



Amber Phase – Patient Prioritisation Guidance for Optometrists

During the Amber phase of the COVID-19 pandemic, a walk-in service is strongly discouraged. Practices should arrange appointments for all services, including sight tests, spectacle dispensing, repairs and adjustments. This will allow practice staff to identify patients who may have respiratory infections, including COVID-19, influenza and respiratory syncytial virus (RSV), before their face-to-face visit, and to prioritise patients appropriately. Online bookings should be avoided unless there is suitable triage in place to prioritise patients and screen patients for symptoms of respiratory infections before the appointment is confirmed.

Screening for respiratory infections

When booking an appointment, all patients must be screened and triaged to ensure that they are not exhibiting relevant symptoms of respiratory infection, **including COVID-19**. This screening should be undertaken by staff who are trained and competent in the application of the clinical case definitions. Example triage questions to help determine respiratory infection status can be found [here](#).

Patients with symptoms of respiratory infection, or where someone in their household has COVID-19 infection, should not be seen at the practice, and should be told to contact the practice again when they are well or when any COVID-19 related self-isolation period ends, - whichever comes later. Likewise patients who are awaiting, or sharing a household with someone awaiting the results of a COVID-19 PCR test should not be seen until they have a confirmed negative result. If any of these patients also have symptoms of a life- or sight-threatening condition, do not see them in your practice. You may offer an initial remote consultation to address their needs if appropriate, but if they require face-to-face care, follow local protocols or contact your local hospital eye service for advice.

Prioritising appointments

Patients should be prioritised based on their clinical needs and visual/ocular symptoms. Practice reception staff who are the first point of contact with the public

should be trained and competent in determining the level and urgency of care that patients require and directed to seek the advice of an optometrist where appropriate. The College has produced a [flow chart](#) to help practice teams to manage patients contacting the practice.

Routine care

Patients enquiring about routine care can be seen provided there is capacity to do so and if it is in their best interests on a needs- and symptoms-led basis.

If a patient has, or is at risk of developing, eye conditions or has visual/ocular symptoms, you should be alerted by those carrying out the screening. You should use your professional judgement to prioritise the patient and determine whether their needs can be met with a remote consultation. You should only proceed with a face-to-face consultation if you are satisfied it would be in the best interests of the patient and you have no reason to suspect that they, or anyone accompanying them has a respiratory infection. This decision should be balanced against their risk of contracting COVID-19 or other respiratory infections if they are in a higher risk group. The College, in collaboration with Optometry Wales, has produced a risk stratification tool to help determine the level and urgency of care a patient contacting the practice may require. This can be downloaded from college-optometrists.org/category-landing-pages/clinical-topics/covid-19/covid-19-in-practice-resources

If a patient reports a serious eye condition or symptoms that require emergency hospital treatment, you should be alerted and you should **follow local protocols**. Treatment may be delivered through commissioned services, such as Covid Urgent Eyecare Service (CUES) in England, by the Eye Health Examination Wales (EHEW) in Wales, and by the Urgent Care Service or NI Primary Acute Referral Service (NIPEARS) in Northern Ireland. Practitioners should follow local protocols on which conditions or presentations should be seen via these services. If mandated to provide first port of call service in Scotland, patients presenting with serious eye symptoms should be seen under the emergency triage protocol.

Asymptomatic patients

You should offer asymptomatic patients at higher risk of COVID-19 or other respiratory infections infection (see “Further considerations”) the option of postponing their routine appointment during lockdowns or periods of high infection rates. This should be noted on the patient record, and they should be advised to contact the practice again if they develop visual or ocular symptoms or have any concerns.

Spectacle and contact lens supply

If a patient wishes only to replace their spectacles or obtain a supply of contact lenses, you should use your professional judgement to decide whether it is in their best interests to provide these using their existing prescription/specification, or whether a new refraction is required, and record your reasoning on the patient record. You should offer to dispense remotely where possible. The College has **produced forms** for supplying replacement spectacles or contact lenses by phone.

The GOC easement statements on the supply of spectacles during the pandemic still apply. If the prescription has expired, you should use your professional judgement to consider the risk of attending the practice and contracting or spreading COVID-19 and other respiratory infections, against the risk of using an expired prescription.

The GOC easement statements on the supply of contact lenses to an expired specification only apply during the Red phase of the pandemic. In our view, reissuing of a specification is equivalent to a contact lens fitting, so during the Amber phase, where a patient’s specification has expired and needs further supply of contact lenses, you should arrange a **face to face appointment**.

Remote Consultations

Where a patient has ocular symptoms, and it is deemed that they warrant an optometrist’s review, you should carry out an initial remote consultation in order to reduce contact and decide if face-to-face care is necessary and in the patient’s best interests.

The College has **produced guidelines for video consultations**, clinical telephone review **forms and a home visual acuity test chart**.

The GOC has also published **high-level principles** for good practice in remote consultations and prescribing medications.

Infection prevention and control (IPC)

You **must** continue to follow guidance on infection prevention and control, social distancing, and wearing of appropriate PPE. Suitable time should be given between appointments to ensure these are implemented correctly.

Further considerations

When using your professional judgement to determine level of eye care need, you should include the risk of the patient contracting COVID-19 or other respiratory infections in your decision making process. Specifically, while COVID-19 can make anyone seriously ill, certain patient factors have been identified that place them into higher risk categories. Details of which factors places someone into these categories and other considerations that affect the risk of becoming unwell can be found below for each respective UK nation:

- England: [nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus](https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus)
- Northern Ireland: nidirect.gov.uk/articles/coronavirus-covid-19-definitions-clinically-extremely-vulnerable-and-vulnerable
- Scotland: nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-general-advice
- Wales: gov.wales/people-increased-risk-coronavirus

Local protocols may require use of risk stratification tools to help prioritise appointments and require patients who are at higher risk of contracting COVID-19 to check with their own medical services, seek guidance from NHS Online, or contact NHS 111 for advice on accessing eye care.

Where a decision has been made, or you have been advised to see such patients face-to-face, consider asking them to attend at the practice’s quieter times of the day, and seated away from busier areas while awaiting their appointment.

To summarise, while prioritisation is not fully prescriptive or exhaustive, it is important to use your professional judgement to determine which patients to prioritise, the level of care required and how this will be delivered, with a focus on providing remote care in the first instance.