

## Summary

1. This Memorandum advises on the following:
  - Community eye care services in Level 4 areas in Scotland following the new COVID-19 regulations which came into effect on 5 January 2021;
  - Financial support for optometry practices;
  - A progress update on the roll-out of COVID-19 vaccinations to all optical practice staff;
  - A reminder about key worker status for optical practice staff;
  - An update on Personal Protective Equipment (PPE), including the transition to a “pull” self-ordering model.

## Community eye care services in Level 4 areas following new COVID-19 regulations

2. Following the First Minister’s statement in the Scottish Parliament on 4 January 2021, the Scottish Government has published [guidance](#) to support the new [lockdown regulations](#) which came into effect on 5 January 2021 for all Level 4 areas in Scotland.
3. Under the regulations, it is a reasonable excuse for a person living in a Level 4 area to leave their home to provide or obtain medical assistance, including accessing ophthalmic services.
4. As essential businesses providing health care services with well-established infection prevention and control (IPC) arrangements in place, community optometry practices in Level 4 areas can safely remain open and provide a full range of services. This is in line with the approach being taken with other primary care and screening services.
5. As has been the case throughout the pandemic period, practitioners should continue to exercise their own professional judgement when determining whether it is clinically appropriate and necessary for a patient to be seen face-to-face.
6. **Where a practitioner determines that it is clinically appropriate and necessary for a patient to be seen face-to-face, emergency and essential care should continue to be prioritised over more routine services, and those patients who are at greatest risk of detriment to sight or wellbeing should be seen first.**

7. In order to help reduce the number of patients who need to be seen face-to-face, practices and practitioners are advised to review their current triage and pre-appointment screening processes, and continue to make use of remote triage and consultations where appropriate. As set out in paragraphs 42 to 45 of [PCA\(O\)2020\(10\)](#), remote consultations can be claimed via eOphthalmic under supplementary eye examination reason codes 2.5, 2.8 and 2.9, where the practitioner considers it to be clinically appropriate.
8. Practitioners and all practice staff are reminded that they **must** continue to scrupulously follow the advice 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 IPC procedures, allowing sufficient time to decontaminate equipment and surfaces between patients, and the safe use and disposal of PPE.

### **Financial support for optometry practices**

9. Notwithstanding this clarification on community eye care services in Level 4 areas, the Scottish Government recognises that, following the latest regulations, overall activity levels in community optometry practices are likely to be lower than would otherwise have been the case, principally through reduced patient demand.
10. As a result, the minimum GOS(S)1 activity level for practice premises (relative to the average monthly GOS(S)1 item of service income across the 2019/20 financial year) required to be met in order to qualify for a "top-up" payment in line with [PCA\(O\)2020\(14\)](#) will be kept at 20% in January 2021, instead of increasing to 40% as originally set out in paragraph 8 of [PCA\(O\)2020\(19\)](#).
11. If a practice has to close as a result of COVID-19, paragraphs 10 to 14 of [PCA\(O\)2020\(19\)](#) provide a mechanism for the practice to discuss the situation with the local Health Board.
12. The Scottish Government will continue to closely monitor practice activity levels via eOphthalmic data and use this to inform the ongoing review of the GOS(S)1 financial support arrangements for optometry practices, including determining an appropriate minimum activity level for February 2021 and beyond. It is imperative therefore that practices continue to timeously submit payment claims via eOphthalmic as soon as possible.
13. Financial support measures for mobile practices remain unchanged as set out in paragraphs 5 to 9 of [PCA\(O\)2020\(21\)](#).

### **Progress update on roll-out of COVID-19 vaccinations to optical practice staff**

14. NHS Boards are in the process of rolling out COVID-19 vaccinations to frontline health and social care staff. As a key and valued part of the health service in Scotland, and as set out in the [Chief Medical Officer's letter](#) to the NHS in Scotland

on 1 January 2021, all independent contractors will be contacted by their local NHS Board and all practice staff will be offered a COVID-19 vaccination.

### **Key worker status for optical practice staff**

15. In light of regulated early learning, childcare and school settings remaining open only for children of key workers and vulnerable children, optical practice staff are reminded that, as set out in [PCA\(O\)2020\(6\)](#), all community optometrists in Scotland are category 2 key workers, and all other practice staff are category 3 key workers. Local authorities are responsible for deciding on applications made to them, and children of key workers are not automatically guaranteed a place.

### **PPE – Transition to the “Pull” Model**

16. Transitioning from the “push” model of PPE supply to a self-ordering “pull” model is well under way, and it is anticipated that the roll-out will be completed by the end of March 2021.

17. In order for this to take place, it will be necessary for practices to have a generic “nhs.scot” mailbox, which will link to a practice specific account in PECOS (the system used across NHS Scotland for the ordering of goods and services). Work is progressing well within NHS Boards to ensure that practices have the required mailbox.

18. Practices are scheduled to transition to the pull model in line with the following phases:

<b>NHS Board</b>	<b>Phase</b>	<b>Implementation Date</b>
NHS Ayrshire & Arran	1	January 2021
NHS Borders	2	February 2021
NHS Dumfries & Galloway	1	January 2021
NHS Fife	1	January 2021
NHS Grampian	1	January 2021
NHS Greater Glasgow & Clyde	3	March 2021
NHS Highland	1	January 2021
NHS Lanarkshire	2	February 2021
NHS Lothian	1	January 2021
NHS Tayside	1	January 2021

19. Practices in NHS Forth Valley, NHS Orkney, NHS Shetland and NHS Western Isles will not move to the pull model, and local arrangements for the supply of PPE to these practices will continue.

20. Until the pull model is fully implemented within their NHS Board, practices will continue to receive deliveries of PPE in line with the current push model. The next scheduled dispatch of PPE by NHS National Procurement to practices is week commencing 25 January 2021. Practices experiencing issues with PPE

supply should contact their local NHS Board, who will assist via supplies held at a local level.

21. In order to support practices through the transition to the self-ordering of PPE via PECOS, a number of resources will be made available. Direct contact will be made with relevant practices in due course regarding this.

### **Enquiries**

22. Any practice-specific queries about the financial support measures should be emailed to Practitioner and Counter Fraud Services at: [nss.psdgospayments-covid19@nhs.scot](mailto:nss.psdgospayments-covid19@nhs.scot).
23. Any other queries about this Memorandum should be emailed to the Scottish Government at: [eyecare@gov.scot](mailto:eyecare@gov.scot).

**Dentistry and Optometry Division**  
**Directorate of Primary Care**  
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