

POLICY NOTE

THE NATIONAL HEALTH SERVICE (OPTICAL CHARGES AND PAYMENTS AND GENERAL OPHTHALMIC SERVICES) (SCOTLAND) AMENDMENT REGULATIONS 2024

SSI 2024/38

The above instrument was made in exercise of the powers conferred by sections 26, 70(1), 73(a), 74(a) and 105(7) and paragraphs 2(2) and 2A of schedule 11 of the National Health Service (Scotland) Act 1978. The instrument is subject to negative procedure.

Summary Box

To increase, by an overall of 1.68%, the values of NHS optical vouchers accepted or used by a supplier in Scotland on and after 1 April 2024. To also bring into effect various administrative changes relating to the provision of General Ophthalmic Services (“GOS”) on and after 1 April 2024.

Policy Objectives

NHS optical vouchers - uprating of values

NHS optical vouchers provide financial help towards the purchase of new glasses or contact lenses for eligible persons, including children aged under 16, those aged 16 to 18 in qualifying full-time education, those on a low income and those who require complex lenses. Some people are also eligible to a NHS optical voucher for help with the cost of repairing or replacing glasses or contact lenses.

The instrument amends the National Health Service (Optical Charges and Payments) (Scotland) Regulations 1998 by increasing the overall values of all NHS optical voucher categories and supplements by 1.68% for NHS optical vouchers that are accepted or used by a supplier in Scotland on or after 1 April 2024.

Removal of patient practice record form

Regulations 22 and 23 of the National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006 (“the 2006 Regulations”) make provision for the requirement for a “patient practice record form” to be completed and signed as part of the process of applying to have a GOS eye examination.

The patient practice record form is the means by which a patient or their representative declares that the patient is eligible to have a GOS eye examination in Scotland. It was introduced in 2016 for the purposes of checking whether a patient is entitled to have a GOS eye examination in Scotland, following the ability of contractors providing GOS in Scotland to digitally submit their GOS remuneration claims to the Common Services Agency (NHS National Services Scotland)¹.

¹ [https://www.sehd.scot.nhs.uk/pca/PCA2016\(O\)06.pdf](https://www.sehd.scot.nhs.uk/pca/PCA2016(O)06.pdf)

NHS Scotland Counter Fraud Services has determined that it no longer requires a patient practice record form to be completed for the purposes of checking whether a patient is eligible to have a GOS eye examination. As a consequence, the instrument amends the 2006 Regulations by removing the requirement for a patient practice record form to be completed as part of the process of applying to have a GOS eye examination in Scotland.

Changes to Ophthalmic List removal process and criteria

Regulations 12(2) and 12(3) of the 2006 Regulations provide for the removal of an optometrist or ophthalmic medical practitioner (“OMP”) from a Health Board’s Ophthalmic List, where the Board has determined that the person has not provided GOS in the Board’s area within the preceding 6 months (with respect to persons on the first part of the Ophthalmic List) or 12 months (with respect to persons on the second part of the Ophthalmic List).

As part of its determination process, and before the person can be removed from the Health Board’s Ophthalmic List, the Health Board must consult with its Area Optical Committee (“AOC”) with respect to optometrists, or its Area Medical Committee (“AMC”) with respect to OMPs.

In order to reduce the administrative burden for Health Boards with regards maintaining Ophthalmic Lists, and to ensure more consistency across the arrangements that apply to both parts of the Ophthalmic List, the instrument:

- amends regulations 12(2) and 12(3) of the 2006 Regulations to remove the requirement for a Health Board to consult with its AOC/AMC, prior to removing a person from its Ophthalmic List for not having provided GOS in its area within the period referred to in each of these provisions.
- amends regulation 12(2) to change to 12 months (from 6 months) the time period that applies with respect to how long a Health Board must determine that a person has not provided GOS for in its area, before it removes that person from the first part of its Ophthalmic List.

Removal of requirement for mobile practices to provide Health Boards with advance notice of certain visits to day centres and residential centres

Paragraph 5 of schedule 1 of the 2006 Regulations provides that a GOS contractor that is a mobile practice must give the relevant Health Board notice at least one month in advance of a visit that it intends to make to a day centre or residential centre to provide GOS to three or more persons. In giving that notice, the contractor must also indicate how often it intends to undertake return visits to that location.

There is broad consensus amongst Health Boards and the community optometry sector in Scotland that this requirement no longer serves any utility. As such, in order to reduce the administrative burden for Health Boards and contractors, the instrument amends the 2006 Regulations by removing the requirement.

Change to time limit for submitting GOS eye examination fees payment claims

Paragraph 13(1) of schedule 1 of the 2006 Regulations provides that a contractor providing GOS has six months after the date of a GOS eye examination within which to submit their associated claim for payment of fees to the Agency.

In order to align the time limit for submission of GOS claims with that which applies to payment claims for NHS optical vouchers and Community Glaucoma Service assessments, the instrument amends the 2006 Regulations so that the time limit for submitting a GOS claim to the Agency is changed to three months after the date of the eye examination.

EU Alignment Consideration

This instrument is not relevant to the Scottish Government's policy to maintain alignment with the EU.

Consultation

Optometry Scotland and Health Boards have been consulted in advance of the preparation of this instrument. Their views have been factored into the preparation of this instrument.

Impact Assessments

There are no Equalities, Children's Rights and Wellbeing, Island Communities, Socio-economic or Strategic Environmental impact issues arising from this instrument.

Financial Effects

The Minister for Public Health and Women's Health confirms that no BRIA is necessary as the instrument has no financial effects on the Scottish Government, local government or on business.

Scottish Government
Directorate for Primary Care
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