

OPHTHALMIC SERVICES

COVID-19 UPDATE: No: 2

3 APRIL 2020

GUIDANCE ON URGENT and ESSENTIAL SERVICES PROVISION

- From 1st April, until otherwise advised, the following advice and guidance should be followed for the management of 'essential and urgent' ophthalmic services
- No routine or non-essential GOS sight tests should be provided
- GPs and Community Pharmacy have been advised that services provided by Optometrists are restricted at this time, for this and other relevant COVID-19 pandemic information please ensure that you check the webpage: <http://www.hscbusiness.hscni.net/services/3120.htm>
- Evidence of Key Worker Status: Please [click here](#) for a template letter which you can download and use to evidence that you are a key worker. You are permitted to use this should you be asked to provide evidence that you are a key worker whilst travelling to and from work

Essential Clinical Services

- **Sight Tests: Essential provision**

A sight test should only be provided if absolutely essential and necessary when no other solution to address the optometric issue can be found **and** following discussion and agreement with a HSCB optometric adviser. The risk to both practitioner and patient around exposure to COVID-19 must be carefully considered, with the 'need' for the various elements of a sight test carefully assessed. In the vast majority of cases a compromise and alternative to usual sight test elements (e.g. refraction, ophthalmoscopy) should be considered, in particular when there may be a need to prescribe a new/changed prescription.

For example, for a recent post-operative cataract patient with **no other post-surgery complaints**, other than those arising from the change in RX, consideration **could** be given to issuing them with basic 'plano' distance or, a +3.00D single vision near addition to temporarily assist with reading, rather than bringing them into the practice for a full refraction and assessment at this time. As cataract surgery ceased in early March numbers of patients in this scenario will drop quickly.

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- **GOS Vouchers: Essential provision**

In line with the advice noted above for essential care, a voucher for a new GOS prescription should only be issued if absolutely necessary. The Hospital Eye Service may be assessing some children in clinic as they have been deemed at high risk of visual problems, and they may be issued with a voucher by the hospital clinician. These vouchers may be processed following supply of spectacles as necessitated. GOS vouchers may be submitted in the usual way via OCS or, on paper if the practice does not use the OCS.

- **GOS Repairs / Replacements: Essential provision**

For children who have broken their glasses and they are essential i.e. it would be detrimental to the child to be without their glasses for a significant period, and they do not have a spare or suitable older pair that could be used, a repair or replacement may be provided, as deemed necessary.

The repair/replacement claim should be submitted in the usual way either via OCS or using a paper claim if the practice does not use the OCS.

For adults who have broken their glasses and they are essential i.e. the patient cannot manage without them and does not have a spare/back-up pair available and would, in normal circumstances, have been eligible for a GOS ST a replacement pair should be supplied based on the previous prescription. If the patient would have been eligible for a voucher following the sight test, it may be provided using a GOS Repair/Replacement claim. As this is a discretionary GOS claim, approval must be sought in line with the usual protocol by submission of the request via the OCS or, for non-portal users, via the prior approval email using priorapproval.bso@hscni.net . Prior approval requests for adult repair/replacements will be answered in a timely manner.

- **Access to Spectacle Prescriptions: Essential provision**

If you are providing a replacement of glasses for a patient who does not normally attend your practice because the practice they normally attend is closed and they do not have a copy of their prescription please email BSO using priorapproval.bso@hscni.net including; the reason for the request, the patient name, DOB and HCN. BSO staff will be required to seek optometric adviser approval to issue the information but this will be done as quickly as possible.

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Urgent Clinical Services

No services other than those GOS services outlined above should be claimed for through the OCS or by paper where applicable.

For the time of the COVID-19 pandemic, urgent clinical care, when deemed necessary, will not be managed through the normal NI PEARS claim submission process. **All contractor practices are asked to record their service provision for urgent care on the spreadsheet accompanying this advice bulletin.** This is to provide HSCB and BSO with information on the amount and type of urgent clinical care which is being provided at this time. This important information will inform wider system planning for urgent eyecare and includes:

- telephone triaging and management of acute eye problems
- video consultation of acute eye problems
- in practice face-to-face examination of acute eye problems

One spreadsheet should be completed for each month and submitted to BSO via email to gareth.drake@hscni.net by the 5th day of the next month. A new spreadsheet will be issued in advance of the beginning of the next month. The practice is advised to retain a copy of the spreadsheet each month for their records.

Please note: the spreadsheet is for recording essential or urgent clinical care provided by an optometrist. Telephone calls from or to a patient for the purposes of asking questions in order to decide whether the patient requires a remote consultation with an optometrist do not need to be recorded.

Clinical Consultations and Record Keeping during COVID-19 Pandemic

As always full, accurate and contemporaneous records should be kept of all consultations whether telephone, video or face-to-face consultations.

A remote consultation (telephone or video) should only be undertaken by an Optometrist and will involve elements of a normal eye examination, except the tests and procedures provided in a face to face consultation. The Optometrist should ensure careful and clear recording of history, signs and symptoms and the diagnosis and subsequent management or treatment plan. All advice and recommendations provided to the patient should be clearly recorded in the patient's clinical record as usual. It is essential to treat the privacy, confidentiality and dignity of the patient in exactly the same way during remote consultations i.e. consultations by telephone or video as you would when seeing patients face-to-face.

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Referral Guidance

In the first [COVID-19 Optometry Bulletin \(No1\)](#) you were provided with information in relation to the contact phone numbers for eye casualty services and for the BHSCCT glaucoma service for urgent clinical conditions that may require referral. It is anticipated that very few referrals will be generated from primary care optometry during the period of COVID -19 pandemic and the majority of those will be to eye casualty services. The following guidance is given against the current background of pressure on the Health and Social Care System and Ophthalmology services, both in relation to increased waiting times and the COVID-19 pandemic. It is vital that Optometrists bear in mind this guidance so that both the immediate and longer term pressures on the HSC system are managed.

1. Use of electronic referral (eReferral via CCG)

Optometrists are asked to **ALWAYS** use eReferral where a practice has been enabled to use eReferral via CCG. Referrals should be supported with additional information e.g. visual field plots, fundus images, OCT scans. In order to help the HSCT triage and manage the patient it is vital that any supporting clinical information is attached to the referral. This will allow the HSCT to view the referral via the NIECR and make a more informed decision. If you have problems attaching additional documents please contact one of the HSCB clinical advisers to discuss this.

If your practice is not CCG enabled, please contact one of the HSCB clinical advisers to discuss this issue. For practices that still use paper referrals please note that GP practices at this time may not be in a position to prioritise the sending of referrals from your practice.

2. Peer Opinion and Support - Input to Referrals

Optometrists are asked to carefully consider the clinical findings and indicators for referral – for clinical findings that are to a degree uncertain, Optometrists are encouraged to seek views and, where possible, consult colleagues in practice for their clinical opinion prior to referral.

In addition, HSC Board intend to work with Optometry Northern Ireland to scope out how practices in a locality might “cluster” in order to add resilience to the provision of essential and urgent eyecare. These clusters would facilitate a rota system, reduce commitment and concentrate resource, and allow for better deployment of PPE as it becomes available. The rota approach might also free human resource which could be deployed to wider HSC if necessary. While planning for clusters progresses, practices may wish to form informal arrangements with colleagues in their locality.

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3. Review of NIECR – Patient Information

Optometrists have access to the NIECR and should **ALWAYS** consult a patient's NIECR prior to generating a referral to check if a patient is already attending the Hospital Eye Service (HES). If the patient is attending the HES already and new clinical findings are observed since their last eye examination, these should be sent to HES and marked for '**For Information Only**' via a CCG referral. In this way the clinical details will be noted by the HES but a new referral would not be required as the patient is already attending the HES.

For example, if a patient is currently attending the glaucoma service or the macular service and their optometrist notes cataract development – a CCG referral may be generated but annotated in the reason for referral as "**For Information Only – This patient now has cataract but attends the 'xxxx' service - please assess at next visit**". In this way the HES can review the current status of the patient and ensure the new clinical information is noted.

4. Glaucoma Service Referrals

- Method of IOP measurement - Optometrists are reminded of NICE Guideline 81 relating to the management of Glaucoma and OHT (as referenced in previous newsletters). NICE Guideline 81 recommends that Optometrists do NOT refer patients for suspect OHT or Glaucoma based on the findings of Non-Contact Tonometry (NCT). All Optometrists are asked to comply with the NICE Guidance and ensure that no referrals sent to the Glaucoma Service are based on the findings from NCT. Health and Social Care Trusts **will return referrals if this guidance is not implemented by an Optometrist**
- Narrow Angles - Optometrists should not generate a referral for **asymptomatic narrow angles** where IOP, Discs and Visual Fields are normal **unless** there is a strong family history (first degree relative) of angle closure glaucoma OR the patient has $>+6.00$ DS of hypermetropia. Any referrals for asymptomatic narrow angles that do not meet the criteria stated will be returned to the practice
- Optometrists are asked not to send a referral to the glaucoma service based on the observations/findings from OCT only i.e. other clinical observations and concerns must be the principle reason for referral. Optometrists should not generate a referral where the OCT scan highlights a possible nerve fibre loss but there are no other supporting clinical findings
**** Please note that the glaucoma service will return all inappropriate referrals based on the advice above****

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COVID-19 has generated worry and concern in every element of society with immediate, short and long term considerations. All health care professionals including primary care optometrists have collective responsibility to optimise HSC resources at this time; your co-operation and compliance with the guidance above is expected and appreciated.

Thank you for your continued support and commitment at this very difficult and challenging time. It is much appreciated by the HSCB Ophthalmic Staff.

Ophthalmic Advice and Support

If you have a query you can receive advice from the following people:

Janice McCrudden: janice.mccrudden@hscni.net

Fiona North: fiona.north@hscni.net

Margaret McMullan: margaret.mcullan@hscni.net

Scott Drummond: scott.drummond@hscni.net

COVID-19 Pandemic Online Resources:

HSC Optometry COVID-19 information:

<http://www.hscbusiness.hscni.net/services/3120.htm>

COVID-19 Public Health Agency Advice: <https://www.publichealth.hscni.net/>

General Optical Council:

https://www.optical.org/en/news_publications/Publications/joint-statement-and-guidance-on-coronavirus-covid19.cfm

College of Optometrists: <https://www.college-optometrists.org/the-college/media-hub/news-listing/coronavirus-2019-advice-for-optometrists.html>