



Colleagues,

In previous issues of this newsletter I have mentioned pathways and service reforms, and the important role that you, as optometrists in primary and secondary care, have to play in managing patient demand and experience.

You will have been aware that DHSSPS Minister Simon Hamilton recently announced a radical shake-up of the administrative structures of Health and Social Care, including abolition of the Health & Social Care Board. The proposals are aimed at making service planners and providers more accountable, and systems less bureaucratic and more open to innovation and quality improvement.

It is important that these proposals are seen in the context of an opportunity for even greater collaboration and partnership working to deliver world class HSC. Now, more than ever, are your skills in primary care needed to manage demand and deliver high quality general ophthalmic services, closer to the patient's home. Now, more than ever, are the skills of those of you working in secondary care acknowledged and required to better integrate pathways and drive up quality, patient experience and outcome measures. Now, more than ever are our academic colleagues required to help build the evidence base for reform.

The recently-published third annual report of "Developing Eyecare Partnerships" (available on request) outlines the good work already done to help integrate the systems of eyecare. We will continue this work and, with your help, deliver world class eyecare in Northern Ireland.

Mr. Raymond Curran, Head of Ophthalmic Services, HSCB

Features in Decembers Issue

- * GOC Launches New Standards of Practice for Optometrists and Optical Students
- * GOC Consultation on 'Raising Concerns with the GOC (Whistleblowing) * DOCET
- * CET and Keeping your Points UP * Revised Ocular Hypertension (OHT1) and Glaucoma (G1) Referral Forms * BT Services * General Ophthalmic Services— New MOS Guidance and Information * SeeBelfast: A practice with a difference The story so far

General Optical Council launches new Standards of Practice for Optometrists & Optical Students

The new Standards of Practice for Optometrists and Optical Students set by the General Optical Council (GOC) will come into effect on 1st April 2016. From this date the new Standards of Practice will become the regulatory benchmark for standards of care delivered by GOC registrants to patients and the public.

Within the next CET cycle, commencing January 2016, it will be a requirement to complete CET relating to the new Standards of Practice.

The new Standards of Practice will bring together in one document all the information which registrants require to know what is expected of them, in other words, clear statements on the 'must dos' for all registrants. To assist and enable registrants to fully understand the new Standards, supplementary material will be provided by the GOC.



****Please ensure that you take note of the new Standards of Practice when you receive notification of them from the GOC – it is essential that you read, understand and have a working knowledge of them ***

REMINDER TO COMPLETE YOUR CONTINUED EDUCATION AND TRAINING REQUIREMENTS BY 31.12.2015

The deadline for completion of the 2013-15 CET cycle is 31st December 2015.

In order to be retained on the GOC register you must have completed approved CET across all the specified competencies including peer review CET and any additional competencies if you are a contact lens optician or a therapeutic prescriber.

PLEASE ENSURE YOU COMPLETE YOUR CET AND ACCEPT ALL PENDING CET POINTS BY 31st DECEMBER 2015.

DON'T MISS THE DEADLINE!

GOC Consultation- 'Raising Concerns With the GOC (whistleblowing)'

- The GOC have launched a [consultation](#) on a new draft policy looking at how individuals can raise concerns. The policy focusses on how the GOC will deal with concerns raised by workers in the optical sector which may raise public interest concerns.
- Consultation with registrants is a vital part of the work of the GOC and you are encouraged to read the draft policy and respond to the consultation.
- The consultation can be accessed at <https://www.optical.org/en/get-involved/consultations/index.cfm> and will close on 21st January 2016.



DOCET www.docet.info

Update from the College of Optometrists Continuing Education & Training Directorate (DOCET). DOCET provides high quality distance learning CET material free to all College Members. It is a great source of up to date material on many aspects of optometry practice with CET points available for most programmes. All the programmes may be accessed via the DOCET website (www.docet.info) via pc or mobile devices.



DOCET has just launched a new Audio magazine, Advances in Eye Care which replaces the long running Optometric Quarterly. The first programme looks at referral processes across the UK with presentations from clinicians across the country including our own Head of Optometry, Raymond Curran who describes fast track referral pathways in NI. 3 CET points are available.

Another highly recommended current series is the Aging Eye a series of 5 modules covering all aspects of managing the older patient from the physiology of aging to communication with the older patient and adapting the routine. All of these modules also provide CET points.

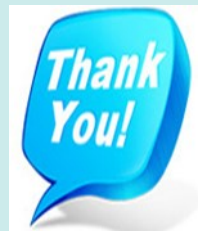
In line with the recent letter sent to all practices regarding Safeguarding Adults DOCET has two programmes Safe Guarding Adults and Safe Guarding Children which both provide very relevant guidance.

CET and Keeping Your Points Up

Our recent CET afternoon on the 20th October at Greenmount was well attended and for those who did not make it, you missed a very interesting afternoon of talks. Ms Alicia Thompson (ABDO) gave a very practical talk on dispensing to children, Dr Sara McCullough, University of Coleraine, discussed the long term trends in refractive errors in Northern Ireland and Professor Bruce Evans enlightened us all on the role of the optometrist in dyslexia. The feedback received was excellent with everyone giving positive comments about the day and finding the lectures beneficial. This feedback is very important and also allows us to plan a programme that suits the needs of our local practitioners. If you were unable to attend or indeed have any ideas or needs for training please email Janice McCrudden, Ophthalmic Clinical Adviser; janice.mccrudden@hscni.net with any ideas you may have and they can be considered for future events.

Brief Intervention training in Smoking Cessation

The HSCB in conjunction with the Public Health Agency (PHA) held a CET accredited training session for Optometrists on Brief Intervention training (BIT) in smoking cessation. Eight Optometrists who work in a variety of clinical settings attended the training which provided information on the risk of smoking for eye health, the issues to consider when talking to a patient who smokes and how to access support services for patients who wish to consider stopping smoking. The HSCB and PHA will obtain feedback from the optometrists who attended and a further training session is planned for early Summer 2016. If you are interested in attending BIT please contact margaret.mcmullan@hscni.net or 028 9536 3239. **SINCERE THANKS TO THOSE WHO SUPPORTED THIS VALUABLE PUBLIC HEALTH INITIATIVE**



The next training day to save in your diary is Tuesday 26th April 2016. It will be a full day program at Greenmount and will cover topics including Glaucoma, Disc Assessment, and Practice Case Studies etc. Full details of the day will follow in the New Year and as always your contact for our training days is Karen Lee at the BSO.

In relation to your own personal CET portfolio

Please ensure you have completed and accepted all your CET points by 31st December 2015 otherwise you will be removed from the GOC register. **There will be no "shortfall" period this cycle** so if you do not have the correct number of points or have not accepted them you will automatically be removed from the GOC list, the NI list and not be allowed to *practice*.



REVISED OCULAR HYPERTENSION (OHT1) and GLAUCOMA (G1) REFERRAL FORMS

The [referral forms](#) for suspect glaucoma (G1) and suspect OHT (OHT1) following IOP referral refinement (repeat measures) have been revised. The revisions have taken place after feedback from practitioners and review/audit of referrals provided evidence for changes to the forms. The updated referral forms are available on the BSO website in writeable PDF format - <http://www.hscbusiness.hscni.net/services/2485.htm>.

Please use these revised forms for all suspect glaucoma referrals and suspect OHT (following repeat measures under LES).

BT Services



BT offer a directory enquiry service for disabled people who find it difficult to use Directory Enquiries. This may be due to manual dexterity issues, dyslexia, sight impairment, learning difficulties or for any other reason.



Normally directory enquiries 118 numbers vary in cost but are still expensive at well over £1.00 per enquiry but this BT 195 service is free

Method

- Dial 195
- Ask for the registration department or dial 0800 587 0195
- A form will be sent out to you for completion.
- Usually, this will require confirmation from a doctor, consultant or even a nurse that you have issues which mean problems accessing information through a paper directory.
- When returned, a pin number card will be issued to you
- Once this is received the service is ready for use after 2 or 3 days

Operation

- Dial 195
- You will be asked for pin number
- You will be asked for your name
- Once confirmed, use service as normal 118 (192) directory enquiries

There is no charge for this service

General Ophthalmic Services — new MOS Guidance and Information

MOS/300 - Drug Alert (September 2015)

This [MOS](#) provides information on the recent Drug Recall for Lacri-Lube Eye Ointment, 5g and 3.5g pack size. Please refer to the BSO website for further detail.



MOS/301 – General Ophthalmic Services- Claims for Supplements



This [MOS](#) replaces the advice in MOS/204 in relation to claims for Small Glasses and Special Facial supplements under GOS.

Adult Safeguarding – Letter from HSCB

This [letter](#) provides information for GOS contractors their staff on the new joint DHSSPS/DoJ policy on Adult Safeguarding. Further information on 'Adult Safeguarding' and your responsibilities as a health care professional will be provided in the incoming weeks. It is important that you are provided with an 'easy reference' source of information to enable you to act appropriately when presented with a patient who you suspect maybe at risk and for whom you have safeguarding concerns. In addition to this it is hoped that this subject will be covered in the CET programme for 2016/17.



You will be provided with additional information in relation to Adult Safeguarding in the incoming months.

Opportunities in the Optometry Profession in Northern Ireland

From time to time job opportunities arise for Optometrists with the Health and Social Care Trusts and these positions are advertised on the HSC [recruitment website](http://v2.hscrecruit.com/). For example, there are opportunities coming up for Optometrists in BHSCT in the incoming weeks/months. If you are interested in working within Secondary Care please make sure you routinely check the website: <http://v2.hscrecruit.com/>

FOCUS ON PAEDIATRIC OPHTHALMOLOGY

1. PAEDIATRIC REFERRALS

In the [May 2015](#) issue of the [HSCB Optometry Practice Newsletter](#) you were provided with an update on Paediatric Ophthalmology services and referral pathways. Within Belfast Health and Social Care Trust the new **Paediatric Ophthalmology Priority Consultation Clinic (POPCC)**. This new [NI Health Care Award winning service](#), developed by Ms Eibhlin McLoone, consultant ophthalmologist and her paediatric ophthalmology team in BHSCT is for children with **URGENT** eye problems ONLY and should not be used for non-urgent or routine eye conditions where an ophthalmological opinion is required. There will be some instances when it is appropriate to send a child with an urgent eye problem directly to eye casualty and these are noted in the following pages also.

Ms McLoone and her team have developed guidance and supporting information leaflets for primary care optometrists in relation to paediatric ophthalmology referrals which expands on the information provided in June 2015 in relation to ophthalmology referral pathways.

This information will be issued to practices in the incoming weeks but in the interim it is important that you are provided with some summary guidance to:

- ***Assist in determining the most appropriate pathway/referral option—urgent OR otherwise***
- ***Allow you to make an urgent referral using the correct pathway to the POPCC clinic when this is appropriate.***



When making a referral please consider the following:

Conditions Suitable for Eye Casualty:

- Red eye with reduced vision
- Acute blunt or penetrating trauma to the globe / orbit
- Acute chemical injuries
- Severe pain and loss of vision in patients with recent intraocular surgery
- Large corneal abrasion
- Corneal/subtarsal foreign body
- Infective keratitis

Conditions suitable for referral to a Paediatric Ophthalmology Clinic:

- Blepharitis and cysts
- Other lid lesions e.g. dermoid
- Watering eyes
- Chronic surface problems secondary to allergy
- Misdirected lashes
- Simple Ptosis (not covering the pupil)
- Unequal pupils (longstanding/no systemic problems)
- Nystagmus
- Asymptomatic anterior segment/fundus findings queried by optometrist on routine assessment (may be sent back to referring optometrist if felt not to merit further investigation by an ophthalmologist)
- Vision problems detected by optometrist not related to squint
- Screening for congenital glaucoma in asymptomatic baby – send accurate family history, including age of onset, with referral
- Screening for congenital/childhood cataract check and record that good red reflexes present; Send accurate family history with referral.

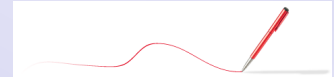
Please Note

Conditions suitable for the Paediatric Ophthalmology Priority Consultation Clinic (POPCC):

- Painful, photophobic red eye with normal vision
- Herpes Simplex Blepharitis / Herpes Zoster Ophthalmicus / Chicken pox rash with eye involvement (Advise Oral Aciclovir while awaiting POPCC appt)
- Ptosis in neonate obscuring pupil
- Acute onset Horner's syndrome
- Sudden onset squint in well child
- Disc swelling queried by optometrist in child without systemic features of raised intracranial pressure (mild headaches often co-exist with drusen and are not a concerning feature)
- Baby who does not appear to see (check corrected gestational age is at least term + 6 weeks)
- Absent red reflex on ophthalmoscopy
- Expanding orbital vascular lesions in babies

When making a POPCC referral ensure you:

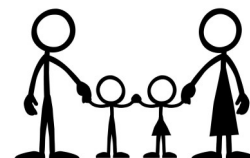
- Please do not give the patient/parents an estimated time frame for a POPCC appointment. The paediatric ophthalmology clinical team will determine the urgency of referrals to POPCC based on the clinical information provided. Where appropriate, POPCC appointments are allocated in 2-15 working days. Some less urgent patients may have expedited paediatric ophthalmology outpatient appointments (3-8 weeks) and some may be allocated a routine appointment or given advice over the phone.
- Ask the GP to make the referral via the CCG using the urgent referral protocol option under 'OPHTHALMOLOGY-PAEDIATRIC OPHTHALMOLOGY' on CCG. The protocol for POPCC referrals is clearly annotated.



All POPCC referrals must include patient's daytime telephone number and a copy of the optometrist's letter (if applicable).

What to advise parents:

- POPCC appointments are arranged by phone (the call will appear as a withheld number - please notify the parent/guardian of this to ensure they answer the call).
- At all appointments, the child will see a multidisciplinary team and may require dilating drops and specialist examinations; therefore, an appointment may take over 2 hours.



FOCUS ON PAEDIATRIC OPHTHALMOLOGY

2. CLINICAL PRESENTATION: 'Headache and Difficult Discs in Children'

By The Paediatric Ophthalmology Clinical Team, BHSC

Headache is a common condition, rarely due to focusing problems in this age group. However, GP's often suggest an eye test when a child complains of headache, mainly to rule out papilloedema. Children can suffer from migraine and older children can have sinus-related problems and chronic daily headache related to posture and stress. All these conditions should be diagnosed and managed by the **GP**.

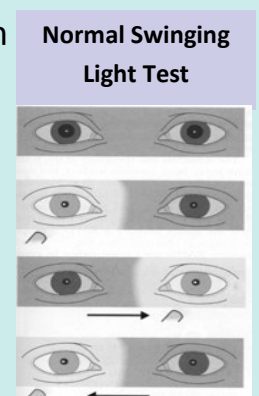
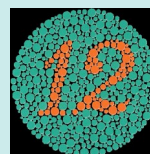
Papilloedema is a rare diagnosis, but important not to miss. It is a sign of raised intracranial pressure. Pressure is raised by the mass effect of expanding intracranial tumours, blocked shunts (inserted in children with raised intracranial pressure often as small babies) and can be idiopathic.

Children who have raised intracranial pressure have severe headaches increasing in intensity, worst on waking in the morning and lying down. They usually begin to look unwell and can not maintain everyday activities. As intracranial pressure increases, children can become irritable, behave badly and begin to vomit.

Those with large tumours have other presenting signs and all patients need a careful evaluation to look for signs of direct optic nerve/pathway compression, lateral rectus palsy and other cranial nerve involvement. Formal visual field testing is of no value. NB a child with chronic headache and chronic papilloedema may have small grey atrophic discs and reduced vision due to optic atrophy. This is a very late presentation.

Please record the results of the following clinical tests and observations

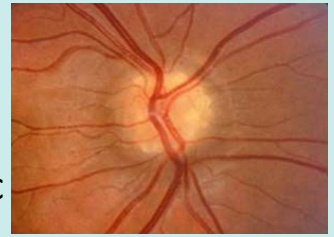
- * Age appropriate vision test - often normal or slightly reduced with early presentation of papilloedema
- * Pupil responses - direct and indirect
- * Colour vision
- * Range of ocular movements and cover test
- * Visual fields to confrontation
- * Appearance of optic nerve heads and whether spontaneous venous pulsation (SVP) is present or can be induced by gently pressing on the globe through the lid while observing the veins as they branch at the centre of the optic disc



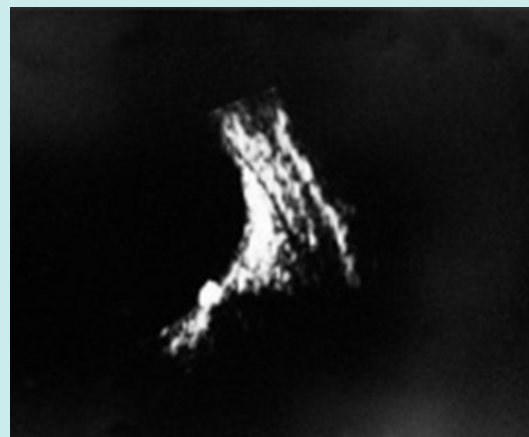
FOCUS ON PAEDIATRIC OPHTHALMOLOGY

Papilloedema Vs Drusen

NB papilloedema is a cause of **binocular symmetrical** disc swelling with vessel tortuosity, often accompanied by haemorrhages at optic disc margin.



Optic disc drusen cause lumpy discs, most often bi-nasally and can be quite asymmetric in appearance. Drusen are present in about 1% of the general population. They tend to be buried in children but can be seen as white shiny lumps at the disc surface in older children. SVP is present or can be induced.



Optic Disc Drusen

FOCUS ON PAEDIATRIC OPHTHALMOLOGY

Identifying papilloedema in children.

A well child presenting for routine assessment who is identified as having prominent lumpy nerve heads but normal visual functions has **drusen**. Refer for ophthalmology assessment if SVP is not present or if there is uncertainty about diagnosis.

If optometric imaging shows unchanged lumpy nerve head appearance over serial tests, onward referral is not necessary. In a child with **chronic headache, disc swelling, no SVP, vessel tortuosity and disc haemorrhages**, refer urgently via GP to POPCC.

A child presenting with acute **papilloedema** and other signs such as **lateral rectus palsy** or **who is unwell** should be sent to Royal Belfast Hospital for Sick Children (RBHSC) A&E for admission



Papilloedema in idiopathic intracranial hypertension

Referral and implications for parents and children



Acute papilloedema due to blocked shunt

A diagnosis of swollen discs in an unwell child can aid the speedy diagnosis of a potentially life-threatening condition. Thankfully this is a rare occurrence. Drusen discs are common. Benign headaches in children are very common. **It is important to identify the rare diagnosis, however it is equally important to objectively evaluate the more common drusen discs.** If a referral onward is felt to be clinically necessary, refer to POPCC.

Well children do not need emergency referral with unnecessary neuroimaging and all the anxiety that this referral route brings. Please ensure that you have carefully considered all the clinical findings and systemic presentation of a child.

Ophthalmic Services at the Business Services Organisation

Ophthalmic Services staff in Business Services Organisation (BSO) answer hundreds of queries from practices every week on all aspects of General Ophthalmic Services (GOS) from including; eligibility for a spare pair, to which voucher value for a new bridge, and from advice on domiciliary claims to queries on early retest eligibility. There are often common themes to the queries and therefore a new regular slot is being introduced in the HSCB Optometry Practice Newsletter to highlight these “frequently asked questions” (FAQ) to everyone. The Health and Social Care Board and BSO Ophthalmic Services staff hope you find this slot useful and if you have a burning question about GOS or, any other aspect of eyecare, in NI that you feel others would benefit from hearing about please email anyone of the advisers and we will include it in the next newsletter, hopefully with an informative answer!

FAQ's

Q1. A patient attended my practice for a second opinion today. She was tested 3 weeks ago at another practice and given new glasses but isn't happy. May I claim another GOS test and voucher?

Answer: No. Second opinions are not facilitated by GOS. The patient should be advised to return to the original practice to have their problems investigated and the issues resolved. If the patient does not wish to do this they must have a private sight test and will have to pay privately for any resulting prescription change/glasses. They will only be entitled to another GOS test after their usual time interval. If, however, the patient is unable to resolve the issue with the original practice they may write to BSO Ophthalmic Services for consideration of the situation.

Q2. A 74 year old patient with Parkinsons disease has dropped and broken her glasses. Can a new pair be supplied using a repair/replacement claim?

Answer: Yes. Adult patients are not routinely entitled to repairs or replacements to glasses but in this case, when the damage was associated with the patient's medical condition, a replacement claim maybe made under GOS. However it is an exception and therefore an approval number must be sought from BSO Ophthalmic Services prior to submission of the claim.

Q3. My patient had a GOS test 10 weeks ago and has since had a cataract extraction and has been advised to have another test by the ophthalmologist. Can I carry out a GOS test without seeking prior approval as it is obvious that the patient needs the test?

Answer: No. Any GOS sight test that needs to be carried out less than 3 months after the previous test is an exception and requires prior approval and the issuing of an approval number from BSO. The request for an under 3 month test, including the reason for the patient needing such an early test, should be made to a member of BSO Ophthalmic Services staff either by telephone or, email for consideration by an optometric adviser. If approval is given the staff member will issue an approval number which should be noted both on the patient's clinical record card and on the GOS sight test claim form whether paper or, on OCS.

See:Belfast — A Practice with a Difference....

the story so far.

A new optometric practice has opened in the university area of South Belfast providing eyecare for homeless people. Originally the concept of Sarah and Paul Wright, they were inspired by a trip to Romania for "Light For Life" and the adverts in Optometry Today for the 'Vision Care for Homeless People' Christmas appeals. Paul and Sarah visited VCHP's clinic in the Crisis Skylight centre in London which provided information to help in the establishment of SeeBelfast. In 2013 Paul and Sarah joined forces with Debbie and Pete Adair and together they have formed SeeBelfast.



Staff and Volunteers in See Belfast – Irene, Paul, Sarah and Debbie

Since advertising for interest through the NIOS they have had many generous donations of equipment from all sectors of the local optometry community, and have been able to fully kit out the room with these donations. Meanwhile donations of frames, glazing and stationery keep the practice running. See:Belfast was approved by the Health and Social Care Board for the provision of GOS at the beginning of September and the first clinic was held on the 2nd of September. Clinics have run every Wednesday evening from 5 to 8pm since then and to date they have seen over 50 patients. Most of the patients live in either hostel accommodation or, are moving between houses belonging to friends. Surprisingly patients have included 8 children, perhaps indicative of the number of families that are homeless.



Paul advises that "See:Belfast" is supported by volunteers and charitable fundraising. Sarah's mum, Irene, is such a supporter and has been involved since the first clinic. She is in charge of hospitality and brings tea, coffee and biscuits for the patients. This makes for a happy and relaxed atmosphere! Recently she organised a coffee morning to raise awareness and funds, and the team were hugely encouraged by the attendance and sum raised, £1124.89 to date." Last week See:Belfast warmly welcomed their first volunteer, Melissa, to the team. They look forward to meeting more great volunteers in the future, and are planning a Volunteer Evening soon. Donations of equipment, frames etc. are also gratefully received (contact them for the wish-list!). The See:Belfast Team would like to thank the generosity of all those who have made this very worthwhile work a reality.

If you are interested in volunteering See:Belfast can be contacted on

seebelfast2015@gmail.com and you can follow them on Twitter @SEEBELFAST

Access to HSCNI Email for Optometry practices providing General Ophthalmic Services

In late October as part of the ongoing work to implement the eHealth Strategy, the Health and Social Care Board wrote to all GOS contractors offering access to HSCNI email accounts. Access to HSCNI email allows GOS providers secure email connectivity to the HSC network.



This is important for several reasons:

- ⇒ Access to HSCNI email accounts will enable requirement in relation to information governance to be satisfied e.g. the sending of personal/identifiable information via secure email (GOS queries etc...)
- ⇒ Access to HSCNI email accounts will enable the HSCB to securely issue important communications to GOS contractors electronically e.g. safety and drug alerts, MOS and guidance
- ⇒ Access to HSCNI email accounts will enable practices and individual practitioners involved in service developments to securely connect with the HSCB e.g. LES providers, IP Optometrists and Optometrists involved in Project ECHO

Information Governance is a vital component of professional practice and therefore you are advised and encouraged to accept the offer of a HSCNI email account.

The development of efficient, secure communication and IT links are a vital element of the work of 'Developing Eyecare Partnerships, Improving the Commissioning and Provision of Eyecare Services in NI' (DEP). Email access for primary care optometry practices and individual optometrists involved in ophthalmic service developments and DEP initiatives, is one of the first steps towards this goal. The next steps for primary care optometry in Northern Ireland are electronic referral and access to the Northern Ireland Electronic Care Record (NIECR). For integrated eyecare services to be effective, ophthalmic professionals delivering care, irrespective of clinical setting, must be securely connected. Integration is more than the establishment of clinical pathways to provide safe and effective care, it is the integration of the people within those pathways.

! Please Note



If you have not completed the return proforma requesting access to a HSCNI email account that you should so do by Monday 7th December at the latest. The Health and Social Care Board will then proceed to engage with IT services to establish the email accounts.

Ophthalmic Project ECHO



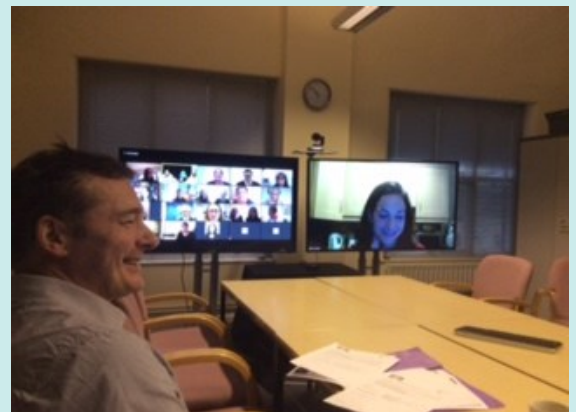
Ophthalmology is a high demand specialty, typically accounting for 7-8% of all outpatient appointments, regionally and nationally, each year. In the Northern Ireland context, this demand is in excess of 100,000 acute care appointments annually.

You will know that many ophthalmic conditions are age-related, and many are long-term conditions (LTC's) where *cure* may not be possible, and *management to maintain useful vision* the goal. Glaucoma and macular degeneration are such conditions.

The ophthalmic ECHO is aimed at democratising and de-monopolising medical knowledge, allowing primary care optometrists a safe space to improve their knowledge base, and in turn helping them to better manage patients who present with suspect glaucoma or macular eye disease.

By tele-mentoring and case-sharing, ECHO will enhance the available knowledge in primary care, helping to improve case-handling and referrals patterns. The educational governance and communications portals which ECHO affords might also, in time, make the case for managing some of these stable LTCs in the primary care setting, helping to manage demand and treating patients closer to home.

HSCB are delighted to announce that the first ECHO "clinics" have now taken place, involving secondary colleagues including Prof Azuara-Blanco, Mr Michael Williams and Dr Gerry Mahon at the "hub", and up to 20 primary care optometrists at the regional "spokes" and we are delighted



Pictured is Laura Magill, ECHO 'Spoke Optometrist' engaging with Dr Gerry Mahon in the ECHO hub. Laura is an optometrist providing eyecare in the



to have the experience and guidance of Prof Max Watson, from NI Hospice, also at the table. Other contributors in the incoming weeks will be Dr Ruth Hogg, QUB and ECLOs. All parties worked together to develop the curriculum, and have so far deliberated on detection,

referral and treatment of glaucoma and macular disease. Clinical isolation is reduced, decision-making enhanced, and patient and practitioner benefits should ensue.

Hosted by Northern Ireland Hospice, Project ECHO represents an innovative and exciting opportunity to build a community of practice. The picture shows Dr Gerry at the hub, and the spoke optometrists linking in from practices/locations throughout Northern Ireland. We will keep you posted.