



### “Systems, Not Structures...”

November 2016 was a quietly momentous month for the North’s General Ophthalmic Services (GOS). You may not have felt or heard the earth tremor, but it was then that the first wave on GOS practices made direct electronic referral of their patients into secondary care Trust ophthalmology services.

At the same time as [Professor Bengoa’s Expert Panel](#) gave recommendations around systems change ([click here](#) to read) and Minister O’Neill set out her vision for Health & Social Care “[Health and Wellbeing: Delivering Together](#)” ([click here](#)) the first cohort of GOS practices began to realise the benefits of systems change. eReferral will allow safe, secure transfer of referrals to ophthalmology, will create an audit trail for all referrals, will allow interface with Northern Ireland Electronic Care Record (NIECR), will allow referral-for-advice and eTriage functionality, and will provide feedback directly to the referring optometrists. These are direct practitioner and patient benefits, which will improve patient safety and quality of care.

The road to delivering this systems integration has not been smooth, and there will undoubtedly be minor “bugs and bumps” to sort during roll-out. The integration required cross-sector partnership working with BSO IT and Family Practitioner Services, secondary care clinical, administrative and management teams, not to mention eHealth and finance colleagues. But mostly it involved commitment from you, the ophthalmic professionals, and not least dedication and tenacity from the HSC Board Ophthalmic Clinical Advisers, Fiona and Janice and Margaret.

I would like to take this opportunity to thank you, and the team, for this commitment, delivered in line with “[Developing Eyecare Partnerships](#)” Objective 11([click to read the 4<sup>th</sup> Annual Report](#)). As the Expert Panel report recommends: “There should be particular focus on the three key areas of workforce, eHealth and integration...the HSC should immediately develop innovative primary care based models that will allow non-medical staff to work in a way that makes the most of their skills.”

Integrated IT is a major enabler for that vision.

Merry Christmas and Happy Holidays.

Raymond Curran

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# ELECTRONIC REFERRAL (eReferral) VIA THE CLINICAL COMMUNICATIONS GATEWAY: UPDATE

Over the past 18 months the Health and Social Care Board have kept ophthalmic contractors full informed on the work to enable primary care Optometrists to access electronic referrals via the Clinical Communications Gateway (CCG). This has been an innovation project for the HSCB Ophthalmic team as part of the work of [Developing Eyecare Partnerships](#) and significant challenges presented along the way both at the primary care interface and secondary care interface with hospital administration systems. Training of those optometry practices currently using the FPS Optometry portal (for GOS claim submission) in the use of CCG took place from late July to mid-November 2016 and over 180 practices attended the training and are now subsequently IT-enabled on CCG.

GOS Contractor practices that are IT-enabled to use the CCG have been provided with all relevant CCG user documentation and essential information on CCG user accounts for the staff who they have registered for access to CCG.



Health and Social Care Board are delighted to advise that as of the beginning of November access to the CCG was enabled for primary care optometrists with the go-live of over 100 practices being phased in over a 3 week period. Practices were contacted by the Health and Social Care Board and advised of their specific go-live date and provided with some further guidance and key-tips for the use of CCG. In early 2017 it is hoped that more practices who are IT-enabled will be issued a go-live date.



**GOS contractors are reminded to check their emails carefully for communications from HSCB**

# UPDATE ON ROLL OUT OF eREFERRAL VIA CCG: IMPORTANT INFORMATION FOR PRACTICES

## 1. Practices currently using the FPS Optometry Portal and which have attended CCG training

Over the past few weeks HSCB have contacted practices that have attended the CCG training (by email) to advise of the requirement to contact the BSO eBusiness team to arrange for the installation of software to enable eReferral. Not all practices who have been trained in CCG have responded to this email and a reminder was issued to those practices on Friday 18<sup>th</sup> November to request that you action the email.



**If your practice is currently accessing the FPS Optometry portal for submission of GOS claims and you have attended a recent CCG training session, please ensure that you action this email as soon as possible, as your practice cannot be activated for eReferral until this step has been completed.**

## 2. Practices currently using the FPS Optometry Portal which have NOT attended the CCG training sessions

In early summer HSCB contacted all Optometry practices that are currently using the FPS Portal for submission of GOS claims and the majority of practices registered to attend one of the planned training sessions in eReferral for CCG. However HSCB are aware that those practices who did not attend a CCG training session have the capability to undertake eReferral and HSCB would encourage you to consider registering your interest in accessing CCG to allow Optometrists in your practice to send electronic referrals. If your practice is currently accessing the FPS Optometry portal for submission of GOS claims and you wish to also avail of eReferral please contact any one of the optometric clinical advisers who will register your interest and include you in the plans for the next round of training sessions. It is anticipated if demand is sufficient that training sessions could be provided Spring 2017. However please note that these sessions will be demand-led and sufficient interest/numbers will be required in order to provide them.

# OPTOMETRIC HISTORY IS MADE



The first successful electronic referral for a patient in Northern Ireland by a primary care Optometrist was made by Mr Richard Mackey of Mackey Eyecare, North Street, Belfast. Richard is pictured opposite and below in his consulting room generating the eReferral via CCG.

The referral was sent using the Cataract referral template to the 'Ophthalmology-Cataract' referral option listed under the Mater Hospital in Belfast Health and Social Care Trust.

The CCG application immediately logs the referral as sent and received by BHSCT. Richard is able to retain the record of his referral within the CCG application or save (and or print) it to his practice IT system. Within Richard's practice he has an OCT and he will be able to upload the scans and images from his OCT where appropriate for patients whom he is referring.



Richard Mackey & Mrs Newell



Pictured is Mrs Newell along with Richard. Mrs Newell was the first patient in Northern Ireland to have been referred by her optometrist to the hospital eye service using eReferral via CCG. eReferral offers direct patient benefits in a seamless, secure efficient and tailored referral to secondary care services. Mrs Newell is the first patient to experience and benefit from this innovation within primary care Optometry in Northern Ireland.

## The Next Steps:

### Practices that are not currently using the FPS Optometry Portal but who wish to access eReferral via CCG

Practices that currently do not have access to the FPS Optometry Portal but wish to access eReferral are included in the next phase of work for the Health and Social Care Board. This is a substantial work piece of work during 2017 with the need to ensure that practice computer software is compatible with the requirements of the HSCB Network and the requirements for the CCG application. Over the incoming months HSCB will progress the business case to support the work to enable practices, that do not currently access the FPS Optometry Portal, to have access to eReferral.

### The Benefits of eReferral in the first few weeks have already been commented noted and the following comments have been received

"I can see the benefits immediately, I am so glad to have access to eReferral"

"It is incredible that from now on I do not have to worry about receipt of a referral that I have made"

"I am already looking forward to next steps and access for Optometrists to the NI Electronic Care Record (NIECR)...these are just fantastic developments for Optometrists in Northern Ireland"

"I am delighted that eReferral has opened up more opportunities for me to engage with secondary care."

"It is fantastic to know that my referral was received immediately and will be triaged soon"

"It is great to know that moving forward I will be integrated and part of the wider HSC system, fully acknowledged as a primary care health care professional"



## URGENT ADVICE: PLEASE READ AND TAKE NOTE

**The following advice should be noted for practices that use the FPS Optometry Portal to access the Ophthalmic Claims System (OCS) for GOS claims and for practices that hold clinical records in electronic format.**

Please be aware of potential scams by phone, email or pop-ups on their computers from unsolicited parties, particularly anyone claiming to work for a computer supplier, internet provider, bank etc. Emails, websites and pop-ups can be made to look official with logos, text etc. lifted directly from the actual company. It is always safer to ignore or contact the company in question through official means (e.g. phone number or email listed on their official website) to verify the contact is genuine, rather than dealing with any issues on an unsolicited phone call or email chain. Any genuine caller will understand this precaution and not have a problem with you hanging up the phone to verify their identity or contact the company directly yourself. Under **no circumstances** should you give anyone remote access to your system unless you know who they are, for example; your IT supplier, practice management supplier or, the eBusiness team at BSO.



Optometrists are reminded that 'loss' of patient related information/data is **an adverse incident**. Should your practice computer become compromised by a scam or, for any other reason, you should **report** this as an adverse incident using the usual AI Reporting Forms available at: <http://www.hscbusiness.hscni.net/services/2563.htm>

# FOR ACTION: 2017 NORTHERN IRELAND SIGHT TEST & OPHTHALMIC PUBLIC HEALTH SURVEY

Ophthalmic Contractors may remember the [2014 Northern Ireland Sight Test and Ophthalmic Public Health Survey](#) which took place during in June 2014. The Survey is a requirement of Objective 4 of [Developing Eyecare Partnerships](#) and the Department of Health are undertaking the next Survey in early 2017. Practices will be contacted by email in early January 2017 advising of the Survey and providing full details of how many survey returns are requested from each practice. The Survey will be an electronic Survey through a secure weblink, with all information provided being accessible by Department of Health statisticians.



You will be asked to complete the Survey (s) for **one particular identified week** during late January / early February. Completed Survey returns are important as they provide information on eyecare service provision including; numbers of eye examinations, patient demographics/profiles, referrals and ophthalmic public health information. This information is valuable as it will assist the Health and Social Care Board in assessing demand, planning eyecare services and in provision of evidence for service developments. Your support in completing the Survey (s) from your practices is very much appreciated.

**\*\*JANUARY 2017\*\***

**HSCB ASK THAT YOU ACTION THE EMAIL AND COMPLETE THE 2017 SIGHT TEST & OPHTHALMIC PUBLIC HEALTH SURVEY (s) AS REQUESTED BY DEPARTMENT OF HEALTH**

## Northern Ireland Formulary: Dry Eye Preparation Advice on Recommendations and Prescribing

With the last issue of the HSCB Optometry Practice Newsletter all Optometry practices were provided with a copy of the [NI Formulary Dry Eye](#) Preparations guidance and advice.

All Optometrists are asked to review this guidance and implement it in their clinical practice. In particular the Health and Social Care Board would ask that practitioners note the advice in respect of self-care as a first line recommendation e.g. lid hygiene measures for lid conditions. This is important as it is evidenced that self-care can often resolve a condition if compliance with the recommendations for self-care are adhered to by the patient.

Pharmacy colleagues in the Health and Social Care Board monitor the prescribing of ophthalmic preparations by GPs and by Independent Prescribing (IP) Optometrists.



In recent months it has been noted that in certain areas of Northern Ireland GP prescribing of eye-lid 'cleansing' preparations has increased and it is important that if you have patients who present with signs and symptoms of lid disease, such as blepharitis and MGD, that you advise patients that self-care is an important first step in trying to treat and resolve their eye problem.

The NI Formulary guidance is available at:

<http://niformulary.hscni.net/Formulary/Adult/11.0/Pages/default.aspx>)

# REFERRALS



**FOR YOUR URGENT ATTENTION PLEASE  
TAKE NOTE OF THE FOLLOWING ADVICE**

**!!** INFORMATION & ADVICE ON REFERRALS TO:

1. THE MACULAR SERVICE REGIONALLY
2. THE PAEDIATRIC OPHTHALMOLOGY PRIORITY CONSULTATION CLINIC (POPCC - Belfast HSC Trust only)

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## **1. MACULAR SERVICE REFERRALS: USE OF THE CORRECT RAPID ACCESS MACULAR REFERRAL FORM**

In the [June 2016 issue](#) of the HSCB Optometry Practice Newsletter you were advised of the implementation of a revised and updated [referral form](#) for use when a patient requires referral to the Rapid Access Macular Service for assessment and/or treatment for the following conditions:



- Wet Macular Degeneration
- Retinal Vein Occlusion
- Diabetic Macular Oedema

Audit of recent referrals has demonstrated that some practices are not using the correct referral form. (available at the below link

[http://www.hscbusiness.hscni.net/pdf/Macular\\_Service\\_Referral\\_form\\_revised\\_May\\_2016.pdf](http://www.hscbusiness.hscni.net/pdf/Macular_Service_Referral_form_revised_May_2016.pdf)).

By using the correct referral form Optometrists will be prompted to consider and provide information on all relevant clinical findings including patient symptoms and this in turn will assist in triage of the referral by secondary care clinicians.

**IT IS ESSENTIAL THAT YOU USE THE CORRECT REFERRAL FORM WHEN REFERRING A PATIENT TO THE MACULAR SERVICE FOR THE CONDITIONS NOTED ABOVE.**

**FOR PRACTICES USING eREFERRAL VIA THE CLINICAL COMMUNICATIONS GATEWAY (CCG) THE RELEVANT CLINICAL INFORMATION & QUESTIONS ARE NOTED ON THE MACULAR REFERRAL TEMPLATE ON CCG.**



**The Glaucoma & Macular ECHO Knowledge Network: 19 Optometrists across the region are part of ECHO® and HSCB hope to bring forward macular service developments involving them**

Audit of referrals to the Macular service in Belfast HSC Trust has also demonstrated that there are too many false positive referrals. The HSCB intend to scope out options to deal with these false positive referrals which are placing significant demand on the macular service.

It is hoped that the 19 optometrists who are participating in Project ECHO® and form the Glaucoma & Macular ECHO® Knowledge Network ECHO can be involved in service developments within the 'Macular' care pathway through the work of [Developing Eyecare Partnerships](#).

## 2. PAEDIATRIC REFERRALS VIA THE PAEDIATRIC OPHTHALMOLOGY PRIORITY CONSULTATION CLINIC (POPCC)

In the [December 2015 issue](#) of the HSCB Optometry Newsletter you were provided with information on the Paediatric Ophthalmology Priority Consultation Clinic provided by the Belfast HSC Trust (**POPCC**). In addition all Optometry practices were provided with [Paediatric Ophthalmology Guidance](#) developed by the Paediatric team in Belfast HSCT Trust.

This guidance was developed to assist primary care optometrists in consideration of their referrals when presented with children who it is suspected may have an ophthalmic problem which requires referral. The guidance covers many ophthalmic presentations and in particular provides clear and valuable advice on referral pathways including advice on the urgency of referrals.



A recent audit of referrals to **POPCC** has demonstrated an alarming increase in “urgent” priority referrals for ‘suspicious’ discs with **over twice (x2) as many referrals in the first six months of this year compared to all of 2015-16**. This has placed immense strain and pressure on a service which is there to address urgent paediatric ophthalmic conditions. Feedback from BHSCT is that the majority of these referrals are sometimes requested for “reassurance” and there are very many false positives. This has the effect of causing:

1. Service and staff pressures in the triage and accommodation of the children who are referred in to clinics which are already full to capacity.
2. Children and parents/guardians suffering undue worry and anxiety and potentially being exposed to unnecessary diagnostic tests e.g. radiation from CT scans.
3. Increased pressure on the POPCC service which will result in longer waiting times for those children who are in need of urgent ophthalmic care.

Whilst it is appreciated that the assessment of children can sometimes be challenging and the recent Optometric legal case involving a missed diagnosis of papilloedema is a concern for Optometrists (and indeed for all Health Care Professionals), you are advised to review and give due consideration to the Belfast HSC Trust [Paediatric Ophthalmology Guidance](#) received last December. Please ensure that you fully consider the guidance when presented with a child with a suspected ophthalmic condition for which you may feel referral is necessary.

**Please ensure that ALL optometric staff (full time, part time and locum) working in your practice have access to and are aware of this guidance. The guidance can be accessed at the following link:**

**[http://www.hscbusiness.hscni.net/pdf/PAEDIATRIC OPTHALMOLOGY Guidance document for Primary Care Optometry December 2015.pdf](http://www.hscbusiness.hscni.net/pdf/PAEDIATRIC_OPTHALMOLOGY_Guidance_document_for_Primary_Care_Optometry_December_2015.pdf) or [click here](#).**

Paediatric Ophthalmology services in Belfast HSC Trust will continue to audit referrals being received into the POPCC service, with a view to advising the HSCB if there is further need to address specific referral trends and patterns from primary care optometrists.



***Thank you for your consideration of the above information in relation to the use of the correct Rapid Access Macular Service Referral form and the consideration and application of the Paediatric Ophthalmology Guidance when generating ophthalmology referrals for children.***

# AOP National Awards - Representation From Northern Ireland

The Health and Social Care Board are delighted to see the representation from Northern Ireland at national level for the upcoming AOP Awards.

## **\*\*Charity of the Year\*\***

See Belfast has been shortlisted for the award category "Charity of the Year". See Belfast was established in September 2015 as a charity assisting in the provision of eyecare to more marginalised communities such as the homeless, refugee and asylum seeking groups.

One year on, See Belfast has facilitated access to much needed eyecare for patients helped by a team of volunteer optometrists. If you are interested and have the time to offer your services to See Belfast please email [seebelfast2015@gmail.com](mailto:seebelfast2015@gmail.com)



## **Young Practice of the Year and Practice of the Year**

iCare Opticians has been shortlisted for two award categories "Practice of the Year" and "Young Practice of the Year". iCare Opticians is owned by Mr Stephen Vandevyver and was established in April 2014 and since then Stephen has invested in his own personal professional development and now holds two additional qualifications; the Professional Certificates in Medical Retina and Glaucoma. In addition to this investment in clinical knowledge and skill Stephen has committed further to the quality of eyecare provision through investment in OCT for clinical diagnosis and monitoring of his patients.

The Health and Social Care Board wish both See Belfast and iCare Opticians every success for the Awards. The winners will be announced at a ceremony in London on 5<sup>th</sup> February 2017. You can register your vote for all the AOP award categories at the following link.

<https://www.aop.org.uk/education-and-events/aop-awards/2017>

# ADVERSE INCIDENTS



Adverse incident reporting plays an important part of health and social care's safety and learning culture. The aim of encouraging the reporting of incidents is to identify learning, share good practice, improve quality of care and to prevent recurrence where possible.

The HSCB recently received an adverse incident report from a general practitioner relating to a patient who had previously attended their local optometrist. The patient was seen in their local optometry practice but later presented to their GP who directed them to eye casualty following a consultation. The patient was diagnosed and treated for a retinal detachment.

The elderly gentleman had presented to his optometrist complaining of occasional flashers and floaters. He was seen as an emergency and dealt with promptly in line with all the appropriate guidelines. Dilated funduscopy etc was undertaken and a possible posterior vitreous detachment was identified. The patient was appropriately advised and given a leaflet on the signs and symptoms of a detachment and told to return, seek medical advice or present to casualty should the condition change as detailed.

Subsequently the patients symptoms changed and he presented to his GP and then the local regional acute eye service where he was treated for a retinal detachment.

The learning from this incident is for practitioners to ensure they follow the appropriate guidelines for dealing with flashes and floaters. Both the College of Optometrists and Association of Optometrists for example produce guidance and patient leaflets that you can assess and use.

A significant number of patients present at their optometrist with symptoms of flashers and floaters. In a recent audit of SPEARS patients in the Southern area 15.8% presented in practice with such a complaint. Proper management according to College of Optometrist guidelines and using leaflets to give patients additional information is essential to ensure safe and appropriate care of such patients. Additionally it is important that accurate and contemporaneous notes of the consultation and advice are kept.

Anybody can report an adverse incident and in this case it was not raised by the patient but the GP. I would encourage you to see this system as a learning culture and not a blame culture. It is an excellent means to highlight issues that can happen to us all and hopefully we can all learn as a result.

Should you require additional information on reporting Adverse Incidents please do not hesitate to contact any of the Ophthalmic Advisers or the ABSM Governance leads in any Health Board Office.

## **SAVE THE DAY—POINTS MEAN REGISTRATION**

The next full day's optometry CET is planned for Tuesday 25th April 2017 at Greenmount College. Many of the lectures will be case presentation based but the full program is not quite ready.

Details will follow but in the mean time put the date in your diary.

