1961 No. 908

NATIONAL HEALTH SERVICE, ENGLAND AND WALES

The National Health Service (Supplementary Ophthalmic Services) (No. 1) Regulations, 1961

Made - - - -	10*th May*, 1961
Laid before Parliament	15*th May*, 1961
Coming into Operation	16*th May*, 1961

The Minister of Health, in exercise of the powers conferred on him by sections 41, 44 and 74 of the National Health Service Act, 1946(a), section 1 of the National Health Service Act, 1951(b), and section 1 of the National Health Service Act, 1961(c), and of all other powers enabling him in that behalf, hereby makes the following regulations:—

1. These regulations may be cited as the National Health Service (Supplementary Ophthalmic Services) (No. 1) Regulations, 1961, and shall come into operation on the sixteenth day of May, 1961.

2. The Interpretation Act, 1889(d), applies to the interpretation of these regulations as it applies to the interpretation of an Act of Parliament.

3. The National Health Service (Supplementary Ophthalmic Services) Regulations, 1956(e), as amended(f), shall be further amended as follows:—

(1) In paragraph (1) of regulation 11 (which regulation provides for the examination of forms by the Ophthalmic Services Committee) there shall be inserted after the words "... are satisfied that any glasses prescribed therein are" the words "... of a type and quality set out in the statement referred to in regulation 3 of these regulations and are".

(2) In paragraph (2) of regulation 11 there shall be inserted after the words "... are satisfied that" the words "the glasses prescribed therein are not of a type and quality set out in the said statement or that".

(3) For paragraph (1) of regulation 14 (which regulation provides for the making and recovery of charges for the supply of optical appliances) there shall be substituted the following paragraph:—

"14.—(1) Subject to the provisions of this regulation, an optician shall, in respect of the supply under these regulations of such optical appliances as are described in the Schedule to the National Health Service Act, 1951, be entitled to make and recover the appropriate charge specified in the said schedule, as varied by section 1 of the National Health Service Act, 1961."

(a) 9 & 10 Geo. 6. c. 81. (b) 14 & 15 Geo. 6. c. 31. (c) 9 & 10 Eliz. 2. c. 19.
(d) 52 & 53 Vict. c. 63. (e) S.I. 1956/1078 (1956 I, p. 1524).
(f) S.I. 1958/2024 (1958 II, p. 1548).

(4) After paragraph (2) of regulation 14 there shall be inserted the following paragraph:—

"(2A) It shall be a condition of exemption under subsection (4) of section 1 of the National Health Service Act, 1961, from a charge payable under section 1 of the Act of 1951 in respect of the supply of lenses—

(*a*) that the date of birth stated in part I of form No. 1 shall indicate that the person for whom the lenses are supplied was at the relevant time aged ten or more and under sixteen, or

(*b*) in the case where the age of the person is indicated in the said part to be sixteen years or more, that a certificate, given on behalf of a local education authority or by or on behalf of the headmaster or proprietor of a school, is submitted to the optician supplying the glasses at the same time as the said form No. 1 is presented certifying that the person for whom the lenses are to be supplied was at the relevant time receiving full-time instruction in a school within the meaning of the Education Act, 1944(a), or the Education (Scotland) Act, 1946(b)."

(5) For paragraph (11) of regulation 18 (which regulation makes special provision with regard to school children) there shall be substituted the following paragraph:—

"(11) The provisions of regulation 14 as to charges and exemptions from charges, of regulation 16 as to standard glasses and of regulation 17 as to charges for the supply, replacement or repair of glasses of a special type, shall apply to services provided under this part."

(6) For form No. 1 in the Third Schedule there shall be substituted the following form:—

(a) 7 & 8 Geo. 6. c. 31. (b) 9 & 10 Geo. 6. c. 72.

FORM No. 1

"FORM O.S.C. 2 (Rev)

NATIONAL HEALTH SERVICE
SUPPLEMENTARY OPHTHALMIC SERVICES
SIGHT TESTING AND SUPPLY OF GLASSES

O.S.C. Serial Number

Part I

To be completed by or on behalf of the Applicant (i.e. the person whose sight is to be tested)

Full Christian Names and Surname of Applicant (Block Letters)
Mr. / Mrs. / Miss

National Health Service Number

Date of Birth: Day | Month | Year

Present Address

Permanent Home Address (if different from present address)

Approximate date on which sight was last tested

Previous surname if changed in last five years

Has the Applicant been supplied with glasses through the National Health Service? (Enter Yes or No).....
If Yes, state name and address of the Optician who supplied last pair.....

(N.B.—A false statement made with fraudulent intent by the Applicant may lead to legal proceedings)

I certify that the particulars contained in Part I are true to the best of my knowledge and belief

Signature of Applicant..... } or in the case of a child under sixteen or an invalid, the signature of parent, guardian or other person in charge

Date

Part II

To be completed by the Ophthalmic Medical Practitioner or the Ophthalmic Optician and sent to the Ophthalmic Services Committee after Parts IV and V have been completed

RIGHT	Sph.	Cyl.	Axis	Prism	Base		Sph.	Cyl.	Axis	Prism	Base	LEFT
						Distance						
						Reading						

Remarks

Name of Ophthalmic Medical Practitioner or Ophthalmic Optician giving sight test and address at which test was given (rubber stamp or block letters)

The Applicant *requires glasses as prescribed above
*does not require glasses
* Delete whichever is not applicable.

Signature of Practitioner or of Optician (on his own behalf and on behalf of .....)

Signature .....
O.S.C. List No..... Date.....

Part III
For Official Use

Approved

PLEASE DO NOT DETACH THIS PART OF THE FORM

Applicant's Surname (*Block Letters*) .....

Part IV
To be completed by or on behalf of the Applicant

My sight / The Applicant's sight } (*Delete whichever is not applicable*) has been tested to-day

Signature of Applicant..... Date.....
(or in the case of a child under sixteen or an invalid, the signature of parent, guardian or other person in charge)

Part V

To be completed by the Ophthalmic Practitioner or the Ophthalmic Optician

Name and address of Ophthalmic Medical Practitioner or Ophthalmic Optician or Firm to whom payment should be made (rubber stamp or block letters)

I have tested the Applicant's sight.
Payment of £ : : is claimed.
Signature of Practitioner or of Optician (on his own behalf and on behalf of .....)

Signature .....

O.S.C. List No..... Date.....

Part VI
For Official Use

Authorised for payment

FORM O.S.C. 2 (Rev)

Part VII

To be completed by the Optician who supplies the glasses and sent to the Ophthalmic Services Committee after Part VIII and Part IX have been completed as appropriate (Part VIII should not be completed where there is no charge to the Applicant)

Details of glasses supplied to the Applicant to the prescription overleaf

LENSES
Distance .....
Reading .....

FRAMES
Distance *New N.H.S. Frame No. .....
*New Private Frame .....
*Reglazed Frame obtained ..... (Date)
Reading *New N.H.S. Frame No. .....
*New Private Frame .....
*Reglazed Frame obtained ..... (Date)
* Delete as necessary.

Scale fees due from Applicant and E.C.

	Distance £	s.	d.	Reading £	s.	d.
1. Lens—right						
2. Lens—left						
3. Extras clinically necessary						
4. Extras not clinically necessary						
5. Frames						
6. Case						
7. Dispensing fee						
8. Totals						

Charge to	£	s.	d.
1. Applicant—			
(i) At 12/6 per lens			
At 20/- per lens			
(ii) Extras not clinically necessary			
(iii) Frames			
(iv) Total charge to Applicant			
2. E.C.			
3. Total			

Name and address of Optician or Firm to whom payment should be made (rubber stamp or block letters)

I have supplied the Applicant with the glasses described above and I claim payment of £ : :
This sum does not include the amount due from the Applicant.
Signature of Optician (on his own behalf and on behalf of .....)

Signature .....

O.S.C. List No. ..... Date .....

Part VIII

To be completed by or on behalf of the Applicant. Items not applicable should be deleted. The Optician may ask for a deposit

I undertake to pay the Optician on supply of glasses to the prescription overleaf:—

(1) the charge of £ : : for National Health Service lenses.

(2) the charge of £ : : for National Health Service frames selected by me.

(3) the charge of £ : : for lenses of a special type supplied at my request.

Total £ : :

Signature of Applicant ..... Date .....

(or in the case of a child under sixteen or an invalid, the signature of parent, guardian or other person in charge)

Part IX

To be completed by or on behalf of the Applicant

I have been / The Applicant has been } (*Delete whichever is not applicable*) supplied with the glasses described above

Signature of Applicant ..... Date .....

(or in the case of a child under sixteen or an invalid, the signature of parent, guardian or other person in charge)

Part X

For Official Use

Amount payable

£ . : :

Authorised for payment

THIS PART OF THE FORM TO BE LEFT BLANK "

Given under the official seal of the Minister of Health this tenth day of May, nineteen hundred and sixty-one.

(L.S.)

J. Enoch Powell,
Minister of Health.

EXPLANATORY NOTE

(This Note is not part of the Regulations, but is intended to indicate their general purport.)

These regulations amend in consequence of the coming into operation of the National Health Service Act, 1961, the National Health Service (Supplementary Ophthalmic Services) Regulations, 1956, in relation to the recovery of charges for appliances provided by opticians. They also prescribe the procedure to be followed in claiming exemption from these charges.