



Llywodraeth Cymru
Welsh Government

Email / Address
Y Grŵp Iechyd a Gwasanaethau Cymdeithasol
Health and Social Services Group

Date / Dydiadd: Friday, 30 March 2020

Dear Colleague,

Optometry Practice Services

Further to my letters of 17 March and 19 March 2020, I write to you to provide additional information regarding,

1. the provision of the Eye Health Examination Wales emergency, and General Ophthalmic Services essential community eye care during the additional COVID-19 social distancing measures announced on 23 March 2020; and
2. financial support for optometry practices providing Eye Health Examination Wales emergency, and General Ophthalmic Services essential community eye care.

Provision of emergency or essential eye care during 'lockdown'

Community optometry practices in Wales providing emergency or essential eye care to remain open during 'lockdown'

On 23 March 2020 the UK Government and Welsh Government announced further social distancing measures considered to be necessary to slow the spread of COVID-19. As part of these additional social distancing measures, the UK Government published an initial list of further non-essential businesses and premises which were required to close, and exceptions within specific categories.

The position of community optometry practices in relation to the initial list was unclear; however, the UK Government published an updated list on 25 March 2020, supported by the Welsh Government, explicitly stating that optometry practices (opticians) are permitted to remain open:

<https://www.gov.uk/government/publications/further-businesses-and-premises-to-close/further-businesses-and-premises-to-close-guidance>.

Planning and Preparation

In developing and implementing local arrangements for the provision of emergency and essential eye care services, NHS Wales are asked to take cognisance of the speed with which change is occurring in relation to this pandemic. Health boards, optometric advisers, Optometry Wales and the Regional Optometric Committees, are therefore asked to consider the option of community optometry practice 'clusters', to reduce the number of practices required to remain open, whilst still providing

sufficient geographical cover of services within health board areas. At least one practice and up to three practices per 'cluster' would provide good coverage.

Practices working in new and collaborative ways, coming together as clusters, will enable both the professional and non-professional workforce to be utilised fully and re-deployed as necessary. I would ask that all practices communicate succinctly, to effectively co-ordinate with their local health board Optometric Advisers, who act as the conduit for ophthalmic services, working across professional boundaries.

Optometric clusters will align to the current health board primary care clusters and will link closely with the named cluster lead in each area.

Where a practice has taken the decision to close, arrangements must be put in place (e.g. via the practice's telephone answering system) to provide clear signposting to one or more other local practices, which are continuing to provide emergency and essential eye care in the optometric clusters.

Additionally, all practices must inform NWSSP of closure (nwssp-primarycareservices@wales.nhs.uk), and those claiming the NHS fee during this period must provide a full list of both professional staff and non-professional staff who may be re-deployed to support the optometric clusters and/or wider NHS activity. The wider NHS activity could be supporting specialist health board managed eye care centres, or part of wider primary care teams such as GP or pharmacy teams.

Optometry Wales circulated documentation on behalf of NWSSP in respect of practice available workforce. All practices are required to engage and provide response by 30 March 2020.

Financial support

In my letter of 17 March 2020, I described the financial support the Welsh Government will provide for practices. Further clarity and additional support measures are outlined below:

- a) All practices, if they remain open or if they are forced to close, will receive a monthly payment based upon their NHS service payments (GOS/WECS) averaged over the previous 3 year period. The current contractor reimbursement model will be suspended from the March scheduled payment. The new payment will take effect from the scheduled April 2020 payment for an initial 3 month period.
- b) Do not submit NHS claim forms during the new arrangement period. However, practices must maintain accurate records for all patients seen or advised, and an administrative record of all activity undertaken during the new arrangement period. Patient signatures are not required. Please note this is to ease the

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administrative burden upon practices and prevent possible spread of the virus through the multiple use of pens. All examinations must be conducted in line with current regulations and guidelines through GOS and WECS. If urgent eye care is required this must be conducted by an EHEW accredited practitioner.

- c) All practices that remain open, to provide emergency and urgent eye care, will receive an additional payment of 25% of the calculated NHS service payment monthly average (as outlined at (a) above).
- d) For a practice to be open, an accredited optometrist must be present and provide NHS services. In line with the “Examining Patients” section below, practices are encouraged to adopt a closed-door policy.
- e) Opening hours must be in line with or within 75% of the normal opening hours submitted to NWSSP prior to Covid-19 working arrangements.
- f) If a practice, that has initially remained open, is forced to close, payment will revert to the average NHS payment as outlined in (a) above. Practices must inform NWSSP immediately of any closures.
- g) All practices that remain open and provide additional services to support health board ophthalmology departments (urgent cases), will be locally commissioned separately. This will be mainly related to review through an Ophthalmic Diagnostic and Treatment Centre (ODTC) for asymptomatic patients at high risk of sight loss. This may also include eye casualty arrangements in local health boards.

Examining Patients.

The latest guidance from the College of Optometrists can be accessed here <https://www.college-optometrists.org/the-college/media-hub/news-listing/coronavirus-covid-19-guidance-for-optometrists.html>

<https://www.college-optometrists.org/the-college/media-hub/news-listing/ppe-personal-protective-equipment-covid-19.html>

And includes:

- If you need to see patients for essential or urgent eye care, as well as using normal infection control procedures, and regular and scrupulous hand hygiene, there are things you can do to minimise the risk to you and your patients:
- Use a telephone or video triage system to determine whether patients need to be seen. The GOC has provided advice about undertaking remote consultations and prescribing.

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https://www.optical.org/filemanager/root/site_assets/publications/covid_19/High-level-principles-for-remote-prescribing_.pdf).

- Adapting your practice
- Lock the door so that patients are seen by appointment only.
- Maintain social distancing.
- Space out the chairs in the waiting and dispensing areas by at least 2 metres
- Limit the number of people in the practice and consulting room at any one time by spacing out appointments.
- Use a cough guard on your slit lamp. The Royal College of Ophthalmologists has advice on how you can make a temporary cough guard.
- Wipe clinical equipment and door handles after every patient, as well as other surfaces that may have been contaminated with body fluids using a suitable disinfectant such as an alcohol wipe. All surfaces must be clean before they are disinfected.
- Sanitise frames before patients try them on. If you need to focimeter patients' spectacles, ask the patient to take them off and provide the patient with a wipe to sanitise their frames before you touch them.
- Support good tissue practice (catch it, kill it, bin it) for patients and staff by having tissues and covered bins readily available.
- See patients by appointment only, and only those who have urgent eye or sight-related symptoms which cannot wait. These may be patients who would be seen using a MECS-type service, or sight tests for symptomatic patients where these are clinically necessary and cannot safely be postponed. Do not see patients without eye or sight related symptoms for routine sight tests.
- Use a telephone or video triage system to determine whether a patient needs to be seen. The GOC has issued advice on issuing spectacles and contact lenses to patients who are overdue for their appointments.
- As part of the triage, ask patients to confirm that they are well and that everyone in their household is not exhibiting relevant symptoms (new, continuous cough and/or a high temperature). Patients with these symptoms should not attend the practice, and should self-isolate.
- Ask patients to decontaminate their hands on entering the practice by providing them with a hand sanitiser or hand washing facilities.
- Reduce physical contact

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- Adapt your routine to reduce close contact with patients. For example using SL-BIO instead of direct ophthalmoscopy, or fundal imaging if that is an acceptable alternative.
- Have any discussions with the patient (e.g. symptoms and history, advice given) at a safe distance.
- You should use good hand hygiene before and after any patient contact, but try and avoid touching the patient where possible. For example you could ask the patient to open their eyes wide when looking down doing SL-BIO, or use a cotton bud to lift their lids if you need to do so.

Other things you can do to minimise physical contact with patients include:

- Ask the patient to remove their spectacles themselves rather than you doing it
- Ask contact lens patients to insert and remove their lenses themselves (if possible), rather than you doing it,
- Ask patients to pull their lower lids down themselves if you are instilling eye drops, or using a tissue between your finger and their lids if you need to pull their lid down.
- We anticipate that you will only need to refract patients rarely, but if you do need to do so, use your professional judgement to decide in how much detail you need to refine your refraction, in order to minimise the time spent close to the patient. For example, do you really need to worry about the 0.25 cylinder?
- If you do need to touch the patient be particularly scrupulous about your hygiene before and after touching the patient, and ensure you decontaminate any equipment used appropriately.
- Because of the risk of aerosols or splashing of tears, if you use air-puff tonometry, particularly if this is hand held, consider whether this is really needed. For example if the patient has normal discs and visual fields then do you need to measure their IOP? Although they will not produce aerosols, similar considerations would apply if your only method of tonometry is using a Perkins or iCare tonometer, because of the close contact with the patient that is required.
- Because of the risk of aerosols, do not use Alger brushes. If you need to remove a rust ring, use a needle instead.
- Consider your referrals carefully. Non-urgent patients are unlikely to be seen in the hospital for many months, so would it be better for you to monitor them

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in practice instead? For example, if you would normally refer a patient for cataract and postpone dispensing their spectacles until after surgery, it may be better to discuss with them whether it would be worth them having their spectacles updated as they will have to wait longer than usual for surgery.

- For essential eye care, consider whether you need a patient to come in for dispensing. If they simply need a reglaze or have broken their specs – can you repair or reglaze them by post, or make a duplicate pair from the information you already have on file?
- If the patient needs new spectacles, post these to the patient rather than asking them to come in for collection.
- Remember to make it clear from your clinical record that the patient was seen during the COVID-19 pandemic, to help explain your decision making where necessary

Emergency Centres and Ophthalmology Advice

Optometrists providing care in primary care optometric practices are advised not to examine patients who are symptomatic of, or who are a known case of Covid-19.

Health boards are establishing emergency centres where these patients can be directed for assessment of urgent eye care needs. Please contact your local health board Optometric Adviser who will advise you of the relevant contact details and pathways to refer symptomatic patients.

During this period of 'lockdown', access to urgent ophthalmological opinion will be required at times. Health board Optometric Advisers will co-ordinate services being provided in the hospital setting and contact details for urgent advice.

Enquiries

As previously described, I will continue to work with key stakeholders to support the whole profession through this extremely difficult and challenging period. Weekly telephone calls will continue between Welsh Government, Optometry Wales, Welsh Optometric Committee, Health Education and Improvement Wales and health board Clinical Leads and all Optometric Advisers. As detailed in this letter, planning for eye care services will take place at local health board level, between health boards, their Optometric Adviser, Regional Optometric Committees and Optometry Wales. The first point of contact for further enquiries should be:

Optometry Wales

Sali Davis - Sali.davis@optometrywales.com

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Optometric Advisers

Aneurin Bevan University Health Board – Mike George Mike.George@wales.nhs.uk,
Stephanie Campbell Stephanie.campbell@wales.nhs.uk

Betsi Cadwaladr University Health Board – position vacant

Cardiff & Vale University Health Board – Sharon Beatty-
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Cwm Taf Morgannwg University Health Board – Tim Palmer –
timothy.palmer@wales.nhs.uk

Hywel Dda University Health Board – Rebecca Bartlett –
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Powys Teaching Health Board – Paul Cottrell – paul.cottrell2@wales.nhs.uk

Swansea Bay University Health Board – Lyndsay Hewitt –
Lyndsay.hewitt@wales.nhs.uk

Thank you for your continued patience and hard work during these difficult and unprecedented times.

Yours sincerely,



David O'Sullivan

Chief Optometric Adviser / Prif Optometrig Ymgynghorol
Swyddfa'r Prif Swyddog Meddygol / Office of the Chief Medical Officer
Directorate of Health Policy / Cyfarwyddiaeth Polisi Iechyd
Department for Health and Social Services / Yr Adran Iechyd a Gwasanaethau
Cymdeithasol
Welsh Government / Llywodraeth Cymru
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