NHS England & Improvement Engagement Webinar – Wednesday 8th April 2020

This webinar was hosted by Rupesh Bagdai – Chair of LEHN and Optometric Advisor to NHS in North. It was in fact run for the Northern England region.

Richard Everitt – NHSE programme manager – Optical Services Commissioning was the first speaker and the following is highlighted by him

Q Why the delay?
Firstly, an apology to the profession, there was no communication in March which is unacceptable. There were a number of challenges, the first two weeks the landscape was changing so quickly, and the problems presented were completely different as the world changed. Keeping up proved difficult because by the next day any guidance we'd come up with was then out of date. Approval of any guidance comes through many stages, there were 20 versions of the letter which was eventually released on First of April. Each time something in the framework is questioned, the whole process has to start again. There are various layers within the organisation that need to sign off every stage and this causes delay. Senior representation was lacking as well on behalf of optometry, so Optometry has to shout louder than some of the other sectors. This is not an excuse, but by means of an explanation!

Q When the letter was published. This was unclear. Why?
First, the pressure we were under to get anything out at all – working frantically to try and get something out, the more detail we'd try to include, then the further the delay would be, so we felt ultimately that it was better to get out something broad out now, rather than something specific much later on. We were never going to be able to capture all the different scenarios that would emerge, and the answers for everything in just one letter just wouldn't be possible. We decided that a release letter followed by FAQs afterwards would be better. We are working together with ONFC to provide these FAQs and this is being readdressed daily.

Q We talk about practices staying open and these practices receiving financial support – what constitutes as being open?
Open is defined as (and this is NOT flexible), the normal contracted hours ie the hours your contract states you are available to provide services. Where there IS flexibility though is that your front door does not have to be open all those hours and you do not have to be in those four walls!
All routine optical services are suspended until advised otherwise. The definition of a routine service is when the patient is not complaining of any new symptoms or loss of sight. Only essential and emergency service should currently be offered. A lot of these services can be remote – telephone, video etc. SO these services can be delivered from a variety of different environments, not just the practice. You have to be AVAILABLE to your patients by some means, but the delivery of these has some flexibility ie you can offer telemeds during contracted hours. You can see patients face to face by appointment during your normal contracted hours. Patients must know how to contact you during normal contracted hour

such as by telephone if your door is locked.

Q A patient needs to come for a F2F consultation – can they come in?
Yes, a F2F (Face to Face) consultation should be provided WHERE APPROPRIATE – so only patients who are symptomatic and practitioners following the latest guidance on PPE can join the consultation.

Q "I have numerous practices, I want to close some and have one open – Do patients have to go to the local branch or can they go to the open Practice?"
Government advice is to reduce travel, we don't want to encourage patients to travel excessive distance, so only the open practice is classed as "open". Really, we'd want to patient to stay local if they needed to go anywhere at all. One practice only open in a group doing F2F does not mean all the practices are open.

Q "Limited number of practices" mentioned in the letter – are we intending to limit the number of practices providing GOS?
Practices who wish to remain open can do so at their choice. We will not be forcing anyone to close, it's purely at the practice's discretion to deliver essential services. Delivery of urgent and emergency services is more challenging, because NHSE don't commission these services, it's the CCGs that deliver these EOS services such as MECs. There is an emergency service framework being formulated for this. Demand needs to match number of practices open. Volume looks to have fallen to 15% - even emergency/urgent appointments have fallen significantly.

Q For practices that continue to provide these services, what financial support is available?
This is a clear distinction the open practices will be paid by NHSE. For the previous 12 months March 2019 to Feb 2020 the total amount of GOS revenue during this period will be totalled and averaged. This will be made on a monthly basis throughout the duration of this pandemic. Say the average monthly income was £2000, this is a guaranteed payment (a grant, not a repayment!) but this will be paid throughout the pandemic. Say in May the practice generated £500, the payment to the practice will still be £2000. If the activity is £2500 (very unlikely!) but in this case, your payment would be £2500. So £2000 is the guaranteed minimum amount.

Q Is there a period where practices won't receive their payment?
It's indefinite because we don't know how long this is going to last. A decision will eventually be made when the suspension has been lifted and when practices will no longer receive the support.

Q Within the payment process, what is the reconciliation of the vouchers. What's the process
In terms of reconciliation, there is no payback from the GOS activity. What you make won't be deducted from you. We can't say more yet because we're still having conversations with the ONFC and we need to be consistent with other sectors such as dental to make sure this is fair across all sectors. It's not a commitment but an expectation.

Q What are the options of financial support

The payments are divided into NHS (GOS) payments and Private (non-NHS) payments

1) Average GOS payments dependant on practice revenue. This will be guaranteed to your practice via NHSE.
2) Private revenue is not generated by GOS and so will not be supported by NHSE. This funding can be accessed via the government schemes.

NHSE need to not be paying twice, they will only cover the GOS activity and then your private business (which will vary for everyone of course) will be supported by the government.

Q If practices remain open to provide essential care, do they also have to provide emergency and urgent care?

No, they absolutely don't. There is no obligation for this. NHSE don't commission this, it's the CCGs that do this via services like MECs and PEARS, so it won't affect your GOS repayment. The EMERGENCY SERVICES FRAMEWORK is currently being written by NHSE and has been sent to both the College of Optometrists and the Royal College of Ophthalmologists to get their endorsement. Areas with emergency care already like MECs, will be encouraged to change from MECs to emergency services framework which during this period will replace MECS. This shouldn't be too challenging, because our CCGs already have a budget for MECs which can transfer across. Places without MECs or emergency care services, may not currently have this budget available so will be more challenging to implement. Urgent and emergency services need to be kept away from HES and A&E where possible. This service framework has been created by a working group consisting of AOP, FODO, ABDO, both colleges and LOCSU members, so everyone is represented.

Q Some areas have MECs, and some don't have any emergency care yet, what's the timescale looking like for this Emergency Care Framework?

Assuming a timely response from the two colleges, we have everything we need and we're hoping to get this put forward next week to the CCGs. We're aiming to go as quick as possible working long hours to make this possible.

Q We've spoken about PPE daily and the guidance keeps changing! Now we have some consistency with what we need (Facemask, aprons, gloves,) one of our challenges is how do we get it?

The landscape is changing so quickly and PPE is a good example of this. Last week's guidance completely changed what we've adhered to previously. Where we provide F2F consultation, **PPE is certainly required**. The challenge is that as a sector we don't use this currently so we've not got access to a supply chain. NHSE have put forward that we need this and how to get access to the supply chain. This provides the challenge of opening thousands of accounts at once. DHSCE initially said "your sector doesn't need it!" We had to point them in the direction of all the College and AOP guidance before they realised we need it as a sector as well. This has been a real challenge. We're looking for the quickest and easiest route to get access to the supply chain and hence the equipment. The difficulty will be the volumes. They've been told there aren't any supply issues, and we're unsure if that's "no supply issues for hospital workers", or "no supply issues for 'everyone'". Our services will be compromised if we can't get it, and this has been cemented as important.

Dr Sarah Slade – based in GM – Optometric advisor
Cheshire, Merseyside and Greater Manc

Q Do I need to get a Px signature on a GOS form?
Short answer – No. The reasoning being that the GOC guidance prioritise patient safety and the lowering potential risk of infection, especially to vulnerable groups. This doesn't mean you leave all signatures blank though! If you've got a patient who can sign and is willing to, disinfect your pens or post it to them if you can. If your patient is not in a position to sign their form you must sign the GOS for them with "COVID-19" and this will be accepted by your payment agencies. Note that the px needs to be happy for you to sign it on their behalf. Don't pp and put your own signature put "COVID-19" and make sure you document this on your patient records.

Q There will be scenarios where a practice want to issues a voucher such as GOS3 or GOS4, what should they do?
This is expected to be rare as GOS is a routine service and can be delayed as much as possible, only for essential and routine. Where a patient has broken or lost their glasses and a replacement is needed this is still likely to be a small number of patients because for example, your key workers are unlikely to be on GOS benefits anyway.
Essential pairs and replacements (i.e. someone who can't function without) like the patient who had eye test 3-4 years ago and are isolating and specs are broken, normally we'd do a GOS1 and a GOS3. Chances of doing a GOS1 is unlikely in this case to minimalise F2F, so a GOS3 can't be generated from this! In this situation use the GOS4 scenario. Firstly consider as a registered DO/OO when you look at the GOC guidance, you can at your discretion issue a pair of specs on an old prescription. Equally, if this supply is done under supervision of a registered OO/DO this is also fine.
The College of Optometrists has a telephone consultation dispense form which we recommend should be used. Additionally, you must see if the patient has a spare pair that they can use. If the patient can function with an old pair, then any routine test and dispense or replacement dispense should really be delayed. If they can't function on their old specs, do a GOS4 – the local authorities been briefed to accept these, so hopefully they shouldn't bounce back. Again, remember to document as much as you can and specify COVID on your GOS4 and patient records.

Q A Px wants to come in and they have either suspected or confirmed COVID 19. Can I see them?
Essential care: Definitely NOT. College guidance says that people with suspect COVID SHOULD NOT be seen in your practice because you are risking your workplace, your staff and yourself to exposure. Don't let them into your practice, if they are desperate, provide as much as you can via telephone without face to face until they are no longer infectious. Post out spectacles if need be.
Emergency care: Still definitely NOT. if you're offering emergency care, all you can do is collect as much info as you can and document it, if you suspect something urgent, direct them to the emergency HES care and DO NOT see them in your practice. Liaise with your local eye cas unit to find out what they want you to do.

Mental health Websites
-Every Mind Matters – provided by Public Health England. This webpage has lots of info on there to help us look after our mental health and wellbeing.
-Headspace App
-time2change.org
-Young Minds app (for those with children)
-Local authority website (local resilience forums, practical as well as emotional help)
-GP surgery website
-STP / ICS websites

Mental Health Crisis Help
-NHS 111
-Local MH trusts
-Samaritans 116 123
-Your GP
-IAPT (increased access to psychological therapy) services