

1. Q: A patient experiencing homelessness is unable to provide a home address, can we provide WGOS 1?

A. To be able to provide WGOS 1 to a patient experiencing homelessness, the patient must meet one or more of the WGOS 1 eligibility criteria.

If an individual does not meet any of the WGOS 1 eligibility criteria and is experiencing homelessness, the Health Board has a responsibility to provide the service for them in a similar way to how they would provide a service to a prisoner. This service would sit outside of the scope of WGOS. Please contact your Health Board for further assistance/guidance.

Where a patient experiencing homelessness is eligible for WGOS 1 as they are claiming a benefit e.g. Universal credit, the address to be noted on the GOS 1W claim form should mirror that used to claim the benefit. This may include the Job Centre address.

Where a patient experiencing homelessness is eligible for WGOS 1 solely on the ground so their age / medical condition / considered to be at risk of developing an eye disease only (i.e. not due to claiming a particular benefit), then any of the following addresses could be used on the GOS 1 W claim form:

- the optical practice address
- the address of the patient's GP if they have one
- a trusted friend or relative's address
- temporary accommodation (e.g. last shelter / hostel).

It is considered good practice to ensure that the record card make references to why this address was used.

2. Q: A patient experiencing homelessness is unable to provide a home address, can we provide WGOS 2?

A. There is no requirement to provide a permanent home address to receive care under WGOS 2.

Where a patient experiencing homelessness requires a WGOS 2, then any of the following addresses can be used on the WECS 1 Claim form:

- the optical practice address
- the address of the patient's GP if they have one,
- address a trusted friend or relative
- temporary accommodation e.g. their last hostel/shelter
- job centre (if claiming benefits)

It is considered good practice to ensure that the record card make references to why this address was used.

3. Q Under WGOS 1 & 2 provision, what would be classed as ‘exceptional circumstances?’

A Unlike WGOS 5 – IP Urgent the WGOS 1 and 2 service agreement, the WGOS Service Agreement **does not** specify a “minimum availability” of WGOS 1 and/or 2 appointments that the practice must be in a position to provide. Instead, the practice **must be** able to assist a patient within their core hours (see table below for definitions). Only in exceptional circumstance would a practice be permitted to ask another Contractor for support with assisting a patient within their core hours.

<i>Core hours:</i>	The hours that the practice has agreed with the Health Board to provide WGOS 1 and 2
<i>Assist:</i>	Is considered to include triaging the patient and management of the patient
<i>Triage:</i>	An interaction between the patient and Optometry practice to establish: <ul style="list-style-type: none"> • Why the patient has sought help • What kind of help the patient needs • How quickly the patient needs help • The type of appointment required by the patient e.g. WGOS 1, WGOS 2, Sight test, CL appointment etc. • When the patient should be seen – i.e. urgency of appointment • Who is the best person to help this patient – is it an Optometrist / CLO / another healthcare practitioner • Where the patient should be seen – Optometry practice / GP surgery / A&E
<i>Management:</i>	The interaction between patient and optometry practice from first contact to completion of a WGOS episode
<i>Exceptional circumstance:</i>	A situation that is very unusual and not likely to happen very often

In accordance with WGOS 1 and 2 Manual:

- the practice must respond to the patient within 24 hours of the patient making contact, however there is no expectation that all patients will be seen within 24 hours
- the practice should offer the patient an appropriate appointment at the practice within the timescale indicated by the triage (clinicians may wish to refer to the College of Optometrists guidance on urgency of referral to decide the appropriate timescale)

It is for each Contractor to decide how they manage their diaries to ensure that they are able to comply with the requirement. It is recommended that Contractors regularly review their diary set up against demand and availability of their workforce to ensure that they are able to meet their service agreement. The review of the diary may highlight that a change to the core hours may be necessary (this could be a long term or a short-

term change). In this instance, the Contractor should apply to the Health Board (via NWSSP-PCS) for a change to their service agreement.

Where a practice finds that they are unable to assist the patient within their core hours e.g. unexpected illness to clinician of unknown duration, the exceptionality of the circumstance must be documented in the record and as the duty of care to the patient still exists, the practice should assist the patient in obtaining the necessary WGOS appointment. Declining to assist the patient solely based on the number of other acute episodes undertaken on that day, would not be considered a reason for exceptionality.

Should a Health Boards be made aware of a possible breach of the service agreement by a Contractor due to regularly requesting for their patients to be seen at another practice, the Health Board will review each case which would include review of the patients' records.

Practices that regularly see patients on behalf of another Contractor can raise their concerns via an online submission form. ([Member of the Public - NHS Wales](#)).

3. Q: Are requests for WGOS2 Band 1 appointments required to be in writing from GPs/other healthcare professionals?

A No. The following extracts are taken from the WGOS 1 and 2 Service Manual: nhs.wales/sa/eye-care-wales/eye-care-docs/wgos-manuals-changes-summary/wgos-1-2-clinical-manual/

Patients that self-refer or are referred by other Healthcare Practitioners for a WGOS 2: Band 1, should be triaged to determine the eligibility, and the urgency with which they need to be seen (Page 36)

- If a GP or other health professional has concerns regarding a patient's eye health, they can refer them for a WGOS 2: Band 1 examination. The patient can be of any age and the referral may arise for a variety of reasons e.g. GP managing unexplained headaches, or Pharmacist referring a person with an eye infection.

On receiving the referral, the patient will be triaged by the Contractor and the Optometrist / OMP / CLO will decide the urgency in which the patient needs to be seen. Please note whilst the Contractor must respond to the patient within 24 hours, there is no expectation that all patients will be seen within 24 hours (Page 38)

- Where applicable, the Contractor is required to verify a patient's eligibility for a WGOS. If a patient cannot provide evidence of eligibility, this must be noted on the form (good practice would be to note this on the record too). (Page18)

The decision to perform a WGOS 1 or WGOS 2: Band 1 will be at the clinician's discretion and will ultimately be based on the symptoms shared or established at triage. The clinical records (which include triage) must support the claim. Providing the records includes this level of detail, then no re-claim can be made.

4. Q: Are requests for WGOS2 Band 1 appointments required to be in writing from GPs/other healthcare professionals?

A No. The following extracts are taken from the WGOS 1 and 2 Service Manual: [nhs.wales/sa/eye-care-wales/eye-care-docs/wgos-manuals-changes-summary/wgos-1-2-clinical-manual/](https://www.nhs.uk/wales/sa/eye-care-wales/eye-care-docs/wgos-manuals-changes-summary/wgos-1-2-clinical-manual/)

Patients that self-refer or are referred by other Healthcare Practitioners for a WGOS 2: Band 1, should be triaged to determine the eligibility, and the urgency with which they need to be seen (Page 36)

- If a GP or other health professional has concerns regarding a patient's eye health, they can refer them for a WGOS 2: Band 1 examination. The patient can be of any age and the referral may arise for a variety of reasons e.g. GP managing unexplained headaches, or Pharmacist referring a person with an eye infection.

On receiving the referral, the patient will be triaged by the Contractor and the Optometrist / OMP / CLO will decide the urgency in which the patient needs to be seen. Please note whilst the Contractor must respond to the patient within 24 hours, there is no expectation that all patients will be seen within 24 hours (Page 38)

- Where applicable, the Contractor is required to verify a patient's eligibility for a WGOS. If a patient cannot provide evidence of eligibility, this must be noted on the form (good practice would be to note this on the record too). (Page18)

The decision to perform a WGOS 1 or WGOS 2: Band 1 will be at the clinician's discretion and will ultimately be based on the symptoms shared or established at triage. The clinical records (which include triage) must support the claim. Providing the records includes this level of detail, then no re-claim can be made.

5. Q: Can WGOS be performed as a remote service e.g a WGOS2 Band 3 appointment?

A: Remote consultation incorporates online, phone and video consultations.

WGOS 1 and 2 Service Manual states that:

- WGOS may be delivered as a remote service, however where an **examination / assessment is required which involved the use of specialised equipment, these must be completed in a face-to-face consultation** where the patient and practitioner are in the same room
- The practitioner should use their professional judgement to decide whether it is in the patient's best interest to offer **components** of a WGOS episode remotely.
- **A WGOS 2: Band 3 examination** enables a patient to be followed-up after they have had an initial appointment for a WGOS 2: Band 1 or for a post-operative cataract check

- The level of **examination** of a WGOS 2: Band 3 should be appropriate to the reason for review and procedures are at the discretion of the WGOS practitioner.

Although components of a WGOS 2: Band 3 can be delivered remotely, a full Cataract post-operative assessment **cannot** be fully completed remotely. Specialised equipment is required to be able to complete a post operative report for Ophthalmology and therefore in accordance with the WGOS 1 and 2 manual, this episode of care must be completed in a “face-to face consultation where the patient and practitioner are in the same room”.

In principle a full WGOS 2: Band 3 as a follow up to a Band 1 could be delivered remotely, but **only if**:

- The remote consultation method allows the WGOS practitioner to examine the patient (e.g. by video call and/or photographs) and be able to collate all the necessary information / details needed to ensure the patient is being clinically managed in the most appropriate way
- The reason for the episode can be investigated without specialised equipment and to the same quality / standard as that would be achieved through a face-to-face consultation
- There are no other considerations, such as medico-legal, which may make a face-to-face consultation the preferred method

In the rare and unlikely event of a full WGOS 2: Band 3 episode being delivered remotely, the word ‘Remote’ should be written in the section of the claim form where the patient would usually sign.

WGOS practitioners are reminded that:

1. Health Boards have the discretion to ask the Optometrist / OMP to justify their decisions. The record of the examination must therefore support the reason for:
 - a. completing the WGOS 2: Band 3; **and**
 - b. the decision to complete the episode remotely
2. All WGOS activities and fee claims are subject to post payment verification (please see PPV protocols) by the Health Board or NWSSP on their behalf.

6. A patient (aged over 60) has undergone a cataract operation that they have chosen to pay for privately. Can I claim a WGOS1 fee and WGOS2 Band 3 post-operative follow-up fee for completing a post-operative report for Ophthalmology when they attend for a sight test/eye examination after the surgery.

Answer: NWSSP advises that a Practice can claim for a WGOS1 fee for the appointment (and provide an early re-test code as appropriate) but the Practice

cannot claim for a WGOS Band 3 for the post-operative cataract assessment as the cataract operation was not an NHS funded procedure.

The WGOS 1 & 2 clinical manual states:

*Where a patient presents to the Contractor **following an NHS funded cataract operation**, for their post operative WGOS 1 Eye Examination or private sight test after their surgery, a WGOS 2: Band 3 can be claimed for completing a post operative report for Ophthalmology.*

7. Question: Our practice is planning to relocate; what steps does the Contractor need to take?

Answer: Please contact NHS Wales Shared Services Partnership on nwssp-primarycareservices@wales.nhs.uk at least 3 months in advance of the proposed relocation with details of the relocation and date. You will be provided with further details and asked to complete the change of status form and practice self-assessment form <https://tinyurl.com/74nbshz4>

NWSSP will review the forms and notify the Health Board of the proposed relocation and date.

NWSSP will arrange a virtual visit/inspection at the new practice location within a week of opening the new practice.

8. Q. When would it be appropriate to perform and claim a WGOS 1 Eye Examination using the early test code 6?

a. Early test code 6 is to be used to claim a second WGOS 1 Eye Examination if the patient is unable to tolerate their new spectacles.

Practitioners should use their clinical judgement with what constitutes non tolerance; however, 'non-tolerance' **does not** cover performer/practice/glazing errors.

As the clinical records must support the reason for claiming, it is considered good practice to triage the patient's concerns to establish:

- the possible cause of the issue they are having with their new spectacles (e.g. fitting of spectacles, error in prescription, non-tolerance, or a change to their vision due to an underlying pathology),
- the type of appointment required to investigate their concerns; and
- the urgency in which they need to be seen.

A WGOS 1 (code 6) can only be claimed if:

- the patients presenting concerns appear to be related to a prescription issue and not a performer/practice/glazing error.
- the patient is still eligible for a WGOS 1; and
- all elements of WGOS 1 as detailed in the manual are completed (i.e. a claim cannot be submitted for refraction only).

A second GOS 3W optical voucher may be issued if:

- the second WGOS 1 examination results in a modified prescription being issued; and

- the patient is eligible for help towards the cost of the spectacles.