



REQUESTS FROM HSCTS FOR PAEDIATRIC REFRACTION

INTRODUCTION OF A NEW 'E-FORM' FOR REPORTING FEEDBACK ON PAEDIATRIC SIGHT TEST REQUESTS FROM HSCTS – (OUTCOMES)

Dear Contractor,

Ophthalmic services across primary and secondary care are impacted by the COVID-19 pandemic and included in this are children's orthoptic and refraction services. As part of their plans for managing demand for new and review appointments, Orthoptic/Optomety services in the HSCTs have adopted risk stratification for patients who are currently awaiting an appointment, or are already attending the service. Consequently primary care Optometry contractors have been receiving receive requests from Orthoptic and/or Optometry services in secondary care to undertake a cycloplegic refraction for a child who attends the hospital eye service.

HSCB are now advised that these requests will arise from the Southern Health and Social Care Trust, in addition to the Northern and Western Health and Social Care Trusts. For a small number the request will be for patients who have been referred and were awaiting a first appointment (a "new") in the hospital eye service and the hospital eye service are unable to arrange for the refraction currently. It may also be the case that the parent/guardian(s) are not prepared to wait the given timeframe and wish to take the child to their own local Optometrist as an interim measure whilst they await Orthoptic review. For other patients it may be that they were due a "review" appointment in the service and their appointment is likely to be delayed beyond the indicated time frame or, as part of a co-management with community Optometry prior to their discharge from Orthoptics.

For each of the above scenarios the parent/guardian(s) of the child will be provided with relevant information to bring to the primary care Optometry practice of their choice. The Optometrist who provides the GOS ST (cycloplegic where indicated/requested) will not be expected to make any specific clinical management decisions in respect of the RX to be prescribed other than what is requested by the hospital eye service in the letter. For example, where a patient is "new" (i.e. had been referred, but not yet assessed by the hospital eye service) and a prescription is found, it may be stated by the hospital eye service for example that the full cycloplegic RX is to be given.

Feedback of information: Why and How?

For all requests from the Southern HSCT where a GOS sight test has been requested for a child, it is vital that the outcomes of the sight test are notified to the Orthoptic/Optomety service. This is essential as information provided will inform the ongoing management of patients.



In order to make this process of feedback as timely, simple and efficient as possible the HSCB and SHSCT have now implemented the use of an electronic reporting form for use where a sight test has been requested (effective from 24th September 2021). This method of transfer of information has been trialled successfully by Northern and Western HSCT Orthoptic Services and has been retained as it had proven to be both efficient and effective. Please ensure when using the reporting form that you:

1. Select the correct destination, i.e. Orthoptic Service – Southern HSCT
2. Enter your Optometry practice details and the HSCNI email address for the contractor practice.
3. Please ensure that you enter the correct HCN for the patient as this is the single and unique patient identifier used by the HSCT.

!! NOTE: On successful submission of your feedback/information on the sight test you will see a confirmation message on the screen and in addition a copy of your feedback will be sent to your practice HSCNI email account as entered.

The online feedback/reporting forms for each HSCT are hosted on the secure FPS Optometry portal home page and should take just 1-2 minutes to complete and submit. Please click on the icon link (demonstrated below) titled “Optometry eForms” and this will open the page which hosts several Optometry eForms - the Orthoptic reporting form is in [Section C](#) of this page. Please ensure that you select the relevant option on the Paediatric Refraction Outcome Reporting Form - NHSCT, SHSCT or WHSCT, hosted in [Section C](#) of this web-page.



PLEASE NOTE

- 1. THIS eFORM IS NOT AN ORTHOPTIC REFERRAL FORM AND IT MUST NOT BE USED TO GENERATE A NEW REFERRAL UNDER ANY CIRCUMSTANCES. ALL REFERRALS MUST BE SENT VIA THE CURRENT AND USUAL ROUTE**
- 2. FOR PATIENTS WHO HAVE BEEN DISCHARGED FROM ORTHOPTIC SERVICES PLEASE NOTE THAT NO FEEDBACK IS REQUIRED OR EXPECTED**

This form is now used by the Northern, Southern and Western HSCT Orthoptic Service for reporting of outcomes of sight tests which have been specifically requested by the HSCT. **Please do not use these specific online reporting forms for patients who attend Orthoptic Services in the other two HSCTs.**



**QUICK SUMMARY: USE OF THE ONLINE REPORTING FORM –
NORTHERN, SOUTHERN AND WESTERN HSCT ORTHOPTIC SERVICE**

Scenario	Use eForm
Northern HSCT Orthoptic Service - Request for sight test and return of information	✓ YES
Southern HSCT Orthoptic Service - Request for sight test and return of information	✓ YES
Western HSCT Orthoptic Service - Request for sight test and return of information	✓ YES
Patients who have been DISCHARGED* from Orthoptic Services *please check the patient's NIECR for any relevant information	X NO
Patient who attends any other HES clinic	X NO
Orthoptic Service new referral	X NO
Optometry Service new referral	X NO