

1. Q. For the domiciliary equipment, I am a sole trader and domiciliary practice only, do I need a health & safety certificate? I haven't got one at present, but I have Public Liability insurance.

A. If you have no employees, you do not require a Health and Safety poster / leaflets.

2. Q. Can domiciliary practices claim the cluster practice payment?

A. Yes as long as the practice satisfies the attendance criteria. Please contact your health board for more information.

3. Q. I'm getting quite a few queries on the requirements for VF devices in a domiciliary setting. Is there an approved kit list?

A. There is no approved provider list – it is up to each Contractor/Performer to ensure their equipment is fit for purpose. It must be automated, threshold related and capable of producing a sharable field plot.

4. Q. I've emailed NWSSP but awaiting their reply. Just wondering if you know off hand whether we need to do separate applications for each of our 4 practices or whether one application suffices for the 4 to continue doing domiciliary.

A. In order for each practice to have a service agreement with the health board we do need an application from each practice. Much of the information may be duplicate (insurance certificates etc if you have a group policy rather than individual practice policies). Our suggestion is that you submit one application for one practice to start with that we can work through and help you refine before using as a template for the other practices. This way we avoid the situation of having several documents on the go all of which are incorrect in some way. If you use one kit between the practices, the same images may be used for all applications, if each practice has its own kit, we will need to have pictures of the kit specifically used by that practice.

5. Q. Do we list all locum Optoms under Clinical Practice Staff, or just employed?

A. If you use 'regular locums' i.e. fixed pattern of work, that invoice you for use of their service then include these.

6. Q. What evidence should we upload regarding eligibility for NHS tests as all this info is on our website - will the URL suffice?

A. Yes, the URL will suffice.

7. Q. We do not have leaflets about the NHS spectacle scheme, but information is available on our website - will the URL again suffice?

A. Yes, the URL will suffice.

8. Q. All complaints procedures etc are on the website and there is a pdf document - do I upload a screenshot of the front page, or do you need the complaints procedure in its entirety?

A. Yes, the URL will suffice.

9. Q. How can I evidence the record keeping format? Are screenshots of each screen of our record keeping system required?

A. Screen shots of the record would be sufficient. This question relates to PPV visits, so if can ensure that the screen shots capture the area where the prescription and recommendation/advice would be that would be great.

10. Q. We have an Optom who will be providing Low Vision Service once she has completed her course (soon) - shall I include her on this application or is it better to wait until she has completed her accreditation?

A. Suggest that you wait until they are accredited. As soon as they have become accredited, please notify NWSSP so that you can be appropriately paid.

11. Q. Regarding equipment, what will suffice as suitable binocular vision test and stereo tests? What degree of arc are we required to measure to? Or is there a recommended app we can use on our iPads?

A. Exact equipment comes down to personal choice. However here are examples of the types of equipment/evidence that the Health Boards have approved:

- DV test: Screen shot of the BV tests that the Distance chart has, ensure to include evidence that you have access to the necessarily filters/lenses need to complete the test e.g. spotlight and Maddox rod lens or fixation disparity screen with accompanying filters.
- NV: most appear to send a picture of a mallet unit or Maddox wing
- Stereo: No stipulation for the degree of arc as different tests offers different results.
- Most providers have shown pictures of the Lang Stereo Test or Titmus Fly test that can be taken with them on visit.
- A quick google search suggests that there are digital versions, however we have not used these and wouldn't want to recommend without conducting a review.

12. Q. We do not have access to a portable field screener - what would be your best advice here please?

A. Suggested speaking to OW who will advise.

13. Q. Although recently EHEW accredited in FB removal we have not been provided with a FB removal kit. We have emailed to chase this, but I am not sure if they only provided kits with earlier cohorts. If this is the case, could you recommend where to purchase suitable instrumentation?

A. No FB removal kits available but OW can advise what is reasonable to obtain.

14. Q. In relation to storage of Benoxinate and Chloramphenicol, neither of which we currently use as they require refrigeration, what is an accepted method of storage please when we are on the road all day without a fridge and a cool bag will not be a regulated temperature?

A. Please note that as WGOS levels 1 and 2 will be mandatory, this will include "acute eye care". Therefore, you will require access to topical anaesthetics, mydriatics, cycloplegics and staining agents. Domic providers will usually opt to have these in forms that do not require refrigeration.

Chloramphenicol is not a requirement - many providers don't keep this. Instead, they refer into the common ailment scheme. If you do want to hold Chloramphenicol you will need to consider how you dispose of this in a safe manner.

Regarding storage - it needs to be safe and secure and not easily accessible to the general public.

In the form there is there a drop down to indicate where / how you store. Most domiciliary companies will state that they are in "locked cupboard / cabinet" (this can be a case)

15. Q What is the grace period between WGOS 1 eye examination minimum intervals that does not require an early retest reason code?

A. To provide flexibility for patients, health boards should not challenge claims for WGOS1 eye examinations within one month of WGOS1 minimum intervals.

16. Q. I perform a private sight test at a patient's home, can I perform and claim for a WGOS2 Band 2 if clinically required and not claim the domiciliary visiting fee?

A. Contractor may only provide mobile WGOS 1 and 2 in a mobile setting if they have a Service Agreement with the relevant Health Board and if the patient's circumstances relating to their physical or mental illness or disability make it impossible or unreasonable for them to receive primary ophthalmic services at a registered premises.

17. Q. A patient requests a post-operative cataract eye examination and provides the audit form to complete from the HES. It is 5 months post the cataract operation. Is there a time limit on when a post-cataract Band 3 assessment can be completed and claimed?

A. There is no time limit on when a Band 3 assessment can be completed and claimed. The professional judgement to decide whether it is appropriate to claim the WGOS 2: Band 3 and their records should support their decision.

18. Q What form do I use to apply to NWSSP for a spare pair of spectacles for a patient?

I understand that no patient is automatically entitled to a spare pair.

A. The registrant completes an online form <https://tinyurl.com/yupp8prw>. NWSSP Optometric Advisors review the application. If the application is approved, a uniquely coded GOS 3W form is issued to the Contractor by NWSSP. Once the patient has collected their spare pair, the uniquely coded GOS 3W form should be claimed in the same way as a 'normal' GOS 3W.

19. Q Where can I access the online Wales Performers List Search for Optometrists?

A. Please see the NWSSP website page <https://tinyurl.com/mwc9awpa>

20 Q. Where do I find the WGOS clinical Manuals?

A. On the Eyecare Wales website <https://www.nhs.wales/sa/eye-care-wales/wgos/eye-health-professional/>

21. Q. I want to work in Wales as a locum optometrist, Where can I find more information?

A. Information is available here [How to become registered to offer WGOS - NHS Wales](#)

22. Q. How can I find a pre-registration place in a practice in Wales?

A. Please contact OW directly and we can support you to find a practice position in Wales

23. Q. Where can I find a list of LVSW providers including mobile LVSW services?

A. There is a link on the Eye care Wales website to the perspective website Wales Eye Care Service (WECS) - <https://tinyurl.com/28urwrcj>

24. Q. How do I request a spare pair of glasses for a child/adult. I know that no patient is automatically entitled to a spare pair.

A. Spare pair applications are now submitted online using the following link. <https://tinyurl.com/my3s9f37>

25. Q. I have received a HES voucher for children's glasses which states voucher A. Can I annotate?

A. Yes, please annotate with the numerical equivalent and submit to HES for payment.

26. Q. Can I add the Child's non-stock lens supplement to a HES issued voucher?

A. Yes, please annotate the form and submit to HES for payment

27. Q. My PPV visit is due can the visit be completed remotely?

A. Yes, If you use electronic patient records, and have access to teams, please contact NWSSP-Primarycareservices@wales.nhs.uk

28. Q. Where can I order support resources for smoking cessation services?

A. There is a link on the eye care Wales website <https://tinyurl.com/yuwdvwze>

29. Q. Could you clarify for me the conditions around the new re-test code 6 on the WGOS forms

A. Non- tolerance. In the exceptional case where a patient cannot tolerate their new spectacles a second WGOS 1 eye examination may be necessary, with a recall code. If this test results in the patient requiring a different optical prescription a voucher can be issued. The patient's record should indicate the reason why the subsequent voucher has been issued. Non- tolerance does not cover performer/practice/glazing errors.

The WGOS National Clinical leads have stated: "We would expect practitioners to use their clinical judgment with what constitutes non tolerance. You cannot claim NHS Wales funds if it is a prescriber error"

30.Q. Do I need to write a GP report letter following a WGOS1 exam for all patients that were previously in the WGOS2 routine category e.g unocular?

A. No. For WGOS1 exams, reports to GP are as per clinical need. All WGOS2 exams require a GP report letter

31. Q. How does the practice claim for attending the professional cluster collaborative meetings?

A. Your collaborative lead or your health board will be able to share the claim process.

32. Q. Who will be receiving Microsoft 365 licences/NHS email?

A. All optometrists, dispensing opticians and optometry practices in Wales. OW will keep you updated with details.

33. Q. What will WGOS4 services include?

A. WGOS4 services will include glaucoma & medical retina filtering and follow-up, and hydroxychloroquine screening. OW will keep you updated with details.

34. Q. Can I claim an IPOS Urgent fee for a patient experiencing acute symptoms of an existing chronic condition?

A. Yes, this is suitable for WGOS5. It is based on your professional judgment and the reason should be noted in the patient record.

35. Q. Can I accept a patient for WGOS5 IPOS urgent from outside my health board area?

A. Yes, WGOS5 IPOS urgent is now a national service.

36. Q. What is the process for CVI in Wales optometry practices for patients with Dry AMD?

A. You can find the process here <https://tinyurl.com/y6z7jeu9>

37. Q. What is the grace period between WGOS 1 Eye examination minimum intervals that does not require an early retest reason code?

A. To provide flexibility for patients, health boards should not challenge claims for WGOS1 eye examinations within one month of WGOS1 minimum intervals.

38. Q. Where can I find more details around the NHS Wales duty of candour requirements for primary care providers?

A. Please find details on our OW website here <https://tinyurl.com/3359bmjb>

39. Q Can you tell me more about the PPV Buddy Service, is it available for remote (Teams) PPV visits?

A Yes, Contractors can request the Buddy Service from Optometry Wales for the PPV visit both for face-to-face and remote (Teams) visits.

NWSSP advises that any queries from the PPV team can be discussed and reviewed throughout or at the end of the PPV visit.

The Buddy would be present online for any discussions/queries between the PPV team and the Practice. The Buddy would also be happy to advise following the PPV visit if there were any Practice queries regarding the NWSSP initial findings report and with discussions thereafter. Please see the OW website for further information

around remote PPV visits [Remote post-payment verification \(PPV\) visits - Optometry Wales](#)

40. Q. Can mobile NHS eye examinations be performed in an NHS hospital for hospital in-patients?

A. WGOS cannot be delivered in Hospitals, Prisons, or secure units ([WGOS 1 and 2 Service Manual](#)). If a patient requests a WGOS eye examination, the optometry practice should contact the Local Health Board (LHB) as the LHB is responsible for planning, funding, designing, developing and securing the delivery of primary, community and in-hospital care services for residents in their respective areas. ([Responsible Authority Guidance](#)).

41. Q. Can mobile private eye examinations be performed in an NHS hospital for hospital in-patients?

A. Private sight tests must conform to all requirements outlined in the Opticians Act 1989.

Permission would need to be sought from the Local Health Board (LHB) to provide a private service from their grounds.

The LHB would need to consider how patients identified as requiring further investigation would receive the same standard of care as that received if they were seen as a private patient in primary care. (Patients seen for a private sight test who require further investigations/assessments are eligible for WGOS 2: Band 2 examinations or are referred to WGOS 3, 4 or 5)

42. Can mobile private eye examinations be performed in a private hospital for hospital in-patients?

A. Private sight tests must conform to all requirements outlined in the Opticians Act 1989.

The Optometrist and private hospital would need to have a formal/legal agreement in place so that all parties understand their responsibilities.

The Optometrist would need to consider how patients identified as requiring further investigation would receive the same standard of care as that received if they were seen as a private patient in primary care. (Patients seen for a private sight test who require further investigations/assessments are eligible for WGOS 2: Band 2 examinations or are referred to WGOS 3, 4 or 5).