



Health and Social
Care Board

Optometry Practice Newsletter

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Colleagues,

Pathways and Reforms: an opportunity to make a difference.

Colleagues may know that DHSSPSNI are currently undertaking a review of commissioning, and assessing how the process facilitates the delivery of high quality and efficient health and social care services in Northern Ireland. HSCB and PHA are central to the strategic planning to prioritise needs within available resources and ensuring optimal delivery and outcomes.

As eyecare professionals, not only do you contribute greatly to citizens' quality of life, and ability to live independently and carry out the daily tasks we take for granted, but you also play a pivotal role in signposting and referring patients with ophthalmic problems which need further investigation and treatment. Many of you are actively involved in helping to manage demand for glaucoma services by participating in the Glaucoma Local Enhanced Service. Others are helping to improve the quality of cataract referrals, whilst a small number of colleagues are actively managing acute non-sight-threatening eye conditions in primary care. Your Board is committed to building the evidence around improved patient-centred care emanating from these initiatives. Successful piloting and implementation at scale can make a real difference to patients, services and your professional development and job satisfaction, and we thank you for your continued partnership in Developing Eyecare Partnerships.

Best wishes

Mr Raymond Curran, Head of Ophthalmic Services, HSCB

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A message from ONI

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

Adverse Incidents – Sharing of Learning

The HSCB have received information on three adverse incidents (AIs) in recent weeks. One incident related to an induced angle closure and another related to a possible systemic adverse reaction to eye drops. The third AI reported the sudden illness of a child on the premise and the urgent and immediate action taken to call emergency services. Thanks are extended to all those practices for following good governance processes and reporting these AIs. [AI reporting forms](#) can be accessed from the BSO website <http://www.hsctbusiness.hscni.net/services/2563.htm> ([click here](#)).



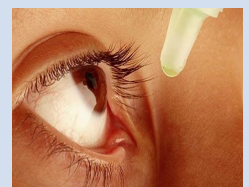
In consideration of the shared learning from these events practitioners are reminded:

- ◆ To ensure that post dilation IOPs are recorded and if any elevation is noted that the measurement is repeated and appropriate action is taken. The College of Optometrist guidance in relation to instillation of eye drops is an excellent reference tool for practitioners in relation to the use of ophthalmic drugs in practice: <http://guidance.college-optometrists.org/guidance-contents/knowledge-skills-and-performance-domain/use-and-supply-of-drugs-or-medicines-in-optometric-practice/instilling-eye-drops-checking-risks/?searchtoken=dilation> ([click here](#))
- ◆ To ensure that any suspected adverse reaction to an ophthalmic drug is reported using the MHRA 'Yellow Card' scheme. Please visit the website <https://www.gov.uk/the-yellow-card-scheme-guidance-for-healthcare-professionals> ([click here](#)). The MHRA have introduced a new smart phone app for the reporting of suspected side effects as an alternative to using the paper Yellow Card forms or the Yellow Card website. You can download the app via [iTunes Yellow Card](#) for iOS devices or via [PlayStore Yellow Card](#) for Android devices. The app will also allow you to create a 'watchlist' that enables you to receive news and alerts about particular medicines of interest and view any relevant Yellow Card activity for them.

MHRA - Drug Safety Update

Latanoprost (Xalatan): increased reporting of eye irritation since reformulation

In a recent drug safety update the MHRA has advised there has been an increase in the yellow card reporting of eye irritation in persons using Xalatan. In 2013 the pH of Xalatan was reduced from 6.7 to 6.0 and in the year following the change in formulation 22 yellow card reports of eye irritation were received. The MHRA have advised health care professionals to be aware of the increased reporting of irritation and should your patients experience this advise them to tell their health professional promptly (within a week) if they have eye irritation (e.g. excessive watering) severe enough to make them consider stopping treatment. A review of treatment and the prescribing of a different formulation may be necessary. Please use the following link to read the full MHRA drug safety update: <https://www.gov.uk/drug-safety-update/latanoprost-xalatan-increased-reporting-of-eye-irritation-since-reformulation> ([click here](#)).



General Ophthalmic Services – new MOS Guidance and Information

MOS/298– GOS Voucher Values Increase

This [MOS](#) details the amendments to the Optical Charges and Payments Regulations in relation to General Ophthalmic Services Vouchers and Supplementary claims

MOS/299 HSCB Safety and Quality Best Practice Guidance on Safe Disposal of Patients' Drugs in the Community

This [Safety and Quality Guidance](#) letter reminds Health Care Professionals of the need to ensure that a patient's own drugs are safely disposed.

***** ALL OF THE ABOVE ARE HOSTED ON THE [BSO WEBSITE](#) *****

Annual Practice Quality Assurance (14/15) Practice Returns – brief feedback and overview

Thank you for your engagement in the annual Quality Assurance process for Optometry. The annual QA returns provide assurances in respect of complaints, adverse incidents (AIs), receipt and dissemination of MOS and guidance and business continuity. All of these elements contribute to good governance and your support for the process is appreciated. Overall the QA return rate for 2014/15 was 86% with 228 practices providing a return. The highest return rate was in the Northern LCG area (97%) and the lowest was from SE area contractors (63%).

LCG area	No. of practices in area in 2014/15	Return rate
Belfast	58	81%
Northern	73	97%
South Eastern	46	63%
Southern	47	89%
Western	41	95%

3.8% of GOS contractors (10 practices) declared complaints and 0.8% (2 practices) declared a reported AI. In relation to AIs, during 2014/15 four practices actually submitted AI reports, and therefore it is important that practices have a process in place to ensure that the QA returns information is consistent with complaints and AI recording at practice level.

Many thanks for your support and ongoing help to improve the governance and quality & safety of primary care ophthalmic services.

Vision UK 2015 Conference

The annual UK Vision Strategy Conference took place on Thursday 18th June at Central Hall, Westminster London. The event brought together many key stakeholders in the field of eyecare including; commissioners, service users, voluntary groups and clinicians.

Northern Ireland was represented at the conference by Mr Raymond Curran, Head of Ophthalmic Services in the Health and Social Care Board and Dr Jackie McCall, Consultant in Public Health in the Public Health Agency. Raymond and Jackie are joint leads for the implementation of Developing Eyecare Partnerships (DEP). Both Raymond and Jackie submitted poster presentations. Mr Raymond Curran's poster won the poster prize in Stream Two. Raymond and Jackie are

pictured with his winning poster and congratulations are extended to Raymond on his well deserved achievement. Pictured also are some delegates viewing Dr Jackie McCall's poster.

For further information on the Vision UK 2015 Conference please visit the UL Strategy website: <http://ukvisionstrategy.org.uk/vision-uk-2015-calls-continued-collaboration-influence-decision-makers-eye-health-and-sight-loss> ([click here](#)).



Thank you to Mr John Waldron

Mr John Waldron, HSCB Optometry Intern, left his one year post in HSCB in mid-August. Over the past year John worked very closely with Ms Fiona North, Optometric Adviser on the Southern Primary Eyecare Assessment and Referral Service pilot (SPEARS) and his contribution to this work and indeed the wider work of the Optometry team in HSCB was greatly appreciated. John is returning to further studies and we hope that he gained some valuable experience and knowledge which will be put to use in the next stage of his studies.

Thank you John and best wishes for the future



Ophthalmic Public Health—Upcoming Initiatives and Awareness Raising

National Eye Health Week— 21st to 27th September



In the May issue of the HSCB Optometry Practice Newsletter, National Eye Health Week (NEHW) was highlighted. Optometry practices and professionals are encouraged to support NEHW and you can find out more about NEHW and how to get involved on the Vision Matters website: <http://www.visionmatters.org.uk/> or [click here](#).

Now in its sixth year it will take place from 21-27 September. NEHW is chaired by Mr David Cartwright and the resources have been updated and enhanced to support practices in the promotion of NEHW. The themes for 2015 NEHW include: 'Technology', 'Nutrition and the Eye', 'You and your eye health' and 'UV Protection'.

Smoking Cessation—Brief Intervention Training

The HSCB in conjunction with the PHA Health and Social Wellbeing Improvement Team are planning to deliver training to Optometrists who have expressed an interest in 'Brief Intervention Training' for smoking cessation. The training is an opportunity for Optometrists to align with other health care professionals in providing brief information in relation to smoking cessation and signposting to smoking cessation services. It is hoped that Optometrists can play an active and important role in raising awareness of eye health and in particular for those persons who smoke. Please contact one of the HSCB Optometric Advisers before Friday 11th September 2015 if you are interested in accessing this training.

World Sight Day—8th October 2015

World Sight Day is being held on 8th October this year. The aim of World Sight Day is to raise awareness of global blindness and sight loss under the Vision 2020 collaborative. As part of the promotion of World Sight Day IAPB are holding a Photo Competition with a request for all amateur and professional photographers to submit photographs which highlight the impact of eye health in people's lives, by under the theme, 'Eye care for all'. Please visit the IAPB website <http://www.iapb.org/advocacy/world-sight-day> ([click here](#)) for more information.

You are encouraged to support and participate in World Sight Day—Remember the day - Thursday 8th October 2015

ARMD – THINK TRAFFIC LIGHTS ALL COLOUR IS GOOD

Treatment for age-related macular degeneration (AMD) is a topic that attracts controversy. The role that diet and dietary supplements play in this treatment can be confusing to say the least. Increasingly patients are also confused with conflicting advice and media publications.

For practitioners, controversy around AMD and nutrition arises mainly from the results of the AREDS studies- Age-Related Eye Disease Study (AREDS) and AREDS2 , funded by the US National Eye Institute and launched more than 20 years ago. The AREDS2 report, published in 2013, investigated whether adding lutein + zeaxanthin (the main components of macular pigment), the omega-3 fatty acids, or both, to the original AREDS formulation decreased the risk of progression to advanced AMD. It also investigated the effect of eliminating beta-carotene, lowering the zinc dose or both. Surprisingly the results showed adding the additional ingredients did not further reduce the risk of progression of AMD. Although given the increased risk of developing lung cancer in former smokers, beta carotene could be replaced with lutein and zeaxanthin without any apparent toxicity consequences¹.

So what are the clinical implications for you as an optometrist and your patients? Not just for those patients who wish to slow down the progression of any current disease but also for those who wish to prevent AMD?

Experts could not agree on the interpretation of the data from the second AREDS study. Some argued that while the study did not provide support for the use of supplements for the prevention of AMD, it did however show evidence for a specific combination of antioxidant vitamins and minerals, based on the original AREDS formula but with reduced zinc and no beta-carotene, for those AMD patients at greatest risk of progressing¹.

However the other issue raised by the AREDS research, that of eating a healthy diet did get agreement. The merits of a healthy well balanced diet and lifestyle to eye health as well as general wellbeing got approval. There are now not surprisingly more than a dozen such supplementary products, with various ingredients on the UK market, available both from the high street and from internet suppliers. These products all make various claims and often promote their association with AREDS and eye health. No wonder patients and practitioners alike are confused. Many more studies have now been published into the role of diet and dietary supplements, not just in AMD prevention and treatment but for other ocular conditions such as dry eye. The evidence is very complicated and not yet definitive¹. Time and more research are clearly needed to give us all more conclusive information.

Reference

¹Optician, 1st June 2015 "Beyond AREDS at the Eye Nutrition Meeting in Barcelona",

Advice in relation to the prescribing of nutritional supplements in Northern Ireland

Therefore, given the current lack of definitive, evidence based data, optometrists in Northern Ireland, are asked not to request a patient's GP to prescribe nutritional supplements for Age-related Macular Degeneration (AMD). Such supplements e.g. Viteyes®, PreserVision® and Ocuville®, usually contain various combinations of vitamins, zinc, omega 3 fish oils, beta-carotene, lutein and zeaxanthin as discussed above and are marketed as exerting a protective effect against the development and/or progression of AMD. This can be very emotive for patients who either have the disease or are concerned about getting it. However, the current evidence does not support routine use. Evidence for nutritional supplements in AMD is very limited and applies to patients with intermediate or advanced AMD in one eye only. These nutritional supplements are classified as food supplements. They therefore lack the product assurance associated with licensed medicines. GP's have been advised by the medicines management time not to prescribe food supplements and therefore it can be very confusing and even distressing for patients, if you advise them to go to their GP to get a prescription and they then are refused. It's important to ensure patients have as complete and as accurate a picture as possible, but for the majority of them any additional dietary supplements will have to be self-funded and not supplied through the health service.



It is however good practice to advise your patients on stopping smoking and eat a health well balanced diet rich in fruit and vegetable and oily fish. Coloured fruit and vegetables are particularly beneficial, ie spinach, kale, corn, blueberries etc...

So please advise your patients to "think traffic lights" when shopping.

SAVE THE DATE Autumn CET Event Tuesday 20th October 2015



The next HSCB/BSO CET event will be held on the 20th October 2015.

It will be a half day event in the afternoon with 3 presentations including:

- ◆ Alicia Thompson (ABDO)– Facial Anthropometry and Dispensing Spectacles to Children
- ◆ Sara McCullough – Northern Ireland Childhood Errors of Refraction (NICER) Study: An Overview of Six Years Prospective Data
- ◆ Bruce Evans – Dyslexia: The Role of the Optometrist

**Booking forms and details will follow from Mrs Karen Lee,
Ophthalmic Professional Support Services, BSO**

Ophthalmic Claims System (OCS)

HCN Look-Up

The Ophthalmic Claims System (OCS) provides a facility for Health & Care Number (HCN) lookup as part of the electronic claims process. Practices have, until now, been permitted to use the HCN lookup facility as a 'stand-alone' facility without having to submit claims electronically. This was to assist with the introduction of the requirement for the patient to provide their HCN to access GOS services. However due to the success of the first year of OCS and the roll out of electronic claiming to over 130 optometry practices the look up facility for the Health and Care Number will cease to be available after 30th September as a 'stand-alone' function only. Practices using the look up facility only will have already received a letter from BSO advising them of this. The HCN lookup facility will continue to be available as part of the full OCS electronic claiming facility. Any practice only making use the lookup facility are strongly encouraged to switch to full electronic claiming rather than lose the look up facility. While it can be daunting to change from a paper claiming system to an electronic system there are very significant benefits.

Feedback from practices who have made the change is very positive, noted in the article opposite from a new OCS user, Ms Rachel Scott. BSO OCS project team will shortly be issuing a questionnaire to ALL practices, both those using OCS and those still submitting paper claims.

The aim of the survey is to gather information to inform further improvements in the electronic claiming process. ALL practices are strongly encouraged to complete the short questionnaire as this will provide invaluable feedback on OCS



If any practice is considering making the change to full OCS and would like to discuss it further please do not hesitate to contact either OCS project staff:

**Marc Mulholland or, Angela Dowds in BSO Eye Services
tel:028 95 363751. Alternatively you can contact any one of the
optometric advisers.**

An Optometrist's feedback on OCS

"I AM A TOTAL TECHNOPHOBE so last year when the OCS system was announced incorporating a cryptocard key fob, it definitely raised my anxiety levels. October arrived along with the purchase of a new up to date computer and a surprisingly normal looking key fob. Almost a year on and I / WE have never looked back, in fact I only wish it had happened sooner. I may have grumbled a little at the added expense of upgrading our trusty 10 year old PC, but lets face it, it didn't exactly owe me much and thankfully our broadband set-up was compatible with the system.

I will be the first to admit that change panics me and most of my staff but I felt the BSO offered sufficient training and still provide on-going advice via their helpline. Initially we all found the data entry and new forms a little cumbersome but daily repetition soon sped up the process and the prompt monthly payment was a welcome sight on the bank sheets. I am delighted that our voucher rejections are now virtually non existent as any discrepancies are highlighted at the time of entry and can be dealt with immediately.

Pre-approval for domiciliary visits and spare pairs is also included on the OCS and is usually handled very promptly and efficiently with a clear explanation given if deemed inappropriate. The longstanding issue we all encounter of serial practice – to – practice goers can now usually be flagged up prior to any further time wasting exercise via the function stating the last NHS sight test date.

At the training event it was stated that the OCS was a work in progress and hopefully soon they will address the issue of better monthly reconciliation and fix the bug on the sight test form that means that you have to imply a voucher has been issued even when one can't be claimed! Mildly flawed in it's current form but definitely making our lives easier so I for one am delighted we took the huge step forward and am hopeful it is here to stay."

***Rachel A Scott
Independent Optometrist***

“HELP WITH HEALTH COSTS”

PATIENT ELIGIBILITY AND EXEMPTION

When a patient ticks their exemption category and signs the Patient Declaration on a GOS claim form this is legally binding. A department within the [Counter Fraud \(CFU\) and Probity Service](http://www.cfps.hscni.net/) (<http://www.cfps.hscni.net/>) deals specifically with patient eligibility issues and exemption fraud. Random checks are carried out on GOS claim forms and if a patient is found not to be in receipt of the benefit that they have ticked on the form there are extremely serious consequences for that patient.

Patients are often unsure of whether they are eligible for GOS or not and will ask for advice from practice staff. Several cases have occurred recently where incorrect advice on exemption categories appears to have been given by practice staff which and has led to the patient being accused of exemption fraud. You can imagine how distressing this is for an innocent patient who has unknowingly ticked the wrong box.

The following steps are recommended to try to avoid this situation:

1. “Help with Health Costs” leaflets and practice literature have been sent out from CFPS to all optometric (and dental) practices in June providing up to date information on exemption categories. Please display the information in your reception area. If any practice needs further supplies of leaflets please contact CFPS in BSO.
2. Ensure all staff, particularly frontline reception staff, are fully aware of the current exemption categories from the new literature.
3. Give out the leaflet to patients
4. Do not assume that a patient is on the same benefit as they were the last time they attended the practice – Always Ask.
5. Do not offer advice/suggestions of exemption status if the patient is unsure which category they fall into. They should be asked to find out from information at home or by contacting their local social services office or the HSC Patient Charges Advice Line tel: 08005878982, before they access GOS services.

Note: The leaflet “Help with Health Costs” contains one error which you may already have noted. Under “Sight Test eligibility it states that patients who have diet controlled diabetes are not eligible for GOS sight tests. This is incorrect as ALL DIABETIC PATIENTS ARE ELIGIBLE FOR GOS SIGHT TESTS.

Brief update on service development and a call for information on College Approved Higher Qualifications


A central tenant of Developing Eyecare Partnerships is the delivery of safe and quality eyecare services to patients in the right place at the right time to achieve optimum clinical outcomes and patient experience. Underpinning this are fundamentals such as ICT, integrated care pathways and the availability of a skilled workforce extending from primary to secondary care and finally within tertiary care. The development of services is influenced by commissioning plans and objectives, national guidelines and other HSCB specific initiatives such as Project ECHO (Extension for Community Healthcare Outcomes). The latter is a multidisciplinary telehealth educational program which uses videoconference technology to support the transfer of knowledge from specialists to generalists (such as primary care optometric practitioners). The aim is the demonopolisation of knowledge, moving the knowledge, not people, to support the provision of high quality care to patients closer to home.

In order to scope the options for further enhancements in service provision the HSCB hopes to engage directly with ONI, contractors and individual optometrists. In planning for this engagement the HSCB wish to gather information on the extent of Higher Qualifications which individual optometrists hold.

If you are an optometrist who is interested in being part of any future service development and you hold a College approved Higher Qualification please contact your local optometric adviser who will take a note of your qualification.

It is important to note that not all service developments will incorporate requirements for formal higher qualifications. It is hoped that in the incoming year progress will be made in relation to further enhancement to the current referral refinement scheme for IOP (repeat measures) LES. Those practitioners who are LES accredited will have been contacted by HSCB to survey interest in further training in referral refinement. If you are a LES accredited practitioner please ensure that you respond to this survey as it is your opportunity to be a part of, and contribute to, the on-going work to improve the commissioning and provision of glaucoma services. **If you do not respond, it will be noted that you have not expressed an interest in further training and development and HSCB will not contact you further in relation to this.**

The closing date for the survey is Friday 4th SEPTEMBER. The request for feedback and information noted above is important for future service planning and you are encouraged to contact your optometric adviser if you have any questions.



Would you like to get involved?...
It is good to be involved.

General Optical Council : Launch of the new Standards of Practice and Consultation on Code of Practice for online Contact Lens Suppliers

At the [General Optical Council meeting](#) on 29th July the GOC agreed the new Standards of Practice for optometrists and dispensing opticians, and optical students. The new Standards of Practice come into effect from 1 April 2016. In a [news release](#) the GOC stated:

"The standards will support registrants by making much clearer the GOC's expectations as the statutory regulator with responsibility for setting professional standards in the optical sector. The standards also give room for registrants to use their professional judgement in deciding how to apply the standards in any given situation. The standards are flexible enough to deal with future developments in practice across the four nations of the UK. They are also flexible enough for registrants to apply regardless of whether they are employees, locums or business owners and whether they work on the high street, in hospital or in domiciliary settings."

All registrants will receive information on the new Standards of Practice in their annual renewal packs and registrants will be required to declare that they have read and will abide by the Standards of Practice. Registrants will also be required to undertake and complete a minimum of one CET activity on the Standards of Practice in the new CET cycle which begins in January 2016 (2016-18).

At the beginning of August, the GOC launched a [consultation](#) on the Code of Practice for online Contact Lens Suppliers. The code is voluntary and is designed to improve the practice of online contact lens suppliers and to encourage people who buy contact lenses online to have regular aftercare appointments and eye examinations. In accepting and implementing the code, suppliers will have use of an endorsement logo which it is hoped will assist the public in identifying online suppliers who follow good practice. Ultimately it is hoped the code will provide better public protection and make it much easier for consumers to safely purchase contact lenses online. You are encouraged to read and reply to the [consultation](#) which is available on the GOC website: <https://www.optical.org/en/get-involved/consultations/index.cfm> ([click here](#)). The consultation closes on 12th October 2015.



Independent Prescriber Optometrists

The Health and Social Care Board are holding a third IP Optometrist registration session in the early Autumn. If you are an IP Optometrist working in a primary care optometry practice and you wish to register as a non-medical prescriber and have access to HS21 prescription pads for your prescribing please contact Margaret McMullan, optometric adviser who will provide further information on the date, time and venue for the registration session (margaret.mcmullan@hscni.net or, 028 95363239).

A message from Optometry Northern Ireland.....



Optometry Northern Ireland is a committee of 12 optometrists and dispensing opticians from across NI and represents primary care, hospital and academia.

Our primary role is to work on behalf of you, the practitioner, to enhance the role of optometrists and optometric practice.

December 2013 saw the introduction of the first Locally Enhanced Service (LES) in Northern Ireland for glaucoma repeat measures. The vast majority of practices in NI are now participating in this and it has proved very beneficial for the practice, the patient and the health service in general.

We are now working with commissioners to establish further LES services including a PEARS (Primary Eyecare Assessment and Referral Service), potential pre and post cataract surgery assessment and further glaucoma refinement.

We work closely with our sister organisation, the Northern Ireland Optometric Society, who provide a challenging and comprehensive programme of CET events throughout the year, together with social events. These events are a great way to network and meet new colleagues as well as keeping up to date with our CET obligations.

Optometry NI and the NIOS are funded by a voluntary levy (1% of GOS sight test fees). One of the strengths of ONI is that it enables our profession to come to the negotiating table with a single voice. We speak for the whole profession and the support of each and every practice counts. If you have not already joined the levy scheme, please contact us or download the levy form from: www.optometryni.co.uk. Other ways to keep in touch are to like us on Facebook (Optometry N I), or follow us on Twitter @OptomNI. If you want any more information please contact us.

David Barnes, Chairman



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[@OptomNI](https://twitter.com/OptomNI)

Sara Ball, Admin Officer



Are you interested? - Professional Representative for HSCB Committee

The Health and Social Care Board are currently seeking [professional representatives](#) for the Health and Social Care Board Disciplinary Committee. The Committee discharge duties defined in the Health and Personal Social Services (Disciplinary Procedures) Regulations (Northern Ireland) 2014.

These regulations provide for the investigation and determination of questions about whether a pharmaceutical contractor, dentist, optometrist or ophthalmic medical practitioner has failed to comply with their terms of service. A professional representative for General Ophthalmic Services (GOS) is required and the position has been publically advertised. Information on the position is available on the HSCB website at the following link <http://www.hscboard.hscni.net/Inews/Health%20and%20Social%20Care%20Board%20Disciplinary%20Committee.html> ([click here](#)) and on the landing page of the FPS Optometry web portal (BSO).

You are encouraged to read and consider the information. If you fulfil the requirements and are interested in the post please submit your application as outlined in the information pack. For further information and to apply online, please visit <http://v2.hscrecruit.com/>.

Closing date for applications: 12 noon, Friday 4 September 2015.

Interviews will be held on Thursday 8 October 2015.

Extension of Refined Referral for Cataracts – South Eastern, Northern and Western LCG areas

In late 2013 following consultation with Optometry Northern Ireland, secondary care clinicians and Local Commissioning Groups (LCGs) the HSCB launched a refined cataract referral form for use initially in the Belfast and Southern LCG



areas. The aim of the refined referral was to ensure that those patients who both needed and wanted surgery would be referred to secondary care in a timely manner with the referral containing all the necessary and relevant information to enable effective triage and assessment.

In the incoming weeks practices in the Northern, South Eastern and Western LCG areas will be advised of the roll out of the use of the refined cataract referral form.

Supporting guidance will be provided for Optometrists and for GPs to assist in the implementation of the use of the new referral forms. The referral forms will be available in hard copy format but you are encouraged to use the e-form for the refined cataract referral which is available on the BSO website at the following link <http://www.hscbusiness.hscni.net/services/2485.htm> ([click here](#)).