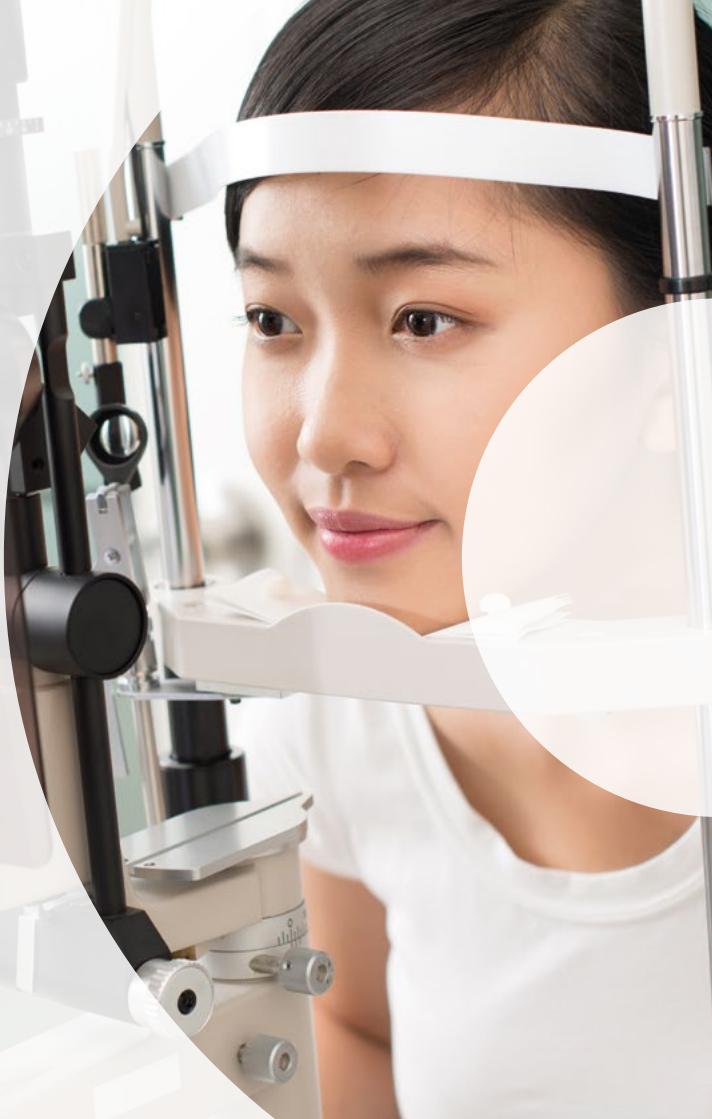
Association of Optometrists

GOS SIGHT TESTS – IN AND OUT

Guidance for AOP members



WHEN CARRYING OUT A SIGHT TEST

Optometrists should bear in mind the particular circumstances of the patient including their history, symptoms and risk factors when determining which examinations are clinically necessary.

Clinically, sight tests should be determined by the presenting symptoms, the requirements of the *Opticians Act* 1989 and peer practice.

PROCEDURES MUST INCLUDE:

- Performing an internal examination of the eye (with a mydriatic if, in your judgement, this is necessary to achieve a satisfactory outcome to the sight test)
- Performing an external examination of the eye
- Performing a refraction (with a cycloplegic if, in your judgement, this is necessary to achieve a satisfactory outcome to the sight test)
- Issuing a written prescription or statement
- Keeping full records.

When we say **"must,"** we mean that no sight test is complete unless you have carried out each one of these procedures. Claiming a sight test fee, without having completed a sight test, is contrary to the regulations and risks a General Optical Council (GOC) investigation and criminal prosecution.

PROCEDURES SHOULD INCLUDE:

- Taking symptoms and reason for visit
- Taking details of ocular history
- Taking details of family ocular history
- Taking details of general health
- Taking details of medications
- Measuring unaided vision or vision with current appliance
- Measuring visual acuity
- Performing a basic binocular vision assessment
- Giving advice in an appropriate form.

When we say **"should,"** we mean that normally a sight test would include these procedures but there may be reasons, in an individual test, why one or more of them would be unnecessary. You need to have a good reason not to undertake these procedures and you should record it. Failure to do so could result in disciplinary action from the GOC.

PROCEDURES MAY* INCLUDE:

- Visual field screening where indicated
- Tonometry where indicated
- Writing a referral letter, where appropriate.

It is a matter of judgement for the optometrist performing the sight test to determine which examinations are clinically necessary. He or she should consider the peer view and evidence-based guidance in forming this judgement.

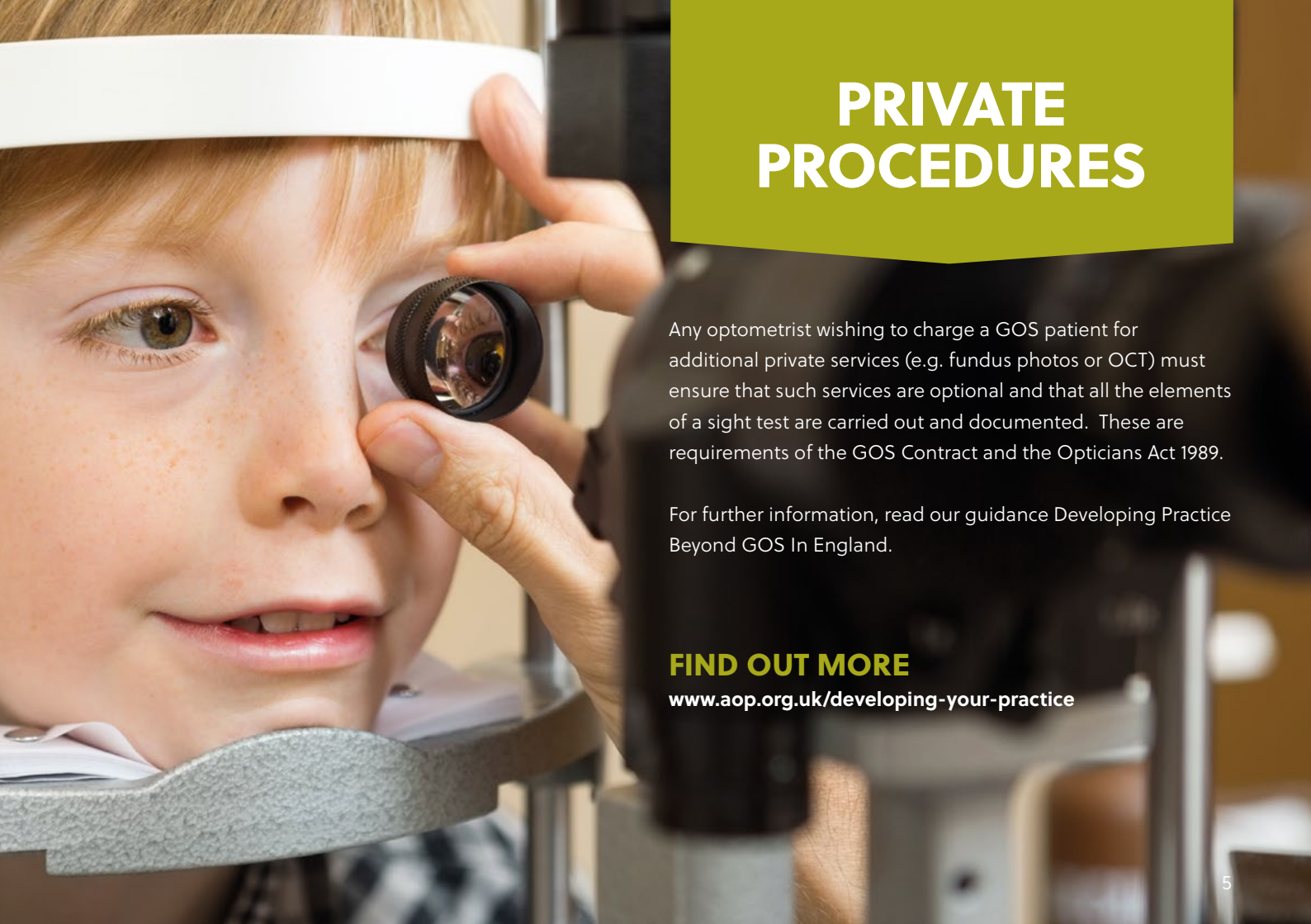
The optometrist cannot be directed by a third party, for example as part of a protocol, to include certain procedures in a GOS sight test. Directions by health bodies or local ophthalmologists such as:
"All children should have a cycloplegic refraction;"
"All diabetics must have dilated fundoscopy;" or
"All patients over the age of x must have fields and pressures measured," during their sight tests do not have to be followed.

They cannot override the optometrist's own judgement and are not enforceable under the GOS Contracts Regulations 2008 or The Opticians Act 1989.

A request from secondary care to:
"please provide a cycloplegic refraction and report on this child," may be referred back to secondary care to undertake the procedure as this would be an inappropriate referral to GOS.

Such directions can, however, be appropriately satisfied by the provision of an NHS community service funded by a Clinical Commissioning Group or Health Board separately to GOS sight tests and negotiated by the Local/Regional Optical Committee or Optometry Northern Ireland.

*When we say **"may,"** we mean that the individual patient's history or presenting symptoms may suggest that further investigation is required in order to achieve a satisfactory outcome to the sight test. Such investigations would form part of the sight test.



PRIVATE PROCEDURES

Any optometrist wishing to charge a GOS patient for additional private services (e.g. fundus photos or OCT) must ensure that such services are optional and that all the elements of a sight test are carried out and documented. These are requirements of the GOS Contract and the Opticians Act 1989.

For further information, read our guidance Developing Practice Beyond GOS In England.

FIND OUT MORE

www.aop.org.uk/developing-your-practice

INAPPROPRIATE GOS SIGHT TEST CLAIMS

In all cases the GOS contract requires the contractor to satisfy themselves that a sight test is necessary.

If the interval is shorter than those specified in the Memorandum of Understanding on Sight Test Intervals (MoU, Department of Health, 2002) then the GOS1 form must be appropriately coded and the reasons for the early sight test recorded on the patient's record. Where the interval is the same as, or exceeds, the peer practice norm - which for a straightforward adult is generally two years - then the interval itself is considered sufficient reason for a sight test.

FIND OUT MORE

www.aop.org.uk/retest-intervals

The memorandum stated intervals should not be considered recommended recall periods, but the minimum not requiring a code. Our 2013 survey showed typical peer practice when it comes to recall intervals.

The list of procedures which are to be included in a GOS sight test varies from patient to patient, but there are some situations where a GOS sight test is an inappropriate vehicle for patient care and practitioners should be advised not to offer them to patients.
Patients presenting with clear ocular medical concerns requesting a sight test for reasons such as:

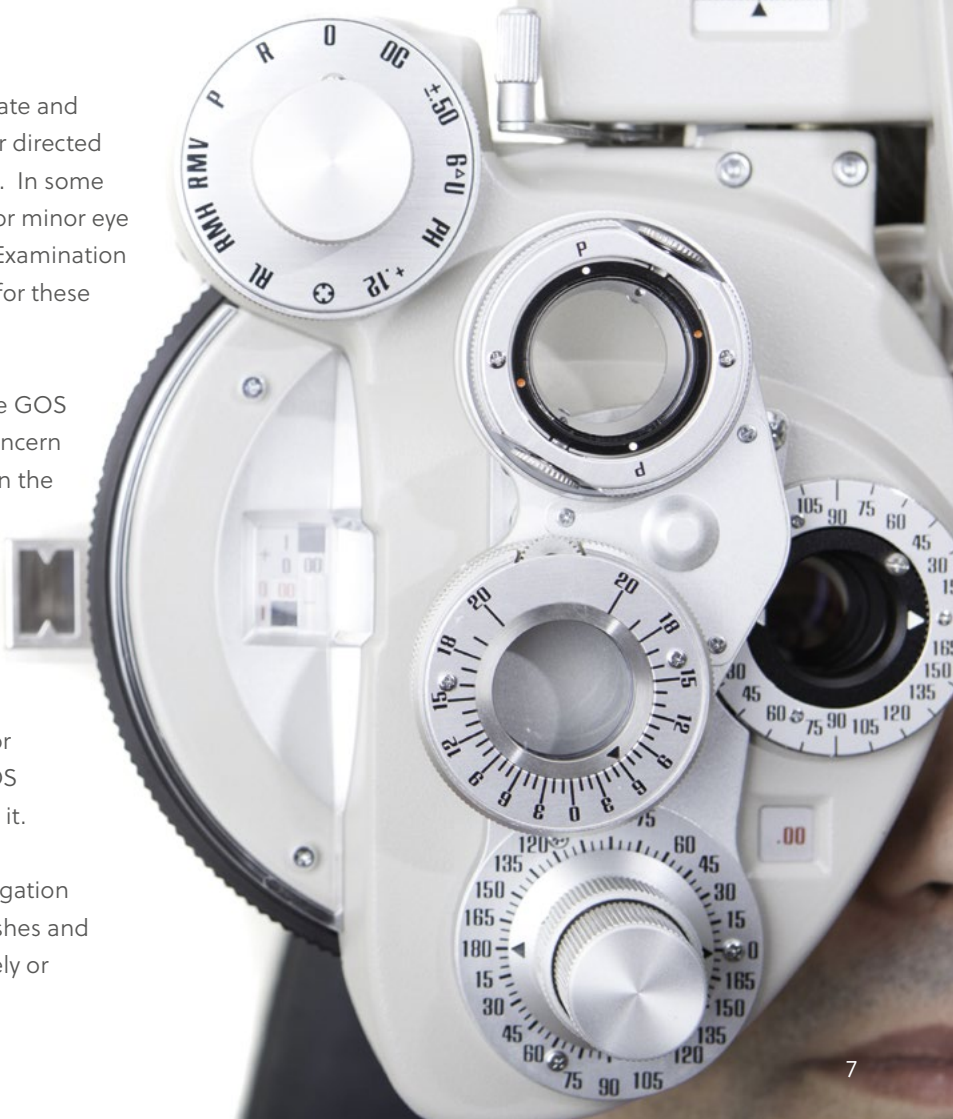
- A sticky red eye
- Foreign bodies
- A request for a particular procedure (for example, "the doctor said I should come and get my visual field checked for driving")

should be told that a GOS sight test is inappropriate and they should be treated privately in your practice or directed to hospital eye services or their GP as appropriate. In some areas of England NHS local community services for minor eye conditions (MECS), and in Wales, the Eye Health Examination Wales (EHEW), provide NHS-funded alternatives for these patients in primary care optometry.

Where such symptoms only come to light after the GOS test has started (perhaps because the patient's concern was vague when booking their appointment), then the test may continue with appropriate coding.

Symptoms of sudden onset flashes and floaters are a grey area. The Department of Health has stated (FPN713) that one of the main purposes of GOS is to protect people at risk of eye disease. Flashes and floaters are undoubtedly symptoms or concerns (MoU, 2002) and we believe that the GOS could be used for this, but strongly advise against it.

GOS funding is inadequate for the level of investigation required in a case of sudden and recent onset flashes and floaters and these patients should be seen privately or referred immediately to Eye Casualty or A&E.



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