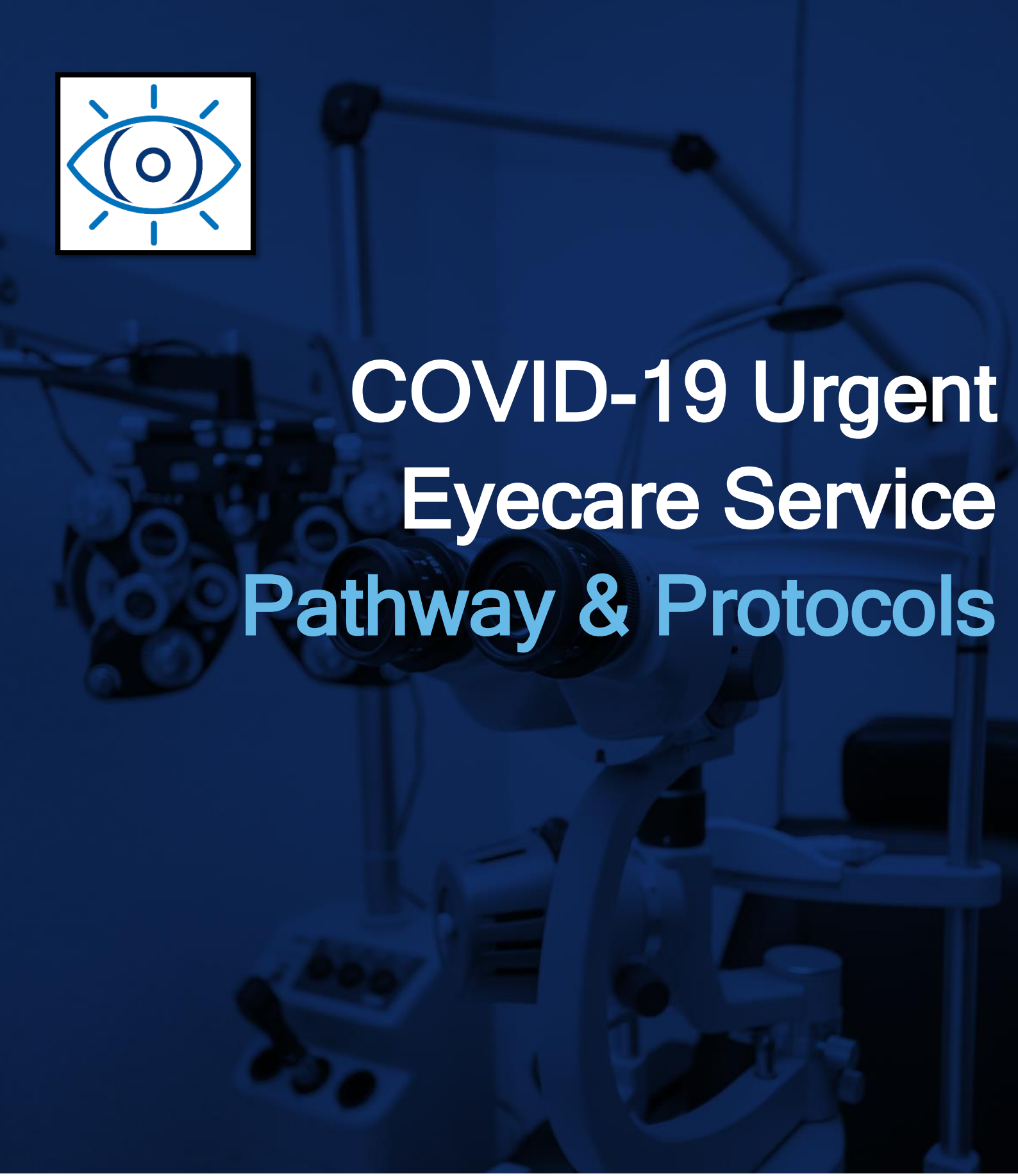

COVID-19 Urgent Eyecare Service Pathway & Protocols

Version 3.0 17th August 2020

Primary Eyecare

Contents

Outline

In response to the coronavirus (COVID-19) pandemic, NHS England/Improvement has set out that as routine sight testing has ceased (NHS England Publication approval reference: 001559), the COVID-19 Urgent and Emergency eye care service has been developed (CUES).

Through a network of optical practices, and utilisation of technology, patients will be able to gain prompt access to a remote consultation and, in most cases, a care plan for the patient to either self-manage their ocular condition (with access to appropriate topical medications where appropriate), be managed by their optometrist with advice, guidance and remote prescribing as necessary by hospital eye services/IP Optometrists or be appropriately referred to ophthalmology services.

This will reduce the burden on patients physically visiting GP surgeries, pharmacies and secondary care facilities. The use of technology will allow virtual consultations allowing many people to receive their consultation from their home.

It will also help to both support the public health agenda, whilst ensuring that patients who are in the high-risk vulnerable category, or patients who are self-isolating can access urgent and emergency eyecare appointments appropriately.

Purpose of Service

The primary aim of the service is to ensure people can access urgent eyecare within primary care, utilising the established trained workforce in optical practices.

This is essential to reduce demand on primary care including general practice and pharmacy, and the pressures on the hospital eye services during the coronavirus (Covid-19) pandemic and inform the requirements for service development for the recovery phase that will follow

The service objectives are to:

Deliver a COVID-19 urgent eye care service to people, from optical practices, acting as urgent eye care hubs.

- Improve access to local timely care for patients with urgent ocular presentations, reducing the need to travel to the hospital
- Identify at risk and confirmed people with COVID-19 and, where patient needs are not met by remote consultation within the service, refer to appropriate services with advice on restrictions to access.
- Deliver clinical triage, assessment, treatment and advice by telephone or video to reduce the need for face-to-face contact, where appropriate, avoiding the need for many patients to leave their home.
- Provide face to face consultations where required in some optical practices,
- Apply appropriate social distancing and infection control measures where a face-to-face consultation is required.

- Facilitate urgent and emergency eye referrals, where necessary, following local referral protocols (Alerting where the patient reports symptoms of Covid-19, or is in an at-risk group)
- Ensure the knowledge and skills of the optical practice workforce (Optometrists, Dispensing Opticians and Contact lens Opticians) are utilised as primary health care providers.
- Provide an equivalent remote service to people who are house-bound or shielding during the period of COVID-19.
- Provide access to specialist ophthalmic advice and guidance and remote prescribing when required to support practitioner clinical decision making and treatment.
- Support compliance with COVID-19 control measures and follow best practice PPE guidance relating to infection control (Service policies and protocols will be regularly updated in line with national Public Health England (PHE) guidance)

Description of Service

The service will provide initial contact, telephone triage, remote consultations and where necessary face to face assessments and management of recent onset symptomatic or urgent ocular presentations.

The Service will maintain a minimum number of face to face patient interactions by:

- adopting remote consultation by the most appropriate clinician
- triage to the most appropriate clinician if a face to face appointment is necessary
- optimising each consultation with ophthalmologist, or optometrist with independent prescribing advice & guidance, where appropriate.

Initial telephone contact and access to clinical triage – access to the Service is restricted to telephone booking only, to:

- identify people with Covid-19 symptoms, at risk /self-isolating people to signpost to appropriate services.
- offer telephone/ video consultation and selfcare advice or provide signed orders remotely, where appropriate
- offer face to face appointments with optometrist following telephone/video consultations for those who are presenting with urgent and higher risk symptoms (observing PPE guidance and social distancing advice)
- Signpost to emergency services, as appropriate.

Urgent Eye Care – The Service might typically include people presenting with a red or painful eye, foreign body, sudden change in vision, or flashes and floaters which might suggest retinal detachment, who would otherwise present to general practice, hospital services and A&E.

Patients can self-present (by telephone) or be referred / redirected from other services for clinical assessment and management.

- The service will utilise current clinical capability within optical practice
- Should a local optical practice be closed, a recorded telephone message will redirect the caller to the nearest optical practice, acting as an urgent eyecare hub.
- Accept redirected referrals from the Hospital Eye Service for assessment / continued care
- The Service will recognise that where available, optometrists with higher qualifications (Such as independent prescribing qualifications) will be able to manage a broader scope of eye conditions, initiate treatment and deliver care as necessary, as well as supporting other practitioners with advice and guidance as required.
- Optometrists without higher qualifications can be supported in decision making and providing treatment through advice, guidance and remote prescribing from IP Optometrists or the hospital eye service
- It is accepted that in many areas, referrals to ophthalmology may require clinical discussion first (or electronically if not urgent) with an ophthalmologist to explore alternative management options thereby reducing the need to attend hospital, provide additional advice and guidance, determine the appropriate timing for attendance or agree a collaborative approach for patient management.

It is recommended that practitioners utilise the College of Optometrists' Clinical Management Guidelines which can be found on their website www.college-optometrists.org/en/professional-standards/clinical_management_guidelines/index.cfm

Follow up care must be provided where clinically necessary. It is expected the majority of patients seen by the CUES will not need a follow-up appointment. Where follow-up is needed, the provider will be expected to use their clinical judgement to book the appointment within an appropriate timescale for the condition being treated.

Clinical leadership

The service requires clinical leadership in enabling and assuring the delivery of high-quality care. The Service will therefore provide effective clinical leadership using the principles of multidisciplinary and organisational collaboration, training, clinical governance and clinical audit.

A local/regional clinical governance and performance lead will oversee the implementation and performance management of the service, and will work in partnership with the Trust(s) clinical lead ophthalmologist(s) to agree local pathways; revisions to local ophthalmology triage guidelines, joint care protocols and support responsive service co-developments, as required.

Service Entry Points / Referrals

- Patient telephones the practice directly (This will be the majority of referrals and telephone triage occurs immediately)
- Referral from GP, care navigator or local referral management service /triage
- Referral from Pharmacy deflection
- Referral from A&E / MIU / HES deflection (these maybe streamed through the PES Referral Hub)
- Patient redirected by another ophthalmic practice, or allied health professional
- Signposting by NHS111

Telephone screening/triage - Short initial telephone assessment to identify - service eligibility criteria, screen for COVID-19 symptoms, red flag check list, and understand if the patient is already under the hospital eye service.

Where the patient calls the practice directly, the telephone triage occurs immediately.

Where the referral is received in any other way (e.g. email from GP; telephone from HES transferring care) telephone triage will usually be delivered by the practitioner to allow for remote consultation to occur concurrently.

Where the practitioner is delivering the telephone triage, and identifies the need for a remote consultation, it is expected that this will be offered at the same time. Where a team member is delivering the telephone triage and identifies the need for a remote consultation and the practitioner is available, the remote consultation should be offered immediately.

Where the remote consultation is separate to the telephone triage, an appointment is booked, an email or SMS confirmation is sent to the patient which includes time and date of the consultation and includes the link to the video conferencing facility and/ or confirming the telephone number the practitioner will call on.

Consultation

Remote Telemedicine Consultation

The service aims to deliver care safely and remotely wherever possible, avoiding the need for the patient to leave their home / place of isolation.

The consultation will be delivered in line with *College of Optometrists Remote consultations during COVID-19 pandemic guidance* https://www.college-optometrists.org/the-college/media-hub/news-listing/remote-consultations-during-covid-19-pandemic.html

The appointment will be delivered by telephone and/or video link and risk-prioritised on the basis of clinical need.

The remote consultation should ideally take place within 2 hours of the initial contact with the service but must take place within 4 hours of initial contact.

For people who are hard of hearing or have communication needs, the patient should be able to nominate a support person/advocate who can also be invited to the consultation to support the patient.

The remote consultation will include the following, as appropriate:

1. Confirm with the patient that the consultation will only be able to discuss symptomatic urgent eye care needs and ensure that the patient happy to proceed on this basis.
2. Complete full online consultation, which will likely include (but is not limited to) capturing patient details, presenting symptoms and recent history, current medication, current health and past ocular history.
3. If appropriate, use video-conferencing facility to permit a gross external examination of the eye (as far as practicable). Technical guidance on utilisation of Video consultation can be found on the PES website; www.primaryeyecare.co.uk
4. Analyse findings and discuss and share the working diagnosis with the patient.
5. Where available, it might be necessary to seek advice and guidance from an ophthalmologist / optometrist with higher qualifications, who will be able to support with decision making relating to both diagnosis and the establishment of an appropriate management plan.
6. Discuss and agree a management plan with the patient which may include self-care advice, therapeutic recommendation, face to face consultation (identifying the optical practice hub with the appropriate equipment and practitioner available), or urgent referral to the Hospital Eye Services as per local protocols. Verify patient's understanding of management plan.
7. If a face to face appointment is offered, as much clinical detail as possible will be gathered during the remote consultation to minimise the face to face contact time.
8. The appointment will be booked with an Optometrist with the appropriate level of qualification and equipment and/ or access to ophthalmology A&G to help ensure the patient is fully managed within the service.
9. Where a 'virtual care and management plan' or 'self-care' plan has been agreed, a follow-up consultation may be arranged with the patient where appropriate and required.

10. Provide patient information by SMS, email and/or post, to support the individual management plan. This will include information on how to contact the service and/or other services if the condition fails to improve.
11. Ensure that the patient's clinical records are completed/updated as appropriate and update the patients GP and original referrer by email / post (A copy should be offered to the patient).

Face to Face Consultation

Appointments will be prioritised on the basis of clinical need and judgment. Same day appointments will be offered if the patient reports symptoms suggestive of a sight threatening / urgent condition.

All face to face appointments should be completed within 48 hours of telemedicine appointment.

Practitioners will follow general advice from NHS England & NHS Improvement, Public Health England and Department of Health and Social Care on appropriate COVID-19 measures.

Practitioners will also follow advice from the College of Optometrists (and where appropriate RCOphth) on measures for restricting clinical activity in all eye care services, and for appropriate use of Personal Protective Equipment (PPE); mitigating risk of infection to patients and staff.

People who are vulnerable / house bound / shielding should not be offered a face to face consultation with a case-by-case consideration. It is unlikely the risk of sight loss outweighs the risk to general health – seek consultant advice if uncertain.

https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19

The level of examination should be appropriate to the reason for referral.

Contact time with the patient should be kept to a minimum and performed by a single practitioner. (e.g. reduce practitioner-patient contact time by making use of Imaging and OCT in place of direct ophthalmoscopy and slit-lamp bio microscopy (with shield), where appropriate, and discussing the outcome remotely following the consultation).

All procedures are at the discretion of the practitioner and undertaken as deemed clinically necessary after assessment of the *patient's* History and Symptoms, appropriately mitigating for risk of infection.

Practitioners will work within their own competency and experience. Where available, they may seek advice and guidance (A&G) from an ophthalmologist / optometrist with higher qualifications, who will be able to support with decision making relating to both diagnosis and the establishment of an appropriate management plan.

Depending on availability, A&G may be delivered at the time of the consultation (by video link) or a later time (by NHS mail or telephone) and the outcome communicated to the patient remotely (telephone or video call).

Outcomes

Due to the requirement for patients to be have primary telemedicine assessment +/- face to face assessment with the most appropriate clinician the outcomes from the initial eligibility telephone triage are:

- Identify people with COVID -19 symptoms, at risk /self-isolating people and signpost to appropriate service (or offer a remote consultation if appropriate)
- Identify patients calling for other reasons and address appropriately (i.e. trying to book a routine sight test or for advice following a postponed outpatient appointment)
- Identify patients who are eligible for a sight test under GOS essential care and offer an appointment
- Identify patients who have an urgent eye care need, offer and book a telephone/ video consultation with an optometrist / suitable team member (may result in the offer of a face to face appointment)
- Identify "red flag" symptoms and signpost to emergency services, as appropriate (It may be necessary to first speak with an Optometrist and / or book an immediate remote consultation).

Outcomes following Telemedicine Consultation:

- Discharge with management plan (self-care)
- Discharge with management plan and therapeutic recommendation
- Face to Face appointment arranged
- Request advice and guidance from IP Optometrist or Ophthalmology department
- Emergency referral to Ophthalmology
- Non-Emergency referral to Ophthalmology (possibility of losing sight within the next 6 months)*
- Defer referral – reassess in 4 – 6 months*
- Referral to IP optometrist so higher-level therapeutic management can be considered
- Referral to practice with OCT
- Follow up appointment (via telemedicine or face to face)

Outcomes Following Face to Face Assessment:

- Discharge with management plan (self-care)
- Discharge with management plan and therapeutic recommendation
- Request advice and guidance from IP Optometrist or Ophthalmology department
- Emergency referral to Ophthalmology
- Non-Emergency referral to Ophthalmology (possibility of losing sight within the next 6 months)*
- Defer referral – reassess in 4 – 6 months*
- Referral to IP optometrist so higher-level therapeutic management can be considered
- Referral to practice with OCT
- Follow up appointment (via telemedicine or face to face)

Outcomes Following Assessment with Independent Prescriber Optometrist (IP):

- Discharge with management plan (self-care)
- Discharge with management plan and therapeutic recommendation
- Request advice and guidance from Ophthalmology department
- Emergency referral to Ophthalmology
- Non-Emergency referral to Ophthalmology (possibility of losing sight within the next 6 months)*
- Defer referral – reassess in 4 – 6 months*
- Follow up appointment (via telemedicine or face to face)

Outcomes Following Assessment with OCT Practice:

- Discharge with management plan (self-care)
- Discharge with management plan and therapeutic recommendation
- Request advice and guidance from IP Optometrist or Ophthalmology department
- Emergency referral to Ophthalmology
- Non-Emergency referral to Ophthalmology (possibility of losing sight within the next 6 months)*
- Defer referral – reassess in 4 – 6 months*
- Referral to IP optometrist so higher-level therapeutic management can be considered
- Follow up appointment (via telemedicine or face to face)

All assessment with OCT **must** include an upload of dicom files where available. If dicom files cannot be exported then still images/slices highlighting reason for referral episodes must be uploaded on.

All referrals should include appropriate images where possible to assist hospital triage – including anterior eye images, visual field plots, fundus images or OCT scans.

* Further information regarding outcome categories

Each of the below categories fall into local protocol and pathways, your local Clinical Governance and Performance Lead will work with local hospital eye services to define these further, below are purely for example only and are not criteria for the service.

Non-Emergency referral to Ophthalmology – This is for a patient that is at risk of permanent sight loss if ophthalmological assessment not carried out within 4 – 6 months, an example may be: IOP 20-30mmHg with advanced disc changes

Defer Referral – this is for a patient where not permanent disabling sight loss would take place if referral deferred for 4 – 6 month, an example may be cataract. This should be considered on a case by case basis using a risk stratified approach.

CUES: COVID -19 Urgent Eye Care Service: Patient Pathway

Patient signposted to CUES
e.g. Pharmacy, GP, Care navigator, HES or A&E triage, NHS111, closed optical practice, provider recorded messages and website

Patient telephones CUES optical practice – (assumes non-clinical management)
Short discussion/review to identify: eligibility criteria, COVID-19 screen, potential red flags, patient already under HES

Offer Remote Consultation
Meets eligibility criteria for service. (See clinical assessment table)

Suitable for Essential GOS
Explore remote provision and offer an appointment by exception only. PPE as per national guidance.

Not eligible / Asymptomatic
Offer advice / manage appropriately / defer routine appointment

Red Flags - Likely high risk *discuss immediately with Optometrist, if unsure*

Remote Telephone and /or video consultation
Follow College of Optometrists remote consultations during COVID-19 pandemic guidance
assessment and management
+/- remote advice from Optometrist with higher qualification or Ophthalmologist
+/- remote prescribing
+/- remote follow-up

Face-to-Face Consultation
optical practice acting as urgent care hub
assessment and management (use PPE)
+/- remote advice from Optometrist with higher qualification or Ophthalmologist
+/- remote prescribing
+/- follow-up (ideally remote)

Discharge
Patient self-care and information

Defer referral
Referral can be safely delayed. Reassess in 4-6 months

GP Referral
General health care (e.g. blood tests)

Referral to HES – Non-emergency
Manage patient expectations regarding first appointment & follow local protocols

Referral to HES - Emergency *Make contact in advance*
May request optometric consultation first if not already done or advise remote treatment. follow local protocols

Developed by: NHS England, Local Optical Committee Support Unit, and the Clinical Council for Eye Health Commissioning

Clinically endorsed by: The College of Optometrists and The Royal College of Ophthalmologists

LOCSU

The ROYAL COLLEGE of OPHTHALMOLOGISTS

THE COLLEGE OF OPTOMETRISTS

COVID -19 Urgent Eye Care Service (CUES):

Remote Consult : Face to Face Consult Flow Guidance

Primary Eyecare

Remote Telephone and /or video consultation

Follow College of Optometrists remote consultations during COVID-19 pandemic guidance

assessment and management

+/- remote advice from Optometrist with higher qualification or Ophthalmologist

+/- remote prescribing

+/- remote follow-up

Contact HES Emergency / Urgent Eye Clinic Telephone Line for advice & guidance if needed

Sudden Loss Of Vision / Visual Disturbance

- **Managed and Discharged via Remote Consultation**
- **Face-to-Face Consultation** *[Following COVID 19 Screening]* **@ OCT Practice**
  - **Managed and Discharged**
  - **Referral to Ophthalmology***

Symptoms of Retinal Detachment (Flashes and Floaters)

- **Managed and Discharged via Remote Consultation**
- **Face-to-Face Consultation** *[Following COVID 19 Screening]*
  - **Managed and Discharged**
  - **Referral to Ophthalmology***

Painful, Red Eye or Ocular Trauma / Foreign Body

- **Managed and Discharged via Remote Consultation**
- **Face-to-Face Consultation** *[Following COVID 19 Screening]*
  - **@ Non-IP Clinician** *+/- remote IP Optom A&G*
  - **@ IP Optometrist**
    - **Managed and Discharged**
    - **Referral to Ophthalmology***

*

Emergency same day referral only accepted following telephone discussion with hospital eye department

Urgent referral via PES Opera platform only accepted after hospital eye department electronic review, where applicable.

Supply of Therapy

Core Formulary OTC

Following the NHS England guidance[1] regarding over the counter (OTC) medications it is expected that patients will self-fund medications for conjunctivitis and dry eye, unless one of the exempt criteria apply. Due to the rapid implementation of this service across multiple CCGs there may be a varying approaches to enable patients to access NHS funded prescriptions, where exemption from OTC guidance applies or where treatment is for conditions other than those in the OTC guidance. Local guidance will be issued for this.

Core Formulary POM

Registered Optometrists may sell or supply all pharmacy medicines (P) or general sale list medicines (GSL) in the course of their professional practice, including 0.5% Chloramphenicol antibiotic eye drops or 1% eye ointment. Practitioners may give the patient a written (signed) order for the patient to obtain the above from a registered pharmacist, as well as the following prescription only medicines (POMs).

- Chloramphenicol
- Cyclopentolate hydrochloride
- Fusidic Acid
- Tropicamide

Note that (P) Chloramphenicol OTC is only licensed for use with bacterial conjunctivitis. For prophylactic use and for use by under 2s the POM licensed version is required, and this can be sold or supplied by optometrists in an emergency or by issuing a written order to be dispensed at a pharmacy.

In making a supply to the patient the practitioner must ensure:

- Sufficient medical history is obtained to ensure that the chosen therapy is not contra-indicated in the patient
- All relevant aspects, in respect of labelling of medicine outlined in the Medicine Act 1968 are fully complied with
- The patient has been fully advised on the method and frequency of administration of the product
- Maintain their skills and knowledge with regards the use of drugs
- Demonstrate continuous professional development in line with their professional requirements
- Inform patients of the any adverse reactions prior to application and provide them with the appropriate information
- Record all batch numbers and expiry dates of drugs in the patients notes
- Ensure that all drugs are stored according to the manufacturer's instructions

In general, supply via a pharmacist is preferred. The College of Optometrists has produced guidelines on the use & supply of drugs as part of its 'Code of Ethics & Guidelines for Professional Conduct' section K1: www.college-optometrists.org/en/professional-standards/Ethics_Guidelines/index.cfm

In the current circumstances optical practices may in some areas be asked to stock and supply certain medications to support access to exemptions and minimise multiple points of contact.

[11] https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf

Independent Prescriber - FP10

Where an optometrist has independent prescriber (IP) status allowing greater management of patients in primary care as per the objectives of CUES, PES will be working with CCGs / ICSs during implementation of the service to seek access to FP10 prescribing pads and to be assigned a prescribing budget.

IP optometrists are expected to work within their competency and experience when managing patients within CUES and refer to College of Optometrist Clinical Management Guidelines recommendations.

Record Keeping

Complete and accurate records will be held for each patient to include clinical information by the provider in either paper or electronic format and stored securely. Information within records should be processed with regard to the principles expressed in the Data Protection Act 2018.

Records will clearly state where a remote consultation (telephone or video consultation) has occurred (as appropriate) because of the COVID-19 pandemic.

All practices and practitioners must ensure they record the patient interaction via the online OPERA platform provided via Primary Eyecare Services.

The Information Commissioner's office has stated that practitioners need to consider the same kinds of security measures for home working that would be in use in normal circumstances
https://ico.org.uk/for-organisations/data-protection-and-coronavirus/

Patient Information

At the end of the consultation the practitioner will summarise and discuss their findings and recommendations with the patient. Information, relevant to their condition, will be provided in order to promote their active participation in care and self-management.

A copy of the consultation report will be electronically forwarded to the patient's GP within 48 hours by the online OPERA platform. Where applicable, a copy can be sent to the original referrer and offered to the patient.

The patient will be provided with both oral and written information and offered a copy of any letters between healthcare professionals regarding their care (ideally by email, alternatively by post).

The primary source of information to support patients with their self-care and understanding will be College of Optometrist resources:

https://lookafteryoureyes.org/eye-conditions/

Clinical Governance

Workforce

The service recognises current capability in optical practice and will not require any additional accreditation for service delivery.

The initial telephone triage may be delivered by optical practice staff, working to an agreed protocol, under the supervision of an optometrist.

Remote consultation, and/or face to face consultation will be delivered by appropriately trained Practitioners, who have:

- Registered with the General Optical Council (GOC)
- Registered on the NHS England Performers List (Optometrists only)
- Have an enhanced DBS check (or application in progress)
- Have completed Safeguarding Level 2 (Adults), and Safeguarding Level 2 (Children)
- Appropriate levels of Indemnity (including Medical Negligence insurance)
- Have completed GOC continuing education and training requirements to demonstrate up to date competency.

All Optometrists will be expected to:

- Recognise their own learning needs and identify appropriate resources to meet these needs. All DOCET / WOPEC distance learning is still available.
- Work within their own competency and experience.
- If required, on a case-by-case basis, make use of the mentorship and guidance available within the network of local primary care optical practices and through advice and guidance processes delivered by optometrists with higher qualifications. This may also be provided by the local Clinical Governance and Performance lead.
- Make use of Ophthalmology advice and guidance, on a case-by-case basis, where available

Contact Lens Opticians (CLO)

Triaging will sign post patients with anterior eye problems to the MECS accredited CLO where available while posterior eye problems will be directed to the optometrist. In some cases, there will almost certainly be co-management of patients. For CLOs, the MECs accreditation process delivers new learning beyond core competency. MECS accredited CLO's can only provide this service when a MECS accredited optometrist is on site. This is not to provide supervision but primarily for the purpose of co-management.

The service will utilise Optometrists with higher qualifications, where available.

Premises

All participating practices need to be providers of General Ophthalmic Services.

This 'Quality in Optometry' clinical governance toolkit will be the benchmark used for the service. Each participating practitioner must adhere to the core standards as set out in the toolkit and be able to provide evidence of this to the CCG if requested to do so.

https://www.qualityinoptometry.co.uk/

All locations delivering the service should include the following:

- Enclosed reception and/or waiting facilities (provision of seating as a minimum)
- Suitable private room for assessment and treatment

Equipment

Providers delivering the service will be expected to have appropriate equipment available for the safe and effective delivery of the service. This should be used, maintained, calibrated and cleaned in line with industry standards and up to date infection control requirements that will continue to be updated throughout the COVID-19 pandemic.

In addition to equipment already available for the delivery of GOS services, this should include:

- Access to the internet (for OPERA data reporting and referral system)
- Access to NHS.net
- Access to telephone/video consultation functionality
- Slit lamp BIO or indirect (to ensure appropriate view for flashes and floaters patients as a minimum the practice must have one of the following – Superfield, Super Pupil XL, Super VitreoFundus, Digital Wide Field)
- Slit lamp breath shields
- Applanation Tonometer (Goldmann or Perkins) or ICare
- Appropriate diagnostic ophthalmic drugs
    - Mydriatic / Anaesthetic / Staining agent
- Access to imaging or OCT
- Suitable Personal Protective equipment (PPE)
- Equipment for foreign body removal (e.g., PVA spears /Tweezers etc.)

Policies and Procedures

Participating practice staff are required to follow all company policies. These are available on the online platform and include (but not limited to) the following;

- Access controls and password management procedures
- Audit Plan
- Business Continuity and Disaster Recovery Plan
- Chaperone Policy
- Clinical Governance Policy
- Subcontractor & Practitioner Accreditation
- Complaints Policy
- Confidentiality code of conduct
- Counter-Fraud and Security Management Policy
- Data Breach Protocol
- Data Protection and Privacy Policy
- Data Quality and Staff Guidance on Data Quality
- Data Security and Protection Policy
- Death of a Service User
- Equal Opportunities – Equality and Diversity Policy
- Health and Safety Policy
- Infection Control Policy and Health Care Associated Infection Reduction Plan
- Information Governance and Data Management Policy
- Managing Subcontractor Performance
- Medicines Management Policy
- Meeting the CPD Requirements of Professional & Regulatory Bodies
- Organisational Plan - Making Every Contact Count
- Prescription Forms Policy and Standard Operating Procedures
- Privacy, Dignity and Respect Policy
- Psuedonymisation, Anonymisation and De-identification controls
- Publication Scheme
- Risk and Issue Management Policy
- Safeguarding Adults, Mental Capacity Act and Deprivation of Liberty Safeguards Policy
  Safeguarding Children Policy
- Serious Incidents and Never Events - Incident Management Policy
- Service User Consent and Engagement Policy
- Specialist Data Security and Protection Plan
- Subject Access Request SOP
- Transfer and Discharge Policy
- Whistleblowing Policy

Infection Prevention & Control

Service delivery must use robust infection control procedures, including:

- Using a breath guard on slit lamps. The Royal College of Ophthalmologists has advice on how temporary breath guards can be made.
- 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
- Ensuring that thorough hand washing techniques are adhered to.
- All practices providing the service must complete the infection control audit within the Quality in Optometry website https://www.qualityinoptometry.co.uk/
- All practices providing the service must follow the college of optometrists guidelines on infection control https://guidance.college-optometrists.org/guidance-contents/safety-and-quality-domain/infection-control/

Personal Protective Equipment (PPE)

Guidance on PPE is regularly reviewed and updated in line with national guidance.

Practices should regularly check the organisations website for updates: www.primaryeyecare.co.uk

Covid-19 Urgent Eyecare Service (CUES): Risk Stratification, Conditions and Service Pathway

RISK STRATFICATION			SERVICE PATHWAY				
RISK Category	**Possible SYMPTOMS**	**Possible CONDITIONS**	**Patient Telephones CUES optical practice**	**REMOTE Telephone / Video consultation**	**F2F CONSULTATION (access via telephone/ video triage, use PPE)**	**REFERRAL to Ophthalmology Service /eye casualty**	**COLLABORATIVE management options**
The service pathway provides a structure for practitioners to use their professional judgement, considering local referral guidance, accessibility to ophthalmology/secondary care and jointly agreed local protocol arrangements. **It does not remove from practitioners their professional responsibility to each patient, who should be dealt with on an individual basis. PATIENTS WITH ONLY ONE EYE OR THOSE WHO HAVE MULTIPLE OCULAR CO-MORBIDITY IN AN ONLY EYE MAY CONSTITUTE A HIGHER RISK.** **Patients with suspected/likely COVID +ve not to be seen face to face (deferred) until safe to do so unless emergency in which case discuss with HES.**			Receptionist takes call. Short initial telephone assessment to identify: eligibility criteria, screen for COVID-19, potential red flag check list, and if patient already under HES. Direct clinical concerns to most appropriate practitioner. Signpost to relevant patient information and support where possible with no further input.	Telephone (combined with initial call if clinician answers) and video where necessary to ensure the patient is triaged appropriately and gather information to minimise F2F and ensure a fully informed referral (if F2F delivered by another primary care network clinician). May seek advice and guidance by video call as part of the consultation.	Face to face consultation by CUES optometrist if deemed essential following telephone/video review.	Decision to refer. Optometrist contacts local ophthalmology service (may be with or without patient present depending on remote or F2F) to discuss case and arrange appointment if necessary. Referral information sent via NHS.net where possible or alternative means. NB This requires direct communication links between primary care and HES to be established.	Ophthalmologist and Optometrist discuss to arrange specific investigations or support care and prescribing if possible, and where helpful use virtual assessment of images. OR Collaborative management with optometrist with independent prescribing/ higher qualifications† Results / outcomes of management to be communicated via NHS.net or similar secure route.
MINOR EYE CARE **(LOW RISK)**	Typical symptoms: dry eye, gritty eye, red eye (when isolated symptom), mildly blurry vision, non-specific irritation, watery eye,	Examples: dry eye / stye/ blocked tear duct / red eye / conjunctival cyst / chalazion /subconjunctival haemorrhage /pinguecula/ pterygia / concretions / allergies / vitreous floater/ conjunctivitis / blepharitis/ meibomian gland dysfunction / entropion/ ectropion / episcleritis / molluscum contagiosum / early cataract / ocular migraine / physiological pupil defects.	S If required	Options: 1. Exclude high risk conditions 2. Provide self-care or management advice 3. Provide reassurance and advice. 4.. Signpost to relevant patient information and support	Not required	Not required	Not required

RISK STRATFICATION			SERVICE PATHWAY				
RISK Category	**Possible SYMPTOMS**	**Possible CONDITIONS**	**Patient Telephones CUES optical practice**	**REMOTE Telephone / Video consultation**	**F2F CONSULTATION (access via telephone/ video triage, use PPE)**	**REFERRAL to Ophthalmology Service /eye casualty**	**COLLABORATIVE management options**
URGENT EYE CARE **(MEDIUM RISK)**	Typical symptoms: Red eye with pain/ photophobia , painful eye, flashes & new floaters, blurry vision, diplopia, distorted vision, sudden loss of vision, mild trauma (superficial , blunt, non-penetrating injuries)	**Required primary care review for differential diagnosis** Possible high risk but uncertain Examples: contact lens keratitis, headache possibly GCA / symptomatic PVD possible retinal breaks or detachment / suspect uveitis / suspect wet AMD / intermittent diplopia / episcleritis / occlusive disease / worsening diabetic retinopathy/ BRVO (NB referral is unlikely to be seen for at least 4 months).	YES	YES If likely high-risk diagnosis refer patient to eye casualty. If uncertain arrange primary care consultation for differential diagnosis and treatment	NO YES Provide reassurance (eg PVD), provide care or medications (e.g. uveitis) (written order, IP or via HES) Book review via face to face or video as clinically required. Advise patient to get back in contact immediately if symptoms worsen.	YES	Optometrist phones through (with or without patient present) to discuss case with ophthalmology (+ share images where appropriate) and arrange prescription or appointment if necessary. If required, referral is sent via NHS.net OR Collaborative management with optometrist with independent prescribing/ higher qualifications †
		HES supported optometric treatment Examples: corneal foreign body / mild microbial keratitis / anterior uveitis / herpetic keratitis / episcleritis /mild chemical injury/ mild-moderate blunt trauma / mild-moderate preseptal cellulitis / suspicious disc/vernal and atopic keratoconjunctivitis		-YES If likely medium risk diagnosis is one of these conditions gather information via telephone / video to minimise F2F and arrange primary care consultation for differential diagnosis or treatment	YES Provide reassurance, provide care (eg FB removal) or medications (written order, IP or via HES). Book review via face to face or video as clinically required. Advise patient to get back in contact immediately if symptoms worsen.	NO	

RISK STRATFICATION			SERVICE PATHWAY				
RISK Category	**Possible SYMPTOMS**	**Possible CONDITIONS**	**Patient Telephones CUES optical practice**	**REMOTE Telephone /Video consultation**	**F2F Consultation (access via T telephone/ video triage, use PPE)**	**REFERRAL to Ophthalmology Service /eye casualty**	**COLLABORATIVE management options**
EMERGENCY EYE CARE **(HIGH RISK)**	Typical Red Flag symptoms: sudden onset of red and painful eye which may be associated with photophobia or nausea , severe reduction or loss of vision, recent onset of shadows or 'curtaining' in the field of vision, sudden onset ptosis and diplopia.	Examples: acute angle closure glaucoma, proliferative retinopathy (any cause), wet AMD, anterior ischaemic optic neuropathy / orbital cellulitis / serious chemical Injury / severe keratitis/ CRVO/ CRAO<4 hours old / endophthalmitis / hypopyon / definite papilloedema / penetrating injuries / third nerve palsy (acute) with pain / vitreous haemorrhage / white pupil in a child / retinal detachment/severe blunt trauma - hyphaema with high IOP/giant cell arteritis /central retinal vein occlusions.	YES	YES if receptionist receives initial call, optometrist may request urgent telephone / video call with patient if uncertainty from reported symptoms		YES	
Acute worsening of existing/ known condition of <u>patient already under HES</u>			YES Check if HES have made arrangements for this patient scenario with help-lines and contact details for advice and support. If patient unable to make contact, refer to secondary care with discussion if new symptoms.	NO YES		YES	Possible co-management - optometrist and ophthalmologist - arranged on a case by case basis.

† Should an optometrist with independent prescribing work beyond their competence, they should seek advice from the hospital eye service following the principles in the Joint Colleges' document Ophthalmology and Optometry Patient Management during the COVID-19 Pandemic https://www.rcophth.ac.uk/2020/04/ophthalmology-and-optometry-patient-management-during-the-covid-19-pandemic/ and https://www.college-optometrists.org/the-college/media-hub/news-listing/patient-management-during-the-covid-19-pandemic.html

Other relevant guidance: please check for updates

- College of Optometrists Clinical Management Guidelines https://www.college-optometrists.org/guidance/clinical-management-guidelines.html
- College of Optometrists: Coronavirus pandemic: Guidance for optometrists https://www.college-optometrists.org/the-college/media-hub/news-listing/coronavirus-covid-19-guidance-for-optometrists.html
- College of Optometrists: Remote consultations during the COVID-19 pandemic https://www.college-optometrists.org/the-college/media-hub/news-listing/remote-consultations-during-covid-19-pandemic.html
- College of Optometrists clinical telephone/video review record https://www.college-optometrists.org/uploads/assets/0d35dcdd-2d56-4bd1-a56fd53189cd429a/Clinical-telephone-review-form-1-April-2020.pdf
- Royal College of Ophthalmologists COVID guidance https://rcophth.ac.uk/2020/04/covid-19-update-and-resources-for-ophthalmologists/ https://www.rcophth.ac.uk/wp-content/uploads/2017/08/Emergency-eye-care-in-hospital-eye-units-and-secondary-care.pdf https://www.rcophth.ac.uk/wp-content/uploads/2019/02/Primary-Eye-Care-Community-Ophthalmology-and-General-Ophthalmology-2019.pdf
- Royal College of Ophthalmologists Ophthalmic clinical guidelines: https://rcophth.ac.uk/standards-publications-research/clinical-guidelines/
- Royal College of Ophthalmologists Quality standards https://rcophth.ac.uk/standards-publications-research/quality-and-safety/quality-standards/
- COVID-19 Infection Prevention and Control (update 12 April 2020) https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control
- COVID-19 Infection Prevention and Control (update 12 April 2020)- Table 2 (primary care settings – possible or confirmed case): https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878750/T2_poster_Recommended_PPE_for_primary__outpatient__community_and_social_care_by_setting.pdf
- COVID-19 Infection Prevention and Control (update 12 April 2020)- Table 4 (any setting – currently not a possible or confirmed case): https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879111/T4_poster_Recommended_PPE_additional_considerations_of_COVID-19.pdf

Developed by: NHS England, Local Optical Committee Support Unit, the Clinical Council for Eye Health Commissioning, The College of Optometrists, and The Royal College of Ophthalmologists

Clinically endorsed by: The College of Optometrists and The Royal College of Ophthalmologists

The ROYAL COLLEGE of OPHTHALMOLOGISTS

THE COLLEGE OF OPTOMETRISTS

CUES Eligibility Screening/Triage

Px Name:..... GP: ..... ***(check eligible)***

Date:..... Surgery:
.....

Address: ..... DOB:.
.....

Phone: ..... Time of call:.....Taken by:
.....

Appointment: Yes / No Time: ..... Referred by:
.....

Symptoms & Comments: ……. .....
.....

Certain conditions are not appropriate for CUES. Please ensure that you are familiar with these and ask your optometrist if in doubt. If the patient is feeling generally unwell ask them to seek medical advice or discuss with your optometrist at the time of booking.

The following guidance should be followed unless the CUES practitioner advises otherwise in an individual case. Select the problem from below sections (patients' symptoms may fall into multiple sections)

<table>
<tr><td rowspan="2">CL related</td><td rowspan="2">1) Is the Px from your practice?</td><td>Yes - Follow own practice protocol (unsuitable for CUES)</td></tr>
<tr><td>No – advise contact their usual practice 1st. If cannot contact due to being closed, ask question 2 and continue</td></tr>
<tr><td rowspan="6">Problem with eye - painful, sore, red, sticky, watery, itchy or irritated

<u>Recent onset</u> slightly red, sticky or itchy eyes will often resolve in a day or two. Advise the patient that the NHS recommends seeing a pharmacist / self-care. If no improvement after 5 days or symptoms get worse, contact us again.

Referral to Self-care / Pharmacy ONLY applies to SELF-REFERRALS and OVER 2s and MUST be entered as a patient contact on IT system.</td><td rowspan="2">2) Is it painful?</td><td>Yes (ask question 3)*</td></tr>
<tr><td>No (ask question 3)</td></tr>
<tr><td rowspan="2">3) Is there any light sensitivity?</td><td>Yes (ask question 4)*</td></tr>
<tr><td>No (ask question 4)</td></tr>
<tr><td rowspan="2">4) Is there a change in vision?</td><td>Yes (see below outcome)*</td></tr>
<tr><td>See below**</td></tr>
<tr><td colspan="3">*If yes to all questions 2, 3 and 4 – discuss with CUES practitioner to see whether patient should have telemedicine consultation with your practitioner or have a telemedicine consult arranged at a practice with an IP optometrist / access to IP remote prescribing.

*If yes to one or two of questions 2, 3 or 4 – arrange telemedicine assessment

**If no to all questions 2, 3 and 4 and started less than 5 days ago signpost to self-care / pharmacy and advise to contact you again if not resolved after 5 days or gets worse, if started more than 5 days ago arrange telemedicine.</td></tr>
</table>

See Next Page

Foreign Body (Something in the eye)	5) Was it high velocity / speed or chemical foreign body?	**Yes – speak with CUES practitioner to see whether should go straight to hospital eye service**
		No – arrange telemedicine

Problem with vision **(including problem with field of vision and sudden onset double vision)** *If patient reports field loss and sudden onset double vision: Book CUES telemedicine and inform clinician.*	6) Is the vision distorted / wavy in the central part of vision?	**Yes – complete COVID screening questions and arrange telemedicine appointment at practice with an OCT**
		No – (ask question 7)
	7) When did the vision problem start?	**< 1 month – arrange telemedicine**
		> 1 months – discuss with optometrist and consider if essential sight test required.

Flashes and/or Floaters	8) Do you have a large curtain or veil in your vision?	**Yes – speak with optometrist to see whether should go straight to hospital eye service**
		No – (ask question 9)
	9) When did it start or when did it last change or get worse?	**< 8 weeks – Arrange telemedicine *** **
		8 - 12 weeks with worsening symptoms - Arrange telemedicine* **
		> 12 weeks - Not suitable for CUES

*** If flashes and/or floaters confirmed at telemedicine, face to face appointment will be required with dilation.

Please ask the below questions to aid the practitioner if a face to face appointment needs to be considered.

COVID- 19 Screening	
Are you self-isolating due to having COVID linked symptoms or due to living with someone with COVID linked symptoms?	**Yes**
	No – Go to next question
Are you are shielding without COVID linked symptoms and if yes, are you happy to come in for appointment if required, despite the higher risk of exposure to COVID-19?***	Yes
	No

The practitioner should offer the patient a telephone or video consultation (see additional guidance) so that a detailed remote consultation can be carried out to ascertain next steps in patients care.

***Patient in at risk group **must** be made aware that they will be exposing themselves to an increased risk of exposure to COVID-19 before you arrange an appointment for them.