



# OPHTHALMIC SERVICES NEWSLETTER

Summer 2024

Welcome to the Summer 2024 edition of HSC Ophthalmic Services Newsletter. At this point, half way through 2024, the Strategic Planning and Performance Group (SPPG) of Department of Health would like to express our continued thanks for the valuable work optometrists across the region are doing, every day. The accessibility of your services and the quality and scope of clinical care you are providing is greatly valued – by those working in HSC and those accessing HSC services in N. Ireland.

Although we await publication (July 2024) it is likely that, like last year, the General Optical Council (GOC) Public Perceptions Survey will reveal high levels of satisfaction and trust in the provision of optometric and dispensing optics care in Northern Ireland. Levels of satisfaction, including value for money, and knowing and being able to access acute eye care (NI PEARS) are strong indicators of public trust in the professional services provided.

SPPG is mindful, however, that the experience of those *delivering* care (you, the front-line practitioner) is equally important. As workforce dynamics shift, and more employed practitioners avail of locum work, and manage work-life balance, it is important that we work together to understand your concerns, satisfaction levels, and aspirations. Please reach out to your contractor organisation, or take an opportunity with an adviser after a routine PPV, to feedback on what might make working life, and safe, effective eyecare provision, more sustainable.

SPPG recognise that waiting lists and times are a concern, and managing patient expectations and anxieties can be both challenging and frustrating. New Minister Mike Nesbitt has re-affirmed a commitment to reducing waiting lists (including ophthalmology) and SPPG is working with providers to streamline and modernise pathways and reduce waiting times.

Knowing the average waiting times at sub-speciality level can help you have an informed discussion with your patients and the 'MyWaitingTimesNI' webpages should be helpful in this regard - available at [My Waiting Times NI - DOH/HSCNI Strategic Planning and Performance Group \(SPPG\)](#)

We have already collectively helped to reform pathways and build capacity through transformation of glaucoma, OHT, and acute eye (NI PEARS) pathways, and, at last, this total systems design will extend to the cataract pathway, with the introduction of community post-operative review. In delivering this care closer to home, we can reduce patient travel, recognise and use the skills of community optometry, and free many thousands of hospital out-patient slots each year.

Thank you for this commitment.

Raymond Curran, Head of Ophthalmic Services, SPPG

## !! REMINDER of the CCG Referral Pathway for Paediatrics - Ophthalmology and Orthoptics


In late July 2023 all contractor practices were notified of the [updated eReferral pathway for paediatric ophthalmology and orthoptics](#). Practitioners are reminded that within the CCG system there are options for eReferral to both paediatric ophthalmology **and** orthoptics.

- ✓ Please ensure that optometrists working in your practice do **NOT** refer any child under 16yrs who requires ophthalmological assessment to the General Ophthalmology service, the Ophthalmology – Paediatric Ophthalmology destination should be used for all patients <16yrs of age.
- ✓ Where a child requires Orthoptic assessment please select this destination, CCG referrals to Orthoptic services are now in place for ALL five HSC Trusts. For the Northern HSC Trust, the location is Mid-Ulster Hospital.
- ✓ Please read the referral advice banner carefully for both of these referral destinations to ensure that the correct destination is selected and used.

**NOTE (for non-CCG enabled practices):** For practices that are not connected to the HSC portal (currently 6 practices) and therefore do not use CCG as the referral method, please ensure that when an optometrist in your practice is processing a referral to paediatric ophthalmology via the patient's GP, that you make it clear via instruction to the GP/GP practice that they **must use** the paediatric ophthalmology destination on CCG. The GP / GP Practice must be given clear advice on the correct destination to avoid a referral being sent to the incorrect sub-speciality.

Paediatric Eyecare information is hosted on the following page of the BSO website, please share this link with all clinicians working in your practice: [Paediatric Eyecare Information - Business Services Organisation \(BSO\) Website \(hscni.net\)](#)

## Referrals - Important Updates & Reminder

- A. Please note that CCG referrals sent to an HSC Trust which is 'live' on encompass will not have the viewed 'eye' icon [  ] highlighted on the CCG system in your practice. This is because referrals to that Trust are managed entirely through the encompass system, and, if you wish to check the status of a new /first referral sent to the Trust (**at this point** only Belfast and South Eastern Trust referrals) please refer to the guidance and tip-sheet titled "ECL – Reviewing Referrals" issued to practices via their HSCNI email accounts on 3<sup>rd</sup> June 2024.

- B. Optometrists sending follow-up updated CCG referrals about a patient who is **already on a Trust waiting list** should note that their second referral may have a status of “rejected” when viewed in EpicCare Link. The Belfast HSC Trust have advised SPPG Ophthalmic Services that this status does not mean that the second referral has been rejected in terms of its clinical content or relevance, it is simply because the patient is already known to the Trust that this status is recorded. This is a technical setting which applies in encompass and which is common across all specialities when dealing with follow-up referrals for patients already on a waiting list. Patients can contact the HSC Trust to enquire about their referral triage status and their anticipated waiting time.
- C. All optometrists using CCG are reminded of the importance of ensuring that a referral has the status of “submitted” – referrals which have a status of “in progress” have not been sent to the Trust. Please ensure that all optometrists working in your practice have been trained in the use of the CCG system – guidance notes have been updated recently and you are asked to review and refresh on these (items 2 & 3 on the following webpage: [Electronic Referral & CCG Information - Business Services Organisation \(BSO\) Website \(hscni.net\)](https://www.hscni.net/electronic-referral-ccg-information-business-services-organisation-bso-website))

## Accessing the HSC Optometry Portal and supporting applications



FPS Optometry Secure Web Portal

If your practice is still using paper-based processes for submitting GOS and NI PEARS claims, generating referrals etc.... and you wish avail of the benefits which

connection to the Optometry portal brings, please contact the BSO eBusiness team using the email noted below in the first instance.

If an optometry contractor practice is experiencing issues with their connection to the Optometry Portal, the staff in the eBusiness team will be happy to discuss the issue. Please remember that the eBusiness team cannot deal with queries about *the specific applications* which are hosted on the portal (e.g. EpicCare Link, NIECR, CCG, Interpreting Service, vFire etc...) but they will be able to help with **portal connection** problems. The eBusiness team can be contacted on [eBusiness@hscni.net](mailto:eBusiness@hscni.net).

**\*\* REMINDER TO ALL PRACTICES ACCESSING THE HSC PORTAL  
–PLEASE ENSURE THAT YOU CHECK YOUR PRACTICE HSCNI  
EMAIL ACCOUNT ON A DAILY BASIS \*\***

## Probity and Post Payment Verification Visits

Practice post verification visits are required by the Department of Health to provide assurance on HSC expenditure. In addition to providing assurance these visits are aimed at providing support to contractors and practice staff in the provision of General Ophthalmic Services and Enhanced Services and the claiming processes. The following information on visits may be helpful for practices in preparing for their PPV:

- Visits normally take between 4 – 6 hours
- A quiet private room which has full access to clinical and dispensing notes is best for the visiting team to assure confidentiality and allow the visit to be time efficient.
- There is no requirement for the practitioner/contractor to be present when the Team is carrying out the record checks. However, it's always useful to have a member of staff available should the Team have any queries.
- The Probity Adviser will normally update the contractor/practice principal on the findings from the visit when the checks have been completed.

The probity process is set out to ensure a consistent approach for all contractors. Random samples (claims/records) are selected and checked for all areas of GOS and Enhanced Services provided by the practice, where applicable. Verification/assurance depends on information extracted from the patient clinical record.

Normally where 10% or more of the claims in the first sample cannot be assured, the Probity Team will carry out checks on a second sample for that area, e.g. for vouchers if two or more of the 20 claims cannot be verified in Sample 1, a second sample of records (normally 20) will be reviewed on the day of the first visit. Any issues identified in the second sample may result in a revisit to the practice to check further sample(s) of records. A revisit normally involves a review claims submitted over the previous 6-year period. Following completion of the visit process a report on the review is drafted and issued to the contractor by the Probity Officer for comment and agreement/sign off.

### ***Learning from 2023/24 PPV visits***

- It is essential that full, accurate and contemporaneous clinical records are kept for all services provided, including Enhanced Services.
- Repairs and replacements are where most errors occur. It is very easy to overlook recording a repair, particularly a small repair, as they are often done in the practice and don't require an order e.g. you put on a new side, hand the glasses back to the patient and submit the claim but don't record it on the record. Any service that is claimed requires clear evidence of its provision on the patient record otherwise the claim cannot be verified/assured for payment.



- Services other than GOS and Ophthalmic Enhanced Services, such as “school vision assessment” or “myopia management” are not currently funded in NI by HSC and appliances supplied as a result of these consultations must be provided in a purely private capacity and ARE NOT eligible for payment under GOS or any part funding by GOS. See MOS 343 for further guidance. [MOS-343-Guidance-for-testing-patients-with-learning-difficulties-and-management-of-myopia.pdf \(hscni.net\)](#)
- Misunderstanding/misinterpretation of enhanced service specifications can result in erroneous claims being submitted. Please review the enhanced service specifications to ensure you not only comply with the specification but also offer the service as prescribed. In the event that you have any queries regarding the specifications please contact one of the Ophthalmic Advisers at SPPG.
- Patients presenting with contact lens complications who are existing patients of your practice are not eligible for NIPEARS assessment/treatment. These cases are part of ongoing contact lens care. A contact lens wearer with problems, presenting from another practice, should be referred back to the prescribing practice for advice and management, or treated privately. Please ensure that NIPEARS claims are not submitted in respect of such consultations.

We appreciate the interruption, and in some cases the anxiety, these visits can cause to contractors and practice staff. Please note that the vast majority of Probity Reviews are completed with no or minimal issues. Contractors are encouraged to contact Probity Services if they have any queries or concerns at any point during the process.

Probity Services and optometric advisers wish to thank all contractors and practice staff for their cooperation and the hospitality provided at the practice visits during the year.

## CPD

The current CPD cycle is nearing completion and all Registrants are reminded that providers no longer upload CPD points and it’s the responsibility of the Registrant to upload and complete the details on the GOC MyCPD site. Please ensure your CPD profile is kept up to date and reviewed regularly. Many of you will already have had an audit of your CPD to assure compliance but points to remember are:

- ensure the required evidence is uploaded for each session submitted.
- your PDP is a living document and should be regularly reviewed and updated as learning and circumstances change.



- reflection is mandatory for self-directed learning and peer review sessions only but strongly encouraged as a means of improving learning for all sessions.
- each registrant must complete a reflective exercise process with a peer each cycle, this is now available on the MyCPD site. A peer cannot be a close friend, relative or line manager.

For further details on the CPD process please see the GOC guidance: [Continuing Professional Development | GeneralOpticalCouncil](#)

Please note the following CPD sessions have been arranged, please ensure all those in practice are aware of the sessions and can book to attend.

1. 'encompass' the new digital electronic care record for every person in Northern Ireland is now live in South Eastern and Belfast Health and Social Care Trusts. It will roll out throughout NI over the next year. It is therefore important all Optometrists understand how patients should be managed appropriately now and how referrals will be processed. This session will provide important information for all those involved in patient care in NI. Mr M. O'Gallagher, Consultant Ophthalmologist BHSCT, is the lead for Ophthalmology on this project, so will provide up to date and important information on patient care. Please ensure you share the details with all the relevant clinicians in your practice.

**"Referral and Encompass – Getting it Right With the New Digital Care Record"**

**Tues 3<sup>rd</sup> Sept 2024 11.00 am – 12.15pm** - Mr M O'Gallagher – Consultant Ophthalmologist, Encompass Clinical Lead for Ophthalmology, BHSCT

1 CPD point is available for Optometrists.

This session will update attendees on the new encompass digital electronic care record in Health Trust and how it may impact on optometry referrals from primary care.

Book via: <https://attendee.gotowebinar.com/register/7371642063463902553>

2. Mr M. Upendran Consultant Ophthalmologist BHSCT and clinical lead for the macular service will discuss referral protocols to ensure all patients referred are managed appropriately. This session will take place on **Tuesday 22<sup>nd</sup> Oct at 9.45am** full details and booking information will be released soon.

It is great how many practitioners value these sessions with over 300 attendees on many occasions. Please remember most sessions are available on the BSO webpages for review afterwards. Unfortunately, CPD points are not applicable for sessions that were not actually attended due to GOC rules.

We look forward to seeing you at the sessions after the summer break.

## Reminder – Opportunities to capture your patient’s experience

Contractors and their staff are reminded of Care Opinion as a means for patients to provide feedback on the service(s) they receive. Securing feedback on patient experience is an important part service provision as it affords opportunity to improve both quality and safety based on real-life patient stories.



Optometry services are front-line and highly accessible, helping patients every single day and you are encouraged to share information about Care Opinion with patients to show them how they can provide feedback on the service they have received.

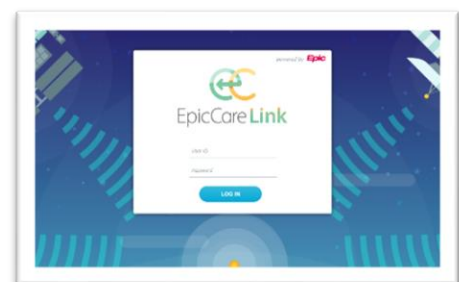
For more information on Care Opinion please visit: [Northern Ireland | Care Opinion](#) to see how the service works for you and your patients. If you, your staff or your patients wish to provide feedback on a service you have received please use the following link: [Write Story | Care Opinion](#)

## ‘encompass’ & the new primary care link – ‘EpicCare Link’

In [previous newsletters](#) you have been advised of the introduction of the new health and care record for Northern Ireland, known as ‘**encompass**’. encompass was launched in late 2023 and to date two HSCTs (South Eastern and Belfast) are ‘live’ with the new system.

The new primary care clinician link to encompass, is ‘**EpicCare Link**’ and this is the record which primary care health care professionals including GPs, Optometrists, Pharmacists and some other defined groups will now use. Until the full implementation of encompass is complete across the remaining three HSCTs primary care optometrists will still need to

access and use NIECR to check information. However, where a patient has accessed a health and social care service in the South Eastern or Belfast HSC Trust area(s) the information for these encounter(s) will only now be hosted in encompass.



**Therefore, throughout the full rollout period of encompass, both NIECR and EpicCare Link will need to be used side-by-side to ensure you have a complete picture of your patients’ health and social care interactions and journeys.**

EpicCare Link has a new 'look and feel' compared to NIECR and also brings a wider information base with additional functionality. However **not all** of this additional functionality should be used by optometrists, for example, **CCG is being retained** as the referral platform for GPs and Optometrists at this time so the referrals function in EpicCare Link should not be used. All optometrists are asked to ensure that they are familiar with EpicCare Link and to aid this a recording of a webinar hosted last Autumn is available on the BSO website at the following page: [Optometry CPD and Training: Webinars and Events - Business Services Organisation \(BSO\) Website \(hscni.net\)](https://bso.hscni.net/directorates/operations/family-practitioner-services/ophthalmic-services/ophthalmic-contractors/epiccare-link-for-optometry/)

**Please remember:**

- ✓ An Optometrist is required to maintain their EpicCare Link account in an **ACTIVE status at all times**, please do not let your account become inactive as the Trust staff using encompass will not be able to 'see' you as an active user unless the account is active at all times. Passwords expire after 90 days; please ensure you log in on a regular basis to keep your account active.
- ✓ Optometrists are reminded that they should only view patient information which is relevant to the care they are providing to a patient. As with NIECR, the governance and ethos of sharing of information is that access to information is treated with respect and only viewed for direct patient benefit.
- ✓ New EpicCare Link user account applications are managed through the same process for NIECR applications. The combined application form is hosted on the HSC Optometry Portal on the "Optometry eForms page" (Form No 2, Section A of this page).
- ✓ Full detailed guidance on how to access EpicCare Link and how to log in is hosted at the following link: [EpicCare Link for Optometry - Business Services Organisation \(BSO\) Website \(hscni.net\)](https://bso.hscni.net/directorates/operations/family-practitioner-services/ophthalmic-services/ophthalmic-contractors/epiccare-link-for-optometry/) **N.B** The full URL of this page is: <https://bso.hscni.net/directorates/operations/family-practitioner-services/ophthalmic-services/ophthalmic-contractors/epiccare-link-for-optometry/>



**vFire online portal for user account password resets**

Practices are reminded of the process for requesting password resets for CCG, NIECR, EpicCare Link and HSCNI email accounts. All contractor practices connected to the HSC Optometry Portal (259/265 practices) have access to the online portal (known as "**vFire**") for submitting requests for password resets for accounts. The guidance outlines in detail how to log in using your practice HSCNI email credentials, and you are advised to **please read the information hosted on the HSC Optometry Portal at the link "vFire Customer Portal"** prior to using vFire. It is essential that you follow the guidance to ensure your request is directed to the correct team in BSO IT services.



## Optometry Enhanced Services – an update

### A. Post-Operative Cataract Review and Assessment

Contractors will be aware of the recent information webinar held in June 2024 in preparation of the imminent launch of the primary care optometry post-operative cataract review & assessment service. Communication has been sent to all practices about the arrangements for this service which will hopefully be provided to patients in the incoming weeks (initially patients operated under BHSCT). Full details on the patient eligibility criteria, the process for reporting the outcomes (via CCG) and the claiming process were covered in the webinar. If you, or any of your Optometry staff missed the webinar you can access the recording on the Optometry CPD page of the BSO website: [Optometry CPD and Training: Webinars and Events - Business Services Organisation \(BSO\) Website \(hscni.net\)](https://www.hscni.net/optometry-cpd-and-training-webinars-and-events-business-services-organisation)

### B. Ocular Hypertension Review & Monitoring

As outlined and highlighted in previous practice newsletters/bulletins a small number of practices across the region provide a service to review and monitor patients with ocular hypertension who previously attended the hospital eye service. The service is intended to mirror the clinical service which was provided in the hospital setting and the optometrists providing the service do so in line with clear service protocols and guidance, which especially help where the patient has an identified optometrist whom they attend for other eye care needs – routine, regular or urgent. The optometrist undertaking the OHT review and monitoring is acutely aware of the need to ensure the patient understands their role and they have template letters/feedback reports which they can give a patient to bring to their own optometrist so that they are informed of the clinical status. The optometrists providing this service will be very happy to help answer, with your patient's consent, any queries you have about the monitoring service.

When a patient attends for their OHT review and monitoring appointment they will have an assessment of their visual acuity levels, their IOP, their visual fields and an examination of the eye and fundus via indirect lens (dilation applies). Where an incidental finding is observed during the review (e.g. cataract, macular changes) the OHT optometrist will inform the patient and their own optometrist of this incidental finding. This will allow the patient to discuss with their own optometrist how best to take forward any necessary action. Where you are contacted by an optometrist who may be undertaking the OHT review and monitoring of one of your patients where an incidental (non-OHT related) clinical finding has been noted, please ensure that you take forward any necessary subsequent actions in discussion with your patient as it is important for continuity of clinical care for your patient.

**SPPG Ophthalmic Services extend thanks to the 263/265 contractor practices that submitted their annual return indicating the Enhanced Services they intend to provide in 2024/25.**

## **A reminder of good practice when requesting a GP prescription for your patient**

Frequently optometrists find themselves in a position where they are recommending a topical (or potentially oral, in some instances) treatment for an eye condition which is either a prescription only medicine (POM) or, a treatment which may be required for a sustained period of time (i.e. where the patient is unable to purchase themselves). In these scenarios a patient will require a prescription from their GP for the treatment and it is therefore important when a non-prescriber is asking a prescriber to take-on prescribing responsibility, that the communications in regard to what is being requested are clear and evidence based,

Recently ophthalmic services have been contacted by GP practice staff (practice pharmacists) where the requests for medication/treatment are not adequately clear or the evidence base has not been provided – for example:

1. A request for a topical fluometholone for nodular episcleritis (a first presentation). This request did not provide any detail on the 'dose', the 'frequency', or the evidence source i.e. no reference to clinical management guideline(s) (CMG) for the condition and as such generated an unnecessary query.
2. Requests for dry eye preparations which are 3<sup>rd</sup> line where it was not detailed if 1<sup>st</sup> and 2<sup>nd</sup> line therapies had been tried over a period of time, or had not been successful. Optometrists are reminded if they are requesting dry eye preparations to be made available via a HSC prescription that they should have consulted the NI Formulary and can provide sufficient detail to the GP as to why a specific treatment is being requested. Please visit the NI Formulary website (**Chapter 11**) to view the dry eye preparations guidance:



Click on image, or visit [Formulary | NI Formulary \(hscni.net\)](http://Formulary | NI Formulary (hscni.net))

These are just two scenarios where good, clear communications are important. Ophthalmic Services have good inter-professional disciplinary links with pharmacy and GP colleagues and if an optometrist needs any advice or guidance in relation to requesting prescriptions please contact [ophthalmic.services@hscni.net](mailto:ophthalmic.services@hscni.net) in the first instance and assistance will be given.

## Interface Incidents – Learning is important, it is collective, it is for everyone

Earlier this year (14/5/24) all practices received an interface incident learning bulletin. This bulletin was drafted in response to a series of ophthalmic interface incidents involving a range of clinical scenarios for which the primary-secondary care interface was deemed to be a contributing factor. When an incident occurs, irrespective of how serious it might be, it impacts on both the patient and the optometry practice staff involved. Incidents can be categorised based on their likelihood of happening and their impact, and arguably those that have a low likelihood of happening but a high impact can be the most challenging to manage. This is because they could not have been in any way foreseen as likely to happen, but the outcome for the patient and the practitioner can be sometimes catastrophic in impact.

Learning from incidents, from low to high impact, is essential. In the process of sharing learning it is important to convey and emphasise that learning is not about apportioning blame or being critical of actions that may have contributed to sequence of events– learning is where, as health care professionals, we look at the generality of an incident and reflect on ‘what would I have done?’ and ‘what will I do now?’ in the knowledge that something like this could, and did, happened.



All contractors and practice owners are encouraged to provide dedicated time at staff meetings or over a short break in the working day, to discuss the content of the recent incident learning bulletin in order to make sure that the learning highlighted is shared with optometrists and, where appropriate, support staff.

If you have not retained a copy of the learning bulletin issued in mid-May 2024 and wish to have the original email re-issued please contact [ophthalmic.services@hscni.net](mailto:ophthalmic.services@hscni.net) to request it.

## Annual Quality Assurance Returns 2023/24 – Thank You!

Thank you to all practices for your completed the 23/24 annual QA returns, once again optometry demonstrated a high return rate of 95 %. Your support in fulfilling this governance requirement is appreciated. This year the returns evidenced a **decline** in the number of complaints across all the categories compared to the previous year:

- Treatment and Care (n=5, informal)
- Clinical/Professional Diagnosis (n=13, 2 formal and 11 informal)
- Staff Attitude & Behaviour (n=43)
- Waiting Time (n=39)
- Communication (n=36)



- Practice/Surgery Charges (n=31)

In late March 2024, SPPG hosted a webinar “[Be Safe Not Sorry](#)” on the subject of complaints in the optometry profession, a recording of this useful webinar is hosted on the following webpage: [Optometry CPD and Training: Webinars and Events - Business Services Organisation \(BSO\) Website \(hscni.net\)](#)

As advised in previous newsletters the Optical Complaints Consumer Service (OCCS) is a service which aims to help patients resolve a complaint and, is also there to assist the profession; please visit the OCCS website: [Home - Optical Complaints - Optical Consumer Complaints Service](#)

## Ophthalmic Information and Support

If you have a query you can obtain information and guidance from the following:



1. SPPG, DoH Ophthalmic Services: [ophthalmic.services@hscni.net](mailto:ophthalmic.services@hscni.net)
2. General Optical Council: [News | GeneralOpticalCouncil](#)
3. College of Optometrists: [Home - College of Optometrists \(college-optometrists.org\)](#)
4. For **Optometry Portal Connectivity** Issues: [eBusiness@hscni.net](mailto:eBusiness@hscni.net)
5. For Access to **vFire Customer Portal**: Please connect via the link on the Optometry Portal home page.