



Llywodraeth Cymru  
Welsh Government

Thursday, 19 March 2020

Y Grŵp Iechyd a Gwasanaethau Cymdeithasol  
Health and Social Services Group

Dear Colleagues,

### **Optometry Practice Services**

Further to my letter dated 17 March 2020, I would like to provide further detail and clarity around some of the important issues for both health boards and optometry practices.

There will be many questions regarding the practicalities of suspending routine appointments and what constitutes essential and urgent care. The principle of suspending routine appointments is:

- to protect the most vulnerable members of society
- to protect the optometric workforce
- to free up capacity to support the wider NHS needs

When practitioners are considering provision of all eye care services, the best needs of the patient should be the main consideration. Practitioners must use their professional judgement with particular consideration to the eye health of the patient balanced against the above points.

### **Further information for Health Boards.**

Due to suspension of routine appointments in optometry practices, there are key areas for health boards to consider with their Optometric Advisers, Optometry Wales and the Regional Optometric Committees:

1. **Rapid assessment of the workforce:** Health boards need to be agile and plan services moving forward. It is essential to clarify the current workforce providing General Ophthalmic Services (GOS), eye health examinations (EHEW), low vision (LVSU) assessments and practitioners with higher qualifications (Glaucoma, Medical Retina and Independent Prescribing). Welsh Government, Health Education and Improvement Wales and Optometry Wales are working with NHS Wales Shared Services Partnership (NWSSP) to finalise a planning workforce and business continuity document to issue electronically,

backed up with hard copies for those unable to submit returns electronically. It is essential that all health boards and optometric practices engage in this process to map services by 25/03/2020.

2. **Communication with practices:** Health boards to work with their Optometric Adviser, to establish daily communication channels with local practices. All practices must communicate closure and expected length of closure to an appropriate health board team via a generic electronic mailbox.
3. **Contingency Plans following practice closure:** Following on from point 1 above, health boards to work with their Optometric Adviser to agree a plan of action in the event of practice closures. Cluster level service planning, to ensure continuation of urgent and acute eye care services, to include use of health board premises i.e. GP practice, community hospitals and to direct/move the available practice staff to these premises to provide services. Health board Optometric Adviser and local Regional Optometric Committee to plan how practice staff can be released from local practices to provide specialised services in another health board setting i.e. GP practice, Community Hospital.
4. **Domiciliary eye care:** Currently, urgent eye care is not accessible in a domiciliary setting. Health boards and their Optometric Advisers to consider how this service can be provided, commissioning through the EHEW/LVSW/GOS budgets in the normal way. Urgent domiciliary care can be provided in the same way as an acute EHEW band 1 examination in a fixed premises location. Most domiciliary providers have the necessary portable equipment to be able to provide this service safely and will be able to respond to urgent problems. Health boards to consider establishing links with contracted domiciliary providers, with the appropriate equipment to provide acute eye care. All requests to be directed to the health board and Optometric Advisor who will engage with the contracted provider to provide the service. Consideration should also be given to practitioners with Independent Prescribing qualifications who are able to engage with providing the service. The Welsh Government statutory Welsh Optometric Committee are developing guidance for the service and further information will follow shortly.
5. **Removal of rust rings associated with metallic foreign bodies using an Alger brush:** EHEW optometrists using Alger brushes for removal of corneal foreign bodies and rust rings should stop unless they are using PPE. Recent advice is: full PPE is to be used as Alger brushes are Aerosol Generating Procedures. Health boards to work with their Optometric Advisor to centralise this service in clusters using an optometric practice or other health board premises e.g. GP practice with a slit lamp, community hospital, where access to appropriate PPE is available. Please note, removal of corneal foreign body

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and rust ring with needle (and appropriate training) can continue as part of urgent optometric care.

6. **Release of capacity by suspending routine appointments:** This will enable support for the wider NHS. Urgent care normally provided by ophthalmology (Glaucoma, medical retina services and urgent eye care through independent prescribers), that cannot be provided in outpatient clinics should be considered for urgent care in optometric practices. This will be organised at health board level working with the Optometric Advisors and Regional Optometric Committees and the wider eye care teams.

### **Further information for Optometric Practices.**

#### **General Ophthalmic Services (GOS):**

Within my letter dated 17 March, essential services are described in terms of General Ophthalmic Services and provision of sight tests and spectacles (including repairs).

**What does essential mean?** Essential should be considered as maintaining the ability to function or patients at risk of coming to harm if no intervention is sought.

Practical examples could include: a lost pair of glasses or changing vision rendering an individual unable function normally e.g. care for a relative or drive as part of their living.

Please note that, as an optical appliance, contact lenses should be considered in the same way as spectacles.

A useful question to pose to the patient when booking may be:

Is this issue causing you distress and / or to be unable to function normally? If the answer is YES then the visit is likely to be essential, if the answer is NO then it is not likely to be essential.

#### **Eye Health Examination Wales Service (EHEW):**

All Band 1, for patients at increased risk should stop if they are non-urgent. The ability to see urgent cases is essential. All urgent eye care should continue as normal following the precautions and triage outlined in my letter of 17 March.

***Corneal foreign body removal*** can continue with a needle to remove the foreign body and any associated rust ring. There is some evidence that Alger Brushes (burr) for the removal of rust rings may be considered as an aerosol generating procedure. Aerosol generating procedures are considered dangerous to the spread of the virus. Therefore, we advise that optometrists stop using this technique as part of EHEW until further advice. As above health boards are being asked to consider whether this element of the service would be better serviced in a central location where all

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equipment could be fully utilised with access to appropriate PPE. This could be within a GP practice with a slit lamp or other health board facility with a slit lamp and access to PPE.

**Referral refinement:** As most referral refinement will occur following a routine appointment, this element of the service has been suspended. As with all eye care, if there is an urgent need, practitioners should use their professional judgement to determine what is necessary for the patient including referral refinement.

**Cataract follow-up:** As most cataract surgery will be postponed by health boards, this element of the service has been suspended. There will be patients already in the system who will require post-operative assessment. These can continue where necessary, and the provision of an optical appliance is part of essential GOS work.

### **Low Vision Service Wales (LVSU):**

This is likely to be the most vulnerable group of society and as such needs protecting as per government advice.

There will be occasions where vision changes and urgent/essential care may be required. As above, practitioners must continue to exercise their professional judgement for the best interest and safety of the patient. Additional advice has been given to providers by the LVSU Manager and Clinical Lead.

### **Domiciliary Services:**

As above, this is likely to be the most vulnerable members of society, and routine domiciliary eye care is covered by GOS.

Currently, urgent, acute eye care is not covered in a domiciliary setting. As outlined above, health boards are asked to consider establishing a service to provide urgent care to this vulnerable group.

### **NWSSP submissions:**

My letter dated 17 March described the financial support for practices and considerations for reporting and governance. All practices are being asked to remain open and function within the remit described above. There will be opportunities for practices to release staff for specialised eye care and we should support and enable this fluid movement of the workforce.

Practices should continue to submit all GOS, EHEW and LVSU payments to NWSSP. NWSSP will record activity and will pay on a monthly basis the average payment calculated over a three-year period. This payment includes all aspects of claims submitted to NWSSP to calculate the average.

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## **Further advice and contact details**

As previously described, I will continue to work with key stakeholders to support the whole profession through this extremely difficult and challenging period. Weekly telephone calls will continue between Welsh Government, Optometry Wales, Welsh Optometric Committee, Health Education and Improvement Wales and health board Clinical Leads and all Optometric Advisers. As detailed in this further advice, planning for eye care services will take place at local health board level, between health boards, their optometric adviser, Regional Optometric Committees and Optometry Wales. The first point of contact for further enquiries should be:

### **Optometry Wales**

Sali Davis - [Sali.davis@optometrywales.com](mailto:Sali.davis@optometrywales.com)

### **Optometric Advisers**

Aneurin Bevan University Health Board – Mike George [Mike.George@wales.nhs.uk](mailto:Mike.George@wales.nhs.uk),  
Stephanie Campbell [Stephanie.campbell@wales.nhs.uk](mailto:Stephanie.campbell@wales.nhs.uk)

Betsi Cadwaladr University Health Board – position vacant

Cardiff & Vale University Health Board – Sharon Beatty-  
[Sharon.Beatty2@Wales.nhs.uk](mailto:Sharon.Beatty2@Wales.nhs.uk)

Cwm Taf University Health Board – Tim Palmer – [timothy.palmer@wales.nhs.uk](mailto:timothy.palmer@wales.nhs.uk)

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Swansea Bay University Health Board – Lyndsay Hewitt –  
[Lyndsay.hewitt@wales.nhs.uk](mailto:Lyndsay.hewitt@wales.nhs.uk)

Yours sincerely,  
**David O'Sullivan**



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Chief Optometric Adviser / Prif Optometrigr Ymgynghorol  
Swyddfa'r Prif Swyddog Meddygol / Office of the Chief Medical Officer  
Directorate of Health Policy / Cyfarwyddiaeth Polisi Iechyd  
Department for Health and Social Services / Yr Adran Iechyd a Gwasanaethau  
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