

# Northern Ireland Primary Care Optometry Enhanced Service

## Northern Ireland Primary Eyecare Assessment and Referral Service (NIPEARS)

### Specification Update December 2024

#### 1. INTRODUCTION

This Enhanced Service specification for the Northern Ireland Primary Eyecare Assessment and Referral Service (NIPEARS) outlines an enhanced optometric service. This service is designed to cover enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential, core, General Ophthalmic Services and other Primary Care Optometry Enhanced Services. No part of this specification by commission, omission or implication defines or redefines General Ophthalmic Services.

#### 2. BACKGROUND

This Enhanced Service funds ophthalmic contractors in primary care to provide an acute eye care intervention service for patients across Northern Ireland. It facilitates accredited optometrists to investigate and manage, or triage for onward referral, patients presenting with acute, sudden onset, mainly anterior and usually non-sight threatening, eye conditions who may otherwise visit their GP or Hospital Eye Services.

The service design is based on the outcomes of the successful Southern LCG SPEARS pilot

#### 3. EVIDENCE BASE

The evidence to support the provision of this Enhanced Service is:

- Developing Eyecare Partnerships: Improving the Commissioning and Provision of Eyecare Services in Northern Ireland. DHSSPS October 2012. [Developing Eyecare Partnerships - Improving the Commissioning and Provision of Eyecare Services in NI | Department of Health \(health-ni.gov.uk\)](#)

- Southern Primary Eyecare Assessment and Referral Service Pilot “SPEARS”: Pilot Evaluation Report, HSCB March 2016. [https://bso.hscni.net/wp-content/uploads/2022/07/SPEARS\\_Evaluation-Report-March-2016.pdf](https://bso.hscni.net/wp-content/uploads/2022/07/SPEARS_Evaluation-Report-March-2016.pdf)
- Evaluation of the Primary Eyecare Acute Referral Scheme (PEARS) and the Welsh Eye Health Examination (WEHE) N Sheen et al. Cardiff University/Welsh Government, 2014
- Commissioning Better Eyecare. Joint guidance by the Royal College of Ophthalmologists and the College of Optometrists.

#### **4. AIM**

The aim of the Northern Ireland Primary Eyecare Assessment and Referral Service (NIPEARS) is to make use of the clinical skills of primary care optometrists or ophthalmic medical practitioners (OMPs) to provide appropriate and timely care for patients presenting with acute (sudden onset) eye problems.

#### **5. OBJECTIVES**

- To facilitate primary care optometrists or OMPs to assess and manage patients with minor non-sight-threatening eye conditions within the primary care setting in their local area, in a timely manner.
- To ensure an appropriate and timely pathway for those patients with more serious conditions who do require rapid onward referral to specialist ophthalmology services.
- To facilitate appropriate access to eye care thereby better managing the capacity for ophthalmology services by the reduction in unnecessary referrals to secondary care.
- To provide care for these patients closer to home, in the primary care setting.
- To improve inter-professional communication, relationships and awareness of professional services between:
  - a) Primary care practitioners – GPs, pharmacists and optometrists
  - b) Primary care and secondary care
- To assist in the promotion of self-care for self-limiting eye conditions and anti-microbial stewardship thereby reducing the prescribing of ophthalmic drugs for minor eye conditions
- To promote public health messages in relation to eye health including prevention of eye injuries and promotion of self-care

## **6. SERVICE SPECIFICATION**

### **6.1 OVERALL CONTRACTOR RESPONSIBILITY**

- a) The Contractor is responsible for all aspects of the service provision in line with this service specification,
- b) It is the contractor's responsibility to ensure that the individual practitioners providing the service on their behalf are eligible to do so.
- c) The contractor will sign an annual enhanced service agreement and will be required to provide annual assurances in respect of the enhanced service provision.
- d) The contractor is responsible for the accuracy and appropriateness of all claims submitted by the practice for this enhanced service.

### **6.2 INDIVIDUAL PRACTITIONER ELIGIBILITY – TRAINING AND ACCEPTANCE AS A PROVIDER**

The following criteria must be fulfilled for individual practitioner accreditation to provide the Enhanced service NIPEARS.

- a) Current registration with the GOC or GMC registration as relevant.
- b) Hold a valid and current NI personal code for provision of General Ophthalmic Services in Northern Ireland.
- c) Have undertaken, completed and passed the approved MECS training and assessment programme as facilitated by the SPPG or be a registered and registered Optometric Independent Prescriber or a registered Ophthalmic Medical Practitioner.
- d) Have attended an SPPG enrolment session to be formally accepted to provide the service.
- e) Undertake a minimum of ONE annual (in the calendar year to end December) NIPEARS CPD training session provided by SPPG, or an SPPG-accredited session. Where delivered by another provider the practitioner must supply to SPPG on request the detail of the CPD attended, including the date, type of training and the associated learning goal to which the CPD is assigned. Qualified IP optometrists are exempt from this requirement due to their additional GOC CPD requirement.

### **6.3 SERVICE TO BE PROVIDED**

Contractors will ensure that, in the delivery of this enhanced service, individual practitioners providing the service will comply fully with all requirements to include:

- Provision of an assessment and triage, recorded in the patient clinical record, for a patient presenting with a sudden or very recent onset, acute, eye condition either remotely or face to face as appropriate. Please see table below for presentation time periods. If a patient presents with a condition that has been present for longer than these time periods prior approval via BSO is required to provide the service. Services provided outside the time limits, without prior approval, may be subject to recovery of fees.

<b>Presentation Type</b>	<b>Time period since developing symptoms</b> <i>(N.B. Time intervals calculated on calendar days and not working days i.e. 14 days = 2 calendar weeks)</i>
First presentation i.e. patient has not been managed anywhere else for the new eye condition	Symptoms and/or signs present for <b>14 days or less</b> . If symptoms and/or signs present for longer than 14 days patient cannot be assessed under NIPEARS.
Patient recently assessed and/or managed with treatment for the eye condition by a primary care clinician other than a primary care optometrist e.g. GP, pharmacist	Symptoms and/or signs must be present for no more than 6 weeks and not resolving as expected.
Patient previously assessed and/or managed under NIPEARS within the same year in another primary care optometry practice for the same eye condition/signs or symptoms.	Patient should be directed back to the original primary care optometry practice. The patient is not eligible for NIPEARS in the second practice.

- Access to appointments for these patients within defined timescales in SPPG approved locations. Note: the service may **not** be provided in the domiciliary setting.
- Management of those patients assessed as having minor, acute non – sight threatening eye conditions, in line with the agreed SPPG protocols and the College of Optometrists Clinical Management Guidelines.
- Appropriate referral of patients, if required, following assessment and triage, to their GP or to secondary care, either urgently or routinely as required, in line with the agreed guidelines and pathways.
- Service to be available throughout all normal practice opening times while appropriately accredited practitioners are available.
- Involvement of patients in the management of their care.
- Appropriate communication with other primary care staff e.g. GP's and Community Pharmacists, and with secondary care staff e.g. at Eye Casualty, as required.

**Remote consultations** (assessments): In response to the COVID 19 pandemic the facility to provide Remote Consultations within the NIPEARS service was implemented. From the date of this Service Specification update, remote consultations may only be provided with prior approval through BSO. Any claims for Remote consultations submitted without prior approval will not be paid. Remote consultations should be provided in line with the GOC joint regulatory statement on Remote Consultations and other supporting guidance from the College of Optometrists.

[https://www.optical.org/filemanager/root/site\\_assets/publications/covid\\_19/High-level-principles-for-remote-prescribing\\_.pdf](https://www.optical.org/filemanager/root/site_assets/publications/covid_19/High-level-principles-for-remote-prescribing_.pdf)

## 6.4 PATIENT ELIGIBILITY - INCLUSION/EXCLUSION CRITERIA

### Patients INCLUDED in the Enhanced Service

- a) Patients must have a current Northern Ireland Health and Care Number (HCN).

AND

Patients must present with acute (sudden onset) eye related problems as described in 6.3 above.

- b) Patients may normally only access **one NIPEARS assessment and one follow-up per year** i.e. a 12-month consecutive period

**NOTE:** For patients who have already had a NIPEARS assessment within the 12-month period, or whose symptoms have been present for over 14 days, and the optometrist believes the circumstances are exceptional, the optometrist **must** email BSO Ophthalmic Services **before seeing the patient**, with full details of the circumstances, for consideration of exceptional prior approval.

### Patients EXCLUDED from the Enhanced Service

The following patients are **NOT** eligible for a NIPEARS Assessment:

- a) Children under 5 years old.
- b) **Patients who have accessed the NIPEARS service in the previous 12 months**, at any optometrist in NI. (See note on exceptional circumstances above.)
- c) Ophthalmic conditions **requiring immediate, urgent referral to HES**. For example: acute trauma, penetrating eye injury, chemical burn, orbital cellulitis etc. Patients with these ophthalmic conditions should be referred **immediately** without optometric NIPEARS investigation and in line with Eye Casualty protocols.

- d) Patients with recent or acute onset of headaches, in the **absence** of other ocular symptoms. These patients should be assessed by their GP or, if acutely unwell sent directly to the nearest hospital emergency department.
- e) Patients within 6 weeks of ocular surgery. These patients should be directed to the hospital where they had their surgery or to Eye Casualty.
- f) Patients with long term/chronic or previously diagnosed and/or recurring ophthalmic conditions e.g. diabetic retinopathy, long standing diplopia, long standing/previously investigated anterior eye conditions such as dry eye, blepharitis, trichiasis (in-growing eye lashes), recurrent corneal erosion syndrome.

*Please note this list includes examples only and is not exhaustive or exclusive.*

- g) Problems related to glasses.
- h) Patients experiencing contact lens problems – these should be covered by the patient's contact lens aftercare scheme or paid privately if they do not subscribe to such a scheme

NOTE: Patients may self-refer into the service or be referred by their GP, practice nurse, surgery receptionist, Community Pharmacist or redirected from hospital emergency services if deemed appropriate for management under NIPEARS

## 6.5 ACCESSIBILITY

Contractors must be able to provide an appointment for an NIPEARS assessment **within 48 hours** of an appointment being requested, unless it is for a follow up appointment. For urgent, potentially sight threatening, conditions the contractor should try to arrange for the patient to be seen on the same day or arrange for them to be referred directly to specialist ophthalmology services e.g. Eye Casualty.

If an accredited optometrist is unavailable the practice should have alternative arrangements in place and staff should be fully briefed to enable them to advise and redirect patients. This may include directing the patient to another NIPEARS provider practice.

Patients requiring a follow up appointment must attend for this within **8 weeks** of their initial NIPEARS assessment.

## 6.6 PATIENT CONSENT

Consent for an NIPEARS assessment is by informed consent. The provider Optometrist must advise the patient as to the nature of the assessment which will be provided and the patient must sign the NIPEARS patient declaration either on the OCS ESPR form if the practice submits claims electronically via OCS or the Assessment and Claim form, if the practice submits paper claims.

## 6.7 CLINICAL ASSESSMENT AND TREATMENT

- a) The clinical assessment and any treatment provided within the NIPEARS Enhanced Services (ES) must only be carried out by an accredited Optometrist.
- b) The level of clinical investigation should be appropriate for the presenting symptoms. All procedures are at the clinical discretion of the accredited Optometrist providing the service.
- c) All Optometrists delivering the NIPEARS enhanced service must use the dedicated Clinical Assessment Outcome and Claim form for each patient (whether online via OCS or on paper) or the Additional Services eForm for services associated with remote consultations. Further information on record keeping is noted in 6.11 below.
- d) For patients who present with flashes/floaters please consult the BERT score. Guidance is available at: <https://bso.hscni.net/wp-content/uploads/2024/11/BERT-Score-Managing-Patients-with-Flashes-and-Floaters.pdf>. It is important to identify risk factors and symptoms and to include these details in any referral to assure appropriate triage and management
- e) All patients must have access to clinically appropriate follow up care in line with Clinical Management Guidelines of the College of Optometrists [http://www.college-optometrists.org/en/professional-standards/clinical\\_management\\_guidelines/index.cfm](http://www.college-optometrists.org/en/professional-standards/clinical_management_guidelines/index.cfm)

## 6.8 POTENTIAL OUTCOMES - Following NIPEARS Assessment

- a) Assessment, advice and discharge.
- b) Assessment and management, including follow up if required. **A practitioner should be confident in their own level of clinical competency and experience when deciding to manage a particular condition. If in doubt a patient should be referred using the appropriate referral pathway.**
- c) Assessment and triage for onward referral, either urgent or routine.

NOTE: Practitioners should promote patient “self-help” where possible e.g. ocular hygiene, eye-safety for DIY, smoking cessation etc. Practitioners should have appropriate patient information leaflets to provide to their patients.

## 6.9 RECORD KEEPING AND COMMUNICATION WITH REFERRERS

- a) The contractor must ensure that they comply with current regulations in regard Data Protection currently in force.
- b) The contractor must ensure that clinical records kept of services provided under NIPEARS are full, accurate and contemporaneous and they must be completed according to the peer accepted guidance (e.g. College of Optometrists)

“Guidance for Professional Practice”). The clinical record must be clearly annotated (NIPEARS” or “NIPEARS follow up” as appropriate. The clinical record should include, as a minimum, detailed history and symptoms including date of referral/first contact with the practice, date of service provision, duration of symptoms, details all tests/investigations including findings and outcomes, diagnosis, management decisions and advice given to the patient including details of all treatments advised/provided.

The clinical record must be retained for 12 years as detailed in MOS 272

- c) The contractor must ensure the NIPEARS Assessment Outcome & Claim form is completed, whether online via OCS or on paper including obtaining the patient signature, and submit it to the BSO either electronically via OCS or by post, for payment processing. The form must be completed fully and accurately as information on this form will also be used for data collection to form part of the monitoring, audit and further development of the service. The information on the claim form must accurately reflect the information on the patient clinical record.
- d) The patient and practitioner must sign the patient declaration form ESPR or the paper claim form if OCS is not used, on completion for provision of the service. Failure to obtain a patient signature may result in recovery of fees.
- e) The contractor must comply with any reasonable request by the SPPG/BSO, or their representative, to view records of patients on whom NIPEARS assessments have been carried out, for purposes of governance, probity or audit. Any such request by SPPG/BSO or their representatives, must be complied with within 14 days of the request.
- f) Referrals to the patient’s GP or to secondary care should be made using the referral template applicable to the particular referral pathway, whether electronically via CCG e referral or on paper e.g. Macular Service, Glaucoma G1 form. Referrals should include a note that the patient was seen under NIPEARS.
- g) If the patient has been referred for an NIPEARS assessment from their GP or GP practice a reply on the outcome of the referral should be made to the referring GP either using the NIPEARS Referral Report form or by letter.

All NIPEARS documentation is hosted on the BSO website at:

<https://bso.hscni.net/directorates/operations/family-practitioner-services/ophthalmic-services/ophthalmic-contractors/enhanced-services-es-2/>



## 6.10 FACILITIES / EQUIPMENT

The Contractor and provider optometrist/OMP must ensure that they have adequate equipment needed to provide this service to include:

Slit Lamp  
Applanation Tonometer  
Means of Indirect Ophthalmoscopy  
Distance vision test chart  
Near vision test type  
Visual fields screening equipment  
Amsler chart  
Lash and foreign body removal equipment  
Appropriate ophthalmic drugs to include:  
Mydriatic  
Anaesthetic  
Staining agents

NIPEARS Face to Face assessments must only be provided on SPPG approved primary care premises.

## 6.11 CLINICAL GOVERNANCE

- a) The contractor must ensure and satisfy themselves that all individual practitioners providing the enhanced service:
  - i. Have valid and current personal code for GOS in Northern Ireland.
  - ii. Comply with all relevant legislation and guidance and maintain GOC registration.
  - iii. Fulfil the criteria for eligibility to provide the enhanced service
  - iv. Have signed the Individual Practitioner Enhanced Service Agreement.
- b) The contractor must complete and sign a contractor agreement at the time of commencing the service and an annual enhanced service agreement and will be required to provide annual assurances in respect of the enhanced service provision.
- c) The contractor should ensure that the optometrist is aware of his/her own limitations and ensure that they do not compromise patient safety at any time. All clinical procedures must be carried out within the competencies of the Optometrist/OMP.
- d) The contractor shall ensure that full, accurate and contemporaneous records are maintained of all patient contacts, clearly indicating on the record that it is a NIPEARS assessment/follow-up. See section 6.9.
- e) The contractor shall ensure that appropriate risk management, including safe-disposal, hygiene and health and safety procedures are in place.

- f) The contractor must ensure that appropriate standards for the prevention and control of infection are in place. This will include:
- providing a clean, safe environment and appropriate hand washing facilities in line with College of Optometrist Guidelines add link agreeing to undertake infection prevention audits as required
  - ensuring all staff are aware of infection prevention and control guidance
- g) The contractor shall ensure that appropriate systems are in place to report Adverse Incidents/ Serious Adverse Incidents in line with SPPG requirements for such reporting.

## 7 FEE LEVELS

The current fee levels for providing an NIPEARS assessment to patients with a Northern Ireland HCN are:

- NIPEARS Face to Face primary (first) assessment: £40
- NIPEARS Face to Face follow up: £15.
- NIPEARS Remote Consultation: £25  
This requires prior approval through the usual approval process.
- NIPEARS Remote follow up: £15  
This requires prior approval through the usual approval process.
- NIPEARS Face to Face follow up resulting from a Remote consultation: £30.  
This requires prior approval through the usual approval process.
- **IOP repeat at secondary care request: £19.** Claimed using the Additional Ophthalmic Services e form. This is only for repeat IOPs at the hospital request and doesn't include either requests from GPs for IOP checks in isolation outside of a full eye examination or repeat IOPs for patients being managed under the OHT service.

Reminder: A fee can normally only be claimed for one NIPEARS assessment and one follow-up if required, per patient within 12 consecutive months. In exceptional circumstances a further NIPEARS assessment may be provided, and claimed for, within 12 consecutive months but this requires prior approval through BSO Ophthalmic Services in line with usual procedures.

## 8 VERIFICATION

The provision of this enhanced service, will be subject to monitoring and probity post payment verification assurance processes by the Strategic Planning and Performance Group (SPPG) and the Business Services Organisation (BSO). For verification purposes, records may be sought for claims paid up to six years prior to the date of their request. Recovery will be sought with regard to any fees which cannot be assured in line with this specification.

## 9 PAYMENT PROCESS

Claims for payment for primary Face to Face assessments and any resulting follow up consultations are made by submission of an “NIPEARS Assessment Outcome & Claim Form”: [https://bso.hscni.net/wp-content/uploads/2023/10/NI\\_PEARs\\_Plus\\_Outcome\\_Claim\\_Form.pdf](https://bso.hscni.net/wp-content/uploads/2023/10/NI_PEARs_Plus_Outcome_Claim_Form.pdf)).

A separate claim form must be completed for each patient seen under this Enhanced Service and for each attendance i.e. a separate claim form must be submitted for a first assessment and for a follow up, if follow up is required.

The claim form may be submitted via OCS or on paper as follows:

**a) Electronic online submission of claims via OCS.**

All practices with access to OCS via the ophthalmic portal may submit claims electronically. The process for NIPEARS online claiming is detailed in **MOS 314**. A patient declaration form, ESPR, must be signed by both the patient and the providing optometrist for each NIPEARS service provision. Failure to obtain patient signatures may result in recovery of fees

**b) Manual submission of claims.**

Contractors without access to the ophthalmic portal (OCS) may submit claims on paper to BSO Ophthalmic Services using the NIPEARS Assessment and Claim form (see Appendix 4). Paper forms will not be accepted for payment without a patient signature. The process for submission is detailed in MOS 314.

Paper claims should be sent to BSO Ophthalmic Services and may be submitted with GOS claims but should be in a separate envelope within the main envelope and marked “**NIPEARS Private & Confidential**”.

Claims for prior approved Remote Consultations should be submitted using the Ophthalmic Additional Claims eForm. Please refer to **MOS 333** for guidance and to access the eForm.

To access the relevant MOSs, *click on the following link:*

<https://bso.hscni.net/directorates/operations/family-practitioner-services/ophthalmic-services/ophthalmic-contractors/mos-library/>

A record should be retained in the practice of the claims submitted on paper.

Contractors must ensure that they only submit payment claims for patients with a Health and Care Number. Any form submitted without the patient's Health & Care Number (HCN) cannot be processed for payment.

## **10 DATA REPORTING REQUIREMENTS AND AUDIT**

Contractors should ensure that data on individual patients for which claims are made is recorded and held at practice level and, if requested by the SPPG, should be provided in the requested format. This information will be used to evaluate and improve this Enhanced Service in future years.

The service will be audited to ensure it meets its aims and to inform further development. For audit purposes Contractors are required to include the requested clinical information on the NIPEARS Assessment Outcome & Claim Form and additional Services eForm for each patient examined under NIPEARS. Contractors should ensure that for all claims the clinical data included in the claim should reflect the information held in the patient clinical record. The Contractor must supply the SPPG with such information as it may reasonably request for the purposes of monitoring the contractor's performance of its obligations under this NI Enhanced Service.

Please refer to more guidance under the 'Record Keeping and Communications with Referrers' section of this document.

## **11 PATIENT EXPERIENCE & ENGAGEMENT**

Contractors will be expected to provide an annual report to the SPPG on all complaints and compliments received regarding the service and the lessons learnt where necessary within the annual Quality Assurance return. Contractors will be required to cooperate, when required, with the SPPG in requests to undertake an assessment of patient experience of the service which may include issuing evaluation questionnaires to patients.

## **12 TERMINATION/SERVICE WITHDRAWAL**

SPPG reserves the right to:

- a) Terminate the provision of the enhanced service by a contractor who does not comply with the service specification in force at the time of service provision
- b) Withdraw accreditation of an individual practitioner who does not fulfill the eligibility criteria in force at the time of service provision.

A contractor who is unable to provide the service in line with the service specification and supporting service protocols and guidance should notify the SPPG at the earliest opportunity and in line with guidance noted in the service protocol.

Any Contractor or individual Optometrist who wishes to withdraw entirely from the Enhanced Service must notify the SPPG in writing of their intention to do so giving 14 days' notice.

The SPPG may also withdraw provision of this Enhanced Service giving 14 days' notice, except where service provision or patient safety is compromised in which case the SPPG may withdraw the service immediately from a Contractor or an individual Optometrist.

### **13 DOCUMENTATION**

To access all NIPEARS related documentation and claim forms click:

<https://bso.hscni.net/directorates/operations/family-practitioner-services/ophthalmic-services/ophthalmic-contractors/enhanced-services-es-2/>

### **14 QUERIES**

For any queries related to the Acute Eyecare Pathway and NIPEARS please email SPPG Ophthalmic Services at [ophthalmic.services@hscni.net](mailto:ophthalmic.services@hscni.net)