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# **AOP COVID-19 clinical and professional guidance webinar**

**2 April 2020**



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- The webinar will run for approx. 30 minutes followed by a 30 minute Q&A session
- Please use the Q&A function located at the bottom of your screens to ask questions. We will answer as many as we can within the session
- Please note that we will review any unanswered questions and update our FAQs



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**Peter Hampson, Clinical Director, AOP**



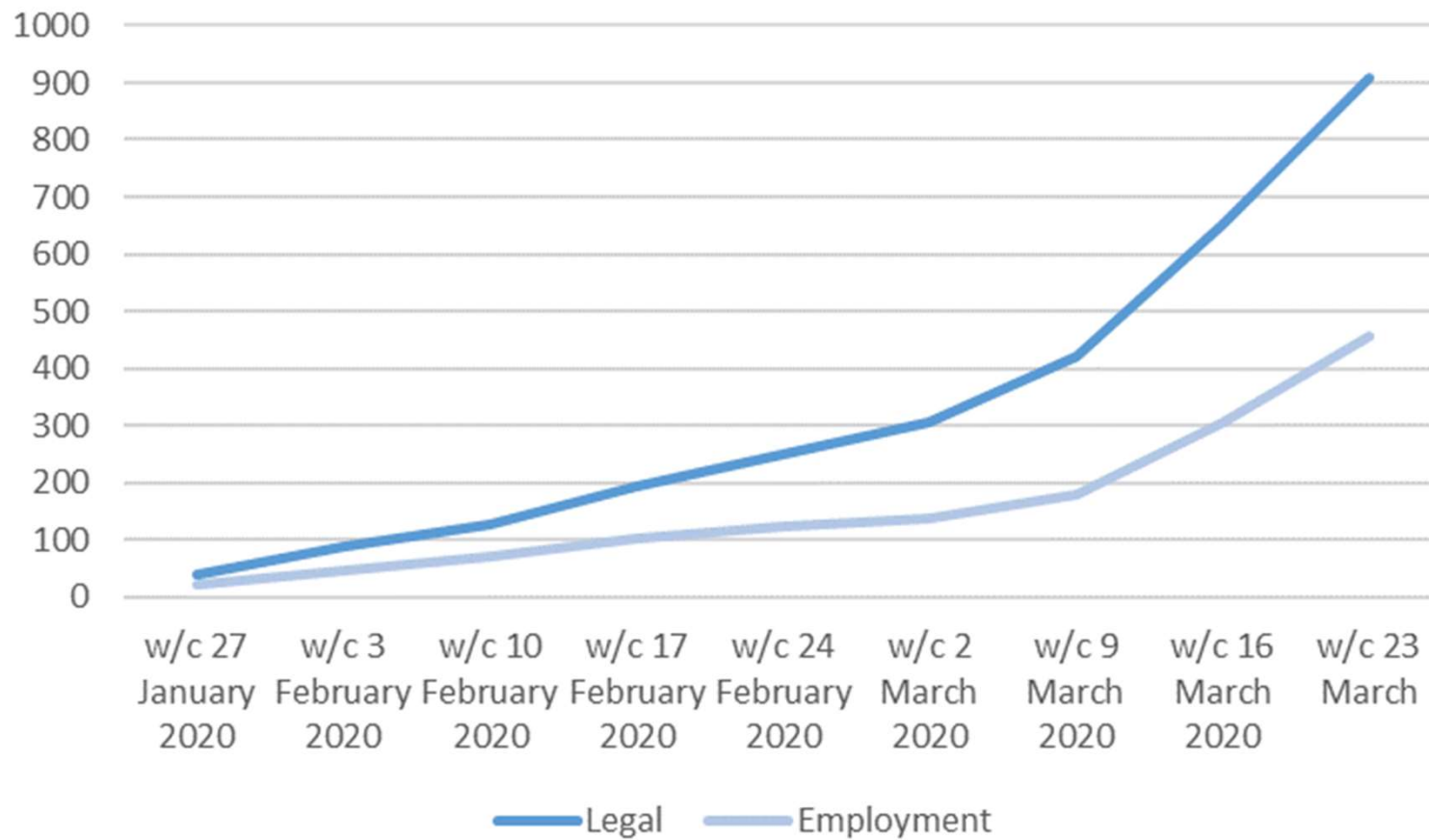
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**How has the AOP helped its members?**



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## Number of enquiries





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## Reduction to membership fees

The Association of Optometrists (AOP) Board announced a 20% reduction in membership fees for UK practising members, which is the equivalent of two monthly direct debit payments.

The fee reduction is designed to provide immediate financial support to members during the coronavirus crisis. The scheme will be rolled out automatically and there is no action needed by members to benefit.

AOP Chief Executive, Henrietta Alderman said: “The AOP Board is acutely aware of the cashflow difficulties many of our members are having at this unprecedented time. We are keen to do all that we can to support our members which is why we have taken this step with immediate effect”.



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## Timeline of events

### January 2020

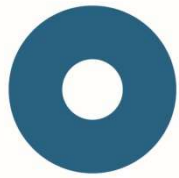
- 31 January – First confirmed case of COVID-19 confirmed in UK (York)

### February 2020

- 12 February – AOP issues clinical guidance to members

### March 2020

- 3 March – Government issues its COVID-19 action plan. GOC issues regulatory statement with other professional regulators
- 5 March – First death from COVID-19 in the UK
- 13 March – AOP launches its FAQs (16 March member email providing latest guidance and FAQs)
- 17 March – Government unveils package of financial measures for the economy, including business support. indicates IR35 tax reform has been put back by 1 year
- 18 March – FAQs updated with employment advice. Member email issued to update members.
- 19 March – OT launches a daily news briefing online covering coronavirus



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## Timeline of events

### March 2020 cont.

- 20 March – Government launches its Coronavirus Job Retention Scheme
- 20 March - AOP working as part of OFNC with NHS England. Sector press release issued to update GOS contractors in England alongside member email.
- 20 March AOP issues sector press release on behalf of the Optical Confederation's Domiciliary Eyecare Committee to provide update for domiciliary and mobile services
- 23 March – AOP and College of Optometrists respectively recommend restriction on routine sight testing
- 24 March AOP issues update on essential opening arrangements for GOS contractors in England on behalf of OFNC.
- 24 March – locum/self-employed advice and FAQs published on AOP website and issued to members via email.
- AOP issues press release calling on Chancellor to resolve problems facing its self-employed locums





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## Timeline of events

### March 2020 cont.

- 24 March – Member email on joint statement from OS, OW, ONI on essential opening arrangements. AOP issued joint statement on behalf of OFNC, OS, OW, ONI. 25 March – member email on updated guidance, in response to Government announcement, on practice opening arrangements and managing risk (ie optical practices exempt from retail closure)
- 25 March – AOP employment law FAQs for email to members
- 26 March – Chancellor announces support package for self-employed individuals. AOP email guidance to members on furlough leave. College of Optometrists confirm cancellation of stage 1 and stage 2 assessment visits for pre-reg
- 27 March – Dedicated area on coronavirus launched on the AOP website. Updated email guidance to members based on the Chancellor's statement. Member email on 'Patient care being put at risk, OFNC warns NHS England'. AOP issues sector press release on behalf of OFNC.
- 30 March – AOP announces 20% reduction in membership fees to support members via member email and press release.



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## Timeline of events

### **April 2020**

- 1 April – NHS England announces immediate changes to the delivery and operation of primary eye care services in England including details of support payments for practices. Member email issued in response alongside sector press release issued on behalf of the OFNC in response. AOP member email inviting members to webinar on 2 April



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## NHS Update – 1st April 2020

What does it mean for optical business?

NHS England has now announced a package of support although it is less clear than some of the other schemes, we are currently trying to clarify the detail.

Currently only practices that remain open will receive funding. This will be based on an average of the previous years GOS claims, so total GOS spread out per month.

We do not expect there to be any limit on the number of practices that are able to stay open should they wish to.

The decision as to whether to stay open or close is an individual one. For some, they will be better off with a combination of the government business grants and the money they will receive for their staff costs through the furlough scheme, rather than the NHS income, but this will need to be considered on a case by case basis.

## OFNC guidance on changes to primary care optometry practice in England



As set out in our statement of 1 April, this document addresses the main questions raised by our members so far about the [NHS England optical letter](#) of 1 April 2020. It is based on our understanding of the information NHS England has shared to date. We will update this guidance as the situation develops, and as we receive more information from NHS England and queries from the members of the OFNC bodies.

### Provision of services

1. All routine care is suspended – am I required to close my practice? ▼
2. Will I be forced to open? ▼
3. Why does the NHS England letter talk about delivering services from only ▼

<https://www.aop.org.uk/coronavirus-updates/ofnc-guidance-on-changes-to-primary-eye-care-in-england>



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## Are Optometrists key workers?

In our view all essential optical staff involved in offering urgent and essential care will meet the Government definition of a key worker for the purpose of access to schools and transport.

ABDO has published an 'essential workers' template letter for optical practices to help their staff demonstrate this to schools. <https://www.abdo.org.uk/coronavirus/>

Key workers should only place children in school where absolutely necessary at this time.



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## Should my business stay open?

Opticians can remain open for **essential, urgent or emergency eyecare services** – see next slide for definitions

Opticians are one of the exceptions in the government guidance

(<https://www.gov.uk/government/publications/further-businesses-and-premises-to-close/further-businesses-and-premises-to-close-guidance>)

All retail, with notable exceptions, including:

**Medical services (such as dental surgeries, opticians and audiology clinics, physiotherapy clinics, chiropody and podiatry clinics, and other professional vocational medical services)**

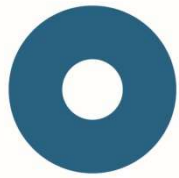


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## What is an essential, urgent or emergency appointment with regard to GOS?

**Essential eye care** currently delivered under General Ophthalmic Services (GOS). This includes but is not limited to appointments for patients who would not normally be considered to be emergencies, but where, in the practitioner's professional judgement, a delay in an examination may be detrimental to a patient's sight or wellbeing. This may include where patients have broken or lost their glasses or contact lenses and need a replacement pair to function.

**Urgent or emergency eye care** where a contract is held with a CCG to deliver urgent clinical advice or intervention e.g. for red eye, contact lens discomfort, foreign object, sudden change in vision, flashes and floaters which might suggest detachment etc., or where the patient has been advised to attend a practice by NHS 111 or another healthcare professional for urgent eye care.



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## How to examine remotely

<https://www.college-optometrists.org/the-college/media-hub/news-listing/remote-consultations-during-covid-19-pandemic.html>

### Clinical telephone/video review



Patient name:		Patient identifier:	
Contact details:		Date of birth:	
Relevant OH:		Date of last sight test:	
Reason for contacting the practice			
Existing spectacle prescription (if relevant)			
Right:		Previous VA	
Left:		Previous VA	
<b>Telephone/ video consultation (delete as appropriate)</b>			
History and symptoms		Have you experienced any of the following? N/R/L	
		Eye pain:	
		Photophobia:	
		Haloed around lights:	
		Recent trauma:	
		Distortion in vision:	
		Recent onset floaters:	
		Red eye	
Patient self-estimated VA (Same/ little worse/ much worse than previous)		Sudden change in VA:	
Right	Left	GH/Medications:	
<b>Recommendations (tick)</b>			
Sight/life threatening?: Refer to eye casualty	<input type="checkbox"/>	Minor eye condition: Advise to self-manage	<input type="checkbox"/>
Potentially sight/life threatening?: Book urgent optom review	<input type="checkbox"/>	Non urgent condition: Book appt in 6/12	<input type="checkbox"/>
Advice given:			
Signature: GOC:			Date:





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## How to conduct an 'essential' sight test safely

- Only conduct tests that are necessary to solve the problem.
- Consider fundus photos.
- Avoid aerosol generating procedures.
- Minimise contact time
- Rebook for additional tests where possible.
- PPE
- Keep good records.



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## PPE

What PPE is recommended?

There is guidance from the Royal College of Ophthalmologists and endorsed by the College of Optometrists, but the guidance on routine practice **was** less clear.

- A standard surgical mask, plus a plastic breath shield.

<https://www.rcophth.ac.uk/wp-content/uploads/2020/03/RCOphth-PPE-Guidance-27-March-2020.pdf>

- Scottish guidance updated today, mirrors this.

How do I access it if my employer is not providing it?

You can contact the NHS supply chain, but understandably they are very busy. Some private companies are providing PPE.

We have raised this with NHS England again today and are looking at ways to coordinate supply and escalate after updated guidance from PHE.

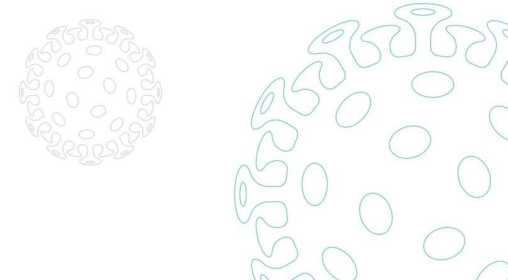
## Additional considerations, in addition to standard infection prevention and control precautions,

where there is sustained transmission of COVID-19, taking into account individual risk assessment for this new and emerging pathogen, NHS and independent sector

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-repellent coverall/gown	Surgical mask	Fluid-resistant (Type IIR) surgical mask	Filtering face piece respirator	Eye/face protection <sup>1</sup>
Any setting	Direct patient/resident care assessing an individual that is not currently a possible or confirmed case <sup>2</sup> (within 2 metres)	✓ single use <sup>3</sup>	✓ single use <sup>3</sup>	✗	✗	✓ risk assess sessional use <sup>4,5</sup>	✗	✓ risk assess sessional use <sup>4,5</sup>
Any setting	Performing an aerosol generating procedure <sup>6</sup> on an individual that is not currently a possible or confirmed case <sup>2</sup>	✓ single use <sup>3</sup>	✗	✓ single use <sup>3</sup>	✗	✗	✓ single use <sup>3</sup>	✓ single use <sup>3</sup>

Table 4

- This may be single or reusable face/eye protection/full face visor or goggles.
- A case is any individual meeting case definition for a possible or confirmed case: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wu-cov-infection>
- Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirator, after each patient and/or following completion of a procedure, task, or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions (SICPs).
- Risk assess refers to utilising PPE when there is an anticipated/likely risk of contamination with splashes, droplets of blood or body fluids. **Where staff consider there is a risk to themselves or the individuals they are caring for they should wear a fluid repellent surgical mask with or without eye protection as determined by the individual staff member for the care episode/single session.**
- A single session refers to a period of time where a health care worker is undertaking duties in a specific care setting/exposure environment e.g. on a ward round; providing ongoing care for inpatients. A session ends when the health care worker leaves the care setting/exposure environment. Sessional use should always be risk assessed and consider the risk of infection to and from patients, residents and health and care workers where COVID-19 is circulating in the community and hospitals. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.
- The full list of aerosol generating procedures (AGPs) is within the IPC guidance [note APGs are undergoing a further review at present].





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## Supply of spectacles

[https://www.optical.org/filemanager/root/site\\_assets/publications/covid\\_19/statement\\_on\\_supply\\_of\\_spectacles\\_and\\_contact\\_lenses\\_during\\_covid-19\\_emergency.pdf](https://www.optical.org/filemanager/root/site_assets/publications/covid_19/statement_on_supply_of_spectacles_and_contact_lenses_during_covid-19_emergency.pdf)

During Covid-19 members will need to work in a different way while complying with professional and clinical guidance

Routine sight testing should not be taking place except if it is 'essential'

In terms of supply of spectacles, you can continue to supply glasses to people in an emergency without then being there in person even though you will not be able to measure their pds or take additional measurements, but you need to consider what is appropriate, and if you have existing measurements you could duplicate what is available. If not consider if a simpler correction might be easier to dispense as an interim measure.

Spectacle and contact lens orders can be delivered to patients personally, or collected from the practice provided proper safeguards are in place to protect you and the patient i.e. social distancing and infection control



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## Spectacle telephone review



Patient name:		Patient identifier:	
Date of birth:		Practitioner:	
		Date of last sight test:	

Existing lens type:	
Additional notes to confirm the need of the telephone consultation:	

Existing spectacle prescription				
Right:		PD	Heights	Previous VA
Left:		PD	Heights	Previous VA

### Telephone consultation

Do you have current concerns about your spectacles or eye health?	Have you experienced any of the following? Double vision: - Blurred vision: - Light sensitivity: - Eye pain: - Headaches: General health:
How is your vision when wearing spectacles?	
Any other questions?	
How is the comfort of your spectacles?	
How many hours a day do you wear your spectacles for?	
Do you wear spectacles for driving?	

### Recommendations

Details of spectacles supplied:	Date when sight test recommended?
Remind patient if spectacles do not perform as expected, they should remove them and contact practice.	
Other notes:	
Signature: GOC:	Date:



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### Contact lens telephone review



Patient name:		Patient identifier:	
Date of birth:		Practitioner:	
Date of last CL aftercare:		Date of last sight test:	

Existing lens type:		Solutions:	
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Additional notes to confirm the need of the telephone consultation:

#### Existing contact lens specification

Right:		Previous VA	
Left:		Previous VA	

#### Telephone consultation

Do you have current concerns about your contact lenses or eye health?		Have you experienced any of the following?	
		Redness:	-
How is your vision when wearing contact lenses?		Discharge:	-
		Light sensitivity:	-
Any other questions?		Pain:	-
		General health:	
How is the comfort of your contact lenses?		Are you happy with how to use your cleaning solutions correctly?	
Wearing	On removal		
How many hours a day do you wear your lenses?	AVG	MAX	
How many days do you wear your lenses?	AVG	MAX	
		Comfort drops:	

#### Patient education check list

No tap water or swimming in lenses	-
No sleeping in contact lenses	-
No sharing or over wear	-
Reminder to remove lenses in the event of pain, blurred vision or a red eye	-

#### Recommendations

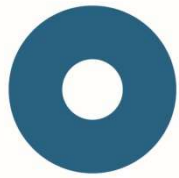
How many CLs may be supplied?		Date when CL aftercare recommended?	
Remind patient if contact lenses do not perform as expected, should remove them and contact the practice. Remind patient not to wear contacts if they feel unwell or sick.			
Other notes:			
Signature: G.O.C:		Date:	



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## Contact lens aftercare

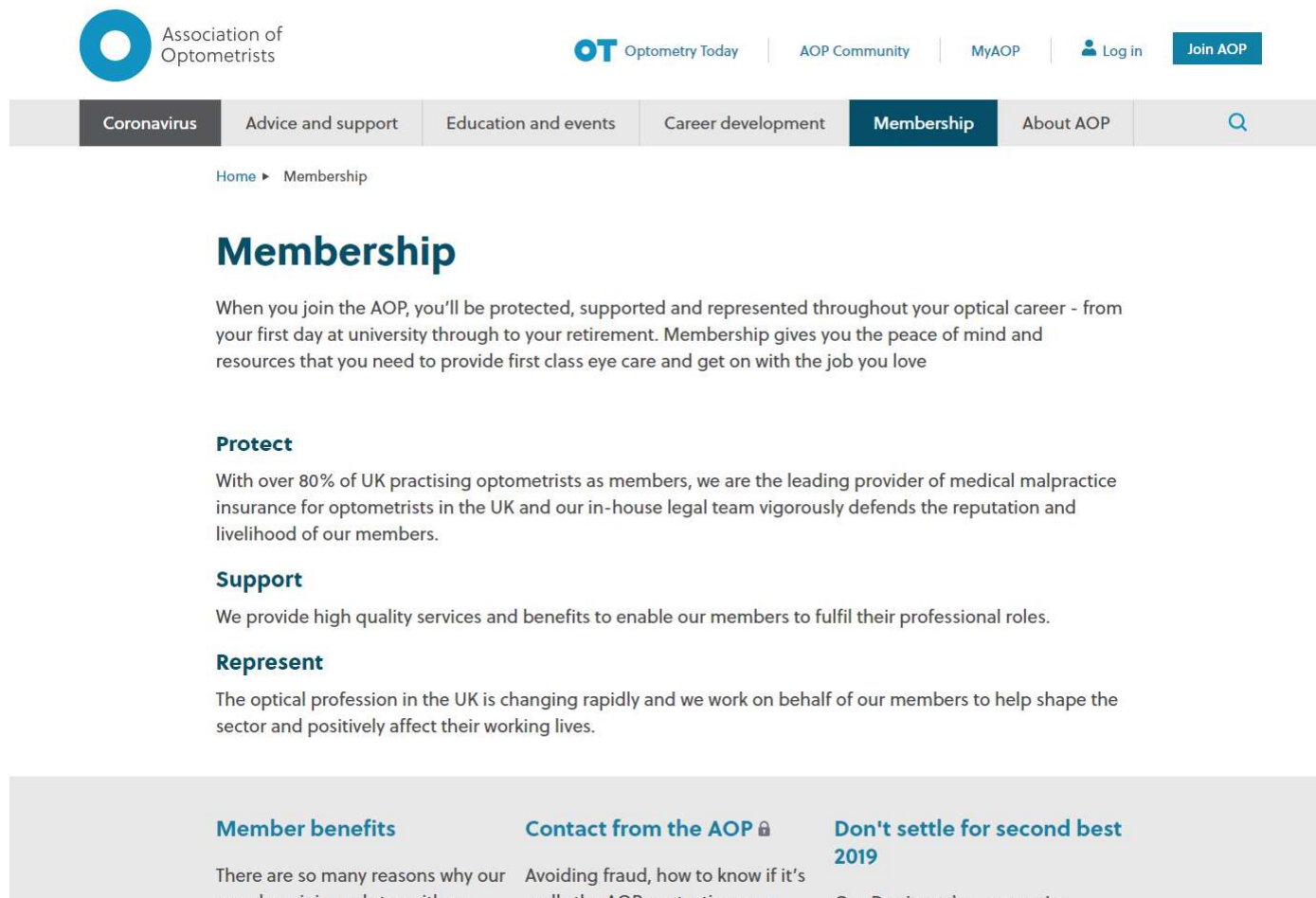
[https://www.optical.org/filemanager/root/site\\_assets/publications/covid\\_19/statement\\_on\\_contact\\_lens\\_aftercare\\_during\\_covid-19\\_emergency.pdf](https://www.optical.org/filemanager/root/site_assets/publications/covid_19/statement_on_contact_lens_aftercare_during_covid-19_emergency.pdf)



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## How to join the AOP

Please visit [www.aop.org.uk/membership](http://www.aop.org.uk/membership)



The screenshot shows the AOP website's membership page. At the top left is the AOP logo and name. The navigation bar includes links for 'OT Optometry Today', 'AOP Community', 'MyAOP', 'Log in', and a 'Join AOP' button. A secondary navigation bar contains 'Coronavirus', 'Advice and support', 'Education and events', 'Career development', 'Membership' (highlighted), and 'About AOP'. Below this is a breadcrumb trail 'Home > Membership' and a main heading 'Membership'. The main content area describes the benefits of membership, divided into three sections: 'Protect' (insurance and legal support), 'Support' (professional services), and 'Represent' (advocacy). At the bottom, there are three promotional cards: 'Member benefits', 'Contact from the AOP' (with a lock icon), and 'Don't settle for second best 2019'.

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OT Optometry Today | AOP Community | MyAOP | Log in | [Join AOP](#)

Coronavirus | Advice and support | Education and events | Career development | **Membership** | About AOP

Home > Membership

## Membership

When you join the AOP, you'll be protected, supported and represented throughout your optical career - from your first day at university through to your retirement. Membership gives you the peace of mind and resources that you need to provide first class eye care and get on with the job you love

### Protect

With over 80% of UK practising optometrists as members, we are the leading provider of medical malpractice insurance for optometrists in the UK and our in-house legal team vigorously defends the reputation and livelihood of our members.


### Support

We provide high quality services and benefits to enable our members to fulfil their professional roles.

### Represent

The optical profession in the UK is changing rapidly and we work on behalf of our members to help shape the sector and positively affect their working lives.

**Member benefits**  
There are so many reasons why our members join and stay with us

**Contact from the AOP**   
Avoiding fraud, how to know if it's really the AOP contacting you

**Don't settle for second best 2019**  
Our Don't settle campaign





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# Round of applause for the NHS



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# Questions



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**Thank you for listening**