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Suffolk Local Optometric Committee

General Ophthalmic Service sight test protocol for West Suffolk CCG

Background

In recent years the examination techniques and technology available to optometrists have increased considerably.

The financing of the General Ophthalmic Service (GOS) sight test has not changed accordingly.

This has produced a situation where optometrists, who wish to expand their services to their patients, are unable to do so economically within the GOS. This had been made more apparent by the reintroduction of GOS sight tests for the over 60s.

There is no precise definition as to the procedures to be included in a GOS sight test. This has produced concern among patients, Health Authority staff and others as to the legality of charging for extra services and procedures.

For these reasons the Local Optometric Committee (LOC) has produced guidelines as to which procedures would be expected to be included in a GOS sight test. Other procedures would then be considered to be beyond the scope of the GOS and could be charged for if the optometrist so wished.

Legal Position

The **NHS (General Ophthalmic Services) Regulations 1986** say:

10(1) A contractor shall, having accepted pursuant to the regulations and application for the testing of sight, make such examination of the patient's eye as may be required and in doing so shall exercise proper care and attention.

- (2) Where a contractor is of the opinion that a patient whose sight he has tested pursuant to sub-paragraph (1)
- a) shows on examination signs of injury or disease in an eye or its immediate vicinity, or any other abnormality of the eye or the rest of the visual system which may require medical treatment; or
 - b) is not likely to attain a satisfactory standard of vision notwithstanding the application of corrective lenses; he shall so inform the patient's doctor.



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The **Sight Testing (Examination and Prescription) (No. 2) Regulations 1989** (SI 1230 of 1989), (which apply to both NHS and private patients) say:

- ... when a doctor or optician tests the sight of another person, it shall be his duty-
- (a) to perform, for the purpose of detecting signs of injury, disease or abnormality in the eye or elsewhere-
 - (i) an examination of the external surface of the eye and its immediate vicinity,
 - (ii) an intra-ocular examination, either by means of an ophthalmoscope or by such other means as the doctor or optician considers appropriate,
 - (iii) such additional examinations as appear to the doctor or optician to be clinically necessary;

This leaves the precise extent of a GOS sight test open to interpretation. In addition to the above, the optometrist also has a common law duty to exercise reasonable skill and care.

It follows that the GOS sight test ends with the detection of 'signs of injury, disease or abnormality'. Following detection of those signs, which in the optometrist's judgement require medical intervention, the practitioner must refer the patient.

A practitioner can therefore discharge his/her duty under the regulations by referring the patient.

If a practitioner wishes, with the agreement of his/her patient, to carry out further procedures, to better inform him/herself, or his/her patient, or for the purposes of refining or amplifying a referral, then s/he is free to do so by private arrangement.

Protocol for West Suffolk CCG

A GOS Sight test should normally include:

Ocular history and symptoms

- Determination of best spectacle correction and visual acuities
- Cycloplegic refraction if clinically indicated in the opinion of optometrist
- Basic binocular vision assessment
- External ocular examination
- Intra-ocular examination through an undilated pupil
- Field screening for all relevant patients, for example those judged by the optometrist to be at risk of glaucoma
- Tonometry for patients judged by the optometrist to be at risk of glaucoma
- Maintaining adequate records that show the results of the sight test
- Issuing the prescription or statement
- Giving verbal advice
- Writing a referral or notification letter, if required

This list is not intended to be prescriptive or to affect a practitioner's professional freedom



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Further procedures beyond a GOS sight test include:

- Repeat fields and tonometry in borderline cases
- Diabetic retinopathy monitoring
- Glaucoma monitoring
- Fundus photography and digital image capture
- Scanning laser ophthalmoscopy
- Red eye assessment, dry eye and punctal plugs
- Orthoptics
- LVA work
- First aid, foreign body removal
- Contact lens work
- Dyslexia tint assessment
- Police, armed forces and VDU reports
- Dilated fundoscopy
- Extra clinical procedures and reports requested by the hospital eye service, general practitioners, or others

Practitioners must satisfy themselves in each case as to whether such procedures lie inside (i.e. for the purpose of ‘detecting signs’) or outside (e.g. for refinement of referrals) their statutory requirements.

Optometrists do not have to charge for these extra services, but can do so under these guidelines. These guidelines have not been tested legally and are intended as a framework to use in Suffolk to allow a consistent approach by the PCT.

Acknowledgements

The LOC have used the Association of Optometrists’ document *The Eye Examination: Guidance for AOP Members*, the College of Optometrists’ statements of good practice, and the NHS regulations in producing this protocol.