

## **Strategic Programme for Primary Care**

# **COVID-19 Toolkit for Optometry Practice Services**

## **October 2020**

### **Introduction:**

This document is the second edition Toolkit, designed to support optometry practices and health boards throughout COVID-19.

The first toolkit was published in April 2020 (see Appendix 1). It contained a compilation of published information, guidance and supporting information to enable the continuity of services during the unprecedented times of pressure.

The environment in which services are now delivered, looks very different compared to April 2020 (when the first edition was published). Building on the first edition and the subsequent learning from COVID-19, this second edition provides:

- a link to the latest, comprehensive guidance from the College of Optometrists; and
- a summary of update letters produced by Welsh Government.

### **Guidance:**

Welsh Government have worked with the College of Optometrists throughout the pandemic in order to be in a position to update both the current situation and the guidance available to optometrists. This has resulted in a comprehensive guidance document with all aspects covered through the different levels of response. This guidance is written to help primary care optometrists understand how to adapt their working practices during the various phases of the COVID-19 pandemic.

#### **Guidance:**

<https://www.college-optometrists.org/guidance/covid-19-coronavirus-guidance-information/covid-19-college-guidance/primary-eye-care-covid-19-pandemic-guidance.html>

## Welsh Government Alert letters - Optometry Progress through Covid-19 Pandemic

A summary of letters issued by Welsh Government from the start of the pandemic is offered below (in descending order).

Copies of these letters will be available locally (i.e. to the addressees) and relevant content may also be accessed via the following links:

- Optometry: <https://gov.wales/search?global-keywords=optometry>
- Covid-19: <https://gov.wales/health-professionals-coronavirus>

Letter Issued	Details
02.10.20	Patient signatures on NHS forms suspended with regular review.
07.08.20	Changes to financial support package from 24 <sup>th</sup> August, normal submission of claims to be re-introduced for all practices and average NHS monthly payment to cease.
30.07.20	Progress through Amber Phase: <ul style="list-style-type: none"><li>• Further re-introduction of services including routine recall of patients where capacity exists. Prioritisation and scheduling of appointments to continue to consider the clinical needs and presenting symptoms relative to the risk of sight loss and harm to the patient.</li><li>• Resumption of domiciliary eye care.</li></ul>
19.06.20	Move to Amber phase statement: <ul style="list-style-type: none"><li>• Easement of arrangements and move into the amber phase from 22<sup>nd</sup> June.</li><li>• Requirements for re-opening</li><li>• Arrangements for the supply of PPE</li><li>• Continuation of average NHS monthly payment for all practices.</li><li>• Mandatory data activity collection toolkit to be used by all practices.</li><li>• Clinical prioritisation: The prioritisation and scheduling of patients for treatment as services resume, should consider the clinical needs and presenting symptoms relative to the risk of sight loss and harm to the patient above all else.</li><li>• Average NHS monthly payment to continue for all open practices.</li></ul>
22.05.20	E-mail sent to profession with: <ul style="list-style-type: none"><li>• Action Plan for Recovery document and</li><li>• Amber phase guidance for the safe re-opening of services.</li></ul>
03.04.20	Guidance for the use of PPE in optometry practice
30.03.20	<ul style="list-style-type: none"><li>• Confirmation that optometry practices were permitted to remain open as part of essential services list provided by UK Government on 23<sup>rd</sup> March.</li><li>• Health boards requested to move to a cluster based model of eye care provision to reduce the number of practices required to stay open and slow the transmission of the disease.</li><li>• At least one and up to a maximum of three practices to be open per cluster, arranged through discussions between health boards, regional optometric committees and Optometry Wales.</li></ul>

	<ul style="list-style-type: none"> <li>• Financial support package. All practices to receive average NHS monthly payment based upon claim submissions over the previous 3 year period.</li> <li>• Practices remaining open to receive an additional payment of 25% of the calculated NHS average monthly payment.</li> <li>• For a practice to be open, an accredited optometrist must be present and provide NHS services.</li> <li>• Practices are encouraged to adopt a closed-door policy.</li> <li>• Guidance for safe practice and examining patients.</li> <li>• Local contact details for optometric advisers.</li> </ul>
19.03.20	<p>Further advice letter including:</p> <ul style="list-style-type: none"> <li>• Request for health boards to undertake a rapid review of the current workforce</li> <li>• Health board consideration of cluster based organisation of services</li> <li>• Health board consideration of emergency/urgent domiciliary and Low Vision services.</li> <li>• Suspension of AGP procedures- clarity around removal of rust rings with an alger brush being an AGP.</li> <li>• Providing clinical clarity around what constitutes essential and urgent eye care for all aspects of eye care.</li> </ul>
17.03.20	<ul style="list-style-type: none"> <li>• Routine optometric services suspended, urgent and essential eye care only to be provided.</li> <li>• Suspension of Aerosol Generating Procedures.</li> <li>• Triage of patients to ensure only Covid-19 asymptomatic patients are seen for appointments.</li> <li>• Cancellation of all domiciliary and Low Vision Service Wales appointments.</li> <li>• Average NHS monthly support payments instigated.</li> <li>• Practice websites and telephone answer machine messages updated and clear.</li> </ul>

Second edition toolkit updated by:

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**Welsh Government** - David O'Sullivan, Chief Optometric Advisor.



## **Strategic Programme for Primary Care - 24/7 Model Work Stream**

### **Optometry Practice Services COVID-19 Toolkit**

**22 April 2020**

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With thanks to:

**Welsh Optometric Committee**

**Optometry Wales**

**Health Education and Improvement Wales**

## Contents

Executive summary	6
Introduction	7
Planning and preparation	8
Financial support	10
Examining patients	11
Ways to minimise physical contact with patients	13
Remote consultations	16
Open optometric practices	19
Conclusion	22
Appendices	23
Appendix 1: Contact list .....	23
Appendix 2: Optical practice posters .....	24

## Executive summary








This toolkit compiles published information and offers guidance and supporting information to enable the continuity of services by optometry practices at this unprecedented time of pressure.

Whilst we hope this toolkit provides useful guidance, it is important to acknowledge that this should not be taken as a blueprint for the continuity of services for every optometrist. This information should be used in conjunction with each contractor business continuity plan as complementary or supplementary guidance only.

The coronavirus pandemic is fast-moving, and plans are evolving at pace, therefore this guidance provides only a snapshot of the current situation (as of 22 April 2020). For the latest information please see the links below:

- General Optical Council  
[https://www.optical.org/en/news\\_publications/Publications/joint-statement-and-guidance-on-coronavirus-covid19.cfm](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>
- The Royal College of Ophthalmologists  
<https://www.rcophth.ac.uk/2020/04/covid-19-update-and-resources-for-ophthalmologists/>

### Key COVID Advice Pages

 <a href="#">College of Optometrists</a>	 <a href="#">Association of Optometrists</a>	 <a href="#">Association of British Dispensing Opticians</a>
 <a href="#">General Optical Council</a>	 <a href="#">Optical Fees Negotiation Committee</a>	 <a href="#">HM Government Business Support</a>
	 <a href="#">Federation of Ophthalmic and Dispensing Opticians</a>	

# Introduction

As part of additional social distancing measures announced on 23 March 2020, the UK Government published an initial list of further non-essential businesses and premises which were required to close, and exceptions within specific categories. The position of community optometry practices in relation to the initial list was unclear; however, the UK Government published an updated list on 25 March 2020, supported by the Welsh Government, explicitly stating that optometry practices (opticians) are permitted to remain open: <https://www.gov.uk/government/publications/further-businesses-and-premises-to-close/further-businesses-and-premises-to-close-guidance>. Should members of the profession need to provide evidence of their 'key worker' status for purposes of childcare, please approach your local Health Board Optometric Adviser (appendix 1) who can provide Health Board headed paper to verify your status.

The Welsh Government Chief Optometric Adviser continues to work with key stakeholders to support the profession through this challenging period. Weekly telephone calls will continue between the Chief Optometric Adviser, Optometry Wales, Welsh Optometric Committee, Health Education and Improvement Wales, Health Board Clinical Leads, and Health Board Optometric Advisers.

The Welsh Government and NHS Wales will continue to work together to ensure the safety and well-being of this key NHS frontline optometry workforce.

This toolkit compiles information and guidance as well as supporting information to enable the continuity of services by optometry practices at this unprecedented time of pressure. Practical tips, links and templates have been included to help the eye care community to navigate through the process.

## Planning and preparation

### Working in clusters

- In developing and implementing local arrangements for the provision of emergency and essential eye care services, NHS Wales are asked to take cognisance of the speed with which change is occurring in relation to this pandemic.
- Health Boards, Optometric Advisers, Optometry Wales and the Regional Optometric Committees, were therefore asked to consider the option of community optometry practice 'clusters', to reduce the number of practices required to remain open, whilst still providing sufficient geographical cover of services within Health Board areas.
- At least one practice and up to three practices per 'cluster' would provide good coverage, subject to change when service demand is reviewed.
- Practices working in new and collaborative ways, coming together as clusters, will enable both the professional and non-professional workforce to be utilised fully and re-deployed as necessary.
- It is important that all practices communicate succinctly, to effectively co-ordinate with their local Health Board Optometric Advisers, who act as the conduit for ophthalmic services, working across professional boundaries.
- Optometric clusters will align to the current Health Board primary care clusters and will link closely with the named cluster lead in each area. All Optometric Advisers have been asked to link in with the Cluster Leads in your area

### Closure

- Where a practice has taken the decision to close, arrangements must be put in place (e.g. via the practice's telephone answering system) to provide clear signposting to one or more other local practices, which are continuing to provide emergency and essential eye care in the optometric clusters.
- All practices must inform NWSSP of closure ([nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk)), and those claiming the NHS fee during this period must provide a full list of both professional staff and non-professional staff who may be re-deployed to support the optometric clusters and/or wider NHS activity. This will not and does not breach current GDPR legislation. NHS Wales require details of the workforce who provide NHS services
- The wider NHS activity could be supporting specialist Health Board managed eye care centres, or part of wider primary care teams such as GP or pharmacy teams.
- A list of open optometry practices is available on the Eye Care Wales website: <http://www.eyecare.wales.nhs.uk/coronavirus-information>

### Education and Training

- There is an online interactive education package available about optometry in Wales and COVID-19 from WOPEC which includes information about patient signposting, PPE, disinfection as well as a number of useful resources and guidance documents. Access is free of charge for anyone, and is available at: [https://xerte.cardiff.ac.uk/play\\_11779](https://xerte.cardiff.ac.uk/play_11779)
- Accreditation to the Eye Health Examinations Wales service can be carried out at this exceptional time via an online assessment. This involves an online station examination



and a self-declaration of competence in using a Volk BIO lens. Post-COVID lockdown and when appropriate, candidates will undergo a training session for foreign body removal and an assessment of their Volk BIO competence. To arrange accreditation at this time, please email Sasha Macken or Sharon Beatty at [Wopec@cardiff.ac.uk](mailto:Wopec@cardiff.ac.uk)

- The General Optical Council (GOC) has waived the CET requirement of 6 points per calendar year for 2020 in recognition of the difficulty of obtaining points during this year. All other three-year CET cycle requirements must be completed as normal by 31 December 2021. Further information can be found on the GOC site at: [https://www.optical.org/filemanager/root/site\\_assets/publications/covid\\_19/statement\\_on\\_cet\\_during\\_covid-19\\_emergency.pdf](https://www.optical.org/filemanager/root/site_assets/publications/covid_19/statement_on_cet_during_covid-19_emergency.pdf)

## Financial support

- a) All practices, if they remain open or if they are forced to close, will receive a monthly payment based upon their NHS service payments (GOS/WECS) averaged over the previous 3-year period. The current contractor reimbursement model will be suspended from the March scheduled payment. The new payment will take effect from the scheduled April 2020 payment for an initial 3-month period.
- b) Do not submit NHS claim forms during the new arrangement period. However, practices must maintain accurate records for all patients seen or advised, and an administrative record of all activity undertaken during the new arrangement period. An electronic system has been established for all practices designated as “open” via Health Board arrangements, to accurately record all activity. Patient signatures are not required. Please note this is to ease the administrative burden upon practices and prevent possible spread of the virus through the multiple use of pens. All examinations must be conducted in line with current regulations and guidelines through GOS and WECS. If urgent eye care is required, this must be conducted by an EHEW accredited practitioner at one of the designated ‘open’ practices.
- c) All practices that remain open, to provide emergency and urgent eye care, will receive an additional payment of 25% of the calculated NHS service payment monthly average (as outlined at (a) above).
- d) For a practice to be open, an accredited optometrist must be present and provide NHS services. In line with the “Examining Patients” section below, practices are encouraged to adopt a closed-door policy.
- e) Opening hours must be in line with or within 75% of the normal opening hours submitted to NWSSP prior to COVID-19 working arrangements.
- f) If a practice, that has initially remained open, is forced to close, payment will revert to the average NHS payment as outlined in (a) above. Practices must inform NWSSP immediately of any closures.
- g) All practices that remain open and provide additional services to support Health Board ophthalmology departments (urgent cases), will be locally commissioned separately. This will be mainly related to review through an Ophthalmic Diagnostic and Treatment Centre (ODTC) for asymptomatic patients at high risk of sight loss. This may also include eye casualty arrangements in Health Boards.
- h) Payments under these new arrangements will be made on the 14<sup>th</sup> of each month.

## Examining patients

### Emergency centres and ophthalmology advice

- Optometrists providing care in primary care optometric practices are advised not to examine patients who are symptomatic of, or who are a known case of COVID-19.
- Health Boards are establishing emergency centres where these patients can be directed for assessment of urgent eye care needs. Please contact your local Health Board Optometric Adviser who will advise you of the relevant contact details and pathways to refer symptomatic patients (See contact list in appendix 1).
- During this period of 'lockdown', access to urgent ophthalmological opinion will be required at times. Health Board Optometric Advisers will co-ordinate services being provided in the hospital setting and contact details for urgent advice.

### Environment

- Lock the door so that patients are seen by appointment only.
- Maintain social distancing.
- Space out the chairs in the waiting and dispensing areas by at least 2 metres.
- Limit the number of people in the practice and consulting room at any one time by spacing out appointments.
- It is recommended to use a plastic breath shield attached to your slit lamp. All EHEW practices have been provided with an appropriate breath shield. Additionally, the Royal College of Ophthalmologists has advice on how to make a temporary shield (<https://www.rcophth.ac.uk/wp-content/uploads/2020/03/Coronavirus-RCOphth-update-17-March-2.pdf>).
- Support good tissue practice (catch it, kill it, bin it) for patients and staff by having tissues and covered bins readily available.

### Personal protective equipment (PPE)

- Wear appropriate PPE if you need to see patients at a distance of less than 2 metres. National guidance states that, even if the patient is not currently a possible or confirmed case of COVID-19, clinicians should wear single-use disposable aprons and gloves and change these for each patient.
- In addition to gloves and aprons, practitioners are advised to risk assess whether they feel they need to wear a fluid-resistant surgical face mask (type IIR) and/or eye/face protection if there is an anticipated or likely risk of contamination with splashes, droplets of blood or body fluids. Masks and/or eye/face protection can be worn for the whole session ('sessional use') rather than changed for each patient, unless they become soiled, damaged or uncomfortable.
- It is recommended that all optometrists working within two metres of the patient wear a surgical mask. For further information on assessing risk, see section 7 of the "COVID-19 personal protective equipment (PPE)" guidance: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe#section-7>
- Fluid-resistant face masks are worn to protect the wearer from the transmission of a virus by respiratory droplets, which may be released from the mouth during coughing, sneezing or speaking. They may also reduce the risk of contamination of oral and nasal mucosa by accidental touching of your mouth or nose with a contaminated hand. They can be worn for sessional or single use and must be fitted properly around the nose, but do not require a 'fit test'.

- It is recommended to use a plastic breath shield attached to your slit lamp and disinfect this between patients. You should avoid speaking at the slit lamp.
- Do not deliver face-to-face care at less than two metres if you do not have appropriate PPE. Instead, direct the patient to a service that does.
- How to put on and take off PPE: <http://www.nipcm.scot.nhs.uk/appendices/appendix-6-best-practice-putting-on-and-removing-ppe/>
- Primary care PPE procedures (video) <https://youtu.be/j3hfEpjAx0E>
- Removal and disposal of PPE (video) <https://youtu.be/oUo5O1JmLH0>

### **Infection control**

- Ask patients to decontaminate their hands on entering the practice by providing them with a hand sanitiser or hand washing facilities.
- Practice effective hand washing and use of hand rub/sanitiser. Government posters are available at:
  - Hand washing: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/877530/Best\\_Practice\\_hand\\_wash.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877530/Best_Practice_hand_wash.pdf)
  - Hand rub/sanitiser: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/877529/Best\\_Practice\\_hand\\_rub.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877529/Best_Practice_hand_rub.pdf)
- Wipe 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.
- Sanitise frames before patients try them on. If you need to focimeter patients' spectacles, ask the patient to take them off and provide the patient with a wipe to sanitise their frames before you touch them.
- If you do need to touch the patient, be particularly scrupulous about your hygiene before and after putting on PPE, and ensure you decontaminate any equipment used appropriately. See the box above on appropriate use of PPE.

### **Patient appointments and triage**

- See patients by appointment only, and only those who have urgent eye or sight-related symptoms which cannot wait, or where essential eye care is necessary.
- These may be patients who would be seen using the EHEW service, or sight tests for symptomatic patients where these are clinically necessary and cannot safely be postponed. Do not see patients without eye or sight related symptoms for routine sight tests. Essential should be considered as maintaining the ability to function or patients at risk of coming to harm if no intervention is sought.
- Practical examples could include: a lost pair of glasses or changing vision rendering an individual unable to function normally e.g. care for a relative or drive as part of their living.
- Information posters for the public can be displayed outside of practices (Appendix 1).
- Use a telephone or video triage system to determine whether patients need to be seen. The GOC has provided advice about undertaking remote consultations and prescribing. ([https://www.optical.org/filemanager/root/site\\_assets/publications/covid\\_19/High-level-principles-for-remote-prescribing\\_.pdf](https://www.optical.org/filemanager/root/site_assets/publications/covid_19/High-level-principles-for-remote-prescribing_.pdf)).
- As part of the triage, ask patients to confirm that they are well and that everyone in their household is not exhibiting relevant symptoms (new, continuous cough and/or a high

temperature). Patients with these symptoms should not attend the practice, and should self-isolate.

- The GOC has issued advice on issuing spectacles and contact lenses to patients who are overdue for their appointments (<https://www.college-optometrists.org/the-college/media-hub/news-listing/remote-consultations-during-covid-19-pandemic.html>).

### **Routine eye tests**

#### **Patients with serious/urgent eye conditions**

- If a patient reports a serious eye condition that requires urgent or emergency hospital treatment you should direct them to one of the Health Board designated open practices already identified to you by your local Optometric Adviser.
- If a patient has a serious eye condition that needs to be seen, but they also have symptoms of COVID-19, contact the appropriate local hospital for advice or refer to the guidance and direction already provided by your local Optometric Adviser.
- The Royal College of Ophthalmologists advise that patients who need to be seen and treated urgently include suspected:
  - Glaucoma
    - Acute glaucoma
    - uncontrolled very high IOP >40mmHg or rapidly progressive glaucoma
  - Wet active age-related macular degeneration
  - Sight-threatening treatable retinovascular disease (proliferative diabetic retinopathy and CRVO)
  - Acute retinal detachments (macular on, macular off <4weeks)
  - Uveitis – severe active
  - Ocular oncology - active, aggressive, uncontrolled or untreated lesions
  - Retinopathy of prematurity (screening and treatment)
  - Endophthalmitis
  - Sight-threatening trauma
  - Sight-threatening orbital disease e.g. orbital cellulitis, severe thyroid eye disease
  - Giant cell arteritis affecting vision.

### **Domiciliary eye care**

- Currently, urgent eye care is not accessible in a domiciliary setting through Eye Health Examination Wales (EHEW).
- During the COVID-19 pandemic Health Boards and their Optometric Advisers have established pathways to ensure this service can be provided to patients with urgent eye or sight-related symptoms which cannot wait.
- Should you receive a request for an urgent domiciliary assessment, please contact your Health Board Optometric Adviser who will be able to facilitate the request accordingly.

## **Ways to minimise physical contact with patients**

### **Reduce physical contact**

- Adapt your routine to reduce close contact with patients. For example, using SL-BIO instead of direct ophthalmoscopy, or fundal imaging if that is an acceptable alternative.

- Have any discussions with the patient (e.g. symptoms and history, advice given) initially by telephone and at a safe distance if required in practice.
- You should use good hand hygiene before and after any patient contact, and always use the appropriate PPE, but try and avoid touching the patient where possible. For example, ask the patient to open their eyes wide when looking down doing SL-BIO, or use a cotton bud to lift their lids if you need to. Other examples include:
  - Ask the patient to remove their spectacles themselves.
  - Ask contact lens patients to insert and remove their lenses themselves (if possible).
  - Ask patients to pull their lower lids down themselves if you are instilling eye drops, or using a tissue between your finger and their lids if you need to pull their lid down.
- We anticipate that you will only need to refract patients rarely, but if you do need to do so, use your professional judgement to decide in how much detail you need to refine your refraction, in order to minimise the time spent close to the patient. For example, do you really need to worry about the 0.25 cylinder?
- If you do need to touch the patient be particularly scrupulous about your hygiene before and after touching the patient, ensure that you wear the appropriate PPE and decontaminate any equipment used appropriately.

### **Aerosol generating procedures**

- Because of the risk of aerosols or splashing of tears, if you use air-puff tonometry, particularly if this is hand-held, consider whether this is really needed.
  - For example, if the patient has normal discs and visual fields then do you need to measure their IOP? Although they will not produce aerosols, similar considerations would apply if your only method of tonometry is using a Perkins or iCare tonometer, because of the close contact with the patient that is required.
- Because of the risk of aerosols, do not use Alger brushes. If you need to remove a rust ring, use a needle instead.

### **Referrals and dispensing**

- Consider your referrals carefully. Only refer patients with urgent conditions (see box “Patients with serious/urgent eye conditions” on pages 11 for examples).
- Non-urgent patients are unlikely to be seen in the hospital for many months, so would it be better for you to monitor them in practice instead? For example, if you would normally refer a patient for cataract and postpone dispensing their spectacles until after surgery, it may be better to discuss with them whether it would be worth them having their spectacles updated as they will have to wait longer than usual for surgery.
- For essential eye care, consider whether you need a patient to come in for dispensing. If they simply need a reglaze or have broken their spectacles – can you repair or reglaze them by post, or make a duplicate pair from the information you already have on file?
- If the patient needs new spectacles, post these to the patient rather than asking them to come in for collection.

### **Record keeping**

- Make it clear from your clinical record that a patient was seen during the COVID-19 pandemic, to help explain your decision-making where necessary.



## Remote consultations

- These temporary guidelines have been written to help optometrists who are conducting remote telephone/video consultations with patients.
- Details and downloadable forms are available on the College of Optometrists website:  
<https://www.college-optometrists.org/the-college/media-hub/news-listing/remote-consultations-during-covid-19-pandemic.html>

### Introduction

- These temporary guidelines have been written to help optometrists who are conducting remote telephone/video consultations with patients rather than asking them to come into the practice, to help with social distancing during the COVID-19 pandemic. These guidelines will no longer apply when the pandemic is over, and life returns to normal.
- During the COVID-19 pandemic, people have been instructed not to leave home for non-essential purposes, and so optometrists have a role to play in assessing whether or not a patient really needs to come into optical practice to be seen, whether their care can safely be delayed, or whether they can be supported to self-manage until such a time as the social distancing measures are over. This guidance aims to help in your decision making.
- This guidance should be read in conjunction with the telephone triage sheets for remote spectacle and contact lens prescribing, downloadable at: <https://www.college-optometrists.org/the-college/media-hub/news-listing/remote-consultations-during-covid-19-pandemic.html>
- We understand that not all practices will be able to provide urgent/emergency and essential eyecare services. If you are not providing these services, arrangements must be put in place to provide clear signposting to one or more other local practices, which are continuing to provide emergency and essential eye care in the optometric clusters.
- This may be done by way of a practice answerphone message, notice on your website and a sign on the practice door.
- The GOC has clarified that “Uncertain times mean that our registrants may be called upon to work at the limits of their scope of practice and vary their practice for protracted periods of time and in challenging circumstances.” They have issued a series of statements which they “hope to reassure our registrants and the education sector that when they act in good conscience, for the public benefit, exercising professional judgement in all of the circumstances that apply, the GOC will support them”. (Accessed 31 March 2020)



## Steps to take

1. Introduce yourself to the patient and make sure you confirm their identity and correct contact details.
2. Make sure you conduct the telephone/video consultation in a private place, just as you would if the patient were in the practice, even if you are doing this from home.
3. Check that the patient is happy to have a conversation. For example, they may wish to move to somewhere private so that they cannot be overheard.
4. If the patient has symptoms of COVID-19 as well as symptoms of a life- or sight-threatening condition, do not see them in your practice. Contact your local hospital for advice, telling them that the patient has symptoms of COVID-19.
5. Patients may contact you with a variety of concerns. Before seeing the patient you should discuss the concerns with the patient remotely – by phone or video call – to help you decide whether you need them to come into the practice. The College of Optometrists has issued a telephone triage sheet to help you record your conversations (<https://www.college-optometrists.org/uploads/assets/0d35dcdd-2d56-4bd1-a56fd53189cd429a/05811c78-2e22-4835-a2bf8252c340291c/Clinical-telephone-review-form-1-April-2020.pdf>).
6. If a patient contacts you about lost or broken spectacles or if they need contact lenses you should use your professional judgement as to whether you need to re-examine the patient, or whether you can simply post them a replacement pair of spectacles or contact lenses. The College of Optometrists has designed triage sheets to help you with this:
  - a. Supplying replacement spectacles by phone: <https://www.college-optometrists.org/uploads/assets/37cc5fed-7e46-491f-a1aac2eb5d9d85f5/Spectacle-lens-telephone-review-form-19-March-2020.pdf>
  - b. Supplying replacement contact lenses by phone: <https://www.college-optometrists.org/uploads/assets/ff21338f-9879-4131-8bfca68138d8d48d/Contact-lens-telephone-review-form-19-March-2020.pdf>
7. If the patient contacts you with a clinical problem you should decide which of the following categories the patient falls into:
  - a. If it is obvious that the patient has an emergency life or sight-threatening condition you should contact the appropriate eye casualty department for advice without the patient coming in to see you. Follow local referral protocols if available.
  - b. If the patient has a potentially life or sight-threatening condition, consider whether you can add value by seeing the patient to potentially avoid a hospital referral. If you are likely to refer the patient anyway, contact the hospital for advice without asking the patient to come in to see you. Ensure you include the information that makes you feel this patient needs to be seen urgently by the hospital eye service.
  - c. If the patient has any other eye condition, consider whether the patient can self-manage the condition at home, particularly if it is self-limiting.
  - d. If the patient has no symptoms, and wishes to have a routine eye examination or contact lens check-up, postpone their appointment until social distancing measures have been lifted.
8. When determining what the appropriate management of the patient is, consider the following:
  - a. Patients with acute symptoms that are worsening are more likely to be urgent than those with symptoms that have not changed

- b. Does the patient have any additional risk factors, such as previous ocular or family history or medical conditions?
  - c. What action is likely to be taken by the hospital if your provisional diagnosis is confirmed? If the hospital is unlikely to see the patient, do you need to see them (remembering that routine ophthalmology appointments have been suspended)?
  - d. Do you have access to the patient's previous optical records? If not, do you need this to make a decision?
9. You should make clear notes of any discussions you have with the patient, and any observations you make during a video call. You may do this using your usual practice record-keeping system, making it clear that this is a telephone or video consultation (as appropriate) because of the COVID-19 pandemic. Alternatively, there is a template for this that you can use (<https://www.college-optometrists.org/uploads/assets/0d35dcdd-2d56-4bd1-a56fd53189cd429a/05811c78-2e22-4835-a2bf8252c340291c/Clinical-telephone-review-form-1-April-2020.pdf>). You should clearly document the questions that you have asked, the patient's responses, and what you have advised the patient to do.
10. As for all clinical records, records of telephone or video consultations should be kept securely. This may be via the practice record system, securely in the cloud or electronically on a device, or - if you are working remotely and using paper records – in a secure place such as a locked cabinet, or in a locked room. When considering whether the storage that you are using is appropriate, ask yourself whether the patient would feel that it was reasonable in the circumstances. If the answer is no, then you must find an alternative storage solution. The Information Commissioner's Office has stated that you will need to consider the same kinds of security measures for home working that you'd use in normal circumstances (<https://ico.org.uk/for-organisations/data-protection-and-coronavirus/>).
11. If you use a personal device to conduct the consultation, ensure any information stored on your personal device is transferred to the appropriate record system and then deleted from your device. This includes back-up data.
12. If you examine the patient and need to refer them, send images to the hospital eye service where appropriate, to help them advise on the best course of action.
13. Self-care can be supported by emailing or posting advice to patients, for example patient information leaflets or directing patients to useful webpages.
14. Patients should be told to contact you again should their symptoms worsen.

# Open optometric practices

A list of open practices and contact details is also available on the Eye Care Wales website:

<http://www.eyecare.wales.nhs.uk/coronavirus-information>

## Aneurin Bevan University Health Board

Health Board Cluster	Optometric Practice	Telephone
Blaenau Gwent East	Williams and Parry, 50 Church St, Abertillery NP13 1DB	01495 213979
Blaenau Gwent West	Specsavers Opticians, 24 Bethcar St, Ebbw Vale NP23 6HQ	01495 350545
Caerphilly South	Specsavers Opticians, 59-61 Cardiff Rd, Caerphilly CF83 1FP	02920 880066
Caerphilly East	Elliott Bateman Opticians, Unit 3 The Market Place, Blackwood NP12 1AU	01495 229902
	Specsavers Opticians, 167 High St, Blackwood NP12 1AA	01495 229460
	F.L. Wangler, 3 Victoria Terrace, Newbridge, Gwent, NP11 4ET	01495 244922
Newport East	FL Wangler Opticians, 282 Chepstow Rd, Newport NP19 8NN	01633 273684
Newport West	Specsavers Opticians, Unit 2 Austin Friars, Newport NP20 1DQ	01633 244023
	Liverton Opticians, 26 Charles St, Newport NP20 1JT	01633 673094
	RW Coles, 58 Commercial Rd, Newport NP20 2PF	01633 262258
Torfaen South	Specsavers Opticians, 9 Llewellyn Walk, Cwmbran Shopping Centre, Cwmbran NP44 1YN	01633 877006
	RJD Jenkins, 13 New St, Pontnewydd, Cwmbran NP44 1EF	01633 869777
Monmouth North	Monnow Eyecare, 11 Cinderhill St, Monmouth NP25 5EY	01600 715299
	Specsavers Opticians, 67 Frogmore St, Abergavenny NP7 5AU	01873 859 898

## Betsi Cadwaladr University Health Board

Health Board Cluster	Optometric Practice	Telephone
Arfon	Specsavers Opticians, 14-16 Bridge St, Caernarfon LL55 1AB	01286 685820
	Barnet Pepper Ltd, 28 Pool St, Caernarfon LL55 2AB	01286 672717
	M W Williams, 310 High St, Bangor LL57 1UL	01248 354949
Central & South Denbighshire	Saunders & Schwarz, 26 Bridge St, Denbigh LL16 3TF	01745 812767
North Denbighshire	Specsavers Opticians, Unit 15 White Rose Centre, Rhyl LL18 1EW	01745 343200
Conwy West	Specsavers Opticians, Unit 6 Victoria Centre, Llandudno LL30 2NG	01492 877077
	ASDA Opticians Asda Stors Ltd, Conwy Rd, Llandudno LL30 1PJ	01492 864320
	Saunders & Schwarz, 23 Denbigh St, Llanrwst LL26 0LL	01492 640682
South Flintshire	Specsavers Opticians, 7 High St, Mold CH7 1AZ	01352 705090
North East Flintshire	Specsavers Opticians, Unit 5B Broughton Shopping Park, Chester Rd, Broughton CH4 0DE	01244 509959
North West Flintshire	Specsavers Opticians, 33 Church St, Flint CH6 5AD	01352 792710
	A Schwarz & Sons, 5-7 Whitford Street, Holywell, CH8 7NJ	01352 714888
Meirionnydd	Eleanor Davies Optometrist Ltd, 4 Eldon Square, Dolgellau LL40 1PS	01341 423773
West & North Wrexham	Specsavers Opticians, 13 Regent St, Wrexham LL11 1RY	01978 261485
Central Wrexham	I Matters Eyecare, 30 Henblas St, Wrexham LL13 8AD	01978 291653

## Cardiff & Vale University Health Board

Health Board Cluster	Optometric Practice	Telephone
Cardiff East	Roberts and Rees, Unit 3, Lewis Court, Maelfa, Llanederyn, Cardiff CF23 9PL	02920 731436
Cardiff North	Chalmers Opticians, 34-36 Albany Rd, Roath, Cardiff CF24 3RQ	02920 487375
	Specsavers Opticians, Unit 1b Ty Glas Retail Park, Llanishen, Cardiff CF14 5DU	029 2076 3133
	Medi-Optics, 12 Maryport Rd, Roath Park, Cardiff CF23 5JX	02920 764963
Cardiff South & East	RN Roberts, 282 North Rd, Gabalfa, Cardiff CF14 3BN	02920 621086
	Direct Eyecare, 14 Clifton Street, Cardiff CF24 1PX	029 2048 0600
	Specsavers Opticians, 59 Albany Road, Roath, Cardiff CF24 3LL	02920 437220
Cardiff South West	Specsavers Opticians Pod 2, Unit 2, Capitol Shopping Centre, Leckwith, Cardiff CF11 8AZ	02920 228893
Cardiff West	Roberts and Rees Opticians, 32 Merthyr Rd, Whitchurch, Cardiff CF14 1DH	02920 615110
City & Cardiff South	Specsavers Opticians, 92 Queen Street, Cardiff CF10 2GR	02920 390297
Central Vale	Specsavers Opticians, 108 Holton Rd, Barry CF64 4HJ	01446 704910
	Jones and Jones Optometrists, 10 High Street, Barry CF62 7DZ	01446 400015
Vale & Eastern Vale	Osmond Drake, 107 Glebe St, Penarth CF64 1ED	029 2070 9526
	Specsavers Opticians, 10 Windsor Rd, Penarth CF64 1JH	029 2071 3900
	Davies and Jones, 84 Cardiff Rd, Dinas Powys CF64 4JX	029 2051 4089
Western Vale	Robert E Lloyd Opticians, 49 High St, Cowbridge, Vale of Glamorgan CF71 7AE	01446 773191
Home Eye Care Domiciliary provider	Lisa Evans	07756 420965

## Cwm Taf Morgannwg University Health Board

### Optometric Practices

Health Board Cluster	Optometric Practice	Telephone
Bridgend East	Specsavers Opticians, 36 Adare St, Bridgend CF31 1EJ	01656 649127
Bridgend North	Specsavers Opticians, Sainsburys, Derwen CF32 9ST	01656 331270
Bridgend West	Specsavers Opticians, 59 John St, Porthcawl CF36 3AY	01656 782832
	W&B Davies, 36 Bridge St, Kenfig Hill, Bridgend CF33 6DD	01656 740657
Merthyr	Specsavers Opticians, Market Square, Merthyr Tydfil, CF47 8BY	01685 371201
Rhondda	R Coleman Opticians, 138 Bute St, Treorchy, CF42 6BB	01443 772087
Taff Ely	Specsavers Opticians, 65 Taff St, Pontypridd CF37 4TD	01443 480244
	Specsavers Opticians Unit 1B, Talbot Green Shopping Centre, Llantrisant CF72 8LW	01443 223882

### IP Plan

Health Board Cluster	IP Plan	Telephone
Bridgend West	Parish & Green 1 Hilda House, The Square, Pencoed, Bridgend CF35 5NP	01656 861003
Merthyr	Merthyr Optical Centre, 138a High St, Merthyr Tydfil CF47 8DN	01685 388384
North Cynon	Mountain Ash Optical Centre, 24 Oxford St, Mountain Ash CF45 3PG	01443 473760
South Cynon	Davies and Jones, 13 The Strand, Ferndale CF43 4LY	01443 730214
Rhondda	Davies and Jones, 19 Hannah St, Porth CF39 9RB	01443 773879
Taff Ely	Davies and Jones, 58 Talbot Rd, Talbot Green CF72 8AF	01443 223124

## Hywel Dda University Health Board

Please note that Hywel Dda University Health Board have a central telephone line that will direct you to an open optometry practice. The number to call is 01267 248793.

Health Board Cluster	Optometric Practice	Telephone
Amman/Gwendraeth	Specsavers Opticians, 20 Quay St, Ammanford SA18 3BS	01269 590190
Llanelli	Loveleen Browes, 62 Station Road, Burry Port, Carmarthenshire, SA16 0LW	01554 833777
	Specsavers Opticians, 50 Stepney St, Llanelli SA15 3TR	01554 773555
	Vision Express Unit 6, Trostre Retail Park, Llanelli SA14 9UY	01554 778052
North Ceredigion	Probert & Williams, 15 Baker Street, Aberystwyth, Ceredigion, SY23 2BJ	01970 611555
	Specsavers Opticians, 30 Great Darkgate St, Aberystwyth SY23 1DE	01970 636170
North Pembrokeshire	Specsavers Opticians, 4 Bridge St, Haverfordwest SA61 2AL	01437 767788
	M.N Charlton Optometrists, 27 West St, Fishguard SA65 9AL	01348 873234
South Ceredigion	Pritchard Cowburn Opticians, 19 Pendre, Cardigan SA43 1JT	01239 612004
South Pembrokeshire	Specsavers Opticians, 3 Dimond St, Pembroke Dock SA72 6JA	01646 623090
Tywi Taf (2ts)	Celtic Opticians Ltd, 50 King St, Carmarthen SA31 1BH	01267 223476
	Jones and Murphy Optometrists, 10 Mansel St, Carmarthen SA31 1PX	01267 236545

## Powys Teaching Health Board

Health Board Cluster	Optometric Practice	Telephone
North Powys	Specsavers Opticians, 48 Broad St, Newtown, Powys SY16 2AU	01686 610600
Mid Powys	SG Marshall Opticians, 23 High St, Builth Wells LD2 3DL	01982 552801
	Evans & Jones, Middleton St, Llandrindod Wells LD1 5ET	01597 822143
South Powys	First Optic Ltd, 19 Bethel Square, Brecon LD3 7JP	01874 610256
	David Jenkins Optometrists, 17 Station Rd, Ystradgynlais SA9 1NT	01639 843627

## Swansea Bay University Health Board

Health Board Cluster	Optometric Practice	Telephone
Afan	Specsavers Opticians, 31a Riverside Shops, Port Talbot SA13 1EJ	01639 885370
City Health	Specsavers Opticians, 395 The Kingsway, Swansea SA1 5LQ	01792 474426
	Stephen Evans, Ethos, Kings Rd, Swansea SA1 8AS	01792 643823
	Huw Bellamy, 72 Brynymor Rd, Swansea SA1 4JJ	01792 461054
Cwm Tawe	Specsavers Opticians, 28 Woodfield St, Morriston SA6 8AB	01792 315970
Llwchwr	Specsavers Opticians, 62 High St, Gorseinon SA4 4BP	01792 896555
Neath	Specsavers Opticians, 24 Green St, Neath SA11 1DG	01639 641133
Penderi	Boots Opticians, 319 Carmarthen Road, Swansea SA5 8LP	01792 456644

## Conclusion

Optometry practices are faced with an unprecedented challenge to provide services in a fast-changing environment.

There is an expectation on optometry practice services, practices and clusters to work collaboratively to establish the best patient journey to achieve the best possible outcome.

This toolkit compiles information and guidance with supporting information to enable the continuity of services by community optometry practice services at this unprecedented time of pressure. Practical tips and templates have been included to help navigate through the process.

It should be noted that the situation is very fast-moving, and plans are evolving at pace, so this document provides only a snapshot of the current situation (as of 22 April 2020).

# Appendices

## Appendix 1: Contact list

Planning for eye care services will take place at local Health Board level, between Health Boards, their Optometric Adviser, Regional Optometric Committees and Optometry Wales. For further enquiries, see the contact list below.

### Optometry Wales

Sali Davis: [Sali.davis@optometrywales.com](mailto:Sali.davis@optometrywales.com);

### Optometric Advisers

Health Board	Name	Email Address
Aneurin Bevan University Health Board	Mike George	mike.george@wales.nhs.uk
	Stephanie Campbell	stephanie.campbell@wales.nhs.uk
Betsi Cadwaladr University Health Board	Tim Morgan	mothy_morgan@hotmail.com
Cardiff & Vale University Health Board	Sharon Beatty	sharon.beatty2@wales.nhs.uk
Cwm Taf Morgannwg University Health Board	Tim Palmer	timothy.palmer@wales.nhs.uk
Hywel Dda University Health Board	Rebecca Bartlett	rebecca.john2@wales.nhs.uk
Powys Teaching Health Board	Paul Cottrell	paul.cottrell2@wales.nhs.uk
Swansea Bay University Health Board	Lyndsay Hewitt	lyndsay.hewitt@wales.nhs.uk



**CORONAVIRUS: COVID-19**  
**This optical practice is open  
for essential and urgent eye  
care only**

We are asking if you or  
someone in your home has a



Persistent cough

High temperature

**Please DO NOT enter this practice.**

Do not go to a GP, pharmacy or hospital.

You should return home and stay there for  
14 days.

Please visit NHS 111 online for more  
information  
[www.111.nhs.uk](http://www.111.nhs.uk)



# CORONAVIRUS: COVID-19

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**This optical practice is open  
for essential and urgent eye  
care only.**

**We can help if:**

- **your vision has suddenly changed or become blurry**
- **you have a painful or red eye**
- **you have been advised to attend this practice by NHS 111 or another healthcare professional for urgent eye care**
- **you have broken or lost your glasses and need a replacement pair to function**
- **you have a problem with your contact lenses**

**Please contact us so we can assess how best to meet your needs.**

**Contact lens supply for existing patients will be done by post.**

**If you have glasses on order we will also be able to post these to you.**

**If you are worried about your eyes please phone us to discuss this.  
We may be able to answer your queries over the phone or video  
without you needing to come in.**

**Our contact details are:**



**THE COLLEGE OF  
OPTOMETRISTS**