1989 No. 114

HEALTH AND PERSONAL SOCIAL SERVICES

Optical Charges and Payments Regulations (Northern Ireland) 1989

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Coming into operation . . *1st April 1989*

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The Department of Health and Social Services in exercise of the powers conferred on it by Articles 62(1) and (2), 98, 106 and 107(6) of and Schedule 15 to the Health and Personal Social Services (Northern Ireland) Order 1972(**a**) and of all other powers enabling it in that behalf, with the approval of the Department of Finance and Personnel(**b**), and after consultation with such organisations as appeared to the Department to be representative of medical practitioners practising as ophthalmic medical practitioners and of ophthalmic opticians, as required by Article 62(3) of the said Order, hereby makes the following regulations:

Citation, commencement and interpretation

1.—(1) These regulations may be cited as the Optical Charges and Payments Regulations (Northern Ireland) 1989 and shall come into operation on 1st April 1989.

(**a**) S.I. 1972/1265 (N.I. 14). The relevant amending Orders in Council are S.I. 1984/1158 (N.I. 8), S.I. 1988/594 (N.I. 2) and S.I. 1988/2249 (N.I. 24)
(**b**) Formerly Department of Finance: *see* S.I. 1982/338 (N.I. 6) Art. 3

(2) In these regulations—

"Board" means a Health and Social Services Board established under Article 16 of the Order for any area;

"capital limit" means the amount prescribed for the purposes of Article 23(6) of the Social Security (Northern Ireland) Order 1986(**a**) as it applies to income support;

"child" means a person who is under the age of 16 years;

"complex appliance" means an optical appliance at least one lens of which—

(*a*) has a power in any one meridian of plus or minus 10 or more dioptres, or

(*b*) is a lenticular lens;

"eligible person" is to be construed—

(*a*) for the purposes of Part III, in accordance with regulation 3(2);

(*b*) for the purposes of Parts IV and V, in accordance with regulation 8(2) to (5);

"face value" means, in relation to a voucher on which is marked a letter code specified in column 2 of Schedule 1, the amount specified in relation to it in column 3 of that Schedule, plus the amount of any increase provided for by paragraph 1 of Schedule 2;

"family credit" means family credit under Part III of the Social Security (Northern Ireland) Order 1986;

"health service sight test fee" means, in relation to a testing of sight carried out either by an ophthalmic medical practitioner or by an optician, the fee payable, in accordance with the Statement published under regulation 12 of the Ophthalmic Services Regulations, to an optician in respect of a testing of sight;

"income support" means income support under Part III of the Social Security (Northern Ireland) Order 1986 and includes personal expenses addition, special transition addition and transitional addition as defined in regulation 2(1) of the Income Support (Transitional) Regulations (Northern Ireland) 1987(**b**);

"minimum complex appliance payment" means, in relation to an optical appliance the amount specified as such for the appliance in paragraph 2 of Schedule 2;

"notice of entitlement" means a notice issued under regulation 7 of the Remission Regulations for the purposes of remission of charges under the Order;

"ophthalmic list" means a list, prepared and published pursuant to regulations made under Article 62 of the Order of medical practitioners and opticians who undertake to provide general ophthalmic services(**c**);

(**a**) S.I. 1986/1888 (N.I. 18); regulation 45 of the Income Support (General) Regulations (Northern Ireland) 1987 (S.R. 1987 No. 459) has prescribed the amount of £6,000 as the capital limit

(**b**) S.R. 1987 No. 460

(**c**) *See* S.R. 1986 No. 163, regulation 8

"Ophthalmic Services Regulations" means the General Ophthalmic Services Regulations (Northern Ireland) 1986(**a**);

"optical appliance" means an appliance designed to correct, remedy or relieve a defect of sight;

"optician" means an ophthalmic optician;

"Order" means the Health and Personal Social Services (Northern Ireland) Order 1972;

"patient" means a person whose sight has been tested whether under the Order or otherwise;

"patient's contribution" means the amount specified under regulation 7(5) of the Remission Regulations as that for which there is no entitlement under those regulations to remission of charges;

"qualifying full time education" means full time instruction at a recognised educational establishment or by other means accepted as comparable by the Department and "recognised educational establishment" means an establishment recognised by the Department as being, or as comparable to, a school, college or university;

"redemption value" is to be construed—

(*a*) for the purposes of Part III, in accordance with regulation 7;

(*b*) for the purposes of Part IV, in accordance with regulation 15;

(*c*) for the purposes of Part V, in accordance with regulation 20;

"the Remission Regulations" means the Travelling Expenses and Remission of Charges Regulations (Northern Ireland) 1988(**b**);

"replacement" does not include the replacement of an optical appliance rendered unserviceable by fair wear and tear;

"small glasses" means glasses the lens apertures of which have datum centres not more than 56 millimetres apart; and for this purpose "datum centre" is to be construed in accordance with Part I of British Standard 3521: 1962 (Glossary of Terms relating to Ophthalmic Lenses and Spectacle Frames) published by the British Standard Institution as effective immediately before 30th March 1989;

"supplier" includes a person replacing or repairing an optical appliance;

"supply" includes the replacement of an optical appliance rendered unserviceable by fair wear and tear;

"voucher" means—

(*a*) in Part III, a voucher form supplied to those whose names are included in an ophthalmic list by the Agency;

(*b*) in Part IV, a voucher form supplied—

(i) where a testing of sight is carried out otherwise than by a Board, by the Agency to the person who carries it out;

(**a**) S.I. 1986 No. 163 as amended by S.R. 1988 No. 110 and S.R. 1989 No. 113
(**b**) S.R. 1988 No. 150

(ii) where a testing of sight is carried out by a Board, by the Board;

(*c*) in Part V, a voucher form supplied to a supplier, by the Agency;

for the purposes of enabling a payment to be made under these regulations.

(3) For the purposes of Schedule 1—

(*a*) where an optical appliance has lenses described in different paragraphs in column 1 of Schedule 1, the face value of a voucher for the appliance shall be determined according to whichever lens would provide the greater face value; and

(*b*) where an optical appliance has a bifocal lens, the power of the lens shall be determined according to the power of that segment of the lens designed to correct a defect in distant sight; and

(*c*) a monocle shall be treated as though it were glasses.

PART II

CHARGES

Charges for optical appliances supplied by a Board

2.—(1) A charge of such sum as is provided by this regulation shall be made and recovered in accordance with paragraph (2) in respect of the supply of an optical appliance by a Board.

(2) Where a charge is payable by virtue of paragraph (1), a Board, or other person on its behalf, that supplies or is to supply the optical appliance may—

(*a*) on arranging to supply the optical appliance, make the charge; and

(*b*) on supplying the optical appliance or having it available for supply, recover the charge from the patient (if it has not previously been paid).

(3) The charge for the supply of contact lenses shall be £26·50 for each contact lens supplied.

(4) Subject to paragraphs (5) and (6) the charges for glasses shall be the aggregate of the following—

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

(*b*) an amount which represents the cost to the Board, or any other person on its behalf, of the dispensing of the lenses.

(5) Where the aggregate of—

(*a*) the element of the amount mentioned in paragraph (4)(*a*) which represents the cost of the lenses; and

(*b*) the amount mentioned in paragraph (4)(*b*) exceeds, in the case of glasses each lens of which is a single vision lens, £32·00 and, in any other case, £52·00, the charge for glasses shall be the aggregate of that £32·00 or, as the case may be, £52·00 and, except in a case to which paragraph (6) applies, the element of the amount mentioned in paragraph (4)(*a*) which represents the cost of the frames.

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

(7) This regulation shall not apply to the supply of optical appliances to a patient for the time being resident in a hospital.

PART III

PAYMENTS TOWARDS COST OF SIGHT TESTS

Eligibility — sight tests

3.—(1) A payment shall be made as provided for by this Part to contribute to the cost of a testing of sight which the Agency accepts as having been incurred by an eligible person.

(2) An eligible person is a person whose income resources, as calculated in accordance with regulation 6 of, and Schedule 1 to, the Remission Regulations for the purposes of remission of charges under the Order, exceed his requirements as so calculated, but whose patient's contribution does not exceed the health service sight test fee and whose capital resources as so calculated do not exceed the capital limit.

Completion and use of voucher — sight tests

4.—(1) A person who wishes a payment to be made by virtue of this regulation in his case shall—

(*a*) apply to the Department for a notice of entitlement;

(*b*) apply for his sight to be tested by an ophthalmic medical practitioner or optician whose name is included in the ophthalmic list;

(*c*) indicate to that practitioner or optician that he is an eligible person at the time of the application;

(*d*) show to him a current notice of entitlement and permit him to copy such details as may be required for the purposes of regulation 5(2)(*b*)(ii).

(2) The ophthalmic medical practitioner or optician may then duly complete the relevant parts of the voucher with the name and address of the patient and the date of the testing of sight.

(3) The person whose sight is or is to be tested shall sign on the voucher a declaration in writing to the effect that he is an eligible person.

(4) The ophthalmic medical practitioner or optician may use the voucher as being in substitution for payment by the patient of an amount equal to its redemption value, being part of the cost incurred for the testing of sight.

Payments to sight testers

5.—(1) The Agency shall, if the conditions specified in paragraph (2) are fulfilled, make a payment of the voucher's redemption value to an ophthalmic medical practitioner or optician who has used a voucher in accordance with regulation 4(4).

(2) The conditions specified in paragraph (1) are that—

(*a*) the patient has signed the declaration referred to in regulation 4(3);

(*b*) the ophthalmic medical practitioner or optician has—

(i) made a claim for a payment on a duly completed voucher to the Agency within the period of three months beginning with the date of the testing of sight, and

(ii) informed the Agency of the amount of the patient's contribution.

Payments to patients in respect of sight tests

6.—(1) A payment may be made under this regulation by the Agency to an eligible person who incurs the cost of a testing of sight by an ophthalmic medical practitioner or optician whose name is included in the ophthalmic list, without a voucher being completed in accordance with regulation 4.

(2) A patient who wishes to receive a payment under this regulation shall—

(*a*) if he did not apply to the Department for a notice of entitlement before the date on which his sight was tested, apply to it for such a notice within the period of 14 days beginning with that date;

(*b*) apply to the Agency for a payment within the period of three months beginning with that date;

(*c*) produce to the Agency within that period—

(i) a notice of entitlement effective for a period including the date on which his sight was tested or for a period beginning no later than 14 days after that date, and

(ii) the receipt for any fee paid for the testing of sight.

(3) On an application made in accordance with paragraph (2), the Agency shall, if satisfied as to the cost incurred for the testing of sight, make a payment to the patient of an amount equal to the redemption value of the voucher which could have been completed under regulation 4 if the patient had satisfied the requirements of regulation 4(1).

Redemption value of voucher for sight test

7. For the purposes of this Part the redemption value of a voucher is the amount, if any, by which the patient's contribution falls short of the lesser of—

(*a*) the health service sight test fee; or

(*b*) the full cost which would have been incurred by the patient for the sight test but for these regulations.

PART IV

PAYMENTS FOR COST OF SUPPLY OF OPTICAL APPLIANCES

Eligibility — supply of optical appliances

8.—(1) A payment shall be made as provided for by this Part to meet, or to contribute towards, the cost incurred (whether by way of charge under the Order or otherwise) for the supply of an optical appliance for which a prescription has been given in consequence of a testing of sight of an eligible person—

(*a*) which took place under the Order; or

(*b*) which took place otherwise than under the Order and within the locality in which the person whose sight was tested normally resides or within a reasonable travelling distance of his home.

(2) An eligible person is a person who at the time of the supply of the optical appliance is any of the following:—

(*a*) a child;

(*b*) a person under the age of 19 years and receiving qualifying full-time education;

(*c*) a person whose resources are treated, in accordance with paragraph (3), as being less than his requirements;

(*d*) a person whose income resources, as calculated in accordance with regulation 6 of, and Schedule 1 to, the Remission Regulations for the purposes of remission of charges under the Order, are equal to or exceed his requirements as so calculated but whose patient's contribution is nil or is less than the face value of a voucher issued to him under this Part and whose capital resources do not exceed the capital limit;

(*e*) a person for whom a prescription is issued for a complex appliance.

(3) A person's resources shall be treated as being less than his requirements if—

(*a*) he is in receipt of income support;

(*b*) he is a member of the same family as a person who is in receipt of income support;

(*c*) he is in receipt of family credit;

(*d*) he is a member of the same family as a person who is in receipt of family credit;

(*e*) his income resources as calculated in accordance with regulation 6 of, and Schedule 1 to, the Remission Regulations for the purposes of remission of charges under the Order, are less than his requirements as so calculated and his capital resources as so calculated do not exceed the capital limit; or

(*f*) he is a member of the same family as a person described in sub-paragraph (*e*).

(4) In paragraph (3)(*b*) and (*f*) 'family' has the meaning assigned to it by Article 21(11) of the Social Security (Northern Ireland) Order 1986 as it applies to income support(**a**) and in paragraph 2(*d*) it has the meaning assigned to it by virtue of Article 21(11) of that Order as it applies to family credit(**b**).

(5) For the purposes of regulation 11 and other provisions of this Part as they apply to payments where the testing of sight was by a Board, a person is also an eligible person if, because of the frequency with which the condition of his eyes changes, he is considered by the Board to be non-tolerant of his existing optical appliance.

(**a**) *See* S.R. 1987 No. 459, regulations 14 to 16
(**b**) *See* S.R. 1987 No. 463, regulations 6 to 9

Issue of vouchers by ophthalmic medical practitioners or opticians

9.—(1) A person making an application for a testing of sight pursuant to regulation 15 of the Ophthalmic Services Regulations who considers that he may be an eligible person and wishes a payment to be made under these regulations in his case shall indicate to the ophthalmic medical practitioner or optician to whom the application is made that he may be an eligible person.

(2) An ophthalmic medical practitioner or optician who, following a testing of sight under the Ophthalmic Services Regulations, issues a prescription for an optical appliance to a patient—

(*a*) who has indicated that he may be an eligible person; or

(*b*) who (whether or not he has so indicated), is issued with a prescription for a complex appliance,

shall, in the circumstances described in paragraph (4) but subject to paragraph (5), issue to the patient a voucher relating to the optical appliance prescribed on the same occasion as he issues the prescription in accordance with paragraph 10(1) of Schedule 1 of the Ophthalmic Services Regulations.

(3) The ophthalmic medical practitioner or optician issuing the voucher shall sign it and shall—

(*a*) mark on it the letter code specified in column 2 of Schedule 1 which relates to the type of optical appliance prescribed as set out in column 1 of that Schedule;

(*b*) duly complete the relevant parts of the voucher with the name and address of the patient, the patient's age if under 19, particulars of the prescription issued to the patient, the date on which the patient's sight was tested and the date of issue of the voucher.

(4) The circumstances referred to in paragraph (2) are where the ophthalmic medical practitioner or optician, having consulted any records which he has relating to the patient and made such enquiry of the patient as he considers relevant, is satisfied that—

(*a*) the patient requires an optical appliance for the first time or an optical appliance to a prescription the particulars of which differ from those relating to his existing appliance; or

(*b*) the patient requires an optical appliance because his existing optical appliance has been rendered unserviceable by fair wear and tear.

(5) Where a patient requires an optical appliance to a prescription the particulars of which differ from those relating to his existing appliance only because the patient is non-tolerant of that appliance, and has been so since it was supplied to him, no voucher shall be issued unless the Agency, being satisfied that the prescription for that existing appliance was clinically correct, has authorised the issue of a voucher.

(6) Unless regulation 10(4) applies, not more than one voucher shall be issued to a patient in respect of any one optical appliance prescribed.

(7) A person making an application to an ophthalmic medical practitioner or optician for a testing of sight otherwise than under general ophthalmic services who considers that he may be an eligible person by virtue of regulation 8(2)(*d*) and wishes a payment to be made under these regulations in his case shall indicate to the ophthalmic medical practitioner or optician to

whom the application is made that he may be an eligible person; and that practitioner or optician may, if he issues a prescription for an optical appliance, issue a voucher relating to it in accordance with paragraphs (2) to (6) as though the testing of sight were carried out and the prescription were issued under general ophthalmic services.

Issue of vouchers by the Central Services Agency

10.—(1) Subject to paragraph (2), a patient whose sight has been tested by an ophthalmic medical practitioner or optician otherwise than under the Order and who considers that he may be an eligible person by virtue of regulation 8(2)(*d*) and wishes a payment to be made under these regulations in his case may, if he was not issued with a voucher under regulation 9(7), apply in writing for a voucher to the Agency.

(2) An application made under paragraph (1) shall—

(*a*) state the patient may be an eligible person by virtue of regulation 8(2)(*d*);

(*b*) be accompanied by the prescription issued to the patient or a copy of it; and

(*c*) be made within the period of one month beginning with the date of the testing of sight but before the patient arranges for the supply of his optical appliance.

(3) On an application made in accordance with paragraph (2) the Agency shall issue a voucher relating to the optical appliance prescribed and shall—

(*a*) mark on it the letter code specified in column 2 of Schedule 1 which relates to the type of optical appliance prescribed as set out in column 1 of that Schedule;

(*b*) duly complete the relevant parts of the voucher with the name and address of the patient, the patient's age if under 19, particulars of the prescription issued to the patient, the date on which the patient's sight was tested and the date of issue of the voucher; and

(*c*) return to the patient any prescription that he may have submitted.

(4) Where on an application by a patient within 6 months of a voucher having been issued to him under regulation 9(2) or (7), the Agency is satisfied, having made such enquiries as it considers relevant, that the voucher has been lost or destroyed without having been presented to a supplier of optical appliances, it may issue to the patient a replacement voucher completed in accordance with regulation 9(3)(*a*) and (*b*), but with the date of issue of the voucher being that on which the replacement is issued.

Issue of vouchers by Boards

11.—(1) A person whose sight is tested by a Board and who considers that he may be an eligible person and wishes a payment to be made under these regulations in his case shall indicate to that Board that he may be an eligible person.

(2) A Board which, following a testing of sight, issues a prescription for an optical appliance to a patient—

(*a*) who has indicated that he may be an eligible person;

(*b*) who (whether or not he has so indicated) is issued with a prescription for a complex appliance; or

(*c*) who is an eligible person by virtue of regulation 8(5),

shall issue to the patient a voucher relating to the optical appliance prescribed.

(3) The Board issuing the voucher shall—

(*a*) mark on it the letter code specified in column 2 of Schedule 1 which relates to the type of optical appliance prescribed as set out in column 1 of that Schedule;

(*b*) duly complete the relevant parts of the voucher with the name and address of the patient, the patient's age if under 19, particulars of the prescription issued to the patient, the date on which the patient's sight was tested and the date of issue of the voucher.

Use of vouchers for supply of optical appliances

12.—(1) Subject to paragraphs (4) and (5), a patient to whom a voucher, duly completed in accordance with regulation 9, 10 or 11, has been issued may present it to a supplier who supplies or is to supply him with an optical appliance, provided that the arrangements for supply are made within 6 months of the date on which the voucher was issued.

(2) A supplier may accept the voucher in substitution for payment by the patient of an amount equal to its redemption value, being the whole or part of the cost incurred for the supply of an optical appliance.

(3) A voucher relating to glasses may be accepted in connection with the supply of contact lenses.

(4) Before presenting the voucher to the supplier the patient shall sign on the voucher—

(*a*) a declaration in writing to the effect that he is an eligible person, indicating the grounds of his eligibility;

(*b*) an undertaking in writing to the effect that, if he is unable to show that he is an eligible person, he will pay to the Agency an amount equal to the voucher's redemption value.

(5) A patient who is an eligible person only by virtue of regulation 8(2)(*d*) or by virtue of his resources being treated in accordance with regulation 8(3)(*e*) or (*f*) as being less than his requirements shall—

(*a*) before presenting the voucher to the supplier, apply to the Department for a notice of entitlement; and

(*b*) on the same occasion as he presents the supplier with a voucher in accordance with paragraph (1), show a current notice of entitlement to the supplier and permit him to copy such details as may be required for the purposes of regulation 13(2)(*c*)(iii).

Payments to suppliers

13.—(1) The Agency shall, if the conditions specified in paragraph (2) are fulfilled, make a payment of a voucher's redemption value to a supplier who has accepted the voucher from a patient in accordance with regulation 12.

(2) The conditions referred to in paragraph (1) are that—

(*a*) the patient has signed the declaration and undertaking referred to in regulation 12(4) and acknowledged receipt on the voucher of the optical appliance supplied to him;

(*b*) the optical appliance is not sold or supplied in contravention of section 21(1) of the Opticians Act 1958(**a**);

(*c*) the supplier has—

(i) made and kept a written record of the supply and issued to the patient a receipt for any money received from the patient,

(ii) made a claim for a payment on a duly completed voucher to the Agency, within the period of 3 months beginning with the date of supply of the optical appliance,

(iii) where the patient has shown a notice of entitlement to him, informed the Agency of the amount of the patient's contribution, if any, and

(iv) where the claim relates to a voucher the value of which is increased in accordance with paragraph 1(1)(*e*) of Schedule 2, certified that the glasses supplied were small glasses.

Payments to patients in Board cases

14.—(1) A payment may be made under this regulation to a patient who—

(*a*) has been issued by a Board with a voucher only because he may be an eligible person by virtue of regulation 8(2)(*d*), or by virtue of his resources being treated in accordance with regulation 8(3)(*e*) or (*f*), as being less than his requirements; and

(*b*) incurs cost for the supply of an optical appliance without first having obtained a notice of entitlement and without presenting his voucher to a supplier.

(2) A patient who wishes a payment to be made to him under this regulation shall—

(*a*) apply to the Department for a notice of entitlement;

(*b*) sign the declaration and undertaking referred to in regulation 12(4);

(*c*) within the period of three months beginning with the date on which he was supplied with the optical appliance, apply to the Agency for a payment and provide the Agency with—

(i) the voucher issued to him,

(ii) a statement of the amount of his patient's contribution, if any, and

(iii) evidence of the cost incurred for the supply of the optical appliance.

(3) On an application made in accordance with paragraph (2), the Agency shall, if satisfied—

(a) 1958 c. 32; section 21 was amended by the Health and Social Security Act 1984 (c. 48), section 1(1) and by the Health and Medicines Act 1988 (c. 49), section 13(6) and (7)

(*a*) that the patient was issued with a notice of entitlement;

(*b*) as to the amount of the patient's contribution; and

(*c*) as to the cost incurred for the supply of the optical appliance,

make a payment to the patient of the voucher's redemption value.

Redemption value of voucher for supply of optical appliances

15.—(1) Where an optical appliance was supplied otherwise than under the Order the redemption value of a voucher is, subject to paragraphs (3) to (5), the lesser of—

(*a*) the full cost which would have been payable by the patient for the supply but for these regulations;

(*b*) the face value of the voucher.

(2) Where an optical appliance was supplied under the Order, the redemption value of a voucher is, subject to paragraphs (3) to (5), the lesser of—

(*a*) the amount of the charge under Schedule 15 to the Order which would have been payable by the patient for the supply but for these regulations;

(*b*) the face value of the voucher.

(3) In relation to payments to be made because of a person's eligibility by virtue of regulation 8(2)(*d*), the amounts taken for the purposes of paragraph (1)(*a*) and (*b*) or paragraph (2)(*a*) and (*b*) shall, subject to paragraph (4), be reduced—

(*a*) where no voucher was completed in accordance with Part III in respect of the testing of the patient's sight, by the amount of the patient's contribution;

(*b*) where such a voucher was completed and for the purposes of regulation 7 the patient's contribution exceeded the lesser of the amounts specified in regulation 7(*a*) and (*b*), by the amount of the excess.

(4) If a reduction made under paragraph (3) in the case of a patient for whom a prescription was issued for a complex appliance would render the redemption value of the voucher less than the minimum complex appliance payment, that value shall be the minimum complex appliance payment.

(5) Where the patient was an eligible person only because a prescription was issued for him for a complex appliance, the redemption value of a voucher shall be the minimum complex appliance payment, except that where—

(*a*) the appliance was supplied under the Order; and

(*b*) in accordance with regulation 2(1), the amount of a charge made under Schedule 15 to the Order for the supply would, but for any maximum charge specified in regulation 2, have exceeded by any amount the charge actually made,

the redemption value shall be reduced by the amount of the excess.

PART V

PAYMENTS FOR COST OF REPLACEMENT OR REPAIR OF OPTICAL APPLIANCES

Eligibility — replacement or repair

16.—(1) A payment shall be made as provided for by this Part to meet, or contribute towards, any cost accepted by the Agency as having been incurred (whether by way of charge under the Order or otherwise) for the replacement or repair of an optical appliance for which a prescription is given in consequence of a testing of sight of—

(*a*) a child, where the appliance needs replacement or repair in consequence of loss or damage;

(*b*) a person of any description specified in regulation 8(2)(*c*), (*d*) or (*e*) suffering from illness, where the appliance needs replacement or repair in consequence of its loss or damage and the Agency is satisfied, after making such enquiries as it considers relevant, that the loss or damage would not have occurred but for that illness.

(2) No payment shall be made by virtue of paragraph (1)(*a*) or (*b*) unless the Agency is satisfied, after making such enquiries as it considers relevant, that the patient cannot have the appliance replaced or repaired under the terms of any warranty, insurance or other arrangement made with its supplier or manufacturer.

Completion of vouchers

17.—(1) A patient who considers that a payment may be made under this Part in his case in respect of the replacement or repair of his optical appliance may indicate to the supplier that he wishes such a payment to be made.

(2) In the case of a replacement, the supplier may—

(*a*) mark on a voucher the letter code specified in column 2 of Schedule 1 which relates to the type of optical appliance to be replaced as set out in column 1 of that Schedule;

(*b*) duly complete the relevant parts of the voucher with the name and address of the patient, the patient's age if under 16 and the date of issue of the voucher.

(3) In the case of a repair, the supplier may—

(*a*) mark on a voucher the letter code specified in column 2 of Schedule 1 which relates to the type of optical appliance to be repaired as set out in column 1 of that Schedule;

(*b*) indicate on the voucher the nature of the repair of the appliance to be undertaken and, in particular, whether it comprises—

(i) the replacement or repair of one or more lenses included in the appliance, and, if so of how many;

(ii) the repair of a frame and, if so, whether it is of the whole frame, the front of a frame or one or both sides of a frame;

(*c*) duly complete the relevant parts of the voucher with the name and address of the patient, the patient's age if under 16 and the date of issue of the voucher.

(4) The patient shall sign on the voucher—

(*a*) a declaration in writing to the effect that he is an eligible person, indicating the grounds of his eligibility;

(*b*) a declaration in writing to the effect that the optical appliance cannot be replaced or repaired under the terms of any warranty, insurance or other arrangement made with its supplier or manufacturer; and

(*c*) an undertaking in writing to the effect that, if he is unable to show that he is an eligible person, he will pay to the Agency an amount equal to the voucher's redemption value.

(5) A patient who is an eligible person only by virtue of regulation 8(2)(*d*) or only by virtue of his resources being treated in accordance with regulation 8(3)(*e*) or (*f*) as being less than his requirements shall show a current notice of entitlement to the supplier and permit him to copy such details as may be required for the purposes of regulation 19(2)(*b*)(iv).

(6) In a case to which regulation 16(1)(*b*) applies, a supplier intending to use the voucher under regulation 18 shall first submit it to the Agency so that it may be satisfied as to the circumstances in which the loss or damage occurred and give its approval to the use of the voucher.

Use of vouchers for replacement or repair

18. The supplier may use the voucher as being in substitution for payment by the patient of an amount equal to its redemption value, being the whole or part of the cost incurred for the replacement or repair.

Payments to suppliers for replacement or repair

19.—(1) The Agency shall, if the conditions specified in paragraph (2) are fulfilled, make a payment of a voucher's redemption value to a supplier who has used a voucher in accordance with regulation 18.

(2) The conditions referred to in paragraph (1) are that—

(*a*) the patient has signed the declarations and undertaking referred to in regulation 17(4) and acknowledged on the voucher that the optical appliance has been replaced or repaired; and

(*b*) the supplier has—

(i) made and kept a written record of the replacement or repair and issued to the patient a receipt for any money received from the patient;

(ii) obtained any prior approval required by regulation 17(6);

(iii) made a claim for payment on a duly completed voucher to the Agency within the period of 3 months beginning with the date of the replacement or repair of the optical appliance; and

(iv) where the person has shown a notice of entitlement to him, informed the Agency of the amount of the patient's contribution, if any.

Redemption value of voucher for replacement or repair

20.—(1) Subject to paragraph (4), the redemption value of a voucher shall, in the case of a replacement, be the lesser of—

(*a*) the full cost which would have been payable by the patient for the replacement but for these regulations;

(*b*) the face value of the voucher or, in the case of the replacement of one only of a pair of contact lenses, £26·50.

(2) Subject to paragraph (4), the redemption value of a voucher shall, in the case of the repair of an appliance be the lesser of—

(*a*) the full cost which would have been payable by the patient for the repair but for these regulations;

(*b*) the amount specified in column 2 of Schedule 3 which relates to the type of optical appliance repaired (identified in that column by reference to the relevant letter code as specified in Schedule 1) and to the nature of the repair specified in column 1 of Schedule 3, together with any increase provided for by Schedule 2.

(3) Where more than one repair is made to an appliance the amount taken for the purposes of paragraph (2)(*b*) as being specified in Schedule 3 shall be the aggregate of the relevant amounts ascertained in accordance with Schedule 3, except that the element of the value of a voucher which relates to the repair of a frame shall not exceed £7·40.

(4) In the case of a person who was eligible for a payment to be made in his case only by virtue of regulation 8(2)(*d*), the amounts taken for the purpose of paragraphs (1)(*a*) and (*b*) and (2)(*a*) and (*b*) shall be reduced by the patient's contribution.

PART VI

MISCELLANEOUS

Amounts wrongly paid

21.—(1) Where a person who is not an eligible person declares on a voucher that he is an eligible person and in consequence the Agency makes a payment under these regulations, the person who makes the declaration shall repay the amount of that payment to the Agency.

(2) Where a supplier makes a claim for payment to the Agency representing that the conditions specified in regulation 5(2), 13(2) or 19(2) are fulfilled, but those conditions are not fulfilled and the Agency makes a payment to the supplier under these regulations, it may recover the amount of that payment from the supplier.

Signatures

22.—(1) A signature required by these regulations may be given—

(*a*) on behalf of a child by either parent or, in the absence of both parents, the guardian or other adult person who has the care of the child;

(*b*) on behalf of any other person who is incapable of giving the signature, by a relative or any other adult who has the care of that person; or

(*c*) on behalf of any person under 18 years of age—

(i) in the case of any authority to whose care he has been committed under the provisions of the Children and Young Persons Act

(Northern Ireland) 1968(**a**) by a person duly authorised by that authority;

(ii) in the care of a voluntary organisation by that organisation or a person duly authorised by them.

Revocations

23. The regulations specified in column (1) of Schedule 4 are revoked.

Sealed with the Official Seal of the Department of Health and Social Services on 30th March 1989.

(L.S.) *R. W. McQuiston*
Assistant Secretary

The Department of Finance and Personnel hereby approves the foregoing Regulations.

Sealed with the Official Seal of the Department of Finance and Personnel on 30th March 1989.

(L.S.) *S. Quinn*
Assistant Secretary

(a) 1968 c. 34 (N.I.)

SCHEDULE 1 Regulations 1(2), 9(3)(*a*), 10(3)(*a*), 11(3)(*a*), 17(2)(*a*) and (3)(*a*)

Voucher Letter Codes and Face Values — Supply and Replacement

1 *Type of Optical Appliance*	2 *Letter Code*	3 *Face Value of Voucher*
1. Glasses with single vision lenses of a power (plus or minus) not exceeding— (*a*) as respects any spherical power, 6 dioptres; (*b*) as respects any cylindrical power, 2 dioptres.	A	£17·00
2. Glasses with single vision lenses not falling within paragraph 1 or 3.	B	£28·00
3. Glasses with single vision lenses— (*a*) of a spherical power (plus or minus) exceeding 20 dioptres; (*b*) of a spherical power (plus or minus) exceeding 10 dioptres with any cylindrical power; (*c*) of a cylindrical power (plus or minus) exceeding 6 dioptres; or (*d*) in lenticular form	C	£46·00
4. Glasses with bifocal lenses of a power (plus or minus) not exceeding— (*a*) as respects any spherical power, 6 dioptres; (*b*) as respects any cylindrical power, 2 dioptres.	D	£32·75
5. Glasses with bifocal lenses not falling within paragraph 4 or 6.	E	£58·00
6. Glasses with prism segment bifocal lenses or glasses with bifocal lenses— (*a*) of a spherical power (plus or minus) exceeding 20 dioptres; (*b*) of a spherical power (plus or minus) exceeding 10 dioptres with any cylindrical power; (*c*) of a cylindrical power (plus or minus) exceeding 6 dioptres; and (*d*) in lenticular form.	F	£98·00

7. Glasses not falling within any of paragraphs 1 to 6 for which a prescription is given in consequence of a testing of sight by a Board.	G	£98·00
8. Contact lenses for which a prescription is given in consequence of a testing of sight by a Board.	H	£26·50 per lens

SCHEDULE 2 Regulations 1(2), 20(2)(*b*)

Prisms, Tints, Photochromic Lenses, Small and Special Glasses and Complex Appliances

1.—(1) The amounts in columns 3 of Schedule 1 and column 1 of Schedule 3 and in paragraph 2(*a*) and (*b*) of this Schedule shall be increased as follows:—

(*a*) by £3·75 in respect of each single vision lens containing a necessary prism;

(*b*) by £4·75 in respect of each other lens containing a necessary prism;

(*c*) by £1·90 in respect of each necessary single vision tinted lens;

(*d*) by £2·40 in respect of each necessary other tinted lens;

(*e*) by £33·00 in the case of supply or replacement of the glasses or repair of the whole frame, by £29·35 in the case of repair of the front of the frame and £15·85 in the case of repair of a side of a frame in respect of small glasses;

(*f*) where the voucher is issued or completed by a Board, by £1·90 in respect of each necessary single vision photochromic lens and by £2·40 in respect of each other photochromic lens;

(*g*) where the voucher is issued or completed by a Board, by £33·00 in respect of glasses the frame of which is certified by the Board as being required to be specially manufactured on account of the patient's facial characteristics.

(2) The increases provided for by sub-paragraph (1)(*e*), (*f*) and (*g*) 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) "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 sub-paragraph (1)(*g*), it may not be further increased in accordance with sub-paragraph (1)(*e*).

2. The minimum complex appliance payment is—

(*a*) for a complex appliance with single vision lenses only, £3·25;

(*b*) for any other complex appliance, £18·00;

plus in each case the amount of any increase provided for by paragraph 1.

SCHEDULE 3 Regulation 20(2) and (3)

Voucher Values — Repair

1 *Nature of repair to appliance*	2 *Letters codes — Values* A £	B £	C £	D £	E £	F and G £
Repair or replacement of one lens	4·80	10·30	19·30	12·70	25·30	45·30
Repair or replacement of two lenses	9·60	20·60	38·60	25·35	50·60	90·60
Repair or replacement of—						
the front of a frame	6·60	6·60	6·60	6·60	6·60	6·60
a side of a frame	3·60	3·60	3·60	3·60	3·60	3·60
the whole frame	7·40	7·40	7·40	7·40	7·40	7·40

SCHEDULE 4 Regulation 23

Regulations Revoked

Column 1 *Regulations revoked*	Column 2 *References*	Column 3 *Extent of revocation*
Payments for Optical Appliances Regulations (Northern Ireland) 1986	S.R. 1986 No. 164	The whole regulations
Payments for Optical Appliances (Amendment) Regulations (Northern Ireland) 1988	S.R. 1988 No. 80	The whole regulations
Payments for Optical Appliances (Amendment No. 2) Regulations (Northern Ireland) 1988	S.R. 1988 No. 151	The whole regulations
Payments for Optical Appliances (Amendment No. 3) Regulations (Northern Ireland) 1988	S.R. 1988 No. 302	The whole regulations
Payments for Optical Appliances (Amendment No. 4) Regulations (Northern Ireland) 1988	S.R. 1988 No. 400	The whole regulations
Health and Personal Social Services (Charges for Drugs and Appliances) Regulations (Northern Ireland) 1973	S.R. & O. 1973 No. 419	Regulation 9 insofar as it applies to the supply of glasses to out-patients by hospitals

EXPLANATORY NOTE

(This note is not part of the Regulations.)

These Regulations introduce a scheme for a contribution to be made by the Agency towards the cost incurred by certain people (specified in regulation 3) for a sight test (Part III) and a scheme for payments to be made by the Agency in respect of the cost incurred by certain categories of persons (specified in regulation 16) for the replacement or repair of optical appliances (Part V). In addition the regulations retain with modifications the scheme (introduced in 1986) for payments to be made by the Agency in respect of the cost incurred by certain categories of persons (specified in regulation 8) for the supply of optical appliances (Part IV). Glasses and contact lenses will continue to be supplied by Boards as part of the hospital eye service and regulation 2 enables a charge to be made for those supplies (Part II).

Under Part III persons who are eligible for a contribution to be made towards the cost of their sight test are those who are entitled to partial remission of health service charges if the amount of the patient contribution does not exceed the standard amount payable to opticians for sight tests under the health service (sight test fee) and whose sight is tested by an ophthalmic medical practitioner or optician whose name is included in the ophthalmic list. The amount of the payment varies according to the patient's means but cannot exceed the sight test fee. A person is eligible under Part IV if his sight is tested under the health service or (in limited circumstances — regulation 8(1)(*b*)) if it was tested privately. A voucher is to be issued to a patient if he appears eligible for a payment under the regulations. The voucher is required to bear a letter code which varies according to the type of appliance prescribed and indicates a monetary value (set out in Schedule 1). The patient may use the voucher towards the cost incurred by him for the supply of the optical appliance prescribed (regulation 12) and the supplier may, on submitting the voucher, claim a payment from the Agency (regulation 13). The amount of that payment will vary according to whether or not the patient is required to make a contribution (which has the effect of reducing the voucher's value) and whether or not the optical appliance is a complex appliance (regulation 15). In some hospital eye service cases the payment may be made direct to the patient if he has been supplied with his optical appliance without using his voucher (regulation 14). Voucher values for the purposes of supply are increased by between 4½ and 10 per cent. The voucher value for contact lenses remains unchanged.

Part V makes provision for payments to be made for the cost of replacement and repair of optical appliances. Those eligible are children under 16 (where the appliance is lost or damaged) and others who are entitled to full or partial remission of health service charges, or are persons who need to wear complex appliances (where the appliance is lost or damaged as a result of illness) (regulation 16). In the case of a replacement, the voucher is completed in a similar way to a voucher for the supply of an optical appliance. In the case of repair the voucher must as well as bearing a letter code, specify the nature of the repair to be carried out (the monetary value given to which is set out in Schedule 3 and is relevant to the amount of any payment made). In

the case of replacements and repairs the amount of the payment varies according to the patient's means, so that if the patient is assessed as having to make a contribution the amount of any payment made is reduced (regulation 20).

Part VI deals with miscellaneous matters and contains provision for repayment of amounts wrongly paid (regulation 21) and for signatures by those under disability (regulation 22).

British Standard 3521: 1962, referred to in regulation 1(2), may be obtained from any of the sales outlets operated by the British Standards Institution or direct by post from the Institution at Linford Wood, Milton Keynes, MK14 6LE.