

Publication Report



General Ophthalmic Services Statistics

Updates as at 31 March 2015

Publication date – 13 October 2015



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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 2014/15.

NHS General Ophthalmic Services

The NHS General Ophthalmic Services (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/ contact lenses 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 covered by this publication.

On 1st April 2006:

- The NHS (General Ophthalmic Services) (Scotland) Regulations were established
- 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 have taken 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 and a corresponding increase in the use of supplementary eye examinations. Further information can be found on the [PSD website](#).

Key Points

- In 2014/15 more than two million eye examinations were performed by optometrists working in Scottish local communities, the highest number ever.
- Of these, 81% were primary eye examinations. The others were supplementary examinations.
- The most common reason for a supplementary examination was 'sudden vision loss/flashes'.
- Clinical conditions are recorded by an optometrist or ophthalmic medical practitioner during the eye examination. Patients were most likely to have cataracts (29%) of all known clinical conditions
- Most patients were not referred for any further investigation following their eye examination (1.9 million), illustrating that 93% of all referrals in 2014/15 were dealt with in a primary care setting.
- The number of claimants of optical vouchers used to provide eye glasses/ contact lenses in 2014/15 continued to decrease from the peak in 2011/12.

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.

There are four types of GOS(S) forms:

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 patient's eye examination and give details of 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 replacement 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 replacement or repair to glasses for eligible patients.

Voucher categories depend on the prescription for the lens. Single vision lenses fall within voucher category A to D. Bifocal or Multifocal lenses fall within voucher category E to H. The patient's optical prescription determines the voucher category she/he is eligible for on condition the patient falls into the eligible claimant categories.

*** 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 A1](#).

Further information on vouchers can be found on [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 examination 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	Supplementary eye examination 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.

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.

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 A2](#).

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 A2](#).

Although the change in recording practice officially changed in 2010/11, some of the pre-2010 codes have been recorded after the regulation change while some of the post-2010 codes were used 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 only results in one claim)
- Claims can be received using redundant codes but this claim can be accepted and paid even though 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.

Photographs

A clinical assistant can claim a payment 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.

Clinical Conditions Relevant to Eye Care

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 (age related macular degeneration)
- 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.

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.

Methodology

Analysis by Financial Year

Data in this report is published by the financial year (01 April – 31 March) in which the claim was paid. The report covers the period from financial year 2006/07 to 2014/15.

Geography

Data will be presented for Scotland and for the NHS Boards. Note that these relate to the NHS Board to which the OP or OMP is contracted (rather than relating to the patient's postcode of residence).

NHS Board Boundaries

Information on eye examinations and vouchers are presented by the NHS Board of practice where the OP or OMP is contracted and subsequently paid.

New NHS Board boundaries came into effect from 01 April 2014. The contracts moved in line with the new boundaries. OPTIX, the payment system from which the data is extracted, does not have the capacity to look back at the data in financial years 2006/07-2013/14 using the new 2014 NHS Board boundaries. Therefore, data in this publication are reported as follows:

- 01 April 2014 onwards – using 2014 NHS Board boundaries
- 31 March 2014 and before – using 2006 NHS Board boundaries.

To reflect this, tables and figures reporting data for NHS Boards have been separated. This change mostly affected NHS Greater Glasgow & Clyde and NHS Lanarkshire. There was minimal change to the other affected NHS Boards.

Changes to the Publication

If a patient does not present with any of the listed clinical conditions relevant to eye care the OP/OMP can explicitly mark 'none of the above' on the GOS(S)1 form. A patient can present with more than one clinical condition and all of these are counted. In a change to the analytical methodology, examinations where 'none of the above' was explicitly stated are excluded from this total.

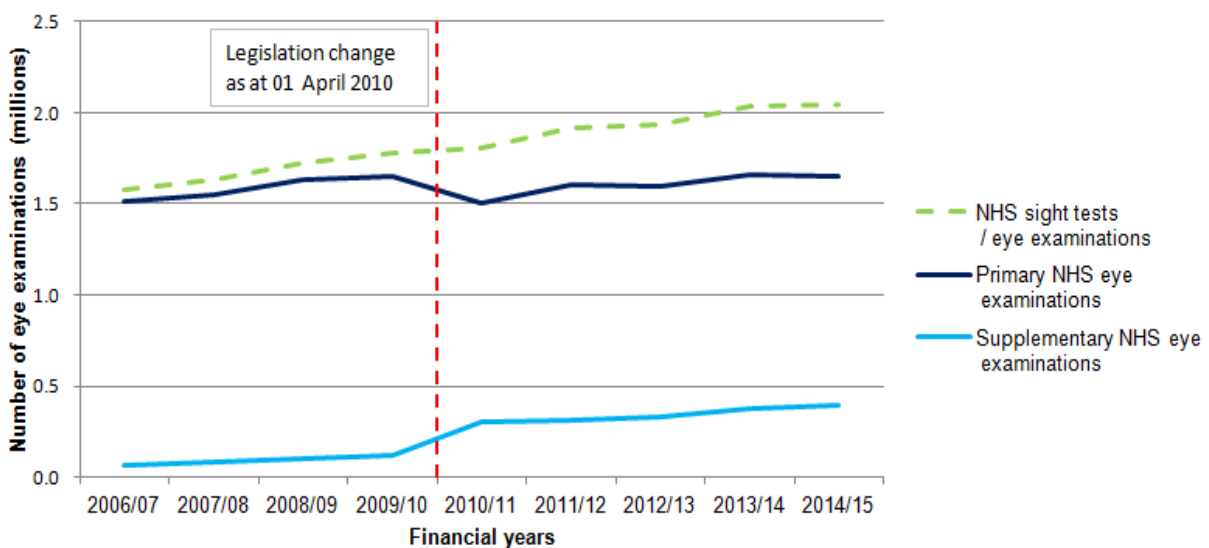
Results and Commentary

Eye Examinations Summary

Overall, the total number of eye examinations increased from 1.58 million in 2006/07 to 2.04 million in 2014/15, an increase of 29% over the nine years ([Figure 1a](#)). A closer look at the most recent years shows the total number of eye examinations remained relatively stable between 2013/14 and 2014/15 (an increase of less than 1%).

In looking at the split by type of examination, primary eye examinations initially 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 then decreased to 1.50 million in 2010/11 whilst supplementary eye examinations more than doubled to 301,000. From 2011/12, however, primary eye examinations increased to 1.66 million in 2013/14 and slightly dipped to 1.65 million in 2014/15. Supplementary eye examinations have continued to increase to the highest recorded number; 393,000 in 2014/15. This increasing long term trend may be caused by the ageing population.

Figure 1a. Number of eye examinations, Scotland, financial years 2006/07-2014/15.



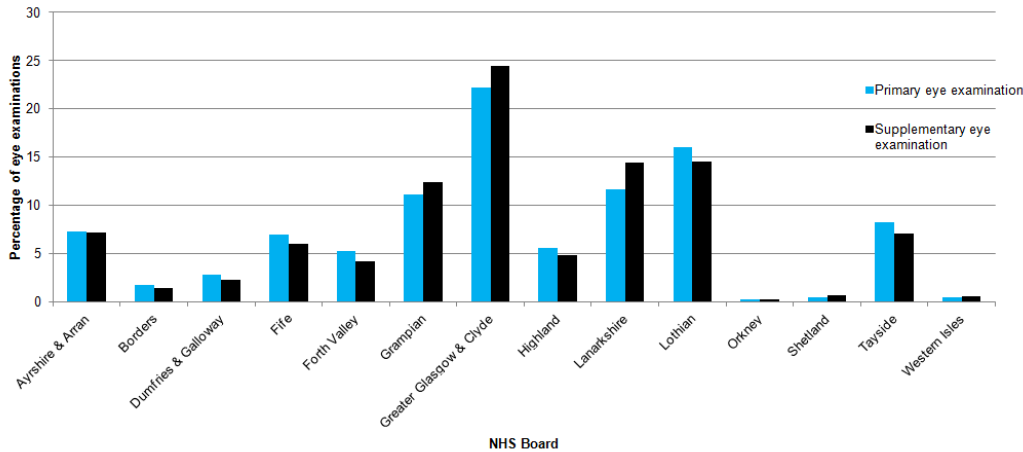
Source: OPTIX

Full breakdowns of the numbers of total, primary and supplementary eye examinations for Scotland (Tables [1a](#), [1b](#) and [1c](#)) and for the NHS boards where the OP or OMP is contracted (Tables [2a](#), [2b](#) and [2c](#)) are presented within the accompanying Excel tables. The tables split the financial years at the point of the legislation change and the health board boundary change. Therefore, tables [1a](#) and [2a](#) show data for financial year 2014/15, tables [1b](#) and [2b](#) show data for financial years 2010/11 to 2013/14 and tables [1c](#) and [2c](#) 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 in 2014/15. As might be expected from population size, NHS Greater Glasgow and Clyde carried out nearly a quarter of both

primary and supplementary eye examinations (22% and 24%), while the Island boards (Shetland, Western Isles and Orkney combined) made up only around 1% each of primary and supplementary eye examinations.

Figure 1b. Percentage of eye examinations by NHS Board, financial year 2014/15.



Source: OPTIX

Note:

NHS Board is based on board of practice.

NHS Boards are based on new NHS Board boundaries which came into effect on 01 April 2014.

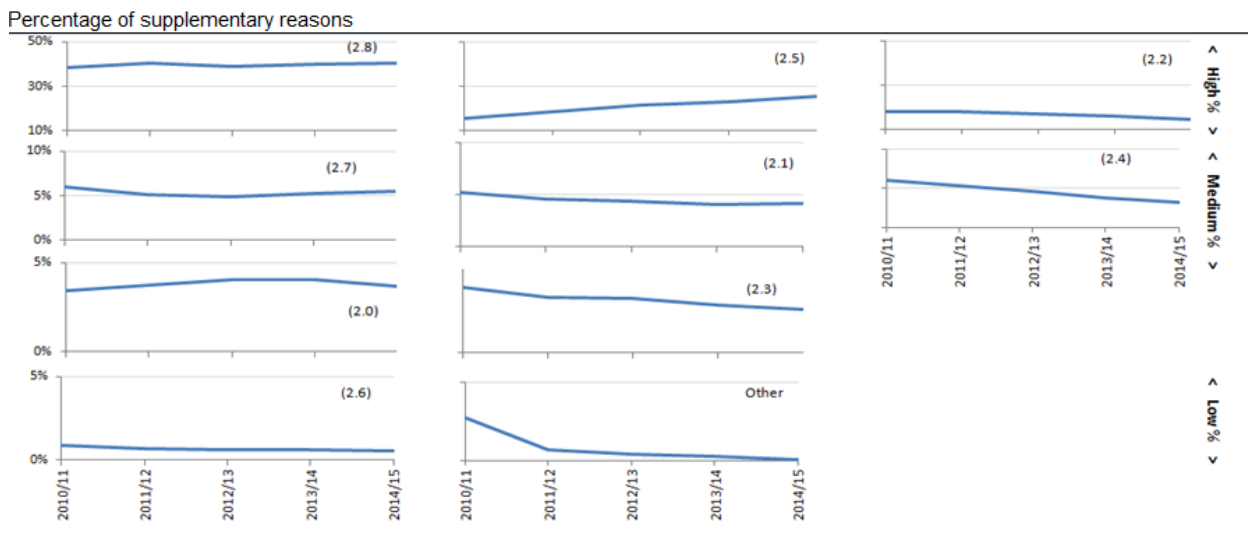
[Appendix A4](#) provides a more detailed breakdown of eye examinations, showing the number of eye examinations from financial years 2006/07 to 2014/15 for each NHS Board.

Supplementary Reasons

[Figure 2](#) shows the percentage breakdown of all the recorded supplementary codes (2.0 to 2.8), from 2010/11 to 2014/15. The supplementary codes are grouped into high, medium and low percentages for ease of display in the charts. The most common reason each year (displayed as “High %” in [Figure 2](#)), for a supplementary examination was code 2.8: ‘Sudden vision loss / flashes’, making up around 40% of the total 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 15% - 25%.

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 2014/15 ([Figure 2](#)). The ‘Other’ codes are the pre [2010/11 codes](#) which have been wrongly used in recording in OPTIX but the claim was still authorised and paid to the OP or OMP. These generally account for less than 1% of the overall proportion of supplementary codes from 2010/11 and have decreased over the years to almost 0% in 2014/15.

Figure 2. Reasons for supplementary examinations, Scotland, financial years 2010/11-2014/15.



Key:

- (2.0) Cycloplegic Sight test after routine eye examination
- (2.1) Paediatric review within 6 months
- (2.2) Referral refinement. Repeat/follow-up procedure
- (2.3) Suspect glaucoma/abnormalities
- (2.5) External eye/anterior segment
- (2.6) Refraction for child under 16 referred by HES
- (2.7) Patient discharged by HES after cataract operation
- (2.8) Sudden vision loss/flashes

Source: OPTIX

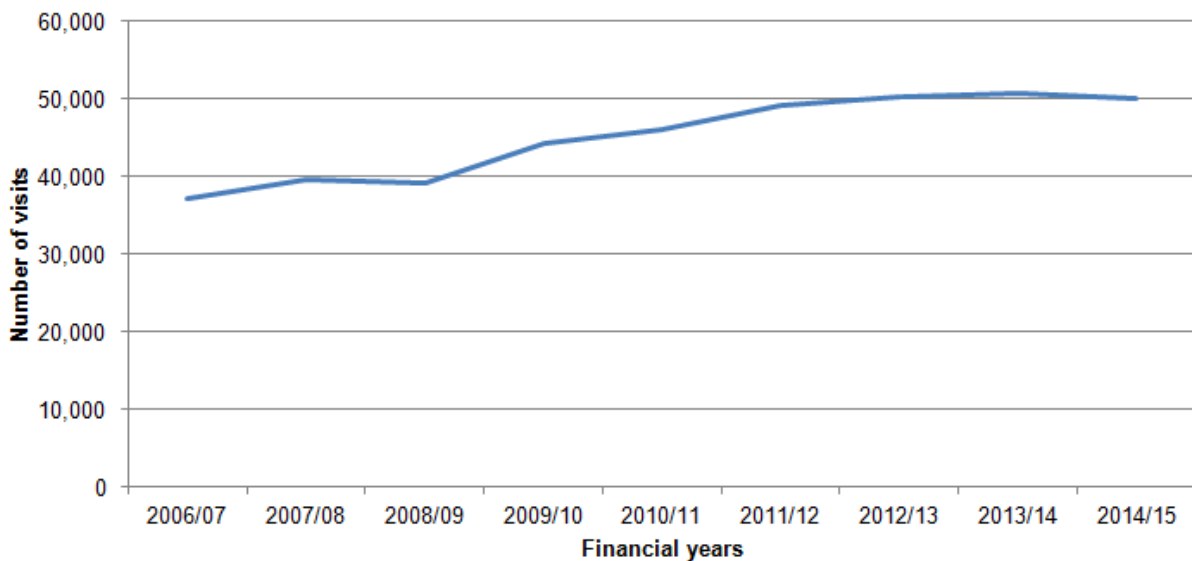
Note:

The percentage of supplementary reasons is based on the number of codes recorded in OPTIX and not on the number of supplementary eye examinations.

A full breakdown of the recorded supplementary reasons by NHS Board for financial years 2014/15, 2010/11 – 2013/14 and 2006/07- 2008/09 is provided in [Table 2a](#), [Table 2b](#) and [Table 2c](#) respectively.

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 2014/15, an increase of over 34% ([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- 2014/15.

Source: OPTIX

Clinical Conditions Relevant to Eye Care

The Optometrist or OMP marks on the GOS(S)1 form whether the patient presents with any of the listed clinical conditions (see [Key Definitions](#)). If the patient does not present with one of the listed clinical conditions the OP or OMP can explicitly mark 'none of the above' on the GOS(S)1 form. In 2014/15, 43% of all examinations were recorded as having 'none of the above' listed clinical conditions.

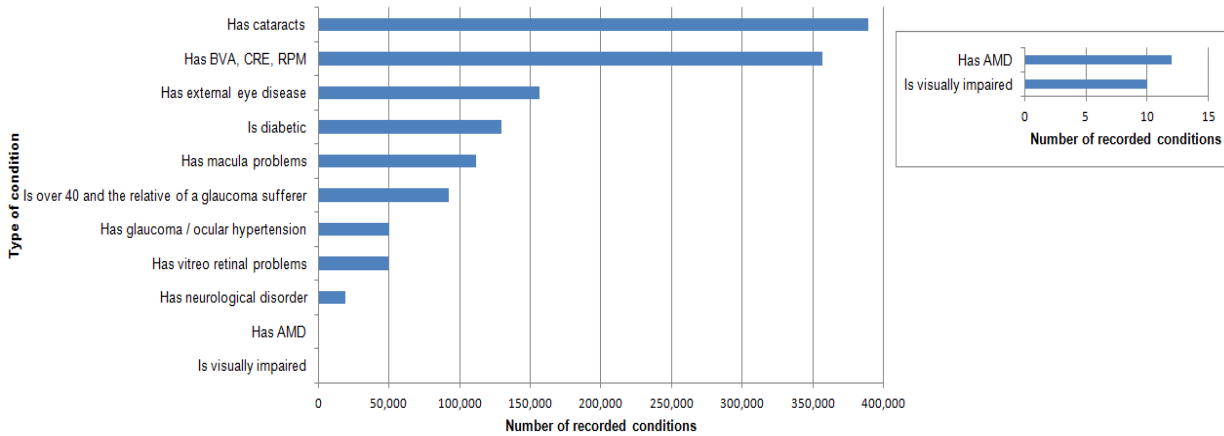
A patient can present with more than one clinical condition and all of these are counted. Therefore, the total reported number of clinical conditions will include patients more than once. (Note that the examinations where 'none of the above' was explicitly stated are not included in this total.) [Figure 4a](#) shows these conditions ranked in decreasing order, for 2014/15. Patients were most likely to have:

- 'cataracts' (29% of those known clinical conditions) and
- 'Binocular Vision Anomaly (BVA), Corrected Refractive Error (CRE), Rapidly Progressing Myopia (RPM)' (26% of those known clinical conditions).

The small chart on the right hand side in [Figure 4a](#) provides a magnified look at the two clinical conditions with the smallest numbers. Patients were least likely to have the following conditions:

- 'Is visually impaired' (<1% of those known clinical conditions) and
- 'Has Age-related Macular Degeneration (AMD)' (<1% of those known clinical conditions).

Figure 4a. Clinical conditions relevant to eye care, Scotland, financial year 2014/15.



Source: OPTIX

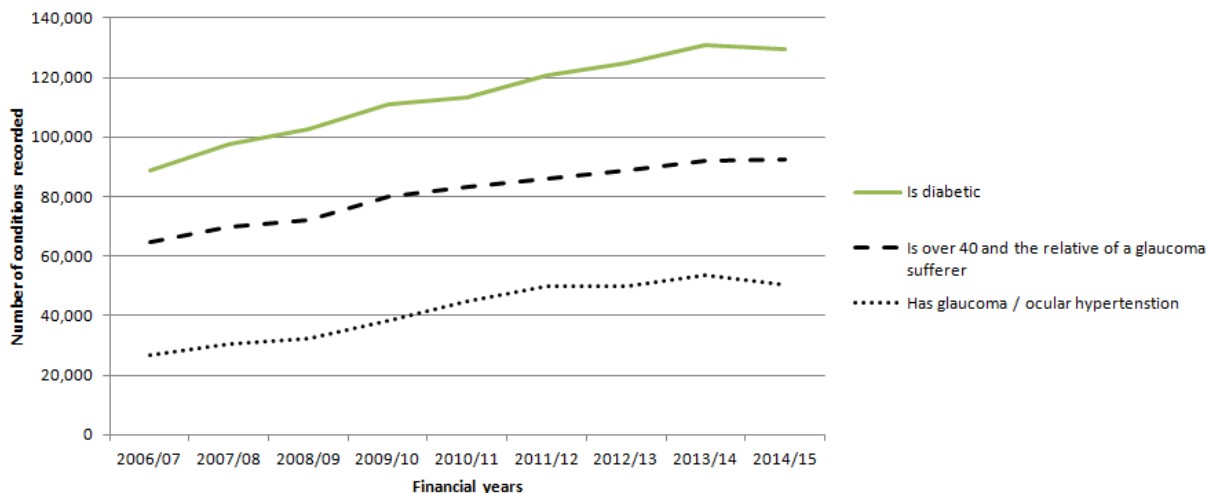
Note:

A patient can present with more than one clinical condition, and therefore can be counted more than once.

A full breakdown of the number of patient clinical conditions by NHS Board for financial year 2014/15 can be found in [Table 3a](#), and for financial years 2006/07-2013/14, in [Table 3b](#).

The numbers relating to three sight-threatening clinical conditions are shown in [Figure 4b](#). These patients as noted previously are entitled to have an annual eye examination, and as a result, the trends over time are of clinical interest. Diabetes and conditions relating to glaucoma have all increased between 2006/07 and 2014/15. The number recorded with 'Has glaucoma or hypertension' has almost doubled over this time period, but reduced by 6% from 53,500 in 2013/14 to 50,500 in 2014/15. Likewise the condition 'Is diabetic' has increased by 46% from 2006/07 to just under 130,000 in 2014/15 but decreased 1% from 131,000 in 2013/14. The number recorded as being 'Is over 40 and the relative of a glaucoma sufferer' has steadily increased over the time period 2006/07 – 2014/15 by 43%.

Figure 4b. Number of sight-threatening conditions; Glaucoma, Over 40 and relative of Glaucoma sufferer & Diabetic, Scotland, financial years 2006/07-2014/15.



Source: OPTIX

Patient Journey (Eye Examination Referrals)

The referral information recorded on the GOS(S) form details the patient’s journey, showing both how the patient accesses an eye examination (e.g. self-referral, recall, by a GP, by a Hospital, etc) and whether the patient is referred elsewhere following the examination. If this information is not captured, the referrals are unknown.

[Table 4a.1](#) and [Table 4a.2](#) provide a full breakdown of who referred patients for an eye examination, for Scotland and NHS Board, for financial years 2014/15 and 2006/07 to 2013/14, respectively. [Table 4b.1](#) and [Table 4b.2](#) detail to whom patients were referred following the eye examination, again for Scotland and NHS Board for financial years 2014/15 and 2006/07 to 2013/14, respectively.

[Figure 5a](#) shows these patient journeys for 2014/15. Of the 2.04 million eye examinations, the vast majority were because patients chose to have an examination, or because they were recalled (around 1.92 million; 94% of all; 96% of those with a known referral reason). The majority of all patients were not referred following their eye examination (1.90 million), illustrating that 93% of all referrals were dealt with in a primary care setting. There were around 36,000 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 2014/15.

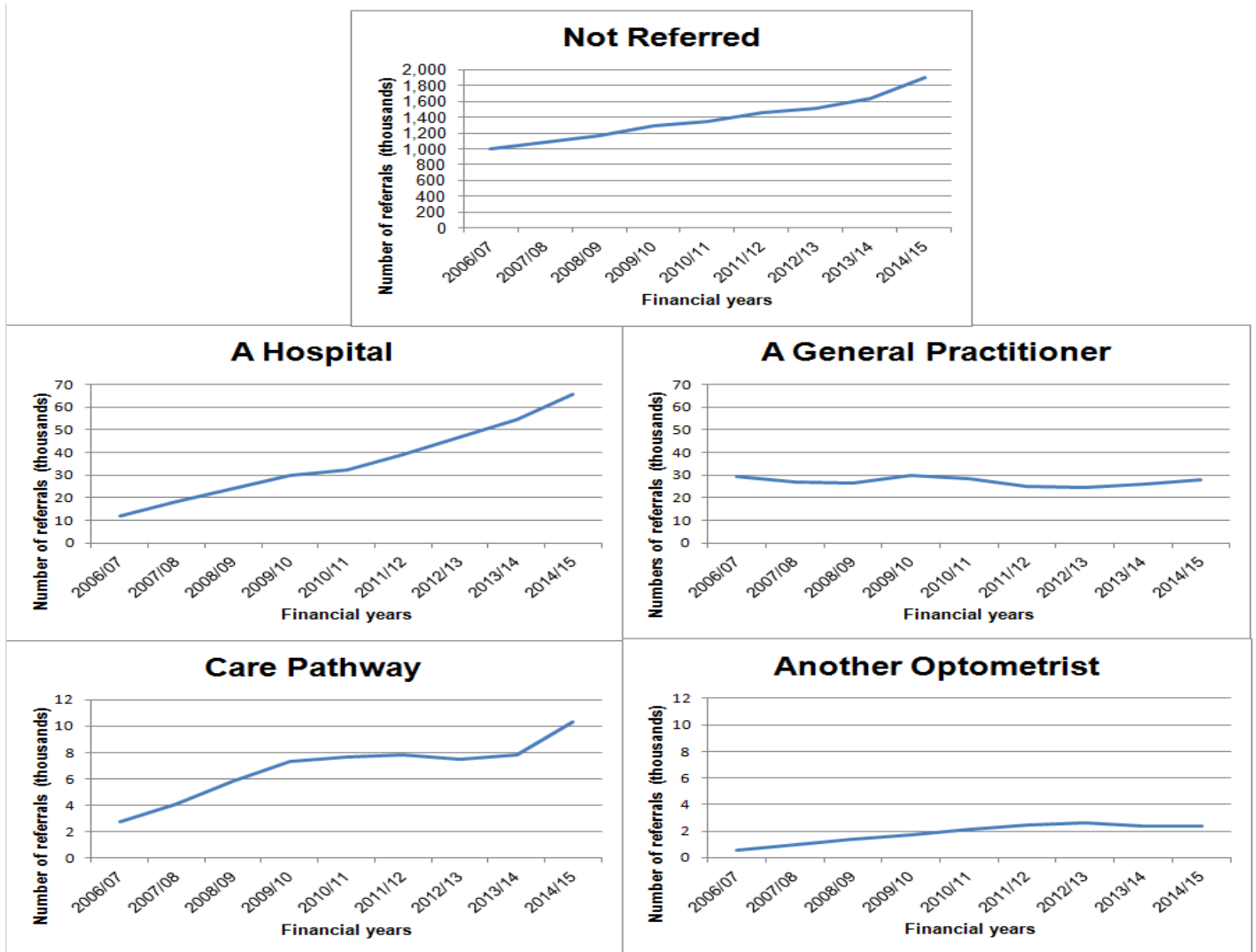
Who referred the patient for an eye examination:	Total number of referrals for an eye examination	Following an eye examination where was the patient referred to:					
		Not Referred	A Hospital	A General Practitioner	Care Pathway	Another Optometrist	Unknown
A General Practitioner	21,809	17,476	1,754	2,307	203	69	-
A Hospital	29,078	23,740	3,875	315	1,110	38	-
Another Optometrist	10,127	8,611	962	298	67	189	-
Other Care Professional	22,420	20,553	535	358	935	39	-
Recall	872,092	838,542	21,347	8,566	3,003	634	-
Self Referred	1,052,404	992,727	37,271	16,039	4,989	1,378	-
Unknown	36,035	-	-	-	-	-	36,035
Total	2,043,965	1,901,649	65,744	27,883	10,307	2,347	36,035

Source: OPTIX

[Table 4b.1](#), [Table 4b.2](#) and [Figure 5b](#) provide a more detailed look at whether or not patients were referred following their eye examination. Despite the increasing numbers of eye examinations (from around 1.58 million in 2006/07 to 2.04 million in 2014/15), the proportion of those examinations which resulted in no further referral also steadily increased, from 63% in 2006/07 to 93% in 2014/15.

For those patients who were referred elsewhere, the most common referral was to a hospital following an eye examination, with the number increasing from around 12,000 (1%) in 2006/07 to around 66,000 (3%) in 2014/15. The only category to have decreased between 2006/07 and 2014/15 was for patients who were referred to a General Practitioner after their initial eye examination, showing a 5.2% decrease from around 29,000 to 28,000.

Figure 5b. Number of referrals by “Referred to” category, Scotland, financial year 2014/15.



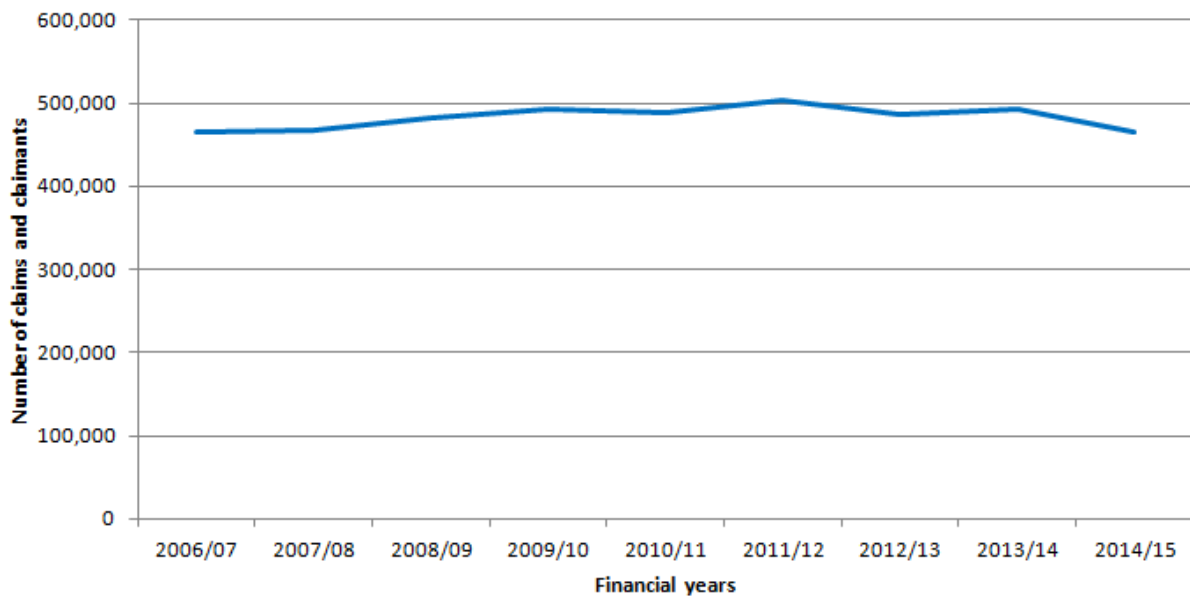
Source: OPTIX

Vouchers

Claimants

Some patients are entitled to receive help with the cost of glasses/contact lenses (see [Voucher](#) section). The trend in the numbers of claimants in Scotland between 2006/07 and 2014/15 is shown in [Figure 6](#).

Figure 6. Number of claimants for glasses /contact lenses, Scotland, financial years 2006/07-2014/15.



Source: OPTIX

The largest number of claimants reported was in 2011/12 when 504,000 GOS(S)3 vouchers were claimed. In 2014/15, the corresponding number was 465,000. 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 for Scotland and for NHS Boards for 2014/15 is available in [Table 5a.1](#) and from 2006/07 to 2013/14 in [Table 5a.2](#).

Voucher Categories Claimed

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.

[Table 5b.1](#) and [Table 5b.2](#) show the range of voucher categories claimed for support between 2014/15 and 2006/07 to 2013/14, respectively, with [Table 5c.1](#) and [Table 5c.2](#) giving a more detailed breakdown of those specifically for single vision, bifocal and multifocal lenses.

Looking at the claims for providing glasses and contact lenses (GOS(S)3) the numbers of actual voucher category claims mirror the long term trend of the numbers of claimants. The total number of GOS(S)3 claims increased from just under 465,000 in 2006/07 to 504,000 in 2011/12 ([Table 5b.2](#)) and then decreased to just over 465,000 in 2014/15 ([Table 5b.1](#)). Of these, around 453,000 were for single vision, bifocal and complex lenses in 2014/15 ([Table 5c.1](#)).

Corresponding data for claims for repairing and/or replacing glasses and contact lenses (GOS(S)4) are also available for Scotland in [Tables 5b.1](#), [5b.2](#), [5c.1](#) and [5c.2](#).

Conclusions

Eye Examinations

The total number of eye examinations performed by optometrists working in Scottish local communities increased from 2006/07 to the highest ever recorded figure in 2014/15 (2.04 million).

Of these, 1.65 million (81%) were primary eye examinations and 393,000 (19%) were supplementary eye examinations. The most common reason for a supplementary examination was 'sudden vision loss/flushes'.

Overall increasing trends were seen across Scotland between 2006/07 and 2014/15 for primary and supplementary eye examinations and domiciliary visits. However, primary eye examinations and domiciliary visits both decreased slightly between 2013/14 and 2014/15, while supplementary eye examinations continued to rise.

43% of examinations have 'none of the above' listed clinical conditions explicitly ticked on the GOS(S)1 form. Of all conditions recorded, the most common (29%) was cataracts.

Most patients were not referred for any further investigation following their eye examination (1.90 million), illustrating that 93% of all referrals in 2014/15 were dealt with in a primary care setting.

Vouchers

The largest number of claimants of optical vouchers reported was in 2011/12 when 504,000 GOS(S)3 vouchers were claimed. Over the past three financial years this number has steadily decreased to 465,000 in 2014/15. This movement is mirrored in the number of actual voucher categories claimed.

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 patient's eye examination and give details of 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 to come back for an eye examination
RPM	Rapidly Progressing Myopia
Self-referred	The patient has chosen themselves to have an eye examination and has 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

List of Tables

1a	Eye examinations carried out by Optometrists and Ophthalmic Medical Practitioners, Domiciliary visits, and Supplementary examination reasons, Scotland	2014/15	Excel [61KB]
1b	Eye examinations carried out by Optometrists and Ophthalmic Medical Practitioners, Domiciliary visits, and Supplementary examination reasons, Scotland	2010/11 - 2013/14	Excel [87KB]
1c	Eye examinations carried out by Optometrists and Ophthalmic Medical Practitioners, Domiciliary visits, and Supplementary examination reasons, Scotland	2006/07 – 2009/10	Excel [95KB]
2a	Eye examinations carried out by Optometrists and Ophthalmic Medical Practitioners, Domiciliary visits, and Supplementary examination reasons, NHS Board	2014/15	Excel [87KB]
2b	Eye examinations carried out by Optometrists and Ophthalmic Medical Practitioners, Domiciliary visits, and Supplementary examination reasons, NHS Board	2010/11 – 2013/14	Excel [173KB]
2c	Eye examinations carried out by Optometrists and Ophthalmic Medical Practitioners, Domiciliary visits, and Supplementary examination reasons, NHS Board	2006/07 – 2009/10	Excel [187KB]
3a	Clinical conditions relevant to eye care, NHS Board	2014/15	Excel [43KB]
3b	Clinical conditions relevant to eye care, NHS Board	2006/07 – 2013/14	Excel [47KB]
4a.1	Who has referred a patient for an eye examination, NHS Board	2014/15	Excel [29KB]
4a.2	Who has referred a patient for an eye examination by NHS Board	2006/07 – 2013/14	Excel [59KB]
4b.1	Who a patient was referred to following eye examination, NHS Board	2014/15	Excel [28KB]
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5a.1	Vouchers by claimant, NHS Board	2014/15	Excel [51KB]
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1a	Number of eye examinations, Scotland	2006/07 – 2014/15	Excel [52KB]
1b	Percentage of eye examinations by NHS Board	2014/15	Excel [53KB]
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3	Domiciliary visits, Scotland	2006/07 – 2014/15	Excel [34KB]
4a	Clinical conditions relevant to eye care, Scotland	2014/15	Excel [81KB]
4b	Number of sight-threatening conditions; Glaucoma, Over 40 and relative of Glaucoma sufferer & Diabetic, Scotland	2006/07 – 2014/15	Excel [62KB]
5a	Patient journey (eye examination referrals), Scotland	2014/15	Excel [22KB]
5b	Numbers of referrals by 'Referred to' categories, Scotland	2006/07 – 2014/15	Excel [93KB]
6	Number of claimants for glasses/contact lenses, Scotland	2006/07 – 2014/15	Excel [47KB]
A4	Number of eye examinations, NHS Board	2006/07 – 2014/15	Excel [642KB]

Contacts

Laura Marchbank

Senior Information Analyst

laura.marchbank@nhs.net

0141 282 2124

Jill Ireland

Principal Information Analyst

jillireland1@nhs.net

0131 275 7253

Catherine Thomson

Service Manager (Primary & Secondary Care)

catherine.thomson@nhs.net

0131 275 7198

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 recorded 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

If a patient has any of the following clinical conditions, they will be recorded on the GOS(S)1 form, as some of them may increase the risk of damage to eyesight:

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)

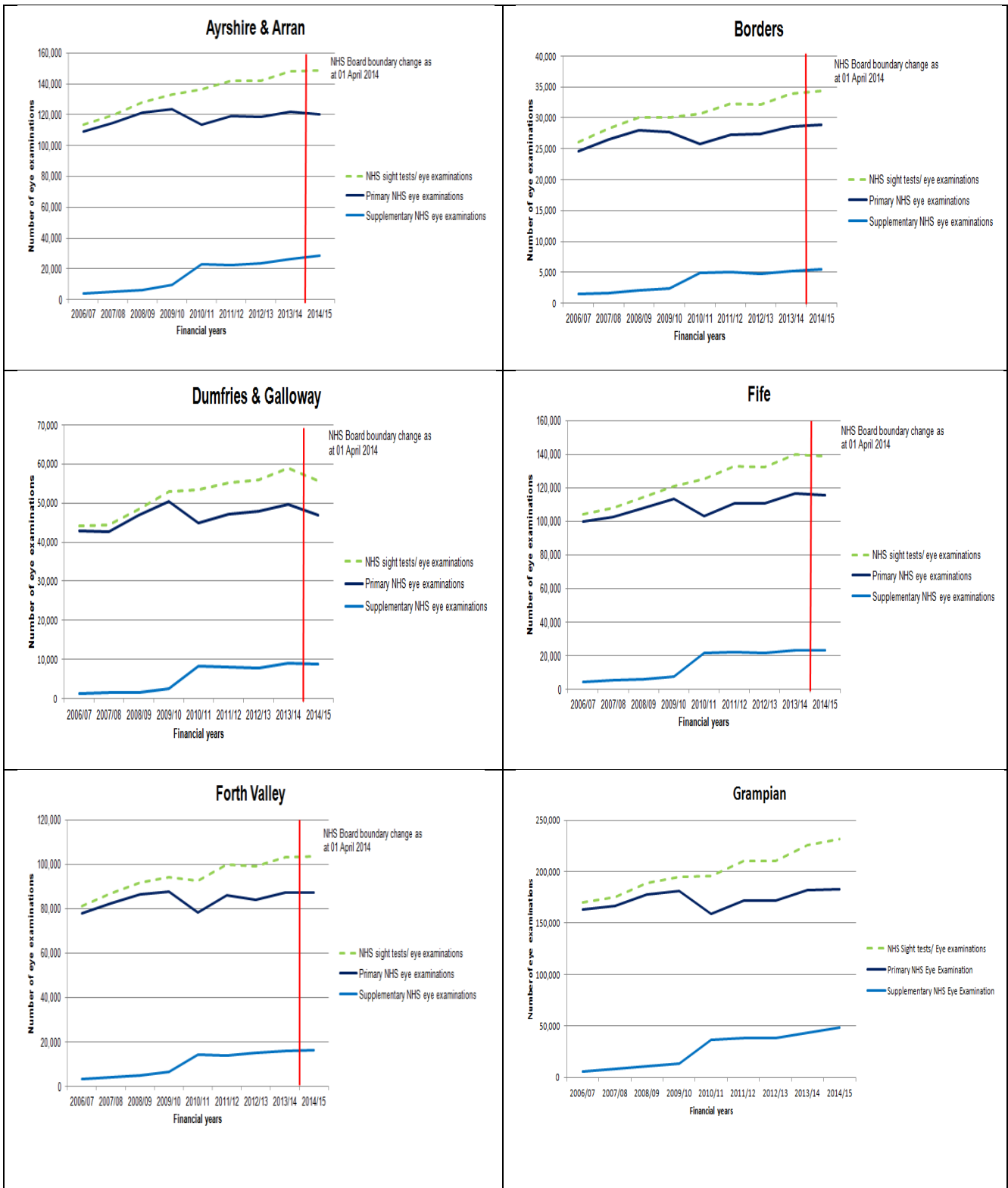
Vitreo-retinal problems:

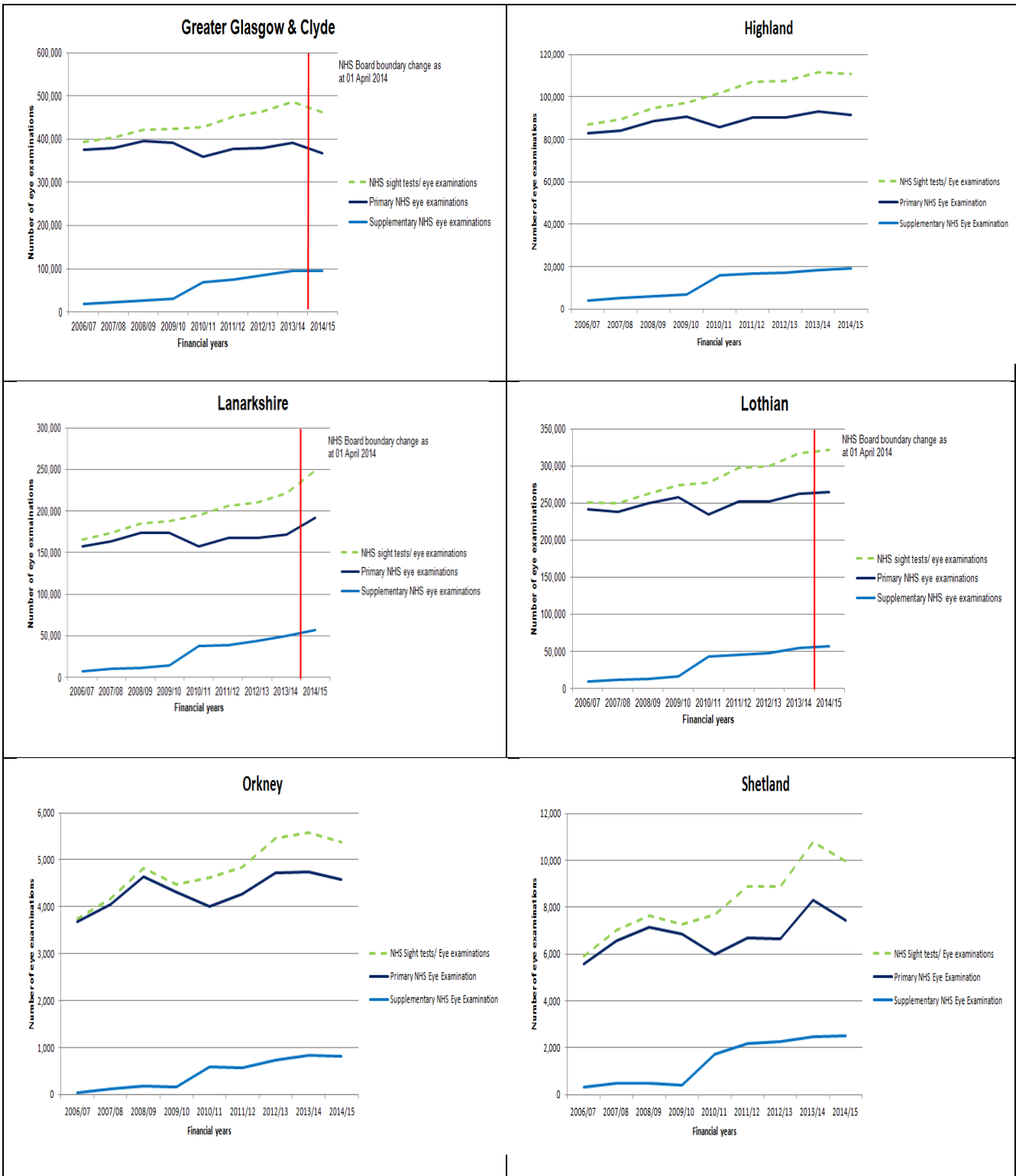
Any condition affecting the jelly inside the eye (vitreous) and possibly the retina (e.g. floaters)

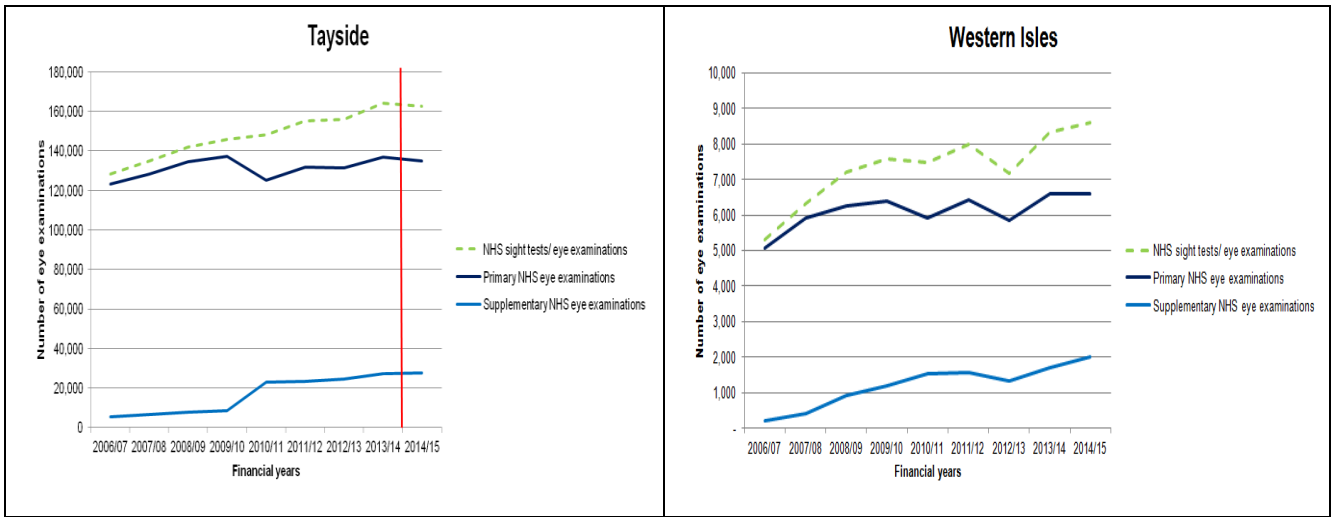
Visually impaired:

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

A4 – Number of eye examinations, NHS Board, financial years 2006/07-2014/15.







Source: OPTIX

Note:

NHS Board is based on board of practice.

NHS Boards from financial year 2014/15 are based on new NHS Board boundaries which came into effect on 01 April 2014.

NHS Boards from financial years 2006/07-2013/14 are based on 2006 NHS Board boundaries.

The red line in the graphs displays the time of the boundary change and is only included for those NHS Boards affected. This change mostly affected NHS Greater Glasgow & Clyde and NHS Lanarkshire. There was minimal change to the other affected NHS Boards.

The Y axes in the graphs differ due to vast differences in the number of eye examinations per NHS Board.

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, unlike in other parts of the UK, the 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 data for England up to March 31, 2015.

[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 up to March 31, 2015. This is presented [annually](#) and by [Local Health Board](#).

[HSC Business Services Organisation – Ophthalmic Statistics](#): HSC BSO provide extensive data for Northern Ireland on medical practitioners and optometrists up to March 31, 2014, and sight tests conducted, vouchers used, glasses repairs and replacements and overall expenditure, by local government district up to March 31, 2013.

[Royal National Institute for the Blind \(RNIB\) Scotland](#): RNIB provide extensive information on eye health and sight-loss including comprehensive clinical descriptions of eye conditions.

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 March 2015. Information on referrals, reasons for primary and supplementary NHS eye examinations and patient type for financial year 2006/07 to 2014/15 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	20 July 2015.
Release date	13 October 2015.
Frequency	Annual.
Timeframe of data and timeliness	1 April 2006 - 31 March 2015. Six months in arrears.
Continuity of data	Reports annually as at 31 March. Data for 2014/15 are newly available in July 2015. Figures in this release for 2014/15 are derived from extracts taken from OPTIX in July 2015, whereas figures for 2006/07-2013/14 were derived from extracts taken from OPTIX in February 2015.
Revisions statement	The 2014/15 data reflects the 2014 NHS Board boundary change. ISD aims to continually improve the interpretation of the data and therefore analysis methods are regularly reviewed and may be updated in future.
Revisions relevant to this publication	Data from 01 April 2014 onwards is reported using 2014 NHS Board boundaries. Data from 2006/07-2013/14 continue to be reported using 2006 NHS Board boundaries. A patient can present with more than one clinical condition and all of these are counted. In a change to the analytical methodology, examinations where 'none of the above' was explicitly stated are excluded from this total.
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 & Completeness	General Ophthalmic Services data are considered highly

	<p>accurate and reliable; they are the product of practitioners' detailed records of treatments provided to their patients submitted for payment purposes. Practitioner Services internal reporting routinely quantifies the accuracy of OPTIX source data. However, errors made by practitioners in claiming for treatment provided are identified by OPTIX's validation algorithms or by the practitioner and would be corrected in the next available payment schedule (usually the following month).</p> <p>Summary of the quality assurance undertaken in the ophthalmic payments process:</p> <p>Two types of checks are made as payment verification of GOS payments (see http://www.psd.scot.nhs.uk/professionals/ophthalmic/payment-verification.html). The Level 1 checks are there to check the quality of the data held in each claim against the historic information held in the database; Levels 2-4 are designed to determine unusual payment or treatment patterns, including potentially fraudulent claims by opticians.</p> <p>The Level 1 checks cover a range of validations to ensure the payment claims submitted meet the criteria laid down within the Statement of Ophthalmic Remuneration, that they are not duplicates, that they make sense with regards to the claim being made by the optician, and are run against all relevant patient records and business rules before being accepted onto the database.</p> <p>The second type of checks (the Level 2-4 checks) are largely aimed at identifying outlier claim patterns and then determining whether these are variant treatment practice, mis-claiming or potentially fraud. The Level 2 checks involve undertaking trend analysis to try to identify outlier patterns which may indicate fraudulent activity, while levels 3 and 4 involve examining and auditing ophthalmic care records, usually during practice visits on either a random or targeted basis. All of these activities will improve accuracy with any errors identified and resolved within the database.</p>
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	National Statistics.

designation	
UK Statistics Authority Assessment	Awarded. Further details can be found in the UKSA assessment report (report 209).
Last published	21 April 2015.
Next published	October 2016
Date of first publication	31 July 2007. Revised format 21 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	13 August 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.

Standard Pre-Release Access:

Scottish Government Health Department

NHS Board Chief Executives

NHS Board Communication leads

Scottish Government Health Department (Analytical Services Division)

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.