

HSCB Optometric Practice Newsletter

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SEPTEMBER 2013

Colleagues,

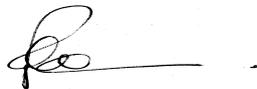
Thank you for your continued interest in the practice newsletter and for the positive feedback on comment and ideas for inclusion in the newsletter. The optometry staff within HSCB are always keen to engage with, and have feedback from, their colleagues so please continue to liaise with us to ensure that, as we move forward with eyecare partnerships, the professional views of our GOS practitioners are heard.

In July, the Minister of Health approved the uplift in GOS fees (2013/14) for optometric contractors and with this in mind it is also notable that in the past year optometry within HSCB has managed to balance the challenges of an increased demand on services within the prevailing budgetary constraints.

This issue of the practice newsletter contains; a feature with advice on complaints, an update on the new Glaucoma Service, details of progress to date on "Developing Eyecare Partnerships", information on the Autumn CET event and information on DOCET and RNIB resources for practitioners.

I trust that you will enjoy reading this issue of the Optometry Update.

Best wishes



Raymond Curran, Head of Optometry, Integrated Care HSCB

Special points of interest:

- Complaints – a proactive approach
- Glaucoma Services
- Developing Eyecare Partnerships
- CET update
- Resources for practitioners – RNIB and DOCET
- MOS – update
- Probity – update
- Referrals
- Eye Health Week

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Complaints – a proactive approach to dealing with them

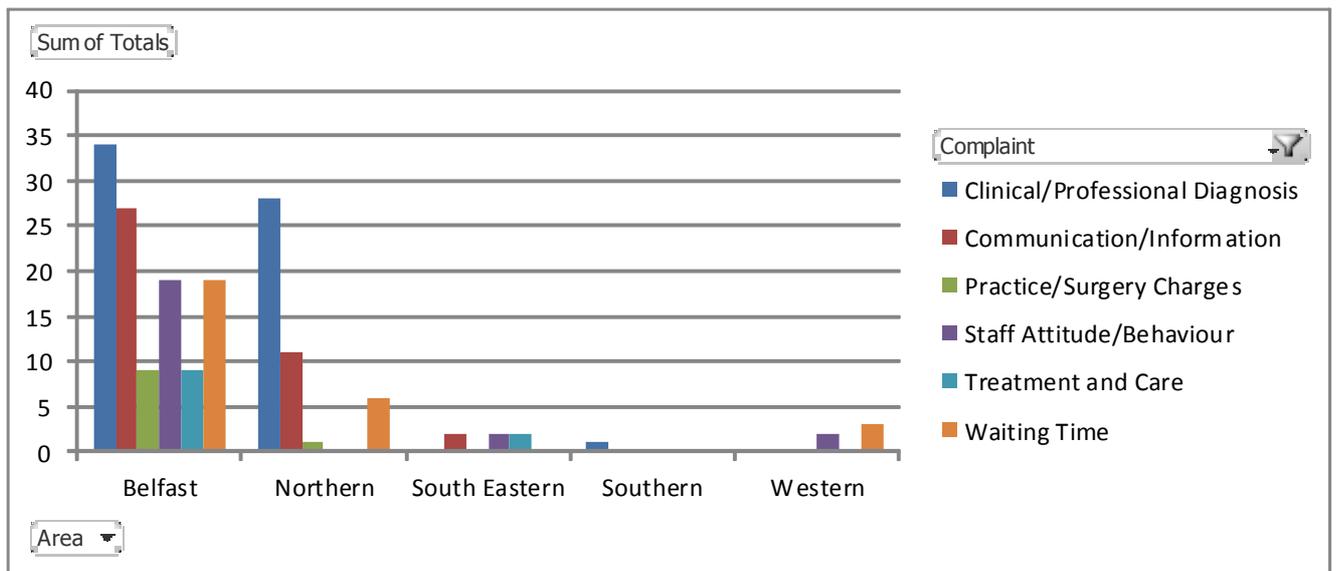
In recent months it has been noted that there has been a significant rise in the number of complaints which have been directed to the General Optical Council by patients or their representatives. Once the complaints investigations process has begun the GOC advise the registrant that they should notify the NHS body or agency which they contract with of the investigation and this is the route whereby the HSCB become aware of an investigation into an optometric contractor.



The process of investigation of complaints by the GOC can be a very protracted process and can take many months involving evidence gathering and liaison with patients and legal representatives. This period of time is often very stressful for the registrant compounded by the necessary requests for clinical records and timeline information by the GOC and their legal teams. The process for management of complaints is aligned with key performance indicators and although every effort is made to ensure that the process is efficient and timely some cases can take many years to conclude.

In recognition of the increasing numbers of complaints at the GOC involving optometric contractors from Northern Ireland, the optometry team in HSCB wish to offer some advice and assistance to contractors and practices in an attempt to ensure that every effort is made at practice level to resolve and manage complaints from patients. It is acknowledged that some practices have very efficient systems in place for dealing with complaints and this is demonstrated by the annual QA returns to HSCB, in particular those practices which are part of large national groupings. However it is also appreciated that smaller practices especially sole-practitioner practices do not have the same support for the development of a framework for dealing with complaints and adverse incidents. It is mandatory that practices ensure that they have a process in place to deal with complaints from those patients accessing GOS.

In the past year (2012/13) 85% of GOS practices returned their annual report on Complaints and Adverse Incidents. Of those practices which made a return, 8% reported complaints in the areas of: Clinical/Professional diagnosis, Staff Attitude and Behaviour, Treatment and Care, Waiting times, Practice charges and Information/Communication. The bar chart illustrated shows the breakdown of reported complaints for each region. It is noted that practices have a process in place for the recording of these complaints from patients/carers but it is vital that every effort is made to resolve these at practice level and that issues which do not need to escalate to the HSCB, or, indeed the GOC, are resolved to the satisfaction of all concerned. However it must be acknowledged that some complaints do not ever come to the attention of the practice and go straight to the GOC. It is these complaints which are of more concern as the first indication of any problem may be when the practitioner is notified of a complaint from the GOC.



What can I do to proactively deal with and manage complaints?

The HSCB would like to offer assistance to practices and practitioners in relation to the steps they can take to manage any problems or complaints from patients/carers, not only to encourage an open-door policy for complaints but to actively seek feedback from patients. Feedback should be welcomed on all aspects of service provision both clinical and non-clinical and should be sought whether positive or negative with mechanisms put in place to analyse feedback from patients in order to learn from, and improve, service provision where appropriate. Practices could perhaps consider the concept of a comments/suggestion box and a complaints poster and leaflet tailored to the practice. The HSCB have drafted a template for complaints in both poster and leaflet format with information on the statutory NHS complaints system. Practices can add their own in-house details on how a complaint will be managed. If you wish to discuss the use or adoption of these posters/leaflets please contact one of the HSCB optometric advisers who will be happy to assist you.



Practices should ensure that the contact details for the Optical Consumer Complaints Service (OCCS) are also readily accessible within the practice so that patients and carers can know that this is another route whereby their complaint can be reviewed and investigated, particularly if the issue is in relation to the goods e.g. spectacles, supplied. Investigation of complaints by the OCCS is a thorough and fair process which takes into account all the issues presented by patient and practitioner and as such should be considered as a preferred option for the brokering and mediation of issues which have not been successfully resolved with the practice in the first instance. OCCS can be contacted at: <http://www.opticalcomplaints.co.uk> or by telephone on 0844 800 5071.

Probity – Update

Routine checking clinics are currently being carried out as part of the post payment verification (PPV) process. Checking clinics will usually take place prior to a routine practice visit. The clinics are run by a probity officer and optometric adviser. A sample of patients who have recently had glasses supplied under GOS, usually 40 from each practice, are invited to attend. Their dates of sight test and supply of glasses are checked, their glasses are focimetered and any additions e.g. tints or small frame supplements checked and compared with the voucher and the patient is asked about the service they received.

In general feedback to date has shown that patients are very positive about their GOS experience and the care they had in the practice. Occasionally a patient may have a query about their ocular health or a discrepancy is found between the prescription in the glasses and that on the voucher. In such a case the patient will be advised to return to their optometrist and the adviser will contact the practice. It is rare that significant probity issues are found but in such a case the optometric adviser and probity service will initiate further investigations.

If a checking clinic is planned involving your practice you will receive a letter advising you that it is taking place and will be informed of the outcome in your post payment verification report. If you have any queries in relation to the checking clinics please contact Fiona North, Optometric adviser (email: fiona.north@hscni.net)

BSO Electronic Claims Project – Update

Practices will have recently received an update from BSO in relation to the proposed electronic GOS claims project. It is hoped that the pilot will ensure that any issues arising from usage within practices are identified and dealt with. It is anticipated that roll-out of the project to all practices wishing to avail of the service will take place in early 2014 following the robust testing phase.

The HSCB are fully supportive of this initiative and would encourage all practices to consider the use of the new system when it becomes fully operational. The ability for practices to submit GOS claims is the first step in enabling the connectivity of primary care optometry practices to the health and social care network and will be a significant advancement.



This connectivity will be key in moving forward and opens up options for primary care optometry practices and practitioners in other aspects of care provision including electronic referrals, telemedicine links and secure electronic communications with HSCB and BSO in relation to patient queries and approvals.

Referrals – Reminder

- ◇ Practitioners are reminded that when making a referral for a patient with suspect Glaucoma or OHT that they must annotate the referral with a “G” in bold at the top of the referral (as per HSCB letter issued June 2013). Specific Glaucoma and OHT referral forms are currently being printed and will be distributed to all practices in September/October 2013.
- ◇ The GOS 18 form is available in writeable MS Word format on the BSO website (<http://www.hscbusiness.hscni.net/services/2376.htm>). All practitioners are encouraged to use this electronic format as legibility of referrals is a key issue for our medical and other colleagues both in primary and secondary care.
- ◇ Please note that **all referrals for Wet AMD** (to both the Macular Clinic in the Mater hospital and to the AMD service in the Western Health and Social Care Trust must) be made on the specific Wet AMD referral forms and not the GOS18 form. Both Wet AMD forms are available on the BSO website (<http://www.hscbusiness.hscni.net/services/2376.htm>)
- ◇ Practitioners are reminded to ensure that only clinically relevant information should be included in any referral. Information not pertinent to the reason for referral should not be included in the referral.

MOS and Guidance – Update

The HSCB and BSO would like to draw your attention to recent MOS and Guidance issued to all practices.

1. **MOS/281** Guidance on “Early Re-tests” in relation to PPV
2. **MOS/282** Guidance on “Free Sight Test offers”
3. **MOS/283** Information on CET Grant and Allowance (2012)
4. **MOS/284** Information on GOS Sight Test Fee Increase (2013)
5. **MOS/285** Guidance on the prescribing of spectacles for patients with specific learning difficulties (dyslexia)
6. **MOS/286** Information on GOS Voucher value increase (2013)

! All practitioners and practice staff are asked to ensure that they read and implement the memoranda detailed above. Please also ensure that you bring this guidance to the attention of all part-time or locum professionals who work in your practice. The annual Quality Assurance returns from practices now require a declaration from practices in relation to the receipt and implementation of MOS and Guidance. Practices may find it useful to place MOS/Guidance on the agenda for all staff meetings so as to ensure full implementation of all ophthalmic guidance.

Glaucoma Services – update

In the last issue of the practice newsletter you were advised of the plans to introduce a Referral Refinement NI Local Enhanced Service (NI LES) for primary care optometric practices. This service is an integral part of the re-design of glaucoma services within Northern Ireland and will be an enabler to ensuring that not only are patients referred only when it is appropriate to do so, but also, the reduction in false positive referrals is reduced ensuring greater efficiency within the service. The HSCB are currently in the final roll out of the R/R service and are finalising the details of the NI LES framework which those practitioners who have successfully completed the training will operate within. All optometrists who wish to provide the service will be required to sign up to the terms of the LES agreement and follow the protocols in place in order to claim the fee assigned to the R/R service. Details of the LES agreement will be made available to the profession in the incoming weeks with roll out of the service during October 2013.



Practitioners should note the importance of clinical record keeping in relation to the provision of the R/R service as the service will be audited by the HSCB within the first 12 months. The audit will not only focus on the 'eligibility criteria' under patients which were provided with the R/R service but also on the value for money which the service provides. It is hoped that practices which have internet access will be able to make claims for R/R

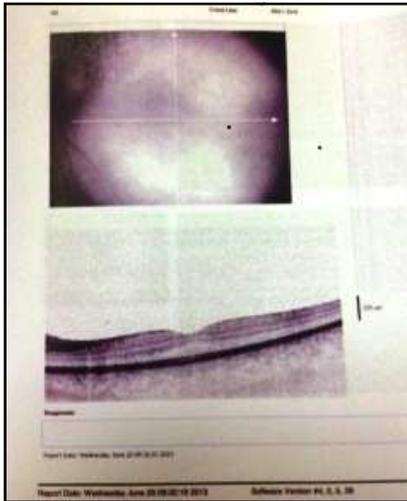
services via a dedicated 'Glaucoma LES' mailbox address in late 2013/early 2014 using the claim form which will be hosted on the BSO website.

The glaucoma service within the Belfast Health and Social Care Trust has now moved in totality to the Shankill Wellbeing and Treatment Centre and is providing a 'one-stop' service for patients where all appropriate diagnostic tests and consultant reviews take place at one visit. The recruitment of optometrists with special interest in glaucoma (COSIs) was approved at the meeting of the Belfast Local Commissioning Group (LCG) on 15th August and it is anticipated that recruitment of these optometrists with specialist interest in glaucoma will take place in the incoming weeks. The HSCB would encourage all practitioners who are interested in applying for a COSI post to ensure that they frequently look at the HSC recruitment website (www.hscrecruit.com).

Increasingly you may have patients who have been referred to the Shankill Health and Well Being Centre and they may be, understandably, apprehensive about travelling so far, and to an unfamiliar area, particularly if they are from outside the Belfast area. Please encourage them to attend by advising them of the benefits of attending a specialist centre and a "one stop" clinic. You can reassure them that the appointment letter includes very clear directions to the centre and there is good parking and easy access.

Continuing Education and Training – CET

The next HSCB/BSO sponsored CET event will be held on **Tuesday 8th October 2013** at Greenmount College, Antrim. The event will be an afternoon session with registration beginning at 1.00pm.



Speakers will include Dr Gerry Mahon from Queens University Belfast, who will give a talk on the subject of OCT scans – interpretation and application within optometric practice and ophthalmology. Dr Mahon works in research and also for the Belfast Health and Social Care Trust. He works not only in the Macular Service but also within many other sub-speciality ophthalmology clinics. Other speakers for the event include Ms Moyra McClure, optometrist and Mr Michael Williams, consultant ophthalmologist, both from the Belfast Health and Social Care Trust. There will also be a brief talk on Fraud Awareness Month by staff from the BSO.

BSO have already circulated details of the event including contact details for booking a place at the event.

!! PLEASE ENSURE YOU KEEP THE DATE FREE— TUESDAY 8th OCTOBER

DOCET – Practitioner Resource

The HSCB would like to draw to your attention the significant amount of resources available to practitioners through DOCET. The DOCET website (www.docet.info) offers a range of educational and learning opportunities for ophthalmic professionals and is a valuable resource. The aim of DOCET is to improve eye health and eyecare through the provision of high quality CET available to all UK registered practitioners. The HSCB contributes funding to DOCET so that NI optometrists may have access to their excellent training resources. We would strongly encourage you to make use of the DOCET website where all their training material is now available on line, both current resources and an extensive archive of past DVD, audio and written material. CET points can be gained as their distance learning is now interactive in line with the new GOC requirements. The latest productions are: Glaucoma Update, a useful revision for anyone planning to undertake the Referral Refinement training and accreditation, and Clinical Decision Making which is a very practical programme relating to clinical situations we all find ourselves faced with. Peer review material is also being developed for use by any group of practitioners. So please have a look at the website at www.docet.info.

Developing Eyecare Partnerships – Update

The first meeting of the DEP Project Board took place on 28th June 2013. The meeting chaired by Dr Sloan Harper, Director of Integrated Care, HSCB enabled members to agree Terms of Reference for the Project Board and to allocate the objectives identified in the DEP policy document to five separate multidisciplinary task groups. The objectives were allocated by thematic analysis and identification of commonality of issues within each of the objectives.

1. Task Group 1 will consider Workforce & Legislative Issues (four DEP objectives)
2. Task Group 2 will consider Commissioning & Integrated Models/Pathways (four DEP objectives)
3. Task Group 3 will consider Regional Measurements of a new eyecare model and pathways (one DEP objective)
4. Task Group 4 will consider the Regional Acute Eyecare Pathway (one DEP objective)
5. Task Group 5 will consider the Promotion of Eye Health within relevant strategies (one DEP objective)

Membership of the task groups will be representative of all sectors with an vested interest in eyecare as it fits within the broad remit of health and social care. Representatives of the voluntary sector, patient and carer groups, academia and health and social care organisations will work to ensure that the objectives of DEP are clearly thought through and actioned. The work that these groups will undertake will pave the way for the integration of eyecare services and development of eyecare partnerships over the next five years. The next meeting is scheduled for the end of September and a fuller update on progress will be

Health and Care Number for GOS

It is expected that from late 2013 there will be a requirement for patients to provide their Health and Care Number (HCN) in order to access General Ophthalmic Services. This is in line with other contractor services and will mean that optometry practices must advise patients of the need to have their HCN prior to their GOS sight test or GOS dispensing. A patient who does not have a recent medical card (post 2004) and therefore does not know their HCN can access the number by either:

1. Checking a recent NHS prescription from their GP (the number is on the top of an NHS prescription)
2. Requesting a new medical card from BSO (Tel: 028 90324431 (switchboard) ask for FPS medical services)

Please note that the introduction of this requirement will be a managed process within BSO and optometry practices will be given advance notice of the implementation of this new requirement.

National Eye Health Week 16-22nd September

The fourth annual National Eye Health Week (NEHW) will take place from 16th to 22nd September and this year the College of Optometrists and Fight for Sight are collaborators with NEHW. These alliances will ensure that promotion of eye health as an integral part of general health and the role of research in preventable sight loss are highlighted to the public on a national forum.

The Vision Matters website has full details of events which are taking place and resources which practices can download in support of NEHW. For information on NEHW please visit <http://www.visionmatters.org.uk>

Learning Disability – Information on Resources

Recent research has revealed that six out of ten adults with a learning disability need glasses but, where learning disability is the main condition, sight loss is often overlooked. Undiagnosed sight loss among this group can significantly reduce a person's quality of life and create additional health and care problems. In an initiative to support eyecare professionals RNIB are working with professionals to ensure that the UK's 1.5 million people with a learning disability are referred for regular eye tests. Optometrists and dispensing opticians often tell us, however, that they struggle to deliver eye tests because the customer is unable to read the letters on the chart or because they have little or no speech. RNIB's award winning training can help you and your teams to make the necessary adjustments to ensure successful outcomes for all of your customers, including alternative testing methods and key considerations for dispensing and clinical decision making. Our course is accredited by the General Optical Council and is available through our Bridge to Vision DVD training resource, which takes just 45 minutes to complete. One practitioner advised "I've got years of experience as an optometrist, but I've never felt confident assessing the vision of people with a learning disability. "RNIB training gave me a whole new way of looking at the issue and provided practical solutions to deliver a first class eye examination. It's made my job much easier, and gave me the confidence and skills to help more people." (David McKeefry, Optometrist, Ayrshire and Arran) The training covers the two core competencies of Communication Skills and Visual Function for optometry, as well as the two core competencies for dispensing opticians of Communication Skills and Refractive Management. Practitioners can order a free training or find out more about the training, call the VILD team now on 0141 772 5588 or email learningdisability@rnib.org.uk

Another opportunity for learning and training in this field is available through WOPEC and LOCSU who have developed a distance learning course to support practitioners in delivering eyecare services to patients with learning disabilities. The course has been designed by Dr Margaret Woodhouse, an expert in this subject. For more information please see <http://www.locsu.co.uk/training-and-development/enhanced-services-training>