

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. It is based on our understanding of the information NHS England has shared to date. 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 find the guidance on provision of services here

Provision of services

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 care and dispensing, and meeting the needs of those 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. 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, urgent or emergency NHS 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.

3. Why does the NHS England letter 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. The OFNC will monitor this closely and provide further advice if necessary.

4. 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.

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

You only need to provide urgent or emergency NHS care if you have a contract to do so.

6. I don't currently provide urgent or emergency care under a MECS or similar contract, how can I start doing that?

The OFNC, LOCSU and others are working with NHS England to put in place local urgent and emergency care services where these do not already exist. LOCSU will work with all LOCs to communicate these arrangements as soon as possible.

7. 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.

Domiciliary services

8. I have a domiciliary practice, how does the letter apply to me?

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

9. What if a non-COVID positive patient in a care home needs essential or urgent care, but their care home is locked down or they are being sheltered or self-isolating?

Remote 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.

Support for services that remain open

10. I wish to continue to provide essential 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.

11. 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.

12. 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.

13. 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. For instance, if you are receiving payments under the Coronavirus Job Retention Scheme, those payments would relate to staff who are currently furloughed and therefore unable to contribute to providing essential care. Similarly, if you receive a grant under the Small Business Grant Fund or the Retail, Hospitality and Leisure Grant Fund, that would relate to the retail business element of your practice and not to providing essential care.

Practical issues

For guidance on the 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](#) and the [General Optical Council](#).

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.