

Stratification of Primary Care patients:

Amber phase COVID response period

During the Amber phase of COVID-19 recovery there is an expectation within eye care to risk stratify both the backlog of patients waiting to be seen, and newly presenting patients.

The Royal College of Ophthalmologists has outlined prioritising patients in their guidance “Reopening and redeveloping Ophthalmology services during Covid-19 recovery – interim guidance”. From this document, relating to outpatient appointments, the following statement would be appropriate for patients presenting to Primary Care Optometry practices:

- *Patients with greatest need of improvement: acuity, ability to work, independence, quality of life*
- *Likelihood of significant benefit of care – if benefit marginal, less likely to prioritise*

Optometrists and dispensing opticians retain ultimate responsibility for their clinical and management strategies. The Welsh Government and NHS Wales will, however have expectations of practices to prioritise patients, based on need for all General Ophthalmic Sight (GOS), Eye Health Examination Wales (EHEW), and Low Vision Service Wales (LVSU) presentations. Although NHS guidance is contractually binding for NHS funded services, the broader sector guidance applies equally to NHS and privately delivered care. There is an expectation that risk of harm is reduced by patients being able to access service in the most timely manner, depending upon their presenting need.

The decision regarding how to stratify and prioritise patients is at the optometrist’s and dispensing optician’s discretion, and it is advised this is documented in practices operating procedures.

Optometrists and dispensing opticians may wish to adopt a scoring method to help triage presenting patients accordingly:

		SCORE
Change to vision or eye health? (consideration of presenting symptoms) <i>As preCOVID there remains an expectation to access acute EHEW within 24 hours of presentation</i>	Yes, acute onset = 4 Yes, gradual onset, patient reports well-being affected 3 Yes, gradual onset, patient does not report well-being affected = 1 No = 0	
Patient in “at risk” group? (Relevant to ocular health) <i>This to include EHEW at risk categories, and all patients currently known to you to be at higher risk of developing referable pathology.</i>	Yes = 2 No = 0	
Patient currently has an up to date sight test?	Previous sight test within recommended minimum re-examination interval = 0 Previous sight test outside recommended minimum re-examination interval = 1 point	

Patient currently has adequate Sight Correction appliance?	Yes = 0 No, but able to function = 1 No and unable to function = 4 Yes, but still not able to function = 4 (access LVSW following Sight Test)	
Carer / Key Worker	Registered Carer / Key Worker = 1	
	TOTAL SCORE	

- Red: Score 4 +** Patients with greatest need/at greatest risk of harm and should be seen as soon as possible, and within 24hours with an acute urgent presentation
- Amber: Score 2 or 3** Patients with need/at risk of harm, must be seen, however practices should considering delaying these less essential patients where possible, to allow timely access for those most in need.
- Green: Score 0 or 1** Patients with lowest need/low risk of harm. These would be considered “routine” appointments. Not to be prioritised over Red and Amber patients.

Prioritisation can never be fully prescriptive nor exhaustive. However, it is expected. Whilst acknowledging this will require subjective interpretation, it demonstrates consideration of the most appropriate action.

Routine Domiciliary services are still suspended under the amber phase. Some NHS local health boards have commissioned the Domiciliary Emergency Eye Care Service (DEECS) as previously detailed. You should, in all cases try to manage patients remotely or through attendance at the practice (with help from a relative or carer) before considering a domiciliary visit. Health Boards will publish details of their local urgent domiciliary provision, to request access to DEECS follow your individual Health Board guidance.

All requests for urgent/emergency domiciliary LVSW examinations must be made through the LVSW clinical lead as set out in the LVSW amber phase document.

Patients will present to Optometry Practices with anxiety concerning the risk of contracting COVID-19. This anxiety may manifest in requesting an opinion from the practice as to whether their ocular concerns outweigh their risk of contracting the virus.

It is expected that NHS optometry practices provide access to all patients who are non-symptomatic of COVID-19. Patients who have been previously shielding or suspect they could be at higher risk of contracting Covid-19, have access to guidance via their medical teams, NHS online and NHS 111. It is these organisations, rather than the optometry practices, who should assist the patient in making their own informed decision regarding leaving their home to access primary eye care.