The National Eye Health Framework

for the

Coronavirus (COVID-19) Pandemic

Saving Sight

Saving Lives

7th April 2020

National Eye Health Framework during the COVID-19 Pandemic

Saving Sight, Saving Lives for Scotland

Foreword

Governments around the world are urging people to stop the spread of the Coronavirus (COVID-19) pandemic through social distancing. If we do not practice social distancing, professionally and personally, the pandemic will accelerate, intensive care services will become overwhelmed and people will die who need not have.

The National Eye Health Framework, "Saving Sight, Saving Lives", has been written rapidly by a committee of experts. It aims to preserve sight, where we can, but not at the expense of life itself. In the spirit of true cooperation, the framework is endorsed by EyeHealth Scotland, the Board Optometric Advisors, Optometry Scotland and RNIB Scotland.

John Olson

4th April 2020

Background

During the Coronavirus (COVID-19) pandemic a joined-up approach between primary and secondary care colleagues must be strengthened and deepened. The emphasis must be minimising face-to-face consultations.

It is understood that each NHS Board will have differing needs depending on geography, population, staffing, capacity and infrastructure. This document provides a framework which all NHS Boards can use to plan eyecare services during the pandemic.

It is important that patients, optometrists and ophthalmologists are adequately protected during any face-to-face consultation. National guidance on social distancing, personal protective equipment (PPE), infection control materials and techniques should be followed at all times.

Framework for care

Telephone Consultations (community optometrist)
- The first level of care is delivered by an optometrist to a patient by telephone. This consultation could also make use of mobile phone, photography or video.
- This care is enhanced, as required, with the support of an ophthalmologist.
- The gold standard of assessment is via video slit lamp, but there are other reliable methods of technology which can be used.
- Teleophthalmology is also invaluable for more remote parts of the country to avoid unnecessary travel.
- Evidence suggests that most patients will be given advice and treatment without the need for a face-to-face examination.
- **If it is suspected that the patient has symptoms of Coronavirus (COVID-19) and requires face-to-face review, guidance must be sought from Hospital Eye Services.**

Emergency Eyecare Treatment Centres (EETCs)

- To rationalise the resource required in the community it will be necessary to have a smaller number of EETCs in the community to support face-to-face care.
- The number of EETCs will vary depending on the local requirements and will likely adjust depending on the demand for care over time. As a guide, one centre per 100,000 is suggested.
- These EETCs will be supplied with personal protective equipment (PPE) in line with guidance.
- The EETCs will be staffed by optometrists with as many independent prescribers (IP) as possible to facilitate treatment in the community. This will limit the need for onward referral to hospital eye services (HES).
- Some NHS Boards may decide that EETCs will be delivered within HES.
- A secondary care EETC will be staffed by senior ophthalmologists and/or IP trained optometrists.

It is expected that optometry practices will continue to provide a telephone triage or consultation service for emergency or essential eye care (PCA(O)(2020)05) after EETCs have been established. This principle applies unless **alternative arrangements have been implemented by an NHS Board**.

- Patients will be reassessed by telephone before a face-to-face appointment is scheduled.
- This may need to be escalated to the HES without being seen in the EETC e.g. penetrating injury whereupon the IP trained, or the experienced community optometrist would contact HES to discuss further management.

Purpose

- This framework allows both primary and secondary care to understand their roles during the COVID-19 pandemic and provides reassurance around protection for the practitioner and the patient.
- Each NHS Board will decide on the model that best suits their needs.
- Each NHS Board will communicate to community practices any changes being made to the service.
- This situation needs constant review and it is recommended that each Health Board learns from the experience of others.
- It is anticipated that NHS Board plans will need to change and adapt as the situation evolves.

Recommendations

1. **Community optometry, working in partnership with ophthalmology, is requested to enact the following**:

- Concentrate emergency work into a smaller number of dedicated practices ideally with an IP optometrist.
- EETCs will have access to:
    - Acute ophthalmology services (via teleophthalmology or telephone if not in a hospital setting).
    - Personal protective equipment, cleaning materials and disposal of clinical waste
- Other optometric practices to provide (if required):
    - Essential eye care (avoid face-to-face consultation).
    - Emergency dispensing of spectacles, spectacle repairs or contact lenses for key workers.
    - Telephone consultations.

2. **NHS Board considerations**

All NHS Boards have been asked to establish, as soon as practicable, designated EETCs within their NHS Board for the provision of face-to-face emergency eyecare services. An EETC can be a community optometry practice or situated within a hospital setting. Arrangements to establish the centre will vary between NHS Boards.

Only EETC sites will provide face-to-face care to patients.

Only patients who are free of any symptoms of COVID-19 and will be seen in the community EETCs.

- The EETC centres may close:
  - If personal protective equipment guidance changes such that the EETC no longer has the correct equipment and materials.
  - If they become contaminated by a patient or EETC staff member with symptoms of coronavirus (COVID-19).
- Any patient with symptoms of coronavirus (COVID-19):
  - Who requires urgent eye care should be discussed with HES.
  - HES will arrange further management of coronavirus (COVID-19) symptomatic patients according to local NHS Board protocols.
- NHS National Services Scotland (NSS) will be responsible for providing all required. Infection Control materials to the EETC centres, unless local arrangements are in place.
- Effective infection control measures will be put in place by the EETC.
- The correct infection control measures will be updated whenever guidance changes.

3. Staffing

All NHS Boards will define staffing as appropriate to them, see Appendix 1 for example.

4. Telephone consultation service in the community

A telephone consultation service must continue to be provided by all practices unless alternative arrangements have been made.
- The telephone must be manned by an optometrist.
- Advice must follow the guidance provided on the "community eyecare" website www.communityeyecare.scot.nhs.uk
  - Only the website has live updates

5. Communication

Each NHS Board will arrange communication between optometrists and the EETC, and between the EETC and HES in a manner appropriate to them, see Appendix 2 for example.

6. Patient record keeping

Digital or paper copies will be kept by/for
- The assessing optometrist(s)
- The teleophthalmologist
- The emergency eyecare treatment centre
- The referring optometrist
- Primary care contracts team

7. Ongoing development

The service will continue to develop at a rapid rate. Any changes to operational policy will be dated and communicated to all parties.

Appendix 1
Example of staffing arrangements

NHS Grampian and NHS Shetland have asked all optometrists in the region to volunteer to take an active part in their EETC.

An electronic on-line rota is being used to allocate sessions and to enable a live rota to be viewable to all.

- https://dutyman.biz/dm.aspx?id=N0002588&m=3ZgjYrgJ&t=W
- Each emergency EETC will be staffed by one IP/experienced optometrist and one non-IP optometrist

All EETCs will be supported by an ophthalmologist using teleophthalmology who has direct access to the HES through the on-call ophthalmologist

The IP (or Experienced Optometrist) will have Primary Responsibility for:

- Fielding calls from referring optometrists.
- Provide direction, where needed, to the non-IP optometrist.
- Writing prescriptions
    - Or co-prescribing with another IP/experienced optometrist elsewhere.
- Contacting the teleophthalmologist, only if further advice is essential.

The non-IP optometrist will have Primary Responsibility for:

- Controlling patient flow into and within the site.
- Ensuring the correct PPE is being worn
- Infection Control
    - Guidance may change daily and at any other times.
    The correct infection control measures will be communicated each day and whenever guidance changes.

Both IP/experienced optometrist and non-IP optometrist will work together:

- To take any essential additional history
- Examine the patient including performing any appropriate imaging
- Agree a diagnosis
- Agree a management plan

As practice equipment differs from location to location:

- An optometrist familiar with the setting and equipment will be on site and will train the other optometrist in its use.
- Optometrist duties will be staggered so knowledge can be cascaded, for example:
  - One optometrist will be on duty Monday to Tuesday,
  - The other optometrist Tuesday to Wednesday,
  - The next Wednesday to Thursday,
- A word document or a paper record will be used.

Example of communication and patient flow

NHS Grampian and NHS Shetland have given the following advice regards communication between the NHS Board, community optometry, EETCs and HES.

Each day an NHS email will be issued advising:
- Any changes to the standard operating procedure.
- Any changes to PPE.
- Any changes to infection control measures.
- The location of the relevant EETCs.
- The contact numbers for each site
- The NHS email address of each EETC IP or senior optometrist.

The EETC should only be contacted if:
- The patient cannot be managed by advice alone.
- The patient needs to be examined before treatment can be safely commenced.
- The patient would benefit from advice from an IP optometrist or teleophthalmology.
- The patient gives consent to be referred.

An email referral should be sent to the EETC's IP/ experienced optometrist and must include:
- The patient's name.
- The patient's telephone number.
- The provisional diagnosis.

The referral email should include the following information:
- Name of the referring optometrist
- Mobile phone number of the referring optometrist, to which a video call using NHS Near Me, or where not available, any other video calling technology.
- Patient's name.
- Patient's mobile or home phone number.
- Patient's date of birth.
- Patient's address.
- Regret- **patient's reason for presenting**.
- Reason- **the provisional diagnosis.**
- Remedy- **what should happen next.**
- Management- **Advice to patient.**
- Drugs or over the counter medication.
- Any pertinent history.
- Any pertinent positive or negative findings.

On receiving the email, the EECT's IP/ experienced optometrist will:
- Reply to the email in order to:
  - Acknowledge receipt.

- o Indicate whether further information is required.
- Contact the patient using NHS Near Me (Attend Anywhere) or where this is not possible by telephone.
- Take a detailed history and conduct any examination by photograph or video call.
- Consider whether it would be beneficial for the patient or the optometrist to receive a direct patient home teleophthalmology consultation from an ophthalmologist.
  - o If needed, contact the teleophthalmologist who will join the call.
- Only arrange to see the patient at the EETC if this is essential.

Patient Journey
- The patient will spend minimum time in the EETC.
- The patient will be advised that if they arrive early for their appointment they should wait in their car or outside the practice.
- When the EETC is ready to see the patient, phone the patient, if possible, and tell them to leave their car and proceed to the front door of the EETC. The patient will be instructed to observe social distancing at the EETC in line with national guidance.
- Access to the EETC will be controlled by the optometrist.
- Before unlocking the door the non-IP optometrist will:
  - o Confirm that the patient has no symptoms of COVID-19.
  - o That all staff are wearing the correct PPE.
  - o That all infection control measures are in place and the site is ready for the patient.
- If it becomes apparent during the consultation that the patient might have COVID-19
  - o Advise the patient to leave the premises.
  - o Call an ambulance if they are seriously unwell.
  - o Otherwise, advise them to return home and self-isolate.
  - o Tell them that you will phone them to provide further advice.
  - o Contact the teleophthalmologist if it is essential that the clinical examination is concluded or further advice is needed.

Examination in the EETCs
- Only minimal aspects of the patient's history should be retaken.
- The examination should be brief and appropriate:
  - o When testing visual acuity start from the lowest achievable line.
  - o Use technology in preference to slit lamp examination.
  - o If essential, measure intraocular pressure measurement using contact tonometry.
- If advice is needed from the teleophthalmologist:
  - o Contact the teleophthalmologist immediately or store images or video for later viewing where possible.
  - o If contact is delayed ask the patient to wait outside, preferably in their car.
  - o The teleophthalmologist will decide the next clinical steps.

Once the examination at the EETC is completed:
- If advice only is required:
  - o the patient should leave the premises without delay.

- o   Advice should be given by phone call once the patient has left.
- If a prescription is required, it should be issued there and then:
    - o   The patient should be advised to obtain the prescription from their local pharmacist.
    - o   The patient should then leave the premises.
    - o   Any explanation or additional advice should be given after the consultation.

After the patient has left the EETC:
- The optometrist should complete the record and email the referring optometrist.
- The optometrist should ensure all infection control measures are undertaken.
- The next patient will only be admitted once infection control measures have been completed.

Appendix 3

Expert Working Committee Membership

John Olson (Chair)	Clinical Lead of the Eye Health Network, NHS Grampian; Clinical Lead for Open Eyes Implementation, Scottish Government	NHS Grampian
Ross Henderson	Chair of the Board Optometric Advisors	NHS Tayside
Andrew Ferguson	Chair of EyeHealth Scotland	NHS Forth Valley
David Quigley	Chair of Optometry Scotland	
Julie Mosgrove	Vice-Chair of Optometry Scotland	
Iain Livingstone	Clinical Lead for Tele-Ophthalmology, Scottish Government	NHS Forth Valley
Paul Cauchi	Clinical Director of Ophthalmology	NHS Greater Glasgow and Clyde
Jas Singh	Clinical Director of Ophthalmology	NHS Lothian
Henry Smith	Clinical Lead for Ophthalmology Redesign Project, North of Scotland	NHS Highland
Janet Pooley	Optometric Advisor to the Scottish Government National Eyecare Workstream	Scottish Government
Jacquie Dougall	Secondary Care Lead, National Eyecare Workstream, Access Support Team, Directorate of Health Performance and Delivery	Scottish Government