

EQUALITY IMPACT ASSESSMENT - RESULTS

Title of Policy	Phased resumption of eye care services provided by community optometry: COVID-19 recovery response
Summary of aims and desired outcomes of Policy	The aim and overall outcome of this policy is the safe phased resumption of community optometry eye care services.
Directorate: Division: team	Directorate of Primary Care, Dentistry and Optometry Division, Community Eyecare Team

Executive summary

The Scottish Government has undertaken a phased approach to the safe resumption of community optometry eye care services in line with its COVID-19 recovery route map.

This policy is inclusive of the whole Scottish population and, therefore, of all protected characteristics. Positive impacts from this policy have been identified for the age, disability and race protected characteristic groups.

There is potentially a negative impact for pregnant women (community optometry practice staff and patients) in terms of increased risk of exposure to COVID-19. Steps have been taken to mitigate this risk as set out in Health Protection Scotland and College of Optometrists guidance.

Background

New ways of working in community optometry were quickly developed and implemented when routine eye care services were suspended in a domiciliary setting (patients' own homes, day centres and residential centres) and in practice premises from 13 March 2020 and 23 March 2020 respectively due to COVID-19.

These included:

- Fifty four Emergency Eyecare Treatment Centres (EETCs), which had increased to fifty six before they closed w/c 29 June 2020, were set up and operational within two weeks. The EETCs enabled the review of patients with emergency and potentially serious sight-threatening eye conditions to be treated. These facilities were predominantly situated in community optometry practices, while a few were based in Hospital Eye Services (HES).

- A National Eye Health Framework to support EETCs was developed by Eye Health Scotland, the national clinical leads multi-professional group, in collaboration with NHS Boards, Scottish Government, Optometry Scotland and RNIB Scotland.
- Prior to referral to an EETC, patients were assessed remotely by a local optometrist to ascertain if the issue could be dealt with by offering advice, without the need to travel to an EETC for a face-to-face appointment.
- The EETCs were staffed with as many independent prescriber (IP) optometrists as possible, who can manage a wider range of conditions without further involvement from GPs or hospitals. All EETCs were provided with appropriate Personal Protective Equipment (PPE).

The Scottish Government has undertaken a phased approach to the safe resumption of community eye services in line with its COVID-19 recovery route map, as follows:

In Phase 2, community optometry practice premises resumed the provision of face-to-face emergency and essential eye care from week commencing 29 June 2020, whilst continuing to manage patients remotely where possible (e.g. via telephone, or using new technology such as NHS Near Me). EETCs were instructed to close the same week. Face-to-face domiciliary eye care (patient's own home, care home or residential centre) continued to be suspended.

In Phase 3:

- from 13 July 2020 optometry practices have been permitted to increase their provision by way of needs-led and/or symptoms-led emergency and essential eye care, and start to meet outstanding care as capacity permits. This includes seeing patients who had their essential follow-up appointment (supplementary eye examination) cancelled or who are awaiting one, and patients who have broken or lost their spectacles or contact lenses and require a repair/replacement.
- from 3 August 2020, routine eye care in community optometry practice premises and in patients' own homes resumed. The resumption of face-to-face eye care services to patients in their own homes will assist those who are housebound.
- from 7 September 2020, face-to-face domiciliary eye care in day centres and residential centres, including care homes, resumed. The resumption of this service was considered as part of the Clinical Professional Advisory Group's review of care homes visiting policy.

The Scope of the EQIA

The phased resumption of routine eye care is inclusive of the whole Scottish population and, therefore, of all protected characteristics. The EQIA has therefore assessed the policy against all protected characteristics.

As any changes introduced between and during each of the recovery phases impact on all patients and practitioners in Scotland, there has been extensive engagement

with a broad range of stakeholders around the timing/content of such changes. This has included:

- Meetings and consultation with Optometry Scotland: weekly meetings and ongoing consultation with Optometry Scotland, which represent the views of the optometry and dispensing optician professions within Scotland. This has enabled discussion during each Phase on the potential impact of policy changes on the professions and public, including their safety.
- Meetings and consultation with NHS Board Optometric Advisors and territorial Health Boards: NHS Boards are legally responsible for the provision of NHS eye examinations by community optometry in their Board area, and are cognisant of the national and local needs of both community optometry practices/practitioners and patients. Regular engagement with NHS Boards has focused on both national and local needs and issues concerning community optometry practices/practitioners and patients. This has enabled proposals to be fine-tuned as well as the speedy resolution of concerns and issues.
- Professional advice/guidance: Regular circulars (PCAs) continue to be issued to NHS Boards and professionals providing updated advice on specific issues relevant to the profession during this pandemic. These circulars include links to current guidance issued by the leading professional bodies. NHS Education for Scotland has also produced comprehensive guidance for practices and practitioners in resuming services. Draft PCAs have been circulated to both of the above groups for comment in advance of any changes being made.
- Correspondence from the public: numerous queries from the public have been received and responded to during the COVID-19 pandemic.
- Visual impairment organisations: Close working with visual impairment organisations via the Scottish Sight Loss Sector group, which includes representation from stakeholders such as RNIB Scotland, Royal Blind and Scottish War Blinded and Visibility Scotland, to support patients who are visually impaired. This has enabled appropriate consideration of policy decisions which affect a broader spectrum of patient needs, particularly those with a visual impairment.
- Liaison with NHS National Services Scotland (NSS), NHS 24 (including NHS Inform) and Health Protection Scotland colleagues: Regular engagement with NSS, NHS 24 and Health Protection Scotland to ensure clear communications for the public and practitioners regarding community eye care provision.

Key Findings

The phased safe resumption of eye care provided by community optometry in practice premises, patients' own homes and in day centres and residential centres will have benefitted all patients.

The resumption of routine eye care will have helped mitigate the risk of some painless sight-threatening conditions such as glaucoma, which are often picked up in routine eye examinations, going undetected and untreated.

In addition, there are general eye health benefits from having resumed routine eye examinations. Optometrists have once again been able to help correct a patient's refractive error through the provision of a new prescription and optical appliance (glasses or contact lenses).

In terms of the protected characteristics, there have been positive impacts for the following groups of patients from the resumption of community optometry eye care services in all settings:

- **Age:** Older patients are more likely to have deteriorating sight and sight-threatening conditions, and the early detection, diagnosis and management of these conditions will have been made significantly easier with the resumption of community optometry eye care services. Children and young people will have been able to have their eyes examined to ensure they have healthy vision in order to function at nursery or school. This will have been of particular benefit for some children in advance of schools re-opening in mid-August 2020.
- **Disabled people,** particularly those who may have had or continue to have difficulty getting to an optometry practice and/or who had broken or lost their spectacles and required them to be repaired or replaced.
- **Race:** People in certain minority ethnic groups have a statistically higher prevalence of some sight-threatening conditions e.g. glaucoma. The early detection, diagnosis and management of such conditions will have been made significantly easier with the resumption of community optometry eye care services.

There are potentially negative impacts for pregnant women (community optometry practice staff and patients) in terms of increased risk of exposure to COVID-19. There is no unlawful discrimination from this policy, however, as the increased risk to pregnant women is as a result of COVID-19.

It is important that pregnant women are not seen for routine eye examinations if the examination or any aspect of being seen during the COVID-19 pandemic could be deemed unsafe, with a potential impact on their health or that of their unborn child. The College of Optometrists advises that pregnant optometrists who are over 28 weeks pregnant should stay at home.

Health Protection Scotland advises that all pregnant women should maintain strict physical distancing. Practitioners are required to use full PPE when within 2 metres of the patient, but when risk assessing the level of PPE the fact that the patient is pregnant should alert the practitioner to a higher level of caution.

Recommendations and Conclusion

The phased resumption of community optometry eye care services is inclusive of the whole Scottish population and, therefore, of all protected characteristics.

The EQIA process has focussed attention on the need to ensure that these changes are communicated in as clear, effective and, where needed, tailored a manner as possible, in order that patients and practice staff feel safe as eye care resumes.

Positive impacts from this policy have been identified for the age, disability and race protected characteristic groups.

There are potentially negative impacts for pregnant women (community optometry practice staff and patients) in terms of increased risk of exposure to COVID-19. Steps have been taken to mitigate this risk as set out in Health Protection Scotland and College of Optometrists guidance.

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