

CPD C-104872

How to use early re-test code 1 on a GOS
form in England

In this guide, we will provide guidance on using early re-test code 1 on a GOS (General Ophthalmic Service) form.

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

 **Learning Objectives**

* To understand the process required to correctly use early re-test code 1
* To understand best practice for submitting a GOS1 and GOS6 form

### How to gain the CPD point

This CPD will take approximately 30 minutes to complete.

To obtain 0.5 CPD points, you must:

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

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

### What happens next?

Upon completion of the MCQ assessment, you will receive an email outlining whether you have passed or failed.

This will be sent to the email address you entered on registering for the MCQ assessment. The email you receive stating that you have been successful in your MCQ attempt should be saved. You will need to upload the email as evidence when you are logging your CPD on the MyGOC website.

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

### In this article we well cover:

* an overview of GOS claiming and NHSBSA (NHS Business Services Authority) PPV (Post Payment Verification) activity
* what is early re-test code 1
* examples of the appropriate use of early re-test code 1
* best practice for submitting a GOS1 or GOS6 form

As specified in the Memorandum of Understanding (MoU), part of which is summarised in ‘Vouchers at a Glance’ (Figure 1), the Department of Health and Social Care (DHSC) made recommendations for the minimum interval between sight tests for specific patient categories in England. If a contractor undertakes a GOS sight test at a shorter interval, you must annotate the GOS1 or GOS6 form with the appropriate early re-test code.

Furthermore, as per paragraph 2.1 of the Memorandum of Understanding, Contractors and Performers should not apply a blanket retest period for patients within a particular category.

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


Figure 1

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

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

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

The College of Optometrists also recommends:

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

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

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

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

**Testing of Sight**

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

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

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

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

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

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

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

“keep full, accurate and contemporaneous records.”

If the sight test is at an interval of less than two years then it is essential that these records include the clinical reason for the early re-test, the relevant early re-test code and the next sight test recall. Under PPV, the NHSBSA can make a written request to review NHS patient records. The records must be produced within 21 days. The NHSBSA will assess both the clinical record and the GOS 1/6 form (eGOS or paper format).

### Suggested evidence

The contractor will be asked to submit relevant records for the patient. [The GOC Standards of Practice for Optometrists and Dispensing Opticians](https://optical.org/media/201flx0e/standards_of_practice_for_optoms_dos.pdf), section 8, states that a registrant must:

“maintain clear, legible and contemporaneous patient records which are accessible for all those involved in the patient’s care.”

As a minimum, these records should show:

* the date of the consultation
* the patient’s personal details
* the reason for the consultation and any presenting condition
* the details and findings of any assessment or examination conducted
* details of any treatment, referral, or advice you provided, including any drugs or optical device prescribed or a copy of a referral letter
* consent obtained for any examination or treatment
* details of all those involved in the optical consultation, including name and signature, or other identification of the author

To validate a GOS claim, the NHS also requires:

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

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

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

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

* with specific learning difficulties which can include dyslexia, dyspraxia, dyscalculia, and attention deficit hyperactivity disorder
* under myopia management interventions. Information from the College of Optometrists' says ‘*Myopia management is not currently funded by the NHS in any part of the UK. That means you have to pay for myopia management, and it is more expensive than traditional glasses or contact lenses.’*  ([Myopia management guidance: FAQs - College of Optometrists.](https://www.college-optometrists.org/category-landing-pages/clinical-topics/myopia/myopia-management-guidance-faqs))
* Under locally commissioned services e.g., MECS/CUES. Existing urgent eye care services (MECS, CUES, PEARS or local equivalent) are not funded under GOS. Many ocular conditions we see in routine practice are not an emergency. This should be managed by the contractor/performer.

### What is early re-test code 1?

‘Patient is at risk of frequent changes of prescription for reasons not requiring medical referral or for reasons already known to a medical practitioner.’

Your patient record should include:

* the date of the last sight test (approximate if necessary)
* the consultation date
* the reason for visit
	+ this may be the that the patient has responded to a recall, but to support the use of re-test code 1 it is important to establish the actual reason for the early recall. It is recommended that the patient’s previous sight test record be scrutinised to establish the reason for the earlier recall. If using re-test code 1 appropriately, then this should relate to the considered risk of frequent changes to the prescription. This should support any justification for the early sight test.
* any presenting condition
* any symptoms that the patient is experiencing
* the age and condition of the current spectacles and focimetry
* the details of previous prescription, presenting visual acuity’s (VA) distance and near or unaided vision
* refraction with VA’s
* the finding of any assessment or examination carried out necessary to investigate the considered risk of frequent changes to the prescription.
* details of any recommendations or advice that you provided, including any drugs or optical device prescribed or a copy of a letter to the GP (General Practitioner)
* consent obtained for any examination or treatment
* details of all those involved in the consultation, including names and signatures
* the re-test code which should also be recorded on the GOS 1/6 form
* the recommendation for the date of the next sight test with the justification on the clinical record. If the recall is shorter than two years, then it is encouraged to note a suggested re-test code to help the next performer understand the rationale behind this

You must not apply a blanket recall period for any patient. You must also consider whether the patient is already under their hospital eye service care to help manage any risk of frequent prescription changes. The College of Optometrists’ guidance states:

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

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

### Examples of the appropriate use of early re-test code 1.

**Clinical Record 1**

A diabetic patient with fluctuating vision due to variable diabetic control



The record clearly documents the reason the patient has presented for the early sight test and also refers to the previous sight test record. The performer has recorded visual acuity in the presenting prescription and final prescription so assessment can be made of the changes to the prescription. Other assessments such as IOP readings and visual fields have been carried out to look for any further reasons for a ‘risk of changes to prescription’. This will help the performer when deciding and justifying a recall for the next sight test. The performer needs to be able to show evidence for and justify the decisions made particularly when seeing patients at shorter intervals.

In this case, the early re-test code 1 has been used and justified appropriately by the details recorded on the clinical record. It should also be noted on the GOS 1/6 form. The performer has chosen to recall the patient for the next sight test at a more standard interval of two years based upon the sight test findings of a more stable prescription, more stable diabetic control and good ocular health and consequently considered less risk of frequent changes to the prescription.

### Other examples

* a patient was recalled for an early sight test as at their last sight test, they were pregnant and had shown a myopic shift in refraction. The early sight test would determine if the refraction has returned to pre-pregnancy levels.
* a young myope showing frequent progressive prescription changes.
* a latent hyperope considered at risk of frequent prescription changes.
* a patient with accommodation problems.
* a patient with unstable refractive binocular vision anomaly.

In these examples, the risk of change is mainly due to refractive elements. You must therefore note all tests that investigated the refraction and/or prescription changes on the clinical record. This may include cycloplegia and further binocular vision tests. The College of Optometrists’ provides guidance:

‘‘Although new methods of refraction have been developed over the years, cycloplegic refraction has remained a time-tested, reliable, and valid procedure for obtaining refraction data…. Without cycloplegia, determining the refractive status of young patients with accommodative esotropia, pseudomyopia or latent hyperopia would be much more difficult.”

You must also note on the clinical records that the appropriate tests were done to investigate the causes of the frequent prescription changes. This will go towards supporting the use of early re-test code 1 if a PPV review takes place.

**Clinical Record 2**

If you decide that the patient needs a cycloplegic assessment, then you must not submit the GOS 1/6 form until the cycloplegia has been completed. The sight test is considered complete at this point.

Making Accurate Claims 2022 - section 4 Supplying and Claiming (general) states:

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

**The list of examples is non-exhaustive, and you must use your professional clinical judgement. The clinical record must support the clinical judgement and reason for the sight test.**

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

* Record the dates of the latest and last sight tests on both the patient’s record and the GOS 1/6 form. Make sure you provide the date within the last sight test field in a valid format. Only the year is required if the last sight test was more than two years ago. The following formats are accepted:

	+ YYYY (for example 2019)
	+ MMMYYYY (for example MAR2019)
	+ DDMMYYYY (for example 01032019)
* Clearly specify the clinical justification for the early re-test on the patient’s record.
* Record the tests you have performed and the corresponding results on the patient’s record.
* Include an early re-test code if the sight test is performed at a shorter interval than two years.
* Record the early re-test code on both the patient’s record and the GOS 1/6 form. Select the most accurate, appropriate and consistent code across these records.
* Write all other information on the GOS 1/6 form in the correct place, correlated with the information on the patient record.
* Select a recall period for the next sight test on the patient’s record. If the interval is less than two years, it is good practice to suggest a retest code to help the next performer.

**Complete the MCQ assessment**

Use the link or QR code to access the assessment.

Access the [online MCQ assessment](https://forms.office.com/e/jf8D4BCikd)

### For more information:

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