

DATE: 07/04/2020

Guidance for Telemedicine within First Contact / MEC Services

Due to an expected increase in the inability for hospital providers and primary care optical practice being able to deliver face to face consultations with patients, there has been a need for Primary Eyecare Services to work closely with CCGs to implement an ability to assess patients within commissioned First Contact Services (e.g. MECS) via telemedicine (telephone or video consultations).

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 additional triage document to use alongside current triage form, Appendix 1)

Requirements of remote assessment

You are expected to carry out adequate questioning (and visual inspection via video consultation or by requesting images be sent, where possible) to enable you to come to a conclusion of next steps as you would do in your normal face 2 face MECS assessment:

- This will include introducing yourself to the patient and make sure you confirm their identity and correct contact details.
- Make sure you carry out telephone / video consultation in a private place (e.g. consulting room or alone in a room if from home)
- Check patient is happy to have conversation, e.g. they may wish to move to quieter, more private location.
- When asking about vision ask patient to describe any change in vision, e.g. is it about the same, worse or much worse than normal, if there is distortion etc.
- Make sure that you have asked all questions that allow you to draw conclusion so that even if plan on seeing patient face to face you do not need to re-do or expand on H&S whilst patient in practice so to reduce time patient in practice.

The outcomes from telemedicine consultation will be:

- If it is obvious that the patient has an emergency life or sight-threatening condition you should contact the appropriate eye casualty department without the patient coming to see you (this may include but not limited to retinal detachment symptoms with curtain veil or reduced acuity, sight threatening trauma, orbital cellulitis)
- Advice 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 / signed order to be emailed to patient / signed order may be emailed to pharmacy where local arrangement in place)

- Where you feel a face to face assessment (see further advice below) is required:
 - o For a patient without COVID associated symptoms offered appointment but advised of awareness of increased exposure
 - o 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.

Patients that have been offered treatment should be booked for telephone follow up appointment and advised to cancel if the symptom / condition has resolved.

The College of Optometrists have issued temporary guidance regarding telemedicine / remote consultations available here:

<https://www.college-optometrists.org/the-college/media-hub/news-listing/remote-consultations-during-covid-19-pandemic.html> (accessed 7th April 2020)

Recording of Telemedicine assessment

It is vital that we record when a telemedicine assessment has been carried out, this is not only so that commissioners are aware that this has been done but also from a medico-legal perspective we are highlighting that the assessment was carried out this was due to COVID-19 restrictions.

Please make sure when you are recording the assessment on Service IT system that you put select that the assessment was carried out as telemedicine on the IT system or type TELEMEDICINE ASSESSMENT DUE TO COVID RESTRICTIONS in the comments box at both the assessment and the outcome page.

When face to face consultation required:

- Ensure that all history and symptoms have been gathered during the telemedicine consultation to minimise the amount of time the patient is in practice
- Ensure that appointment times are spaced out to have minimal number of patients in the practice at any one time
- Please see our guidance section on PPE & Infection Control
- Maintain social distancing as much as possible, this could include:
 - o Carry out minimal number of investigations required to assess symptoms appropriately
 - o Provide advise to patient from 2m (or even using video link between consulting room and separate private area)
 - o Avoid physical contact with patient, e.g. asking patient to open eyes wide when looking down when performing SLBIO or asking them to lift their own lid for anterior segment assessment, asking them to pull lid down themselves when instilling eye drops, ask patient to remove their own spectacles / contact lenses.
 - o Following instillation of drops retreat to 2m distance to await the drops dilate the pupils.

First Contact Services – MECS etc (for use during COVID-19 Restrictions)

 Px Name:..... GP:**(Local only)**

Date:..... Surgery:.....

Address: DoB:

Phone:..... Time of call: Taken by:

Section 1		
Are you currently self-isolating?	Yes	Please progress to section 2.
	No	Go to Next Question
Do you have recent onset continuous cough and / or high temperature?	Yes	Please progress to section 4.
	No	Arrange telephone / video consultation to determine if face 2 face appointment required.
Section 2		
Are you self-isolating due to having symptoms or due to living with someone with symptoms??	Yes	Please progress to section 4.
	No	Please progress to section 3.
Section 3		
If you are self-isolating without symptoms, are you happy to come in for appointment, despite the higher risk of exposure to COVID-19?	Yes*	Arrange telephone / video consultation to determine if face to face appointment required.
	No	Please progress to section 4.
Section 4		
Did the initial triage result in the patient requiring urgent or routine assessment?	Routine	Arrange telephone / video consultation to determine if face 2 face appointment required.
	Urgent	Please progress to section 5.
Section 5		
Why is the appointment timeframe determined to be urgent?	Red Eye – Painful and/or Sensitive to Light and/or Vision affected	Arrange telephone / video consultation to determine if can be managed remotely or if need to call urgent eye care department to discuss next steps.
	All other symptoms	Call local urgent eye care department to discuss next steps.

The Optometrists should offer the patient a telephone or video consultation (see additional guidance) so that a detailed remote consultation can be carried out to ascertain next steps in patients care.

*Patient in at risk group **must** be made aware that they will be exposing themselves to an increased risk of exposure to COVID-19 before you arrange an appointment for them.