

I've decided to close, now what?

Ensure your patients are told the closure is temporary and is to protect the welfare of staff and patients

Keep a list of who is cancelled and inform them you will contact them for further appointments as soon as is safe to do so.

Ensure staff are aware of your reasons.

If you choose to Furlough your staff, ensure you do it in the correct manner. Advice on Website.

Put a notice up in the doorway explaining you are closed and if required what to do in the event of an eye emergency.

Update your website with why you are closed and what patients should do if they have a problem.

What emergency provision have you made? It would be wise to ask all patients with problems to call the Contractor/delegated staff member for advice. Or direct patients to another practice you know is remaining open.

Consider having your phone calls redirected to your mobile number so you can answer them.

Ensure NHS England is advised you are temporarily closing due to COVID 19. Email on England.optometryeast@nhs.net

If you have an enhanced service contract, please tell Maggie (Maggie.Glover@primaryeyecare.co.uk) or Sheila (Sheila.Purser@primaryeyecare.co.uk) you are closing. Please also email COVID@primaryeyecare.co.uk to let them know.

If you do not have an enhanced service contract, please tell Sheila you are closing on Chairman@Essex-LOC.org

Consider popping in to the practice a few times a week to pick up mail and check all is safe.

Consider removing stock from the practices. There are already cases where looting of closed premises has occurred!

Ensure you tell your practice insurers you will be leaving the practice unattended for a period of time during the lockdown.

I'm remaining open but now only seeing specific patients. Any advice?

Much of the following is taken from guidance the LOC has received this morning from LOCSU.

On 23 March the UK Government published a revised list of business and premises required to close. This included retail premises, with exceptions for a range of premises including pharmacies and health shops. The list does not mention optical practices.

OFNCs (LOCSU, AOP, ABDO, FODO and BMA) understanding is that the four UK governments intend optical practices providing NHS services to continue to provide essential and urgent eye healthcare services during the COVID-19 crisis, subject to suitable risk management measures both to meet essential health needs, especially for isolating elderly people and key workers, and to keep pressure off GPs, A&E and hospital emergency eye departments.

The OFNC in consultation with the other UK optical bodies, has confirmed that optical practices in the UK providing urgent and essential eye healthcare are key health services and should continue to

function where possible during the COVID-19 crisis.

This means that NHS primary care premises are exempt from general closure requirements for retail premises.

You need to ensure patient and staff safety is affected as a minimum.

As a profession, we are unlikely to be issued with Personal Protective Equipment.

Remember, it appears not all patients will exhibit symptoms.

If you do choose to see a patient, it should be by remote consultations wherever possible, closing for routine sight testing and only admitting patients on appointment for essential and urgent eye care which cannot be provided by phone, video or email.

Telephone triage everyone to see if they really do need to be seen.

Consider undertaking a consultation by WhatsApp, FaceTime or Skype instead of seeing the patient.

Optical practices should only remain open to provide essential and urgent services.

Currently advice from the OFNC states:

- Essential eye care would for be instance where a key worker or elderly person needed a sight and new spectacle prescription, had broken their glasses, where a contact lens wearer needed more lenses, or where a visually impaired person or child needed eye care.
- Urgent care would include urgent clinical advice or intervention e.g. for red eye, contact lens discomfort, foreign object, sudden change in vision, flashes and floaters which might suggest detachment etc.

Do not see a patient:

- If a patient is showing symptoms of COVID-19 such as a high temperature or a fever, or has been in contact with someone who has it
- If the test is routine it should be postponed

Do see a patient:

- If there are strong clinical or other reasons to provide a sight test urgently, but you must do everything you can to mitigate the health risks of doing so

For MECS patients:

- Operate a telephone or video triage and only see those patients with a high risk of sight loss - further clarification to be given by Maggie and Sheila

It is up to the professional judgement of an optometrist or ophthalmic medical practitioner to determine whether or not the circumstances in which a patient presents constitutes an emergency. Professional guidance already exists to help practitioners in this regard, such as the College of Optometrists Guidance for Professional Practice: <https://guidance.college-optometrists.org/guidance-contents/knowledge-skills-and-performance-domain/examining-patients-who-present-as-an-emergency/>.

Limit the number of patients in the practice at any one time.

Small repairs can be left on your doorstep or posted through a letter box for you to deal with away from the patient. And then posted back to the patient, or left on the doorstep for the patient to collect/lift up, providing the patient remains as suitable distance while this action is done.

Spectacle collections should have a specific appointment slot to ensure safe flow of patients within the practice.

Remember GOC guidance is currently allowing us to send all spectacles to patients in the post, even children. Patients can return for fitting at a later date. Use the triage form on the LOC website produced by the GOC.

Qualified Optometrists and Dispensing Opticians can use out of date spectacle prescriptions to make up new spectacles. This would be safer than refracting someone for the sake of it.

Contact lenses currently can be issued to an out of date prescription if you feel this is a safe option. Use the triage form on the LOC website produced by the GOC.

Do not let people browse whilst they are waiting. They may shed virus. Explain this before allowing them to enter the practice. You will have managed their expectations and minimise any confrontation if they disagree. Select frames specifically for patients.

Clean down any surfaces patients have been near with disinfectant spray effective against viruses.

Keep as much distance as possible.

If you are seeing an ocular emergency, do symptoms and history away from the patient. This should be at the telephone triage stage.

Do the minimal number of tests possible to investigate the presenting complaint.

Use a slit lamp shield to protect you both.

Don't talk to the patient when you are close. And tell the patient they must not speak either.

When you have assessed the patient, move well away from them.

Disinfect equipment scrupulously.

Wash hands excessively.

Do not work if you are unwell.

Work in a well ventilated room.

As these measures will likely be in place for some month, essential care is to be interpreted as meaning appointments for patients who would not normally be considered to be emergencies, but where, in the practitioner's professional judgement, a delay in an examination may be detrimental to a patient's sight or wellbeing.

