



Dear Colleague

GENERAL OPHTHALMIC SERVICES (GOS) – COVID-19 RECOVERY:

REMOBILISATION OF FACE-TO-FACE PERIPATETIC EYE CARE; FINANCIAL SUPPORT ARRANGEMENTS FOR PERIPATETIC PROVIDERS; ONGOING PROVISION OF PPE

Summary

1. This letter advises on the following:

- Remobilisation of face-to-face peripatetic eye care, subject to certain conditions being met;
- Financial support arrangements for peripatetic providers;
- Ongoing provision of Personal Protective Equipment (PPE).

Action

2. NHS Boards are asked to urgently copy and issue the Memorandum to this letter to all optometrists, ophthalmic medical practitioners, body corporates and practices on their ophthalmic lists.

Yours sincerely,

Tom Ferris
Deputy Director

2 November 2020

Addresses

For action
Chief Executives, NHS Boards

For information
Chief Executive,
NHS National Services
Scotland

NHS Board Optometric
Advisers

NHS Education for Scotland

Enquiries to:

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nss.psdgospayments-covid19@nhs.net (for any practice-specific queries about the financial support measures)

eyecare@gov.scot (for any other queries)

**MEMORANDUM TO NHS:
PCA(O)2020(17)**

Summary

1. This Memorandum advises on the following:
 - Remobilisation of face-to-face peripatetic eye care, subject to certain conditions being met;
 - Financial support arrangements for peripatetic providers;
 - Ongoing provision of Personal Protective Equipment (PPE).

Background

2. The provision of face-to-face peripatetic eye care was suspended with effect from 23 March 2020 in line with [PCA\(O\)2020\(4\)](#), and as a result of the COVID-19 pandemic. Since then, routine face-to-face eye care within practice premises and domiciliary settings has been remobilised, but this has not yet been extended to the provision of peripatetic eye care.
3. It is recognised that patients who have been served by peripatetic eye care providers pre-COVID require to access routine services, and that the remote and rural locations within which they live should not disadvantage them from having access to these services. It is therefore appropriate that the remobilisation of the face-to-face element of these services resumes.

Relevant Legislation

4. Regulation 19 of the National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006 makes provision for peripatetic eye care – “*Arrangements for particular districts*”.

Process for Remobilisation

5. NHS Boards are now permitted to commence planning for the remobilisation of peripatetic eye care within their area, where there is a continuing need for this type of service.
6. The starting point for remobilisation will be discussion with existing providers of peripatetic eye care. These discussions should focus on reaching agreement on how services can be provided in a safe and secure manner for both patients and staff, with particular emphasis placed on three key areas:
 - a. the premises within which the service will be provided,
 - b. the procedures which will be adhered to in respect of infection prevention and control,
 - c. the safe use and disposal of PPE.

Premises within which peripatetic services will be provided

7. Infection prevention and control is of significant importance to the delivery of community eye care. It is therefore strongly advised that an NHS Board considers specifying the location from which the peripatetic service is to be provided from as part of remobilisation discussions. Boards may wish to consider specifying that this must be an NHS Board owned premises, thus ensuring that appropriate facilities for handwashing and the safe disposal of PPE are already in situ. In addition, this approach delivers assured levels of patient confidentiality, particularly where the specified location already operates as a clinical patient-facing environment.

Infection control

8. To ensure compliance with current guidance on the safe provision of eye care to patients, providers are reminded to scrupulously follow the comprehensive guidance set out in the NHS Education for Scotland document, [‘Resuming General Ophthalmic Services Following COVID-19 Shutdown’](#) that is available on Turas. This must include adherence to strict infection control procedures allowing time to decontaminate equipment between patients, and the safe use and disposal of PPE.
9. Signed declaration forms for practice premises and mobile providers, including Health and Safety Risk Assessments, have already been submitted to NHS Boards. However, there may be additional considerations that require to be addressed in relation to peripatetic service provision. As part of remobilisation discussions, Boards will require to advise providers in relation to any additional documentation that requires to be submitted before services may commence, paying particular attention to local settings.

Safe use and disposal of PPE

10. Before peripatetic services remobilise, the Board must be assured that the service provider has, and is using, appropriate PPE provided by NHS Scotland for the provision of NHS services. They must also be content that this will be disposed of in line with appropriate guidance covering infection prevention and control.

Additional Considerations for Remobilisation Discussions

11. As part of remobilisation discussions with providers, NHS Boards are advised to consider how all aspects of eye care may be provided. In taking this approach, the needs of all patients within the particular district may be addressed.
12. NHS Boards are therefore advised that, as part of remobilisation discussions, specific reference is made to the provision of **first port of call services** to patients served by the peripatetic provider. Where a provider operates a practice premises business in addition to a peripatetic service, it would be appropriate for the Board to enquire as to how first port of call may be provided from this location, via the use of remote telephone and Near Me consultations.

13. In addition, it is recommended that the provision of routine eye care in a domiciliary setting is also discussed, as are all aspects of follow-up care that may be required to refine a diagnosis, or to make a referral.
14. In order to provide assurance to patients with regard to ongoing service provision, the Board should work together with the provider to agree how often the peripatetic service requires to be provided within the agreed premises. In reaching agreement with regard to this, consideration should be given to balancing financial viability with patient need. The determination of visit frequency will assist the NHS Board in managing the payment of expenses, if appropriate, for the peripatetic service.
15. It is also advisable to ensure that claims made for the provision of peripatetic services are made via eOphthalmic using a unique payment location code. By taking this approach, it ensures that it is possible to accurately monitor activity levels and expenses associated with the service, thus allowing data to be available should it be necessary to review service provision in the future.

Financial Support Arrangements for Peripatetic Providers

16. Existing providers or peripatetic services will continue to receive financial support in line with paragraph 8 of [PCA\(O\)2020\(14\)](#).
17. Providers or peripatetic services are advised that a condition of financial support is the requirement to submit all GOS(S)1, GOS(S)3 and GOS(S)4 claims via eOphthalmic in accordance with [PCA\(O\)2020\(12\)](#).

Ongoing Provision of PPE to Peripatetic Providers

18. Once an NHS Board has agreed the remobilisation of peripatetic eye care with an existing provider, the Community Eyecare Team at Scottish Government should be advised. Arrangements will then be made with NHS NSS National Procurement for the provision of PPE.

Enquiries

19. Any practice-specific queries about the financial support measures should be emailed to P&CFS at: nss.psdgospayments-covid19@nhs.net.
20. Any other queries about this Memorandum should be emailed to the Scottish Government at: eyecare@gov.scot.

Dentistry and Optometry Division
Directorate of Primary Care
Scottish Government