



The ROYAL COLLEGE of
OPHTHALMOLOGISTS

Preparing Eye Care Services for a Potential COVID-19 Second Wave

In preparation for a potential 'second wave' and the resulting national or local lockdown measures, The Royal College of Ophthalmologists is advising members to prepare and plan early. This is to ensure that essential urgent eye care and other appropriate services can continue in a safe and sustainable way for both patients and the workforce.

The RCOphth produced extensive guidance for members in response to the pandemic and lockdown measures in March/April of this year: <https://www.rcophth.ac.uk/about/rcophth-covid-19-response/>.

Capacity

It is important to accelerate immediately provision of elective services and non-COVID healthcare as requested by the recent 'Phase 3' NHS response letter. This is to make full use of the capacity available in the 'window of opportunity' between now and winter or a second wave, and minimise harm from delays and cessation of services.

If there is a further lockdown, it is likely that Trusts will once again need to focus on managing patients with COVID-19 infection and eye care services in hospital will once again be restricted to some extent. Begin to prepare immediately in setting up alternative care options for patients so that more care can continue outside the traditional hospital setting should a further lockdown occur:

- A small multidisciplinary group in each eye department should meet to review the efficacy of previous measures and agree detailed plans for a second wave
- Communicate resulting plans to all eye department staff as early as possible to prepare and to request feedback
- Agree actions with the trust or health board management/leadership structure as soon as possible to ensure that essential eye services are maintained if there is a local or national lockdown and that as much as possible of the wider eye service continues to avoid harm from increasing backlogs
- Set up a COVID-19 Urgent Eye care Services (CUES), or equivalent, as soon as possible or increase CUES joint working if the scheme already exists (England only).
- Ensure the use of video and telephone consultation is embedded, and ensuring facilities for remote working and remote consultations are available and work effectively whilst providing continuing access for patients who are digitally excluded. Ensure that risk stratification from the first lockdown is comprehensive and continue active risk stratification to minimise the risk of sight loss, safely manage patients requiring prompt treatment and to ensure patients can be delayed or redirected rapidly if required.

Preparation for a 'local / limited lockdown'. Experience has shown that it is possible to provide safe elective care at stand-alone / COVID-19 green sites if rigorous infection control measures are designed

and enforced. Sites, staffing and procedures must be agreed in advance if some services are to be maintained.

- Proactively engage with the key local organisations now:
 - Trust or health board leadership team
 - Local any qualified providers (AQPs) and private hospitals
 - Clinical Commissioning Groups (CCGs)
 - Schools of Ophthalmology
 - Local optical committees and optometry practices
 - Local authorities
- Consider if COVID-19 free (green) sites eg peripheral/satellite units can remain open for more routine work
- Consider if some private sector facilities can act as green sites
- Ensure there are sufficient supplies of essential clinical equipment for the anticipated level of service

Workforce

The NHS has produced guidance supporting hospitals to safely redeploy their secondary care medical workforce during COVID-19. Redeployment should be locally determined and therefore organisations need to maintain redeployment plans in case there is a second wave.

Staff members' vulnerability to COVID-19, in terms of age, gender, BAME background and health should already have had their risk assessment. Mitigation steps should be implemented to ensure all staff feel safe and work in the appropriate setting according to their risks. Any new staff (or those who have been missed), should be assessed prior to any deployment. This process should involve shared decision-making and ensure that both staff and patient safety is prioritised.

It remains vital that postgraduate deans are informed of any trainee redeployment so that they can provide support. Guidance for trainees is on the website: <https://www.rcophth.ac.uk/training/covid-19-support-for-trainees/>

Eye units should agree on-call arrangements and increase joint working and communication channels with optometrist colleagues.

Infection Control and personal protective equipment (PPE)

Follow the infection control and PPE guidance already in existence. Ensure there is a sufficient stock of PPE and good understanding of the specific requirements of PPE for ophthalmology outpatients and procedures.

Patients

It is vital to communicate with existing patients to assure them that they will be looked after. Inform patients that their condition has been risk assessed by a senior clinician and that they should make all efforts to attend their appointments if sent for as it will help reduce avoidable sight loss. Patients and their carers should be informed (as during the first wave) what steps are being taken to keep them safe if they need to attend hospital for their care.

The following charities can provide support for patients:

The Macular Society <https://www.macularsociety.org/>

The Royal National Institute of Blind People (RNIB) <https://www.rnib.org.uk/>
Glaucoma UK <https://glaucoma.uk/>

RNIB also run the Sight Loss Advice Service, which you call on 0303 123 9999 or visit www.rnib.org.uk/eyehealth

RNIB have also produced national guidance Eye health during coronavirus. What to do and what to expect: www.rnib.org.uk/sites/default/files/eye-health-coronavirus-tips-2.pdf

Sight Advice FAQ is an online directory of information to support people living with sight loss and has a dedicated section around coronavirus www.sightadvicefaq.org.uk/coronavirus-information/

Academy, PHE and NHSE communications

Continue to look out for new national guidance. The Royal College of Ophthalmologists will continue to respond and write up to date guidance as necessary. We will also share any new national guidance with members where appropriate.

NHSE letter from Sir Simon Stevens and Amanda Pritchard [setting out the third phase of the NHS response to COVID-19](#), effective from 1 August 2020. NHSE/I have also published an [implementation document](#).

The Academy has developed a statement and further sources of information in preparing for COVID-19 surge and winter pressures

https://www.aomrc.org.uk/wpcontent/uploads/2020/07/200717_Preparing_for_covid-19_surges_winter.pdf

<https://www.england.nhs.uk/about/equality/equality-hub/action-required-to-tackle-health-inequalities-in-latest-phase-of-covid-19-response-and-recovery/>

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0666_Redeploying-your-secondary-care-medical-workforce-safely-v-2_14July.pdf

Members can get in touch with President, Bernie Chang at president@rcophth.ac.uk

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