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CPD C-103224

**Guidance on how to apply for a General Ophthalmic Services (GOS) contract in England**

This article is worth one non-interactive Continuous Professional Development (CPD) point in the accountability and leadership domain. It is suitable for all General Optical Council (GOC) registrants in England.

In this article we will outline the process and policies that are required for a General Ophthalmic Services (GOS) contract application in England.

### Learning Objectives

* To understand the contractual process required to apply for a GOS contract in England.
* To understand the practice policy documents required to submit for a stage one application of a GOS contract.
* To understand the process of the stage two practice visit.

### How to gain the CPD point

This CPD will take approximately one hour to complete.

To obtain one CPD point, you must:

* read the information in this article
* read the cited references
* pass the Multiple-Choice Questionnaire (MCQ) assessment with a score greater than 60%

The link to the MCQ assessment is available at the end of this article.

### What happens next

Upon completion of the MCQ assessment, you will receive an email outlining whether you have passed or failed. If successful, a pass certificate will automatically be sent to the email address you enter on the MCQ assessment. Feedback of the correct responses will be shared with both successful and unsuccessful responders.

The email you receive stating that you have been successful in your MCQ attempt should be saved. You will need to upload the email as evidence when you are logging your CPD on the [MyGOC website](https://optical.org/).

## Introduction

To provide NHS eye examinations in England, a GOS contract must be held. The application process may appear daunting, but the format nurtures the familiar concept of good record-keeping and best practice.

The online GOS contract application process is supported by the NHS Business Services Authority (NHSBSA) on behalf of and in conjunction with NHS commissioners in England. A useful checklist is provided below (under stage one) and can be completed in any order. The process will differ slightly for additional contracts (domiciliary).

GOS contractors must comply with many legislative practices and policies. The checklist in conjunction with a copy of the GOS contract gives a comprehensive understanding of what is required for practice policies, equipment and maintaining records. All policies should be maintained and reviewed at regular intervals.

## The GOS contract process

The GOS Model Contract application is a two-part process.

### Stage one – submitting documents – submitting document

For stage one of the application process, specific policies used within the practice are required to be submitted to NHSBSA. Templates can be downloaded from the Quality in Optometry (QiO) toolkit[[1]](#footnote-2).

Any policies should be reviewed and edited so they are relevant to your own GOS contract application. Patient facing policies need to be available to patients and should all be in the name of the company providing GOS.

Contractors are required to comply with the Companies Act (2006)[[2]](#footnote-3). Details of business ownership must be displayed. These need to be displayed in characters large enough to view with the naked eye and easily visible even outside business hours.

The NHSBSA process for approving an application includes assessment/approval of:

* Suitability to hold a contract
* Relevant policy paperwork
* Premises, through a site visit
* Equipment and facilities for record keeping
* Completed section A and B forms
* Current and full CV of applicant(s)
* Completed banking mandate from the applicant

Stage two is a practice visit and in order to proceed and request a visit, all paperwork must have been submitted, be compliant and have been approved.

Failure to provide or omitting to include information will result in a delay of the application process.

### Stage two – the practice visit

The final stage of the GOS contract application process is a practice visit. The practice visit will be conducted in two parts. The contractual aspects will be inspected by a caseworker from the NHSBSA. The clinical aspects will be inspected by an Optometric Adviser from your commissioning team. This visit will happen virtually via Microsoft Teams.

The practice visit will cover assessment of:

* the premises
* equipment
* record keeping facilities
* staffing arrangements

Additional inspections can be arranged for additional contract holders to assess appropriate mobile equipment.

## Documents, records and policies

All practice staff must be appropriately trained and supervised for any delegated tasks that they undertake. This will be enquired verbally by the Optometric Adviser at the practice visit.

The contractor must have details of local child/vulnerable adult safeguarding protection arrangements. A copy of the practice safeguarding policy must be submitted to the NHSBSA on application. There must also be a suitable chaperone policy and a chaperone notice that is displayed in a prominent place or made readily available to patients.

Guidance on consent for children and young people who lack the capacity to consent, can be found at The College of Optometrists[[3]](#footnote-4).

Optometrist and/or Dispensing Opticians working alone may be considered lone workers. A suitable lone worker policy should be in place with evidence of regular review. You must ensure that the policy is tailored to your contract. For example, this should not include information about domiciliary work if you are only applying for a mandatory contract. For example, this should not include information about domiciliary work if you are only applying for a mandatory contract.

A notice of NHS patient eligibility criteria should be clearly displayed within your practice. This should show:

* the services available
* a written statement of commitment to patient safety
* patient eligibility criteria
* information about the complaints procedure[[4]](#footnote-5)

The contractor must have a formal, written, NHS compliant complaints procedure on which the complaints manager should be named. This poster should be displayed in practice[[5]](#footnote-6).

Clause 103A of the GOS model contract states:

*“As regards complaints relating to any matter reasonably connected with the provision of services under the Contract which are received on or after 1st April 2009, the Contractor shall establish and operate a complaints procedure that meets the requirements of the Complaints Regulations”*

[The local Authority Social Services and National Health Service Complaints (England) Regulations 2009]*.*

The complaints policy needs to show:

* timescales for responding
* how to complain on behalf of others
* details of Optical Consumer Complaints Service (OCCS)

The contractor must provide a name of the person responsible for dealing with any complaints, not just a department. This is usually the practice manager, or someone suitably qualified to deal with complaints in accordance with NHS guidance.

It is a requirement of the contract to report the number of GOS complaints received annually to the NHSBSA. The complaints record should be kept for two years.

The contractor is required to keep a record of any situation where an eligible person is refused an NHS examination and the reason for refusal should be noted. This should be kept in accordance with data protection and away from the patient’s clinical record. Importantly, under the GOS contract, you are not able to charge for missed appointments.

Each contractor should undertake a health and safety risk assessment. This includes infection control and adhering to requirements of Medicines and Healthcare products Regulatory Agency (MHRA), and the Health and Safety Executive (HSE).

If there are five or more employees, a copy of your health and safety assessment must be submitted with your application. The assessment should identify sensible measures to control the risks in your workplace. It should also identify any hazardous activities, processes, or substances. In addition, the most recent version of the health and safety poster should be displayed in your practice.

Contractors have a duty to report to HSE any injuries, deaths, diseases and dangerous occurrences that occur at work or are work related according to the Reporting Injuries Diseases and Dangerous Occurrences Regulations (RiDDOR) 2013[[6]](#footnote-7).

Employers must record the details of any accidents which occur at work in line with data protection if they have more than 10 employees (although it is advisable for all employers). Records should be kept for a minimum of three years.

Employers must provide provisions to administer appropriate first aid at work. The first aid kit should be reviewed regularly to ensure supplies are in date and fully stocked. The kit must be easily accessible by all.

## Insurance

In line with clause 89 GOS model contract, the contractor should have cover for clinical negligence. It is sufficient to rely on the Optometrists’ or Dispensing Opticians’ professional indemnity insurance. Additional cover for the practice may also be sought.

All employed Optometrists and Dispensing Opticians will need up-to-date professional indemnity insurance. This is a requirement for GOC registration. Contractors need to have a procedure in place the check this annually around the time of renewal.

Current public liability insurance is required and in accordance with the Employer’s Liability (Compulsory Insurance) Act 1969[[7]](#footnote-8). The contractor must have current employer’s liability cover for a minimum of £5 million if they are employing anyone under the contract. Details of this need to be made available to all employees.

## GOC registration

*“Before employing or engaging any person to assist it in the provision of services under the Contract, the Contractor shall take reasonable care to satisfy itself Ophthalmic Services Contract that such persons are both suitably qualified and competent to discharge the duties for which they are to be employed or engaged and shall have regard, in particular, to their;*

*51.1. academic and vocational qualifications;*

*51.2. education and training; and*

*51.3. previous employment or work experience.”*

Evidence of GOC registration[[8]](#footnote-9) for all performers in regular attendance must be checked and submitted (including restrictions/suspensions to registration).

It is the contractor’s responsibility to ensure all performers employed or locums are included on the Ophthalmic Performers’ List[[9]](#footnote-10). Checks should be made on an annual basis.

The contractor is also required to check the clinical references of any Optometrist or Dispensing Optician they employ to deliver the service.

Contractors are required to inform NHS England of any changes to performers providing GOS at the practice. This can be done via email to the commissioning team. The NHSBSA will request a letter of good standing from the GOC for any prospective registrant director applicant. It is advisable to check with the GOC if the intended trading and/or company name requires Body Corporate registration.

All patients should be offered a choice of performer where there is more than one performer in regular attendance at the practice. It is reasonable for this to be offered verbally at the point of appointment booking or via a notice in the practice showing which performers are in regular attendance.

## Practice opening

The hours of opening will be requested as part of the practice visit, including weekend and bank holiday hours. It is important to record any gaps in the day where the practice will be closed - this may include lunchtime.

The contract also requires that the NHS receives notification of the hours when GOS will be provided in the practice. This may be different from the hours that the practice is open. It is essential that during the GOS hours specified, all GOS eligible patients are given equal access to appointments and certain patient groups are not restricted to set times.

Any changes to the hours GOS is provided will require a variation in the contract and must be reported to the NHS.

## Patient eligibility

Clause 37 of the GOS model contract highlights the contractor’s responsibility to ensure patient eligibility for GOS by:

* requesting evidence
* noting the date of last eye examination
* ensuring that a sight test is necessary

The date of the patient’s most recent sight test must be used regardless of where it took place or whether it was private or GOS funded.

Practice staff are required to do point of service checks on all patients who are applying for a GOS sight test and to ask for proof of patient eligibility. If evidence is not seen, a tick in the ‘evidence not seen’ box on the GOS application is submitted.

## Clinical records

NHS England is required to ensure that the contractor is keeping full, accurate and contemporaneous records. Regular auditing of performers' clinical records is required. Guidance can be found from Quality in Optometry (QiO)[[10]](#footnote-11) on how to perform clinical record audits. Best practice comprehensive records aid for continuation of care and defence if a complaint occurs.

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| **Table 1. Record Keeping – Mandatory fields** |
| Name or initials of performer (to easily identify which performer undertook the sight test) |
| Reason for visit/symptoms |
| Ocular history |
| General health |
| Medications |
| Family Ocular history |
| Unaided vision/vision with current glasses |
| Visual acuity |
| Binocular vision assessment |
| External examination |
| Internal examination of the eye |
| C:D ratio |
| Any other (specific) comments from Ophthalmoscopy |
| Refraction result |
| Visual fields (where relevant) |
| Tonometry (where relevant) |
| Advice given |
| Referral/notification letter copies |
| Full dispensing details (where a GOS voucher issued) |
| Record is legible |

## Handling patient data policy

A contractor must have a practice policy on handling patient data and this policy should be available to patients upon request (General Data Protection Regulations, Art 13 Freedom of Information Act 2000).

The contractor must provide the name of the designated Data Protection Officer. This will generally be someone with senior management responsibilities who has received suitable training and has a good understanding of data protection law. Staff must be aware of how to handle patient data correctly (GDPR/Data Protection Act 2018). This policy template should be edited to fit your GOS contract.

## Freedom of Information Act statement

A contractor must have an up-to-date Freedom of Information Act statement and have this available to patients (Freedom of Information Act 2000). This will need to be readily available to patients upon request.

During the practice visit an Optometric Adviser will inspect your record keeping system to ensure it has the facility to record **ALL** the fields required. Registration with the Information Commissioner’s Office (ICO) may be required as part of the GOS contract and the completion of the toolkit on the ICO website, will help determine this[[11]](#footnote-12).

Contractors are required to ensure performers make onward clinical referrals in accordance with local protocol. It is important that referral procedures are available in the practice to ensure visiting performers are aware of the procedures. A copy of your referral template should be available to view at the practice visit. Registration with the Local Optical Committee will help keep the contractor up to date with the latest referral protocols[[12]](#footnote-13).

Any patients who require referral to another practitioner should be notified in writing of the reason for their referral. Best practice is to give the patient a copy of their referral letter. However, annotating the patient’s prescription is also acceptable.

Patient records should be securely stored in an area where only staff have access. If paper records are kept in a patient facing area, the storage should be locked. If records are kept electronically, they must be backed up regularly, encrypted and back-ups should preferably be kept offsite.

Clinical records must be kept for a minimum of seven years in accordance with the GOC contract. After the correct retention period has elapsed, paper records must be securely destroyed. Electronic records should have the hard drive physically destroyed or securely erased by an appropriate contractor.

## Equipment

You are required to have available all the equipment listed if you are applying for a GOS contract. All equipment should be fit for purpose, well maintained and in good working order. Even if locum optometrists bring their own equipment, the contractor is required to have a complete set of equipment. 

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| **Table 2. Eye Examination - Mandatory services equipment** |  |
| Focimeter |  |
| Frame Ruler or similar |  |
| Visual field test |  |
| Tonometer |  |
| Distance test chart for adults |  |
| Distance test chart suitable for children/ non-English / learning disability patients |  |
| Trial lenses and accessories |  |
| Trial frame |  |
| Retinoscope |  |
| Ophthalmoscope |  |
| Distance binocular vision test |  |
| Near binocular vision test |  |
| Slit lamp |  |
| Indirect ophthalmoscope or volk lens |  |
| Near reading chart |  |
| Amsler grid |  |
| Colour vision test |  |
| Stereopsis test |  |

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| **Table 3. Eye Examination - Additional services equipment** |
| Distance test chart (internally illuminated or computer) |
| Distance test chart suitable for children/non-English/learning disability patients |
| Measuring tape |
| Trial lenses and accessories |
| Trial frame |
| Retinoscope |
| Ophthalmoscope |
| Distance binocular vision test |
| Near binocular vision test |
| Magnification for anterior eye examination |
| Near vision test type |
| Tonometer |
| Amsler grid |
| Means of assessing visual field |
| Focimeter |
| Frame ruler or similar |

Table 4 and 5 show the requirement for ophthalmic drugs for the different contract types. All ophthalmic drugs should be stored appropriately and in accordance with the manufacturer’s guidance, out of the sight of patients and best practice is to have them in lockable storage. If refrigeration is required and the fridge also stores food, the ophthalmic drugs should be in a sealed container and kept separately. If chloramphenicol is kept, as it is classed as hazardous waste, it needs to be disposed of appropriately.

Where the staining agent requires wetting, it should be done with a sterile saline solution and not a preserved substance such as a contact lens solution. Best practice is to label the saline when opened with the date and discarded according to the manufacturer’s guidance.

All single dose drugs (for example, minims) should be used once only and then discarded appropriately. The contractor must have a contract in place for disposal of pharmaceutical waste.

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| **Table 5. Ophthalmic Drugs – Additional   Contract** |
| Mydriatic |
| Staining agents |
| Cycloplegic (optional) |
| Anti-infective (optional) |
| Topical anaesthetic (optional) |

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| **Table 4. Ophthalmic Drugs –   Mandatory Contract** |
| Mydriatic |
| Staining agents |
| Cyclopentolate |
| Anti-infective (optional) |
| Topical anaesthetic (optional) |

## Infection prevention

Infection control procedures are particularly important. It is a requirement that there is a designated hand washing basin, and this should ideally be located within the consultation room. Portable sinks with water tanks are suitable however, they must be appropriately maintained and opted for only when all other measures have been exhausted.

A handwashing poster[[13]](#footnote-14) should be clearly displayed near every sink to demonstrate correct procedure to staff and patients. There should be liquid soap in a suitable pump dispenser and a wall mounted paper towel dispenser. Anti-bacterial hand rub should always be available, a minimum of 60% alcohol is required.

The contractor is required to have procedures in place for decontamination of hard surfaces. This can be with proprietary wipes or household cleaner anti-bacterial wipes.

For Additional Contract holders, liquid soap should be carried as well as disposable paper towels. This is especially important where the premises you are visiting may not have adequate handwashing facilities. The method of disinfection recommended in the College of Optometrists’ guidance should be followed.

## Health and safety

To comply with the Health and Safety at Work Act (1974) and the Electricity at Work Regulations (1989), employers must ensure electrical installations are well maintained to mitigate risk. To fulfil the GOS contract, fixed installation testing must be undertaken, and the in-date Electrical Installation Condition Report certificate submitted for evidence. Portable electronic equipment must be maintained appropriately (Electricity at Work Regulations 1989).

Fire extinguishers must be serviced in accordance with the manufacturer’s recommendation and evidence of this should be available to be submitted as evidence of compliance. British standard BS5306-3 also states that ‘visual inspections should be carried out at least once a month’.

If the fire extinguisher is newly purchased, the invoice should be submitted as evidence that is complies with fire safety law.

Fire exits should be kept clear and easily accessible. All designated fire exits must be clearly signed.

According to the Health Act (2006) there must be at least one no smoking sign displayed in a smoke free premises.

The contractor is required to notify the commissioning team of any incident affecting their ability to fulfil their obligations under the contract. This should be done ‘as soon as reasonably practicable.’ Reasons may include (among others):

* a period of closure to the practice due to problems with access
* a disaster affecting the premises or
* lack of performer availability

The contractor must subscribe to receive safety alerts from NHS England and adhere to the requirements or recommendations of MHRA medical device alerts (MDAs) and safety alert broadcasts (SABs). These notifications can be applied for via your NHS England commissioning team. Contractors should ensure that any appropriate action has been taken in response to the SAB.

All premises must be suitable for delivery of services, sufficient to meet the needs of the patients and provide waiting room accommodation for patients. Ideally, at least one chair in the waiting area should be equipped with arm rests to aid immobile individuals to stand up after being seated.

During the practice visit, the suitability of the premises will be assessed. The areas will be checked to be clean and tidy, have adequate lighting, clear of trip hazards, traffic routes clear of obstructions, have reasonable patient access and to maintain patient confidentiality.

In accordance with the Workplace (Health, Safety and Welfare) Regulations (1992), the practice needs to have a place for employees to take meal breaks and adequate toilet/washing facilities.

If you plan to undertake glazing or remote edging at the practice, then the practice must be registered with the MHRA. A copy of the registration certificate can then be submitted as evidence[[14]](#footnote-15).

 Compliance with the Environmental Protection Act (1990) refers to duty of care with respect to waste disposal. You must ensure waste is collected regularly or when the bin is full. Waste transfer notes should be kept for two years and consignment notes for hazardous waste should be kept for three years.

## Gift register

All contractors should ensure they keep a gift register. The register should be made available to show at the request of the commissioning team and at the practice visit. Alternatively, the contractor may submit a no gift policy in advance of practice visit. Entries need only be made onto the gift register if the value of a gift is greater than £100.

## Additional Contracts

All contractors should be aware of the Domiciliary code of practice[[15]](#footnote-16) and this should be available to all performers employed under the contract. A copy should be submitted as evidence to show this has been read and understood.

Each contractor is required to provide notification to their commissioning team via the PCSE portal, of their intention to provide additional services prior to their visit. A pre-visit notification number (PVN) is provided which should be kept for auditing purposes. All requests should be submitted in line with prescribed guidelines.

Once NHSBSA receives all the above information, you must ensure you have all relevant certificates, registrations, and policies to be submitted as evidence and to be checked by NHSBSA, prior to arranging a contract/practice visit.

You will be required to refer to the GOS 2008 Regulations[[16]](#footnote-17) and to declare you wish to be considered as a health service body for the purposes of the contract.

The relevant completed and signed Section A (Application Form), Section B (Declaration Form) and banking mandate along with supporting documentation are sent to the NHSBSA[[17]](#footnote-18).

A separate Section B will need to be submitted for each partner/director/company secretary/chief executive. All information must match the current listing at Companies House. All signatures on Section A and B and also the banking mandates must match.

Once received by NHSBSA the documentation will be checked and if anything is missing you will have 28 days to submit any omitted information.

Following a successful practice visit being approved by NHS England, you will receive your GOS contract to sign. When NHSBSA receives your fully signed contract, you will receive your awarding of contract letter and a fully signed copy of the contract.

A contract commencement date will be agreed and from that date you will be able to start providing GOS. It should be noted that there can be a delay from the successful site visit date to when a contractor’s performer is able to perform NHS sight test on patients.

You will be notified by Primary Care Support England (PCSE) when you are set up on their system and able to submit GOS forms for payment.

## Contract variations

It is a contractual requirement for any of the changes listed below you must contact the NHSBSA:

* Change in GOS hours
* Any change of contact details including email address
* Relocations – mandatory
* Change of address – domiciliary practice
* Adding a new borough for a domiciliary provider
* Changes in company name
* Change from an individual to a partnership
* Partner joining or leaving a partnership (not to or from an individual)
* Change from a partnership to an individual
* Addition or removal of directors to a body corporate
* Change of trading name
* Change of registered office
* Change of bank account

Note that if the company number has changed, this will be treated as a new application. This is instead of a contract variation.

If you want to make any changes listed above, email [pao-cm@nhsbsa.nhs.uk](mailto:pao-cm@nhsbsa.nhs.uk) with the change(s) you want to make and:

* supporting information (for example, if it’s a change in GOS opening hours, provide us with the old opening hours as well as the opening hours you want to change to)
* your current trading address
* your contact number

## Complete the MCQ assessment

You can now complete the [CPD C-103224 MCQ assessment online](https://forms.office.com/r/M802Acc3U6). Alternatively, use the QR code to access the assessment.



[www.england.nhs.uk/publication/policy-book-for-eye-health/](https://www.england.nhs.uk/publication/policy-book-for-eye-health/)

[www.nhsbsa.nhs.uk/provider-assurance-ophthalmic-services](http://www.nhsbsa.nhs.uk/provider-assurance-ophthalmic-services)

1. <https://www.qualityinoptometry.co.uk> [↑](#footnote-ref-2)
2. <https://www.legislation.gov.uk/ukpga/2006/46/contents> [↑](#footnote-ref-3)
3. <http://guidance.college-optometrists.org/guidance-contents/communication-partnership-and-teamwork-domain/consent/>   [↑](#footnote-ref-4)
4. [FODO | Members | Guidance and support | Optical Confederation | GOS Complaints](https://www.fodo.com/members/guidance/category-3/gos-complaints/#:~:text=The%20complaints%20procedure%20must%3A%201%201.%20Specify%20the,be%20accessed%20to%20investigate%20the%20complaint%20More%20items) [↑](#footnote-ref-5)
5. <https://www.qualityinoptometry.co.uk/policy/?policy=73> [↑](#footnote-ref-6)
6. [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (legislation.gov.uk)](https://www.legislation.gov.uk/uksi/2013/1471/made) [↑](#footnote-ref-7)
7. [Employers’ Liability (Compulsory Insurance) Act 1969 (legislation.gov.uk)](https://www.legislation.gov.uk/ukpga/1969/57/section/1) [↑](#footnote-ref-8)
8. <https://mygoc.optical.org/en/utilities/online-registers.cfm> [↑](#footnote-ref-9)
9. <https://secure.pcse.england.nhs.uk/PerformersLists/> [↑](#footnote-ref-10)
10. [Microsoft Word - GOS Record Audit Guidance 210909.doc (qualityinoptometry.co.uk)](https://www.qualityinoptometry.co.uk/documents/GOS%20Record%20Audit%20Guidance%20210909.pdf) [↑](#footnote-ref-11)
11. <https://ico.org.uk/for-organisations/data-protection-fee/self-assessment/> [↑](#footnote-ref-12)
12. <https://www.loc-online.co.uk> [↑](#footnote-ref-13)
13. <https://www.publichealth.hscni.net/publications/hand-cleaning-technique> [↑](#footnote-ref-14)
14. <https://aic.mhra.gov.uk/era/pdr.nsf/Search?openform> [↑](#footnote-ref-15)
15. [1\_domiciliary-code-of-practice-updated.pdf (fodo.com)](https://www.fodo.com/downloads/managed/Guidance/Domiciliary%20eye%20care/1_domiciliary-code-of-practice-updated.pdf) [↑](#footnote-ref-16)
16. <https://www.legislation.gov.uk/uksi/2008/1185/contents/made> [↑](#footnote-ref-17)
17. [pao-cm@nhsbsa.nhs.uk](mailto:pao-cm@nhsbsa.nhs.uk) [↑](#footnote-ref-18)