Health and Social Care Board

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SENT BY EMAIL ONLY

7 April 2020

Dear Colleague

COVID-19: Outline strategic plan for General and Enhanced Ophthalmic Services and updated guidance for Ophthalmic Services

Firstly, I would like to thank you all for your professionalism and kindness during these very challenging times. Your commitment to your patients and providing ophthalmic care in these difficult times is genuinely inspiring.
I would also like to thank those practitioners who, following my letter to all contractors and Trust Chief Executives on 23 March 2020, have been in touch to offer their services to help out with system pressures within wider HSC as well as within ophthalmology.

My approach, informed by recommendations from Public Health England and other health protection expert groups has been to protect optometry staff and patients using infection control measures which are commensurate with the risk at the time, while simultaneously trying to optimise optometry services within those restrictions. As the proportion of the population infected with the coronavirus has increased so it has been necessary to take additional steps to protect staff which have resulted in restrictions being applied to ophthalmic service offered. As the outbreak continues towards its peak it may be necessary to further restrict activity within ophthalmic practices.

As you know, last week we moved to limit services to only those which are deemed to be essential or urgent. This is consistent with the College and GOC advice and with the approach being taken in other UK countries.

I should stress, that practices may remain open[1] with a risk assessed and managed approach to service provision either:

- virtually with appropriate telephony arrangements or
- with a “closed-door” policy

and may continue to provide essential and urgent eyecare patients who, following screening against the case definition[2] by telephone triage, in advance of presenting to the practice, for those who are not suspected of or are positive for COVID-19.

It is important that, whilst all reasonable steps should be taken to protect staff, essential and urgent services continue to be offered to appropriate patients. It is also important that the spirit of the financial support package is honoured and that this is seen to be the case. This will ensure that as a profession our integrity is not subject to criticism by those who might hold us to account.

[1] Unless prevented from opening due to staff illness, self-isolating staff or other extenuating circumstances
[2] http://www.hscbusiness.hscni.net/pdf/HSS%20MD%2014%202020.pdf

Ophthalmic Services has in the past days issued a survey which seeks to establish which practices remain open, which have closed and furloughed staff, and which services, including IP enhanced care, are available. Should subsequent changes to your arrangements take please thereafter please inform Ophthalmic.Services@hscni.net at the earliest opportunity.

I realise that these are uncertain and unprecedented times, and that many of your questions may not have a definitive answer. In order to address these HSC Board has issued a number of bulletins with up-to-date guidance and service communiques and I again ask you to check HSC emails on a daily basis. I outline below some pertinent issues.

Financial Support:

The letter from Department of Health Director of General Healthcare Policy on 25 March 2020 set out the financial support arrangements for Ophthalmic Contractors to reduce the risk to primary eyecare infrastructure and services both during the outbreak and going forward.

Subsequently the Department has been working with the Health & Social Care Board (HSCB) and Business Services Organisation (BSO) to resolve the practicalities in respect of how practices will apply for the additional support and how the amount of payment will be calculated.

In respect of the former, Ophthalmic Contractors will be invited to apply for funding support each month that will be in addition to any normal General Ophthalmic Service (GOS) payments. That applications are required each month reflects the need to adapt and amend the approach as circumstances change and more information becomes available in respect of the impact of the pandemic as well as the interface with other support measures, such as those recently announced by HM Treasury.

The amount of additional monthly support payment to each Ophthalmic Contractor will be calculated as the average level of their monthly GOS

payment in 2019-20 minus the amount claimed for any GOS activity each month in 2020. This will not include payments in respect of NI PEARS as set out below. For those Ophthalmic Contractors who have only recently started work or who have significantly increased or decreased activity in recent months, then the average monthly payment in 2019-20 may be calculated over a shorter period of time. Only those practices who would be expected to have undertaken GOS activity in the absence of the pandemic will be eligible for support.

In addition, the working principle is that the all elements of GOS payments in 2019-20, will continue to be made on the same basis during the COVID-19 outbreak as last year. The one exception are the payments in respect of NI PEARS where some Ophthalmic Contractors would be expected to undertake more activity during the COVID-19 outbreak. Therefore, payment for NI PEARS activity will not be included as part of the support payment calculations, but rather calculated separately. However, they will be subject to an upper limit of 150% of the 2019-20 monthly average payment for each contractor.

In return for receiving the additional financial support, it is expected that the staff costs associated with the normal delivery of HSC eyecare will continue to be paid where possible. It is also expected that each Ophthalmic Contractor in receipt of support will provide a minimum level of service to the public, again where possible. If either are found to not be the case, then it may be necessary to amend the support arrangements for such practices.

The additional support payments are intended to offset the costs of providing eyecare on behalf of the Health & Social Care (HSC) sector. Therefore, it is expected that Ophthalmic Contractors will not also apply for wider business support in respect of these costs.

The criteria for general business support schemes should be referred to in respect of the eligibility of an Ophthalmic Contractors private sector activities. Such applications should not include the costs of providing HSC services. However, it is recognised that Ophthalmic Contractors may wish to apply for support from wider support schemes where it is not possible to separately identify the HSC costs and the costs of private activity. In such cases, consideration is being given to a mechanism for this to be reflected in the level of HSC additional funding support. However, the situation remains very fluid and will be kept under review. You are advised to take advice from your contractor organisation, ONI, or wider defence/advice organisations in these considerations.

Examining Patients:

The latest guidance from the College of Optometrists and the General Optical Council can be accessed at the following links. The guidance supports Optometrists in their approach to infection control, risk stratification of patients who contact the practice and the alternative approaches to support ophthalmic assessment as may be required.

- https://www.college-optometrists.org/the-college/media-hub/news-listing/coronavirus-2019-advice-for-optometrists.html

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

Please refer to ***Annex 1*** *(pages 6-8)* to this letter for guidance on good infection control practices during COVID 19.

Personal Protective Equipment (PPE):

Recent communication from Chief Medical Officer and Chief Nursing Officer HSS MD 20 2020 3 April 2020 (click here)and associated poster (click here) sets out most recent guidance with respect to appropriate Personal Protective Equipment (PPE) in a variety of settings, including primary care optometry. Please read this information which is hosted on the Optometry COVID-19 information page at the following link (*items 22 and 23*): http://www.hscbusiness.hscni.net/services/3120.htm

HSCB Ophthalmic Services is working to secure appropriate levels of PPE and I know that many of you have managed to procure individual supplies.

In order to maximise this resource, HSCB is working with Optometry Northern Ireland (ONI) to identify locality-based clusters of optometry practices that might orientate themselves to provide a rota approach to delivery of essential and urgent eyecare. These clusters would work together to deliver appropriate levels of care and services and might also benefit from input from community-based Independent Prescribers.

Emergency Centres and Ophthalmology Advice:

Optometrists providing care in the primary care setting are advised not to examine patients who are symptomatic of, or who are a known case, of COVID-19.

Eye casualty centres at Royal Victoria and Altnagelvin Hospitals will continue to provide emergency care. However, in line with the strategic direction of NI PEARS and other aspects of eyecare reform, as COVID-19 surge escalates, eye casualty will look to triage out less acute non-sight-threatening presentations to those optometry practices continuing to provide essential and urgent eyecare, including NI PEARS.

Clusters of optometry practices, and the availability of a community-based IP, will assist in this surge planning. HSC Board is working with acute eye specialists to examine how this service provision could be supported with expert advice by way of webinars or, the existing Project ECHO framework.

Primary care optometry ***may also*** be asked to review and check, for example, intraocular pressure for uveitic or post-operative patients, and HSCB is examining how this would be appropriately provided and recognised.

COVID-19 will also escalate ongoing pathway reforms in glaucoma management. Although the current community OHT monitoring scheme is suspended throughout the pandemic, post-COVID demand for new and review patients with long-term conditions will necessitate changes to how and where patients are seen. This has been the strategic direction of eyecare transformation, but it will need to continue at pace.

Communication:

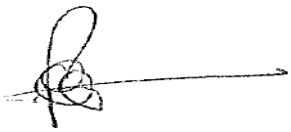
I appreciate that HSCB and others are communicating with you regularly. In doing so we are trying to strike the right balance and many have been kind enough to say that the level of communication to keep you informed in a fast-changing landscape is appreciated.

We are proposing to use webinar and Project ECHO zoom technologies to improve this two-way communication functionality and will be in touch soon with dates for this.

In the meantime, I, together with the optometric advisers, would like to thank you for your support, hard work and ongoing commitment in these challenging and difficult times.

I would also like to extend my sincere thanks to HSCB Ophthalmic Services team, BSO and PHA partners, and Department of Health and ONI colleagues.

Very best wishes and yours sincerely,



Raymond Curran
Assistant Director of Integrated Care
Head of Ophthalmic Services
Health and Social Care Board

ANNEX 1

Guidance for examining patients who require 'essential' or 'urgent' care

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.
- 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.
- Admin staff can take mobile numbers of accompanying family/friends and contact them when the patient's appointment is complete.
- All staff to promote robust regular washing of hands, remain bare below elbow, and remove all items below the elbow, including wedding bands. Minimise what is in your pockets to reduce the amount of surfaces we touch, anything that can sit on a desk and be wiped down instead of being in your pocket must be removed from your pocket. Nail polish including gel polish, gel nails or nail extensions must be removed.
- Hair should be secured and tied back
- Staffs are encouraged to attend work in casual clothes and then change into work uniform/clothes before commencing your shift, where possible.
- Regular daily washing of work clothes at high temperatures is recommended, (Minimum 40 degree wash is necessary). Leave bags/handbags and coats worn into work in a separate area.
- Minimise handling of your mobile phone(s) whilst in work and regular cleaning of these is essential, both personal and all work phones, or consider leaving them out of the patient areas.
- All staff should be encouraged to deep clean their working area at regular intervals with a minimum 70% alcohol wipe/solution.
- 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 all 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.
- 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 at all times.

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 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 in your clinical record that the patient was seen during the COVID-19 pandemic, this will help explain your decision making, where necessary.