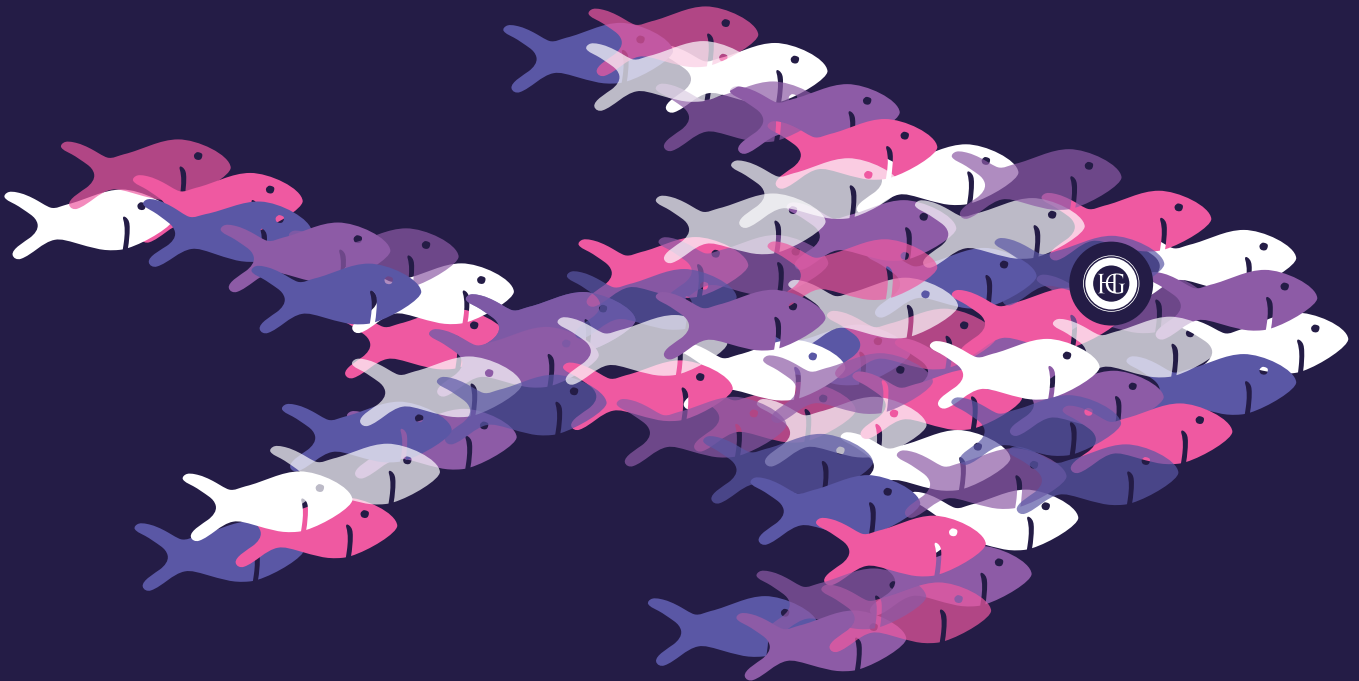




HAKIM
GROUP

COVID-19

PRACTICE STRATEGY PACK V2



#STRONGERTOGETHER

This document is not intended to: (i) constitute medical or safety advice, nor be a substitute for the same; nor (ii) be seen as a formal endorsement or recommendation of a particular response. As such, you are advised to make your own assessment as to the appropriate course of action to take. Please carefully consider local laws and guidance in your area, particularly the most recent advice issued by your local (and national) health authorities, before making any decision.

“ We will get through this together. The British people may be worried but they are not daunted. We will rise to the challenge. People will return to work, supply chains will return to normal, life will return to normal. ”

The current chancellor of the ex-chequer - Rishi Sunak



**A family in good times,
as well as in times of extraordinary challenges!**





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= New Updates

All updated documents are highlighted in yellow



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ACTION PLAN DISCLAIMER

Please use the contents of this pack to help you inform your ideas in navigating the COVID-19 challenge. It is purely to help in any decisions you are making for yourself, your teams and your business.

Please excuse any spelling errors, typos, etc as the purpose of this has been more about getting information out quickly rather than word perfect or aesthetically appealing.

No endorsements are made or liability accepted and any information or resources used are all at your discretion. HG accept no liability for the accuracy of the information. you will have to form their own views however this should help you in some meaningful way. If you already have all these bases covered then thats great. If you feel there is something else that we havent covered please feel free to send over and help us too....we dont have all the answers and always happy to recieve help.

Any data held will be destroyed once we are over this challenging period and the strrongertogetheroptics website will be taken down.

Some of the resources may have pages and references missing. This is because there hasn't been any time to rewrite content for this website and format specifically. Some of it has been directly lifted from internal resources at Hakim Group and from materials provided by other stakeholders who have kindly contributed. The content should still be meaningful and of value, although may need adapting for individual practices. Any commercially or legally sensitive content has been removed to the best of our knowledge.

If you don't find what you are looking for and have a specific question then please email lukewren@hakimgroup.co.uk. You can also join in the conversation on the forum kindly setup by Trevor Rowley at Optix.

Please use responsibly and may you find some value in the contents. We hope you find useful information to help you as you formulate your Covid-19 strategy Thank you to everyone who contributes any content for the greater good of the industry over the coming weeks.

Best Wishes to all of you and your families,
Hakim Group

The situation surrounding COVID-19 is dynamic and rapidly evolving on a daily basis. Although we have taken great care prior to producing this document, it represents a snapshot at a particular point in time.

This document is not intended to:

- i constitute medical or safety advice, nor be a substitute for the same; nor
- ii be seen as a formal endorsement or recommendation of a particular response.

As such, you are advised to make your own assessment as to the appropriate course of action to take. Please carefully consider local laws and guidance in your area, particularly the most recent advice issued by your local (and national) health authorities, before making any decision.



PRACTICE STRATEGY

COVID-19

Fellow sharks,

Firstly, My best wishes, thoughts and prayers to all of you and your loved ones during these challenging times. We always talk about family at HG, and I want you all to know that we are a family, not just when times are good, but also when times are challenging. This spirit of community and friendship that we have built over the years, combined with the tenacity and can-do attitude of our people, will ensure we carry each other through these choppy waters! It is expected that many of us will be concerned for our nearest and dearest and I want you all to know that this will always come first. Of course, our Sharks also have a financial responsibility that needs careful consideration, and we have been doing some considerable work in the background to co-ordinate a cohesive plan comprising of the different actions we will be working through over the coming days and weeks.

I have had a handful of conversations already with specific practices, however, it is clear that many of you have the same questions, so we have spent the past week pulling together our COVID-19 strategy document so that all the guidance and support material as well as ongoing actions required can all live in one place. This will be updated daily and we will be sending out clearly marked documents for everyone to stay abreast of the latest thinking.

There are many sources of information and even more opinions on what the correct course of action should be in relation to the management of the coronavirus. We have taken the view after consulting with our insurers, that we will follow the guidance from Public Health England, NHS England and our regulatory bodies as things evolve. Rest assured that we will not put the health of our staff and patients at risk. All precautions must be followed. A total closure will only happen as a last resort if enforced by government, advised by NHS England or dictated by circumstances, ie significant outbreak in a particular location.

We are following government guidance daily. Please check the government website to get up to date information on self-isolation protocol. This is changing frequently, so it is important to check regularly through. <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

Until the start of this week our practices hadn't seen any material impact. Practices are still reporting good sales, but they are now also dealing with the increasing risks and concern in their local community as well as the practice team. The FTA rate has been a lot higher since the announcement of social distancing measures and as social distancing strategies play out, the appointment bookings will inevitably slow down. It is likely our practices will be impacted to some degree, but we expect any weaker trading in the short term to catch up in the months that follow.

Possible Scenarios

This is a fluid situation and so our forecasts will be changing by the day. We will keep you updated as we see any noticeable changes from the current outlook. Our strategy will be to **plan for the worst and work for the best**. At present, we are preparing for a softer Q2 for sales. This makes it even more important for us to tighten our belts and maximise every opportunity so that we minimise the impact on our cashflow. If we follow the peak and tail off timeline from China, then we are expecting a bounce back in Q3. We are also expecting (hoping!) that there will have to be some widespread economic interventions from government to support people personally as well as business at large. The longer we can maintain a meaningful level of sales, the more runway we will have to trade through this.

We made the decision to take a few precautionary steps early to help protect you, as well as to slow the spread around our business. We have tried not to over-react and

to retain business as usual for as long as possible, in order to mitigate any disruption for staff and for customers. It is now time to communicate our approach to working through the next few weeks which is likely to be a disruptive period involving closures in certain instances. Rest assured that your practice buddies as well as the teams at HQ will be working round the clock to ensure we leave nothing on the table in tackling this. Our phones will be on 24/7 to ensure someone is always at hand and you are never left without support.

I have grouped together some of the measures that have already been taken or will be taken shortly and who the lead will be for each. Further detail around these and related actions will be provided in other parts of this document.

Events

Any questions on this should be directed to juliegooden@hakimgroup.co.uk

All HG FishTanks as well as group events are postponed until further notice to help with the governments social distancing program. These will be replaced with webinars and other virtual events.

For any other external CET events, you should contact the provider directly.

Home Working

Any questions on this should be directed to shafiq@hakimgroup.co.uk

HGHQ has had a full evaluation of each department to ensure that, in the event of an evacuation at HQ, we will have continuity of support for all our practices. We will all still be available to assist you, but will be trying to do so remotely where possible. Further details and contact information will be provided in the Covid-19 strategy document. As I write this, we are now moving to a partial remote working arrangement for the team at HQ, however, everyone will still be working from home.

Recruitment & HR

Any questions on this should be directed to shafiq@hakimgroup.co.uk

We will be minimising any extra head count for now (except for critical situations) and replacements will be judged on a case by case basis. There is nothing to stop discussions continuing in the background whilst things return to normal.

Financial

Any questions on this should be directed to;

- suaib@hakimgroup.co.uk – general finance queries and managing existing loan commitments
- muzza@hakimgroup.co.uk – rents/rates related queries
- paulforsythe@hakimgroup.co.uk – supplier payment queries
- shafiq@hakimgroup.co.uk – payroll queries

The main challenge from this disruption (for all businesses not just ours) will be cash flow management. It is critical that we are frugal with our resources in the run up to any impact. So we are not going to be planning any new capex at present (both at HQ and at practice level) and would ask that you review any purchases on a 'can't do without' basis. This is until we get back to normality. Of course, exceptions should be made for business-critical replacement capex. Please speak with Imran or Suaib should you feel something falls into this category of capex. We are hoping that this will not be for long, but believe it is a vital step now to enable us to prioritise support of our people, for example through measures such as sick pay, as the situation evolves.

As a general rule, all our practices should consider stopping all 'non - essential' spending for now. If you are not sure if you should go ahead with something, please contact Imran or Suaib. This is because there is a chance that our practice income will be impacted due to customer illness, and general consumer confidence, which then could lead to reduced spending. Whilst this has not been seen yet, it is still early days and by taking these proactive steps now,

it is the best way to ensure we can support the business through a potentially more challenging period. I have no doubt this will be a short term measure.

Be as frugal as possible and minimise stock purchases from suppliers only on an absolute 'cant do without' basis for the time being. Until then, sell through stock and maintain a lower stock profile / value in the practice as part of our short term business contingency planning. Cash in the bank (rather than stock on the shelves and in the cupboards) will give us more options if there are measures we need to take to support our team members through any period of illness.

As things evolve, we will seek to manage our cash flow in relation to supplier payments.. We are also in regular contact with suppliers whilst closely monitoring any supply chain impact and any short-mid term challenges. We have emailed all suppliers and told them that they should expect lower volumes in Q2 and increased volumes in Q3. We have also requested longer payment terms from all suppliers.

It is very important that everyone keeps an eye on the diary and, whilst we don't want any knee jerk reactions, if appointment book efficiency drops then manage your Locum staff to minimise your 'labour to sales' cost. Having a quiet diary and being over staffed will be the fastest way to compound any negative impact. Our people/payroll strategy will need careful management and Shafiq is providing a detailed document on how we will manage this to minimise the labour cost during Q2. There will inevitably be local variation, however, this will enable everyone to understand the direction of travel with our approach.

Anything you can avoid spending money on for the time being, whilst the world gets back to normal will prove extremely prudent should matters worsen

Government Support

Any questions on this should be directed to suaib@hakimgroup.co.uk – government financial support

- For those who are self-isolating because of COVID-19: From 13 March, they can now claim SSP. This includes individuals who are caring for people self-isolating in the

same household and therefore have been advised to do a household quarantine

- Self-employed workers who are not eligible for SSP, can now make a claim for Universal credit (UC) or new style Employment and Support Allowance
- Employment and Support Allowance, will now be payable from day 1 of sickness, rather than day 8, if you have COVID-19 or are advised to self-isolate
- Businesses will be refunded for sick pay payments for two weeks from the 13th March
- Small businesses will be able to access "business interruption" loans
- Some businesses could be eligible for a business rates holiday for 1 year starting 1st April 2020
- Businesses eligible for small business rates relief will be entitled to a one-off cash grant of £10000
- The HMRC is scaling up the Time To Pay service to allow businesses and the self-employed can defer tax payments over an agreed period of time

For more details of the above and other support available, please refer to the government website for those affected by COVID-19 <https://www.gov.uk/government/publications/support-for-those-affected-by-covid-19/support-for-those-affected-by-covid-19>

Additional Support

Rest assured, we are looking at additional support measures that can be established over the next fortnight to help our practices and people and will provide further information in due course.

If you do have any concerns that are not fully answered in this document, please contact one of us at HQ. Please email imran@hakimgroup.co.uk directly or Nicklowe@hakimgroup.co.uk with any questions. More to follow as we work on the planning in the background.



Stronger together!



CONTACT LIST

HG COVID-19 TASKFORCE

We have formed a team with specific roles assigned, to be contacted for expediency, if any practices need support or have questions.

Sharks

As Sharks, you will be at the forefront and will need to provide your teams locally with leadership, empathy, positivity, tenacity, determination, hope, agility - I think you get the general message 😊.

- **Imran - Overall strategy**
imran@hakimgroup.co.uk
- **Shaf - HR, recruitment and payroll**
shafiq@hakimgroup.co.uk
- **Nick - Ongoing comms, guidance and strategy updates**
nicklowe@hakimgroup.co.uk
- **Muzza - Occupancy and external cost management**
muzza@hakimgroup.co.uk
- **Suaib and Munir - Finance, cashflow management, accessing small business loans and time to pay schemes inc loan repayment with existing funders**
suaib@hakimgroup.co.uk or munir@hakimgroup.co.uk
- **Paul and Angela - Supply chain, stock management and payment terms**
paulforsythe@hakimgroup.co.uk or angela@hakimgroup.co.uk

Buddies

Overall business support for every practice and P&L management through PT and COVID-19 breakeven analysis

- **Angela Campbell**
angela@hakimgroup.co.uk
- **Hayley Gardner Clark**
hayleygardnerclark@hakimgroup.co.uk
- **Nick Chindavata**
nicholaschindavata@hakimgroup.co.uk
- **Paul Forsythe**
paulforsythe@hakimgroup.co.uk
- **Damien Wallwork**
damienwallwork@hakimgroup.co.uk
- **Paul Mothershaw**
paulmothershaw@hakimgroup.co.uk
- **Paul West**
paulwest@hakimgroup.co.uk
- **Penny Goddard**
penny@hakimgroup.co.uk
- **Stephen Potter**
stephen.potter@hakimgroup.co.uk
- **Sally Whitworth**
sallywhitworth@hakimgroup.co.uk
- **Mark Chatham**
markchatham@hakimgroup.co.uk

As NHS England and .GOV provide updates we will continue to feed these through to our practices and update our websites as well as messaging on our IPTV's.



PEOPLE STRATEGY

INFORMATION FOR SHARKS

This is an information document which has been created for Sharks reference only. Please do not share this information with any other practice team members, as this is not definitive at this stage.

As this is a fluid situation and as new information becomes available, we will continue to share an updated version of all documentation.

To provide further guidance, any conversations that you are having locally with your team members must be recorded and documented and sent to HR@hakimgroup.co.uk

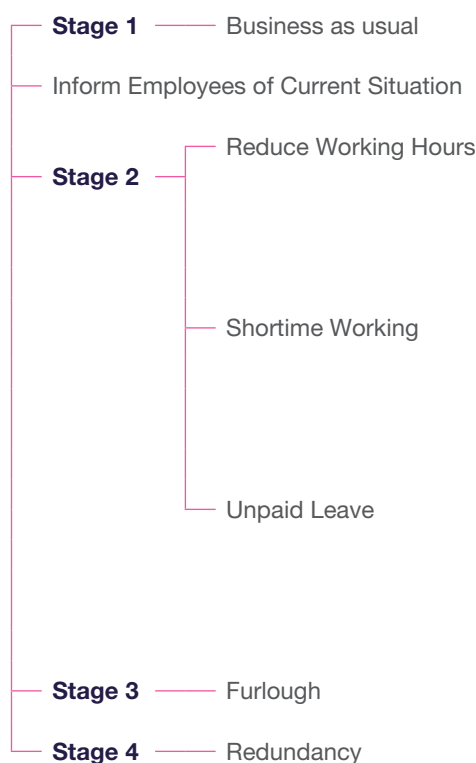
HG Four Stage Strategy

The aim of this is to highlight the different measures that may be taken. This will vary by location and individual circumstances and its critical to do the right thing at the right time.

- **Stage 1** - As per government guidelines, business as normal, we continue as we are as far and as long as possible.
- **Stage 2** - If there is a national shut down, dependent on government guidelines we may request team members to reduce working hours, or use annual or unpaid leave (expecting this to be over the next few days)
- **Stage 3** - If business does not return to normal, we may consider furlough.
- **Stage 4** - If the economy does not return to normality then we could consider redundancy in extreme survival mode. We are not expecting to get to this stage.

At each stage of the strategy HG HR will be available to provide support for any consultations which will allow Sharks to have the relevant conversations with team members with the applicable HR documentation which will be provided in due course.

For any decisions from stage 2 onwards must be considered carefully with your practice buddy, HR and Imran.



Further Guidance

Workplace Hygiene

As a business we must take steps to ensure that there is good hygiene in the workplace (based on the facts and science of the pandemic itself) and that working practices do not pose undue risks to our team members.

Actions could include:

- Reviewing systems of hygiene to ensure that we provide appropriate protection
- Increasing the cleaning of hard surfaces, particularly phones and door handles

Most of my team must self-isolate what must I do?

Please continue to remain open and trade if you are able to do so, whilst triaging routine patients to come in at a later date. Only essential and emergency appointments to be seen for now. Full details of what is covered by these definitions will be provided as soon as available. In the event that you have to close the practice, then follow the Emergency Action Plan - Practice contingency (Found in [‘Other support documents.’](#))

In the event of a full country lockdown, must I pay my employees?

If your practice is forced to close and your team members are unable to continue working due to a practice closure or lock down, then you will need to follow the Emergency Action Plan - Practice Contingency support pack. In line with the contingency plan, your first contact should be your practice buddy, otherwise contact Shafiq, Imran and Nick regarding ongoing team members pay arrangements. We may need to enforce lay-offs (please see point below)

My staff member must care for a dependent or someone that is vulnerable?

Team members are entitled to time off work to help someone who depends on them (a ‘dependent’) in an unexpected event or emergency.

This would apply to situations relating to the COVID-19 virus. We can remind staff of parental leave entitlements / time-off for dependants (albeit this is unpaid), as parents may take this up in when the schools do close, or their children become unwell.

There’s no statutory right to pay for this time off in line with employment regulations. The amount of time a team member takes to look after someone must be reasonable for the situation. We will look to extend this as every practice is different, we will review on an individual practice basis.

My team member has refused to come into work.

A team member might feel they do not want to go to work if they’re afraid of catching coronavirus. Under the guidance of ACAS there is no statutory right to pay for this time taken as absence. The amount of time a team member takes to look after someone must be reasonable for the situation. We will look to extend this as every practice is different, we will review on an individual practice basis.

My team member is feeling unwell but refuses to take sick leave due to reduced rate of SSP?

In this situation the latest guidance from Public Health England is to self-isolate for 7 to 14 days and normal SSP policy will have to apply.

How do we claim back SSP?

The government is due to release guidelines to employers on how to claim back SSP. If HG HQ manage the practice payroll then we will process a claim on behalf of your practice. All absences must be recorded on People HR.

Can I enforce holiday leave?

Employers do have the right to tell employees and workers when to take holiday if they need to.

For example, if decided to shut the practice for a week we can request for everyone to use their holiday entitlement, to do this, ideally we must tell staff at least twice as many days before as the amount of days they need people to take.

For example, if we want to close for 5 days, they we should aim to tell everyone at least 10 days before.

However, if we have to close a practice then this may be a reactive decision so notice can’t always be provided.

Recruitment

As of immediate affect all recruitment activity is on hold. We will review recruitment requirements on a case by case basis, if you have urgent recruitment requirements please contact shafiq@hakingroup.co.uk or on 07930 854347.

Statutory Guarantee Payments (SGP)

Employee's may be entitled to SGP on up to 5 "workless" days in a three-month period. A "workless day" is a day during any part of which the employee would normally work, but they cannot because:

- a There is a reduction in the requirements of the business for work of the kind which they are employed to do; or
- b There is any other occurrence which effects the normal working hours of the business in relation to this type of work.

In order to qualify for SGP, the employee must:

- Have at least one month's continuous employment
- Reasonably make sure they are available for work
- Not refuse any reasonable alternative work
- Not be laid off due to industrial action

Any statutory guarantee payments would need to be claimed directly from the government. Details of this can be found on the GOV.uk website: <https://www.gov.uk/lay-offs-short-timeworking>

What financial support is available?

We will always try to look after our people as they are our most important asset and we will support wherever we are able to do so. We have however seen the government introduce measures of support during this pandemic and we are expecting further support to be announced in short order:

- lower interest rates to 0.25%
- SSP available from Day 1 of sickness absence
- Statutory Guarantee Payments - SGP
- Employment Support Allowance - ESA
- Lenders offering up to three months mortgage payment relief

As further announcements come through we will update this accordingly. We have an employee wellbeing section in this document.

What does it mean to lay-off a team member?

Broadly speaking, laying off team members means that we will not be providing our employees with any work and no pay for a reasonable period, whilst retaining them as employees (thus still accruing holidays and preserving their continuous service).

This is an alternative to dismissal and a temporary way of dealing with an unexpected downturn in business, which in this case would not have been foreseeable.

Right to claim redundancy pay

It is important to note that team members should not be laid off for longer than necessary, as they may otherwise consider this as 'redundancy' and be eligible for a redundancy payment. In this regard, provided a team member has two years' service, if they are laid off for four or more consecutive weeks OR six weeks in any 13-week period, they have a right to terminate their employment and claim a statutory redundancy payment. Once again, we are expecting this legislation to be updated for these exceptional circumstances.

What is Furlough?

The definition of furlough is to allow or force someone to be absent temporarily from work.

In this case that means anyone asked to stop working during the coronavirus pandemic but not made redundant.

We have put together guidance to summarise, as best possible in an uncertain and fast-moving situation, how the Job Retention Scheme will work for team members who are furloughed. We For that reason we are looking closely at what information we do have to help you make the critical decisions, but please always discuss these and other options in advance with your practice buddy, Shafiq Ahmed (HR) or Imran.

1. The Coronavirus Job Retention Scheme was announced by the Chancellor Rishi Sunak during a live television address on Friday 19th March.

2. Guidance for employers later appeared on the Government website.

Eligibility

All UK businesses are eligible.

How to access the scheme

You will need to:

- Designate affected team members as 'furloughed workers,' and notify them of this change - changing the status of team members remains subject to existing employment law and, depending on the employment contract, may be subject to negotiation.
- Sharks must discuss with their practice buddy about team members whether Furlough will apply to your business, currently we are awaiting further guidelines to be released by the government.
- HG HQ on behalf of practices will submit information to HMRC about the team members that have been furloughed and their earnings through a new online portal (HMRC will set out further details on the information required).

HMRC will reimburse up to 80% of furloughed workers wage costs, up to a cap of £2,500 per month. HMRC are working urgently to set up a system for reimbursement. Existing systems are not set up to facilitate payments to employers.

3. So what do we know?

- The scheme uses the description 'furloughed' which has no prior meaning or significance in UK employment law.
- It talks about protecting team members who have been, or were about to be, 'laid off'. Lay off does have a specific pre-existing meaning in UK employment law and it means telling an employee they have no work to do and no salary, going forward (save for Guarantee Payments of course, the £29 a day for a maximum of five days).

- It is apparent that the term "laid off" is being used by the Chancellor to mean both laid off and made redundant. It is being used in a layman's sense rather than a strict employment law sense. Technically (sorry!) the people being 'furloughed' are being laid off, because they will not be doing any work, even though this scheme is described as an alternative to lay off.
- Legally what is happening when you furlough an employee is this. If you have a contractual right to lay off, common in some industries but not most, you are exercising that right but in a modified way, you are saying we will give you no work, but instead of no pay, as we are entitled to do, we can pay you 80%

Who is covered?

It covers all employers

- Where do I sign up? Through a new portal that is being set up by HMRC HG HQ will share further details about portal once they are released.
- What if the effect of this situation means you previously needed to make two people redundant from a pool of five? Obviously, you can now postpone that decision but which two do you furlough? Do you have to go through a selection process? Are you thereby pre-judging the eventual redundancy selection process if you don't? Interesting questions! The advice for now must be that we will cross any such bridges when we come to them. Obviously, we will have to avoid acting in a discriminatory way.
- What about team members whose hours fluctuate because contractually they are on zero hours? On the face of it you would not be laying them off because of the situation you would simply be relying on the contract to offer no hours. But they are going from earning reasonable salaries through working plenty of hours . . . to nothing.
- How much would we pay fluctuating, zero hours people? Well there is in employment law the concept of establishing a week's pay by averaging out the previous twelve weeks worked (so ignoring holidays, weeks with no work done etc.). That formula could be used.

Is the system open to abuse?

Undoubtedly. One question asked is whether a furloughed employee can do any work for you? The answer is no. In the real world who knows what will actually happen particularly where team members can do work from home. So, the team member could quietly just keep on working. Or alternatively an employer could designate team members as furloughed, when they were not, without actually telling them! Will some employers suddenly employ family members or friends, or perhaps suddenly increase salaries for current staff so the 80% is far more than the individuals previously received? All of these will of course be breaches of the scheme and whilst it may seem lax now there may well be more scrutiny, and penalties or even prosecutions, later down the line.

How does the 80% of £2500 work?

As at today it is unclear whether you can claim back 80% of salary up to £2500 (so a £2K cap on government help) or whether the cap is £2500 and that gives you 80% of the salary for someone who earns £3125. To be clarified no doubt.

The employer does not have to pay the remaining 20% according to the government advice for employees.

Can a team member insist on being furloughed?

No

Can you rotate staff on furlough and can staff dip in and out of it?

Will employees on long term sick, or even just two weeks SSP, make a miraculous recovery with a view to being furloughed? Will there be issues with staff still working (at a potentially increased risk of infection) while colleagues are at home, comfortably furloughed in their front room? These are questions yet to be determined and doubtless there will be many others

Short-time working

Short-time working is like laying-off but allows us to provide employees with less work and less pay for a period whilst retaining them as an employee.

An employee may still be entitled to SGP (as outlined above) during any part of which the employee would normally be required to work in accordance with their contract, but they are not provided with work for the reasons outlined under SGP above.

The right to claim redundancy pay also arises for short-time working and can also be made up of a mixture of short-time working and lay-offs, as outlined above.

Reduced Hours

For some practices there may be significant levels of team members which may mean implementing the following plan: Instead of laying-off employees, place them on a rotation system i.e. a practice with 8 employees split into Team A & B

- **Team A:** working as usual for a week and then rotate with Team B
- **Team B:** are on-call/laid off for a week and then rotate with Team A

Unpaid leave

In terms of unpaid leave, under current legislation we would need to seek the team member's agreement to a period of unpaid leave. This cannot be forced upon them and this is consultative decision. If there did come a point where unpaid leave has to be forced due to closures etc. the risks are:

- 1 Accept the breach and treat the contract as continuing, while claiming statutory guarantee payment (see below);
- 2 Sue for damages for breach of contract in the Civil Courts or Employment Tribunal (the remedy for which would put them back in the position as if the breach had not occurred);
- 3 Bring a claim in the Employment Tribunal for constructive unfair dismissal giving rise to the basic award (equivalent of redundancy) and compensation.

As we have already said, the Government is likely to keep this situation under review and may perhaps introduce emergency legislation to tackle the risks, as many businesses are being forced to close due to significant financial implications. As such, we may have no choice but to impose unpaid leave as a measure to survive the coming weeks/months.

In some form we will commit as a business to reimburse employees who have been placed on unpaid leave once the business returns to normal. What this will look like is currently unknown but is being developed as government support becomes clearer. [Since writing this document the government has introduced a scheme for employees to furlough employees and support 80% of their income. Please see separate guidance on this.](#)

Who is entitled to SSP?

To be eligible for SSP they must earn at least £118.00 per week and have started working for you. There are no upper or lower age limits for SSP.

When should I reduce hours and make hour cuts with in my team?

Although in the people strategy, this shouldn't be the first option to take for reducing running costs. If the situation worsens, we will release further guides for this process and how to manage it. Should you feel your practice needs to take this measure now then please speak to your practice buddy, Imran Hakim, Shafiq Ahmed, Nick Lowe.

My team member has now self-isolated with symptoms but has worked in practice recently. What do I need to do?

Follow the current guidelines that self-isolation is only necessary should you or a member of your household start to show symptoms. Should a team member become symptomatic after being in practice then ensure a full clean down is conducted.

A member of my team is vulnerable, is their self-isolation unpaid?

The guidance from the government is that any team member who is classed as vulnerable should self-isolate for 12 weeks. If the team member has been instructed by a medical professional that they should self-isolate then they are entitled to SSP.

A member of my team is pregnant, what are their options?

The government has advised that pregnant women should self-isolate for 12 weeks. If they do self-isolate then this is paid at SSP rate. As an alternative, they can take any holidays or even start SMP early.

For more up to date info on furlough and additional FAQ's - please see the link below

<https://www.aop.org.uk/advice-and-support/legal/guidance-for-employers-on-furlough-leave>



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FURLOUGH GUIDANCE DOCUMENT

Shark Support document – Furlough & Practice team members

If an agreement is given to furlough practice team members based on operational challenges, then please follow this process. A decision to furlough team members would only be agreed via consultation between the Shark, Practice Buddy, Imran and Shafiq Ahmed.

Following a decision to furlough practice team members, then the Shark will need to have the relevant conversations with each member of the team using the materials and documentation provided.

We are aware that any consultation between the Shark and team member may be potentially held remotely (over the phone, Skype etc) due to the current trading circumstances in each practice.

To support the Sharks, we have provided the following materials:

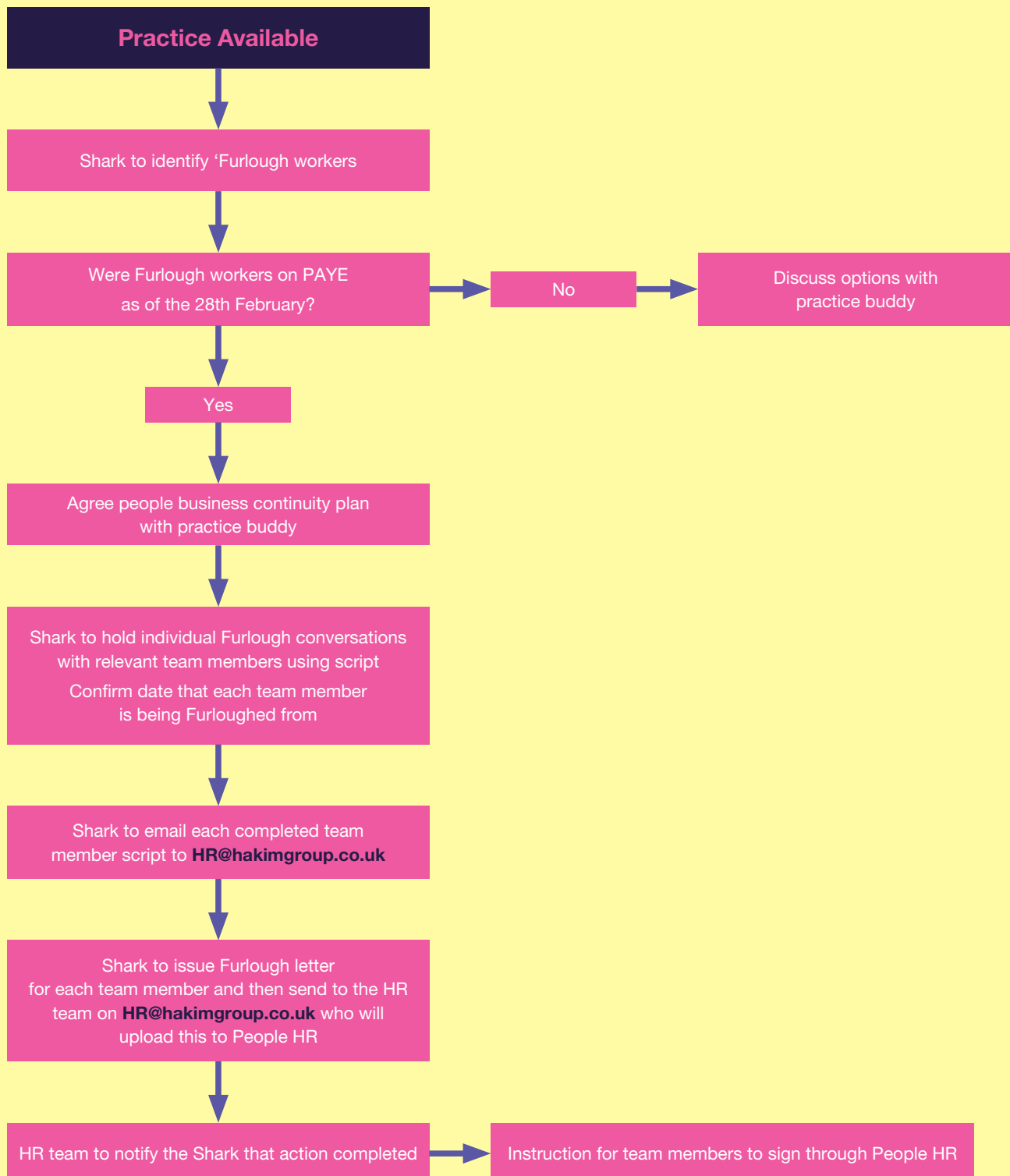
- A flow chart as an easy to reference guide on how to Furlough team members.
- A script for the Shark to be able facilitate the discussion with each team member. All discussion points and notes will need to be captured and signed by the Shark and uploaded to the team members profile on People HR.
- A letter template which will be completed by the Shark for each team member who will be furloughed. The HR team are available to support you with this if required on HR@hakimgroup.co.uk. All completed letters will be uploaded to People HR for digital signature by each team member

- A guide is being provided on how to sign documents through People HR remotely, so that the team member can access their account to complete any digital signatures.
- How to Fish during COVID-19 - A support pack on how we can support the Health and Wellbeing of our team members through these challenging times.

Please contact your practice buddy or Shafiq Ahmed (HR) for additional support.

FURLOUGH PROCESS FOR SHARKS

FAQ Document – Covering common questions in relation to the Furlough process as a line of support.





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FURLOUGH

Guidance for SHARKS on the common questions in relation to Furlough

FAQ's

Furlough is one of the most popular words on everyone's lips since 20th March and there are lots of interpretations floating around.

HG HQ have put together some guidance for sharks to allow them to inform their plan for each of their independent practices:

- who furlough applies to,
- what annual leave entitlements are;
- what salary entitlements are,

FURLOUGH

Who can be furloughed?

This has now been clarified by the updated government guidance which states:-

- Workers must have been on your PAYE payroll on 28 February 2020, and can be on any type of contract, including:
- full-time
- part-time
- flexible or zero-hour contracts

What is the minimum period of Furlough?

Minimum 3 weeks.

Can I ask a team member to return to practice after being Furloughed?

Yes, but if they are asked to return in under three weeks of being furloughed then we cannot claim under the job retention scheme.

Can I rotate my team members whilst on Furlough?

Yes, only in three week blocks. The Job Retention Scheme states a person must be on furlough for a minimum of 3 weeks to access the scheme,

As an example,

- Team A – In practice for 3 Weeks
- Team B – Furloughed for 3 weeks
- After 3 weeks
- Team A – Furloughed for 3 weeks
- Team B – In practice for 3 weeks

Can a team member Volunteer whilst on Furlough?

Yes, they can only engage in voluntary work.

Our country is in need of support and we should encourage team members to continue to support their local communities. This is a great opportunity for us to come together in our communities and show a united front in overcoming this virus. In a world where we are currently surrounded by negative headlines, a bit of positivity can be nourishing for the soul and everyone around you, so do share your stories by sending to;

If a team member is on Furlough can I ask them to complete online training?

We should not be asking furloughed team members to engage in any work related training. If they choose to do any training themselves then they are entitled to do so.

Can my team defer re-payments of Financial Flexibility Fund?

Yes, we can defer re-payments for team members who have accessed the financial flexibility fund and for request to defer repayment please email your practice buddy and

payroll@hakimgroup.co.uk

Can team members still access group benefits whilst on Furlough?

Yes, team members do have full access to group benefits whilst on furlough.

- Simply Health
- HG Giftbox

Annual Leave - Furlough:

Do team members accrue holidays whilst on Furlough?

Yes, they will continue to accrue holiday during the period of Furlough.

What happens to annual leave when everything returns to normal?

The government has announced that a person can carry annual leave over the next two years. Sharks can discuss holiday allocation with team members in practice once things do return to normal.

A team member is working their notice period and has been furloughed, will furlough end on their last day of employment?

Yes, furlough will end on their last day of employment,

however we are built on values to do the right thing by the people we work with. Therefore, Sharks do have an option to reconsider on a case by case basis whether to extend a leavers last day of employment.

Leave date can be extended to fall in-line with shutdown date of the Job Retention Scheme if it means we can support the team member during this period.

SALARY

What does the £2,500 maximum payment cover? What do we need to pay?

Each practice will receive a grant from HMRC to cover the lower of 80% of a team members regular wage or £2,500 per month, plus the associated Employer National Insurance contributions and minimum automatic enrolment employer pension contributions on that subsidised wage. Fees, commission and bonuses are not be included.

At a minimum, employers must pay their team member the lower of 80% of their regular wage or £2,500 per month.

Who will calculate the salary at 80%

Where HG HQ manage the practice payroll, we will calculate each team members salary at the reduced level and insert an additional column in the monthly payroll practice spreadsheet. The monthly payroll spreadsheet will be emailed as normal around the 19th of each month.

What is the Job Retention Portal and how do we enroll the business?

The Job Retention Portal will be the gateway for business to claim back pay labour cost, the government aim to have the portal ready in April 2020.

HG HQ will enroll all practices, however this will only be confirmed once we receive the HMRC release the finer details around the Job Retention Portal.

How do you work out how to pay a person whose hours vary?

HG HQ payroll will calculate this on behalf of all practices,

where we manage payroll. If we do not manage your payroll please contact your practice buddy or Shafiq Ahmed for further guidance.

For a full twelve months prior to the claim, you can claim for the higher of either:

- the same month's earning from the previous year (i.e. March 2019)
- average monthly earnings from the 2019-20 tax year

If the employee has been employed for less than a year, we can claim for an average of their monthly earnings since they started work.

If the team member only started in February 2020, we will use a pro-rata calculation for their earnings.

Will Team member salary increase in line with minimum pay?

Yes, where HG HQ manage payroll, providing we have the team members contractual detail, payroll team will apply an increase on their hourly rate before submitting details through the Job Retention Portal.

What if team members started after 28 February that are currently employed?

Current government guidelines state:-

"Employees hired after 28 February 2020 cannot be furloughed or claimed for in accordance with this scheme."

Therefore, no they would not be entitled to be furloughed. Contact your practice buddy to discuss on a case by case basis.

Persons started after 1st March maybe able to access additional financial support from the government under;

- Statutory Guarantee Pay Scheme
- Universal Credit

Further can be found on:

<https://www.gov.uk/guidance/claim-for-wage-costs-through-the-coronavirus-job-retention-scheme>

Email the HR team on HR@hakimgroup.co.uk for further advice and guidance.

If someone is on sick leave then is it sick pay or furlough pay?

It depends on the reason for the cause of absence. If they are self-isolating under Public Health England/Scotland advice then they will be entitled to SSP from day one rather than day four.

Once the self-isolation period expires (currently 7 days) then they can be brought back to work and considered to be designated for furlough in the same way as other team members.

After 14 days self-isolating, team member can now download an isolation note from NHS 111 to ensure entitlement to SSP.

Sharks can agree the options of Sick Leave or Furlough on a case by case basis, however we must remain consistent in the options chosen.

HOWEVER, if someone is on long-term sick leave or on sick leave non-related to coronavirus then they will remain on SSP or sick leave until they get a fit note to return to work or are "capable" of work. Only then would they potentially be entitled to be furloughed.

Can a person on maternity leave come back early and get furloughed?

Yes, depending on the stage of maternity but the employer has to agree. The person should normally give 8 weeks notice to return early but this can be agreed earlier. If there is no work to be done and the person would otherwise be laid off then they can be furloughed.

Can we top up the difference for team member to receive 100% salary?

We are in unprecedented times, essentially we want to ensure there is a business for team members to return to once the pandemic is over. Our overriding responsibility is to safeguard the business and protect their jobs. Therefore, we suggest to pay 80% as per the furlough entitlement outlined by HMRC. You can discuss this separately directly with Imran Hakim.

Can Sharks be furloughed?

Sharks can be classed as employees provided they have been paid through the PAYE system, in which case they can be placed on Furlough. However, they must not engage in any kind of work related activity whilst on furlough other than statutory work as directors.

- Dividends are not described as basic pay, therefore we cannot claim 80% under the Job Retention Scheme.

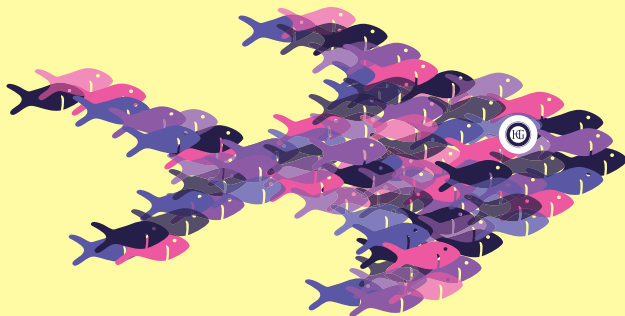
How would furlough leave apply to Regular Locums?

Individuals in practice on Locum contracts would not be entitled to furlough. There is a separate scheme released by the Chancellor for self-employed workers.

Further guidance on Self-Employed status can be found:

<https://www.gov.uk/guidance/claim-a-grant-through-the-coronavirus-covid-19-self-employment-income-support-scheme>

#STRONGERTOGETHER





FURLOUGH LETTER

SCRIPT FOR SHARKS

Private & Confidential - Once the document has been completed, please scan and emailed to the HR team on HR@hakimgroup.co.uk

Team Member Details

Name:

Date:

Practice:

Preparation

- Announcement of the decision to restructure the operating format for the practice in line with NHS requirements whilst unlocking the government support measures to protect jobs using the job retention scheme.
- Sharks should add additional detail where required specific to their practice
- Notes should be captured in the spaces provided and please use additional sheets as required and attach to this document. Please add any questions or requested information to the script.

Shark:

Practice Buddy:

Script	Shark to record any queries / issues / additional information given
<p>Introductions & Explanation of Roles</p> <ul style="list-style-type: none"> I will be taking my own notes, so please bear with me while I ensure that I capture everything. Our discussion today is predominantly about Furlough, I have some points to cover off to make sure we don't miss out anything important. 	
<p>Recap on information given to date</p> <ul style="list-style-type: none"> Due to the impact of the Coronavirus on the business, we are looking to utilise the government support for employees known as the job retention scheme (with immediate effect / from [insert date]). The UK Government are referring to this as being "furloughed", or being placed on "furlough leave". Our overriding objective is to protect your job and provide you with an income stream during this period of lockdown throughout the country. 	
<p>Process</p> <ul style="list-style-type: none"> [insert date] _____ marks the start of a period of paid authorised furlough leave. We will aim to bring you back as soon as possible to serve our local community. However, for obvious reasons, we cannot confirm a date to return to practice. This will depend on the ongoing guidance from NHS as well as the government. You should remain contactable during your normal working hours and be available to work with reasonable notice once everything returns to normal. We will do our best to maintain regular contact with you throughout your period of furlough. Annual leave booked during the period of furlough will be reccredited to you so that you may take it at an alternative time. A letter to confirm that you agree to be a 'furloughed' employee / team member will be uploaded to People HR. Please electronically sign the document on People HR. I will email instructions on how to access People HR from a home computer or any electronic device that allows access to the internet. 	
<p>Available Support</p> <p>Don't hesitate to contact your Shark during this difficult time, particularly with any questions you may have. We may not have all the answers straight away, but we shall do what we can to get them for you.</p>	

Next steps

Confirm that the team member should go home and confirm this will be followed up in writing and they must electronically sign the letter on People HR.

Scan this document and email HR@hakingroup.co.uk

Additional notes:

[illegible]



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FURLOUGH LETTER TEMPLATE

[PRACTICE LETTER HEAD]

LETTER NOTIFYING STAFF OF FURLOUGHED STATUS

Dear *****,

Furlough Worker Status

As mentioned during our [conversation/meeting] [earlier/on ***day], I am writing to confirm what we discussed and the reasons for it.

The rapid onset of the Covid-19 virus has been a shock to us all. It is a significant threat not just in terms of healthcare, but to our business as well. Whilst I am confident that we shall emerge stronger than ever once the crisis passes, we need to act now. Our priorities are;

1. Looking after the health and wellbeing of our colleagues, patients and the wider community.
2. Respect the concerns of any of our colleagues.
3. As NHS Primary care contract holders, uphold our contract and support the NHS in dealing with this pandemic.
4. Provide job security as far as possible so that things can eventually go back to normal.

I know that you are already aware that the government introduced the Coronavirus Job Retention Scheme (furlough leave) on 20 March 2020. Due to trading conditions and the extreme challenges we face, we are having to designate you as a furloughed employee. This is for the initial period starting on [date****] and will be subject to review on government guidelines.

You will be paid as normal on the payroll run on or around 26th of the month (and any following months in which you remain an furlough employee) and your salary will remain at the existing rate but at 80% of your usual salary level. Any bonus payment that you may be eligible to receive is now deferred, subject to future review as market conditions change. You will remain employed by the Company, it will not affect your continuous service dates and you will continue to accrue annual leave during the period.

In order to qualify for furloughed worker status, while you will remain employed by us, you cannot undertake any work for us. You will not be expected to carry out any company training whilst you are a furloughed worker.

I do realise that this is not welcome, but the alternative is that we would be forced to consider long term unpaid leave, lay offs and redundancy.

Rest assured, I want to do all I can to look after and keep our team together so that we can, as I say above, come out the other side of this unprecedented crisis, stronger than we entered it.



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FURLOUGH LETTER TEMPLATE

With all our best wishes for you and your loved ones

Stronger Together

Please countersign this letter as an acknowledgement of receipt and your agreement to this.

[EMPLOYER NAME/TITLE]

I agree to the above changes to my terms and conditions of employment

Signed

[NAME OF EMPLOYEE]

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5	Mental Wellbeing
6	Pleasure and Achievement
7	The Worry Tree
8	Financial Wellbeing
	Banks
	Renting
	Energy Bills
	Pension
	Payslip
	Employee Assistance Program
10	Further Information

Our aim has always been to help our team learn how to FISH (Finding Inner Self Happiness). This guide has been created to support you and your families through these challenging times caused by Coronavirus.

The outbreak of COVID-19 has forced the world into a process of change which hasn't be seen in any of our lifetimes and has come on extremely quickly. We have all had to adapt our lifestyles to keep the nation as safe as possible and the impact of this shift can have a huge effect on our own wellbeing.

At the end of the document there are links and phone numbers you can access should you feel the need to do so. Use them. Don't suffer in silence.

Wishing you and your family the best of health!

MIKE HUGHES - HAKIM GROUP



PHYSICAL WELLBEING

YOU ARE WHAT YOU EAT

Your eating habits can change when you're out of routine and comfort eating can also be brought on by stress. Accompany that with less activity generally through the day such as not going to places you usually would, gyms being closed, quieter days in practice or missing out on small things such as walking to practice from the car park and suddenly you're taking on a lot more than your burning.

BELOW ARE SOME TIPS TO HELP YOU STAY HEALTHY:

- **Keep to a routine with your meals.** Set yourself times to eat through the day to avoid snacking on the wrong things.
- **Treat junk food as a luxury.** It's easy to reach for a quick fix but these are generally full of salt, refined sugars or saturated fat and will cause fatigue, low mood and dehydration if you rely on them solely. They may even lead to using that toilet roll up a bit quicker than intended...
- **Eat plenty of fruit and vegetables.** Sounds simple but these are nature's way of keeping your immune system topped up to keep your body fighting fit. Fruit and vegetables are also great for keeping you feeling full for longer. Vegetables especially will also help maintain your blood sugar levels.
- **Cook something new.** What's the excuse we use generally when we need to do something new? "I haven't got time" If you're in self-isolation or have been furloughed then now is the perfect time to start getting experimental with your cooking. You'll also get a mental boost from achieving and learning something new. Kids in the house? Get them involved!
- **Meal plan.** For some, the hardest thing about eating healthily is knowing what to eat for each meal. Make a meal plan for the week, list the ingredients that you need and get them either delivered to your home by home delivery services or go to the supermarket for them. By planning a full week, you will only need to go to the shop once a week to help abide by the government guidelines. Setting a shopping list will also help reduce those impulse buys. If you are relying on somebody shopping for you then make sure they drop it at the doorstep and follow the social distancing guides.
- **Drink water.** Being hydrated is important for both your physical and mental health. If water's not your thing then try adding squash or fruit to add some taste. Set alarms through the day to remind yourself to have a glass. Aim for between 1.5-2 litres per day.

PHYSICAL WELLBEING

BE A FIT FISH

With gyms being shut, classes cancelled and 1 local exercise venture out of the house per day it can be harder to make sure we get our exercise in and look after the old ticker. Below are some tips for keeping fit but please do be careful if you have any underlying medical conditions. Seek support from your GP who will be able to help you.

- **Use YouTube videos.** There are literally thousands of videos on YouTube videos which offer virtual classes such as yoga, HIIT classes or basic exercises all designed to get your body working.
- **Consider investing in some equipment.** Although a lot of shops are now closed online retailers such as Amazon and eBay are still available. You may even want to try and call your local independent sports shop; some will still deliver locally despite the shop itself being shut. Equipment such as dumbbells, a kettle bell, resistance bands or a yoga mat can really add to your exercise and helps keep things varied. If you can't get hold of these then why not see what you can find around the house such as using tins of beans as weights?
- **Use your allowed time out the house per day to exercise.** Even if this is only a walk, get some fresh air, change your surroundings and get your heart pumping. If you are anxious about coming in to contact with other people then consider personal protection such as a mask or gloves and aim to go out at quieter times such as first thing in the morning or last thing in the evening. If you do see somebody coming the other way then cross the road or let them pass by stepping aside to keep to the 2-metre guide.
- **Set yourself a target.** This may be a run route you want to beat a time on, it may be how many press ups you can do in one go or it may be to hold that Yoga pose a little bit longer. By setting targets you stay committed to what you're doing and will get a sense of satisfaction when you reach it. Make your target achievable and make a note of how close you're getting to it.
- **Make exercise a routine.** Plan a time each day to get your exercise in. Try and involve the people you are living with to exercise together. Although you can't meet with your friends you can still speak to them so why not arrange to ring each other a certain time each day and do the same exercise routines. Perhaps even take it in turns to lead the class.
- **Moving is exercise.** Household chores such as hoovering, dusting or washing the car all use calories whilst helping you keep your surroundings clean.

Exercise does more than just keep your body in tip top condition, it also supports your mental wellbeing. Exercise releases a hormone called endorphins which lift your mood and reduce stress.

"To keep me from going insane and to get some fresh air I go for a 20-minute run. To give me and my daughter some routine whilst we're working and schooling at home, we do joe wicks workout at 9am, sets us both up for the day"

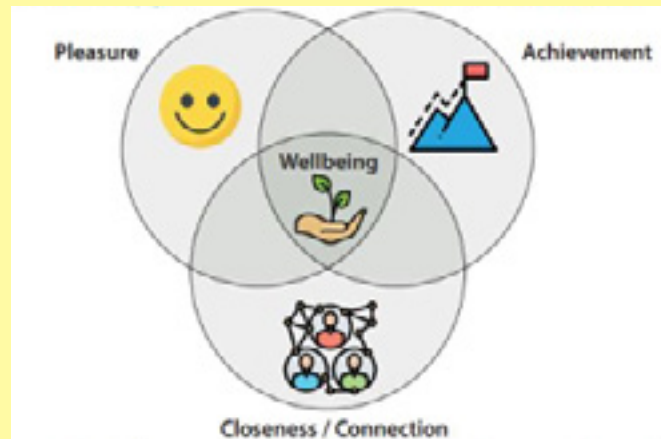
JO - OPERATIONAL EXCELLENCE OFFICER



MENTAL WELLBEING

KEEP AFLOAT, FIND BALANCE

Psychologists recognise that a balance of pleasure, achievement and connection are the key to wellbeing.



BIG FISH IN A SMALL POND

We're social animals and being insolation isn't natural for a lot of us. Although we can't meet with friends and family face to face there are other ways we can stay social.

- **Create an online group through hangouts or zoom apps.** Try setting up a virtual book or film club. Read the book or watch then all log in together to discuss them.
- **Help local community projects.** There are people out there making deliveries for the vulnerable and shielded. Join local Facebook groups to see if there's something you can do to be supporting community efforts.
- **Use WhatsApp and facetime.** Modern technology allows us to see who we're talking to through video calling. Use this when contacting loved ones to allow you to see each other and share experiences.
- **Write a letter or an email.** Those more traditionalists may prefer some good old-fashioned letter writing. If you'll struggle to post a letter then try sending an email instead.
- **Get to know the neighbours.** If you're able to do so whilst observing the guidelines safely then speak with your neighbours. Check in with how their doing, see if you can help each other out and learn about their lives. You never know, you might just learn to like them!

"Me and my family are coping by having a zoom cocktail party tonight"

ELOISE - PAYROLL EXECUTIVE



PLEASURE & ACHIEVEMENT

Although you may be in your house, there are still plenty of avenues to gain sense of pleasure and achievement.

- **Learn a new skill.** Every thought “I’d love to know how to do that” or “I wish I could play that”, then this is your chance. Use YouTube, websites, forums and Facebook groups to learn something new.
- **Get creative.** Do some drawing, some painting, write a poem or a story.
- **Get it done!** We’ve all got jobs that we’ll get around to at some point. Write a list of what you need to get done and do it! It may be to sort out your wardrobe, cupboards, paint that wall, deep clean a room or sort the garden out
- **Write a list of things you want to achieve.** This could be something basic like wake up an hour earlier, wash the car or something that requires a bit more effort such as complete a 5k. The important part is you’re achieving your list. Keep it realistic, don’t set yourself up to fail. If you achieve a goal earlier than you intended then set a new goal to stretch yourself that bit further.
- **Get lost in something.** Read a book, watch a film, play a game. This will distract you from your own worries and take you away to a different world even just for a little while.
- **Get emotional. Laugh, cry or scream.** Keeping emotions in can have a negative effect on your wellbeing, let it out.
- **Dance and sing like nobody’s watching.** Listen to music, sing and dance. Try a new band or make a playlist to send to your friends and family.
- **Get close to nature.** Grow a new plant, tend to existing plants or just enjoy the nature that surrounds you. Plants give off oxygen and studies have shown that interacting with animals, be it stroking the dog or listening to the birds sing, can reduce our stress levels.



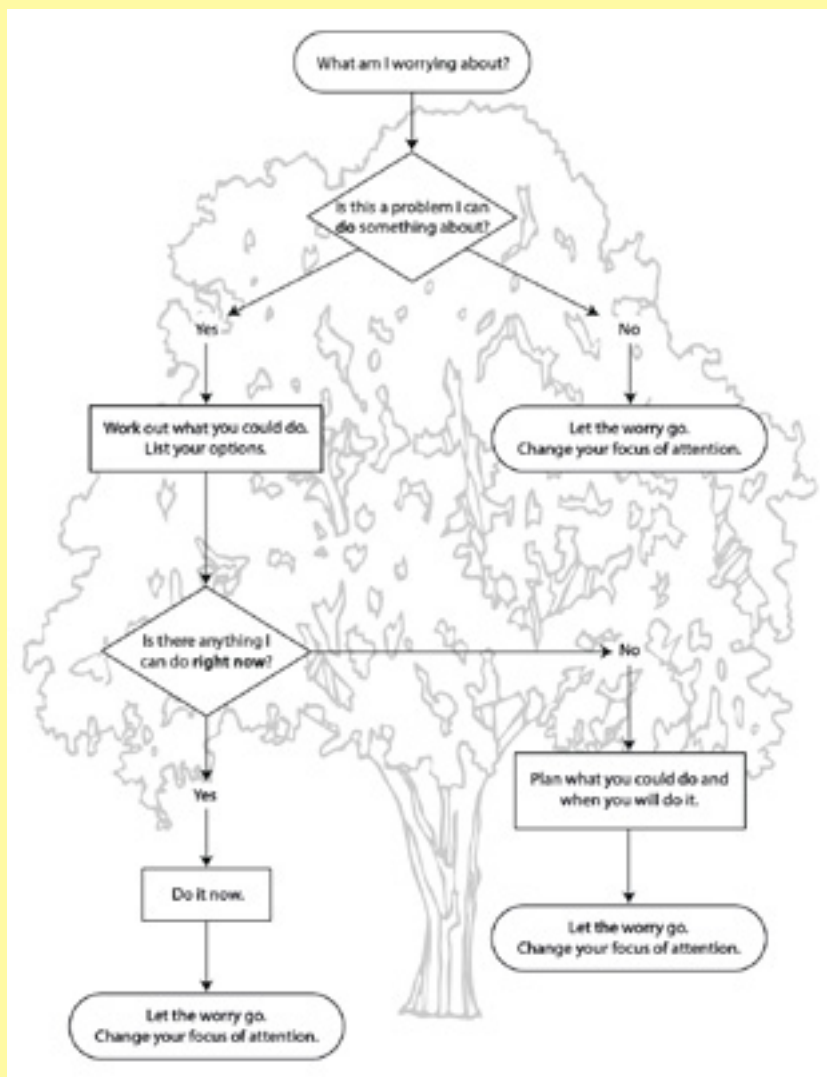
“We’ve made a list of all our favourite films that we’re going to watch with Gogo”

SAM - VIDEOGRAPHER



THE WORRY TREE

One of our traits as humans is thinking ahead and worrying. A degree of worry is good and this keeps us safe by assessing risks and investigating eventualities. On the downside, over worrying and creating doomsday scenarios can be damaging and lead to anxiety and depression. Some worries are genuine and some are hypothetical. So, how do I manage my worry? One technique is to use the worry tree below.



I NEED SOMETHING MORE

There are times where you may want some more support. As part of HG you have **24/7 access to a trained councillor through Simply Health by calling 0800 975 3356**. More numbers and websites are available in the “additional support” section at the end of this guide.

FINANCIAL WELLBEING

Through the COVID-19 outbreak there may be times where your household income changes. There are services available to support us through this.

BANKS

Banks are making allowances to help support people through this time. Please make sure you check with your lender to see what you are eligible for

- Mortgage holidays. Banks are allowing people to apply for a 3 month mortgage holiday
- No fees for missed payments
- Access to savings accounts without the usual charges
- Increased credit card borrowing limits and refunds on withdrawal fees
- Increased limit on cash withdrawal

RENTING

There's been a change in rules for landlords and their tenants. Please contact your landlord for more detail.

- Suspension on evictions during the crisis
- Buy-to-let landlords can apply for the 3 month mortgage holidays
- If you are in social housing then talk to your housing officer who can help you draw up an affordable repayment plan

ENERGY BILLS

The utility companies are supporting by offering the following advice. If you need support with your utilities then contact your provider directly.

- Anybody who is on a prepay and cannot get to a shop to set up are being offered posted emergency credit cards.
- If you cannot get out to top up your card, see if you can ask a trusted person to top your card up for you.
- If you can afford to and you're not self-isolating already, top your card up more than usual to decrease the need to go to the shops.

PENSION

If you need to understand the impact your finances will have on your pension then please contact your pension provider directly or call the Pension Advisory Service on **0800 0113797**.

FINANCIAL WELLBEING

PAYSLIP

All of your payslips are sent to your Hakim email address. If you have deleted a payslip or need help accessing your Hakim email address then please contact HR@hakimgroup.co.uk

EMPLOYEE ASSISTANCE PROGRAM

Team members on Simply Health can access their employee assistance program which can help with the below:

- Debt
- Housing
- Consumer Issues
- Adoption
- Family Related problems
- Domestic Abuse
- Stress
- Medical Information

Just call **0800 100 1020** or visit www.simplyhealth.co.uk
For more support, see the contacts section at the end of this guide

WHAT CAN I DO?

Step 1: Create a monthly budget

Step 2: Review your insurance policies

Step 3: Use your savings

Step 4: Speak to your lending providers

FURTHER INFORMATION

For further support, please use the websites and numbers below or contact **HR@hakimgroup.co.uk**

PHYSICAL WELLBEING

Patient: <https://patient.info/news-and-features/how-to-exercise-at-homein-isolation>

NHS live well: <https://www.nhs.uk/live-well/eat-well/eight-tips-for-healthy-eating/>

Help Guide: <https://www.helpguide.org/articles/healthy-eating/healthy-eating.htm>

BBC Sport Get Inspired: <https://www.bbc.co.uk/sport/get-inspired/32416767>

MENTAL WELLBEING

Mind: <https://www.mind.org.uk/information-support/coronavirus-and-your-wellbeing/>

Simply Health: <https://www.simplyhealth.co.uk/content/simplyhealth/existing-customers/employee-account/mywellbeing-employee-account>

HG Gift Box: <https://hakim.rewardgateway.co.uk/WellbeingCentre?ref=m>

Time to change: <https://www.time-to-change.org.uk/coronavirus>

Direct Gov: <https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing>

FINANCIAL WELLBEING

Money Advice Service: <https://www.moneyadviceservice.org.uk/en>

Money saving expert: <https://www.moneysavingexpert.com/>

Government website: <https://www.gov.uk/government/publications/support-for-those-affected-by-covid-19>

Citizens Advice: <https://www.citizensadvice.org.uk/>

Debt Advice Foundation: <http://www.debtadvicefoundation.org/>

Step Change Debt Charity: www.stepchange.org

FAQs

I'm unhappy with the document contents and do not wish to sign

If you are unhappy or would like clarification on the document contents then please contact your Shark who will explain it to you.

Not all of the documents say they require signing

People HR is used to store all documents. Some are there just for reference such as your right to work or an information document. Documents which would require a hand signature e.g. contract, variation letter will have either a blue pending or blue signed button next to them.

I've clicked on the link to a sign a document through my email but it won't open

The email link will only work if you're always signed in to People HR. Please follow the guide from the top to sign documents.

I keep getting reminders to sign a document

Follow this guide and sign any documents which display the "pending" button. This will then stop the notification you receive.

I can't seem to get through the steps

If you get stuck or need support at any point of the process then please contact HR on HR@hakimgroup.co.uk or call **01254 708422** who will be more than happy to help you out.



PEOPLE STRATEGY

BUSINESS CONTINUITY

Team member, Shark, Fish and department head guidance: COVID - 19 Coronavirus

As part of our plan on business continuity, we would like to provide some reassurance by sharing a document which covers a number of different questions regarding COVID-19 and will support all team members across the group.

Your health and wellbeing are a priority to us, and this guide has been created to keep you up to date with everything going on around the group and to keep our team members at practice, HQ and our patients safe. Our approach follows government guidance, and as these change, this document will be updated. If you are in any doubt as to whether you are working to the most recent guidance, please contact the following:

Nick Lowe: nicklowe@hakimgroup.co.uk
Imran Hakim: imran@hakimgroup.co.uk
Shafiq Ahmed: shafiq@hakimgroup.co.uk

The latest government guidance is posted on the GOV.uk website on:

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance#ending-isolation>

The departments at HGHQ will be working hard to support you during this time and thank you in advance of your patience and support.

If you are contacted by a member of your team and they have been diagnosed with Coronavirus or advised to self-isolate, please follow the below process:

As soon as a department head / Shark or Fish receives notice from a team member, all cases of self-isolation and/

or diagnosis of coronavirus must be recorded on People HR as a sickness / absence. If there is any further guidance needed on People HR, then please contact the HR team on hr@hakimgroup.co.uk. If a copy of a sicknote is available then please upload this to People HR by either the Fish / Shark or department head

1. Understanding Coronavirus.

1.1 What is coronavirus, and should I be concerned?

- A coronavirus is a type of virus. As a group, coronaviruses are common across the world
- Typical symptoms of coronavirus include fever and a cough that may progress to a severe pneumonia causing shortness of breath and breathing difficulties
- Generally, coronavirus can cause more severe symptoms in people with weakened immune systems, older people, and those with long term conditions like diabetes, cancer and chronic lung disease
- Wuhan COVID-19 is a new strain of coronavirus first identified in Wuhan City, China

1.2 What do I do if I feel unwell?

- The government's guidance on what to do if you have symptoms of the virus has changed, and is changing constantly. If you have a new continuous cough or a high temperature, then the guidance is now that you should stay at home and self-isolate for seven days. We will support all of our team members with this change and should you need to remain at home, you will be paid statutory sick pay (SSP) as per the government guidelines, or the sick pay policy will apply.

2. How do we operate practices and HGHQ now?

2.1- Operating at HGHQ:

- If you have a face to face meeting in your calendar, please stop to consider if it is really needed, or if you could hold a Skype or conference call instead.
- All colleagues, who could work remotely if needed, should take their laptops and chargers home every evening and ensure they are able to access all systems and applications required to do their job remotely.

2.2- Operating in our practices:

- Follow the latest guidelines from the NHS – Primary Care Optical settings. This document will be updated by the NHS directly as new information arises <https://www.england.nhs.uk/wp-content/uploads/2020/02/20200305-COVID-19-PRIMARY-CARE-SOP-OPTICAL-PUBLICATION-V1.1.pdf>

2.3- What if I am pregnant?

The government has issued five points that people in at-risk groups such as the over-70s, those with underlying conditions, and pregnant women should follow “as much as you can”:

- Avoid contact with someone who is displaying symptoms of coronavirus. These symptoms include high temperature and/or new and continuous cough;
- Avoid non-essential use of public transport, varying your travel times to avoid rush hour, when possible. Work from home, where possible. Your employer should support you to do this
- Avoid large gatherings, and gatherings in smaller public spaces such as pubs, cinemas, restaurants, theatres, bars and clubs
- Avoid gatherings with friends and family. Keep in touch using remote technology such as phone, internet, and social media
- Use telephone or online services to contact your GP or other essential services

3. Managing your team

3.1 Now is the time for you all to speak in your teams about any underlying health conditions they may have or carer responsibility for dependents with underlying health conditions.

Please approach these conversations carefully and try to offer reasonable adjustments as needed. This could include changing shifts/working hours to travel to and from, drive or lift share to work and avoid public transport. For further advice, please contact the HR team on HR@hakingroup.co.uk

3.2 What is an underlying health condition relevant to Coronavirus?

The following have been identified as underlying health conditions relevant to Coronavirus: Asthma; Bronchitis; Pneumonia, Emphysema; Pleurisy; Cystic Fibrosis; Chronic Obstructive Pulmonary Disease (COPD); Heart Disease; or Diabetes and suppressed immune system.

3.3 What is self-isolation?

If you live alone and you have symptoms of coronavirus illness (COVID-19), however mild, stay at home for 7 days from when your symptoms started. If you live with others and you or one of them have symptoms of coronavirus, then all household members must stay at home and not leave the house for 14 days. The 14-day period starts from the day when the first person in the house became ill. Any team member that needs to self-isolate must act responsibly by:

- Staying at home;
- Not attending work, or being in any public place;
- Not using public transport until told it is safe to do so; and
- Avoiding any visitors visiting their home.

If you feel you cannot cope with your symptoms at home, or your condition gets worse, or your symptoms do not get better after 7 days, then use the NHS 111 online coronavirus service. If you do not have internet access, call NHS 111. For a medical emergency dial 999.

Isle of Man (IOM) and Republic of Ireland (ROI) details:

IOM

- Please note that the NHS 111 Telephone Service does NOT operate on the Isle of Man.
- Testing for COVID-19 is carried out by a UK specialist laboratory. The local testing service is available Sunday to Friday inclusive and to time in with the transport links to the UK specialist laboratory.
- The increase in demand on the UK laboratories has increased the time it takes to receive confirmed results from the standard 48 hours.

<https://www.gov.im/coronavirus>

ROI

- Do not go to your GP or ED. Phone them first. Tell them about your symptoms. Give them the details about your situation. Avoid contact with other people by self-isolating.
- If you do not have a GP, phone 112 or 999.

<https://www2.hse.ie/conditions/coronavirus/coronavirus.html>

3.5 If a team member has gone on holiday and, during that time, has been placed in quarantine or had to self-isolate whilst abroad, can they reschedule their annual leave?

We need to support all team members to act responsibly at all times. We will look at this on a case by case basis. Please contact the HR team on 01254 708422 and speak to Shafiq Ahmed

3.6 If a team members child/dependent's school has been closed in response to COVID-19 risk, can they take time off to provide care?

We should support should support team members to take a period of either paid holiday or emergency unpaid leave, as they choose, to care for a dependent in the event of a school / nursery closure.

3.7 If a team members child/dependent has been told they have been in contact with someone who has travelled from a high-risk area/been diagnosed with COVID-19 and they need to self-isolate how can they take leave to provide care?

Team members should follow normal absence reporting procedures and we should support colleagues to take a period of leave to care for a dependent who has been advised by NHS 111 or area equivalent (ROI, IOM, Scotland, NI) to self-isolate. Team members should discuss the individual circumstances with their HR. Any period of absence where the team member needs time off to care for a dependent advised to self-isolate would not normally be taken into consideration when looking at absence levels.

3.8 What happens if a team member becomes unwell during self-isolation?

Team members should follow the normal absence reporting guidelines. Any team members who reports the worsening, or onset, of symptoms during the daily check-in call should be advised to seek medical advice as soon as possible by calling NHS 111 or area equivalent (ROI, IOM, Scotland, NI). Please do not try to diagnose or solve this yourselves it is for medical professionals to do so.

3.9 Do team members require a doctor's note for a period of self-isolation?

Under normal circumstances absences up to 7 days can be self-certified. If a team member has been medically advised by NHS 111 or area equivalent (ROI, IOM, Scotland, NI) to self-isolate the recommended period of self-isolation is 7 days and team members will not be required to produce a doctor's note for this period. Should the period of self-isolation go on beyond 7 days, please seek advice from the HR team and a doctor's note should be obtained if required/possible.

3.10 Can team members refuse to come into work due to concern around catching COVID-19?

We understand that team members may become increasingly concerned given the amount of media coverage at the moment, and if we see a rise in diagnosed cases in the UK. Please be assured the safety and well-being of our team members is our top priority.

Unless you show symptoms of the virus as per government guidance, or recommendation from NHS 111 or area equivalent (ROI, IOM, Scotland, NI) has advised the team member to self-isolate, team members should attend work as normal. We will always seek to understand the team

members concerns and contact the HR team for advice.

Please consider in some cases team members may have underlying health conditions they haven't or don't want to declare.



3.11 What are the rules on absence/leave if a team member is diagnosed with COVID-19?

Any team member who has been diagnosed with COVID-19 should follow normal absence reporting procedures. Any period of illness due to COVID-19 would not normally be taken into account when considering absence levels.

3.12 How do I report an absence?

Please follow normal absence reporting procedures and add the absence as a record into People HR.

4. Personal Hygiene

1 Can team members at practice and HGHQ carry personal hand gels/sanitisers?

- Yes – team members across the group can carry hand gels/sanitisers. There are also hand sanitisers place in each of the office area at HGHQ

2 Should I wear a face mask?

- While surgical face masks may stop people touching their mouth, they do not stop breathing in the virus, nor the virus entering the eyes. They also will catch some of the droplets that are coughed and sneezed out

3 What can I do to protect myself?

- Avoid potential exposure. Practice good hygiene measures and safe food practices
- Keep some distance from people who are obviously sick
- Maintain good personal hygiene. Wash your hands frequently. Carry hand sanitiser for use when soap and water are not readily available. Avoid touching your face
- Do not travel if you are sick. Note that some locations have implemented screening, and travellers may face

5. Travel

All guidance on travel was withdrawn from the GOV.uk website on the 13th of March and you will need to refer to the COVID-19: stay at home guidance.



FINANCE STRATEGY

PAYMENT GUIDANCE

This is a guide on what payments to continue or stop based on feedback received so far. Feel free to follow this and if you have anything different then please make us aware

Payment Type	Notes
Rates	Stop with immediate effect (cancel DD otherwise speak with the bank to cancel)
Rent	Stop with immediate effect (cancel DD otherwise speak with the bank to cancel)
Electric	Continue paying as normal
Gas	Continue paying as normal
Telephone	Continue paying as normal
Water rates	Continue paying as normal
All Leases	Stop with immediate effect (cancel DD otherwise speak with the bank to cancel)
Insurance	Continue paying as normal
Management charges	Stop with immediate effect
HMRC	Stop with immediate effect (all payments including VAT, Corporation Tax, PAYE)
Wages	Continue paying as normal until further notice
Training Costs	Stop with immediate effect
Sundry Expenses	Stop with immediate effect
Trade Suppliers	We are in discussions with all of them
All Loans	Stop with immediate effect (cancel DD otherwise speak with the bank to cancel)
Capex	Stop with immediate effect
Bank & PDQ Charges	Continue paying as normal
Optix PMS	Continue paying as normal
Dividends	Stop with immediate effect



FACILITIES CONTINGENCY PLAN

Update

I am pleased to inform you that it is business as usual within the facilities team. The only difference is that some of the team may be working from home.

It can make us feel especially vulnerable, we should think differently about the decisions we make and the risks we take.

The facilities team will focus our time and energy in to looking at different ways to reduce and delay occupancy and external costs.

Occupancy Costs

Rents

We have taken it upon ourselves to contact your individual landlords to ask (if needed) whether it would be possible to make changes. This is to ensure that we manage our cash flow at a time when we really need to. For the partners that already have a relationship with their landlord and would prefer to have the conversation themselves then please do so, but just let the facilities team know the outcome of the conversation.

Business Rates

As part of the budget 2020, The Chancellor, Rishi Sunak has announced that the government is scrapping business rates as part of a package of “extraordinary” measures to support the UK economy in the face of disruption from the coronavirus outbreak.

All companies with a rateable value of less than £51,000 will be eligible for the rate holiday, and a £25,000 grant. This

means a no rates to pay until told otherwise.

For all the practices that already pay zero rates, due to their rateable value being £12,000, other Budget measures have been put in place to support them by including a cash grant of £10,000.

We will take further action based on any new measures released from the Government.

External Costs

We will be looking at external costs on a case by case basis and reviewing if necessary. If you think that any costs within your practice are too high and feel they could be lowered, please get in touch with us.

Communication

For all communication, you can email Facilities@hakimgroup.co.uk and your request will be assigned to the relevant team member.

Alternatively, if you would like to speak to the individual team members, then please use the below contact details:-

- Zara Duxbury - 07464 249 682
- Tommy Allen - 07494 150 234

For any emergencies, please keep calm and call Muzza (Head of Facilities) directly on 07545 775 429.



HAKIM
GROUP

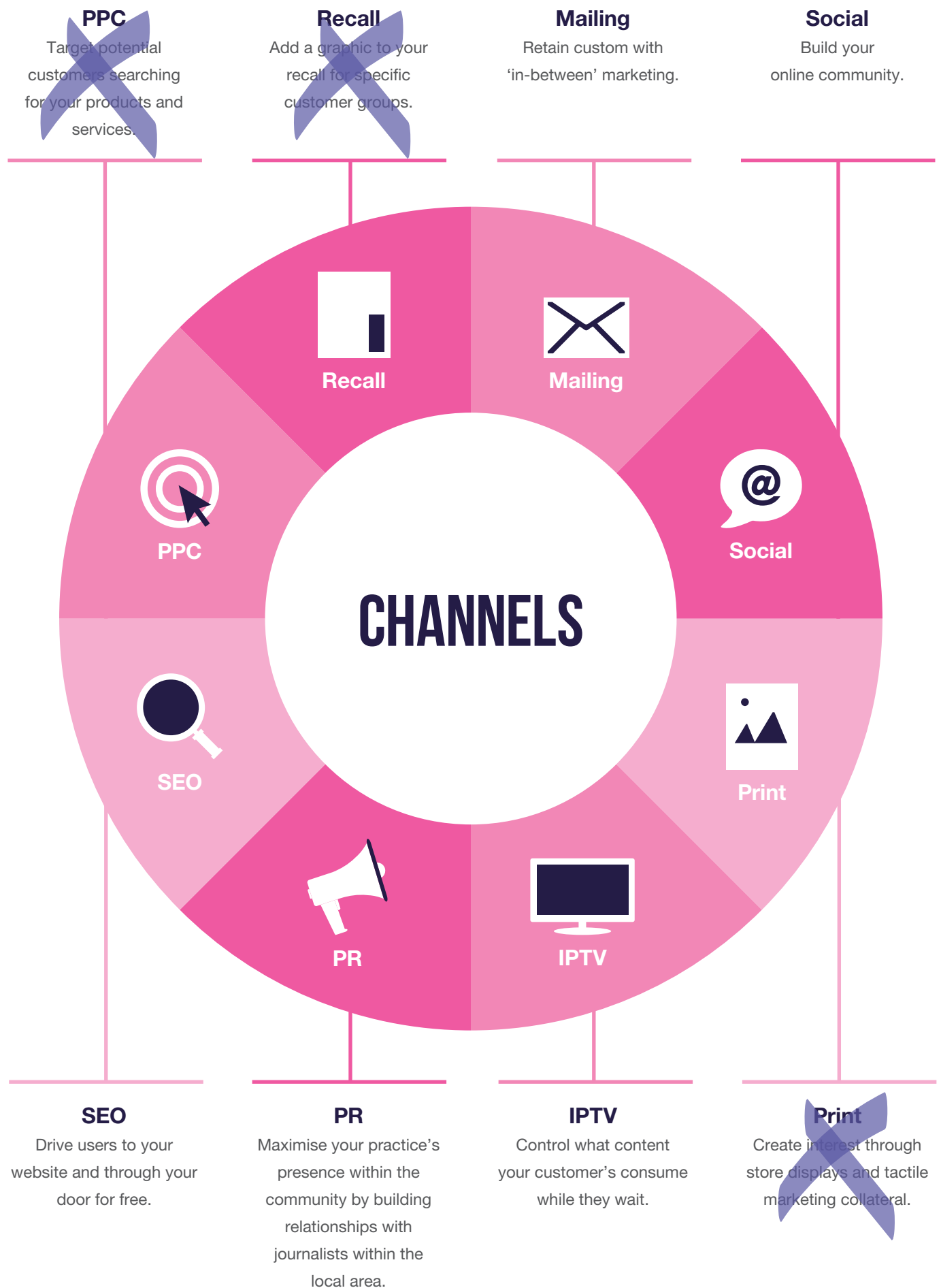
COVID-19 COMBAT CAMPAIGN GUIDE

UPDATED 6th April 2020



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3	Channels
4	Introduction
5	Examples Of Covid-19 Campaigns
6	Creative Ideas
7	Online Consultations
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10	Project 100
11	How It Works
12	What It Looks Like
13	Project100 Emergency Glasses
14	Healthy Eyes At Home
15	Working Remotely
16	Purchase With Purpose
17	Wanting To Help
18	Minor Eye Conditions (MECS)
19	We're Here For You
20	Not All Superheros
21	Community Services
21	All Community Services
22	Community Services Assets
23	NHS Heroes
24	Your Vision Matters
25	How Can We Help? Postcard
26	Wash Your Hands
27	The Journey



INTRODUCTION

In light of the current situation we wanted to update you on further steps we are taking to support our practices. The Marketing Team and HQ as a whole have been working hard behind the scenes to ensure your patients have the clarity needed during these challenging times, as well as some additional measures for their peace of mind.

For the foreseeable future, customer interaction should be focused on community-building efforts and addressing any needs and concerns of patients. We will continue to monitor the situation and remain agile as it evolves.

Here's how we will continue to communicate with patients:



Emails - We will continue to stay in the thoughts and minds of our patients via email, updating them on steps and measures the practice are implementing.



IPTV - Anyone visiting the practice for emergency and essential appointments will receive the same message as when visiting online to ensure our messages are consistent and aligned.



Social - We will provide social artwork and gifs that can be used on your social channels to engage with your audience while informing them of any updates and additional measures being taken.



Website - Any users visiting your website will be kept in the loop as and when new guidelines are available.



NHS - At a time when the NHS is front of mind, it is a great opportunity to remind the public that we deliver NHS eyecare services on any of our assets. Logo added on request.

There will be plenty of opportunity both Marketing and PR related once we are on the other side of COVID-19 and the Marketing Team are continuing to support the practices where required.

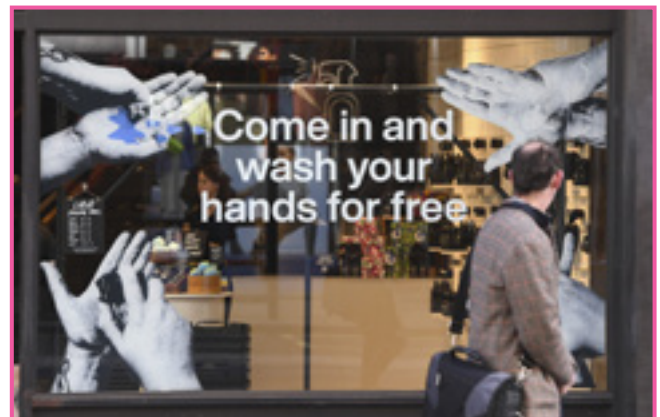
Onwards and Upwards.

the marketing team

EXAMPLES OF COVID-19 CAMPAIGNS



A generalised feel-good post



A decal is an effective way to get your message across



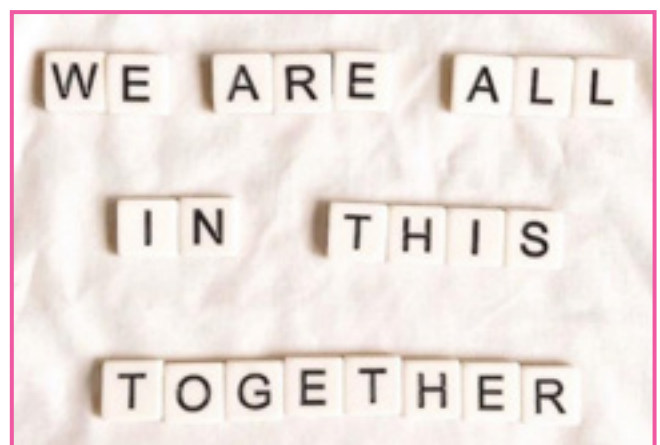
A community based message keeps you connected to your local area



Positivity amongst the challenges



This social graphic recommends social distancing in a visually striking way



Simple and clear messages are sometimes the most effective

CREATIVE IDEAS

Phone lists

One of the strongest tools and forms of communication during this period of uncertainty will be telephone conversations. Whilst the practice is quiet, make sure you are utilising your time well by contacting px's, keeping them in the loop, having a chat with them and booking them in where possible or organising alternative formats to fulfil their requirements. You can request a list using this link - <https://www.hghelphub.co.uk/en/article/px-list-request-form>

Get a pair now and swap later

For all of your patients who require an emergency pair of glasses but are unable to come into practice, the digital team are working on adding a product catalogue to your website for the Project100 range of frames. Existing patients will be able to visit your website, select a pair, complete an order request form and have them delivered to their door!

Once we return to normality, patients can replace these with a new pair chosen in practice, which we will discount off the original price paid. We are talking to our supplier to support this initiative for the over 60s and those affected by COVID-19.

Survival pack

Whilst you are on your travels dropping of px specs and CLs why not make a survival pack for px's in need and drop them off at their homes. Items could include toilet roll, canned goods, anti-bacterial wipes, you could join forces with other local independent businesses to deliver strong community support.

Social activity

We will provide social artwork and gifs that can be used on your social channels to engage with your audience while informing them of any updates and additional measures being taken. From that base of content, discuss the updates in relation to your area and join the discussion around the situation in local community groups and with other small businesses.

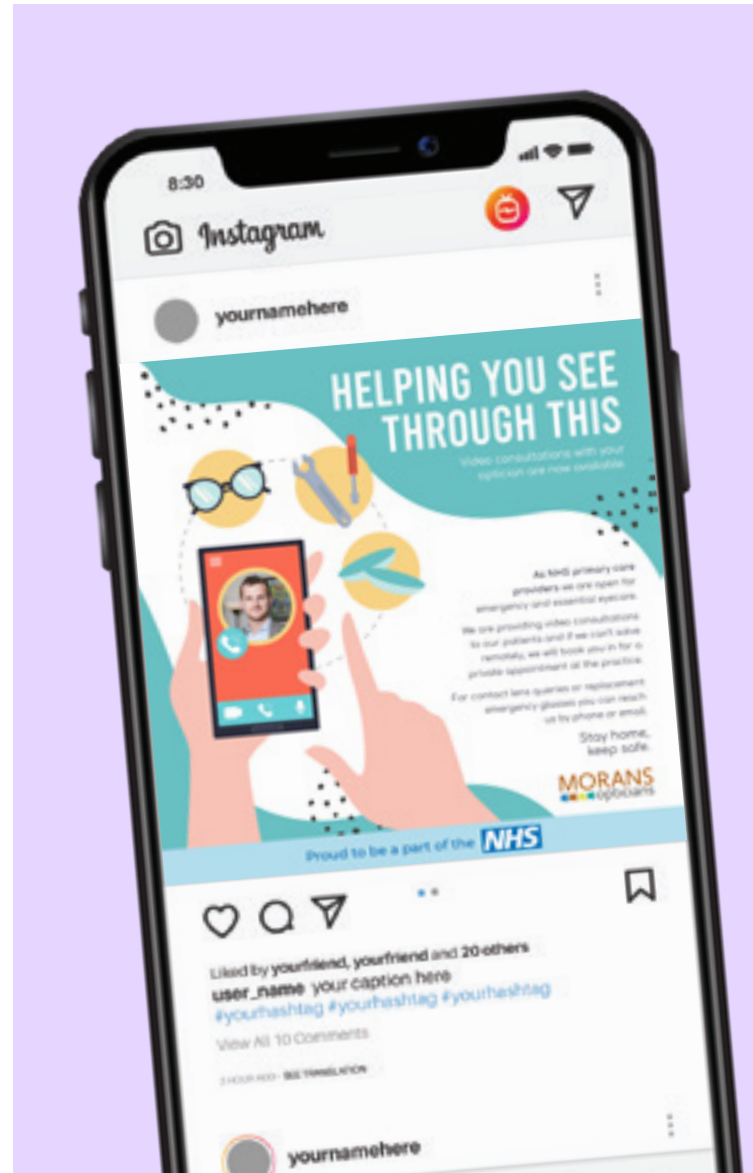
This is a time when a far larger audience will have time to engage on social media, so try to be part of the conversation and see how the community can digitally support one another as we move through this trying time. There have been examples of this internationally with local online groups being formed to support isolated elderly individuals and others at risk. If there is anything similar in your areas, see about getting involved. Overall, try to keep the tone positive and if there are any happenings locally with the community helping one other, join that conversation. Additionally use social channels to reassure your patient base - while practices remain open - patients can still receive care if they require it, and that measures will be taken at each stage of this process to help them.

Use hashtag **#StrongerTogether**

NEW ONLINE CONSULTATIONS

We have created two sets of assets to help increase awareness for your video consultation services. One has a more clinical feel and the other a more quirky look.

Both share the same message that you are providing a safe and convenient method for receive optical advice whilst supporting the NHS.



Suggested Channels

@ Social Media

NEW ONLINE CONSULTATIONS



What is an online consultation?

It's a simple, convenient and secure way to contact your Optician and seek advice, without having to wait on the phone or take time out to come into the practice.

What will happen during my online consultation?

You will be taken through a detailed conversation to understand your concerns and you will be given advice on what to do next. Rest assured, that whilst many enquiries can be resolved this way, if your optician feels you need to be seen, they will arrange a face-to-face appointment for you at the practice.

Safe and secure

Your online consultation and data are safe and secure. It will only be seen by staff who need it to help you.

Please call us on **0161 775 2238** or email lrlam@alanmilleropticians.co.uk

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Social Media

OC20-03

Suggested Channels

@ [Social Media](#)

Social Media

OC20-03


UPDATED EMERGENCY APPOINTMENTS ONLY

These designs are in keeping with the community services assets, so helps to keep your messages consistent. One variation contains more detailed information, whilst the other offers support with repairs and spares.



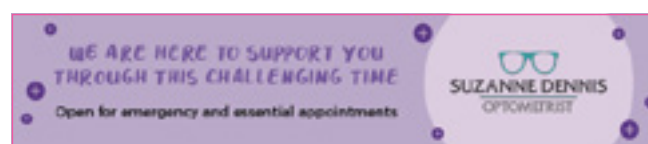
Social Media

EAO20-01



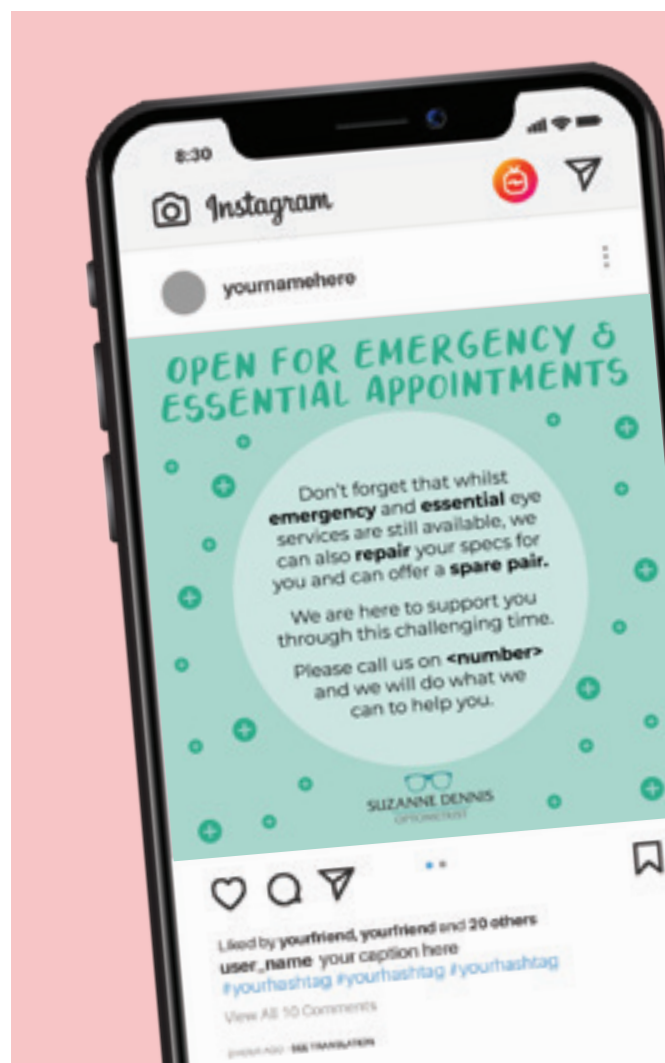
IPTV

EAO20-01



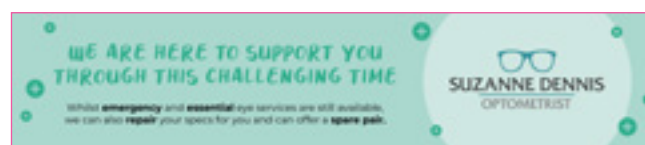
Web Banner

EAO20-01



Social Media



EAO20-02




Web Banner

EAO20-02

Suggested Channels

 IPTV  Web Banner

 Social Media

HEALTHY EYES AT HOME

HEAH20-01

Engaging with your patients whilst they cannot come in for routine appointments is very important. This design, with some useful tricks and tips for them to try out, not only helps keep your patients' eyes healthy but also keeps your feed populated with content.

KEEPING YOUR EYES HEALTHY WHILST HOME WORKING

Here are some tips to keep your eyes seeing well and staying healthy whilst working from home.

Blink slowly. Take your time to completely lubricate your eyes surface.

Consider lenses with coatings that will relieve eye strain by preventing the transmissions of visible blue-light.

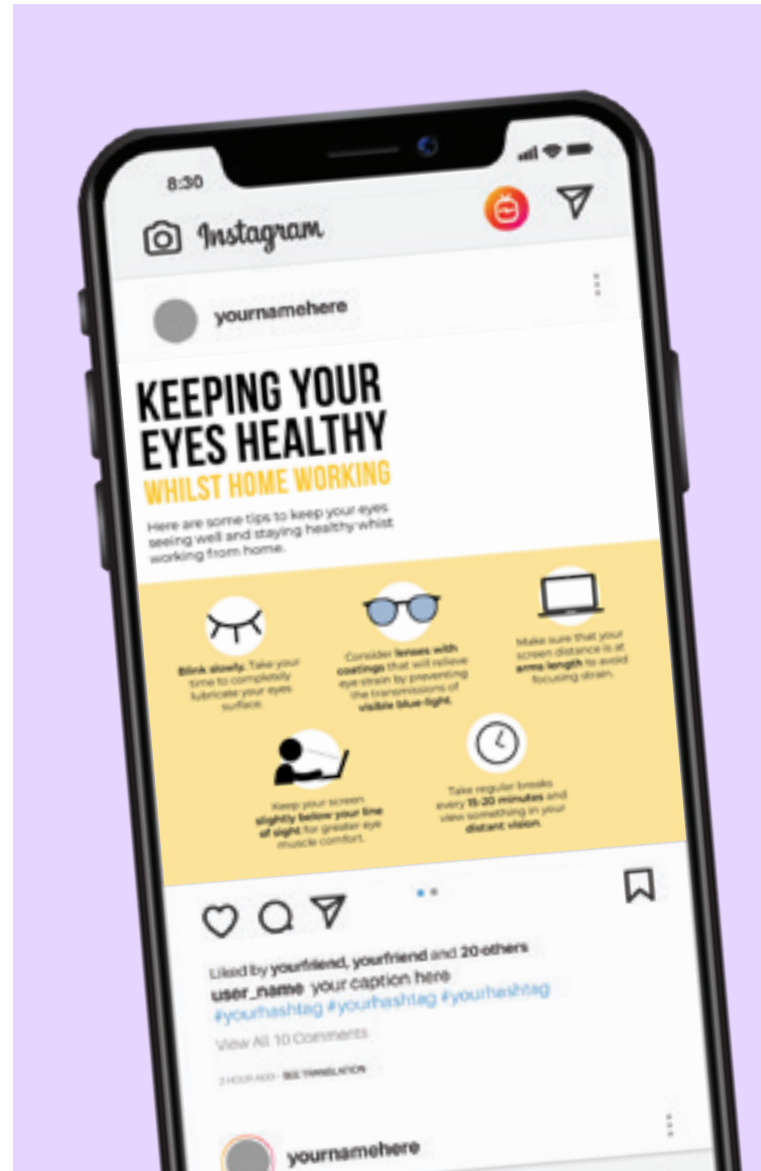
Make sure that your screen distance is at **arms length** to avoid focusing strain.

Keep your screen **slightly below your line of sight** for greater eye muscle comfort.

Take regular breaks every **15-20 minutes** and view something in your **distant vision**.

Social Media

HEAH20-01



Suggested Channels

@ Social Media

WORKING REMOTELY

WCL20-01

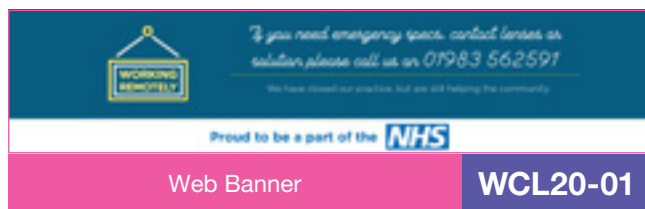
This graphic is incredibly important if you have decided to work remotely, particularly used as an A4 poster on your windows. It helps to notify any potential customers about how to get in touch if they need emergency specs, contact lenses or solution.



A vertical social media graphic with a dark blue background. At the top is a yellow-outlined sign hanging from a string with the text 'WORKING REMOTELY'. Below this, in a white script font, is the text: 'If you need emergency specs, contact lenses or solution please call us on 01983 562591'. A horizontal line of small white dots separates this from the text 'We have closed our practice, but are still helping the community.' at the bottom. The NHS logo is at the very bottom.

Social Media

WCL20-01







A horizontal web banner with a dark blue background. It features the same yellow-outlined sign as the social media graphic. The text 'If you need emergency specs, contact lenses or solution please call us on 01983 562591' is in white script. Below a line of dots is the text 'We have closed our practice, but are still helping the community.' and the NHS logo at the bottom.

Web Banner

WCL20-01

Suggested Channels

 IPTV
  Web Banner

 Social Media
  A4 Practice Printed Poster



A photograph of a white door with a large glass panel. A small version of the 'Working Remotely' graphic is posted on the glass. The graphic includes the yellow sign, the emergency contact number, the practice status message, and the NHS logo.

A4 Poster

WCL20-01

PURCHASE WITH PURPOSE DTN20-01

Appreciation for health care workers is an important message to communicate in the current climate and donating 10% of purchases to the NHS helps to reinforce your commitment to the community, further highlighting to your patients how much you care.



Purchase with "purpose"

Help support our NHS heroes
We are donating 10% of all spectacle purchases to the NHS.

CLAMP
OPTOMETRISTS

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Social Media DTN20-01



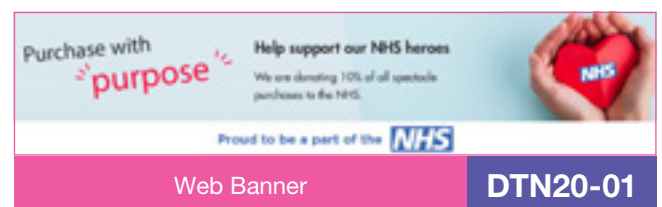

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CLAMP
OPTOMETRISTS

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IPTV DTN20-01



Purchase with "purpose"

Help support our NHS heroes
We are donating 10% of all spectacle purchases to the NHS.

Proud to be a part of the **NHS**

Web Banner DTN20-01

Suggested Channels

-  IPTV
-  Web Banner
-  Social Media

WANTING TO HELP? W2H20-01

In challenging times, support for local independent businesses becomes even more crucial. This design can help to capitalise on this, either by boosting your following on social media, increasing your Google Review numbers or through buying a gift voucher.

SUZANNE DENNIS OPTOMETRIST

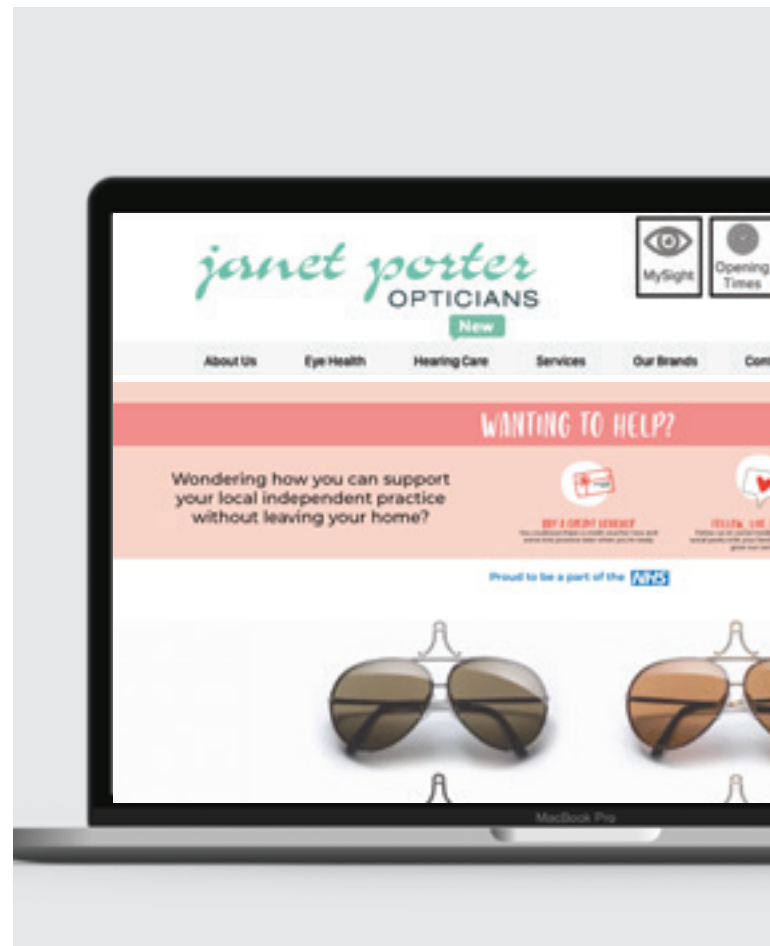
WANTING TO HELP?

Wondering how you can support your local independent practice without leaving your home?

- BUY A CREDIT VOUCHER**
You could purchase a credit voucher now and come into practice later when you're ready
- FOLLOW, LIKE AND SHARE**
Follow us on social media, like and share our social posts with your family and friends to help grow our community
- LEAVE US A GOOGLE REVIEW**
If you've had a recent experience with us, leave us a review and help boost our digital presence

Proud to be a part of the **NHS**

Social Media **W2H20-01**



SUZANNE DENNIS OPTOMETRIST

WANTING TO HELP?

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If you've had a recent experience with us, leave us a review and help boost our digital presence

Proud to be a part of the **NHS**

IPTV **W2H20-01**

WANTING TO HELP?

Wondering how you can support your local independent practice without leaving your home?

- BUY A CREDIT VOUCHER**
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- FOLLOW, LIKE AND SHARE**
Follow us on social media, like and share our social posts with your family and friends to help grow our community
- LEAVE US A GOOGLE REVIEW**
If you've had a recent experience with us, leave us a review and help boost our digital presence

Proud to be a part of the **NHS**

Web Banner **W2H20-01**

Suggested Channels

- IPTV
- Web Banner
- Social Media

MINOR EYE CONDITIONS (MECS) MEC20-01

Communicating MECS can be a challenging message to get across, but this graphic helps to explain to your patients what might qualify for an emergency appointment in a clear and concise manner.



Suggested Channels

- IPTV
- Web Banner
- Social Media

WE'RE HERE FOR YOU

H4Y20-01

While the nation is on lockdown and people are not sure of what they can and can't do, we can take this time to let patients and communities know that you are open for emergencies and that you are here to help.



HARRIS OPTICIANS

We are here for you, in case of an emergency

We are here to support you during these challenging times.
Please call us if you are suffering from an eye problem.

Proud to be a part of the **NHS**

Social Media

H4Y20-01



We are here for you, in case of an emergency

We are here to support you during these challenging times.
Please call us if you are suffering from an eye problem.

Proud to be a part of the **NHS**

Web Banner

H4Y20-01

Suggested Channels

 IPTV  Web Banner

 Social Media  A4 Practice Printed Poster



HARRIS OPTICIANS

We are here for you, in case of an emergency

We are here to support you during these challenging times.
Please call us if you are suffering from an eye problem.

Proud to be a part of the **NHS**

A4 Poster

H4Y20-01

NOT ALL SUPERHEROES WEAR CAPES

NAS20-01

If you do have emergency appointments with children, these colouring-in sheets are a great way to keep them entertained and spread a positive message. Posting them on social media is also a great bit of content to keep your impressions and engagement high.



Suggested Channels

IPTV
 Web Banner
 Social Media

ALL COMMUNITY SERVICES

COS20-01

Taking the extra measures

We need to stay in the thoughts and minds of our px's and update them on the measures and precautions we are taking to support our communities. The below artwork showcases the different actions practices are taking to ensure the same level of service and care is being provided. You can also order as individual assets. See next page.



Web Banner

COS20-01

CAROLYN PARKER
OPTOMETRISTS

Your eyes are one of your most valued assets and would be difficult to live without. Therefore, here are some of the additional measures we are taking for your peace of mind.

READY TO COLLECT?
We can deliver instead!

NEED A REPAIR?
Use our send and receive service

NEED TO STOCK UP?
Contact lenses and solution can be delivered to your door

NEED AN EMERGENCY APPOINTMENT?
Extra hygiene measures are being taken

For more information contact practice owner, Joyce Terry on 07535698551

Proud to be a part of the **NHS**

A4 Poster

COS20-01



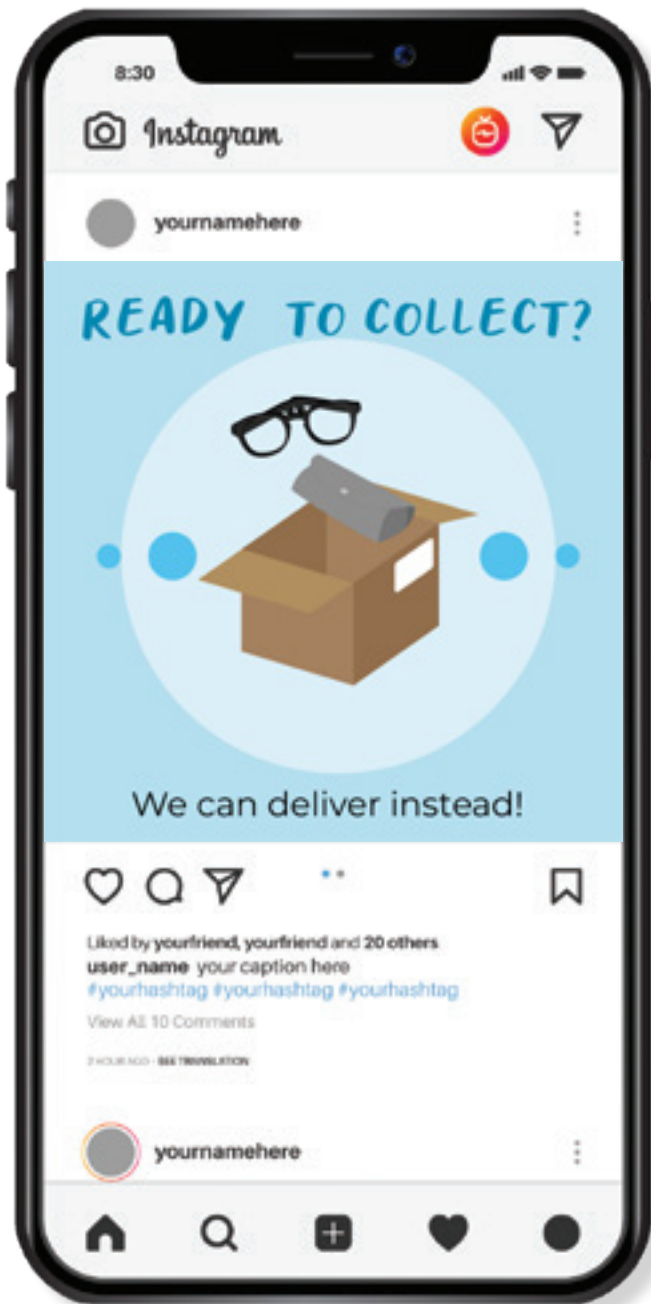
IPTV

COS20-01

Suggested Channels

Posters
 IPTV
 Web Banner
 Social Media

COMMUNITY SERVICES ASSETS



Social Media

COS20-02

Suggested Channels

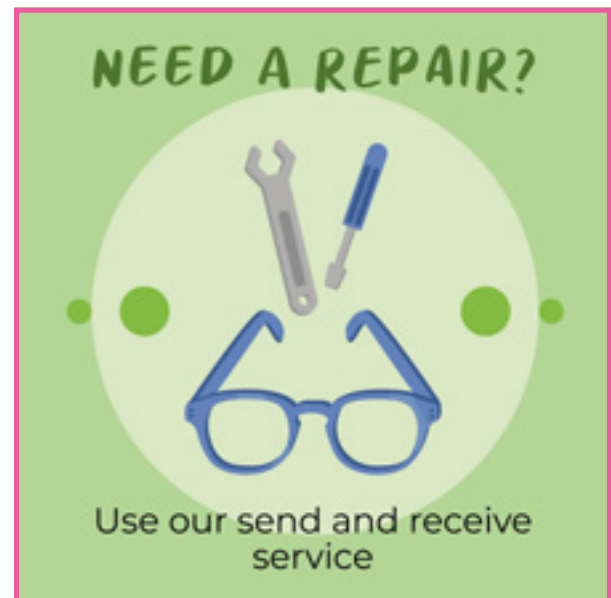
 IPTV  Web Banner

 Social Media



Web Banner

COS20-03



Social Media

COS20-04




IPTV

COS20-05

NHS HEROES

NHS workers are going to be run off their feet during this busy period and so we should make every effort to support them where we can. Offering free eye tests and/or contact lenses may give them that extra boost they need! Below are examples of messages to callout.

You decide on your practice message and we will create the assets.



A social media graphic with a white background and a pink border. It features a pair of purple-rimmed glasses with red hearts in the lenses. The letters 'L' and 'R' are on the lenses. Below the glasses, the text reads: "Dear NHS Colleagues", "Thank you for all you are doing to help during the busy period ahead. As a gesture of our appreciation, we are offering a months worth of contact lenses **free of charge**. If you are struggling to find time to visit us in practice we can also have them delivered. We look forward to serving you with love."

Social Media

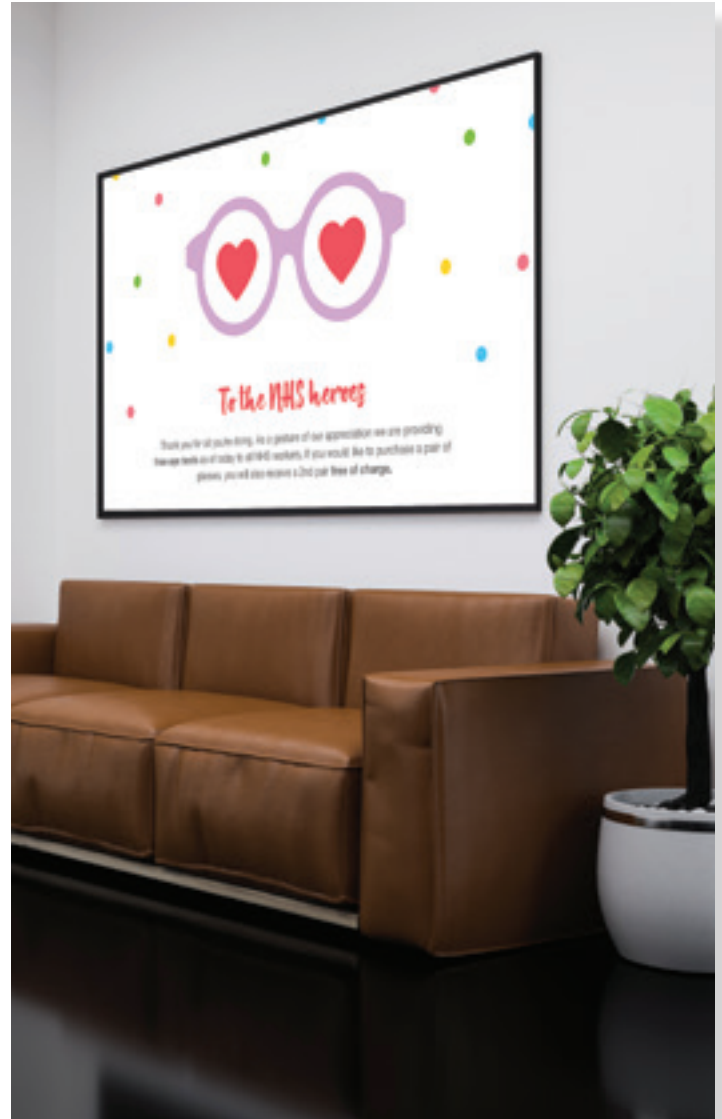
NHS20-01



An IPTV graphic with a white background and a pink border. It features a stylized purple eye with a red heart in the center. Below the eye, the text reads: "To all NHS workers", "Thank you for all you are doing. To assist you during your busy schedule we are offering **free sight tests** from today as well as **50% OFF any glasses** purchased."

IPTV

NHS20-02



IPTV

NHS20-03

Suggested Channels

 IPTV  Web Banner

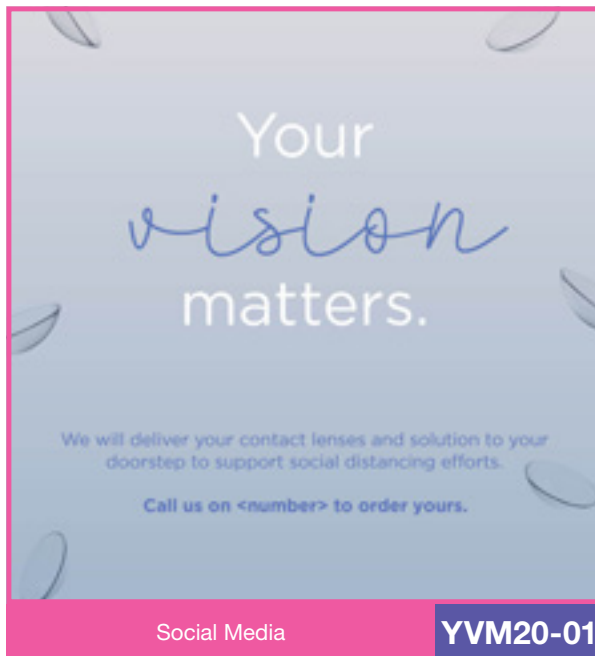
 Social Media

YOUR VISION MATTERS

YVM20-01

Contact lenses and solution stock up





As well as stocking up on all the household essentials remember to remind your px's of the importance of their vision and that they can stock up on any CLs and solution.



Social Media

YVM20-01

Suggested Channels

-  IPTV
-  Web Banner
-  Social Media
-  Recall Letter



IPTV

YVM20-01

HOW CAN WE HELP? POSTCARD

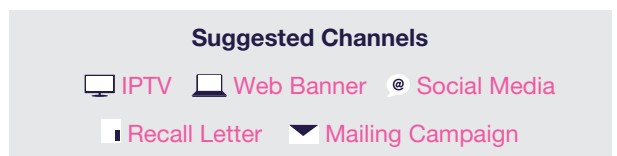
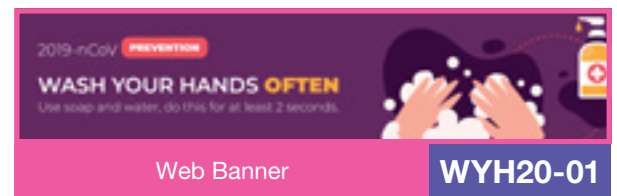
HPD20-01

As the coronavirus continues to spread across the world and the UK, more and more people are staying at home. Whether they are self-isolating or social distancing, research suggests that the virus adversely affects older people and those with pre-existing health conditions. You can hand this out to show how you can support the vulnerable people in your local area.

These groups are being encouraged to stay at home, but this can lead to loneliness and practical problems, like not being able to shop for food. Print your own version and add to any deliveries you are making for the elderly.



WASH YOUR HANDS WYH20-01



THE JOURNEY

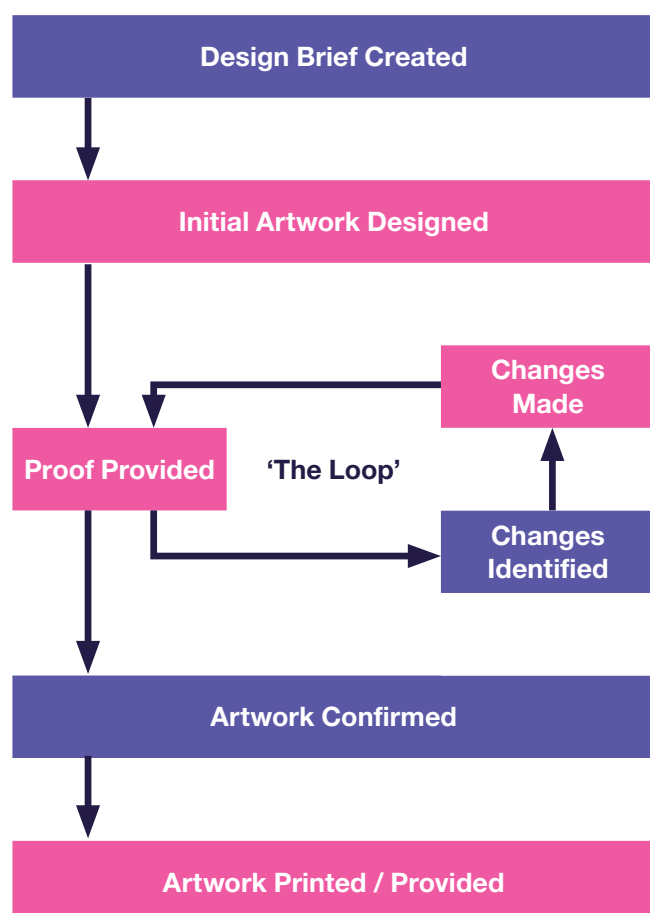
Submit a request through HelpHub via
www.hghelphub.co.uk/en/article/marketing-campaign-request-form
Printed assets are sent to the practice and online assets are uploaded.
Any mailing will be managed by HQ.

Making a request

The marketing team is always on hand. If you would like to discuss your campaign before making a request you can either contact the team at HGHQ or email marketing@hakimgroup.co.uk.

Thereafter you need to submit a request through [HelpHub > Digital & Marketing > Marketing > Marketing job request form](#). You can put as much or as little information as you want however, the more detail the sooner you will receive your assets.

The Design Process



Checking The Design

The first thing to do is check that you're happy with the general design of the artwork. The main things you should be looking for are:

- does the artwork adequately communicate the message I'm trying to send?
- does the artwork appeal to the kind of people I'm trying to communicate to?
- does the artwork have a clear message and call to action (i.e. - the audience will know what you're trying to say, and how to act upon it)

It's always good practice to check the small details too. The design team will do their best to pick up on these errors, but mistakes do sometimes happen! These include:

- spelling and grammar
- contact details (addresses, phone numbers, email and social details).

The Next Step

The next step is to send your feedback to the design team via marketing@hakimgroup.co.uk. You will need to communicate any areas that need to be amended as clearly as possible, or confirm the design if the artwork is perfect first time.

Any changes will be made once received and a new proof will be sent. This part of the process is called 'the loop' and will repeat until you are satisfied with the design. Depending on the scope of the project, 'the loop' could last a single cycle or several. Proof versions will be numbered so you can keep track.

Once you're happy with the design, your artwork will be sent to print, uploaded, or provided on file as required.



marketing@hakimgroup.co.uk

01254 708422



PRACTICE STRATEGY

SUPPLIER ARRANGEMENTS

This is the email we have sent to our suppliers:

I hope this email finds you well and firstly, our heartfelt thoughts are with you, your loved ones and anyone who has been affected by recent events. We are extremely thankful for the amazing efforts of our Healthcare Professionals. I know we have great people who will help us through the challenges ahead.

Both at home and at work, we are all adapting and responding in our own way, in light of the COVID-19 challenge. As you know from my previous e-mails, we have been keeping a very close eye on the evolving global situation and the anticipated effects on supply chain. I want to update you about the ways in which we are doing our part and changes we are making that may impact any short term 'business as usual'. I believe that early communication and intervention will ensure that, together, we can work through any challenges during this time.

We have started making arrangements for our teams to work remotely as we are expecting disruption to normal HQ team arrangements. From a supplier perspective, this will mean that we will need to make changes to the way invoices are received and processed so that payments can continue to be made in a timely manner. Shortly, I will be in touch with a document to outline how we will need invoices to be electronically received so that there is less movement of paper invoices around our business. This will reduce the need for movement of people and paper, which has several advantages including efficiency and quicker payments, environmental benefits and reducing any potential long-term disruption. Short term, this may cause a slight extension to our normal payment runs until we get our teams all returning from remote working or self-isolation. This may mean that some payments could take slightly longer. We are not expecting this situation to last for long.

As the pandemic takes hold in the UK and further measures for social distancing are introduced to manage the spread of the virus, it is inevitable that there will be some short-term business impact. We are planning for the worse and working for the best. We want to support our suppliers by maintaining regular communication regarding volumes so that it can aid planning on both sides. The good news is that we have had a strong year to date and even this past week, we have seen minimal impact to sales.

However, to be prudent, we are now planning for a softer Q2 and a stronger rebound in Q3. I would expect our practices to reduce stock purchases from now until we are over the stricter social distancing measures and our message to all of them will be to reduce their stock holding to a minimum and that they are only to purchase products that are absolutely essential to fulfil ongoing sales. This should be followed by a period of stronger sales and so things will eventually balance out. Accordingly, you will need to bear that in mind as you look at the HG business within your own internal forecasts.

Working together through this difficult period will enable us to maintain our businesses and come out in a strong position in the coming months.

I am available on my mobile should you need to speak with me directly, I will keep in touch as this situation unfolds.

Stronger Together

Paul Forsythe



PRACTICE STRATEGY

CONTACT LENS HOME SUPPLY

Practices should consider the possibility of signing up their patients for home delivery if you aren't already doing so. One of the solutions to this is Adaro, although the manufacturers can also provide the same.

Whilst there may be a short term cost incurred by this service, this is a great way to help safeguard your patients' continual contact lens and solution supply, reduce the need for any face to face contact and hopefully help minimise any drop outs. We are currently working with suppliers to ensure our supply chain will be as unaffected as possible.

If you visit the website there are editorials on their which show you how the site operates and walk you through process. Practices would use this if their patients are paying DD direct to the practice or via Optix. The DD collection fees are cheaper with Optix than Adaro so don't sign up on the Adaro DD system.

Should you require any assistance or have any questions the Paul Forsythe or Neil Hilton will be happy to assist or contact contact Candy or Monika on 01622 833075 or customerservices@adaro.net. The web address is www.adarodirect.com.

You can register without putting credit on the account should you wish to register and see how the situation evolves first.

A screenshot of the Adaro website. On the left, under the heading 'How does it work?', there are five sections: 'Simple' (Adaro Direct takes the hassle out of reordering...), 'Economical' (Our fees are £3.49 per delivery...), 'Effective' (Once you've registered your business...), 'Helpful' (Patients still place their orders through you...), and 'Secure' (Adaro is certified ISO27001...), followed by 'Reliable' (Automatic shipments are planned...). On the right, there is a 'Service Overview' video player showing the Adaro logo, and a 'Video Guides' section with three links: 'Adaro Direct Guide - Services Overview', 'How to set up Scheduled Deliveries with DirectDebit', and 'Patient Portal'.

Adaro Update :-

Corvid-19 is presenting some distractions but Adaro contact lens service is still fully operational and we are isolated from public interaction, so business as usual currently. Demand is higher than normal as home delivery more important now.

Although glasses sales are ceasing for most of our customers, contact lens supply can continue. Those retailers on subscription likely to benefit most. Our Ecommerce CL ordering service is also seeing huge uplift.

****Assuming most stores will operate on emergency basis only, I am advising 3 clear key areas to focus on.****

Adhoc ordering patients

1. E-commerce set up

For those CL patients that are not on a subscription and call the practice or physically visit the practice to order, we suggest you set them up on the e-commerce reorder service. Simply add them as a manual ordering customer, prescription product, their preferred email address and charge. Welcome email sent to the patient with link to validate account, then they can simply order when they run low. If you need help with this or you want to perform a bulk upload across the stores (as we are seeing with many customers) then call the office for support.

Scheduled patients (auto reordering)

2. Delivery address change

If the practices are closing then the practices need to redirect the orders with practice address as the default to the home address or place of choice. Let us know if you need help on this, as we can provide report to show affected customers.

3. Review prescription expiry date – auto suspend disabled temporarily as default

GOC has emphasised that if there is a clinical need, or the specification has expired, then during the COVID-19 emergency period ECP's should use their professional judgement to decide on the best course of action regarding contact lens supply. As a result the majority of our customers have agreed to an extension to continue supply during this exceptional time until the patients can visit the practice. We have disabled the auto suspend function so that this will happen automatically for you. If you decide you DO want to stop the scheduled ordering then simply click on the suspend button. Hope this makes sense.

You will be pleased to know that it is business as usual within the digital team. The only difference is the video team will be postponing all practice visits until we are all on the other side and it is declared safe to travel once again.

New Website Builds

As you are aware, the digital team is working through all practice websites to bring them in-line with your individual brand. For those practices where we have not yet managed to visit, we are still able to create a fantastic new website using a collection of images we already have on file together with any images you wish to send us. We can then replace these images after our visit.

During the build process of your new website, the team will arrange a conference call with you to talk you through your new website and collect any feedback you have.

Covid-19 Updates

The team at HQ are keeping up to date on all the latest NHS advice and announcements. The digital team will update your website with any information your patients require to know via a new COVID-19 page on your website.

Example page of a practice website:



Website Updates

If you have time, it would be beneficial for you to take a good look through all pages on your website to make sure they are accurate and up to date. If you find that your staff page is outdated or you would like to re-write any page, just send us any change requests and we aim to implement them within 24 hours.



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DIGITAL CORONAVIRUS UPDATE

Social Media

As most people will be self-isolating and spending hours scrolling through social media, this will provide opportunities for you to build your awareness within your local community. If you would like us to help you put a social media plan together for you, please do get in touch.

Keeping Business Flowing

For all your patients who require an emergency pair of glasses but are unable to come into practice, the digital team are working on adding a product catalogue to your website for the Project100 range of frames. Existing patients will be able to visit your website, select a pair and complete an order request form. Their details will be emailed to you so you can call them and arrange fulfilment.

Contact Details

For all communication, please email digital@hakimgroup.co.uk and your request will be assigned to the relevant team member.

For any emergency digital issues or if you just need a little advice, please contact Mark Preston (Head of Digital) directly on [07713 068 945](tel:07713068945).



NEW REFERRAL PATHWAYS

STEP BY STEP VIDEO GUIDE

To help you with the new referral pathways and to show you how to exactly carry out each step, using your PMS, the following How-to videos have been uploaded for your use.

- 1 Booking a Video/Phone Triage Consultation: <https://vimeo.com/403246172/ca1a8697e5>
- 2 Selecting the correct Triage Form: <https://vimeo.com/403308303/7e1b695961>
- 3 Conducting a Triage Video Consultation: <https://vimeo.com/402790737/b54229abfe>
- 4 Booking an Emergency/Essential Eye Exam: <https://vimeo.com/403244137/24d3c88dfe>
- 5 How to create a CV19 Misc Note: <https://vimeo.com/403316823/1a11651219>
- 6 How to dispense: <https://vimeo.com/403687655/9b739b2289>
- 7 How to print off an order after a Dispense: <https://vimeo.com/403687592/0afab791a0>
- 8 How to cash up: <https://vimeo.com/403687624/12df16d711>

It is critical for the record keeping and audit tracking purposes, during this period and whilst we adopt these new ways of working (referral pathways), we are recording and saving everything in the right way and in the right place. To prevent any PPV issues at a later date, we have to ensure we are following the correct steps as outlined in the help videos when serving our patients.

For example, if you carry out a phone triage and phone consult at the same time because you may be taking the initial calls as 'front of house', you will still need to book the 'Phone Review' appointment on the diary and use the appropriate forms to save the outcome on the patient record.

Please email zubair@hakimgroup.co.uk or call Zubair on 07812 132 496 if you have any questions on how you are (or should be) recording all the different scenario's /pathways.



NEW REFERRAL PATHWAYS

SEPERATING A 'TRIAGE' AND A 'CONSULTATION'

It is important to understand the difference between the two types of interactions because one is paid (needs recording correctly) and one is not.

The difference between telephone triage (for which a claim cannot be submitted) and telephone consultation (for which a claim can be submitted) is as follows:

Phone/Video triage: A patient contacts the practice with concerns about their vision or eye health and a practice staff member (usually an optical assistant, dispensing optician or optometrist) asks a series of questions to explore the concerns more fully and makes a decision whether the patient requires a telephone/video consultation with an optometrist.

Use the following during this step

- Triage Pathway Script

Phone/Video consultation: A phone/video consultation is undertaken by an optometrist and will involve all the elements of a normal eye examination, except tests and procedures which require the physical presence of the patient. The patient's history and presenting signs and symptoms will be recorded, and a diagnosis and subsequent management or treatment plan will be made. Any advice and recommendations should be issued and clearly documented in the patient's record.

Use the following during this step

- Correct appointment type booked in the diary;
 - Spectacle Telephone Review
 - Contact Lens Review
 - Eye Exam Triage
- Correct review form saved on Optix;
 - Spectacles review form
 - CL review form
 - Eye Exam review form



OPERATIONAL SUPPORT

NHS SERVICE CONTRACTS

NHS Service Contracts during Emergency Protocol

All providers should already have in place Business Continuity Plans (BCP) and are required to comply with Emergency Preparedness, Resilience and Response (EPRR) guidance if and when applicable.

During Emergency Protocol, the Emergency Planning Officer and/or Clinical Lead for the Contractor will need to notify their respective CCG's when the Business Continuity Plan has been activated.

If a provider is complying EPRR obligations, the CCGs will not implement suspension of services, nor withhold funding (applying sanctions) under the GC9 Contract Management provisions.

Providers are required to provide whatever support and assistance may reasonably be required by the Commissioners and/or NHS England and/or Public Health England in response to any national, regional or local public health emergency or incident. Further to the BCP, contractors will need to show compliance as GOS Contractors and evidence that they are in a position to carry out MECS services.

In-order to gain a new MECS contract or justify an existing one, during this emergency period, you will need the following documents;

- 1 Business Continuity Policy and Procedure
- 2 Level 1 – GOS Checklist
- 3 NHS Std Contract Checklist- General Conditions
- 4 NHS Std Contract Checklist - Service Conditions
- 5 NHS Std Contract Checklist - Information Governance Checklist



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VIDEO CONSULTATION GUIDE

Under the current COVID-19 control measures all routine eye care is suspended and optical practices that are open are for Emergency and Essential (E&E) care only.

In the context of the Coronavirus outbreak we are experiencing, Primary Eyecare Services is working hard with all key stakeholders to ensure we have appropriate processes in place to enable safe and effective care for patients and practitioners through the locally commissioned and GOS service contracts, delivered by community optical practices.

This document will guide you through how to safely carry out face to face consultations with your patients.

Video Consultations

Overview

The Video Consultation program outlined in this guide will directly be part of the following referral pathways;

- E&E Appointments : Referral Pathway for Practices Open
- E&E Appointments : Referral Pathway for Practices Remote
- E&E and Routine Appointments : Triage Pathway Script
- Triaging MECS Patients : Referral Pathway for Practices

The below sets out guidance on expectations and methods of delivery.

Eligibility

All patients contacting the service should have remote telephone / video contact with an accredited practitioner prior to attendance for a face to face appointment, this ensures that only those patients requiring essential eye care attend the optical practice (see E&E and Routine Appointments : Triage Pathway Script)

Requirements of Remote Assessment

You are expected to carry out adequate questioning (and visual inspection if video consultation possible) to enable you to come to a conclusion of next steps as you would do in your normal face 2 face assessment, the outcomes from video consultations will be:

- Advise and Guidance to patient
- Recommendation to purchase OTC medications (purchased by family member, friend, community support group etc)
- Requirement to issue written order (signed order to be collected by family member, friend, community support group etc from optical practice)

Where you feel a face to face assessment is required:

- For a patient without COVID associated symptoms but isolating offered appointment but advised of awareness of increased exposure.
- For patient with symptoms or those without COVID associated symptoms not wishing to accept increased risk of exposure you should contact the local urgent eye care hospital department to discuss next steps.

Guidance

The use of videoconferencing is encouraged to carry out consultations between patients and community practices. This could help to reduce the spread of COVID 19.

The consent of the patient or practice is implied by them accepting the invite and entering the consultation. But you should safeguard personal/confidential patient information in the same way you would with any other consultation.

The preferred platform for the NHS is Fleming. It is a web based product that can be used by any NHS staff member to conduct a video consultation. You can only register for this if you have an nhs.net email address. You can use it on a mobile, desktop, or any device connected to the internet. The platform is fully secure and compliant with GDPR and DCB0129, a Clinical Risk Management Standard.

Setting Up

Email operations@hakimgroup.co.uk with the following information;

- Your nhs.net email address
- Your nhs.net email address password
- Your ODS Code for the practice (<https://odsportal.hscic.gov.uk/Organisation/Search>)

HG HQ will register your account with Fleming and test your account works.

Once your account has been successfully registered, you will receive a confirmation from your Operations team and you can then proceed to access the platform.

Please go to the next page to see instructions on how to run a video conference session.

How to run a video conference session

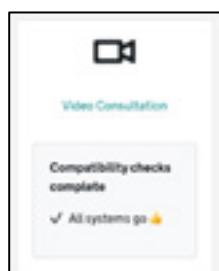
Now that you have registered your account with Fleming, you can begin to start running your video consultations, using the following steps;

- Go to ; <https://fleming.accurx.com/login>
- Click on the NHSmail blue button



- On the next page on the right hand side sign in with your nhs.net email address that you have registered.

- Once you have logged in, click on 'Video Consultations'.



- On the next screen you will enter 777-777-7777 under 'NHS Number', the DOB for your patient and then click on the blue button labelled 'Search for Patient'.

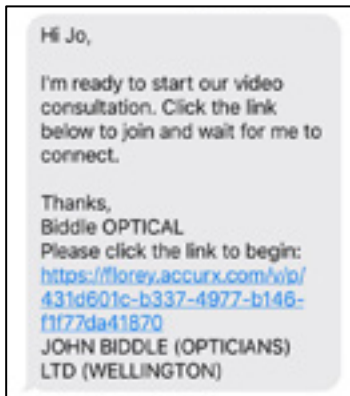
NOTE : for MECS patients you Will enter their NHS number.

- On the next screen you will click on 'Confirm Patient'.

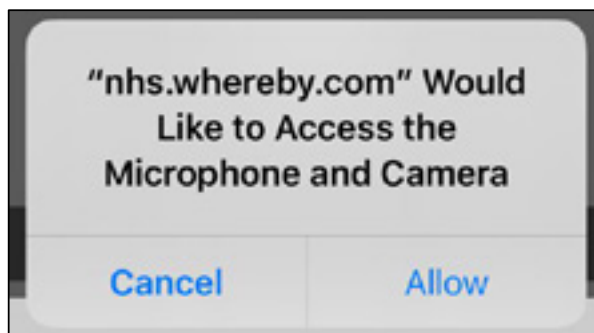
- This will open up your Video Consultation Invitation.

- Enter the patients Mobile Number and in the main body of the message, replace 'Example' with the Patients name, and click on 'Send video consultation invite'.

- Your patient will receive the following text message.



- When the patient Clicks on the link, they will see the following message and they will choose, 'Allow'.



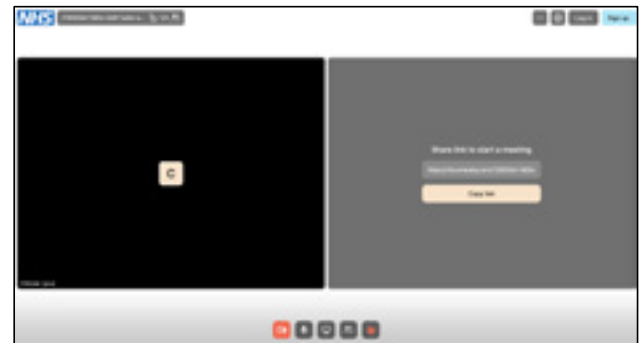
- This will take the patient to this screen on their phone and they will click on the 'Request Permissions' button to enter the consultation room.



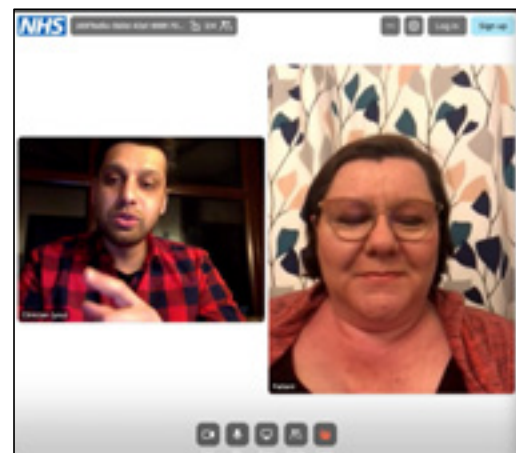
- After you have clicked on the Open video consultation button



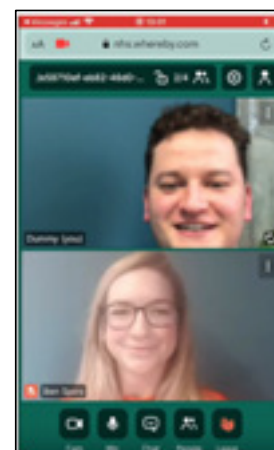
- You will enter the video consultation room.



- Your video will be displayed on the left and the patient will be displayed on the right.



- Your patient will be able to view the room on their Phone too.



- To end the video call you will click on the 'leave' icon at the bottom.



Additional Information

The Video Consultations platform is separate to the front line video conferencing platform that can be used in practice, ClickACall. The main difference is ClickACall can be used and triggered by the patient, to make first contact with the practice and on triaging the need of the patient having to speak with a practitioner, then the Video Consultations platform will be used by the Optician / DO to invite the patient for a session.

The use of NHS number 777-777-7777 for all your patients you put through this system (other than MECS patients) has been issued by the NHS to allow practitioners to video consultant with all their patients in primary care, to help reduce unnecessary contact and to determine the Emergency or Essential nature of the query.

Video Consultations can be carried out using platforms such as Skype, Facetime and other commercially available software, however only when there is no practical alternative.

The platform can be used through mobile devices for practitioners, but it is recommended that a desktop / laptop is used to make record keeping easier.

It is vital for audit purposes, when making Video Consultations, the outcome of the call is kept on record and the triage forms have been created on Optix for your ease to use in conjunction with record keeping and to remove the duplication of work and reduce any errors.


You can view two examples of good practice here;

<https://youtu.be/OrXvJY9U2k>

<https://youtu.be/KMVV-J3DQYM>

If you or your patients are having any issues with accessing the platform you can find further guidance here ;

<https://support accurx.com/en/articles/3779266-video-consultations-problems-enabling-camera-or-microphone>

The correct use of Video Consultations, according to the referral pathways, is depicted on your flowcharts with the following icons 

Citations

The following sources have been used to compile this documentation;

<http://www.primaryeyecare.co.uk/covid-19-guidance.html>

<http://www.primaryeyecare.co.uk/Telemedicine%20Guidance%20V3.pdf>

<https://support accurx.com/en/articles/3798737-how-to-do-a-videoconsultation-for-secondary-care-services-fleming>

<https://support accurx.com/en/articles/3789312-my-doctor-or-nurse-has-sentme-a-video-link>

The Fleming support team on: support@accurx.com



OPERATIONAL SUPPORT SCENARIO OVERVIEW

Practice Open	Practice Remote
Emergency Appointments Triage over the phone	People Management Staff Furloughed
Essential Appointments Triage over the phone	Telephone Redirect Main practice number
Spectacle Breakages Triage over the phone	Emergency Appointments Triage over the phone (Refer to another practice)
CL requirements Triage over the phone	Essential Appointments Triage over the phone (Refer to another practice)
People Management Staffing levels and considerations	Spectacle Breakages Triage over the phone
Diary Management Hourly appointments New Appointment Types Record Keeping	CL requirements Triage over the phone
Referral Pathways Pathway for Practices Open Pathway for Practices Remote	Website Updates
Practice Management Seating arrangements Equipment arrangements Personal Protective Equipment	Broadcast Email Informing Patients of new arrangements
Website Updates	Spectacles & Contact Lenses Ordering, Collections, Delivery, Repairs
Broadcast Email Informing Patients of new arrangements	Mobile Payments PDQ Machine
Recall Temporary stoppage of routine reminders	
Spectacles & Contact Lenses Ordering, Collections, Delivery, Repairs	



HAKIM
GROUP

PRACTICE OPEN EMERGENCY APPOINTMENTS

Based on NHS England guidelines no routine examinations/patients will be seen during this period. However, if a patient has an **emergency requirement** we will see them at the practice.

To work out the difference between a routine and emergency appointment the practice will triage the patient over the phone, using the following script, and only then book an appointment for the patient.

The eye examination telephone review template is available on Helphub <https://www.hghelphub.co.uk/en/article/telephone-review-forms>

Eye Examination Telephone Review										
Patient name:					Patient ID:					
Date of birth:					Practitioner:					
Date of last eye examination:					GP name:					
Right eye	[]	Left eye	[]	Both eyes	[]	GP surgery:				
Main complaint:										
					CHECK:	RIGHT	LEFT			
					Flashers/Floaters					
					Redness					
					Sensitivity to light					
					Contact Lens wearer					
					Foreign body/chemical in eye					
					Distorted vision					
					Discharge/watering					
VISION					Right eye	Left eye	Advice of optometrist:			
Normal	[]	[]								
Slightly blurred	[]	[]								
Severely blurred	[]	[]								
Sight loss	[]	[]								
Pain:	(None)	1	2	3	4	5	(Severe Pain)			
Select (X)										
Duration:	< 48 Hrs	2-7 days	1-4 weeks	>1 month						
Select (X)										
Signed:										
Pre-Existing Eye Conditions										
Cataract	[]	Glaucoma	[]	Diabetes	[]	Macula Degeneration	[]			
Is the patient showing new symptoms:					Y	[]	No	[]		
If no optometrist available:		Appointment booked at practice		[]	GP	[]	A&E	[]	Other Optom	[]

General
Details

Emergency
Appointment
Triage

Essential
Appointment
Triage



HAKIM
GROUP

PRACTICE OPEN EMERGENCY APPOINTMENTS

Based on NHS England guidelines no routine examinations/patients will be seen during this period. However, if a patient **has a pre-existing conditions or feels that a delay in an examination may be detrimental to their sight or well-being**, we will see them at the practice as an **essential appointment**. To work out the difference between a routine and essential appointment the practice will triage the patient over the phone, using the following script, and only then book an appointment for the patient.

For all pre-existing conditions such as Cataract, Glaucoma, Diabetes, Glaucoma, Macula Degeneration, if the patient is concerned, there needs to be symptoms, rather than a specific review for a current eye condition.
We will look at the current record, assess the risk and act accordingly.

The eye examination telephone review template is available on Helphub <https://www.hghelphub.co.uk/en/article/telephone-review-forms>

Eye Examination Telephone Review									
Patient name:					Patient ID:				
Date of birth:					Practitioner:				
Date of last eye examination:					GP name:				
Right eye	<input type="checkbox"/>	Left eye	<input type="checkbox"/>	Both eyes	<input type="checkbox"/>	GP surgery:			
Main complaint:									
					CHECK:	RIGHT	LEFT		
					Flashers/Floaters				
					Redness				
					Sensitivity to light				
					Contact Lens wearer				
					Foreign body/chemical in eye				
					Distorted vision				
					Discharge/watering				
VISION					Right eye		Left eye		Advice of optometrist:
Normal	<input type="checkbox"/>		<input type="checkbox"/>						
Slightly blurred	<input type="checkbox"/>		<input type="checkbox"/>						
Severely blurred	<input type="checkbox"/>		<input type="checkbox"/>						
Sight loss	<input type="checkbox"/>		<input type="checkbox"/>						
Pain:	(None)	1	2	3	4	5	(Severe Pain)		
Select (X)									
Duration:	< 48 Hrs	2-7 days	1-4 weeks		>1 month				
Select (X)									
Signed:									
Pre-Existing Eye Conditions									
Cataract	<input type="checkbox"/>	Glaucoma	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Macula Degeneration	<input type="checkbox"/>		
Is the patient showing new symptoms:					Y	<input type="checkbox"/>	No	<input type="checkbox"/>	
If no optometrist available:		Appointment booked at practice		<input type="checkbox"/>	GP	<input type="checkbox"/>	A&E	<input type="checkbox"/>	Other Optom <input type="checkbox"/>

General
Details

Emergency
Appointment
Triage

Essential
Appointment
Triage

During this period, we want to ensure patients can still access replacement spectacles safely. This guidance gives members confidence that they will be able to work within the GOC's standards of practice and act in the best interest of the patient.

The ability to supply spectacles by telephone review when an eye examination is due is both a sensible and proportionate approach to achieve this.

We have made available spectacle telephone review forms to help support practices to deliver the best possible care during this time, when some patients may not be able to attend the practice due to self-isolation.

The templates will help ensure practitioners can deliver consistent telephone-based consultations and provide a robust record of the review. Following a telephone review, patients should be invited to attend for eye care in person, once it becomes safe to do so.

The Spectacle telephone review template is available on Optix or a hard copy through Helphub <https://www.hghelphub.co.uk/en/article/telephone-review-forms>

OPTIX TEMPLATE

Spectacle telephone review			
Patient name: Jo Macklin		Patient identifier: 3453967	
Date of birth: 25/06/1972		Practitioner: Test Testing	
		Date of last sight test: 31 January 2020	
Existing lens type:			
Additional notes to confirm the need of the telephone consultation:			
Existing spectacle prescription:			
Right:	+0.25 / +0.75 x 15 Add +1.75	PD	Heights
Left:	+1.50 / +0.50 x 180 Add +1.75	PD	Heights
Previous VA: 6/6			
Telephone consultation:			
Do you have current concerns about your spectacles or eye health?		Have you experienced any of the following?	
How is your vision when wearing spectacles?		Double vision: Y/N	
Any other questions?		Blurred vision: Y/N	
How is the comfort of your spectacles?		Light sensitivity: Y/N	
How many hours a day do you wear your spectacles for?		Eye pain: Y/N	
Do you wear spectacles for driving?		Headaches: Y/N	
Recommendations:		General health:	
Details of spectacles supplied:		Date when sight test recommended?	
Remind patient if spectacles do not perform as expected, they should remove them and contact practice.			

Hard Copy

Spectacle telephone review			
Patient name:		Patient identifier:	
Date of birth:		Practitioner:	
		Date of last sight test:	
Existing lens type:			
Additional notes to confirm the need of the telephone consultation:			
Existing spectacle prescription:			
Right:		PD	Heights
Left:		PD	Heights
Previous VA: 6/6			
Telephone consultation:			
Do you have current concerns about your spectacles or eye health?		Have you experienced any of the following?	
How is your vision when wearing spectacles?		Double vision:	
Any other questions?		Blurred vision:	
How is the comfort of your spectacles?		Light sensitivity:	
How many hours a day do you wear your spectacles for?		Eye pain:	
Do you wear spectacles for driving?		Headaches:	
Recommendations:		General health:	
Details of spectacles supplied:		Date when sight test recommended?	
Remind patient if spectacles do not perform as expected, they should remove them and contact practice.			
Other notes:			
Signature: GOC:		Date:	

During this period, we want to ensure patients can still access replacement contact lenses safely. This guidance gives members confidence that they will be able to work within the GOC's standards of practice and act in the best interest of the patient.

The ability to supply contact lenses by telephone review when an eye examination or contact lens aftercare is due is both a sensible and proportionate approach to achieve this.

We have made available contact lens telephone review forms to help support practices to deliver the best possible care during this time, when some patients may not be able to attend the practice due to self-isolation.

The templates will help ensure practitioners can deliver consistent telephone-based consultations and provide a robust record of the review. Following a telephone review, patients should be invited to attend for eye care in person, once it becomes safe to do so.

The Contact lens telephone review template is available on Optix or a hard copy through HelpHub <https://www.hghelphub.co.uk/en/article/telephone-review-forms>

OPTIX TEMPLATE

Contact lens telephone review	
Patient name: Dr Macklin	Patient identifier: 5453967
Date of birth: 25/06/1972	Practitioner: Test Testing
Date of last CL aftercare: 29 July 2020	Date of last sight test: 31 January 2020
Existing lens type: R: Acuvue Oasys 1 Day 8.5/14.3	Solutions: 1: Acuvue Oasys 1 Day 8.5/14.3
Additional notes to confirm the need of the telephone consultation:	
Existing contact lens specification	
Right: -0.50 / x Add	Previous VA: 6/
Left: -0.50 / x Add	Previous VA: 6/
Telephone consultation	
Do you have current concerns about your contact lenses or eye health?	Have you experienced any of the following?
How is your vision when wearing contact lenses?	Redness: Yes / No
Any other questions?	Discharge: Yes / No
How is the comfort of your contact lenses?	Light sensitivity: Yes / No
Wearing: On removal	Pain: Yes / No
How many hours a day do you wear your lenses?	General health: Yes / No
AVG MAX	Are you happy with how to use your cleaning solutions correctly?
How many days do you wear your lenses?	Comfort drops:
AVG MAX	
Patient education check list	
No tap water or swimming in lenses	Yes / No
No sleeping in contact lenses	Yes / No
No sharing or over wear	Yes / No
Reminder to remove lenses in the event of pain, blurred vision or a red	Yes / No

Hard Copy

Contact lens telephone review	
Patient name:	Patient identifier:
Date of birth:	Practitioner:
Date of last CL aftercare:	Date of last sight test:
Existing lens type:	Solutions:
Additional notes to confirm the need of the telephone consultation:	
Existing contact lens specification	
Right:	Previous VA
Left:	Previous VA
Telephone consultation	
Do you have current concerns about your contact lenses or eye health?	Have you experienced any of the following?
How is your vision when wearing contact lenses?	Redness:
Any other questions?	Discharge:
How is the comfort of your contact lenses?	Light sensitivity:
Wearing: On removal	Pain:
How many hours a day do you wear your lenses?	General health:
AVG MAX	Are you happy with how to use your cleaning solutions correctly?
How many days do you wear your lenses?	Comfort drops:
AVG MAX	
Patient education check list	
No tap water or swimming in lenses	
No sleeping in contact lenses	
No sharing or over wear	
Reminder to remove lenses in the event of pain, blurred vision or a red eye	
Recommendations	
How many CLs may be supplied?	Date when CL aftercare recommended?
Remind patient if contact lenses do not perform as expected, should remove them and contact the practice.	
Remind patient not to wear contacts if they feel unwell or sick.	
Other notes:	
Signature: GOC:	Date:



HAKIM
GROUP

PRACTICE OPEN PEOPLE MANAGEMENT

As part of our plan on business continuity, we would like to provide some reassurance which covers a number of different questions regarding COVID-19 and will support all team members across the group.

People have always and will always be at the centre of every decision we make as a business and as a Group. Our Teams Health and Wellbeing are a priority to us, and we will keep you up to date with everything going on around the group and to keep our team members at practice, HQ and our patients safe.

Our approach follows government guidance, and as these change, we will provide updates.

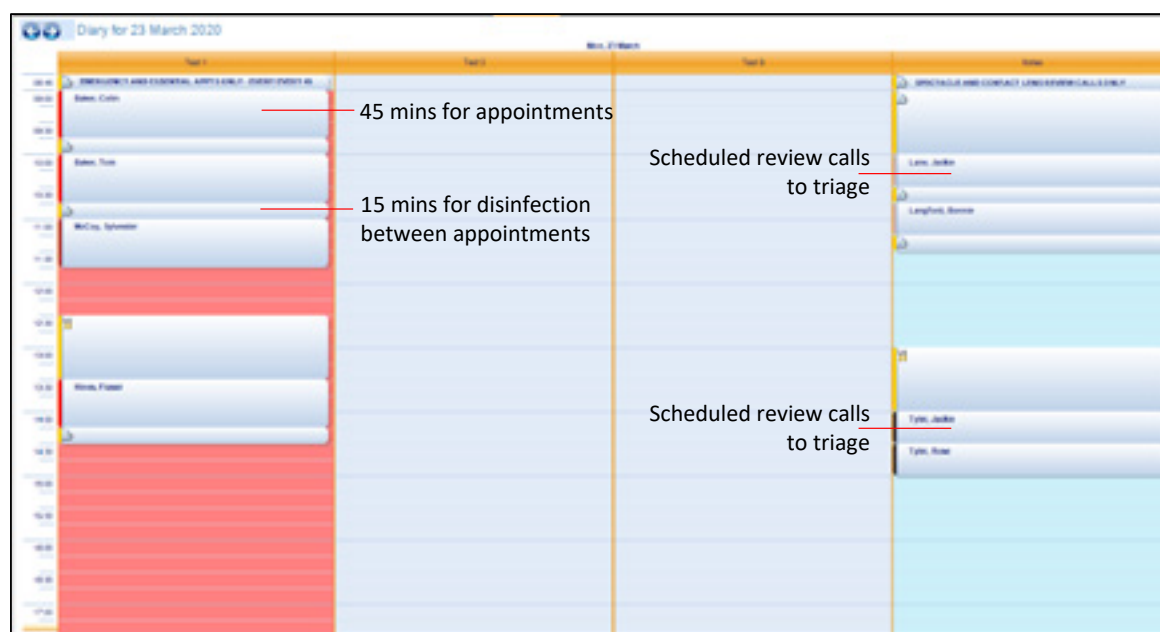
Please Refer to the Strategy Pack for the latest updates and information for our practice teams.

PRACTICE OPEN DIARY MANAGEMENT

All existing routine patients with an appointment booked, to be contacted and advised of new NHS England guidelines.

Appointments will be 45 mins each so that appropriate measures can take place between appointments, to ensure the health and safety of all the people in the practice.

Where possible every other appointment will be booked/offered first to reduce social interaction and/or waiting times.



Example of a Typical Week





HAKIM
GROUP

PRACTICE OPEN DIARY MANAGEMENT

Whilst we are servicing the influx of all the Emergency and Essential appointments it is crucial we keep a track of everything we are doing. To make this as simple as possible, we have created and assigned some additional appointment types against every optometrist, DO and regular dispensing team member.

If somebody has a triage/review telephone call with the practice an appointment needs to be booked into the diary.

There are currently triage/review appointment types called:

- E Spectacle Telephone Review
- E Contact Lens Telephone Review
- E Eye Exam Triage

These appointment types correspond with the triage/review forms that are available. During a call the relevant form needs to be filled in, so if somebody needs to collect contact lenses, then the 'E Contact Lens Telephone Review' appointment will need to be booked, and the 'Contact Lens Telephone Review' form needs to be filled in.

Booking the appointment and filling the form in will mean that later there is corroborating evidence that best practice, as defined above, has been followed.

There are also appointments called:

- E NHS Eye Exam
- E Private Eye Exam
- E Contact Lens Review

These need to be used in the event of a patient needing to be booked in to see an optometrist or contact lens optician, after a triage/review appointment has been made. The relevant examination record keeping on the patient record within Optix will need to be used for these appointment types – as what you currently do.

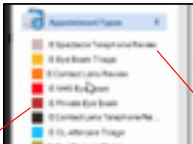
So during this Emergency period, follow these 4 simple steps;

1. Book a review appointment on the diary
2. Save a review form on the patient record
...If triaged as Emergency or Essential then;
3. Book an emergency appointment type for the patient
4. Complete and save a clinical record on the patients record card

PRACTICE OPEN

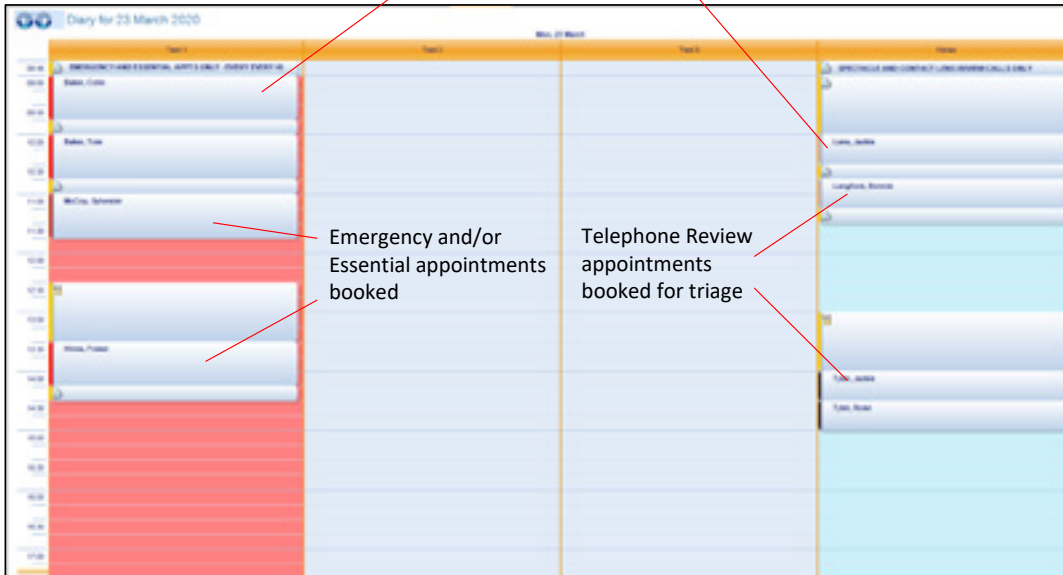
TRACKING AND BOOKING PATIENTS

New diary appointments available to use

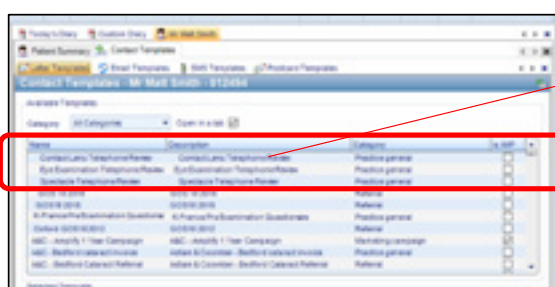


Emergency and/or Essential appointments booked

Telephone Review appointments booked for triage



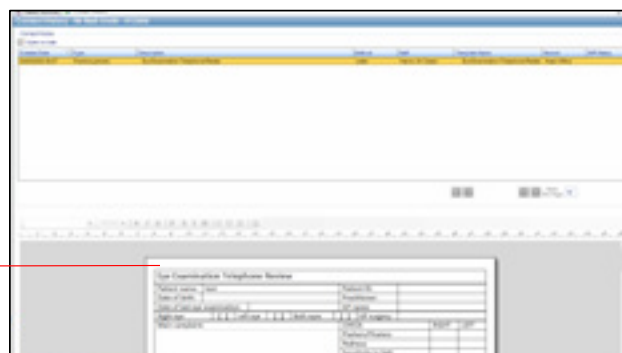
New Emergency triage forms available to choose and complete for ; Eye Exam, Spectacles, Contact Lenses



Triage form will be saved against patient record to evidence outcome



Triage form available to view at a later date





PRACTICE OPEN

PRACTICE MANAGEMENT

It is important that we lead by example in keeping the vulnerable in their homes away from exposure to this virus, and keep our patients and ourselves well. Whilst servicing only Emergency and Essential patients we will keep social interaction to a minimum.

Seating arrangements

1 patient (and their family member of same household) will be seated in the waiting area at any one time.

Diary arrangements

Appointments will be 45 mins and will be well spaced apart to help keep social interaction/queues to a minimum.

Equipment arrangements

Between appointments all of our equipment will be disinfected and wiped down for the health and safety of our teams and our patients. Appropriate times have been allocated after and between appointments so that these measures can be completed safely.

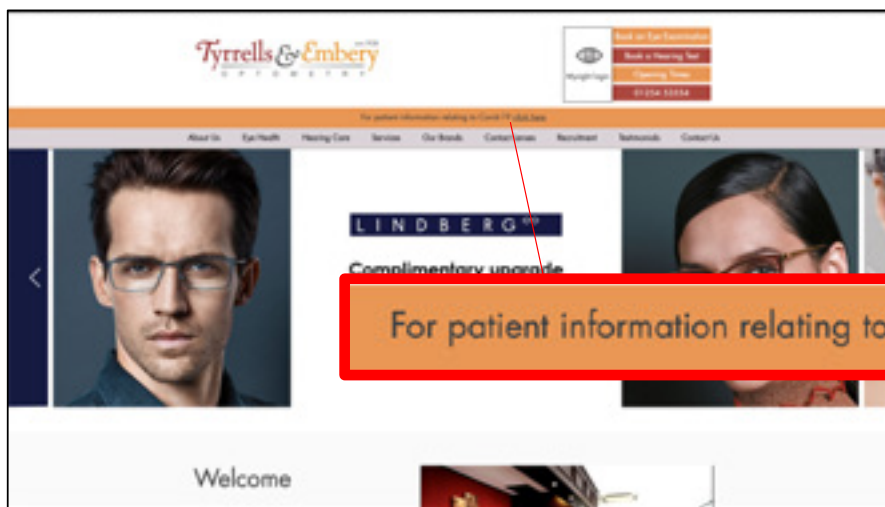
Personal Protective Equipment

The following items will be provided to each practice team so that they can use them to keep safe and make sure everyone in the practice is adequately protected;

- Dental Full Face Mask
- Face Mask for Supporting Staff
- Temp Measure Gun
- Disposable Gloves
- Slit Lamp Guards
- Disinfecting Wipes
- Alcohol hand gel
- Tissues

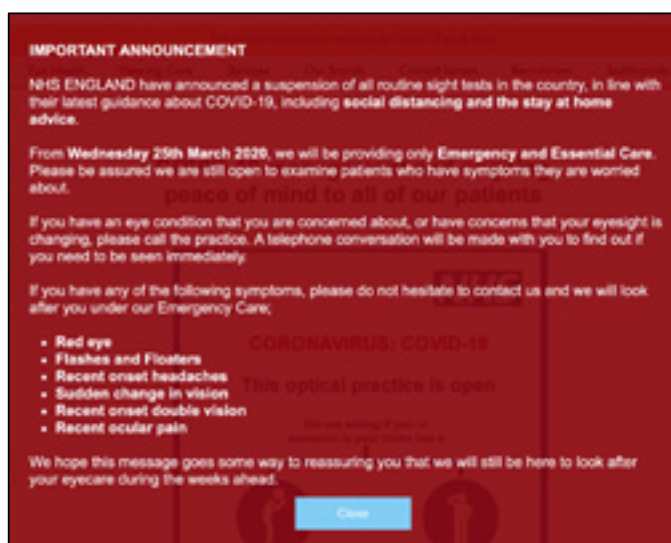
If you feel you need anything in addition to the above list please do not hesitate to contact Paul at HQ, paulforsythe@hakimgroup.co.uk

In line with The GOS contractual obligations and to further emphasise the new NHS England guidelines to anyone attempting to contact the practice for an appointment, the website will be updated at all the relevant touch points.

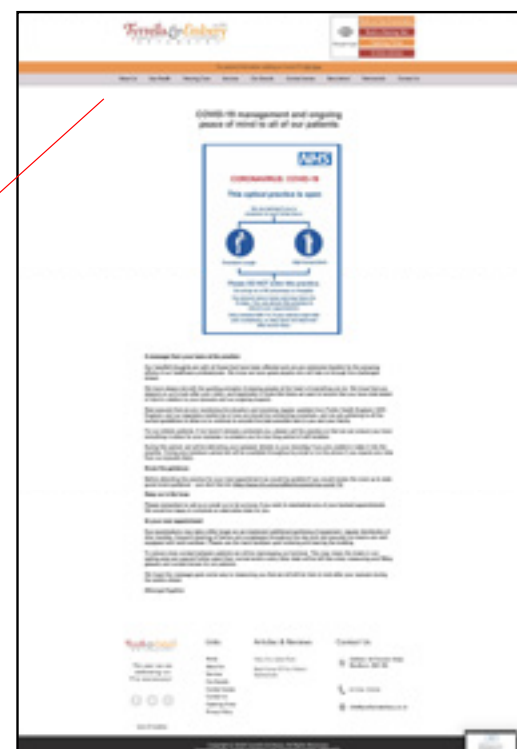


Landing Page

COVID-19 Page



AUTO POP-UP on COVID-19 Page





PRACTICE OPEN

BROADCAST EMAIL

Practice Specific Emails will be generated, informing our patients of how we intend to continue to deliver our services and eyecare to them. The email will take the tone of clinical with empathy and reassurance. As a second update through the email broadcasts, the patients will be advised of the new NHS England guidelines.



OPTION 1

Dear Zubair,

NHS ENGLAND have announced a suspension of all routine sight tests as part of their efforts to tackle COVID-19.

At **Tyrrells & Embury Optometry** we will now be **working remotely** and we will be available for **telephone consultations**. For any of our patients who require an Emergency face to face consultation, this will be arranged by appointment for you.

If you have an eye condition that you are concerned about, or have concerns that your eyesight is changing, please call the practice. We will discuss this further and establish if you need to be seen immediately.

If you have any of the following symptoms, please do not hesitate to contact us and we will look after you under our **Emergency Care**;

- Red eye
- Flashes and Floaters
- Recent onset headaches
- Sudden change in vision
- Recent onset double vision
- Recent eye pain

We take our responsibility to you very seriously. We want to ensure we keeping you seeing well and looking great. We have been working hard to ensure that we continue to provide you with the same level of service and products you may need in these testing times. We have added some additional measures for your peace of mind and to help you remain independent in your homes.

Our three-step plan;

1 - Ready to collect? We'll deliver instead!

If you have recently purchased spectacles from us and are unable to collect, please let us know and we'll deliver them to your door.

2 - Need a repair? Send and receive service available

If you need any repairs to your existing specs, send them to the practice with notes and we'll aim to repair them there and then and have them back to you asap.

3 - Need to stock up? We can deliver contact lenses and solution

If you need to order contact lenses or lens solution, please let us know and we can have your items delivered to your door.

4 - Need an Emergency appointment? Extra hygiene measures taken

Eye examinations will take longer as we sanitise all equipment. Special attention has been placed to ensure regular disinfection of door handles. Rest assured the health and wellbeing of our patients is our highest priority. We are monitoring the situation daily as it evolves, so we can adapt quickly as we continue to put our customers and team first.

If you have any concerns or questions, please do not hesitate to contact the practice by emailing info@tyrrellsandembury.co.uk or calling **01254 53554**.

We hope this message goes some way to reassuring you that we will still be here to look after your eyecare during the weeks ahead.

Our thoughts go out to anyone impacted by COVID-19. We wish you and your families well in what is an uncertain period.

Stay safe and see you soon,

Your Team at Tyrrells & Embury Optometry

#STRONGERTOGETHER

Tyrrells and Embury Optometry
64/66 Darwen Street | Blackburn | Lancashire | BB2 2BL

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Thank you.

Option 1: Practice OPEN

Option 2: Practice OPEN



OPTION 2

Dear Zubair,

We would like to update you on how **Tyrrells & Embury Optometry** will continue taking care of you over the next few weeks whilst the social distancing measures are in place.

We want to assure you that we will be here to ensure you get the services and products you need. Those working in optical practices are delivering services for our NHS and are classed as key workers. We will remain open according to government guidance and we expect this will continue to be the case.

We will be taking extra precautions to ensure the safety of our staff and our patients. For this reason we are moving with immediate effect to offering only telephone consultations with our optometrists. These appointments can be arranged by calling the practice on **01254 53554** or by sending us an email on info@tyrrellsandembury.co.uk. If the optometrist believes it is necessary for you to visit the practice they will arrange this for you and advise you of any details regarding your visit. Please note, eye examinations will take longer as we sanitise all equipment. Special attention has been placed to ensure regular disinfection of door handles.

We will still be here to see you for any essential or emergency eyecare needs.

If you need further supplies of contact lenses or solutions, please call the practice or email **Tyrrells & Embury Optometry**. During this period our phone lines will be open, with an answerphone service outside of open hours. Please be aware that to minimise any risk, we only have a skeleton staff working each day and so responding to your emails and phone calls might take slightly longer than you'd normally expect.

We will be working tirelessly through this period to ensure we provide the best care and service that's possible within this temporary government framework.

We hope this message goes some way to reassuring you that we will still be here to look after your eyecare during the weeks ahead.

Stay safe and see you soon,

Your Team at Tyrrells & Embury Optometry

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Tyrrells and Embury Optometry
64/66 Darwen Street | Blackburn | Lancashire | BB2 2BL


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Thank you.



PRACTICE OPEN BROADCAST EMAIL

Practice Specific Emails will be generated, informing our patients of how we intend to continue to deliver our services and eyecare to them. The email will take the tone of clinical with empathy and reassurance. As a second update through the email broadcasts, the patients will be advised of the new NHS England guidelines.



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OPTION 3

Dear Zubair,

NHS ENGLAND have announced a suspension of all routine sight tests as part of their efforts to tackle COVID-19.

At **Tyrrells & Embery Optometry** we will be **working remotely** and we will be available for **telephone consultations**. For any of our patients who require an Emergency face to face consultation, this will be arranged by appointment with you.

If you have an eye condition that you are concerned about, or have concerns that your eyesight is changing, please call the practice. We will discuss this further and establish if you need to be seen immediately.

If you have any of the following symptoms, please do not hesitate to contact us and we will look after you under our **Emergency Care**;

- Red eye
- Flashes and Floaters
- Recent onset headaches
- Sudden change in vision
- Recent onset double vision
- Recent eye pain

As a valued patient of **Tyrrells & Embery Optometry** we also wanted to update you on further steps that we are taking.

We take our responsibility to you very seriously. We want to ensure we keeping you seeing well and looking great. we have been working hard to ensure that we continue to provide you with the same level of service and products you may need in these testing times. We have added some additional measures for your peace of mind and to help you remain independent in your homes.

Our three-step plan;

1 - Ready to collect? We'll deliver instead!
If you have recently purchased spectacles from us and are unable to collect, please let us know and we'll deliver them to your door.

2 - Need to stock up? We can deliver contact lenses and solution
If you need to order contact lenses or lens solution, please let us know and we can have your items delivered to your door.

3 - Need an Emergency appointment? Extra hygiene measures taken
Eye examinations will take longer as we sanitise all equipment. Special attention has been placed to ensure regular disinfection of door handles.
Rest assured the health and wellbeing of our patients is our highest priority. We are monitoring the situation daily as it evolves, so we can adapt quickly as we continue to put our customers and team first.

If you have any concerns or questions, please do not hesitate to contact the practice by emailing info@tyrrellsandembery.co.uk or calling **01254 53554**.

We hope this message goes some way to reassuring you that we will still be here to look after your eyecare during the weeks ahead.

Our thoughts go out to anyone impacted by COVID-19. We wish you and your families well during this period.

Stay safe and see you soon,

Your Team at Tyrrells & Embery Optometry

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Thank you.

Option 3: Practice REMOTE



PRACTICE OPEN RECALL

During this Emergency Period, routine Recall reminders will not be sent out. We will leave our diaries open to service Emergency and Essential by patients and by appointment only.

It is imperative we stay open and make ourselves available, as part of the NHS, to help the hospitals whilst they are inundated with the Covid-19 outbreak.

To handle these patients with the care they need through our community practices, is what we do.



HAKIM
GROUP

PRACTICE OPEN

SPECTACLES AND CONTACT LENSES

Based on NHS England guidelines and the GOC's standards of practice, if Spectacle and/or Contact Lenses are required for the Safety and Well-being of the patient, the practice must act in the best interest of the patient. Professional judgement of the situation is required here.

The ability to supply spectacles and/or contact lenses, whilst maintaining the safety of the patient and the practice team members, is crucial.

Here is our **3 Step Plan** to achieve this;

1. Ready to collect? We'll deliver instead!

If you have recently purchased spectacles from us and are unable to collect, please let us know and we'll deliver them to your door. ([Payment can be made over the phone](#))

2. Need a repair? Send and receive service available

If you need any repairs to your existing specs, send them to the practice with notes and we'll aim to repair them there and then and have them back to you asap. ([can be done on an appointment basis](#)) (for replacement glasses where the same frame cannot be sourced, patient can send a picture of their face to the practice mobile for assessment and advice)

3. Running out of stock?

We can deliver contact lenses and solution

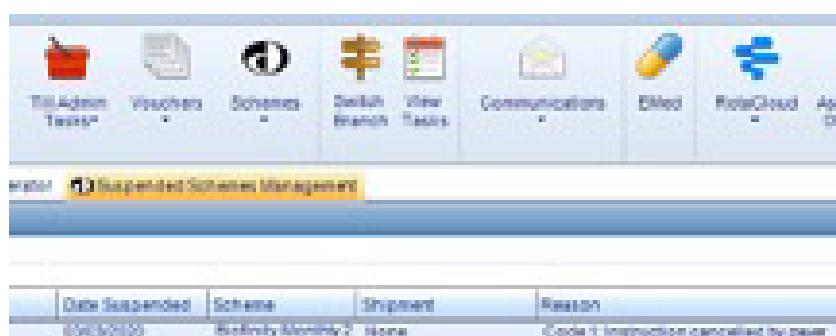


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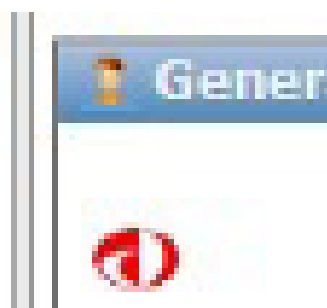
MISSED DIRECT DEBITS

Amongst all the other things you have got to think about it is easy to forget to check for missing Direct Debit payments.

Within Optix the Direct Debit symbol on the top ribbon is the easiest and quickest way of checking if a payment has been missed. In here you also see why the payment has been missed.



Patients who are on a Direct Debit also have the DD symbol on their record, to the left of their name. When the DD is active and up to date the symbol will be black, when a payment has been missed the symbol will be red.



It is important at this time to check for missing payments before any contact lenses are given out.

Another consideration to make is if your DD payments are in arrears or in advance. Care must be taken when supplying lenses to patients who are paying for their lenses in arrears. Keep a record of any patient who receives lenses early, so a check of their payments can be made afterwards.

MANUAL TRADING INTRODUCTION

Whether your practice operates with Optix or with alternative CRM system, sometimes outages can be experienced which can be a real challenge particularly at peak trading times. It's important that the team are aware of how to continue to trade in the event of a system failure and by having a clear plan and ensuring this is executed brilliantly, this will support the patient journey and prevent the loss of sales revenue with potential cancelled appointments.

This guidance document will help the team deal with situations when the cloud system is temporarily unavailable.

If your phone lines fail then you will need to ensure that you have a manual card swipe and template, so that you can continue to take card payments.

Every practice should have received this equipment when the PDQ card terminal was originally set up, however if you do not have one then please email the facilities team on facilities@hakimgroup.co.uk

Contents

1 Manual receipt document

A manual receipt can be printed off on to letterheaded paper, written out and given to the patient when a payment has been made.

2 Contact lens prescription template

After a contact lens check up has been performed a contact lens prescription can be printed off on to letterheaded paper, written out and given to the patient

3 GOS 18 manual sheet

If a patient needs to be referred, the GOS 18 can be printed off, written out and given to the patient, or posted to the GP. The written GOS 18 will need to be photocopied so a copy can be scanned on to the patient's record once Optix or CRM system is back online. Multiple photocopies can be done if more than one needs to be sent out, eg, one for the patient, one for the GP, one for the hospital, one for Optix or alternative CRM.

4 Purchase order

A purchase order can be printed off and written out if an order is being posted to a supplier.

5 Sight test record

To prevent having to cancel a clinic, a sight test record can be printed off and written out during the eye exam. Once Optix, or CRM, is back on-line all of the information that was recorded during the eye exam will need to be recorded in the eye exam section on Optix, or alternative CRM, and then the paper record should be scanned on to the patient record.

6 Patient enquiry form

The patient enquiry form can be used to record any requests made by patients. The enquiry form keeps all requests in the one place, so removes the need for Post It Notes. The Actioned column can then be used to keep a track of the patients who have been contacted. Other patients cannot see this under GDPR rules.

7 Prescription template

After an eye examination has been performed the prescription template can be printed off on to letterheaded paper, written out and given to the patient.

Alternatively, it can be saved as a Word file.

8 Contact Lens Check Up

To prevent having to cancel a clinic, a contact lens check-up sheet can be printed off and written out during the check-up. Once Optix, or CRM, is back online all of the information that was recorded during the check-up will need to be recorded in the contact lens aftercare on Optix, or CRM, and then the paper record should be scanned on to the patient record.

9 Contact Lens Trial

To prevent having to cancel a clinic, a contact lens trial sheet can be printed off and written out during the trial. Once Optix, or CRM, is back on-line all of the information that was recorded during the contact lens fitting will need to be recorded in the contact lens fitting section on Optix, or CRM, and then the paper record should be scanned on to the patient record.

Best practises:

- Write on the printed orders any outstanding balances to support reconciliation through Optix in the event of a system failure. Also record any monies taken and by what method.
- Set up a manual trading folder on the practice PC so that the team can easily access the support documents in the event of a system failure. Maybe also a good idea to print out copies of the support pack ready.
- Set up a process to print or save the diary page for the following trading day from Optix (or alternative CRM)
- All the best practices have a plan - Create a manual trading strategy and communicate this to the team at your next Huddle
- Create a system allowing your practice to add payments and clinical information back onto Optix (or alternative CRM) following the outage. Nominate a member of the team who will be responsible for doing this.

RECEIPT

Date

Name

Address

Description	Total
	£
	£
	£
	£
	£
	£
	£
	£
	£
Sub Total	£
NHS Voucher	£
Discounts	£
Total Paid	£
Balance To Pay (if any)	£

Thank You!

Please contact us if you require a full VAT breakdown.

GOS18

GOS18 Ophthalmic Referral/Information for GP										Please use black ink to fill in this form	
Date of sight test					Date of referral (if different)						
Optometrist/OMP Name and Practice Address Post Code: Tel:					Patient details [] [] Title Gender M / F Surname Forenames Address Post Code: Telephone: Date of Birth NHS Number (if known)						
GP Name and Practice Address											
GP Action required: (Also see additional information below)					ADULTS (16 or older): Clinic Type Suggested (tick most urgent one)					CLINICAL TERM(S): Enter relevant keyword(s) (these are to help the GP to find correct HES service)	
<input type="checkbox"/> This letter is for INFORMATION ONLY <input type="checkbox"/> Patient asked to telephone/visit GP <input type="checkbox"/> Patient sent to Eye Casualty <input type="checkbox"/> Advise Referral to Eye Dept (URGENT) <input type="checkbox"/> Advise Referral to Eye Dept (Routine)					<input type="checkbox"/> Cataract <input type="checkbox"/> Cornea <input type="checkbox"/> Diabetic Medical Retina <input type="checkbox"/> External Eye Disease <input type="checkbox"/> Glaucoma <input type="checkbox"/> Laser (YAG capsulotomy) <input type="checkbox"/> Low Vision <input type="checkbox"/> Oculoplastics / Orbits / Lacrimal <input type="checkbox"/> Other Medical Retina (incl ARMD) <input type="checkbox"/> Other Medical Retina (incl ARMD) <input type="checkbox"/> Vitreoretinal <input type="checkbox"/> Not Otherwise Specified						
CHILDREN: Clinic Type suggested for Referral to HES (tick most urgent one) <input type="checkbox"/> Strabismus and Amblyopia <input type="checkbox"/> Paediatric non-strabismus <input type="checkbox"/> Orthoptic (only)											
	Sph	Cyl	Axis	Prism	Base	VA	Pinhole	Add	Near Vision	Previous corrected VA on (date)	
Right						6/			N		
Left						6/			N		
			Right eye			Left eye					
Visual fields			Normal/enclosed (if abnormal)			Normal/enclosed (if abnormal)					
Optic nerve heads			C:D			C:D					
Intraocular pressure Time			mm Hg			mm Hg			Applanation/non contact/ Other <u>NCT</u>		
Additional information Cycloplegic refraction [] Dilated fundus examination []											

GOS 18 Part One – This part must accompany any referral made to an Eye Department

STATEMENT: The reason for this referral has been explained to the patient or guardian who agrees to it. The patient or guardian also consents to information being exchanged between the Hospital Eye Service, their General Medical Practitioner, and optometrist or ophthalmic medical practitioner (delete any not consented to).

If appropriate, Guardian's name and address _____

Signed (optometrist/OMP) _____

GOC/GMC No

10-2-01 NHSBSA 035442

Optometrist Guidance

Most referrals to the HES are via ?Choose and Book? (CaB). This system provides two ways for a GP surgery to find an appointment in the correct service (e.g. clinic). Please note that the person doing this booking may *not* be a doctor.

1. Via a ?Clinic Type?.
 - a. These Clinic Types are fixed and are the same throughout England.
 - b. When a Clinic Type is entered all the services linked to it are displayed. For a simple one (such as Cataract) this will show all the clinics seeing cataracts and nothing else.
 - c. Other Clinic Types may result in a range of different clinics being offered. However these clinics may only see a subset of the conditions covered by the Clinic Type. For instance Oculoplastic / Orbit / Lacrimal may link to a nurse led cyst service, a lid malposition (entropion etc) service or a service exclusively for lacrimal problems.
 - d. So if a range of different types of clinic are offered the surgery will need to select the correct one. They can do so on the basis of a ?Clinic Term? you have entered (see below) and/or the additional information you put on the free text part of the form.

2. Via a Clinical Term.
 - a. If a clinical term (such as ?Entropion?) is entered in the search field in CaB then this will show all the services which see patients with this problem or diagnosis.
 - b. This is particularly useful for conditions that the GP may not recognise, such as ?Keratoconus? or ?Macular Dystrophy?

Please indicate only one ?Clinic Type?. However you may offer more than one Clinical Term. Please try to provide both a Clinic Type and Clinical Term for all patients.

CONTACT LENS PRESCRIPTION

Date

	Brand	Name	Parameters	Power	Cyl	Axis	Add
Right							
Left							

Solution used
(if any)

CL prescription
valid until

Notes

Optician Name

Optician
GOC No.

Signature

Date

PURCHASE ORDER

From	<input type="text"/>
Account No.	<input type="text"/>
To	<input type="text"/>
Date	<input type="text"/>
Patient Ref.	<input type="text"/>

Please supply...

Lens Details	<input type="text"/>
Blank Size	<input type="text"/>

	Sph	Cyl	Axis	Add	Prism	PD	Heights
Right							
Left							

Frame Details	<input type="text"/>
Comments	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

SIGHT TEST RECORD

Date:				PVT/NHS:		LEE:		O::	
				Sph	Cyl	Axis	Prism	Base	Add
R									
L									
				Sph	Cyl	Axis	Prism	Base	Add
R									
L									

PD D/V	N/V	PD D/V	N/V
HEIGHT		HEIGHT	
Tint/Coat:		Tint/Coat:	
FR:		FR:	
LENS:		LENS:	
DO _____		DO _____	
TYPE _____		TYPE _____	
FRAME £ _____		FRAME £ _____	
LENS £ _____		LENS £ _____	
TINT £ _____		TINT £ _____	
COATING £ _____		COATING £ _____	
EXTRAS £ _____		EXTRAS £ _____	
TOTAL £ _____		TOTAL £ _____	
NHS £ _____		NHS £ _____	
BALANCE £ _____		BALANCE £ _____	
DEPOSIT £ _____		DEPOSIT £ _____	
BALANCE £ _____		BALANCE £ _____	
P&T		P&T	
ORDER		ORDER	

Date:				PVT/NHS:		LEE:		O::	
				Sph	Cyl	Axis	Prism	Base	Add
R									
L									
				Sph	Cyl	Axis	Prism	Base	Add
R									
L									

PD D/V	N/V	PD D/V	N/V
HEIGHT		HEIGHT	
Tint/Coat:		Tint/Coat:	
FR:		FR:	
LENS:		LENS:	
DO _____		DO _____	
TYPE _____		TYPE _____	
FRAME £ _____		FRAME £ _____	
LENS £ _____		LENS £ _____	
TINT £ _____		TINT £ _____	
COATING £ _____		COATING £ _____	
EXTRAS £ _____		EXTRAS £ _____	
TOTAL £ _____		TOTAL £ _____	
NHS £ _____		NHS £ _____	
BALANCE £ _____		BALANCE £ _____	
DEPOSIT £ _____		DEPOSIT £ _____	
BALANCE £ _____		BALANCE £ _____	
P&T		P&T	
ORDER		ORDER	

Age	Previous Glasses/Rx.		Add	Occupation:
	(R)	VA	N:	
	(L)	VA	N:	Driver:- YES / NO
	Vision Distance (R)	(L)	Binoc	Near (R) (L)
External Examination:		Ophthalmoscopy:		VDU vision
Adnexa.....		Vit.....		Unaided
Cornea.....		Disc.....		VDU with Glasses
Aqueous.....		Mac.....		Screen distance
Iris.....		Fundus.....		.....cm
Lens.....		AV.....		
Retinoscopy		Subjective		Accommodation:
(R).....VA		(R).....VA		(R).....
(L).....VA		(L).....VA		(L).....
BVD.....mm		Binoc Add..... Int Add		NPC.....
		BV..... (R)		Near Add
		(L)		(R).....
				(L).....
Muscle balance	IOP	History & Symptoms/Reason for visit:		Cover Test
Dist.	(R)	.....		D.....
		.....		N.....
Near.	(L)	.....		Confrontation
	
		OH.....		Motility.....
GP Details:		FH.....		Pupils.....
		Medication.....		PD

Age	Previous Glasses/Rx.		Add	Occupation:
	(R)	VA	N:	
	(L)	VA	N:	Driver:- YES / NO
	Vision Distance (R)	(L)	Binoc	Near (R) (L)
External Examination:		Ophthalmoscopy:		VDU vision
Adnexa.....		Vit.....		Unaided
Cornea.....		Disc.....		VDU with Glasses
Aqueous.....		Mac.....		Screen distance
Iris.....		Fundus.....		.....cm
Lens.....		AV.....		
Retinoscopy		Subjective		Accommodation:
(R).....VA		(R).....VA		(R).....
(L).....VA		(L).....VA		(L).....
BVD.....mm		Binoc Add..... Int Add		NPC.....
		BV..... (R)		Near Add
		(L)		(R).....
				(L).....
Muscle balance	IOP	History & Symptoms/Reason for visit:		Cover Test
Dist.	(R)	.....		D.....
		.....		N.....
Near.	(L)	.....		Confrontation
	
		OH.....		Motility.....
GP Details:		FH.....		Pupils.....
		Medication.....		PD

PATIENT ENQUIRIES

Date	Patient Name	Enquiry	Actioned

PRESCRIPTION

Thank you for having your eyes examined at the practice. Your prescription is as follows:

	Sph	Cyl	Axis	Prism	VA		Sph	Cyl	Axis	Prism	VA	
R I G H T					6/	Distance					6/	L E F T
					N						N	

Re-examination due

Notes

Optician Name

Optician
GOC No.

Signature

Date


NB. The prescribing and dispensing of spectacles are very closely linked and it would be in your best interests to have your spectacles dispensed where you had your eyes examined. It is often more difficult to resolve any problems you may have with your spectacles when prescribing and supply are separated

CONTACT LENS CHECK-UP

CHECK UP DATE: ____/____/____ Age of lenses ____ days

Wearing: ____ hrs. / ____ days Today: ____ hrs. Comments:

Compliance: Rubbing Yes/No Sleeping in lenses Yes/No Use of Water Yes/No

VA's R S / BV NV N: Centration good/poor Movement  Use of Water Yes/No

VA's L S / BV NV N: Centration good/poor Movement  Use of Water Yes/No

Right Left Case

Lenses

Biometry (graded)

Right	Left	Right	Left
Bulb hyp	Bulb/hyp	Bulb/hyp	Bulb/hyp
Limb hyp	Limb/hyp	Limb/hyp	Limb/hyp
Corn vasc	Corn vasc	Corn stain	Corn stain
Microcyst	Microcyst	Palp hyp	Palp hyp
Oedema	Oedema	Tarsal con	Tarsal con
Infiltrates	Infiltrates		




Keratometry: / / Lenses Given Yes/No Sol. Given Yes/No Rx Given Yes/No See again: Mins/Days

Adapt

CHECK UP DATE: ____/____/____ Age of lenses ____ days

Wearing: ____ hrs. / ____ days Today: ____ hrs. Comments:

Compliance: Rubbing Yes/No Sleeping in lenses Yes/No Use of Water Yes/No

VA's R S / BV NV N: Centration good/poor Movement  Use of Water Yes/No

VA's L S / BV NV N: Centration good/poor Movement  Use of Water Yes/No

Right Left Case

Lenses

Biometry (graded)

Right	Left	Right	Left
Bulb hyp	Bulb/hyp	Bulb/hyp	Bulb/hyp
Limb hyp	Limb/hyp	Limb/hyp	Limb/hyp
Corn vasc	Corn vasc	Corn stain	Corn stain
Microcyst	Microcyst	Palp hyp	Palp hyp
Oedema	Oedema	Tarsal con	Tarsal con
Infiltrates	Infiltrates		



Keratometry: / / Lenses Given Yes/No Sol. Given Yes/No Rx Given Yes/No See again: Mins/Days

Adapt

CONTACT LENS TRIAL

NEW FITTING ON 1 / 1

Existing Wearer ☐

New Wearer ☐

Attention:

Allergies:

Symptoms

General Health:

Medication:

Ocular Health:

Family Ocular Health:

Spec Rx: R

Date:

Optometrist:

Biomechanics (graded):

Right	Left
Bulb hyp	Staphylococci
Limb hyp	Endo ing
Corr. wear	Corr. stain
Microcracks	Corr. stain
Oedema	Palp hyp
Intiflex	Tornal cor

Right	Left
Bulb hyp	Staphylococci
Limb hyp	Endo ing
Corr. wear	Corr. stain
Microcracks	Corr. stain
Oedema	Palp hyp
Intiflex	Tornal cor



Randomly

1st Trial Lens

Over Refraction

VA

Movement

R			
L			

2nd Trial Lens

Over Refraction

VA

Movement

R			
L			

Final Spec. R:

L:

Int/Ram Teach Req:

Yes / No

NEW FITTING ON 1 / 1

Existing Wearer ☐

New Wearer ☐

Attention:

Allergies:

Symptoms

General Health:

Medication:

Ocular Health:

Family Ocular Health:

Spec Rx: R

Date:

Optometrist:

Biomechanics (graded):

Right	Left
Bulb hyp	Staphylococci
Limb hyp	Endo ing
Corr. wear	Corr. stain
Microcracks	Corr. stain
Oedema	Palp hyp
Intiflex	Tornal cor

Right	Left
Bulb hyp	Staphylococci
Limb hyp	Endo ing
Corr. wear	Corr. stain
Microcracks	Corr. stain
Oedema	Palp hyp
Intiflex	Tornal cor



Randomly

1st Trial Lens

Over Refraction

VA

Movement

R			
L			

2nd Trial Lens

Over Refraction

VA

Movement

R			
L			

Final Spec. R:

L:

Int/Ram Teach Req:

Yes / No



CONTACT LENS STRATEGY DURING COVID-19 OUTBREAK

For many of us, contact lens-generated income may be one of the few guaranteed revenue sources during this period of uncertainty, so it is essential we do all we can to service this group of patients to the best of our ability, whilst acknowledging current guidelines. We must do everything possible to ensure the continual supply of lenses to patients in order to minimise the number of dropouts, whilst maximising our margins at every opportunity.

This emergency strategy document will address:

- 1 General strategy
- 2 Appointments and the sale and supply of CLs
- 3 Direct debit patients
- 4 Cash purchase CL patients
- 5 Restricted categories
- 6 Recalls
- 7 GDPR
- 8 Social media

1. General strategy

In line with NHSE, PHE and GOC guidelines, all routine appointments must cease immediately to comply with social distancing controls. We must endeavour to minimise unnecessary contact with all patients in an attempt to protect the health of all parties involved and reduce the spread of Coronavirus. This includes routine contact lens fits and aftercare appointments which must now cease immediately.

2. Appointments and the Sale and Supply of CLs

With Immediate effect only emergency and essential care can be provided, this includes contact lens wearers.

What are the definitions emergency and essential eye care? You should triage every patient and only see those who have a problem which cannot wait – i.e. an eye condition which requires prompt treatment to prevent permanent damage.

Emergency (as per College of Optometrists guidelines)

There is no legal definition of an emergency. It may include but is not limited to:

- 1 Red eye
- 2 Recent loss of vision
- 3 Recent onset of ocular pain
- 4 Symptoms which strongly suggest a recent retinal tear or detachment, or
- 5 Giant cell (temporal) arteritis (GCA).

Essential

Essential care is to be interpreted as meaning appointments for patients who would not normally be considered to be emergencies, but where, in the practitioner's professional judgement, a delay in an examination may be detrimental to a patient's sight or wellbeing.

It does not include watery eyes, conjunctivitis, trouble reading etc.

Can I provide contact lens aftercares and should I supply contact lenses?

You cannot provide routine aftercare but you can continue to supply contact lenses.

The GOC have produced helpful advice which relaxes the usual rules on supply. You should provide a supply of contact lenses and arrange to see them when normal service resumes. Details can be accessed via the link below.

https://www.optical.org/en/news_publications/Publications/joint-statement-and-guidance-on-coronavirus-covid19.cfm

Contact lens telephone triage forms can be accessed on Help Hub via the following link.

<https://www.hghelphub.co.uk/en/article/telephone-review-forms>

3. Direct debit patients

Practices are encouraged to:

- Put as many of your DD patients on home delivery as possible. This gives the patient peace of mind their contact lens and solution supply will be unaffected, with the added benefit of having it delivered direct to their doorstep. Practices can register with Adaro for free and many of the large CL companies have their own delivery options too. All the big Contact Lens companies have already ensured additional contact lens and solution stock are being held with Adaro to ensure the supply chain continues for as long as possible without interruption. After registering patients with Adaro, practices would then have to ensure they remove them off the respective supplier system (if applicable). This is also a great opportunity for practices to register their cash-purchase patients onto their contact lens package. Whilst there is a delivery charge by Adaro, this will hopefully give the patient added value during a difficult period, but it also gives the practice an opportunity to keep them on home delivery once times are better and the postage cost can be incorporated into their DD package. There are also great deals out there to be had to ensure we are maximizing our margins.
- Ensure every DD drop-out is contacted to see if there is anything we can do help. This may be something as simple as refitting with a less-expensive lens, reducing the number of pairs per month. Often, patients aren't even aware there has been a problem and the issue is a bank-related problem.
- We should also be consider contacting these patients

to ensure their spectacles are up to date in the event we do have to close. Consider giving them additional discount to try and maximize your short-term cash flow.

4. Cash purchase CL patients

This group of patients should also be contacted to discuss:

- Advanced supply of lenses to ensure they have no supply issues over the coming months.
 - Home delivery – many of the large CL suppliers will arrange home-delivery even for cash purchase only customers. The same can be done via Adaro at a small charge to the patient. See section on restricted categories for guidance on supply to U16 patients
 - Up to date spectacles in case of temporary practice closure. Practices may consider offering this group of patients the same discount as those on the contact lens package in an attempt to drive sales and short-term cash flow.
 - Registering on the practice contact lens package to regulate and ensure their deliveries, with home delivery included for the next few months.
- Practices should show this group of patients the same understanding and flexibility with recalls. As previously mentioned, a list of all patients that are due checkups should be kept.

5. Restricted categories

Obviously, there will be some patients falling into the restricted categories that will need to collect or have their lenses delivered that are due checkups. U16s should still have the option to collect or receive deliveries even if their prescription is out of date. Use the contact lens telephone review form and add this to their clinical records to ensure these patients are prioritized when the health restrictions are lifted. Some manufacturers including J&J may refuse to post direct to U16 patients. In these instances

arrange home delivery via Adaro if appropriate or collection/post from practice. **We must however ensure that all lenses being sent to or collected by patients within the restricted categories are checked by a qualified member of our teams.** Under16s must always have a guardian with them and the Chaperone policy would need to be followed For home deliveries this means the pre-delivery note must be checked against the CL prescription on Optix.

6. Recalls

Reminders for regular appointments will cease during the crisis period. The GOC relaxation on guidance for supply and sale of contact lenses will help limit the spread of the coronavirus by reducing the number of unnecessary appointments over the coming few months. Whilst we have short term flexibility to supply patients during this period, please ensure all patients understand this is only a temporary solution and normal regulations will resume within a matter of months.

7. GDPR

As with the GOC regulations around the sale and supply of CLs, GDPR will also be relaxed slightly to allow family members/friends to collect on behalf of our patients. That said, wherever possible please ensure we adhere to our usual GDPR standards to ensure the safety and security of our patients.

8. Social Media

This is a perfect opportunity to advertise contact lenses on your social media. Whilst some of us may have quietened off, normal service WILL resume and what better way to kick start the resurrection with a healthy contact lens database. Use this time to train your teams and better their knowledge of the contact lens category. Ensure your

current contact lens package offering is competitive and profitable. Look at other CI-driven revenue sources that separate you from the herd, such as Ortho-K, myopia management and bespoke lens fitting. All the major contact lens suppliers have offered to do team training via webinars.

If you need any further support, please contact:

- **Neil Hilton on neil@hakimgroup.co.uk 07736 310339**
- **Paul Forsythe on paulforsythe@hakimgroup.co.uk**
- **Mark Chatham on markchatham@hakimgroup.co.uk 07516 739437**



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CONTACT LENS DOCUMENTS

College of Optometrists and Royal College of Ophthalmology joint statement on viral conjunctivitis
<https://www.college-optometrists.org/the-college/media-hub/news-listing/viral-conjunctivitis-and-covid-19.html>

GOC Joint statement on Covid 19
https://www.optical.org/filemanager/root/site_assets/publications/covid_19/covid-19_joint_regulators_statement_-_final.pdf

GOC High level principles for good practice in remote consultations and prescribing
https://www.optical.org/filemanager/root/site_assets/publications/covid_19/High-level-principles-for-remote-prescribing_.pdf

GOC Statement on supply of spectacles and contact lenses during COVID-19 emergency
https://www.optical.org/filemanager/root/site_assets/publications/covid_19/statement_on_supply_of_spectacles_and_contact_lenses_during_covid-19_emergency.pdf

GOC Statement on contact lens aftercare during COVID-19 emergency
https://www.optical.org/filemanager/root/site_assets/publications/covid_19/statement_on_contact_lens_aftercare_during_covid-19_emergency.pdf

NHS Guidance for Primary Care
<https://www.england.nhs.uk/coronavirus/primary-care/>
Click on Optical Settings on the home page

Contact Lens and Anterior Eye (Peer reviewed BCLA Journal) Literature review of Covid 19
[https://www.contactlensjournal.com/article/S1367-0484\(20\)30050-3/pdf](https://www.contactlensjournal.com/article/S1367-0484(20)30050-3/pdf)

Scottish Specific Eye Care

HPC Guidance on primary care
<https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-primary-care/>

Gov.scot Suspension of routine eyecare
https://www.optical.org/filemanager/root/site_assets/publications/covid_19/Scottish-Government-COVID-19-Suspension-of-routine-eye-examinations-Financial-support-measures-20-March-2020.pdf

HPC Guidance for primary care
<https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-primary-care/>

HPC Guidance for secondary care
<https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-secondary-care/>

Northern Ireland

Health & Social Care Services Northern Ireland
Guidance for all optometry colleagues
<http://www.hscbusiness.hscni.net/services/3120.htm>



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CONTACT LENS DOCUMENTS

Wales

NHS Wales

<https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/>

NHS Wales Temporary primary care contract changes from the Welsh Government

https://www.optical.org/filemanager/root/site_assets/publications/covid_19/Wales-Temporary-Primary-Care-Contract-Changes-20-March-2020.pdf

NHS Wales Update 19/03/20

https://www.optical.org/filemanager/root/site_assets/publications/covid_19/wales_-_additional_information_letter_to_primary_care_optometry_and_health_boards_-_19.03.2020.pdf

College of Optometrists

College of Optometrists Covid 19 update feed

<https://www.college-optometrists.org/the-college/media-hub/news-listing/coronavirus-2019-advice-for-optometrists.html>

ABDO

ABDO Dashboard – FAQ, Links, Online and telephone dispensing and CL sales

<https://www.abdo.org.uk/coronavirus/>

BCLA

BCLA Dashboard – vice documents for ECPs and Wearers

<https://bcla.org.uk/Public/Consumer/Contact-Lens-Wear-and-Coronavirus-guidance.aspx?hkey=a6920621-8aa9-4488-8316-84421baee4c0&WebsiteKey=cfa0aa8b-7f48-4d52-8deb-0eeaab6928d8>

PROFESSIONAL SERVICES



HAKIM
GROUP

- 1 Intro
- 2 Access to expert clinical support
- 3 Frequently Asked Questions
- 4 Links to educational resources and relevant clinical bodies

Introduction

Welcome to the first Professional Services update, our objective is to provide clinical support to all practitioners within the HG family.

- Clinical and patient related queries
- CET and Education

Guidance and advice is changing rapidly, regular updates from professional and regulatory bodies will be published here. If you have any interesting clinical content, insights or tips that would benefit other registered clinicians within the group please send them in.

Remember at this time:

- Use professional judgement
- Act in the interest of the public
- Act in good conscience

Contacts for clinical support

Optometry: **Paul Newell** paulnewell@hakimgroup.co.uk

Contact Lenses Clinical: **Mark Chatham**
markchatham@hakimgroup.co.uk

Please contact either **Paul** or **Mark** directly with your queries. Paul is seeing patients regularly and may not be able to respond immediately.

Frequently Asked Questions (FAQ's)

What urgent conditions should be referred to the Hospital Eye Service?

Answer: As routine outpatient appointments in the HES have been suspended, if a patient has symptoms of cataract they will not be seen in the hospital, so there is little point in them coming in for an eye examination until the pandemic is over. Similarly, if a patient has signs of conjunctivitis, although this may normally be treated, it is likely to self resolve. Providing the patient has no symptoms of concern, reassuring them that there is nothing serious wrong and that the condition will resolve itself in a few days time would be all that is required, and would have the benefit of meaning the patient does not need to leave the house.

If a patient reports a serious eye condition that will require urgent or emergency hospital treatment you should direct them to the HES without asking them to come to your practice. The Royal College of Ophthalmologists advise that patients who need to be seen and treated urgently by the HES include those with suspected:

- Glaucoma
 - Acute glaucoma
 - Uncontrolled very high IOP >40mmHg or rapidly progressive glaucoma
- Wet active age-related macular degeneration
- Sight threatening treatable retinovascular disease (proliferative diabetic retinopathy and CVRO)
- Acute retinal detachments (macular on, macular off < 4weeks)
- Uveitis – severe active
- Ocular oncology - active, aggressive, uncontrolled or untreated lesions

- Retinopathy of prematurity (screening and treatment)
- Endophthalmitis
- Sight threatening trauma
- Sight threatening orbital disease e.g. orbital cellulitis, severe thyroid eye disease
- Giant cell arteritis affecting vision

Source: College of Optometrists Covid 19 update.

The RCO & COO primary eye care decision aid can be accessed via this link:

<https://www.college-optometrists.org/uploads/assets/749fc08a-e982-46e9-80694a262b1ce3d1/bafc8830-a5cc-4903-9364b888d2b3e194/Ophthalmology-and-Optometry-Patient-Management-during-the-COVID-19-Pandemic-3-April-2020.pdf>

COO: Should I tell my patients to stop wearing their contact lenses during this pandemic?

There have been several media reports relating to the safety of contact lens use in this pandemic. We have seen no evidence to suggest that wearing contact lenses would increase a person's chances of contracting COVID-19. Patients can continue to use their contact lenses as normal if they do not have COVID-19 or any of the associated symptoms (fever or a new and continuous cough).

It is good general advice for patients to reduce their contact lens wearing time if they do not need to wear their lenses and can manage with spectacles, as may well be the case if they are at home more. If they wish to wear their contact lenses you should stress to patients that they should practise good contact lens hygiene as always, and that thoroughly washing their hands before and after handling their lenses is essential.

We would also advise that if patients are ill, they stop wearing contact lenses until they are better. This applies to all illnesses, including the common cold, influenza and COVID-19.

If you wish, you may advise patients that if they are in the same household as a person with symptoms of COVID19

they may wish to stop contact lens wear until everyone in the house is well.

Source: College of Optometrists Updated 2nd April.

Meaning of Emergency and Essential Care

On 23 March the College of Optometrists, OFNC and the UK optical bodies all issued statements advising optical practices to stop providing routine sight tests and care in the current circumstances. Optical practices should only remain open to provide urgent and essential care.

Our current view is that:

Urgent or emergency care would include urgent clinical advice or intervention e.g. for red eye, contact lens discomfort, foreign object, sudden change in vision, flashes and floaters which might suggest detachment etc.

Scottish Government guidance for practices in Scotland states that as is already the case, it is up to the professional judgement of an optometrist or ophthalmic medical practitioner to determine whether or not the circumstances in which a patient presents constitutes an emergency. Professional guidance already exists to help practitioners in this regard, such as the College of Optometrists Guidance for Professional Practice.

Essential eye care would include appointments for patients who would not normally be considered to be emergencies, but where, in the practitioner's professional judgement, a delay in an examination may be detrimental to a patient's sight or wellbeing.

This definition is from the Scottish Government guidance for practices in Scotland. Optometry Scotland takes the view that a sight test is highly unlikely to meet the definition of essential care. In other parts of the UK, practices may consider a sight test as essential care if for instance a key worker needs a sight test and new spectacle prescription in order to continue to work. Other examples of essential care could include a visually impaired person or child who needs eye care where a delay in care may be detrimental.

Source: Optical Fees Negotiation Committee joint statement.

4: Links to membership and regulatory bodies

ABDO Coronavirus <https://www.abdo.org.uk/coronavirus/>

GOC Coronavirus https://www.optical.org/en/news_publications/Publications/joint-statement-and-guidance-on-coronavirus-covid19.cfm

College Of Optometrists <https://www.college-optometrists.org/the-college/media-hub/news-listing/coronavirus-2019-advice-for-optometrists.html>



COVID-19

PPE GUIDE FOR PRACTICES

We have created this document to try and provide a coordinated approach across all our practices on the use of PPE whilst following infection control standards. There are many sources of guidance regarding the use of PPE for our Optical practices, which include the NHS, FODO and the College of Optometrists and through this information we have attempted to highlight the key areas of focus for our practices. Our priority is to ensure that our patients and our team members operate safely and effectively, whilst understanding when to use PPE and how it should be applied to each situation based on the guidance available.

What is the NHS stance to infection control and the use of PPE within our practices (dealing with patients face to face) under the current guidelines for essential or emergency appointments?

Infection control notice, taken from latest NHS letter 1st April (001559) Link:

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0127-optical-letter-1-april-2020.pdf>

- Using a cough guard on slit lamps. The Royal College of Ophthalmologists has advice on how temporary cough guards can be made:
<https://www.rcophth.ac.uk/wp-content/uploads/2020/03/Coronavirus-RCOphth-update-17-March-2.pdf>
- Wiping clinical equipment and door handles after every patient, as well as other surfaces that may have been contaminated with body fluids using a suitable disinfectant such as an alcohol wipe. All surfaces must be clean before they are disinfected.
- Sanitising frames before patients try them on. If a focimeter needs to be used on patients' spectacles, the patient should be asked to take them off and should be provided with a wipe to sanitise their frames before these are touched by the professional. Please wear appropriate gloves to do this.
- Supporting good tissue practice (catch it, kill it, bin it) for patients and staff by having tissues and covered bins readily available.
- Ensuring that thorough hand washing techniques are adhered to. Also use alcohol hand gel before and after every interaction.

Personal Protective Equipment (PPE)

There is an important update shared by our insurers - [FODO: Covid-19 update: primary eye care - 5 April 2020](#)

Please follow the link to read through the details, which is the main guidance each practice should follow:

<http://news.fodo.com/linkapp/cmaview.aspx?LinkID=pageid1002042199t9~f~zfjq~znhhfr~z~x~f~n>

- 1 They have recommended that all members should read the [College's new PPE guidance in full](#)
- 2 Members providing ophthalmology services in hospital settings should [also read the Royal College of Ophthalmologists' updates on PPE](#) and review its [3 April PPE table](#) . You should check back on the [main page](#) for updates.
- 3 Members have been in touch to seek clarity about the College's reference to local risk assessments.

Therefore, in addition to College guidance, we recommend the following:

Individuals in charge of infection control policies in your organisation should [read the UK's official PPE guidance](#) and keep up to date with all other official guidance. Official PPE guidance includes tables which describe PPE use across different clinical settings and advice on correct usage and other safety measures.

Summary of PPE recommendations in health and care settings, with table 2 and 4 being the main focus areas:

- 1 Please refer to [Table 2](#) (supporting document on page 5&6) - This summarises recommended PPE for primary, outpatient and community care settings based on [suspect](#) or [confirmed](#) cases of COVID-19.
- 2 Based on the College of Optometrists regarding PPE guidance update, please refer to [Table 4](#) (support document page 7) - which summarises recommendations where COVID-19 transmission is [sustained](#) .

This supports the use of:

- Single use gloves
- Single use disposable plastic apron
- Fluid resistant surgical mask (sessional use, based on risk assessment)
- Reusable face or eye protection (sessional use, based on risk assessment)

Updated PPE guidance from FODO - 9th April

The College of Optometrists has updated its guidance on personal protective equipment (PPE) this afternoon. This includes updated Covid-19 guidance for optometrists and detailed FAQs specifically about PPE.

We draw all members' attention to the following key extracts from FAQ, 'What PPE should I wear?'

“It is now recommended that, for direct patient care at less than 2m, even if the patient is not currently a possible or confirmed case of COVID-19, clinicians should wear single use disposable aprons and gloves (changed for each patient).

“In addition to gloves and aprons, practitioners are advised to risk assess whether they feel they need to wear a fluid-resistant surgical face mask (type IIR) and/or eye/face protection if there is an anticipated or likely risk of contamination with splashes, droplets of blood or body fluids. If masks and/or eye/face protection are worn they can be worn for the whole session (‘sessional use’) rather than changed for each patient, unless they become soiled, damaged or uncomfortable.

“Optometrists who are seeing patients should follow the same advice and we recommend that all optometrists working within 2m of a patient should choose to wear a surgical mask.”

Other FAQs explain "reception staff should maintain a 2m distance at all times, and as such do not require PPE" and how to use and dispose of PPE and other infection control procedures.

Please refer to other guidance documents in reference to **Table 4** (page 7):

PPE non aerosol generating procedures

- <https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures>

RC Ophthalmologists Update 03-04-2020

- <https://www.rcophth.ac.uk/wp-content/uploads/2020/03/NEW-PPE-RCOphth-guidance-PHE-compliant-WEB-COPY-030420-FINAL.pdf>
- <https://www.rcophth.ac.uk/wp-content/uploads/2020/04/PPE-and-staff-protection-requirements-for-ophthalmology-Principles.docx-1.pdf>

Included as further support documents:

3. Royal College of Optometrists - PPE and staff protection requirements for Ophthalmology (Page 8)
4. Guide to donning and doffing standard Personal Protective Equipment (PPE) - (Page 9)
5. Putting on personal protective equipment (PPE) for non-aerosol generating procedures (AGPs) - (Page 10)
6. Taking off personal protective equipment (PPE) for non-aerosol generating procedures (AGPs) - (Page 11)
7. An easy reference visual guide poster (attached) to safe PPE - (Page 12)
8. FAQ document from PHE - On wearing PPE (attached) - (Page 13&14)

What is the group's approach and advice regarding the use of PPE within our practices?

The health and wellbeing of our patients and team members in practices is critical and we want to ensure that everyone who has to see patients face to face for essential or emergency appointments, follows the clinical guidance provided for the use of PPE. Follow the advice on seeing patients virtually as per our latest operational plan and under no circumstances should a patient be seen without using the appropriate PPE.

On this basis, our advice is:

- Remote triage
- Ideally don't see any suspected or confirmed patient cases
- Follow the guidance on terminating a test and self-isolating a patient if you are not comfortable and refer the patient to NHS 111

If you are unable to access PPE you should follow College advice:

"In the absence of appropriate PPE, if you consider there to be an infection risk to yourself or your patients, we recommend that you see patients virtually, until your practice is able to provide these essential items of PPE. You can refer the patient to another practice in the area who has appropriate PPE, or on to secondary care if they require urgent treatment. You can continue to provide patients with contact lenses or spectacles by post and if a patient contacts you for advice there are many issues that you can resolve over the phone or by video consultation, including a clinical consultation. More guidance on this will follow." ([FAQ – I am unable to get PPE – what should I do?](#) Accessed 5 April)

[How should I dispose of my PPE?](#)

Clinical waste is normally disposed of in the clinical waste stream. However, due to the unprecedented levels of PPE waste being generated, your waste provider may recommend that you double bag PPE waste and store it in a safe area for 72 hours and then dispose of it in your normal trade waste stream. Contact your waste provider for further advice.

How do I source PPE equipment?

This is the message from the NHS regarding supply of PPE:

PPE kit for staff should be available. If any practice has concerns around the kit, please contact NHS National Supply Disruption line on 0800 915 9964 or email supplydisruptionservice@nhsbsa.nhs.uk who will be available to help, Monday to Friday between 08:00 and 18:00.

Is PPE actually available through this source?

When you try to contact the helpline, they direct you to NHS wholesalers who may not have any stock. We have been trying to access a supply of PPE through this source on behalf of the practices unsuccessfully, but we will be checking this regularly as the situation may change.

What have we been doing at HG HQ?

- We have sent out surgical masks, disposable gloves, alcohol based hand gel to all practices and a number of full face shields & clinical wipes. Please contact Julie Gooden directly if you need and full face shields, surgical masks and aprons.
- There are 400 packs of sani wipes on order which will now be delivered by the end of the month. There are also 500 x 500ml of Hand Gels due in about two weeks. These will be ring fenced for the group but held at the supplier and Paul Forsythe will control orders and despatching of these products.
- We are also trying to source FFP3 masks from a supplier and will issue them to each practice directly once available.
- A page has been published to either access products from Julie Gooden or go directly to suppliers which will be a quicker method of acquiring items we don't currently have. **Please see: PPE Direct Sourcing PDF (attachment on page 15)**

Other supporting information:

PPE supply updates from the NHS

<https://www.england.nhs.uk/coronavirus/publication/guidance-supply-use-of-ppe/>

NHS guidance on when to use a surgical mask or FFP3 respirator

<https://www.rdash.nhs.uk/wp-content/uploads/2017/08/Appendix-47-Surgical-Face-Mask-FFP3.pdf>

UPDATED 3 APRIL 2020 PPE and staff protection requirements for ophthalmology



Not relevant to community optometry

	Disposable gloves	Disposable plastic apron	Disposable fluid resistant gown	Fluid resistant surgical mask	Filtering face piece respirator	Eye/face protection	Slit lamp breathguard
Performing an AGP	✓ single use	✗	✓ single use	✗	✓ single use	✓ single use	✗
High risk acute areas eg theatres where AGPs performed, ITU, HDU (eg ophthalmology review of ITU patient)	✓ single use	✓ single use	✓ sessional use	✗	✓ sessional use	✓ sessional use	✗
Theatres where AGPs not done	✓ single use	✓ single use	✓ risk assess single use ie Instead of apron if splashes likely	✓ single or sessional use	✗	✓ single or sessional use	✗
Working in inpatient area within two metres eg ophthalmology review of ward patients	✓ single use	✓ single use	✗	✓ sessional use	✗	✓ sessional use	✓ if using fixed slit lamp
Emergency and acute hospital eye clinics	✓ single use	✓ single use	✗	✓ sessional use	✗	✓ sessional use	✓
Non-emergency /acute eye outpatients	✓ single use	✓ single use	✗	✓ sessional use	✗	✓ sessional use	✓

Single use = disposal or decontamination of device between each patient/procedure, dispose at end of session
 Sessional use = dispose at end of session eg at the end of morning clinic or when leaving the care setting
 This last row is consistent with PHE England guidance in table T4

AGPs: ophthalmology relevant aspects in **bold**:

<ul style="list-style-type: none"> ● Intubation, extubation and related procedures eg manual ventilation and open suctioning of the respiratory tract ● Tracheotomy/tracheostomy procedures (insertion/open suctioning/removal) ● Bronchoscopy and upper ENT airway procedures that involve suctioning ● Upper Gastro-Intestinal Endoscopy where there is open suctioning of the upper respiratory tract 	<ul style="list-style-type: none"> ● Surgery procedures involving high-speed devices ● Some dental procedures (eg high-speed drilling) ● Non-invasive ventilation eg CPAP and laryngeal masks ● High Frequency Oscillatory Ventilation (HFOV) ● Induction of sputum ● High flow nasal oxygen.
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<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

Ophthalmologists and other ophthalmic clinical professionals performing similar clinical assessments are in prolonged close contact with patients and may be at higher risk of infection than other specialties. The table interprets the PHE guidance for the specifics of ophthalmology care.

General principles

1. Defer all low risk and non-urgent care, risk assess others for deferment or remote consultation where possible.
2. If likely infected, if possible defer high risk /urgent care until well.
3. **Maintain a scrupulous standard of infection control.** Good hand and tissue hygiene are key: **CATCH IT, BIN IT and KILL IT.**
4. Minimise accompanying adults in the examination room, wherever possible only allowing the patient in.
5. Minimise staff in the operating theatre.
6. Clean the consulting room door handle after each patient.
7. Minimise the time in close contact, using alternative treatment where appropriate.
8. Clean slit lamps before and after each patient, including the breathguard, on/off switch and any controls used.
9. Ensure the clinical area and all equipment is cleaned regularly.
10. Clinical staff not in uniform who are in close contact with patients should wear scrubs.

Notes on specific PPE

- The same surgical mask may be worn for multiple patients to be seen at the slit lamp. However, scrupulous care must be taken not to transmit the virus on the front of the mask via hands or clothes. If using the same mask, do not take on and off between patients and do not allow it to dangle on the chest
- PPE should be put on and removed in an order that minimises the potential for self-contamination: the order for PPE removal is (i) gloves, (ii) hand hygiene, (iii) apron or gown, (iv) eye protection, (v) surgical face mask or FFP3 respirator and (vi) hand hygiene

<https://www.gov.uk/government/publications/health-care-workers-coronavirus-infection-prevention-and-control>

< = Advised against by College of Optometrist guidance

Additional considerations, in addition to standard infection prevention and control precautions,

where there is sustained transmission of COVID-19, taking into account individual risk assessment for this new and emerging pathogen, NHS and independent sector

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-repellent coverall/gown	Surgical mask	Fluid-resistant (Type IIR) surgical mask	Filtering face piece respirator	Eye/face protection ¹
Any setting	Direct patient/incident care assessing an individual that is not currently a possible or confirmed case ² (within 2 metres)	✓ single use ³	✓ single use ³	✗	✗	✓ risk assesses seasonal use ^{4,5}	✗	✓ risk assesses seasonal use ^{4,5}
Any setting	Performing an aerosol-generating procedure ⁶ on an individual that is not currently a possible or confirmed case ²	✓ single use ³	✗	✓ single use ³	✗	✗	✓ single use ³	✓ single use ³

Table 4

- This may be single or reusable face/eye protection (face visor or goggles).
- A case is any individual needing case definition for a possible or confirmed case. It is a clinical management of possible cases of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection. Investigation of possible cases is investigation and follow-up clinical management of possible cases of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection.
- Single use refers to disposal of PPE or decontamination of reusable items (e.g. eye protection or respiratory after each patient and/or following completion of a procedure, task, or session, dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions (SICPs).
- Risk assess refers to taking PPE when there is an anticipated risk of contamination with secretions, droplets or blood or body fluids. Where staff consider there is a risk to themselves or the individual they are caring for, they should wear a fluid-repellent surgical mask with or without eye protection as determined by the individual staff member for the care episode/visit/session.
- A single session refers to a period of time where a health care worker is undertaking duties in a specific care setting (e.g. patient environment e.g. on a ward round) providing ongoing care for a patient. A session ends when the health care worker leaves the care setting to provide services elsewhere. Seasonal use should always be risk assessed and consider the risk of infection to and from patients, residents and health and care workers where COVID-19 is circulating in the community and hospitals. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.
- The full list of aerosol-generating procedures (AGPs) is still in the IPC guidance. Note AGPs are undergoing a further review at present.

Consistent with guidance from the Royal College of Ophthalmologists issued 03/04/2020

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This guidance is for dealing with patients who are not a suspect or confirmed case as per note (2) to the left. It does however assume that every patient is a potential carrier and appropriate personal protective equipment (PPE) should be worn for all patient encounters at <2m.

PPE and staff protection requirements for ophthalmology



Public Health England compliant 3 April 2020

The following PPE advice is based on Public Health England (PHE) recommendations updated on 2 April 2020 <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

The advice is intended for use by ophthalmic clinical staff providing hospital-based eye care.

If you have been redeployed elsewhere in the hospital, please ensure that you are aware of the PPE requirements of your new role.

1. If you are working in **outpatients or an Accident and Emergency department**, you should use:
 - Disposable gloves - single use
 - Disposable plastic apron - single use
 - Fluid resistant surgical mask - sessional use
 - Eye/face protection – sessional use
 - Slit lamp breath guard
2. If you are working in an **operating theatre where aerosol generating procedures (AGP) are being performed** you should use:
 - Disposable gloves - single use
 - Disposable fluid resistant gown - single (if you are doing the AGP) or sessional use
 - Filtering face piece respirator mask - single (if you are doing the AGP) or sessional use
 - Eye/face protection - single (if you are doing the AGP) or sessional use
3. If you are working in an **operating theatre where AGPs are not being performed** you should use:
 - Disposable gloves - single use
 - Disposable plastic apron (or fluid resistant gown if splashes are likely) - single use
 - Fluid resistant surgical mask - sessional use
 - Eye/face protection – sessional use
4. If you are asked to **visit a ward or another hospital department** you should:
 - Consider whether telephone advice can be given
 - Establish what PPE is required for the particular ward or department and where the necessary equipment can be obtained. As a minimum you should wear
 - Disposable gloves
 - Disposable plastic apron
 - Fluid resistant surgical mask
 - Eye/face protection

Single use = disposal or decontamination of device between each patient/procedure, dispose at end of session

Sessional use = dispose at end of session eg at the end of morning clinic or when leaving the care setting



Public Health
England

Guide to donning and doffing standard Personal Protective Equipment (PPE)

for health and social care settings

Donning or putting on PPE

Before putting on the PPE, perform hand hygiene. Use alcohol handrub or gel or soap and water. Make sure you are hydrated and are not wearing any jewellery, bracelets, watches or stoned rings.





- 1 Put on your plastic apron, making sure it is tied securely at the back. 
- 2 Put on your surgical face mask, if tied, make sure securely tied at crown and nape of neck. Once it covers the nose, make sure it is extended to cover your mouth and chin. 
- 3 Put on your eye protection if there is a risk of splashing. 
- 4 Put on non-sterile nitrile gloves. 
- 5 You are now ready to enter the patient area. 

Doffing or taking off PPE

Surgical masks are single session use, gloves and apron should be changed between patients.

- 1 Remove gloves, grasp the outside of the cuff of the glove and peel off, holding the glove in the gloved hand, insert the finger underneath and peel off second glove. 
- 2 Perform hand hygiene using alcohol hand gel or rub, or soap and water. 
- 3 Snap or unfasten apron ties at the neck and allow to fall forward. 

Snap waste ties and fold apron in on itself, not handling the outside as it is contaminated, and put into clinical waste.

- 4 Once outside the patient room. Remove eye protection. 
- 5 Perform hand hygiene using alcohol hand gel or rub, or soap and water. 
- 6 Remove surgical mask. 
- 7 Now wash your hands with soap and water. 

Please refer to the **PHE standard PPE video** in the **COVID-19 guidance collection**:

www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures

If you require the **PPE for aerosol generating procedures (AGPs)** please visit:

www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

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Public Health
England

Putting on personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: <https://youtu.be/eANIs-Jdi2s>

Pre-donning instructions:

- Ensure healthcare worker hydrated
- Tie hair back
- Remove jewellery
- Check PPE in the correct size is available

- 1** Perform hand hygiene before putting on PPE.



- 2** Put on apron and tie at waist.



- 3** Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.



- 4** With both hands, mould the metal strap over the bridge of your nose.



- 5** Don eye protection if required.



- 6** Put on gloves.



*For the PPE guide for AGPs please see:

www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

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Public Health
England

Taking off personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: <https://youtu.be/eANIs-Jdi2s>

• PPE should be removed in an order that minimises the risk of self-contamination

• Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area

1 Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off. Hold the removed glove in the remaining gloved hand.



Slide the fingers of the un-gloved hand under the remaining glove at the wrist. Peel the remaining glove off over the first glove and discard.



2 Clean hands.



3 Apron. Unfasten or break apron ties at the neck and let the apron fold down on itself.



Break ties at waist and fold apron in on itself – do not touch the outside – this will be contaminated. Discard.



4 Remove eye protection if worn. Use both hands to handle the straps by pulling away from face and discard.



5 Clean hands.



6 Remove facemask once your clinical work is completed.



Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.

7 Clean hands with soap and water.



*For the doffing guide to PPE for AGPs see:

www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

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Public Health
England



COVID-19 Safe ways of working

A visual guide to safe PPE

General contact with confirmed or suspected COVID-19 cases

- Eye protection to be worn on risk assessment
- Fluid resistant surgical mask
- Disposable apron
- Gloves

Wash your hands before and after patient contact and after removing some or all of your PPE

Clean all the equipment that you are using according to local policies

Use the appropriate PPE for the situation you are working in (General / AGPs or High risk areas)

Take off your PPE safely

Take breaks and hydrate yourself regularly

Aerosol Generating Procedures

- Eye protection eye shield, goggles or visor
- FFP3 or FFP2 respirator
- Long sleeved fluid repellent gown
- Gloves

For more information on infection prevention and control of COVID-19 please visit:

www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control



Public Health
England



Frequently Asked Questions on wearing Personal Protective Equipment (PPE)

What is PPE?

Personal Protective Equipment is what we use at work to protect ourselves (all health care workers) and our patients from coronavirus. The amount of PPE you need will depend upon where you work.

Why do we have a new guide on PPE?

We are learning more about coronavirus every day. The new guide has been produced by experts from many different areas and takes into account this new knowledge.

Does the WHO (World Health Organisation) support his guide?

The WHO has confirmed that the UK's guidance is consistent with the highest levels of protection in the world.

Does all face-to-face patient contact put me at risk of catching coronavirus and should I wear PPE all the time?

Looking after patients means that we often have to get closer than 2 metres. What PPE you need to wear will depend upon where you work. We take your safety very seriously and you will be given clear instructions on what to wear in each area.

What is an aerosol generating procedure (AGP)?

An AGP results in tiny droplets of fluid that become suspended in the air and may contain coronavirus which could then be breathed in. If you are working in an area where AGPs are performed, you will be given the right PPE to protect yourself and training to make sure you use it correctly.

If I am on a COVID-19 ward but am not in direct contact with patients, do I need to wear PPE?

Yes, if you are on a COVID-19 ward more than 2 metres from a patient then you should wear a face mask and assess the need for eye protection.

If you are within 2 metres of a patient on a COVID-19 ward, you should use disposable gloves, a disposable apron and fluid-resistant surgical mask, with eye protection. If an AGP is to be performed you will need more protection and these procedures will not be performed until all staff in the area are safe. You will need to wear gloves, gown, an FFP3 mask (or FFP2) and eye protection.

Can the virus land and stay on my hair? Do I need to wear a cap to cover my hair as well as recommended PPE?

The virus does not land and stay on hair for any length of time. Surgical hats or other headwear is not required for clinical staff apart from areas where they are normally worn such as operating theatres.



What should I do with my shoes?

You should wear the right shoes for the area where you work and your trust will have a dress code you should follow.

Should I shower when I get home?

There is no requirement to routinely shower after you finish work. However, do ensure you follow recommended hand hygiene measures at work, when you are out and about, and when you are at home.

Should I remove my uniform or workwear before going home?

It is best practice to change into your uniform when you arrive at work and out of it before you leave. You shouldn't wear your uniform when travelling. If you wear your own clothes, then you should change when you get home.

This does not apply to community health workers who are required to travel between patients in the same uniform.

Wash uniforms and clothing worn at work at the hottest temperature suitable for the fabric. A wash for 10 minutes at 60°C removes almost all micro-organisms. Washing with detergent at lower temperatures – down to 30°C – eliminates MRSA and most other micro-organisms, including coronaviruses.

Should clinicians wear scrubs in all clinical areas with patient contact?

There is no requirement to wear scrubs, but you will be given local guidance on this. Organisations may consider the use of theatre scrubs for staff who do not usually wear a uniform but who are likely to come into close contact with patients e.g. medical staff.

Should staff assisting with AGPs wear PPE as well as staff carrying out the AGP?

Yes. AGPs should only be performed when all staff in the area are safe and wearing the correct PPE.

In an emergency do I need to put on PPE if it costs valuable time?

If you are working in an area where emergency care is given, your department will ensure that you are wearing the right PPE. Sudden procedures, such as chest compressions for cardiac arrest can be started without PPE. However, if an emergency AGP is needed, this will be delayed until staff in the area are safely protected in the appropriate PPE.

What is the difference between standard surgical mask and FFP2/3?

A standard surgical mask will protect you and your patient from virus that may be present in spittle. You will be clearly told where and when you should wear this mask and also when patients should wear one.

A FFP mask has a filter that removes particles and must be used in certain areas where there is a risk of particles in the air carrying coronavirus usually where an AGP is taking place. The areas and times when these masks are needed will be made clear by your trust.

You should make sure your FFP mask fits properly. If you have any doubts, ask!

Can you re-use PPE?

You should change gloves and aprons between each patient and wash your hands. However, you can wear gowns, respirators and eye protection for an entire session (eg ward round or GP session), depending on the area where you work. This will be made clear to you by your organisation.

Some of the PPE I have is out of date, is it safe?

Yes, these have a much longer shelf-life than the date marked and all PPE has passed stringent tests. Any supply that is not up to standard is destroyed.



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FREQUENTLY ASKED QUESTIONS



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CORONAVIRUS PRACTICE & HQ GUIDANCE

FREQUENTLY ASKED QUESTIONS

PEOPLE

Can team members at practice and HQ refuse to come into work due to concern around catching COVID-19?

We understand that, however low the risk, team members may become increasingly concerned given the amount of media coverage. However, unless someone displays the symptoms of the coronavirus illness, or have been advised by NHS 111 (or alternative regional contact) to self-isolate, they should attend work as normal. If you live with others and you or one of them have symptoms of coronavirus, then all household members must stay at home and not leave the house for 14 days. The 14-day period starts from the day when the first person in the house became ill. Please contact the HR team on 01254 708422 if you need further guidance.

What if a team member at practice decides not to self-isolate and continue to work in practice when they are showing the recommended symptoms?

Sharks / Fish or Department Heads needs to emphasise the importance of self-isolation and the impact that they could have on the rest of the team and the patients. They must reaffirm the fact that they need to self-isolate as per the government guidelines. Please contact the HR team for further guidance.

Do team members require a doctor's note for a period of self-isolation?

No. Under normal circumstances absences up to 7 days can be self-certified. If a team member has been advised by NHS 111 (or alternative regional contact) to self-isolate the recommended period of self-isolation is 7 days and team members will not be required to produce a doctor's note for this period. If you live with others and you or one of them have symptoms of coronavirus, then all household members must stay at home and not leave the house for 14 days. The 14-day period starts from the day when the first person in the house became ill. Should the period of isolation go on beyond 14 days a doctor's note should be obtained if required/possible.

If a team members child/dependent's school has been closed in response to COVID-19 risk, can they take time off to provide care?

Sharks / Fish and Department Heads should support team members to take a period of either paid holiday or emergency unpaid leave, as they choose, to care for a dependent in the event of a school/nursery closure. Absence for carer leave as per our existing policies would not normally be taken into consideration when looking at absence levels.

If a team members child/dependent has been told they have been in contact with someone who has travelled from a high-risk area/been diagnosed with COVID-19 and they need to self-isolate how can they take leave to provide care?

Department Heads, Sharks / Fish should support team members to take a period of leave to care for a dependent who has been advised by NHS 111 (or alternative regional contact) to self-isolate. Please discuss the individual circumstances with Shark / Fish or Department Head. Any period of absence where the colleague needs time off to care for a dependent advised to self-isolate would not be taken into consideration when looking at absence levels.

What are the rules on absence/leave if a team member is diagnosed with COVID-19?

Any team member who has been diagnosed with COVID-19 and has followed normal absence reporting procedures will be paid statutory sick pay. Any period of illness due to COVID-19 would not be taken into account when considering absence levels.

What are the rules on absence/leave if a team member has not travelled to/from a high-risk area or come into contact with COVID-19, but is worried they are at higher risk of infection?

Where a team member or, someone they live with is at increased risk and has been showing symptoms of the virus or is being medically advised by NHS 111 (or alternative regional contact) to self-isolate, the medical advice must be followed. All household members must stay at home and not leave the house for 14 days. The 14-day period starts from the day when the first person in the house became ill and SSP will be paid

What happens if there is an outbreak of COVID-19 in HG HQ or in a practice in terms of working arrangements?

We would follow the medical and government advice and Sharks / Fish and Department Heads will put arrangements in place for team members to work from an alternative location (if possible) or from home (HG HQ team members) as appropriate to the situation and location where possible. As you would be at work, you would be paid as normal.

I have been feeling unwell should I self-isolate, will I be paid?

The most common symptoms of coronavirus (COVID-19) are recent onset of a new continuous cough and/or high temperature. If you have these symptoms, however mild, stay at home and do not leave your house for 7 days from when your symptoms started. If you live with others and you or one of them have symptoms of coronavirus, then all household members must stay at home and not leave the house for 14 days. The 14-day period starts from the day when the first person in the house became ill. During the period of self-isolation normal SSP rules will apply.

What financial support is available for practices and team members?

We have seen the government introduce support measures during this crisis

- lower interest rates to 0.25%
- SSP available from Day 1 of sickness absence

Other options are:

- Speak to mortgage lenders to defer mortgage repayments.
- Check if insurance policies will cover / would be applicable to cover

There is more support we are expecting and we will provide further information as this is available.

The Chancellor has set out a package of measures to support businesses including:

- a statutory sick pay relief package for SMEs

- a 12-month business rates holiday for all retail, businesses in England
- small business grant funding of £10,000 for all business in receipt of small business rate relief or rural rate relief
- grant funding of £25,000 for retail businesses with property with a rateable value between £15,000 and £51,000
- the Coronavirus Business Interruption Loan Scheme offering loans of up to £5 million for SMEs through the British Business Bank
- a new lending facility from the Bank of England to help support liquidity among larger firms, helping them bridge coronavirus disruption to their cash flows through loans
- the HMRC Time To Pay Scheme

Full details can be found at the back of this pack

How much will I be paid on SSP?

The standard weekly rate for SSP is £94.25 a week.

Currently £94.25

From April £95.85

(Regardless of no. days worked per week.)

SSP Qualifying Period

- As of 13.03.2020 - Sick pay will start from day 1
- SSP evidence will be available to get from NHS 111 Online (Currently under development, will be available soon)

SSP Eligibility

- Earns over £118 per week
 - Has done some work under their employment contract
-

OPERATIONAL

What should we and department heads be doing?

They should be reading and following the Business Continuity Advice and guidance. Every team should have effective business continuity plans in place. Please update your plans and as a matter of course ask all team members who could work remotely if needed to take their laptops and chargers home, with alternative arrangements in place if they work from a desktop (HG HQ).

If a team member has gone on holiday and, during that time, has been placed in quarantine or had to self-isolate whilst abroad, can they reschedule their annual leave?

We need to support all team members to act responsibly at all times. We will look at this on a case by case basis. Please contact the HR team on **01254 708422** and speak to **Shafiq Ahmed**

In the event of partial country lockdown?

In the most recent update for certain categories, the government has stepped up measures. Please continue to remain updated through the government updates via the NHS website **<https://www.nhs.uk/conditions/coronavirus-covid-19/>**. If you think that any of this does affect you then please discuss with your Shark.

If I care for someone with underlying health issues, but I do not have any symptoms?

Under the current guidelines and correct as of today, if you do not have any symptoms then the government advice is to continue with normal daily routine. This may differ in Scotland, Wales, ROI, Isle of Man, therefore we do recommend keeping a close watch for advice on **<https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public>**

What if someone becomes unwell at work?

Immediately inform either your Shark, Fish or contact HR at HG HQ. If someone becomes unwell in the workplace with coronavirus symptoms, they should:

- get at least 2 metres (7 feet) away from other people
- go to a room or area behind a closed door, such as a sick bay or staff office
- avoid touching anything
- cough or sneeze into a tissue and put it in a bin, or if they do not have tissues, cough and sneeze into the crook of their elbow
- use a separate bathroom from others, if possible

The unwell person should either:

- Be allowed to go home and self-isolate for 7 days
- call 111, for NHS advice and call 999, if they're seriously ill or injured or their life is at risk

Employment Support Allowance

- We will issue an SSP1 form asap to let the employee know they don't qualify for SSP.
- Government rules state no doctor's fit note will be required for coronavirus related claims.
- They can claim up to a month's advance without attending a jobcentre.
- Payable from day 1 – Don't need to wait 7 days.
- People will need to follow the "How to claim" guidance here <https://www.gov.uk/employment-support-allowance/how-to-claim>

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- the HMRC Time To Pay Scheme

Full details can be found in 'Other supporting documents.'

OTHER SUPPORTING DOCUMENTS



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This guidance may vary by practice but will give you an idea of how we would support each scenario during a practice closure or a patient isolation.

Scenario 1

If a patient suspects that they may have COVID-19 either during initial contact or during consultation at the practice, or this is identified by a team member based on questioning

- Contingency already in place based on NHS guidelines – (COVID-19) standard operating procedures, which is to identify, isolate and contain.
- Practice team members to follow protocols built into the standard operating procedures and abide by the post transfer actions.

Scenario 2

If a practice has to close due to a full country Lock Down or following a Coronavirus incident as advised by the Health Protection team, or by other authorised source (HQ, or FODO)

- Action 1** - The Practice Shark needs to contact the practice buddy, Nick Lowe or Imran in the first instance. Provide details of anticipated closure period and disruption to practice trading.
- Action 2** - Shark / Fish to brief the team on details of closure and ongoing arrangements for further contact with each team member. During this time you may want to make arrangements for daily updates with your Team to give them the latest information and allow them to raise queries.

- Action 3** - If team members have to self-isolate for up to two weeks, share instructions with the team from NHS site <https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-advice/>
- Action 4** - Highlight holiday / time off & pay arrangements with practice team and Locums. This will need discussion with Imran, Shaf or Practice Buddy to ensure the process is followed
- Action 5** - Practice to contact facilities to divert calls to nominated number
- Action 6** - Shark to contact Operations team to gain remote access to the practice diary (Optix)
- Action 7** - Place temporary closure sign (see attached documents) on the front doors and contact the Digital team to add a notice on the practice website

Follow up

- Action** - Shark to monitor situation during closure and update Practice buddy
- Action** - HG HQ to provide further advice to Shark and team as this becomes available
- Action** - The practice Shark is to contact the practice buddy, Nick Lowe or Imran if an instruction is given to re-open

Once permission is given to reopen, then cancel divert calls and amend website message.

We need to ensure that our Patients still have access to Professional and Clinical guidance in the event of a closure so that we are fulfilling our responsibilities from a GOS contract perspective as well as for the Patient.



LETTER TO LANDLORDS

SEEKING RENT HOLIDAY

Example of letter being sent all landlords across the HG Estate

Dear Landlord,

As local opticians, we aren't mere retailers of glasses and contact lenses. We are in fact NHS contracted primary care service providers, in much the same way that GP practices are. This means that we have a wider duty of care to our patients and in times like these, especially the elderly. As such, irrespective of the downturn in retail trade, we have an obligation to remain open for patients save where it is impossible for us to do so, so that we can continue to provide necessary eyecare and eyewear.

That role will be absolutely vital given the rapidly increasing pressure on hospitals, who may well be forced to pass patients to us in order to relieve pressure on frontline NHS staff and facilities. This will allow them to focus on the crisis in the hospital wards, which, in turn, will help reduce the number of deaths as a consequence of this pandemic. This is not about commerce, it is about basic humanity and looking after our elderly and loved ones.

During this period of disruption, our focus will be on taking care of the elderly who will be self-isolating and even more reliant on their senses. They will have less social contact and under these conditions they will be more reliant on their sight to remain independent.

Accordingly, we have no real alternative but to seek your support by looking to agree a rent payment holiday of 3 months, with immediate effect, to allow us to remain open and continue serving our community and country at large.

We recognise that this is not ideal and that landlords are entitled to their rent, but we shall look to resume rental payments even earlier if the market and health impact is less than the Government currently anticipates.

We are grateful for your understanding in what are exceptional times.

Wishing you and your loved ones all the best as we get through this together

[Yours faithfully/sincerely – depending on if we are using their names above – former if we don't, latter if we do]



LETTER TO LANDLORDS

SEEKING RENT HOLIDAY

Example of a follow up letter for adapting and sending to landlord, who either have refused to support or reply to a request for a payment holiday.

Dear Landlord,

I refer to my letter dated [date] since when [we have not heard from you/we have been unable to agree revised terms] in relation to the rent payment obligations under our lease, arising from the extensive challenges posed by the Covid-19 virus and the currently imposed lockdown.

It is clear that there is no end in sight for the lockdown in the immediate term and it appears set to carry on, unfortunately, for several more weeks, leaving us in a prolonged state where we are unable to trade in any material sense and without income.

As you will be aware, the Coronavirus Act 2020 and the supporting Practice Direction 51Z removes the power of landlords to take any enforcement action against tenants for non-payment of rent. It is likely that this legislation will be extended further to protect the solvency of tenants.

Whilst this makes it tempting for a tenant simply unilaterally to defer all payments of rent indefinitely, that is not the intent of the legislation and we would rather not do so in any event. Instead, we seek to be good tenants, respectful of you as landlord, and therefore wish to reach an arrangement that is as mutually satisfactory as we can reasonably achieve in terms of a rent holiday. We can only do so if you engage with us constructively and in the spirit of “sharing the pain”.

In the circumstances I urge you to make contact with me as a matter of urgency so that we can achieve a resolution on an amicable footing.

Yours faithfully/sincerely,



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FORWARDING PRACTICE CALLS

All practices in the event of a shop closure will need to divert their landline to a number, or numbers of choice, to receive any incoming calls from patients. However, whether you have VoIP phones or not changes the process of doing this.

A: If you DO NOT HAVE VoIP phones

This would be better done from the practice, as you will know the provider and number that it needs to be diverted to.

All that needs to be done is to call the telecoms provider and say you need to divert the landline to a mobile for a 2 weeks/1 month/3 month period, whatever you prefer.

If you have a BT Featureline

To turn ON the divert:

On your main handset:

- Press *21*
- Press 9
- Dial the number you wish to divert to
- Press #

To turn OFF the divert:

On your main handset:

- Press #21#

B: If you DO have VoIP through Optix

As explained previously, in the event of a shop closure, all practice calls will need to be diverted to a person of choice. Please refer to the guide at the end of this document to see how this is done. In short, the way we are doing this is by downloading an Optix app on our mobiles called 3CX and when it is all set up, your mobile will act just like your reception phone.

This is very important – We will need the extension number of your MAIN reception handset, where all the incoming calls from patients come through. You can find this by picking up the phone from the base and there should be a 5 digit number on the screen, for example, my extension at HQ is 27143. If you have a cordless phone as your reception phone, the 5 digit number will also be shown on the home screen.

The second thing we need, and this is just as important, is the email address (ideally accessible from your mobile) of the person who the calls are being forwarded to. This can be more than one person if you want the responsibility shared. Please come back to me with those two bits of information as soon as possible.

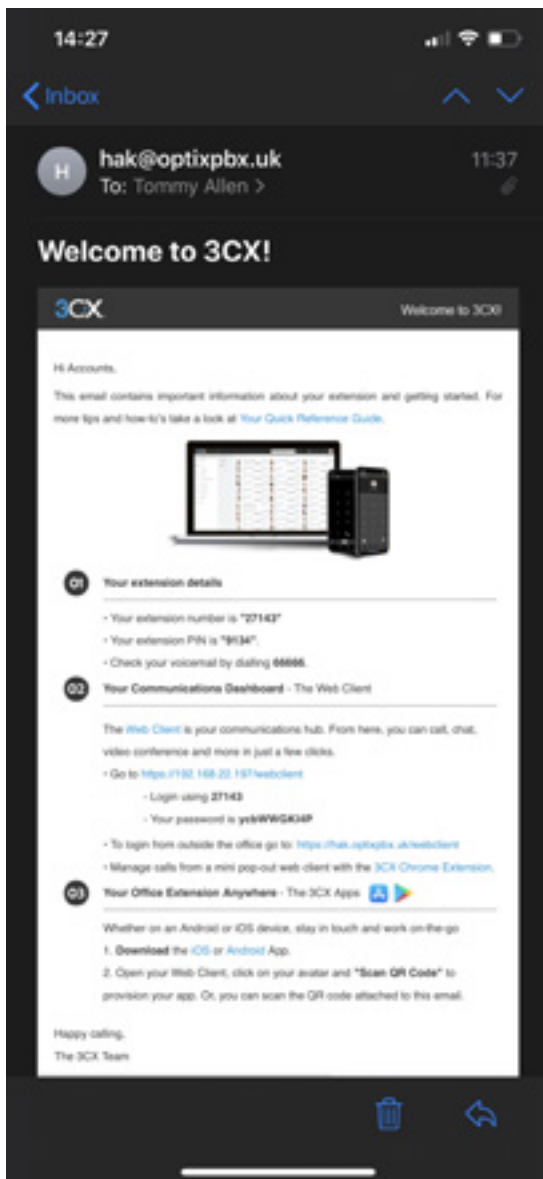
C: If you DO HAVE VoIP phones but by another provider

You will need to ring your provider and follow their instructions as most providers have a slightly different set of directions.

If you have issues with any of the above, please contact Tommy (07494150234) or Muzza (07545775429).

If you have VoIP through Optix

- 1 Optix will be sending you an email with the subject 'Welcome to 3CX!' with your phone extension details on once you have sent me the details in section B.



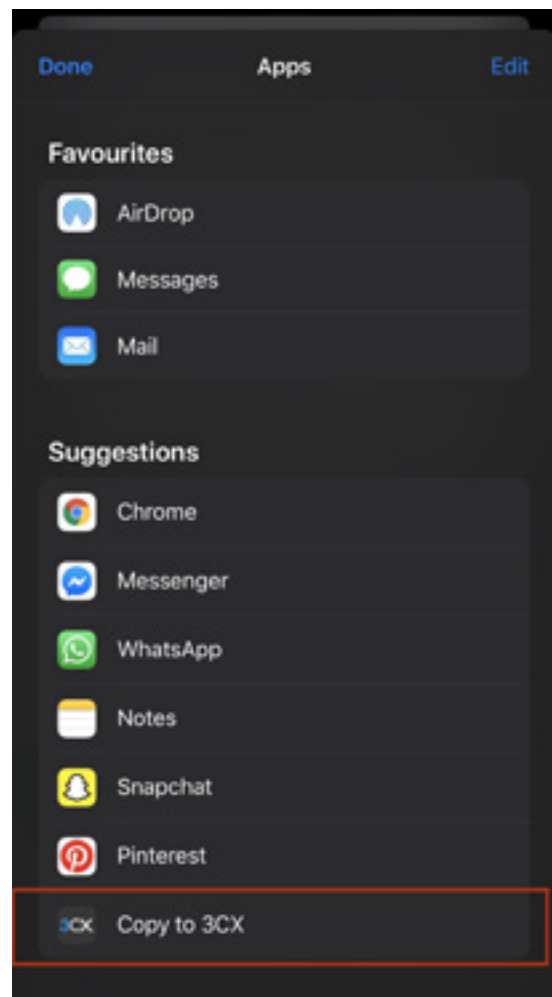
- 2 Skip to section 3 on the email and follow the instructions to download the app.



- 3 Once downloaded, open the email on your phone and open the attachment that starts with '3cvProv...'.



- 4 This will then ask you which app you want to open the file with and you should click 'copy to 3CX'.

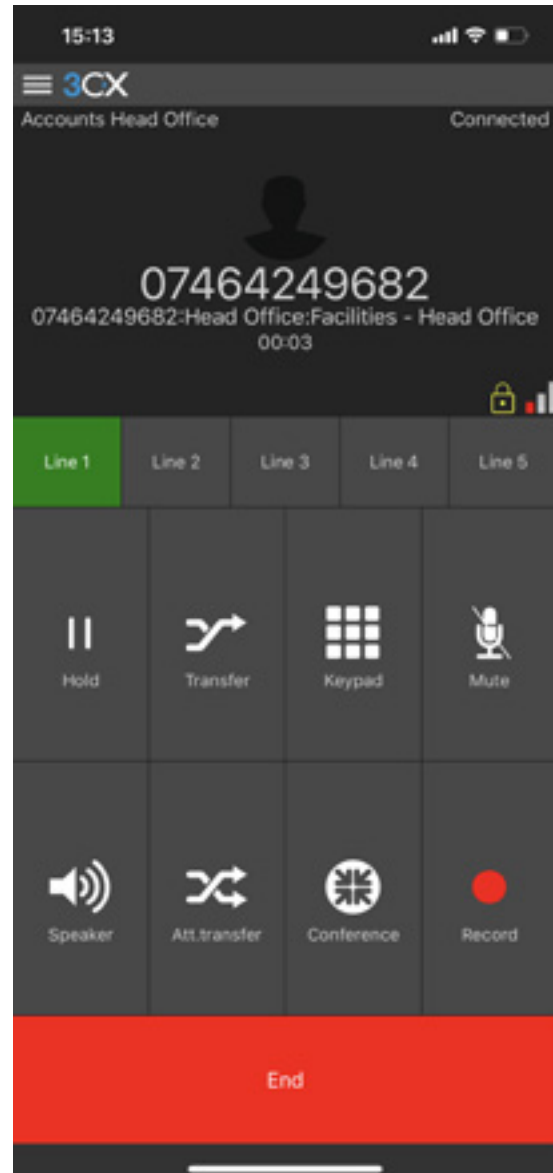


- 5 This should then automatically open the 3CX app, log you in and be set up ready to use.



From this point, when your phone extension rings, so will your mobile. You can likewise make outbound calls the same way.

Just like the handsets on your desks, you are able to transfer, hold and conference calls.



Please refer to the [GOV.uk website](https://www.gov.uk/government/collections/financial-support-for-businesses-during-coronavirus-covid-19) for further information - Financial support for businesses during coronavirus (COVID-19)

<https://www.gov.uk/government/collections/financial-support-for-businesses-during-coronavirus-covid-19>

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- A new lending facility from the Bank of England to help support liquidity among larger firms, helping them bridge coronavirus disruption to their cash flows through loans
- The HMRC Time To Pay Scheme

Please refer the GOV.UK website – Guidance COVID-19: support for businesses for more details: <https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/covid-19-support-for-businesses>

Support for businesses who are paying sick pay to employees

Small - and medium-sized businesses and employers to reclaim Statutory Sick Pay (SSP) paid for sickness absence due to COVID-19. The eligibility criteria for the scheme will be as follows:

- This refund will cover up to 2 weeks' SSP per eligible employee who has been off work because of COVID-19
- Employers with fewer than 250 employees will be eligible - the size of an employer will be determined by the number of people they employed as of 28 February 2020
- Employers will be able to reclaim expenditure for any employee who has claimed SSP (according to the new eligibility criteria) as a result of COVID-19
- Employers should maintain records of staff absences and payments of SSP, but employees will not need to provide a GP fit note
- Eligible period for the scheme will commence the day after the regulations on the extension of Statutory Sick Pay to those staying at home comes into force
- The government will work with employers over the coming months to set up the repayment mechanism for employers as soon as possible

Support for businesses that pay business rates

- Business rates retail holiday for retail, hospitality and leisure businesses in England for the 2020 to 2021 tax year.
- Businesses that received the retail discount in the 2019 to 2020 tax year will be rebilled by their local authority as soon as possible.
- A £25,000 grant will be provided to retail, hospitality and leisure businesses operating from smaller premises, with a rateable value between £15,000 and £51,000.
- Any enquiries on eligibility for, or provision of, the reliefs should be directed to the relevant local authority. Guidance for local authorities on the business rates holiday will be published by 20 March

Support for businesses that pay little or no business rates

- This will provide a one-off grant of £10,000 to businesses currently eligible for SBRR or rural rate relief, to help meet their ongoing business costs.
- If your business is eligible for SBRR or rural rate relief, you will be contacted by your local authority – you do not need to apply.
- Funding for the scheme will be provided to local authorities by government in early April. Guidance for local authorities on the scheme will be provided shortly.

Support for businesses through the Coronavirus Business Interruption Loan Scheme

A new temporary Coronavirus Business Interruption Loan Scheme, delivered by the British Business Bank, will launch next week to support primarily small and medium sized businesses to access bank lending and overdrafts. The government will provide lenders with a guarantee of 80% on each loan (subject to a per-lender cap on claims) to give lenders further confidence in continuing to provide finance to SMEs. The government will not charge businesses or banks for this guarantee, and the Scheme will support loans of up to £5 million in value. Businesses can access the first 6 months of that finance interest free, as government will cover the first 6 months of interest payments. Further details, including on the lenders providing access to this scheme will be announced in the coming days, and the scheme will be available from early week commencing 23 March 2020.

Support for larger firms through the COVID-19 Corporate Financing Facility

To support larger firms, the Bank of England has announced a new lending facility to provide a quick and cost effective way to raise working capital via the purchase of short-term debt. This will support companies which are fundamentally strong, but have been affected by a short-term funding squeeze, enabling them to continue financing their short-term liabilities. It will also support corporate finance markets overall and ease the supply of credit to all firms. Further details, including on how to access this funding will follow in the coming days, and the scheme will be available from the week commencing 23 March.

Support for businesses paying tax

All businesses and self-employed people in financial distress, and with outstanding tax liabilities, may be eligible to receive support with their tax affairs through HMRC's Time To Pay service. These arrangements are agreed on a case-by-case basis and are tailored to individual circumstances and liabilities.

If you are concerned about being able to pay your tax due to COVID-19, call HMRC's dedicated helpline on 0800 0159 559.

Insurance

Businesses that have cover for both pandemics and government-ordered closure should be covered, as the government and insurance industry confirmed on 17 March 2020 that advice to avoid pubs, theatres etc is sufficient to make a claim.

Insurance policies differ significantly, so businesses are encouraged to check the terms and conditions of their specific policy and contact their providers. Most businesses are unlikely to be covered, as standard business interruption insurance policies are dependent on damage to property and will exclude pandemics.

GOC statement on education provision during the COVID-19 emergency

1. Along with all other healthcare regulators, the GOC has signed a joint regulatory statement which acknowledges that registrants will need to act differently and deliver care in different ways during the COVID-19 emergency in line with Government and public health guidance. The GOC will take account of this in fulfilling its regulatory functions along with the following statement in response to questions from education providers about what changes to education delivery the GOC will allow.

Patient, student and staff safety

2. The health of patients, and patient safety is our first priority. Students, staff and others must manage their own health, where that impacts on others. That means not attending teaching sessions or assessments when sick, and self-isolating if required to do so. This is particularly important when staff and students are in a clinical environment.

3. If students or staff are on placement or working in clinical environments and have pre-existing health conditions that place them at increased risk of infection, they should discuss this with their education provider.

4. Education providers, employers and contracting bodies should take all necessary steps to make sure that those who are learning or working in clinical environments are suitably equipped (for example, with protective clothing) and have the right information to minimise the risk of transmission.

5. Government guidance for healthcare professionals and organisations can be found here: <https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>.

Government guidance for education settings can be found here: <https://www.gov.uk/government/publications/guidance-to-educational-settings-about-covid-19>.

Changes to education delivery

6. All GOC-approved qualifications must be delivered in line with GOC education standards as outlined in our Approval and Quality Assurance handbooks.

7. The GOC will be flexible and pragmatic in its approach during the COVID-19 emergency and recognises that education providers will be working with their institutions, their regulatory bodies, national qualification organisations and professional associations in considering what changes might be needed to ensure continued provision of GOC approved qualifications.

8. The current situation will bring significant challenges for education providers in supporting students and staff to adapt to different and/or remote teaching and assessment methods, whilst also maintaining GOC standards.

9. For Optometry, in planning changes to provision, providers, students and their employers may find it useful to refer to the joint message from the Optometry Schools Council (OSC) and College of Optometrists on supporting final-year students' progression to the Scheme for Registration.

10. As institutions make changes to their provision to ensure the safety of staff, students and patients, education providers are asked to keep us in touch with reportable events and temporary changes (as per our usual guidance). This includes changes to the mode of delivery of teaching and assessment of their programmes. Providers should document any changes they make and update us using the following email address; education@optical.org.

11. Providers are reminded that as long as the standards outlined in our Approval and Quality Assurance handbooks are met, providers need only notify us of changes made. If changes to provision mean GOC standards may not be met, providers are asked to alert us at the earliest opportunity. Depending on the level of risk posed by the proposed changes, we will make separate arrangements with the provider to formally consider and if appropriate approve changes on a temporary/ time limited basis.

12. We recognise that students may not be able to receive clinical teaching and assessments in clinical locations, and that teachers, other staff and students may be off sick or self-isolating.

Where possible, we'd ask education providers to:

- a. prioritise the teaching and assessment of final year students;
- b. work with partners to make appropriate contingency arrangements.

The GOC will keep this statement under review

13. Next routine review due: not later than 30 April 2020



HAKIM
GROUP

GOC NEWS

The General Optical Council (GOC) understands that many of its registrants and stakeholders will have questions about the impact of COVID-19 and wants to ensure that everyone in the optical professions is aware of the steps the GOC has taken in light of the emergency.

Support for registrants

The GOC has established a dedicated COVID-19 page on its public website where it is directing registrants to the latest Government guidance.

Along with all other healthcare regulators, the GOC has signed a joint regulatory statement which acknowledges that registrants will need to act differently and deliver care in different ways during the COVID-19 emergency in line with Government and public health guidance.

The GOC will take account of this in fulfilling its regulatory functions and will also be publishing a series of optical sector specific statements to reassure registrants that when they act in good conscience and exercise professional judgement for the public benefit, the GOC will support them.

Today, the GOC has published a new statement on the supply of spectacles and contact lenses, which allows registrants to use their professional judgement to decide whether it is necessary for a patient to attend for a sight test or contact lens fitting/check in order to supply spectacles and contact lenses. This follows the publication of a statement for education providers yesterday on the ability to adapt education delivery approaches during this time.

The GOC has also signed a joint regulatory statement on remote consultation and prescribing which is particularly relevant during this period of social distancing. Further statements to support optometrists, dispensing opticians, optical students, optical businesses, the education sector and other stakeholders will be published over the coming days and weeks.

GOC office

In line with Government advice, GOC staff are now working remotely instead of in the office, which is now closed to visitors. The GOC will no longer take telephone calls and all enquiries should be made by email. You can visit the Contact Us page on the GOC website for a full list of email addresses within the organisation.

Homeworkers will not always have secure environments in order to have potentially sensitive and confidential telephone calls or take personal information and so this approach ensures that people's personal data is protected. In some instances, where it is essential and where a confidential environment can be guaranteed, the GOC may make calls.

The GOC urges those wishing to communicate with them to send communications electronically in order to minimise post and ensure it is dealt with as effectively and quickly as possible. This includes supplier invoices, which the GOC will endeavour to pay as quickly as possible.

GOC Fitness to practise (FTP) hearings

To ensure the safety and wellbeing of everyone concerned, the GOC will no longer be conducting office-based hearings. The GOC is exploring options to support remote hearings and will issue a statement on this shortly.

A message from GOC Chief Executive and Registrar, Lesley Longstone

"In these extraordinary times, we are fortunate that in all four countries of the United Kingdom we have a group of exceptionally well qualified eye care professionals on whom the general public and fellow healthcare professionals can rely. Uncertain times mean that our registrants may be called upon to work at the limits of their scope of practice and vary their practice for protracted periods of time and in challenging circumstances.

With our COVID-19 statements we hope to reassure practitioners, academics and students that when they act in good conscience, for the public benefit, exercising professional judgement in all of the circumstances that apply, the GOC will support them.

We will also continue to closely monitor and follow Government guidance and act accordingly. We want to thank everyone for their cooperation.”

To read the latest statements and guidance, visit the dedicated COVID-19 page on the GOC website.



HIGH LEVEL PRINCIPLES FOR REMOTE PRESCRIBING

This information is for all healthcare professionals with prescribing responsibilities. It sets out the shared high level principles of good practice expected of everyone when consulting and or prescribing remotely from the patient.

The principles are underpinned by existing standards and guidance from professional and system regulators. Healthcare professionals should continue to follow guidance from regulatory bodies and take clinical guidance into account in their decision making. This information is not clinical guidance or new guidance from regulatory bodies.

These principles have been co-authored and agreed by a range of healthcare regulators and organisations (see Annex A)

Safeguards for patients accessing healthcare remotely
Remote consultations and prescribing provided online, over video-link or by phone can benefit patients¹, save resources and help meet public demand for more convenient access to healthcare.

However, there are potential patient safety risks, particularly where services aren't linked to a patient's NHS GP or regular healthcare provider, and where there may be limited access to a patient's medical records. Issues include increased attempts to gain access to medicines which can cause serious harm and the need to ensure safe ongoing monitoring of those with long term conditions. Providers of remote services and the healthcare professionals they work with must be aware of these risks and be clear about their responsibilities for protecting patients.

Patients can expect to have effective safeguards in place to protect them when they receive advice and treatment remotely. Safeguards are necessary whether the consultation happens in the context of a continuing treating

relationship or is a one-off interaction between a patient and a healthcare professional.

Key principles

We expect UK registered healthcare professionals to follow ten high level key principles when providing remote consultations and prescribing remotely to patients based in the UK or overseas.

- 1 Make patient safety the first priority and raise concerns if the service or system they are working in does not have adequate patient safeguards including appropriate identity and verification checks.²
- 2 Understand how to identify vulnerable patients and take appropriate steps to protect them.

¹ In this context the term 'patient' refers to all people using health and care services including pregnant women, service users and clients receiving non-surgical/clinical treatments.

² NHS Digital has published [The Identity and Verification standard for Digital Health and Care Services \(2018\)](#). For guidance on safe and appropriate online and remote provision of sexual health services please refer to Faculty of Reproductive Sexual Health (FRSH) and British Association for Sexual Health and HIV (BASHH) [Standards for Online and Remote Providers of Sexual and Reproductive Health Services](#).

- 1 Tell patients their name, role and (if online) professional registration details, establish a dialogue and make sure the patient understands how the remote consultation is going to work.
- 2 Explain that:
 - a They can only prescribe if it is safe to do so.
 - b It's not safe if they don't have sufficient information about the patient's health or if remote care is unsuitable to meet their needs.
 - c It may be unsafe if relevant information is not shared with other healthcare providers involved in their care.
 - d If they can't prescribe because it's unsafe they will signpost to other appropriate services.
- 3 Obtain informed consent and follow relevant mental capacity law and codes of practice.
- 4 Undertake an adequate clinical assessment and access medical records or verify important information by examination or testing where necessary.
- 5 Give patients information about all the options available to them, including declining treatment, in a way they can understand.
- 6 Make appropriate arrangements for after care and, unless the patient objects, share all relevant information with colleagues and other health and social care providers involved in their care to support ongoing monitoring and treatment.
- 7 Keep notes that fully explain and justify the decisions they make.
- 8 Stay up to date with relevant training, support and guidance for providing healthcare in a remote context.

Working in safe systems

Responsible employers and providers of remote services will have systems in place to check patients' identity and identify patterns of behaviour which may indicate serious concerns so that appropriate steps can be taken to protect patients. Particularly vulnerable patients may include those at risk of self-harm, substance or drug use disorders, those with long term conditions, and children attempting to access services intended for adults.

Healthcare professionals who are responsible for leading a team or service offering remote care are expected to make sure that staff are clear about their roles, their personal and collective responsibilities for individual patients, and the quality and safety of care provided by the team or service. They have a responsibility to contribute to setting up and maintaining effective systems to identify and manage risks, and to act quickly where patients may be at risk of harm.

Recognising the limitations of remote prescribing

It is important for healthcare professionals and employers to consider the limitations of remote services when deciding the scope of practice and range of medicines prescribed. Some categories of medicines are not suitable to be prescribed remotely unless certain safeguards are in place. The General Pharmaceutical Council has produced guidance which explains that pharmacies based in England, Scotland and Wales may not supply these categories of medicine without having an assurance that these safeguards are in place. The Pharmaceutical Society of Northern Ireland provides standards and guidance on internet pharmacy services for pharmacies based in Northern Ireland.

Offering remote services to patients overseas

If UK based healthcare professionals are considering working for service providers based in other countries, it's important to be aware that there may not be established local mechanisms to provide effective systems regulation and this may impact on patient safety. Before providing remote services to patients overseas the healthcare professional should check if they are required to register with regulatory bodies in the country where they are based, and where the patient is based and where any medicines they prescribe are to be dispensed. They also need to check they have an arrangement in place to provide indemnity or insurance to cover their practice in all relevant countries.

When prescribing to a patient overseas, UK based healthcare professionals are expected to consider how they or local healthcare professionals will monitor the patient's condition. The healthcare professional needs to take account of any legal restrictions on prescribing or the supply of particular medicines, and any differences in a product's licensing or accepted clinical use in the destination country. They should follow UK and overseas legal requirements and relevant guidance on import and export for safe delivery, including from the Medicines and Healthcare products Regulatory Agency.

Further information and guidance

Links to relevant information and guidance published by professional and system regulators, royal colleges and faculties, professional bodies and other stakeholders are provided below.

Professional regulators

The following organisations regulate healthcare professionals in the UK.

General Dental Council

- [Standards for the dental team \(2013\)](#)

General Medical Council

- [Good medical practice \(2013\)](#)
- [Good practice in prescribing and managing medicines and devices \(2013\)](#)
- [Ethical hub resource on remote consultations](#)
- [Ethical hub resource on adult safeguarding Protecting children and young people; the responsibilities of all doctors \(2018\)](#)

General Optical Council

- [Standards of practice for optometrists and dispensing opticians \(2016\)](#)
- [Standards for Optical Businesses \(from 1 October 2019\)](#)

General Pharmaceutical Council

- [Guidance for registered pharmacies issuing prescriptions at a distance including on the internet \(2019\)](#)

- [Standards for pharmacy professionals \(2017\)](#)

The Health and Care Professions Council

- [Meeting our Standards](#)
- [Standards for Prescribing \(2019\)](#)

Nursing and Midwifery Council

- [Professional code](#)
- [Standards for prescribers](#)
- [FAQ on remote prescribing: what do I need to consider as a nurse, midwife or nursing associate when medicines are prescribed remotely?](#)

Pharmaceutical Society of Northern Ireland

- [Standards and guidance for pharmacists prescribing \(2013\)](#)
- [Standards and guidance on internet pharmacy services \(2013\)](#) (this document is currently under review)

System regulators

The following organisations regulate services in the UK including online.

- England - [Care Quality Commission](#)
- Wales - [Healthcare Inspectorate Wales](#)
- Scotland - [Healthcare Improvement Scotland](#)
- Northern Ireland - [Regulation and Quality Improvement Authority](#)

Other regulators

[The Medicines and Healthcare products Regulatory Agency](#)

is the regulator for medicines, medical devices and blood components for transfusion in the UK.

Royal Colleges and Faculties

The Academy of Medical Royal Colleges

- www.aomrc.org.uk

Faculty of Pain Medicine

- [Opioids Aware: A resource for patients and healthcare professionals to support prescribing of opioid medicines for pain](#) co-published with Public Health (England)

Faculty of Sexual and Reproductive healthcare

- [Standards for Online and Remote Providers of Sexual and Reproductive Health Services \(2019\)](#) co-published by the Faculty of Sexual and Reproductive healthcare and the British Association of Sexual Health and HIV

Royal College of General Practitioners

- [Online consultations in general practice: the questions to ask \(2018\)](#)

Royal Pharmaceutical Society

- [Online pharmacy services policy \(2019\)](#)
- Competency framework for all prescribers
- [Protecting vulnerable adults](#)
- [Protecting children and young people](#)

Other organisations

British Medical Association

- [Choosing an online consultation system \(2018\)](#)

Information Commissioner's Office

- [Rights related to automated decision making including information profiling](#)

National Cyber Security Centre

- [Guidance on secure voice technology](#)

NHS Digital

- [Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems \(2018\)](#)
- [The Identity and Verification standard for Digital Health and Care Services \(2018\)](#)

NHS England

- [Using online consultations in primary care implementation toolkit \(2019\)](#)

Further information on mental capacity

- [Mental capacity act \(England and Wales\) 2005 code of practice](#)
- [Adults with incapacity act \(Scotland\) 2000](#)
- [Mental capacity act \(Northern Ireland\) \(2016\)](#) (yet to be enacted) Common law currently applies in Northern Ireland.

Further information on safeguarding

England

- [NHS England safeguarding steering group resources](#)

Wales

- [Safeguarding: Guidance for organisations](#) published by Welsh Government

Scotland

- [Child protection guidance for Health Professionals \(Scotland\) \(2013\)](#) published by the Scottish Government
- [National Guidance for Child Protection in Scotland \(2014\)](#)
- [Code of Practice on Adult Support and Protection](#)

Northern Ireland

- [Adult safeguarding – prevention and protection in partnership \(2015\)](#) co-published by the Department of Health, Social Services and Public Safety and Department of Justice Northern Ireland.

Annex A

The principles have been co-authored and agreed by: Academy of Medical Royal Colleges, Care Quality Commission, Faculty of Pain Medicine, General Dental Council, General Medical Council, General Optical Council, General Pharmaceutical Council, Healthcare Improvement Scotland, Healthcare Inspectorate Wales, Nursing and Midwifery Council, Pharmaceutical Society of Northern Ireland, Royal Pharmaceutical Society, Regulation and Quality Improvement Authority.

Publications approval reference: 001559

1 April 2020

Dear colleagues

Thank you again for your continued work to prepare for and handle the COVID-19 pandemic. We are grateful for the commitment and effort that is going into providing care for patients.

In light of the most recent public health control measures and in recognition of the difficulties that practices are facing including continuing concerns about staff safety, we are making a number of immediate changes to the delivery and operation of our optometry services.

A. Changes to optometry services delivered outside hospital

The following changes to the provision of services will take immediate effect:

All routine optical services are suspended until advised otherwise. For this communication, the definition of a routine service is when the patient is not complaining of any new symptoms or loss of sight.

Urgent and essential eye care should be delivered from a limited number of optical practices only. This includes:

- **Essential eye care** currently delivered under General Ophthalmic Services (GOS). This includes but is not limited to appointments for patients who would not normally be considered to be emergencies, but where, in the practitioner's professional judgement, a delay in an examination may be detrimental to a patient's sight or wellbeing. This may include where patients have broken or lost their glasses or contact lenses and need a replacement pair to function.
- **Urgent or emergency eye care** where a contract is held with a CCG to deliver urgent clinical advice or intervention e.g. for red eye, contact lens discomfort, foreign object, sudden change in vision, flashes and floaters which might suggest detachment etc., or where the patient has been advised to attend a practice by NHS 111 or another healthcare professional for urgent eye care.

NHSE/I regional teams will work with CCGs and optical practices locally to ensure that appropriate and adequate levels of urgent and essential eye care are available across populations.

We support the guidance released by the College of Optometrists that sets out ways in which practice should be adapted in the current circumstances. This is included here: <https://www.college-optometrists.org/the-college/media-hub/news-listing/coronavirus-covid-19-guidance-for-optometrists.html>



Where possible remote consultations should be available to triage symptoms and prevent the need for patients to attend the practice in person. This triage should establish whether any potential patient or anyone in their household has symptoms, prior to any visit should that be required. Further information will follow on new support measures for practices to enable remote consultations.

NHS England is also working with the Department of Health and Social Care to develop practical workaround solutions that aid remote service delivery through review of existing GOS regulations such as the requirement for patient signatures on GOS 3 forms.

Should emergency dispensing be required, please follow the General Optical Council statement on supply of spectacles and contact lenses during COVID-19:

https://www.optical.org/filemanager/root/site_assets/publications/covid_19/statement_on_supply_of_spectacles_and_contact_lenses_during_covid-19_emergency.pdf.

Where contractors are unable to provide urgent and essential care services, or elect not to do so, they should notify their regional commissioner of their intention to cease operations.

B. Infection control

All services that continue to be delivered must use robust infection control procedures, including:

- Using a cough guard on slit lamps. The Royal College of Ophthalmologists has advice on how temporary cough guards can be made [here](#);
- Wiping clinical equipment and door handles after every patient, as well as other surfaces that may have been contaminated with body fluids using a suitable disinfectant such as an alcohol wipe. All surfaces must be clean before they are disinfected;
- Sanitising frames before patients try them on. If a focimeter needs to be used on patients' spectacles, the patient should be asked to take them off and should be provided with a wipe to sanitise their frames before these are touched by the professional;
- Supporting good tissue practice (catch it, kill it, bin it) for patients and staff by having tissues and covered bins readily available; and
- Ensuring that thorough hand washing techniques are adhered to.

C. Further advice and guidance

NHS England has recently published standard operating procedures for primary care: <https://www.england.nhs.uk/coronavirus/primary-care/>. These will continue to be updated regularly. These pages also include interim advice for primary care from Public Health England.

Professional regulators have issued guidance to support health professionals in these challenging circumstances, you can read the statement [here](#):

https://www.optical.org/en/news_publications/Publications/joint-statement-and-guidance-on-coronavirus-covid19.cfm

D. Personal Protective Equipment (PPE)

We recognise that the issue of staff safety and confidence in PPE guidance is very important for staff engaged in direct patient care.

We will continue to be led by the emerging evidence and will update the Standard Operating Procedure available on our website at <https://www.england.nhs.uk/coronavirus/primary-care/optical-setting/> to reflect updated advice through our NHS Infection Prevention Control (IPC) colleagues and Public Health England.

E. 2020-21 contracts and finance

We will take immediate steps to revise the operation of the 2020-21 contract requirements to reflect service disruption due to COVID-19. The approach will aim to achieve the following:

- Maintaining cash flow and immediate stability and certainty for optometry practices who are providing urgent and essential eye care services in a consolidated and temporary service model locally;
- Fairly recompensing practices for GOS costs incurred;
- Enabling practices to cease provision of GOS services for the period of the COVID-19 response where appropriate; and
- Ensuring that appropriate capacity exists locally for patients to access urgent and essential eye care.

We will therefore take the following steps:

For practices seeking to cease operations entirely:

- The contractor should notify their NHS England and Improvement regional commissioner of the dates on which provision of services stops and re-starts;
- Agreement to service cessation will be given by the commissioner, on the condition that provision of appropriate eye care is in place in the local area;
- Payments will stop for the period of service cessation and resume once the regional commissioner has been notified that services have been recommenced; and
- Most practices will be able to take advantage of government support already announced in this period.

For practices continuing to provide essential eye care:

- We will support cashflow by maintaining monthly payments based on the average monthly reimbursement to the practice generated from GOS fees during the period March 2019 to February 2020;
- Where a larger volume of essential care takes place, this will be funded in the normal manner through the reconciliation of processed vouchers for that activity on a monthly basis;
- We will progress work with the Optical Fees Negotiating Committee (OFNC) to determine a fair and reasonable approach to reconciliation of payments that would take place after the COVID-19 response upon return to normal operations; and
- We will encourage practices to support efforts to offer any surplus and available staff capacity to other areas as outlined in section F, “Workforce” below, where practicable;
- We expect practices to ensure that all appropriate staff continue to be paid at previous levels;
- An agreed and fair reduction for any variable costs associated with service delivery (e.g. in recognition of reduced consumable costs associated with dispensing of frames and lenses) will be applied to all reimbursements. This will be discussed and agreed with the OFNC; and
- These arrangements will operate over a fixed number of months with an agreed end date.

Additional government support

Contract holders wishing to claim against additional Government support schemes should ensure that claims are made only in relation to their proportion of private revenue.

We expect that as part of the 2020/2021 reconciliation process practices will be expected to declare that they have not applied for any duplicative Government funding and provide evidence of the portion of NHS/ private income used in any applications for additional support. We will work with the OFNC to agree a proportionate and workable process in this regard.

F. Workforce

We recognise the impact that self-isolation and social distancing is having on the optical workforce. We also realise that the changes to GOS outlined above will mean that there is freed capacity within a highly skilled workforce, and we appreciate the offers that have come in from the profession to contribute to the wider COVID-19 response.

We would like to encourage the freed-up workforce capacity to support:

- ongoing provision of urgent and essential eye care;
- NHS colleagues working in wider primary care;
- NHS colleagues working in the acute COVID-19 response; and
- Local authority and voluntary services COVID-19 response.

We would ask that where possible staff contact details are made available rapidly and that practices actively support any national or local calls for help.

The most up to date information on how to register to provide services in other parts of the NHS will be made available through our workforce landing page:

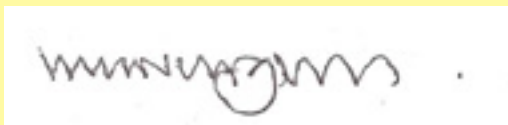
<https://www.england.nhs.uk/coronavirus/returning-clinicians/>

Conclusion

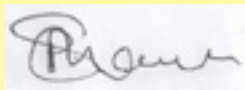
We are working with professional bodies and optical practices across the country to keep you and your patients safe, to produce information and guidance, and to listen to your concerns and suggestions as the situation progresses.

Thank you again for your commitment and engagement as part of this unprecedented national effort.

With very best wishes



Matt Neligan
Director of Primary Care and System Transformation



Poonam Sharma
Optometry Adviser
NHS England and NHS Improvement



COVID-19 UPDATE: PRIMARY EYE CARE - 5 APRIL 2020

We are open seven days a week at FODO to support you throughout the Covid-19 crisis. If you need us, contact us as usual at info@fodo.com.

In this Covid-19 update:

- Important: Personal protective equipment guidance (PPE) UK
- PPE supplies
- Clinical update – remote consultations and more
- New Scottish Primary Care Announcement (PCA)
- LOCSU levy pause
- OFNC update
- Further financial guidance – support for eye care providers

Important: Personal protective equipment guidance (PPE) UK

On 2 April (and updated 4 April), the [UK published new personal protective equipment \(PPE\)](#) guidance for health and care workers in context of the Covid-19 pandemic.

The guidance is issued jointly by the Department of Health and Social Care, Public Health Wales, Public Health Agency Northern Ireland, Health Protection Scotland, Public Health England and NHS England. It therefore applies to all eye care services in the UK.

Overview

The College of Optometrists has updated its PPE guidance in response to this official guidance. The College guidance explains:

- Primary eye care practices should not be seeing patients with signs or symptoms, or confirmed cases, of Covid-19
- Social distancing and scrupulous hand-washing remain essential
- You should assess the risk of infection to patients and colleagues in practice. This risk assessment will help you ensure you use the appropriate level of PPE based on official advice (more below).

This is important because PPE is in addition to:

- Other official public health advice and sector guidance
- Social distancing
- [Best practice handwashing](#) and [best practice use of hand rub](#).

PPE does not replace these core principles of infection control. For example:

- You should continue to screen patients before they attend practice and place information notices on your practice door to minimise the risk of somebody with a possible or confirmed case of Covid-19 attending
- If you can provide care remotely or while maintaining a 2m distance this is better than using PPE to carry out those tasks at a closer distance
- In addition, you should use the correct PPE as instructed.

Important detail

- 1 All members should [read the College's new PPE guidance in full](#)
- 2 Members providing ophthalmology services in hospital settings should also [read the Royal College of Ophthalmologists' updates on PPE](#) and review its [3 April PPE table](#). You should check back on the [main page](#) for updates.

Members have been in touch to seek clarity about the College's reference to local risk assessments. Therefore, in addition to College guidance, we recommend the following.

Individuals in charge of infection control policies in your organisation should [read the UK's official PPE guidance](#) and keep up to date with all other official guidance. Official PPE guidance includes tables which describe PPE use across different clinical settings and advice on correct usage and other safety measures.

Section 5 provides a summary of PPE recommendations in health and care settings.

- [Table 1](#) PPE in secondary care inpatient clinical settings
- [Table 2](#) PPE for primary, outpatient and community care settings
- [Table 3](#) PPE for ambulance, paramedics, first responders and pharmacists
- [Table 4](#) PPE where Covid-19 transmission is sustained.

Please also note that the official guidance note accompanying these summary tables states:

- "It is recognised that provision of healthcare is dynamic and in a single care episode more than one context may be encountered, PPE should be changed (upgraded) as appropriate." ([Section 5](#))

The rationale for updated PPE guidance also seeks:

- "... to set out clear and actionable recommendations on the use of PPE, as part of safe systems of working, for health and social care workers relative to their day-to-day work. Incidence of Covid-19 varies across the UK and risk is not uniform and so elements of the updated guidance are intended for interpretation and application dependant on local assessment of risk." ([Section 2](#))

This confirms that local assessment of risk is required. The specific advice for primary care settings is [set out in section 8.9](#) and states:

- "PPE guidance is provided for primary and community care in [Table 2](#)".

Primary eye care providers are therefore advised to read Table 2 in detail and carry out a local assessment of risk to decide whether Table 4 also applies. Section 7 of the official guidance provides [more detail on risk assessment](#).

Those in charge of infection control procedures should read the official guidance in full and develop protocols for the wider team. However, we also recommend that all clinical staff read the following sections of the PPE guidance:

- [Main changes to previous guidance](#)
- [Safe ways of working](#)
- [Risk assessment](#)
- [PPE covering primary care and outpatient settings \(section 8.9\)](#)
- [Patient use of PPE](#)
- [Using PPE best practice non-aerosol generating procedures](#) (and if required [Using PPE best practice aerosol generating procedures](#)).

[Please also keep up to date with the extremely vulnerable list](#) – last updated 30 March – to ensure this is factored into remote care triage processes.

PPE supplies

Across the UK there have been challenges in obtaining PPE. FODO advises:

- Eye care providers collaborate with each other and the wider health and care system to help optimise the use of available PPE throughout the pandemic.

This includes sharing procurement/distribution PPE resources whenever and wherever this is necessary to adhere to UK-wide public health advice on PPE (see above).

The Competition and Markets Authority will not take any action against this level of coordination ([see para 1.5](#) in the latest CMA guidance on Covid-19).

In addition, please note:

- In England, LOCSU has informed FODO that is exploring providing PPE to optical practices during the pandemic. Please email info@locsu.co.uk. If your own supply chain cannot provide sufficient PPE and LOCSU cannot support with local supply, please [read this 1 April Department of Health and Social Care letter](#)
- In Northern Ireland, Optometry Northern Ireland is doing all it can to source PPE on behalf of primary eye care
- In Wales, please direct any questions to salidavis@optometrywales.com at Optometry Wales.
- In Scotland the [latest PCA sets out plans on how to optimise PPE use locally](#).

If you are unable to access PPE you should follow College advice:

- “In the absence of appropriate PPE, if you consider there to be an infection risk to yourself or your patients, we recommend that you see patients virtually, until your practice is able to provide these essential items of PPE. You can refer the patient to another practice in the area who has appropriate PPE, or on to secondary care if they require urgent treatment. You can continue to provide patients with contact lenses or spectacles by post and if a patient contacts you for advice there are many issues that you can resolve over the phone or by video consultation, including a clinical consultation. More guidance on this will follow.” ([FAQ – I am unable to get PPE – what should I do?](#) Accessed 5 April)

Clinical update – remote consultations and more

The College of Optometrists has updated its remote consultations guidance. This now includes a new telephone review form. Members are advised to:

- Ensure all frontline clinicians have access to and read the [College’s remote consultations during Covid-19](#)
- [Review the clinical telephone review form published 1 April](#) – this is in addition to the 19 March resources which covered [supplying replacement spectacles](#) and [contact lenses](#).

The College of Optometrists and Ophthalmologists also published a new statement on patient management during the Covid-19 pandemic. This includes a [primary care ‘decision aid’](#). The joint note covers principles, strategy, communication and co-management. [Learn more](#).

This follows the Colleges publishing a joint letter on 1 April setting out the vital role of primary eye care during the pandemic and beyond. [Read the 1 April letter](#) to Jo Churchill MP, Parliamentary Under Secretary of State for Prevention, Public Health and Primary Care.

New Scottish Primary Care Announcement (PCA)

The Scottish government published an updated GOS PCA on 2 April. PCA(O)2020(6) includes:

- Details of new arrangements for all face-to-face contact between patients and community eye care practitioners, including PPE requirements
- The establishment of designated EETCs and PPE supply for EETCs
- New arrangements for emergency and essential domiciliary eye care provision
- Clarification of Covid-19 key worker status for the community optical sector.

All members operating in Scotland should [read the PCA in full](#).

LOCSU levy pause

LOCSU announced on Friday that it would pause its levy for four months. It said:

“There is no expectation that the LOCSU levy will be paid on this activity income, the GOS grant or any payments made in relation of Covid-19 support for the four months outlined. The position will be reviewed in July in line with the Covid-19 situation.”

[Read the full press release](#).

OFNC update

To recap on the week's updates from the OFNC:

Covid-19

[On Wednesday the OFNC responded](#) to NHS England's long overdue letter covering the provision of primary eye care and financial support during the Covid-19. The [OFNC then published guidance on Thursday](#) to provide clarity on the NHS package and to allow all practices in England to plan accordingly.

Annual GOS negotiations

[On 3 April the OFNC](#) rejected the fifth year of freeze in GOS fees. The OFNC, responding to a letter from the Department of Health and Social Care (DHSC) which states GOS fees will be frozen for another year, said:

- "...the freeze will have to be imposed by the Department without OFNC agreement. The OFNC had bid for a reasonable and affordable increase of at least 2.5% in GOS fees this year in line with wider investment in NHS care".

The OFNC also said:

- "The government's fee letter does not bear any relation to discussions the OFNC has had with NHS England and our response sets out to correct the record. In the meantime, a serious injustice has been done to the primary eye care sector and eye care patients. The trust and goodwill of a loyal workforce, who will be key to delivering the Outpatient Transformation Programme and relieving long term pressures on hospitals, has been further eroded."

[Read the full 3 April OFNC statement.](#)

The OFNC has also published:

- [OFNC December 2019: NHS primary eye care – concerns from the health sector](#). The original bid letter, which set out the negative impact the continued freeze in GOS fees has had on patient eye health, practitioners and practices in England and need for action
- [OFNC January 2020: Follow-up letter to NHS England](#). This sets out the outcome of the December meeting with NHS England and next steps
- [DHSC March 2020: GOS fees 2020/21](#). The Department's response
- [OFNC March 2020: GOS fees 2020/21](#). Setting out concerns about the March DHSC letter

Further financial guidance – support for eye care providers

We will be issuing a separate alert on financial support providers shortly, this includes new guidance on the coronavirus job retention scheme and more detail on other government schemes we have updated members on in the [23 March](#) and [27 March alert](#).

If you have any questions or know anyone who would like to receive this newsletter, please contact us at optics@fodo.com.



FODO MEMBER ALERT: OFNC UPDATE GOS ENGLAND – 9 APRIL 2020

Dear [REDACTED]

We will be open over the bank holiday weekend at FODO to support you throughout the Covid-19 crisis. If you need us, contact us as usual at info@fodo.com.

OFNC GUIDANCE ON CHANGES TO PRIMARY EYE CARE IN ENGLAND

The OFNC has updated its FAQ resource, Guidance on changes to primary care in England. The 9 April update includes more detail on financial support.

- **“How do I apply for the new NHS England financial support?”**

You do not need to apply for the support. If your NHS England area team knows you are open, it will write to you shortly after 17 April 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.”

[Read the full OFNC FAQ resource – 9 April.](#)

We also issued a PPE alert earlier today which you can [read here](#).

If you have any questions or know anyone who would like to receive this newsletter, please contact us at optics@fodo.com

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