

## REQUESTS FROM HSCTs FOR PAEDIATRIC REFRACTION

### INTRODUCTION OF A NEW 'eFORM' FOR REPORTING FEEDBACK ON PAEDIATRIC SIGHT TEST REQUESTS FROM HSCTs - (Outcomes)

Dear Contractor,

As part of managing demand for new and review appointments by Orthoptic/Optomety services in the HSCTs adopt a risk stratification approach for patients who are currently awaiting an appointment, or are already attending the service. One element of this is where primary care Optometry contractors may receive requests from Orthoptic and/or Optometry services in secondary care to undertake a cycloplegic refraction for a child who attends the hospital eye service.

This is already taking place in the Northern, Southern and Western HSCT areas (as previously notified in 09/2020 and 09/2021) and Ophthalmic Services in the Strategic Planning and Performance Group (SPPG) have been advised that these **requests will now also arise from the South Eastern Health and Social Care Trust**. For a small number the request will be for patients who have been referred and were awaiting a first appointment (a "new") in the hospital eye service and the hospital eye service are unable to arrange for the refraction currently. For other patients it may be that they were due a "review" appointment in the service and their appointment is likely to be delayed beyond the indicated time frame or, as part of a co-management with community Optometry prior to their discharge from Orthoptics.

For **either of the above scenarios** the parent/guardian of the child will be provided with relevant information to bring to the primary care Optometry practice of their choice. The Optometrist who provides the GOS ST (cycloplegic where indicated/requested) will **not** be expected to make any specific *clinical management* decisions in respect of the RX to be prescribed other than what is requested by the hospital eye service. For example, where a patient is "new" (i.e. had been referred by not yet assessed by the hospital eye service) and a prescription is found, it may be stated by the hospital eye service for example that the full cycloplegic RX is to be given.

### FEEDBACK OF INFORMATION: WHY? and HOW?

For all requests from the South Eastern HSCT where a GOS sight test has been requested for a child, it is vital that the outcomes of the sight test are notified to the Orthoptic service in the relevant HSCT. This is essential as information provided will inform the ongoing management of patients. In order to make this process of feedback as timely, simple and efficient as possible the HSCTs have implemented the use of an electronic reporting form for use where a sight test has been requested by the relevant HSCT.

This method of transfer of information is already used by other HSCT Orthoptic Services. Please ensure when using the reporting form that you:

1. Select the **correct destination** (i.e. Orthoptic Service – NHSCT, SHSCT, SEHSCT WHSCT) **and, in the case of the WHSCT the correct clinician** (as per WHSCT initial communication with your practice/patient).
2. Enter your Optometry practice details **and the HSCNI email address** for the contractor practice.
3. Please ensure that you enter the **correct HCN** for the patient and the patient initials these are important patient identifiers used by the HSCT.

**NOTE: On successful submission you will see a confirmation message on the screen and in addition a copy of your feedback will be sent to your practice HSCNI email account as entered.**

The online feedback/reporting forms for each HSCT are hosted on the secure FPS Optometry portal home page and should take just 1-2 minutes to complete and submit. Please click on the Portal icon (*image shown below*) link titled “**Optometry eForms**” and this will open the page which hosts several Optometry eForms - the form is in **Section C** of this page. **Please ensure that you select the correct option on the reporting form for the HSC Trust which has requested the eye examination and for the subsequent information to be sent: ‘Children’s Refraction and Clinical Outcome Reporting Form’ - hosted in Section C, Form No1 of this web-page.**



**PLEASE NOTE**

- 1. THIS eFORM IS NOT AN ORTHOPTIC REFERRAL FORM AND IT MUST NOT BE USED TO GENERATE A NEW REFERRAL UNDER ANY CIRCUMSTANCES. ALL REFERRALS MUST BE SENT VIA THE CURRENT AND USUAL ROUTE**
- 2. FOR PATIENTS WHO HAVE BEEN DISCHARGED FROM ORTHOPTIC SERVICES PLEASE NOTE THAT NO FEEDBACK IS REQUIRED OR EXPECTED**

This form is being used by the Northern, Southern, South Eastern, and Western HSCT Orthoptic Service for reporting of outcomes of sight tests which have been specifically requested by the HSCT.

## Quick Summary: Use of the online Reporting Form – Northern, Southern, South Eastern & Western HSCT Orthoptic Service

Scenario	Use eForm
Northern, Southern, South Eastern, Western HSCT Orthoptic Service - Request for sight test and return of information	✓ YES
Patients who have been DISCHARGED* from Orthoptic Services <i>*always</i> please check the patient's NIECR for any relevant information	X NO
Patient who attends any other HES clinic	X NO
Orthoptic Service new referral	X NO
Optometry Service new referral	X NO

For Queries please contact: [ophthalmic.services@hscni.net](mailto:ophthalmic.services@hscni.net)

For other general HSC paediatric eye care information please visit the following page: [Paediatric Eyecare Information \(hscni.net\)](https://www.hscni.net/Paediatric-Eyecare-Information)

Ophthalmic Services in the SPPG would be grateful if you could implement the use of this form with immediate effect when requests are received from the HSCTs as noted in this communication.

**PLEASE ENSURE THAT THIS INFORMATION IS SHARED WITH ALL OPTOMETRISTS WORKING IN YOUR PRACTICE – FULL-TIME, PART-TIME OR LOCUM**