


**OFFICER DELEGATION SCHEME  
RECORD OF OPERATIONAL DECISION**



**TO BE UPLOADED TO THE INTERNET BY DEMOCRATIC SERVICES**

<b>Date:</b> 24/03/20	<b>Ref No:</b> 2032
<b>Type of Operational Decision:</b>	
<b>Executive Decision</b> <input style="width: 150px; height: 25px;" type="text"/>	<b>Council Decision</b> <input style="width: 150px; height: 25px;" type="text"/>
<b>Status:</b> For noting/decision	
<p><b>Title/Subject matter:</b></p> <ol style="list-style-type: none"> <li>1. MECS has moved to virtual appointments unless clinically indicated a face-to-face needed</li> <li>2. Reduction in open opticians delivering MECS- reduced to 6/13</li> <li>3. Should we explore what's happening in secondary care and can we look to utilise the community opticians via MECs to support delivery of urgent care</li> </ol> <p><b>National guidance</b></p> <p>NHS England have not instructed optometry practices should close however are meeting 24/03/20 and an announcement is due 24/03 or 25/03. Association of optometrists and college of optometrists and OFNC have advised opticians that they should stop routine eye appointments and that eye care practices should stay open but only for emergency appointments. They have also advised that Minor Eye Condition Services (MECS) appointments should go virtual in the first instance. Extract below:</p> <p>Yesterday, all UK optical bodies 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 essential and urgent services.</p> <p>Currently:</p> <ul style="list-style-type: none"> <li>• <b>Essential eye care</b> would for be instance where a key worker or elderly person needed a sight test and new spectacle prescription, had broken their glasses, where a contact lens wearer needed more lenses, or where a visually impaired person or child needed eye care.</li> <li>• <b>Urgent care</b> 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.</li> </ul> <p><b>Local Impact</b></p> <p>Urgent and emergency needs are not enough to financially sustain opticians, another barrier for practices staying open is lack of PPE. Locally opticians are closing- 6 are still open. This should be enough practices to cover the MECS needs. PECS are linking these practices together to encourage cover/</p> <p>Reduced offering- MECS patient contacted and triaged (telephone. The a video call with optician. If a patient has urgent symptoms which require a physical consultation. Patient comes in and sees an optician when needed.</p>	

<b>Budget/Strategy/Policy/Compliance</b> – Is the decision:		
(i) within an Approved Budget		
(ii) in accordance with Council Policy		
<b>Equality Impact Assessment</b> [Does this decision change policy, procedure or working practice or negatively impact on a group of people? <b>If yes</b> – complete EIA and summarise issues identified and recommendations – forward EIA to Corporate HR]		
<b>Details of Operational Decision Taken</b> [ <i>with reasons</i> ]:          		
<b>Decision taken by:</b>	<b>Signature:</b>	<b>Date:</b>
Joint Chief Finance Officer (CCG & LA)		
Interim Executive Director - Communities & Wellbeing		2 April 2020
Head of Workforce – Communities & Wellbeing		
<b>Members Consulted</b> [ <i>see note 1 below</i> ]		
Cabinet Member/Chair		
Lead Member		
Opposition Spokesperson		

<p><b>Notes</b></p> <p>1. It is not generally a requirement to consult with any Members on Operational Decisions but where a Chief Officer considers it necessary to consult with the appropriate Cabinet Member and/or Lead Member, they must sign the form so as to confirm that they have been consulted and that they agree with the proposed action. The signature of the Opposition Spokesperson should be obtained to confirm that he/she has been consulted.</p> <p>2. <b>This form must not be used for urgent decisions.</b></p>
--