

OPTICAL CHARGES FOR HOSPITAL EYE SERVICE PATIENTS

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For Recipient's Use	

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SECTION 1: NHS SIGHT TESTING ARRANGEMENTS

1.1 Entitlement to sight tests under the NHS

Hospital Eye Service patients are entitled to a sight test under the NHS where this is, in the opinion of a hospital ophthalmologist, or a person to whom the task has been delegated, a necessary part of the management of their eye condition.

The sight test can be, at the discretion of the hospital, conducted either in-house by HES staff or elsewhere by a General Ophthalmic Services (GOS) practitioner. It may be necessary to utilise the GOS where facilities are not available, or provision of optometric facilities is insufficient, within the hospital. The patient should not be charged in either case.

Where it is considered that a refraction is required for purposes other than the possible prescribing of new glasses or contact lenses it would be inappropriate to test sight under the GOS arrangements. Hospital Trusts will need to reach agreements with local opticians to pay for refractions that are not covered by the GOS. Under their terms and conditions opticians providing GOS have to ensure that the 'testing of sight is necessary'. The legal requirements of a sight test are laid out in paragraph 3(1) of the Sight Testing (Examination and Prescription) (No. 2) Regulations 1989.

Inpatients are entitled to sight tests and free glasses or contact lenses provided they choose the least expensive frame suitable for the spectacle lenses prescribed. The NHS Trust responsible for the care of the patient funds the sight test and any glasses or contact lenses required when the test is undertaken. Sight tests and optical appliances should only be provided when there is a clinical need.

In those cases where the hospital sends a patient to the GOS, as a necessary part of the management of their eye condition, the patient must be provided with a form, which they should hand to the GOS practitioner to indicate this. This form should contain necessary patient identification, the date of issue and be signed by the ophthalmologist, or a person to whom the task has been delegated (the model HES1 form attached can be used for this purpose).

Hospital staff should advise any HES patients sent to the GOS that they can present the form issued by the hospital to a practitioner of their choice (from those practitioners on the GOS list) and that their sight test will be provided at no charge to them.

1.2 Patients' prescriptions

Where HES patients have a sight test in a hospital or clinic, which results in a prescription being issued, a copy of their prescription should be given to them to retain (attached form HES2 can be used for this purpose). Where a voucher is issued this should be a separate form from the prescription (attached form HES3 can be used for this purpose). It may be convenient to have prescriptions and vouchers printed as sets using carbon-less paper.

The prescriber should advise the patient that they can choose where their prescription is dispensed, subject to the provisions for blind and partially sighted people and children (see Paragraph 2.2). Normally it will be a matter for the patient to decide where their

spectacles are dispensed. In exceptional circumstances the hospital may direct the dispensing to be carried out in-house.

Where a non-HES optical practice (i.e. a practice providing GOS and/or private sight tests) is situated within a hospital, patients might mistakenly think that sight-testing services are provided there without charge, which might not be the case. In such circumstances a notice must be prominently displayed to state that the practice is not part of the Hospital Eye Service. This notice will be in addition to any statutory notice displayed as required under the Business Names Act.

Hospitals with GOS-registered practices on their premises need to be clear about their relationship with the practice, and be aware that the practice is governed by the GOS regulations in respect of the GOS services it provides. It would be inappropriate for patients to be directed to attend a specific GOS practice unless the HES has a contractual arrangement to pay for the service provided.

1.3 Payments to GOS practitioners for conducting HES sight tests

Before making a claim for the sight test fee, GOS practitioners should determine whether or not the patient meets the standard GOS eligibility criteria for a GOS sight test and act as follows:

1. if the patient does meet the GOS eligibility criteria for a GOS sight test - submit the completed GOS1 form to the payment authority in which the practice conducting the sight test is located in the normal way.
2. if the patient does not meet the GOS eligibility criteria for a GOS sight test - submit the completed HES1 form to the hospital. The hospital is responsible for paying the current NHS sight test fee.

In all cases claims for payment for conducting the sight test under the NHS must be submitted to the appropriate authority within six months of the date of the sight test.

SECTION 2: SUPPLY OF OPTICAL APPLIANCES FOR HES PATIENTS

2.1 Optical charges

A charge is payable for glasses or contact lenses supplied by the HES. Help may be available under the NHS voucher scheme and the maximum charge arrangements. The voucher values, and maximum charges for glasses and contact lenses, are reviewed annually and are specified in the circular that announces the new voucher values (see Annex 3 for details of the values that apply at the time this guidance is published). Spectacles dispensed within the HES are exempt from VAT.

2.2 Help towards the cost of glasses or contact lenses

Patients falling within the categories listed in Annex 2 are entitled to a voucher toward meeting the cost of their glasses or contact lenses (HES3, a copy of which is attached, can be used as a model by Trusts). Hospitals should have arrangements in place to establish whether their patients fall into any of the eligible categories. A leaflet HES(L), is attached to this circular; it summarises the scheme and should be handed to all patients receiving a prescription.

Voucher values are determined by the Secretary of State for Health. Information for patients about the scheme may be found in leaflet HC11, which should be available in outpatient departments and eye clinic waiting areas and at www.dh.gov.uk/helpwithhealthcosts or by calling the DH publications order line on 08701 555 455. The voucher value is determined by the value on the date the spectacles or contact lenses are ordered. It is recognised that some time may elapse between the fitting and final dispensing of glasses or contact lenses, and therefore the final payment being made. If during that time a patient becomes eligible for help towards costs, they should be allowed to claim for assistance.

Each HES voucher is valid for a period of six months from the date of issue and if the patient wishes to use the voucher they must do so within that period.

Patients can normally choose where they have their prescriptions dispensed. Exceptions to this are:

1. children under 16 and anyone registered blind or partially sighted may only have their prescription dispensed by a registered optician inside or outside the HES;
2. patients who wish to benefit from the maximum charge arrangements who may be directed to a specific supplier; and
3. patients who have a special requirement, which would be in their interests to be dispensed within the hospital, may be directed to do so.

2.3 Responsibility for reimbursing vouchers

The vouchers of eligible patients who are referred for a sight test, where there is GOS entitlement, should be reimbursed under the GOS scheme by the payment authority. NHS Hospital Trusts however, are responsible for reimbursing all hospital-only vouchers and/or supplements irrespective of where the patient's sight was tested.

The vouchers of patients who have had their sight tested by a doctor or optometrist in the HES should be reimbursed by the NHS Trust responsible for the hospital or clinic that issued the voucher.

2.4 Maximum charge arrangements for glasses

Patients who require very expensive lenses as a clinical necessity may be entitled to some help with charges. Therefore a range of maximum charges applies for dispensing in, or on behalf of, the HES. Patients should be told that they can benefit from maximum charge arrangements and Hospital Trusts should ensure that they are able to do so. Patients who wish to take advantage of these arrangements will be asked, where appropriate, to opt for dispensing within the HES or by opticians who are contracted to provide the service.

The maximum patient charge for a pair of glasses is calculated by adding the prescribed maximum charge for spectacle lenses to the amount, which the NHS Trust, or optical practice contracted on its behalf, has identified as the cheapest suitable frame available. The maximum charges are specified in the circular that announces the uprating of the optical voucher values.

Patients who are entitled to an optical voucher (see Annex 2) may use the voucher to pay the maximum charge. Therefore patients eligible for a lettered voucher, who require clinically necessary contact lenses or glasses (for which they choose the cheapest frame suitable) receive their appliance free. Where a patient's prescription is dispensed by a community optician, under arrangements described in paragraph 2.2, the NHS Trust would redeem the voucher and pay the optician the lower of either the retail cost of the glasses supplied or the sum of the voucher value and supplements.

2.5 Glasses of any other description

It is recognised that, occasionally, some patients require special spectacle lenses, not covered by the GOS voucher range, as a clinical necessity. HES voucher letter I may be issued by the hospital in these special cases, e.g. clinically necessary varifocal lenses.

2.6 Spare pairs of glasses

No patient has ever been automatically entitled to a spare pair of glasses of the same prescription. Exceptionally it may be clinically necessary to provide a prescription for a spare pair. Each case should be judged on its merits by the prescriber. It should be made clear to patients and/or their guardians that this is not an automatic entitlement each time a new prescription is issued.

2.7 Supply of, and patient charges for, clinically necessary contact lenses

It is recognised that there are patients for whom contact lenses are clinically necessary. Only a hospital consultant ophthalmologist, or a person to whom the responsibility has been delegated, can decide whether a patient has a clinical need for contact lenses. Only an appropriately qualified registered optician can fit contact lenses. There is a patient charge for clinically necessary contact lenses. The charge is reviewed annually

and is payable in respect of each contact lens supplied. However the patient may be entitled to remission of charges under the NHS voucher scheme arrangements.

Where frequent change of contact lenses is clinically indicated the object should be to provide a supply of lenses lasting for about 6 months, so that thereafter the patient is only charged at the required interval.

2.8 Supply of contact lens care products

Where the HES has prescribed contact lenses on grounds of clinical necessity, the provision of contact lens care products (cleaning and sterilising solutions, and case) is regarded as an integral part of the therapy. Hospital Trusts should ensure that provision is made for contact lens care products to be made available to all patients for whom they have prescribed clinically necessary contact lenses. Patients should pay the normal prescription charge for each supply unless they are in an exempt category in respect of the supply of medicines or have a valid pre-payment certificate. It should be noted that retail prices for contact lens care products may be less than the prescription charge. Some patients may therefore benefit from obtaining them privately.

Where lenses are to be fitted/supplied by an optician outside the hospital or clinic, the Hospital Trust should ensure its arrangements with the optician cover the supply of care products over the life of the lenses.

2.9 Therapeutic and prosthetic contact lenses

Plano powered lenses used as therapeutic bandages, occlusive and non-sighted prosthetic contact lenses are exempt from charges. Prosthetic lenses incorporating an optical correction are chargeable subject to the exemptions detailed in Annex 2.

Care products are supplied under the arrangements described in 2.8.

2.10 Optical appliances supplied to HES patients on loan

Where clinically necessary the HES must supply all optical low vision aids (LVAs) to patients on loan, without any charge to the patient. LVAs issued on loan will remain the property of the hospital. When LVAs are loaned, hospitals may wish to obtain an undertaking from the patient to return them if/when they are no longer required. However, the collection of a deposit payment from the patient is not permitted in respect of loan items.

Where clinically necessary, the following should also be issued on loan to patients: post cataract temporary spectacles, temporary tinted spectacles, and recumbent spectacles.

2.11 Provision for hospital in-patients

Optical appliances prescribed for hospital in-patients through the HES are supplied free of charge in hospital provided that the cheapest suitable frame is used for the

appropriate prescribed lens. When patients choose more expensive pairs of spectacles, they are responsible for paying the difference in price.

2.12 Consumer protection

HES voucher transactions are subject to existing consumer law. Patients enter into a private contract with the supplier when exchanging their voucher. The patient will be solely responsible for seeking redress from the supplier for any defective product supplied.

Hospitals and all other suppliers will be expected to issue private receipts to patients detailing the value of the voucher and any money paid in excess of this.

SECTION 3: VOUCHERS AND CHARGES

3.1 Use of optical vouchers where the maximum charge applies

Patients who are entitled to an optical voucher (see Annex 2) and who would also benefit from the maximum charge arrangements described in Section 2.4 may use their voucher in payment towards the maximum charge for spectacles.

3.2 Complex lens vouchers

Complex lens vouchers are issued for prescriptions with at least one lens of which:

has a power in any meridian of plus or minus 10 or more dioptres; or

is a prism-controlled bifocal lens.

All patients who require complex lenses are entitled to the complex lens voucher. The following supplements can be added to this voucher, where clinically necessary: prism, tint, small glasses and special facial characteristics.

A lettered voucher cannot be issued with a complex lens voucher.

3.3 Special Facial Characteristics supplement

Where a patient's facial characteristics require a frame to be custom made, or specially adapted, a Special Facial Characteristics supplement (SFC) may be claimed. The amount payable to the supplier will be the lower of *either* the retail cost of the spectacles *or* the sum of the voucher value and appropriate supplement.

3.4 Small Glasses supplement

Where patients require small glasses (see HSC 1999/051 for guidance) and are entitled to any of the vouchers lettered A-I, a small glasses supplement (SGS) is payable. The supplier may claim only the lower of *either* the retail cost of the spectacles *or* the sum of the voucher value and supplement.

3.5 Technical non-tolerance

There may be circumstances when a patient's eye condition alters progressively and their spectacle prescription changes. As a result they have a clinical requirement for a frequent change or changes of lenses; this is termed a technical non-tolerance case.

A technical non-tolerance case is defined as one where the consultant ophthalmologist, or a member of staff to whom this responsibility has been delegated, makes a clinical decision that the patient fits into this category. It would be very unusual however, for a technical non-tolerance case to persist for more than six months.

Where a change of lens or lenses is required as a technical non-tolerance this change will be provided by the hospital without charge to the patient. The hospital may direct that any lens changes required as a non-tolerance must be dispensed by the hospital's own in-house dispensing service, or by an optician contracted to the hospital to do so.

The definition of technical non-tolerance in the HES should not be confused with the provision for patients who cannot tolerate a new optical appliance, which applies in the General Ophthalmic Service.

3.6 Lost or destroyed vouchers

No patient should be disadvantaged because they have accidentally lost or destroyed a voucher issued to them. The hospital may replace a voucher, which the patient has lost or destroyed provided that, after such enquiries as may be necessary, they are satisfied that the original voucher has not been presented to a supplier of optical appliances. The patient should be required to sign a declaration stating they will not attempt to use the original voucher should it subsequently be found.

The replacement voucher issued will be endorsed "Duplicate Voucher" and annotated with the date of the original prescription. The date of issue shall be the date on which the replacement is issued.

3.7 Use of HES voucher to purchase non-clinically necessary contact lenses

Patients who have no clinical need for contact lenses may use their HES spectacle voucher towards their purchase but must meet any extra costs over and above their HES voucher entitlement. They must also meet the full cost of cleaning and disinfecting solutions.

3.8 Uncollected optical appliances

Where a patient who is entitled to help under the voucher scheme fails to collect an optical appliance three months after ordering it, the supplier may claim the cost price of those elements of the appliance which cannot be used again, e.g. lenses, up to the value of the voucher. The supplier is expected to have made reasonable attempts to contact the patient to remind them and have kept a note of such attempts.

A practitioner/supplier may claim the voucher value of the glasses, three months after their non-collection by completing and signing section 3 of HES3. Where a patient has elected to use the voucher as a contribution towards the cost of contact lenses (the contact lenses not having been specified as a clinical necessity), the practitioner/supplier may claim the voucher value. Claims should be made by sending the voucher, with a note of explanation, to the hospital or clinic from where the prescription was issued.

In cases where contact lenses have been prescribed on an HES3 form as a clinical necessity, and the patient has failed to keep appointments to collect them within three months or refused to accept them, the optician should charge fees appropriate to the

work undertaken up to the time of the last patient attendance. Claims should be made by sending the voucher, with a note of explanation, to the hospital or clinic from where the prescription was issued.

Claims should be made by sending the voucher (with the entitlement section signed by the patient at the time of placing the order), to the hospital from where the prescription was issued with a note of explanation.

SECTION 4: REPAIR OR REPLACEMENT OF OPTICAL APPLIANCES

Provisions for the repair or replacement of spectacles and contact lenses under the voucher scheme vary depending on whether or not patients are under the age of 16.

Repairs and replacements should not be authorised under these provisions where there is an after sales service, warranty or insurance cover for spectacles or contact lenses which provides full reimbursement.

4.1 Repair or replacement for patients under 16

Children under 16 who have had their glasses prescribed and/or supplied by the HES may apply for a repair/replacement voucher from either the hospital concerned or from any GOS practice. If the repair/replacement is authorised by the hospital an appropriate hospital form will be issued (the attached form HES4 can be used for this purpose). When repairs are carried out by a GOS practice, form GOS4 must be completed and reimbursement claimed from the GOS.

Children who have been supplied with clinically necessary contact lenses may only seek NHS repair/replacement from the hospital concerned. To ensure continuity of care children who are transferring from one hospital to another should continue to have contact lenses supplied by the original hospital until they are seen at the new hospital.

4.2 Repair or replacement for patients 16 and over

Patients aged 16 and over will only be eligible for repair and replacements when the loss or breakage was due to illness.

Patients aged 16 or over may apply to the HES (hospital) for a voucher for the repair or replacement of the optical appliance. The Hospital Trust will be responsible for deciding whether the damage or loss was a result of illness. Where the Trust is satisfied that it was, a repair or replacement will be authorised. Applications should be dealt with expeditiously and within a week where possible .

SECTION 5: PATIENT REFUNDS

5.1 Refunds relating to glasses or contact lenses

Any patient who pays for glasses or contact lenses and subsequently establishes that they were “eligible” for a voucher towards the cost of their optical appliance may apply for a refund using form HC5. The amount of help is determined by:

- (i) in the case of full help (HC2) a refund of an amount equal to the voucher, plus any appropriate supplements; or
- (ii) in the case of limited help the value of the voucher reduced by the HC3 contribution, plus any appropriate supplements.

In all cases the refund shall not exceed the actual cost of the supply of the appliance.

5.2 Making refund claims

Form HC5 tells patients what to do. Hospitals should hold stocks of this form. Confirmation of financial eligibility for a refund will be made either by Patient Services at the Prescription Pricing Authority, the Veterans Agency or by the patient's local Jobcentre Plus office or Pension Centre.

5.3 Time limits

The refund claim must be received by the office listed on the HC5 within 3 calendar months from the date of supply. This time limit may, exceptionally, be extended if there is a good reason for lateness. Hospital staff are asked to mention the availability of refunds whenever a refund claim seems possible.

5.4 Handling optical receipts

The patient's original receipt for glasses or contact lenses should be returned to the patient. The purchase of the optical appliance is a private arrangement and should include a warranty. To ensure that a receipt can only be used once to claim a refund, and as an additional audit measure, hospitals will make a note on the receipt for the glasses or contact lenses that a refund has been made before returning it to the patient.

5.5 Repair and replacement of glasses

The refund arrangements also extend to patients who have paid for the repair/replacement of glasses but would have been eligible for a voucher. Children under 16 are automatically entitled to a voucher. Patients aged 16 or over are only entitled to a repair/replacement voucher if it is necessary as a result of an illness or medical condition. Patients should provide a note to explain why they think the breakage/loss was due to illness or medical condition.

SECTION 6: GENERAL

6.1 Disability Discrimination Act and written information

Under the Disability Discrimination Act all service providers have a legal obligation to make reasonable adjustments to their written information for patients with a visual impairment.

The majority of people who have low vision or are partially sighted are still able to read print if it is produced in an easily readable format.

To ensure service providers are able to comply with the Disability Discrimination Act, the Low Vision Sub Group of the National Eye Services Steering Group recommends that all literature (including appointment cards and letters) should conform to the following guidelines issued by the Royal National Institute of the Blind:

- Font Type – Arial or Helvetica
- Font Size – 14 point as a minimum
- Spacing – Double spaced
- Alignment – Text aligned to the left margin
- Contrast – Dark print on a light background

The following should be avoided:

- Glossy paper
- Italics
- Capitals
- Underlining
- Justified text
- Folding paper if the crease would obscure the text

Further details and advice is available from the RNIB website: www.rnib.co.uk

PATIENTS ENTITLED TO A FREE SIGHT TEST UNDER THE GENERAL OPHTHALMIC SERVICES (GOS)

1. Any person falling within the categories below is entitled to a free sight test:-

- (i) children under 16;
- (ii) are 16 or over but under 19 and still in full-time education;
- (iii) are aged 60 or over.
- (iv) are registered blind or partially sighted;
- (v) have diagnosed diabetes or glaucoma or has been advised by an ophthalmologist that he is predisposed to the development of glaucoma;
- (vi) are aged 40 or over and are a parent, brother, sister, son or daughter of a person with diagnosed glaucoma;
- (vii) they or their partner get:
 - Income Support
 - Income-based Jobseeker's Allowance
 - Pension Credit guarantee credit
 - or are named on a Tax Credit Exemption Certificate
- (viii) they, or their partner, are on a low income and are named on a valid HC2 (full help) or HC3 (partial help) certificate;
- (ix) those who would not normally qualify for help with costs on income grounds but require complex lenses, i.e. patients whose prescription for spectacles is for at least one lens which has either power in any meridian of plus or minus 10 dioptré or more or is a prism controlled bifocal lens;
- (x) A prisoner.

PATIENTS ENTITLED TO HELP WITH MEETING THE COST OF THEIR GLASSES OR CONTACT LENSES

1. People falling within the categories below are entitled to help, through the NHS voucher scheme, toward meeting the costs of their glasses or contact lenses. If the glasses cost more than the voucher value, the patient will have to pay the difference.
 - (i) Children under 16 years of age;
 - (ii) Patients aged 16 or over but under 19 and still in full-time education;
 - (iii) The patient or their partner get:
 - Income Support
 - Income-based Jobseeker's Allowance
 - Pension Credit guarantee credit
 - or are named on a Tax Credit Exemption Certificate
 - (iv) They, or their partner are on a low income and are named on a valid HC2 (full help) or HC3 (partial help) certificate.
 - (v) Those who would not normally qualify for help with costs on income grounds but require complex lenses, i.e. patients whose prescription for spectacles is for at least one lens which has either power in any meridian of plus or minus 10 diopetre or more or is a prism controlled bi-focal lens;
 - (vi) A prisoner.

CHARGES APPLICABLE AT THE TIME THIS GUIDANCE WAS PUBLISHED

SCHEDULE 1 TO THE NATIONAL HEALTH SERVICE (OPTICAL CHARGES AND PAYMENTS) REGULATIONS 1997 ("THE PRINCIPAL REGULATIONS")

Regulations 1(2), 9(2)(a),
10(2)(a) and 16(2)(a)
and (3)(a)

VOUCHER LETTER CODES AND FACE VALUES - SUPPLY AND REPLACEMENT

<i>(1) Type of optical appliance</i>	<i>Letter code</i>	<i>Face value of Voucher</i>
1. Glasses with single vision lenses of a spherical power of not more than 6 dioptres with a cylindrical power of not more than 2 dioptres	A	£33.70
2. Glasses with single vision lenses - (a) of a spherical power of more than 6 dioptres but less than 10 dioptres with a cylindrical power of not more than 6 dioptres; (b) of a spherical power of less than 10 dioptres with a cylindrical power of more than 2 dioptres but not more than 6 dioptres.	B	£51.20
3. Glasses with single vision lenses of a spherical power of 10 or more dioptres but not more than 14 dioptres with a cylindrical power of no more than 6 dioptres	C	£74.90
4. Glasses with single vision lenses - (a) of a spherical power of more than 14 dioptres with any cylindrical power; (b) of a cylindrical power of more than 6 dioptres with any spherical power	D	£169.10
5. Glasses with bifocal lenses of a spherical power of not more than 6 dioptres with a cylindrical power of not more than 2 dioptres	E	£58.20
6. Glasses with bifocal lenses - (a) of a spherical power of more than 6 dioptres but less than 10 dioptres with a cylindrical power of not more than 6 dioptres; (b) of a spherical power of less than 10 dioptres with a cylindrical power of more than 2 dioptres but not more than 6 dioptres.	F	£74.00
7. Glasses with bifocal lenses of a spherical power of 10 or more dioptres but not more than 14 dioptres with a cylindrical power of no more than 6 dioptres	G	£95.90

<i>(1) Type of optical appliance</i>	<i>Letter code</i>	<i>Face value of Voucher</i>
8. Glasses with prism-controlled bifocal lenses of any power or with bifocal lenses - (a) of a spherical power of more than 14 dioptries with any cylindrical power; (b) of a cylindrical power of more than 6 dioptries with any spherical power	H	£185.90
9. Glasses not falling within any of paragraphs 1 to 8 for which a prescription is given in consequence of a testing of sight by an NHS trust	I	£173.20
10. Contact lenses for which a prescription is given in consequence of a testing of sight by an NHS trust	J	£49.20

SCHEDULE 2 TO THE PRINCIPAL REGULATIONS

Regulations 1(2), 19(2)(b)

PRISMS, TINTS, PHOTOCHROMIC LENSES, SMALL AND SPECIAL GLASSES AND COMPLEX APPLIANCES

1. (1) The amounts in column 3 of Schedule 1 and column 2 of Schedule 3 and in paragraphs 2(a) and (b) of this Schedule shall be increased as follows -
 - (a) by £11.00 in respect of each single vision lens containing a necessary prism;
 - (b) by £13.10 in respect of each other lens containing a necessary prism;
 - (c) by £3.70 in respect of each necessary single vision tinted or photochromic lens;
 - (d) by £4.20 in respect of each other necessary tinted or photochromic lens;
 - (e) by £55.50 in the case of supply or replacement of the glasses or repair of the whole frame, by £49.20 in the case of repair to the front of the frame and £26.60 in the case of repair of a side of a frame in respect of small glasses;
 - (f) [revoked by SI 1999/609];
 - (g) where the voucher is issued or completed by an NHS trust, by £55.50 in respect of glasses the frame of which is certified by the NHS trust as being required to be specially manufactured on account of the patient's facial characteristics.
 - (2) The increases provided for by sub-paragraphs 1(e) and (g) of this paragraph do not apply in the case of a voucher relating to glasses if it is accepted in connection with the supply or replacement of contact lenses.
 - (3) In sub-paragraph (1) of this paragraph "necessary" in relation to a prism or a tinted or photochromic lens means that the prism, tint or photochromic quality has been prescribed on the basis of clinical need.
 - (4) Where the face value of a voucher is increased in accordance with paragraph (1)(g) of this paragraph, it may not be further increased in accordance with sub-paragraph (1)(e) of this paragraph.
-
2. The minimum complex appliance payment is -
 - (a) for a complex appliance with single vision lenses only, £12.70;
 - (b) for any other complex appliance, £32.10;plus, in each case, the amount of any increase provided for by paragraph (1) of this Schedule.

SCHEDULE 3 TO THE PRINCIPAL REGULATIONS

Regulations 19(2) and (3)

VOUCHER VALUES - REPAIR

[illegible]

ANNEX 4

DIRECTIONS OF THE SECRETARY OF STATE FOR HEALTH

Directions under the National Health Service Act 1977 Schedule 12, paragraph 2(1) and the National Health Service (Optical Charges and Payments) Regulations 1997, regulation 2(1)

The Secretary of State, in exercise of the powers conferred on him by paragraph 2(1) of Schedule 12 to the National Health Service Act 1977 (as substituted by paragraph 8 of Schedule 2 to the Health and Medicines Act 1988) and regulation 2(1) of the National Health Service (Optical Charges and Payments) Regulations 1997 and all other powers so enabling him, hereby gives the following directions:-

1. In these directions:

"the Act" means the National Health Service Act 1977 as amended; and

"charges for glasses" means a charge authorised by section 78(1) of the Act in respect of supply of glasses under the Act.

2. Subject to paragraph 3 and 4 below the charge for glasses shall be the aggregate of the following-

(a) an amount which represents the cost to the PCT or NHS Trust, or other person on its behalf, of the purchase of their glasses or components; and

(b) an amount which represents the cost to the PCT or the NHS Trust, or other person on its behalf, of the dispensing of the lenses.

3. Where the aggregate of:

(a) the element of the amount mentioned in paragraph 2(a) above which represents the cost of lenses; and

(b) the amount mentioned in paragraph 2(b) above,

exceeds, in the case of glasses each lens of which is a single vision lens, £60.40 and, in any other case, £98.20, the charge for glasses shall be the aggregate of that £60.40 or, as the case may be, £98.20 and, except in a case to which paragraph 4 below applies, the element of the amount mentioned in paragraph 2(a) above which represents the cost of the frames.

4. Where any patient requires, on clinical grounds, a frame the cost of which is more than that of the cheapest frame in the range supplied by the PCT, or other person on its behalf, the element of the amount mentioned in paragraph 2(a) above which represents the cost of the frames shall not exceed the cost of the cheapest frame.

5. The charge authorised by section 78(1) of the Act in respect of the supply of contact lenses under the Act shall be £49.20 for each contact lens so supplied.

6. These directions shall come into operation on 1 April 2006 and shall have effect in respect of glasses or contact lenses supplied where the testing of sight leading to the supply of glasses or lenses, or the first such testing, takes place on or after 1 April 2006.

7. The direction made under paragraph 2(1) of Schedule 12 to the Act and the National Health Service (Optical Charges and Payments) Regulations 1997 concerning the charges authorised by the Act in respect of the supply of glasses and contact lenses and coming into operation on 1 April 2005 is revoked with effect from 1 April 2006

Signed by the authority of the Secretary of State for Health.

ANNEX 5
MODEL HES FORMS

NHS Sight Test: (your hospital name here) HES1 - Referral from the Hospital Eye Service

Patient's surname (Mr Mrs Miss Ms)

Other names

Address

Date of birth

Patient's Ref. No.

Part 1 Doctor or hospital optometrist's declaration

I refer this Hospital Eye Service patient to a General Ophthalmic Services practitioner for an eye sight test as part of the management of his/her eye condition.

Signature

Date

This form has been issued by and should be sent for payment to:

THE NAME AND ADDRESS OF THE
PAYMENT DEPARTMENT HERE

Tel

Part 2 What to do with this form

You should take this form to an optician who provides NHS sight tests. If you are able to tick any of the following boxes you are already eligible for an NHS sight test and the optician will ask you to complete form GOS1. If none of the boxes apply to you, you will be asked to sign this form.

- ☐ I am a child under 16;
- ☐ I am 16 or over but under 19 and still in full-time education;
- ☐ I am are registered blind or partially sighted; Cert No:
- ☐ I have diagnosed diabetes or glaucoma or ocular hypertension;
- ☐ I am aged 40 or over and am a parent, brother, sister, son or daughter of a person with diagnosed glaucoma;
- ☐ I or my partner receive:
 - Income Support
 - Income-based Jobseeker's Allowance
 - or are named on a Tax Credit NHS Exemption Certificate,
- ☐ I or my partner, are named on an HC2 NHS Low Income Scheme certificate for full help issued by the Health Benefits Division (HBD); Cert No:
- ☐ I require a prescription for complex lenses;
- ☐ I am a prisoner; or
- ☐ I am aged 60 or over.

Part 3 Patient's declaration

I am in none of the categories listed and therefore apply for a sight test as part of the treatment I am receiving.

I declare that the information I have given on this form is correct and complete and I understand that if it is not, appropriate action may be taken against me. I consent to the disclosure of relevant information.

I have received a sight test from an optician for which I have not been charged.

Signature _____ Date _____

Part 4 Practitioner's declaration

- ☐ I have tested the sight of the person named on this form on (date) _____.
- ☐ A prescription showing no change or statement was issued
- ☐ A new or changed prescription was issued

Part 5 Practitioner's Claim

I claim:

The current NHS sight test fee	£
The domiciliary visiting fee for the 1 st patient at the address in Part 1	£
The domiciliary visiting fee for the 2 nd patient at the address in Part 1	£
The domiciliary visiting fee for the 3 rd patient at the address in Part 1	£
Total	£

Name of optometrist or OMP and address where the sight test took place (in capitals or stamp)	Address (<i>if different</i>) where payment should be sent: (in capitals or stamp)

I declare that the information given on this form is correct and complete and I understand that if it is not, action may be taken against me. For the purpose of verification of this claim, I consent to the disclosure of relevant information. I claim payment of fees due to me for the work carried out under the Hospital Eye Service Provisions.

Practitioner's signature _____ Date _____

Hospital use

Passed for payment on (date) _____ by (initials) _____

NHS Hospital Eye Service (your hospital's name here) - HES 2 - Prescription

Patient's surname (Mr Mrs Miss Ms)

Date of birth

Other names

Date of sight test

Address

Patient's Ref. No.

Post Code

Help from the NHS Spectacle Voucher Scheme

The scheme helps children, adults on a low income, and people who need complex lenses. See leaflet HC12 for details

	Sph	Cyl	Axis	Prism	Base	VA		Sph	Cyl	Axis	Prism	Base	VA	
Right							Dist							Left
							Near							

Prescription valid for two years (unless indicated otherwise)

--

Practitioner's signature _____ **Date** _____

NOTE:

This is a **copy** of your spectacle prescription. Keep it in a safe place because you will need it if you want to obtain spectacles or contact lenses privately. If you find you are entitled to a spectacle voucher you must ask the person who tested your sight to provide one. If your circumstances change between the time your sight was tested and having your glasses dispensed and you become entitled to a spectacle voucher, the person dispensing your spectacles or contact lenses may be able to provide one. If they are unable to do so you will need to ask the person who tested your sight to provide one.

Under the General Ophthalmic Services you are entitled to a voucher for spectacles if you are:

- under sixteen;
- a full time student aged 16, 17 or 18 attending school, college or university;
- receiving Income Support, Pension Credit Guarantee Credit or an income based Jobseeker's Allowance, or are a partner of someone receiving them;
- you are named on a Tax Credit NHS Exemption Certificate;
- you are a prisoner; or
- you have a current HC2 Certificate;

If you have a HC3 Certificate you may, in some circumstances, be entitled to a voucher with a reduced value.

If you have been prescribed complex lenses you are also entitled to a voucher.

Issued by: YOUR NAME AND ADDRESS HERE

Tel

NHS Hospital Eye Service (your hospital's name here) HES 3 - Prescription and Voucher

Patient's surname (Mr Mrs Miss Ms)

Date of birth – if under 19

Other names

Date of sight test

Address

Patient's Ref. No.

Post code

Help from the NHS Spectacle Voucher Scheme

The scheme helps children, adults on a low income, and people who need complex lenses. See leaflet HC12 for details

If you think you are able to get some help please tick here ☐

	Sph	Cyl	Axis	Prism	Base	VA		Sph	Cyl	Axis	Prism	Base	VA	
Right							Dist							Left
							Near							

Voucher type :

Supplements: ☐ Prism ☐ Tint ☐ Special facial characteristics

Voucher valid for six months

Comments:

Practitioner's signature _____ Date _____

Part 1 Patient's statement

My name and address are as shown above, I wish to order glasses/contact lenses* and am entitled to use the voucher today because:

☐ I am under sixteen

☐ I am a full time student aged 16, 17 or 18 and attend:

School/College/University*: _____

Address _____

Postcode _____

I/my* partner receive(s):

☐ Income Support

☐ Income-based Jobseeker's Allowance

OR

☐ Pension Credit Guarantee Credit

☐ I am named on Tax Credit NHS Exemption Certificate

☐ I am a prisoner

Person getting the benefit/Credit* if not the patient

Name: _____

Date of birth _____

I/my* partner have ☐ HC2 ☐ HC3 certificate number: _____

The HC3 (**box B**) shows that the voucher will be reduced by £ _____

☐ I have been prescribed lenses as a non-tolerance case

☐ I have been prescribed complex lenses

I declare that the information given on this form is correct and complete and I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to an NHS optical voucher and for the purpose of checking this, I consent to the disclosure of relevant information, including to and by the Inland Revenue and Local Authorities.

Optician's use only

Cross in this box if evidence not seen

I am the ☐ patient ☐ patient's carer or guardian

Signature _____ Date _____

Name in CAPITALS and address if different from patient's

Part 2 Supplier's declaration

In accordance with the prescription overleaf I have supplied ☐ glasses or ☐ contact lenses to the patient named on this voucher.

I claim under the NHS optical voucher scheme as follows:

	First pair	Second pair	
Actual cost of glasses/contact lenses if less than or equal to voucher value(s) plus any supplements(s)	£	£	(1)
Voucher value	£	£	(2)
Prism	£	£	(3)
Tint	£	£	(4)
Small glasses or special facial characteristics supplement Please state boxed centre distance in millimetres _____	£	£	(5)
Total value	£	£	(6)
Maximum claimable for glasses/contact lenses (lower of 1 or 6)	£	£	(7)
Patient's contribution as shown by box B of HC3 (if applicable)	£	£	(8)
Total claim for glasses or contact lenses* (7 minus 8)	£	£	

I declare that the information I have given on this form is correct and complete and I understand that if it is not, action may be taken against me. For the purpose of verification of this claim, I consent to the disclosure of relevant information. I claim payment of fees due to me for work carried out under the NHS Hospital Eye Service voucher scheme.

Supplier's signature _____

Date appliance(s) supplied _____

Supplier's name and address: (in capitals/stamp)

Part 3 Patient's declaration

I confirm I have received ____ pair(s) of glasses/contact lenses on (date) _____ under the NHS optical voucher scheme. I declare that the information given on this form is correct and complete and I understand that if it is not, action may be taken against me.

I am the ☐ patient; ☐ patient's carer or guardian

Signature _____ Name in block capitals _____

Address _____

Post code _____ Date _____

NOTE If you are a **War Pensioner** and need glasses because of your pensionable disability, send your prescription and receipt to: *War Veterans Agency, Norcross, Blackpool, FY5 3WP*. Tell them your War Pension reference number.

This form, when completed should be sent to:
NAME AND ADDRESS FOR FORM TO BE SENT
FOR PAYMENT HERE

Hospital use:

Passed for payment on (date) _____ by (initials) _____

NHS Hospital Eye Service (your hospital's name here) HES 4 – NHS optical repair or replacement

Fill in the details in Part 1, sign it and date Part 2 and give the form to the person who will repair or replace your glasses or contact lenses (more information is on leaflet HC11).

You cannot get help if your glasses/contact lenses are covered by warranty, insurance or after care service. If they were not, and you are aged 16 or over, and are in one of the categories shown in Part 1 you must be able to satisfy the Hospital Trust that your glasses or contact lenses were lost or damaged because you were ill. You can wait for the Hospital Trust to approve your claim before you get the repair/replacement done, or you can pay and claim a refund. But you can only have a refund if the Hospital Trust agrees.

PART 1, Patient's details

Patient's surname (Mr Mrs Miss Ms)

Date of birth – if under 19

Other names

Date of last HES sight test

Address

Patient's Ref. No.

Post code

Help from the NHS Spectacle Voucher Scheme

Tick any box which applies to you to tell us the reason why you are entitled to a voucher

☐ I am under sixteen

☐ I am a full time student aged 16, 17 or 18 and attend:

School/College/University*: _____

Address

Postcode

I/my* partner receive(s): ☐ Income Support

or

☐ Income-based Jobseeker's Allowance

☐ I am named on a Tax Credit NHS Exemption Certificate

National Insurance number _____

Person getting the benefit/Credit* if not the patient

Name: _____ Date of birth _____ NI number _____

☐ I am a prisoner

I/my* partner have a ☐ HC2 ☐ HC3 certificate number: _____

The HC3 (**box B**) shows the voucher value will be reduced by

£ _____

☐ I have been prescribed complex lenses as defined for the purposes of the NHS voucher scheme

☐ I have explained below how the loss or damage happened (this explanation is necessary to decide if you can have help)

PART 2, Patient's declaration

I declare that the information I have given on this form is correct and complete and I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to an NHS optical repair/replacement voucher and for the purpose of checking this, I consent to the disclosure of relevant information, including to and by the Inland Revenue and Local Authorities.

There is no insurance warranty or after sales service covering these glasses or contact lenses.

Optician's use only

Cross in this box if evidence not seen

I agree to repay the voucher value if I
am later found not to be entitled.

I am the ☐ patient ☐ patient's carer or guardian

Signature _____ Date _____

Name in CAPITALS and address if different from patient's

PART 3, To be completed by the NHS Trust

The applicant's claim has been considered and is ☐ approved

☐ not approved

Signature _____

Date: _____

This form, when completed, should be sent to
NAME AND ADDRESS FOR FORM TO BE SENT FOR
PAYMENT HERE

PART 4, Patient's declaration

I confirm that my glasses/contact lenses have been ☐ repaired; ☐ replaced

I am the ☐ patient ☐ patient's carer or guardian (if you are under 16 or incapable of signing your parent, carer or other person responsible for you should sign)

Signature _____

Name in capitals _____

Date / /

PART 5, Supplier's declaration

In accordance with the prescription and details below I have: ☐ repaired; ☐ replaced the glasses/contact lenses for the person named on Part 1 of this form

To be completed by the supplier where new lens(es) are required

	Sph	Cyl	Axis	Prism	Base	VA		Sph	Cyl	Axis	Prism	Base	VA	
Right							Dist							Left
							Near							

Voucher type : _____

Supplements:

☐ Complex ☐ Prism ☐ Tint
☐ Small glasses ☐ Special facial characteristics

Voucher value appropriate to the above prescription (*leave blank if HES C.L.*)

£ _____ (1)

Parts: Lens/C.L. ☐ Right ☐ Left ☐ Both

£ _____ (2)

Frame ☐ Front ☐ Side ☐ Both

£ _____ (3)

Supplements ☐ Complex

£ _____ (4)

☐ Prism

£ _____ (5)

☐ Tint

£ _____ (6)

☐ Small glasses or special facial characteristics

£ _____ (7)

PART 6, Claim I claim under the NHS Hospital Eye Service optical voucher scheme:

Voucher value plus any supplement(s) (*sum of 1+(4+5+6+7)*)

£ _____ (8)

or parts per current FPN plus any supplement(s) (*sum of (2+3)+(4+5+6+7)*)

£ _____ (9)

or actual retail cost, if less; or cost of replacing contact lens(es)

£ _____ (10)

Patient's contribution as shown by **box B** of certificate HC3 (if applicable)

£ _____ (11)

Patient's contribution towards the cost of contact lens(es)

£ _____ (12)

Total claim (*8 or 9 or 10 whichever is the lowest, minus 11 or 12*)

£ _____

I declare that the information I have given on this form is correct and complete and I understand that if it is not, action may be taken against me. For the purpose of verification of this claim, I consent to the disclosure of relevant information. I claim payment of fees due to me for work carried out under the NHS Hospital Eye Service optical voucher scheme.

Supplier's signature_____

Date appliance(s) supplied_____

Supplier's name and address: (in capitals/stamp)

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How to get your glasses

The person who tests your sight will give you a prescription form.

If you are under 16, or are registered blind or partially sighted, you must take the prescription to a registered optician	If you are 16 or over you can take the prescription to a registered optician or anyone who supplies glasses.
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The hospital may have its own arrangements for supplying glasses. They will tell you about this. There will be a charge for the glasses but you may get help (see below). The hospital will also be able to tell you about special arrangements for maximum charges if the glasses prescribed for you are very expensive.

Help with the cost of glasses

You can get help with the cost of glasses for any of these seven reasons.

<p>If you think you are entitled to help for any of these reasons. Tell the person who tests your sight. A letter will be written in the Voucher Type box on your prescription. The voucher can then be set against the cost of your glasses. You can find out the maximum value for your voucher type in leaflet HC12 <i>"NHS charges and optical voucher values"</i>.</p> <p>And if you think you are entitled to help because you are on a low income ask for form HC1 and send it to the DSS Agency Benefits Office Unit, Newcastle, who will decide if you are entitled to help. If you buy your glasses before you hear from the DSS, ask the hospital for a refund claim form - HC5</p>	<ol style="list-style-type: none"> 1 You are under 16 2 You are a fulltime student under 19 3 You or your partner receives a benefit listed in leaflet HC11 <i>"Are you entitled to help with health costs?"</i> 4 You or your partner hold a valid HC2 certificate 5 You are prescribed complex glasses 6 You are prescribed glasses as a 'technical intolerance' case. This could be because the condition of your eye is changing rapidly, perhaps after an operation, and you need several pairs of glasses within a short period 7 You are a prisoner
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Note for war pensioners

If you are a **War Pensioner** and need glasses because of your pensionable disability, send your prescription and receipt to: *War Pensions Agency, Norcross, Blackpool FY8 3WP*. Tell them your War Pension reference number.