

OFNC GUIDANCE ON CHANGES TO PRIMARY EYE CARE 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 (001559) and other recent developments.

This OFNC FAQs has been endorsed by the NHS England-Improvement optical commissioning team. If you have any difficulty in explaining your arrangements to your area team, please refer them to this FAQs.

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. Please always check that you are accessing the most recent version.

This version of the FAQs was updated on 18 April 2020. New questions are marked '[NEW]' for ease of reference.

PROVIDING ESSENTIAL CARE

1. All routine care is suspended – am I required to close my practice?

No, you do not have to close.

You should not offer routine sight-testing and dispensing (to avoid all unnecessary travel and person-to-person contact) but you may stay open so that your clinical team can provide:

- essential eye care as defined in the NHS England letter, and/or
- urgent / emergency care.

This includes providing remote advice, reviews, consultations, dispensing and contact lens supply, including to patients not entitled to GOS, in line with the College of Optometrists' [guidance](#) on providing care during the crisis and the GOC's [guidance](#) on the provision of spectacles and contact lenses.

2. Do I need someone to be physically present in my practice throughout my normal opening hours to qualify as 'open' and receive NHS England financial support? [updated 18 April]

No, you do not need to be physically present in the practice. Government advice is that all unnecessary travel should be avoided and person to person interaction (even if social distancing) minimised to help reduce risk for patients, staff and the wide public. 'Open' in these circumstances means providing essential eye care in accordance with College of Optometrists and government Covid-19 guidance. These services can be provided from home locations wherever possible.

The key to being 'open' is that patients must be able to contact the practice during normal opening hours, but this can be by phone or email – for instance you could divert your practice landline to an alternative number, or provide an answerphone message asking patients to contact a mobile phone

or to send you an email. Calls and emails should be managed promptly and efficiently in line with the importance of providing an essential service.

Please see FAQ 3 below for more on meeting patients' needs during the crisis. Direct input from practitioners may require scheduling in order to accommodate demand and practitioner availability. Appropriate clinicians should be available to deliver face-to-face services where clinically necessary, subject to confirming the patient and other household members have no COVID-19 symptoms, and following College of Optometrists guidance including on the use of PPE. Face-to-face consultations should take place at the patient's normal practice unless:

- there are reasons preventing this in a particular case (such as lack of PPE), or
- in the particular circumstances another location is requested by the patient.

3. How should I meet my patients' essential eyecare needs during the crisis? [updated 18 April]

NHSE has advised that where possible remote reviews and consultations (via phone or video) should be available to prevent the need for patients to attend the practice in person. The [College of Optometrists guidance](#) on providing care during the crisis advises that you should operate a locked-door policy and admit patients for pre-booked appointments only. The College has published guidance on conducting remote consultations.

If practice attendance is required, you should double-check whether the patient or any household member has symptoms of COVID 19. If they have, the patient should be treated via alternative local pathways as appropriate. If they have not, the face-to-face consultation should take place at the patient's normal practice unless:

- there are reasons preventing this in a particular case (such as lack of PPE), or
- in the particular circumstances another location is requested by the patient.

Practices may need to exercise flexibility around opening hours in response to patient demand, staff availability, self-isolating, infection control and PPE availability during the course of the crisis, especially those practices that might otherwise operate extended hours. Contractors are required to deliver their total contracted hours and should maintain up to date details on their practice website, so that patients know when and how to contact them. Practices should keep their local area team informed of any temporary changes.

You also have the option of changing your standard NHS contractual opening hours via the formal contract variation process. However, this is unlikely to be necessary throughout the crisis unless you plan to do so permanently.

If a contractor chooses to cease operations entirely, they should notify their regional commissioner, and support payments will stop for this period.

4. I cannot get access to PPE - what should I do and what does this mean in terms of NHS support? [NEW]

The Department of Health and Social Care (DHSC) and NHS England-Improvement are aware that it is difficult to access all necessary supplies of PPE at the present time. If you cannot access the [correct PPE for the services you offer](#) at any point, you should temporarily stop face-to-face contacts in line with [College of Optometrists guidelines](#) which state:

- “if you are unable to get the PPE to enable you to see patients according to national guidance, you should not conduct face-to-face consultations at a distance of less than 2m. We realise that this means that in most cases you will be unable to see patients. However, you can provide other services that do not require face-to-face contact, such as supplying spectacles or contact lenses by post, or offering telephone or video advice.”

Updated: 9 April 2020

The safety of patients and staff should be your top priorities during the crisis. If you cannot access the correct PPE you should continue to offer essential care remotely, and work with other providers with PPE for face-to-face consultations where it is clinically necessary and safe to do so. The NHS will recognise that your practice remains open if you are working to official and best practice Covid-19 guidelines, and you will continue to receive GOS grant funding provided you provide essential care remotely during normal hours.

The government is working to improve supplies and distribution of PPE. It is important that when you do get access to PPE that you follow DHSC advice and use it “only where there is a clinical need to do so”. Learn more in the [DHSC PPE plan](#).

5. What should I do if my area team queries whether I’m open to provide essential care? [NEW]

We are aware that NHS England area teams have issued requests for information about practices’ opening arrangements in different formats. These OFNC FAQs have been endorsed by the NHS England optical commissioning team. If you have any difficulty in explaining your arrangements to your area team, please refer them to these FAQs.

For the avoidance of doubt, you are open to provide essential care if you meet the requirements set out in FAQ 2, 3 and 4 above. In particular:

- You do not need to be physically present in the practice during your normal opening hours for GOS services, but patients must be able to contact the practice during those hours – this can be by phone or email.
- Appropriate clinicians should be available to deliver face-to-face services where clinically necessary, in line with College of Optometrists guidance including on the use of PPE. Face-to-face consultations should take place at the patient’s normal practice unless there are reasons preventing this in a particular case (such as lack of PPE), or in the particular circumstances another location is requested by the patient.

- Where possible you should use remote reviews and consultations rather than face-to-face, in line with official public health, NHS and College of Optometrists guidance
- All consultations must be conducted by an appropriately qualified member of staff.
- The GOS support covers essential eye care. It does not cover urgent and emergency care and therefore the hours in which you provide urgent and emergency services will not have any impact on your eligibility for GOS support
- It is accepted that you may need to exercise flexibility around opening hours during the crisis. You are required to deliver your total contracted hours and keep the local area team informed of any temporary changes

6. Will I be forced to open?

NHS England has no plans either to force practices to close or to remain open. The aim is to direct all patients who need essential eye care to optical practices during the crisis, to meet their care needs and keep pressure off other parts of the NHS. If undersupply occurs, NHS England or CCGs may work through LOCs to ask practices to volunteer to reopen if they can. In most cases, we expect practices will continue to offer essential eye care and support their own patients.

The NHS has also now developed a Covid-19 urgent and emergency eye service, see CUES below.

7. Do I need permission to continue to provide essential care?

No, you do not need to get permission to stay open or to inform your NHS England regional team.

8. I am a DO and own my practice, can the practice remain open to provide essential eye care? [NEW]

Yes, as long as your practice is open during your contracted hours and able to provide essential eye care through deploying the skills of the appropriate member of the team as required.

9. What happens if I've already completely closed my practice, or want to close it now or in future?

If your practice is completely closed and you are not providing any essential care (e.g. remotely), you will not receive GOS support payments for the duration of the closure. You will be able to claim any general Government business support for which you are eligible, such as business grants and payments under the Coronavirus Job Retention Scheme and the Self-Employment Income Support Scheme.

10. I initially closed my practice but now we have more guidance I would like to reopen, what do I do? [NEW]

Some practices closed when the government introduced a general lockdown, and others postponed all activity because of the uncertainty around PPE and changing public health advice during the initial escalation phase. If you closed for these reasons this does not mean you have to remain closed. See question 7, you do not need to seek permission to re-open.

You should notify your NHS area team of the date you re-opened, and log the period in which you were closed so that period can be deducted from your GOS support payment.

11. Why does the NHS England letter of 1 April talk about delivering services from only a limited number of practices?

Depending on the progress of the COVID-19 crisis, NHS England regional teams may need to work with optical practices, LOCs, and CCGs to ensure that practice opening arrangements continue to protect public health and ensure appropriate and adequate levels of care – particularly urgent and emergency care. See the FAQs on urgent and emergency care below.

DOMICILIARY SERVICES

12. I have a domiciliary practice, how does the NHS England letter apply to me?

In the same way as any other practice as above. People who cannot leave home unaided will need essential eye care during the crisis the same way as everyone else.

13. What if a non-COVID positive patient in a care home needs essential (GOS), or urgent/emergency care (CUES), but their care home is locked down or they are being sheltered or self-isolating?

Remote essential care (including symptom relief) should be provided. This may involve advising and working with and through other clinicians (e.g. nurses, visiting GPs), trained care workers or carers who are admitted into the home. In the case of lost or broken glasses, consider using any available evidence such as broken glasses, old prescriptions and previous records to enable emergency replacements to be supplied.

Where there is an urgent or emergency eye care issue, you should coordinate the best possible response for each individual by working collaboratively with ophthalmology and the patient's GP.

GOS SUPPORT FOR PRACTICES PROVIDING ESSENTIAL CARE DURING THE CRISIS

14. I wish to continue to provide essential NHS services – what payment will I receive?

If you continue to provide essential care in line with official public health advice and College of Optometrists guidance, you will receive a monthly payment based on your average monthly GOS claims for the period from March 2019 to February 2020. This will include voucher claims. Where your actual GOS claims during the crisis exceed this level, you will be paid the additional claims in the usual way.

This is a grant payment, not a loan. It will be subject to a reduction for variable costs associated with service delivery, which will be agreed with the OFNC. We will provide more information about this process as soon as we can.

The GOS grant is not for COVID-19 urgent and emergency care provided under (CUES), which is funded separately.

15. My practice has been open less than a year, how will average fees be calculated?

NHS England has said average fees will be calculated on a fair and reasonable basis taking into account your average monthly GOS claims during the period your practice has been open.

16. When will I know how much will be deducted for variable costs?

The OFNC will agree this with NHS England. We will provide further information as soon as we can.

17. How do I apply for the new NHS England financial support?

You do not need to apply for the support and will receive it automatically as long as your NHS England area team knows you are open for the purpose of providing essential care.

If your NHS England area team knows you are open, it will write to you shortly with the calculated value of your monthly payment. You will then be automatically paid this amount by PCSE in line with your normal payment schedule. Your area team will have your GOS claims payment history and will be able to deal with any queries about the value of the payment.

The first support payment will cover March 2020, and will top up any GOS claims you submitted for March to the value of your average monthly claims. You will then receive the same payment each month until further notice. During this period, PCSE have requested that contractors continue to submit GOS claims as normal. This will not affect the value of the monthly payments, except in the unlikely event that your claims exceed the value of the monthly payment.

RELATIONSHIP BETWEEN GOS SUPPORT AND GENERAL GOVERNMENT SUPPORT

18. How do I ensure that claims for additional Government support schemes only relate to my proportion of private revenue?

NHS England wants to ensure that where it continues to pay contractors to provide essential care during the crisis, those contractors do not also receive a separate contribution from general Government financial support which directly covers the cost of providing essential GOS – in other words, they do not want the Government to pay twice for the same thing.

If you receive general Government support while providing essential care under these arrangements, which will likely be the situation for most practice owners, you should keep records to show that the general support is not being used to fund the costs of providing essential care, which will be separately funded through GOS. Other FAQs in this section set out the OFNC's understanding of how the NHS England support relates to different forms of general Government support.

19. Can I provide essential care and claim NHS England support while furloughing staff?

You can furlough any staff on PAYE who are not involved in providing essential care. Staff who are involved in providing essential care – even on a voluntary or part-time basis – cannot be furloughed under the rules of the Coronavirus Job Retention Scheme.

20. Can I provide essential care and claim NHSE support while also claiming a business grant?

Business grants are linked to premises and applied automatically, so this grant does not have to be claimed. Business grants are provided because of the general impact of the crisis on qualifying businesses and are not linked to essential NHS care.

NHS funding is for essential NHS eye care and to ensure the primary eye care infrastructure is maintained after the crisis period. NHS England has said it intends to run a reconciliation process to check practices have only received an appropriate level of support during the crisis, and that it will work with the OFNC to agree a proportionate and workable process.

Given how the vast majority of optical practices operate, it is clear that any business rates relief and/or grants will be support for the impact of the crisis on their general business activities and not clinical care, in the same way as for other businesses receiving the support. In the OFNC's view there will therefore be no overlap between the NHS support and the general business grant support, except in the unlikely event that your income during the crisis, from the NHS support for essential eye care and business grants combined, is greater than it would have been under normal circumstances.

21. Can I provide essential care and claim NHSE support while also claiming self-employment support?

The general government income support [scheme](#) for the self-employed is new and complex, and the rules are still evolving, so the OFNC cannot yet give firm guidance on this question. The sector representative bodies will provide further guidance as the rules are clarified.

In principle we think self-employed practice owners who are providing essential care and receiving NHS England financial support may also be able to claim for support under the self-employed scheme, provided that (i) they meet all the eligibility criteria for the scheme, and (ii) they can show they have suffered 'lost profits' relating to private sales and services, including non-voucher dispensing, private sight tests and contact lens appointments, and any other sources of income that are not from GOS.

Anyone claiming self-employed support in these circumstances should satisfy themselves that they can show the support has not been used to cover the costs of providing essential care, and may wish to seek accountancy advice.

USING GOS FORMS DURING THE CRISIS

22. Do I still need to get the patient to sign GOS forms before I submit them?

For GOS 1, we recommend that where you provide a remote consultation (and where necessary, a dispense) but don't perform a sight test, you should not submit a GOS 1 claim but should maintain records and make a note of the activity. If you do perform a sight test, you should submit a signed GOS 1 claim in the usual way, using social distancing and hygiene procedures.

For GOS 3 and 4 claims, NHS England has advised the OFNC that during the crisis claims can be submitted without a patient signature provided the form is annotated 'COVID-19' wherever a patient signature is needed. GOS 4 claims for adults should be pre-authorized by the NHS Business Services Authority (see below).

23. Where I am dispensing spectacles without performing a sight test, which GOS form should I submit? [NEW]

If you are dispensing spectacles to a patient eligible for GOS 3 but you have not performed a sight test, you should submit a GOS 4 form rather than a GOS 3. During the crisis GOS 4 authorisation has been extended to cover any adult (not just those with illness-related loss as previously) meeting the following criteria:

- Adults who are clinically deemed by a qualified clinician to require the dispensing of a spectacle prescription, determined without a face-to-face consultation
- Adults who would have otherwise been eligible for a GOS3
- The damaged or lost spectacles to have been older than 2 years if issuing exactly the same prescription as before.

The form should not be signed by the patient but annotated 'COVID-19'. If the dispense is for an adult, the GOS 4 form will also need pre-authorisation from the NHS Business Services Authority. You should contact them on nhsbsa.paos@nhs.net or on 0300 330 9403, and they will give you a unique claim code to enter on the GOS 4 form.

URGENT AND EMERGENCY CARE

24. If I provide essential NHS care, do I also need to provide urgent or emergency care?

No. The GOS grant is for essential care only. You only need to provide urgent or emergency NHS care if you have an existing or new contract to do so.

25. How can I provide urgent or emergency NHS care during the crisis? [NEW]

NHS England, LOCSU and the Clinical Council for Eye Health Commissioning have developed a new framework for urgent primary eye care during the crisis, the COVID-19 Urgent Eye Care Service (CUES). This will be commissioned through CCGs. NHS England regional teams will work with CCGs, LOCs and optical practices to ensure the availability of appropriate levels of eye care across England.

26. I already provide care through a Minor Eye Conditions Service (MECS), what will happen to that? [NEW]

The new CUES framework is not a MECS service. Where MECS services are already commissioned by CCGs, they are already being changed to support the delivery of urgent eye care from optical practices.

27. Do I have to provide face-to-face consultations in order to offer CUES? [NEW]

No. The CUES framework is based on risk stratification. Many patients will still only need a remote telephone or video consultation by a suitably qualified GOC registrant to assess and manage patients.

This may lead to further steps including remote advice from an optometrist, Independent Prescriber or ophthalmologist, to remote prescribing or follow-up, or to a face-to-face consultation in an optical practice where appropriate. The CUES face-to-face consultation need not be provided by the practice that provided the initial CUES remote consultation.

28. What is the difference between remote review and a remote consultation? [NEW]

A remote review is part of essential care. A patient contacts the practice with concerns about their vision or eye health and an appropriately qualified member of staff asks a series of questions to assess whether the patient has an essential, urgent or emergency eye problem which requires a remote consultation..

Remote consultation can be part of essential care or urgent and emergency care, depending on clinical need and risks to sight and health. This is provided by a suitably qualified GOC registrant and will involve all the elements of a normal consultation, except that face-to-face tests and procedures cannot be performed.

29. Can a MECS accredited Contact Lens Optician (CLO) deliver CUES? [NEW]

Yes, CLOs with MECS accreditation can deliver remote reviews, remote consultations and face-to-face consultations in line with their accreditation.

30. Will face-to-face urgent care only be provided in a limited number of 'hub' practices? [NEW]

At times there may be a need to concentrate face-to-face care in a limited number of hub practices, for both practical and public health reasons. These include access to suitable PPE, the presence of sufficient clinical staff (who may need to be drawn from a range of local practices to work in a single hub if the crisis affects staff availability), and premises that enable the required level of social distancing and infection control protocols at that time in the pandemic. The locations used for these hubs may need to change as the pandemic progresses.

31. How will hub practices be selected? [NEW]

If it is decided that a hub practice is needed in a given area, the location would be identified by the relevant CCG in consultation with LOCs. Hub locations should be selected bearing in mind local patient demographics, and local volumes and channels of service delivery.

32. What fees will be paid to practices that provide CUES? [NEW]

CUES will be contracted locally by CCGs, and fees will be agreed between CCGs and LOCs. The OFNC has asked NHS England-Improvement which developed the CUES framework to make recommendations on the urgency of commissioning CUES and support CCGs with an indication of the factors to be taken into account in agreeing fees.

OPTICAL STAFF TAKING OTHER ROLES DURING THE CRISIS

33. What plans are in place to redeploy people from the optical workforce to other roles during the crisis? [NEW]

The NHS has published [guidance](#) on deploying the clinical and non-clinical optical workforce to support the NHS clinical delivery plan for COVID-19. This sets out the scope for members of the optical workforce who are not providing NHS eye care during the crisis to take on other optical or non-optical roles. There will be no obligation on anyone to take on another NHS role – it is a matter of personal choice.

34. Will people who take on another role during the crisis be paid? [NEW]

Self-employed members of the optical workforce who are not engaged to provide essential or urgent eye care services can volunteer for temporary roles during the crisis:

- on a remunerated basis (rates to be agreed by locally) e.g. in eye casualty or other clinical roles
- on a non-remunerated basis under the NHS Volunteer Responders or other schemes, where they will receive compensation such as travel and subsistence without affecting their access to the Self-Employment Income Support Scheme entitlements.

Employed members of the non-NHS optical workforce, including people who are furloughed, can volunteer for temporary roles:

- on a remunerated basis in line with their contract of employment (checking with their employer) and the rules of the furlough scheme where relevant.
- on a non-remunerated basis under the NHS Volunteer Responders or other schemes, where they will receive compensation such as travel and subsistence. This will not affect the income of furloughed staff.

35. If people take on another role during the crisis, what indemnity cover will they need? [NEW]

The main optical sector indemnity cover providers (ABDO, AOP and FODO) have prepared separate Q&A to explain the insurance arrangements for the roles performed by the optical workforce during the COVID-19 crisis. You can read these Q&A [here](#).

36. Will the NHS provide people who take on another role during the crisis with Death in Service? [NEW]

The NHS [guidance](#) on deploying the optical workforce acknowledges that Death in Service cover would need to be provided. Our understanding is that the Government is considering the arrangements for this and expects to provide more information soon.

37. Will taking on another role affect any existing life cover or other insurance that people hold, for instance through their employer or in connection with a mortgage? [NEW]

This will depend on the terms of the existing cover. Anyone who has such cover and is considering taking on another role for the duration of the crisis should review the terms of their cover and talk to their cover provider if necessary.

PRACTICAL ISSUES

For guidance on the other practical issues raised by the NHS England letter, including:

- How do I provide remote consultations?
- How do I provide emergency dispensing and supply?
- Where can I find out more about infection control to maintain my practice environment?
- Where do I find the latest information and recommendations on Personal Protective Equipment (PPE)?
- How can I obtain PPE?

Please see the COVID-19 guidance of the [College of Optometrists](#), the [General Optical Council](#) and official [PPE hub](#).

FURTHER QUESTIONS

Contractors and practitioners should direct further questions to their representative bodies, using the email addresses below, so that the bodies can consolidate queries to inform more detailed guidance and FAQ resources as required:

- ABDO general@abdo.org.uk
- AOP policy@aop.org.uk
- FODO info@fodo.com

LOCs can also raise LOC matters via LOCSU by emailing info@locsu.co.uk where they will be fed into the central process.

The Optometric Fees Negotiating Committee

The Optical Fees Negotiating Committee (OFNC) is the national negotiating body for eye care in the UK and England with the Westminster Parliament, the Department of Health and Social Care, and NHS England-NHS Improvement. It comprises the leaders of the UK representative bodies: ABDO, AOP, FODO and BMA (for OMPs) and works in partnerships with the College of Optometrists and the General Optical Council.