



Dear Colleague

OPTICAL VOUCHERS AND GENERAL OPHTHALMIC SERVICES (GOS)

**Optical voucher regulation amendments;
HC3 certificates and GOS(S)3/GOS(S)4 vouchers;
GOS(S)1 claims for sight impaired/severely sight
impaired patients; Emergency eye presentations;
Hydroxychloroquine retinopathy screening.**

Summary

1. This letter advises of:

- amendments to legislation requiring the electronic submission of GOS(S)3/GOS(S)4 voucher payment claims on and after 1 April 2019, and written record requirements for repairs/replacements of optical appliances;
- amendments to eOphthalmics enabling GOS(S)3/GOS(S)4 voucher payment claims involving HC3 certificates to be submitted electronically on and after 1 April 2019;
- changes to GOS(S)1 claims from 1 April 2019 for sight impaired / severely sight impaired patients entitled to an annual primary eye examination;
- clarification on managing emergency eye presentations;
- clarification that hydroxychloroquine screening is not part of GOS.

Action

2. NHS Boards are asked to copy and issue the **Memorandum and Annexes** to this letter to all those on their ophthalmic lists.

Yours sincerely,

Richard Foggo

Head of Primary Care Division, Scottish Government

22 February 2019

Addresses:

For action

Chief Executives, NHS Boards
Director, Practitioner Services

For information

Chief Executive,
NHS National Services
Scotland

NHS Board Optometric
Advisers

Enquiries to:

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

Tel:

0131 244 7292
(for general GOS queries)

0131 275 6200
(for queries relating to GOS
claims)

Email:

[NHSgeneralophthalmicservices
mailbox@gov.scot](mailto:NHSgeneralophthalmicservicesmailbox@gov.scot) (for general
GOS queries)

nss.psdophthalmic@nhs.net
(GOS claims, eOphthalmics and
eSchedules)

**MEMORANDUM TO NHS:
PCA(O)(2019)01**

**NATIONAL HEALTH SERVICE
OPTICAL VOUCHERS AND GENERAL OPHTHALMIC SERVICES (“GOS”)**

Summary

1. This Memorandum advises of the following:

- amendments to legislation requiring all GOS(S)3 and GOS(S)4 voucher payment claims to be submitted electronically on and after 1 April 2019, and setting out written record requirements for repairs/replacements of optical appliances;
- amendments to eOphthalmics to enable the electronic submission of GOS(S)3 and GOS(S)4 voucher payment claims on and after 1 April 2019 which involve a HC3 certificate;
- changes to GOS(S)1 payment claims where patients are entitled to an annual primary eye examination (“PEE”) because they are sight impaired or severely sight impaired;
- clarification on the professional and regulatory requirement to manage all emergency eye presentations;
- clarification that hydroxychloroquine screening is not part of GOS.

Amendments to optical voucher regulations

Mandatory electronic submission of GOS(S)3 / GOS(S)4 voucher payment claims

2. As originally notified in December 2017 via PCA(O)(2018)1¹, all GOS(S)1, GOS(S)3 and GOS(S)4 payment claims submitted to Practitioner and Counter Fraud Services (“P&CFS”) of NHS National Services Scotland on and after 1 April 2019 must be done so electronically via a practice management system or using the web-based eOphthalmics form.
3. The Scottish Parliament has already passed legislation² which will amend The National Health Service (General Ophthalmic Services) (Scotland) 2006 Regulations (“the 2006 Regulations”) providing for the mandatory electronic submission of GOS(S)1 eye examination payment claims on and after 1 April 2019.

¹ [http://www.sehd.scot.nhs.uk/pca/PCA2018\(O\)01.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2018(O)01.pdf)

² <http://www.legislation.gov.uk/ssi/2018/212/made>

4. The Scottish Government has now laid legislation³ before the Scottish Parliament ([Annex A](#) to this memorandum) which, if passed, will amend The National Health Service (Optical Charges and Payments) (Scotland) Regulations 1998 ("the 1998 Regulations") requiring that all GOS(S)3 and GOS(S)4 optical voucher payment claims - irrespective of when the voucher was issued or redeemed - must be submitted electronically on and after 1 April 2019.
5. Payment claims for optical vouchers issued by the hospital eye service (HES(S)3 and HES(S)4 vouchers), and eye examinations carried out by or on behalf of the hospital eye service (HES(S)1 forms) must continue to be submitted to P&CFS by post.
6. Practitioners should note that GOS(S)1, GOS(S)3 and GOS(S)4 payment claims submitted by post and received by P&CFS on or after 1 April 2019 will be rejected and will have to be resubmitted electronically. P&CFS may operate some flexibility regarding GOS(S)1, GOS(S)3 and GOS(S)4 payment claims which are posted prior to 1 April 2019 but received on or after this date.

Written record requirements for repairs or replacements of optical appliances

7. Practitioners are advised that the SSI laid before Parliament also amends the 1998 Regulations to prescribe that a written record of the repair or replacement of an optical appliance must include:
 - a description of the loss or damage;
 - the nature of any repair including details of any parts replaced;
 - the date on which the patient signed the declarations referred to in regulation 16(4) of the 1998 Regulations: that they are eligible for a voucher, and that the optical appliance cannot be replaced or repaired free of charge under any warranty, insurance or other arrangement with the supplier/manufacture;
 - the date on which the patient signed the undertaking referred to in regulation 16(4) of the 1998 Regulations to repay the voucher redemption value to P&CFS if they are subsequently unable to show they are eligible for a voucher; and
 - the date of the replacement or repair.
8. Practitioners are advised that the above information should also be provided on the application form when prior approval of the voucher from a Health Board is required.

³ <http://www.legislation.gov.uk/ssi/2019/50/made>

HC3 certificates and eOphthalmics

9. Up to now eOphthalmics has been unable to process GOS(S)3 and GOS(S)4 voucher payment claims involving an HC3 certificate, meaning such claims have to be submitted by post. Practitioners will be able to submit all such claims via eOphthalmics on and after 1 April 2019.

Changes to GOS(S)1 claims for sight impaired / severely sight impaired patients entitled to an annual PEE

10. As notified in September 2018 via PCA(O)(2018)2⁴, from 1 October 2018 patients who are sight impaired or severely sight impaired became entitled to an annual PEE. A temporary early re-examination code 9 was introduced as the means by which practitioners could submit a payment claim for this on the GOS(S)1 form.
11. With the electronic submission of GOS(S)1 payment claims becoming mandatory on and after 1 April 2019, early re-examination code 9 will be removed from the eOphthalmics GOS(S)1 form for PEEs carried out on or after 1 April 2019. To help with the payment verification process, practitioners should continue to ensure that the 'Sight impaired or severely sight impaired' patient conditions box is selected on the GOS(S)1 form.
12. Practitioners will continue to see, and should select if applicable, code 9 as an early re-examination code option on the eOphthalmics GOS(S)1 form for eye examinations carried out between 1 October 2018 and 31 March 2019 inclusive.
13. Appendix B of The Statement (provided in [Annex B](#) to this Memorandum) has been revised to incorporate this change. Practitioners should continue to refer to Annex B of the Statement for the purposes of determining a patient's entitlement to an annual PEE due to being sight impaired or severely sight impaired.

Emergency eye presentations

14. Practitioners are reminded that, as previously set out in PCA(O)(2018)1, the 2006 Regulations were amended from 1 October 2018 to require **all GOS providers** to provide appropriate care and treatment for a person who presents to a practice with an emergency eye concern. It is expected that initial presentations are triaged to determine the urgency.
15. Following triage, if a person's condition is determined to be an emergency, the practice is responsible for seeing them within a reasonable time period or, if they cannot see them within that time period, then facilitating alternative arrangements

⁴ [https://www.sehd.scot.nhs.uk/pca/PCA2018\(O\)02.pdf](https://www.sehd.scot.nhs.uk/pca/PCA2018(O)02.pdf)

for the person to be examined, either with another listed GOS provider, a GP or local hospital.

16. Although not a regulatory requirement, it is suggested that practice leads monitor the number of emergency appointments over time, assess demand and that all practices introduce training so that all staff are aware of the triage system.
17. Practitioners should be aware that the 2006 Regulations do not define what constitutes an emergency. However, an emergency can be construed as a recent, unexplained situation which might be sight or life threatening and requires immediate investigation and management. The College of Optometrists⁵ guidance similarly has not defined the term 'emergency' but has indicated that this may include: red eye, recent visual loss, recent onset of ocular pain, symptoms suggesting a retinal tear/detachment, giant cell (temporal) arteritis.
18. As part of the first tranche of mandatory annual training which all non-body corporate GOS providers are now required to complete, NHS Education for Scotland has developed an e-learning module on emergency eye presentations and first port of call. The training, which must be completed by 31 December 2019, can be accessed at: <https://www.nes.scot.nhs.uk/education-and-training/by-discipline/optometry/professional-development/gos-mandatory-training.aspx>.

Hydroxychloroquine retinopathy screening

19. New UK guidance has been issued by the Royal College of Ophthalmologists⁶ for the screening of hydroxychloroquine and chloroquine retinopathy. Practitioners are advised that hydroxychloroquine and chloroquine retinopathy screening is not part of GOS.

Enquiries

20. Any enquiries arising from this Memorandum that are in relation to optical voucher and GOS payment claims should be directed to P&CFS (email: nss.psdophthalmic@nhs.net; tel: 0131 275 6200).
21. Any other enquiries arising from this Memorandum should be directed to the Scottish Government (email: NHSGgeneralophthalmicservicesmailbox@gov.scot; tel: 0131 244 7292).

Scottish Government
Directorate for Population Health
Primary Care Division

⁵ <https://guidance.college-optometrists.org/guidance-contents/knowledge-skills-and-performance-domain/examining-patients-who-present-as-an-emergency/?searchtoken=emergency+eye+examinations>

⁶ <https://www.rcophth.ac.uk/wp-content/uploads/2018/07/Hydroxychloroquine-and-Chloroquine-Retinopathy-Screening-Guideline-Recommendations.pdf>

PCA(O)(2019)01

22 February 2019

SCOTTISH STATUTORY INSTRUMENTS

2019 No.

NATIONAL HEALTH SERVICE

The National Health Service (Optical Charges and Payments)
(Scotland) Amendment Regulations 2019*Made* - - - - 2019*Laid before the Scottish Parliament* 2019*Coming into force* - - 1st April 2019

The Scottish Ministers make the following Regulations in exercise of the powers conferred by sections 70(1) and 105(7) and paragraphs 2 and 2A of schedule 11 of the National Health Service (Scotland) Act 1978⁽⁷⁾ and all other powers enabling them to do so.

Citation, commencement and interpretation

1. These Regulations may be cited as the National Health Service (Optical Charges and Payments) (Scotland) Amendment Regulations 2019 and come into force on 1 April 2019.

2. In these Regulations, “the 1998 Regulations” means the National Health Service (Optical Charges and Payments) (Scotland) Regulations 1998⁽⁸⁾.

Amendment of the National Health Service (Optical Charges and Payments) (Scotland) Regulations 1998

3. The 1998 Regulations are amended in accordance with regulations 4 to 11.

⁽⁷⁾ 1978 c.29; section 70(1) was amended by the Health and Medicines Act 1988 (c.49) (“the 1988 Act”) section 25(2) and schedule 3; section 105(7) was amended by the Health Services Act 1980 (c.53) (“the 1980 Act”) schedule 6, paragraph 5(1) and schedule 7, the Health and Social Services and Social Security Adjudications Act 1983 (c.41) schedule 9, Part I, paragraph 24 and the Health Act 1999 (c.8) schedule 4, paragraph 60; section 108(1) contains definitions of “regulations” and “prescribed” relevant to the exercise of the statutory powers under which these Regulations are made. Paragraph 2 of schedule 11 was substituted by the 1988 Act section 11 and schedule 2, paragraph 15(1) and schedule 3 and amended by the Health and Social Security Act 1984 (“the 1984 Act”) schedules 1 and 8 and the 1980 Act schedule 5. Paragraph 2A of schedule 11 was inserted by the 1984 Act schedule 1, Part II, paragraph 7 and amended by the 1988 Act section 13(2) and (5) and the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13) section 13. The functions of the Secretary of State were transferred to the Scottish Ministers by virtue of section 53 of the Scotland Act 1998 (c.46).

⁽⁸⁾ S.I. 1998/642. Relevant amending instruments are S.I. 1999/748, S.S.I. 1999/64, S.S.I. 2001/88, S.S.I. 2004/168, S.S.I. 2009/288, S.S.I. 2015/219 and S.S.I. 2016/127.

4. In regulation 10 (issue of vouchers by and health boards in connection with the hospital eye service), in the cross-heading omit “and”.

5. In regulation 12(5)(b) (use of vouchers for the supply of optical appliances)—

- (a) for “him” substitute “the supplier”; and
- (b) after “13(2)(c)(iii)” insert “or (2C)(c)(iii)”.

6. In regulation 13 (payments to suppliers)—

(a) for paragraph (1) substitute—

“(1) Subject to paragraph (2B), the responsible authority must make a payment of a voucher’s redemption value to a supplier if—

- (a) the supplier has accepted the voucher from a patient in accordance with regulation 12; and
- (b) the conditions specified in paragraph (2) are fulfilled.”;

(b) in paragraph (2)—

- (i) after “paragraph (1)” where it first appears insert “(b)”; and
- (ii) in sub-paragraph (c)(ii) for “either by means of electronic communication in accordance with paragraph (2A) or on a duly completed voucher” substitute “by means of electronic communication in accordance with paragraph (2A)”;

(c) in paragraph (2A), for “made by means of electronic communication shall” substitute “as mentioned in paragraph (2)(c)(ii) must”; and

(d) after paragraph (2A) insert—

“(2B) Where a voucher has been issued by a Health Board in accordance with regulation 10 the responsible authority must make a payment of a voucher’s redemption value to a supplier if—

- (a) the supplier has accepted the voucher from a patient in accordance with regulation 12; and
- (b) the conditions specified in paragraph (2C) are fulfilled.

(2C) The conditions referred to in paragraph (2B)(b) are that—

- (a) the patient has signed the declaration and undertaking referred to in regulation 12(4) and acknowledged receipt on the voucher of the optical appliance supplied to them;
- (b) the optical appliance is not sold or supplied in contravention of section 27(1) of the Optician’s Act 1989⁽⁹⁾; and
- (c) the supplier has—
 - (i) made and kept a written record of the supply and issued to the patient a receipt for any money received from the patient;
 - (ii) made a claim for a payment either by means of electronic communication in accordance with paragraph (2D) or on a duly completed voucher to the responsible authority, within the period of 3 months beginning with the date of supply of the optical appliance;
 - (iii) where the patient has shown a notice of entitlement to the supplier, informed the responsible authority of the amount of the patient’s contribution, if any; and
 - (iv) where the claim relates to a voucher the value of which is increased in accordance with paragraph 1(1)(e) of schedule 3, certified that the glasses supplied were small glasses.

(2D) A claim as mentioned in paragraph (2C)(c)(ii) which is made by means of electronic communication must—

⁽⁹⁾ 1989 c.44; section 27 was amended by the Regulation of Care (Scotland) Act 2001 (asp 8), schedule 3, paragraph 16, S.I. 2005/848 and S.I. 2015/914.

- (a) be submitted using such computer programme as the responsible authority has approved as suitable for that purpose;
- (b) confirm the matters referred to in paragraph (2C)(c)(iii) and (iv), where applicable; and
- (c) contain the personal identification number that has been allocated to the supplier by the responsible authority.”.

7. In regulation 16(5) (completion of vouchers for replacement or repair)—

- (a) for “him” substitute “the supplier”; and
- (b) after “18(2)(b)(iv)” insert “or (2C)(b)(v)”.

8. In regulation 18 (payments to supplier for replacement or repair)—

- (a) for paragraph (1) substitute—

“(1) Subject to paragraph (2B), the responsible authority must make a payment of a voucher’s redemption value to a supplier if—

- (a) the supplier has used the voucher in accordance with regulation 17; and
- (b) the conditions specified in paragraph (2) are fulfilled.”;

- (b) in paragraph (2)—

- (i) after “paragraph (1)” insert “(b)”;

- (ii) for sub-paragraph (b)(i) substitute—

“(i) made and kept a written record of the replacement or repair, including—

- (aa) a description of the loss or damage;
- (bb) the nature of any repair including details of any parts replaced;
- (cc) the date on which the patient signed the declarations and undertaking referred to in regulation 16(4); and
- (dd) the date of the replacement or repair.”;

- (iii) after sub-paragraph (b)(i) insert—

“(aii) issued to the patient a receipt for any money received from them.”; and

- (iv) in sub-paragraph (b)(iii) for “either by means of electronic communication in accordance with paragraph (2A) or on a duly completed voucher” substitute “by means of electronic communication in accordance with paragraph (2A)”;

- (c) in paragraph (2A), for “made by means of electronic communication shall”, substitute “as mentioned in paragraph (2)(b)(iii) must”; and

- (d) after paragraph (2A) insert—

“(2B) Where a voucher has been issued by a Health Board, the responsible authority must make a payment of a voucher’s redemption value to a supplier if—

- (a) the supplier has used the voucher in accordance with regulation 17; and
- (b) the conditions specified in paragraph (2C) are fulfilled.

- (2C) The conditions referred to in paragraph (2B)(b) are that—

- (a) the patient has signed the declarations and undertaking referred to in regulation 16(4) and acknowledged on the voucher that the optical appliance has been replaced or repaired; and
- (b) the supplier has—
 - (i) made and kept a written record of the replacement or repair, including—
 - (aa) a description of the loss or damage;
 - (bb) the nature of any repair including details of any parts replaced;

- (cc) the date on which the patient signed the declarations and undertaking referred to in regulation 16(4); and

- (dd) the date of the replacement or repair;
 - (ii) issued to the patient a receipt for any money received from them;
 - (iii) obtained any prior approval required by regulation 16(6);
 - (iv) made a claim for payment either by means of electronic communication in accordance with paragraph (2D) or on a duly completed voucher to the responsible authority within the period of three months beginning with the date of the replacement or repair of the optical appliance; and
 - (v) where the person has shown a notice of entitlement to the supplier, informed the responsible authority of the amount of the patient's contribution, if any.
- (2D) A claim as mentioned in paragraph (2C)(b)(iv) which is made by means of electronic communication must—
- (a) be submitted using such computer programme as the responsible authority has approved as suitable for that purpose;
 - (b) confirm the amount of contribution referred to in paragraph (2C)(b)(v), if any; and
 - (c) contain the personal identification number that has been allocated to the supplier by the responsible authority.”.

9. In regulation 21(2) (amounts wrongly paid)—

- (a) omit “5(2),”; and
- (b) for “13(2) or 18(2)” substitute “13(2) or (2C), or 18(2) or (2C)”.

10. In regulation 22 (signature and claims for payments), omit “6 or”.

11. In schedule 3 (prisms, tints, photochromic lenses, small glasses and special frames and complex appliances) below the heading, after “13(2)(c)(iv)” insert “, 13(2C)(c)(iv)”.

Saving Provision

12. Where, before these Regulations come into force,

- (a) a replacement or repair of an optical appliance has been carried out in accordance with Part V of the 1998 Regulations; and
- (b) a supplier has made and kept a written record of that replacement or repair in accordance with regulation 18(2)(b)(i) of the 1998 Regulations,

regulation 18(2)(b)(i) of the 1998 Regulations will continue to apply to that written record as it applied immediately before the coming into force of these Regulations.

A member of the Scottish Government

St Andrew's House,
Edinburgh

2019

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations amend the National Health Service (Optical Charges and Payments) (Scotland) Regulations 1998 (“the principal Regulations”) which provide for payments to be made by means of a voucher system in respect of costs incurred by certain categories of persons in connection with the supply, replacement and repair of optical appliances.

Regulation 6 amends regulation 13 of the principal Regulations to require suppliers of optical appliances, unless a voucher has been issued by a Health Board, to make claims for payment by means of electronic communication.

Regulation 6 also inserts paragraphs (2B), (2C) and (2D) into regulation 13 of the principal Regulations which provide that where a voucher has been issued by a Health Board, suppliers of optical appliances can make claims for payment either by means of electronic communication or on a duly completed voucher to the responsible authority.

Regulation 8 amends regulation 18 of the principal Regulations to require suppliers replacing or repairing optical appliances, unless a voucher has been issued by a Health Board, to make claims for payment by means of electronic communication.

Regulation 8 inserts paragraphs (2B), (2C) and (2D) into regulation 18 of the principal Regulations which provide that where a voucher has been issued by a Health Board, suppliers replacing or repairing optical appliances can make claims for payment either by means of electronic communication or on a duly completed voucher to the responsible authority.

Regulation 8 also makes amendments to regulation 18(2)(b)(i) of the principal Regulations and inserts regulation 18(2C)(b)(i) into the principal Regulations to require suppliers, when making and keeping a written record of the replacement or repair of an optical appliance, to include a description of the loss or damage, the nature of any repair including details of any parts replaced, the date on which the patient signed the declarations and undertaking referred to in regulation 16(4) of the principal Regulations, and the date of the replacement or repair.

Regulation 12 makes a saving provision. Where, before these Regulations come into force, a replacement or repair of an optical appliance has been carried out and a supplier has made a written record of that replacement or repair, regulation 18(2)(b)(i) of the principal Regulations will continue to apply to that written record as it applied immediately before the coming into force of these Regulations.

Regulations 4, 5 7, 9, 10 and 11 make minor and consequential amendments to the principal Regulations.

No business and regulatory impact assessment has been prepared for these Regulations as no impact upon business, charities or voluntary bodies is foreseen.

NATIONAL HEALTH SERVICE (SCOTLAND)

GENERAL OPHTHALMIC SERVICES

THE STATEMENT

The Scottish Ministers, in exercise of powers conferred on them by sections 28A and 28B of the National Health Service (Scotland) Act 1978 and regulation 17 of the National Health Services (General Ophthalmic Services) (Scotland) Regulations 2006, after consultation with such organisations as appear to them to be representative of contractors providing General Ophthalmic Services, make the following determination (referred to as the “Statement”) -

Application

1. This determination applies to all primary eye examinations and supplementary eye examinations carried out on or after 1 April 2019.
2. This determination applies to all claims for CET allowance or IPCET allowance submitted to the Agency on or after 11 September 2018.

Interpretation

3. In this Statement:

“the 2006 Regulations” means The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006 (SSI 2006/135), as amended;

“CET” means continuing education and training;

“CET allowance” means the sum of £550;

“Goldmann type tonometer” includes a Perkins type tonometer;

“IPCET” means independent prescriber continuing education and training;

“IPCET allowance” means the sum of £825;

“optometrist” includes an optician as defined in the 2006 Regulations;

“optometrist independent prescriber” means a person—

(a) who is a registered optometrist; and

(b) against whose name is recorded in the relevant register an annotation signifying that the person is qualified to order drugs, medicines and appliances as an optometrist independent prescriber;

“professional registration” means, for optometrists, registration with the General Optical Council and, for ophthalmic medical practitioners, registration with the General Medical Council.

4. Any terms defined in regulation 2 (‘Interpretation’) of the 2006 Regulations are to be given the same meaning in this Statement.

Fees Payable

5. The fees payable to an optometrist or ophthalmic medical practitioner for undertaking eye examinations are set out in [Appendix A](#).
6. Appendices B to E set out conditions which must be met before fees are payable:
 - (a) [Appendix B](#) sets out the frequencies of primary eye examinations by patient category for which fees will be payable, and the circumstances in which the use of early re-examination codes is permitted;
 - (b) [Appendix C](#) sets out conditions on the conduct of a primary eye examination;
 - (c) [Appendix D](#) sets out conditions on the conduct of a supplementary eye examination;
 - (d) [Appendix E](#) sets out:
 - (i) practice equipment that must be provided in accordance with paragraph 6 of Schedule 1 to the 2006 Regulations, as a condition of the fees payable under appendices A to D; and
 - (ii) records that must be kept in accordance with paragraph 8 of Schedule 1 to the 2006 Regulations, as a condition of the fees payable under appendices A to D.

Allowances Payable

7. [Appendix F](#) sets out the conditions which must be met before the CET allowance and IPCET allowance are payable.

APPENDIX A**FEES PAYABLE TO OPTOMETRISTS AND OPHTHALMIC MEDICAL PRACTITIONERS FOR EYE EXAMINATIONS****PRIMARY EYE EXAMINATION**

1. Fees payable for each primary eye examination carried out in accordance with appendices [B](#) and [C](#) by an optometrist or ophthalmic medical practitioner for a patient aged under 60 years: £37.00
2. Fees payable for each primary eye examination carried out in accordance with appendices [B](#) and [C](#) by an optometrist or ophthalmic medical practitioner for a patient aged 60 years and over:
 - (a) no digital photograph taken - £40.00
 - (b) digital photograph taken - £45.00

SUPPLEMENTARY EYE EXAMINATION

3. Fees payable for each supplementary eye examination carried out in accordance with [Appendix D](#) by an optometrist or ophthalmic medical practitioner:
 - (a) standard supplementary eye examination - £24.50
 - (b) enhanced supplementary eye examination - £38.00

DOMICILIARY VISITING FEE

4. The additional fees payable to an optometrist or ophthalmic medical practitioner for visits to a place where the patient normally resides for the purpose of carrying out NHS eye examinations under General Ophthalmic Services are:
 - (a) for a visit to one establishment or location to undertake an NHS eye examination, for each of the first and second patients - £37.56
 - (b) for each of the third and subsequent patients at the same establishment or location - £9.40
5. A payment made under paragraph 1, 2, 3 or 4 above to an ophthalmic medical practitioner who is participating in the National Health Service Superannuation Scheme, is subject to adjustment in respect of superannuation by deduction of the appropriate contribution.

APPENDIX B**THE FREQUENCY OF PRIMARY EYE EXAMINATIONS FOR THE PURPOSE OF REGULATION 22B OF THE 2006 REGULATIONS**

1. A primary eye examination cannot be carried out more frequently than the frequency set out in [Table A](#) of this Appendix, except in the circumstances (and using the relevant reason code) set out in [Table B](#) of this Appendix.

TABLE A

Category of patients	Maximum frequency at which primary eye examinations are to be carried out
Patients aged under 16 years or 60 years and over	Annually
Patients aged between 16 years and 59 years	Biennially
Patients with diabetes	Annually
Patients who are sight impaired or severely sight impaired, as set out in Annex B to this Statement.	Annually

TABLE B

Early Re-Examination Codes For Primary Eye Examination
<p>7 - This code is only to be used in the following scenarios:</p> <p>(a) the patient is new to the practice and the optometrist or ophthalmic medical practitioner does not have access to the patient's clinical records; or</p> <p>(b) the patient is not new to the practice but the optometrist or ophthalmic medical practitioner does not have access to the patient record created as a result of a primary eye examination carried out at another practice within the relevant primary eye examination frequency as defined in Table A.</p>
<p>8 - This code is to be used when the patient has turned 16 years of age (and does not have diabetes and/or is not sight impaired or severely sight impaired), resulting in a change in frequency between primary eye examinations from annually to biennially. Annex A to this Statement provides a guide chart which should be used by optometrists and ophthalmic medical practitioners when determining a patient's eligibility for an early re-examination under this code.</p>

APPENDIX C

PRIMARY EYE EXAMINATION

1. A primary eye examination carried out by an optometrist or ophthalmic medical practitioner shall consist of all appropriate tests or procedures relevant to the presenting signs, symptoms and needs of the patient for the purpose of that examination (including the tests and procedures of an eye health assessment as defined in the [Table](#) below), unless:
 - (a) the optometrist or ophthalmic medical practitioner considers that the patient has a physical or mental condition which would make the carrying out of a specific test or procedure clinically inappropriate;
 - (b) in the judgement of the optometrist or ophthalmic medical practitioner, a specific test or procedure is clinically inappropriate for any other reason; or
 - (c) the patient has refused to undertake a specific test or procedure.
2. Following a primary eye examination, if the patient is being referred they should be referred directly to an ophthalmic hospital or to the patient's General Practitioner.
3. Clinically appropriate equipment must be used for each test or procedure carried out under a primary eye examination.
4. Where –
 - (a) the patient has refused to consent to the use of a particular piece of equipment; or
 - (b) the patient has a physical or mental condition which would make the use of a particular piece of equipment clinically inappropriate or not reasonably practicable;
5. alternative equipment may be used which, despite not being a direct equivalent to any suggested examples in professional guidance for that particular test or procedure in terms of clinical thoroughness, will enable the required test or procedure to be carried out.

APPENDIX C

TABLE

THE TESTS AND PROCEDURES INVOLVED IN AN EYE HEALTH ASSESSMENT REQUIRED FOR THE PURPOSES OF A PRIMARY EYE EXAMINATION

The tests and procedures involved in an eye health assessment required for the purposes of a primary eye examination should be in accordance with guidance laid out in the [College of Optometrists Guidance for Professional Practice](#) and [Scottish Intercollegiate Guidance Network 144: Glaucoma Referral and Safe Discharge](#), and must include (unless any of grounds (a), (b) and (c) set out in paragraph 1 of Appendix C apply):

Tests and procedures
Taking a record of any relevant history and symptoms, which includes relevant medical, family, and ocular history.
An eye health assessment appropriate to the patient's presenting signs, symptoms and needs.
A refraction and an assessment of the patient's visual function.
In keeping with the requirements of the Opticians Act 1989 'to perform such examinations of the eye for the purpose of detecting injury, disease or abnormality in the eye or elsewhere'.
An external examination of the eye using slit lamp biomicroscopy.
An internal examination of the eye using slit lamp biomicroscopy and a condensing lens.
The communication of the clinical findings, advice, results and diagnosis to the patient and, where appropriate, the patient's carer and other health professionals. This may include a referral letter and clinical reports.
To capture and record a digital image of the retina for all patients aged 60 years or over.
<i>Primary eye examinations involving dilation:</i> Patients aged 60 years or over should have a dilated internal eye examination.
<i>Primary eye examinations carried out in a place where the patient normally resides:</i> Use of a head mounted indirect ophthalmoscope and a direct ophthalmoscope may be appropriate for an internal examination of the eye. Use of a loupe and illumination may be appropriate for an external examination of the eye.

APPENDIX D

SUPPLEMENTARY EYE EXAMINATION

1. A supplementary eye examination carried out by an optometrist or ophthalmic medical practitioner shall consist of all appropriate tests or procedures relevant to the presenting signs, symptoms and needs of the patient for the purpose of that examination (including the tests and procedures of an eye health assessment as defined in [Table A](#) of Appendix D), unless:
 - (a) the optometrist or ophthalmic medical practitioner considers that the patient has a physical or mental condition which would make the carrying out of a specific test or procedure clinically inappropriate;
 - (b) in the judgement of the optometrist or ophthalmic medical practitioner, a specific test or procedure is clinically inappropriate for any other reason; or
 - (c) the patient has refused to undertake a specific test or procedure.
2. [Table B](#) of Appendix D lists the reason codes to be used in accordance with the carrying out of a supplementary eye examination. Only one reason code per supplementary eye examination is required.
3. Following a supplementary eye examination, if the patient is being referred they should be referred directly to an ophthalmic hospital or to the patient's General Practitioner.
4. Clinically appropriate equipment must be used for each test or procedure carried out under a supplementary eye examination.
5. Where:
 - (a) the patient has refused to consent to the use of a particular piece of equipment; or
 - (b) the patient has a physical or mental condition which would make the use of a particular piece of equipment clinically inappropriate or not reasonably practicable;alternative equipment may be used which, despite not being a direct equivalent to any suggested examples in professional guidance for that particular test or procedure in terms of clinical thoroughness, will enable the required test or procedure to be carried out.

TABLE A

THE TESTS AND PROCEDURES INVOLVED IN AN EYE HEALTH ASSESSMENT REQUIRED FOR THE PURPOSES OF A SUPPLEMENTARY EYE EXAMINATION

The tests and procedures involved in an eye health assessment required for the purposes of a supplementary eye examination should be in accordance with guidance laid out in the [College of Optometrists Guidance for Professional Practice](#) and [Scottish Intercollegiate Guidance Network 144: Glaucoma Referral and Safe Discharge](#), and must include (unless any of grounds (a), (b) and (c) set out in paragraph 1 of Appendix D apply):

Tests and procedures
Taking a record of any relevant history and symptoms, which includes relevant medical, family, and ocular history.
An eye health assessment appropriate to the patient's needs and any presenting signs and symptoms.
Whenever an external examination of the eye is required, it should be carried out using slit lamp biomicroscopy.
Whenever an internal examination of the eye is required, it should be carried out using slit lamp biomicroscopy and a condensing lens. A head mounted indirect ophthalmoscope may also be appropriate for some patients.
The communication of the clinical findings, advice, results and diagnosis to the patient and, where appropriate, the patient's carer and other health professionals. This may include a referral letter and clinical reports.
<p><i>Enhanced Supplementary Examination with dilation/cycloplegia:</i></p> <p>If, in the judgement of the optometrist or ophthalmic medical practitioner, the patient requires a dilated internal examination or cycloplegia, then the reason must be recorded.</p>
<p><i>Supplementary eye examinations carried out in a place where the patient normally resides:</i></p> <p>Use of a head mounted indirect ophthalmoscope and a direct ophthalmoscope may be appropriate for an internal examination of the eye.</p> <p>Use of a loupe and illumination may be appropriate for an external examination of the eye.</p>

TABLE B

SUPPLEMENTARY EYE EXAMINATION - REASON CODES

If a supplementary eye examination is carried out on the same day as a primary eye examination, full details of the reasons why must be provided in the patient's records. A supplementary eye examination cannot be claimed on the same day as a primary eye examination, for the same patient, using the 2.1, 2.7, 4.1, 4.6 and 4.7 reason codes. Reason codes 2.5, 2.8, 4.5 and 4.8 should only be claimed on the same day as a primary eye examination, for the same patient, where the supplementary eye examination is an emergency eye examination.

Standard Supplementary Eye Examination
2.0 - Cycloplegic Refraction Following Routine Primary Eye Examination On A Child This code is to be used when a child requires a cycloplegic refraction following a routine primary eye examination.
2.1 - Paediatric Review (without dilation/cycloplegia that does not follow a primary eye examination) This code is to be used to review a child within 12 months of a primary eye examination, as judged clinically necessary, and dilation/cycloplegia is not required.
2.2 - Follow-Up / Repeat Procedures (without dilation and not associated with glaucoma) This code is to be used for additional or repeat procedures not requiring dilation and which are required to refine a diagnosis or clinical outcome in order to determine whether the patient needs referral or can be retained for ongoing care in the community. This code can be used for a refraction, on a separate day, that could not be undertaken at the primary eye examination.
2.3 - Suspect Glaucoma (without dilation) This code is to be used specifically for suspect glaucoma review, in keeping with SIGN 144 guidance for diagnosis and referral for glaucoma, and which does not require dilation. This includes ocular hypertension.
2.4 - Patients Aged Under 60 Requiring Dilation Following Primary Eye Examination This code is to be used, following a primary eye examination, for a supplementary eye examination of a patient aged under 60 that requires to be dilated.
2.5 - Anterior Eye Condition (without dilation) This code is to be used for a supplementary eye examination of a patient with a suspect or diagnosed anterior eye condition within the normal interval between primary eye examinations, and which does not require dilation.

APPENDIX D

Standard Supplementary Eye Examination (continued)
<p>2.7 - Post-Operative Cataract Examination (without dilation) This code is to be used for a post-operative cataract examination of a patient, which includes refraction, an ocular examination and (if required) a feedback report, but does not require dilation.</p>
<p>2.8 - Unscheduled Appointment (without dilation) This code is to be used for a supplementary eye examination for a patient who presents with symptoms for an unscheduled visit within the normal interval between primary eye examinations, and which does not require dilation.</p>
<p>2.9 - Cataract Referral Advice and Counselling This code is to be used when providing advice and counselling to a patient following an eye examination which has resulted in the patient being considered for referral. This may include providing prognosis or counselling and preparation for consent for cataract surgery, including risk factors.</p>
<p>3.0 – Additional Appointment To Complete Primary Eye Examination For A Patient With Complex Needs If required, this code can be used for an additional appointment to complete a primary eye examination in practice premises for a patient with complex needs, when more time to complete the examination is needed.</p> <p>This code may only be used where it has not been possible to complete a primary eye examination in the time scheduled and a further appointment is required.</p> <p>A patient with complex needs is a patient who has a physical or mental condition and as a result of that condition the patient's primary eye examination must be conducted significantly more slowly than that of a typical patient.</p> <p>A patient must not be treated as a patient with complex needs solely due to their age.</p>
<p>Enhanced Supplementary Eye Examination:</p> <p>An enhanced supplementary eye examination should be conducted where it is deemed clinically appropriate to support the care of the patient.</p>
<p>4.1 - Paediatric Review (with dilation/cycloplegia that does not follow a primary eye examination) This code is to be used to review a child within 12 months of a primary eye examination, as judged clinically necessary, and dilation/cycloplegia is required.</p>
<p>4.2 - Follow-Up / Repeat Procedures (with dilation and not associated with glaucoma) This code is to be used for additional or repeat procedures requiring dilation and which are required to refine a diagnosis or clinical outcome in order to determine whether the patient needs referral or can be retained for ongoing care in the community.</p>

APPENDIX D

Enhanced Supplementary Eye Examination (continued)
<p>4.3 - Suspect Glaucoma (with dilation) This code is to be used specifically for a suspect glaucoma review, in keeping with SIGN 144 guidance for diagnosis and referral for glaucoma, and which requires dilation. This includes ocular hypertension.</p>
<p>4.5 - Anterior Eye Condition (with dilation) This code is to be used for a supplementary eye examination of a patient with a suspect or diagnosed anterior eye condition within the normal interval between primary eye examinations, and which requires dilation.</p>
<p>4.6 - Cycloplegic refraction of a child referred from the hospital eye service To facilitate the cycloplegic refraction of a child aged under 16 referred from the hospital eye service. The supplementary eye examination must include an internal and external examination of the eye.</p>
<p>4.7 - Post-Operative Cataract Examination (with dilation) This code is to be used for a post-operative cataract examination of a patient, which includes refraction, an ocular examination and (if required) a feedback report, and also requires dilation.</p>
<p>4.8 - Unscheduled Appointment (with dilation) This code is to be used for a supplementary eye examination for a patient who presents with symptoms for an unscheduled visit within the normal interval between primary eye examinations, and which requires dilation.</p>

APPENDIX E**PRACTICE EQUIPMENT THAT MUST BE PROVIDED IN ACCORDANCE WITH PARAGRAPH 6 OF SCHEDULE 1 TO THE 2006 REGULATIONS**

1. An optometrist or ophthalmic medical practitioner must provide proper, sufficient and appropriate equipment in good working order for the provision of General Ophthalmic Services. This must include, but is not limited to:

- (a) For practice premises:

- (i) Distance test chart (e.g. Snellen chart)
- (ii) Trial frame, trial lenses and accessories or phoropter head
- (iii) Condensing lens for indirect retinal viewing with slit lamp biomicroscope (60-120D)
- (iv) Slit lamp biomicroscope
- (v) Reading test type
- (vi) Automated visual field analyser, capable of full threshold analysis of the central 30 degrees
- (vii) A Goldmann type contact applanation tonometer
- (viii) Digital retinal imaging apparatus with a minimum resolution of 2 megapixels and capable of taking a clear retinal image under normal circumstances
- (ix) Distance binocular vision test
- (x) Near binocular vision test
- (xi) Retinoscope
- (xii) Direct ophthalmoscope
- (xiii) Colour vision test chart
- (xiv) Stereoacuity test
- (xv) Macula assessment test
- (xvi) Pachymeter
- (xvii) Appropriate hand disinfection product
- (xviii) Ophthalmic drugs required for tonometry, dilation, corneal examination and other necessary ophthalmic procedures.

- (b) For mobile practices:

- (i) Distance test chart (e.g. Snellen chart)
- (ii) Trial frame, trial lenses and accessories or phoropter head
- (iii) Appropriate equipment for binocular internal eye examination (e.g. slit lamp and condensing lens or a head-mounted indirect ophthalmoscope)
- (iv) Appropriate equipment for external eye examination (e.g. slit lamp / loupe and illumination)
- (v) Reading test type
- (vi) A Goldmann type contact applanation tonometer
- (vii) Distance binocular vision test
- (viii) Near binocular vision test

APPENDIX E

- (ix) Retinoscope
- (x) Direct ophthalmoscope
- (xi) Colour vision test chart
- (xii) Stereoacuity test
- (xiii) Macula assessment test
- (xiv) Pachymeter
- (xv) Appropriate hand disinfection product
- (xvi) Ophthalmic drugs required for tonometry, dilation, corneal examination and other necessary ophthalmic procedures.

RECORDS THAT MUST BE KEPT IN ACCORDANCE WITH PARAGRAPH 8 OF SCHEDULE 1 TO THE 2006 REGULATIONS

2. An optometrist or ophthalmic medical practitioner must keep appropriate clinical records as relevant to any eye examination conducted.
3. The information recorded should follow professional guidance. In addition, the record should include:
 - (a) A record of any relevant history and symptoms, to include relevant medical, family, and ocular history;
 - (b) CHI number if available;
 - (c) All relevant clinical details; and
 - (d) A digital image (or reference to) of the retina when taken.

APPENDIX F

CONTINUING EDUCATION AND TRAINING ALLOWANCE

1. Subject to paragraph 4, a CET allowance shall be payable to an optometrist other than a body corporate if:
 - (a) that optometrist's name was included on the Ophthalmic List of a Health Board for a period of at least six months during the previous calendar year;
 - (b) the optometrist has maintained their professional registration;
 - (c) the optometrist has undertaken appropriate CET during the previous calendar year; and
 - (d) the optometrist complies with paragraphs 5 and 6.
2. Subject to paragraph 4, a CET allowance shall be payable to an ophthalmic medical practitioner if:
 - (a) during the previous calendar year that practitioner's only remunerated medical or optical activity was the conduct of General Ophthalmic Services;
 - (b) the practitioner's name was included on the Ophthalmic List of a Health Board for a period of at least six months during the previous calendar year;
 - (c) the practitioner has maintained their professional registration;
 - (d) the practitioner has undertaken appropriate CET during the previous calendar year; and
 - (e) the practitioner complies with paragraphs 5 and 6.
3. Subject to paragraph 4, an IPCET allowance shall be payable to an optometrist other than a body corporate if:
 - (a) that optometrist's name was included on the Ophthalmic List of a Health Board for a period of at least six months during the previous calendar year;
 - (b) the optometrist has maintained their professional registration and has been registered as an optometrist independent prescriber during the previous calendar year;
 - (c) the optometrist has been registered with a host Health Board as an optometrist independent prescriber for a period of at least six months during the previous calendar year;
 - (d) the optometrist has undertaken appropriate IPCET during the previous calendar year; and

APPENDIX F

(e) the optometrist complies with paragraphs 5 and 6.

4. Only one CET allowance or IPCET allowance may be paid in respect of any one person for each calendar year in which appropriate CET or IPCET was undertaken by that person.
5. A claim for a CET allowance or IPCET allowance shall be made in writing on the form provided for this purpose by the Agency.
6. A claim for a CET allowance or IPCET allowance must be received by the Agency by 31 December of the calendar year following the year in which the appropriate CET or IPCET was undertaken.

PRIMARY EYE EXAMINATION EARLY RE-EXAMINATION CODE 8 – PATIENT TURNED 16 YEARS OF AGE

As set out in [Table B](#) of Appendix B, this Annex and the guide chart below is to be used by optometrists and ophthalmic medical practitioners when determining whether a patient who has turned 16 years of age (and does not have diabetes and/or is not sight impaired or severely sight impaired) is eligible to an early re-examination under code 8.

1 Ask for the age of the patient, as at the eye examination date.

2 How long ago was their last eye examination?

3 Cross-check age with examination interval to identify when to use the new early re-examination code 8.

1 Patient is 17 years and 1 month

Example:
In the example shown on the guide, the patient would be entitled to an NHS eye examination, and you would need to enter the early re-examination reason code on the claim form.

	11 months	1 year	1 year 1 month	1 year 2 months	1 year 3 months	1 year 4 months	1 year 5 months	1 year 6 months	1 year 7 months	1 year 8 months	1 year 9 months	1 year 10 months	1 year 11 months
16 years	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 1 month	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 2 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 3 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 4 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 5 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 6 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 7 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 8 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 9 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 10 months	N	8	8	8	8	8	8	8	8	8	8	8	8
16 + 11 months	N	8	8	8	8	8	8	8	8	8	8	8	8
17 years	N	N	8	8	8	8	8	8	8	8	8	8	8
17 + 1 month	N	N	N	8	8	8	8	8	8	8	8	8	8
17 + 2 months	N	N	N	N	8	8	8	8	8	8	8	8	8
17 + 3 months	N	N	N	N	N	8	8	8	8	8	8	8	8
17 + 4 months	N	N	N	N	N	N	8	8	8	8	8	8	8
17 + 5 months	N	N	N	N	N	N	N	8	8	8	8	8	8
17 + 6 months	N	N	N	N	N	N	N	N	8	8	8	8	8
17 + 7 months	N	N	N	N	N	N	N	N	N	8	8	8	8
17 + 8 months	N	N	N	N	N	N	N	N	N	N	8	8	8
17 + 9 months	N	N	N	N	N	N	N	N	N	N	N	8	8
17 + 10 months	N	N	N	N	N	N	N	N	N	N	N	N	8
17 + 11 months	N	N	N	N	N	N	N	N	N	N	N	N	N
18 years	N	N	N	N	N	N	N	N	N	N	N	N	N
Over 18 years	N	N	N	N	N	N	N	N	N	N	N	N	N

2 Patient last had an NHS eye examination 1 year and 6 months ago

3

Key

8 Yes

Your patient is entitled to an NHS eye examination. Please use early re-examination reason code 8 on the claim form.

N No

Your patient is not entitled to an NHS eye examination.

ANNEX B**PRIMARY EYE EXAMINATION ENTITLEMENT - SIGHT IMPAIRED AND SEVERELY SIGHT IMPAIRED PATIENTS**

1. As set out in [Table A](#) of Appendix B, this Annex is to be used by optometrists and ophthalmic medical practitioners for the purposes of determining a patient's entitlement to an annual primary eye examination because they are sight impaired or severely sight impaired.

Sight Impaired

2. There is no legal definition of sight impaired. A person can be sight impaired if they are "substantially and permanently functionally impaired by defective vision caused by congenital defect or illness or injury".
3. As a general guide, people who have visual acuity of the following should be considered as being sight impaired:
 - (a) 3/60 to 6/60 Snellen (or equivalent) with full field;
 - (b) up to 6/24 Snellen (or equivalent) with moderate contraction of the field, opacities in media or aphakia;
 - (c) 6/18 Snellen (or equivalent) or even better if they have a severe field defect, for example hemianopia, or if there is a contraction of the visual field, for example in retinitis pigmentosa or glaucoma.

Severely Sight Impaired

4. Although there is no legal definition of severely sight impaired, it is considered to be the same as the definition of "blind person" set out in section 64 of the National Assistance Act 1948 – "means a person so blind as to be unable to perform any work for which eyesight is essential".
5. The test is whether a person cannot do any work for which eyesight is essential, not just their normal job or one particular job. Only the condition of the person's eyesight should be taken into account - other physical or mental conditions cannot be considered.
6. Group 1: People who are below 3/60 Snellen (or equivalent)
 - (a) Severely sight impaired: people who have visual acuity below 3/60 Snellen (or equivalent).
 - (b) Not severely sight impaired: people who have visual acuity of 1/18 Snellen (or equivalent) unless they also have restriction of visual field. In many cases it is better to test the person's vision at one metre. 1/18 Snellen (or equivalent) indicates a slightly better acuity than 3/60 Snellen (or equivalent). However, it may be better to specify 1/18 Snellen (or equivalent) because the standard test

types provide a line of letters which a person who has a full acuity should read at 18 metres.

7. Group 2: People who are 3/60 but below 6/60 Snellen (or equivalent).

(a) Severely sight impaired: people who have a contracted field of vision.

(b) Not severely sight impaired: people who have a visual defect for a long time and who do not have a contracted field of vision. For example, people who have congenital nystagmus, albinism, myopia and other similar conditions.

8. Group 3: People who are 6/60 Snellen (or equivalent) or above.

(a) Severely sight impaired: people in this group who have a contracted field of vision especially if the contraction is in the lower part of the field.

(b) Not severely sight impaired: people who are suffering from homonymous or bitemporal hemianopia who still have central visual acuity 6/18 Snellen (or equivalent) or better.

9. Other points to consider: The following points are important because it is more likely that a person is severely sight impaired in the following circumstances:

(a) How recently the person's eyesight failed: A person whose eyesight has failed recently may find it more difficult to adapt than a person with the same visual acuity whose eyesight failed a long time ago. This applies particularly to people who are in groups 2 and 3 above.

(b) How old the person was when their eyesight failed: An older person whose eyesight has failed recently may find it more difficult to adapt than a younger person with the same defect. This applies particularly to people in group 2 above.