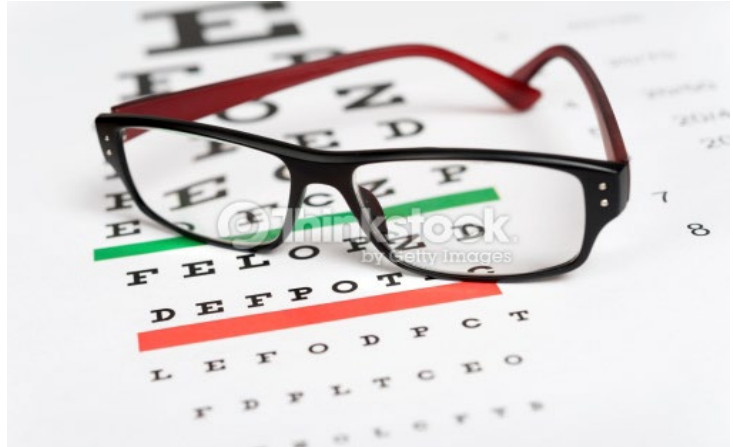


INFORMATION
ANALYSIS
DIRECTORATE



2024 Northern Ireland Sight Test & Ophthalmic Public Health Survey



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

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Health and Social Care
in Northern Ireland

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1. Introduction

The Department of Health (DoH) conducted the 2024 Northern Ireland Sight Test and Ophthalmic Public Health Survey over a one-week period in November 2024. As with previous surveys in 2017¹ and 2020², the survey was conducted in order to gauge overall sight test activity and the outcomes of this activity in Northern Ireland. Although a snapshot in time, the information and data from the survey will help to inform the planning and provision of eyecare services in Northern Ireland. Whilst complementary to other data sources, the survey also explores non-HSC activity and outcomes and therefore adds depth to a richer assessment of need and patient experience.

DoH would like to extend their thanks and appreciation to all stakeholders involved in the preparation, planning and delivery of the 2024 Sight Test and Ophthalmic Public Health Survey. Particular thanks are extended to the Primary Care Directorate in the Strategic Planning and Performance Group (DoH), Optometry NI and all optometry practices and their ophthalmic practitioners who participated in the survey.

This summary report details the methodology adopted and the findings of the 2024 survey.

2. Design and Methodology

All 266 optometry practices in Northern Ireland were invited to participate, with individual practitioners invited to complete one survey for each sight test carried out during the survey week (17-23rd November 2024). The 2024 survey was offered as either an electronic spreadsheet (Excel) or in a paper format. The paper survey can be found in Appendix 1.

A total of 3,079 completed surveys were received from 88 optometry practices; 163 surveys were completed on hard copy (paper) and 2,916 surveys were completed electronically. Some practitioners did not have the software required to complete the surveys electronically, while others expressed a preference for a paper version.

Table 1: Survey Timetable

1 st November	Save the date and introductory information e-mailed to all practices
12 th November	Reminder and initial invitation to participate, including instructions
17 th - 23 rd November	Survey 2024 week
27 th November	Thanks to participants and reminder of deadline (2 nd Dec) to those who have not yet submitted returns

3. Results - profiles of practices and patient demographics

3.1 Response rate

88 optometry practices participated in the survey - a response rate of 33.1% from all 266* invited practices. This is a decrease on the 41.7% response rate in 2020 and more in line with the 33.6% and 34.4% response rates in 2017 and 2014.

There were 3,079 completed surveys, a decrease on the 4,064 surveys returned in 2020, 3,312 in 2017 and 3,708 in 2014

Table 2: Response rate by LCG

	Belfast	Northern	South Eastern	Southern	Western	Northern Ireland*
All practices (% of the 265 NI practices)	49 (18.4%)	72 (27.1%)	47 (17.7%)	48 (18.0%)	49 (18.4%)	266* (100%)
Practices that returned surveys (% of the 88 total responders)	17 (19.3%)	25 (28.4%)	16 (18.2%)	15 (17.0%)	15 (17.0%)	88 (100%)
LCG response rate**	34.7%	34.7%	34.0%	31.3%	30.6%	33.1%
Number of returned surveys (% of total returns)	565 (18.4%)	731 (23.7%)	558 (18.1%)	659 (21.4%)	566 (18.4%)	3,079 (100%)

* One practice provides mobile eye services only and has a registered office base in England, so cannot be categorised by LCG. The number of practices in the 5 LCGs total 265, but percentages have been calculated out of the 266 invited practices to include this practice, as it did receive an invitation.

** Response rates were quite consistent across the 5 LCGs and as such there appears to be a good representation in terms of breakdown of practices across the LCGs.

3.2 Patient profile

Of the 3,079 sight tests, 73.1% (2,250) were for General Ophthalmic Services (GOS) sight tests, 26.8% (826) were for Private sight tests and 0.1% (3) were unknown. Access to a GOS sight test is based on meeting one of a range of eligibility criteria, as shown in Appendix 2.

A greater proportion of the survey returns were for sight tests provided to females (1,738, 56.4%) than males (1,340, 43.5%), a similar gender breakdown as in the previous sight test surveys. Note that one survey return (0.03%) did not include the sex of the patient.

Table 3: Age bands of GOS and Private Tests

Age band	Number of GOS tests (% of total GOS tests)	Number of Private tests (% of total Private tests)	Type of test unknown - number	Total number of sight tests (% of total)
<i>Under 4</i>	19 (0.8%)	-	-	19 (0.6%)
<i>4 - 15</i>	511 (22.7%)	5 (0.6%)	-	516 (16.8%)
<i>16-18</i>	95 (4.2%)	9(1.1%)	-	104 (3.4%)
<i>19-59</i>	332 (14.8%)	773 (93.6%)	-	1,105 (35.9%)
<i>60 and over</i>	1,289 (57.3%)	31 (3.8%)	3 (100%)	1,323 (43.0%)
<i>Unknown</i>	4 (0.2%)	8 (1.0%)	-	12 (0.4%)
Total	2,243 (100%)	826 (100%)	3 (100%)	3,079 (100%)

Note: the age of 12 patients was not recorded on their survey returns; 3 patients could not be assigned to either GOS or Private test groups, due to not being recorded on their survey returns.

Percentages in the table may not appear to sum to 100% due to rounding.

More than 90% of Private tests were carried out on the 19-59 age band, with GOS tests largely being taken by younger (<16, 23.6%) and older (>=60, 57.5%) age bands. This finding is expected, as persons in full time education under 19, and those aged 60 and over, are age bands eligible for GOS sight tests and would be encouraged to avail of routine and regular sight tests. The 14.8% of GOS patients in the 19 to 59 age band can be accounted for by the application of other GOS eligibility criteria, for example presence of diabetes/glaucoma,

persons aged over 40 with a family history of glaucoma, those in receipt of certain types of benefits and those registered as partially sighted or blind.

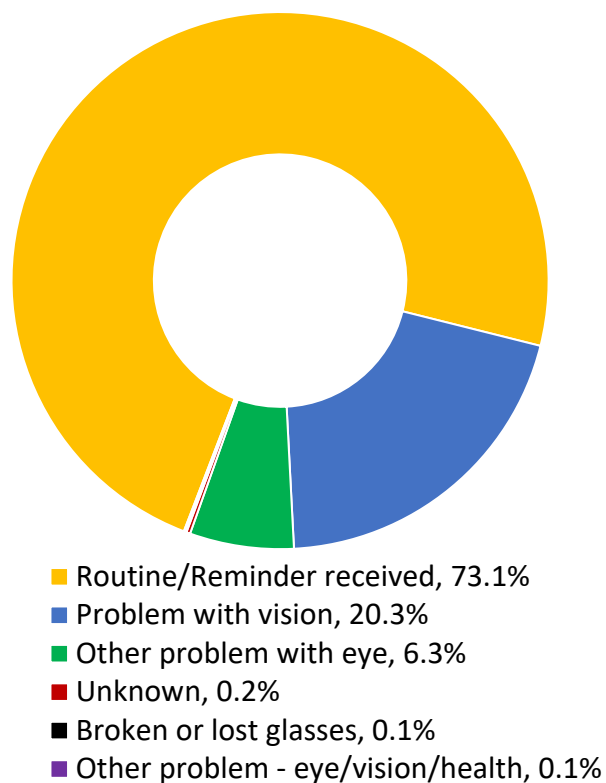
Similar to previous surveys, 97.4% (2,998) of sight tests had been carried out on patients whose ethnicity was recorded as 'white'. Chinese ethnicity was the next highest represented with 14 survey responses, or 0.5%. Small numbers of individuals from other ethnic groups were noted in the survey responses, whilst ethnicity information was missing from 6 surveys (0.2%).

4. Results – survey questions

4.1 Reason for attendance

As in the last two surveys, a question was included on the reason for attendance at the sight test. The three response options for this were: 'Routine/reminder received', 'Problem with vision' and 'Other problem with eye' were listed for this question. However, due to some respondents overwriting the survey response format and their responses not fitting into these categories, they have been categorised into additional categories, as shown in Figure 1 below.

Figure 1: Reason for attendance at sight test



Similar to both the 2017 and 2020 surveys, the majority of eye examinations (73.1%) were carried out as a result of routine or a reminder being received.

4.2 Presence of medical and ophthalmic conditions

The incidence of two medical and ophthalmic conditions (one consideration and one risk factor) were investigated in the survey, including: the presence of diabetes, the presence of glaucoma, holding a Certificate of Visual Impairment (CVI) and a family history of glaucoma respectively. The number of surveys which indicated a 'yes' to these conditions is shown in Table 4.

Table 4: Results for survey question: ‘Are any of the following conditions present?’

Condition/Risk Factor	Number of ‘yes’ responses	Total surveys	% ‘yes’ responses
Diabetes	222	3,079	7.2%
Family history of Glaucoma	240	3,079	7.8%
Glaucoma	63	3,079	2.0%
Certificate of Visual Impairment	14	3,079	0.5%

In comparison with the 2020 survey, the % of respondents with each of the conditions/risk factors listed above were very similar, particularly for Glaucoma (2.0% in both surveys) and CVI (0.5% compared to 0.3%). The presence of Diabetes was slightly lower in the 2024 survey (7.2% compared to 8.5%) whilst the presence of a family history of Glaucoma was slightly higher (7.8% compared to 6.7%) in the 2024 survey. However, it is important to note the decrease in the number of responses received in 2024, which was almost 1,000 less than the 2020 survey.

In relation to diabetes, for comparison, the General Practice Quality and Outcomes Framework (QOF) published data for 2023/24 shows prevalence of Diabetes in Northern Ireland to be approximately 5.6% (note that QOF figures include only those aged 17 and over, whereas the Sight Test Survey figures relate to all ages where diabetes is present).

4.2.1 Comorbidity of Diabetes and Glaucoma

Tables 5(a) and 5(b) provide information on those patients with and without glaucoma, with and without diabetes, and the co-existence of the two conditions. It is notable from the tables that 4.8% of glaucoma patients in the survey had diabetes, compared to 7.2% of all survey patients having diabetes. However, the small number of patients with both glaucoma and diabetes in the data limits any conclusions being made from it.

There are several identified risk factors for glaucoma, and diabetes as an associated risk factor for glaucoma has been referenced in published literature.

As such, it is suggested that clinicians and ophthalmic professionals should be aware of the potential for persons with diabetes to have an increased risk of developing glaucoma.

Table 5(a): Presence of diabetes in survey patients with glaucoma

Patients with Glaucoma	Number of patients	No. of patients as a % of total glaucoma patients	No. patients as a % of total sample (n = 3,079)
With Diabetes	3	4.8%	0.1%
Without diabetes	60	95.2%	1.9%
Total	63	100.0%	2.0%

Table 5(b): Presence of glaucoma in survey patients with diabetes

Patients with Diabetes	Number of patients	No. patients as a % of total diabetes patients	No. patients as a % of total sample (n= 3,079)
With Glaucoma	3	1.4%	0.1%
Without Glaucoma	219	98.6%	7.1%
Total	222	100.0%	7.2%

4.3 Presence of health problems

The 2024 survey also asked about the presence of various health problems, as are asked in questions relating to equality and diversity; the results are shown in Figure 2 below. It is important to note that patients can have multiple health problems, and therefore a patient may be included in more than one of the categories below.

Figure 2: Health problems in sight test patients

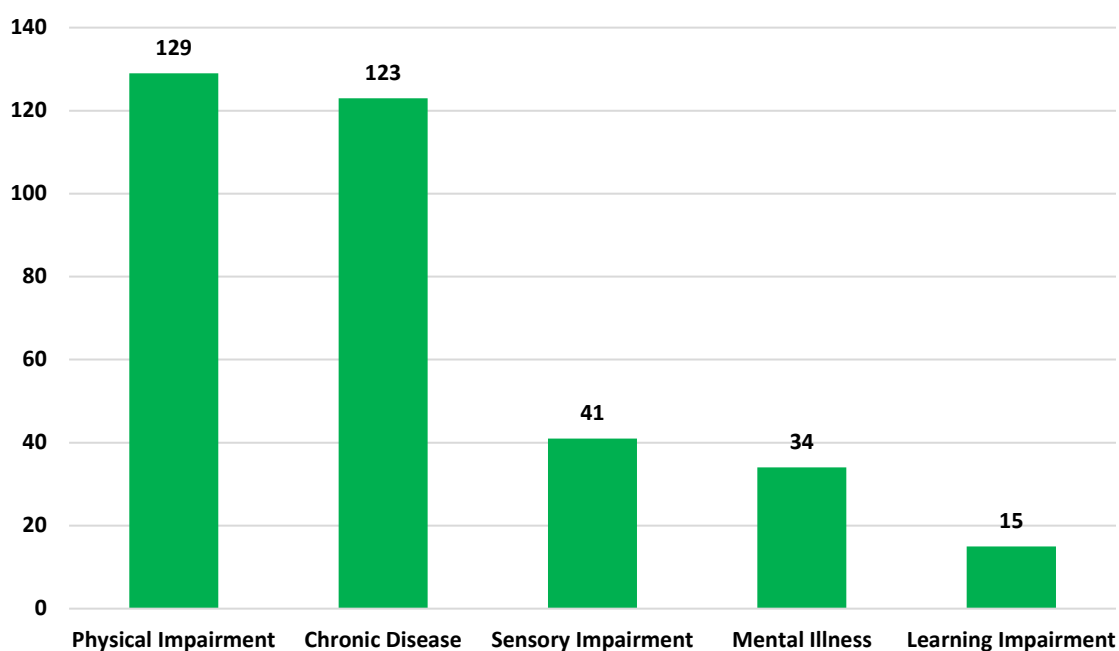


Table 6 shows that health problems were predominantly recorded for patients in the 60+ age band. However, for learning impairment, a higher number of patients were in the '4-15' and '19-59' age bands, and for Mental Illness, a slightly higher number of patients were in the '19-59' age band. It must be noted that the numbers involved differ for each health problem, for example there were only 15 surveys in which Learning Impairment was recorded as a health problem. Care must also be taken when interpreting these figures due to the small numbers in some of the categories.

Table 6a: Presence of health problems in sight test patients, broken down by age band

Age Band	Activities are limited		Physical Impairment		Learning Impairment		Sensory Impairment		Chronic Disease		Mental Illness	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
0-3	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
4-15	21	7.2%	5	3.9%	5	33.3%	5	12.2%	6	4.9%	0	0.0%
16-18	1	0.3%	0	0.0%	1	6.7%	0	0.0%	0	0.0%	0	0.0%
19-59	82	28.2%	20	15.5%	7	46.7%	12	29.3%	36	29.3%	18	52.9%
60+	185	63.6%	103	79.8%	2	13.3%	24	58.5%	79	64.2%	16	47.1%
N/A	2	0.7%	1	0.8%	0	0.0%	0	0.0%	2	1.6%	0	0.0%
Total	291	100%	129	100.0%	15	100.0%	41	100.0%	123	100.0%	34	100.0%

No. = Number

Percentages are calculated as the number in a particular age band with a health problem, divided by the total number of respondents with that health problem, multiplied by 100.

Table 6a presents the total number of patients whose day-to-day activities are limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months. Note, however, the response options offered in the survey were 'No', 'Yes, limited a little' and 'Yes, limited a lot', and the results for this question are shown in Table 6b below, as well as the total for the 'Yes' options combined (which is the total presented in Table 6a). The number of patients whose activities were recorded as being limited a little was more than 5 times the number whose activities were limited a lot.

Table 6b: Results of question about activity limitations caused by a health problem or disability

Response option	Number of patients	As a % of total responses (3,021) to the question
No (not limited)	2,730	90.4%
Yes, limited a little	244	8.1%*
Yes, limited a lot	47	1.6%*
Sub-Total	3,021	100%
Question not answered	58	
Total patients	3,079	
Total Yes options combined	291	9.6%*

** the percentages for the two options have been rounded; adding the separate 'Yes' percentages gives a slightly different total percentage than is calculated using the raw data*

4.4 Ophthalmic Public Health – Smoking and Eye Health

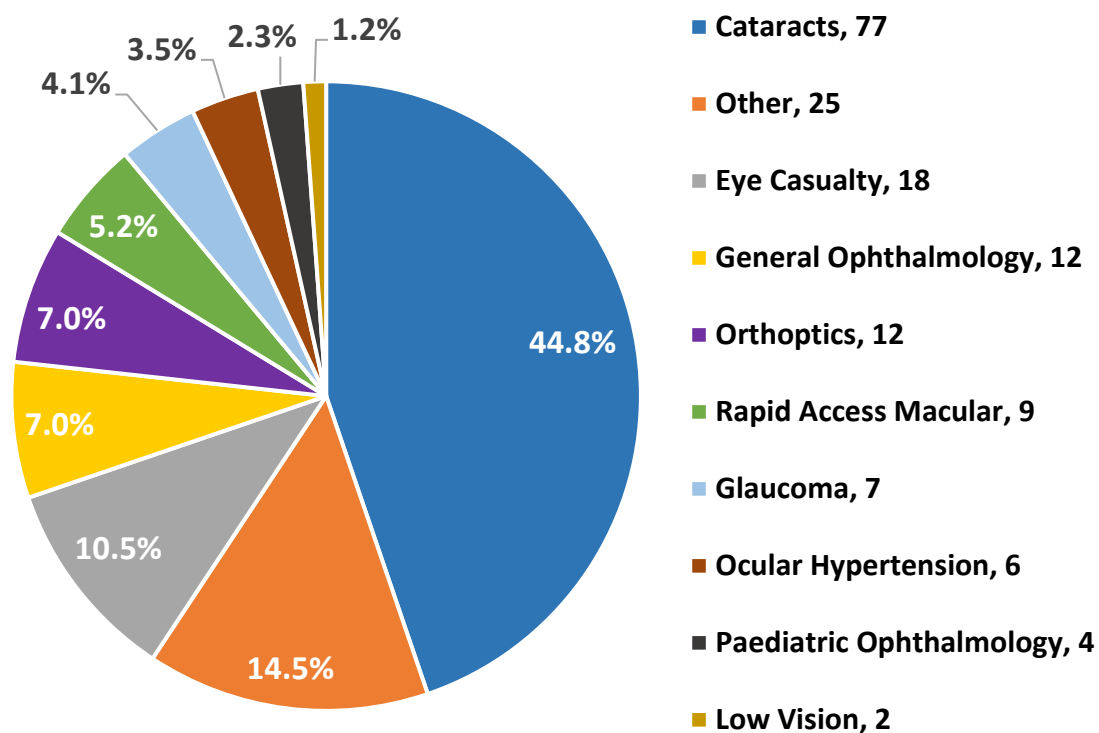
As in 2020, the issue of smoking was included in the survey. Respondents were again asked 'If the patient is a smoker, did you discuss smoking cessation'. Only 52 surveys reported that smoking cessation had been discussed with the patient, while 436 answered 'No' and 1,669 answered 'Not applicable' (the remaining 922 surveys gave no response to this question). The number of patients offered smoking cessation advice is similar to the number recorded in the two previous surveys (i 2017 and 2020), with 42 surveys reporting that smoking cessation had been discussed with the patient.

4.5 Analysis of Referrals – Numbers and Reason for Referral

A total of 174 surveys indicated that the patient was referred to secondary care, with the primary reason for referral being captured for 172 patients. Of the remaining survey responses, the patient was not referred (2,772) and the question was left blank (133).

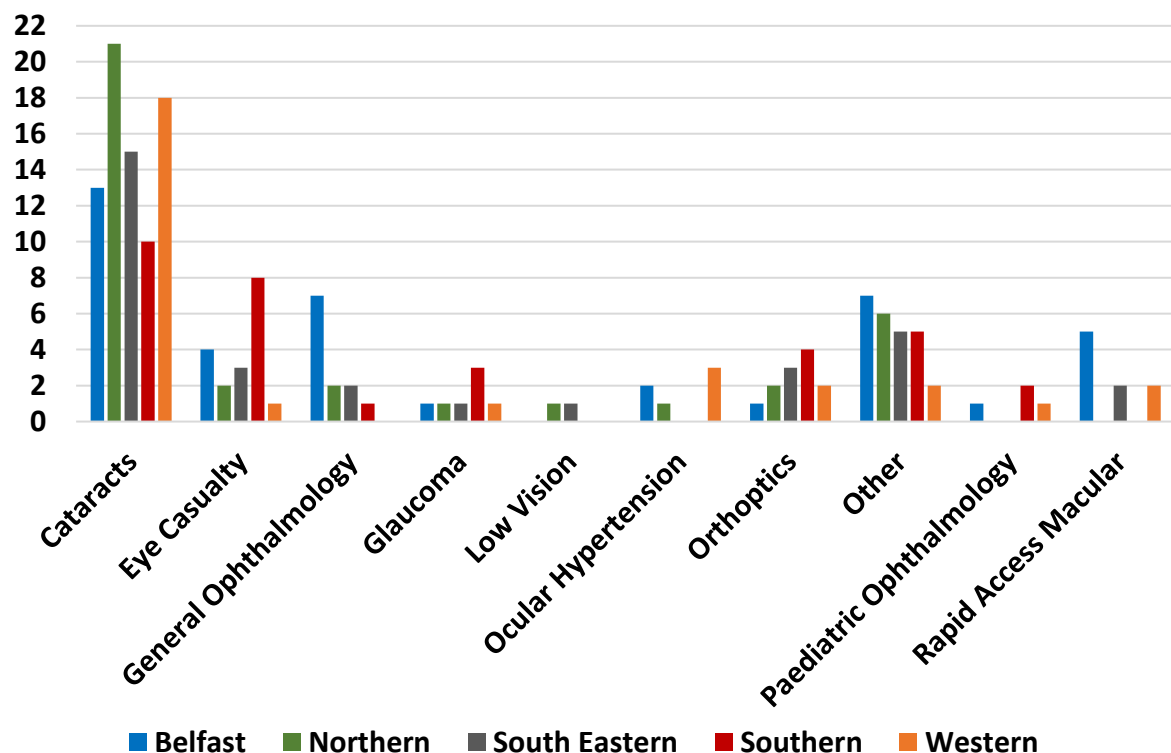
Most of these referrals (77) were made for cataracts, followed by 25 referrals for 'Other' and 18 referrals for Eye Casualty.

Figure 3: Reasons for referrals



Analysis of the referral activity for participating optometry practices based in each Local Commissioning Group during the survey period (grouped into nine categories) is shown in Figure 4.

Figure 4: Number of referrals by LCG



Further analysis on the number of referrals made by age band is shown in Table 7. The percentage of referrals for each age band, within each referral reason, is also shown in brackets i.e. 93.5% of referrals for cataracts were for people aged 60+. Referrals in most categories were greatest in the '60+' age band, with the exception of Eye Casualty and, understandably, Paediatric Ophthalmology. All referrals for Low Vision and Rapid Access Macular were for patients in the '60+' age band. Overall, most referrals (72.1%) were for the '60+' age band.

Table 7: Number (and percentage) of referrals, broken down by reason and age band

Referral Reason	Age band						Total
	0-3	4-15	16-18	19-59	60+	No age given	
Cataracts				3 (3.9%)	72 (93.5%)	2 (2.6%)	77
Other		2 (8.0%)	2 (8.0%)	7 (28.0%)	14 (56.0%)		25
Eye Casualty		1 (5.6%)		9 (50.0%)	8 (44.4%)		18
General Ophthalmology			1 (8.3%)	5 (41.7%)	6 (50.0%)		12
Orthoptics	3 (25%)	3 (25%)		2 (16.7%)	4 (33.3%)		12
Rapid Access Macular					9 (100%)		9
Glaucoma				2 (28.6%)	5 (71.4%)		7
Ocular Hypertension				2 (33.3%)	4 (66.7%)		6
Paediatric Ophthalmology		4 (100%)					4
Low Vision					2 (100%)		2
Total referrals	3 (1.7%)	10 (5.8%)	3 (1.7%)	30 (17.4%)	124 (72.1%)	2 (1.2%)	172 (100%)

4.6 Sight Tests Outcomes - Prescribing and General Ophthalmic Services (GOS) Vouchers

Of the 3,079 sight tests carried out during the survey period, 2,203 (71.5%) resulted in spectacles and/or contact lenses being prescribed to the patient, a similar percentage as in the 2020 survey (72.1%).

The 2,203 tests with prescribed items were split into 72.2% GOS and 27.7% Private patients. Dispensed items under GOS are facilitated by the issue of a GOS Voucher (GOSV), which a patient can use towards the cost of an optical appliance.

In the survey, 74.0% (611 of 826) of Private patients were prescribed spectacles or contact lenses following their test, compared to 70.7% (1,591 of 2,250) of GOS patients. Note that the type of test (GOS or private) was not given in 3 surveys.

4.7 Availability of Specialist Ophthalmic Equipment

As in the 2020 survey, practices were asked if they had particular specialist ophthalmic equipment in the practice, namely OCT, OP Anterior and OP Fundus (OP = Ophthalmic Photography). Table 8 below shows the percentage and number of practices responding to each of these, and based on their responses, the availability of any of these pieces of specialist equipment. The data reports on 83 practices, as 5 practices failed to provide this information. Table 9 shows availability of the specialist equipment by LCG area of the practice.

Table 8: Availability of Specialist Ophthalmic Equipment

(n=83)	Yes	No
Availability of OCT	62.7% (52)	37.3% (31)
Availability of OP-Anterior	31.3% (26)	68.7% (57)
Availability of OP-Fundus	43.4% (36)	56.6% (47)
Availability of any of the above specialist equipment	79.5% (66)	20.5% (17)

Table 9: Availability of specialist equipment, by LCG

LCG	Total number of practices	Number of practices with availability of:			
		OCT	OP- Anterior	OP- Fundus	Any of these pieces of specialist equipment
Belfast	16	8	7	9	11
Northern	24	15	4	9	20
South Eastern	14	10	2	6	14
Southern	15	10	5	5	11
Western	14	9	8	7	10
Total	83	52	26	36	66

Based on the responses received, availability of specialist equipment appears relatively even across those practices that submitted this information.

4.8 Missed appointments

Data was also collected on the number of missed appointments per ophthalmic practice during the survey week; 68 of the 83 responding practices submitted this information, while 15 practices did not. There were 208 missed appointments in total during the week and the number of missed appointments per practice ranged from 1 to 22. Almost two thirds of the 68 responding practices (44, 64.7%) reported between 1 and 3 missed appointments during the week; 54 (79.4%) reported between 1 and 9 missed appointments.

Table 10: Missed appointments

Number of missed appointments during survey week	Number of practices
0	10
1	19
2	12
3	13
4	1
5	3
6	2
7	2
8	1
9	1
10	1
13	1
19	1
22	1
Total practices	68

It is relevant to note that the two practices with the highest number of missed appointments (19 and 22 missed appointments) had the second and eighth highest numbers of sight tests recorded in the survey. Greater volumes of sight test appointments could be expected to impact on the occurrence of missed appointments.

4.9 Ophthalmic practice opening days and late-night opening

Finally, optometry practices were asked (i) if they provided late-night opening and (ii) what days of the week they were open. Again, this data reports on 83 practices, as five practices failed to return information on this. Table 11 shows how many practices provided weekend and late-night opening; Table 12 provides this information by LCG area (of the practices).

Table 11: Provision of late night and weekend opening

	Yes	No
Late-night opening is available	28.9% (24)	71.1% (59)
Weekend opening is available	60.2% (50)	39.8% (33)

Table 12: Late night and weekend opening availability by LCG

LCG	Total number of survey practices	Number of survey practices with:	
		Late night opening	Weekend opening
Belfast	16	4	7
Northern	24	9	14
South Eastern	14	3	9
Southern	15	5	9
Western	14	3	11
Total	83	24	50

5. Conclusions

Primary care optometry practices across Northern Ireland offer a wide range of accessible, safe and effective HSC funded and private eyecare services. Attendance at an optometry practice is very often initiated by patients as part of their approach to regular and routine eyecare affording opportunity for early intervention and prevention. Other attendances are required because the patient has a problem which is perhaps recent and of acute onset and for these patients the HSC funded Northern Ireland Primary Eyecare Assessment and Referral Service (NI PEARS) is a widely available, timely and accessible option. In addition, primary care optometrists with enhanced training are involved in services which are provided in collaboration with secondary care eye services, such as the review and monitoring of patients with long term conditions such as Ocular Hypertension (OHT). Access for primary care optometrists to the new patient health care record has enabled the integration of care and supports the delivery of safe and appropriate care closer to home, helping reduce and better manage demand for hospital eye services. The need to continually innovate

and improve the quality of, and access to, eyecare services has never been greater as demand rises with our ageing population and, supported by the DoH policy of [Health and Wellbeing 2026: Delivering Together](#)³, the Strategic Planning and Performance Group will continue to work with primary care optometry and other key stakeholders to streamline care pathways and ensure optimum use of the resources available.

6. References

¹ 2017 Northern Ireland Sight Test Survey Report (June 2017)

<https://www.health-ni.gov.uk/publications/2017-northern-ireland-sight-test-and-ophthalmic-public-health-survey>

² 2020 Northern Ireland Sight Test Survey Report (July 2020)

[2020 Northern Ireland sight test and ophthalmic public health survey | Department of Health](#)

³ Health and Wellbeing 2026 – Delivering Together, Department of Health (May 2017) [health-and-wellbeing-2026-delivering-together](#)



2024 Sight Test and Ophthalmic Public Health Survey

Appendix 1

Date of Test (dd mm, e.g. 04/01)		DD	MM
Patient Postcode Sector e.g. BT9			
1. Is this patient a GOS patient, GOS Domiciliary patient or Private patient?			
GOS <input type="checkbox"/>	GOS Domiciliary <input type="checkbox"/>	Private <input type="checkbox"/>	
2. What age is the patient?			
3. Sex of patient (if unsure, please select the sex registered on the patient's medical card)			
Male <input type="checkbox"/>		Female <input type="checkbox"/>	
4. Ethnicity of patient (select one only)			
White <input type="checkbox"/>		Irish Traveller <input type="checkbox"/>	
Roma <input type="checkbox"/>		Indian <input type="checkbox"/>	
Chinese <input type="checkbox"/>		Filipino <input type="checkbox"/>	
Pakistani <input type="checkbox"/>		Arab <input type="checkbox"/>	
Other Asian <input type="checkbox"/>		Black African <input type="checkbox"/>	
Black Other <input type="checkbox"/>		Mixed <input type="checkbox"/>	
Other Ethnicities <input type="checkbox"/>			
5. Are the patient's day-to-day activities limited because of a health condition, illness or disability which has lasted, or is expected to last, at least 12 months?			
No <input type="checkbox"/> <i>Go to Q7</i>	Yes, limited a little <input type="checkbox"/> <i>Go to Q6</i>	Yes, limited a lot <input type="checkbox"/> <i>Go to Q6</i>	
6. Does the patient have any of the following forms of disability? (select all that apply)			
Physical impairment <input type="checkbox"/>			
Sensory impairment <input type="checkbox"/>			
Learning impairment <input type="checkbox"/>			
Mental illness <input type="checkbox"/>			
Chronic disease <input type="checkbox"/>			
Other <input type="checkbox"/>			

7. Why did the patient attend for a sight test? (select one only)		
Routine/Reminder received <input type="checkbox"/>		
Problem with vision <input type="checkbox"/>		
Other problem with eye <input type="checkbox"/>		
8. Do any of the following criteria apply? (select all that apply)		
Diabetes <input type="checkbox"/>	Glaucoma <input type="checkbox"/>	
CVI* (Certified Visually Impaired) <input type="checkbox"/>	Family history of glaucoma <input type="checkbox"/>	
<i>*CVI previously known as Registered Blind or Partially Sighted</i>		
9. If the patient is a smoker, did you discuss smoking cessation?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
10. Was the patient referred?		
Yes <input type="checkbox"/> <i>Go to Q11</i>		
No <input type="checkbox"/> <i>Go to Q12</i>		
11. What was the <u>primary</u> reason for referral? (select one only)		
Eye Casualty <input type="checkbox"/>	Cataracts <input type="checkbox"/>	
Contact Lens Clinic <input type="checkbox"/>	Glaucoma <input type="checkbox"/>	
Low Vision <input type="checkbox"/>	Ocular Hypertension <input type="checkbox"/>	
Rapid Access Macular <input type="checkbox"/>	General Ophthalmology <input type="checkbox"/>	
Orthoptics <input type="checkbox"/>	Paediatric Ophthalmology <input type="checkbox"/>	
Other <input type="checkbox"/>		
12. Did test result in spectacles /contact lenses being prescribed and if so, was a GOS voucher issued?		
Yes prescribed and GOS voucher issued <input type="checkbox"/>		
Yes prescribed and no GOS voucher issued <input type="checkbox"/>		
No prescription <input type="checkbox"/>		

GOS Eligibility Criteria

You may be entitled to free sights tests if you are:

- aged under 16;
- aged 16, 17 or 18 and are in full-time education;
- aged 60 or over;
- registered as partially sighted (sight impaired) or blind (severely sight impaired);
- diagnosed with diabetes or glaucoma;
- aged 40 or over, and your mother, father, brother, sister, son or daughter has been diagnosed with glaucoma, or have been advised by an ophthalmologist that you are at risk of glaucoma;
- advised by an ophthalmologist (eye doctor) that you are at risk of glaucoma;
- eligible for a Health Service complex lens voucher;
- are getting, or your partner gets:
 - Income Support (note, you can no longer make a new claim for Income Support; Universal credit has replaced it for those on a low income and need help to cover living costs);
 - Income-based Jobseeker's Allowance (not Contribution-based);
 - Pension Credit Guarantee Credit;
 - Income-based Employment and Support Allowance (not Contribution-based);
- are getting Universal Credit and meet certain eligibility criteria
- entitled to, or named on, a valid Health Service tax credit exemption certificate;
- on a low income and named on a valid HC2 (full help) or HC3 (partial help) certificate.

Contact

For further information regarding this report, or to make any comments or feedback, please contact:

Information & Analysis Directorate,
Department of Health,
Annex 2, Castle Buildings,
Stormont Estate,
Belfast, BT4 3SQ
Telephone: 028 9052 2160
E-mail: laura.baird@health-ni.gov.uk