

Area Team procedures for General Ophthalmic Services covering:

Second Pairs of Spectacles,

Spectacle Non-tolerance,

Repairs/Replacements,

Intermediate Spectacles.

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Author: Primary Care Commissioning Team, Greater Manchester

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Introduction

Frequent requests are made by patients (or their representative) who wish to be provided with a voucher (GOS 3) for a spare pair of spectacles.

It is intended that this guidance should be used by GM Area Team and PCS Staff to help them make consistent decisions about whether particular patients should be allowed a spare (i.e. second) pair.

Definition of Spare Pair

For the purposes of this document a second pair is defined as the provision of a second GOS3 towards the cost of a second pair of spectacles where the first pair remains in serviceable condition.

Scope of procedure

This procedure only considers second pairs for patients who had their original pair provided under GOS. Children or adults who are in receipt of their first pair of spectacles from the HES should apply to the individual NHS Trust concerned if they wish to have a second. The cost of the second pair should be borne by the NHS acute trust not by General Ophthalmic Services.

Regulatory basis for decision making

Paragraph 27 of FPN 713 (1997) states that: “No patient has ever been automatically entitled to a spare pair of glasses of the same prescription but exceptionally – e.g. where a child with a disabling illness is breaking his/her glasses with such frequency that his/her education is being disrupted – permission may be sought from the health authority* to supply a second pair.”

(* health authority replaced by NHS England).

Illness includes mental as well as physical illness and disability as defined under the Health Act 2006:

“illness” includes mental disorder within the meaning of the Mental Health Act 1983 (c. 20) and any injury or disability requiring medical or dental treatment or nursing”

Additional Guidance

The guidance below has been produced in an attempt to further define “exceptional circumstances”.

Children aged 7 and under

It is generally accepted by the optical professional bodies that children up to the age of seven may suffer long term visual impairment (amblyopia or lazy eye) if they are unable to wear their glasses on a consistent basis and they also have an accompanying eye condition such as a heterotropia (squint), anisometropia (a different prescription in each eye) or large degrees of ametropia (long or short sight). These conditions in themselves may be considered to be “disabling” illnesses/conditions. For this reason it is recommended that a child that frequently breaks his/her spectacles should be allowed to have a second pair to prevent long term visual impairment provided that:

1. The child is aged 7 or under **and**
2. The prescription falls into the voucher B band* or above for at least one eye **and**
3. There is a history of spectacle loss or breakage (2 or more repairs in the preceding 6 months). Second pairs should not be provided “just in case” where there is no evidence of need.

Children aged over 7 years

Children in this age group should only be considered for second pairs if:

1. They have an illness that causes the frequent breakage/loss **and**
2. The prescription falls into the voucher B band* or above for at least one eye **and**
3. There is a history of spectacle loss or breakage (2 or more repairs in the preceding 6 months). Second pairs should not be provided “just in case” where there is no evidence of need **and**
4. Evidence from the patient or their representative leads staff to reasonably believe that the patient’s education or quality of life is likely to be affected if they are without their glasses.

*Children who fall within the voucher A band should be able to obtain replacements fairly quickly compared with higher power voucher bands.

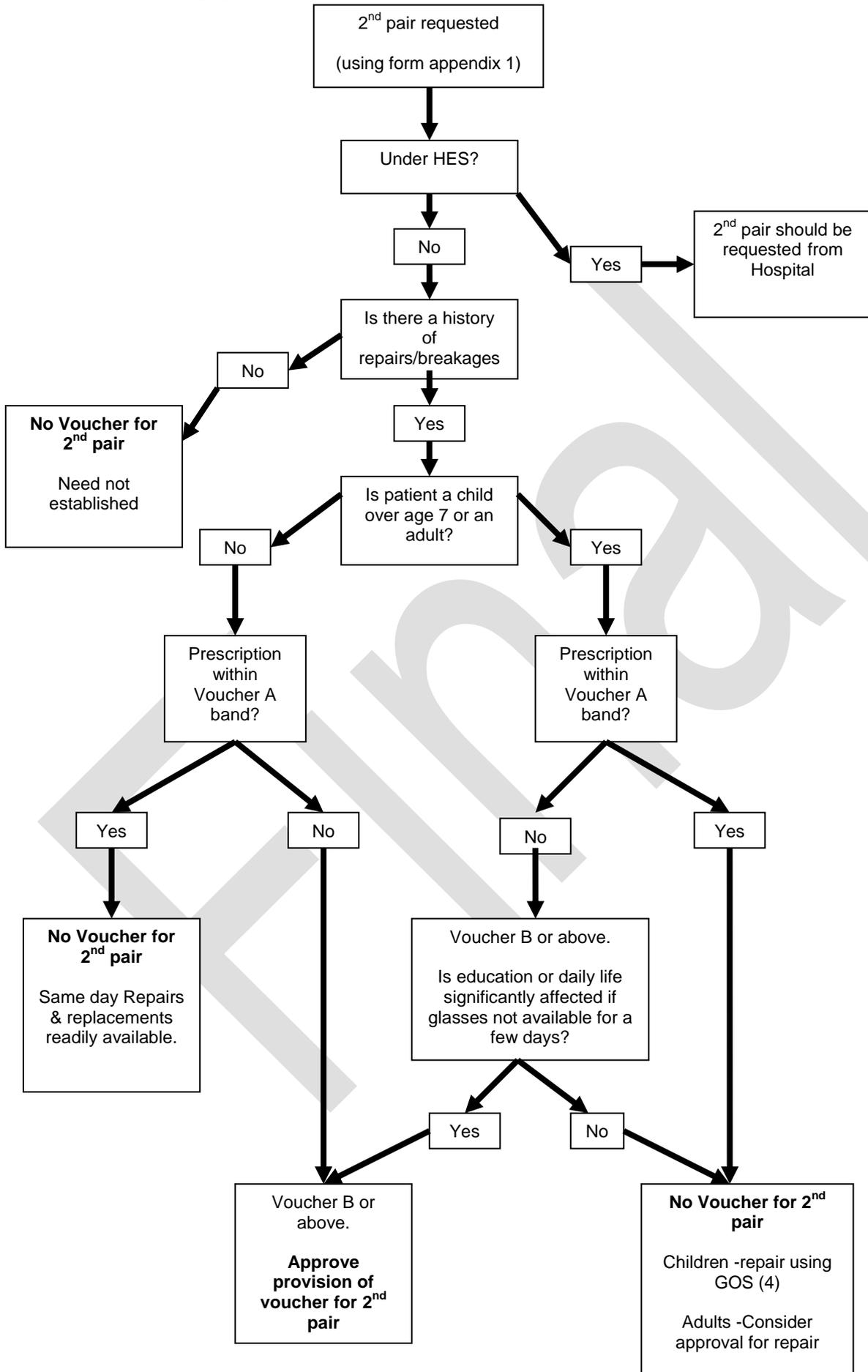
Adults

It is rare that a request will be made for an adult to have a second pair; however, where this is made, the grounds for decision making should be similar to that above for older children i.e. should only be provided if:

1. They have an illness that causes the frequent breakage/loss **and**
2. The prescription falls into the voucher B band* or above for at least one eye **and**
3. There is a history of spectacle loss or breakage (2 or more repairs in the preceding 6 months). Second pairs should not be provided “just in case” where there is no evidence of need **and**
4. Evidence from the patient or their representative leads staff to reasonably believe that the patient’s education or quality of life is likely to be affected if they are without their glasses.

This guidance is summarised in the “second pair decision tree” as follows:

Second Pair Decision Tree



Atypical second pair requests

Some requests for a second pair may not fit in with the pattern described in this procedure e.g. a child who needs both bifocals for school plus a distance pair for other daily activities or a patient who is albino who clinically needs a tinted and a clear pair of glasses. Such cases can only really be solved on their individual merits. For this reason all such requests should be referred to an optometric adviser for a considered opinion.

Repairs to second pairs

Under FPN 713 paragraph 26, where a second pair has been granted by the HES or paragraph 27 where a second pair has been granted by the Area Team both pairs may be repaired or replaced using GOS (4) provided that they are children or if an adult the Area Team is satisfied that the breakage/loss is due to illness.

Area Team Standard Operating Procedure for authorisation of second pairs under General Ophthalmic Services

1. Spare pair requests are generally made on a patient's behalf by their ophthalmic performer* who should complete and submit the form (Appendix 1) or provide equivalent information on their company letterhead. If information is missing these may be returned to the ophthalmic performer for the omissions to be rectified.
 2. Submissions are permissible by email if a secure nhs.net address is used. Otherwise submission should be by post or secure fax. Area Team contact details are given on the application form and in Appendix 3.
 3. Decisions should be made in accordance with this guidance. Where appropriate, cases will be referred to the ophthalmic adviser for a decision.
 4. All requests and decisions made should be logged by the Area Team (see Appendix 3).
 5. The practice that made the request should be notified of the decision. Notification should be in writing and may be made either electronically using NHS net, fax or by post to the practice address given on the request form. Any telephone confirmation should be followed up in writing.
 6. When a practice submits the claim for payment a copy of the authorised application should be attached to the GOS 3.
- An ophthalmic performer is an optometrist or an ophthalmic medical practitioner (OMP).

Procedure for authorisation of non-tolerance requests made under General Ophthalmic Services

Introduction

Ophthalmic contractors may make requests for additional GOS 3 vouchers because they have a patient whom they believe is non-tolerant of their new glasses.

It is intended that this guidance should be used by GM Area Team and PCS Staff to help them make consistent decisions about whether a further voucher should be issued in cases where the patient is not able to adapt to new glasses and a GOS3 voucher was used in the original supply.

Definition of non-tolerance

For the purposes of this document, non-tolerance is defined as where a patient has been supplied with a pair of glasses but they have not been able to tolerate wearing them. The case under consideration should fulfil the following criteria:

- The tolerance problems should have been present from the time of supply (rather than starting later);
- The cause of the problems have been shown to be related to the prescription (i.e. the strength of the lenses) not the lens design (i.e. not because they are bifocal/varifocal/single vision). Hence requests for vouchers to allow a change from single vision to bifocal/varifocal or vice versa in the absence of a change in prescription should be refused.

Scope of procedure

This procedure applies to patients of all ages who had their original pair provided under GOS. Children or adults who are in receipt of their original pair of spectacles from the HES should apply to the individual NHS Trust concerned if they have a problem. The cost of any additional voucher in these cases should be borne by the NHS Acute Trust, not by GOS.

Regulatory basis for decision making

Definition of non-tolerance

Non-tolerance is defined under regulation 9 (6) of the General Ophthalmic Services Optical Charges and Payments Regulations 2013:

“9 (6) Where a person requires a prescription for an optical appliance, the particulars of which differ from those relating to their existing appliance only because the person is non-tolerant of that appliance, and has been so since it was supplied, a voucher must not be issued unless the Board, being satisfied that the prescription for that existing appliance was clinically correct, has authorised the issue of a voucher.”

This section explains that non-tolerance should be determined on the basis of the prescription. The particulars that make up the prescription further defined in the Sight Testing (Examination and prescription) (No2) Regulations 1989 5 (1) (a). The entirety of regulation 5 is included here so that it may be clearly seen that at no point is there a reference to the lens type prescribed (e.g. bifocal) in the definition of the prescription.

*“5.—(1) A prescription provided in fulfilment of the duty imposed by section 20B (2) of the Act shall include—
(a) particulars of any spherical power of each lens to be included in the appliance prescribed and, where appropriate, particulars of the cylindrical power (including particulars of its axis), prismatic power (including particulars of the orientation of the prism) and near addition of each such lens;*

- (b) the date of the testing of sight;
 - (c) the name and address of the patient and, if he is under the age of 16, his date of birth;
 - (d) the name and practice address of the doctor or optician who carried out the testing of sight;
 - (e) the address at which, or the name of the hospital, clinic, nursing home or other institution at which, the testing of sight was carried out; and
 - (f) where the patient, before his sight was tested, had been prescribed an optical appliance and the doctor or optician is satisfied that the particulars of the prescription specified in sub-paragraph (a) of this paragraph are—
 - (i) the same as those relating to that appliance, or
 - (ii) different from those relating to that appliance but not so as to necessitate, in the opinion of the doctor or optician, a change in that appliance a statement to the effect that no change in the patient's existing appliance is necessary.
- (2) The statement provided in fulfilment of the duty imposed by section 20B(2) of the Act shall (in addition to stating that the patient does not need to wear or use an optical appliance) include the particulars specified in paragraph (1)(b), (c), (d) and (e).

Hence, it is clear from the regulation that it is only if the patient is non-tolerant to the spherical or cylindrical lens power or the cylindrical lens axis, prism or reading addition in their glasses that a further GOS 3 towards a replacement pair of glasses is allowed.

Retests and second opinions

It is clear from FPN 713 paragraph 9 that if a person is non-tolerant of their glasses they may have another GOS sight test as long as the form is annotated with the word retest/non-tolerance. It is further clear that it does not have to be the original practitioner who does this. We would recommend that the patient if at all possible does have the retest with the original prescriber. However, in situations where the professional/ patient relationship has broken down this may be done by another practitioner. Approval does not need to be sought for the test only for any voucher that the prescriber may wish to issue.

Paragraph 9 of FPN 713 (1997) states. If, exceptionally, patients find they are unable to tolerate new glasses, either the prescriber of the glasses or another practitioner, from whom the patient has sought a second opinion may retest. The GOS1 form should be annotated "retest/non tolerance".

If the prescriber then decides it is necessary to issue a second voucher for replacement glasses he/she should seek the health authority's consent.

Area Team Standard Operating Procedure for authorisation of General Ophthalmic Services non-tolerance requests

1. The ophthalmic performer should complete and submit the form (appendix 2) or provide equivalent information on their company letterhead. If information is missing these may be returned to the ophthalmic performer for the omissions to be rectified.
2. Submissions are permissible by email if a secure nhs.net address is used. Otherwise submission should be by post or secure fax. Area Team contact details are given on the application form and in Appendix 3.
3. Decisions should be made in accordance with this guidance. Where appropriate cases will be referred to the ophthalmic adviser for a decision).
4. All requests and decisions made should be logged by the Area Team (see appendix 3)
5. The practice that made the request should be notified of the decision. Notification should be in writing and may be made either electronically using NHS net, fax or by post to the practice address given on the request form. Any telephone confirmation should be followed up in writing
6. When practice submits the claim for payment a copy of the authorised application should be attached to the GOS 3.

Procedure for approval of requests for repairs/replacement* of glasses for an Adult made under General Ophthalmic Services

* referred to as repairs in the procedure below

Introduction

On occasion a request may be made by an ophthalmic contractor for a repair to be done under GOS for an adult.

It is intended that this guidance should be used by GM Area Team and PCS Staff to help them make consistent decisions about whether particular patients should be allowed to have their glasses repaired under GOS.

When may spectacles be repaired?

An adult may request GOS help toward the cost of repairing their glasses if they are eligible (see below for the definition of eligibility) and the cause of the breakage or loss was due to illness. For the purpose of GOS in this circumstance an adult is a person aged 16 or over (see exception to this under “scope”). The term “illness” as it is used here includes mental as well as physical illness and disability as defined under the Health Act 2006:

“illness” includes mental disorder within the meaning of the Mental Health Act 1983 (c. 20) and any injury or disability requiring medical or dental treatment or nursing,”

Approval for an adult repair under this procedure should be sought before the repair is undertaken. The Area Team cannot be held responsible if a repair is undertaken in advance of approval being sought.

Extent of repair

Please note that only the broken part of the spectacles may be repaired under GOS. For example, if a frame is broken only the frame should be replaced and any lens supplied will not be the responsibility of GOS. The only exception being if the frame is no longer made then a complete new pair must be ordered.

Scope of procedure

This procedure only includes adults as defined above. All children aged under 16 are automatically entitled to repairs under GOS and do not need to apply for approval.

The exception to the definition of adult relates to “looked-after” children.

A ‘looked-after child’ is

- aged 16 or 17, and
- was in local authority care up to age 16, and
- is now being supported by the local authority.

These children remain entitled to automatic repair or replacement. A looked-after child will have no evidence of status but will have a support/care worker.

Regulatory basis for decision making

The regulations that support this procedure are the General Ophthalmic Services Optical Charges and Payments Regulations 2013. Part 5 covers the rules relating to payments toward the cost of repairs. Under regulation 16(3) (b), a person may have repair/replacement if entitled on income grounds and the cause of loss/breakage is due to the illness. For example, a patient with epilepsy may have a repair if glasses broken/lost whilst having a seizure, but not if simply lost them when shopping.

“16.—(1) A payment must be made as provided for by this Part to meet, or contribute towards, any cost accepted by the Board as having been incurred for the replacement or repair of an optical appliance for which the condition in paragraph (3) is met.

(2) The payment referred to in paragraph (1) must be made whether or not the cost was incurred by way of a charge under the 2006 Act.

(3) The condition referred to in paragraph (1) is that a prescription is given for the optical appliance in consequence of the sight test of a person who, at the time the cost is incurred for the replacement or repair—

(a) is under the age of 16 years, where the appliance needs replacement or repair as a result of loss or damage;

(b) is a person of any description specified in regulation 8(2) (b), (c), (d), or (e)

(note additional to regulations; *briefly these are patients who are:*

- *Aged under 19 and in full time education (does not include home schooling)*
- *In receipt of income support, income based job seekers allowance; income based employment and support allowance, working tax credit, universal credit, and pension guarantee credit or hold an HC3 certificate.*
- *Patients who are in the family of someone who received the benefits listed above (such family members are normally listed on the benefit entitlement letter)*

who is suffering from illness, where the appliance needs replacement or repair as a result of loss or damage and the Board is satisfied, after making such enquiries as it considers relevant, that the loss or damage would not have occurred but for that illness; or

(4) No payment must be made under this Part unless the Board is satisfied, after making such enquiries as it considers relevant, that the full cost of replacement or repair cannot be met under the terms of any warranty, insurance or other arrangement made with the supplier or manufacturer.

Please note that benefit rules may change in the future. These would normally be flagged by an amendment to the optical charges and payments regulations. If in doubt, the current version of the regulations should be consulted (published on DH website).

Repairs to second pairs

Under FPN 713 paragraph 26 where a second pair has been granted by the HES, or paragraph 27 where a second pair has been granted by the Area Team, both pairs may be repaired or replaced using GOS (4) provided that they are children, or if an adult, the Area Team is satisfied that the breakage/loss is due to illness in accordance with this procedure.

Area Team Standard Operating Procedure for authorisation of General Ophthalmic Services Adult Repair requests

1. All GOS repairs are processed using the DH standard form GOS 4 (pink). Where approval is sought, the ophthalmic performer should submit a GOS 4 with the relevant sections completed. The reason for the breakage should be entered in part 1 (pictured below). If the space on GOS 4 is insufficient, the practice should attach a sheet giving such additional information as appropriate.

I have explained below[†] how the loss or damage happened.

2. Submission should be by post, Area Team contact details are given in Appendix 3.
3. If there is insufficient detail about how the damage was caused on GOS 4 - in particular if it is not clear whether the loss/breakage was due to illness or other reasons - the Area Team should request further information from the practice. Simply having a condition e.g. epilepsy or arthritis is insufficient detail for this purpose.
4. All requests and decisions made should be logged by the Area Team (see appendix 3)
5. Decisions should be made in accordance with this guidance. Where appropriate, cases will be referred to the ophthalmic adviser for a decision).
6. Part 3 of GOS 4 should be signed by the Area Team member authorising/not authorising the request (see below)

Part 3 To be completed by the Primary Care Trust

The applicant's claim has been considered and is: PCT name and address: *(stamp or write in capitals)*

approved not approved

Full name: _____

Signature: _____ Date: / /

7. The form is then returned to the practice that submitted it.

Vouchers for Intermediate Spectacles or 3 pairs

The number of queries relating to intermediate pairs of glasses and possible issue of a third voucher to be used for this purpose is increasing. This section outlines the approach that will be taken by the area team when presented with such requests, based on current GOS regulation.

In general a person is entitled to either

1. One bifocal voucher (which may be used for varifocals). The bifocal voucher is specified by the distant prescription
2. A maximum of two single vision vouchers one for distant glasses and one for near vision glasses. The near vision pair may be either one of a close reading pair or an intermediate pair but the distant pair must be for far vision.

Because the voucher value is specified by the distant prescription, where there is no distant prescription, e.g. a bifocal with plano distance or a degressive lens (as these are normally specified by the reading prescription) these should not normally be prescribed under GOS.

If the patient still wishes to have glasses that are not normally available under GOS, the additional pairs must be supplied privately. In atypical or unusual clinical circumstances, and if a strong clinical case can be provided, providers may apply to the area team for an exception to be made. This should be done prior to the voucher issue and should include all pertinent details of the individual situation.

Regulatory basis for decision making

The regulatory basis for decision making is based on the wording of the NHS Optical Charges and Payments Regulations 2013 and FPN 713, which do not explicitly mention all aspects of intermediate prescribing. Please note that the information below may not completely explain all aspects of intermediate and multifocal prescribing.

In schedule 1 of these regulations:

(3) For the purposes of Schedule 1 -

(b) where, subject to sub-paragraph (c), an optical appliance has a bifocal lens, the power of the lens shall be determined according to the power of that segment of the lens designed to correct a defect in distant sight;

Hence, for a bifocal to be able to specify the lens, the distant prescription should be used. This means that bifocals for intermediate and near may not be given under GOS. It also means that for a bifocal to be supplied there should be a distant prescription of at least 0.25D in at least one eye, as the lowest voucher band (E) starts at 0.25D. Hence plano distance bifocals may not normally be prescribed.

FPN 713 further adds that for the purposes of GOS, a varifocal may be used in place of a bifocal and therefore should also be specified by the distant prescription.

Degressive or enhanced reading lenses are clearly defined in manufacturer's literature as being a varifocal lens design. Such lenses are normally specified by the near prescription. Consequently, a single near vision voucher may not be used, and as there is no distant prescription, a bifocal/varifocal voucher should not be issued either. For these reasons, the dispensing of these lenses should only be supplied privately.

Spectacles for Display Screen Equipment (DSE)

With regard to Display Screen Equipment (VDU) spectacles for use at work, the employer has to provide a sight test and glasses which are used specifically for DSE use. This is the responsibility of the employer, not GOS.

The Health and Safety (Display Screen Equipment) Regulations 1992 say that if a user or a potential user of DSE requests an eye test, the employer is required to provide one. If the test shows that the user needs glasses specifically for DSE work, the employer must also pay for a basic pair of frames and lenses.

Final

Appendix 1: Application for second pair voucher

Patient Details			Practice Address		
Title: Mr, Mrs, Mast, Miss, Ms					
Surname					
Other Name(s)					
Address					
Post Code			Telephone		
D.O.B.			Fax		
			Contact Name		
			Designation		

Date of Application								
No of repairs in preceding 6 months								
Illness								
Information supporting request								
Current Prescription			Exam Date			Date of initial supply		
RE	Vision	SPH	CYL	AXIS	PRISM	BASE	VA	ADD
LE	Vision	SPH	CYL	AXIS	PRISM	BASE	VA	ADD

Return completed form: By secure Email: agm.optometry-pharmacy@nhs.net, By Fax: 0161 625 7504

By post: : Primary Care Commissioning (Optometry and Pharmacy), Greater Manchester Area Team, NHS England, 4th Floor, 3 Piccadilly Place, London Road, Manchester M1 3BN

For internal Use: Request approved / not approved*

Date:

Signature:

Name (print):

Please attach this form to the GOS3 if the application has been approved.

Appendix 2: Application for non-tolerance voucher

Patient Details			Practice Address					
Title: Mr, Mrs, Mast, Miss, Ms								
Surname								
Other Name(s)								
Address								
Post Code								
D.O.B.			Telephone			Fax		
			Contact Name			Designation		
Date of Application								
Reason for Non Tolerance								
Lens Type			Initial voucher type		Date of supply		Length of wear	
Action Proposed								
Original Prescription			Exam Date			OCs Dist/Near		BVD
RE	Vision	SPH	CYL	AXIS	PRISM	BASE	VA	ADD
LE	Vision	SPH	CYL	AXIS	PRISM	BASE	VA	ADD
New Prescription			Retest Date			OCs Dist/Near		BVD
RE	Vision	SPH	CYL	AXIS	PRISM	BASE	VA	ADD
LE	Vision	SPH	CYL	AXIS	PRISM	BASE	VA	ADD

Return completed form: By secure Email: agm.optometry-pharmacy@nhs.net, By Fax: 0161 625 7504

By post: : Primary Care Commissioning (Optometry and Pharmacy), Greater Manchester Area Team, NHS England, 4th Floor, 3 Piccadilly Place, London Road, Manchester M1 3BN

For internal Use: Request approved / not approved*

Date:

Signature:

Name (print):

Please attach this form to the GOS3 if the application has been approved.

Appendix 3: Contact details:

Area Team- for authorisation of requests for second pairs/non-tolerance/repairs and replacements

Email: AGM.optometry-pharmacy@nhs.net

Fax: 0161 625 7504

Post: Primary Care Commissioning (Optometry and Pharmacy), Greater Manchester Area Team, NHS England, 4th Floor, 3 Piccadilly Place, London Road, Manchester M1 3BN

Preston Office- for payment of GOS claims

Email: lasca.claims@nhs.net

Fax: 01772 221447

Post: Ophthalmic Claims Section, NHS England – Preston Office, 3 Caxton Road, Fulwood, Preston PR2 9ZZ

Denton Office- for payment of GOS claims (Manchester practices only)

Email: eileen.rainey@nhs.net

Fax: 0161 335 2750

Post: Eileen Rainey, Ophthalmic Payment Supervisor, NHS England – Denton Office, Millennium House, Windmill Lane, Denton M34 2GP

All requests and decisions should be logged here by the Area Team:

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