

Dear Leeds LMC Colleagues,

Following on from our discussions about entitlement for free optometry care, I wanted to inform you that The Association of Optometrists has issued new guidelines to avoid erroneous claims.

Optometrists cannot claim a GOS (General Ophthalmic Service) fee for an **early eye examinations unless the presenting complaint is primarily refractive in origin.** [NHS eligible] patients are entitled to a GOS eye examination every 2 years or annually if aged over 70.

What does this mean for GPs and patients?

- Patients aged 60 and over (or eligible for GOS on other grounds) can only be seen **early** where the symptoms require a refraction.
- Thus if an NHS entitled patient presents to an optometric practice before their allowed eye exam interval with acute issues such as red eyes, sore eyes, IOPs or flashes and floaters etc., they must be charged a private fee. If they are unable/unwilling to pay they should be signposted to their GP or A&E as patients cannot self-refer to Eye Casualty (ARC -Acute Referral Clinic).

The expertise to provide a service by accredited optometrists is available but regrettably the CCGs have not yet elected not to commission one. A Minor Eye Conditions Service (MECS) would allow investigation of such presenting symptoms, and referral for only those patients that require management within secondary care. These schemes are available locally in Harrogate, North Yorkshire, Wakefield and North Kirklees. Nationally, nearly 70 percent of CCGs have commissioned, or are looking to commission a MECS service, allowing GPs to refer patients to participating optometrists in order to investigate a wide range of conditions.

Please be aware that turning patients away without addressing their concerns is not something that we are comfortable doing. We will continue to examine all eligible patients with or without symptoms at their recommended recall interval under GOS. Unfortunately charging a private fee is the only way that optometrists can be reimbursed for their services until a MECS service is commissioned.

Patients that have presented with such symptoms and have elected not to be seen privately will be given a generic referral letter requesting that their GP manage them and refer to the HES if appropriate. A copy of this letter is attached.

I would be grateful if you could cascade this information to your GP colleagues as they will invariably start to see these letters within their surgeries.

Leeds LOC will be happy to speak with you at one of your meetings or to answer any queries by email at leedsloc@gmail.com

Yours faithfully,

Ann Barrett

Ann Barrett, Chair Leeds LOC. www.loc-net.org.uk/leeds