



# Optometry Practice

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## Newsletter

**HSC** Health and Social  
Care Board

VOLUME 5: ISSUE 3 MARCH 2017

### ***What did we do, and was it any good..?***

As the financial year 2016/17 draws to a close it gives an opportunity to reflect on what we planned, what we delivered, and if anybody was any better off. Similarly, as Spring appears on the horizon, there is renewed potential to look forward, and to plan for improvements, in both systems and outcomes.

In eyecare, the ongoing work of [Developing Eyecare Partnerships](#) (DEP) continues to be the vehicle by which we plot a strategy to better integrate eye care in the north of Ireland. DEP is currently being reviewed by the Regulation and Quality Assurance Authority (RQIA), the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services. A GB-based review team will consider the effectiveness and impact of DEP on improving the commissioning and provision of eyecare in Northern Ireland. We thank those of you who have already engaged with RQIA's qualitative and quantitative research, and encourage those who may have been invited to share their thoughts to do so at a series of meetings planned for late March. It is hoped that the review will acknowledge the work of DEP in investing in and supporting primary care optometry to deliver more eye care in the community, and also advances in integrating services across primary and secondary care.

This newsletter highlights one of these strategic goals: that of electronic referral via the Clinical Communications Gateway (CCG). This development, now being rolled out throughout GOS, has direct system and patient-centred benefits: seamless communication, decision-making tools and advice, reduction in duplication and waste, and, that Holy Grail...feedback. For those of you actively using CCG, in the primary or secondary care setting, thank you. For those of you about to embark, we salute you.

Many thanks

Mr Raymond Curran, Head of Ophthalmic Services HSCB

## eREFERRAL VIA CCG

### THE BENEFITS & VALUE FOR YOUR PATIENTS

In the [December 2016](#) issue of the HSCB Optometry Newsletter you were provided with an update on the introduction and roll out of eReferral for primary care optometrists. Three quarters (164) of the 217 optometry practices which are using the FPS Optometry portal are now in a position to use the additional function of eReferral which use of the FPS Optometry portal facilitates. In the first 17 weeks from early November 2016 – early March 2017, 83 of those 164 practices had sent a total of 1244 referrals via the CCG. 33% of these referrals were for Cataract and almost 38% were sent to General Ophthalmology.

The project to enable primary care optometry to access eReferral via the Clinical Communications Gateway (CCG) is part of the work of [Developing Eyecare Partnerships](#) and is part of the HSCB work in relation to eHealth. It is complex with many strands of work and considerations both within primary and secondary care and across the interface. The implementation and the adoption of the new system poses challenges for everyone concerned but the benefits will far outweigh the challenges. The ability to securely and efficiently send referrals directly to the hospital eye services will allow your patient to enter the correct care pathway within secondary care ophthalmology.

The Health and Social Care Board are delighted with the many positive comments and feedback on eReferral. Rachel Andrews, Optometrist in the Northern LCG has shared her very positive experience of using eReferral.

***"I'm delighted with our new E referral system. Although it has taken me a day or two to feel confident in using it correctly, the fact that the letters are sent directly to the relevant hospital/service and you can check as to when the letter has been processed, there is now no need for me to spend precious time during the week chasing up 'missing' letters. Patients feel reassured with the new system and I am confident my patients will be looked after more efficiently".***

***Rachel Andrews, Optometrist***

## ***CCG eReferral – Tips and Reminders when using CCG for eReferral***

As of mid- March 2017, 164 Optometry practices (59% of all practices) are now enabled to use eReferral via CCG. Well done to all of you who are successfully using it; you are making a difference to your patients care! For those practices that are enabled but have not yet implemented the system you are encouraged to do so as soon as possible. **Please check your email inboxes and email spam folders to ensure that you have not 'missed' receipt of your email re: CCG go-live.**

- ⇒ **Always check** on the 'messages' page that all the referrals you have sent are listed as "submitted". If any are listed as "in progress" they have not yet been finally sent
- ⇒ When you preview your referral letter and press "send" there is a **final step to make to submit the letter**. Pressing "send" enables the system to review the letter and any gaps will be highlighted in blue. Once you have corrected the 'gaps' the screen will revert to the Home page and a message will appear in green stating "The recipient will accept this message" and a "Proceed" box will appear on the upper right hand side of the screen. Click on "**Proceed**" and a final message will appear asking "Are you sure you wish to send this message?" Press "OK" and your letter is on its way to secondary care. As a final check click on the "Messages function" and the patients name and referral details should now be listed with "**Submitted**" next to it on the right hand side.
- ⇒ Always remember to select **your individual optometrist name** from the drop down box in the tab on referrers information
- ⇒ If you have a patient who is living in the Republic of Ireland but who is registered with a GP and therefore has a HCN in Northern Ireland – **please contact HSCB Optometric Clinical Advisers** when presented with this scenario. There is a very specific postcode assigned to these patients for 'finding/matching' your patient on CCG when you need to refer a patient in this situation

## ***CCG eReferral – Tips and Reminders when using CCG for eReferral***

⇒ If you are having difficulty matching a patient on CCG when making a referral please contact the HSCB Optometric Clinical Advisers who will provide you with advice. It is very important that where possible patients are 'matched' using the CCG system and that you do not override or cancel the 'matching' step. The receiving Health and Social Care Trusts place the utmost importance on data quality and the 'matching' step within CCG ensures optimum data quality for referrals received.

**TIP: When you are deciding to refer a patient please ask them if they are known by any other name (forename or surname) for services perhaps received previously (or very recently) in hospital.** This will allow you to consider other options for your patient name when matching a patient on CCG. It is appreciated that whilst the system that finds a patient for the purposes of their GOS claim (OCS) will provide you with a HCN these same details will ***not always*** provide a 'match' on the CCG eReferral system. Your patience and understanding in this is appreciated. If you have difficulty matching a patient please contact your local HSCB Optometric Clinical Adviser.

### ***Process for obtaining new CCG user accounts for new members of Staff***

Practice Owners are reminded that there is a process in place for the setting up of new CCG user accounts for new Optometrists (full time/part time/locum cover). If you now have a new member of staff, or staff member (s) which you have not previously notified the HSCB of, you must complete a notification of change to Ophthalmic Listing and submit this completed form. This will trigger the establishment of new CCG user accounts. **PLEASE NOTE:** **This process may take up to 6 weeks depending on when the notification is received to HSCB** as new accounts are only actioned once per month by the CCG team. The notification form is available as a web-form on the FPS portal landing page and it is also available in hard copy format on the BSO website at [this link](http://www.hscbusiness.hscni.net/services/2561.htm): <http://www.hscbusiness.hscni.net/services/2561.htm>

## ***Attachments and eReferrals***



Optometrists will be aware that eReferral provides the capability and functionality to provide supporting clinical information in the referral. Fundus images, OCT scans, Visual Field plots can all be attached to a referral. Usually this process is straightforward but on occasions the resolution of the original image may cause difficulties in successful attachment. If you experience any 'error' message in relation to an 'attachment' please contact one of the HSCB Clinical Advisers who will provide you with information on how to resolve this issue. **Supporting clinical information is very valuable as ALL this referral information will help in the triage of the referral.** It is hoped that Ophthalmology will soon implement eTriage and your supporting clinical information will all be readily and easily accessible to help inform the urgency of the referral.

### ***Help and Assistance for eReferral***

If you are having any concerns about using CCG for the first time to make your referral please contact any one of the HSCB Optometric Clinical Advisers who will be happy to talk you through all aspects of the use of CCG. The contact details for the HSCB Clinical Advisers are:

Janice: janice.mccrudden@hscni.net | 028 9536 2855

Fiona: fiona.north@hscni.net | 028 9536 2104

Margaret: margaret.mcmullan@hscni.net | 028 9536 3239

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Enabling eReferral via the CCG has been the first step for Optometry in the integration of primary and secondary eyecare services. It is an important first step as it will pave the way for further DEP and eHealth work to enable access to the Northern Ireland Electronic Care Record (NIECR) for primary care optometry. All of these initiatives and developments will bring rewards in direct patient care and the integration of optometry within eyecare pathways. **The Health and Social Care Board would like to thank you for your support for this important piece of work and other developments within Developing Eyecare Partnerships. You will be kept informed of further developments in the eHealth work by HSCB.**

# GUIDANCE ON ORTHOPTIC REFERRALS: PLEASE TAKE NOTE AND ACTION

Orthoptic Service Referrals **from Optometry** are NOT YET ACTIVE on eReferral via CCG. Work is ongoing with the CCG developers to create the referral template which will host the necessary clinical information and data fields which are currently completed for Orthoptic referrals. The HSCB have engaged with HSC Trust Orthoptic leads and it is anticipated that not all HSC Trusts will implement eReferral for Orthoptic services and that depending on the LCG area in which you practice there will be different pathway in place. You will be advised of any changes in due course. However in the meantime and until further notice please continue to refer your patients using paper referral methods whilst bearing in mind the following advice and guidance for your referrals. In particular please be reminded that

- 1. Patients with Diplopia (double vision) should be referred to Ophthalmology**
- 2. Patients with Sudden Onset Diplopia should be referred to Eye Casualty**

## **\*\*\* PAEDIATRIC ORTHOPTIC REFERRALS \*\*\***

Referrals to Orthoptic services for children should be made using the dedicated Orthoptic referral form OP/OR1 referral form. You are asked not to use your own practice letter head paper to generate a paediatric Orthoptic referral. The [OP/OR1 referral form](#) contains fields for the relevant and necessary clinical information which Orthoptic services require in order to triage the referral. The form is available at the following link: [http://www.hscbusiness.hscni.net/pdf/OP\\_OR1\\_Referral\\_Form\(2\).pdf](http://www.hscbusiness.hscni.net/pdf/OP_OR1_Referral_Form(2).pdf) (BSO website—referral information tab). The referral forms should be sent to the [appropriate clinic/location](#) as per the advice issued by Orthoptic services, this is available at: <http://www.hscbusiness.hscni.net/services/2699.htm>

## **\*\*\* ADULT ORTHOPTIC REFERRALS \*\*\***

Adult patients with Diplopia should be referred to Ophthalmology in the first instance (if an eReferral use the 'General Ophthalmology' template and advise of diplopia, if a paper referral use the GOS 18 ( please do **not** use the OP/OR1 referral form — this is for children only).

Patients with Sudden Onset Diplopia should be referred to Eye Casualty. Please include details below with referral: **1.** Details of any previous eye treatment **2.** If the patient has special needs **3.** If the patient is known to Social Services.

# OPHTHALMIC PUBLIC HEALTH

## EYE HEALTH AND SMOKING

### ***Smoking and Eye Health***

**Be Proud to be a Quitter'** was the theme for the 2017 'No Smoking Day' which was held on 8th March 2017. Previous Optometry Newsletters have highlighted the importance of Optometrists as Health Care Professionals in making "every contact count". In this regard you should consider every opportunity to encourage your patients to stop smoking and be familiar with Smoking Cessation Services which are available in your local area. The link between smoking and eye conditions such as AMD is well documented and evidenced and you are encouraged to seize every opportunity to inform your patients of the risks of smoking for their eye health and vision.



### ***National Eye Health Week: 18th–24th September***

National Eye Health week will take place this year from Monday 18th to Sunday 24th September 2017. NEHW is a great opportunity for you as eyecare professionals to raise awareness about the importance of eye health and the prevention of avoidable sight loss.

There are many ways in which you can participate in NEHW; most importantly in the provision of advice about the importance of regular sight tests and how healthy lifestyle choices can benefit vision, or by sponsoring an activity or, in becoming an official partner of the Week.

To join the NEHW mailing list, or for information about sponsorship opportunities, email: [info@visionmatters.org.uk](mailto:info@visionmatters.org.uk)

## IN THE NEWS.....

### **NATIONAL AWARD FOR NORTHERN IRELAND OPTICAL CHARITY**

The Health and Social Care Board offer their congratulations to See Belfast on their recent national AOP Award for 'Charity of the Year' 2017.

See Belfast is a charity providing valuable ophthalmic services to the more marginalised and disadvantaged members of society in the greater Belfast area. See Belfast was established in September 2015 and provides ophthalmic care to many vulnerable groupings including those seeking asylum and the homeless. Since its inception See Belfast has grown from strength to strength and the excellent work of the charity was recently acknowledged by the Minister of Finance during a visit to the practice in December 2016. The recent AOP award is national recognition of the work and dedication of everyone in See Belfast and it is a significant achievement that this award has been given to a Northern Ireland charity providing direct patient eyecare to those in need. See Belfast can be contacted on



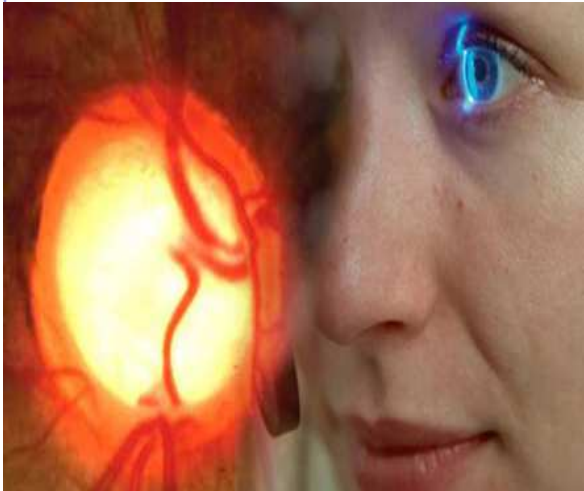
email: [seebelfast@outlook.com](mailto:seebelfast@outlook.com) twitter: @SEEBELFAST

*Congratulations to everyone at See Belfast- Well Done!*

### **BBC Highlights Giant Cell Arteritis & Sudden Vision Loss**

The BBC [recently highlighted](#) Giant Cell Arteritis (GCA) as a cause of sudden loss of vision. The article cited case examples of patients who had suffered sight loss as a result of GCA. The article stressed the importance of the consideration of risk factors and systemic symptoms and signs in early diagnosis.

**\*\*\* IMPORTANT ADVICE ON REFERRAL PATHWAY FOR  
REFERRALS FROM YOUR PRACTICE \*\*\***



**GLAUCOMA SERVICES  
FOR YOUR ATTENTION AND ACTION:  
GLAUCOMA & OHT REFERRALS**

In late February 2017, HSCB issued correspondence to all Optometry practices relating to the referral pathway for patients with suspect glaucoma or OHT. You are asked to please read and implement the advice given in the correspondence and ensure that all optometrists working in your

practice (part time, full time or locum) are aware of the correct referral pathway for the LCG region in which your practice is located.

**For practices in the Northern, Southern, South Eastern or Western LCG areas:**

Please ensure that you refer to your local ophthalmology service within your local HSC Trust. This guidance applies to both eReferrals via CCG and for hard copy paper referrals which are processed via the GP.

**For practices in the Belfast LCG area:**

Please ensure that you refer to the Ophthalmology service (glaucoma) in the Belfast Trust. If this is an eReferral via CCG please choose the Belfast Trust >Royal Victoria Hospital>Ophthalmology > Ophthalmology – Glaucoma Service pathway on CCG. If it is a paper referral please send it directly to the Glaucoma Service in the Shankill Wellbeing and Treatment Centre as noted on the OHT and G1 referral forms.



**!! PLEASE NOTE:** IN LATE MARCH PRACTICES IN THE NORTHERN LCG AREA WILL ALSO RECEIVE INFORMATION ON THE PATHWAY FOR OPHTHALMOLOGY CCG REFERRALS TO **ANTRIM AREA HOSPITAL**— PLEASE READ AND ACTION THIS ADVICE IF YOU USE eREFERRAL AND ROUTINELY USE ANTRIM AREA HOSPITAL AS A REFERRAL DESTINATION ON CCG **!!**

# INDEPENDENT PRESCRIBING OPTOMETRISTS

Through [Developing Eyecare Partnerships](#) (DEP), funding has been secured to provide 12 clinical placements during 2017/18 for IP trainee optometrists in either the Belfast or Western Trusts. The Trusts, have developed a mentored program for optometrists (24 clinical session) which should fulfil the clinical placement requirement of the IP qualification.

A letter and application form was sent out in mid-February to all optometrists in Northern Ireland inviting any IP trainee practitioners, who have completed the theoretical part of their training, to apply for a place on the program. The closing date for this first clinical programme has now passed but any optometrist who subsequently completes their theoretical training and is interested in applying for a place, for any future programme which **may** be funded should download the [application form](#) which is available at the following link:  
<http://www.hscbusiness.hscni.net/services/2376.htm>.

## ADVICE ON THE ISSUING OF SPECTACLE & CONTACT LENS PRESCRIPTIONS

Optometrists are fully aware of the need to ensure that they provide ALL patients with a copy of their prescription following a completed eye examination or final contact lens fitting. If a patient who has been examined at another practice presents to your practice without their prescription for the purposes of obtaining new spectacles you are reminded that it is best practice to ask the patient to return to the original prescribing practice to obtain a written copy of the prescription. Whilst an optometrist may telephone a colleague to perhaps discuss a possible change in prescription etc...details of spectacle or, contact lens prescriptions should not be provided over the telephone.

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You are asked to ensure that staff working within your practice do not request for this information to be provided over the telephone but rather advise the patient that they, or someone acting on their behalf, must obtain the written prescription.

# Business Improvement Districts in Northern Ireland

## Business Improvement Districts (BIDs) in Northern Ireland

A Business Improvement District (BID) is a mechanism that has been recognised as being successful in bringing local businesses and other stakeholders together with the aim of regenerating their areas and improving their local trading environment. BIDs are developed, managed and paid for by the business sector by means of a compulsory BID levy which the non-domestic ratepayers within the proposed BID area must vote in favour of before the BID can be established. All non-domestic ratepayers within a potential BID area have the opportunity to vote on the proposals before the levy is imposed.

While primarily aimed at the local business sector, non-commercial organisations (for example public sector) in the area can also benefit from a BID through an improved working environment for their staff. As a BID area can include **any non-domestic ratepayers** within the designated area, Public Sector bodies and organisations should be aware that as rate-payers they may be covered by the proposal. If they are then that means that they will be entitled to vote on the BID proposals and if the ballot is successful will be liable for any BID levy due.

The Department for Communities is supporting the development of BIDs in Northern Ireland as a key component of its commitment to help strengthen the competitiveness of our towns and cities across the region. BIDs are also fully supported by the NI Executive and have been legislated for through the NI Assembly. The Department of Health recently wrote to GPs in relation to BIDs, this correspondence can be viewed at:

[http://www.hscbusiness.hscni.net/pdf/GP\\_Practices\\_Business\\_Improvement\\_Districts.pdf](http://www.hscbusiness.hscni.net/pdf/GP_Practices_Business_Improvement_Districts.pdf).

# Keeping Ahead With Your CPD and your requirement for CET Points

The HSCB in conjunction with the BSO has a number of upcoming training events for your diary. Some of you will have been involved in the 2 ECHO<sup>®</sup> programs that have been running and HSCB hope you both enjoyed them and gained useful learning from them.

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***Please put the following date in your diaries:***

**Tues 25<sup>th</sup> April 2017**

**Full day conference, Greenmount College**

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This is the annual full day conference at Greenmount when you not only get time to catch up and engage with your colleagues and friends but also gain valuable points and enjoy a nourishing lunch. The full program for the day includes information on dealing with Red Eyes, Dry Eyes, Interpreting OCT's, Contact Lens Case Studies and an update from the GOC on our responsibilities relating to the New Standards of Practice. Points will be available too for these sessions.

***Booking for this event is as normal through contacting Karen Lee at: [karen.lee@hscni.net](mailto:karen.lee@hscni.net) or, 028 9536 3745***

These training events are particularly important as we try and ensure they give local information and protocols to our registrants. Ensuring you are aware of what the management should be in Northern Ireland of your patients is an important aspect of practice. There have been so many developments recently in Ophthalmology/Optomety it is important to be aware of who is doing what and where now.

## CPD for Local Enhanced Service Provision— SPEARS and Level II Glaucoma & OHT

Additionally those practitioners involved in the LES 2 Glaucoma scheme and the LES SPEARS scheme in the south **MUST** attend one mandatory training session as per their LES agreement with the HSCB. ***You will be contacted individually about these sessions and booking will be through the local HSCB offices.***

If you have not already attended a session this year the dates to note for the next sessions are:

LES SPEARS – Tues 3<sup>rd</sup> Oct 2017 – Armagh

LES II GLAUCOMA & OHT – Tues 10th Oct 2017 – Belfast

Remember if you have any suggestions for further training contact

Janice McCrudden at : [janice.mccrudden@hscni.net](mailto:janice.mccrudden@hscni.net)

## Developing Eyecare Partnerships (DEP) - RQIA Review of DEP

The Regulation and Quality Improvement Authority (RQIA) are undertaking a review of the implementation of “Developing Eyecare Partnerships - Improving the Commissioning and Provision of Eyecare Services in Northern Ireland”. (DEP). In preparation for this review the RQIA lead for the review has met with a number of Optometrists to gather views on the work of the DEP project, including the new pathway initiatives. The review will take place over two days in late March 2017 and RQIA have made contact with a sample of primary care optometrists in recent days inviting them to participate in the review on Tuesday 28th March. If you have received an email from RQIA (Helen Hamilton) please give due consideration to her request for attendance at a meeting and HSCB would strongly encourage you to take this opportunity to engage in, and contribute to, the review of DEP.

# UPDATE ON ACCESS TO HSCNI eMAIL FOR GOS CONTRACTOR PRACTICES

In the incoming weeks the Health and Social Care Board will be writing to Optometry practices that currently access the FPS Portal (for GOS claims and CCG EReferral) to advise of a new and additional function within the portal—access to your new HSCNI email account for your practice. The correspondence will contain important information on the use of HSCNI email and information in relation to the initial set—up of your new account. Please ensure that you act on this correspondence as directed.



The HSCB and its partner agency the BSO will use the practice email account as the **PRIMARY MEANS OF COMMUNICATION** with your practice so it is vital that you ensure that the email account and inbox is regularly accessed (ideally checked on a daily basis). The use of secure HSCNI email will allow efficient communication with GOS contractor practices and will facilitate improved governance and effective use of HSC resources.

## ANNUAL QUALITY ASSURANCE RETURNS

Within the next few weeks all Optometry practices will receive the request and necessary information for the annual Optometry Quality Assurance (QA) returns (2016/17). For those practices who will be assigned a HSCNI email address the QA returns will be in the format of a simple Survey Monkey which practices should complete. For practices not assigned a HSCNI email the returns will be sent to practices in hard copy format which should be returned by the agreed date and to the HSCB office address specified in the QA paperwork.