

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 compromises 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:

- only do this in exceptional circumstances
- 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.

14. Question: Which patients are eligible for a WGOS1 Eye Examination under the category 'At risk of developing eye disease based on ethnicity'?

Answer: Patients that are 40 years of age or over and self-certify as Asian or Black are eligible for a WGOS 1 Eye Examination on the basis that they are at much greater risk of glaucoma and diabetes at an earlier age and with more severe disease compared to other ethnicities.

Patients that are under 40 years of age and self-certify as Asian or Black with additional risk factors associated with glaucoma or diabetes (e.g. Family History of glaucoma) are also eligible.

15. Question: Please can you clarify what happens if I see a patient for both medical retina pathway and glaucoma pathway under WGOS4 at the same visit. Would it be reasonable to claim for both pathways?

Answer: NWSSP colleagues have advised that claiming for two (or more) episodes of distinct care can occur on the same day. As per the Clinical Manual, both episodes would need to be clearly identifiable entries in the patient notes.

16. Question: *I have a query around WGOS sight tests. Are these something we are required to provide under our new contract or is it optional?*

Answer: Following the introduction of contract reform in October 2023, WGOS 1 and WGOS 2 became core services for Contractors on the Ophthalmic List. They should be viewed as a package with practices routinely being expected to offer both routine and urgent care.

Contractors who provide WGOS and sell spectacles are obliged to offer patients a basic pair of spectacles within the value of the relevant optical Voucher to which the individual is entitled. All practitioners who perform WGOS must provide WGOS1 and WGOS2 as a minimum.

The WGOS1 and 2 clinical manual states:

W.1.1 DUTY TO MAKE AVAILABLE A BASIC PAIR OF SPECTACLES

Contractors who provide WGOS and sell spectacles are obliged to offer patients a basic pair of spectacles that meet the specification of the individual's prescription and be within the value of the relevant optical Voucher to which the individual is entitled, regardless of where in the UK the optical Voucher was issued. If a Practice supplies spectacles privately, then to hold a WGOS Service Agreement, they must also provide spectacles through WGOS Optical Vouchers.

17. Question: *What is the process for claiming Welsh GOS 3 vouchers in an English optometry practice?*

Answer: NWSSP have advised that the process is for the practice in England to discuss with the Local Optical Committee who can advise what their process is for reimbursement.

18. Question: *Should I include my trainee in the PCWIS workforce reporting data if they are doing a placement for a higher qualification (e.g. Independent Prescribing) at our Practice?*

Answer: No, NWSSP have advised that as they are not part of your regular workforce, including them means they may be double counted.

19. Question: *Where should I document on the patient record card that the practice is claiming a Small Frame Supplement fee?*

Answer: The WGOS guidance refers to documenting the patient's record, which includes both the sight test / eye examination notes and dispensing records, not solely the optometrist's sight test notes.

Eligibility for the Small Frame Supplement can only be confirmed at the point of dispensing, since it depends on the specific frame supplied and any adaptations required. This aligns with WGOS guidance:

- The frame must have a boxed centre distance of no more than 55mm.
- The frame must either be specially modified or require significant adaptation to ensure a satisfactory fit.

The dispensing team (qualified opticians or trained staff) are therefore responsible for determining eligibility and documenting any adaptations, along with retaining orders for frames, lenses, and modifications as evidence.

In short: while the patient's record should capture the sight test and dispensing activity, it is at the point of dispensing that eligibility for the Small Frame Supplement becomes apparent and can be claimed, regardless of whether the patient was examined and dispensed in the same practice or brought a prescription from elsewhere.

20. Question: Where should I document on the patient record card that the practice is claiming the Child Non-Stock Supplement fee?

Answer: Child Non-Stock Lens Supplement.

The Optometrist issues the optical voucher following a WGOS 1 or WGOS 2: Band 1, based on the strength of the prescription (i.e. where one or both eyes fall between -4.00D and -6.00D inclusive). This step ensures eligibility for the Child Non-Stock Lens Supplement.

At the dispensing stage, the dispensing optician or colleague then determines whether the supplement can actually be claimed, depending on the lenses that are supplied. The claim can only be made if there is clear evidence that the lenses provided offer an improved cosmetic appearance compared to the practice's standard fully-funded NHS Wales offering—for example, surfaced lenses, smaller blank sizes, or higher index materials.

In line with WGOS guidance, the patient's record must demonstrate:

- That a non-stock or upgraded lens was supplied;
- That the lens is cosmetically superior to the standard NHS lens;
- That this upgrade would normally carry a charge; and
- That the retail price of the upgraded lens is higher than the voucher value.

In short: the Optometrist issues the voucher based on prescription eligibility, while the dispensing team decides at the point of dispense whether the supplement can be claimed, depending on the lens supplied.

When a patient presents a WGOS 1 or 2 prescription from another practice, check the voucher carefully. The Child Non-Stock Lens Supplement can only be claimed if

it has been authorised on the voucher. If the supplement is not included, the dispensing practice should contact the issuing optometrist to review eligibility before claiming. This ensures there is no clinical reason that a non-stock lens would be unsuitable, such as previous non-tolerance to high-index or specially surfaced lenses and maintains patient safety and comfort. Always document all interactions and agreements between the Optometrist and the dispensing practice, as well as the lenses dispensed and any discussions with the patient to ensure the process is clear, safe, and patient-focused.

21. Question: A patient has attended for a cataract post-operative appointment but has not brought a hospital report with them for the optometrist to complete, can the optometrist claim a WGOS2 Band 3 assessment?

Answer:

- If the patient knows they are returning to ophthalmology for a cataract post-operative assessment (e.g. patient had post-operative complications), there is no report needed and the optometrist should provide a sight test.
- If the patient knows they are not returning to ophthalmology or does not know whether they are returning to ophthalmology, for a cataract post-operative assessment, then a report should be sent as this is the default pathway in Wales. If a local report template is not available from your local health board, then please use the National template for cataract post-operative assessment report to ophthalmology [PDF](#) / [Word](#)

Optometrists should provide a sight test with cataract post-operative assessment, obtain a completed Cat-PROM5 and send a post-operative assessment report (using the national template if not provided by the HES or electronically) plus Cat-PROM5. Optometrists should claim the additional Band 3 or Band 2 fee depending on what is required during the assessment.

22. Question: If you are providing WGOS 4 monitoring services in your practice, are the patients (e.g. Glaucoma Monitoring) allocated to the WGOS4 Optometrist or to the Practice (Contractor)? If the WGOS4 Optometrist was to leave the practice (leaving the Practice with no WGOS4 Optometrist) would the patient be expected to transfer with the WGOS4 Optometrist or would it be the Practice responsibility to find another WGOS 4 accredited/qualified Optometrists to continue provision of the service?

Answer: The Contractor must contact their local health board if WGOS4 provision for any particular service is/will be affected.

The WGOS4 Clinical Manual states:

AMENDMENTS TO THE WGOS 4 SERVICE AGREEMENT

2.13. Contractors must notify the HB of any relevant changes in their circumstances, in particular any changes in the information supplied in the original application or information published about them. Different periods of notification apply in different circumstances (See table for examples of when the HB are required to be notified and the time frame):

Health Boards must be notified when there are:	Notification period
<ul style="list-style-type: none">Changes to the declaration made by the Contractor <i>e.g. criminal conviction, caution, being charged with a criminal offence, any investigation by their licencing body and their outcome of any investigation, an investigation by Counter Fraud Services and any outcome, an investigation by another LHB which may lead to removal, or if they have been removed, contingently removed or suspended from, or refused admission to, or conditionally included on any other equivalent list</i>	7 days
<ul style="list-style-type: none">Change in the application prior to being awarded a WGOS 4 Service Agreement	7 days
<ul style="list-style-type: none">Change(s) or addition(s) affecting the details on the Wales Ophthalmic List	14 days

2.14. Any significant interruption in the provision of WGOS 4, for example through illness, must be notified to the Health Board, except for statutory holidays.

2.15. Any significant interruption in the provision of WGOS 4, which includes the cessation of provision of WGOS 4, requires the Contractor to be able to transfer the care for all Monitoring patients to another WGOS 4 provider, via Health Board coordination. This includes all WGOS Transfer of Care Dataset and target next appointment date. Where an interruption of service is for a predicted period of time (e.g. for parental leave) then, with HB agreement, it may be required to only transfer the care of relevant patients.

Referral within the pathway

7.10. Where the local pathway allows, the patient may request a transfer of care to another WGOS 4 MRM Provider. In this case, with agreement from the receiving practice, the patient is transferred with a full Transfer of Care Dataset, report to GP, and letter to patient.

23. Question: If a patient attends for a WGOS1 e.g. for a post-operative cataract assessment and reports reduced vision, the optometrist then performs a WGOS2 Band2 to investigate the cause of reduced vision. The optometrist finds post-operative cystoid macular oedema as the cause of the reduced vision and is WGOS5 qualified so then performs a WGOS5 acute IPOS assessment and prescribes medication to treat the post-operative cystoid

macular oedema. Is it acceptable for the practice to claim the WGOS1, WGOS2 Band 2 and WGOS5 fees as performed on the same day, as long as the record card clearly shows the individual assessments performed?

Answer:

In the scenario described, it would not be acceptable to claim WGOS 1, WGOS 2: Band 2 and WGOS 5 on the same day as concurrent claims for the same episode of care.

The WGOS 5 manual states:

2.5 If the IP Optometrist identifies a sign/symptom during another episode of care that requires an IPOS Urgent Assessment, they may replace the NHS claim or private fee for that other episode of care with a claim for WGOS 5 IPOS Urgent. The other episode of care should be rescheduled and be clearly identifiable as a separate episode of care in the patient's record. If appropriate, the rescheduled episode may take place immediately following the IPOS Urgent episode. The IPOS Urgent Assessment must remain clearly identifiable a separate episode of care in the patient's records.

Applying this guidance:

- A patient attending for a WGOS 1 post-operative review who is found to have symptoms requiring an IPOS Urgent Assessment (WGOS 5) must have their WGOS 1 claim replaced with a WGOS 5 claim.
- The WGOS 1 post-operative episode must then be rescheduled as a separate episode of care, even if it is carried out immediately afterwards.
- Because the WGOS 5 claim replaces the original episode, a WGOS 2: Band 2 assessment performed as part of the same presenting episode cannot be claimed separately.
- The WGOS 5 payment is for the urgent assessment itself, not for the issuing of a prescription.
- Attempting to claim WGOS 1 + WGOS 2: Band 2 + WGOS 5 for the same presenting episode would amount to double claiming, as it would be claiming twice for work that falls under a single WGOS 5 urgent episode.

Therefore:

WGOS 1, WGOS 2: Band 2 and WGOS 5 cannot all be claimed on the same day for the same clinical episode. The only claim for that episode should be WGOS 5, with the WGOS 1 rescheduled and claimed later as a separate episode if clinically appropriate.

24. Question: On occasions, a WGOS 2: Band 2 or 3 may be performed immediately following a WGOS 1 (e.g. band 2 pre-cataract assessment or Band 3 post-cataract assessment) at the same visit. It is understood that the optometrist should ensure that it is clearly noted on the record card what examinations are covered under the WGOS1 episode and what examinations are covered under the WGOS 2: Band2/Band 3 examinations.

Is it acceptable for the purposes of the PPV inspection for these episodes to be contained within the one patient record card entry with clear demarcations of what is WGOS1 and what is WGOS2 Band2 or 3, within the same record?

Answer: It is up to the individual clinician or contractor how they choose to maintain their clinical records. Some will create separate entries for each episode of care, while others will document multiple episodes within a single record. Either approach is acceptable as long as the record clearly demonstrates the patient's eligibility for the claim being made and there is no ambiguity regarding what occurred during each episode of care.

For WGOS 2: Band 3, the record must clearly show that the patient presented following an NHS Wales–funded cataract operation, and that the contractor completed:

- the WGOS 2 Band 3 assessment,
- the post-operative report for Ophthalmology, and
- facilitation of the Cat PROM 5.

A single record entry is acceptable provided it includes (or has attached) a copy of the post-operative report and clearly documents the activity undertaken.

For WGOS 2: Band 2, the record must clearly evidence eligibility. A WGOS 2 Band 2 fee may only be claimed where the intervention was:

1. Clinically required, and
2. Not part of the preceding Sight Test or WGOS 1 Eye Examination unless repetition was clinically necessary.

If the two appointments are separated in time (for example, the patient returns later the same day for a corneal check following foreign body removal earlier in the day), separate records are expected. PPV reviewers must be able to easily identify what occurred and when.

Regardless of whether the contractor uses one combined record or two separate entries, the key requirement for PPV is clarity. The documentation must make it easy to identify what was performed, when it was performed, and why the claim is valid. Any ambiguity can prolong the PPV process and may result in cases being escalated to clinical advisors.

25. Question: The WGOS1&2 clinical manual states under WGOS1 eligibility 'at risk of developing eye disease based on ethnicity' that 'Patients that are under 40 years of age and self-certify as Asian or Black with additional risk factors associated with glaucoma or diabetes (e.g. Family History of glaucoma) are also eligible.

The practice has asked for further clarification on what else may constitute an 'additional risk factor' in addition to family history of glaucoma? Is this solely family history of diabetes?

Answer: The wording in the WGOS1 eligibility criteria is intentionally broad to allow for evidence-based clinical judgement and to future-proof the manual as research evolves. It is not limited solely to family history of glaucoma or diabetes.

If, in the clinician's professional opinion, there is evidence that the patient is at increased risk of developing eye disease, and this evidence is clearly documented, then the patient may be considered eligible under this provision.

The key requirement is that the record clearly explains the clinical rationale for eligibility and demonstrates the evidence supporting the decision. This ensures transparency and supports PPV processes without restricting clinicians to a fixed list of risk factors.

26. Question: I am a WGOS 5 optometrist and would like to examine my practice prescribing data that is submitted to NHS Wales Shared Services Partnership. Is this published anywhere?

Answer: NWSSP provide monthly prescribing data for IP Optometrists via the following link:

[Independent Prescribing - Optometrist - NHS Wales Shared Services Partnership](#)

The data covers prescriptions that are **prescribed** in Wales through Optometrist practices that are then dispensed in the community within Wales. The data does not include private prescriptions. The data is available for use and re-use under the [Open Government Licence](#) (OGL). Please ensure that you understand the terms of the OGL before using the data.

Data is issued by NWSSP monthly.

Each month data link contains 4 csv files.

1. Address (includes practice HB code and practice code – O number)
2. BNF (lists the BNF classification for each prescribed item)
3. Chem Substance
4. OPTData (for the month)

The Address file contains the names and addresses of all practices who have issued prescriptions that month and the practice O number - this number can also be found on all WP10 pads. You can then use this number to access/extract your data on the OPTData files by searching by O number on the file.

The OPTData(DATE) files contain details of the following allowing you to examine prescribing habits and costs to the NHS:

- the responsible Health Board
- Optometrist premises (Practice O number)

- BNF classification
- Drug name
- Number of items prescribed
- NIC - The Drug Tariff cost of the drug
- Actual Cost of the drug (Drug cost minus a discount plus container allowance)
- Quantity (number of capsules, tubes etc.)
- Defined Daily Dose (DDD)
- Average Daily Quantity (ADQ)