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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

74. **Q: Under WGOS2 urgent eye care provision, what would be classed as 'exceptional circumstances' when a practice asks another Contractor for support with assisting a patient within their core hours?**
A 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 2appointments that the practice must be in a position to provide. Instead, the practice must be able to assist a patient within their core hours. Only in exceptional circumstances would a practice be permitted to ask another Contractor for support with assisting a patient within their core hours. 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. For urgent eye care, the expectation under these exceptional circumstances would be for the practice to contact another practice to seek to make arrangements for the patient to be seen.

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.

75. **Q. For the domiciliary equipment, I am a sole trader and domiciliary practice only, do I need a health & safety certificate? I haven't got one at present, but I have Public Liability insurance.**
A. If you have no employees, you do not require a Health and Safety poster / leaflets.

76 Q. Can domiciliary practices claim the cluster practice payment?
A. Yes as long as the practice satisfies the attendance criteria. Please contact your health board for more information.
77. Q. I'm getting quite a few queries on the requirements for VF devices in a domiciliary setting. Is there an approved kit list?
A. There is no approved provider list – it is up to each Contractor/Performer to ensure their equipment is fit for purpose. It must be automated, threshold related and capable of producing a sharable field plot.
78 Q. I've emailed NWSSP but awaiting their reply. Just wondering if you know off hand whether we need to do separate applications for each of our 4 practices or whether one application suffices for the 4 to continue doing domiciliary.
A. In order for each practice to have a service agreement with the health board we do need an application from each practice. Much of the information may be duplicate (insurance certificates etc if you have a group policy rather than individual practice policies). Our suggestion is that you submit one application for one practice to start with that we can work through and help you refine before using as a template for the other practices. This way we avoid the situation of having several documents on the go all of which are incorrect in some way. If you use one kit between the practices, the same images may be used for all applications, if each practice has its own kit, we will need to have pictures of the kit specifically used by that practice.

79. Q. Do we list all locum Optoms under Clinical Practice Staff, or just employed?
A. If you use 'regular locums' i.e. fixed pattern of work, that invoice you for use of their service then include these.
80. Q. What evidence should we upload regarding eligibility for NHS tests as all this info is on our website - will the URL suffice?
A. Yes, the URL will suffice.
81. Q. We do not have leaflets about the NHS spectacle scheme, but information is available on our website - will the URL again suffice?
A. Yes, the URL will suffice.

82. Q. All complaints procedures etc are on the website and there is a pdf document - do I upload a screenshot of the front page, or do you need the complaints procedure in its entirety?
A. Yes, the URL will suffice.
83. Q. How can I evidence the record keeping format? Are screenshots of each screen of our record keeping system required?
A. Screen shots of the record would be sufficient. This question relates to PPV visits, so if can ensure that the screen shots capture the area where the prescription and recommendation/advice would be that would be great.
84. Q. We have an Optom who will be providing Low Vision Service once she has completed her course (soon) - shall I include her on this application or is it better to wait until she has completed her accreditation?
A. Suggest that you wait until they are accredited. As soon as they have become accredited, please notify NWSSP so that you can be appropriately paid.
85. Q. Regarding equipment, what will suffice as suitable binocular vision test and stereo tests? What degree of arc are we required to measure to? Or is there a recommended app we can use on our iPads?
A. Exact equipment comes down to personal choice. However here are examples of the types of equipment/evidence that the Health Boards have approved:

- DV test: Screen shot of the BV tests that the Distance chart has, ensure to include evidence that you have access to the necessarily filters/lenses need to complete the test e.g. spotlight and Maddox rod lens or fixation disparity screen with accompanying filters.
- NV: most appear to send a picture of a mallet unit or Maddox wing
- Stereo: No stipulation for the degree of arc as different tests offers different results.
- Most providers have shown pictures of the Lang Stereo Test or Titmus Fly test that can be taken with them on visit.
- A quick google search suggests that there are digital versions, however we have not used these and wouldn't want to recommend without conducting a review.

86. Q. We do not have access to a portable field screener - what would be your best advice here please?
A. Suggested speaking to OW who will advise.

87. Q. Although recently EHEW accredited in FB removal we have not been provided with a FB removal kit. We have emailed to chase this, but I am not sure if they only provided kits with earlier cohorts. If this is the case, could you recommend where to purchase suitable instrumentation?
A. No FB removal kits available but OW can advise what is reasonable to obtain.
88. Q. In relation to storage of Benoxinate and Chloramphenicol, neither of which we currently use as they require refrigeration, what is an accepted method of storage please when we are on the road all day without a fridge and a cool bag will not be a regulated temperature?
A. Please note that as WGOS levels 1 and 2 will be mandatory, this will include "acute eye care". Therefore, you will require access to topical anaesthetics, mydriatics, cycloplegics and staining agents. Domi providers will usually opt to have these in forms that do not require refrigeration.
Chloramphenicol is not a requirement - many providers don't keep this. Instead, they refer into the common ailment scheme. If you do want to hold Chloramphenicol you will need to consider how you dispose of this in a safe manner.
Regarding storage - it needs to be safe and secure and not easily accessible to the general public.
In the form there is there a drop down to indicate where / how you store. Most domi companies will state that they are in "locked cupboard / cabinet" (this can be a case)

89. Q What is the grace period between WGOS 1 eye examination minimum intervals that does not require an early retest reason code?
A. To provide flexibility for patients, health boards should not challenge claims for WGOS1 eye examinations within one month of WGOS1 minimum intervals.

90. Q. I perform a private sight test at a patient's home, can I perform and claim for a WGOS2 Band 2 if clinically required and not claim the domiciliary visiting fee?

A. A WGOS 2: Band 2 can only be provided and claimed in a patient's home where the patient is eligible for a WGOS mobile service. The National Health Service (General Ophthalmic Services) (Wales) Regulations set out that:

- The contractor must hold a mobile service agreement with the relevant Health Board.
- The patient (or their carer) must request a mobile service.
- The patient's circumstances, due to physical or mental illness or disability, must make it impossible or unreasonable for them to attend a registered practice.

If these criteria are not met, any eye care service conducted in the patient's home is classed as private, and no WGOS claim (including WGOS 2: Band 2) can be submitted.

In summary:

- Eligible for mobile service → WGOS 1/2 may be claimed (but no mobile fee if no special/additional journey).

- Not eligible → only a private service, no WGOS claims permitted.

91. Q. A patient requests a post-operative cataract eye examination and provides the audit form to complete from the HES. It is 5 months post the cataract operation. Is there a time limit on when a post-cataract Band 3 assessment can be completed and claimed?
A. There is no time limit on when a Band 3 assessment can be completed and claimed. The professional judgement to decide whether it is appropriate to claim the WGOS 2: Band 3 and their records should support their decision.

92. **Q What form do I use to apply to NWSSP for a spare pair of spectacles for a patient?**
I understand that no patient is automatically entitled to a spare pair.
A. The registrant completes an online form https://tinyurl.com/yupp8prw.
NWSSP Optometric Advisors review the application. If the application is approved, a uniquely coded GOS 3W form is issued to the Contractor by NWSSP. Once the patient has collected their spare pair, the uniquely coded GOS 3W form should be claimed in the same way as a 'normal' GOS 3W.

93. **Q Where can I access the online Wales Performers List Search for Optometrists?**
A. Please see the NWSSP website page https://tinyurl.com/mwc9awpa

94. Q. Where do I find the WGOS clinical Manuals?
A. On the Eyecare Wales website https://www.nhs.wales/sa/eye-care-wales/wgos/eye-health-professional/

95. Q. I want to work in Wales as a locum optometrist, Where can I find more information?
A. Information is available here How to become registered to offer WGOS - NHS Wales

96. Q. How can I find a pre-registration place in a practice in Wales?
A. Please contact OW directly and we can support you to find a practice position in Wales

97. Q. Where can I find a list of LVSW providers including mobile LVSW services?
A. There is a link on the Eye care Wales website to the perspectif website Wales Eye Care Service (WECS) - https://tinyurl.com/28urwrcj

98. Q. How do I request a spare pair of glasses for a child/adult. I know that no patient is automatically entitled to a spare pair.
A. Spare pair applications are now submitted online using the following link.
https://tinyurl.com/my3s9f37

99. Q. I have received a HES voucher for children's glasses which states voucher A. Can I annotate?
A. Yes, please annotate with the numerical equivalent and submit to HES for payment.
100. Q. Can I add the Child's non-stock lens supplement to a HES issued voucher?
A. Yes, please annotate the form and submit to HES for payment

101. Q. My PPV visit is due can the visit be completed remotely?
A. Yes, If you use electronic patient records, and have access to teams, please contact NWSSP-Primarycareservices@wales.nhs.uk

102. Q. Where can I order support resources for smoking cessation services?
A. There is a link on the eye care Wales website https://tinyurl.com/yuwdvwze

103. Q. Could you clarify for me the conditions around the new re-test code 6 on the WGOS forms

A. Non- tolerance. In the exceptional case where a patient cannot tolerate their new spectacles a second WGOS 1 eye examination may be necessary, with a recall code. If this test results in the patient requiring a different optical prescription a voucher can be issued. The patient's record should indicate the reason why the subsequent voucher has been issued. Non- tolerance does not cover performer/practice/glazing errors.
The WGOS National Clinical leads have stated: "We would expect practitioners to use their clinical judgment with what constitutes non tolerance. You cannot claim NHS Wales funds if it is a prescriber error"

104. Q. Do I need to write a GP report letter following a WGOS1 exam for all patients that were previously in the WGOS2 routine category e.g uniocular?
A. No. For WGOS1 exams, reports to GP are as per clinical need. All WGOS2 exams require a GP report letter

105. Q. How does the practice claim for attending the professional cluster collaborative meetings?
A. Your collaborative lead or your health board will be able to share the claim process.

106. Q. Who will be receiving Microsoft 365 licences/NHS email?
A. All optometrists, dispensing opticians and optometry practices in Wales. OW will keep you updated with details.

107. Q. What will WGOS4 services include?
A. WGOS4 services will include glaucoma & medical retina filtering and follow-up, and hydroxychloroquine screening. OW will keep you updated with details.

108. Q. Can I claim an IPOS Urgent fee for a patient experiencing acute symptoms of an existing chronic condition?
A. Yes, this is suitable for WGOS5. It is based on your professional judgment and the reason should be noted in the patient record.

109. Q. Can I accept a patient for WGOS5 IPOS urgent from outside my health board area?
A. Yes, WGOS5 IPOS urgent is now a national service.

110. Q. What is the process for CVI in Wales optometry practices for patients with Dry AMD?
A. You can find the process here https://tinyurl.com/y6z7jeu9

111. Q. What is the grace period between WGOS 1 Eye examination minimum intervals that does not require an early retest reason code?
A. To provide flexibility for patients, health boards should not challenge claims for WGOS1 eye examinations within one month of WGOS1 minimum intervals.

112. Q. Where can I find more details around the NHS Wales duty of candour requirements for primary care providers?
A. Please find details on our OW website here https://tinyurl.com/3359bmjb

113. Q Can you tell me more about the PPV Buddy Service, is it available for remote (Teams) PPV visits?
A Yes, Contractors can request the Buddy Service from Optometry Wales for the PPV visit both for face-to-face and remote (Teams) visits.
NWSSP advises that any queries from the PPV team can be discussed and reviewed throughout or at the end of the PPV visit.
The Buddy would be present online for any discussions/queries between the PPV team and the Practice. The Buddy would also be happy to advise following the PPV visit if there were any Practice queries regarding the NWSSP initial findings report and with discussions thereafter. Please see the OW website for further information around remote PPV visits Remote post-payment verification (PPV) visits - Optometry Wales

114. Q. Can mobile NHS eye examinations be performed in an NHS hospital for hospital in-patients?
A. WGOS cannot be delivered in Hospitals, Prisons, or secure units (WGOS 1 and 2 Service Manual). If a patient requests a WGOS eye examination, the optometry practice should contact the Local Health Board (LHB) as the LHB is responsible for planning, funding, designing, developing and securing the delivery of primary, community and in-hospital care services for residents in their respective areas. (Responsible Authority Guidance).

115**. Q. Can mobile private eye examinations be performed in an NHS hospital for hospital in-patients?**

A. Private sight tests must conform to all requirements outlined in the Opticians Act 1989.
Permission would need to be sought from the Local Health Board (LHB) to provide a private service from their grounds.
The LHB would need to consider how patients identified as requiring further investigation would receive the same standard of care as that received if they were seen as a private patient in primary care. (Patients seen for a private sight test who require further investigations/assessments are eligible for WGOS 2: Band 2 examinations or are referred to WGOS 3, 4 or 5)

116. 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.

118 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.

119. 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.

Core hours:	The hours that the practice has agreed with the Health Board to provide WGOS 1 and 2
Assist:	Is considered to include triaging the patient and management of the patient
Triage:	An interaction between the patient and Optometry practice to establish: • 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
Management:	The interaction between patient and optometry practice from first contact to completion of a WGOS episode
Exceptional circumstance:	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).

120. 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/
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.

121. Q: Are requests for WGOS2 Band 1 appointments required to be <u>in writing</u> 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/
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)

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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.

122. 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 ***<u>examination / assessment is required which involved the use of</u>***

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.

122. Q: 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.*

123. 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.

124. 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.

3. 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.

125. 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.

126. 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.

127. 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.

4. For more information, please see the OW website Core Hours - Optometry Wales

128. 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

129. 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.

130. 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'

131. **Q Can I access free Information Governance (IG) training for my optometry staff colleagues?**
Answer: Yes, HEIW have advised that free IG training is available from Learning@Wales.
Learning@Wales supports for 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

132. 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.

133. 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

134. 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.

135. 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

136. 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

137. 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

138. 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

139. 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.

140.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

141. 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

142 .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

143 Q: 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

144. 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.

145. 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.

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.

Q146. 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.

Q147. 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.**

148. **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.

149. 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.

150. 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.

151. 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.

152. 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

153. 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.

154. 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

155. 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.

156. 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.

156. 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

157. 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.

158. 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.

159. 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 in 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]

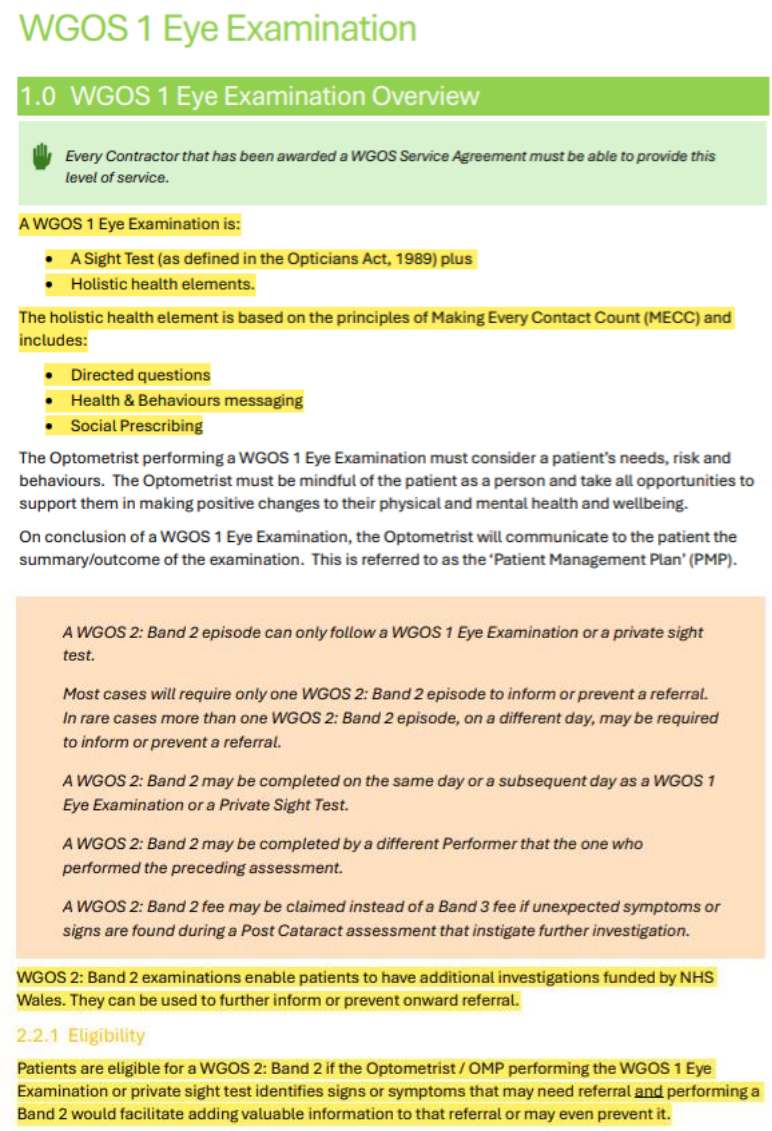
GOS 4 vouchers:
GOS 4 vouchers can be used to repair / replace the most recent pair of spectacles.
GOS 4 vouchers can be used for spectacles that have been prescribed by HES.

160. 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 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.

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.

161. Question: Where can I find my Ophthalmic Practice Account reference on my monthly NWSSP WGOS payment statement?

Answer: The Ophthalmic Practice Account reference can be found at the top right-hand side of the WGOS payment statement e.g. 7A5 999.
This reference number is required if, for example, the practice is signing up to the optional DPO service click here to support with completion of the mandatory Welsh Information Governance Toolkit - Digital Health and Care Wales

162. **Question: I am completing the Quality-for-Optometry-Annual-Return-202526-1.xlsx**
Regarding the statement 'I confirm that all staff have undertaken the Primary Care Inclusion and Belonging Survey', we recall completing the survey before the deadline of 31st October 2025, but we can't seem to find any written confirmation that we have completed the survey. Is this acceptable?
Answer: Yes, as it was an anonymous survey, there was no mechanism to provide written confirmation of completion. It's an important wider primary care annual survey and everybody should be encouraged to undertake the survey. At the national webinar held in October 2025 to explain the 2025/26 contractual changes to the profession, it was acknowledged that there was limited notice to practices of this requirement for 2025/26 and therefore it was accepted that it may not be possible for all staff to complete last year due to holiday/illness etc. but that practices were asked to encourage as many of their team as possible to do so. Details will be released later in the year once the 2026/27 survey is live.

163. Question: What are the practice requirements for providing NHS-funded spectacles?

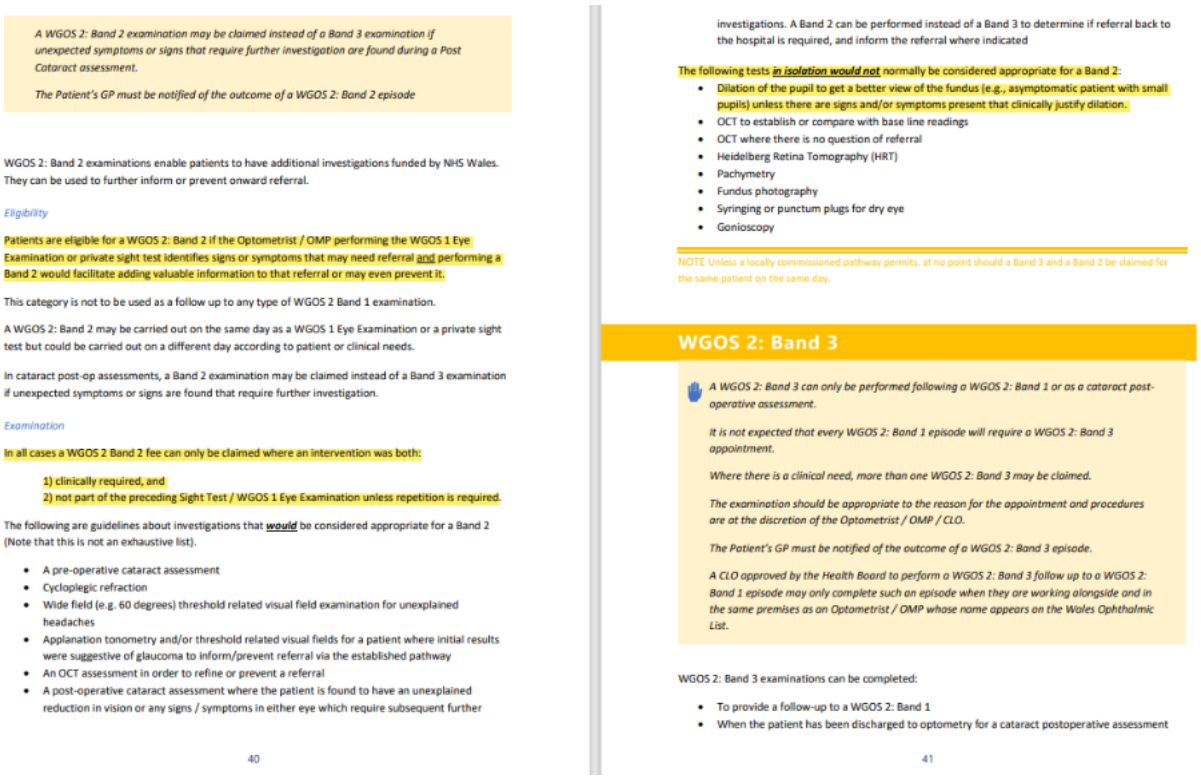
Answer: Under the WGOS 1 and WGOS 2 Service Manuals, the requirement to provide NHS-funded spectacles applies only where a contractor supplies spectacles. The manuals state that contractors who provide WGOS services and sell spectacles must offer a basic pair of spectacles within the value of the relevant NHS optical voucher, and that any practice supplying spectacles privately must also provide spectacles through WGOS Optical Vouchers.
This position is consistent with the National Health Service (Optical Charges and Payments) Regulations 1997, which apply only where, in the course of its business, a contractor supplies glasses and is presented with an NHS optical voucher. The Regulations require a contractor to make at least one pair of "basic glasses" available only in those circumstances.

Accordingly, a contractor providing WGOS 1 and WGOS 2 services (including in a domiciliary or mobile setting) who does not supply or sell spectacles at all is not required to provide NHS spectacles. In such cases, the contractor may issue an NHS optical voucher and appropriately signpost or refer the patient to another contractor for the supply of spectacles.

FAQ Sheet 5 – Domiciliary queries and responses from NWSSP

164. 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.

165. 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.

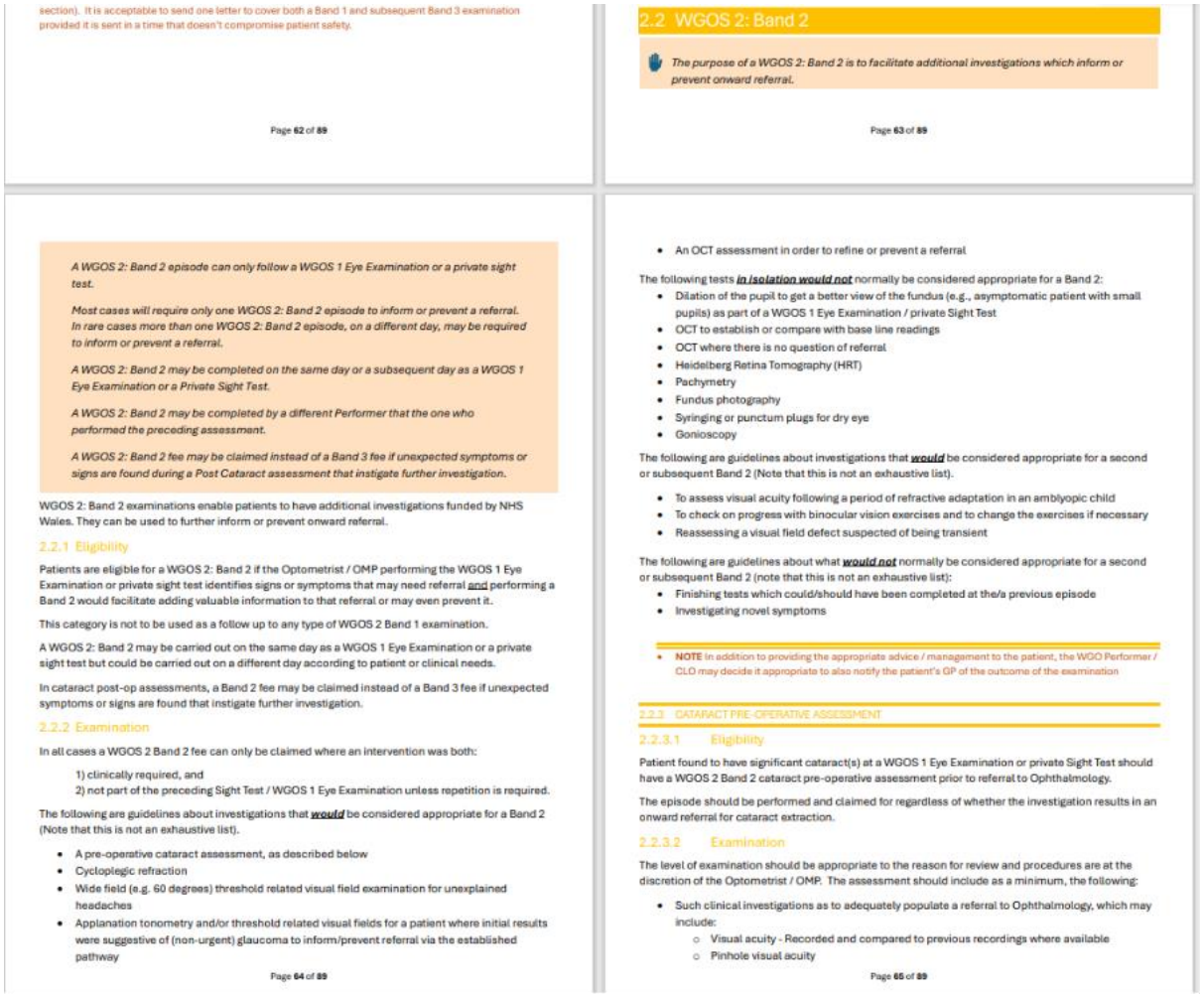
> **Situations can range from:**
>
> **Patient not able to move from a chair or bed and the optometrist is having to twist/bent into very difficult position to access a patient. In this situation an i care tonometer is much safer to use.**
>
> **Patient may have a head posture and trying to get into 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.

166. 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.

167. 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.

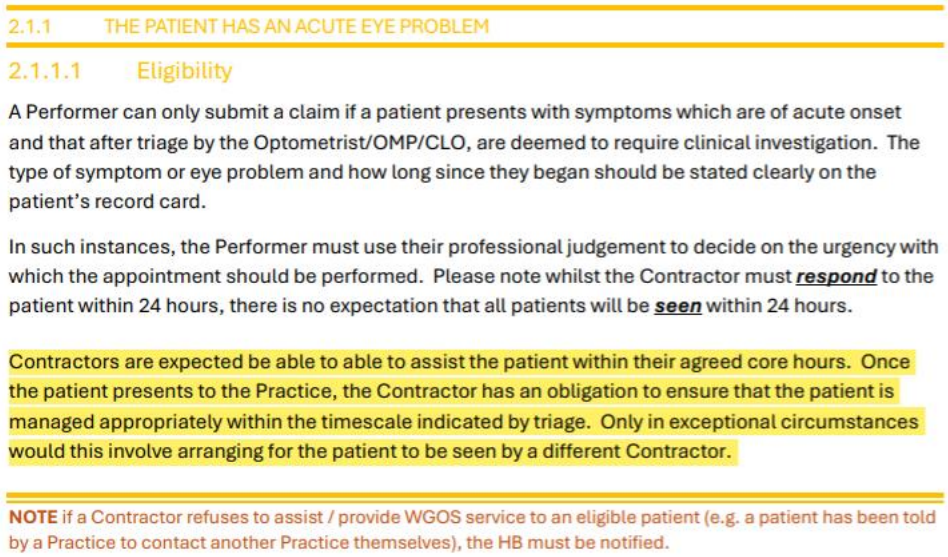
A CLO approved by the HB to perform a WGOS 2: Band 1 for a patient who present with an anterior eye problem may only complete such an episode when they are working alongside and in the same premises as an Optometrist / OMP whose name appears on a HB's combined list.

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.

168. 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

169. 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

170. 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.

171. **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.

172. 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.

173. 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.

174. 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.

175. 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.

176. 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.

177. 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.

178. 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.

179. 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.

180. **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.

181. 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.

182. Q In the WGOS 5 IP manual, it states that WGOS 5 can be provided as a mobile service, i.e. travel to patients and provide WGOS5 IP without any necessity for the patient to be housebound but no mobile fee would be claimed. Is there provision say for the use of a converted van holding equipment and space for examination/consultation to travel to patients to provide the WGOS 5 IP service specifically? I am not intending on this to be the case (van) for my initial set up, however I can see how this may be beneficial to the public and where services relating to WGOS5 IP are sparce/not consistent.
Similarly, I guess, has a mobile van set up and/or mobile service provision been considered for WGOS1 or WGOS 2, specifically in the context of a patient not being housebound and so no mobile fee being claimed just the WGOS fee, especially since equipment needed for mobile is required to be to the same standard as a static practice for WGOS. I am aware diabetic screening programmes, and some Dentists provide services this way.

Answer: The WGOS 5 IP Manual allows WGOS 5 services to be delivered away from fixed practice premises, and patients do not need to be housebound. Where patients are not housebound, no domiciliary/mobile fee would be payable.

WGOS documentation does not specifically reference the use of a mobile testing van for WGOS 5 IP; however, there is no prohibition on this model. Any such arrangement would be subject to Health Board approval and would need to meet the same clinical, equipment, governance and confidentiality standards as a static practice. Where a van operates at defined locations and times, it would be regarded as a temporary static clinical setting and would not attract a mobile/domiciliary fee.

The same principles apply to WGOS 1 and WGOS 2. "Mobile" services are intended to cover provision outside fixed premises and are not limited to patients' homes. Delivery from a mobile testing van to non-housebound patients may therefore be considered in principle, subject to Health Board approval, with WGOS fees only and no domiciliary payment.

Where a patient is not eligible for WGOS mobile services, WGOS 1 and 2 cannot be delivered as a mobile service and no mobile fee may be claimed.

However, this does not prevent WGOS 1 and 2 being delivered from a mobile testing van, provided that the van is treated as a temporary static practice rather than a mobile service. In this scenario:

- The van must meet the same clinical, equipment and governance specifications as a fixed practice (Health Board would need to approve).
- The contractor must specify the locations and operating times.
- The service would be regarded as being delivered from a non-fixed but static premises when operating.
- No WGOS mobile/domiciliary fee would be payable — only the WGOS 1 or WGOS 2 fee.

In summary, WGOS 1 and 2 cannot be delivered as mobile services to patients who are not eligible for mobile provision, but they may be delivered from a mobile testing van operating as a static practice, subject to Health Board approval and compliance with practice standards.

Where a van is positioned at a defined location for a full day or defined sessions on a regular schedule (Health Board would need to agree), it would be regarded as a static premises for the duration of that session. WGOS 1, 2, 3 , 4 and 5 services may be delivered from the van in this context, subject to the contractor holding the appropriate service agreement and the van meeting the same specifications as a registered practice. Only the relevant WGOS fee would be payable, and no mobile fee would apply.

Where a van travels door-to-door or between locations without a fixed routine and examinations take place within the van:
WGOS 1 and 2 could not be performed in the van as the van would not be regarded as either a static premises or a mobile location (as patient must leave their house to attend). Please note: WGOS 1 and WGOS 2 may only be delivered as mobile services where the contractor holds a WGOS mobile service agreement and the patient meets the eligibility criteria for mobile provision and for WGOS 1 or 2.

The WGOS 3, WGOS 4 and WGOS 5 manual allow WGOS3, 4 or 5 to be performed outside of a static practice, even if the patient has no physical or mental illness or disability that make it impossible or unreasonable for them to receive primary ophthalmic services at a registered premises. Based on this principle, WGOS 3, WGOS4 and WGOS 5 could be completed in the van, but you wouldn't be able to claim the WGOS mobile fee.

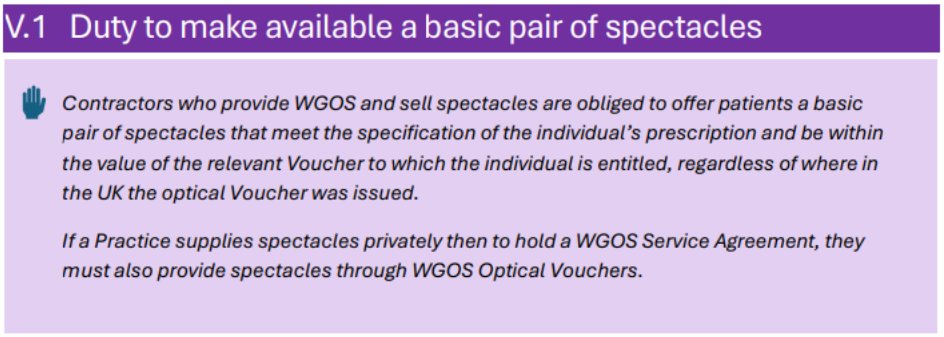
183. Question: With the start time and end time on the WGOS6 forms for the sight test, if for example we saw a resident at 10am, so this is the start time of the test, but needed to dilate, so administered drops and then once pupil had dilated carried on with the test would we put start time 10am and end time potentially 10.40am or start time once dilated at 10.20am and end time 10.40am?

Answer: The start time is 10am (as start time of the test) and end time is 10:40am. The WGOS6 form should reflect the overall start and end time of the sight test, and any apparent overlap between patients is acceptable. It is important that the practitioner ensures the clinical record provides evidence of the sequence of events.

Examples that can be used to support this include pre- and post-dilation IOPs and time stamps in electronic patient records, which demonstrate the flow of the test.

184. Q: If I were to provide Wgos1& Wgos2 in domiciliary setting, the WGOS1 &2 clinical manual says if I sell spectacles privately then I must make available NHS specs. Would you say that if I don't sell spectacles at all privately then it is not a requirement for me to provide an NHS pair? I would obviously signpost or arrange another contractor to provide spectacles after issuing NHS voucher.

A: Under the WGOS 1 and WGOS 2 Service Manuals, the requirement to provide NHS-funded spectacles applies only where a contractor supplies spectacles. The manuals state that contractors who provide WGOS services and sell spectacles must offer a basic pair of spectacles within the value of the relevant NHS optical voucher, and that any practice supplying spectacles privately must also provide spectacles through WGOS Optical Vouchers.



This position is consistent with the National Health Service (Optical Charges and Payments) Regulations 1997, which apply only where, in the course of its business, a contractor supplies glasses and is presented with an NHS optical voucher. The Regulations require a contractor to make at least one pair of "basic glasses" available only in those circumstances.

Duty to make available basic glasses

2.—(1) Sub-paragraphs (2) and (3) apply where—

(a) in the course of its business, a contractor supplies glasses for the purpose of correcting visual defects, and

(b) a person presents that contractor with a voucher for supply of optical appliances issued under the National Health Service (Optical Charges and Payments) Regulations 1997.

(2) A contractor may accept the voucher in substitution for payment in relation to a pair of glasses only if the contractor has made available to the person at least one pair of basic glasses (whether or not the payment is in relation to those basic glasses or another pair of glasses).

(3) For the purposes of this paragraph, "basic glasses" means a pair of glasses that are an appropriate fit for the person which—

(a) meet the person's prescription, and

(b) are of a value equal to or less than the face value of the voucher.

(4) In sub-paragraph (3), "face value" has the meaning given in the National Health Service (Optical Charges and Payments) Regulations 1997.

Accordingly, a contractor providing WGOS 1 and WGOS 2 services (including in a domiciliary or mobile setting) who does not supply or sell spectacles at all is not required to provide NHS spectacles. In such cases, the contractor may issue an NHS optical voucher and appropriately signpost or refer the patient to another contractor for the supply of spectacles.

185. Q: I have seen a patient who resides in Wales in a caravan for 6 months of the year, and has a GP outside Wales. I suspect wet AMD. Am I able to refer this patient to a WGOS4 Medical Retina practitioner?

A: Having reviewed the WGOS 4 manual, eligibility includes patients who are resident in Wales and/or on the practice list of a GP in Wales, where there is an identified clinical need.

1.8. Patient is eligible for WGOS 4 if:

- they are resident in Wales and/or
- are on the practice list of a GP in Wales

and there is a clinical need identified.

Resident in Wales

Where a patient owns a caravan in Wales and lives there for a sustained period (e.g. six months of the year), it would be reasonable to consider them as resident in Wales during that time. In these circumstances, if wet AMD is suspected, then they are eligible for referral via WGOS 4 while they are residing in Wales.

Not Resident in Wales

Where wet AMD is suspected and where a patient is not considered resident in

Wales (for example, shorter or temporary stays such as holidays), they would not be eligible for WGOS 4. In these cases, referral should follow the pathways linked to the GP practice with which the patient is registered (please refer to the relevant referral pathways which are usually available via the Local Optical Committee websites).

For patients in this category:

- If the practitioner is unable to determine the correct referral pathway, a written referral should be sent to the patient's GP outlining the clinical findings and requesting that they arrange onward referral into secondary care.
- Practitioners are reminded of their duty of care to ensure that patients with suspected wet AMD are referred urgently and appropriately, given the time-sensitive nature of the condition.
- This should involve a discussion with the patient, taking into account patient choice and where they are best placed to access care quickly and practically.

If the patient expects to remain in Wales for an extended period, they may wish to consider registering with a local GP to support access to Welsh services. For shorter stays, temporary GP registration is an option for patients away from home.

186. Question: If I issue a signed order to a patient, do I need to write to the patient's GP?

Answer: Yes.
According to the WGOS1&2 Manual when issuing a WGOS Signed Order, the WGOS Optometrist must in all cases:
• Give the patient appropriate advice, ideally supported with written literature
• Inform the patient that product name, bottle structure and administration technique, may vary from those discussed depending which product is dispensed to the generic order
• Clearly notate the details (diagnosis, preparation(s), directions for use, WGOS Signed Order serial number) in the patient record
• Inform the patient's GP of all preparations ordered or changed (including when the patient is advised to cease a current medication or appliance prescribed elsewhere, e.g. by the patient's GP or ophthalmologist).

187. Question: My practice offers WGOS3, how do the new workplace recycling laws affect disposal of broken or damaged electrical low vision aids that are returned and not suitable to be reused in the service? Can they be disposed of in general waste?

Answer: From 6th April 2026 it is the law for all businesses to separate certain materials for recycling, and this included small waste electrical and electronic equipment (sWEEE) for recycling.

Broken/damaged sWEEE cannot be disposed of in general waste or other recycling bins and must be separated from other types of waste for onward recycling at a permitted waste facility.

Small waste electricals are defined as any item with a plug, battery or cable measuring 50cm or less on every side.

The Changes to workplace recycling: Guidance for workplaces can be found here: Changes to workplace recycling: guidance for workplaces | GOV.WALES

Small electrical waste (sWEEE) Guidance can be found here: sWEEE Guidance

It is the responsibility of each practice to ensure broken low vision aids are discarded correctly and should not be returned to Edward Marcus or the Low Vision service.

188. Question: Where can I find training resources and the formulary for the new optometrist NHS Signed Orders?

Answer: HEIW have created WGOS Signed Orders - A Practical Guide and can be accessed on the Ty Dysgu platform here

This toolkit supports optometrists and practice teams to navigate medicines supply following WGOS examinations and includes the Signed Orders Formulary. It explains the available pathways, including the introduction of WGOS Signed Orders, and reinforces appropriate, proportionate decision-making. The focus is on patient choice, pathway compliance, and responsible use of NHS resources, in line with WGOS clinical manuals and NHS Wales governance expectations.

The Signed Orders Formulary can also be accessed here

Community Pharmacy have created guidance for community pharmacists in Wales to support the introduction of optometrist NHS signed orders. This is available on the Optometry Wales website here

Optometry practices are reminded that unlike prescriptions which can freely move cross border, NHS Signed Orders can only be dispensed in Welsh pharmacies. If a patient chooses to take the signed order to a pharmacy in England the medication will not be provided free of charge.

Links to all these resources are also available on the Optometry Wales website here

189. Question: Where can I find resources to help me complete the practice workforce data portal PCWIS including how to make changes to staff and locums.

Answer: HEIW have produced **PCWIS Reporting Guide - Optometry** to support contractors. The Guide can be accessed on the Ty Dysgu platform here Welcome! - Ytydysgu Heiw

The Guide gives detailed instructions on how to complete PCWIS - such as how to add new staff, how to record locum hours, what to do when staff leave - and includes handy screenshots. There are also links to useful instruction videos hosted on Learning@wales. Please note: These videos are for ***all*** primary care contractors - optometry practices are only expected to include registrants (those providing NHS services) on PCWIS.

190. Question: How do I escalate NHS email queries

Answer: NHS emails are required to access the OPERAi electronic referral system and are the health boards main route of communication with practitioners.

Any queries or concerns regarding NHS emails should **first** be raised with:

Admin Accounts: Allocated by DHCW
mail: Optometry.ICT@wales.nhs.uk
Clinical Accounts: Managed by NWSSP (NHS Wales Shared Services Partnership)
Email: nwssp-primarycareservices@wales.nhs.uk

If you are still experiencing issues with your NHS email address please escalate queries with NWSSP who will issue an Action Point number. If your concern has not been resolved within an appropriate timescale or no update has been provided you should send your Action Point number to OW to escalate further.

191. **Question:** How do I correctly dispose of used rebound tonometer probes (such as iCare or Tono-Vera probes)?

Answer: Any **unsheathed** iCare (or equivalent) probes are hazardous waste and should be placed in **Yellow sharps waste** container. Used **sheathed** iCare (or equivalent) probes are non-hazardous 'offensive' waste and can be placed in **yellow/black 'tiger bags'.**

The AOP have produced useful guidance on waste disposal which can be found here: Waste disposal

In addition, clinical waste resources and posters for practices can be found on the OW website here: Waste Resources - Optometry Wales

Contract Negotiations 25/26 Webinar

Information Governance

1. **Q: Information Governance (IG) Toolkit - will just one toolkit need to be done for a domiciliary practice?**

A: Digital Health and Care Wales (DHCW): It depends how it's set up. If it's one particular organization that covers an array of health boards, then it would only be one toolkit.

But if they had branches, that's where they'd utilise the parent and child relationship and potentially the copy down functionality, and they can configure that to suit them. But if it's one organization that covers a large remit, they would only have to complete one toolkit.

2. **Q: For those practices who complete the NHS England Data Security & Protection Toolkit, will the Welsh IG toolkit still be compulsory?**

A: DHCW: If they offer NHS services in Wales, then yes, they would have to complete the Welsh IG toolkit as well.

3. **Q: Does each individual practitioner have to register with the information governance toolkit? Is this just for practitioners or every member of staff in the practice? Or is it just for practice owners only?**

A: DHCW: It's entirely up to the practice. It is recommended that there's a user called the organization administrator, so they'd have some managerial responsibilities. It is recommended that they register for the IG toolkit in the first instance, but they would have functionality then within the platform to apply and create. So, for example, some of Digital Health and Care Wales (DHCW) stakeholders would have an organization administrator. They would have some IG colleagues that support them with the completion of the toolkit, but they'd also have some support staff that could also go into relevant sections and complete it for them. So, it's entirely up to the organization who they'd want to complete the toolkit.

4. **Q: Does it need to be an NHS e-mail used to register on the IG toolkit?**

A: DHCW: No, it does not need NHS e-mail, you can utilise any e-mail address you wish.

5. **Q: On the toolkit and with regard to the DHCW- DPO service, would that service then be named as the practice DPO or is it just a support service for the existing DPO in the practice?**

A: DHCW: No, we would become your DPO. So, if for example you pay for another service at the moment, we would be covered as your DPO. We inform the ICO of that for your registration as well and we get named as your data protection officer. So, we will cover all your data protection officer needs.

Service Insights

6. **Q: So, for some domiciliary providers, even if you don't see any children or haven't seen children for a number of years, are you still expected to complete the service insight three around myopia management?**

A: Yes, you would submit a nil return to it. So, you would tally your tally of patients you've seen, which would be none, and then you'd submit a nil return to NWSSP

7. **Q: Service Insights - can we have the results please? We haven't had anything from the service insights as yet.**

A: NWSSP: There is a plan to publish to the profession what's happened in the previous service insights, probably before the end of this year.

8. **Q: A few queries in about the e-mail and that NWSSP mentioned being sent to practice NHS emails yesterday, a couple of practices reporting that they haven't received that information. How do we find the information if they haven't received it so far?**

A: NWSSP: The e-mail address people need to be looking at is the one that starts Co. So if you haven't aligned your personal NHS e-mail with the practice one, you may not be seeing it.

The instructions for aligning your personal NHS e-mail address with your practice one are here: https://www.optometrywales.org.uk/wp-content/uploads/2024/10/Adding-A-mailbox-in-O365.pdf and the emails for audit only go to practice e-mail addresses because it's not for individual performers, individual optometrists, dispensing opticians, CLOs to complete, it's just for the practice.

To use that FAQ to set up your personal e-mail link to the practice one. And if you're saying even though you're linked to your Co NHS e-mail and you can't see it, then please e-mail shared services action point from your NHS account.

Tell us who you are, and colleagues who are responsible for distribution will make sure you're on the list. But my impression is that everybody who's got a CO e-mail should have got that e-mail. But if there's a problem and you're definitely linked as per the FAQ's to the e-mail address, then please e-mail shared services action point. And someone will pick that up without delay and get the information over to you

Clinical Fees

9. **Q: Are there any changes to the WGOS fee for non IP (for glaucoma and medical retina)?**

A: Welsh Government: No, those WGOS4 fees are being maintained at the current level. Most of those fees were increased in the last negotiations in February. The funding for this year has been concentrated mainly in the areas where all practices will be able to benefit from that increase in funding whilst we start to continue to look at WGOS4 figures and continue. We should look for feedback as well from contractors and the profession in terms of how that is working whilst we haven't yet completed roll out of all pathways in all health boards.

Wellbeing Survey

10. **Q: For the Wellbeing survey, just to confirm that it is the end of this month is the deadline for completing that well-being survey?**

A: Optometry Wales: It's a Welsh Government released survey that was released earlier. It was released in the beginning of September, but the deadline I believe is fixed at the end of October. We don't believe that there's any opportunity to move that.

Welsh Government: It's a wider primary care survey, so the deadline is set. I would hope that practices have had the opportunity to look at it before this

evening but appreciate that we've only got a week or so left, but it will be good to get as many response as possible now.

11. **Q: On the Wellbeing Survey, what's the minimum percentage you would expect just with people off next week and team members out on holiday etc. It there a minimum percentage of practice responses of staff members that we might expect there to complete the well-being survey?**

A: Optometry Wales: It is difficult because it's so late in the month that we're announcing changes. The requirement in the quality for optometry toolkit is that staff complete it.

As long as practices are encouraging all their staff to complete it. It's an anonymous survey. So, there is no way to prove one way or another. I don't know if Welsh Government has any thoughts in terms of any particular percentage, but it is like future years when it comes out, we will be reminding people that it's launched and that will be an absolute that everybody should aim to do it within the two months. But this year is obviously we are very late in the month, aren't we?

Welsh Government: I'd agree there isn't any particular percentage that has been set to this, but it's an important survey as well for anybody that's done it. It doesn't take that long to do it. It's just over 5 minutes to complete the survey. It aligns very much with the GOC standards of practice and some of the results that came from the Perceptions Survey this year, so I would encourage everybody to undertake the survey where you can and to encourage your staff to do so. It's an important survey. It does give some really important insights to providing services in NHS Wales as well. So, all we can do is encourage you. There are no minimum percentages that have been set for this, but it is something again that we've talked about being part of that NHS family and for future years to prepare to be involved, but it is worthwhile undertaking.

12. **Q: For the Wellbeing Survey. Should it be completed by reception staff as well as as practitioners?**

A: Welsh Government: It is for all practice staff - the request that it should be shared with all members of your team because it is about gauging that well-being across the whole team.

WGOS4

13. **Q: A query on the HEIW slide about practices that have signed up to deliver WGOS4. Are those sign ups for practices that have signed up, or they are actually based on based on activity that's being reported?**

A: Welsh Government: Yes, activity that's being provided at the minute.

14. **Q: Will anything be done to ensure that practices who hold higher qualifications within their workforce are providing the services that they are qualified to do? There are significant gaps in services where practices may be choosing not to provide the services.**

A: Welsh Government: I'm understanding it correctly, it is the question asking if we're going to a compulsory WGOS 3-4 and 5 service, there's no intention for us to go to a compulsory service. It is opt in. We've always said we need a range of services provided across the board, so there’s no aim to go for compulsory. As

we've said in our previous slides, the aim is to push for higher qualifications, but there's no aim to make that compulsory.

Pensions

15. **Q: As we're becoming more aligned to other primary care contractors and you know we're doing more and more as part of NHS Wales, are we any closer in being part of the NHS Wales pension scheme?**

A: Optometry Wales: In relation to alignment with other areas of primary care they are ongoing conversations that we have with Welsh Government and within our manifesto asks for the 2026 Senedd elections as well.

We continue to have those conversations in respect of pensions. I know that is something that has been discussed in the past that isn't a current opportunity, but that isn't to say that it never will be. But there is also the awareness that obviously the employer contributions for NHS pension are quite significant as well. So that is something that contractors would need to be aware of should we go down that route as well in in the future.