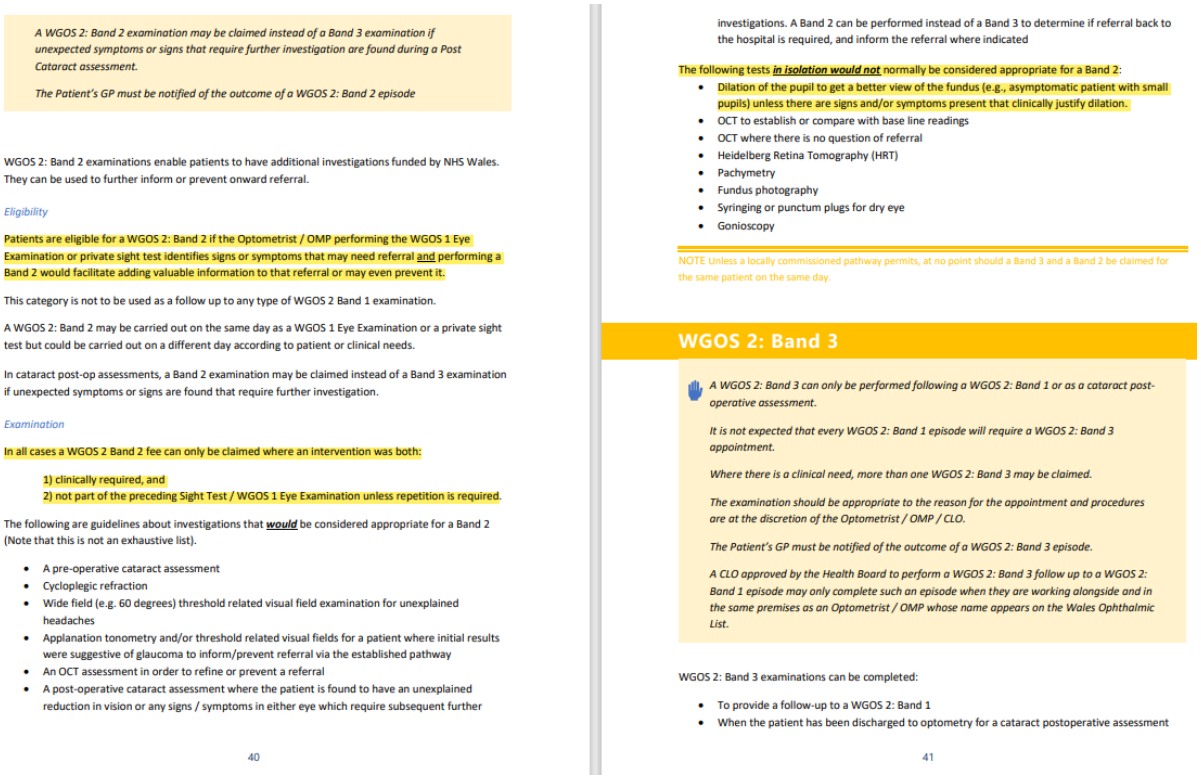
FAQ Sheet 5 – Domiciliary queries and responses from NWSSP

1. **Question: 'Can we claim a WGOS2 Band 2 if we have a patient that we are considering for referral for YAG due to capsular thickening, and we dilate/check Amsler to check whether capsular thickening is the cause of the reduction in VA?'**

Answer: Please see below the relevant points in the WGOS 1 and 2 Service Manual that indicate that "performing a WGOS 2: Band 2 to investigate whether a reduction in vision is purely due to posterior capsular thickening" could be considered appropriate.



A WGOS 2: Band 2 examination may be claimed instead of a Band 3 examination if unexpected symptoms or signs that require further investigation are found during a Post Cataract assessment.

The Patient's GP must be notified of the outcome of a WGOS 2: Band 2 episode

WGOS 2: Band 2 examinations enable patients to have additional investigations funded by NHS Wales. They can be used to further inform or prevent onward referral.

Eligibility

Patients are eligible for a WGOS 2: Band 2 if the Optometrist / OMP performing the WGOS 1 Eye Examination or private sight test identifies signs or symptoms that may need referral and performing a Band 2 would facilitate adding valuable information to that referral or may even prevent it.

This category is not to be used as a follow up to any type of WGOS 2 Band 1 examination.

A WGOS 2: Band 2 may be carried out on the same day as a WGOS 1 Eye Examination or a private sight test but could be carried out on a different day according to patient or clinical needs.

In cataract post-op assessments, a Band 2 examination may be claimed instead of a Band 3 examination if unexpected symptoms or signs are found that require further investigation.

Examination

In all cases a WGOS 2 Band 2 fee can only be claimed where an intervention was both:

1) clinically required, and
2) not part of the preceding Sight Test / WGOS 1 Eye Examination unless repetition is required.

The following are guidelines about investigations that ***would*** be considered appropriate for a Band 2 (Note that this is not an exhaustive list).

- A pre-operative cataract assessment
- Cycloplegic refraction
- Wide field (e.g. 60 degrees) threshold related visual field examination for unexplained headaches
- Applanation tonometry and/or threshold related visual fields for a patient where initial results were suggestive of glaucoma to inform/prevent referral via the established pathway
- An OCT assessment in order to refine or prevent a referral
- A post-operative cataract assessment where the patient is found to have an unexplained reduction in vision or any signs / symptoms in either eye which require subsequent further

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investigations. A Band 2 can be performed instead of a Band 3 to determine if referral back to the hospital is required, and inform the referral where indicated

The following tests ***in isolation would not*** normally be considered appropriate for a Band 2:

- Dilation of the pupil to get a better view of the fundus (e.g., asymptomatic patient with small pupils) unless there are signs and/or symptoms present that clinically justify dilation.
- OCT to establish or compare with base line readings
- OCT where there is no question of referral
- Heidelberg Retina Tomography (HRT)
- Pachymetry
- Fundus photography
- Syringing or punctum plugs for dry eye
- Gonioscopy

NOTE Unless a locally commissioned pathway permits, at no point should a Band 3 and a Band 2 be claimed for the same patient on the same day.

WGOS 2: Band 3

A WGOS 2: Band 3 can only be performed following a WGOS 2: Band 1 or as a cataract post-operative assessment.

It is not expected that every WGOS 2: Band 1 episode will require a WGOS 2: Band 3 appointment.

Where there is a clinical need, more than one WGOS 2: Band 3 may be claimed.

The examination should be appropriate to the reason for the appointment and procedures are at the discretion of the Optometrist / OMP / CLO.

The Patient's GP must be notified of the outcome of a WGOS 2: Band 3 episode.

A CLO approved by the Health Board to perform a WGOS 2: Band 3 follow up to a WGOS 2: Band 1 episode may only complete such an episode when they are working alongside and in the same premises as an Optometrist / OMP whose name appears on the Wales Ophthalmic List.

WGOS 2: Band 3 examinations can be completed:

- To provide a follow-up to a WGOS 2: Band 1
- When the patient has been discharged to optometry for a cataract postoperative assessment

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Unlike cataract referrals, there is no stipulation that a patient must have a WGOS 2: Band 2 ahead of referral for YAG-Laser capsulotomy. It would therefore not be expected or considered appropriate to automatically perform and claim a WGOS 2: Band 2 for all suspected capsular thickening referrals. Each case must be individually assessed and supported by clinical reasoning documented in the patient record.

It is important that the record card support the reason for claiming. There is therefore a requirement for the record card to demonstrate:

Why the additional investigation was clinically required; and

the investigation/test had not been completed as part of the sight test, as defined by the Opticians Act (1989).

Given that the Amsler test is simple and quick to perform, it is generally considered more appropriate for inclusion within a WGOS 1 Eye Examination rather than being used as part of a WGOS 2. However, the results of the Amsler chart can be useful in supporting the need for a WGOS 2 Band 2 — for instance, where no visible maculopathy is observed but the patient reports distortion on the Amsler, suggesting a need for further investigation. In that case, WGOS 2 would be justified. Conversely, where no distortion is reported and the macula appears healthy on ophthalmoscopy, further investigation under WGOS 2 would not be appropriate, as the necessary information has already been obtained within the WGOS 1/sight test.

2. **Question: Are there guidelines towards domiciliary WGOS 2 band 2, particularly when it comes to glaucoma filtering? As a domiciliary provider we are sometimes in situations where a Perkins is not safe to do over an iCare tonometer.**

   Situations can range from:

   Patient not able to move from a chair or bed and the optometrist is having to twist/bent into very difficult position to access a patient. In this situation an i care tonometer is much safer to use.

   Patient may have a head posture and trying to get into the correct position is compromising the safety of attempting the test. In this case the safer i care would be a safer option.

   The patient has very dry eyes and the environment is bright and cannot be adjusted (lack of curtains or blinds) and attempting the test may not be safe, hence an i care would be better.

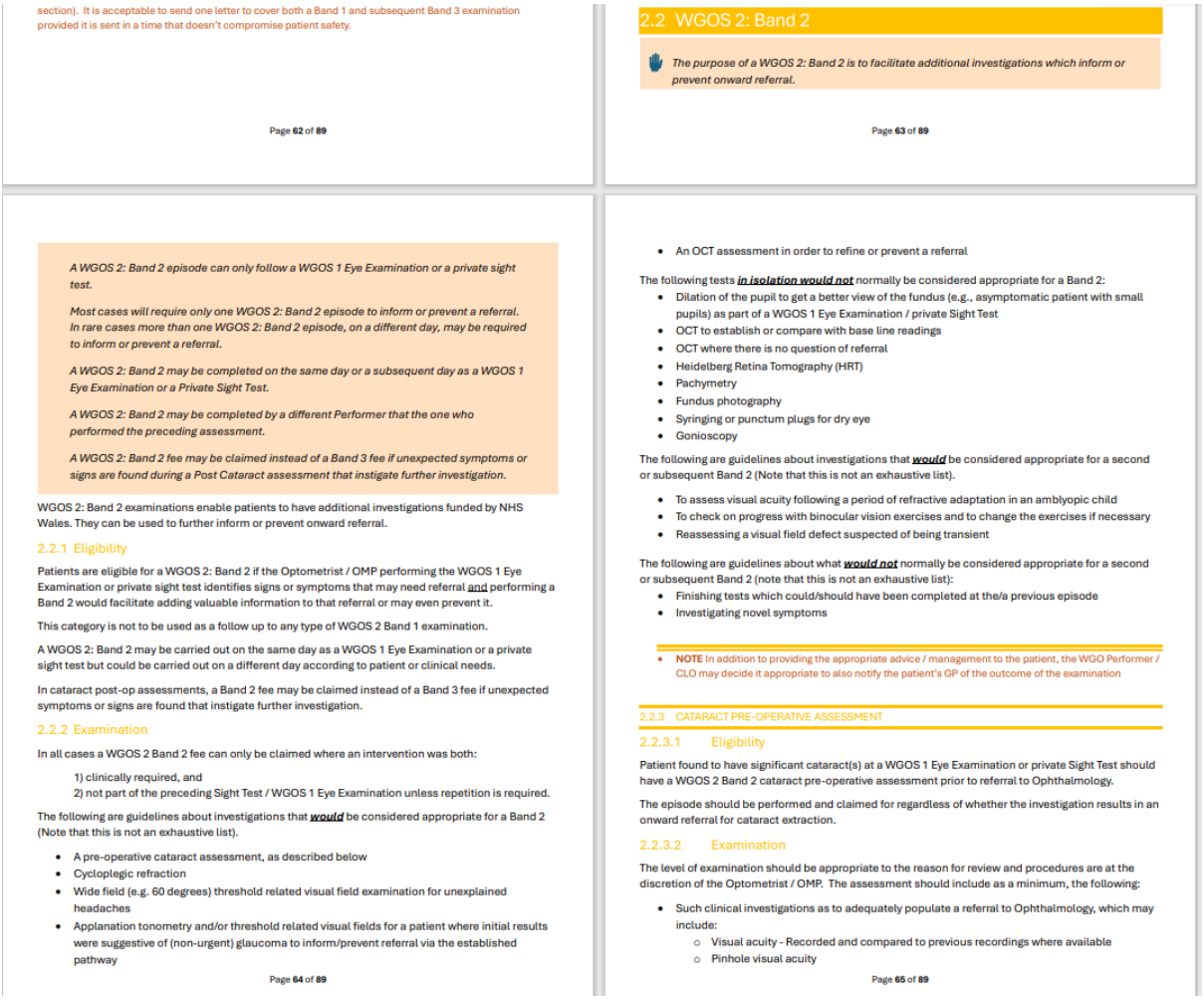
   The other aspect to consider is the safety of the domiciliary provider. Domiciliary eye examinations are not easy and very often we are in a physically compromised position, it would nice to be able to use our clinical judgement on what is safe to do sometimes. This in turn may lead to more WGOS 2 band 2 being claimed.'

Answer: In accordance with the College of Optometrists' Guidance for Professional Practice, a WGOS 2: Band 2 examination is classified as a needs-led assessment. This means that the Optometrist must carry out tests that are appropriate and relevant to the patient's clinical needs, presenting symptoms, and overall ability to engage with the examination.

Unlike the EHEW service, contact tonometry is not a mandatory requirement under WGOS 2: Band 2. Instead, the structure and content of the examination should be guided by your professional judgement, considering the patient's needs, preferences, and any limitations they may have (e.g., cognitive impairment, mobility,

or compliance). In domiciliary settings, this may necessitate adapting your approach to ensure care is provided safely and appropriately, even if all standard elements cannot be completed.

A WGOS 2: Band 2 claim can be made if the mobile provider is able to demonstrate that appropriate clinical activity was undertaken during the patient episode, consistent with a needs-led assessment (see extract from WGOS 1 and 2 Service Manual below)



section). It is acceptable to send one letter to cover both a Band 1 and subsequent Band 3 examination provided it is sent in a time that doesn't compromise patient safety.

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2.2 WGOS 2: Band 2

The purpose of a WGOS 2: Band 2 is to facilitate additional investigations which inform or prevent onward referral.

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A WGOS 2: Band 2 episode can only follow a WGOS 1 Eye Examination or a private sight test.

Most cases will require only one WGOS 2: Band 2 episode to inform or prevent a referral. In rare cases more than one WGOS 2: Band 2 episode, on a different day, may be required to inform or prevent a referral.

A WGOS 2: Band 2 may be completed on the same day or a subsequent day as a WGOS 1 Eye Examination or a Private Sight Test.

A WGOS 2: Band 2 may be completed by a different Performer that the one who performed the preceding assessment.

A WGOS 2: Band 2 fee may be claimed instead of a Band 3 fee if unexpected symptoms or signs are found during a Post Cataract assessment that instigate further investigation.

WGOS 2: Band 2 examinations enable patients to have additional investigations funded by NHS Wales. They can be used to further inform or prevent onward referral.

2.2.1 Eligibility

Patients are eligible for a WGOS 2: Band 2 if the Optometrist / OMP performing the WGOS 1 Eye Examination or private sight test identifies signs or symptoms that may need referral and performing a Band 2 would facilitate adding valuable information to that referral or may even prevent it.

This category is not to be used as a follow up to any type of WGOS 2 Band 1 examination.

A WGOS 2: Band 2 may be carried out on the same day as a WGOS 1 Eye Examination or a private sight test but could be carried out on a different day according to patient or clinical needs.

In cataract post-op assessments, a Band 2 fee may be claimed instead of a Band 3 fee if unexpected symptoms or signs are found that instigate further investigation.

2.2.2 Examination

In all cases a WGOS 2 Band 2 fee can only be claimed where an intervention was both:

1) clinically required, and
2) not part of the preceding Sight Test / WGOS 1 Eye Examination unless repetition is required.

The following are guidelines about investigations that ***would*** be considered appropriate for a Band 2 (Note that this is not an exhaustive list).

- A pre-operative cataract assessment, as described below
- Cycloplegic refraction
- Wide field (e.g. 60 degrees) threshold related visual field examination for unexplained headaches
- Applanation tonometry and/or threshold related visual fields for a patient where initial results were suggestive of (non-urgent) glaucoma to inform/prevent referral via the established pathway

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- An OCT assessment in order to refine or prevent a referral

The following tests ***in isolation would not*** normally be considered appropriate for a Band 2:

- Dilation of the pupil to get a better view of the fundus (e.g., asymptomatic patient with small pupils) as part of a WGOS 1 Eye Examination / private Sight Test
- OCT to establish or compare with base line readings
- OCT where there is no question of referral
- Heidelberg Retina Tomography (HRT)
- Pachymetry
- Fundus photography
- Syringing or punctum plugs for dry eye
- Gonioscopy

The following are guidelines about investigations that ***would*** be considered appropriate for a second or subsequent Band 2 (Note that this is not an exhaustive list).

- To assess visual acuity following a period of refractive adaptation in an amblyopic child
- To check on progress with binocular vision exercises and to change the exercises if necessary
- Reassessing a visual field defect suspected of being transient

The following are guidelines about what ***would not*** normally be considered appropriate for a second or subsequent Band 2 (note that this is not an exhaustive list):

- Finishing tests which could/should have been completed at the/a previous episode
- Investigating novel symptoms

- **NOTE** In addition to providing the appropriate advice / management to the patient, the WGO Performer / CLO may decide it appropriate to also notify the patient's GP of the outcome of the examination

2.2.3 CATARACT PRE-OPERATIVE ASSESSMENT

2.2.3.1 Eligibility

Patient found to have significant cataract(s) at a WGOS 1 Eye Examination or private Sight Test should have a WGOS 2 Band 2 cataract pre-operative assessment prior to referral to Ophthalmology.

The episode should be performed and claimed for regardless of whether the investigation results in an onward referral for cataract extraction.

2.2.3.2 Examination

The level of examination should be appropriate to the reason for review and procedures are at the discretion of the Optometrist / OMP. The assessment should include as a minimum, the following:

- Such clinical investigations as to adequately populate a referral to Ophthalmology, which may include:
  - Visual acuity - Recorded and compared to previous recordings where available
  - Pinhole visual acuity

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If glaucoma is suspected, and you are considering referral in line with NICE guidance on the detection of COAG and related conditions, the following tests should ideally be performed prior to referral:

Central visual field assessment using standard automated perimetry (full threshold or supra-threshold)

Optic nerve assessment and fundus examination using stereoscopic slit lamp biomicroscopy (with dilation if needed), and OCT or optic nerve head imaging if available

Intraocular pressure (IOP) measurement using Goldmann-type applanation tonometry

Peripheral anterior chamber configuration and depth assessment using gonioscopy, or if not possible, van Herick or anterior segment OCT

However, where it is not reasonably possible to carry out all of the above tests — for reasons unrelated to the Optometrist's clinical competency (e.g., patient non-cooperation, environment constraints) — this should be clearly documented in the patient's clinical records and, if making a referral, in the referral letter. This ensures transparency, supports continuity of care, and maintains professional standards in line with both WGOS and NICE expectations.

The purpose of a WGOS 2 Band 2 is to inform or prevent a referral. It can be claimed only once additional investigations have been carried out following the preceding WGOS 1 Eye Examination (/private Sight Test). If you are not able to perform additional investigations, then no claim can be made.

3. **Question: I carried out a domiciliary WGOS 1 and found discs potentially suspicious of glaucoma (IOPs normal on ICare) and what appeared to be a sterile corneal infiltrate related to blepharitis. I arranged to see the patient for a follow up to assess the cornea and check it had resolved and to carry out perkins and fields to refer her as suspect glaucoma. However, at the follow up after checking the cornea, she told me she had changed her mind and didn't want referred for the suspect glaucoma. So after discussion, no perkins or fields were carried out. I initially thought this corneal check would count as a WGOS 2:3 but since checking the manual, I see that can only follow a WGOS 2:1 and not a WGOS 1 that I initially carried out. Would what has occurred be eligible for a WGOS 2:2 claim, or would it just be written off as a free visit on my company's part?**

Answer: In this instance, a WGOS 2: Band 2 claim cannot be made. The purpose of a WGOS 2: Band 2 is to carry out additional investigations with the aim of informing or preventing a referral. It can only be claimed once those investigations have been completed following a preceding WGOS 1 eye examination or private sight test.

As no further investigations (e.g. Perkins tonometry or fields) were carried out at the follow-up visit, and the patient declined referral before these could be performed, the criteria for a WGOS 2: Band 2 claim were not met. Unfortunately, this means the visit would not be eligible for WGOS funding and would need to be written off as a non-claimable follow-up by your company.

Additionally, you re-assessed the corneal infiltrate at the second visit, this would not qualify as a WGOS 2: Band 2 either. WGOS 2: Band 2 is not intended for the routine monitoring or review of anterior eye conditions unless it forms part of an investigation to support or avoid referral. Since the corneal issue was managed conservatively

and not linked to a potential referral pathway, it would not meet the criteria for a Band 2 claim.

A key learning point from this scenario would be to complete all necessary investigations before discussing referral. This ensures you have sufficient clinical evidence to support any referral decision and also leaves the door open should the patient change their mind.

4. **Question: The WGOS3 clinical manual states:**

   6.6 "If during the Low Vision Assessment, the VA is found to have reduced by 1 line (0.10 LogMAR) compared to that measured at the last WGOS 1 Eye Examination or Private Sight Test, the patient should be referred for a WGOS 2: Band 1.

   6.7 If the patient reports any new visual symptoms arrangements should be made for the patient to receive a WGOS 2: Band 1".

   Has there been any information regarding the requirements for WGOS2 referrals and whether the requirement is for the WGOS1/2 provider to see after triaging (or find someone for the patient to see) or if it stays the WGOS3-only provider's responsibility to contact several WGOS1/2 providers until they find someone?

Answer: In the context of points 6.6 and 6.7 of the WGOS 3 manual, the phrases "should be referred" and "arrangements should be made for the patient to receive" are intended to convey the same action — that the patient must be directed to access a WGOS 2: Band 1 assessment. Whether this is done through a formal referral or by coordinating an appointment, the aim in both cases is to ensure the patient receives the appropriate follow-up care without delay and the responsibility lies with the referring practitioner to ensure that the patient is being referred to an appropriately trained WGOS 2 performer.

Patient choice and collaborative working are central to NHS service delivery. WGOS Contractors, WGOS Performers, and other healthcare professionals must work in partnership with patients and with one another — as part of a wider multi-disciplinary team — to deliver safe, effective, and patient-centred care. In practice, this means confirming that the receiving practitioner is accredited to provide WGOS 2 services and ensuring the patient is offered a choice of provider, where possible.

Once a joint decision has been made by the practitioner and patient as to where the patient would like to be seen, the referral should be made to that chosen contractor. The receiving contractor must then deliver care in accordance with the WGOS 1 and 2 manual (relevant extracts included below)

2.1 WGOS 2: Band 1

A patient may have a WGOS 2: Band 1 examination when clinically necessary, i.e. when:

- *they have acute symptoms or signs that require examination other than as a follow-up to a previous Band 1, i.e. a new clinical episode;*
- *they require a Band 1 examination having been referred by a health care professional*

Patients that self-refer or are referred by other Healthcare Practitioners for a WGOS 2: Band 1, should be triaged to determine the eligibility, and the urgency with which they need to be seen.

*A Contractor must **respond** to the patient within 24 hours of the patient contacting them. There is no expectation that all patients are **examined** within 24 hours. Contractors must make arrangements for patients to be examined within a clinically appropriate timescale.*

Contractors are expected to assist patients that present during their agreed core hours.

The level of examination should be appropriate to the reason for the WGOS 2: Band 1 and procedures are at the discretion of the Optometrist / OMP / CLO, which may include a Sight Test and Patient Management Plan equivalent to WGOS 1 Eye Examination if clinically indicated.

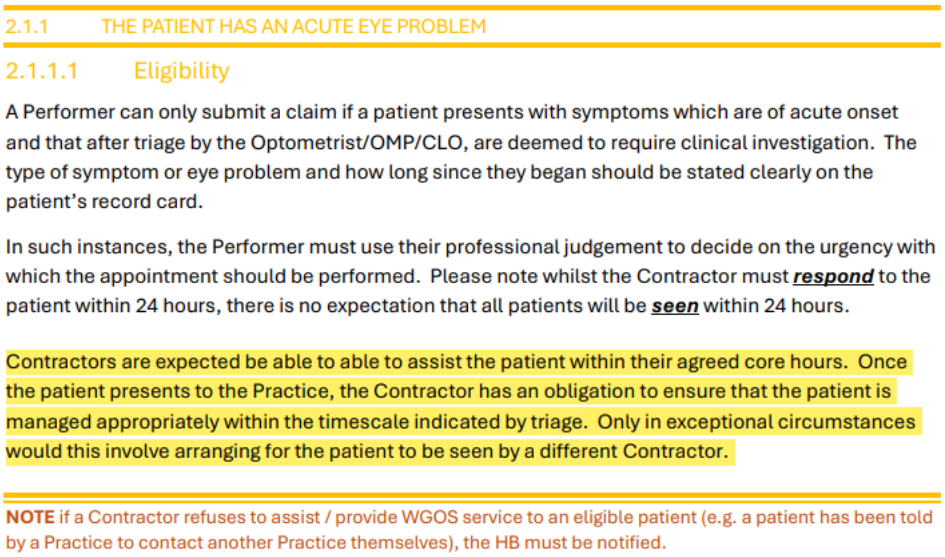
A CLO approved by the HB to perform a WGOS 2: Band 1 for a patient who present with an anterior eye problem may only complete such an episode when they are working alongside and in the same premises as an Optometrist / OMP whose name appears on a HB's combined list.

2.1.2 REFERRAL BY ANOTHER HEALTH CARE PROFESSIONAL

2.1.2.1 Eligibility

If a GP or other health professional has concerns regarding a patient's eye health, they can refer them for a WGOS 2: Band 1 examination. The patient can be of any age and the referral may arise for a variety of reasons e.g. GP managing unexplained headaches, or Pharmacist referring a person with an eye infection.

On receiving the referral, the patient will be triaged by the Contractor and the WGO Performer / CLO will decide the urgency in which the patient needs to be seen. Please note whilst the Contractor must ***respond*** to the patient within 24 hours, there is no expectation that all patients will be ***seen*** within 24 hours.



2.1.1 THE PATIENT HAS AN ACUTE EYE PROBLEM

2.1.1.1 Eligibility

A Performer can only submit a claim if a patient presents with symptoms which are of acute onset and that after triage by the Optometrist/OMP/CLO, are deemed to require clinical investigation. The type of symptom or eye problem and how long since they began should be stated clearly on the patient's record card.

In such instances, the Performer must use their professional judgement to decide on the urgency with which the appointment should be performed. Please note whilst the Contractor must ***respond*** to the patient within 24 hours, there is no expectation that all patients will be ***seen*** within 24 hours.

Contractors are expected be able to able to assist the patient within 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.

NOTE if a Contractor refuses to assist / provide WGOS service to an eligible patient (e.g. a patient has been told by a Practice to contact another Practice themselves), the HB must be notified.

Now that WGOS 1 and 2 are mandatory services for all WGOS Contractors, it would not be expected that the WGOS 3 provider would need to contact multiple practices to locate an appointment. Instead, the focus should be on offering the patient a choice of provider — ideally their usual practice, if appropriate — and making the referral accordingly.

5. **Question: We keep on getting requests for domiciliary visits from patients who drive a vehicle but say they struggle to get from a (disabled) parking bay into an Opticians. We try and signpost to Optical practices with kerbside/disabled parking but often this is met with hostility. It is a really difficult one because often they can go out of sorts (so not really housebound?) but may struggle to get into a practice. Where do we stand? If we undertake the domiciliary and the patient makes their medical declaration and signs the submitted WGOS form are we encouraging them to commit NHS fraud of a sort? Equally, if we decline to visit based on eligibility are we touching on disability discrimination?**

Answer: Eligibility:

Under current WGOS (Wales General Ophthalmic Services) regulations, a patient is eligible to receive services in a domiciliary (mobile) setting only if:

"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."

Based on the case outlined where the patient can drive but struggles to get from a disabled parking to the practice, they may not automatically meet the criteria for WGOS mobile. This is because:

- Being able to drive generally indicates a certain level of mobility and independence.

- Difficulty with walking short distances, while clearly a challenge, would not typically meet the threshold of being ‘impossible or unreasonable’ unless the unless the difficulty is severe and clinically justifiable (e.g. a condition that makes walking unsafe, painful, or overly taxing).

It is the patient (or their carer’s) declaration on the GOS6W of the circumstances that make it impossible… to receive… services at a registered premises that unlocks eligibility, not simply a statement that “it’s a struggle” or “it’s impossible”.

On the Question of Fraud

If a mobile service is carried out without the patient clearly meeting the eligibility criteria, and they sign the WGOS form declaring otherwise, this could potentially be viewed as a misrepresentation — even if unintentional. While the risk of this being pursued as NHS fraud may be low in practical terms, the situation does place both the contractor and patient in a vulnerable position and could result in audit issues or clawback of fees.

Contractors have a professional and contractual responsibility to ensure elig ibility is appropriately established and documented before claiming for a domiciliary service. Proceeding without clear justification could compromise compliance.

On the Question of Disability Discrimination

Declining a mobile solely because a person appears outwardly mobile (e.g. they can drive) — without considering the specific nature and impact of their disability — could raise concerns under the Equality Act 2010, particularly if:

- The individual does, in fact, find access to high street premises genuinely unreasonable due to their disability.
- No reasonable adjustments or alternatives are considered.

To avoid this, it’s advisable to:

- Assess each case individually and record clinical and practical reasoning.
- Invite further information from the patient or their representative if eligibility is unclear.
- Clearly explain any decision not to offer a mobile visit, citing the WGOS criteria, and signpost to alternative support where appropriate.
- Not decline mobile services to a patient who makes a valid declaration of circumstances that make it impossible… to receive… services at a registered premises, regardless of whether this appears to the case to the contractor.

Summary

- Yes, performing a domiciliary visit and submitting a WGOS form without clear declaration of eligibility could carry risk of misrepresentation or NHS fraud, even if unintentionally.
- No, declining a visit is not discriminatory if it is based on proper application of WGOS criteria — but care should be taken to assess each case on its own merits,

especially when disability is involved.

- The clinical record should be able to justify / support any decision that has been made

6. **Question: We have had a few enquiries recently about domiciliary eye examinations for SEN (Special Educational Needs) children. On all occasions we have suggested the parents try and attend a high street opticians in the first instance. Suggesting that they coordinate with the optical practice to minimise sensory overload and wait time (appointment at a quieter time, so they can perhaps go straight into the examination etc, etc). The children in question attend SEN units in mainstream schools but parents/speech therapists/carers have enquired about a domiciliary visit to their home address. Would appreciate your thoughts on the above. A child is obviously not housebound but if you take the eligibility criteria ("impossible or unreasonable/cannot attend unaccompanied" wording) they may meet the criteria?**

Answer: As you rightly point out, the presence of SEN alone does not automatically entitle a child to a mobile WGOS. The eligibility criteria remain as follows:
“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.”
Therefore, we cannot apply a blanket rule that all SEN children are eligible for a mobile service. Instead, eligibility must be assessed on a case-by-case basis, considering the specific physical or mental condition(s) that cause or contribute to the child’s SEN, and how these affect their ability to attend a high street practice.
The parent or carer must clearly state on the GOS6W form the reason why, in their view, it would be impossible or unreasonable for the child to attend a registered static premises. Simply stating “SEN” is not sufficient. The explanation must relate to the underlying condition — for example, severe sensory processing difficulties, extreme anxiety in unfamiliar environments, or physical mobility issues.
Your current approach of encouraging families to consider in-practice appointments with reasonable adjustments (such as reduced wait times or quieter slots) is entirely appropriate and in line with best practice. Where, despite these efforts, the child’s condition still makes attendance unreasonable, a mobile service may be justified — provided it is appropriately documented.

Summary:

- SEN alone does not confer automatic eligibility for domiciliary WGOS services.
- Eligibility depends on the specific nature of the child’s condition and how it impacts their ability to access care.
- ; The GOS6W form must include a clear explanation of why a practice visit is impossible or unreasonable due to physical or mental illness or disability.
- Each case must be assessed individually, with professional judgment applied and records maintained

7. **Question: 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?**

Answer: A contractor who has made arrangements with a Local Health Board to provide WGOS 1 and 2 at a place other than an address which is included in the Ophthalmic List (which may include the correspondence address for the Contractor) in that Local Health Board's area may only provide them in accordance with sub-paragraph (2).

(2) The contractor may only provide WGOS 1 and 2 at a place other than an address which is included in the Ophthalmic List (which may include the correspondence address for the Contractor) if—

(a) the patient has requested the contractor provides those services to them, or where the patient is not capable of making such a request, a relative or primary carer of that patient, or a duly authorised person, has made such a request,

(b) the patient's circumstances related to their physical or mental illness or disability make it impossible or unreasonable for them to receive WGOS 1 and 2 at a registered premises, and

(c) the contractor is satisfied that the patient is eligible for WGOS 1 and 2 at a place other than an address which is included in the Ophthalmic List (which may include the correspondence address for the Contractor) in accordance with these Regulations.

8. **Question: As fields are not carried out on the same day in domiciliary, if I know I am definitely referring on the basis of e.g. suspect discs, do I need to delay that referral until a fields has been completed, or is it fine to refer on the day without fields as we would of done pre the new contract?**

Answer: The level of examination and procedures completed during an assessment are at the discretion of the Optometrist. The Optometrist should be mindful of the guidance issued by the College of Optometrists which states that an Optometrist should follow the local / national protocols for referral.

The National Pathway for Ocular Hypertension / Glaucoma Suspects as well as the National Institute for Health and Care Excellence, recommends that patients with signs of possible glaucoma or related conditions, identified during a routine sight test, should have additional tests before they are referred for a diagnosis (Recommendations | Glaucoma: diagnosis and management | Guidance | NICE). In Wales, a WGOS 2: Band 2 can be claimed to complete the additional tests.

One of the requirements of obtaining a WGOS Mobile Service Agreement is that an automated, threshold related visual field screener must be available to the Optometrist delivering WGOS 1 and 2. Therefore the Optometrist under WGOS now

has a way to perform the necessary visual field assessment, where they may not have under GOS.

So, unless clinical circumstances indicate an urgent or emergency referral is required, under WGOS and in accordance with local/national guidance, a visual field assessment needs to be completed prior to referral.

In line with The College of Optometrists Guidance A62, if the Optometrist decides not to or is unable to conduct tests that would normally be expected, they should record the reasons for not carrying out those tests on the clinical record.

9. **Question: When carrying out a WGOS 1 along with a WGOS 2 band 2 post cataract, can you claim the mobile fee for both on the same day, or just one mobile fee?**

Answer: The WGOS Mobile Service fee:

acknowledges the travelling cost to take the service to the patient.

is paid in addition to a WGOS 1 and 2 claims where the Contractor/Performer has made a special journey or in the case of a subsequent WGOS episode, an additional journey is required to deliver the service to the patient.

Please note that WGOS fees can only be claimed when the episode of care has been completed. Therefore, in the context of WGOS, if the Optometrist needs to return to complete the WGOS 1 or 2 episode a claim for any additional journeys undertaken cannot be claimed for.

In the example shared, the Optometrist has completed the WGOS 1 appointment at the patient's home, and therefore no special / additional journey has been made to be able to deliver the WGOS 2 episode. Therefore, a WGOS Mobile fee cannot be claimed for the WGOS 2 episode.

The Contractor should claim the Mobile fee on the WGOS 1 claim only.

10. **Question: If icare IOP results are found to be high or clinically significantly asymmetric during a WGOS 1 or private sight test, and you carry out a perkins to investigate further (either on the same day or on a later date) and this perkins measures a 'normal' IOP can a WGOS 2: Band 2 be claimed?**

Answer: An Optometrist may only claim a WGOS 2: Band 2 fee can where an intervention was both:

1. clinically required, and
2. not part of the preceding Sight Test / WGOS 1 Eye Examination unless repetition is required
(Source: nhs.wales/sa/eye-care-wales/eye-care-docs/service-manual-wgos-1-2-pdf/ - page 40)

In the example shared, the “clinically significant asymmetry” of the IOPs warrants further clinical investigation due to the known direct relationship between the amount of IOP asymmetry and likelihood of having glaucoma.

In accordance with the NICE Guidance - Glaucoma: diagnosis and management (1.1.1) it is recommended that before referral for diagnosis of chronic open angle glaucoma (COAG), the following tests should be completed:

- Central visual field assessment
- Stereoscopic Optic nerve assessment and fundus examination
    - Intra-ocular pressure (IOP) measured using a Goldmann-type applanation tonometer
- Anterior chamber depth assessment e.g. van Herick, smith-method

As an icare tonometer (considered to be a rebound tonometer, not a Goldmann-type applanation tonometer) was used in the WGOS 1 / private sight test of the example shared, repeating the measurements with a Perkins tonometer is therefore warranted and a WGOS 2: Band 2 can be claimed.

In line with the College of Optometrists Guidance for Professional Practice (A252) the Optometrist should ensure that when examining a patient who is an at-risk group for glaucoma, they must carry out relevant tests. It would be therefore expected that all tests outlined in NICE Guidance - Glaucoma: diagnosis and management (1.1.1) would been completed either as part of the in the WGOS 1 / private sight test or WGOS 2 examination.

The purpose of a WGOS 2: Band 2 is to inform or prevent onward referral. The payment of a WGOS 2: Band 2 is therefore not related to the outcome of the examination.

11. **Question**: **If during a WGOS 1 / private sight test, IOP results (measured with Perkins) are high or clinically significantly asymmetric, and you carry out a second perkins to investigate further (either on the same day or on a later date) and this “repeat” measures a ‘normal’ IOP can a WGOS 2: Band 2 be claimed?**

Answer: An Optometrist may only claim a WGOS 2: Band 2 fee can where an intervention was both:

1. clinically required, and
2. not part of the preceding Sight Test / WGOS 1 Eye Examination unless repetition is required
(Source: nhs.wales/sa/eye-care-wales/eye-care-docs/service-manual-wgos-1-2-pdf/ - page 40)

In the example shared, the “clinically significant asymmetry” of the IOPs warrants further clinical investigation due to the known direct relationship between the amount of IOP asymmetry and likelihood of having glaucoma.

Whilst Perkins has been performed as part of the WGOS 1 / private sight test, NICE Guidance - Glaucoma: diagnosis and management (1.1.5) suggests that referral should only be considered following repeat measures, and therefore there is a clinical justification for repeating the measurement again.

The Optometrist should use their professional judgement to decide in conjunction with the patient’s wishes, whether the WGOS 2: Band 2 should be completed on the same day or on another occasion. The records should support the decision.

When making their decision, the Optometrist may wish to consider whether the WGOS 2: Band 2 would be solely to complete a repeat IOP measurement or would it also include other relevant tests that have not been included as part of the WGOS 1 / private sight test. If solely for a repeat IOP measure, then in NICE Guidance - Glaucoma: diagnosis and management (1.1.4) recommends the measurement should be repeated on another occasion unless clinical circumstances indicate urgent or emergency referral.

The purpose of a WGOS 2: Band 2 is to inform or prevent onward referral. The payment of a WGOS 2: Band 2 is therefore not related to the outcome of the examination.

12. Question: Can you claim a mobile fee for a WGOS Band 2 that is completed on the same day as a WGOS 1 appointment?

Answer: The WGOS Mobile Service fee:

acknowledges the travelling cost to take the service to the patient.

is paid in addition to a WGOS 1 and 2 claims where the Contractor/Performer has made a special journey or in the case of a subsequent WGOS episode, an additional journey is required to deliver the service to the patient.

Please note that WGOS fees can only be claimed when the episode of care has been completed. Therefore, in the context of WGOS, if the Optometrist needs to return to complete the WGOS 1 or 2 episode a claim for any additional journeys undertaken cannot be claimed for.

In the example shared, the Optometrist has completed the WGOS 1 appointment at the patient's home, and therefore no special / additional journey has been made to be able to deliver the WGOS 2 episode. Therefore, a WGOS Mobile fee cannot be claimed for the WGOS 2 episode.

The Contractor should claim the Mobile fee on the WGOS 1 claim only.

13. **Question: Can you claim a mobile fee for a WGOS Band 2 that is completed on the same day as a private sight test completed in a patient's home?**

Answer: The WGOS Mobile Service fee:
acknowledges the travelling cost to take the service to the patient.

is paid in addition to a WGOS 1 and 2 claims where the Contractor/Performer has made a special journey or in the case of a subsequent WGOS episode, an additional journey is required to deliver the service to the patient.

Please note that WGOS fees can only be claimed when the episode of care has been completed. Therefore, in the context of WGOS, if the Optometrist needs to return to complete the WGOS 1 or 2 episode a claim for any additional journeys undertaken cannot be claimed for.

In the example shared, the Optometrist has completed the private sight test at the patient's home, and therefore no special / additional journey has been made to be able to deliver the WGOS 2 episode. Therefore, a WGOS Mobile fee cannot be claimed.

14. **Question: WGOS 1 / private sight test completed and a WGOS 2: Band 2 been performed due to concerns relating to IOPs. If IOPs are found to be high at the WGOS 2: Band 2, can you claim a second WGOS 2: Band 2?**

Answer: No. A WGOS 2: Band 2 can only follow a WGOS 1 eye examination or a private sight test.
The Optometrist should follow local referral pathways / management guidance.

15. **Question: If perkins is performed after icare to investigate clinically significant asymmetry in IOPs, rather than investigating high IOPS, do you need a second perkins to refer this?**

Answer: The Optometrist should use their professional judgement to decide on when they should refer. Referrals should be completed in the best interest of the patient and should not compromise patient care or safety. The Optometrist

should consider national (e.g. NICE guidance) and local guidance (e.g. local referral pathways) to assist with their decision-making.

In line with The College of Optometrists Guidance A62, if the Optometrist decides not to conduct tests that would normally be expected, they should record the reasons for not carrying out those tests on the clinical record.

16. **Question: Do you need to do two sets of visual fields for all glaucoma referrals, or is one adequate if you are referring on the basis of the discs/IOPs anyway? And what if the first fields is full, would you still need a repeat another day if this is the case?**

Answer: The level of examination and procedures completed during an assessment are at the discretion of the Optometrist.

For guidance, the Optometrist should refer to:
· national guidance e.g. NICE Guidance - Glaucoma: diagnosis and management)
· Guidance for Professional Practice - College of Optometrists (college-optometrists.org)
· Clinical Management Guidelines - College of Optometrists (college-optometrists.org)
· local guidance e.g. local referral pathways.
In line with The College of Optometrists Guidance A62, if the Optometrist decides not to conduct tests that would normally be expected, they should record the reasons for not carrying out those tests on the clinical record.

17. **Question: If IOPs are normal on icare, but you are referring based on fields discs, do you have to do perkins?**

Answer: The level of examination and procedures completed during an assessment are at the discretion of the Optometrist.

For guidance, the Optometrist should refer to:

· national guidance e.g. NICE Guidance - Glaucoma: diagnosis and management)

· Guidance for Professional Practice - College of Optometrists (college-optometrists.org)

· Clinical Management Guidelines - College of Optometrists (college-optometrists.org)

· local guidance e.g. local referral pathways.

In line with The College of Optometrists Guidance A62, if the Optometrist decides not to conduct tests that would normally be expected, they should record the reasons for not carrying out those tests on the clinical record.

18. **Question: When carrying out a WGOS 1 along with a WGOS 2 band 2 post cataract, can you claim the mobile fee for both on the same day, or just one mobile fee?**

Answer: The WGOS Mobile Service fee:

acknowledges the travelling cost to take the service to the patient.

is paid in addition to a WGOS 1 and 2 claims where the Contractor/Performer has made a special journey or in the case of a subsequent WGOS episode, an additional journey is required to deliver the service to the patient.

Please note that WGOS fees can only be claimed when the episode of care has been completed. Therefore, in the context of WGOS, if the Optometrist needs to return to complete the WGOS 1 or 2 episode a claim for any additional journeys undertaken cannot be claimed for.

In the example shared, the Optometrist has completed the WGOS 1 appointment at the patient's home, and therefore no special / additional journey has been made to be able to deliver the WGOS 2 episode. Therefore, a WGOS Mobile fee cannot be claimed for the WGOS 2 episode.

The Contractor should claim the Mobile fee on the WGOS 1 claim only.