

Inappropriate GOS sight test claims

In all cases the GOS contract requires the contractor to satisfy themselves that a sight test is necessary. If the interval is shorter than those specified in the Memorandum of Understanding on Sight Test Intervals (MoU, Department of Health, 2002) then the GOS1 form must be appropriately coded and the reasons for the early sight test recorded on the patient's record. Where the interval is the same as, or exceeds, the peer practice norm - which for a straightforward adult is generally two years - then the interval itself is considered sufficient reason for a sight test.

The memorandum stated intervals should not be considered recommended recall periods, but the minimum not requiring a code. Our 2013 survey showed typical peer practice when it comes to recall intervals.

The list of procedures which are to be included in a GOS sight test varies from patient to patient, but there are some situations where a GOS sight test is an inappropriate vehicle for patient care and practitioners should be advised not to offer them to patients.

Patients presenting with clear ocular medical concerns requesting a sight test for reasons such as:

- A sticky red eye
- Foreign bodies
- A request for a particular procedure (for example, "the doctor said I should come and get my visual field checked for driving")

should be told that a GOS sight test is inappropriate and they should be treated privately in your practice or directed to hospital eye services or their GP as appropriate.

In some areas of England NHS local community services for minor eye conditions (MECS), and in Wales, the Eye Health Examination Wales (EHEW), provide NHS-funded alternatives for these patients in primary care optometry. Where such symptoms only come to light after the GOS test has started (perhaps because the patient's concern was vague when booking their appointment), then the test may continue with appropriate coding.

Symptoms of sudden onset flashes and floaters are a grey area. The Department of Health has stated (FPN713) that one of the main purposes of GOS is to protect people at risk of eye disease. Flashes and floaters are undoubtedly symptoms or concerns (MoU, 2002) and we believe that the GOS could be used for this, but strongly advise against it. GOS funding is inadequate for the level of investigation required in a case of sudden and recent onset flashes and floaters and these patients should be seen privately or referred immediately to Eye Casualty or A&E.