

**BY EMAIL**

To: All NI General Ophthalmic Service Contractors and Providers of  
Mobile Eye Services

9 September 2020

Dear Colleague

**Move to Phase 3b of Ophthalmic Services Re-building Plan: Further  
Extension of Domiciliary Eyecare Provision**

I am writing to notify you that, further to my recent letter of 26<sup>th</sup> August 2020, I am now able to provide you with a firm date for the commencement of Phase 3b of the re-establishment of ophthalmic services. This will take place on **14 September 2020**. Phase 3b permits a further expansion of service provision to **full delivery** of domiciliary eyecare by those Contractors registered to provide the service.

In Phase 3b domiciliary provision will now be permitted in nursing and residential care homes, Day Centres, and, where eligible, the hospital in-patient setting. It is important to note that the SARS-CoV2 virus still poses a significant public health threat to the Northern Ireland population. Whilst this service resumption is permitted, please note that service provision can only be take place with the agreement of an individual care home taking into account the situation in respect of COVID-19. In addition patient choice and consent are fundamental principles and Standards of Practice which must be adhered to at all times.

The joint PHA/HSCB Northern Ireland COVID-19 Regional Action Plan for the Care Home Sector (September 2020 onwards) notes several objectives including reductions in the number of infections, provision of care aligned to need and partnership working to strengthen Care Homes as a safe environment to provide continuity of person-centred care. Taking account of these objectives it is vital that Ophthalmic Contractors implement and provide the following processes and assurances in their service provision.

1. Implementation of the Operation Guidance for the Re-establishment of General Ophthalmic Services/Primary Eyecare Services issued by the HSCB 17<sup>th</sup> June 2020 ([click here](#) to access the guidance) and all associated and referenced guidance and information. This also includes the need for patient COVID-19 case screening to be undertaken in advance of any planned visit to a nursing or residential care home or, other setting where care is being provided.

**In addition to this guidance and in specific consideration of the situation in respect of nursing and residential care homes (and other relevant settings):**

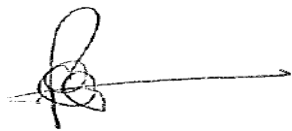
2. Contractors **must** take ownership and seek up-to-date and current information from the DoH and Public Health Agency in respect of COVID-19 transmission and infection rates in the planning for their service provision in the domiciliary setting. Contractors should not plan visits to care homes if there is a specific or identified risk relating to care homes which has been made known publically.
3. Contractors must have appropriate and advanced discussions with patients (or their representatives where appropriate) and with the responsible officer within the care home (and other settings as indicated), as to the definitive clinical 'need' for an eye examination at this time. Contractors should adopt a risk and needs based assessment approach to planning for service provision. This could, and should, include the review of patient records from previous sight tests (where available) and the feedback from a patient and/or the care home staff (remote triage) which has been undertaken in advance, to help determine the need for, and timing of, a sight test.
4. Contractors are responsible for the following:
  - a. Discharge and adherence to all Infection Prevention and Control (IPC) requirements and measures which are additionally or specifically in place within a care home (or other setting) where domiciliary services are being provided.

- b. Access to full PPE for their staff providing domiciliary care and the associated procedures for the donning and doffing of PPE in the care home setting.
- c. All governance and safeguarding requirements including:
  - i. Consideration that, where possible, Optometrists should work alone with a patient.
  - ii. Adherence to all relevant procedures for the reporting of adverse incidents.

Whilst the initial 'COVID-19 Return to Practice Assurances' provided by Contactors in late June 2020 will be taken as being applicable and extending to the return to full domiciliary services by registered providers; there is an expectation that the additional and specific requirements noted above will be implemented by any Contractor undertaking to provide General Ophthalmic Services in nursing and residential care homes, day centres (where such care is provided), or to hospital in-patients (where eligible).

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

Yours sincerely



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