

28th December 2023

BY EMAIL

[REDACTED]

Our Ref: FOI 2088

Dear [REDACTED]

Your request for information was received on 1st December 2023 and was dealt with under the terms of the Freedom of Information Act 2000. Please be advised that the Business Services Organisation (BSO) has now completed its search for the information you requested in relation to gender options listed on patient forms.

Please find this information below and enclosed:

The BSO Family Practitioner Services have advised that the list of gender options on the Access to Healthcare Questionnaire are:

- Male
- Female
- Prefer not to say

1.12 Gender

- Male
- Female
- Prefer not to say



Please find attached the patient form as used by the BSO Probity Services (Appendix 1)

I hope that the information provided assists you. If you are dissatisfied in any way with the handling of your request, you have the right to request a review. You should do this as soon as possible or in any case within two months of the date of issue of this letter, as the BSO, along with all other public authorities are not obliged to accept internal review requests after this period has lapsed.

In the event that you require a review to be undertaken, you can do so by writing to

Information Governance Manager,
2 Franklin Street,
Belfast,
BT2 8DQ

If, following an internal review, carried out by an independent decision-making panel, you remain dissatisfied in any way with the handling of the request, you may make a complaint under Section 50 of the Freedom of Information Act, to the Information Commissioner's Office and ask that they investigate whether the BSO has complied with the terms of the Freedom of Information Act.

You can contact Information Commissioner at:

Website: www.ico.org.uk
Phone: 0303 123 1113
Email: casework@ico.org.uk
Post: Information Commissioner's Office
3rd Floor, 14 Cromac Place
Belfast
BT7 2JB

In most circumstances the Information Commissioner will not investigate a complaint unless an internal review procedure has been carried out. However, the Commissioner has the option to investigate the matter at his discretion.

Yours Sincerely,



Karen Bailey
Chief Executive

Enc

HOW TO FILL IN THIS FORM

Please refer to the enclosed advice sheet and read the following information before completing.

For each occasion when you claimed exemption from a Health Service charge you are required to enter the exemption details which entitled you to free treatment.

- If you, or your partner, were in receipt of a qualifying benefit or allowance, you need to indicate which benefit and provide the details of the person claiming the benefit
- If you held an HC2 or HC3 (low income) certificate, please provide the valid dates from and to, and the name of the Social Security Office, which issued the certificate
- If you held a NHS Tax Credit exemption certificate, please provide the certificate number.
- If you were pregnant or a nursing mother and do not hold a maternity exemption certificate please provide us with your baby's name and date of birth.
- If you suffer from one of the medical conditions listed on the enclosed advice sheet but do not hold a valid medical exemption certificate, please contact us for an application form.

PERSONAL DETAILS

	YOU	PARTNER (if applicable)
SURNAME	<input type="text"/>	<input type="text"/>
OTHER NAMES	<input type="text"/>	<input type="text"/>
DATE OF BIRTH	<input type="text"/>	<input type="text"/>
NATIONAL INSURANCE NUMBER	<input type="text"/>	<input type="text"/>
SOCIAL SECURITY OFFICE	<input type="text"/>	<input type="text"/>
ADDRESS (if different from correspondence)	<input type="text"/>	
	<input type="text"/>	
	POSTCODE	<input type="text"/>

DECLARATION

I declare that the information given on this form is correct and complete.

I consent to the disclosure of information from this form to and by relevant organisations, for the purposes of confirming my entitlement and for the prevention or detection of fraud.

Signature _____ Date _____

If you need assistance in completing this form, please ring 028 9536 1645

GOS OPHTHALMIC SIGHT TEST

These questions relate to sight test and/or voucher received between XX/XX/XXXX and XX/XX/XXXX

- 1** You are registered blind/partially sighted? Yes
 No Go to Question 2
- 2** Do you qualify for a free sight test because you are a diabetic? Yes
 No Go to Question 3
- 3** Do you qualify for a free sight test because you suffer from, or are at risk from glaucoma? Yes
 No Go to Question 4
- 4** Were you or your partner in receipt of a benefit or certificate listed below? Yes Please give details
 No Go to Question 5

	you	your partner
Income Support/Employment Support Allowance (Income based)	<input type="checkbox"/>	<input type="checkbox"/>
Income based Jobseekers Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Pension Credit Guarantee Credit	<input type="checkbox"/>	<input type="checkbox"/>
HC2 (low income) certificate	<input type="checkbox"/>	<input type="checkbox"/>
HC3 (low income) certificate	<input type="checkbox"/>	<input type="checkbox"/>

- 5** Were you in receipt of a NHS Tax Credit Exemption Certificate? Yes Please give details
 No Go to Question 6

Certificate Number	Valid from	Valid to

- 6** Were you aged 16,17 or 18 and in full time education? Yes Please give details
 No

Name and Address of school/college attended and title of course.

After completing this section, if you were unable to answer “Yes” to any of the questions 1-6, for any of the treatments listed on page 2, you were not entitled to receive that treatment free.

NOW GO TO THE PAYMENT SHEET.

