

1. Q: All members of the Practice completed the mandatory WGOS Quality Improvement training last year, is there separate training to do now?

A. No. The Quality Improvement Foundation Training was part of the HEIW WGOS mandatory training modules, so all staff members prior to performing/supporting WGOS (including new starters) should have already completed this training.

2. Q: Is submission of a template required for mobile/domiciliary practices for each health board where WGOS is provided?

A. Yes. Submission of the Quality For Optometry template to the Local Health Board is mandatory for every individual practice providing WGOS. For mobile-only practices, a submission is required for each Health Board where you provide WGOS. Practices submitting multiple submissions may find that some of the information submitted is the same for each individual submission.

3. Q: Does the Toolkit require me to show that I have seen a copy of the DBS certificate as an employer - or do we just rely on the fact that NWSSP has done one at the outset when listing?

A. There is no expectation that an employer would have seen a copy of the DBS certificate. An ophthalmic practitioner is not eligible to assist in the provision of general ophthalmic services, unless his or her name is included in the ophthalmic list/supplementary list which can be checked [Ophthalmic and Supplementary Ophthalmic List Search - NHS Wales Shared Services Partnership](#)

As part of the application process, the practitioner is required to undergo an enhanced DBS check [Apply for Inclusion in the Ophthalmic & Supplementary Ophthalmic Lists - NHS Wales Shared Services Partnership](#) and thus all practitioners on the ophthalmic/supplementary list will have undergone an enhanced DBS check via NWSSP.

4. Q: Under 'Practice details' tab, are locums to be listed here or just employed staff?

A. For locums, it is recommended to add a line within the table/s that states: 'The practice uses the services of the following locum optometrists/dispensing opticians/contact lens opticians when required' and list their details underneath.

5. Q: Are Practices required to ask patients their English/Welsh language preference?

A. Yes. Practices must establish and record the language preference of a patient. Health Boards will want to update their Practice lists with information for patients/practices around which practices can offer a full/part patient journey conducted in the Welsh language. Health Boards also make available translator services for Practices to use as an option for all languages e.g. Language Line.

Since 30th May 2019, six Welsh language duties have been placed on independent primary care contractors. For any services provided under the contract providers must:

- notify the local health board if they provide services through the medium of Welsh
- provide Welsh language versions of all documents or forms provided to it by the local health board
- ensure that any new sign or notice provided is bilingual. Contractors can use local health boards translation services for this purpose.
- encourage staff to wear a badge or lanyard to show that they are able to speak or learning Welsh, if they provide services in Welsh
- **establish and record the language preference of a patient**
- encourage and assist staff to utilise information and/or attend training courses or events provided by the local health board

6. Q: Where should Practices send their completed Quality For Optometry (QfO) Toolkit Annual Return?

A: Practices have received an email from their Local Health Board in respect of completing the Quality for Optometry Annual Return. Each Local Health Board will have confirmed the email address as to where to send the document(s) – this will not be an Optometry Wales email address.

7. Q: Where can I seek guidance around completion of the Quality for Optometry Toolkit?

A. In collaboration with other organisations, Optometry Wales has created Optometry Wales Guidance QfO – ([PDF](#))/([Word](#)) which is available on the Optometry Wales website to support with completion of the Toolkit. A copy of the toolkit is also available on the Optometry Wales website [QFO-Annual-Return-2024-.xlsx](#)

Within the attached template there are a set of instructions on the first tab and a declaration to complete on the final tab. (Please be aware that the toolkit may open on the declaration tab and practices will need to arrow left to uncover the other tabs).

Completion of this toolkit is a mandatory requirement under the new contract. Practices will need to complete all sections of the toolkit and submit the required documents for review by the Local Health Board by 31/01/2025.

Please forward any queries on the toolkit to both your Local Health Board and to Optometry Wales on DebbieO'Sullivan@optometrywales.com

8. Q: Where can I find online safeguarding training?

A. Optometrists can access free online safeguarding training from the College of Optometrists [Safeguarding training - College of Optometrists](#)

B. Dispensing Opticians can access free online safeguarding training from ABDO (for ABDO members) or from HEIW.

9. Q: Regarding WGOS, what is the eligibility criteria for someone who is staying in Wales via a visiting visa?

- A. Welsh Government/NHS Wales use the wording '*ordinarily resident*' i.e. the place the patient considers to be their home / the place where they live. If someone was visiting on holidays, the place where they were staying wouldn't be considered their place of residence.

WGOS 1 – [The National Health Service \(Ophthalmic Services\) \(Wales\) Regulations 2023 \(legislation.gov.uk\)](#) apply and as such no residency criteria apply. This service is available to overseas patients not ordinarily resident in the UK, if they meet the eligibility criteria.

WGOS 2 – [The National Health Service \(Ophthalmic Services\) \(Wales\) Regulations 2023 \(legislation.gov.uk\)](#) apply and as such no residency criteria apply. This service is available to overseas patients not ordinarily resident in the UK, if they meet the eligibility criteria.

WGOS 3 and WGOS 4 – [The National Health Service \(Wales Eye Care Services\) \(Wales\) \(No. 2\) Directions 2024 | GOV.WALES](#) apply. As residency criteria is stipulated in the manuals (available to people resident in Wales and/or who are on the practice list of a GP in Wales, providing they meet at least one of the clinical eligibility criteria), this becomes the criteria for access for overseas visitors, meaning that this service would not be ordinarily accessible to patients not ordinarily resident in the UK.

Please note that there is a slight anomaly in that patients in certain counties in England which share a boundary with Wales can be on a practice list of a GP in Wales whilst residing in England- in this situation, as the patient is on the GP practice list in Wales, they would be eligible for WGOS 3 and WGOS 4, provided that a clinical need is identified. Similarly, it is possible that a temporary visitor to Wales could be accepted onto a GP list in Wales and therefore eligible for WGOS 3 and 4. Although such instances would be very rare, this is for information.

WGOS 5 - [The National Health Service \(Wales Eye Care Services\) \(Wales\) \(No. 2\) Directions 2024 | GOV.WALES](#) apply. No residency criteria are stipulated in the clinical manuals and as such this service is available to patients not ordinarily resident in the UK.

The following scenarios would be true:

- Patient that does not ordinarily live in Wales and is not registered with a Wales-based GP, presents to practice with sudden onset of distortion in their central vision. The patient can access WGOS 2: Band 1. If during this episode of care wet AMD is found, they could not follow the 'standard' referral pathway of being referred into WGOS 4 Medical Retina Filtering. Instead, they would have to be referred to Ophthalmology.
- Patient that does not ordinary live in Wales and is not registered with a Wales-based GP, has a WGOS 1 eye examination. The Optometrist believe that they would benefit from a low vision service. They couldn't be referred to

WGOS 3 LVA, but could be seen privately or could be given a letter to take with them to arrange an appointment 'closer to home'.

For of a patient who registers as a temporary patient (only visiting for less than 3 months) with a Wales based GP they would not be eligible for a WGOS 3 and 4.

10. Question: What are the residency requirements for patients to be able to access WGOS?

Answer: WGOS1, WGOS2 and WGOS5 are available to all individuals, regardless of where they reside, providing they meet the eligibility or clinical criteria.

WGOS3 and WGOS4 are available to people resident in Wales and/or who are on the practice list of a GP in Wales, providing they meet the clinical eligibility criteria.

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

The WGOS Clinical Manuals can be found here [WGOS Manuals - NHS Wales](#)

11. Question: Can a Contractor charge a patient in advance of a WGOS 1 eye examination appointment and then refund the patient on arrival.

Answer: No.

Under Section 26 of The Opticians Act 1989, Contractors are prohibited from charging patients any fee prior to conducting a sight test. Since a sight test is included as part of a WGOS 1 examination, this restriction also applies in this context.

12. Question: Can patients be charged for a missed appointment

Answer: Yes.

Paragraph 22 (7) of the Terms of Service of The National Health Service (Ophthalmic Services) (Wales) Regulations 2023 permits a Contractor to reclaim from a patient if they fail to keep an appointment without giving notice.

To reclaim costs, the Contractor would need to make sure the patient was clearly informed in advance—either in writing or verbally—that a charge may apply if they miss their appointment without notice. It's also good practice for the Contractor to keep a record of this communication and have a clear, fair policy in place. The charge should be reasonable and reflect any actual costs or time lost due to the missed appointment.

13. Question: Can a prescription be issued from an autorefractor alone?

Answer: In accordance with the Opticians Act (1989) to be able to issue a prescription a sight test must have been conducted. A sight test comprises of an anterior eye assessment, posterior eye assessment and refraction. Therefore, to issue a new prescription using the autorefractor results, the optometrist would need

to complete a full sight test. The same regulations apply to both primary and secondary care.

Dispensing an out-of-date prescription:

The College of Optometrist's guidance is clear that a GOC registrant can dispense an out-of-date prescription:

Prescriptions more than two years old

A358 Unregistered persons must not dispense prescriptions that are more than two years old.¹³⁴

A359 You may sell and supply spectacles to a prescription that is more than two years old.

A360 If you decide to make up spectacles for a patient who has not had a recent eye examination you should:

- a. only do this in exceptional circumstances
- b. act in the best interests of the patient.

References

¹³⁴ [Sale of Optical Appliances Order of Council 1984 SI](#) [Accessed 1 Nov 2023]

GOS 4 vouchers:

GOS 4 vouchers can be used to repair / replace the most recent pair of spectacles.
GOS 4 vouchers can be used for spectacles that have been prescribed by HES.

13. Q Can a fluorescein check for a symptomatic dry eye patient be claimed as a WGOS 2 Band 2?

A NWSSP response

The response below, is to be read alongside the WGOS 1 and 2 service manual (extracts included below for ease), [College of Optometrists Guidance for Professional Practice](#) A54d and the [Opticians Act 1989 s36\(2\)](#).

WGOS 1 and 2 Service Manual

WGOS 1 Eye Examination

1.0 WGOS 1 Eye Examination Overview



Every Contractor that has been awarded a WGOS Service Agreement must be able to provide this level of service.

A WGOS 1 Eye Examination is:

- A Sight Test (as defined in the Opticians Act, 1989) plus
- Holistic health elements.

The holistic health element is based on the principles of Making Every Contact Count (MECC) and includes:

- Directed questions
- Health & Behaviours messaging
- Social Prescribing

The Optometrist performing a WGOS 1 Eye Examination must consider a patient's needs, risk and behaviours. The Optometrist must be mindful of the patient as a person and take all opportunities to support them in making positive changes to their physical and mental health and wellbeing.

On conclusion of a WGOS 1 Eye Examination, the Optometrist will communicate to the patient the summary/outcome of the examination. This is referred to as the 'Patient Management Plan' (PMP).

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 than 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.

When completing a sight test, Optometrists are already professionally and legally required to assess ocular health thoroughly:

- The College of Optometrists states:
"You must conduct an adequate assessment for the purposes of the optical consultation."
- The Opticians Act 1989 requires the practitioner to:
"perform an internal and external examination and carry out such additional examinations as appear to be necessary to detect signs of injury, disease or abnormality in the eye or elsewhere."

As such, the use of fluorescein, for example to detect corneal staining, is part of a thorough clinical assessment, and may be necessary to meet these obligations.

WGOS 2: Band 2 is intended for cases where further investigation is necessary to inform or potentially avoid an onward referral. While fluorescein is a valuable clinical tool — particularly in detecting corneal issues — its use on its own, does not constitute the "further investigation" required to justify a WGOS 2: Band 2 claim. This

is consistent with how pupil dilation is viewed: the use of clinical techniques to gain a better view does not in itself constitute the "further investigation" required for Band 2, unless it is critical to resolve diagnostic uncertainty with referral potential.

As a general test, consider whether the investigative step would be charged separately in a private setting. If not, it would likely not meet the WGOS Band 2 threshold.