

**Report on the Regulatory Impact of COVID-19
May 2020**

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1. General background to the development of COVID-19 within the UK

1.1 The COVID-19 emergency affecting the UK and the rest of the world is unprecedented within most people's lifetimes and the global community faces new and unforeseen challenges. The World Health Organization (WHO) describes the coronavirus as follows:

'Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.'¹

1.2 Public Health England describes the transmission of the virus as follows:

'The main route of transmission is from cough and sneeze droplets. These droplets fall on people in the vicinity and can be directly inhaled or picked up on the hands and transferred when someone touches their face.'

1.3 How long any respiratory virus survives will depend on a number of factors; for example:

- what surface the virus is on
- whether it is exposed to sunlight
- differences in temperature and humidity
- exposure to cleaning products

1.4 Under most circumstances, the amount of infectious virus on any contaminated surfaces is likely to have decreased significantly by 24 hours, and even more so by 48 hours.'

1.5 At this time, there are no specific vaccines or treatments for COVID-19. However, there are many ongoing clinical trials evaluating potential treatments.

1.6 On 3 March 2020 the UK Government published its [Coronavirus Action Plan](#) and confirmed that we were in the 'contain' phase of the plan. Within a matter of days, on 13 March 2020, the Government confirmed a move to the 'delay' phase of the plan and introduced some social distancing guidance for at risk

¹ WHO definition: www.who.int/health-topics/coronavirus

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groups. On 23 March 2020 more stringent social distancing measures were announced which became law between 26 and 28 March 2020 through the Coronavirus Act 2020.

1.7 At present, people must stay at home and only leave home for specified reasons as outlined in [Government advice](#) below:

- ‘shopping for necessities, for example food and medicine, which must be as infrequent as possible
- one form of exercise a day, for example a run, walk, or cycle - alone or with members of your household
- any medical need, including to donate blood, avoid injury or illness, escape risk of harm, or to provide care or to help a vulnerable person
- travelling for work purposes, but only where you cannot work from home

These reasons are exceptions and a fuller list is set out in the regulations. Even when doing these activities, you should be minimising time spent away from the home and ensuring that you are two metres apart from anyone outside of your household.’

1.8 The UK government in conjunction with the NHS has identified two groups of people who are at greater risk from COVID-19 and these are:

- high risk (clinically extremely vulnerable)
- moderate risk (clinically vulnerable)

The NHS website has further information about [who’s at higher risk from coronavirus](#).

1.9 These groups of people who may have to take extra measures to protect themselves from the virus and some of these are outlined in [guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19](#). (Both the definitions and guidance has seen significant development and versions throughout the emergency as greater understanding has developed).

1.10 The social distancing measures were introduced to reduce the number of deaths from COVID-19 transmission and protect NHS services from becoming overwhelmed by a significant peak in infections and deaths by flattening out the projected ‘curve’ of the progress of the virus and delaying peak infections until later in the year.

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- 1.11 Non-essential businesses, such as bars, restaurants and leisure facilities were asked to close under new [business and premises closure guidance](#). Schools, nurseries, universities and colleges were closed from 20 March 2020 to the general population, but schools remained open for the children of those designated as 'key workers' by the Government, which was defined in the [education and childcare guidance](#).
- 1.12 The country entered a period of 'lockdown'. The lockdown measures were initially in place until 9 April 2020 and were subsequently reviewed and extended until 7 May 2020. At the point of publication, the Government is due to review the need for extending these measures and there are indications that a further extension until 31 May 2020 is likely.
- 1.13 In April, the Government introduced financial support packages for employees to allow them to be 'furloughed', but still receive 80% of pay (up to a maximum of £2500 per month) paid for with public funds which the employer could reclaim through the [Coronavirus Job Retention Scheme](#). This was followed by support packages for the self-employed introduced through the [Self-employed Income Support Scheme](#).
- 1.14 The UK Government website contains detailed information and guidance on all aspects of the COVID-19 emergency, including lockdown: www.gov.uk/coronavirus
- 1.15 As at time of publication the UK Government is indicating that we may have passed the first peak of COVID-19 transmission and hospital cases and should see infection and death rates fall within the next few weeks allowing consideration of easing lockdown measures.

2. Eye healthcare implications

- 2.1 The implications for registrants and the optical sector are wide ranging and particularly complicated because it is largely a privately funded sector delivering some public sector services through NHS contracts. It is important to look at COVID-19 through both a public and private sector lens.
- 2.2 There is considerable pressure on the NHS generally because of the high numbers of patients requiring acute care and admission to intensive care units. The impact of this is that many routine services, including ophthalmology are being paused and many health professionals are practising in different roles in the health service to support the national effort.

Designation of optical services for the purpose of the COVID-19 emergency

- 2.3 Because of its public sector benefit, optical practices are exempt from the list of businesses that needed to close and can remain open during the COVID-19 emergency. However, social distancing and infection control needs to be maintained in line with Government guidance, which means that routine care services should be reduced to a minimum (and have been postponed altogether for NHS services – see below), with most practices delivering only urgent, essential or emergency care. Use of remote care delivery has increased in order to accommodate social distancing, with the College of Optometrists advising the following on its [website](#):

‘It is an individual decision for each practice owner to make as to whether or not to remain open in this difficult climate. If a practice owner does decide to remain open, they should ask all patients to telephone the practice, before attending, for remote triage to ascertain whether the patient needs essential eye care before being seen. If practices in a local area wish to close, they may choose to join with other practices to provide a local hub where essential services can be provided. This could be done on a rota basis where appropriate. Patients should be clearly signposted as to how to access the care they need.’

- 2.4 Optometrists and optical practice staff delivering urgent, essential and emergency services have been designated as key workers by the Government and this allows them to travel to work, access school and childcare services where it is not possible to accommodate them at home and to access COVID-19 testing for themselves and family members where they are displaying symptoms.
- 2.5 Clarification on these designations was not immediate and we were aware that some opticians’ practices were initially advised to close and staff advised to return home by police. This was later resolved through changes to Government guidance and we are not aware of any ongoing issues here.

Delivery of NHS primary care services during the COVID-19 emergency

- 2.6 Only urgent, essential or emergency NHS optical care services are currently being delivered across the four nations as outlined in confirmatory letters and guidance issued by NHS/government bodies in all nations:
- **England:** NHS England [preparedness letter](#) giving updates and guidance for optical settings

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- **Northern Ireland:** [Advice](#) for Ophthalmic Contractors from Health & Social Care Services Northern Ireland
 - **Scotland:** Suspension of all routine community eye care services [letter](#);
 - **Wales:** Temporary primary care contract changes from the Welsh Government [letter](#) / Further [information](#) on optometry practice services from the Welsh Government
- 2.7 The NHS has provided detailed guidance for all primary and secondary care workers in each of the nations in the letters above or through additional guidance documents.
- **England:** Further information from NHS England can be found here: www.england.nhs.uk/coronavirus/primary-care/about-covid-19. Optical sector specific information can be found here: www.england.nhs.uk/coronavirus/primary-care/optical-setting
 - **Northern Ireland:** [Guidance](#) for all optometry colleagues from Health & Social Care Services Northern Ireland
 - **Scotland:** [Information and resources](#) from the Scottish Government for all optometry practices and staff / [Guidance](#) for primary care from Health Protection Scotland / [Guidance](#) for secondary care from Health Protection Scotland
 - **Wales:** contained in links above
- 2.8 Funding arrangements for services have been announced as part of agreements for delivery of services within each of the nations and details can be found in the letters outlined above. There were some delays in confirming funding arrangements within England which led to increased anxiety among registrants.
- Commissioning of urgent, essential and emergency services across the UK**
- 2.9 In Wales, Scotland and Northern Ireland, NHS commissioning of urgent and essential services has led to the establishment of centralised hubs for delivery of care.
- 2.10 In England the model of commissioning is more complicated by local level commissioning by clinical commissioning groups (CCGs). NHS England has worked with the College of Optometrists and the Royal College of Ophthalmologists to produce joint guidance on the COVID-19 Urgent and Essential Services (CUES) pathway to support commissioning of these services in England and details can be found here: <https://www.college-optometrists.org/the-college/media-hub/news-listing/nhs-england-covid-19-urgent-eyecare-service-cues.html>.

Secondary care / ophthalmology

- 2.11 The Royal College of Ophthalmologists has produced detailed [guidance](#) on service delivery and recommends the following:
- ‘All routine ophthalmic surgery should be postponed in NHS ophthalmology departments, private hospitals and independent treatments centres
 - All face-to-face outpatient activity should be postponed unless patients are at high risk of rapid, significant harm if their appointment is delayed
 - Ophthalmology Accident and Emergency Departments should stay open with consultant level support for both triage decisions and seeing patients
 - Routine diabetic retinopathy screening should be postponed’

3. Workforce implications

- 3.1 The picture in relation to workforce supply and demand varies across the UK, both between and within countries. The anticipated surge in demand for COVID-19 services linked to a sharp peak that would overwhelm the NHS could have generated a need for more optometrists than we currently have registered.
- 3.2 In practice, this demand has been managed down partly due to the public following social distancing measures and partly through the fact that while need for urgent care may have increased, routine care was halted. Similarly, the potential for optical professionals to be redeployed into other roles has been able to be managed and accommodated on a local rather than national basis.
- 3.3 This does not mean that the risk has gone away, as there is potential for a second peak in transmission rates as we exit lockdown and service demand may or may not increase when routine services are reintroduced at some future point.
- 3.4 Similarly, there was a possibility that ophthalmologists would be redeployed in great numbers to support the wider national effort during the peak surge and that ophthalmology services would need to be supported in primary care creating greater demand. Having liaised with the sector, this does not appear to have yet materialised; in some cases, innovative remote and technological solutions are being utilised, but in some other places an existing backlog is simply growing bigger.

The Coronavirus Job Retention Scheme

Consequently, most employers have closed their physical practices, while ensuring that urgent and essential needs continue to be met, using remote consultation to triage and deliver care to patients. This includes providing advice and supplying spectacles and contact lenses via postal services.

- 3.5 This has led many practices to make use of the Government's Coronavirus Job Retention Scheme to furlough staff and in some cases we believe staff have been made redundant or in the case of locum staff, told their services are no-longer required. We have no data on this and expect the full impact to be felt once both lockdown and the furlough scheme are withdrawn.
- 3.6 The Government is considering the feasibility of the Coronavirus Job Retention Scheme going forward in terms of affordability and the potential of reducing compensation, which may lead to a greater impact on optical staff.
- 3.7 We are also aware that locums may not be as well supported, as they are unlikely to be eligible for furloughing or Government support packages for self-employed workers. Sector bodies are exploring ways in which locums could be supported and potentially prioritised for any redeployment opportunities across the NHS and related services should these arise.

Potential redeployment opportunities

- 3.8 NHS England has issued guidance on [redployment of professionals](#) in the NHS and we are aware that in Scotland, optometrists and dispensing opticians working in hospital settings have been redeployed to work in other settings within Scottish hospitals. In England, we are aware of optical professionals retraining to support **hospital services** including the new Nightingale Hospitals. This includes one of the GOC's own Case Examiners, Rosie Gavzey.
- 3.9 We are also aware that one of the larger employers, Boots, has re-deployed some of its opticians to support the establishment and delivery of COVID-19 **testing centres** on behalf of the government. There may be other examples of redeployment within the sector.
- 3.10 The **pharmacy** sector has seen increased and sustained demand for services over a period of the emergency and has been seeking to recruit further resources to cope through a campaign to recruit retired pharmacists and through access to volunteers. We have explored with the General Pharmaceutical Council, pharmacy and optical sector bodies, what support

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optometrists and dispensing opticians could offer in this area, being trained and registered healthcare professionals already.

- 3.11 In the guidance published by NHS England, [Deploying the clinical and non-clinical optical workforce to support the NHS clinical delivery plan for COVID-19](#) there is a reference to the potential for redeployment of optical professions to support pharmacy practice in either volunteer or paid roles. The need for any support is best ascertained at a local level, through arrangements between Local Pharmaceutical Committees and Local Optical Committees but the GOC has agreed to produce a statement in conjunction with the GPHC to outline how optometrists and dispensing opticians could potentially be used in pharmacy.
- 3.12 We have also been made aware from discussions with representatives at NHS England that there is potential opportunity for optical professionals to be recruited for the new 'Track and trace' scheme. At point of publication the Government was trialling a new mobile app to support this scheme and the sector professional bodies are exploring this opportunity further.

4. Personal protective equipment (PPE)

- 4.1 Access to PPE has been and remains an issue across the healthcare system as is well documented in the press and public discussion. Systems are in place for accessing PPE for primary care professionals delivering urgent and emergency services, but we are aware that optical professionals are a lower priority than other frontline workers such as doctors and have experienced difficulties, in accessing the equipment they need.
- 4.2 [National guidance](#) on PPE requirements for healthcare professionals has been produced and this applies to optical professionals as well. The College of Optometrists has produced sector specific guidance on this on its [COVID-19 website](#) page. An extract confirms the following:
- 'Optometrists who are seeing patients should follow the same advice and we recommend that all optometrists working within 2m of a patient should choose to wear a surgical mask. For further information on assessing risk, see section 7 of the "[COVID-19 personal protective equipment \(PPE\)](#)"'
- 4.3 This raises issues of safety for some of our registrants who will need to make professional judgements on whether it is safe to see or treat patients. If a registrant does not have access to adequate PPE for some procedures, they will need to consider the risk to themselves and their family members in

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examining or treating patients where there is a risk of infection. The College of Optometrists advice on this from 9 April 2020 is as follows:

‘We advise that if you are unable to get the PPE to enable you to see patients according to national guidance, you should not conduct face to face consultations at a distance of less than 2m. We realise that this means that in most cases you will be unable to see patients. However, you can provide other services that do not require face to face contact, such as supplying spectacles or contact lenses by post, or offering telephone or video advice.’

- 4.4 PPE will be an ongoing concern as we move out of lockdown as social distancing measures are likely to be retained for some time. This may cause issues if optical businesses are unable to source the necessary PPE to be able to deliver routine eye care and may necessitate continuing flexibilities relating to remote service provision already agreed and discussed later.

5. Optical education

- 5.1 All schools, colleges and universities were closed from 20 March 2020 and this applied to universities delivering optometry and dispensing courses, creating significant upheaval for education providers and their students. Many education providers are now quite advanced in making changes to their programmes to adapt to the current situation where students will be unable to attend academic institutions and will not be undertaking clinical training due to restrictions in routine care delivery.
- 5.2 We are aware that the majority of pre-registration clinical placements are paused at this time and the qualification awarding bodies have also paused all physical clinical exams. The sector is considering how students can best continue to advance through their training in terms of academic teaching and learning, clinical training and assessment. Some solutions being considered are more remote forms of education delivery, training and assessment. Providers are also considering the potential to postpone the assessment of core competencies and patient episodes to later in the training pathway, i.e. in optometry, some assessments usually completed in their university training could be postponed until the pre-registration clinical placement training (Scheme for Registration) which is administered by the College of Optometrists.

6. Exiting lockdown

- 6.1 The exit strategy will be difficult without a vaccine being developed and Government is wary of easing restrictions too soon or too quickly and causing a second peak of transmission rates and hospital infection cases. At the point of drafting the UK Government are due to make an announcement on extending the current lockdown measures with the potential for these to be in place until June 2020.
- 6.2 Also at the point of drafting, the Government has circulated a draft exit strategy to help people return to work to a restrictive list of key employers, business groups and unions (due to be made public by 10 May 2020). This suggests some possible measures in a return to work scenario including:
- use of homeworking where possible, reduction in hot-desking and enforcement of social distancing; and
 - where social distancing is not possible in the workplace, then enhanced safety measures such as personal protective equipment (PPE) for staff, screens and more intensive hygiene measures.
- 6.3 Sir Simon Stevens, the chief executive of the NHS in England issued a letter on 30 April which indicates a desire to return to delivering ordinary services within a period of six weeks. This includes reference to delivery of primary care services, ensuring that patients are aware of how to access healthcare services and how services will be delivered in care settings. The sector is waiting further clarity from NHS England as to how this would apply to Optometry and Dispensing Optics. A return to more routine services may exacerbate some of the problems indicated above.
- 6.4 It is still unknown whether the general public and patients will want to return to routine care in optical practices and this may affect demand for services.

7. GOC policy response

- 7.1 Aside from a significant number of operational issues not covered in this paper, we recognised early on the impact that the pandemic could have and that our registrants may be called upon to work at the limits of their scope of practice and to vary their practice for protracted periods of time, in quite challenging circumstances. There was a risk that by adhering to our well documented and normal expectations we could find meeting regulatory requirements contrary to the best interests of patients and the public at large.

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- 7.2 Other healthcare professions were in a similar position and we issued a joint regulatory statement, which acknowledges that registrants will need to act differently and deliver care in different ways during the COVID-19 emergency in line with Government and public health guidance. We explained that we will take account of this in fulfilling our regulatory functions. Since then, we have developed our response further.

Engagement with the sector and healthcare systems

- 7.3 We also recognised that we would not be able to provide the solutions to issues outside our remit, such as clinical advice, commissioning of services or contract/funding issues, but needed to work with others to ensure that we could signpost relevant guidance and ensure that issues were not falling between gaps.
- 7.4 We therefore established an optical sector group of key representative bodies, including Association of British Dispensing Opticians (ABDO), College of Optometrists, Federation of Ophthalmic and Dispensing Opticians (FODO), Association of Optometrists (AOP) to discuss issues within the sector, with a particular on workforce issues. This has met on a weekly basis since 26 March 2020.
- 7.5 We also established a wider consultative framework including all optical sector and NHS bodies, including those in the devolved nations, which we use to consult quickly on any significant work that we are developing as part of our response to the COVID-19 emergency.
- 7.6 The CEO and Director of Strategy have participated in an NHS England Primary Care providers forum since 11 March 2020 to discuss nationwide issues with delivery of care across the primary care professions. We have continued to monitor care delivery plans in the devolved nations through our normal communications channels and signpost our registrants accordingly.
- 7.7 The CEO meets on a monthly basis with the CEOs of other healthcare regulators as part of Chief Executives of Regulatory Bodies (CEORB) and Chief Executives Steering Group (CESG) with information sharing on COVID-19 being the key topic of discussion at this point. We have also continued to maintain engagement with the Department of Health and Social Care (DHSC) throughout this period, including discussions related to legislation.

GOC regulatory statements on the emergency

- 7.8 Following the first statement, we looked at whether further statements were required to remove any unnecessary regulatory barriers to the provision of

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care during the emergency, or to reassure our registrants that when they act in good conscience, for the public benefit, exercising professional judgement we will support them.

7.9 This has resulted in a series of regulatory statements on the COVID-19 emergency produced between 3 March and 20 April 2020 as set out below. Each statement was produced following consultation with key stakeholders including the professional representative bodies and NHS bodies. The statements are intended to be temporary (with the exception of the joint statement on remote consulting and prescription) with an initial review date of 30 April 2020. The statements were all reviewed following further consultation with key stakeholders and have been extended – some with minor amendments – to 31 May 2020.

7.10 The statements are as follows:

- [Joint regulatory statement on COVID-19](#) – this was developed in conjunction with the other healthcare regulators and acknowledges the need for regulators to adapt the way that they regulate professionals during the COVID-19 emergency.
- [Joint regulatory statement on remote consultations and prescribing](#) – this is another inter-regulatory statement developed prior to the emergency in conjunction with the General Medical Council, General Pharmaceutical Council, Nursing and Midwifery Council and General Dental Council, outlining expectations of remote consultations and prescribing. With the need to move to a remote care delivery model during the emergency we have been promoting this statement through our COVID-19 website page.
- Statement on education provision during the COVID-19 emergency: [GOC/COVID/01](#) – this gives flexibility to providers of education to adapt their delivery and assessment methods to cope with the emergency situation in the light of closure of universities and enforcement of social distancing measures which means that students can only access education and training remotely.
- GOC statement on supply of spectacles and contact lenses during the COVID-19 emergency: [GOC/COVID/02](#) – this is intended to remove a regulatory barrier in the short-term to the supply of spectacles and contact lenses, allowing these to be supplied on expired prescriptions where necessary based on registrants' professional judgement. This balances the potentially greater risk of COVID-19 infection which may

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result from a patient attending an optical practice with that of issuing a prescription based on a sight test performed in the recent past.

- Statement on contact lens aftercare during the COVID-19 emergency: [GOC/COVID/03](#). This is intended to clarify that the remote delivery of contact lens aftercare is permissible, to allow this to continue remotely during the emergency.
- Statement on education quality assurance activity during the COVID-19 emergency: [GOC/COVID/04](#) – this outlines how the GOC will look to minimise quality assurance activity during the emergency period and use alternative remote methods to assess education courses in order to protect staff, students and the public.
- Statement on approach to service documents and hearings during the COVID-19 emergency: [GOC/COVID/05](#) – this outlines how the GOC will ensure safety during the period of the emergency and social distancing measures by conducting certain aspects of the patient complaints process remotely, including remote fitness to practise hearings.
- Statement on CET during the COVID-19 emergency: [GOC/COVID/06](#) – this confirms that the overall CET three-year cycle requirement will remain in place for now, but the annual expectation to complete six points will be waived for 2020 to acknowledge impact of COVID-19. This will be kept under review.
- Statement on registrants working in different settings during COVID-19 emergency: [GOC/COVID/07](#) – this is intended to provide support for registrants that they can work in different paid and volunteer settings to support the wider national effort, either as an optometrist, a dispensing optician or in another capacity. In all cases they would need to be trained, competent, indemnified (or supervised if necessary).
- Statement on Continuing Education and Training (CET) providers on CET provision during the COVID-19 emergency: [GOC/COVID/08](#) – this gives flexibility to providers of CET to adapt their delivery and assessment methods to cope with the emergency situation, particularly the use of remote delivery to accommodate social distancing measures.
- Statement on verification of contact lens specifications during COVID-19 emergency: [GOC/COVID/09](#) – removes regulatory barrier to provision of contact lenses remotely to patients during the emergency, by removing the need for businesses without registrants to verify prescriptions before

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contact lenses are issued. This takes account of the greater difficulty in being able to do this when significant numbers of optical practices are closed as a result of the emergency.

- 7.11 We also agreed not to proceed with a potential statement on the delegation of refraction to dispensing opticians based on consultation feedback indicating that there may be patient safety issues and reduced demand for optical service delivery due to the reduction in routine care and low levels of redeployment.
- 7.12 We are currently considering two further areas for statements, namely the use of online refraction software to support remote consultation and expectations of care delivery if registrants are unable to access PPE.
- 7.13 In areas such as infection control or accessing PPE, but we have signposted to the guidance produced by other organisations such as the College of Optometrists, Association of Optometrists, Association of British Dispensing Opticians and the Federation of (Ophthalmic and Dispensing) Opticians.
- 7.14 An example of this is the Statement on provision of essential eye services in England. As a result of delays in NHS England issuing guidance regarding the delivery of eye care, we engaged with sector bodies to fill the gap. This led to the development of guidance on delivery of urgent and essential services and cancellation of routine care published on 23 March 2020, which we endorsed in a [public press statement](#) on the same day. The need for this was superseded by the confirmation from NHS England on 1 April 2020 of service delivery in optics.

External communications

- 7.15 When receiving COVID-19 correspondence through our various email and telephone points these are forwarded and collated by the team, themes identified and policy positions developed where necessary in conjunction with the Communications department. All contacts are responded to with a personal communications and themes are then converted into frequently asked questions (FAQs) which are currently accessible through our COVID-19 [website pages](#).
- 7.16 When the decision was taken to close the office, we initially closed the main contact telephone numbers, but an emergency contact number has now been established and calls are screened and forwarded to appropriate departments. All direct line telephone numbers are still operational and staff can access and respond via Avaya communication software on their laptops.

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- 7.17 We send a regular COVID-19 e-Bulletin updates to registrants to keep them informed about our response to the situation and have increased their frequency from bi-monthly to weekly where possible. This has been welcomed by registrants and accompanied by higher open and click rates. We will continue to monitor the analytics, and these will influence our decisions about the frequency of registrant ebulletins and the content we include in the future.
- 7.18 We created a dedicated [COVID-19 page](#) on our **website** which allowed us to direct registrants, stakeholders and the public straight to information, guidance and statements relating to the emergency situation. This included the latest guidance from Government, as well as GOC information and guidance. From March, the page had 69,663 visits.
- 7.19 To date, we have posted COVID-19 information and guidance on our **social media** channels (Twitter and LinkedIn) on 20 occasions in order to keep people informed. We have also responded to queries using the FAQs to ensure that we are consistent in our messaging.