

## Optometry Scotland

### Supporting information on Scottish Government PCA(O)(2020)(12)

30<sup>th</sup> July 2020

Dear Colleagues,

We are happy to announce a return to the new normal for optometry, dispensing and community eyecare by way of the resumption of most routine services described within the PCA issued today.

We welcome the First Ministers announcement that we can start to see routine patients from Monday 3<sup>rd</sup> August. This is in line with demands from community eyecare to let us manage all of our patients safely at the earliest opportunity and we are delighted that this decision has been made.

This PCA includes reference on a return to offering routine care safely to most patients, with the facility still in place to offer care remotely should this be decided as the most appropriate mode of delivering care.

Persons eligible for domiciliary services in their own home and/or sheltered housing will be able to access this service once the appropriate declaration and Health and Safety Risk assessment have been made to the relevant Health Board by the mobile practice. Persons in care homes are not yet able to access this service.

The current financial support package for practice premises and mobile practices remains in place for the time being.

#### Practical Purpose

Much confusion has existed around how best to operate throughout the various phases of the pandemic. Although we still have much to learn about the disease, it is now accepted that we will be living with Covid-19 for the foreseeable future.

Since 23 March, the emphasis has been on what cannot be done. We can now focus on what we can and will do in delivering care to all patients in a safe manner, either remotely with increasing use of technology or face-to-face using appropriate PPE and infection control regimes.

#### Providing routine care in practice

We can now offer services to any patients requiring a routine eye examination. We can recall patients as we see fit, but this is on the understanding that in exercising their professional judgement, practitioners continue to triage patients remotely before determining their suitability for face-to-face care wearing full PPE.

Practitioners may provide contact lens services as they did prior to lockdown, although the emphasis should remain on remote aftercare and lens replacement where possible.

All clinical, contact lens and dispensing services can now be offered to patients provided that triaging is carried out effectively and the appropriate care is delivered safely with mandated PPE. Clinical tests and assessments should be risk assessed to ensure high standards of infection control are maintained.

#### Providing routine care to persons eligible for domiciliary services

The provision of these services to persons in day centres and residential centres, including care homes, remains suspended. This is due to wider concerns around the risk to groups of vulnerable persons in a single location, and the Scottish Government's policies on the remobilisation of clinical and non-clinical services provided in such settings will continue to impact this. We are in regular contact with Age Scotland and Scottish Care and will confer with Domiciliary colleagues as soon as we have more information.

Routine services to persons in their own homes or sheltered accommodation will resume on the same terms as practices. Mobile providers (not practice premises) who intend to provide such a service must submit a declaration form and Health and Safety Risk Assessment to the relevant Health Board's satisfaction before they can resume this service. Health Boards will be in touch shortly with mobile providers with more details on this process.

#### Financial support

We announced recently that, during the 5 peak weeks of the pandemic, 143 surveyed practices managed the needs of over 74,000 patients with fewer than 5% requiring additional attention in EETCs. This is a tremendous achievement and testimony to the practitioners who cooperated so effectively in providing excellent care whilst keeping large numbers of patients out of pharmacies, GP practices and hospital.

This is appreciated by the Scottish Government and Optometry Scotland has asked that support measures be maintained until practices are no longer disadvantaged by the aftermath of the COVID-19 pandemic.

#### Next steps

welcome any questions on the new phasing and its implications via:  
[tellos@optometryscotland.org.uk](mailto:tellos@optometryscotland.org.uk)

In addition to thanking our Community Eyecare Team colleagues for their cooperation and support, we acknowledge the huge efforts that community eyecare professionals and staff have put into continuing emergency and essential services and so much more throughout the pandemic. We should all be very proud of the work that has been undertaken.

There is still much to be done in carving out a safe and secure future for community eyecare in Scotland. The OS Team are proud to continue working hard on your behalf as world class providers of eye health in Scotland.

With best regards,

Optometry Scotland Executive

(See FAQs below)

## FAQs

We anticipate a number of questions. We will answer these to the best of our knowledge, whilst emphasising that your own professional judgement is paramount and we encourage you to exercise that at every opportunity.

Q - Now that we are returning to some form of normality, do we need to continue to use full PPE?

A - Yes, Covid-19 is here to stay for the foreseeable future and we should expect anybody in close contact to wear PPE according to their role in practice.

Q – Should I begin to remind all patients that we are now open for business?

A – There will be pent up demand and long lists of patients requiring care. In resuming the provision of routine eye care services, practitioners are expected to continue to prioritise those patients who are considered to be most at risk in the professional judgement of the practitioner. Emergency and essential care should continue to be prioritised over more routine services, and this should be reflected when scheduling appointments; those patients who are at greatest risk of detriment to sight or wellbeing should be seen first.

Ensure that any reminders contain advisory information on how care will now be delivered remotely or safely face-to-face and that this will affect the patient journey. Practices are also advised, when scheduling a face-to-face appointment, to remind patients they are required to bring an appropriate face covering with them to the practice, unless they fall within one of the [excluded categories of people](#).

Q – Should we continue to make allowances for vulnerable persons?

A – Yes, patients individual needs must always be taken into account and the pandemic has redefined the need for proper triage and good history and symptoms being carried out well in advance of the appointment.

Q – Must every element of the PEE be carried out on every occasion?

A - This stipulation has varied in recent years in acknowledgment of the need for practitioners to use their own professional judgement in deciding what elements of the eye examination must be conducted. The mandatory elements of the eye examination are described within the Opticians Act, with others being left to a practitioner's own discretion.