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1 April 2020

Dear colleagues

Thank you again for your continued work to prepare for and handle the COVID-19 pandemic. We are grateful for the commitment and effort that is going into providing care for patients.

In light of the most recent public health control measures and in recognition of the difficulties that practices are facing including continuing concerns about staff safety, we are making a number of immediate changes to the delivery and operation of our optometry services.

A. Changes to optometry services delivered outside hospital

The following changes to the provision of services will take immediate effect:

All routine optical services are suspended until advised otherwise. For this communication, the definition of a routine service is when the patient is not complaining of any new symptoms or loss of sight.

Urgent and essential eye care should be delivered from a limited number of optical practices only. This includes:

- **Essential eye care** currently delivered under General Ophthalmic Services (GOS). This includes but is not limited to appointments for patients who would not normally be considered to be emergencies, but where, in the practitioner's professional judgement, a delay in an examination may be detrimental to a patient's sight or wellbeing. This may include where patients have broken or lost their glasses or contact lenses and need a replacement pair to function.
- **Urgent or emergency eye care** where a contract is held with a CCG to deliver urgent clinical advice or intervention e.g. for red eye, contact lens discomfort, foreign object, sudden change in vision, flashes and floaters which might suggest detachment etc., or where the patient has been advised to attend a practice by NHS 111 or another healthcare professional for urgent eye care.

NHSE/I regional teams will work with CCGs and optical practices locally to ensure that appropriate and adequate levels of urgent and essential eye care are available across populations.

We support the guidance released by the College of Optometrists that sets out ways in which practice should be adapted in the current circumstances. This is included here: <https://www.college-optometrists.org/the-college/media-hub/news-listing/coronavirus-covid-19-guidance-for-optometrists.html>



Where possible remote consultations should be available to triage symptoms and prevent the need for patients to attend the practice in person. This triage should establish whether any potential patient or anyone in their household has symptoms, prior to any visit should that be required. Further information will follow on new support measures for practices to enable remote consultations.

NHS England is also working with the Department of Health and Social Care to develop practical workaround solutions that aid remote service delivery through review of existing GOS regulations such as the requirement for patient signatures on GOS 3 forms.

Should emergency dispensing be required, please follow the General Optical Council statement on supply of spectacles and contact lenses during COVID-19:

https://www.optical.org/filemanager/root/site_assets/publications/covid_19/statement_on_supply_of_spectacles_and_contact_lenses_during_covid-19_emergency.pdf.

Where contractors are unable to provide urgent and essential care services, or elect not to do so, they should notify their regional commissioner of their intention to cease operations.

B. Infection control

All services that continue to be delivered must use robust infection control procedures, including:

- Using a cough guard on slit lamps. The Royal College of Ophthalmologists has advice on how temporary cough guards can be made [here](#);
- Wiping 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;
- Sanitising frames before patients try them on. If a focimeter needs to be used on patients' spectacles, the patient should be asked to take them off and should be provided with a wipe to sanitise their frames before these are touched by the professional;
- Supporting good tissue practice (catch it, kill it, bin it) for patients and staff by having tissues and covered bins readily available; and
- Ensuring that thorough hand washing techniques are adhered to.

C. Further advice and guidance

NHS England has recently published standard operating procedures for primary care: <https://www.england.nhs.uk/coronavirus/primary-care/>. These will continue to be updated regularly. These pages also include interim advice for primary care from Public Health England.

Professional regulators have issued guidance to support health professionals in these challenging circumstances, you can read the statement here:

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

D. Personal Protective Equipment (PPE)

We recognise that the issue of staff safety and confidence in PPE guidance is very important for staff engaged in direct patient care.

We will continue to be led by the emerging evidence and will update the Standard Operating Procedure available on our website at <https://www.england.nhs.uk/coronavirus/primary-care/optical-setting/> to reflect updated advice through our NHS Infection Prevention Control (IPC) colleagues and Public Health England.

E. 2020-21 contracts and finance

We will take immediate steps to revise the operation of the 2020-21 contract requirements to reflect service disruption due to COVID-19. The approach will aim to achieve the following:

- Maintaining cash flow and immediate stability and certainty for optometry practices who are providing urgent and essential eye care services in a consolidated and temporary service model locally;
- Fairly recompensing practices for GOS costs incurred;
- Enabling practices to cease provision of GOS services for the period of the COVID-19 response where appropriate; and
- Ensuring that appropriate capacity exists locally for patients to access urgent and essential eye care.

We will therefore take the following steps:

For practices seeking to cease operations entirely:

- The contractor should notify their NHS England and Improvement regional commissioner of the dates on which provision of services stops and re-starts;
- Agreement to service cessation will be given by the commissioner, on the condition that provision of appropriate eye care is in place in the local area;
- Payments will stop for the period of service cessation and resume once the regional commissioner has been notified that services have been recommenced; and
- Most practices will be able to take advantage of government support already announced in this period.

For practices continuing to provide essential eye care:

- We will support cashflow by maintaining monthly payments based on the average monthly reimbursement to the practice generated from GOS fees during the period March 2019 to February 2020;
- Where a larger volume of essential care takes place, this will be funded in the normal manner through the reconciliation of processed vouchers for that activity on a monthly basis;
- We will progress work with the Optical Fees Negotiating Committee (OFNC) to determine a fair and reasonable approach to reconciliation of payments that would take place after the COVID-19 response upon return to normal operations; and
- We will encourage practices to support efforts to offer any surplus and available staff capacity to other areas as outlined in section F, “Workforce” below, where practicable;
- We expect practices to ensure that all appropriate staff continue to be paid at previous levels;
- An agreed and fair reduction for any variable costs associated with service delivery (e.g. in recognition of reduced consumable costs associated with dispensing of frames and lenses) will be applied to all reimbursements. This will be discussed and agreed with the OFNC; and
- These arrangements will operate over a fixed number of months with an agreed end date.

Additional government support

Contract holders wishing to claim against additional Government support schemes should ensure that claims are made only in relation to their proportion of private revenue.

We expect that as part of the 2020/2021 reconciliation process practices will be expected to declare that they have not applied for any duplicative Government funding and provide evidence of the portion of NHS/ private income used in any applications for additional support. We will work with the OFNC to agree a proportionate and workable process in this regard.

F. Workforce

We recognise the impact that self-isolation and social distancing is having on the optical workforce. We also realise that the changes to GOS outlined above will mean that there is freed capacity within a highly skilled workforce, and we appreciate the offers that have come in from the profession to contribute to the wider COVID-19 response.

We would like to encourage the freed-up workforce capacity to support:

- ongoing provision of urgent and essential eye care;
- NHS colleagues working in wider primary care;
- NHS colleagues working in the acute COVID-19 response; and
- Local authority and voluntary services COVID-19 response.

We would ask that where possible staff contact details are made available rapidly and that practices actively support any national or local calls for help.

The most up to date information on how to register to provide services in other parts of the NHS will be made available through our workforce landing page:
<https://www.england.nhs.uk/coronavirus/returning-clinicians/>

Conclusion

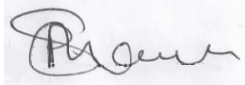
We are working with professional bodies and optical practices across the country to keep you and your patients safe, to produce information and guidance, and to listen to your concerns and suggestions as the situation progresses.

Thank you again for your commitment and engagement as part of this unprecedented national effort.

With very best wishes



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