NHS:
PCA(O)(2010)1

Primary and Community Care Directorate
Primary Care Division

The Scottish Government

12 March 2010

Addresses

For action
Chief Executives, NHS Boards

Director, Practitioner Services

For information
Chief Executive,
NHS National Services Scotland

Enquiries to:

Lynne Morrison
Primary Care Division
1st Floor East Rear
St Andrew's House
EDINBURGH
EH1 3DG

Tel: 0131-244 2466
Fax: 0131-244 2326

Dear Colleague

GENERAL OPHTHALMIC SERVICES

1. THE NHS (GENERAL OPHTHALMIC SERVICES) (SCOTLAND) AMENDMENT REGULATIONS 2010:
- **CHANGES TO PRIMARY AND SUPPLEMENTARY EYE EXAMINATIONS**
- **CHANGES TO THE OPHTHALMIC LIST APPLICATION PROCESS**

2. NHS EYE EXAMINATION FEES – 1 APRIL 2010

3. REVISED STATEMENT

Summary

1. This letter advises NHS Boards and Practitioner Services of:

- amendments to the NHS (General Ophthalmic Services) (Scotland) Regulations 2006; and

- increases in NHS eye examination fees;

which take effect from 1 April 2010. It also advises of the publication of an amendment to the Statement.

Action

2. NHS Boards and Practitioner Services are asked to note the information about:

2.1 the changes to the NHS (General Ophthalmic Services) (Scotland) Regulations 2006;

2.2 the increase in the NHS eye examination fees; and

2.3 the amended Statement;

contained in the Memorandum to this letter.

3. Practitioner Services are asked to pay the increased NHS eye examination fees for examinations undertaken **on or after 1 April 2010**.

4. Copies of the NHS (General Ophthalmic Services) (Scotland) Amendment Regulations 2010 will be sent to NHS Boards once available. NHS Boards are asked to send a copy of the amending regulations to all optometrists and ophthalmic medical practitioners on their lists. If an optometrist or ophthalmic medical practitioner has more than one address within an NHS Board area he/she should only be sent one copy of the amending regulations.

5. NHS Boards are asked to **urgently** copy and distribute the Memorandum to this letter to all optometrists and ophthalmic medical practitioners on NHS Board lists.

Yours sincerely

p.p. FRANK STRANG
Deputy Director

MEMORANDUM TO NHS:
PCA(O)(2010)1

NATIONAL HEALTH SERVICE
GENERAL OPHTHALMIC SERVICES

1. THE NHS (GENERAL OPHTHALMIC SERVICES) (SCOTLAND) AMENDMENT REGULATIONS 2010:

- **CHANGES TO PRIMARY AND SUPPLEMENTARY EYE EXAMINATIONS**
- **CHANGES TO THE OPHTHALMIC LIST APPLICATION PROCESS**

2. NHS EYE EXAMINATION FEES – 1 APRIL 2010

3. REVISED STATEMENT

1. This Memorandum advises optometrists and ophthalmic medical practitioners (OMPs) of:

- amendments to the NHS (General Ophthalmic Services) (Scotland) Regulations 2006 ("the 2006 Regulations"); and

- increases in NHS eye examination fees;

which take effect from 1 April 2010. It also advises of the publication of an amendment to the Statement.

The NHS (General Ophthalmic Services) (Scotland) Amendment Regulations 2010

2. The Memorandum to NHS: PCA(O)(2009)4, issued on 26 August 2009, advised that the effective date for the introduction of the changes to the NHS (General Ophthalmic Services) (Scotland) Regulations 2006 to provide for NHS primary eye examinations to be undertaken in line with set timescales, as agreed as part of the 3 year fee agreement, was being delayed. Discussions with Optometry Scotland have now concluded and the amendments required to the 2006 Regulations to implement these changes will take effect from 1 April 2010. Further details about these and other changes to the 2006 Regulations are described below.

Primary and Supplementary Eye Examinations

3. Currently primary eye examinations should be undertaken in line with the timescales set down in the Memorandum of Understanding on Frequency of NHS Eye Examinations but can be undertaken at a shorter interval where clinically necessary. A supplementary eye examination can currently only be undertaken following a primary eye examination, with one exception i.e. a child under the age of 16 referred by an ophthalmic hospital for a cycloplegic refraction, as the need for the supplementary eye examination is identified at the primary eye examination. It has been agreed with Optometry Scotland, as part of the 3 year fee agreement, that primary eye examinations should only be undertaken in line with set frequencies. All other examinations required at shorter intervals than these frequencies must be undertaken as supplementary eye examinations. There will be two exceptions to this: where a patient attends for a primary eye examination 4 weeks early and where

a patient is new to a practice and the optician or OMP does not therefore have access to or means to access the patient's record. In these exceptions the examination can be undertaken as a primary eye examination. Regulation 22 (application for an eye examination) of the 2006 Regulations is being amended to bring these changes into effect. ***It should be noted however that it will not be acceptable for those optometrists/OMPs undertaking domiciliary visits or visits to care homes to provide a primary eye examination for a patient on the basis that there is no access to, or means to access, the patient's record. Where the optometrist/OMP or the company for which he or she works has provided an NHS eye examination to that patient on a previous occasion, the patient's record must be obtained prior to the visit taking place.***

4. A new Table C is being inserted at Schedule 3 to the 2006 Regulations to bring into effect the maximum frequencies between NHS primary eye examinations and are set down in Table C to Annex A to this Memorandum. "**Maximum**" in this context means that primary eye examinations cannot be undertaken at shorter intervals than those set down in Table C, subject to the two exceptions mentioned at paragraph 3 above, but can be undertaken at longer intervals where there is no need for an earlier recall.

5. Patients aged 40 and over with a close family history of glaucoma are entitled to an annual primary eye examination where necessary. Close family history means father, mother, brother, sister, son or daughter. If a patient has another type of close family history of glaucoma, e.g. parents deceased but 3 aunts with glaucoma, then an earlier examination could be undertaken, if needed, as a supplementary eye examination.

6. Patients with ocular hypertension are entitled to an annual primary eye examination where necessary. Ocular hypertension means anyone with an elevated intra-ocular pressure of over 21mmHg without visual field loss or optic nerve damage.

7. Under the set frequencies a child under 16 years of age is entitled to a primary eye examination annually where clinically necessary but, on turning 16, this entitlement changes to every two years. There may be occasions where a child should have returned for a primary eye examination before he or she has reached 16 but actually return after he/she has reached 16 which means that he/she will fall within the set frequencies for those aged 16 and over, e.g. a child who last attended when they were 14 years and 11 months does not return until they are 16 years and 1 month and so is not entitled to a primary eye examination as it has not been 2 years since his/her last primary eye examination. However, in such cases the primary eye examination can take place on this occasion as the child should have attended before he/she turned 16. The opposite applies in the case of those turning 60 where 2 years must have elapsed between the last primary eye examination where the patient was under 60 years of age and the first on turning 60. In both cases this applies to first primary eye examination only and subsequent primary eye examinations should fall within the set frequencies.

8. The mandatory tests and procedures which should be undertaken as part of a primary eye examination and the additional tests and procedures that should be

undertaken as part of the primary eye examination, depending on the patient's presenting signs and symptoms, are being revised for clarification purposes and to provide for some additional tests and procedures. The tests and procedures are also being amended to require a refraction, defined for the purposes of the 2006 Regulations as a sight test, to be undertaken as part of a primary eye examination. Sub-paragraph 14(2) (eye examinations) for Schedule 1 is being omitted from the 2006 Regulations to provide for this change. The revised tests and procedures, which will be brought into effect by a new Table A and B in Schedule 3 to the 2006 Regulations, are set down in Table A and B to Annex A to this Memorandum.

9. The circumstances where a supplementary eye examination can be undertaken and the tests and procedures which should be undertaken as part of that supplementary eye examination are also being revised for clarification purposes and to include the additional circumstances where a supplementary eye examination can be undertaken and the tests and procedures which can be undertaken as part of that supplementary eye examination, as a result in the change to the frequencies of primary eye examinations. The revised circumstances and tests and procedures, which will be brought into effect by a new Table in Schedule 4 to the 2006 Regulations, are set down in the Table at Annex B to this Memorandum. When claiming a supplementary eye examination fee, a reason code must be included in the GOS(S)1 form. The first column of the Table at Annex B provides the reason codes which should be used in each circumstance. Practitioner Services Division will provide further information about the reason codes to optometrists/OMPs in the week beginning 22 March 2010.

10. A supplementary eye examination **cannot** be claimed only for the purposes of providing general referral advice and counselling prior to referral but can be claimed specifically for referral refinement for major invasive procedures *but only in the circumstances where* the patient is being referred for a cataract operation or anti vascular endothelial growth factor. The Regulations will be amended to provide for these exceptions as soon as possible.

11. In most cases a supplementary eye examination will be undertaken at a separate appointment and on a separate day to the primary eye examination. There are, however, a few exceptions where the supplementary eye examination may be undertaken on the same day as the primary eye examination but as a completely separate appointment. The exceptions are:

- where the patient requires a cycloplegic refraction; or

- dilated slit lamp biomicroscopy for patients under 60 with suspect cataracts, suspect macular disorders, suspect diabetic retinopathy, suspect vitreo retinal disorders, suspect glaucoma, suspect neurological symptoms, suspect tumour risk, small pupils measuring 2mm or under.

The tests and procedures to be undertaken as a supplementary eye examination in these circumstances are excluded from the tests and procedures to be undertaken at the primary eye examination. Table B of the new Schedule 3 to the 2006 Regulations provides for this.

12. When undertaking a primary or supplementary eye examination, all the specified mandatory tests and procedures should be carried out unless there is a clinical reason due to a patient's physical or mental condition which would make the carrying out of any of the tests and procedures inappropriate or the patient refuses any specific tests or procedures. It should be noted that these are the only occasions when a specified mandatory test/procedure may not be undertaken. Where any specified mandatory tests and procedures are not undertaken, a note of the relevant tests/procedures must be recorded in the patient's record along with the reason why they were not undertaken. A new sub-paragraph (1A) is being inserted at paragraph 14 (eye examinations) of the 2006 Regulations to bring this into effect.

13. Post-operative cataract assessments can only be undertaken under general ophthalmic services arrangements where the patient has been discharged from the ophthalmic hospital before the assessment takes place. Patients who have not been discharged remain the responsibility of the relevant hospital and the hospital is responsible for meeting the cost of the post-operative assessment. Where the patient is an existing patient of the practice, the post-operative assessment should be undertaken as a supplementary eye examination unless the patient is due a primary eye examination under the set frequencies. Post-operative examinations for new patients to the practice can be undertaken as primary eye examinations.

14. The definitions of primary and supplementary eye examinations are being revised accordingly.

Ophthalmic List Application Process

15. A number of amendments are also being made to the 2006 Regulation provisions relating to the application procedures for entry to ophthalmic lists maintained by NHS Boards, including deferment of an application and refusal of entry.

16. A new sub-paragraph (4A) is being added in regulation 7 (application for inclusion in Ophthalmic List and notification of change) of the 2006 Regulations which allows the NHS Board, where it considers it necessary, to meet with an applicant before determining an ophthalmic list application. A new duty is also being placed on the applicant, or the director(s) if the applicant is an optician that is a body corporate, to attend for interview when requested to do so. This will be helpful where the information provided on the application is incomplete or unclear.

17. For patient safety purposes, regulation 8 (grounds for refusal of application) of the 2006 Regulations is being amended to insert a new sub-paragraph 8(1)(h) and (i) regarding knowledge of English and inspection of practice premises, which provide:

- that where a NHS Board is not satisfied that an applicant has the knowledge of English necessary to provide or assist with the provision of general ophthalmic services, the Board must refuse the applicant entry to its ophthalmic list; and
- NHS Boards with a new power to inspect the proposed practice premises of an applicant if they consider it appropriate to do so. This power can be used where the premises have been inspected previously. The Boards also have a

new duty to inspect practice premises where the premises from which the applicant will operate have never been inspected before. Where an inspection has been carried out, Boards have a power to specify that the applicant shall carry out work within a reasonable period to bring the premises up to a standard which the Board considers will provide patients with proper, sufficient and appropriate premises, procedures and equipment to receive General Ophthalmic Services. Boards also have a power to defer an application while the specified work is undertaken and a duty to refuse entry where, in their judgement, the premises have not been brought up to the specified standard.

18. Ophthalmic list applicants must provide a range of information, declarations, undertakings, consents and certificates to a NHS Board when applying to join its ophthalmic list. One of the certificates is an enhanced criminal record certificate. Often, however, applicants do not have these certificates at all or do not have up-to-date certificates of this type when applying to join a list. Regulation 7 (application for inclusion in Ophthalmic List and notification of change) of the 2006 Regulations is being amended to provide that an applicant must include with the application to join an ophthalmic list/must supply to the NHS Board either an enhanced criminal record certificate or an application for such a certificate and that the NHS Board must obtain that certificate as part of the application procedure. Relevant amendments have also been made to paragraph 3 of Parts A and B of Schedule 2.

19. The above amendments also clarify that, where an optician that is an ophthalmic body corporate applies to join an ophthalmic list, all directors of that body corporate must supply enhanced criminal record certificates, or applications for these, to the Health Board.

20. Where the information provided with an ophthalmic list application has changed either before the application has been decided or once the applicant has been added to the ophthalmic list, the applicant must notify all of the NHS Boards considering the application or on whose ophthalmic lists the applicant's name appears of the change(s) and also provide the declarations, certificates etc relating to that change. If, for example, one or more directors of a body corporate changed once an ophthalmic list application had been forwarded, the new directors would need to provide the required information, declarations, enhanced criminal record certificates etc. A new sub-paragraph (2) is being substituted and a new sub-paragraph (12) inserted at regulation 7 (application for inclusion in Ophthalmic List and notification of change) of the 2006 Regulations to provide for this.

Ophthalmic bodies corporate

21. A number of other amendments are being made to the 2006 Regulations relating to bodies corporate and their directors which will ensure that the NHS Board receives all necessary and appropriate information, declarations, undertakings and consents.

22. Where an applicant is an ophthalmic body corporate, the ophthalmic list application will require to be signed by all directors of that body corporate.

23. Schedule 2 to the 2006 Regulations is being amended to ensure that the required information, declarations, undertakings and consents are applied or dis-applied appropriately to bodies corporate and directors of these. For example, it would not be appropriate to require an applicant that is a body corporate to supply chronological details of the applicant's professional experience or to supply the names and addresses of two referees who are willing to provide clinical references. Equally, it is appropriate to extend certain provisions to encompass directors of bodies corporate – for example, as well as optician applicants who are individuals, each director of an optician applicant that is an ophthalmic body corporate must now provide information on any ophthalmic or equivalent list from which he/she was suspended or refused entry/removed/disqualified conditionally or unconditionally and the associated reasons.

24. Regulation 7 (application for inclusion in Ophthalmic List and notification of change) and Part A and B of Schedule 2 of the 2006 Regulations are being amended to provide for these changes.

Grounds for Refusal of Entry or Removal

25. A number of other amendments are being made to the 2006 Regulations relating to the grounds for refusal of an application or for removal or suspension from an ophthalmic list for the purposes of clarification and in order to give the optician or OMP the opportunity to re-apply to join an ophthalmic list at a future date. Formerly a NHS Board was required to refuse entry to its ophthalmic list to an optician or OMP who, for example, had (a) been suspended or (b) refused entry to, or removed from the list of a primary care organisation elsewhere in the UK at the time the optician or OMP applies to join the NHS Board's list. The Board will now refuse entry to an optician or OMP who is suspended or has been refused entry or removed form a PCT list provided the refusal of entry or removal remains in force at the time of the application to join the NHS Board's ophthalmic list. It should be noted that this does not mean that the NHS Board must allow the applicant to join its ophthalmic list automatically where the suspension or refusal for entry/removal has been lifted. Where a Board has concerns about an optician or OMP it may refer the optician or OMP to the NHS Tribunal in the normal way.

26. Regulations 8 (grounds for refusal of application), 11 (suspension) and 12 (removal from Ophthalmic list) of the 2006 Regulations are being amended to provide for these changes.

Other Amendments to the 2006 Regulations

27. The data which an optometrist or OMP must keep as part of the patient records is being revised. The revised data which will be brought into effect by a new Schedule 5 to the 2006 Regulations, are set down in Annex C to this Memorandum.

28. Since 1 April 2006 optometrists/OMPs have been able to directly refer patients to an ophthalmic hospital, which includes an ophthalmic department of a hospital. However, not all ophthalmic hospitals are accepting direct referrals from optometrists/OMPs and any referrals have to be made via the patient's GP. Sub-paragraph 14(4) (eye examinations) of Schedule 1 to the 2006 Regulations is being

amended to provide for referral either to the patient's GP or to an ophthalmic hospital and to provide that where the referral is directly to an ophthalmic hospital the optometrist/OMP has to inform the patient's GP of the referral.

29. Sub-paragraph 14(5) is being omitted from the 2006 Regulations which means that optometrists/OMPs will no longer have to advise a patient's GP when he/she has undertaken an eye examination of a patient diagnosed with diabetes or glaucoma.

30. A copy of the NHS (General Ophthalmic Services) (Scotland) Amendment Regulations 2010 will be sent once available.

Eye Examination length

31. Optometrists/OMPs are reminded that the length of an eye examination will depend on the patient's age and presenting signs and symptoms. However, as a general rule and given the mandatory tests and procedures that need to be undertaken, the minimum time involved in providing a primary eye examination should be 30 minutes for those patients who attend for routine examinations with no specific symptoms and no prescription for glasses/contact lenses. For patients where additional tests and procedures are required because of their age or presenting sign and symptoms the timing of the primary eye examination will increase.

NHS Eye Examination Fees

32. The Memorandum to NHS: PCA(O)(2008)3, issued on 22 May 2008, advised of the 3 year fee agreement reached for optometrists/OMPs providing NHS eye examinations. For 2010/11 the fees will be:

£45 - primary eye examinations for those aged 60 and over where a digital photo is taken;

£40 - primary eye examinations for those aged 60 and over where no digital photo is taken;

£37 - primary eye examinations for those aged under 60;

£21.50 - supplementary eye examinations.

An amendment to the Statement in accordance with regulations 17 of the 2006 Regulations, which brings the increased fees into effect, is attached at Annex D to this Memorandum.

Enquiries

33. Any enquiries arising from this Memorandum should be taken up with your NHS Board.

Scottish Government Health Directorates
12 March 2010

ANNEX A

PRIMARY EYE EXAMINATION

TABLE A

THE TESTS AND PROCEDURES TO BE UNDERTAKEN AS PART OF A PRIMARY EYE EXAMINATION

The taking of a detailed history and symptoms, including relevant medical, family, or ocular history
The recording of unaided vision, visual acuity or pinhole vision as appropriate
Sight test – appropriate to the presenting signs, symptoms, and aided / unaided acuity
A pupillary assessment including testing for relative size, shape, direct, consensual and near responses
An examination appropriate to the reason for referral from a medical practitioner or other carer
An eye health assessment appropriate to the patient's needs and presenting signs and symptoms
An internal eye examination using direct ophthalmoscope and/or slit lamp / head mounted biomicroscopy;
The external examination of the eyes using slit lamp biomicroscopy, and appropriate diagnostic agents
A relevant assessment of extra ocular motor function; oculo-motor balance and ocular motility
A Visual Field assessment
The communication of the clinical findings, including preparation of a referral letter and clinical report (where appropriate), results and diagnosis to the patient, his or her carer (where appropriate), and other appropriate health professionals as agreed by the patient and/or his or her carer.

TABLE B

THE ADDITIONAL TESTS AND PROCEDURES TO BE UNDERTAKEN AS PART OF A PRIMARY EYE EXAMINATION DEPENDING ON THE PRESENTING SIGNS AND SYMPTOMS OF THE PATIENT

Column 1	*Column 2*
Children aged under 16 years (where the optician or ophthalmic medical practitioner which is carrying out the eye examination does not have access to or means to access the patient's records)	On first appointment stereopsis and, where clinically appropriate, colour vision
Children aged under 16 years (where the optician or ophthalmic medical practitioner carrying out the eye examination does have access to or means to access the patient's records)	Colour vision and stereopsis where clinically appropriate
Adults aged 40 and over	Intra ocular pressure measurement
Adults aged 40 years and over who have a close family history of Glaucoma	Intra ocular pressure measurement, automated suprathreshold visual field tests, and assessment of the optic nerve head
Adults aged 60 years and over (i) where the optician or ophthalmic medical practitioner which is carrying out the eye examination does not have access to or means to access the patient's records or (ii) where the optician or ophthalmic medical practitioner does have access or means to access the patient's records and	(i) Automated Supra-threshold fields (ii) The performance of slit lamp / head mounted biomicroscopy with mydriasis (iii) Digital Fundus imaging

Column 1	*Column 2*
it is the patient's first examination after having reached his or her 60th birthday)	
Subject to the provisions of the row above, adults aged 61 years and over (where the optician or ophthalmic medical practitioner carrying out the eye examination does have access to or means to access the patient's records)	(i) Automated Supra-threshold fields as clinically indicated (ii) The performance of slit lamp / head mounted biomicroscopy with mydriasis (iii) Digital fundus imaging
Patients discharged from an ophthalmic hospital following a cataract operation	Postoperative cataract examination and sight test
Patients presenting with suspect vitreo retinal disorder aged 60 years and over	Vitreous examination and fundus assessment by dilated slit lamp biomicroscopy (with condensing lens) and/or indirect headset and/or gonio fundus lens
Patients with suspect glaucoma or ocular hypertensives	Intra ocular pressure measurement, automated supra-threshold visual field assessments, and assessment of the optic nerve head
Patients with suspect macular disorders aged 60 years and over	(i) Internal Eye examination with mydriasis, using slit lamp biomicroscopy (ii) Test to investigate sudden onset of visual distortion in one or both eyes
Patients with cataract aged 60 years and over	Internal Eye examination with mydriasis when a clear view of the fundus cannot be obtained without mydriasis, using slit lamp biomicroscopy or head mounted indirect ophthalmoscopy
Depending on the patient's presenting signs and symptoms	(a) Standard tests such as binocular function and stereopsis, amplitude of accommodation, colour vision, confrontation fields and other appropriate tests excluding the following tests and procedures when undertaken as part of a supplementary eye examination on the same day: cycloplegic refraction; dilated slit lamp biomicroscopy for patients aged under 60 with suspect

Column 1	*Column 2*
	cataracts, suspect macular disorders, suspect diabetic retinopathy, suspect vitreo retinal disorders, suspect glaucoma, suspect neurological symptoms, suspect tumour risk, small pupils measuring 2 mm or under (b) Issue advice and instruction to patients prior to referral into a care pathway, shared care scheme or a level 2 optometric examination (c) Direct referral, where clinically appropriate, to an ophthalmic hospital, to the patient's General Practitioner, or to another Optometrist

FREQUENCY OF PRIMARY EYE EXAMINATIONS

TABLE C

Category of Patients	*Maximum frequency at which primary eye examinations are to be carried out*
Patients under 16 years	Annually
Patients aged between 16 years and 59 years	Biennially, ie every two years
Patients aged 60 years or over	Annually
Patients with glaucoma	Annually
Patients aged 40 years or over with a close family* history of glaucoma *father, mother, brother, sister, son, daughter	Annually
Patients with ocular hypertension	Annually
Patients with diabetes	Annually"

ANNEX B

SUPPLEMENTARY EYE EXAMINATION

THE TESTS AND PROCEDURES TO BE UNDERTAKEN AS PART OF A SUPPLEMENTARY EYE EXAMINATION DEPENDING ON THE CIRCUMSTANCES OF THE PATIENT

1. The patient's relevant medical, family or ocular history should be updated and the reason for and date of visit should be recorded.

2. Where clinically appropriate, a patient should be referred directly to an ophthalmic hospital, to the patient's General Practitioner, or to another Optometrist.

TABLE

Reason code	*Column 1*	*Column 2*
2.0	Following routine sight test;	Cycloplegic sight test
2.1	Paediatric follow up within six months of the previous examination	A sight test; Oculo-motor balance; and Stereopsis
2.2	Referral refinement / Repeat or follow-up procedures	To include, as required: A sight test where this could not be undertaken as part of the primary eye examination due to eye infection, disease or injury Repeat of automated visual field assessment by full threshold visual fields; Repeat tonometry using applanation tonometry; Slit lamp biomicroscopy, which may include mydriasis, and / or digital retinal photography; Also to include where referring: general referral advice and counselling specific to the referral reason

Reason code	*Column 1*	*Column 2*
2.3	Suspect glaucoma, unusual optic disc appearance, or where other retinal or choroidal abnormalities have been detected during the primary eye examination	To include, as required: Repeat of automated visual field assessment by full threshold visual fields; Repeat tonometry using applanation tonometry; Slit lamp biomicroscopy which may include mydriasis
2.4	Patient aged under 60 with suspect cataracts, suspect macular disorder, suspect diabetic retinopathy, suspect vitreo retinal disorders, suspect glaucoma, suspect neurological symptoms, suspect tumour risk, small pupils measuring 2 mm or under.	Dilated slit lamp biomicroscopy, and any other tests and procedures appropriate to the patients' symptoms
2.5	Suspect or diagnosed anterior segment disorders, damage or infections, as detailed in the patient's record, including corneal abrasion, foreign body, dry eye, conjunctivitis, red eye, scleritis, episcleritis, iritis, or uveitis	External eye assessment using slit lamp and relevant diagnostic agents
2.6	Children aged under 16 years on referral by an ophthalmic hospital	Cycloplegic sight test
2.7	Patients discharged from an ophthalmic hospital following a cataract operation	Postoperative cataract examination and sight test
2.8	Patient presenting with reduced visual acuity, sudden vision loss, sudden onset flashes and floaters, or neurological symptoms	sight test, macular assessment tests, slit lamp biomicroscopy which may include mydriasis, and any other tests and procedures appropriate to the patient's signs and symptoms"

ANNEX C

RECORDS

1. An ophthalmic medical practitioner or optician shall keep the following data in records (this data is a record of patient details, symptoms, tests performed and results thereof):—

Personal Patient Data (primary eye examination)	Name, title, address, telephone number, Date of Birth, General Practitioner's details, Community Health Index number (where available), occupation, driver Yes/No, relevant interests, date of examination
Symptoms & History (primary eye examination)	Presenting signs & symptoms and reason for visit, past ocular history, past medical history, family ocular and patient's own medical history, medication, reason for referral to or from the ophthalmic medical practitioner or optician, smoker yes/no (if relevant), if family history, or symptoms of age related macular degeneration.
Personal Patient Data (supplementary eye examination)	Update of Name, title, address, telephone number, General Practitioner's details, occupation and date of examination
Symptoms & History (supplementary eye examination)	Presenting signs & symptoms, reason for visit or for referral to or from the ophthalmic medical practitioner or optician, update of ocular and medical history and medication
For all eye examinations:	
Diagnosis / Findings	Record of all findings and any diagnosis or outcomes. Record of reason why any specified/expected procedure or test was not carried out. Where digital fundus photographs have been taken, the photographs should be retained either in electronic form or in hard copy and backed up either in electronic form or hard copy. Where a drug has been issued to a patient, a record of the batch number of that drug, the expiry date and the date when that drug was administered to the patient should be kept, either in the patient record or in a register held at the practice for the specific purpose of recording the drugs which have been administered.
Communication	Note any advice, statements, reports or referrals issued to the patient or made on behalf of the patient
Data to be recorded where appropriate for tests and procedures specified in the Tables A and B in Schedule 3 and the Table in Schedule 4:	
External Examination	A record of all relevant findings, technique and apparatus used
Internal Examination	A record of whether this was with or without mydriasis, the technique, apparatus and diagnostic agents used and a full description of the ocular media, fundus, blood vessels, optic disc and macula

Neurological Assessment	All relevant tests undertaken, which may include pupil assessment – relative size, shape, direct, consensual and near responses
Oculo-Motor Function	All relevant tests undertaken which may include cover test, convergence, muscle balance, motility, stereopsis, amplitude of accommodation
Visual Fields	Record findings, technique and apparatus used
Intra Ocular Pressure	Intra ocular pressure measurement, type of tonometer and time of measurement
Sight test	Objective/subjective findings, unaided vision, pinhole acuity, visual acuity, back vertex distance (over 5D), prescription issued, dispensing details
Colour Vision	Record findings and test procedure
Imaging	Record reference to any electronic images taken. Where any electronic images have been taken, the image should be retained either in electronic form or in hard copy and backed up either in electronic form or hard copy.”

ANNEX D

NATIONAL HEALTH SERVICE (SCOTLAND)

GENERAL OPHTHALMIC SERVICES

THE STATEMENT

Scottish Ministers, in exercise of powers conferred on them by Regulation 17 of the National Health Services (Scotland) Regulations 2006 ("the 2006 Regulations"), having regard to Section 7(4) of the Health and Social Security Act 1984, after consultation with such organisations as appear to them to be representative of contractors providing general ophthalmic services, have determined as follows:-

1. The fees payable to ophthalmic medical practitioners and optometrists for undertaking eye examinations are set out in Appendices A and B;

2. The allowance payable to ophthalmic medical practitioners and optometrists for continuing education and training is set out in Appendix C; and

3. The allowance payable for practice expenses is set out in Appendix D.

Scottish Government Health Directorates
12 March 2010

APPENDIX A

FEES PAYABLE TO OPHTHALMIC MEDICAL PRACTITIONERS AND OPTOMETRISTS FOR EYE EXAMINATIONS

1. Fees payable for each NHS primary eye examination carried out by an ophthalmic medical practitioner or optometrist for those aged under 60 years:

on or after 1 April 2010…….£37.00

2. Fees payable for each NHS primary eye examination carried out by an ophthalmic medical practitioner or optometrist for adults aged 60 years and over:

on or after 1 April 2008 (no digital photograph taken) £40.00

on or after 1 April 2010 (digital photograph taken) £45.00

3. Fees payable for each NHS supplementary eye examination carried out by an ophthalmic medical practitioner or optometrist:

on or after 1 April 2010…….£21.50

4. The payments to ophthalmic medical practitioners under paragraph 1 and 2 above are subject to adjustment in respect of superannuation as follows:

a. in the case of an ophthalmic medical practitioner who is participating in the National Health Service Superannuation Scheme, deduction of the appropriate contribution;

b. in the case of an ophthalmic medical practitioner for whom an option under Regulation 78 of the National Health Service (Superannuation) (Scotland) Regulations 1980 continued under V2(2)(a) of the National Health Service Superannuation Scheme (Scotland) Regulations 1995 has been approved, payment of the appropriate allowance.