

To:  
**Chief Executive Health Authorities)**  
**Directors of Primary Care Health Authorities**  
**Directors of Finance Health Authorities**  
**Local Counter Fraud Specialists in Health Authorities**  
**Optometrists and ( ) on health authority**  
**Ophthalmic Medical Practitioners ) lists**

January 02

Dear Colleague

## **FREQUENCY OF SIGHT TESTS**

1. In my letter of January 2001 I indicated that the box titled *In the case of a retest at less than the standard interval* on the reverse of the new version of the GOS 1 *Application for a NHS sight test* form should not be used until further notice. We have completed discussions with the optometric profession on a Memorandum of Understanding on the Frequency of NHS Sight Tests and this letter is about how the box should be brought into use.

### Clinical judgement

2. It is for optometrists and ophthalmic medical practitioner to decide whether a patient's sight needs to be tested in the light of their assessment of the patient's eye care needs. The interval at which the patient should be advised to have a subsequent sight test/eye examination is also a matter of clinical judgement. However, unnecessary NHS sight tests and NHS optical vouchers result in the misallocation of NHS funds from other areas of patient care. To avoid this the Department has worked with the profession to devise guidance on appropriate intervals between sight tests and on how health authorities may be informed of the reasons for sight tests at shorter than expected intervals. The Department is grateful to the profession for the cooperation it received on producing guidance which protects the clinical judgement of practitioners with the minimum of bureaucracy.

### Background to the memorandum

3. A working party comprising the Association of Optometrists, the College of Optometrists, the Federation of Ophthalmic and Dispensing Opticians and the Department of Health reviewed and reported on good practice on sight test intervals. As a result of a request from the working party and following consultation with members of the working party the College has produced guidance on appropriate intervals between sight tests which it has now included in its *Code of Ethics and Guidance for Professional Conduct*. For use within the general ophthalmic services FODO, AOP and the Department have summarised this guidance in the memorandum in the annex to this letter.

### Use of the memorandum

4. As the introduction indicates, where optometrists and ophthalmic medical practitioners carry out NHS sight tests at intervals equivalent to or greater than those given in paragraph 2.2 of the guidance no entries are required at Part 3 of the form GOS 1. Where a test is undertaken at a shorter interval the practitioner should enter the appropriate code given at paragraph 3.1 of the memorandum. **Only the code number is required. When the forms are revised the title of the box will be amended to show that a coding system is in use.** The following additional points need to be taken into account.

### Monitoring schemes

5. These could be shared care or co-management schemes undertaken in accordance with a protocol agreed with hospital ophthalmologists and general practitioners. Since they provide for patients for whom a confirmatory diagnosis has been made in the secondary care sector, these schemes are outwith the GOS. Payments to practitioners should be made from hospital and community health services funds, but where refraction is required as part of the agreed protocol, a NHS sight test fee may be claimed for eligible patients

### Broken or lost spectacles

6. Paragraph 22 of the Annex to HSG(97)48/FPN713 *Advice and Clarification of GOS Procedures* indicated how patients who had lost or broken their spectacles (and did not meet the criteria for replacement/ repair) might exert pressure on practitioners for early re-tests. In these circumstances practitioners should still determine the need for testing on the basis of clinical judgement informed by the attached guidance. Patients experiencing major hardship as a result of not having serviceable spectacles should be advised to consult the health authority

### Measurement of intervals between sight tests

7. Practitioners have to make appointments to accommodate their patients' commitments and this may result in tests conducted slightly earlier than the intervals in the annex. To give some flexibility health authorities should not challenge claims for tests made within one month of these intervals.

Action

8. Health Authorities are asked to send copies of this letter and the memorandum to the optometrists and OMPs on their ophthalmic lists. Optometrists and OMPs should start entering codes for sight tests undertaken at shorter intervals than those given at paragraph 2.2 of the memorandum from 1 April 2002.

Yours sincerely

Jerry Read  
**Head of General Ophthalmic Services**

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## MEMORANDUM OF UNDERSTANDING

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between  
Department of Health  
and  
Association of Optometrists  
and  
Federation of Ophthalmic and Dispensing Opticians  
on

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## FREQUENCY OF GOS SIGHT TESTS

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### 1. Introduction

- 1.1 This Memorandum of Understanding refers to sight tests for different categories of patients under the General Ophthalmic Services (GOS). A sight test means a test by an optometrist or an ophthalmic medical practitioner (OMP) as defined in regulations.
- 1.2 Health Authorities and payments agencies will automatically pay all *bona fide* claims for GOS fees for sight tests carried out at the intervals listed below, subject to normal post-payment verification.
- 1.3 Claims for GOS fees for sight tests carried out at an interval, which is shorter than those listed below, will be accompanied by a justification by the optometrist or OMP by means of one of the numerical codes, described below. Such a sight test may be initiated by an optometrist or OMP or by a patient who presents with a problem requiring immediate attention in the judgement of the optometrist or OMP.

**2. Minimum Intervals Between Sight Tests**

- 2.1 The GOS regulations require practitioners to satisfy themselves that a sight test is clinically necessary. Therefore, the intervals given below are not to be read as applying automatically to all patients in a category.
- 2.2 However, optometrists and OMPs will not normally test the sight of patients under the GOS more frequently than according to the following schedule of intervals.

**Patient's Age at Time of Sight Test Minimum Interval Between Sight Tests or Clinical Condition**

Under 16 years, in the absence of any binocular vision anomaly	1 year
Under 7 years with binocular vision anomaly or corrected refractive error	6 months
7 years and over and under 16 with binocular vision anomaly or rapidly progressing myopia	6 months
16 years and over and under 70 years	2 years
70 years and over	1 year
40 years and over with family history of glaucoma or with ocular hypertension and not in a monitoring scheme	1 year
Diabetic patients	1 year

**3. Reasons for Earlier Sight Test**

- 3.1 An optometrist or OMP may carry out a sight test at a shorter interval than those listed above, either at the practitioner's initiative for a clinical reason, or because the patient presents him/herself to the practitioner with symptoms or concerns which might be related to an eye condition.
- 3.2 If an optometrist or OMP carries out a GOS sight test at an interval shorter than one of those listed above, the practitioner must annotate the GOS 1 form with one of the following codes:
1. Patient is at risk of frequent changes of prescription for reasons not requiring medical referral or for reasons already known to a medical practitioner.
  2. Patient has pathology likely to worsen, for example age-related macular degeneration, cataract, corneal dystrophy, or congenital anomalies.
  3. Patient has presented with symptoms or concerns requiring ophthalmic investigation
    - 3.1 resulting in referral to a medical practitioner; or
    - 3.2 resulting in issue of a changed prescription; or
    - 3.3 resulting in either no change or no referral (the patient's record should indicate any symptoms shown to support this category of claim, if necessary).
  4.
    - 4.1 Patient needing complex lenses; or
    - 4.2 with corrected vision of less than 6/60 in one eye.
  5. Patient has
    - 5.1 presented for a sight test at the request of a medical practitioner; or
    - 5.2 is being managed by an optometrist under the GOC referral rules, for example suspect visual fields on one occasion which is not confirmed on repeat, or abnormal IOP with no other significant signs of glaucoma; or
    - 5.3 identified in protocols as needing to be seen more frequently because of risk factors.
  6. Other unusual circumstances requiring clinical investigation.

[END]