



### **Evolving models of care, integrating the system.**

Colleagues,

In previous editions of this Newsletter I have highlighted some of the advancements in patient-centred reform in ophthalmic care pathways. Reducing demand on secondary care by referral refinements around cataract and glaucoma/OHT is one example; the recent successful acute eye pilot (SPEARS) is another.

“Developing Eyecare Partnerships” (DEP) is the vehicle, and the authority, to affect these changes, and this edition further illustrates work done to date, and plots the way forward for future integration through partnership working and a shared vision for improved, patient-centred, outcomes.

Managing what can be, safely and effectively, in primary care and integrating fully with secondary care (through enhanced IT links, eReferral and innovative technologies such as Project ECHO) will ensure that all those involved in care pathways, including primary care optometrists, are working at the top of their licenses, maximising resource within the system and enhancing patient experiences and outcomes.

DEP is often cited as a model to aspire to; Integrated Care Partnerships (ICP's) and clinical networks adopt a similar approach to outpatient, acute care and elective care reform. At a recent address at ONI's AGM, I outlined a vision for eyecare within and beyond GOS. As we approach the final year of DEP's five year strategy, we must identify a legacy to ensure the good work continues, and your valued and continued commitment is crucial to that vision.

**Mr. Raymond Curran, Head of Ophthalmic Services, HSCB**

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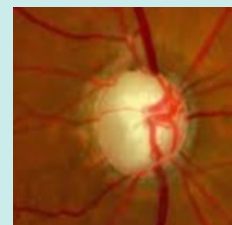
# Glaucoma Service—A gentle reminder

## DEVELOPING EYECARE PARTNERSHIPS

Improving the Commissioning and Provision of  
Eyecare Services in Northern Ireland



In November 2015 all primary care optometry practices were sent a [Glaucoma Service Update](#) which provided information on several aspects of the Glaucoma care pathway in Northern Ireland. You will be aware of [Developing Eyecare Partnerships](#) and the ongoing work to improve the commissioning and provision of eyecare services on a regional basis. The delivery of quality, safe care for patients with Glaucoma is an important part of this work. The update bulletin provided feedback on audit of the quality of referrals and the protocols for referrals including advice on use of the appropriate referral forms and pathways. A further review of referrals in recent weeks has highlighted several ongoing issues which you and your optometric staff can assist in addressing.



## Unrefined Referrals

Unrefined referrals for suspect OHT i.e. referrals where the IOP has NOT been measured by applanation tonometry are still being sent from practices where it was noted that a LES accredited optometrist was working (information provided at time of LES accreditation). If a non-accredited optometrist is working in a practice alongside a LES accredited optometrist, please consider the provision of the LES in refining a referral **before** it leaves the practice. It is good clinical care and practice to ensure that all referrals are appropriate with the most accurate clinical findings possible which will reduce both potential anxiety for patients and the need for a hospital appointment. The HSCB are working with HSC Trusts to determine the best approach to dealing with unrefined referrals but in the interim your support by undertaking applanation tonometer for repeat IOP readings via the LES is much appreciated.

**FURTHER LES ACCREDITATION SESSIONS ARE BEING HELD ON 13TH AND 20TH JUNE. PLEASE CONTACT ULSTER UNIVERSITY FOR FURTHER DETAILS ON HOW TO ACCESS THE TRAINING AND ASSESSMENTS ON 028 7012 3047.**

## Referral forms

Some referrals are still being sent to secondary care using the incorrect referral forms. Practices and Optometrists are reminded of the following:

- **OCULAR HYPERTENSION**

Referrals for suspect ocular hypertension following repeat IOP measures should always and only be made using the [OHT1 referral form](#). If a practice does not have a LES accredited optometrist working in it and a referral cannot be refined by undertaking repeat IOP measures then referral for suspect ocular hypertension should be made on a GOS 18.

- **SUSPECT GLAUCOMA**

Referrals for suspect glaucoma should always and only be made using the [G1 referral form](#). Please do not use the G1 referral form for suspected OHT

## Referral Pathways

- **Belfast LCG area**

Only optometry practices in the Belfast LCG area should send referrals for suspect glaucoma (G1 referral) and suspect ocular hypertension (OHT1 if refined, GOS 18 if not refined) to the Glaucoma Service, Shankill Health and Wellbeing Centre

- **Southern/ South Eastern / Northern / Western LCG areas**

For ALL OTHER LCG areas the referral must be sent via the GP who will process the referral to ophthalmology in the relevant HSC Trust area.

*Your support in ensuring that the correct referral form and pathway are selected is appreciated. Please ensure that you bring this advice and guidance to the attention of all optometric professionals in your practice.....thank you.*

Please note: An Electronic copy of every newsletter is held on the BSO website within [Family practitioner Services>FPS Ophthalmic Services> Ophthalmic Contractors>Forms & Information> HSCB Optometry Newsletters](#). You can use this to access the electronic links contained within this newsletter.

# Missed Appointments

Patients who miss appointments are a source of discontent in practices. It is a waste of an appointment slot someone else may have needed urgently and the financial implications of empty "chair time" are well known.

All practices know their serial non-attenders but how to manage this matter is more difficult.

When a patient or their representative books an appointment they have entered into a contract with you;

- a) for you to provide them with the service and
- b) for them to attend the appointment.



Many practice management systems can provide the option of text reminders for patients, and in fact these are now used widely with even hairdressers, garages and even some NHS clinics. We all lead busy lives and it is felt that most missed appointments are due to people just forgetting. This is obviously more likely the further ahead you are booking appointments.

The threat of charging for missed appointments has not gathered pace in the world of optometry like it is has with our dental colleagues. It is however a recognised means of reducing the numbers of non-attenders in both clinical practice and the commercial world.

When a patient arranges an appointment ensure, if you have a policy of charging for non-attendances to let them know this. They are then fully aware of the potential cost implications of not attending.

# Missed Appointments

The policy would appear to be a deterrent or at least encourage those who can't attend to cancel. This allows the slot to be freed up for another patient minimising any financial losses in practice. If your practice operates a text reminder system it is certainly worthwhile incorporating the missed appointment charge in the text reminder message also.

Enforcing the fine is however another matter. As a business you obviously don't want to alienate the patient who has a genuine reason for not attending. The fine is discretionary and if a patient has missed an appointment it

may be worth considering taking payment at the time of booking or the fine can be added to their next remittance. However, it is managed, is at the discretion of the practice, but it is definitely a policy worth thinking about to ensure your appointment slots are used optimally.



## CONSULTATION ON BELFAST HEALTH AND SOCIAL CARE TRUST OPHTHALMOLOGY SERVICES

The Belfast Health and Social Care Trust (BHSCT) have launched a consultation on changes to the delivery of the Outreach Ophthalmology Services they provide in the Southern, South Eastern and Northern Trust areas. The changes involve the development of Ophthalmic Clinical Centres in Northern, Southern and South Eastern Local Commissioning Group/Trust areas.

Please take the time to read these documents and provide your views on the proposals to BHSCT. The proposals are of significant importance to you and your patients. The consultation document and Equality Impact Assessment is also available on our website: <http://www.belfasttrust.hscni.net/about/Consultations.htm>. The consultation will be from Thursday 5 May 2016 to Friday 5 August 2016.

## Are You Balanced?

Goldmann tonometry is considered to be the gold standard test for measuring IOP's in patients and as you know applanation tonometry forms the basis of the IOP referral refinement LES in Northern Ireland. It is important that the equipment we use for this measurement is accurate and calibrated.

Tonometers in busy clinics have been shown to lose accuracy within months after purchase or calibration by the manufacturer.

A recent study showed that only 10% of tonometers fell within the manufacturer's recommended calibration error (CE) range. In addition, tonometers were found to be more likely to deviate into the positive range, overestimating IOP measurements.

It is therefore essential that all practices develop protocols for regular calibration checks. Tonometers should be checked for calibration errors on a monthly basis by individuals who can be held responsible for ensuring their accuracy.

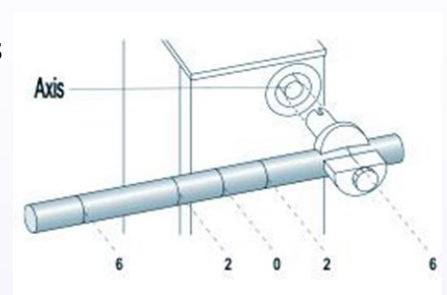
### Procedures

- 1. \*\*The following is the suggested calibration verification procedure for a Goldmann Tonometer. This procedure is only meant to verify the accuracy of the instrument. Calibration adjustments must be only be done by vendor-authorized service representatives.**
  - Calibration is done at dial positions 0, 2, and 6 (equivalent to 0, 20, and 60 mmHg respectively)
  - Insert the prism in the holder and place the tonometer on the slit lamp
  - At dial position 0, the feeler arm should be in free movement. If the dial is turned backwards a small way (to the equivalent of position -0.05), the arm should fall towards the examiner. If the dial is turned forwards a small way (to the equivalent of position +0.05) the arm should fall towards the patient

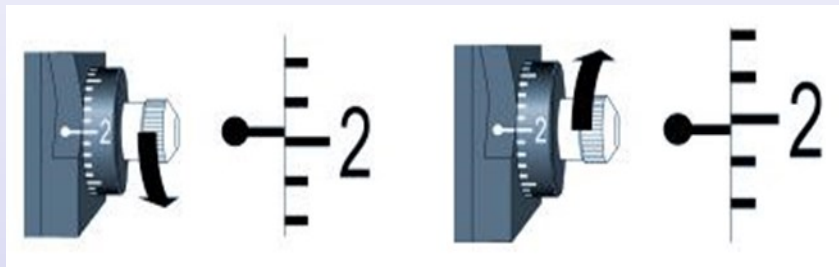
## Procedures

- If the arm doesn't respond in the above way, the tonometer is inaccurate at dial position 0.

- To check dial positions 2 and 6, the check weight is used (this is normally found in the case with the tonometer prisms or in the drawer of the slit lamp). There are five markings engraved on the bar. These represent centrally, then 2 on either side, and 6 towards the edges.



- Line up the adjustable holder with index mark 2 on the weight. With the longer end of the bar facing you, slide it into the axis on the side of the tonometer and push it all the way in.



- Repeat the above steps (for dial position 0), with the dial now at position 2. This time, turn the dial backwards to the equivalent of 1.95 and forwards to the equivalent of 2.05.



- To check dial position 6, move the weight bar to the end position. Repeat the steps at dial position 6, turning the dial backwards to the equivalent of 5.9 and forwards to the equivalent of 6.1
- If the tonometer is inaccurate at any of these dial positions, it should be returned to the manufacturer for recalibration.

# Procedures

2. \*\*The following is the suggested calibration verification procedure for a **Perkins tonometer**. This procedure is only meant to verify the accuracy of the instrument. Calibration adjustments must be only be done by the supplier/authorized service representatives.

- Insert the doubling prism into the prism holder.

## **Check for zero position**

- Adjust the milled thumb-wheel so that the scale reading is below zero by the full thickness of one scale line. Whatever the angle of the instrument in the hand the prisms should tend towards its backward position.
- Set the scale reading above zero by the full thickness of one scale line. The prism should tend towards its forward position regardless of the angle of the tonometer.

## **Check at the 2 g position**

- To make a rough check adjust the milled thumb-wheel so that the scale reading is below the 2 mark by the full thickness of one scale line.
- Place the instrument on a flat horizontal surface with the setting block under the body and the prism cone upwards as shown below. Place the 2 g weight, recess downward, centrally on the prism cone and check that it carries the prism positively down to its lowest position.
- Also, as a rough check, set the scale reading above the 2 mark by the full thickness of the scale line and place the instrument on the setting block as before. Place the 2 g weight on the prism and check that it remains in its highest position. *(If the prism is accidentally pushed down to its lowest position with the weight on the prism, it should rise again to its highest position and freely remain there).*

# Procedures



If desired, the actual point of balance can be established by adjusting the milled thumbwheel until the prism floats at the calibration-position (rim of prism holder level with, or not more than 1 mm above the case surface).

## Check at the 5 g position

- Repeat the process as described above, but using the 5 mark on the scale and a setting one-and-a-half lines width above and then below the 5 mark and with the 5 g weight on the prism cone. The actual point of balance can again be found if required.

**If you have any queries please contact your supplier or service representative for advice.**

**Note:** *The tolerances in the zero, 2 g and 5 g tests above represent  $\pm 0.05$ ,  $\pm 0.05$  and  $\pm 0.075$ g respectively. If the tonometer is found to be outside the stated limits it should be returned to your supplier for attention*

*NB: The Guidance within 1\*\* and 2\*\* has been extracted from the manufacturers manuals*

It is important to ensure that all your equipment is accurate and regularly serviced. It is also a requirement of the LES scheme to ensure your tonometer is regularly calibrated and accurate

# General Ophthalmic Services

## 1. MOS Guidance and Information

### **MOS/304 - 2014 CET Allowance (March 2016)**

This [MOS](#) provides information on the CET Grant for 2014 and how to claim the grant/allowance.

**AS WITH ALL OPHTHALMIC GUIDANCE PLEASE ENSURE THAT YOU READ, ACTION AND DISSEMINATE THE INFORMATION IN THIS MOS TO ALL MEMBERS OF STAFF WHO WORK IN YOUR PRACTICE.**

## 2. Annual GOS Quality Assurance Returns



### **Annual GOS Quality Assurance (QA) Process**

The annual practice QA documentation was issued to all GOS contractors during the week beginning 4<sup>th</sup> APRIL 2016. Please ensure that you complete your annual return and send back to the person named on the proforma at your local HSCB office. The date for submission of your returns was **Monday 9<sup>th</sup> MAY 2016**. If you have not submitted your return, HSCB staff will contact your practice. Please ensure you make your return as requested.

**\*\*\* ALL OF THE ABOVE ARE HOSTED ON THE  
BSO WEBSITE \*\*\***

# New Standards of Practice for Optometrists, Dispensing Opticians & Optical Students

You should be aware that the new regulatory Standards of Practice for Optometrists, Dispensing Opticians and Optical Students from the General Optical Council (GOC) came into effect on 1<sup>st</sup> April 2016. From this date the new [Standards of Practice](#) are the regulatory benchmark for standards of care delivered by GOC registrants to patients and the public.

Within the next CET cycle, which began on 1<sup>st</sup> January 2016, it will be a requirement to complete CET relating to the new Standards of Practice.

The new [Standards of Practice](#) have replaced the Code of Conduct and there are 19 standards in total which cover the clinical performance and behaviour of a registrant. The General Optical Council will provide additional/supplementary supporting guidance in relation to Duty of Candour and Consent to assist registrants in complying with the new Standards of Practice. The new Standards have been drafted in consideration of the evolving practice within optometry and will support practitioners in affording room for registrants to use their professional judgement. Practitioners should be able to decide and determine how to apply the Standards for any particular clinical and professional situation they are placed in.

The new Standards of Practice provide clear statements on the 'must dos' for all registrants and what the GOC expect of you as a registrant. You should ensure that you have read and are compliant with all 19 standards in your clinical practice and professional conduct. Please refer to the GOC website for further information

[www.optical.org](http://www.optical.org)

**\*\*Please ensure that you take note of the new Standards of Practice; it is essential that you read, understand and have a working knowledge of them \*\***

# Brief Intervention Training (BIT) in Smoking Cessation for Optometrists and Dispensing Opticians



The link between smoking and eye disease is well evidenced and documented in the academic literature. Smokers are X4 more likely to suffer sight loss because of macular degeneration and smoking is also linked to cataract development and other inflammatory eye conditions.

As optometric and health education has improved and new skills have been acquired optometrists are recognised for their value in 'making every contact count'. As a primary care clinician you are in an ideal position to provide valuable public health messages, enhancing visual health and welfare and in doing so optimising life-long vision for your patients. The provision of professional advice on dietary and life style choices and the impact that they have on visual health and the eyes should be a fundamental element of your clinical care and practice which is supported by NICE. One obvious area where your professional skill and knowledge can make a direct impact is the provision of guidance in stopping smoking.



In November the Health and Social Care Board offered free CET approved training in Brief Intervention for stopping smoking and feedback from the optometrists who attended was very positive (see opposite page). The Health and Social Care Board in conjunction with the Public Health Agency have arranged a further free BIT session in June 2016. This event is CET approved by the General Optical Council for both optometrists and dispensing opticians and you are encouraged to attend this free CET session.

IF YOU ARE INTERESTED IN ACCESSING BRIEF INTERVENTION TRAINING FOR STOPPING SMOKING PLEASE CONTACT MARGARET MCMULLAN, HSCB OPTOMETRIC ADVISER BY EMAIL / PHONE  
[margaret.mcmullan@hscni.net](mailto:margaret.mcmullan@hscni.net) / 028 9536 3239  
BY FRIDAY 10th JUNE 2016

**DATE:** MONDAY 20<sup>th</sup> June 2016

**TIME:** 7pm      **DURATION:** 1hour

**VENUE:** MUSGRAVE PARK HOSPITAL SITE,  
BELFAST



**CET POINTS:** 1 CET point for Optometrists and Dispensing Opticians

#### *Optometrist A .....*

*"I really feel the brief smoking cessation session was highly beneficial. It allowed me to enhance my knowledge of effects of smoking and the eye but most importantly how to signpost patients willing to stop to appropriate services. Before the session I had only asked Macular patients about their smoking status but now I ask all patients and advice on risks. I had some awareness of the limited public knowledge of smoking and link with vision. The smoking cessation session allowed me to feel more confident in approaching this subject with patients. Most patients have seemed interested to learn about the impact of smoking on their vision and are receptive to learning more about this link. Personally I feel I am enabling patients to make a more informed decision on their smoking and feel better equipped to help patients looking to stop. For some patients smoking is the only modifiable risk factor for their eye condition and I am happy to be able to help patients on the road to stopping."*

#### *Optometrist B.....*

*"I was maybe slightly hesitant to get involved in something that required me to ask a patient about their 'personal habit'. However, I feel it is important to keep an open mind on new approaches to things and was interested to attend the training. It was delivered in an interesting way, with facts about the content of cigarettes, what makes them addictive, the process & phases that a smoker experiences when confronting an addiction, and how this can be supported. In my opinion, it was well worthwhile attending this session and I would recommend it to colleagues."*

# Optician Awards 2016

The Health and Social Care Board send congratulations to Eglinton Eyecare on their recent Optician Award of 'Optical Assistant Team of the Eyecare 2016'. Eglinton Eyecare is an independent practice in the North West owned by Mrs Jean Kelly. Jean commented on the win saying "We were thrilled to be there receiving this award as the only Opticians representing Northern Ireland in the shortlisting".



The award is national recognition and acknowledgement of the hard work and effort of Jean and her team in Eglinton Eyecare in providing quality eyecare services to their patients.

***Congratulations to Jean and her team in Eglinton Eyecare!***

**\*\* IMPORTANT \*\***

**REGIONAL ACUTE EYE SERVICE HAS MOVED**

PLEASE NOTE THAT THE REGIONAL ACUTE EYE SERVICE IN THE ROYAL VICTORIA HOSPITAL HAS MOVED TO LEVEL 2 FROM LEVEL 8. PLEASE ADVISE YOUR PATIENTS SHOULD YOU NEED TO REFER A PATIENT TO EYE CASUALTY IN THE ROYAL VICTORIA HOSPITAL.

# Adult Safeguarding

In October 2015 all practices were issued information in relation to the new policy for [Adult Safeguarding](#). This provided some high level information on the new joint Department of Justice and DHSSPS policy and how it impacted on health care professionals. To support this Safeguarding team in HSCB have developed a user-friendly fact sheet with important information for primary care professionals, including optometrists and those providing eyecare services. Please review this fact sheet and retain the information which will assist you in fulfilling your obligations in relation to safeguarding. Please note that knowledge about local safeguarding guidance and processes are noted in the new GOC Standards of Practice. You will find all the Adult Safeguarding information including the new fact sheet under 'Adult Safeguarding' at the following link: <http://www.hscbusiness.hscni.net/services/2376.htm>



Please note that in addition to this local information on Safeguarding policies, [DOCET](#) offer training modules on Safeguarding in both children and adults; please follow this link to access this training <https://docet.info/course/index.php?categoryid=10> or visit the DOECT website <https://docet.info/>

## \*\* IMPORTANT \*\*

# COMPLAINTS INFORMATION & E-LEARNING RESOURCES

As a GOS contractor you are mandated under the General Ophthalmic Services Regulations to have in place a process within your practice for managing complaints. In addition to this GOS requirement, DHSSP require all primary care contractors (doctors, optometrists, dentists and pharmacists) to ensure that complaints are managed according to HSC protocols and policies.

### *GOS Terms of Service (Paragraph 10) Complaints:*

*10.-a) Subject to sub-paragraphs (2) and (3), a contractor shall establish, and operate in accordance with this paragraph, a procedure (in this paragraph and in paragraph 11 referred to as a "complaints procedure") to deal with any complaints made by or on behalf of his patients and former patients.*

To aid and assist you in compliance with the obligations placed on you by the GOS Regulations there are several resources available in relation to complaints:

- A revised [HSC Complaints leaflet](http://www.hscbusiness.hscni.net/pdf/How_to_make_a_complaint_leaflet_2016.pdf) is now available for download which will support your existing practice complaints literature ([http://www.hscbusiness.hscni.net/pdf/How\\_to\\_make\\_a\\_complaint\\_leaflet\\_2016.pdf](http://www.hscbusiness.hscni.net/pdf/How_to_make_a_complaint_leaflet_2016.pdf))
- A Complaints e-learning module is available for all primary care practitioners including optometrists. You were advised of this resource in the December 2013 issue of the [HSCB Optometry Practice Newsletter](#). To date over 60 optometrists have completed this e-learning. You are encouraged to make use of this free resource:

During May 2016 HSC Internal Auditors will examine the processes in place for the management of complaints, adverse incidents and quality assurance within Ophthalmic Services. The intention is to randomly sample a number of GOS contractors to audit the processes in place and your engagement and co-operation is appreciated should you happen to be selected to participate in the audit.

# INTERPRETING SERVICES



Northern Ireland Health & Social  
Care Interpreting Service

The Northern Ireland Health & Social Care Interpreting Service (NIHSCIS) is a free of charge, **face-to-face service** which strives to improve access to HSC patients\*\* who do not speak English as a first, or competent second language. Legally, it is a Patient's right to have professional language assistance if required. NIHSCIS Interpreting staff are professionally trained and bound by confidentiality.

To book a face-to-face interpreter please complete a booking form giving as much notice as possible.

For further information: email: [interpreting@hscni.net](mailto:interpreting@hscni.net) or telephone: 028 9536 3777



The Big Word Telephone Interpreting Service is the sole provider of **telephone interpreting** for all HSC Organisations in Northern Ireland.

To access a Telephone Interpreter: You will need a Practice Access Code and Language code to make a call. If you do not have an access code please contact Yvonne Myers at The Big Word at [Yvonne.myers@thebigword.com](mailto:Yvonne.myers@thebigword.com) or on **07525 990076** to arrange for one to be set up. Note: This may take up to 3 days to process.

**Step 1:** Call 0800 757 3053

**Step 2:** Enter your Access Code

**Step 3:** Enter the Language Code you require, or press 0 for a Customer Care Representative. If you do not know the language you require, press 700 for Language Identifier

**Step 4:** Wait on the line and you will be put through to an Interpreter for that language. When connected, outline the nature of your call.

Further information is available on BSO website.

**\*\* NHS Patients Only**

*Costs for services from NIHSC Interpreting Service and The Big Word are funded by the Health and Social Care Board. As face-to-face interpretation is more costly than telephone interpretation practitioners are asked to give prior consideration to the most suitable approach in the circumstances presenting. For further information on Interpreting services please access the BSO website by clicking [here](#).*

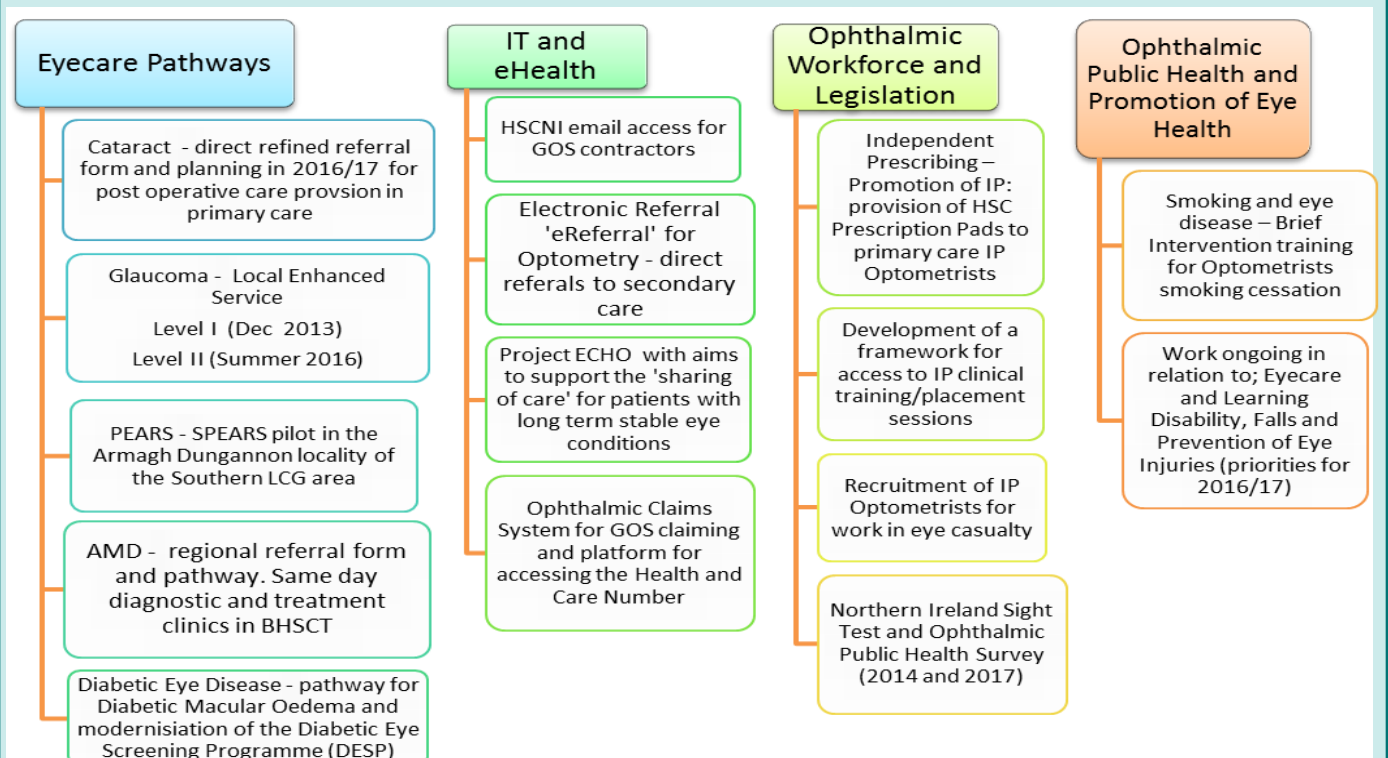
# DEVELOPING EYECARE PARTNERSHIPS (DEP)

## WHAT 'DEP' MEANS FOR YOU IN PRIMARY CARE OPTOMETRY



In recent issues of the HSCB Optometry Newsletter you have been provided with updates on various aspects of the work which is ongoing within Developing Eyecare Partnerships (DEP) including, IT developments and work in relation to the care pathways for long term eye conditions and the non-sight threatening acute eye problems. DEP was launched in October 2012 as a five year plan to improve the commissioning and integration of eye care services in Northern Ireland. In previous issues of the HSCB Optometry Newsletter ([December 2013](#) and [November 2014](#)) you were informed of the approach which has been taken to deliver DEP including; the 12 DEP Objectives, the DEP workstreams and membership of the DEP Task Groups, including representation from Optometry Northern Ireland.

This update will provide you with a high level overview of progress to date, current work and future plans. The information provided is outlined in the context of the DEP themes: **IT and communication developments** | **eyecare pathways** | **ophthalmic public health** | **optometric practice workforce and legislation.**



## The 'Wins' for primary care optometry.....

### **Southern Primary Eyecare Assessment and Referral Service (SPEARS)**

The successful delivery of a one year pilot in the Armagh Dungannon locality of the Southern LCG area demonstrated that primary care optometrists can provide accessible and safe care within a model of care supported by good governance and robust audit. SPEARS as a commissioned service evidenced effective care for patients with non-sight threatening acute eye conditions affording good patient experience and outcomes. Thanks are extended to the optometrists who participated in the SPEARS pilot and you are encouraged to read the [evaluation report](#) of the pilot. Optometry within the HSCB is currently working to develop a business case which will be presented to commissioners, in the hope of securing funding for a regional PEARS service.

### **Primary Care Local Enhanced Service (LES) – Glaucoma Service**

The Health and Social Care Board have commissioned significant investment in the glaucoma service in Northern Ireland in recent years. Part of this investment is the development of a primary care based Local Enhanced Service for the Glaucoma care pathway. Over 370 optometrists are accredited to provide the LES and plans are currently progressing to further build on the LES with the introduction of a Level II LES. (Continued overleaf)

## DEVELOPING EYECARE PARTNERSHIPS (DEP)

### WHAT 'DEP' MEANS FOR YOU IN PRIMARY CARE OPTOMETRY

#### Primary Care Local Enhanced Service (LES) – Glaucoma Service (Continued)

This extension of LES will facilitate further refinement of referrals for suspect glaucoma and ocular hypertension. HSCB have facilitated funded support to those optometrists who expressed an interest in further training for LES II and it is hoped that a service specification will be developed and implemented in the incoming months.



The establishment of the glaucoma 'hub' and one stop multi-disciplinary clinic model of care in the Shankill Wellbeing and Treatment Centre has enabled patients to access timely and quality glaucoma care. Optometrists are a vital part of this multi-disciplinary team in the Shankill and opportunities for additional optometry staff will be available with the recruitment of more COSIs (community optometrists with a special interest in glaucoma). Please ensure you view the HSC recruitment website regularly if you are interested in these opportunities (<http://v2.hscrecruit.com/>).

#### Cataract Pathway



To date primary care optometrists have supported early work in the cataract pathway by undertaking refinement of referrals for cataract thereby ensuring that those patients who both need and want to have surgery are referred at the most appropriate time. The use of the dedicated refined cataract referral form has assisted in adoption of this initiative. The **next steps** in the cataract pathway will involve the scoping of opportunities and mechanisms for the provision of post-operative cataract review care by optometrists in the primary care setting. Work on the next steps will begin in the incoming months.

## DEVELOPING EYECARE PARTNERSHIPS (DEP)

### WHAT 'DEP' MEANS FOR YOU IN PRIMARY CARE OPTOMETRY

#### IT and E-Health

Optometry has already benefited from investment with the implementation of electronic claiming for General Ophthalmic Services ([Ophthalmic Claims System](#)) and as a profession you will continue to gain significant benefits from the ongoing work to deliver the eHealth agenda to integrate and improve the safety and efficiency of health and social care provision.



**HSCNI email accounts** – Thank you to those 241 Optometry practices who have provided the necessary information for HSC to provide secure HSCNI email accounts. Over the incoming weeks Information Technology Services (ITS) will take forward the work to establish these accounts.

**eReferral by the Clinical Communications Gateway** – Thank you to those 247 practices who have provided the necessary information to allow HSCB to progress the work to enable eReferral to secondary care by the optometrists whom you have identified as working in your practice (s). The project to plan and deliver eReferral is complex with many issues to be addressed; the primary care optometric workforce, IT capabilities, ophthalmic referral templates, referral pathways within HSC Trusts, information governance and data quality assurance. Over the incoming months you will be kept informed of progress on eReferral including the plans for training for optometrists who will be accessing and using eReferral via CCG.

## DEVELOPING EYECARE PARTNERSHIPS (DEP)

### WHAT 'DEP' MEANS FOR YOU IN PRIMARY CARE OPTOMETRY

#### IT and E-Health (Continued)

**Project ECHO** – in late 2015 through to the end of March 2016 the HSCB in association with the Northern Ireland Hospice delivered a '**world-first**' Optometry/Ophthalmology ECHO. This innovative and exciting opportunity allowed 21 primary care optometrists to engage on a weekly basis with secondary care, academic and scientific professionals in sharing learning, skills and knowledge to enhance patient care and build a community of practice and excellence in primary care optometry within Northern Ireland. The ECHO allowed professionals to openly engage in an educational safe zone with a focus on sharing, mutual support and trust. Over the 12 week pilot the HSCB observed with great satisfaction and pleasure the sustained, vibrant and enthusiastic engagement between the ECHO professionals. It is hoped that ECHO can be a supporting platform for many of the developments which HSCB wish to progress in ophthalmic services.



#### Ophthalmic workforce and contribution to service provision and Ophthalmic Public Health

**Independent Prescribing** – The work of DEP has resulted in developments in the field of Independent Prescribing (IP) Optometry. The HSCB has enabled optometrists in primary care to access HS21 prescription pads to allow patients to access their prescription for ophthalmic medication at source from the IP optometrist. In addition the HSCB is working with HSC Trusts to establish a framework whereby optometrists undertaking their training can access the necessary ophthalmic clinical sessions in secondary care. It is hoped that although numbers may be limited at the outset that this can be built on as outcomes are evaluated and capacity built.



## DEVELOPING EYECARE PARTNERSHIPS (DEP)

### WHAT 'DEP' MEANS FOR YOU IN PRIMARY CARE OPTOMETRY

#### Ophthalmic workforce and contribution to service provision and Ophthalmic Public Health

**Ophthalmic Public Health** – The promotion of eye health and the contribution of ophthalmic professionals to the ophthalmic public health agenda is a vital part of the work of DEP. This includes consideration of and addressing nationally agreed ophthalmic public health indicators, addressing causes of avoidable sight loss, and the benchmarking and measurement of visual impairment at a local level.



Optometrists in primary care have a valuable contribution to make to the ophthalmic public health agenda in particular in raising awareness of the risk of smoking and sight loss.

In recognition of this fact the HSCB have worked with the Public Health Agency to provide training for optometrists in **brief intervention for stopping smoking (BIT)**. Several optometrists have availed of this training and have felt it of great benefit in how they address the issue of smoking, sight loss and smoking cessation with their patients. In this issue of the newsletter you will find information on the next BIT session.

In June 2014 the Department of Health, Social Services and Public Safety (DHSSPS) conducted an updated and enhanced [Northern Ireland Sight Test and Ophthalmic Public Health Survey](#). Information from this survey is used to inform the planning and commissioning of eyecare because it provides valuable information on eye examination activity, demographics of patients accessing eye examinations, outcomes of the examinations and affords an opportunity to examine referral patterns thereby informing the planning process. The next survey will take place in early 2017 and you are encouraged to take part in and complete the survey if you are a selected practice/practitioner. Your engagement and support is much appreciated and will help inform the collaborative work of DEP for the benefit of patients and eyecare professionals.

## UPDATE ON REFERRALS: PLEASE ENSURE YOU READ AND TAKE APPROPRIATE ACTION



### UPDATE ON REFERRALS: PLEASE ENSURE YOU READ AND TAKE APPROPRIATE ACTION

Please note that a new regional referral form for the rapid access macular service has been agreed for use when following an eye examination you suspect that your patient has one of the following macular conditions:

1. Wet AMD
2. Retinal Vein Occlusion
3. Diabetic Macular Oedema

The revised referral form requires you to identify which of the conditions you suspect and to answer some questions in relation to the symptomatic presentation.

The macular service faces ever increasing pressure and rising demand for appointments and it is important that after your careful clinical examination you record not only the clinical observations but also the appropriate history and symptoms. This will assist the clinicians in the macular service in the triage of referrals.

**THIS FORM IS ONLY FOR USE FOR REFERRAL WHEN ONE OF THE CONDITIONS ABOVE IS SUSPECTED. THIS FORM IS NOT FOR USE WHEN YOU SUSPECT DRY AMD or ANY OTHER MACULAR CONDITION. FOR DRY AMD or OTHER MACULAR CONDITIONS PLEASE REFER TO OPHTHALMOLOGY USING THE GOS18 REFERRAL FORM.**

The new macular service referral form is available on the website in writeable PDF format: <http://www.hscbusiness.hscni.net/services/2485.htm>

## 2. UPDATE ON ELECTRONIC REFERRALS

Please note that if you have signed up to gain access to eReferral in the incoming months you will be able to generate these referrals electronically. It is hoped that training for practices in eReferral will take place from late July-Sept 2016. Your practice will be notified of the training dates in your local area in early July.

**\*\*Please ensure that you act and register for a training place when you receive the relevant information from HSCB about the training\*\***