

Publication Report



General Ophthalmic Services Statistics

Updates of existing pages as at 31 March 2014

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Introduction

Background

This publication provides statistics on NHS General Ophthalmic Services eye examinations and voucher claims for financial years from 2006/07 to 2013/14.

NHS General Ophthalmic Service

The NHS General Ophthalmic Service (GOS(S)) is provided by [eye care professionals](#) who use a wide variety of tests and procedures to examine the eyes of a patient during a routine examination. There are three possible outcomes following the examination:

- No medical or corrective action needs to be taken
- A prescription for glasses needs to be issued
- A medical procedure may be required by the patient's General Practitioner (GP) or a hospital specialist.

Policy

There have been significant legislative changes that have affected NHS General Ophthalmic Services during the period that this publication covers.

On 1st April 2006:

- The NHS (General Ophthalmic Services) (Scotland) Regulations were established in 2006
- The traditional NHS "sight test" was replaced by a comprehensive eye examination appropriate to the needs of the patient
- An initial eye examination was carried out focused on eye health ([primary eye examination](#)) and where necessary was followed up by a second eye examination ([supplementary eye examination](#))
- The clinical assistant may take a photograph of parts of the eyes to monitor eye health
- Everyone in Scotland became eligible for a fully funded NHS primary eye examination
- The recommendation was that a primary eye examination would be carried out **at least** every two years for all patients
- However, there were certain groups who were eligible for an annual primary eye examination. These were:
 - Children < 16 years
 - Patients > 60 years
 - Patients with [Diabetes](#)
 - Patients with [Glaucoma](#)
 - Patients > 40 years, closely related to someone with Glaucoma**

Note: ** relates to first generation (e.g. Mother, Father, Sister, Brother, Son, Daughter).

On 1 April 2010:

- The NHS (General Ophthalmic Services) (Scotland) Regulations 2006 were amended
- Primary eye examinations could now **only** be undertaken in line with the set frequencies for different categories of patients outlined above, that is, at intervals of one or two years respectively, and not any shorter than these intervals
- Other eye examinations required at shorter intervals than these frequencies could be undertaken as supplementary eye examinations.

As a result of this change in the legislation, there was also a change in the use of services; with an initial reduction in the use of primary eye examinations with a corresponding increase in the use of supplementary eye examinations. Further information can be found on the [PSD website](#).

Key Points

Eye Examinations

- The total number of eye examinations has increased from 2006/07 to the highest ever recorded figure in 2013/14 (2.04 million).
- Of these 1.66 million were primary eye examinations and 374,000 were supplementary eye examinations.
- Increasing trends were seen across Scotland, for primary and supplementary eye examinations and domiciliary visits.
- Most patients were not referred for any further investigation following their eye examination (1.64 million), illustrating that 80% of all patients in 2013/14 were dealt with in a primary care setting.
- Between 2006/07 and 2013/14, the recorded numbers of patient clinical conditions (diabetes, glaucoma /hypertension or is over 40 and has a relative who suffers from glaucoma) have continued to increase.

Vouchers

- The number of claimants of optical vouchers remained fairly stable, increasing by 1% from 487,000 in year ending March 2013 to 494,000 in year ending March 2014.

Data Collection from GOS(S) forms

OPTIX is the payment system which processes information on General Ophthalmic Services in Scotland GOS(S) claim forms. The Optometrist* (OP), or Ophthalmic Medical Practitioner (OMP) submits a claim form for the services provided, which is signed by both the OP or OMP and the patient. The form is sent to [Practitioner Services Division](#) (PSD; now part of Practitioner & Counter Fraud Services) for processing of payments to the OP or OMP. The GOS(S) forms are then scanned and the information is stored in the OPTIX database.

- Note: an Optometrist is the modern term for an Optician.

Further information regarding the GOS(S) form types follow:

GOS(S)1	General Ophthalmic Service GOS(S)1 forms are used for NHS eye examinations
GOS(S)2	General Ophthalmic Service GOS(S)2 forms are issued by ophthalmic practices following a patients eye examination and details the result of their eye test
GOS(S)3	General Ophthalmic Service GOS(S)3 forms are referred to as 'vouchers' and are used to provide eye glasses/contact lenses
GOS(S)4	General Ophthalmic Service GOS(S)4 forms are vouchers used for repairs and replacements eye glasses/contact lenses.

Voucher Claims

Eligible patients can receive help towards the cost of glasses or contact lenses using a voucher GOS(S)3. The voucher can only be issued by the OP or OMP following a valid GOS(S) eye examination.

GOS(S)4 vouchers can be used by ophthalmic practices to claim payment for repair/replacement to glasses for eligible patients.

Voucher categories depend on the prescription for the lens. Single vision vouchers are categorised from A to D and bifocal vouchers are categorised from E to H. The voucher category increases as the cost of manufacturing increases due to the prescriptions becoming more complex.

Note: If a patient is entitled to subsidised eye care, they must present evidence of this to the OP or OMP. A list of eligible patients who can receive vouchers is found in [Appendix 1](#).

Further information on vouchers can be found [PSD's website](#).

Key Definitions

Eye Care Professionals:

Optician	A person qualified to prescribe and dispense glasses and contact lenses, and to detect eye diseases (<i>Ophthalmic optician</i>) or to make and supply glasses and contact lenses (<i>Dispensing optician</i>). Opticians will be referred to as Optometrists or Ophthalmic Medical Practitioners in this report
Optometrist (OP)	Primary health care specialists trained to examine the eyes to detect defects in vision, signs of injury, ocular diseases or abnormality and problems with general health
Ophthalmic Medical Practitioner (OMP)	Ophthalmic Medical Practitioners are qualified doctors who have a post-qualification training in optics and eye care
Clinical Assistant	Individuals trained by OP or OMP to perform duties on behalf of OP or OMP.

Eye Examinations:

Primary	An initial, routine, eye examination is carried out by an eye care professional, usually an OP or OMP, where the patient will have a comprehensive assessment of their eye health
Supplementary	If a second eye examination following the primary eye examination is required the patient will, usually, be referred to an ophthalmic hospital, to the patient's GP, or to another OP or OMP
Hospital Eye Service (HES) Primary	Primary Eye exam performed by an OP or OMP on behalf of a hospital, but not an NHS Primary Care

health board. For example, a hospital that has no facility to carry out a full eye examination

Hospital Eye Service

(HES) Supplementary Eye exam performed by an OP or OMP on behalf of a hospital, but not an NHS Primary Care health board. For example, a hospital that has no facility for a particular type of supplementary eye examination.

Patient Type:

Ordinary Resident A person living lawfully in the UK for settled purposes, as part of a person's regular order of life

Exempt Visitors Citizens of a member state of the European Economic Area or a country, with which the UK has reciprocal arrangements regarding health care.

Items of Service

Following the change in regulations in 2010, the number of primary eye examination codes entered in the GOS(S)1 form reduced from eight to two. The list of primary eye examination codes can be found in [Appendix 2](#).

The OPTIX payment system automatically derives a patient's age at the time of the eye examination by scanning the information entered on the GOS(S) claims form and comparing this with the patient's history. Thus, appropriate payments are made for patients under 16 years, or those over 60 years, who are entitled to an annual eye examination instead of one every two years. Everyone else continues to receive a fully funded eye examination every two years.

The supplementary eye examinations codes entered on the GOS(S) form detailing the reason for a supplementary eye examination also reduced from seventeen to nine codes following the regulation change in 2010. The list of supplementary eye examination codes can be found in [Appendix 2](#).

Although the change in recording practice officially changed in 2010/11, some of the pre-2010 codes have been recorded after the regulation change whilst some of the post-2010 codes have been recorded before the regulation change. As this activity has been recorded and subsequently paid in the OPTIX system these codes have been grouped into an 'Other' category and included in the analysis.

The number of supplementary reasons can sometimes exceed or be less than the number of supplementary eye examinations. This can be due to multiple reasons:

- More than one supplementary reason can be recorded (For example, code 2.2 may also be marked with a code 2.3, or 2.4 but still results in one claim)
- Claims are received with redundant codes, therefore a claim can be accepted and paid however the code is wrong
- Claims on the system can be paid and then revoked through payment verification, so it would be possible for the claim to be deleted off the system but the supplementary reason would remain
- Scanning error.

Throughout the report the number of recorded supplementary reasons is used as the denominator and percentages based on this are reported.

Patient Clinical Conditions

When a patient undergoes an eye examination the OP or OMP will ask whether they have any of the following clinical conditions (listed on the GOS(S)1 form; for further information see [Appendix A3](#)).

- Cataracts
- Diabetes
- Glaucoma
- External Eye Disease
- AMD
- Ocular hypertension
- BVA (binocular vision anomaly)
- CRE (corrected refractive error)
- RPM (rapidly progressing myopia)
- Macula problems
- Neurological disorder
- Vitreo-retinal problems
- Visually impaired.

A patient can present with more than one condition, all of which will be recorded on the form.

Domiciliary visits

Normally, patients are encouraged to visit the OP or OMP practice for a full comprehensive eye examination; however, sometimes a patient may not be able to get to the practice. In such circumstances, a fee can be claimed for a home visit if the OP or OMP states the reason why such a visit was necessary. These claims are noted on the GOS(S) form when the OP or OMP carried out a primary or supplementary eye examination at a patient's home address.

Photos

A clinical assistant can claim for taking and recording an image of the fundus (back of the eye). These images are stored in patient records for monitoring purposes, to check the health of the back of the eye, over time.

Methodology

Analysis by financial year

Data in this report is published by the financial year (1 April 2006 – 31 March 2014) in which the claim was paid.

Geography

Data will be presented at Scotland and for the NHS Boards. Note that these relate to the NHS Board to which the OP or OMP is contracted.

NHS Board

Information on eye examinations and vouchers are presented by the NHS Board where the OP or OMP is contracted. These are derived using the 2006 health board boundaries.

Changes to the publication

As a result of a number of data quality issues, data from April 2006 to March 2013 have been revised and figures for April 2013 to March 2014 are newly available. All figures in this release are derived from extracts taken from OPTIX in February 2015.

The revisions for data for April 2006 to March 2013 have had a minor effect for the whole of Scotland, with eye examination numbers varying by less than 2.5%. However, there were larger differences for some of the other data reported (e.g. the numbers of vouchers, referrals, supplementary reasons) as there had previously been some double counting in error, and some incorrect use of codes. **It is therefore strongly advised that any previously held data for April 2006-March 2013 are discarded and the revised data reported here are used.**

Additionally, the report structure and content has been updated in response to user feedback to improve user engagement:

- A more detailed introduction provides the background information on the NHS General Ophthalmic Service and relevant policies to aid the reader
- An enhanced breakdown is given of primary and supplementary eye examinations, together with supplementary reasons. For the first time, the number of eye examinations are split into primary and supplementary examinations and presented graphically for each NHS Board

- New sections have been added for domiciliary visits and patient clinical conditions
- There is also a section detailing eye examination referrals, thereby providing information on the patient journey
- Graphical illustrations help bring out trends in the data and these are supported by the underlying numerical tables.

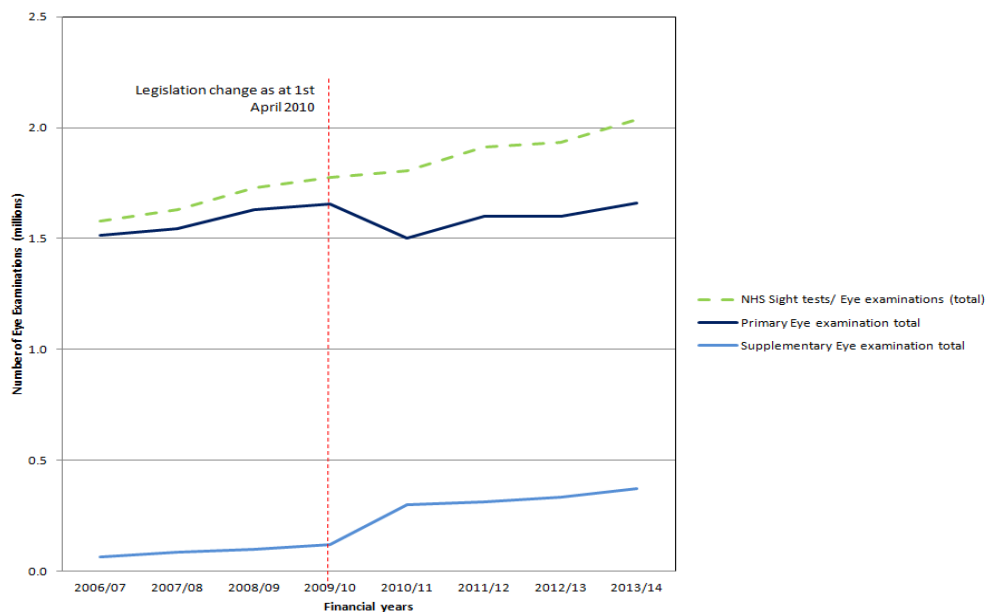
Results and Commentary

Eye Examinations Summary

Overall the number of eye examinations increased from 1.58 million in 2006/07 to 2.04 million in 2013/14, an increase of 29% ([Figure 1a](#)). A closer look at the most recent years shows the total number of eye examinations increased by 5% from 1.93 million in 2012/13 to 2.04 million in year 2013/14.

In looking at the number of primary and supplementary eye examinations, they increased between 2006/07 and 2009/10. Primary eye examinations increased from 1.51 million in 2006/07 to 1.65 million in 2009/10 and supplementary eye examinations increased from 65,000 to 121,000. The impact of the change in legislation in 2010 can be seen clearly in Figure 1a. Primary eye examinations decreased to 1.50 million in 2010/11 whilst supplementary eye examinations more than doubled to 301,000. From 2011/12 however, both primary and supplementary eye examinations have increased to the highest recorded numbers; 1.66 million and 374,000 respectively, in 2013/14, which may be caused by the ageing population.

Figure 1a. Number of eye examinations, Scotland; financial years 2006/07-2013/14.

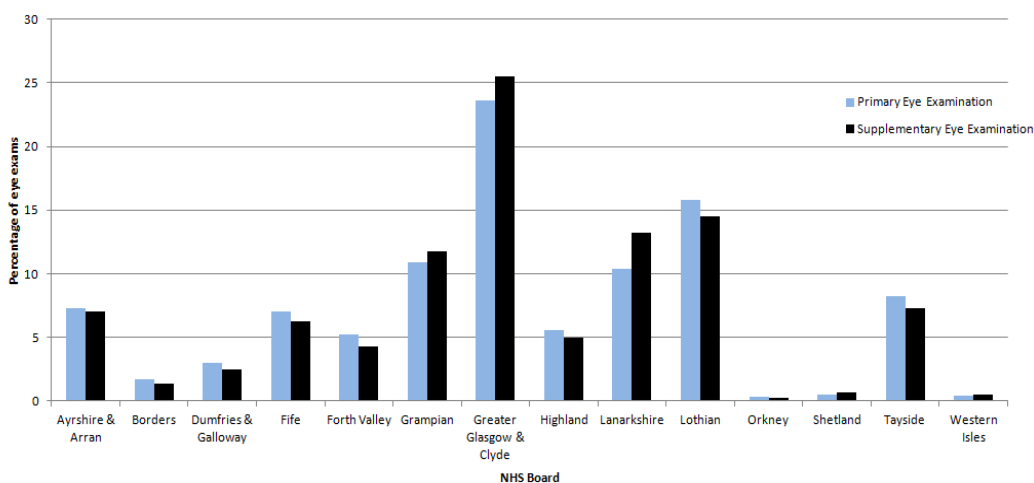


Source: OPTIX

Full breakdowns of the numbers of total, primary and supplementary eye examinations at Scotland level (Tables [1a](#) and [1b](#)) and by the NHS board where the OP or OMP is contracted (Tables [2a](#) and [2b](#)) are within the accompanying excel tables. The tables split the financial years at the point of the legislation change. Therefore tables [1a](#) and [2a](#) show data for financial years 2010/11 to 2013/14 and tables [1b](#) and [2b](#) show data for financial years 2006/07 to 2009/10.

[Figure 1b](#) provides a more detailed look at the proportions of primary and supplementary eye examinations carried out in Scotland. As might be expected from population size, Greater Glasgow and Clyde carried out around a quarter of both primary and supplementary eye examinations (24% and 25%), while the Island boards (Shetland, Western Isles and Orkney combined) made up only around 1% of primary and supplementary eye examinations.

Figure 1b. Percentage of eye examinations by NHS Board, financial years 2013/14.



Source: OPTIX

[Appendix 4](#) provides a more detailed breakdown of eye examinations by showing the number of eye examinations from financial years 2006/07 to 2013/14 for each NHS Board.

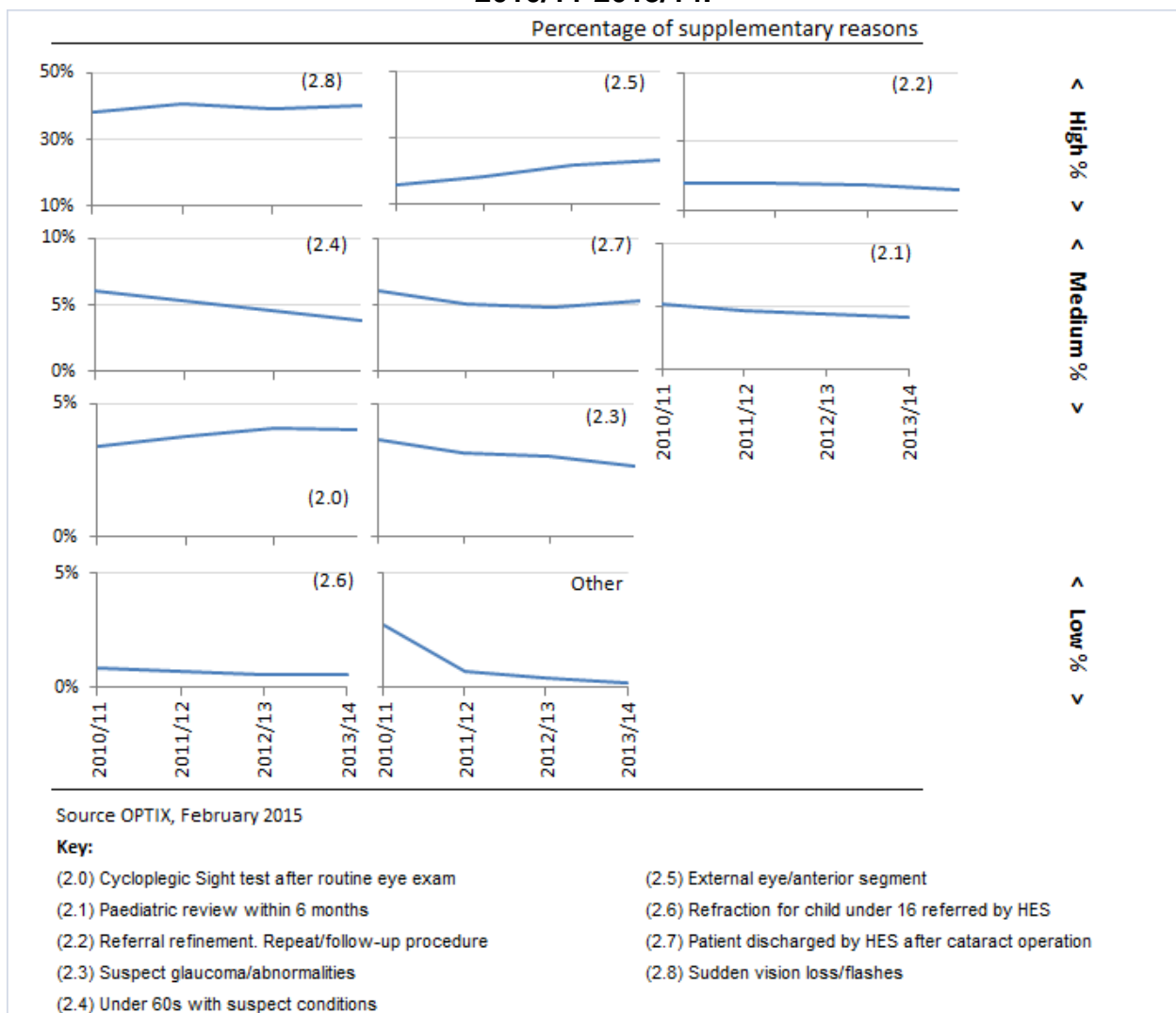
Supplementary Reasons

[Figure 2](#) shows the percentage breakdown of all the recorded supplementary codes (2.0 to 2.8), from 2010/11 to 2013/14. The supplementary codes are grouped into high, medium and low percentages. The most common reason each year (displayed as “High %” in [Figure 2](#)), for a supplementary exam was code 2.8: ‘Sudden vision loss / flashes’, making up around 40% of the overall proportion of supplementary codes each year. The next most common reasons were code 2.5: ‘External eye/anterior segment’ and code 2.2: ‘Referral refinement - Repeat/follow-up procedure’, at around 16% - 23%.

Code 2.6: ‘Refraction for child under 16 referred by HES’ was consistently the smallest proportion of the new codes, displayed as “Low %” (accounting for only 1% of the overall proportion) from 2010/11 to 2013/14 ([Figure 2](#)). The ‘Other’ codes are the pre [2010/11 codes](#) which have been wrongly used in recording in OPTIX but the OP or OMP was paid

for. These generally account for less than 1% of the overall proportion of supplementary codes in from 2010/11 onwards.

Figure 2. Reasons for Supplementary examinations, Scotland, financial years 2010/11-2013/14.

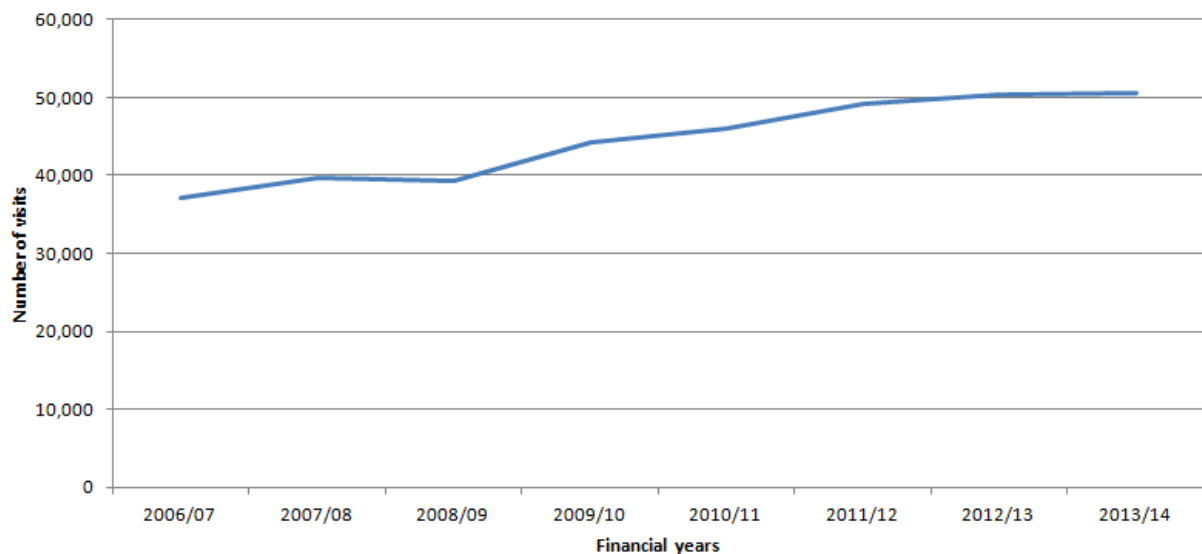


Note: The proportion of supplementary reasons are based on the codes that were recorded in OPTIX and not based on the number of supplementary eye examinations.

[Table 2a](#) and [Table 2b](#) provide a full breakdown of the recorded supplementary reasons by NHS Board for financial years 2006/07 to 2013/14.

Domiciliary Visits

A domiciliary visit is claimed on the GOS(S) form when an OP or OMP has visited the patient’s home to carry out either a primary or supplementary eye examination. The number of home visits increased from around 37,000 in 2006/07 to over 50,000 in 2013/14, an increase of over 35% ([Figure 3](#)). This is likely to be partly due to the ageing population in Scotland, increasing the demand for the OP or OMP to visit the patient’s home for those unable to attend the OP or OMP practice. With the introduction of the [Health and Social Care](#) integration bill, this figure is expected to continue to rise.

Figure 3. Domiciliary visits, Scotland, financial years 2006/07- 2013/14.

Source: OPTIX

[Table 2a](#) and [Table 2b](#) provide a full breakdown of domiciliary visits at Scotland level and by NHS Board for financial years 2006/07-2013/14.

Patient Clinical conditions

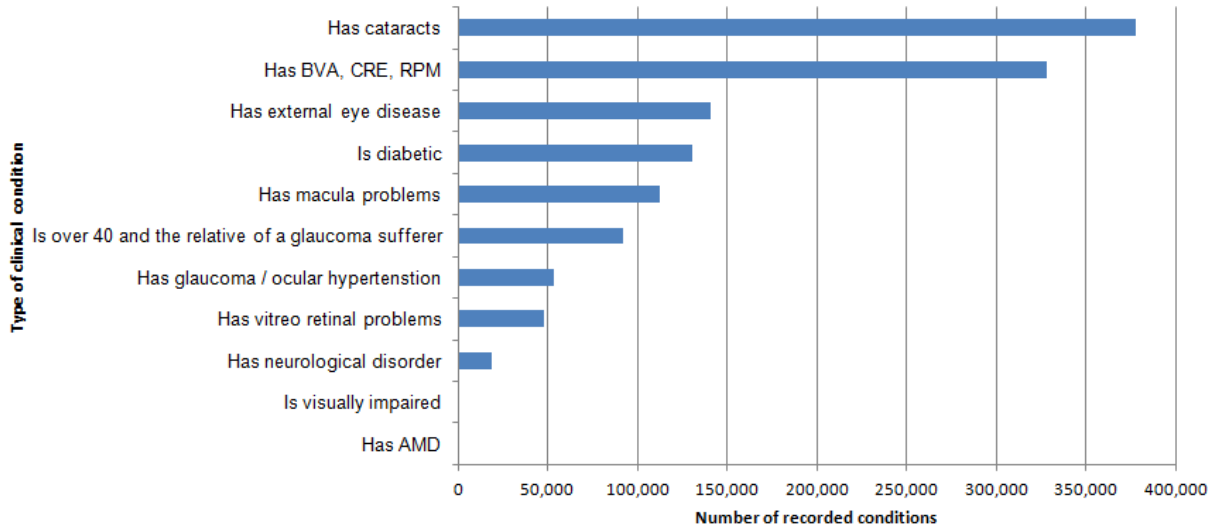
The OP or OMP marks on the GOS(S)1 form whether the patient presents with any of the listed clinical conditions. The list of these conditions can be found in [Key Definitions](#). A patient can present with more than once clinical condition, therefore all conditions reported are counted. [Figure 4a](#) displays the patient clinical conditions at Scotland level for 2013/14. These are ranked in decreasing order. The most common conditions were:

- 'Has cataracts' (16%) and
- 'Has Binocular Vision Anomaly (BVA), Corrected Refractive Error (CRE), Rapidly Progressing Myopia (RPM)' (14%).

Patients were least likely to have the following conditions:

- 'Is visually impaired' (< 1%) and
- 'Has Age-related Macular Degeneration (AMD)' (<1%).

Figure 4a. Patient Clinical Conditions, Scotland, financial year 2013/14.

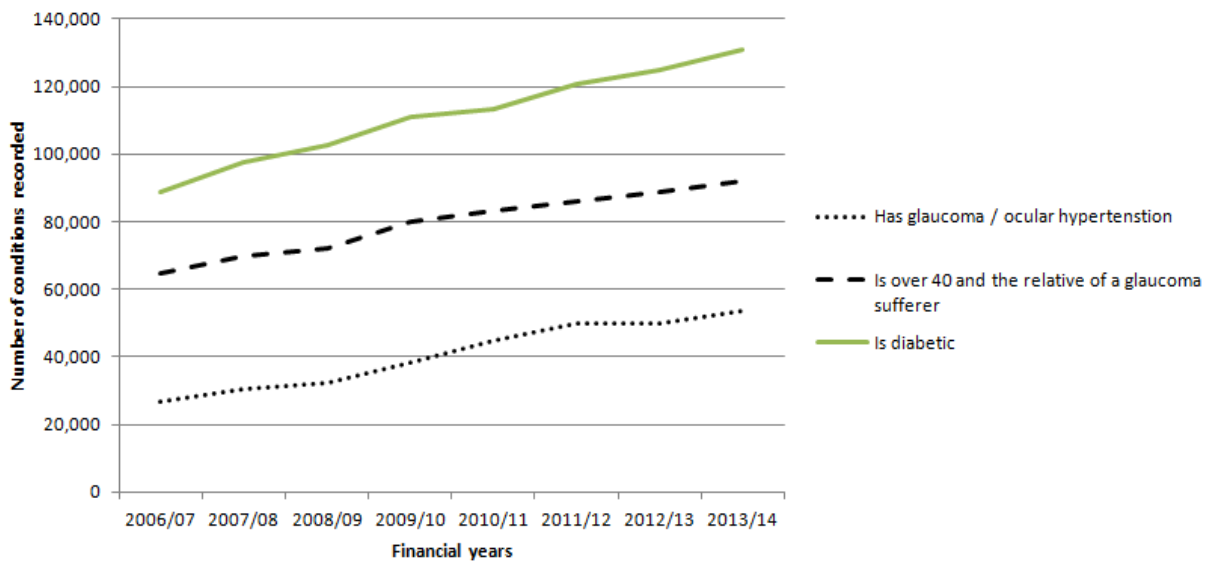


Source: OPTIX

A full breakdown of the number of patient conditions by NHS Board for financial years 2006/07-2013/14 can be found in [Table 3](#).

The numbers relating to three sight-threatening patient clinical conditions are shown in [Figure 4b](#). These patients as noted previously are entitled to an annual eye exam, and as a result, the trends are of clinical interest. Diabetes and conditions relating to glaucoma have all increased between 2006/07 to 2013/14. The number recorded with ‘Has glaucoma or hypertension’ has more than doubled over this time period, while the numbers recorded as being ‘Is over 40 and the relative of a glaucoma sufferer’ or ‘Is diabetic’ have both increased by around a half (43% and 47%, respectively).

Figure 4b. Number of Sight-threatening conditions; Glaucoma, Over 40 and relative of glaucoma sufferer & Diabetic, Scotland by financial years 2006/07-2013/14.



Source: OPTIX

Patient Journey (Eye Examination Referrals)

The referral information recorded on the GOS(S) form details the patients' journeys, showing how patients can access an eye examination (e.g. self-referral, recall, by a GP, by a Hospital, etc). The form also collects whether or not the patients are referred elsewhere following the eye examination. If this information is not captured the referrals are unknown and it cannot be determined why the patient had an eye examination and subsequently whether they were referred elsewhere. Therefore unknowns are shown in a stand-alone category.

[Table 4a](#) provides a full breakdown of the reasons why the patients had the eye examination for Scotland and NHS Board, for financial years 2006/07 to 2013/14. [Table 4b](#) details to whom patients were referred following the eye examination, again for Scotland and NHS Board for 2006/07 to 2013/14.

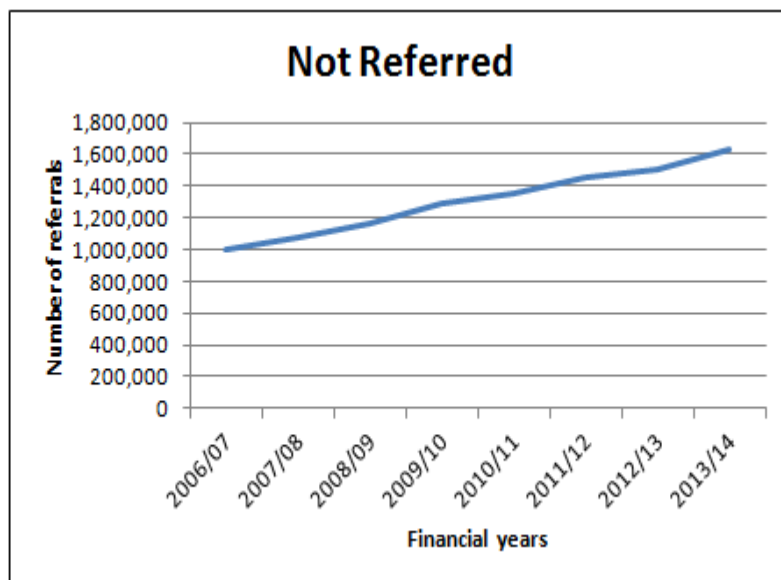
[Figure 5a](#) shows these patient journeys for 2013/14. Of the 2.04 million eye examinations, the vast majority were because patients chose to have an examination, or because they were recalled (around 1.65 million; 81% of all; 95% of those with a known referral reason). The majority of all patients are not referred following their eye examination (1.64 million), illustrating that 80% of all patients were dealt with in a primary care setting. There were around 309,000 for whom it is unknown why they had the examination and whether or not they were subsequently referred.

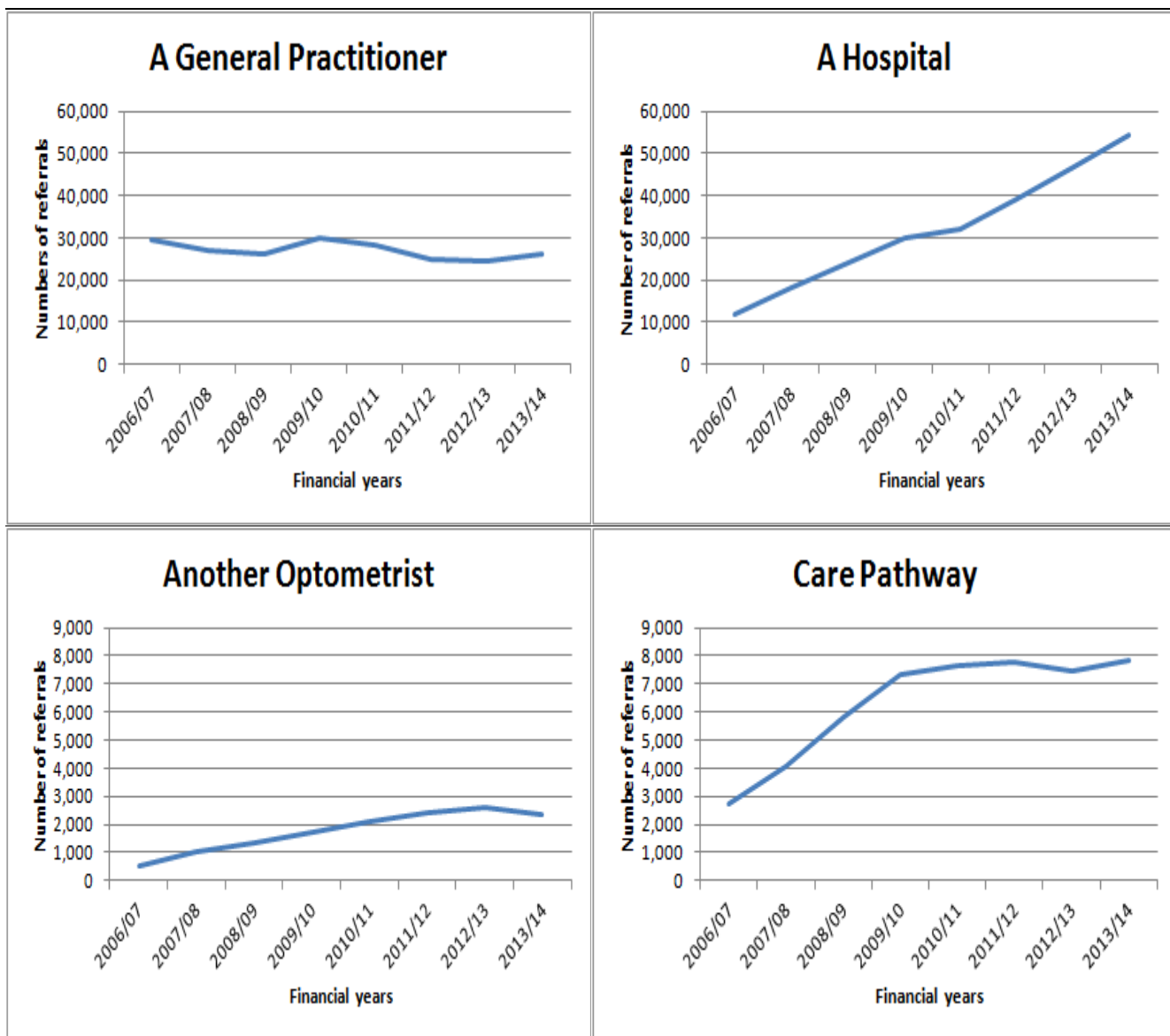
Figure 5a. Patient Journey (Eye Examination Referrals), Scotland, financial year 2013/14.

Who referred the patient for an eye examination:	Total number of referrals for an eye examination	Following an eye examination where was the patient referred to:					
		Not Referred	A Hospital	A General Practitioner	Care Pathway	Another Optometrist	Unknown
A General Practitioner	18,941	15,157	1,492	2,089	159	44	-
A Hospital	24,450	20,126	3,366	263	662	33	-
Another Optometrist	9,618	8,100	884	321	61	252	-
Other Care Professional	22,626	20,634	506	400	1,047	39	-
Recall	733,885	705,628	17,591	7,800	2,240	626	-
Self Referred	917,146	866,152	30,670	15,281	3,668	1,375	-
Unknown	308,954	-	-	-	-	-	308,954
Total	2,035,620	1,635,797	54,509	26,154	7,837	2,369	308,954

Table 4b and Figure 5b provide a more detailed look at whether or not patients were referred following their eye examination. As mentioned above the vast majority of patients were not referred. Despite the increasing numbers of eye examinations from around 1.58 million in 2006/07 to 2.04 million in 2013/14, the proportion of those not being referred also steadily increased from 63% in 2006/07 to 80% in 2013/14 (of all patients). For those patients who are referred elsewhere, the most common referral is to a hospital following an eye examination, with the number increasing from around 12,000 (1%) in 2006/07 to around 55,000 (3%) in 2013/14. The only category to have decreased between 2006/07 and 2013/14 is referrals to a General Practitioner, with an 10% decrease from around 29,000 to 26,000 in 2013/14.

Figure 5b. Number of referrals by “Referred to” category in Scotland financial year 2013/14.





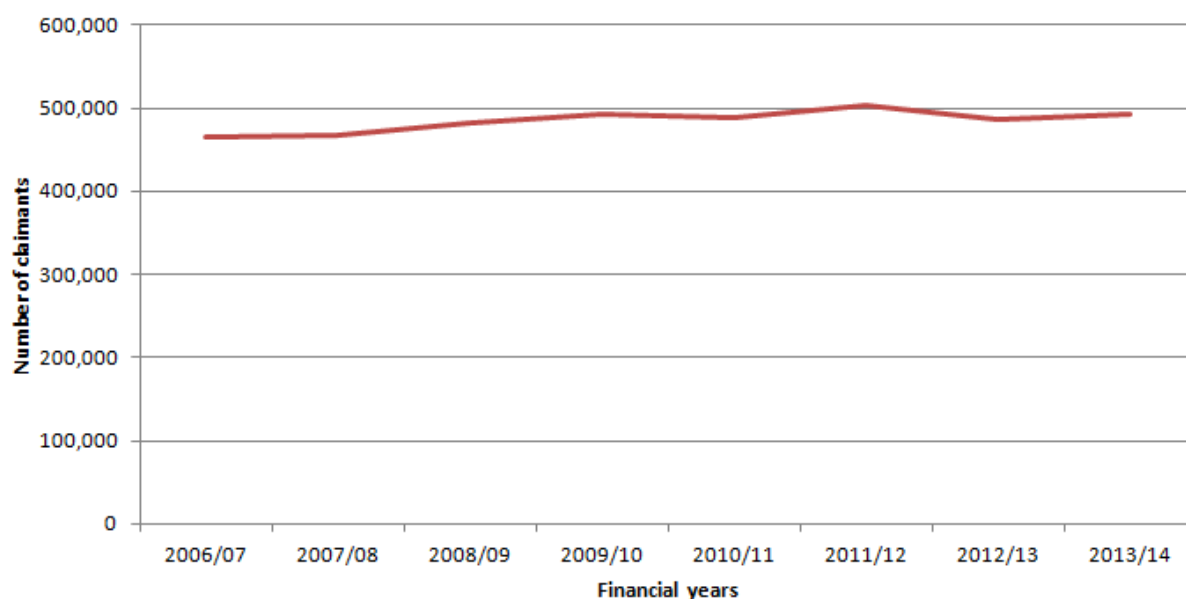
Source: OPTIX

Vouchers

Claimants

Some patients are entitled to receive help with the cost of glasses/contact lenses (see [Voucher](#) section). The trend of these claimants in Scotland between 2006/07 and 2013/14 is shown below in [Figure 6](#).

Figure 6. Number claimants for glasses /contact lenses, Scotland by financial years 2006/07-2013/14.



Source: OPTIX

The largest number of claimants reported was in 2011/12 when 504,000 GOS(S)3 vouchers were claimed. In 2013/14 the corresponding number was 494,000. Changes in the number of claimants since 2006/07 will be related to the different types of benefits available to claimants at each point in time (e.g. 'Pension Credit', 'Adults on Income Support' and 'Income Related Employment Support Allowance (ESA)'). A full breakdown of voucher claimants at Scotland level and NHS Board from 2006/07 to 2013/14 is available in [Table 5a](#).

Actual claims

[Table 5b](#) shows the range of actual claims made for support between 2006/07 and 2013/14, with [Table 5c](#) giving a more detailed breakdown of those specifically for single vision, bifocal and complex lenses.

Looking at the claims for providing glasses and contact lenses (GOS(S)3) the total numbers have increased from 465,000 in 2006/07 to 504,000 in 2011/12 and were at 494,000 in 2013/14 ([Table 5b](#)). Of these around 480,000 were for single vision, bifocal and complex lenses ([Table 5c](#)).

Corresponding data for claims for repairing and/or replacing glasses and contact lenses (GOS(S)4) are also available for Scotland in [Tables 5b](#) and [5c](#).

Conclusions

Eye Examinations

The total number of eye examinations has increased from 2006/07 to the highest ever recorded figure in 2013/14 (2.04 million).

Of these 1.66 million were primary eye examinations and 374,000 were supplementary eye examinations.

Increasing trends were seen across Scotland, for primary and supplementary eye examinations and domiciliary visits.

Most patients were not referred for any further investigation following their eye examination (1.64 million), illustrating that 80% of all patients in 2013/14 were dealt with in a primary care setting.

Between 2006/07 and 2013/14, the recorded numbers of patient clinical conditions (diabetes, glaucoma /hypertension or is over 40 and has a relative who suffers from glaucoma) have continued to increase.

Vouchers

The number of claimants of optical vouchers remained fairly stable, increasing by 1% from 487,000 in year ending March 2013 to 494,000 in year ending March 2014.

Glossary

Adults – JSA	Adults in receipt of Job Seeker's Allowance
AMD	Age-related macular degeneration
BVA	Binocular Vision Anomaly
Care Pathway	Care pathways are local schemes developed for local needs
Clinical assistant	Individuals trained by OP or OMP to perform duties on behalf of OP or OMP
CRE	Corrected Refractive Error
Exempt Visitor	Citizens of a member state of the European Economic Area or a country, with which the UK has reciprocal arrangements regarding health care
GOS(S)1	General Ophthalmic Service GOS(S)1 forms are used for NHS eye examinations
GOS(S)2	General Ophthalmic Service GOS(S)2 forms are issued by ophthalmic practices following a patients eye examination and details the result of their eye test.
GOS(S)3	General Ophthalmic Service GOS(S)3 forms are referred to as vouchers and are used to provide eye glasses
GOS(S)4	General Ophthalmic Service GOS(S)4 forms are vouchers used for repairs and replacements eye glasses/contact lenses.
HC2	Health care cost form for people on low incomes providing the full cost
HC3	Health care cost form for people on low incomes providing part of the cost
Income Related ESA	Income Related Employment Support Allowance
Ophthalmic Medical Practitioner (OMP)	Ophthalmic Medical Practitioners are qualified doctors who have a post-qualification training in optics and eye care
Optician	A person qualified to prescribe and dispense glasses and contact lenses, and to detect eye diseases (<i>Ophthalmic optician</i>) or to make and supply glasses and contact lenses (<i>Dispensing optician</i>). Opticians will be referred to as Optometrists or Ophthalmic Medical Practitioners in this report.
Optometrist (OP)	Primary health care specialists trained to examine the eyes to detect defects in vision, signs of injury, ocular diseases or

	abnormality and problems with general health
Ordinary Resident	A person living lawfully in the UK for settled purposes, as part of a person's regular order of life
Primary Eye Examination	An initial, routine, eye examination is carried out by an eye care professional, usually an OP or OMP, where the patient will have a comprehensive assessment of their eye health
Recall	The practice asks the patient back
RPM	Rapidly Progressing Myopia
Self-referred	The patient has chosen themselves to have an eye examination and not been referred by a health professional
Supplementary Eye Examination	If a second eye examination following the primary eye examination is required the patient will, usually, be referred to an ophthalmic hospital, to the patient's GP, or to another OP or OMP

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5c	Vouchers by claim type including supplements by NHS Board	2006/07 – 2013/14	Excel [84KB]

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1b	Percentage of eye examinations by NHS Board	2013/14	Excel [23KB]
2	Reasons for supplementary examinations, Scotland	2010/11 – 2013/14	Excel [28KB]
3	Domiciliary visits, Scotland	2006/07 – 2013/14	Excel [23KB]
4a	Patient Clinical Conditions, Scotland	2013/14	Excel [21KB]
4b	Number of Sight-threatening conditions: Glaucoma, Over 40 and relative of glaucoma sufferer & Diabetic, Scotland	2006/07 – 2013/14	Excel [20KB]
5a	Patient Journey (Eye Examination Referrals), Scotland	2013/14	Excel [19KB]
5b	Numbers of Referrals by 'Referred to' categories in Scotland	2006/07 – 2013/14	Excel [28KB]
6	Number of claimants for glasses/contact lenses, Scotland	2006/07 – 2013/14	Excel [22KB]
A1	Number of eye examinations, NHS Board	2006/07 – 2013/14	Excel [77KB]

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Further Information

Further information can be found on the [ISD website](#).

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Appendices

A1 – Eligible patient groups for vouchers

Below is a list of groups who can receive help towards the cost of glasses or contact lenses using vouchers GOS(S)3 and GOS(S)4:

- Children under 16
- Students
- Adults on Income Support
- Adults in receipt of Job Seeker's Allowance
- HC2 holder (Health care cost form for people on low incomes).
- HC3 holder (Health care cost form for people on low incomes).
- Complex lens user
- Receiving Tax credit
- Receiving Pension credit
- Income Related Employment Support Allowance.

A2 – Primary and Supplementary Code changes after 2010

Following the legislation change in 2010 both the primary and supplementary eye examination codes changed.

Primary Codes

Following the change in regulations in 2010, the number of primary eye examination codes entered in the GOS(S)1 form reduced from eight to two, namely:

- (7) Patient is new to practice and the OP or OMP does not have access or means to access the patient's records
- (8) Patient turned 16, resulting in change in frequency between primary eye examinations from 1 to 2 years.

Prior to April 2010, the following primary codes were extracted from GOS(S)1 forms:

- 1) Patient at risk of frequent changes of prescription for reasons not requiring medical referral or for reasons already known to a medical practitioner – justified by the patient's history as recoded on the patient's record
- 2) Patient with pathology likely to worsen, for example age-related macular degeneration, cataract, corneal dystrophy or congenital anomalies
 - Patient has presented with symptoms or concerns requiring ophthalmic investigation:
 - 3.1) Resulting in referral to a medical practitioner, ophthalmic hospital or other care professional; or
 - 3.2) Resulting in issue of a changed prescription; or
 - 3.3) Resulting in either no change or no referral
- 4) Patient has presented for an eye examination at the request of a medical practitioner, optometrist/ophthalmic medical practitioner or other care professional
- 5) Other unusual circumstances requiring clinical investigation (add remarks to General Ophthalmic Services (Scotland) (GOS)(S)1)
- 6) Early response, by up to four weeks, to recall. This allows testing where the appointment has been rearranged to suit an individual patient's circumstances.

Supplementary Codes

The supplementary eye examinations codes entered on the GOS(S) form detailing the reason for a supplementary eye examination also reduced from seventeen to nine codes (codes 2.0 to 2.8), following the regulation change in 2010, namely:

- (2.0) Cycloplegic Sight test either after or during routine eye exam
- (2.1) Paediatric review within 12 months of the previous exam
- (2.2) Referral refinement. Repeat/follow-up procedure
- (2.3) Suspect glaucoma/unusual optic nerve appearance or other

abnormalities

- (2.4) Under 60s with suspect conditions
- (2.5) External eye/anterior segment disorder
- (2.6) Refraction for child under 16 referred by HES
- (2.7) Patient discharged by HES following cataract operation
- (2.8) Sudden vision loss/flushes and floaters.

Prior to April 2010, the following supplementary codes were extracted from the GOS(S)1 forms:

- Acute presentation/ocular emergency assessment
- Binocular Vision Anomaly
- Biomicroscopy
- Cycloplegic refraction
- External eye/anterior chamber follow up
- Headaches/neurological symptoms
- Multiple reasons selected
- New symptoms (e.g. change in Rx)
- Other
- Other circumstances requiring clinical evaluation
- Paediatric follow up
- Paediatric review (e.g.,BVA, RPM)
- Referral refinement (e.g.,repeat procedure)
- Referral refinement/Rpt visual & applanation
- Repeat external assessment
- Under 60 dilation, slit lamp bio & image
- Vitreo-retinal problems (e.g. flashes)

A3 – Patient Clinical Conditions

The following list of conditions will be recorded on the GOS(S)1 form:

Cataracts:

Where the natural lens inside the eye is unclear, cloudy or opaque. Sight loss can be restored by sophisticated surgery

Diabetes:

Diabetes is a growing health problem that can also affect the eyes and quality of vision. Regular eye examinations are essential to pick up undesirable changes, making sure appropriate treatment is implemented and avoid blindness resulting from untreated diabetic eye disease

Glaucoma:

Glaucoma is a range of diseases that can affect the optic nerve, pressure of fluid inside the eye, quality of vision and visual fields. Regular eye checkups can help avoid blindness resulting from the insidious effects of untreated glaucoma. Close relatives of someone with glaucoma are at a greater risk of developing the condition

External Eye Disease:

Any condition affecting the surface of the eye and surrounding tissue (e.g. dry eye, conjunctivitis, blepharitis)

AMD:

Age related macular degeneration, tends to develop in older people (60+) affecting the quality of central vision (e.g. reading, recognising faces, colours). Basically, there are two types of AMD- wet and dry. The wet type, when picked up early, can be treated to stabilise the vision and prevent further sight loss

Ocular hypertension:

Where the pressure of fluid inside the eye is above normal but there are no other insidious signs of glaucoma

BVA (binocular vision anomaly):

Describes any condition where the two eyes are not working in total harmony with each other. This can lead to a range of symptoms if not treated properly. Most can be treated with glasses and/or particular types of eye exercises

CRE (corrected refractive error):

Describes any condition where the optical defect of the eyes can be corrected with lenses (glasses or contact lenses)

RPM (rapidly progressing myopia):

Short sightedness that is unstable, increasing by significant amounts from year to year

Macula problems:

Where the macula (the central part of the retina) has visible signs of abnormality or disease

Neurological disorder:

Where the nerves associated with eye movements or tissue around the eyes are affecting the general comfort of vision (e.g. double vision, headaches after concentrated vision tasks etc)

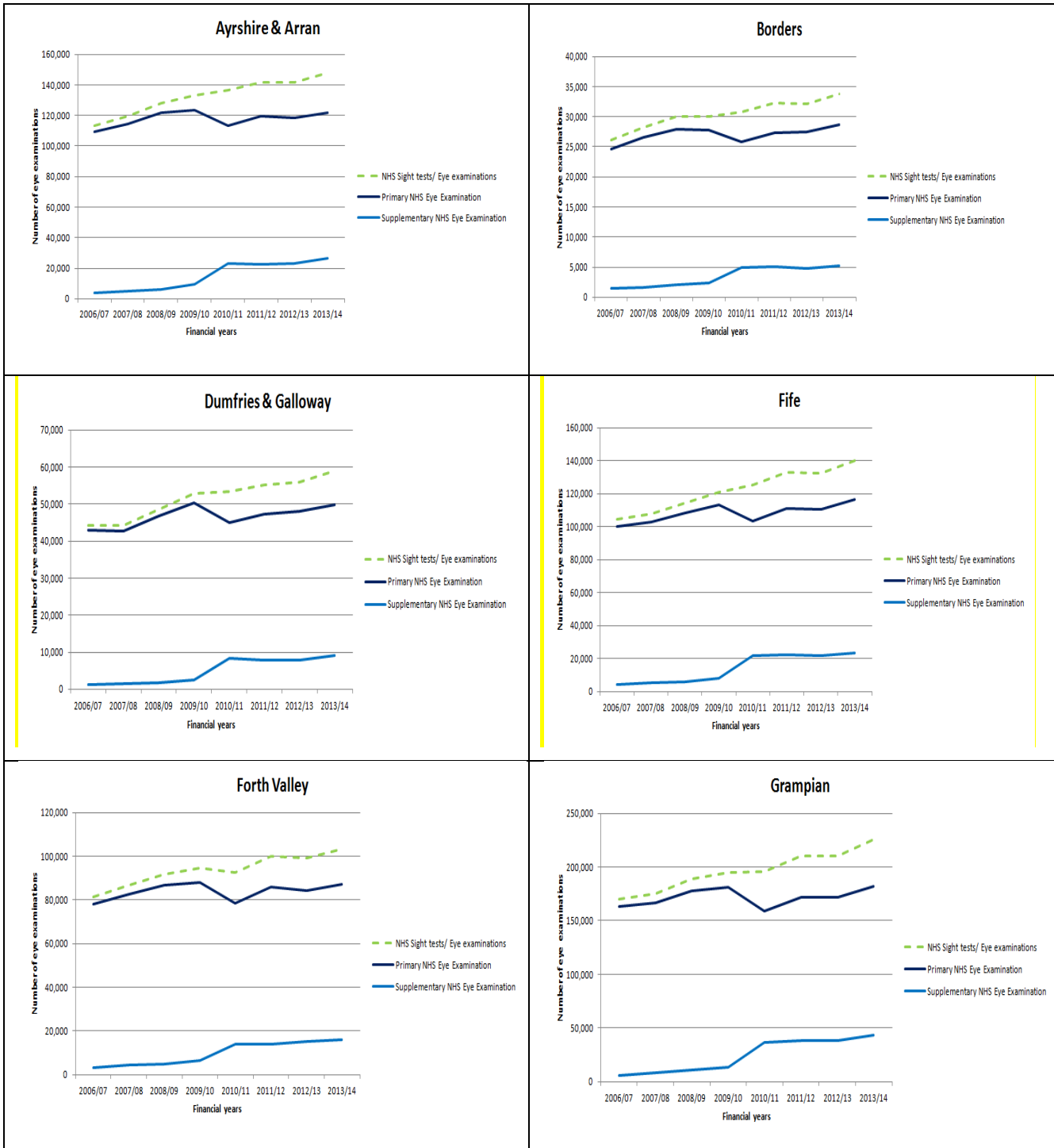
Vitreo-retinal problems:

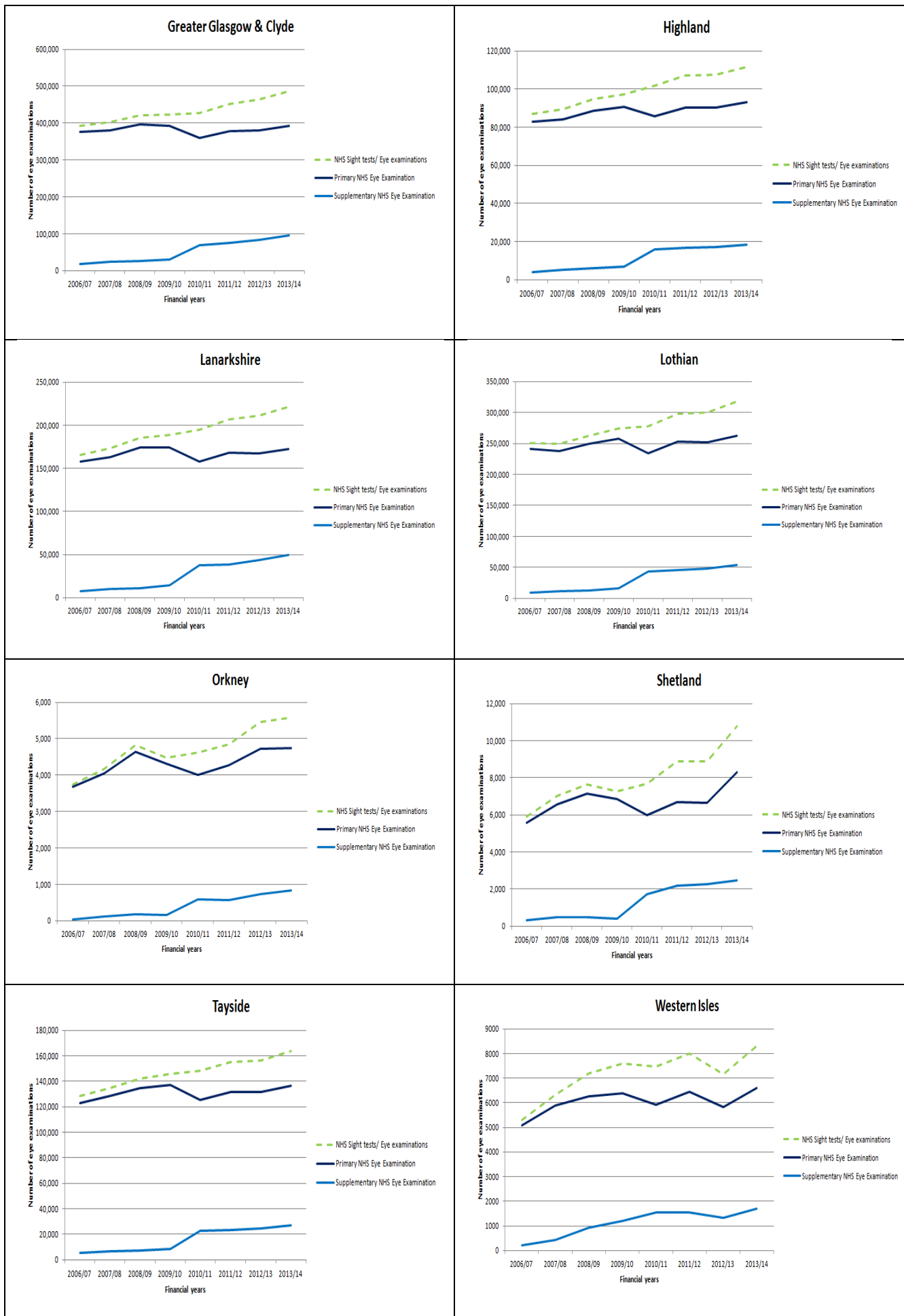
Any condition affecting the jelly inside the eye (vitreous) and possibly the retina (e.g. floaters)

Visually impaired:

The generally accepted term for a patient registered as either blind or partially sighted.

A4 – Number of Eye examinations, NHS Board, financial years 2006/07-2013/14





A5 – Links/comparisons to other sources of Ophthalmic health information

The sources below offer information related to eye care services and health. Most of these sources are external to ISD and we cannot guarantee the content or accessibility of these external web sites. ISD cannot comment on the ophthalmic payment verification systems nor the optician payment tariffs used by other organisations. However, aspects such as numbers of eye tests, vouchers used and repairs and replacements are more closely comparable. Note that since eye tests are full funded by the NHS to the whole population in Scotland therefore higher numbers per population would be expected in comparison to other countries where some patients would pay a fee.

Other providers of ophthalmic data in the UK include:

[Health & Social Care Information Centre – General Ophthalmic Services](#): HSCIC provide ophthalmic activity data on eye tests, vouchers used, expenditure, glasses repairs and replacements and geographical (Primary Care Trust) data for England as of 2002/03.

Stats Wales – Eye Care Statistics.: Stats Wales provide ophthalmic activity data on data on eye tests, vouchers used, glasses repairs and replacements and geographical (Local Health Board) data for Wales as of 1996/97. This is presented [annually](#) and by [Local Health Board](#).

[HSC Business Services Organisation – Ophthalmic Statistics](#): HSC BSO provide extensive data for Northern Ireland on optician and practice numbers, sight tests conducted, vouchers used, glasses repairs and replacements and overall expenditure, by local government district as of 2005/06.

Links to charities include:

- The [Royal National Institute for the Blind](#) (RNIB) Scotland
- OneSight <http://onesight.org/how/charitable-vision-clinics/>
- Sightsavers <http://www.sightsavers.org/>

A6 – Publication Metadata (including revisions details)

Publication title	General Ophthalmic Services Statistics.
Description	This release provides information on General Ophthalmic Services (GOS(S)) Statistics as at 31 st March 2014. Information on referrals, reasons for primary and supplementary NHS eye examinations and patient type for financial year 2006/07 to 2013/14 can also be found in this release.
Theme	Eye Care.
Topic	General Ophthalmic Services workload.
Format	Excel workbooks and PDF.
Data source(s)	OPTIX.
Date that data are acquired	28 th February 2015.
Release date	21 st April 2015.
Frequency	Annual.
Timeframe of data and timeliness	1 st April 2006 - 31 st March 2014. One year in arrears.
Continuity of data	<p>Reports annually as at 31 March.</p> <p>As a result of a number of data quality issues, data from April 2006 to March 2013 have been revised and figures for April 2013 to March 2014 are newly available. All figures in this release are derived from extracts taken from OPTIX in February 2015.</p> <p>The revisions for data for April 2006 to March 2013 have had a minor effect for the whole of Scotland, with eye examination numbers varying by less than 2.5%. However, there were larger differences for some of the other data reported (e.g. the numbers of vouchers, referrals, supplementary reasons) as there had previously been some double counting in error, and some incorrect use of codes. It is therefore strongly advised that any previously held data for April 2006-March 2013 are discarded and the revised data reported here are used.</p>
Revisions statement	<p>It is planned that the next publication will be updated to reflect the 2014 health board boundary changes.</p> <p>ISD aims to continually improve the interpretation of the data and therefore analysis methods are regularly reviewed and may be updated in future.</p>
Revisions relevant to this publication	As a result of a number of data quality issues, data from April 2006 to March 2013 have been revised and figures for April 2013 to March 2014 are newly available. All figures in this release are derived from extracts taken from OPTIX in

	<p>February 2015.</p> <p>The revisions for data for April 2006 to March 2013 have had a minor effect for the whole of Scotland, with eye examination numbers varying by less than 2.5%. However, there were larger differences for some of the other data reported (e.g. the numbers of vouchers, referrals, supplementary reasons) as there had previously been some double counting in error, and some incorrect use of codes. It is therefore strongly advised that any previously held data for April 2006-March 2013 are discarded and the revised data reported here are used.</p> <p>Additionally, the report structure and content has been updated in response to user feedback to improve user engagement:</p> <ul style="list-style-type: none"> • A more detailed introduction provides the background information on the NHS General Ophthalmic Service and relevant policies to aid the reader • An enhanced breakdown is given of primary and supplementary eye examinations, together with supplementary reasons. For the first time, the number of eye examinations are split into primary and supplementary examinations and presented graphically for each NHS Board • New sections have been added for domiciliary visits and patient clinical conditions • There is also a section detailing eye examination referrals, thereby providing information on the patient journey • Graphical illustrations help bring out trends in the data and these are supported by the underlying numerical tables.
Concepts and definitions	See Glossary and footnotes.
Relevance and key uses of the statistics	Making information publicly available for planning, provision of services, research, etc.
Accuracy	GOS(S) data, as recorded by eye care professionals for payment, probity and quality purposes, are regarded as highly accurate, but may be revised in a subsequent monthly payment schedule.
Completeness	GOS(S) data, as recorded by eye care professionals for payment, probity and quality purposes, are regarded as complete, but may be revised in a subsequent monthly payment schedule.
Comparability	Comparisons with UK-wide statistics - See Appendix A5.

Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to <u>published guidelines</u> .
Coherence and clarity	Tables and charts are accessible via the ISD website at: http://www.isdscotland.org/Health-Topics/Eye-Care/General-Ophthalmic-Services/ .
Value type and unit of measurement	Number of eye examinations carried out by General Ophthalmic Services; number of payment exemption vouchers claimed.
Disclosure	The <u>ISD protocol on Statistical Disclosure Protocol</u> is followed.
Official Statistics designation	Official National Statistics.
UK Statistics Authority Assessment	Awarded. Further details can be found in the UKSA assessment report (report 209).
Last published	27 th August 2013.
Next published	TBC
Date of first publication	31 st July 2007. Revised format 21 st April 2015.
Help email	All ophthalmic enquiries should be sent to NSS.ISD-Dental-Info@nhs.net This mailbox is monitored by staff from the Dental & Ophthalmic team.
Date form completed	18 th March 2015.

A7 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads
Scottish Government Health Department (Analytical Services Division)

Early Access for Management Information

These statistics will also have been made available to those who needed access to 'management information', ie as part of the delivery of health and care:

Early Access for Quality Assurance

These statistics will also have been made available to those who needed access to help quality assure the publication:

A8 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.