within 24 hours. Contractors are expected to assist patients that present during their agreed core hours. Once the patient presents to the practice, the Contractor has an obligation to ensure that the patient is managed appropriately within the timescale indicated by triage. Only in exceptional circumstances would this involve arranging for the patient to be seen by a different Contractor.'

36. Q. Will we get clarity on exactly which ethnic groups over 40 are automatically eligible?
A. The manual states (page 28) 'Patients that are 40 years of age or over and self-certify as Asian or Black are eligible for a WGOS 1 Eye Examination on the basis

that they are at much greater risk of glaucoma and diabetes at an earlier age and with more severe disease compared to other ethnicities. Patients that are under 40 years of age and self-certify as Asian or Black with additional risk factors associated with glaucoma or diabetes (e.g. Family History of glaucoma) are also eligible'.

37. Q. Prior to the new contract. The recent addition of CVI assessment/ registration - you would claim the assessment fee £63.68 and then the registration fee of £76. I can see now on the table enclosed CVI in primary care is £76. Are we still able to claim for both an assessment and registration or is it a flat fee of £76 for both?
A. Yes, you should still claim the ocular assessment fee (this is now £70 since 20th October 2023 as it is tied to the value of WGOS2 Band 1 fee) plus the CVI form completion fee (£76).

38. Q. I am having difficulties finding registered IP in my area. Would there be a document or webpage on IP optometrist in different health boards?
A. This will be available on the eye care Wales website once this service has been rolled out nationally. For now, please contact the health board directly for information on what IP service is available and how to refer to these services as this is not up and running everywhere nationally as yet.

39. Q. I was reviewing the WGOS3 manual and was unsure how to find a registered clinician to refer for CVI instead of the HES.
A. You can find information around searching for practices performing LVSW here https://www.nhs.wales/sa/eye-care-wales/wgos/eye-health-professional/wgos-3-low-vision-assessment/ Optometrists providing LVSW and WGOS will automatically be able to assess people for certification. Dispensing Opticians providing LVSW are unable to certify patients currently.

40. Q. I was under the impression from the WGOS1/2 webinar with Mike George that you could do a WGOS 1 on the same day following on from a WGOS2 band 3. However the service manual says this is in only exceptional cases.
A. The situation described below would count as an exceptional case. Most optometrists wouldn't risk booking the WGOS 1 immediately following a WGOS 2 Band 3 in case the condition being followed up hadn't resolved, i.e. the WGOS 1 couldn't go ahead so the clinic time would be wasted. But if, in exceptional circumstances, the optometrist had the space in the diary to see the patient for a WGOS 1 the same day, and the patient was due for the WGOS 1, then it can be done.

41. Q. With the new regs, do we have to send a GP info for every part of the WGOS 2, band 1,2 and 3 or only when relevant or onward referring? I'm sure I heard something about a change to this?
A. Yes following every WGOS band1,2,3

42. Q. I have also noticed that whilst offering mobile WGOS1 to a px, carer ie husband/wife might ask for ST to be done but they do not qualify under

eligibility. Would the carer then be able to be dispensed and offered optical voucher if they are entitled to one?
A. No

43. Q. Is there a specific site practitioner's need to go to such as HEIW in order to complete safeguarding training in the future or is it still COP or ABDO?
A. With regards to WGOS 3 safeguarding requirements, we advise DOCET for optometrists and ABDO for dispensing opticians. Adult and child safeguarding level 2 needs to be complete for practitioners to provide WGOS3 and must be repeated every 3 years.

44. Q. I would like to be able to take up some locum shifts in stores across Wales and was wondering if you could help me with this?
A. My first suggestion would be to apply to join the ophthalmic list by emailing nwssp-primarycareservices@wales.nhs.uk This can take up to 3 months but the NWSSSP team will be able to provide you with updated emails. Then at the same time, I would advise that you contact Health Education and Improvement Wales to complete the mandatory training to become WGOS accredited on HEIW.Optometry@wales.nhs.uk

45. Q. 1. Previously mobile patients over the age of 60 would of been charged privately by the company I work for if they were seen at home, both for the sight test and glasses. Reading the new manual, on page 12, I believe it explains if the patient is eligible for WGOS but doesn't meet the requirements for mobile services, you can see them in a mobile environment and claim the WGOS fee, but not the mobile fee. Am I correct in thinking that we could now see the mobile person and claim for the WGOS test and voucher if applicable, just not claiming the mobile fee? We come across the instance of couples, and one mobile and one not mobile quite a bit, so this would be very useful to clarify.
A. Thank you so much for your email, and for having the eagle eyes to find our typo. The note to refer to should not be in the manual and we have now removed it. So to clarify, you can only provide WGOS1&2 in a mobile setting if the patient is eligible for a mobile assessment.

46. Q. Is there just one directed question in WGOS1 required from 20th October around smoking cessation?
A. Yes that is correct, just one mandatory question. All other questions that we ask the patient will be based on clinical necessity, same as we do now.

47. Q. A colleague has raised a cross-border issue with us about whether a voucher towards the cost of spectacles issued in Wales to be redeemed against spectacles in England?
A. There has been no change to the cross-border agreement. For any Optical Voucher issued in Wales and taken over a border it is up to the host nation of the dispense to fulfil remuneration to the practice.

48. Q. Do you know whether WG has agreed any cross-border arrangement with DHSC/NHS England and PSCE (the English paying agency) to provide for

this for the benefit of Welsh citizens who choose to get their spectacles dispensed for convenience in England.? Conversely can any English patient with a higher voucher value redeem it to that value if they choose to be dispensed in Wales?
A. Non-Wales vouchers are processed as Wales vouchers would be. Annotate the form (e.g., if a non-Wales practice issues a “B” voucher you cross out and write “2”) and submit to NWSSP. Wales vouchers submitted in England will be subject to England processes. The WGOS clinical manual states: GOS Vouchers issued elsewhere in UK Where a patient has received an NHS funded sight test elsewhere in the UK and is eligible for help towards the cost of their optical appliance, they will be issued a GOS 3 voucher from that nation. This GOS 3 voucher should be treated in the same way as a WGOS Optical Voucher in all regards to the advice in the sections above. It is expected that the voucher is adapted and annotated accordingly to WGOS Optical Voucher guidelines, relating to: • Voucher type • Claiming fee • Processing the claim.

49. Q. My query is , do LVSW patients only have the one follow up or are they allowed more ? If they have more is there payments or does the 1 follow up fee cover any extra follow ups ?
A. They are allowed more in line with the criteria in section 7.2-7.4 of the clinical manual, A Low Vision Follow-Up may be either: • Scheduled The appointment is booked on completion of a Low Vision Assessment or Low Vision Follow-Up at an interval advised by the Low Vision Practitioner. Practitioners will usually offer a Follow-Up to patients on an annual basis. • Unscheduled The appointment is booked when the Practice are informed that the patient is having difficulties and the Low Vision Practitioner deems is clinically necessary for the patient to have a Low Vision Follow-Up. 11 7.3. There is no limit to the number of Low Vision Follow-Ups a patient may receive. The number required will depend on the patient, what has been prescribed and other services available in the area. Low Vision Practitioners are free to exercise their clinical judgement to determine the frequency with which a patient needs to be seen for Follow-Ups, documenting clinical need in the patient’s record, where appropriate. Over-frequent Low Vision Follow-Ups may cause a Health Board to question whether it should retain a Performer / Contractor on its list. 7.4. The Low Vision Follow up must be performed face-to-face, in practice or in a mobile setting, where the patient and Practitioner are in the same room.

50. Q. Is it £90 for new patient to LV OR new Patient to practice even if already with LV ?
A. Both, the £90 can be claimed when the criteria of section 6.1 in the manual has been met; 6.1. The patient is entitled to a WGOS 3 Low Vision Assessment: • At the point of entering the service; • When the patient is seen by a Practice for the first time and has not had a Low Vision assessment within the last 12 months; • When following a WGOS 1 Eye Examination or Private Sight Test, the patient’s vision has changed significantly; and/or • Significant changes in a patient’s personal circumstances.

51. Q. I’ve noticed whilst going through the manuals that it mentions a few times “have been able to provide two clinical references relating to two recent

(within the last 2 years) clinical posts" in relation to adding a new staff member onto an ophthalmic list. What if the person we intend to employ has been working at the same place for a number of years and therefore has only had one clinical post which will very often be the case?
A. With regards to the 'two' clinical posts for references, this is a typo and is being corrected. Thank you so much for your eagle eyes in spotting this.

52. Q. in regards to the patient management plan, do we need to keep a record of this for PPV purposes. So, for example if I prepared leaflets with room for tick boxes and smoking message and space for me to write which service a patient should seek out etc to comply with a management plan, would I then need to keep a copy of what was supplied to the patient.
A. With regards to the PMP, please see page 31-32 which states 'It is good practice for the Optometrist / OMP to note any information / advice that has been given to the patient on the clinical record'

53. Q. If an optom refers for a mobile WGOS2 band 1 non urgent, is an optom classed as other healthcare professional? On the form it states optom but not in the EHEW manual section.
A. Yes. Tick either optom/other professional on the form and document referrer's details in the patient's notes.

54. Q. Just checking, when claiming a WGOS band 2, I know we annotate to state it is a mobile test but are we supposed to put the medical reason on the WGOS 2 like we do on the WGOS 1. ?
A. Yes, please.

55. Q. What is the new process for applying for second pairs for adults
A. You can find the process on pages 54/55 of the WGOS1,2 Clinical Manual nhs.wales/sa/eye-care-wales/eye-care-docs/service-manual-wgos-1-2-pdf/

56. Q. Patient presents, new to the practice, is 70 years old, last EE elsewhere (self-declared to be 18 months ago). I find significant cataract on the borderline for driving, and as part of my PMP we choose to refer on the NHS. Under the old WECS2 Pre-Cat assessment guidelines, I had to dilate and complete the Pre-Cat Questionnaire with the patient (no problem). Under WGOS2, Band 2, I can do whatever I feel is clinically necessary to inform or prevent my referral. Whilst I did dilate for good practice, I also took a macula OCT scan and was therefore happy that the drop in vision was due to cataract alone. Dilated Volk on the macula was also satisfactory, but did not tell me anything I didn't know un-dilated. So, under WGOS2, do I have to dilate each time I do a pre-cataract assessment if I am happy with my un-dilated examinations?
A. WGOS2 Band 2 for cataract pre-operative assessment requires stereo macular assessment with Volk and/or OCT – your judgement whether dilation is required to achieve this.

57. Q. Does the pre-cataract questionnaire still need to be completed (assuming we're referring said cataract) or is this a local health board variation

A. Pre-cataract questionnaire still needs to be completed for cataract referrals.

58. Q. An 18yo patient on universal credit attends for a WGOS1. They would be entitled to a WGOS optical voucher due to being on Universal Credit. They are not in education. Are they entitled to repair vouchers until their 19th birthday? Or is this eligibility only for those in FTE?
A. Yes, if they are claiming an eligible benefit.

59. Q. A 17yo patient on benefits attends for an eye examination. Are they entitled to a WGOS1 if they are not in FTE?
A. Yes, if they are claiming an eligible benefit.

60. Q. Can we check the eligibility for WGOS1s, for care leavers, there is guidance saying under 18 yr's and under 19 yr's being eligible?
A. Care Leavers U18

61. Q. Is there an agreed definition for "hearing impaired" in order to provide a WGOS1?
A. Patient self-declaration. You are not expected to measure their hearing.

62. Q. Patient has been referred from a Medical Practitioner, does that mean anyone who would normally be a considered private patient paying for an EE, would they be eligible for a WGOS 1 EE, ie if the GP rec EE for unexplained HAs?
A. Not eligible for WGOS 1 if otherwise private, but would be eligible for WGOS 2.

63. Q. Also, to Signpost to the Help me Quit service for smoking? Are there printed information leaflets available for this, as I don't think a weblink for a lot of my patients would be appropriate, so we can issue them with a hard copy?
A. You can get resources from Health Information Resources - Public Health Wales (nhs.wales)

64. Q. A second WGOS 1 EE due to non-tol to prescription, applicable to NHS patients only? Or includes private patients?
A. NHS only

65. Q. Am I correct to think we no longer need to inform the GP by letter if we don't refer? The manual seems to contradict this, so I'm a little uncertain.
A. You should inform the GP as per the manual.

66. Q. Are there any occasions where a GP report does NOT have to be done?
A. One communication may be sufficient for connected WGOS 2 episode when this doesn’t compromise patient safety – the optometrist/CLO may use their judgement.

67. Q. Also, we have a Px who frequently visits for an eyelash removal. I'm understanding we claim a WGOS2 (1) for his next visit but what do we claim if returns the second time in a few weeks and then a third time a few weeks after that?
A. If this is following a previous EHEW Band 1 or EHEW Band 3 for the same condition, then it will be a WGOS 2 Band 3 for the next and subsequent follow-ups.

68. Q. Can we also confirm that the date of issue for an optical voucher is the date where the patient signs on part 2 of the claim form on the day they order their specs, rather than the date of the eye test that is put in the two spaces in part 1 of the claim form.
A. The issue date of a GOS 3 optical voucher is the date that the prescriber signs below the optical prescription, which is usually also the date of the sight test.

69. Q. What is the deadline of submission of GOS3W to NWSSSP?
A. Completed GOS2W claims should be submitted to NWSSP at regular intervals for payment and within 3 months of the date of collection of the spectacles/ contact lenses.

70. Q. We're likely to also be asked for clarification on when should practices perform a WGOS2 Band 1 for 'referred by other healthcare practitioner' as opposed to performing a WGOS1 eye exam and using code 5 if for example a GP advises that the patient seeks an optometrist's opinion.
A. Optometrists may use their judgement in the case of people who are entitled to WGOS 1 in deciding whether WGOS 1 or 2 is appropriate: We envisage conversations such as where the GP (or receptionist on Dr's behalf) says "go and see the optometrist with problem x" leading to a WGOS 2 and conversations where the GP (or practice nurse etc) says "now you've got diabetes / you've got MS / whatever… don't forget to have regular eye tests" leading to WGOS 1. Being told by a doctor to have a sight test doesn't make someone otherwise private eligible for WGOS 1: Code 5 exists to enable optometrists to do a WGOS 1 (for people who are in one of the eligible categories) earlier than usual, if the optometrist thinks it's more appropriate than doing a WGOS 2, using their judgement.

71. Q. Do the staff who purely make ST appointments need to do the modules?
A. As part of the new contract, all eye care practitioners performing a WGOS service (optometrists and dispensing opticians) and practice staff assisting in providing the service must complete 4 new mandatory presentations. Tasks that would be classified as assisting in providing the service: · Booking appointments · Answering calls · Dispensing · Pre-screening i.e. all colleague who are patient facing or come into contact with your patients should complete the modules.

72. Q. Does my Contractor need to do the modules and/or be EHEW accredited.
A. NB: Contractor in this case is a Body Corporate (e.g. Asda, VE, Hakim, Boots Opticians), therefore the name on the Ophthalmic List is the business and not an individual. A Body Corporate would therefore instruct their employees to complete the modules.

73. Q. If there is only one practice in a cluster, how will collaborative practice payments work?
A. The one practice can join a neighbouring cluster to obtain the collaborative practice payments.