



Changes To General Ophthalmic Services

Frequently Asked Questions

Purpose

1. The purpose of this document is to set out Frequently Asked Questions and relevant answers, to assist the Scottish community optometry sector in understanding the policy changes to General Ophthalmic Services (GOS) in Scotland set out in circulars [PCA\(O\)2025\(04\)](#), [PCA\(O\)2025\(08\)](#) and [PCA\(O\)2026\(01\)](#).
2. Separate guidance is available on the [Public Services Delivery Scotland \(PSDS\) website](#) in relation to payment claim forms (with the exception to guidance on the Clinical Condition options on the GOS claim form, which is available on the [eyes.nhs.scot](#) website), and queries to PSDS should be directed to them via the details on [this webpage](#).
3. Please ensure you have read the relevant circulars linked to above as well as the GOS Statement on the [eyes.nhs.scot](#) website before reading this document. References to "Stage 1" and "Stage 2" relate to the relevant treatment ladders set out in Annex C of the GOS Statement.
4. If after reading these documents you still have a policy query that you need answered, please email the Scottish Government primary care optometry team at: eyecare@gov.scot.

GOS Specialist Supplementary Service

Question: If a patient presents with a red eye directly to your practice and acute anterior uveitis is suspected, does the Independent Prescribing (IP) optometrist claim a 3.5/4.5 **and** 5.0 reason code supplementary eye examination on the same day?

Answer: No - just the one claim should be made.

When the IP optometrist examines the patient as outlined in Stage 1 treatment, and determines that no further action is required, then **only** a 3.5/4.5 reason code supplementary eye examination should be claimed. If, as part of carrying out Stage 1 treatment, the IP optometrist determines that the patient requires Stage 2 treatment, they should prescribe in line with Stage 2 and claim **only** a 5.0 reason code supplementary eye examination as long as they have entered into arrangements with the relevant health board to provide the GOS Specialist Supplementary service.

Question: We have two part-time IP optometrists who work opposing days. A 48-hour follow-up appointment by the same optometrist can often be difficult. Can a 5.1 reason code supplementary eye examination claim be made in these circumstances if the follow-up appointment is not carried out by the original IP optometrist (the GOS Statement gives an "example" of "unexpected absence")?

Answer: Yes - a 5.1 reason code supplementary eye examination claim can be made in this scenario by a different IP optometrist in the practice, on the assumption that they are providing follow-up care in line with Stage 2 treatment and have entered into arrangements with the relevant health board to provide the GOS Specialist Supplementary service.

Question: If I see a patient at initial presentation and I then refer them to an IP optometrist providing the GOS Specialist Supplementary service because I suspect the patient has one of the Specialist Supplementary anterior eye conditions and needs Stage 2 treatment, would I claim a 3.5/4.5 reason code supplementary eye examination fee and the IP optometrist claim a 5.0 reason code supplementary eye examination fee?

Answer: Yes - as long as the patient is referred to a different practice for Stage 2 treatment.

Question: I have had a patient in with pre-septal cellulitis following a nasty hordeolum or chalazion and have given oral antibiotics. Can I claim a GOS Specialist Supplementary fee?

Answer: No - as the treatment is for pre-septal cellulitis (which is not one of the GOS Specialist Supplementary conditions) and not blepharitis (which is one of the GOS Specialist Supplementary conditions), you are not able to claim a GOS Specialist Supplementary fee. Should you feel the pre-septal cellulitis is because of blepharitis and you are treating this along with the pre-septal cellulitis, then you can claim a GOS Specialist Supplementary fee.

Question: Can the GOS Specialist Supplementary service be provided remotely?

Answer: Yes - a remote consultation can be claimed as a GOS Specialist Supplementary eye examination when this is in the best interests of the patient.

A GOS Specialist Supplementary eye examination undertaken using remote facilities must:

- only be claimed using one of reason codes 5.0 or 5.1; and
- involve all the elements of an eye examination undertaken in person with the patient, except tests and procedures which require the physical presence of the patient. Any advice and recommendations should be issued and clearly documented in the patient's record.

A GOS Specialist Supplementary eye examination cannot be claimed where remote facilities are only used to ask the patient a series of questions to explore their concerns more fully and make a decision regarding whether the patient requires an eye examination.

Question: If I treat a condition that has returned after 3/6 months, what will I claim for that second instance of presentation? Will it be a 5.1 reason code supplementary eye examination fee? Is the 5.0 reason code supplementary eye examination fee time barred against a certain length?

Answer: An episode of care at Stage 2 is defined as being complete when the condition has either been resolved successfully, or when the condition does not respond to treatment or does not resolve, and onward referral has been made to an ophthalmic hospital or to the patient's GP practice for medical support/intervention. Finally, an episode of care would also be complete when the condition steps down to Stage 1 treatment.

Where an episode of care is complete and no follow-up appointments with the patient are scheduled, and the anterior eye condition later reoccurs such that the IP optometrist determines that the provision of any Stage 2 treatment is clinically required in accordance with Annex C of the GOS Statement, then a new episode of care is deemed to have commenced and a specialist supplementary eye examination claim under reason code 5.0 can be made.

Question: Must you provide Stage 1 treatment on a patient before providing Stage 2 treatment?

Answer: If Stage 1 treatment is sufficient then this should be provided. However, if in your professional judgement the patient has a clinical need that requires progressing straight to a Stage 2 treatment then this should be provided.

Question: I'm not an IP optometrist but feel comfortable removing foreign bodies. Can I still carry on doing this and claim a supplementary fee?

Answer: Yes - you can carry on and claim a supplementary fee under a 3.5/4.5 reason code. You cannot claim a GOS Specialist Supplementary fee.

Question: What do I claim if, during a scheduled primary eye examination, I diagnose that the patient has a GOS Specialist Supplementary anterior eye condition and I provide a Stage 2 treatment.

Answer: In the unlikely event where a patient has a scheduled primary eye examination and, during that examination, the patient is diagnosed with an anterior eye condition and is provided with Stage 2 treatment under the GOS Specialist Supplementary service, then both a primary eye examination claim and a supplementary eye examination claim under reason code 5.1 can be made.

Question: Do we need to store GOS Specialist Supplementary referrals made by NHS mail on our own Practice Management Systems (PMS) as proof? Similarly, when the SCI Gateway referral form for the GOS Specialist Supplementary service is available in my health board area, will we need to store these referrals?

Answer: It would be advisable for your clinical record that you store the referral on your own PMS, regardless of whether it is made via NHS mail or SCI Gateway. All referrals on SCI Gateway are only stored on the system for 9 months.

Question: Will referral under the GOS Specialist Supplementary service include referral within the same practice from non-IP optometrist to IP optometrist, or will that never be the case?

Answer: Practices should work to ensure that, where possible, their triage process directs patients to the optometrist in the practice with the most appropriate skills to address the patient's presenting signs, symptoms and needs on their first attendance.

Referral in relation to the GOS Specialist Supplementary service refers to a scenario where a practice cannot provide care to a patient who requires Stage 2 treatment and they find a practice at or from where the GOS Specialist Supplementary service is provided that agrees to see the patient, and the referring practice sends a referral email or SCI Gateway referral with all necessary clinical information to the receiving practice. Referral does not therefore apply between optometrists within the same practice.

Question: Is there a protocol in place for the referral of patients between optometry practices under the GOS Specialist Supplementary service?

Answer: Yes - when referring a patient under the GOS Specialist Supplementary service, you must:

- take into account the location where the patient normally resides;
- telephone the GOS Specialist Supplementary practice to discuss the referral request;
- ensure the IP optometrist at the other practice has accepted the referral before referring the patient to them.

When sending the patient's information to the GOS Specialist Supplementary practice as part of the referral, you must use:

- the SCI Gateway form (if both the referring and receiving practice are in health boards that have locally implemented the referral form); or
- where it is not possible to use the SCI Gateway form, the PDF form that can be accessed on the eyes.nhs.scot website (the PDF form must be sent using NHS email).

In the case of a locum that is referring the patient using the PDF form, please use the practice NHS email account to send and receive these forms. This will ensure that feedback is returned to the referring practice and not the individual.

Question: If I can't see a patient, do I have to find somewhere else for the patient to be seen?

Answer: Yes - this service forms part of our [First Port of Call](#) arrangements and you must take all reasonable steps to find somewhere else for the patient to be seen. It would not be considered reasonable to simply ask the patient to contact another optometry practice. This duty applies irrespective of whether or not the patient normally has their primary eye examination at your practice.

Question: If you see a patient under the GOS Specialist Supplementary service and you find you can't manage the patient, can you still send them on to hospital?

Answer: Yes - whilst it is hoped that an IP optometrist who has entered into arrangements with the relevant health board to provide the GOS Specialist Supplementary service will be able to manage all conditions within the service to full resolution, you need to act at all times within your clinical competence. You can therefore still refer a patient into the hospital eye service if, in your clinical judgement, that is required.

Question: If you don't yet feel confident in managing all conditions under the GOS Specialist Supplementary service, what happens? Can you still use your IP qualification without taking part in this service?

Answer: Yes - you can still use your IP qualification however you will not be able to claim a GOS Specialist Supplementary fee. Instead, you would be able to claim either a Standard Supplementary fee or an Enhanced Supplementary fee.

Question: I'm not an IP optometrist. Can I still manage some patients within my ability, with the help of a local GP or the hospital eye service?

Answer: Yes - the care you deliver within your practice will depend on your location and what would be in the best interests of your patient. The GOS Specialist Supplementary service is available to support the management of patients within a community setting without the need for GP intervention or hospital referral and should be used wherever possible.

Question: What are the expectations of providing the GOS Specialist Supplementary service in domiciliary locations?

Answer: We acknowledge that the provision of care in a domiciliary setting may be limited. An optometrist in such a setting may therefore have a lower threshold to refer or move a patient to another optometrist's practice or a hospital setting.

It will be more difficult for domiciliary providers to accept referrals due to working practices – but not impossible. Such providers must address each request on a case-by-case basis.

Question: Where can I find a list of optometry practices at or from which the GOS Specialist Supplementary service is provided?

Answer: The [NHS Inform](#) and [NHS 24](#) websites have a list of practices at or from which the GOS Specialist Supplementary is provided (select 'GOS Specialist Supplementary service' from the 'Services Offered' search category).

Question: What does “appropriate” mean in terms of having appropriate waste management arrangements in place?

Answer: In line with [professional guidance](#) (note: a free College of Optometrists account can be set up to access this information) community optometry practices are responsible for ensuring they have clinical waste disposal and uplift arrangements in place.

Question: The current IP course focuses its training on foreign body removal using a needle, which remains the method used by the majority of our IP optometrists in Scotland. Is it a requirement for practices to have an Alger brush **and** burr in addition to this?

Answer: Yes – as per Appendix E in the GOS Statement, practices must have an Alger brush and burr in addition to needles and a sharps bin.

Question: Will optometrists still be eligible to participate in the GOS Specialist Supplementary service if they only have access to needles for foreign body removal? I am aware that many optometrists are not confident in the use of Alger or burr equipment, and there is a risk that such equipment may go unused.

Answer: No – access to an Alger brush and burr is a mandatory requirement for participation.

Question: Will health boards be coordinating the disposal and management of sharps waste, or should practices arrange this independently through an alternative provider?

Answer: Practices are required to make arrangements for the [disposal of waste](#). However, we are aware that this is already provided in some health board areas, hence you would be advised to [contact the Primary Care team](#) of the relevant health board if you have any questions in this regard.

Question: Will the GOS Specialist Supplementary service be expanded in future with more anterior eye conditions?

Answer: The Scottish Government will keep the list of anterior eye conditions included within the GOS Specialist Supplementary service under review.

Question: On the GOS Specialist Supplementary claim form, when should the "Other" option under the "Anterior Eye Condition" list be selected?

Answer: The "Other" option on the claim form should only be selected where a patient has been referred to an IP optometrist for Stage 2 treatment under the GOS Specialist Supplementary service by another optometrist, but the patient is subsequently deemed by the IP optometrist to not have one of the conditions covered under the service.

In such circumstances, in accordance with Appendix D of the Statement the "Other" option allows the IP optometrist to claim a 5.0 reason code supplementary eye examination for the assessment undertaken. The IP optometrist should provide feedback to the referring optometrist regarding the correct condition identified.

GOS Eye Examinations (not involving the GOS Specialist Supplementary service)

Question: If a patient aged under 60 refuses to be dilated on the day of their primary eye examination (despite the optometrist clinically recommending it) but agrees to come back another day to be dilated, is this second appointment part of the original primary eye examination or is this a supplementary eye examination?

Answer: The revised primary eye examination fee structure provides a claim type for dilating patients aged under 60 where it is clinically appropriate to do so. Where a patient refuses to be dilated on the day of the primary eye examination but agrees to return to have this completed and does so, **only** the primary eye examination with dilation fee may be claimed (no supplementary eye examination can be claimed). If the patient does not return, the primary eye examination without dilation fee must be claimed, but the failure to re-attend **must** be documented in the patient's record.

Question: Can a primary eye examination fee and a GOS Specialist Supplementary fee be claimed on the same day?

Answer: A primary eye examination fee and a 5.0 GOS Specialist Supplementary fee cannot usually be claimed on the same day for the same patient. In some very unusual circumstances where the patient returns for a second appointment later on the same day as an emergency (e.g. patient has a scheduled primary examination at 9am and then presents to the practice later the same day with a corneal foreign body), and a Stage 2 treatment is provided for a GOS Specialist Supplementary condition, then a 5.0 could be claimed but the patient's record would have to clearly state this is a visit for a separate incidence.

A primary eye examination fee and a 5.1 reason code GOS Specialist Supplementary fee **can** be claimed on the same day in the unusual circumstance where a patient has a scheduled primary eye examination and, during that examination, the patient is diagnosed with an anterior eye condition and is provided with any Stage 2 treatment by a specialist IP optometrist or specialist OMP. A further

example of this could be where you have treated a condition to resolution and the patient is also due their primary eye examination.

Question: Can a 3.0 reason code supplementary eye examination fee (*‘Additional or Significantly Longer Appointment To Complete Primary Eye Examination For A Patient With Complex Needs’*) be claimed in addition to the relevant primary eye examination fee when the use of a sign-language interpreter has been required during a primary eye examination?

Answer: Yes - if the patient with complex needs 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 who does not have a physical or mental condition (you should ensure this is clearly recorded in the patient’s record). This includes circumstances where a sign-language interpreter is required because of the patient’s physical or mental condition. A patient must not be treated as having complex needs solely due to their age.

This code must not be used more than once per day for the same patient, and it can only be claimed where the primary eye examination has been carried out in a practice premises setting (i.e. it cannot be claimed for primary eye examinations carried out in domiciliary locations or day centres).

Question: Does a GOS(S)1 eye examination form and a GOS(S)3 NHS optical voucher form have to be signed by the same optometrist?

Answer: Yes.

Question: When can a remote consultation be claimed?

Answer: A [remote consultation](#) can be claimed as a supplementary eye examination when this is in the best interests of the patient.

A supplementary eye examination undertaken using remote facilities must:

- only be claimed using one of reason codes 3.5, 3.8, 3.9, 5.0 or 5.1; and
- involve all the elements of an eye examination undertaken in person with the patient, except tests and procedures which require the physical presence of the patient. Any advice and recommendations should be issued and clearly documented in the patient’s record.

A supplementary eye examination cannot be claimed where remote facilities are only used to ask the patient a series of questions to explore their concerns more fully and make a decision regarding whether the patient requires an eye examination.

Question: When should we select the First Port Of Call (FPOC) box on the GOS payment claim form?

Answer: The FPOC box should be selected when it is considered an emergency appointment and the professional then undertakes a GOS eye examination, in line with the [FPOC responsibility](#) to ensure that anyone presenting to them with an emergency eye problem is appropriately managed. It should be selected for the first GOS eye examination appointment only – do not select the FPOC box for follow-up appointments.

Question: How do we claim for a cycloplegic refraction of a child?

Answer: If the child has been referred from the hospital eye service then a 4.6 reason code supplementary eye examination should be claimed.

If the child has not been referred from the hospital eye service, and the cycloplegic refraction is undertaken on the same day as a primary eye examination then **only** the 'Patient aged under 60, and where the patient's pupils have been dilated or a cycloplegic refraction has been undertaken' primary eye examination fee should be claimed.

If the child has not been referred from the hospital eye service, and the cycloplegic refraction is undertaken on a different day to the primary eye examination, then **both** a primary eye examination fee (the 'Patient aged under 60, and where the patient's pupils have not been dilated or a cycloplegic refraction has not been undertaken' fee) and a 4.1 reason code supplementary eye examination fee can be claimed. The reason(s) for the cycloplegic refraction being undertaken on a different day to the primary eye examination must be clearly set out in the patient's record.

Question: If a contact lens wearer who is not a regular patient contacts my practice under First Port of Call arrangements with a corneal ulcer, can I submit a claim under GOS for the appointment?

Answer: Contact lens related appointments, including aftercare reviews (see [guidance from the College of Optometrists](#) in relation to contact lens supply aftercare), are not part of GOS.

However, in the event that a contact lens patient attends your practice with an emergency eye problem and requires care under GOS First Port Of Call arrangements that is not covered by any contact lens supply aftercare arrangement you may already have in place with the patient, then a GOS claim may be made. It is good practice to inform the patient's contact lens practitioner of any care provided.