

OFNC

Association of British Dispensing Opticians
Association of Optometrists
British Medical Association
Federation of Ophthalmic and Dispensing Opticians

Optometric Fees Negotiating Committee

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Chair: Paul Carroll

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Advice to all Optical Practices and Practitioners in England – 23 March 2020

Coronavirus / COVID-19

Summary

We realise that so far there has been less clarity for the eye care sector from NHS England than in the other UK countries and that Government messaging about risk has changed significantly as the crisis has unfolded.

OFNC is therefore issuing this advice to the sector in England setting out

- that providers should no longer be offering or providing routine sight tests even as a matter of clinical judgement as previously
- that providers should be focusing on contingency plans to provide essential and urgent eye care to those who need throughout the crisis without putting staff at risk
- that this does not mean all practices should remain open if this is not possible and those that can may well operate on a remote consultation/advice only basis
- initial thoughts on the meaning of 'essential' and 'urgent' in this context which many change over time.

The national optical representative bodies (ABDO, AOP and FODO) have now issued/are issuing guidance for their members in line with this advice.

The OFNC (which is comprised of the national representative bodies) is in close touch with NHS England-NHS Improvement, DHSC, the College of Optometrists, the GOC and LOCSU, all of whom are sighted on this advice.

We hope to shortly to receive further advice from NHS England-NHS Improvement about necessary contractual and financial support to sustain essential and urgent eye care over the coming weeks and months.

National Situation

In the meantime, we are all operating in extremely difficult and rapidly changing circumstances in responding to the coronavirus (COVID-19) outbreak.

As in any crisis, our priorities must be the safety of patients who need essential or urgent eye care and eye care colleagues and the wider public, and ensuring that no unnecessary eye health burdens fall on other parts of the NHS and social care which are already stretched.

OFNC and the national optical bodies are in constant contact with the government and NHS England-Improvement and our advice is based on the latest evidence and advice from Public Health England, the government's chief scientific and clinical advisers, the College of Optometrists, the Royal College of Ophthalmologists and the ABDO.

The country is now moving fully into the late Delay Phase of the pandemic and the Prime Minister has advised that a total shut down of normal social functioning may be necessary to slow the spread of the virus.

Advice

Pending further advice from NHS England, which is expected urgently including about NHS financial and contractual support, practices will be making contingency plans to deliver essential and urgent services to their patients and others who need it –by phone or as remotely as possible whenever possible and clinically appropriate to do so.

During this stage of the crisis, all routine sight-testing should be postponed to prevent the virus spreading. In all other cases, scrupulous hygiene and disinfection regimes should be adhered to including the basics of frequent, thorough (20 second) handwashing, frequent surface disinfection and sneezing/coughing etiquette.

Not all practices will be able to remain functioning throughout the crisis owing to factors beyond their control such as staff absences through travel restrictions, staff themselves in at risk groups that have to self-isolate.

Others will be looking to how they can most safely and effectively provide essential and urgent¹ eye care services.

This may involve

- remote working

¹ Essential eye care would for be instance where a key worker or elderly person needed a sight and new spectacle prescription, had broken their glasses, where a contact lens wearer needed more lenses, or where a visually impaired person or child needed eye care, Urgent care would include 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.

- consolidation of sites – whilst maintaining capacity to sustain social distancing, e.g. staggering appointments to minimize number of people in the practice at any one time
- rostering staff to minimise essential travel, footfall and social contact at work
- networking IP optometrists
- postponing non-essential sight tests (note key workers and other groups might be in particular may need of essential eye care, especially in the event of a prolonged lock-down period)
- dealing with most eye care issues via telephone or video calling
- implementing social distancing between staff and patients as much as possible
- implementing social distancing between staff at all times (e.g. including commuting, lunch breaks etc)
- thinking about how to advise other healthcare workers who may be able to access high risk patients who have eye issues in locked-down locations such as care homes
- regularly checking the College of Optometrists website for changing clinical advice and Q&A. You can access the College of Optometrists website here <https://www.college-optometrists.org/the-college/media-hub/news-listing/coronavirus-2019-advice-for-optometrists.html>
- using the flexibilities about posting spectacles and contact lenses and making safety judgements about using recently expired prescription and contact lens specifications on the balance of risk to ensure people can continue to use spectacles and contact lenses whilst avoiding all unnecessary travel
- knowing local contingency arrangements for seeking ophthalmology advice and how and where to refer patients who do need urgent ophthalmological care (e.g. retinal detachment, wet AMD, closed angle glaucoma)
- ensuring staff recognise that their own health and safety is the top priority (otherwise we will not be able to help patients and the public in need)
- ensuring staff know that, if they have any doubts about safety (e.g. potentially aerosol effects of non-contact tonometry) or any other procedure, they should not perform it but should inform the patient and note the record with reason (annotating COVID-19). You can access GOC professional regulatory guidance about professional practice during the crisis here https://www.optical.org/en/news_publications/Publications/joint-statement-and-guidance-on-coronavirus-covid19.cfm
- supporting staff mental health and wellbeing during the crisis as they may well have serious worries about loved ones, supplies and finances outside work
- understanding that a practice which has closed its doors to walk-ins but which is answering enquires from patients and the public (even by a skeleton staff working from their own homes) is still providing essential and urgent eye care services.

Personal Protective Equipment (PPE)

At present PPE is not advised for eye health practitioners working in primary care settings who should only be seeing asymptomatic or COVID-19 negative patients and then rarely face-to-face.

Nevertheless, we are in close touch with government, public health bodies, supply chains and the College of Optometrists about this. PPE is currently being prioritized for the highest risk specialties, including ENT. It is unlikely therefore that PPE for optical practice will be prioritized in the short-medium term, despite requests.

However, if official guidance on the use of PPE in primary eye care settings changes, new guidance will be issued and PPE resources distributed to ensure effective coverage across the health service.

If evidence and official guidance on the use of PPE in primary eye care settings change, we will issue further advice. We will also inform you if supply pressure eases or priorities change.

Practices and practitioners should take these factors into account in implementing this guidance. In particular, staff should not perform procedures where they could be at risk and should note patient records accordingly (annotated COVID-19).

Duration

Depending on the effectiveness of public health measures, of which this advice is part, the coronavirus/COVID-19 crisis could continue for a matter of months rather than weeks. Our job as health professionals is to ensure that as far as possible people continue to have access to high quality essential and urgent eye care and advice especially the isolated elderly, keyworkers and children whilst, at the same time keeping, ourselves safe using remote advice and consultation wherever possible.

This advice is intended to help practices and practitioners do that.

If the crisis worsens, this may involve working as part of local NHS planning networks or community essential services hubs and may include colleagues volunteering for shifts to fulfil these roles.

OFNC is grateful to all the dedicated care workers in the eye health sector who are keeping the population well and supported through this crisis.

Further Information

We will continue to issue advice as the situation evolves and, hopefully, in time continues to improve.

ABDO <https://www.abdo.org.uk/coronavirus/>

AOP <https://www.aop.org.uk/about-aop/aop-news/2020/03/18/important-information-for-members>

FODO www.fodo.com

LOCSU www.locsu.co.uk

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

Royal College of Ophthalmologists <https://www.rcophth.ac.uk/>

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

Optometry Wales <https://www.optometrywales.org.uk/>

Optometry Scotland <https://www.optometryscotland.org.uk/>

Optometry Northern Ireland <https://www.optometryni.co.uk/>

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23 March 2020

The Optical Fees Negotiating Committee (OFNC) is the national negotiating body for eye care in the UK and England with the Westminster Parliament, the Department of Health and Social Care, and NHS England-NHS Improvement. It comprises the leaders of the UK representative bodies: ABDO, AOP, FODO and BMA (for OMPs) and works in partnerships with the College of Optometrists and the General Optical Council