

C-104913

**How to use early re-test codes 5.1, 5.2 and 5.3 on a GOS form in England**

In this guide, we will provide guidance on using early re-test code 5.1, 5.2 and 5.3 on a GOS (General Ophthalmic Service) form.

This is worth half a non-interactive Continuous Professional Development (CPD) point and is suitable for all General Optical Council (GOC) registrants.

**Learning Objectives**

* to understand the process required to correctly use early re-test codes 5.1, 5.2 and 5.3.
* to understand best practice for submitting a GOS1 and GOS6 form.

**How to gain the CPD point**

This CPD will take approximately 30 minutes to complete.

To obtain 0.5 CPD points, 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.

This will be sent to the email address you entered on registering for the MCQ assessment. 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.

Feedback of the correct responses will be shared with both successful and unsuccessful responders.

**This article covers:**

* An overview of GOS claiming and NHSBSA (NHS Business Services Authority) PPV (Post Payment Verification) activity
* Early re-test codes 5.1, 5.2 and 5.3: what these codes are and how to use them correctly
* Best practice for submitting a GOS1 or GOS6 form

As specified in the Memorandum of Understanding (MoU), part of which is summarised in ‘Vouchers at a Glance’ (Figure 1), the Department of Health and Social Care (DHSC) made recommendations for the minimum interval between sight tests for specific patient categories in England.

If a contractor undertakes a GOS sight test at a shorter interval, then you must annotate the appropriate early re-test code on the GOS1 or GOS6 form, as per MoU paragraph 2.1, contractors must not apply a blanket retest period for patients within a particular category.

“2.1 The GOS regulations require practitioners to satisfy themselves that a sight test is clinically necessary. Therefore, the intervals given below are not to be read as applying automatically to all patients in a category.”

Figure 1



**The NHSBSA encourage that any GOS sight test undertaken at an interval of less than two years has a reason noted on the clinical record card, along with an early retest code. This will also help the next optometrist to understand the reason for the early test.**

The MoU guidelines do not always reflect the impact of current practice or new professional guidance. For example, most diabetic patients are now seen in the national Diabetic Retinal Screening programme and would not be expected to present for a sight test at an interval of less than two years. The College of Optometrists’ guidance supports this:

“A216:If patients are in an NHS diabetic eye screening programme, recall should be the same as for patients who do not have diabetes.”

The College of Optometrists also recommends:

“A64: In the absence of clinical indications, you should not examine patients who are being monitored by the hospital eye service (HES) more frequently than every two years.”

As required by the regulations, you should only undertake a GOS sight test if it is clinically necessary (Figure 2, an extract from the GOS Model Contract July 2018). You should also exercise clinical judgement when recalling patients for their next sight test or issuing a change in prescription.

**General Ophthalmic Mandatory Services Model Contract (July 2018)
Standard (Additional Services) General Ophthalmic Services Contract (October 2010)**

37.4.1. Subject to clause 38 the Contractor shall satisfy itself that the testing of sight is necessary.

**Testing of Sight**

30. The Contractor shall, having accepted an application from or on behalf of an eligible person for the testing of sight—

30.1. secure the testing of the patient’s sight to determine whether he needs to wear or use an optical appliance; and

30.2. in so doing, secure the fulfilment of any duty imposed on a tester of sight by, or in regulations made under, section 26 of the Opticians Act (duties to be performed on sight testing).

Figure 2: an extract from the GOS Model Contract – July 2018

GOS eligibility is based on clinical need and not refractive outcome. Therefore, you should not tell the patient they may need to pay privately for the sight test if no change in prescription is found.

Good record keeping is not only good practice but also ensures continuity of care and effective ongoing management for patients. It also supports GOS claims in the event of queries by the NHS. If a practice is subject to a PPV review, not documenting an early re-test code and the reasons for its use, on both the patient record and GOS 1/6 form, may lead to payment recovery.

Selection for PPV review is not an indication of wrongdoing. It is a process for both the NHS and contractors/performers to ensure claims are accurate and in accordance with the GOS contract. GOS Contract section 52 says you must:

“Keep full, accurate and contemporaneous records.”

If the sight test is at an interval of less than 2 years then it is essential that these records include the clinical reason for the early re-test, the relevant early re-test code, and the next sight test recall. Under PPV, the NHSBSA can make a written request to review NHS patient records. The records must be produced within 21 days. The NHSBSA will assess both the clinical record and the GOS1/6 form (eGOS or paper format).

**Suggested evidence**

The Contractor will be asked to submit relevant records for the patient. [The GOC Standards of Practice for Optometrists and Dispensing Opticians](https://optical.org/media/201flx0e/standards_of_practice_for_optoms_dos.pdf), section 8, states that a registrant must “maintain clear, legible and contemporaneous patient records which are accessible for all those involved in the patient’s care”. As a minimum, these records must show:

* the consultation date
* the patient’s personal details
* the consultation reason and any presenting condition
* the details and any assessment findings
* any treatments, referrals, or advice that you provided, including any drugs or optical devices prescribed or a copy of a referral letter
* the consent obtained for any examination or treatment
* the details of those involved in the consultation including their names and signatures

To validate a GOS claim, the NHS also requires:

* the date of the last sight test (or approximate)
* the previous prescription, including the presenting vision or visual acuities (VA) at distance and near- *in the event the patient previous spectacle are not available at the sight test but the previous prescription is known, (from previous records, previous prescription copy or by contacting the previous optometrist), the visual acuity from this previous prescription should be attained by inserting it in a trial frame/phoropter.*
* the condition and age of the current spectacles

A GOC registered clinical advisor will assess individual GOS claims marked for payment recovery.

When considering performing an early sight test, you should investigate whether there is an alternative pathway or commissioned service that may benefit the patient more than a GOS sight test. Further information can be found through your Local Optometric Committee (LOC) <https://www.loc-online.co.uk/> .

A GOS sight test must not be used more frequently for patients:

* with specific learning difficulties, including dyslexia, dyspraxia, dyscalculia, and attention deficit hyperactivity disorder.
* Under myopia management interventions. [Information from the College of Optometrists](https://www.college-optometrists.org/category-landing-pages/clinical-topics/myopia/myopia-management-guidance-faqs) currently says: “Myopia management is not currently funded by the NHS in the UK. This means you must pay for myopia management, and it is more expensive than traditional glasses or contact lenses.”

* Under locally commissioned services e.g., MECS/CUES. Existing urgent eye care services (MECS, CUES, PEARS or local equivalent) are not funded under GOS. Many ocular conditions we see in routine practice are not an emergency. This should be managed by the contractor/performer.

**What is early re-test code 5.1?**

Patient has presented for a sight test at the request of a medical practitioner.

The dictionary definition of a medical practitioner is a ‘[qualified](https://www.collinsdictionary.com/dictionary/english/qualify) person who works as a [doctor](https://www.collinsdictionary.com/dictionary/english/doctor) in a [hospital](https://www.collinsdictionary.com/dictionary/english/hospital) or [private](https://www.collinsdictionary.com/dictionary/english/private) practice.’ The NHS definition goes further in saying a registered medical practitioner is ‘a care professional who is registered on the General Medical Council List of Registered Medical Practitioners.’ It is worth considering this if looking to use early re-test code 5.1.

If using re-test code 5.1, the clinical record should be annotated with the name of the medical practitioner who has requested the early sight test. It is also important to provide an outline of the discussion that has taken place between the patient and the medical practitioner as this will help clarify the rationale for the early sight test. It is not a requirement for the patient to provide a more formal notification from the medical practitioner, such as a referral letter.

For the purpose of GOS, a referral from one optometrist to another would not be considered an appropriate reason for the use of re-test code 5.1. Should this situation present then it would be advisable to look into this at practice level to understand why the patient has presented to you for the early sight test.

**Examples of the appropriate use of early re-test code 5.1**

**Example 1:**

* A patient consults their GP regarding symptoms such as headaches and the GP advises the patient to attend for a sight test despite the patient not being due for their routine sight test.

The patient presents to the optometrist and requests an early sight test. The clinical record should clearly detail any patient’s symptoms and the GP’s advice requesting a sight test along with the GP details. The necessary tests required to fully investigate the symptoms/reason for visit should be carried out and recorded on the clinical record, and any outcomes/ recommendations and advice.

**Example 2:**

* A patient who has had recent cataract surgery and has been advised by the HES consultant to have a post-operative sight test.

It is important to establish the details of the advice given and whether the patient has been discharged from the HES or scheduled for further treatment or follow up. In all cases it is advised to note the name of the consultant and/or hospital that has issued the recommendation for an early sight test, on the clinical record.

It is encouraged to consider if there is a locally commissioned post cataract service which may be a more appropriate pathway for the patient.

**Clinical Record 1**

A clinical record of a patient’s sight test post cataract surgery and showing the appropriate use of early re-test code 5.1.



There is clear indication in the history and symptoms of the reason the patient has presented for the sight test. The details of the medical practitioner who has advised an early sight test and the additional circumstances around the patient presenting has been recorded. The clinical record notes re-test code 5.1 in the advice and management section and justification has been given for its use.

It should also be noted on the GOS 1/6 form. Additionally, there is clear documentation for the management of the patient and it is noted that the patient is now not under the HES. The performer has also correctly specified a recall period for the next sight test with appropriate advice issued.

**What is early re-test code 5.2?**

Patient is being managed by an optometrist under the GOC referral rules, for example suspect visual fields on one occasion which is not confirmed on repeat, or abnormal IOP with no other significant signs of glaucoma.

In using early re-test code 5.2, it should be clear the reasons for which the optometrist is managing the patient in practice more frequently. It is important to ensure all necessary tests or investigations have been carried out and that the tests and the corresponding results are noted on the clinical record. This could include IOP readings, visual field results, disc assessments etc. The record should also include any outcomes/ recommendations and advice.

It is also important to check whether the patient is already being managed by the HES as this will be considered if the record is part of a PPV review. Current College of Optometrists guidance states that:

‘*A64* *In the absence of clinical indications, you should not examine patients who are being monitored by the hospital eye service more frequently than every two years.’*

Similar consideration should be given to whether there is a more appropriate locally commissioned service for managing the patient. Your Local Optometric Committee (LOC) will be able to provide further information on this.

**Examples of the appropriate use of early re-test code 5.2**

**Example 1:**

A patient has a visual field test defect but on repeat testing it is not confirmed and there are no other suspect findings.

* The clinical record should document all the visual field tests that have been carried out and the corresponding results. Additionally, any other supplementary tests that have been carried out should also be recorded and this should go towards supporting the optometrist’s decision to manage the patient under re-test code 5.2.

**Example 2:**

A patient has previously been seen at the HES for high intra-ocular pressures and was discharged with a note from the HES to say they should be seen annually.

* The clinical record should contain details of the patient’s ocular history, any advice given by the HES. All relevant tests that have been carried out along with corresponding results should be clear on the clinical record to form the evidence upon which the patient is being managed by more frequent sight testing under re-test code 5.2. It would be wise to ensure that management of the patient with GOS sight testing at frequent intervals is still in the patient’s best interests.

**Example 3:**

An optometrist is monitoring the visual progress of a child following a cycloplegic refraction, before making decisions to either continue follow up in practice or to refer onto secondary care.

The clinical record should contain information on refraction and Binocular Vision tests that have been carried out to investigate the visual status of the patient. Details of any cycloplegic refraction and the proposed management should also be recorded, and this should support the proposal to see the patient for a sight test at an earlier interval using re-test code 5.2.

If deciding the patient will need a cycloplegic assessment, then it is important that the GOS 1/6 should **not** be submitted until the cycloplegia has been completed. It is at this point that the sight test is considered complete and the GOS 1/6 be signed by the patient. Making Accurate Claims 2022, Section 4 Supplying and claiming (general) notes:

*‘If a patient* *requires an* *additional procedure as part of the sight test (for example dilation, cycloplegia, repeat fields or pressures) and returns on a second occasion for this procedure, the GOS sight test has not been completed until the* *additional procedure has been carried out. You should not* *submit a claim until the sight test has been completed, the prescription or statement has been issued to the patient, or a referral has been made. You cannot claim a second fee for the* *additional, clinically necessary, procedure.’*

**Clinical Record 2**

A clinical record showing the appropriate use of early re-test code 5.2.

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This record refers to a 6-year-old child who has presented for a sight test after three months. Re-test code 5.2 has been used in this scenario. In the clinical record, the history, and symptoms section details that the patient has been recalled by the performer to monitor the visual progress with the given prescription after a cycloplegic refraction that was done at the last sight test. All necessary tests have been done to investigate and correctly assess the patient for reasons given for the early sight test.

The advice and summary section lists the re-test code used and clearly explains the reason for the use of the code noting the patient was being ‘managed in practice for suspected amblyopia.’ The re-test code will also need to be noted on the GOS 1/6 form. The recall period for the next sight test has been noted with given reasons for the recall period. This will help the next performer in determining if an early re-test code is needed and which code may be most appropriate.

**What is early re-test code 5.3?**

Patient is identified in protocols as needing to be seen more frequently because of risk factors.

Current College of Optometrists guidance states that:

*‘A64 In the absence of clinical indications, you should not examine patients who are being monitored by the hospital eye service more frequently than every two years.’*

Therefore, it is important to establish whether the patient is already being managed by the HES for the same reasons/protocols for which you are considering seeing the patient for an early GOS sight test. If it is the case the patient is already under HES care for the concerns, then it would not usually be considered appropriate to also see the patient for early GOS sight tests unless there is a justifiable reason documented.

In using re-test code 5.3, it is important to note any tests and investigations that have been carried out along with the corresponding results, on the clinical record. The considered risk factors and the rationale for carrying out an early GOS sight test for the patient should be clearly indicated on the clinical record.

**Examples of the appropriate use of early re-test code 5.3**

* a patient with gestational diabetes who is not seen by HES
* a patient who has had a branch retinal vein occlusion (BRVO) and has not been seen by HES
* a patient with a recent ischaemic vascular condition
* a myopic patient with peripheral retinal degeneration

When considering the recall for a diabetic patient who is enrolled in and taking part in annual Diabetic Screening, then The College of Optometrists offers guidance:

*‘A216 If patients are in an NHS diabetic eye screening programme, recall should be the same as for patients who do not have diabetes.’*

For PPV purposes, a diabetic patient receiving annual diabetic screening with no other clinical concerns or justifications, would not likely be appropriate for more frequent sight tests using code 5.3.

Please note that the list of examples is non-exhaustive and professional clinical judgement should always be used. The clinical record must support the clinical judgement and reason for the sight test.

To support using early re-rest code 5.3, your record after examining the patient must include:

* the date of the last sight test (or approximate)
* the consultation date and the reason for visit
* any presenting condition and symptoms that the patient is experiencing
* the age and condition of the current spectacles
* the details of the previous prescription, including the presenting VA’s distance and near or unaided vision, and any refraction with VAs
* the external and internal examination details and its findings
* any additional tests carried out with results recorded
* the details of any recommendations or advice provided, including drugs or optical devices prescribed or a copy of a letter to the GP
* the consent obtained for any examination or treatment
* the details of those involved in the consultation, including names and signatures
* the recommendation for the next sight test’s date with the justification on the clinical record and advice to the patient. If the recall is shorter than two years, then it is encouraged to note a suggested re-test code to help the next performer understand the rationale of the decision
* the re-test code which should be recorded on the both the record and the GOS 1/6 form

Finally, when deciding on a recall period for the next sight test, you should keep in mind the College of Optometrist’s guidance which says:

“A62: In the absence of clinical indications, you should not recall patients more frequently than the following intervals… 16 years old and over… Two years.’’

**Best practice for submitting your GOS 1/6 form**

* Record the dates of the latest and last sight tests on both the patient’s record and the GOS 1/6 form. Make sure you provide the date within the last sight test field in a valid format. Only the year is required if the last sight test was more than two years ago. The following formats are accepted:
	+ YYYY (for example 2019)
	+ MMMYYYY (for example MAR2019)
	+ DDMMYYYY (for example 01032019)
* Clearly specify the clinical justification for the early re-test on the patient’s record.
* Record the tests you have performed and the corresponding results on the patient’s record.
* Include an early re-test code if the sight test is performed at a shorter interval than two years.
* Record the early re-test code on both the patient’s record and the GOS 1/6 form. Select the most accurate, appropriate, and consistent code across these records.
* Write all other information on the GOS 1/6 form in the correct place, correlated with the information on the patient record.
* Select a recall period for the next sight test on the patient’s record. If the interval is less than two years, it is good practice to suggest a retest code to help the next performer.

**Complete the MCQ assessment**

You can now complete the MCQ assessment. Use the link or QR code to access the assessment.



Access the [online MCQ assessment](https://forms.office.com/e/SpFS16ckJ3).

**For more information:**

* Visit [our website](https://www.nhsbsa.nhs.uk/provider-assurance-ophthalmic-services)
* read [Making accurate claims England 2022](https://www.fodo.com/members/guidance/category-3/making-accurate-claims/)
* read [Vouchers at a glance – England 2022](https://www.abdo.org.uk/wp-content/uploads/2023/03/13347B-2023-Voucher-England-FINAL.pdf)
* read guidance from [The College of Optometrists](https://www.college-optometrists.org/clinical-guidance/guidance)