

BY EMAIL

To: All NI General Ophthalmic Service Contractors

26 August 2020

Dear Colleague

Move to Phase 3a of Ophthalmic Services Re-building Plan: Domiciliary Eyecare

I am writing to notify you that, further to my letter of 27 July 2020 on the strategic plan for primary care ophthalmic services during Covid-19, I am now able to provide you with a firm date for the commencement of Phase 3a of the re-establishment of ophthalmic services. This will take place on **Tuesday, 1st September 2020**.

In addition to the easements outlined in Phases 1 and 2, Phase 3a permits the delivery of domiciliary eyecare by those contractors registered to provide the service.

In this phase domiciliary provision will be permitted in a patient's own home in the first instance, and will be needs-based, to patients experiencing eye symptoms. It does not yet permit routine reminders/recalls for domiciliary care, and **does not permit provision of domiciliary eyecare in nursing or residential care homes, Day Centres, or the hospital in-patient settings**. This approach is informed by the following clinical and evidence-based assumptions:

- The R rate went above 1.2 on the week beginning 3 August 2020. It is assumed that this will result in increased community transmission with the potential for outbreaks and clusters within the Care Home sector.
- Community transmission could result in outbreaks in Care Homes at a similar level to that seen in the April 2020 COVID-19 surge
- Care Home residents are more at risk because of individual vulnerabilities, shared living space and frequent close contact with staff and visitors who can unwittingly spread COVID-19 within and between settings.
- Mortality rate for COVID-19 in Care Homes will be significant and higher than in the general population.
- The mortality rate is likely to increase given the potential co-morbidity of COVID-19 and Influenza; we are moving into the influenza season.
- There will be an increased level of clinical acuity among multiple affected residents in individual homes and across the system.

In addition, as laid out in my letter of 27 July 2020, this easement also takes into account recent guidance from PHA in relation to “Reducing Workforce Movement between Care Homes: Guidance For Agency Workers and Visiting Professionals.”

Although the continued suspension of domiciliary eyecare services into the care home and other noted settings will be disappointing, it is anticipated that a further review of fuller domiciliary eyecare provision will be possible in the coming weeks. At that point it is anticipated that any professional planning on visiting a care home or supported living setting will consider the risk, give consideration to the reduction of foot fall, and adhere to the guiding principles published and the homes own risk assessment in relation to visiting. This should ensure that delivery of services is as Covid-secure as possible.

It is anticipated that any acute needs for patients in care homes settings will be referred to NI PEARS providers for virtual/remote management of the case, and that provision will continue be made for remote repairs and replacements of optical appliances.

The move to Phase 3a on 1 September is consistent with the five guiding principles set out in the Northern Ireland Executive document *Coronavirus: Executive Approach to Decision-Making*. In addition, the approach aligns with College of Optometrists’ guidance on service provision during the Covid-19 Amber period.

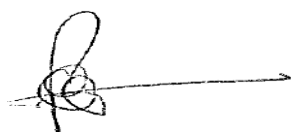
It is important to note that the SARS-CoV2 virus still poses a significant public health threat to the Northern Ireland population. It is therefore essential that optometrists closely follow the operational guidance issued on 17th June. That guidance sets out how practices should prepare for the re-establishment of primary eyecare and General Ophthalmic Services through the various phases.

http://www.hscbusiness.hscni.net/pdf/PrimaryCare_OPHServices_OperationalGuidance_170620.pdf

I will write to you in the coming weeks to provide you with a firm date for the transition to Phase 3b, wider domiciliary eyecare provision.

Once again I would like to thank you for your patience and professionalism during this phased rebuilding of primary eyecare. HSC Board, myself and my team in Ophthalmic Services wish you and your staff well.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Raymond Curran', with a long horizontal line extending to the right.

Raymond Curran
Head of Ophthalmic Services

Cc Paul Montgomery, DoH
Michael O'Neill, DoH
James Murphy, DoH
William Stockdale, Optometry NI
Sloan Harper, HSCB