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Guidance and standard operating procedure

Primary care optical settings in the context of coronavirus (COVID-19)

This guidance is correct at the time of publishing. However, as it is subject to updates, please use the hyperlinks to confirm the information you are disseminating to the public is accurate.

The document is intended to be used as a PDF and not printed; weblinks are hyperlinked and full addresses not given.

Contents

1. Scope

This guidance is applicable in England. This document sets out general principles for the resumption of optical services delivery. It will need local interpretation according to local structures, geography and capacity.

We trust healthcare professionals to use their clinical judgement when applying this guidance in what we appreciate is a highly challenging, rapidly changing environment.

We are grateful for the guidance and resources developed by The College of Optometrists that are referred to in this document.

The COVID-19 measures adopted following the letter of 1 April 2020 with respect to optical services set out to manage public health risk against the population's eye care and sight test needs. Reducing or suspending care is challenging for any clinician since our first instinct is to offer care. The profession's patience and understanding of the requirement and rationale for the temporary suspension is appreciated, as is the commitment to support the alternative and interim care provisions. Optical teams have ensured that patients were able to access essential and urgent care in a responsible manner. In addition, optometrists, dispensing opticians and non-registered also volunteered to work in other COVID-19 response services. We are incredibly grateful to all those who have risen to the various challenges and for the profession's understanding of the current risks and complexity.

However, the balance of risk is shifting, the complexity and quantity of optical and eye care need is increasing, and we now need to safely and effectively resume routine optical services. Optical practices will now commence opening for face-to-face consultations, where practices assess that they have the necessary personal protective equipment (PPE) and infection prevention and control (IPC).

It is acknowledged that the clinical judgement of practitioners and their ability to risk manage the delivery of optical care is always a critical factor. Detail is covered in various guidance from the optical professional bodies (see Appendix 1: Communication and information), which should be read in conjunction with this SOP.

The subsequent pace of progression towards the resumption of the full range of routine optical care, will need to be risk-managed by the individual practice and will be subject to following the necessary IPC and PPE requirements.

This document is designed to provide supporting guidance for the initial transition from recommencing face-to-face care towards the full resumption of optical care services; a practice-led, progressive approach.

In re-commencing service provision, we have a collective responsibility to:

- monitor safety and assure the protection of the public, our patients and our diverse optical workforce
- remain agile in our response to a re-imposition of public health measures, be it a local or national requirement to mitigate risk of COVID-19 transmission.

We all recognise the necessity for enhanced safety standards, including PPE and IPC. This will impact on tempo of clinical care, practice capacity and prioritisation of patients. The standards for IPC and PPE have been produced by Public Health England (PHE) and must be adhered to. These standards are included in this SOP and available via the Optical Professional Bodies (see Appendix 1: Communication and information). They are the national benchmark and minimum expectation for safe practice and the standard expected by the regulators.

In electing to undertake face-to-face optical care and the decision to defer any eyecare needs will need to be central to the patient's needs and the potential eye health risks.

The introduction of remote triage prior to booking appointments present an opportunity to re-think our approach to care pathways. The symptom led appointment helps in taking on the current challenges in delivering optical care.

While optical teams may use a variety of acceptable processes to risk manage care, the guidelines for triaging and remote consultations for optical care contained in this SOP provide an aide memoire to best practice and delivering quality eye health outcomes.

The SOP is designed to support the practice through transition and the shift towards 'normal' routine GOS services. The SOP will also assist the optical team in

fulfilling its responsibility with respect to the General Optical Council (GOC) Standards and Professional Body Guidance for the Optical Team.

As a framework and evidenced-based approach the intention is to support the provision of high-quality care in a safe clinical environment, in partnership with our patients. The pace of transition in every optical practice, will be set by the clinical leadership in each practice.

2. Background

2.1 Novel coronavirus pandemic

Novel coronavirus may be referred to as:

- severe acute respiratory syndrome coronavirus 2, SARS-CoV-2: this is the name of the virus; or
- coronavirus disease, COVID-19: this is the name of the disease.

Due to the COVID-19 pandemic, we have to develop new ways of working between NHS 111, primary care, community services, mental health trusts and secondary care. To most effectively meet the needs of our communities in this challenging time, we must deliver care differently now and plan for how we will best deliver care in the future.

Local systems will need to determine how they can best work collaboratively, informed by key principles to protect patients and staff. Making the most efficient use of local resources and working beyond traditional roles and boundaries may be needed to deliver high quality care in these unprecedented circumstances. Changes to ways of working now may reshape the way we deliver safe and sustainable integrated primary care services in the future. Our COVID-19 response must deliver high quality care both for COVID-19 patients and for individuals requiring urgent care or essential routine care. We ask you to look after yourselves, your staff, and your communities during this time and we are deeply grateful for the incredible efforts of primary care optical practices and their staff.

Simon Stevens, NHS Chief Executive, and Amanda Pritchard, NHS Chief Operating Officer, published a letter, on 29 April outlining the second phase of the NHS's response to COVID-19, which includes a section on the primary care response. This along with the government's intention to allow all retail businesses in England to re-open on 15 June 2020, we are now advising optical practices to resume routine optical services as well. This SOP serves as guidance and advice to prepare for that outcome.

We will use the Central Alerting System (CAS) to communicate urgent patient safety information, and we will use the commissioner's cascade for non-urgent

communications. You are also advised to regularly check communications from the Professional Optical Bodies (see Appendix 1: Communication and information).

2.2 Key patient groups: summary of definitions

For guidance for staff in key patient groups, see https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff . Guidance for staff in key patient groups and on staff exposure in healthcare setting can also be located at https://www.hse.gov.uk/news/working-safely-during-coronavirus-outbreak.htm

https://www.england.nhs.uk/coronavirus/publication/minimising-nosocomial-infections-in-the-nhs/

Patients with COVID-19 and symptoms of COVID-19

PHE has defined the current case definition for COVID-19**.**

Most patients with COVID-19 will have mild symptoms and will be able to care for themselves at home. There will however be a significant number of patients who develop moderate or severe illness from COVID-19 requiring primary or secondary care input.

Please see links above for further information.

Shielded patients: highest clinical risk of severe illness from COVID-19

Those at the highest clinical risk of severe illness from COVID-19 are advised to shield themselves. Please see links above for further information.

Patients at increased risk of severe illness from COVID-19

Those who are at increased risk of severe illness from COVID-19 but are not formally part of the shielded patient group are advised to stringently follow social distancing measures. Full guidance can be found on the GOV.UK website. Please see links above for further information.

2.3 Guidance and support for patients and the public in the context of COVID-19

Guidance for patients and the public

General information

General information on measures the entire population should take is available on the GOV.UK website. Further guidance is available including:

1. information about COVID-19 and how to prevent spread
2. what to do if people have symptoms
3. how to access NHS services online
4. test and trace advice.

NHS 111

NHS 111 has an online COVID-19 service, running alongside its standard online service. Patients with symptoms of COVID-19 are directed to NHS 111 online for health advice in the first instance. The NHS 111 telephone service should be used only when online access is not possible.

3. Summary of eyecare services

3.1 Key principles for optical practices

- Routine optical services can now resume in England.
- The College of Optometrists provides guidance on the adaptation of practice for clinicians, premises and patients that should be followed here.
- Guidance for triage and remote consultations can be found here.
- Provision of face-to-face GOS services can now follow on from a remote consultation. It is now permissible for the practice to conduct for routine patients if appointment capacity allows.
- Priority should be given to patients who are considered by a clinician to have an increased need for a face-to-face sight test.

Further information on the provision of essential eyecare is available from your Professional Optical Body. See Appendix 1: Communication and information.

The approach that optical practices should take to different patient cohorts is outlined in Section 4: Standard approach for primary optical practices.

4. Standard approach for primary optical practices

Practice staff are to be made aware of this standard operating procedure (SOP), the COVID-19 case definition, and the guidance on patients at increased risk of severe illness from COVID-19, including those advised to shield themselves and the wider group of patients at risk.

While COVID-19 is a persistent issue, optical practices should always consider what is in the best interest of the patient. Therefore, if the patient has a usual optical practice, remote and/or face-to-face consultations should take place there – unless the practice is closed, does not have the necessary PPE, or the patient asks to be treated by a different practice.

4.1 Urgency and patient cohort

Your practice should use information and communications (eg telephone, website, SMS) to outline the appropriate access arrangements for patients, discourage inappropriate access and attendance, and support efforts to limit non-essential contact and travel.

As far as is possible, patients should be assessed and managed remotely - and exit the patient pathway at the end of this stage. Patients who cannot be managed remotely will require a face-to-face appointment.

When conducting a remote consultation, the ophthalmic practitioner should risk-assess and triage the patient according to two main criteria: the urgency of the patient's reported optical symptoms, and their cohort.

Urgency of reported optical symptoms

Members of the public should be assessed and managed remotely in line with The College of Optometrists' guidance on remote consultations during the COVID-19 pandemic. The GOC has also published high-level principles for good practice in remote consultations and prescribing.

Moreover, the GOC has issued a statement on supply of spectacles and contact lenses during the COVID-19 emergency, which allows optical practices and their

clinical teams to use professional judgement in considering posting or delivering spectacles to the patient based on clinical need. The College of Optometrists, Federation of Ophthalmic and Dispensing Opticians (FODO), Association of British Dispensing Opticians (ABDO), and the Association of Optometrists (AOP) have developed forms to support spectacle and contact lens review by phone: these are available here and here.

If a member of the public reports a serious eye condition that requires emergency hospital care, your practice should not conduct a face-to-face assessment. Instead, the ophthalmic practitioner should contact the local Hospital Eye Service to discuss the potential referral and seek guidance prior to advising the patient to attend the hospital.

If the patient's eyecare need is urgent, but not an emergency, then you should ensure that they are referred to the most appropriate provider in your area. This may be a provider of the new COVID-19 Urgent Eyecare Service (CUES) specification. Further information about CUES can be found here.

The ophthalmic practitioner should not offer a face-to-face appointment unless they have considered the patient's cohort.

Patient cohort

Each patient belongs to one of four cohorts. These are as follows:

a. Patients with COVID-19 and symptoms of COVID-19, or are members of the same household with the above. PHE has defined the current case definition for COVID-19.
b. Those who are at increased risk of severe illness from COVID-19 but are not formally part of the shielded patient group are advised to follow current government guidance on the GOV.UK website.
c. Shielded patients, who are highest clinical risk of severe illness from COVID-19. Letters have been sent to patients identified as being at the highest clinical risk of severe illness from COVID-19. They are advised to follow guidance as available on the GOV.UK website.
d. Patients who are not in one of the above higher-risk cohorts.

Determining the patient's cohort will be important in determining whether or not it is clinically appropriate to offer the patient a face-to-face appointment, if their eyecare needs cannot be managed remotely.

- Your optical practice should not make face-to-face contact with patients in **cohort [a]** until they have finished their period of self-isolation.
- Patients in **cohorts [b] and [c]** may require eyecare while they are socially distancing or shielding themselves. As far as possible, these patients should be assessed and managed via remote consultation. Following remote consultation, if the ophthalmic practitioner believes that it is clinically necessary for someone to see the patient face-to-face, the optical practice and its clinical team can conduct a face-to-face consultation if it is in line with:
  - current social distancing measures
  - current PPE use guidance
  - relevant advice from the Professional Optical Bodies (see Appendix 1: Communication and information).
- If you believe that it is clinically appropriate and necessary for your optical practice to make face-to-face contact with a patient in **cohort [d]**, you can do so but are advised to triage the patient remotely.

Patients' records (where available), and the taking of a good medical and social history, will help you identify patients that belong to one of the higher-risk cohorts.

In cases where remote management of the patient's needs is not possible, consideration should also be given to risk-assessing persons who may be accompanying the patient to a face-to-face appointment (eg the parent or carer of a child patient). If you arrange a face-to-face appointment with the patient, you should ask them to inform you immediately if they, or if anyone in their household, or anyone that will accompany them, develops symptoms of or tests positive for COVID-19.

If a clinician decides that a face-to-face appointment at your practice is the appropriate next course of action, you should follow the steps outlined below.

4.2 Patients presenting at the practice

On arrival

Whenever a patient arrives at the practice, you should ensure the standard approach outlined above has been followed, to promote remote consultations and minimise face-to-face contact as far as possible.

Make sure patient information posters for NHS settings are displayed so they can be seen **before** patients enter the premises. Patient information should be displayed at reception, by any digital booking-in device, in waiting areas, and at patient access points to clinical areas.

Social distancing measures should be implemented throughout the practice. All patients should be screened on arrival by reception staff to ensure they, or members of their household, have not developed symptoms of, or tested positive for, COVID-19.

Optical practice staff should ask patients:

1. Do you or anyone in your household have COVID-19?
2. Do you have a new, continuous cough?
3. Do you have a high temperature (37.8Cor over)?
4. Do you have a loss of, or change in, normal sense of taste or smell (anosmia)?
5. Does anyone in your household have a new, continuous cough or a high temperature?
6. Have you been asked to self-isolate?

In the unlikely event that someone answers “yes” to any of these questions – in most cases, you should advise the member of the public to return home immediately and self-isolate for the necessary period of time. Members of the public with COVID-19 symptoms should self-isolate for seven days from symptom onset – those who live in the same household as someone with these symptoms should self-isolate for 14 days from symptom onset.

However, if the member of the public is unwell with symptoms of COVID-19, you should do the following:

- Immediately place the patient (and any accompanying family/representative) in a designated isolation space. To minimize the risk of spreading the virus you should ensure, as far as is possible, that nobody else enters the area/room.
- Advise the patient to contact NHS 111 from the designated isolation area/room:
  - the patient will need to state where they are calling from and provide contact details for the practice
  - while the practice may phone NHS 111 on behalf of the patient, NHS 111 may need to ring the patient back, so the best option is to advise the patient to use their own mobile phone if they have one.
- The NHS 111 clinician will contact the practice after their assessment to advise on whether the patient meets the case definition and provide advice on next steps.
- While waiting for advice from NHS 111, establish a routine for regular communication with the patient/patient group. This may necessitate contact via remote means or simply a knock and conversation through the closed door.
- If entry to the room or contact with the patient is unavoidable in an emergency, wear personal protective equipment (PPE) in line with standard infection control precautions and keep exposure to a minimum.
- If the patient becomes critically ill and requires an urgent ambulance transfer to a hospital, the practice is to contact 999 and inform the ambulance call handler of the concerns. The patient and any accompanying family should be asked to remain in the isolation room and the door closed. Advise others not to enter the room.

Once the patient and anyone accompanying them has been transferred from the practice premises. Cleaning and decontamination should be carried out in line with the PHE guidance and guidance on our website.

General ophthalmic services (GOS)

Your practice can conduct GOS but are advised to initially triage the patient remotely. You should assess the urgency of their reported optical symptoms, identify their cohort and seek further advice if needed. Proceed to face-to-face consultation if you are satisfied with the above and have no reason to suspect that the patient (or anyone accompanying them) has COVID-19.

GOS sight tests and urgent eyecare should be adapted to best protect the practitioner, staff, and patients and reduce the likelihood of contracting and spreading the virus.

Optical practices and their staff should adapt their ways of working by following The College of Optometrists' guidance.

In addition, the following principles should be considered:

- adapt face-to-face consultations to minimise close contact with patients.
- ascertain the relevant clinical information, ie history and symptoms, remotely, so that you only need verify this information at the time of the consultation.
- wherever possible, avoid any aerosol-generating procedures, such as air-puff tonometry and consider alternatives assessments
- refer to the joint statement from the Royal College of Ophthalmologists and The College of Optometrists
- ensure the practice is aware of local referral protocols during COVID-19.
- patients to wear face coverings while in the practice.

4.3 Staff

To protect our workforce, staff should be risk-assessed to identify if any of them are at increased risk of severe illness from COVID-19 or are in the 'shielded' cohort.

The GOC has issued guidance to support healthcare professionals in these challenging circumstances, encouraging partnership working, flexibility and operating in line with the best available advice.

Advice on information governance for health and care professionals while COVID-19 persists can be found here.

4.4 Guidance for staff in key patient groups and on staff exposure in healthcare settings

https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff

https://www.hse.gov.uk/news/working-safely-during-coronavirus-outbreak.htm

Staff with symptoms of COVID-19

Staff with symptoms of COVID-19 should stay at home as per advice for the public. Staff who are well enough to continue working from home should be supported to work from home. If staff become unwell with symptoms of COVID-19 while at work, they should stop work immediately and go home. This guidance also applies to staff with a household member with symptoms of COVID-19. Essential workers with symptoms of COVID-19, or who live with someone with symptoms of COVID-19, can access testing via the GOV.UK website.

Staff at increased risk from COVID-19

Government has issued guidance about stringent social distancing and shielding for vulnerable groups at particular risk of severe illness from COVID-19. Staff who fall into these categories should not see patients face to face, regardless of whether a patient has symptoms of COVID-19 or not.

Remote working should be prioritised for these staff. Optical practices should support these staff to follow stringent social distancing requirements if they are not able to work from home (ie stay more than two metres away from others). Staff at the highest clinical risk from COVID-19 (shielded staff) should work from home with all possible support in place.

Staff exposed to someone with symptoms of COVID-19 in healthcare settings

Guidance for healthcare workers who have been exposed to someone with symptoms of COVID-19 in healthcare settings is available on the GOV.UK website.

Other guidance and information for staff is available in Appendix 2.

4.5 Infection prevention and control

Robust infection control procedures are to be maintained by all GOS contractors and their staff, in accordance with The College of Optometrists advice (which can be found here). Your optical professional body may also provide useful information (see Appendix 1: Communication and information).

Key principles

Standard infection control precautions are to be maintained by all staff, in all care settings, at all times, for all patients, whether COVID-19 is known to be present or not, to ensure the safety of those being cared for, staff and visitors in the care environment. Hand hygiene is a simple but essential practice in reducing the transmission of infectious agents and staff should ensure strict adherence. Transmission-based (contact and droplet) precautions should also be followed.

Personal protective equipment (PPE)

Use of PPE

Please see the GOV.UK website and our website for the latest infection prevention and control guidance. This includes information on when staff should use PPE and when patients should be advised to wear face coverings. All staff should be trained in the proper use of all PPE that they may be required to wear. All staff should ensure they are familiar with correct procedures for donning and doffing of PPE prior to use.

PHE has produced guidance and videos demonstrating correct procedures for donning and doffing of PPE.

PPE supply

NHS advice on the supply of PPE is available on our website.

Guidance is also available from your optical professional body. See Appendix 1: Communication and information.

Decontamination

Cleaning and decontamination should be carried out in line with the PHE guidance and guidance on our website.

4.6 GOS forms

Where possible, to limit patient exposure and interaction, practices should aim to adopt eGOS. This is designed to allow the electronic submission of GOS forms for payment. Further details can be found at: https://pcse.england.nhs.uk/services/ophthalmic-payments/

Following a face-to-face sight test, a GOS 1 form should be submitted in the usual way and can be annotated with 'Covid-19' in replacement of a patient signature. Practitioner signatures are still required. Particular attention should be paid to the disinfection of pens, clipboards, and other such items.

Where an optical practice only provides a remote consultation to a patient (and where necessary, a dispensation) but doesn't perform a face-to-face sight test, a GOS 1 form should **not** be submitted. However, optical practices delivering essential care should maintain a log of this activity using the NHS online Remote Triage form.

GOS 3 and 4 claims can be submitted **without** a patient signature, provided the form is annotated "COVID-19". If the dispensation is for an adult, the GOS 4 form will also need pre-authorisation from the NHS Business Services Authority (BSA), who can give you a unique claim code to enter on the form. To ask for this, please send an email to nhsbsa.paos@nhs.net. You should receive a response by the next working day - the BSA is working to a reduced capacity, so please be patient and do not email them again in quick succession.

5. Preparation guidance

You should appoint a COVID-19 lead for the in-practice co-ordination of activities, training, preparation, and implementation of this SOP and any subsequent revisions to guidance.

To underpin practice resilience and continuity of service while protecting your patients, practice staff, and the public, the following practical steps are recommended.

5.1 Communication and information

Practices are to designate an email account (an nhs.net account, if available) for the timely receipt of COVID-19 information and pass the account details to their regional lead – this will be annotated in the regional COVID-19 distribution list.

If the user of this account is ever absent, practices should ensure that emails are auto-forwarded to a designated deputy.

Practices that have yet to set up NHSMail may wish to register for one on the NHS registration website.

Bookmark and regularly review these hyperlinks to official guidance from PHE and NHS England and NHS Improvement to ensure you are aware of any changes to protocols:

- coronavirus (COVID-19): latest information and advice
- NHS patient-facing information
- NHS resources for GPs, hospitals and other NHS settings.

Register online with the PHE to download COVID-19 resources:

- Registration: https://campaignresources.phe.gov.uk/resources
- Resources: https://campaignresources.phe.gov.uk/resources/campaigns/101-coronavirus-

- Make sure patient information posters for NHS settings are displayed so they can be seen **before** patients enter the premises. Patient information should be displayed in reception/waiting areas, by any patient touchscreen booking-in and at patient access points to consultation areas.
- Review and amend the information on practice websites, online booking e-pages, appointment reminders/texts, voice mail/ telephone appointment protocols with the extant public advice produced by PHE.
- See Appendix 1: Communication and information for further information and sample text.
- Review and update the contact details for:
  - local ophthalmology hospital departments
  - regional/local health protection teams (HPTs)
    - find your local HPT at https://www.gov.uk/health-protection-team
  - NHS local optical network (LON) chair
  - NHS regional medical director clinical advisors (optical)
  - local NHS lead for commissioning
  - your NHS regional infection prevention and control team
    - search: 'infection prevention control + your NHS region'.
- Consider reinforcing links with local NHS primary care colleagues, including the local GP surgery, pharmacy and dental practice, to share knowledge and experience, to co-ordinate and collaborate on training and mutual support.

5.2 Preparation of practice accommodation

- Identify at least one suitable space/room in the practice for patient/patient group isolation.
  - If there is no suitable isolation room, identify an isolated area within the practice that can be cordoned off for the use of the patient/patient group, which maintains a two-metre space from other patients and staff.
  - Declutter and remove non-essential furnishings and items: this will assist if decontamination is required post-patient transfer.
  - If possible, retain a telephone in the room/space for patient contact with NHS 111.

  - Place a card/sign in the isolation room/area with practice contact details, email, telephone numbers, practice location and post code and include the name of the lead clinician in attendance (this information is to be available to the patient when they contact NHS 111).
- All staff are briefed on the potential use of the room/area and actions required if it is necessary to vacate room/area at short notice.
- Identify toilet facilities that will be designated for the sole use of patients while in isolation.
- Prepare appropriate space/room signage to be used if the space/room is occupied, and for the toilet facilities.
- Prepare a patient 'support pack' (to be held in reserve) that may include items such as bottled water, disposable cups/cutlery, disposable tissues, clinical waste bag, fluid-resistant surgical mask.
- Review the isolation space/area and consider the options for carrying out regular checks on the general welfare of the isolated patient/patient group. This may be simply a knock and conversation through the closed door or could be verbal and/or visual contact via remote means, eg telephone, Skype/FaceTime, practice intercom, or baby monitor.

5.3 Practice preparation for incident management

Practices may wish to draw on their existing protocols for dealing with medical emergencies in practice. The incident management principles are the same:

- Develop and rehearse the PHE COVID-19 triage protocols and isolation procedures:
  - agree practice approach for each stage of the potential scenarios
  - confirm role and responsibilities for each member of staff
  - appoint an incident manager
  - confirm lead for discussions with patients/NHS 111
  - prepare an aide-memoire for staff (using guidance in Section 3)
  - rehearse practice response.

- Review the practice protocols for decontamination from patients who have potentially infectious conditions. These protocols, PPE, training and materials are extant contractual and regulatory requirements.[1,2]
- Anticipate impacts on practice schedule/daily routine:
  - practices are advised to consider the likelihood (which is currently low) and the risk of disruption to the appointments scheduled for the day
  - review the practice's business continuity plan.
- Domiciliary - ensure that 'home visit' bags have necessary additional PPE and clinical waste bags in case a patient with suspected coronavirus is identified on a home visit.

[1] CQC guidance: Regulation 12: Safe care and treatment.
[2] The Health and Social Care Act 2008 - Code of Practice on the prevention and control of infections and related guidance.

Appendix 1: Communication and information

How we plan to communicate with you

1. **At urgent times of need: Central Alerting System (CAS):**
   - for urgent patient safety communications, we will contact you through **CAS**
   - Please ensure that you have registered for receiving CAS alerts directly from the Medicines and Healthcare Products Regulatory Agency (MHRA).

   Practice action: when registering on CAS, please use a general practice email account, not a personal one – for continuity of access. Ideally use a nhs.net email account – it is more secure. Please register a mobile phone number for emergency communications using the link above.

2. **At less urgent times: commissioner's cascade:**
   - For less urgent COVID-19 communications, we will email you through your local commissioner.

   Practice action: Please share a dedicated nhs.net COVID-19 generic practice email with your commissioner to receive communications and also share this email with your local medical committee. In the event of user absence, practices should ensure e-mails are automatically forwarded to an alternative nhs.net account and designated deputy.

3. **Supportive additional information:**
   - Our COVID-19 guidance for primary care is available on our website.
   - Our primary care optical settings COVID-19 guidance, including standard operating procedures and letters, is available here on our website.
   - We will use a variety of different additional methods to keep you informed of the emerging situation, alongside royal colleges, regulators and professional bodies, through formal and informal networks, including social and wider media.
   - You can sign up to the primary care bulletin here.

- Access the regular updates available from the following Professional Optical Bodies websites:
  - https://www.college-optometrists.org/the-college/media-hub/news-listing/coronavirus-2019-advice-for-optometrists.html#CollegeGuidelines
  - https://www.optical.org/en/news_publications/Publications/joint-statement-and-guidance-on-coronavirus-covid19/index.cfm
  - https://www.aop.org.uk/coronavirus-updates
  - https://www.fodo.com/members/guidance/covid-19/
  - https://www.abdo.org.uk/coronavirus/
  - https://www.locsu.co.uk/what-we-do/covid-19-guidance/
- Follow these Twitter accounts to keep up to date:
  - NHS England and NHS Improvement: @NHSEngland
  - Department of Health and Social Care @DHSCgovuk
  - Public Health England @PHE_uk

Practice communications

With staff and local healthcare system

Practices should consider how best to communicate rapidly with their staff, with other practices in their wider footprint, and with other primary care services and community healthcare teams to ensure that the local healthcare system is as robust as possible in a pandemic surge.

With patients

Telephone system: This message should be added to your phone system, and played to patients before their call is answered.

> *If you or anyone in your household has a new, continuous cough or a high temperature, please do not attend the practice.*

SMS info: If you send out SMS reminders about appointments, please use the following:

> *Before your appointment at [time] on [date], please refer to the latest NHS advice on coronavirus at www.nhs.uk/conditions/coronavirus-covid-19/*

Online booking service: The following message should be added to your online booking service:

> *If you or anyone in your household has a new, continuous cough or a high temperature, a loss of, or change to, your sense of smell or taste, please do not attend the practice.*

Remote communications: Practice communications (website, telephone, SMS) should direct patients to the latest guidance, templates can be found on our website.

On arrival: Patients should be clearly signposted to the correct site/area/clinic using posters, signage, and by reception staff. Posters and signage must be displayed where they can be seen **before** patients enter the premises. Patient information should also be displayed at reception, in waiting areas and at patient access points to clinical areas. Some posters and templates can be found on our website.

Appendix 2: Guidance and information for staff

For guidance for staff in key patient groups, see https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff.

Guidance for staff in key patient groups and on staff exposure in healthcare setting can also be located at https://www.hse.gov.uk/news/working-safely-during-coronavirus-outbreak.htm.

Reporting absence and return to work

You should have appropriate processes to monitor staff absence and return to work

Staff testing

Essential workers with symptoms of COVID-19, or who live with someone with symptoms of COVID-19, can access testing via the GOV.UK website.

Staff support and wellbeing

NHS workforce feedback hub

NHS England and NHS Improvement have opened an online feedback hub so that their leaders can listen and respond to the needs and experiences of the NHS workforce at this unprecedented time. The hub is private and anonymous and asks participants to share how they are feeling, what more can be done to support them, and how the NHS can adjust its communications as part of the COVID-19 response. It is being run by Ipsos MORI, the independent research organisation, and is open to anyone working in the NHS. **Click here to learn more and to register.**

Mental health and wellbeing resources

All NHS staff have access to a range of support (#OurNHSPeople Wellbeing Support) through one point of contact:

1. A free wellbeing support helpline **0300 131 7000**, available from 7am to 11pm seven days a week, providing confidential listening from trained professionals and specialist advice – including coaching, bereavement care, mental health and financial help.
2. A 24/7 text alternative to the above helpline – simply text **FRONTLINE** to 85258.
3. Online peer to peer, team and personal resilience support, including Silver Cloud, and free mindfulness apps including Unmind, Headspace, Sleepio and Daylight.

These services can be used in addition to the support available from your own NHS organisations. Please email user feedback to nhsi.wellbeingc19@nhs.net.

Further resources are also available:

4. NHS Employers has developed resources to support staff wellbeing during the COVID-19 pandemic.
5. The World Health Organization (WHO) has published WHO mental health considerations during COVID-19.
6. MIND UK and Every Mind Matters have published specific resources in the context of COVID-19.
7. NHS Practitioner Health has developed frontline wellbeing support during COVID-19.

Other support

8. National letters have been published supporting doctors and healthcare professionals and allied health professionals in the COVID-19 pandemic.
9. Major regulators have issued guidance to support healthcare professionals, encouraging partnership working, flexibility and operating in line with the best available guidance.
10. A collection of special offers available for NHS staff can be found on our website.

Key workers

The government has published guidance for schools, childcare providers, colleges and local authorities in England on maintaining educational provision for key workers, to help health and social care workers to continue to support the NHS.

Learning resources

Health Education England (HEE) e-Learning for Healthcare has created an e-learning programme in response to COVID-19 that is free to access for the entire UK health and care workforce. More details are available on HEE's website.

Staff returning to practice

Information for staff considering a return to the NHS is available on our website.

NHS Professionals and the Optical Professional Bodies have signposted clinicians wishing to offer COVID-19 response help to the Clinical Contact Caseworker Role. Further details can be found here https://www.nhsprofessionals.nhs.uk/contact%20tracer

Appendix 3: Feedback

This is a dynamic document that will be reviewed as the situation changes, and we appreciate any feedback which could be used to improve this SOP and adapt to lessons identified. We would like to thank everyone who has responded to previous versions of the SOP.

If you would like to provide feedback on this version of the SOP please complete this email template.

If you have an operational query regarding this SOP (rather than feedback), please contact your commissioner in the first instance.