

1. Q: A patient experiencing homelessness is unable to provide a home address, can we provide WGOS 1?

Answer: To be able to provide WGOS 1 to a patient experiencing homelessness, the patient must meet one or more of the WGOS 1 eligibility criteria.

If an individual does not meet any of the WGOS 1 eligibility criteria and is experiencing homelessness, the Health Board has a responsibility to provide the service for them in a similar way to how they would provide a service to a prisoner. This service would sit outside of the scope of WGOS. Please contact your Health Board for further assistance/guidance.

Where a patient experiencing homelessness is eligible for WGOS 1 as they are claiming a benefit e.g. Universal credit, the address to be noted on the GOS 1W claim form should mirror that used to claim the benefit. This may include the Job Centre address.

Where a patient experiencing homelessness is eligible for WGOS 1 solely on the ground so their age / medical condition / considered to be at risk of developing an eye disease only (i.e. not due to claiming a particular benefit), then any of the following addresses could be used on the GOS 1 W claim form:

- the optical practice address
- the address of the patient's GP if they have one
- a trusted friend or relative's address
- temporary accommodation (e.g. last shelter / hostel).

It is considered good practice to ensure that the record card make references to why this address was used.

2. Q: A patient experiencing homelessness is unable to provide a home address, can we provide WGOS 2?

Answer: There is no requirement to provide a permanent home address to receive care under WGOS 2.

Where a patient experiencing homelessness requires a WGOS 2, then any of the following addresses can be used on the WECS 1 Claim form:

- the optical practice address
- the address of the patient's GP if they have one,
- address a trusted friend or relative
- temporary accommodation e.g. their last hostel/shelter
- job centre (if claiming benefits)

It is considered good practice to ensure that the record card make references to why this address was used.

3. Q Under WGOS 1 & 2 provision, what would be classed as 'exceptional circumstances?'

Answer: Unlike WGOS 5 – IP Urgent the WGOS 1 and 2 service agreement, the WGOS Service Agreement **does not** specify a “minimum availability” of WGOS 1 and/or 2 appointments that the practice must be in a position to provide. Instead, the practice **must be** able to assist a patient within their core hours (see table below for definitions). Only in exceptional circumstance would a practice be permitted to ask another Contractor for support with assisting a patient within their core hours.

<i>Core hours:</i>	The hours that the practice has agreed with the Health Board to provide WGOS 1 and 2
<i>Assist:</i>	Is considered to include triaging the patient and management of the patient
<i>Triage:</i>	An interaction between the patient and Optometry practice to establish: <ul style="list-style-type: none"> • Why the patient has sought help • What kind of help the patient needs • How quickly the patient needs help • The type of appointment required by the patient e.g. WGOS 1, WGOS 2, Sight test, CL appointment etc. • When the patient should be seen – i.e. urgency of appointment • Who is the best person to help this patient – is it an Optometrist / CLO / another healthcare practitioner • Where the patient should be seen – Optometry practice / GP surgery / A&E
<i>Management:</i>	The interaction between patient and optometry practice from first contact to completion of a WGOS episode
<i>Exceptional circumstance:</i>	A situation that is very unusual and not likely to happen very often

In accordance with WGOS 1 and 2 Manual:

- the practice must respond to the patient within 24 hours of the patient making contact, however there is no expectation that all patients will be seen within 24 hours
- the practice should offer the patient an appropriate appointment at the practice within the timescale indicated by the triage (clinicians may wish to refer to the College of Optometrists guidance on urgency of referral to decide the appropriate timescale)

It is for each Contractor to decide how they manage their diaries to ensure that they are able to comply with the requirement. It is recommended that Contractors regularly review their diary set up against demand and availability of their workforce to ensure that they are able to meet their service agreement. The review of the diary may highlight that a change to the core hours may be necessary (this could be a long term or a short-term change). In this instance, the Contractor should apply to the Health Board (via NWSSP-PCS) for a change to their service agreement.

Where a practice finds that they are unable to assist the patient within their core hours e.g. unexpected illness to clinician of unknown duration, the exceptionality of the circumstance must be documented in the record and as the duty of care to the patient still exists, the practice should assist the patient in obtaining the necessary

WGOS appointment. Declining to assist the patient solely based on the number of other acute episodes undertaken on that day, would not be considered a reason for exceptionality.

Should a Health Boards be made aware of a possible breach of the service agreement by a Contractor due to regularly requesting for their patients to be seen at another practice, the Health Board will review each case which would include review of the patients' records.

Practices that regularly see patients on behalf of another Contractor can raise their concerns via an online submission form. ([Member of the Public - NHS Wales](#)).

3. Q: Are requests for WGOS2 Band 1 appointments required to be in writing from GPs/other healthcare professionals?

Answer: No. The following extracts are taken from the WGOS 1 and 2 Service Manual: [nhs.wales/sa/eye-care-wales/eye-care-docs/wgos-manuals-changes-summary/wgos-1-2-clinical-manual/](https://nhs.uk/wales/sa/eye-care-wales/eye-care-docs/wgos-manuals-changes-summary/wgos-1-2-clinical-manual/)

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 (Page 36)

- 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 Optometrist / OMP / 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 (Page 38)

- Where applicable, the Contractor is required to verify a patient's eligibility for a WGOS. If a patient cannot provide evidence of eligibility, this must be noted on the form (good practice would be to note this on the record too). (Page18)

The decision to perform a WGOS 1 or WGOS 2: Band 1 will be at the clinician's discretion and will ultimately be based on the symptoms shared or established at triage. The clinical records (which include triage) must support the claim. Providing the records includes this level of detail, then no re-claim can be made.

4. Q: Are requests for WGOS2 Band 1 appointments required to be in writing from GPs/other healthcare professionals?

Answer: No. The following extracts are taken from the WGOS 1 and 2 Service Manual: [nhs.wales/sa/eye-care-wales/eye-care-docs/wgos-manuals-changes-summary/wgos-1-2-clinical-manual/](https://nhs.uk/wales/sa/eye-care-wales/eye-care-docs/wgos-manuals-changes-summary/wgos-1-2-clinical-manual/)

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On receiving the referral, the patient will be triaged by the Contractor and the Optometrist / OMP / 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 (Page 38)

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The decision to perform a WGOS 1 or WGOS 2: Band 1 will be at the clinician's discretion and will ultimately be based on the symptoms shared or established at triage. The clinical records (which include triage) must support the claim.

Providing the records includes this level of detail, then no re-claim can be made.

5. Q: Can WGOS be performed as a remote service e.g a WGOS2 Band 3 appointment?

Answer: Remote consultation incorporates online, phone and video consultations.

WGOS 1 and 2 Service Manual states that:

- WGOS may be delivered as a remote service, however where an **examination / assessment is required which involved the use of specialised equipment, these must be completed in a face-to-face consultation** where the patient and practitioner are in the same room
- The practitioner should use their professional judgement to decide whether it is in the patient's best interest to offer **components** of a WGOS episode remotely.
- **A WGOS 2: Band 3 examination** enables a patient to be followed-up after they have had an initial appointment for a WGOS 2: Band 1 or for a post-operative cataract check
- The level of **examination** of a WGOS 2: Band 3 should be appropriate to the reason for review and procedures are at the discretion of the WGOS practitioner.

Although components of a WGOS 2: Band 3 can be delivered remotely, a full Cataract post-operative assessment cannot be fully completed remotely. Specialised equipment is required to be able to complete a post operative report for Ophthalmology and therefore in accordance with the WGOS 1 and 2 manual, this episode of care must be completed in a “face-to face consultation where the patient and practitioner are in the same room”.

In principle a full WGOS 2: Band 3 as a follow up to a Band 1 could be delivered remotely, but only if:

- The remote consultation method allows the WGOS practitioner to examine the patient (e.g. by video call and/or photographs) and be able to collate all the necessary information / details needed to ensure the patient is being clinically managed in the most appropriate way
- The reason for the episode can be investigated without specialised equipment and to the same quality / standard as that would be achieved through a face-to-face consultation
- There are no other considerations, such as medico-legal, which may make a face-to-face consultation the preferred method

In the rare and unlikely event of a full WGOS 2: Band 3 episode being delivered remotely, the word ‘Remote’ should be written in the section of the claim form where the patient would usually sign.

WGOS practitioners are reminded that:

1. Health Boards have the discretion to ask the Optometrist / OMP to justify their decisions. The record of the examination must therefore support the reason for:
 - a. completing the WGOS 2: Band 3; and
 - b. the decision to complete the episode remotely
 2. All WGOS activities and fee claims are subject to post payment verification (please see PPV protocols) by the Health Board or NWSSP on their behalf.
- 6. A patient (aged over 60) has undergone a cataract operation that they have chosen to pay for privately. Can I claim a WGOS1 fee and WGOS2 Band 3 post-operative follow-up fee for completing a post-operative report for Ophthalmology when they attend for a sight test/eye examination after the surgery.**

Answer: NWSSP advises that a Practice can claim for a WGOS1 fee for the appointment (and provide an early re-test code as appropriate) but the Practice cannot claim for a WGOS Band 3 for the post-operative cataract assessment as the cataract operation was not an NHS funded procedure.

The WGOS 1 & 2 clinical manual states:

*Where a patient presents to the Contractor **following an NHS funded cataract operation**, for their post operative WGOS 1 Eye Examination or private sight test after their surgery, a WGOS 2: Band 3 can be claimed for completing a post operative report for Ophthalmology.*

7. Question: Our practice is planning to relocate; what steps does the Contractor need to take?

Answer: Please contact NHS Wales Shared Services Partnership at nwssp-primarycareservices@wales.nhs.uk at least 3 months in advance of the proposed relocation with details of the relocation and date. You will be provided with further details and asked to complete the change of status form and practice self-assessment form <https://tinyurl.com/74nbshz4>. NWSSP will review the forms and notify the Health Board of the proposed relocation and date. NWSSP will arrange a virtual visit/inspection at the new practice location within a week of opening the new practice.

Where a Contractor wishes to relocate its premises to a different location (including relocation within the same building/complex), but still within the LHB area, the LHB should be given at least 3 months' notice. In exceptional instances this period can be made shorter by mutual agreement.

WGOS Services can continue under the existing Service Agreement at the new location providing all of the following have been met:

- the LHB have been made aware of the move
- the practice/business have completed and submitted a self-assessment form which has been reviewed and approved by an NWSSP-Optometric Advisor.
- a 'successful' practice visit is completed within 14 days of opening of the new premises.

8. Q. When would it be appropriate to perform and claim a WGOS 1 Eye Examination using the early test code 6?

Answer: Early test code 6 is to be used to claim a second WGOS 1 Eye Examination if the patient is unable to tolerate their new spectacles. Practitioners should use their clinical judgement with what constitutes non tolerance; however, 'non-tolerance' ***does not*** cover performer/practice/glazing errors. As the clinical records must support the reason for claiming, it is considered good practice to triage the patient's concerns to establish:

- the possible cause of the issue they are having with their new spectacles (e.g. fitting of spectacles, error in prescription, non-tolerance, or a change to their vision due to an underlying pathology),
- the type of appointment required to investigate their concerns; and
- the urgency in which they need to be seen.

A WGOS 1 (code 6) can only be claimed if:

- the patients presenting concerns appear to be related to a prescription issue and not a performer/practice/glazing error.
- the patient is still eligible for a WGOS 1; and
- all elements of WGOS 1 as detailed in the manual are completed (i.e. a claim cannot be submitted for refraction only).

A second GOS 3W optical voucher may be issued if:

- the second WGOS 1 examination results in a modified prescription being issued; and
- the patient is eligible for help towards the cost of the spectacles.

9. Q When would it be appropriate to perform and claim a WGOS 1 Eye Examination using the early test code 6?

Answer: Early test code 6 is to be used to claim a second WGOS 1 Eye Examination if the patient is unable to tolerate their new spectacles.

Practitioners should use their clinical judgement with what constitutes non tolerance; however, 'non-tolerance' **does not** cover performer/practice/glazing errors.

As the clinical records must support the reason for claiming, it is considered good practice to triage the patient's concerns to establish:

- the possible cause of the issue they are having with their new spectacles (e.g. fitting of spectacles, error in prescription, non-tolerance, or a change to their vision due to an underlying pathology),
- the type of appointment required to investigate their concerns; and
- the urgency in which they need to be seen.

A WGOS 1 (code 6) can only be claimed if:

- the patients presenting concerns appear to be related to a prescription issue and not a performer/practice/glazing error.
- the patient is still eligible for a WGOS 1; and
- all elements of WGOS 1 as detailed in the manual are completed (i.e. a claim cannot be submitted for refraction only).

A second GOS 3W optical voucher may be issued if:

- the second WGOS 1 examination results in a modified prescription / lens type (e.g. the need to change from a varifocal to either bifocals or two separate pairs) being issued; and
- the patient is eligible for help towards the cost of the spectacles.

10. Q To be able to issue a second GOS 3 W optical voucher when a patient is unable to tolerate the lens type (e.g. need to change from a varifocal to either

bifocals or two separate pairs), must a second WGOS 1 Eye Examination (Code 6) be completed?

Answer: Optometrists, OMPs and Dispensing Opticians are free to exercise their clinical judgement as to whether a second WGOS 1 Eye Examination is required. The clinical records (which may include triage forms) must support the reason why a second GOS 3 W optical voucher was issue and why a second WGOS 1 Eye Examination was not warranted.

11. Q. How do I notify the Local Health Board of any planned changes to core hours?

Answer: NWSSP colleagues have advised:

As the core hours are included on the Ophthalmic List, the Contractor must therefore provide at least 14 days' notice of any planned changes to core hours to the Health Board via NWSSP on nwssp-primarycareservices@wales.nhs.uk.

In accordance with the WGOS 1 and 2 Service Manual:

- A Contractor must provide 3 months' notice if they wish to withdraw from the Ophthalmic List
- A Contractor must provide 3 months' notice if they wish to relocate the premises.
- Contractors are not expected to notify the Health Board of any changes to core hours related to Bank or Public Holidays

Any significant interruption in the provision of WGOS, for example through illness, must be notified to the Health Board via NWSSP, except for statutory or accepted seasonal or religious holidays.

For more information, please see the OW website [Core Hours - Optometry Wales](#)

12. Q. 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](#)

13. Q. How do I notify the Local Health Board of any planned changes to core hours over the Christmas period?

Answer: NWSSP colleagues have advised:

As the core hours are included on the Ophthalmic List, the Contractor must therefore provide at least 14 days' notice of any planned changes to core hours to the Health Board via NWSSP on nwssp-primarycareservices@wales.nhs.uk

In accordance with the WGOS 1 and 2 Service Manual:

- A Contractor must provide 3 months' notice if they wish to withdraw from the Ophthalmic List
- A Contractor must provide 3 months' notice if they wish to relocate the premises.
- Contractors are not expected to notify the Health Board of any changes to core hours related to Bank or Public Holidays

Any significant interruption in the provision of WGOS, for example through illness, must be notified to the Health Board via NWSSP, except for statutory or accepted seasonal or religious holidays. For more information, please see the OW website <https://www.optometrywales.org.uk/core-hours/>

Optometry Wales advises Practices to please notify your local health board for agreement of any planned changes to core hours over the Christmas period with as much notice as possible.

14. Q Can GPs refer patients directly into WGOS4 glaucoma filtering? A patient has recently moved from England with a glaucoma referral request for their new GP following a recent sight test in England.

Answer:. No. The patient should be seen as WGOS2 Band 1 in the first instance as 'Referred by GP'

15. Q Can I access free Information Governance (IG) training for all my staff colleagues?

Answer: Yes, Optometry Wales has reached agreement with colleagues at Learning@Wales for all optometry practice staff (clinical and administrative) to have access to two e-learning modules (same IG training modules used as part of NHS email onboarding).

The e-learning modules are:

1. Cyber Awareness
2. Information Governance, Records Management and Cybersecurity.

The application process can be found on the members-only section of the Optometry Wales website [Information Governance - Optometry Wales](#)

To access the members-only section, you will need to register [here](#) first

16. Q (i) What are the eligibility criteria for referral to WGOS3 for a low vision assessment

Answer: WGOS 3 is 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.

A patient is eligible for the service when they have had a WGOS 1 Eye Examination or Private Sight Test within the last year (this may be completed immediately preceding the Low Vision Assessment or Follow-Up) and the patient has at least one of:

- Binocular distance vision acuity of 6/12 or worse;
- Near acuity of N6 or worse with a +4.00 reading addition;
- Impairment of visual function and/or significant visual field defect; or
- Certification of Sight Impaired or Severely Sight Impaired.

Mobile WGOS 3 services may only be performed at addresses in Wales, regardless of whether the patient is on the practice list of a GP in Wales.

(ii) How do I refer someone for a low vision assessment?

Answer: You can check to see who in your area is offering WGOS3 Low Vision [Link to Optician Services](#)

You or the patient can then contact a suitable practice direct, and an appointment should be arranged within 2 weeks.

17. Q The [WGOS-Newsletter-15-1.pdf](#) states that each practice performing WGOS must participate in Service Insights. We own several part-time practices thus we have more practices than optometrists. We will have at least one practice where there is no submission for Service Insight number 2. What should we do to be compliant with the requirements?

Answer: NHS Wales Shared Services Partnership advises that they only require one submission per optometrist and that this should be for the main practice where they work. In this example, the practice/s with no submission will not be penalised and will still be eligible for the Quality For Optometry payments when they become due. Optometry Wales would advise contractors in this situation to make NWSSP aware on nwssp-primarycareservices@wales.nhs.uk

18. Q Can WGOS optical vouchers be used towards an optical device that controls myopia?

Answer: There is nothing in the manual to indicate that vouchers cannot be issued towards an optical device that controls myopia. The following points taken from the WGOS 1 and 2 are however noted:

- An Optometrist / OMP listed on the Wales Ophthalmic List can issue a WGOS Optical Voucher to an eligible person when there has been a significant change in spectacle prescription, or the spectacles are no longer serviceable through fair wear or tear or no longer fit.

- The patient is entitled to 'spend' a voucher of a specified amount on or towards a pair of spectacles / contact lenses of their choice, providing that they are still eligible at the time of ordering the spectacles / contact lenses
- Where spectacles are covered by an insurance policy or manufacturer's warranty, a WGOS claim for a repair / replacement is not permitted

From a perspective of frequency of WGOS 1 Eye Examinations:

- The Optometrist / OMP should only carry out a WGOS 1 Eye Examination when they deem it clinically necessary. The reason for the test must be clearly documented in the patient's record. A WGOS 1 Eye Examination should not be conducted solely to issue a voucher to replace broken or lost spectacles / contact lenses.
- Optometrists / OMPs are free to exercise their clinical judgement to determine the frequency with which a patient needs a WGOS 1 Eye Examination.
- When a WGOS 1 Eye Examination is completed at a shorter interval than listed above, an early recall code must be documented on the claim form. As the Health Boards have the discretion to ask the Optometrist / OMP to justify their decisions, the record must support the reason for the early test.

19. Q I am having issues accessing my NHS email that I have previously set up, who do I contact?

A. The trouble-shooting guide can be found here [Trouble-Shooting-Guide.pdf](#)
IT support contact details can be found here [Resolving-NHS-Inbox-Queries.pdf](#)

20. Q How do I access my practice shared NHS email?

A. You need to link your personal NHS email account to the shared mailbox by following the instructions on [Adding-A-mailbox-in-O365.pdf](#)

21. Q Who can I contact if?

- a new member of staff requires an Office 365 account/NHS email
- a member of staff is due to leave Wales
- a member of staff no longer needs access to the Practice shared NHS mailbox

A. Please contact the Primary Care Services team on nwssp-primarycareservices@wales.nhs.uk

22. Q. When is the deadline for 2023 CPD grants payments?

A. All claims for 2023 must be submitted by **14 March 2025** to nwssp-primarycareservices@wales.nhs.uk

The CPD claim form was released by NWSSP via NHS email on the 19/02/25 a copy is available here - [CPD-Claim-Form-for-2023-1.docx](#). Details of the payments can be found on page 10 of [Letter-NHS-Associated-Fees-en.pdf](#)

22.Q. I do not hold the Professional Certificate in Low Vision. Can I claim the Low Vision Accredited supplement for the CPD grant [Letter-NHS-Associated-Fees-en.pdf](#) if I accredited for the Low Vision Service Wales before the current HEIW accreditation process was in place? [CPD-Claim-Form-for-2023-1.docx](#)

A. Yes all WGOS3 accredited practitioners can claim the Low Vision Accredited supplement for the CPD grant if they satisfy the eligibility criteria.

23.Q How do I apply for an NHS email account?

A Please follow the NWSSP instructions which are hosted on the Optometry Wales website [here](#)

24.Q How does a Contractor claim the grant payable for providing pre-registration training?

A The NWSSP claim form can be found on the Optometry Wales website [here](#). For queries around processing and payment timescales, please contact the NWSSP team on nwssp-primarycareservices@wales.nhs.uk

25.Q: I referred a patient urgently to secondary care and they have not been seen at HES. The patient has presented again today with deteriorating visual acuity from 6/12 to 6/60, should I report this as a patient safety incident and how do I report?

Answer: Yes, the WGOS1 & 2 clinical manual states:

In accordance with The Health and Social Care (Quality and Engagement) [Wales] Act 2020, providers of WGOS have a Duty of Candour to follow a process when a service user suffers or may suffer an adverse outcome which has or could result in unexpected or unintended harm that is moderate and above and the provision of healthcare was or may have been a factor.

More information and access to the Datix Cymru reporting system: [Here](#)

Q25: For WGOS4 do I have to complete all the examinations listed in the WGOS National Clinical Datasets at every WGOS4 appointment?

Answer from NWSSP colleagues: Yes and No! Please read on...

WGOS 4 has datasets for:

- referral into the service, e.g. for referrals to WGOS 4 from WGOS 1 & 2;
- for transfers of care between different WGOS 4 providers;

- for transfers of care between WGOS 4 providers and Hospital Eye Services (and vice versa); and
- for WGOS 4 – Hydroxychloroquine/Chloroquine (HCQ) monitoring examinations

In all other cases, i.e. for WGOS 4 Medical Retina and for WGOS 4 Glaucoma examinations, the WGOS4 optometrist should conduct tests relevant to a patient's needs and the clinical datasets, using their own clinical judgement. From The Manual:

1.4.1. The datasets are not intended as a limitation of scope of care.

1.4.2. The datasets do not imply that every test must be conducted in every episode of care.

1.4.3. Clinically valid older data forming part of a dataset sent in a transfer of care must be clearly identified (with its date) to aid its interpretation by the recipient.

So, for WGOS4 do I have to complete all the examinations listed in the WGOS National Clinical Datasets at every WGOS4 appointment?

Yes, where:

- the dataset for WGOS 4 – Hydroxychloroquine/Chloroquine (HCQ) monitoring examinations must be completed in all HCQ monitoring examinations
- a transfer of care is initiated, and clinically valid older data is not held

No, where:

- a transfer of care is initiated, and clinically valid older data is held
- no transfer of care is initiated, only clinically indicated examinations to inform the episode are required, as per performer judgment

Q26. Q Has there been claim paperwork produced for the Higher Certificate in Glaucoma WGOS4 Clinical Placement Grant as mentioned in Part 6 of the WGOS fees document [20250307-Letter-NHS-Associated-Fees-en.pdf](#)?

Answer: NWSSP colleagues have advised that they are aiming to circulate the claim paperwork in July 2025. The claim period starts from September 2024 i.e. for any practitioner who has either enrolled on or is currently undertaking a course and

completed clinical sessions since September 2024. No claims can be made for any clinical sessions that took place prior to September 2024.

**Q27. Question: Can practice OCT charges and WGOS1&2 be clarified?
NWSSP state:**

1. The WGOS 1 & 2 Manual only mentions OCT in relation to a WGOS2 Band 2. Is OCT only covered by WGOS 2: Band 2, and not by a WGOS 2: Band 1?
2. If a **patient wants** an OCT when performing a WGOS 2: Band 1, does the WGOS 2: Band 1 fee cover this?
3. Is it appropriate to charge the patient for the OCT in the following scenarios:
 - a. Scenario 1:
 - patient attends the practice for a WGOS 1 eye examination or private sight test
 - at pre-screening agreed to pay for an OCT. OCT completed.
 - In the consulting room, the clinician notices an abnormality on the OCT that would warrant further investigation
 - b. Scenario 2:
 - patient attends the practice for a WGOS 1 eye examination or private sight test
 - at pre-screening agreed to pay for an OCT. OCT completed.
 - In the consulting room, the clinician realises that the patient is eligible for a WGOS 2: Band 1 e.g. they have been referred by their GP for an eye examination.

The answers to the questions can be found below and should be read in conjunction with the guidance that Practices should be keeping full and accurate patient records. The records should be made at the time of the examination and should provide a history of the patient's care. The records should include:

- the reason for and type of WGOS episode performed
- evidence of the clinical investigation performed
- a note of the discussion held with the patient, including the advice given
- any referrals/reports associated with the WGOS episode

1. The WGOS 1 & 2 Manual only mentions OCT in relation to a WGOS 2: Band 2. Is OCT only covered by WGOS 2: Band 2, and not by a WGOS 2: Band 1

In accordance with the [WGOS 1 & 2 Manual](#):

- A WGOS 2: Band 1 examination enables patients with acute eye conditions to obtain a free at the point of access eye examination.

- The level of examination in a WGOS 2: Band 1 “should be appropriate to the reason for the WGOS 2: Band 1 and procedures are at the discretion of the Optometrist / OMP / CLO”

Therefore if the clinician wishes to complete an OCT to assist with their decision making, then the OCT is covered by the WGOS 2: Band 1 fee

2. If a ***patient wants*** an OCT when performing a WGOS 2: Band 1, does the WGOS 2: Band 1 fee cover this?

[The GOC's Standards of Practice for Optometrists and Dispensing Opticians](#) state that a clinician should:

- Listen to patients and take account of their views, preferences and concerns, responding honestly and appropriately to their questions (1.2).
- Assist patients in exercising their rights and making informed decisions about their care. Respect the choices they make (1.3).
- Only provide or recommend examinations, treatments, drugs or optical devices if these are clinically justified, and in the best interests of the patient (7.6).

[The College of Optometrists' Guidance for Professional Practice \(A53\)](#), states that *“You must not charge for any procedure you undertake as part of a General Ophthalmic Services (GOS) sight test in England, Northern Ireland, Scotland and Wales, if the sight test is funded by the NHS”.*

In accordance with the [WGOS 1 & 2 Manual](#):

- A WGOS 2: Band 1 examination enables patients with acute eye conditions to obtain a free at the point of access eye examination.
- WGOS 2: Band 1 service is for patient who present with an acute eye care or on the request of another healthcare professional to obtain an eye examination.
- Patient's should be triaged prior to being offered a WGOS 2: Band 1 to check eligibility and to determine urgency in which the patient needs to be seen.
- The level of examination in a WGOS 2: Band 1 “should be appropriate to the reason for the WGOS 2: Band 1 and procedures are at the discretion of the Optometrist / OMP / CLO”
- Any delegated tasks such as pre-screening tests should only be completed at the request and under the direction of the clinician.

If we consider the above points, the only patients being seen under WGOS 2: Band 1 would be those with a concern that generally does not relate to a change in spectacle prescription. These patient would therefore be managed differently to those attending for a WGOS 1 or private sight test.

In summary:

If the **patient was offered** OCT as part of the WGOS 2: Band 1 appointment, then this would be interpreted as the clinician requesting the OCT. Thus the OCT would be covered by the WGOS 2: Band 1 fee and the patient should not be charged.
patient

If the **patient requested** an OCT during their WGOS 2: Band 1 appointment, but the clinician had **no clinical justification** to complete such a test, then providing that the clinician has explained to the patient and documented in the record the reason why the OCT was not included as part of the WGOS 2: Band 1, the patient could be charged for the additional test/service. It is also important to ensure that in accordance with the [Consumer Protection from Unfair Trading Regulations, 2008](#) and [The College of Optometrists' Guidance for Professional Practice \(C22\)](#) that the patient understand the costs of the OCT before they commit to payment.

3. Is it appropriate to charge the patient for the OCT in the following scenario:

Scenario 1:

- Patient attends the practice for a WGOS 1 eye examination or private sight test
- At pre-screening agreed to pay for an OCT. OCT completed.
- In the consulting room, the clinician notices an abnormality on the OCT that would warrant further investigation

Commentary:

In line with the WGOS 1 & 2 Manual, 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.

In summary:

It is for the Optometrist to decide whether further investigation is required.

If further investigation is required, the Optometrist should decide whether the investigation forms part of the sight test (in line with the [Sight Testing \(examination and Prescription\) \(No. 2\) Regulations 1989](#)) or whether a WGOS 2: Band 2 examination or referral elsewhere is required

If the **OCT provided enough information to “inform or prevent a referral”** (i.e. no further investigations were required to be able to decide how best to manage this patient), then the Optometrist can charge the patient for the OCT provided as agreed.

If the clinician judges that **further assessment (which may include a different type of OCT image to the original) is required to aid their clinical decision** on whether

onward referral is required or not, then the WGOS 1 examination / private sight test must be completed before a WGOS 2: Band 2 can be claimed for. In this instance the charging of the original OCT would be a business decision. Any OCT images taken during the WGOS 2: Band 2 assessment would be covered by the NHS clinical fee.

Please note that a **WGOS 2: Band 1 cannot be claimed** as the patient did not present with recent onset symptoms or concerns and was not triaged.

Scenario 2:

- Patient attends the practice for a WGOS 1 eye examination or private sight test
- At pre-screening agreed to pay for an OCT. OCT completed.
- In the consulting room, the clinician realises that the patient is eligible for a WGOS 2: Band 1 e.g. they have been referred by their GP for an eye examination.

Commentary:

In line with the WGOS 1 & 2 Manual, 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.

In Summary

If the ***clinician deems that an OCT is clinically required*** and is in the best interest of the patient, then the OCT would be covered by the NHS clinical fee and the patient would not be charged.

If clinician had **no clinical justification** to complete such a test, then providing that the clinician has explained to the patient and documented in the record the reason why the OCT was not included as part of the WGOS 2: Band 1, the patient could be charged for the additional test/service. It is also important to ensure that in accordance with the [Consumer Protection from Unfair Trading Regulations, 2008](#) and [The College of Optometrists' Guidance for Professional Practice \(C22\)](#) that the patient understand the costs of the OCT before they commit to payment.

Q28. A patient is experiencing visual loss due to bilateral cataract but does not want to proceed with cataract extraction surgery.

Can the Optometrist offer to certify the patient as sight impaired if the eligibility criteria have been met?

A. NWSSP have advised that the Optometrist may decide to certify this patient. The [guidance](#) refers to permanence of visual loss and the Optometrist in this instance may decide that with no prospect of cataract extraction surgery the visual loss is very unlikely to resolve spontaneously.

Q29. I am a WGOS3 provider, can I recycle a Low Vision Aid (LVA) that has been returned to the Practice by a WGOS3 patient and issue this LVA to a different patient?

Answer: No. The NWSSP position is that LVAs should not be recycled by the Practice. The [WGOS3 Clinical Manual](#) (page 23) states that:

- LVAs are issued on loan to the patient
- If an LVA is no longer required by the patient, it should be returned to their Low Vision Performer
- Damaged LVAs that would not be suitable for re-use should be disposed of responsibly at practice level. Performers should complete a Return Form or Replacement Form and send the form to the NWSSP Low Vision Team.
- A Return Form or Replacement Form should be completed when LVAs are returned that may be fit for recycling. The Practice should send the appliance(s) and the completed form to the Low Vision Supplier using the WGOS Low Vision freepost address labels.
- **The LVAs should be returned as soon as possible. They should not be stored in the Practice.**