Moorfields Eye Hospital CoVid-19 Emergency Response:
On March 12th 2020 the Chief Medical Officer raised the risk of CoVid-19 to the UK from moderate to high. On 18th March Moorfields Eye Hospital began to implement the clinical action plan in line with the latest NHS England advice, and recommendations from the Clinical Advisory Group. This plan was to be implemented by the national deadline of 15th April 2020. The proposed plan was for MEH to provide emergency sight or life threatening care only.

To enable this the services at 19 of 26 MEH sites were suspended and all urgent care was redirected to the remaining 7 sites, including the main site at City Road. At each remaining site entry points were restricted, all patients and visitors were screened on entry and issued a surgical mask. Isolation areas were designated for Covid-19 symptomatic or confirmed patients.

Electrophysiology Department:
The Electrophysiology Department (EDD) began to implement the clinical action plan in response to the CoVid-19 pandemic on 18th March 2020. The plan was to reduce the service to emergency sight or life threatening care before the 15th April 2020, the national deadline. The first course of action was to identify those members of staff (4 staff) who should be sent home and asked to self-isolate.
The clinic was fully booked up until the middle of May and partly booked until the beginning of July. On 23rd March the decision was made to cancel all non-urgent and routine appointments and over the following 4-5 weeks all the admin team and clinical physiologists were engaged in this process. For each cancelled appointment, the consultant was informed via email and the patient was notified wherever and however possible. At this time, there were approximately 30-40 outstanding referrals. These were scrutinised and stratified and only urgent appointments were arranged. The patient workload reduced from 60-75 patients per week to 4-5 patients per week following the stratification. The tests performed on each patient were shortened to reduce the time spent by the patient and the clinical physiologists in an enclosed test room and to reduce the amount of time the clinical physiologists donned the PPE; for example, where possible, multichannel VEPs were reduced to one channel, pattern ERGs were recorded to a standard field only and full-field ERG testing was performed with ISCEV standard steps only. To enable correct and stable electrode application whilst the patient wore their surgical mask, surgical/duct tape was first attached across the top of the patient's mask and then the gold foil electrodes were attached to the surgical/duct tape. Alternatively, surgical tape was applied across the top of the patient's mask and attached to the patient's face; the gold foil electrodes were then attached to the surgical tape. This helped to reduce fogging of spectacles and movement artefact.

At the beginning of April one of our senior Clinical Scientists volunteered and was redeployed to the Nightingale Hospital. Her absence was keenly felt. She was fondly in our thoughts and conversations as the devastating effects of the pandemic escalated.

By the end of April working patterns were altered and the department was split into two groups, to facilitate 'hot' and 'cold' working patterns; whilst one group worked 'hot' on site, the other group worked 'cold' from home. This working pattern will continue through the MEH recovery plan, which was initiated at the beginning of June.

The impact on the service has been tremendous, as for all services within the trust and throughout healthcare and the NHS. Currently, there are over 750 outstanding appointments and as trusts initiate and implement their recovery plans, the number of referrals to the service is increasing.

Overall, the past few months have been challenging but the team have coped tremendously well and fully engaged in all aspects of the MEH Clinical Action Plan. The individual working

groups have supported and encouraged each other. The Chief Executive has admirably communicated with all the staff, each day, through daily email updates and video messages. The senior management have kept us informed at each stage through the daily staff meetings and huddles.

Currently, the MEH Recovery Plan is underway in accordance with the broader NCL (North Central London) STP recovery programme, with high priority activity reintroduced since the beginning of June.

The next challenge for the department will be to implement the recovery plan, to identify and reinstate the appointments that are classified as ‘medium risk’. All the outstanding referrals will be scrutinised and stratified again. This will increase the number of patients being tested and the footfall through the hospital and the department. Looking forward, as the service enters the recovery phase, working plans and testing conditions will have to be reassessed to ensure that the risk to patients and staff is kept as low as possible.

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