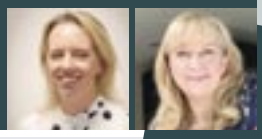

COMPETENCIES COVERED

DISPENSING OPTICIANS
Communication, Standards of Practice, Ocular Abnormalities

OPTOMETRISTS
Communication, Standards of Practice, Ocular Disease

This CET has been approved for 1 point by the GOC. It is open to all FBDO members, and associate member optometrists. The multiple-choice questions (MCQs) for this month's CET are available **online only**, to comply with the GOC's Good Practice Guidance for this type of CET. Insert your answers to the six MCQs online at www.abdo.org.uk. After member login, go into the secure membership portal and CET Online will be found on the L menu. **Questions will be presented in random order**. Please ensure that your email address and GOC number are up-to-date. The pass mark is 60 per cent. The answers will appear in the February 2021 issue of *Dispensing Optics*. The closing date is 9 January 2021.

General Optical Council
Approved CET For Dispensing Opticians

General Optical Council
Approved CET For Optometrists

C-76110 Approved for 1 CET Point

Triage in the new normal

By Alexandra Webster MSc, PGDipE, FBDO CL, FHEA, FBCLA
and Professor Christine Purslow PhD, MCOptom, FBCLA

Covid-19 has impacted almost all aspects of life. Whilst writing this article in August 2020, the UK government was still promoting 'Stay alert' following on from the 'Stay at home' message, and aspects of lockdown were being eased at various rates around England and the devolved nations.

When routine sight care was suspended during lockdown, many optical practices remained open for essential, urgent and emergency eyecare, but many closed their doors either completely or effectively to all patients requiring appointments. As practices have reopened or expanded the care they are able to provide, more optical professionals and support staff have experienced a new normal in their working lives.

COVID-19 RELATED CHANGES TO OPTICAL PRACTICES

Although one hopes an optical practice is always a clean and safe environment for both patients and staff, the use of personal protective equipment (PPE) and the cleaning and disinfection routines now in place are beyond anything we could have conceived pre-Covid-19. **Table 1** shows Public Health England's recommendations for PPE for optometry, correct at the time of writing[1].

Through their websites, the General Optical Council (GOC) and optical professional bodies have provided the latest legal situation and advice and guidance throughout the pandemic. Optical practices have implemented Covid-19 prevention measures in a variety of ways according to their setting and requirements.

For some, these include but are not limited to:

- The use of PPE for staff involved in face-to-face patient interactions
- Increased hand washing and hand sanitation stations for staff and patients
- Provision of PPE for patients
- Cleaning of chairs and surfaces following patient attendance
- Disinfection of all equipment the patient has made contact with, including dispensing equipment
- Changes to patient frame browsing/selection including: not allowing the patient to browse frames alone; selecting suitable frames for the patient to choose from; keeping patient-handled frames to one side for 72 hours; UV sterilising of frames
- Laundering of clothes after each working day and/or the use of scrubs
- Booking dispensing appointments
- Amending waiting and pre-screening areas to enable social distancing

PLAN YOUR CET TODAY

For all the latest CET available from ABDO visit the Events section of the ABDO website. Here you will able to see the latest online interactive CET sessions available for booking. Online sessions include discussion-based workshops, a great way to learn in a small group of your peers. Online discussion sessions are available for all professional roles and are approved for three CET points. New sessions will be added regularly. Additionally, we continue to host our monthly CET webinar series featuring a range of topics and speakers. Each CET webinar will be approved for one interactive CET point.

RECOMMENDED PPE FOR OPTOMETRY
• Disposable gloves – single use
• Disposable plastic apron – single use
• Fluid-resistant (type IIR) surgical mask
• Eye/face protection (this may be single or reusable face/eye protection/full face visor or goggles)

Table 1. Public Health England. Recommended PPE for optometry – direct patient care – possible or confirmed case(s) (within two metres)[1]

- Limiting capacity of both staff and patients in the practice to enable social distancing
- Longer opening hours
- Reduced clinics and time between appointments to allow for cleaning procedures

The necessary actions after each patient, and daily, to ensure infection control and prevention have an enormous impact on the normal working process in optical practice and a very significant impact on the ability to run a viable business. Additionally, a reduction in conducting eye examinations and seeing patients both during the lockdown restrictions and during easing, has caused a backlog of routine patient eye examinations and provided a worrying opportunity for patients requiring intervention to be missed.

In June 2020, the Macular Society stated that three of the UK's largest ophthalmology clinics had reported between a 65 and 87 per cent drop in new referrals in the first month of the coronavirus outbreak, compared to the same period in the previous year[2]. This is with some optical practices still conducting emergency and essential appointments.

TRIAGE IN OPTICAL PRACTICE AND OTHER HEALTHCARE SETTINGS

Conducting effective triage in optical practices has always been an important step for managing the patient journey effectively, though it is traditionally considered as a clinical element of the care process. Post Covid-19, having a broader consideration of what triage can be may assist optical practices in both providing effective and satisfactory patient care (including signposting and referral) and managing the optical business to the most effective levels to remain sustainable.

Triage directs the patient to the most appropriate source of help, quickly and efficiently[3]. It may be considered in how we direct the patient externally if required, and whether this should be to the GP, pharmacist, A&E and so on. However, triage can and should also be considered in how we direct the patient internally in the practice. Never has this internal form of triage been so important.

Whilst any form of Covid-19 preventative measures are in place, conducting an effective triage from the initial point of patient contact within the practice should enable the practice to function as efficiently as possible and, therefore, allow as many patients as possible to be seen safely. Upon the resumption of general ophthalmic service delivery in England, in its guidance for primary care optical settings in the context of coronavirus (Covid-19), NHS England stated:

"*Adaptations will be required to provide routine eyecare in a social distancing environment, and where possible, remote consultations should be available to triage symptoms*"[4].

At the beginning of the Covid-19 pandemic, NHS England rapidly worked towards a remote 'total triage' model for all GP practices. By 27 May 2020, it was reported that online consultations were now available in 85 per cent of practices and video consultations available in 99 per cent of practices[5].

There are vast differences between GP practices compared to optical practices when considering online and/or video consultations, including the provision of funding to invest in technology and the requirement for face-to-face processes in the eye examination and effective dispensing. However, it is possible that many areas of the new GP triage and consultation processes, and processes implemented in other healthcare sectors, can beneficially be implemented in the optical practice triage process.

NHS England states: "*Total triage means that every patient contacting the practice is first triaged before making an appointment. It is possible to do this entirely by telephone, but this is likely to be less efficient*"[6].

However, without investment in specialised online consultation and triage software, it is likely that the many optical practices would choose to use telephone and/or online forms as the initial stage of triage. Some online triage, patient questionnaire and/or video consultation software providers have free-to-access tools so it can be worth exploring what is available. What is important is that there are strict protocols in place to conduct the triage. These start with making sure every patient is aware of how to contact the practice with an enquiry (i.e. preferably remotely rather than face-to-face) and this needs to be considered in communications to the whole patient database as well as with regards to information provided on websites and answerphone messages.

WHO SHOULD CONDUCT TRIAGE?

When we consider the pre Covid-19 processes in an optical practice, initial patient contact was often with a receptionist or optical assistant (OA) either on the phone or at the front desk. Whist ideally we are not having patients walk into practices without a pre-booked appointment of some description (unless your floor space is so generous to allow this to be manageable), many practices may still consider using receptionists and optical assistants to perform telephone 'triage'.

Although many enquiries to the practice will be easily managed by a non GOC-registered staff member, without significant initial and on-going training, a non GOC-registered staff member may not have the ability to conduct the most effective triage. Utilising the dispensing optician (DO) to conduct the telephone triage could allow the process to be more effective before the patient is internally referred. It will also mean the patient spending less time in the practice, and receiving a face-to-face appointment only when necessary.

CET COMPETENCIES FOR DOS	
1.1.2	Elicits the detail and relevance of any significant symptoms
3.1	An understanding of the use of instruments used in the examination of the eye and related structures, and the implications of results
5.2.2	Understands both the aftercare of patients wearing RGP and soft contact lenses and the management of any complications
6.4.3	Refers low vision patients to other agencies where appropriate
7.1	An understanding of refractive prescribing and management decisions
8.1.6	Recognises an ocular emergency and refers the patient in an appropriate manner

Table 2. Excerpts from the GOC CET competencies for dispensing opticians[7]

Table 2 shows just a few of the competency areas of a qualified DO[7]. Utilising this knowledge and skill in combination with working within the GOC's Standards of Practice and the Duty to Refer, enables the DO to deal with routine administrative enquires, and efficiently triage a patient both internally and externally, even in the absence of an optometrist in the practice.

WHAT INFORMATION SHOULD BE GATHERED REMOTELY?

It may be a consideration to have formal stages in the triage process, bearing in mind that many patients will only require the initial stage as their query can be effectively managed at that point. The next stages may include a referral to another individual in the practice for further remote triage by a DO, contact lens optician (CLO) or optometrist as appropriate. Several forms have been produced by the optical professional bodies to support remote triage and consultations[8,9,10].

If it is deemed that the patient requires a face-to-face appointment, such as for an urgent or routine eye examination or contact lens appointment, it should be determined what information can be gathered before the patient enters the practice and how this information should be obtained. The routine questioning that takes place during an eye examination, contact lens appointment or dispense, should be conducted wherever possible with the patient remotely. This will enable each patient to take up less time in the practice and allow more patients to be seen for necessary examinations, measurements and fittings.

Additionally, this allows the practice to have a detailed understanding of which examinations and/or space in the practice will be required when the patient attends the appointment, allowing an appropriate time slot to be allocated at a time when the specific equipment/area will be available and clean, including pre-screening equipment.

In April 2020, GP Dr Toni Hazell published an article offering advice following her experience of switching to full telephone triage for all GP appointments[11]. She advises that it is better for the triage to be conducted by the clinician the patient will be seeing. She also found that conducting all of her telephone triage at a specific time of the day worked better for her practice.

If the patient needs to be contacted back by another member of staff to continue the triage or conduct a consultation, consider providing a timeframe for this rather than a specific appointment time[6].

A 'staged' telephone triage system may work well in optical practice. Once the patient has had an initial remote triage with a DO (or if not possible, a suitably trained OA) and it is determined they require a face-to-face appointment, when possible the practitioner conducting the face-to-face examination, assessment, dispensing and/or fitting should also conduct the remote history and symptom/further information gathering. This stage could also be conducted as a video appointment if it were determined advantageous, even without investing in specific software. Readily available free software such as Skype, WhatsApp and FaceTime can all be considered for this.

Figure 1 demonstrates one possible example of a remote triage process in optical practice. Whatever method is used to conduct triage, remember that Covid-19 specific questioning should be incorporated as standard. In England, the development of the Covid-19 urgent eyecare service (CUES) means some practices will be working as part of the network of urgent eyecare hubs and have an appropriate response model in place for patients seeking urgent eyecare within primary care[12].

TRIAGING THE 'SORE, RED EYE'

Recent months have required us all to think a lot more about remotely triaging eye complaints, and the protocols around asking the right questions. This next section provides a brief, generic refresher on a decision tree we can utilise when triaging the 'sore, red eye' presentation 'front of house' in optical practice. One small caveat is that your

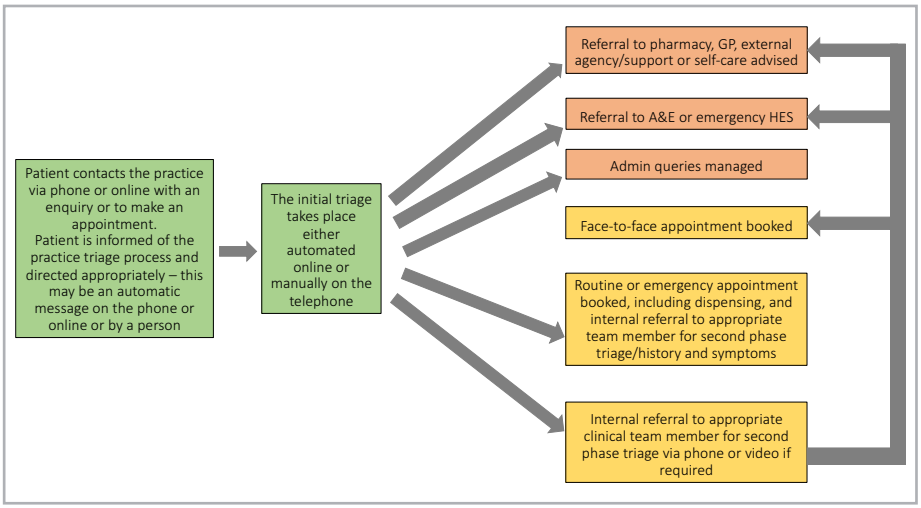

Figure 1. An example of a model of remote triage in optical practice

RED FLAGS TO REFER
• Pain
• Reduced vision
• Photophobia
• Haloes around lights
• Contact lens wearer
• Cold sores – (HSV-1)

Table 3. Red flags to refer

local protocols about essential eyecare services may obviously take precedence.

On the face of it, triaging red eyes seems like a simple challenge, but can actually be quite complex and equivocal. Right at the start, there are some important 'red flags' that opticians, pharmacists and GPs all receive training about, and this remains the best place to start with your questions. The presence of any one of these 'red flags' (**Table 3**) requires an optometrist to examine the patient further the same day, or if this cannot be achieved, a referral to specialist care, taking into account current local protocols.

Pain is an important word to use deliberately when you first talk to patients. A useful way to phrase your first questions is: "Is [are] your eye[s] painful or simply sore/uncomfortable/irritated?" Reports of reduced vison, and problems with bright lights can also indicate more urgent problems, such as acute closed angle glaucoma, or acute iritis. A history of contact lens wear or cold sores should alert you to the possibility of corneal infection that will require treatment, and the optometrist should be consulted in all such cases.

The generalisations shown in **Table 4** are helpful indicators when trying to decide the urgency of a referral to the optometrist

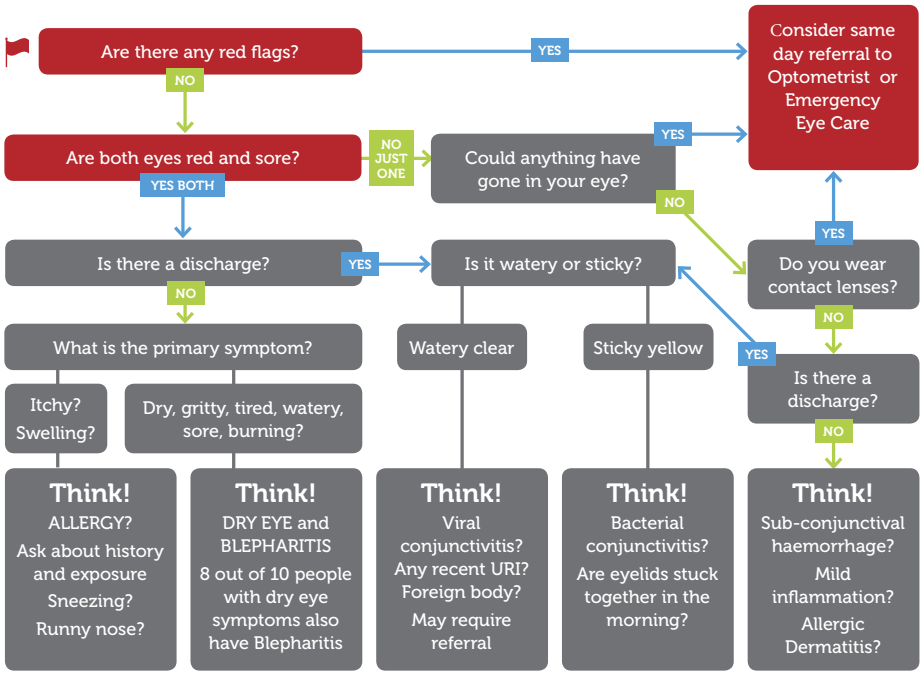

Figure 2. Red eye triage question flow chart

or emergency services, but remember there may always be exceptions. So, what if there are no red flags? Then follow a sequence of questions, such as those represented by the flow chart in **Figure 2**.

Ask if both eyes are affected or just one?

If it's just one eye, think trauma as the first possibility – they may need urgent care. Enquire about recent gardening or DIY activities; this has been especially true during lockdown at home for many people. Any possibility of trauma needs the optometrist or suitably qualified optician to take a look that day, as does a contact lens wearer with a red, sore eye.

Note that it is perfectly possible to get a bacterial or viral infection starting in just one eye, but often this soon becomes bilateral; so when both eyes are red and sore, you can move on to think infections and inflammation.

Ask about type of discharge from the eyes

Watery discharge tends to indicate viral, or even allergy, whilst sticky discharge and eyelids stuck together in the morning should make you think of bacterial conjunctivitis.

What if there is no discharge?

Ask about the primary sensation; this can help differentiate between dry eye, blepharitis and allergy. If the first adjective they use is 'itchy' – think allergy or blepharitis. For allergy, history will be important: when and where did symptoms start? For blepharitis, the physical appearance of their eyelid margins ('red-rimmed' appearance) will help the diagnosis.

What if the red eye is painless?

This may be a sub-conjunctival haemorrhage or episcleritis. Patients can sometimes report that their eyes feel 'bruised' or tender with these conditions, even if that may simply be a reaction to the appearance they see in the mirror. They are both self-limiting but dry eye drops may be helpful for comfort in the short term.

Managing the non-urgent cases of bilateral sore, red eyes

The distinguishing features and first line management of these non-urgent cases of red eye are shown in **Figure 3**. Always remember that you may also find it beneficial to work with your local pharmacist for conditions like bacterial conjunctivitis and hayfever as these

IT IS PROBABLY NOT SERIOUS WHEN THERE IS:	IT IS PROBABLY SERIOUS WHEN THERE IS:
• No effect on vision	• Reduced vision
• Just uncomfortable	• Photophobia
• Intermittent	• Pain

Table 4. Referral urgency indicators

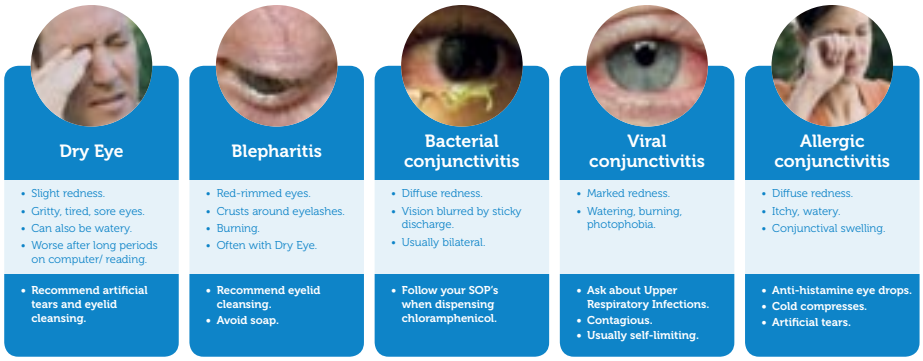

Figure 3. Distinguishing features and initial management of the non-urgent red eye

conditions can benefit from simple over-the-counter remedies.

ADVICE AND CONSIDERATIONS ON REMOTE PATIENT INTERACTIONS

In April 2020, the College of Optometrists issued guidelines to its members to assist optometrists conducting remote telephone/video consultations. During lockdown, this was a vital provision to ensure continued patient care during the strict measures in place with only emergency and essential care possible and only in some practices.

As the devolved governments lift measures enabling routine optical care to take place, more patients may be able to attend the practice for a face-to-face consultation. However, the remote 'triage' can help patients attend the correct services quickly and safely or provide advice and reassurance, should it be deemed attendance at the practice is not necessary. As mentioned earlier, this will also limit the time the patient is required to be in the practice if a face-to-face visit is the result of the triage.

In its guidance, the College of Optometrists stated these were temporary guidelines which would no longer apply when the pandemic was over and life returned to normal[13]. It will be interesting to see in the coming months, and even years, what 'normal' is and how the immense changes to primary and secondary patient care during the pandemic will affect our ways of working permanently.

Nagra *et al* have found that, although the Covid-19 pandemic has led to many other healthcare professions transitioning to telehealth services, there was currently an absence of a comprehensive evidence base for teleoptometry[14]. The Royal College of General Practitioners has provided guidance to its members on conducting safe video consultations in general practice during the Covid-19 pandemic, much of which is applicable to a variety of healthcare practices[15]. Although the method of patient interaction is different from traditional face-to-face methods, its key principles remind the practitioner to:

- Apply current skills and clinical acumen when consulting remotely using boundaries and thresholds you already use
- Tools [such as questionnaires and computer algorithms] can assist in decision-making but must not overshadow a holistic assessment of the patient
- Look at trends and for signs of deterioration
- Remain professionally curious and vigilant
- Have a very low threshold for converting a remote consultation to a face-to-face assessment if you have concerns
- Use colleagues for support, for example, to discuss clinical issues and peer-review decision making

It is essential that practices conducting remote triage have all general data protection regulation (GDPR) protocols in place, and that team members involved in triage have the skills and knowledge to ensure GDPR is maintained. At the start of either a telephone or video triage, it must be established who you are speaking to. Requesting the patient to confirm their address, telephone number, date of birth and so on, can be considered useful extra security checks[16]. It should also be established whether there is anyone else present and able to listen to the conversation, as this may not be evident initially either on the phone or via video. There should be a consideration that the interaction may also be recorded by the patient and that you may never be certain about this[16]. Some providers of online triage and/or video consultation software utilise NHS mail, which is a more secure method of communication than regular email.

Reasonable adjustments may be required, such as where patients are hard of hearing, have a learning disability or a cognitive impairment. Where communication or understanding is difficult, it may be advisable to ask if there is someone suitable who could join the conversation. Under these circumstances, where the patient provides consent for a third party to attend the call, all those attending the consultation should understand who everyone is, know their names, their professional roles and their relationship to the patient – and all details should be documented[11].

As with regular patient interactions in practice, all advice and care should be correctly documented and remote interactions are no different. However, you should also include in your notes the method of remote communication, including any relevant software that was used. Although video interactions can be recorded by the practice/practitioner, there should be very careful consideration as to whether this is necessary as it would not be routine to video record a face-to-face patient interaction.

If it is decided to video record the remote triage, the patient must provide consent for this to happen and this must be documented. If a personal device is used to conduct the remote patient triage, ensure that any information stored on the personal device is transferred to the appropriate record system and delete the information from the device – including back-up data[13].

CONCLUSION

It is difficult to predict what 'normal' will look like for optical practices in the future. Many people have swiftly learnt to incorporate different ways of doing things in both their personal and working lives. Online activities, including communication, is now much more 'normal' than before Covid-19 for all age groups.

Although adopting remote communication and patient management was initially needed to enable optical businesses to continue working with social distancing, PPE and infection prevention and control measures in place, embracing and investing in these new ways of working long term, within

regulatory and professional guidelines, may be a way to build a more viable and accessible practice in the future.

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CET-ACCREDITED RECORDED LECTURES

CET accredited recorded lectures are available under CET Online in the membership profile on the ABDO website, approved for one non-interactive CET point.

Currently available lectures include: 'Changing vision' presented by Nick Black, and 'Person centred dementia care' presented by Elaine Grisdale.

Also available is, 'Coronavirus infection prevention and control' presented by Peter Black. A non-CET version of this recorded lecture is also available **on YouTube**.

Certificates for all CET completed via ABDO can be printed from your membership profile. The ABDO extended services course is designed for CLOs wishing to work within MECS/CUES services and includes training modules on urgent red eye, triage, etc. Details can be found at **www.abdo.org.uk/resource/extended-services-for-contact-lens-opticians-england**