



## **THE NATIONAL HEALTH SERVICE**

This information has been collated in as a study guide for those preparing to sit the Non EEA Examination in UK Law and Practice.

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## The National Health Service (NHS)

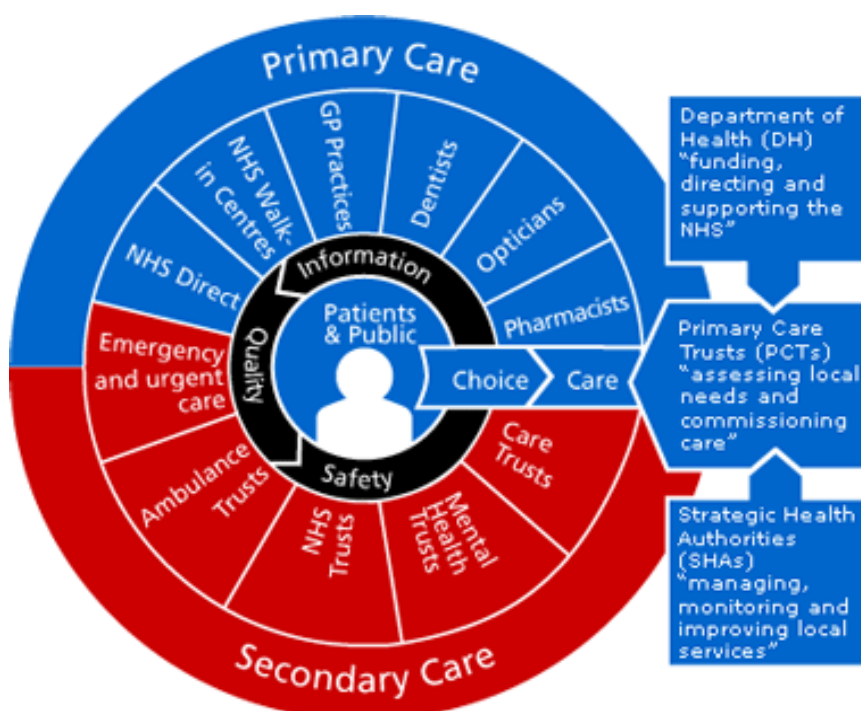
<http://www.nhs.uk/>

### BEGINNINGS

- The National Health Service grew out of a strong socialist government post-WW2.
- The **National Health Service Act 1946** laid down the details of the NHS in England & Wales. This was followed by the NHS (Scotland) Act 1947 and the HS Act (Northern Ireland) 1948
- The Acts were implemented in **July 1948** (i.e. the NHS truly began for the people at this time).
- Principles of the NHS:
  - Financed by taxes levied on well people
  - Access for everyone
  - Comprehensive, National Standard of Care
  - Care provided on clinical need NOT ability to pay
  - Care centred around family doctor (GP)
- Most of these principles still hold true today
- The National Health Service Act 1946 has been amended many times since its inception

### CURRENT NHS ORGANISATION

- Split into Primary (offering frontline care e.g. General Practitioners (GP), Optometrists) and Secondary Care (offering further care [can be elective or emergency] e.g. hospitals)



- **Hospital Eye Service (HES)**
  - exists within secondary care
  - service provided by ophthalmologists
  - assisted by sight-testing opticians
  
- **Primary Care Trusts (PCTs)**
  - Country is divided up into 152 PCTs
  - in charge of primary care and have a major role around commissioning secondary care, providing community care services.
  - at the centre of the NHS
  - control 80% of the NHS budget.
  - local organisations, so best positioned to understand the needs of their community, they can make sure that the organisations providing health and social care services are working effectively.

## CURRENT NHS PROVISION FOR PRIMARY EYE CARE IN ENGLAND

- Known as the **General Ophthalmic Services (GOS)**

The GOS objective is:

“...to provide, through community opticians’ practices, preventative and corrective eye care for children, people aged 60 and over, people on low incomes and those suffering from or predisposed to eye disease.”

In order to provide GOS sight tests, an optometrist must apply to his/her local **Primary Care Trust (PCT)** for inclusion on the PCT list.

Currently the PCT holds two lists:

- Main Ophthalmic List
  - need to meet requirements regarding premises, equipment and record keeping – in reality optom/body corporate who owns business
- Supplementary List
  - locums, employed optom
  - “passports” optom to work as “assistant” in any PCT in England

An optometrist will be removed from the list

- On request of contractor
- On death
- On ceasing to be an Optometrist
- If no claims submitted for GOS tests for 6 months

PCT makes payments for GOS work done.

- Sight test fees negotiated centrally every April
- Current (April 08 – April 09) test fee is £19.32 (i.e. contractor on main ophthalmic list will receive £19.32 from PCT for every GOS sight test completed).

In return for payment, optometrist agrees to NHS GOS regulations 1986 (Statutory Instrument (SI)1986/975)

- Conditions apply to all NHS ‘tests’ and practices carrying out those ‘tests’
- Additional to Opticians Act/GOC rules
- Most requirements mirror Opticians Act 1989
  - Carry out sight test with due care & attention
  - Determine whether patient needs spectacles
  - Issue prescription
  - Duty to inform if no change or ‘insignificant’ change
  - Refer ocular abnormality/unsatisfactory VA
- Additional requirements
  - Prescription written in BS format (Appendix A BS3521 1962)
  - Letter of notification to be sent to GP if seen patient with diagnosed Diabetes/Glaucoma
  - Accurate form filling/display posters & leaflets
- Full and complete records to be kept
  - Keep for 7 years minimum
  - (NHS best practise – 10 years)
  - Must be able to produce for PCT within 14 days
  - No need to include dispensing details after 1989

- SI 1989/395 as subsequently amended limits NHS tests to
  - Under 16s, over 60s
  - Under 19s in full time education
  - Complex Lenses (10D or more in any meridian)
  - Registered Blind or Partially Sighted
  - Diabetics & Glaucoma Sufferers
  - Ocular hypertensive
  - Over 40 with direct relative with Glaucoma
  - Income Support (self or partner) or Income Based Job Seekers Allowance
  - Working Families Tax Credit ('named on')
  - Disabled Person's Tax Credit ('named on')
  - HC2 exemption
  - HC3 exemption (Partial exemption)

Details of GOS regulations are on the Association of Optometrists (AOP) Website:

<http://www.assoc-optometrists.org/1112283811.html>

The relevant GOS form(s) need to be completed if a GOS sight test takes place.

- GOS 1 – Application for a NHS funded sight test
- GOS 2 – Patient's optical prescription or statement
- GOS 3 – NHS optical voucher (if eligible for financial assistance towards spectacles)
- GOS 4 - NHS optical repair/replacement voucher
- GOS 5 – Help with cost of private sight test (Px does not qualify for full help and must make a financial contribution)
- GOS 6 – Application for a mobile NHS funded sight test (i.e. for domiciliary visit)

Details of these forms can be found on the AOP's website:

<http://www.assoc-optometrists.org/1101209744.html>

- Patients have to prove eligibility for entitlement to GOS test
  - National Insurance Number
  - Previous surnames
  - Income support book/letter
  - WFTC book/letter
  - Proof of Age
  - GPs details
- Must mark on GOS 1 (GOS 5) if evidence not seen

- Practitioners must be satisfied test is necessary

**Minimum intervals between sight tests apply:**

<b>Patient Category</b>	<b>Minimum Sight Test Interval</b>
Under 16 yrs, normal BV	12 months
Under 7 yrs, BV or Rx	6 months
7-16 yrs, BV or myopia	6 months
16-70 yrs	24 months
70+ yrs	12 months
Diabetes	12 months
40+ years FH Glaucoma or Ocular Hypertension	12 months

However, ultimately it is at the optometrist's clinical discretion whether or not the patient is seen. If the patient is seen earlier, then an Early Retest Code must be included when completing the GOS paperwork.

**Early Retest Codes for England:**

1. Patient is at risk of frequent changes in prescription for reasons not requiring medical referral or for reasons already known to a medical practitioner
2. Patient has pathology likely to worsen, e.g. ARMD, cataract, corneal dystrophy, or congenital anomalies
3. Patient has presented with symptoms or concerns requiring ophthalmic investigation:
  - 3.1 resulting in referral to a medical practitioner
  - 3.2 resulting in issue of a changed prescription
  - 3.3 resulting in either no change or no referral (the patient's record should indicate any symptoms shown to support this category of claim, if necessary)
- 4.1 Patient needing complex lenses; or
- 4.2 with corrected vision of less than 6/60 in one eye
5. Patient

- 5.1** presented for a sight test at the request of a medical practitioner; or
  - 5.2** is being managed by an optometrist under the GOC referral rules, e.g. suspect visual fields on one occasion which is not confirmed on repeat, or abnormal IOP with no other significant signs of glaucoma; or
  - 5.3** identified in protocols as needing to be seen more frequently because of risk factors
- 6** Other unusual circumstances requiring clinical investigation

**Voucher scheme** introduced, to give financial assistance towards purchase of spectacles, under Health & Social Security Act 1984.

- Voucher value subtracted from total cost of spectacles
- Some practices may have “budget” range where voucher covers full cost of frame and lenses
- Allows greater patient choice
- Eligibility for voucher
  - Under 16's
  - Under 19's in full time education
  - Complex lenses
  - Income support/IBJSA
  - WFTC/Pensioner's Tax Credit\*
  - HC2 or HC3
- SI 1988/428: Voucher may be used towards contact lenses
- Voucher value depends on size of prescription
- Voucher must be given to Px with prescription
- Voucher values change each April

Details of current voucher values can be found on the AOP's website:

[http://www.assoc-optometrists.org/uploaded\\_files/voucher\\_values\\_2008.pdf](http://www.assoc-optometrists.org/uploaded_files/voucher_values_2008.pdf)

## CURRENT NHS PROVISION FOR PRIMARY EYE CARE IN WALES

- Welsh Eye Care Initiative (WECI) runs alongside GOS in Wales
- No charge to Px
- 80% of Welsh Optoms involved in WECI
- Eye Health Examination
  - selected categories of patient
  - may be at risk of eye disease
- Primary Eyecare Acute Referral Scheme (PEARS)
  - any Px presenting with acute symptoms
- Low Vision Scheme (£60)
  - Waiting times dropped from 18 months to 3 weeks!
- Equipment list and mandatory procedures
  - Slit lamp, VOLK, Contact tonometer, Visual field equipment, Eyelash removal instruments, Ophthalmoscope, Amsler, Diagnostic Drugs
- Training
  - theory with MCQs
  - practical assessment of Slit lamp and Contact tonometry technique
  - no charge to practitioner
- Remuneration
  - £40.00

Further Details: <http://www.wales.nhs.uk/sites3/home.cfm?orgid=562>

## CURRENT NHS PROVISION FOR PRIMARY EYE CARE IN SCOTLAND

- Free Eye Exam for **every** person in Scotland - appropriate to needs and symptoms
- Refraction not mandatory
- Optoms can manage more eye conditions in the community
- Encourages use of dilation, contact tonometry and full threshold fields
- Upper limit – ?20 Eye Exams per day per optometrist
- Remuneration (from April 2007)
  - Primary Examination £36.00
  - Secondary Examination £21.00
- Initial equipment grant
  - £8000 per practice
- Training and accreditation provided for
  - VOLK, applanation tonometry, visual field screening

## CURRENT NHS PROVISION FOR PRIMARY EYE CARE IN NORTHERN IRELAND

Very similar to England, but may change in due course.

**TO GIVE YOU AN INDICATION OF THE NUMBERS OF GOS TESTS CARRIED OUT:**

In England in the 6 month period 1 April 2007 to 30 September 2007 there were:

**5.52 million sight tests paid for by Primary Care Trusts**

This was an increase of 3.8 per cent (201,000) on the 6 month period ending 30 September 2006

**1.98 million vouchers reimbursed by Primary Care Trusts**

This was an increase of 3.1 per cent (60,000) on the 6 month period ending 30 September 2006

SOURCE: The Information Centre

<http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/eye-care/general-ophthalmic-services:-activity-statistics-for-england-and-wales:-april-2007--september-2007>

***NB: From 1<sup>st</sup> August 2008 the PCT list system will be changed to a new system of:***

- *Contracts with PCTs for practices/businesses who provide GOS in their areas*
- *PCT ophthalmic performers lists for optometrists and OMPs who carry out GOS sight tests.*

*Fixed Premises*

- *For those operating from fixed premises this will be a new GOS mandatory services (sight testing) contract in each PCT where they provide services.*

*Domiciliary Services*

- *For those providing (domiciliary) services this will be a new additional services (domiciliary sight testing) contract in each PCT where they provide services.*

*Fixed and Domiciliary*

- *Those providing a GOS service from fixed premises and a domiciliary service will need both a mandatory (sight testing) and an additional (domiciliary) contract in each PCT where they provide services*

