



June 2026



OPHTHALMIC SERVICES NEWSLETTER

Welcome to the Summer 2026 edition of HSC Ophthalmic Services Newsletter.

There's a lot going on in ophthalmic services across primary and secondary care just now, and, in this newsletter, we wanted to bring a few things to your attention; things that will help to enhance and smooth patient pathways, and hopefully make your life easier too.

As well as some updates around encompass we have included useful user guidance around EpicCare Link and how to get the most from encompass. This was put together by new optometric adviser Dr Shelley Black (more below), hitting the ground running!

Some of you will have used the My Care App, personally or professionally, and will be aware of the patient and system benefits and resources that it brings. We give some information on the app, and also a link to a downloadable poster which you may wish to display in practices and clinics. Anything we can do to spread the word on My Care would be much appreciated.

Also in this newsletter you will note some helpful general advice on referrals, some specific advice on glaucoma referrals, and a timely reminder on appropriate use of language in all clinical communications, including referrals.

Sections on Formulary advice and around the NI Public Services Ombudsman's new model complaints handing process are included, and we bring to your attention the opportunity to get involved in an exciting NIHR-funded clinical trial from QUB on wet Age-related Macular Degeneration.

You will have read and heard about the Minister of Health's Reset Plan and the new Neighbourhood Model of Care. We describe the policy and strategic intent below and encourage you to engage with Optometry Northern Ireland chair Brian McKeown on how this might land for primary care optometry.

We all know that, in order to deliver safe, effective, and sustainable ophthalmic care across primary, secondary and community services, we need a multidisciplinary workforce that has the skills, knowledge, support and expertise to deliver, and the NI Eyecare Network recently facilitated a seminar on the subject of workforce. You can read more about this below.

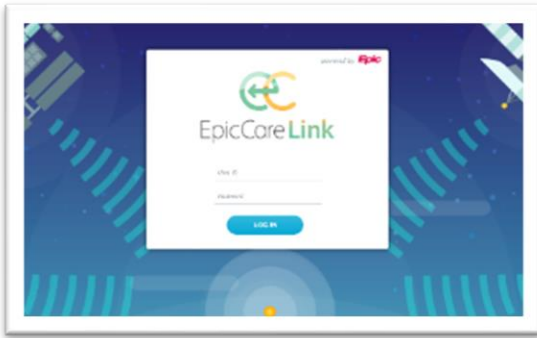
Finally, we bring to your attention a call to consider applying for the role of Chair of the BSO Ophthalmic Committee. Have a look at this; it could be for you.

So, lots going on. Have a read, share and chat around with colleagues, and happy to answer any queries.

Have a great summer.

Raymond Curran, Head of Ophthalmic Services, SPPG

EpicCare Link – access for primary care optometrists



Almost one year ago [encompass](#) went fully regional as the health and social care record for N. Ireland. [encompass](#) marked a new era in access to a digital fully integrated care record system for the first time in N. Ireland. [EpicCare Link](#) (ECL) is the primary care view of [encompass](#) and access is enabled for primary care optometrists, GPs and certain other identified health and social care

professionals.

Key Points for [Optometrists](#) accessing EpicCare Link (ECL):

- ✓ EpicCare Link shows the most up-to-date information on patients giving detail on interactions with HSC services including:
 - attendances at hospital eye (and other) services
 - a patient's current medication and health status
 - ophthalmic (and other) diagnostic imaging
 - upcoming appointments
 - if a patient is using the [My Care](#) App

Please note: Diabetic Eye Screening Programme (DESP) Reports are *not currently* populated into a patient's [encompass](#) record. IT teams are working to implement this and you will be kept informed as to when the DESP Reports will be visible in a patient's chart in EpicCare Link. In addition, optometrists may note that at the time of this newsletter there are problems accessing 'imaging' in ECL – the ECL team have advised that this is a temporary problem which they hope to have resolved soon**

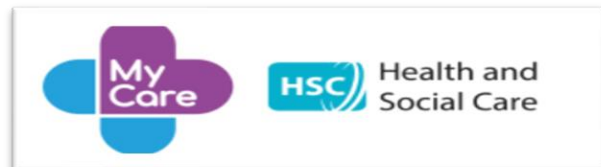
- ✓ Information held in NIECR is increasingly historical as patient information is now entered only into [encompass](#).
- ✓ Any optometrist who does not have an EpicCare Link user account is encouraged to apply for one, application forms are hosted on the HSC Optometry Portal on the page titled "***Optometry eForms***" (Section A, Form No. 2)
- ✓ Optometrists are asked to ensure that they adhere to relevant guidance in their use of EpicCare Link, and in particular, the need to ensure that they only view information directly related to the care they are providing for a patient.
- ✓ Optometrists using EpicCare Link must maintain an account status of 'active' by logging in regularly and must **NEVER** share their account details or password with anyone.

SPPG have held two webinars for Optometrists in relation to the use of EpicCare Link and you are encouraged to watch these webinars which are hosted on BSO website at the following page: [Optometry CPD and Training: Webinars and Events - Business Services Organisation \(BSO\) Website](#)

New EpicCare Link User Guide for Optometrists

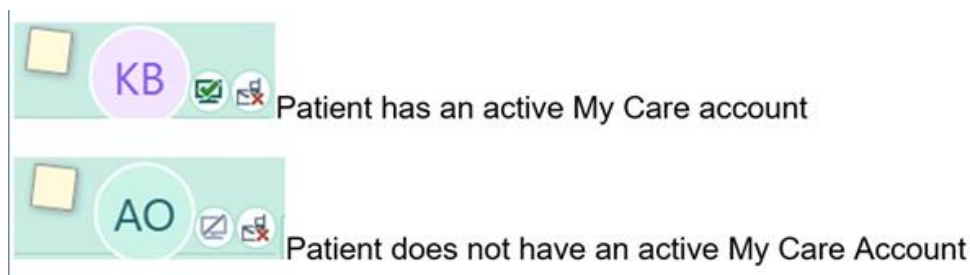
SPPG have drafted an *Optometry EpicCare Link User Guide*, collating previous and new information into one document and resource. You may find it helpful to review the guide in conjunction with the recording of the webinar “[Getting the Most from EpicCare Link](#)” held on 19th January 2026. The Optometry User Guide can be accessed on the EpicCare Link information page of the BSO website: [EpicCare Link for Optometry - Business Services Organisation \(BSO\) Website](#)

My Care – The Patient App



Practice staff, clinical and other, are encouraged to highlight the patient App, which is called “**My Care**”. Using ‘My Care’ a person can view information about their hospital and community care appointments and the services they access. As key health care professionals dealing with service users and their families every day, optometrists are asked to encourage patients to sign up to and utilise [My Care](#). Use of the ‘My Care’ App helps in developing a person’s sense of ‘ownership’ of their healthcare.

If a patient has an active ‘My Care’ account, this is identifiable on their EpicCare Link account via a small ‘screen’ icon with a green tick on their storyboard, if they are not active on My Care, the screen will be grey without a tick (see image below)

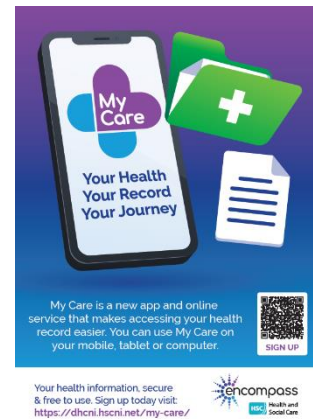


Having access to ‘My Care’ allows a person to receive notifications about appointments through the App; this is more timely, efficient and streamlined, than receiving them via postal services. You may hear informally from patients reports of receipt of appointment letters arriving late, or even arriving after an appointment - through the App they have instant notification of an appointment.

For children and vulnerable individuals, “proxy” access to My Care can be set up for family members and carers, enabling them to support the patient’s care (see [My-Care-Proxy-Access-Final-Version-28082024-1-2-3.pdf](#)).

Please take every opportunity you can in your practices to highlight the App to your patients and their families and direct them to the DHCNI website [My Care – DHCNI](#) for information on how to register.

A printable My Care poster is available for download from the BSO website [EpicCare Link for Optometry - Business Services Organisation \(BSO\) Website](#) and can be displayed in your practice.



Referrals - Important Information/Reminders

The CCG system is still the method of HSC electronic referral to secondary care services for patients. Referrals sent via are visible therefore in EpicCare Link. If you wish to view the status of a referral (i.e. what triage has been applied to it) you must check the patient’s EpicCare Link chart.

Information on waiting times is not held in EpicCare Link, if you, or a patient, wish to view current HSC Trust patient **median** waiting time information please refer to the [MyWaitingTimesNI](#) website and navigate using the sidebar/menu guide to access information from a particular HSC Trust. A patient should contact the relevant HSC Trust if they have a query about their referral and waiting time.

REMINDER - Patient Residence Postcode & Referral Pathway

All Optometrists working in practice should read and apply the [guidance](#) in relation to patient residence postcode when deciding to refer a patient to **Ophthalmology services**. It is essential that an optometrist adheres to this guidance when generating an ophthalmology referral following discussion with the patient. In Northern Ireland there are two HSC Trusts providing **Ophthalmology** services and each HSC Trust has an agreed ‘catchment’ area based on patient postcode. If you refer a patient incorrectly based on the patient postcode a delay will arise for your patient and your referral may be returned to you. Please ensure that you read this

guidance which can be found at the following link on the BSO website:

[OPHTHALMOLOGY REFERRAL PATHWAYS \(PATIENT POSTCODE\)](#)

NOTE (for non-CCG enabled practices): For practices that are not connected to the HSC portal (currently 3 practices) and therefore do not use CCG as the referral method, please ensure optometrists process the referral via the patient's GP clearly indicating on the note to the GP practice which HSCT Trust the patient should be referred to. GPs must process this referral via CCG and will require clear instructions as to which CCG referral destination (i.e. which HSC Trust) they need to select.

** Please note that this guidance does not apply to Orthoptic Services which are delivered by all five HSC Trusts and referrals for a patient resident within a specific HSC Trust boundary are managed by the Orthoptic service in that HSC Trust. Therefore, when referring to Orthoptic Services you should always choose the CCG destination for the HSC Trust in which the patient resides **

Ensuring Correct Patient Information in a Referral

Optometrists are reminded of the need to double check the contents of ALL referrals prior to submitting them to the HSC Trust on the CCG system. In recent months **three** adverse incidents have been reported by one of the HSC Trusts. In each referral incorrect information was entered into the referral:

- Incident 1 – the wrong patient was referred and attended a macular clinic appointment
- Incident 2 – an OCT belonging to another patient was attached to a referral
- Incident 3 – referral information relating to another patient was entered into a referral

Every incident that is reported by an HSC Trust is investigated and, where patterns or trends arise, it is important that learning is shared. The three adverse incidents summarised above demonstrate the vital importance of checking **ALL** elements of a referral (including any attachments) **prior to submitting** the referral on CCG.

CCG Referrals and the “Viewed icon”

Optometrists **MUST** ensure that all referrals have the status of “**submitted**” noted against the referral on the CCG Worklist – if a referral does not state “submitted” it has not been sent by the Optometrist. It is the practice owner/contactors' responsibility to ensure that all optometrists using CCG have been trained in the use of the CCG system – guidance notes are available to review on the BSO website:

[Electronic Referral & CCG Information - Business Services Organisation \(BSO\) Website \(hscni.net\)](#)



Optometrists are reminded that CCG referrals no longer have the viewed 'eye' icon highlighted against the patient referral on the CCG system. This is because referral receipt and triage are now managed entirely through encompass and, if an optometrist wishes to check the status of a new /first referral sent to the HSC Trust, they must log into the patient chart in EpicCare Link to view the status. Please refer to the guidance and tip-sheet titled "ECL – Reviewing Referrals" issued to practices via their HSCNI email accounts previously.

Follow-up / second referrals for patients already on a waiting list: rejected status in patient's chart

Optometrists sending follow-up updated CCG referrals about a patient who is **already on a Trust waiting list** (i.e. where a clinical change has been found) should note that their second referral may have a status of "rejected" when viewed in EpicCare Link. This status is simply because the patient is already known to the Trust and the term "rejected" is a technical setting in encompass. More information regarding viewing referrals on EpicCare Link can be found in the Optometry EpicCare Link User Guide accessible at the following link: [EpicCare Link for Optometry - Business Services Organisation \(BSO\) Website](#)

Referral Guidance – Glaucoma Service

NG81 intends that referrals for suspect Glaucoma or OHT should:

1. Have IOP measured twice, (i.e. undertake Level I enhanced service – IOP Repeat Measures), referral must **not** be based on a non-contact tonometry
2. Have a demonstratable **and REPEATABLE** visual field defect
3. Have assessment of the optic nerve head/disc and fundus by slit lamp indirect examination
4. Have disc/fundus imaging, where available, by photography or OCT
5. Provide an assessment of the anterior chamber and angle – specifying clearly which **method of assessment** was used and the findings

All referrals **MUST** include this minimum dataset of clinical information INLCUDING attachments of the visual field tests and, where taken, disc/fundus imaging also attached. Optometrists who do not include the visual fields as an attachment will potentially have their referral rejected and returned to them.

Referral Guidance: Choroidal Naevi

Optometrists should apply the MOLES scoring system when considering referral of choroidal naevi. This simple tool helps distinguish benign lesions from suspected melanoma.

Key Steps

Obtain good quality fundus images (OCT where available). Apply the MOLES score.

MOLES scoring criteria ¹⁴		
Risk Factor	Severity	Score
Mushroom shape	Absent	0
	Unsure/early growth through RPE	1
	Present	2
Orange pigment	Absent	0
	Unsure/trace (i.e. dusting)	1
	Confluent clumps	2
Large size	Thickness < 1.0mm and diameter < 3DD	0
	Thickness 1.0-2.0mm and/or diameter 3-4DD	1
	Thickness > 2.0mm and/or diameter > 4DD	2
Enlargement	None (or lesion not documented previously)	0
	Unsure	1
	Definite (i.e. confirmed with sequential imaging)	2
Subretinal fluid	Absent	0
	Trace (if minimal and detected only with OCT)	1
	Definite (seen without OCT)	2

DD = disc diameter (= 1.5mm); ignore thickness if this cannot be measured; assume SRF if unexplained visual loss

Recommended Action

- Score 0 – Common naevus. No referral required. Monitor in primary care.
- Score 1 – Low-risk naevus. Refer routinely.
- Score 2 – High-risk naevus. Refer routinely.
- Score 3 – Probable melanoma. Refer Urgently

Notes

- Thickness can be omitted if not measurable.
- Assume subretinal fluid if unexplained visual loss is present.
- Red flag referral is not required.
- Referrals must include a MOLES score or they will be returned.

Referrals – Using Appropriate and Sensitive Language

Please remember that all referrals form part of the patient's *encompass* record and carry a digital footprint. They may be accessed by other clinicians and, on request, viewed by patients and their families.

We have been asked to remind all optometrists to be mindful of the language used in referrals, particularly in paediatric cases.

The terms “malingering” and “malingerer” should be avoided, especially when describing children with unusual visual symptoms. These terms carry negative connotations and may not reflect the underlying clinical picture. Symptoms that cannot be explained by an eye condition alone may be linked to underlying trauma or dysfunction, or in some cases, serious psychological or social difficulties. Deliberate fabrication of symptoms is uncommon; such diagnoses should only be considered after appropriate clinical exclusion.

Optometry Enhanced Services – Updates

Fees Uplift

The 25/26 uplift to the fees for the following enhanced services has been agreed by Department of Health, for services provided from 1st April 2025. [MOS/359](#) provides details of the new levels of remuneration for each of the following services:

- i. [Level I enhanced service](#) (IOP Repeat Measures)
- ii. [Level II enhanced service](#) (Enhanced Case Finding for Glaucoma and OHT)
- iii. Ocular Hypertension Review and Monitoring
- iv. NI PEARS

A communication outlining the arrangements for the payments due to contractors was issued to all practices on 30th March 2026.

NI Formulary- Update

Patient information leaflets for Dry Eye and Blepharitis are available in the Dry eye section of the NI Formulary Eye Care Chapter [11.8.1 Dry eye | NI Formulary](#). Please note the recommended **second line, cost-effective treatment** options when prescribing for dry eye.

NORTHERN IRELAND FORMULARY – EYE CARE

The Northern Ireland Formulary advises on treatment choice for certain conditions, based on evidence, safety and cost. The eye chapter covers two therapeutic areas only: glaucoma and dry eye.

Date of preparation: Jan 2024
Updated: Jan 2020

CHRONIC OPEN ANGLE GLAUCOMA

- Treatment may take the form of eye drops, laser or surgical procedures.
- Prostaglandin analogues are recommended as first line pharmacological therapy.
- Eye drops for glaucoma should be prescribed generically, including combination products where available.
- Promote the correct use of eye drops and adherence to treatment to optimise response.
- If a first-line treatment is not tolerated or unsuccessful, try an alternative generic prostaglandin analogue or beta blocker.
- If intraocular pressure is not sufficiently reduced, consider switching to, or adding in, a medicine from another therapeutic class.

First line		
Prostaglandin analogue	Latanoprost 50microgram/ml x 2.5ml	Apply once daily, preferably in the evening
Beta-blocker	Timolol 0.25% or 0.5% x 5ml	Apply twice daily
Combination	Latanoprost 50microgram/ml & Timolol 5mg/ml x 2.5ml	Apply once daily
Other options		
Carbonic anhydrase inhibitor	Brinzolamide 10mg/ml x 5ml	Apply twice daily, increased to max. 3 times daily if necessary
Sympathomimetic	Brimonidine tartrate 0.2% x 5ml	Apply twice daily

DRY EYE

- Advise patients that, for simple dry eye, products may be purchased over the counter in the first instance.
- Patient leaflets are available on the [NI formulary website](#).
- If the choice is made to prescribe, the majority of patients in primary care can be managed with first line agents.
- Products should be tried for 4-6 weeks before assessing benefit.
- All tear supplements should be given in conjunction with advice on modifiable risk factors (e.g. lid hygiene, contact lens wear).
- Consider impact of patient's medication and exacerbating conditions.
- Consider early referral if patient has an associated autoimmune disease or severe or persistent symptoms.

First line	
Hypromellose 0.3%	If preservative-free required, cost-effective option: AddTear® Hypromellose 0.3%
Carbomer 980 0.2%	
Second line	
Sodium hyaluronate preservative-free eye drops	Cost effective products include: • Eyeaze® (0.1%, 0.2% or 0.4%)
Carmellose sodium preservative-free eye drops	• Eyeaze® Carmellose 1%

Some patients may benefit from the use of an eye ointment at night.
Consider referral if no satisfactory improvement from 2nd line choices within 4-6 weeks

Consider preservative-free formulations for patients with:

- Preservative allergy or evidence of epithelial toxicity from preservatives
- Contact lens wearers
- Long term treatment > 3/12 or frequency > 4 times daily

Preservative-free formulations may be available as multidose bottles or single unit doses, depending on the product. Use a licensed product and ensure a 'special' is not selected.

For more information:

<https://ni.formulary.hscni.net/formulary/11-8-eye-glaucoma/>
<https://www.nics.org.uk/publications/ni3/>
<https://hks.nice.org.uk/topics/dry-eye-disease/>
<http://lookafteryoureyes.org>
<https://www.arescapp.info/>

The image shows the NI PEARS Prescription Request Form. It includes fields for Patient Details, Optometric Practice Details, and GP Details. A table lists various ophthalmic preparations with checkboxes for 'Prescribed' and 'Not Prescribed'. The form also contains instructions for use and a section for the GP's signature and date.

Pharmacy colleagues have highlighted that some optometrists are using an older version of the NI PEARS prescription request form for GPs. The updated version is available here on the BSO website: [NI PEARS Prescription Request Form](#).

Macular supplements

GPs have been advised **not to prescribe** nutritional or antioxidant supplements for either the prevention or treatment of age-related macular degeneration. Where consultant ophthalmologists advise patients to take these supplements, community pharmacists will support patients in selecting an appropriate AREDS2 supplement for purchase.

Governance in Optometry

🚦 Annual Quality Assurance Returns 2025/26

Thank you to all practices for completing the 2025/26 annual QA returns. Once again, optometry practices have demonstrated a strong commitment to good governance, and your support in fulfilling this requirement is greatly appreciated. Practices that have completed their annual QA return will receive their practice allowance in the coming weeks.

🚦 New Requirements for Complaints Management

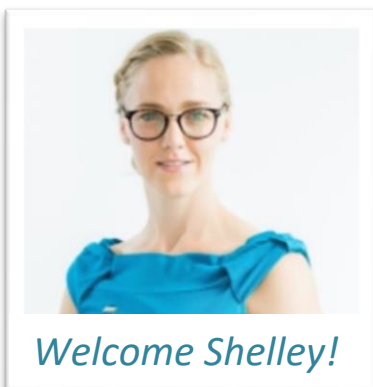
Contractors have been advised of the new requirements for complaints management which has been established by the Northern Ireland Public Services Ombudsman (NIPSO). The implementation of the Model Complaints Handling Procedure (MCHP) aims to create a complaints handling process focussing on early resolution, learning and improvement.

The HSC MCHP covers **all health and social care** organisations and includes Family Practitioner Services (FPS) optometry contractors. Information on the process can be found at the following links:

1. [Complaints Information - Business Services Organisation \(BSO\) Website](#)
2. [Model Complaints Handling Procedure \(MCHP\) - Business Services Organisation \(BSO\) Website](#)

Optometry contractors / practice owners are asked to ensure that they are familiar with the detail of the MCHP and comply with its requirements and fully implement all aspects of the revised process for managing complaints.

Welcome to new Optometric Clinical Adviser



Ophthalmic Services are delighted to welcome Shelley Black as a new part-time optometric clinical adviser. Shelley is an optometrist with significant experience in primary care optometry and in the hospital eye service. Shelley also has experience in research having completed her PhD with Ulster University and has worked in the N. Ireland Clinical Research Network.

Shelley took up her post in early February 2026 and now joins the Head of Service, existing advisers, Eyecare Network staff, ophthalmic services business operations staff and the wider primary care team in SPPG. In the coming months, you will hopefully have an opportunity to meet and engage with Shelley.

New NIHR Funded Clinical Trial: Can you help?

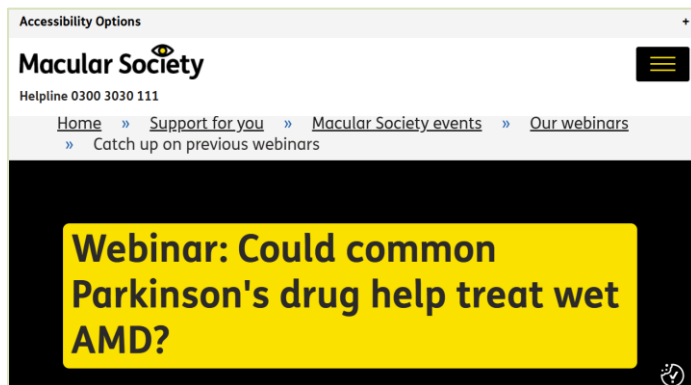
Researchers at Queen's University Belfast are launching a new clinical trial which aims to investigate whether L-DOPA, a drug currently used to treat Parkinson's disease, could help people living with **wet age-related macular degeneration (AMD)**.

The **LAMDARCT** study, funded by the National Institute for Health and Care Research and sponsored by Belfast Health and Social Care Trust, is the first trial in the UK of its kind exploring whether the drug could reduce the number of Anti-VEGF injections needed by patients with the condition.

Funded by
NIHR | National Institute for
Health and Care Research

The **LAMDARCT** trial will examine whether adding a low-dose of L-DOPA, an oral capsule taken twice daily, alongside regular anti-VEGF treatment, could reduce how many anti-VEGF injections a patient needs, while maintaining their vision.

Principal Investigator, Prof Tunde Peto and Dr Katie Curran, post-doctoral researcher at Queen's University Belfast gave an interesting presentation on the LAMDARCT trial to the [Macular Society](#) in March 2026 and you are encouraged to watch the recording of the presentation at the following link: [Could a Parkinson's drug reduce the frequency of injections for wet AMD? - Macular Society](#)



Please click on the link above or the image opposite to access the Macular Society presentation on the **LAMDARCT** trial

Alongside the trial the research team is looking for people with lived experience of AMD to help shape how the research is conducted. A person who may not fit the eligibility criteria, can still be involved in the study helping in the public and patient involvement (PPI) area.

The research team in QUB is looking for participants from across the UK. To get involved contact Dr Curran at k.curran@qub.ac.uk or LAMDARCT@belfasttrust.hscni.net

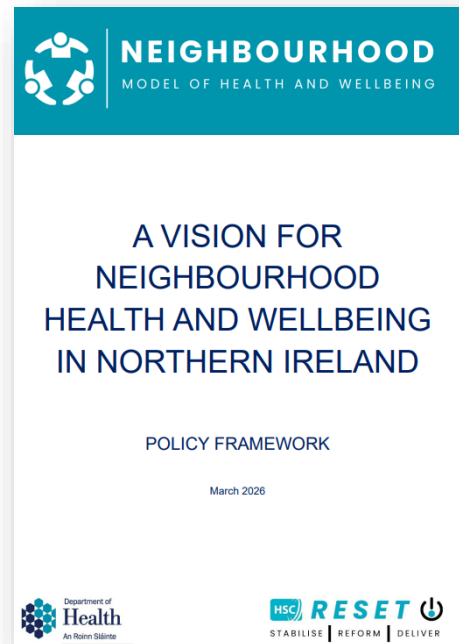
HSC Reset and the Neighbourhood Model

The Department of Health has recently launched the new [Neighbourhood Model of Health and Wellbeing Framework](#). The Neighbourhood Model is a core element of the Department's [Reset Plan](#) which aims to set in motion the work to deliver long-term change allowing people to access preventative and specialist care closer to home, reducing the need for hospital attendance when appropriate and possible.

The [Model](#) will support people to live healthier, more independent lives, through Integrated Neighbourhood Teams including health and social care providers, local councils and the Voluntary and Community Sector. With a focus on addressing health inequalities the model aspires to reinforce prevention, improve continuity, and help manage demand more effectively across the HSC system.

The [Model](#) will facilitate bringing care closer to people's homes harnessing partnership working for the benefit of all people in our community. The model has been widely welcomed across many sectors and organisations in our society and was informed by many examples of innovative practice and models of care. As primary care optometrists you are well placed to contribute to the Neighbourhood Model and effect sustainable change and improvements in how and where services are provided. Information on the Model and a helpful infographic can be found on the [NHS Alliance website](#). You are encouraged to read more about the Neighbourhood Model and discuss how you can best contribute. Optometry NI, and you as individuals are key partners in the work to improve and develop services for your patients and your community.

- [Care Closer to Home: New Neighbourhood Health and Wellbeing Model published | Department of Health](#)
- NHS Alliance infographic on the Neighbourhood Health and Wellbeing Model – [click here to view](#)





Optometry CPD

The 2026 CPD program is well underway. SPPG Ophthalmic Services have already hosted 4 popular webinars with over 300 practitioners registering attendance. The CPD grants have been paid to all those eligible who claimed. This gives financial support for time out of practice or paying for attendance at CPD sessions. You are encouraged to keep a record of any sessions you attend that this allowance is applicable towards. Remember it's a requirement for NIPEARS and LES II enhanced services that providers attend at least one SPPG accredited session annually to continue providing the service (IP optometrists *may* be exempt). Please ensure details of sessions are forwarded to all those working in your practice including any trainees in the SfR, who may also find the learning helpful with upcoming assessments and exams. Future sessions which are open for booking are:

1. **Sept Webinar - "RAES – Beyond the Referral" - Tuesday 15th Sept 2026
1.00pm - 2.15pm, Mr Gary McMullan - Specialist Optometrist BHSCT**

THIS IS AN SPPG NIPEARS ACCREDITED SESSION. 1 CPD/IP point is available for Optometrists. <https://attendee.gotowebinar.com/register/6575973892835455837>

This session will be presented by Mr Gary McMullan. It will look at the information included in referrals and how that may impact hospital triage and then review the diagnosis and management of a selection of cases. It will give information on how the referral is important to how the patient may be managed most effectively in secondary care.

2. **Oct Webinar - "BV issues and management "- Tuesday 6th Oct 2026 evening session Mr Nadeem Ali – Consultant Neuro Ophthalmologist and Stabismologist - Moorefields Eye Hospital London and the London Squint Clinic.**

This session will be presented by Consultant Neuro Ophthalmologist Mt Nadeem Ali. It will concentrate on the recognition and management binocular vision problems that may present in practice. It is important to understand their differential diagnosis and management options to ensure patient safety.

1 CPD/ point is available for Optometrists.

The booking link for this session will be circulated as soon as it becomes available.

3. **Nov Webinar - "Detecting and managing glaucoma with OCT" – Monday 2nd November 2026 – 6.30pm – 7.45pm, Mr Matt Roney – Clinical Lead Optometrist University Hospital Liverpool**

THIS IS AN SPPG LES 2 ACCREDITED SESSION. 1 CPD point is available for Optometrists. <https://attendee.gotowebinar.com/register/4237037782649364310>

This session will be presented by Mr Matt Roney. It will review the use of OCT in diagnosis and management of glaucoma. As most practices have an OCT now this session will ensure attendees know how to get the best clinical data from their OCT to ensure safe and effective patient management.

[We look forward to seeing you at these sessions.](#)

N.B. previous webinar recordings are available to view on the BSO website ([Optometry CPD and Training: Webinars and Events - Business Services Organisation \(BSO\) Website](#))

Northern Ireland Eyecare Network – Update

The Northern Ireland Eyecare Network hosted a seminar on 19 February 2026 in the Seamus Heaney HomePlace in Bellaghy entitled “***Towards a Regional Workforce Strategy for Ophthalmic Services***”. The event provided a valuable opportunity for stakeholders across primary care, secondary care, commissioning, education and research to reflect collectively on the strengths, challenges and future direction of the ophthalmic workforce in Northern Ireland. The breadth of professional representation and the depth of discussion reinforced the shared commitment to sustaining and developing a skilled, motivated and resilient workforce capable of meeting current and emerging demand.

Primary care optometry was well represented at the seminar and the organisers are grateful to the committee members of Optometry NI who helped with this.



Mr Brian McKeown, Chair of Optometry NI, addressing the seminar.

Also pictured are Mr Olivier Denève, College of Optometrists; Mr Raymond Curran SPPG/Commissioning Lead NI Eyecare Network; and Prof Julie Silvestri BHSCT/Clinical Lead NI Eyecare Network.

The seminar reinforced that Northern Ireland has a strong foundation on which to build a sustainable ophthalmic workforce, but that progress will require continued collaboration, investment and system-wide alignment.

In October 2025, the Northern Ireland Eyecare Network facilitated a visit from Belfast Health and Social Care Trust's Clinical Director of Ophthalmology Professor Julie Silvestri and newly appointed BHSCT A&E Consultant Mr James Parker to primary care optometrist Mr Tim Young, at Tim's practice on the Shankill Road, Belfast. The purpose for this visit was to enable secondary care clinicians who use 'encompass' to see the primary care view of patient records in 'EpicCare Link'. As the views are different, consultants had not previously been sure how much Hospital Eye Service information primary care referrers could see following a patient's attendance at hospital, or what barriers there were to navigating the system. This visit has led to Hospital Eye Services taking actions aimed at improving the labelling of clinic records within encompass.



L-R: Professor Julie Silvestri CBE, Clinical Director Ophthalmology BHSCT/Clinical Lead NI Eyecare Network, Tim Young, Primary Care Optometrist/Proprietor Tim Young Opticians, Mr James Parker, A&E Consultant Royal Victoria Hospital.

Prof Silvestri said: "We had an excellent visit to Tim Young Opticians and learned a lot. Seeing the primary care EpicCare Link view was very illuminating for us from the secondary care perspective. Hopefully we can set up some shared meetings to discuss how we make the most of EPIC for mutual communication. Thank you, Tim!"

Tim Young said: "It was a pleasure to have both Prof Silvestri and Dr James Parker visit the practice. I found it very beneficial for me in the primary care setting to discuss the workings of the EpicCare link, learned how to access more information and navigate the system which in turn will help in service provision for patients. This enhanced communication will serve well both primary and secondary care colleagues."

Máire Gallagher, NI Eyecare Network Manager, said: "The NI Eyecare Network works constantly to improve integration between primary care and secondary care ophthalmic services to ensure that patient care is optimised from the initial referral onwards. The learning from this visit will inform providers of both primary and secondary care services."

BSO Ophthalmic Committee Chair- Job Advert

The Department of Health is seeking to appoint an experienced optometrist as **Chair of the BSO Ophthalmic Committee for Northern Ireland**. This four-year appointment (with potential for renewal) involves providing regional leadership and advice on General Ophthalmic Services, including clinical practice, governance, and service development.

The role requires approximately 10 days per year and offers opportunities to engage with key stakeholders across Health and Social Care. Applicants must be registered optometrists with at least five years' experience, along with demonstrable leadership and committee experience.

If you are interested in this role, please request a nomination form and further details by email quoting reference number BSO 2/26 to gdoscorrespondence@health-ni.gov.uk. Completed nomination forms must be received by the above address by **5pm on Wednesday 17 June 2026**.

Should you require any further information on the post please feel free to contact the following: Janice.McCrudden@hscni.net / Margaret.McMullan@hscni.net / Christine.Hayes@hscni.net.

Ophthalmic Information and Support

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



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

Important update: Windows 10 devices continue to connect to the HSCNI Network/FPS Secure Web Portals; however, as it is unsupported and has been since 14 October 2025, it poses increasing security risks and may not be fully supported by BSO ITS. Contractors must therefore make the necessary arrangements to upgrade to Windows 11 by **14 October 2026** in order to maintain security, compliance, and support, as Windows 10 access will be withdrawn after this date.

As independent external contractors, BSO cannot advise on upgrade steps, but information on Windows 11 (*including system requirements and upgrade guidance*) is available on the [Microsoft Website](#).