NHS

Guidance and standard operating procedures

Primary care optical settings in the context of coronavirus (COVID-19)

Version 2

This guidance is correct at the time of publishing, but may be updated to reflect changes in advice in the context of COVID-19. Any changes since v1 (17 June 2020) are <mark>highlighted in yellow</mark>.

Please use the hyperlinks to confirm the information you are disseminating to the public is accurate. The document is intended to be used as a PDF and not printed: weblinks are hyperlinked and full addresses not given.

The latest version of this guidance is available [here](#).

To provide feedback about this SOP [please complete this email template](#).

Operational queries should be directed to your commissioner.

Contents

1. Scope

This guidance applies to primary care optical settings providing NHS services in England.

All members of the primary care optical team should understand this standard operating procedure (SOP). It sets out general principles for the delivery of services during the COVID-19 pandemic. It will require local interpretation. We trust healthcare professionals to use their clinical judgement when applying this guidance in what we appreciate is a highly challenging, rapidly changing environment.

2. Communications

For urgent patient safety communications, we will contact you through the Central Alerting System (CAS). For less urgent communications, we will email you through your local commissioner. You can also sign up to the primary care bulletin.

You are also advised to regularly check communications from the Professional Optical Bodies (these have been set out in Section 5).

3. Case definition of COVID-19

Public Health England (PHE) has the current case definition for COVID-19.

Novel coronavirus may be referred to as:

- severe acute respiratory syndrome coronavirus 2, SARS-CoV-2: this is the name of the virus
- coronavirus disease, COVID-19: this is the name of the disease.

4. Guidance for staff

All NHS staff have access to [free wellbeing support](#). NHS Employers has [resources to support staff wellbeing](#). Frontline health and care staff can access NHS volunteer responders support for themselves, including delivery of groceries, dispensed medication and essential items, by calling **0808 196 3646.**

Staff should report COVID-19 related absences through this [absence tracker](#).

4.1 Staff with symptoms of or exposure to COVID-19

Staff with symptoms of COVID-19 should [stay at home](#) as per advice for the public. Staff who are well enough to continue working from home should be supported to do so. If staff become unwell with symptoms of COVID-19 while at work, they should put on a surgical face mask immediately, inform their line manager and return home. Please refer to government [guidance](#) for healthcare staff, which includes information on staff exposure to COVID-19, [Test and Trace](#) and return to work criteria. Advice is available on [how and when staff should pause the NHS COVID-19 contact tracing app](#).

4.2 Staff testing

NHS staff displaying symptoms of COVID-19, or those in their households, can access testing via the [GOV.UK website](#). Information about the COVID-19 antibody testing programme can be found on the [GOV.UK website](#) and [our 28 May letter](#) clarifying its implementation for staff working in primary care.

4.3 Staff at increased risk from COVID-19

The workforce-associated risks of COVID-19 should be given prime consideration.

Primary care optical services should be conducting individual risk assessments for their staff and putting in place mitigations where possible. Risk assessments should be updated in light of changes to individual staff circumstances or local risk of COVID-19. Emerging [evidence](#) shows that staff from a black, Asian or minority ethnic (BAME) backgrounds should be given particular consideration in terms of the risks associated with becoming infected with COVID-19.

NHS Employers has published guidance on [risk assessments for staff](#) and advice on [support for staff who are pregnant](#). The Faculty of Occupational Medicine has published the [Risk Reduction Framework for NHS staff](#) (including BAME staff) who are at risk of COVID-19 infection. The College of Optometrists has produced a

COVID-19 workforce risk assessment for optical practices, including a risk assessment form for new and expectant mothers. Staff may be referred to an occupational health professional for further advice and support (please contact your commissioner for details of your local occupational health service if not known).

The General Optical Council (GOC) has issued guidance to support healthcare professionals in these challenging circumstances, encouraging partnership working, flexibility and operating in line with the best available advice.

Where staff are assessed as being at greater risk from the consequences of COVID-19, then mitigations need to be put in place to enable them to stay mentally and physically healthy and to protect themselves, their colleagues, patients and families while the primary care optical services continues to deliver services.

Remote working should be prioritised as appropriate for all staff to increase social distancing and reduce community transmission of COVID-19. Primary care optical settings should support staff to follow stringent social distancing requirements if they are not able to work from home. We have developed guidance on shielding and returning to work. If shielding measures are reintroduced, clinically extremely vulnerable staff should be supported to work from home.

4.4 Learning resources

Health Education England (HEE) e-Learning for Healthcare has created an e-learning programme in response to COVID-19 that is free to access for the entire UK health and care workforce. More details are available on HEE's website.

5. Operating model

Optical practices should be open for face-to-face consultations, where practices assess that they have the necessary personal protective equipment (PPE) and infection prevention and control (IPC).

Guidance from the optical professional bodies should be read in conjunction with this SOP, including that from The College of Optometrists, General Optical Council (GOC), Association of Optometrists (AOP), Federation of Ophthalmic and Dispensing Opticians (FODO), Association of British Dispensing Opticians (ABDO), and Local Optical Committee Support Unit (LOCSU).

You should appoint a COVID-19 lead for the in-practice co-ordination of activities, training, preparation and implementation of this SOP and any subsequent revisions to guidance, and to underpin practice resilience and continuity of service while protecting your patients, practice staff and the public.

Preparatory advice on communication and information

Practices are to designate an email account (an nhs.net account if available) for the timely receipt of COVID-19 information, and to pass the account details to their regional lead – this will be annotated in the regional COVID-19 distribution list.

If the user of this account is ever absent, practices should ensure that emails are auto-forwarded to a corporate account.

Practices that have yet to set up NHSMail may wish to register for an account on the NHS registration website.

Bookmark and regularly review these hyperlinks to official guidance from PHE and NHS England and NHS Improvement to ensure you are aware of any changes to protocols:

- Coronavirus (COVID-19): latest information and advice
- NHS patient-facing information
- NHS resources for GPs, hospitals and other NHS settings.

Register online with PHE to download COVID-19 resources.

Make sure patient information posters for NHS settings are displayed so they can be seen **before** patients enter the premises. Patient information should be displayed in reception/waiting areas, by any patient touchscreen booking-in and at patient access points to consultation areas.

Review and amend the information on practice websites, online booking e-pages, appointment reminders/texts, voice mail/telephone appointment protocols with the extant public advice produced by PHE.

Review and update the contact details for:

- local ophthalmology hospital departments
- regional/local health protection teams (HPTs):
  - find your local HPT at https://www.gov.uk/health-protection-team

- NHS local eye health network (LEHN) chair
- NHS regional medical director clinical advisors (optical)
- local NHS lead for commissioning
- your NHS regional IPC team:
    - search: 'infection prevention control + your NHS region'.

Consider reinforcing links with local NHS primary care colleagues, including local GP practices, community pharmacy and primary care dental practice, to share knowledge and experience, and to co-ordinate and collaborate on training and mutual support.

General ophthalmic services (GOS) forms

Where possible, to limit patient exposure and interaction, practices should aim to adopt eGOS (further details can be found by clicking the link). This is designed to allow the electronic submission of GOS forms for payment.

Following a face-to-face sight test, a GOS 1 form should be submitted in the usual way and can be annotated with 'COVID-19' in place of a patient signature. Practitioner signatures are still required. Particular attention should be paid to the disinfection of pens, clipboards and other such items.

Where an optical practice only provides a remote consultation to a patient (and where necessary, dispenses spectacles) but does not perform a face-to-face sight test, a GOS 1 form should **not** be submitted.

GOS 3 and 4 form claims can also be submitted **without** a patient signature, provided the form is annotated with 'COVID-19'. If the dispensing is for an adult, the GOS 4 form will also need pre-authorisation from the NHS Business Services Authority (NHSBSA), which can give you a unique claim code to enter on the form. To ask for this, please send an email to nhsbsa.paos@nhs.net. You should receive a response by the next working day – the BSA is working to a reduced capacity, so please be patient and do not email them again in quick succession.

5.1 Maintaining access to primary care optical services

Optometry services should **restore activity to usual levels where safe and clinically appropriate** to do so and **reach out proactively** to clinically vulnerable patients and those whose care may have been delayed. Patients should be

prioritised based on their clinical need and routine patients seen only if you have capacity to do so.

Provision of face-to-face GOS services should follow on from remote triage. As far as is possible, patients should be assessed and managed remotely in line with The College of Optometrists' guidance on remote consultations during the COVID-19 pandemic. The GOC has also published high-level principles for good practice in remote consultations and prescribing.

A walk-in service is discouraged, and practices should attempt to arrange appointments for all GOS such as sight tests and spectacle dispensing, repairs and adjustments. This will allow practice staff to identify potential COVID-19 patients before their face-to-face visit.

The GOC has issued a statement on supply of spectacles and contact lenses during the COVID-19 pandemic, which allows optical practices and their clinical teams to use professional judgement in considering posting or delivering spectacles to the patient based on clinical need. The College of Optometrists, FODO, ABDO and AOP have developed forms to support spectacle and contact lens review by phone: these are available here and here respectively.

Your practice should use information and communications (eg telephone, website, SMS) to outline the appropriate access arrangements for patients, discourage inappropriate access and attendance, and support efforts to limit non-essential contact and travel.

General ophthalmic services (GOS)

Your practice can conduct GOS but is advised to initially triage the patient remotely. You should assess the urgency of their reported optical symptoms, identify their risk of COVID-19 and seek further advice if needed. Proceed to face-to-face consultation if you are satisfied with the above and have no reason to suspect that the patient (or anyone accompanying them) has COVID-19.

GOS sight tests should be adapted to best protect the practitioner, staff and patients, and reduce the likelihood of contracting and spreading the virus.

Optical practices and their staff should adapt their ways of working by following The College of Optometrists guidance.

In addition, the following principles should be considered:

- Adapt face-to-face consultations to minimise close contact with patients.

- Allow ample time between face-to-face consultations for appropriate infection control procedures to take place.

- Ascertain the relevant clinical information, ie history and symptoms, remotely, so that you only need to verify this information at the time of the consultation.

- If you conduct non-contact tonometry, after each use:

  – wipe the instrument head with an appropriate disinfectant wipe

  – perform three puffs between each patient to clear the tip.

- Refer to the joint statement from the Royal College of Ophthalmologists and The College of Optometrists.

- Ensure the practice maintains accurate and contemporaneous records of all patient consultations, including any remote consultations and/or telephone triage.

- Any adjustments to the sight test or decision-making should be clearly recorded on the record card.

GOS additional services

The principles explained in this SOP also apply to the provision of mobile or domiciliary sight tests.

Domiciliary eye care should be provided in accordance with this SOP and the principles set out by the Optical Confederation Domiciliary Eyecare Committee.

5.2 Preparation of practice accommodation

Please refer to the Health and Safety Executive guidance on making your workplace COVID-secure and government guidance on working safely during coronavirus (COVID-19). The latter includes guidance specifically for those working or running shops, branches, stores or similar environments, and covers primary care optical settings. The College of Optometrists also provides guidance on the adaptation of practice for clinicians, premises and patients that should be followed.

Practice preparation of an isolation room

You should Identify at least one suitable space/room in the practice for patient/ patient group isolation.

If there is no suitable isolation room, identify an isolated area within the practice that can be cordoned off for the use of the patient/patient group, and which maintains a two-metre space from other patients and staff.

You should:

- Declutter and remove non-essential furnishings and items: this will assist if decontamination is required post-patient transfer.

- If possible, retain a telephone in the room/space for patient contact with NHS 111.

- Place a card/sign in the isolation room/area with practice contact details including e-mail, telephone numbers, practice location and post code, and include the name of the lead clinician in attendance (this information is to be available to the patient when they contact NHS 111).

- Ensure all staff are briefed on the potential use of the room/area and actions required if it is necessary to vacate the room/area at short notice.

- Identify toilet facilities that will be designated for the sole use of patients while in isolation.

- Prepare appropriate space/room signage to be used if the space/room is occupied, and for the toilet facilities.

- Prepare a patient 'support pack' (to be held in reserve) that may include items such as bottled water, disposable cups/cutlery, disposable tissues, clinical waste bag and fluid-resistant surgical mask.

- Review the isolation space/area and consider the options for carrying out regular checks on the general welfare of the isolated patient/patient group. This may be simply a knock and conversation through the closed door or a verbal and/or visual contact via remote means, eg telephone, Skype/FaceTime, practice intercom or baby monitor.

Practice preparation for incident management

Practices may wish to draw on their existing protocols for dealing with medical emergencies in practice. The incident management principles are the same:

- Develop and rehearse the PHE COVID-19 triage protocols and isolation procedures:

  – agree practice approach for each stage of the potential scenarios

  – confirm role and responsibilities for each member of staff

- appoint an incident manager

- confirm lead for discussions with patients/NHS 111

- prepare an aide-memoire for staff (using guidance in Section 3)

- rehearse practice response.

- Review the practice protocols for decontamination from patients who have potentially infectious conditions. These protocols, PPE, training and materials are extant contractual and regulatory requirements.[1][2]

- Anticipate impacts on practice schedule/daily routine:

  - practices are advised to consider the likelihood (currently low) and the risk of disruption to the appointments scheduled for the day

  - review the practice's business continuity plan.

- Domiciliary – ensure that 'home visit' bags have necessary extra PPE and clinical waste bags in case a patient with suspected coronavirus is identified on a home visit.

Managing outbreaks

As detailed in the 9 June letter, optical practices should have business continuity plans to ensure arrangements are in place to minimise the impact of potential staff absence on the provision of eye care. These should be updated so they are appropriate to the COVID-19 pandemic.

It is recommended that plans are reviewed to capture the risks of COVID-19 and plans to maintain services. This should include local outbreak scenarios that could temporarily disrupt delivery of services from practice premises (eg to allow effective cleaning) or disrupt staff availability (eg if staff become poorly or are required to isolate) following NHS Trace and Test contact. Plans should consider high levels of staff sickness and self-isolation, call handling, staff and patient communication and, ultimately, denial of access to premises for staff and patients.

Business continuity arrangements may be able to recognise the opportunities to maintain services to patients through remote working. Optical practices should also consider buddying with local practices.

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[1] CQC guidance: Regulation 12: Safe care and treatment.
[2] The Health and Social Care Act 2008 - Code of Practice on the prevention and control of infections and related guidance.

In the event an outbreak impacts on the delivery of services, primary care optical services should:

- inform their local commissioner in line with local reporting/escalation processes

- follow PHE guidance on communicable disease outbreak management

- be aware of any local containment plans published by the local authority.

5.3 Patients contacting the practice

Booking an appointment

All patients must be screened and triaged when booking an appointment, by staff who are trained and competent in the application of the clinical case definition, to ensure patients and/or or members of their household are not exhibiting COVID-19 symptoms. See Appendix 1 for an example of triage questions

Patients with symptoms of COVID-19 **should not** be seen at the practice but should be informed to contact the practice when they have completed the self-isolation period and are well.

Patients should be advised to attend the practice alone where possible. If a patient must be accompanied, it is recommended only one other person should accompany them. Any accompanying person must also be screened and triaged for COVID-19 symptoms.

Urgency of reported optical symptoms

If a member of the public reports a serious eye condition that requires emergency hospital care, your practice should not conduct a face-to-face assessment. Instead, the ophthalmic practitioner should contact the local hospital eye service to discuss the potential referral and seek guidance before advising the patient to attend the hospital.

If the patient's eye care need is urgent, but not an emergency, then you should ensure that they are referred to the most appropriate provider in your area. This may be a provider of the new COVID-19 urgent eyecare service (CUES) specification. Further information about CUES can be found here. Regional teams can advise you where your nearest CUES optical practice is located.

5.4 Patients presenting at the practice

On arrival

Whenever a patient arrives at the practice, you should ensure the standard approach outlined above has been followed, to promote remote consultations and minimise face-to-face contact as far as possible.

Make sure patient information posters for NHS settings are displayed where they will be seen **before** patients enter the premises. Patient information should be displayed at reception, by any digital booking-in device, in waiting areas and at patient access points to clinical areas.

Encourage patients to use the NHS COVID-19 App and to scan the practice displayed QR code.

Social distancing measures should be implemented throughout the practice, including advice on face coverings (see later in this section).

All patients must be screened and triaged on arrival by staff who are trained and competent in the application of the clinical case definition, to ensure patients and/or members of their household have not developed symptoms of, or tested positive for, COVID-19. See Appendix 1 for an example of triage questions.

In the unlikely event that someone answers "yes" to any of the screening questions, in most cases you should advise them to return home immediately and self-isolate for the necessary period of time.

However, **if the member of the public is unwell with symptoms of COVID-19, you should do the following:**

- Immediately place the patient (and any accompanying family member/representative) in a designated isolation space. To minimise the risk of spreading the virus you should ensure, as far as is possible, that nobody else enters the area/room.

- Advise the patient to contact NHS 111 from the designated isolation area/room:

  - the patient will need to state where they are calling from and provide contact details for the practice

- – while the practice may phone NHS 111 on behalf of the patient, NHS 111 may need to ring the patient back, so the best option is to advise the patient to use their own mobile phone if they have one.

- The NHS 111 clinician will contact the practice after their assessment to advise whether the patient meets the case definition and provide advice on next steps.

- While the patient is speaking to NHS 111, consider how best to communicate with them following the call. This may need to be by remote means or simply by knocking on and speaking to them through the closed door.

- If entry to the room or contact with the patient is unavoidable in an emergency, wear PPE in line with standard infection control precautions and keep exposure to a minimum.

- If the patient becomes critically ill and requires an urgent ambulance transfer to a hospital, the practice is to contact 999 and inform the ambulance call handler of the concerns. The patient and any accompanying family should be asked to remain in the isolation room and the door closed. Advise others not to enter the room.

Once the patient and anyone accompanying them has been transferred from the practice premises, cleaning and decontamination should be carried out in line with the PHE guidance and guidance on our website.

Referrals

Ensure all clinical staff are aware of local referral protocols during COVID-19.

Please consider referring patients with acute symptoms to minor eye conditions services (MECS) or COVID-19 urgent eye care services (CUES) practitioners in the first instance, where locally commissioned.

Patient information

Ensure patients are informed of their eye health and encourage self-care where possible. Where possible provide patients with written information; pdf versions of information leaflets are available and can be emailed to patients.

Face coverings

From 24 July 2020, people in shops, including primary care optical services, are required by law under the Health Protection (Coronavirus, Wearing of Face

Coverings in a Relevant Place) (England) Regulations 2020 to wear a face covering (subject to some exemptions). On 24 September the requirement was extended to retail, leisure and hospitality staff working in areas open to the public and where they are likely to come into contact with a member of the public.

Guidance on working safely during COVID-19 in shops and branches, which includes primary care optical settings, advises that the risk of contracting COVID-19 in the workplace is best managed by minimising contact, increasing hand and surface washing, and having fixed teams or partnering. Face coverings are not a replacement for these ways of managing risk.

A face covering is not a medical surgical mask, can be very simple and may be worn in enclosed spaces where social distancing is not possible. Guidance from the World Health Organization covers composition, use and washing of non-medical masks.

It is compulsory for primary care optical services staff to wear a face covering in areas that are open to the public and where they come into, or are likely to, close contact with a member of the public. Employers should support their staff in using face coverings safely.

For the small number of people who may not follow this guidance, we fully support practices in ensuring that they can take all reasonable steps to identify practical working solutions with the least risk to all involved. Practices should undertake a risk assessment which should consider, for example:

- offering the person a mask, if they are willing to wear one
- booking the person into a quieter appointment slot or one in a separated area
- providing care via a remote appointment.

Government provides guidance for patients and the public on the use of face coverings in its guidance on staying safe outside your home and guidance on face coverings: when to wear one and how to make your own.

6. Infection prevention and control

Infection control precautions are to be maintained by all staff, in all care settings, at all times, for all patients; please refer to the GOV.UK website and our website for the latest infection prevention and control guidance.

Key points in this guidance include:

- Primary care optometry is placed in the medium risk pathway – defined by PHE as a care facility where testing is not required or feasible on asymptomatic individuals and therefore infectious status is unknown.

- Physical distancing of two metres is considered standard practice in primary care settings.

- Patients/individuals and accompanying persons should be asked to wear a mask/face covering at all times.

The College of Optometrists' COVID-19 infection control advice has been updated in line with the IPC guidance and it may be helpful to refer to this.

Clinical waste must be disposed as per the COVID-19 waste management SOP.

6.1 Personal protective equipment (PPE)

Use of PPE

The latest advice on use of PPE can be found on the GOV.UK website. Changes in working practices are required to minimise the risk of transmitting and contracting COVID-19 while working in primary care optical settings, as in all other working environments.

Staff should assess any likely exposure and ensure PPE is worn that provides adequate protection against the risks associated with the procedure or task being undertaken. All staff should be trained in the proper use of all the PPE they may be required to wear. All staff should ensure they are familiar with the correct procedures for donning and doffing PPE before using it.

PPE supply

GOS contractors are able to order, free of charge, supplies of PPE to meet the extra need of **NHS patients** as a direct result of COVID-19. NHS advice on PPE supply is available on our website. GOS contractors should register with the Department of Health and Social Care (DHSC) PPE portal; government has published its strategy for supplying PPE over the next phase of the pandemic and guidance on accessing the PPE portal. If GOS contractors have any queries or have not received an email invitation for the PPE portal, please contact the PPE portal customer services at: 0800 876 6802.

DHSC has been provided with every contractor's estimated usage of PPE based on historic volumes of GOS activity, so volumes of orders will be based on those quantities.

Advice on PPE portal registration

Please note that for the purposes of validation, only GOS contracted practices with an NHSmail account can register to receive free PPE through this channel. If you do not already have an NHSmail account, NHS England and NHS Improvement has created a temporary online application process which can be found here.

To simplify the process further and ensure that accounts can be set up quickly (NHS mail applications are currently being processed within two weeks, with a further two weeks for PPE portal registration), we have deferred the need to complete the data, security and protection toolkit (DSPT) until 31 March 2021. On completion of the online form, practices will be set up with a shared mail box, plus two further NHSmail addresses for which specific practice staff members can be nominated.

On receipt of an NHSmail account, DHSC will contact practices directly to invite them to register for the online PPE portal.

6.2 Cleaning and decontamination

Government guidance on working safely during COVID-19 should be followed regarding:

- frequent cleaning of work areas and equipment between uses, using usual cleaning products
- frequent cleaning of objects and surfaces that are touched regularly, including pre-screening and dispensing equipment and products

- clearing workspaces and removing waste and belongings from the work area at the end of a shift

- using signs and posters to build awareness of good handwashing technique, and the need to increase handwashing frequency, avoid touching the face, and to cough or sneeze into a tissue that is binned safely or into your arm if a tissue is not available

- providing regular reminders and signage to maintain hygiene standards

- providing hand sanitiser in multiple locations in addition to washrooms

- setting clear use and cleaning guidance for toilets to ensure they are kept clean and social distancing is achieved as much as possible

- enhancing cleaning of busy areas

- providing more waste facilities and more frequent rubbish collection

- where possible, providing paper towels as an alternative to hand dryers in handwashing facilities.

Cleaning and decontamination after a known or suspected case of COVID-19 should be carried out in line with PHE guidance and the guidance on our website.

7. Information and support for patients and the public

7.1 COVID-19 guidance

Please refer to government guidance on COVID-19 for general public information; this is translated into multiple languages. Doctors of the World has translated relevant NHS guidance into 60 languages. Information is also available on government measures, local restrictions, NHS Test and Trace and NHS COVID-19 contact tracing app. Government has also published guidance on domestic abuse and how people can get help during the COVID-19 outbreak.

7.2 Support for patients and the public

Mental health, dementia, learning disability and autism

Patients may feel distressed, anxious or low in response to the COVID-19 outbreak. Every Mind Matters has resources on mental wellbeing; NHS.UK has information on

stress, anxiety, depression and wellbeing, and where to get urgent or emergency help for mental health needs.

Patients should be referred as usual to mental health services. All areas are putting in place 24/7 all-age open-access NHS mental health crisis support lines. We have published guidance on learning disability and autism in the context of COVID-19.

Information on the care of people with dementia in the context of COVID-19 is available on the British Geriatric Society website. We have published a specific framework for personalised care planning in the Dementia: good personalised care and support planning guide.

NHS volunteer responders

NHS volunteer responders can be asked to help people who need additional support. Patients can self-refer by calling 0808 196 3646 between 8am and 8pm. The primary care optical services team can make referrals via the NHS volunteer responders referrers' portal or by calling 0808 196 3382. Guidance for primary care professionals on how to make best use of NHS volunteer responders can be found on the FutureNHS website.

8. Managing patients with symptoms of or exposure to COVID-19

For the purposes of this document, anyone living with someone who has symptoms of COVID-19 should follow the pathways for patients with COVID-19 symptoms.

8.1 Advice for patients with symptoms of or exposure to COVID-19

NHS 111 runs an online coronavirus service alongside its standard online service, which can provide advice to COVID-19 symptomatic patients with an urgent health concern. Patients with possible COVID-19 are directed to NHS 111 online for health advice in the first instance. The NHS 111 telephone service should be used only when online access is not possible.

People with symptoms of COVID-19 can access testing via the NHS website. If they have problems using the online service, they should call 119.

8.2 Patients too unwell to be sent home

If, in the optometrist's clinical judgement, the person needs emergency medical attention, they should be isolated in a designated isolation space (see Section 5.2), if their medical condition allows this, and an emergency ambulance requested. The red flags to be aware of are shown below.

RED PATHWAY

- If patients meet any of the following criteria, they need 999

Severe breathlessness
- Unable to complete sentences
- Rapid, significant deterioration in breathing in the last hour
- New breathlessness at rest
- Sudden onset of breathlessness

Shock or peripheral shutdown
- New confusion or reduced level of consciousness
- Extremities – cold and clammy to touch
- Pallor – skin colour is mottled, ashen, blue or very pale
- Reduced urine output – little or no urine in last 24 hours

Functional impairment
- Inability to self-care/ perform Activities of Daily Living

The ambulance call handler should be informed of the risk of COVID-19 infection. The patient and any accompanying family should be asked to remain in the designated isolation space and the door closed. Others should be advised not to enter the designated isolation space.

While waiting for an ambulance, establish a routine for regular communication with the patient/group. Contact may need to be via remote means or simply by knocking and then having a conversation through the closed door.

If staff cannot avoid entering the designated isolation space or contact with the patient in an emergency, they should wear PPE in line with standard infection control precautions, and exposure kept to a minimum. All PPE worn when providing direct care to patients with symptoms of COVID-19 should be double bagged, tied securely and kept separate from other waste for at least 72 hours before disposing of it in the normal domestic waste, as set out in guidance for non-healthcare settings available on the GOV.UK website.

8.3 Self-care advice for patients with suspected COVID-19

The latest self-care advice for patients with suspected COVID-19 can be found here.

9. Patients at increased risk of severe illness from COVID-19

Government guidance identifies patients who are clinically extremely vulnerable (CEV) from COVID-19 (who were previously advised to shield themselves).

From 1 August 2020, government shielding advice is paused. GOS can be provided to CEV patients.

CEV people are still at the highest risk of severe illness if they catch coronavirus. When arranging a face-to-face sight test, shared decision-making with the patient is important. Optical practices are expected to balance the risk and impact of COVID-19 and the patient's eye health, when booking their appointments.

9.1 Patients advised to shield themselves (only applicable if specifically instructed to do so)

In the event of a coronavirus outbreak, patients who are CEV from COVID-19 may be advised to shield. In this scenario they will be informed. In the event a CEV patient requests GOS services and has also been specifically advised to shield, a practitioner would need to determine if a sight test is in their best interest. Following a remote consultation, the practitioner may exercise professional judgement and delay the sight test and seek approval for a GOS 4 form for a CEV patient's spectacle dispense request. Approval can be sought from the NHSBSA. You should contact them on nhsbsa.paos@nhs.net and you will receive a unique claim code to enter on the GOS 4 form. The following conditions must be met and apply only to CEV patients who have been specifically advised to shield:

- A practitioner is dispensing spectacles to a patient usually eligible for GOS 3 but has determined a face-to-face sight test can be delayed.

- Any damage or lost spectacles need to be older than 2 years

- Any changes to a patient's previous/current prescription to be determined only by a clinician and accurately noted in patient's records.

The form should not be signed by the patient but annotated 'COVID-19'.

10. Other considerations for primary care optical services

10.1 Health inequalities and inclusion health

COVID-19 has had a disproportionate effect on certain sections of the population – including older people, men, people living in deprived areas, BAME groups, those who are obese and those who have other long-term health conditions, mirroring and reinforcing existing health inequalities, as highlighted in the PHE review of disparities in risks and outcomes and the PHE report on the impact of COVID-19 on BAME groups. Furthermore, the long-term economic impact of the pandemic is likely to further exacerbate health inequalities. Our 31 July letter highlights the need for collaborative work with local communities and partners to reduce health inequalities, and recommends urgent actions that health systems should take in this area.

Primary care optical services can play an important role through working with voluntary and community organisations to make sure those who are most excluded have access to primary care services and, through working within PCNs, to shape interventions around community needs, using co-design and co-production.

People experiencing homelessness: During the pandemic some of your usual patients may have been displaced out of area and/or a group of homeless people relocated into your area due to measures applied by local authorities. Practical resources are available from the Faculty of Inclusion Health and the FutureNHS Collaboration space (contact FutureNHS for access).

The Home Office may have set up accommodation for **asylum seekers** in your area who may need access to primary care optical services. PHE has published advice on **healthcare for refugees and migrants**. Doctors of the World can provide specialist advice on working with asylum seekers and refugees.

Gypsy, Roma and Traveller communities face some of the most severe health inequalities and poor health outcomes in the UK. Friends, Families and Travellers has a service directory on its website and relevant information on COVID-19.

Appendix 1: Sample triage tool

Example of triage questions for COVID-19

	Yes	No
1. Do you or any member of your household/ family have a confirmed diagnosis of COVID-19? If yes, wait for the agreed period of time depending on date of onset (10 to 14 days) before conducting a sight test		
2. Are you or any member of your household/family waiting for a COVID-19 test result?		
3. Have you travelled abroad in the last 14 days? If yes, confirm where and if this is a country that government has agreed as safe for travel. If it is not on the list, then quarantine for 14 days will apply.		
4. Have you had contact with someone with a confirmed diagnosis of COVID-19 or been in isolation with a suspected case in the last 14 days? If yes, wait for the agreed period of time depending on what date of the isolation period the patients is at (ideally, 14 days).		
5. Do you have any of the following symptoms? • high temperature or fever • new, continuous cough • a loss or alteration to taste or smell If yes, provide advice on who to contact (GP/NHS 111) or, if admission is required.		