



HSCB Optometric Practice Newsletter

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Colleagues,

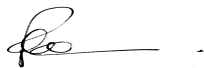
Welcome to the Winter 2013/14 issue of the HSCB Optometry Practice Newsletter and thank you for your continued interest in and support for the Newsletter.

The implementation of 'Transforming Your Care' (TYC) and the ongoing changes within Health and Social Care in Northern Ireland are beginning to impact on primary care optometry. The approval in late October, of a Primary Eyecare Assessment Referral Service (PEARS) pilot in the Armagh/Dungannon patch of the Southern LCG area was warmly welcomed by the HSCB and Optometry NI. In addition, the implementation of the primary care facing Local Enhanced Service as part of the redesign of Glaucoma Services is further evidence of the integration of eyecare services in line with TYC.

In this issue you will find detailed updates on 'Developing Eyecare Partnerships' and the recent introduction of the primary care optometry 'IOP Referral Refinement (Repeat Measures) Local Enhanced Service'. Also included is information on referral templates and CET plans for a Spring event at Greenmount College.

I do hope that you will take time to read and enjoy this issue of the Optometry Practice Newsletter. As always, if you have any ideas or suggestions for further editions, please contact one of the HSCB optometry advisers.

Best wishes



Raymond Curran, Head of Optometry, Integrated Care HSCB

Featured:

- Developing Eyecare Partnerships
- Optometry 'Local Enhanced Service'
- Health and Care Number (HCN)
- Cataract Referral Pilots
- Children's dispensing
- Probity — update
- Retirement— Congratulations
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Developing Eyecare Partnerships—how does it affect me as an Optometrist in Primary Care?

In the September 2013 issue of the Optometric Practice Newsletter you were provided with a brief update on “Developing Eyecare Partnerships” (DEP) . The Health and Social Care Board (HSCB) would like to take this opportunity to provide you with a more detailed report on DEP and how it relates to you as an optometrist in high street optometry practice. It is important that you, as providers of primary care eyecare services, are fully aware of the content of the DEP policy document, how it affects you and the approach being taken by HSCB and the Public Health Agency (PHA) as joint lead organisations for the implementation of DEP. This includes information on those ophthalmic and academic professionals representing optometry within Northern Ireland. I would encourage you to read the full document, or the executive summary. Both documents are available at:

<http://www.hscbusiness.hscni.net/services/2376.htm>

“Developing Eyecare Partnerships, Improving the Commissioning and Provision of Eyecare Services in Northern Ireland” (DEP) was officially launched by the Department of Health Social Service and Public Safety (DHSSPS) in October 2012. The DEP policy document sets out a clear policy for the development of an integrated approach to the commissioning and delivery of quality integrated eyecare services over a five year timeframe. In June 2013 the HSCB and PHA, as joint-lead organisations for DEP, established a Project Board to enable oversight of the implementation of DEP. The Project Board draws on membership from many sectors including Health and Social Care (primary and secondary care), the voluntary sector, service users, and academia. The Project Board have been tasked to ensure that the twelve objectives outlined in the DEP policy document are fully implemented with the necessary outcomes in relation to the commissioning and delivery of integrated eyecare services.

What does this mean for you?

As advised in the September 2013 issue of the Practice Newsletter, five task groups have been established to facilitate the delivery of the identified DEP objectives. The following tables outline the various DEP task groups, their assigned objectives and those within the sphere of optometry who have agreed to membership of the task groups. The work that these groups will undertake will, in time, directly impact on the way in which you deliver eyecare services within primary care. Developments in IT infrastructure, new clinical pathways and better integration across primary and secondary eyecare services will enhance the service you provide ensuring better access, better experience and better outcomes for your patients.

Task Group 1 - Workforce and Legislative Issues

Task Group 2 - Integrated Models/Pathways

Task Group 3 - Regional Measurement

Task Group 4 - Regional Acute Eye Pathway

Task Group 5 - Promotion of Eye Health

Optometry Representatives for Task Group 1

Mr David Barnes, Chairperson Optometry Northern Ireland
Miss Jennifer Lindsay, Head of Optometry, Belfast Health and Social Care Trust
Mrs Margaret McMullan, Optometry Health and Social Care Board

Objective 3 – In order to promote service quality, the DHSSPS will consider introducing primary legislation which, subject to Assembly approval, will enable the HSC Board to develop and maintain an extended listing system of individual practitioners involved in the provision of GOS.

Objective 4 - A Northern Ireland Sight test Survey will be re-commissioned in order to fully understand the level and type of demand for sight tests in GOS, to include referral patterns, demographics, co-morbidities and the level of private practice undertaken.

Objective 10 – Clinical leadership, workforce development, training, supervision and accreditation will be essential components of eyecare service reform. This includes the promotion of optometry independent prescribing, where appropriate to do so.

Objective 12 - The HSC Board/PHA working in collaboration with relevant organisations will lead on the implementation of the eyecare strategy. The DHSSPS will lead on any legislative change.

Optometry Representatives for Task Group 2

Mr Raymond Curran, Head of Optometry, Health and Social Care Board
Mr Brian McKeown, Optometrist in Primary Care Optometry Practice
Dr Joanne Logan, Optometrist, Belfast Health and Social Care Trust
Dr Julie Anne Little, Optometrist, University of Ulster
Mrs Margaret McMullan, Optometry Health and Social Care Board

Objective 5- An integrated eyecare service model will be implemented which will facilitate a resource shift, with improved inputs, access and outcomes at each level- primary and community, networked acute care and highly specialist regional and supraregional services.

Objective 6- There will be a regional approach to the development of integrated care pathways for long-term conditions to include glaucoma, cataract, diabetic retinopathy, macular degeneration and low vision; these pathways will adopt the ten principles of service change in order to enhance access, and improve eye health outcomes.

Objective 8- Eyecare Partnership Schemes, to enhance access to diagnosis and treatment closer to home, will be based on populations needs. These will be developed regionally and commissioned by the HSC Board working in collaboration with Local Commissioning Groups. These funded schemes will be part of new pathway approaches for the delivery of services for common eye conditions.

Objective 11- ICT developments will be required to improve referrals, communication, payment and probity systems. Telemedicine links have the capacity to improve the quality and efficiency of service provision.

Cont'd.....Developing Eyecare Partnerships

Optometry Representatives for Task Group 3

Dr Kathryn Saunders, Optometrist, University of Ulster
Miss Janice McCrudden Optometry, Health and Social Care Board

Objective 7- There will be high level regional measurements to facilitate the monitoring and evaluation of the new eyecare service model and associated pathways. This will include input, output and outcomes measurements.

Optometry Representatives for Task Group 4

Mr Raymond Curran, Head of Optometry, Health and Social Care Board
Mr Richard Gilmour, Optometrist Western Health and Social Care Board
Dr Karen Breslin, Optometrist, University of Ulster
Mr Barry Curran, Optometrist, Primary Care Optometry Practice
Ms Fiona North, Optometry, Health and Social Care Board
Mrs Margaret McMullan, Optometry Health and Social Care Board

Objective 9 –A regional pathway will be developed for the diagnosis and management of the “acute eye*” across the primary, community and hospital interfaces. This pathway will need to consider how best to maximise resources-both human and financial-and be commissioned and delivered within an appropriate governance framework.

**acute non-sight threatening eye*

Optometry Representatives for Task Group 5

Mr David Barnes, Chairperson Optometry Northern Ireland

Objective 1-HSC Organisations will collaborate with other organisations to deliver on the aims set out in ‘Fit and Well-Changing Lives (2012-2022)’ and other related strategies, in order to contribute to the promotion of good eye health and prevent eye disease.

DEP task groups have a timeframe of four years to deliver on their assigned objectives. Some of the objectives will have a ‘task and finish’ nature (e.g., the Sight Test Survey—Task Group1) whilst others may require feedback and audit from pilot eyecare pathways (e.g. the acute eye pathway). The Health and Social Care Board would encourage you to take an interest in the ongoing work of Developing Eyecare Partnerships as engagement with those who are representing your professional interests. The initial meetings of the task groups have taken place and members will be getting to grips with the work which is required of them. If you have any questions in relation to “Developing Eyecare Partnerships” the optometry advisers within the Health and Social Care Board, or, your optometry representatives will be in a position to answer them.

Optometry Local Enhanced Service— a “first” for Northern Ireland

Many of you will have participated in the recent training and assessment for the IOP Referral Refinement (Repeat Measures) Local Enhance Service. The training and assessment, delivered by University of Ulster, was completed on Sunday 9th November and in total 279 optometrists were accredited over the three weekend assessment days. Practitioners who have the Post Graduate Certificate in Glaucoma and who subsequently completed the MCQ exam have brought the total number of accredited practitioners to 279. The Health and Social Care Board would like to thank all the optometrists who supported this service development with enthusiasm and provided such positive comments on their experience in their preparation for the roll out of the first Local Enhanced Service for Optometry in Northern Ireland. Furthermore the Health and Social Care Board would like to acknowledge the excellent work undertaken by the Optometry staff in the University of Ulster in the delivery of the training.



All accredited optometrists will have received their LES agreement and the Health and Social Care Board would encourage you to read the documentation in full in preparation for the delivery of the enhanced service. For those practices/practitioners wishing to avail of the grant aid for the applanation tonometry equipment, the Health and Social Care Board would encourage you to apply for this as soon as is possible. The funding for this part of the service is not recurrent and all applications must be submitted by the beginning of **March 2014 at the very latest**. Please contact Mr Daniel McGartland: (daniel.mcgartland@hscni.net) for full details and a grant aid application form.

A Reminder about Glaucoma and OHT Referrals

All practices will have received the new Glaucoma (G1) and Ocular Hypertension (OHT1) referral form pads and supporting guidance. The Health and Social Care Board request that you carefully read the guidance and bring it to the attention of ALL part-time and locum optometrists in your practice.

- ⇒ **Suspect Glaucoma** (NO REFERRAL REFINEMENT REQUIRED) use G1 referral form. For practices in Belfast LCG area please send directly to the glaucoma service at the Shankill Wellbeing and Treatment Centre and send a copy to the patient's GP. For all other practices send both copies to the patient's GP (usual pathway)
- ⇒ **OHT referral following Referral Refinement** (repeat measures test under the LES) use OHT1 referral form. For practices in Belfast LCG area please send directly to the glaucoma service at the Shankill Wellbeing and Treatment Centre and send a copy to the patient's GP. For all other practices send both copies to the patient's GP (usual pathway)
- ⇒ **OHT referral following NO refinement of referral** use GOS18 referral form and send by usual pathway.

Electronic Claims for GOS – Update

The Electronic Claims project for Ophthalmic Services (OCS) has been running since mid-October with 8 practices acting as pilot sites for the user-testing phase of the project. As with many pilot projects the initial phase identified some difficulties particularly in regard to the many different ICT operating systems which our independent contractors have within their practices. The staff of the Business Services Organisation (BSO) who are managing the OCS pilot have worked hard to ensure that all technical glitches were sorted out as soon as possible. The Optometry team within the Health and Social Care Board would like to acknowledge and say thank you to BSO Payments Manager and Staff for the excellent customer service and IT support in this piloting phase. Many practitioners have commented on the efficient and professional way in which it was managed by BSO Ophthalmic Services team.

The next phase.....

In the incoming months BSO will evaluate the OCS pilot and look at the learning and outcomes from the 3-4 month testing which was conducted. Customer service feedback will be requested and any issues identified, technical or otherwise, will be examined with the purpose to inform the roll out of OCS to all optometry practices wishing to avail of this excellent system for ophthalmic claims.

Please remember !

For those practices currently enrolled and for those practices considering signing up to the OCS system, please ensure that you ask your patients for their FULL name EXACTLY as it appears on their medical registration. This is essential as the "look up facility" for the Health and Care Number relies on patients providing their full

Transposition of GOS Vouchers

In recent months there have been a significant number of GOS Vouchers which have been incorrectly transposed. Practitioners are advised that it is their responsibility to check the transposition of **ALL GOS Vouchers** which are being submitted for payment to the Business Services Organisation.



It is essential that transposition is checked as errors in dispensing, particularly those which may not be subsequently noted by a patient, have the potential to be classified as an 'adverse incident'. An example of this would be in a very young child where spectacles have been provided for full time wear and the incorrect RX dispensed. Hence all transpositions and the spectacles resulting from these GOS V must be verified at the time of dispensing.

GOS Regulations and Clinical Record Keeping

The Health and Social Care Board would like to take the opportunity to remind contractors of their obligations under the Terms of Service within the General Ophthalmic Services Regulations.

The General Ophthalmic Services Regulations (Northern Ireland) 2007, Schedule 1- Terms of Service (paragraph 7) state that:

Records

—(1) A contractor shall keep a full, accurate and contemporaneous record in respect of each patient to whom he provides general ophthalmic services, giving the appropriate and necessary details of the sight testing.

Records, for the purpose of sub-paragraph (1), shall also include any details in regard to the dispensing, supply, repair or replacement of an optical appliance or prescription which has been given to the patient in consequence of a testing of sight.

The Health and Social Care Board ask that all contractors take their responsibilities in regard to record keeping seriously. Currently aspects of a governance framework relating to this specific element of clinical care are under scrutiny and enhanced clinical audits are being performed where it is noted that clinical records would not fulfill the requirements of the GOS Terms of Service.

Practitioner E-Learning – Complaints

In late June 2013, the Health and Social Care Board distributed information in relation to an e-learning package on complaints within Health and Social Care. Practices/ practitioners were asked to complete the e-learning module. To date only 169 optometry practices have undertaken the training. The training can be accessed at by typing the following web address into your web browser:

www3.hscni.net/fps_elearning_complaints/

Please note that the www.3 beginning is not a misprint.

The aim of the e-learning is to provide general training and awareness for all Family Practitioner Services staff on the HSC Complaints Process, the actions that are required of them, as well as the role and responsibility of the HSC Board and how it can assist practices in resolving complaints. Once you have completed the E-Learning you will be asked to enter your Family Practitioner Code (for Optometry this will be your premises code). Entering your Family Practitioner Code will give the Health and Social Care Board confirmation that you have completed the E-Learning package.

Please ensure that you complete this training as soon as is possible.

Practitioners are reminded that it is their STATUTORY obligation within the GOS Terms of Service to establish and operate a complaints procedure to deal with any complaints made by, or on behalf of, patients and former patients.

Health and Care Number—Update

In the last issue of the practice newsletter you were advised of the introduction of the requirement for the provision of the 'Health and Care Number' (HCN) for access to General Ophthalmic Services. Optometry Northern Ireland have responded to the DHSSPS consultation and although there is not yet a firm date for the incorporation of this requirement into Regulations, it is expected in early 2014. The Health and Social Care Board would ask that you advise your patients of the need for them to bring their Health and Care number in order to have their GOS eye examinations at your practice. Patients can find their HCN on the top of their prescriptions or alternatively they can obtain it from their GP surgery. Should patients need a new 'medical card' they can request this from FPS Medical Services at the Business Services Organisation (Tel: 028 90324431 (switchboard) ask for FPS Medical Services). MOS guidance on the HCN will be issued by HSCB/BSO imminently.

PLEASE NOTE: Claims for payment for the IOP Referral Refinement (Repeat Measures) Local Enhanced Service from 1st December 2013 require the patient's Health and Care Number.

Cataract Referrals—Refined Referral Pilots

Currently there are two "Refined Cataract Referral" Pilots operating— in the Belfast and Southern LCG areas. The Belfast LCG pilot began on 23rd September 2013 and all 59 optometry practices in the Belfast LCG area have received their refined referral forms and supporting guidance. It is hoped that the refinement of cataract referrals (which are estimated to account for up to 25% of all ophthalmology referrals) will result in more efficient and timely presentation for ophthalmological assessment, in that only those patients where surgery would be clinically indicated **and** who wish to have surgery would be referred at that point in time.



The Chairperson of the Southern LCG (Mr S McKeagney) HSCB staff (Raymond Curran and Fiona North) Jill McKeown (Optometrist) and Miss Suhair Twaij (Consultant Ophthalmologist) at the launch of the Southern LCG Refined Cataract Pathway

The Southern LCG refined cataract referral pathway was launched on 16th October in the offices of the Health and Social Care Board in Armagh. The event was attended by 30 optometrists from the Southern area. Miss Suhair Twaij the local consultant ophthalmologist, gave a very useful and practical update on cataract management. Practitioners in the Southern area commenced the refinement of their cataract referrals on 4th November 2013. An audit of both pilot projects will be undertaken and if proven to be beneficial from all perspectives (patient, clinician and commissioner) then it is anticipated that a recommendation for the refinement of all cataract referrals regionally will be made by the Health and Social Care Board.

Continuing Education and Training – CET

The October 2013 CET event at Greenmount College was well attended by approximately 100 practitioners. The feedback from those in attendance was positive with suggestions for further CET events given also.

Dr Gerry Mahon's lecture on the interpretation and applications for OCT scans was excellent and gave everyone an insight into the valuable contribution OCT scans make to diagnosis and treatment of many ocular conditions. Ms Moyra McClure, Optometrist, gave an interesting talk on Low Vision advising on how we can actively help those with a visual impairment. Moyra helpfully brought a sample of modern low vision aids with her for those present to view. Mr Michael Williams, Consultant Ophthalmologist (Belfast Health and Social Care Trust) gave a fascinating talk on the "waterlogged (or boggy!) macula". Mr Williams detailed the new and evolving treatments for WetAMD. As the CET event coincided with 'Fraud Awareness' month Ms Sandra Lowe (Counter Fraud Unit, Business Service Organisation) took the opportunity to remind practitioners about fraud within Health and Social Care. Ms Lowe advised practitioners that there is a dedicated fraud hotline on which suspected fraud can be reported (08000 963396 or report suspected Health and Social Care Fraud on: www.reportthehealthfraud@hscni.net)

The next CET even is scheduled for Tuesday 29th April 2014 at Greenmount College. It will be a FULL DAY event and although the programme has yet to be finalised it is anticipated that glaucoma and paediatrics will be featured.

!! PLEASE ENSURE YOU KEEP THE DATE FREE— TUESDAY 29th APRIL 2014

RNIB—Eye Pod

In early October the RNIB Eye Pod Sight Loss Simulator visited various locations in the greater Belfast area. The Eye Pod is a free interactive simulator that provides an insight, for members of the public, into the four most common causes of sight loss in the UK: Glaucoma, Cataracts, Diabetic Retinopathy and Age Related Macular Degeneration. The RNIB Eye Pod is an interactive engagement tool which helps to convey eye health messages to

anyone with an interest in understanding the impact and costs of sight loss on every day activities for blind and partially sighted people. Visitors are presented with digital screens that overlay a simulation of the effects on functional vision of each eye condition onto a view of the outside world. Raymond Curran, Head of Optometry is pictured at the Eye Pod with RNIB staff. Objective 1 of Developing Eyecare Partnerships is the promotion of eye health and how this links to DHSSPS and PHA public health strategies. Included in this is the raising of the awareness of the importance of regular eye examinations, and the strong link between prevention, early detection, and improved outcomes in eye disease.



Probity – update

GOS OVERUSE/MISUSE

The Health and Social Care Board in conjunction with the Business Services Organisation review patterns of claims for General Ophthalmic Services (GOS). Currently there is a small group of patients who appear to be overusing GOS in that they attend several different practices in the same area and have GOS services provided more frequently than they would normally be eligible for as currently advised in MOS/275 guidance. In one case a patient has had 7 sight tests and vouchers for 6 pairs of glasses within 2 years. There are many reasons why a patient would do this e.g. they may have great anxiety about their eyes or they may be unaware of how frequently they may access GOS. Whilst each individual optometry practice has currently no way of knowing that the patient has attended another practice in the recent past, all practitioners are asked to support the HSCB/BSO in addressing this problem. Practitioners are asked to ensure that they fulfil their statutory obligations, as detailed in the GOS Terms of Service, by obtaining the date of last test (please refer to MOS/275).

MOS/275 states:

"GOS Regulations state that it is the responsibility of the practitioner to obtain the date of the last sight test from the patient or their parent/guardian/carer and to make a decision, based on this and clinical information, as to whether the patient should have a further GOS sight test. This applies equally when providing domiciliary eyecare. It is important that the "Date of last test" section on the GOS (NI)ST form is completed."

It is appreciated that while a patient may not be able to or may not wish to give the precise date of their last test, at least by asking the practice is doing its best to elicit the required information and also to raise awareness among patients of the eligibility criteria. The HSCB/BSO are taking other steps to address this problem.



GOS SIGHT TESTS and **'BROKEN GLASSES'**

Practices are reminded that "broken glasses" is not an appropriate reason for accessing an 'early' GOS sight test.

CET Requirements— update

Optometrists and Dispensing Opticians are reminded of the requirement to have achieved a minimum of 6 CET points by 31st December 2013. Please log into the "My CET" section of the GOC website (www.optical.org) to check your points total.

DOCET

If anyone still needs to attain CET points for this year DOCET is a very useful resource.

Three of the most recent CET programmes to be made available are:

1. "Acute Presentation"
2. "Flashes and Floaters" (a very practical programme)
3. OQ88

DOCET has also recently produced Peer Discussion material including case studies and session notes, providing everything you need to run a peer review session even with a small group in your own practice.

To access any of these or the extensive archive of past CET material log on to the DOCET website: www.docet.info

Retirement Congratulations— Mr John Doris

Mr John Doris, one of the most longstanding members of our profession in Northern Ireland, has recently retired from his optometric practice. Mr Doris was 'dually' qualified and practiced both as an optometrist and pharmacist for many years in Downpatrick where he was highly respected by his many patients.

On behalf of both the Health and Social Care Board and the optometric profession at large we would like to congratulate and thank him for his significant contribution to eye care in Northern Ireland and to wish him well in his retirement.

Update on Glaucoma Service— Optometrist positions

The process of notification and allocation of funding for the sessional optometrist posts within the Glaucoma Service has completed. The Belfast Health and Social Care Trust will proceed to advertise the positions in line with HSC recruitment processes. Please refer to the website noted below for the advertisements. The Health and Social Care Board do not know when the posts will be advertised and would ask that you regularly check the website and refer to the Belfast HSC Trust section if you are interested applying for a position.

www.hscrecruit.com

Referral Forms and other optometric forms – electronic templates

The Health and Social Care Board have placed the following templates on the BSO website. The format of these forms means that they are fully writeable from any PC and as they are in Adobe there is no reliance on other operating systems (Please note that Adobe can be downloaded for free).

- ⇒ GOS 18 Referral form (revised November 2013)
- ⇒ G1 Glaucoma Service Referral form
- ⇒ OHT1 Ocular Hypertension Referral form (for use following referral refinement under the IOP Referral Refinement (Repeat Measures) Local Enhanced Service.
- ⇒ OP/ OR1 Orthoptic Referral form
- ⇒ WetAMD Referral form—Belfast Health and Social Care Trust
- ⇒ WetAMD Referral form—Western Health and Social Care Trust
- ⇒ Cataract Refined Referral form (**Currently only for use by Southern and Belfast LCG practices only**)

In addition to these referral forms the following forms are available in electronic format:

- ⇒ IOP Referral Refinement (Repeat Measures) Local Enhanced Service Claim for Payment
- ⇒ IOP Referral Refinement (Repeat Measures) Local Enhanced Service Data Summary Sheet (for detailing total claims)
- ⇒ A1F1 reporting form (reporting of Adverse Incidents in GOS)
- ⇒ GAIN Appendix 2 Domiciliary Eye Examination reporting proforma

Practitioners are asked to carefully read and refer to the recent guidance documents issued by the Health and Social Care Board in regard to the use of ALL the newly introduced referral forms—in particular the advice given as to when these referral forms should be used AND where these referrals should be sent. A flow chart was issued with these recent guidance notes to aid you in your referrals. If you have any queries in regard to the referral forms or any of the forms noted above please contact your optometric adviser who will be happy to assist you. Please ensure that you also bring all guidance to the attention of part time and locum staff in your practice.

Every effort has been made to ensure that the information included in this newsletter is correct at the time of publication. This newsletter is not to be used for commercial purposes.