

HSCB Optometric Practice Newsletter

VOLUME 2 , ISSUE 4

JUNE 2014

Colleagues,

Welcome to the eighth issue of the HSCB Optometric Practice Newsletter and I hope that you continue to find the Newsletter a useful source of information and reference tool for issues relevant to you as an ophthalmic practitioner. I would encourage you to share the Newsletter with all staff within your practice as there may be news items of wider interest for them. By engaging the support of all your staff involved in the delivery of eyecare services you can ensure that any important service developments are highlighted and any new services are made known.

In this issue you will find: an update on recent local developments for Independent Prescribing (IP) Optometrists, information on an 'acute eyecare service' pilot in the Southern LCG area and information on the 2014 Sight Test and Ophthalmic Public Health Survey. Also included is feedback on the CET event held at the end of April in Greenmount and a probity update.

If you have any items which you would like to have considered for inclusion in the newsletter please contact one of the optometric clinical advisers of the HSCB using the email addresses noted below.

Thank you once again for your support for the Optometric Practice Newsletter and the positive feedback received. It is an important vehicle for the dissemination of information and I hope that you find it complements and reflects the ongoing and active engagement Health and Social Care Board have with the optometric profession in Northern Ireland.

Best wishes



Raymond Curran, Head of Optometry, Integrated Care HSCB

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Health and Social
Care Board

2014 Sight Test and Ophthalmic Public Health Survey

In June 2014 the Department of Health Social Services and Public Safety (DHSSPS) in conjunction with the Health and Social Care Board, will begin the delivery of the 2014 Sight Test and Ophthalmic Public Health Survey. Objective 4 of 'Developing Eyecare Partnerships Improving the Commissioning and Provision of Eyecare Services in Northern Ireland' states:

"A Northern Ireland Sight test Survey will be re-commissioned in order to fully understand the level and type of demand for sight tests in GOS, to include referral patterns, demographics, co-morbidities and the level of private practice undertaken".

The last Sight Test Survey took place in 2007 and was administered by DHSSPS. The 2014 Sight Test Survey will build on information gathered in previous surveys but will, for the first time, include important variables in relation to Ophthalmic Public Health. For example information on eligibility for CVI registration is vital to ensure that progress in reducing avoidable blindness can be measured. There is currently significant public discussion on the importance of public health aspects of eyecare and it is hoped that the information gathered in the 2014 Survey will provide reliable evidence on the following aspects of eyecare service provision (please note that all patient data is anonymised):

- ⇒ GOS and Private Sight Test Activity
- ⇒ Age Profile of Patients
- ⇒ Presence of co-morbidities (diabetes, glaucoma, OHT etc...)
- ⇒ Prescribing Levels
- ⇒ Ethnicity, Gender
- ⇒ Patterns of Referral
- ⇒ Eligibility for CVI Registration
- ⇒ Specialised Equipment in Practice



Optometrists are asked to complete the Survey for ONE WEEK (specified by DHSSPS). HSCB would encourage you to complete and return the Survey in line with the guidance provided by DHSSPS. If you have any questions in relation to the Survey please contact your optometric clinical adviser who will be able to assist you. Please ensure that you check your post and emails for the survey. DHSSPS AND HSCB ASK THAT YOU MAKE EVERY EFFORT TO COMPLETE ALL QUESTIONS IN THE 2014 SIGHT TEST AND OPHTHALMIC PUBLIC HEALTH SURVEY.

Ophthalmic Claims System and Health and Care Number—Update

Health and Care Number (HCN)

In late January 2014 all practices were notified of the amendments to the General Ophthalmic Services Regulations in relation to the requirement for patients to provide their Health and Care Number (HCN) in order to access General Ophthalmic Services (GOS).

As advised in MOS/280 and follow up correspondence from the Business Services Organisation practices should be aware that from 10th June 2014 any GOS claims submitted for payment to the BSO without the HCN will be rejected for payment and returned to the practice. Please ensure from 10th June 2014 that all GOS claims have the patient's HCN included.

During the month of March 2014 Hewlett Packard visited approximately 122 optometry practices and installed an electronic HCN 'look-up' facility. It is anticipated that ongoing access to the HCN 'look-up' facility will be dependant on practices signing up to the new Ophthalmic Claims System (OCS).

Ophthalmic Claims System (OCS)

During May 2014 the Business Services Organisation (BSO) ran a series of information and training evenings in all five LCG areas. The events were organised by the BSO in conjunction with the Health and Social Care Board (HSCB) and were attended by BSO staff. HSCB staff also attended some of these events.

The events were well attended and it is hoped that many more optometry practices will now adopt OCS as the mechanism for submission of their GOS claims. The key purpose of OCS is to make GOS claims in 'real time' and additional benefits of the OCS are:

1. Health and Care Number look-up
2. Errors are automatically highlighted and can be rectified immediately rather than practices having to have forms returned by post and then be resubmitted.
2. Reduction in postage for claim forms
3. Improved cash flow through faster payments
4. Electronic monthly payment reporting
5. Ability to view monthly payments on line
6. Increased security of data
7. View drug alerts/urgent HSC communications in real time

The HSCB would encourage practices to consider adopting the OCS. Further information on OCS can be obtained from the BSO. Please contact Angela Dowds on: angela.dowds@hscni.net or 028 95363752.

Independent Prescribing (IP) Optometrists

Over the past few issues of the Optometric Practice Newsletter the Health and Social Care Board have endeavoured to keep you informed of progress in relation to Independent Prescribing (IP) Optometrists.

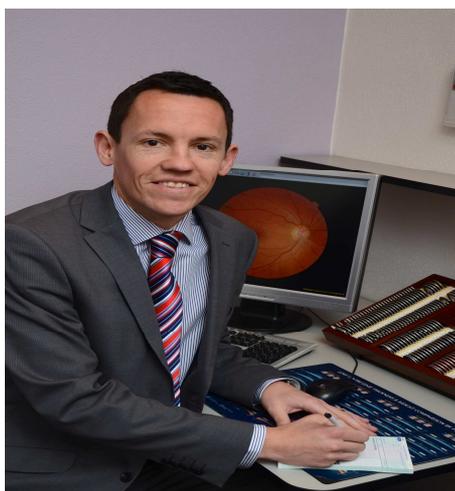
The Health and Social Care Board are delighted to advise you that on 11th April 2014, four IP Optometrists became the first Optometrists to formally register as Non Medical Prescriber Optometrists (NMP Optometrists). The IP Optometrists will be approved and receive their prescription pads once formal notification of their arrangements for prescribing has been provided by their line manager'. They will work within strict governance arrangements, prescribing within their agreed parameters and acting in accordance with the Health and Social Care Board's Guidance for Non-Medical Prescribers, guidance from their professional body and other related practice policies. The optometric practitioners are; Mr Simon Bond, Ms Helen Rocks, Ms Katie Graham and Mr Brian McKeown. All of these Optometrists may use their independent prescribing skills in primary care optometry practice.



The Optometry staff of the Health and Social Care Board are aware that there are several other qualified IP Optometrists currently working in Northern Ireland and many more currently at various stages in their training. If you are a qualified IP Optometrist and wish to register as a Non Medical Prescribing

Optometrist please contact one of the optometric clinical advisers of the Health and Social Care Board who will advise you of the process for registration.

Mr Brian McKeown, Optometrist (Ballymoney and Coleraine) and ONI Committee member, was one of the four IP Optometrists registered on 11th April. Brian is pictured with his prescription pad and said on completion of his registration, "It's a fantastic enhancement to my Optometry skills, allowing me to treat patients and give them quicker access to the care they need."



Optometry Northern Ireland (ONI) are keen to gauge how many optometrists are undertaking the study and training for their IP qualification. Please contact Sara Ball on admin@optometryni.co.uk if you wish to advise ONI of the fact that you are in IP training.

'SPEARS' PILOT - Southern Primary Eyecare Assessment and

In late 2013 the Southern Local Commissioning Group (LCG) approved funding for a one year pilot Primary Eyecare Assessment and Referral Service (SPEARS) within the Armagh/Dungannon locality in the Southern LCG area. The success of the bid for funding was warmly welcomed by Optometry within the Health and Social Care Board and is viewed in the context of providing an evidence base for the establishment of a regional pathway for the management of acute non sight threatening eye conditions as defined by Objective 9 of 'Developing Eyecare Partnerships'.

"A regional pathway will be developed for the diagnosis and management of the "acute eye" across the primary, community and hospital interfaces. This pathway will need to consider how best to maximise resources-both human and financial".*

The aim of the pilot service is to provide a primary care optometry practice based service for patients presenting with minor non-sight threatening anterior eye conditions. Participating practices will be supported with approved training and information on the new service will be provided for patients in the Armagh/Dungannon area. GPs and Pharmacies in the Armagh/Dungannon locality will be provided with training giving information and guidance to enable them to accurately and appropriately sign-post patients to the optometrist.

In total 15 optometry practices are participating in the pilot and 22 optometrists have enrolled on the training and assessment programme for delivery of the Southern Primary Eyecare Assessment and Referral Service (SPEARS) which has been provided by the LCG/HSCB initiative. The outcomes of the pilot will be monitored and audited by the Health and Social Care Board and Fiona North is the optometric clinical adviser who is leading on the implementation and delivery of the pilot.



Participating optometrists will be fully advised of the service specification detailing the inclusion and exclusion criteria for patients and dedicated consultation and reporting forms will be provided. There will be particular emphasis on patient experience and the qualitative analysis of the outcomes of the pilot.

The Health and Social Care Board would like to thank those practices and optometrists who have agreed to deliver the SPEARS pilot, their contribution to the provision of the evidence base for primary care management of minor non-sight threatening eye conditions will be invaluable. Thanks are also extended to Optometry Northern Ireland for their engagement and negotiation on behalf of the profession.

General Ophthalmic Services – Listing Review

The Health and Social Care Board recognise that, due to the changed landscape in provision of General Ophthalmic Services over the years, a review of Ophthalmic Listing is required. This is necessary because of the increasing number of GOC registered 'corporate bodies' providing General Ophthalmic Services in Northern Ireland. The inclusion of an objective relating to ophthalmic listing within the five year plan of 'Developing Eyecare Partnerships, Improving the Commissioning and Provision of Eyecare Services in Northern Ireland' (DEP) adds weight to the need for a review of the current list and operating procedures for list admission.

DEP Objective 3 states:

"In order to promote service quality, the DHSSPS will consider introducing primary legislation which, subject to Assembly approval, will enable the HSC Board to develop and maintain an extended listing system of individual practitioners involved in the provision of GOS."

The Department of Health, Social Services and Public Safety are leading the working group which is charged with the delivery of the above Objective (DEP Task Group 1– Legislative and Workforce Issues). This will be a significant piece of legislative work and will progress over the remaining timeframe for Developing Eyecare Partnerships.

Over the next few months the Health and Social Care Board will undertake a review of all registered providers of General Ophthalmic Services. It is anticipated that the review will involve contact with all practices with information being sought on issues including: the nature of practice 'ownership' (e.g. body corporate, single optometrist owned), days and hours for provision of General Ophthalmic Services and details of optometrists working in the practice. The review will involve all practices registered to provide General Ophthalmic Services irrespective of the level of activity of service provision. It is essential that ALL practices providing GOS provide the requested information to the Health and Social Care Board.



It is anticipated that following the review of listing of practices/GOS providers, changes to the processes for admission to the ophthalmic list will be implemented. As part of these changes GOS providers will be provided with guidance on the current regulatory framework for GOS provision and changes to the way in which individual practitioners register with the Health and Social Care Board will also be introduced.

Following the review of listing the Health and Social Care Board will work with the Department of Health Social Services and Public Safety to contribute to the work of Task Group 1. Optometry Northern Ireland (ONI) will be advised of relevant issues in respect of listing via regular meetings with the Health and Social Care Board.

New Chief Executive of the Health and Social Care Board

The new Chief Executive of the Health and Social Care Board is Ms Valerie Watts who will take up her new position in July 2014. Ms Watts has extensive experience of public sector work having held senior leaderships posts in Northern Ireland and Scotland. The Optometry staff within Integrated Care in the Health and Social Care Board look forward to working with Ms Watts as Chief Executive, to deliver safe, improved and integrated quality eyecare services aligned to 'Transforming Your Care' and facilitated by the five year plan of 'Developing Eyecare Partnerships'.

Paediatric Eyecare Advice – Contacting HES clinics and Sight Test Intervals

- ⇒ Practitioners should note that the most up to date list detailing contact numbers and staff names for HES Refraction and Orthoptic clinics is hosted on the BSO website (<http://www.hscbusiness.hscni.net/services/2376.htm>).
- ⇒ Please be advised that if you have a query regarding a HES-issued prescription it should be directed to the refracting optometrist contacted via the refraction clinic. The orthoptist can answer queries on the condition and management but cannot give out information regarding the prescription.
- ⇒ Please note that often the patient records in the hospital are not easily accessible and it may take time to provide the information needed therefore your patience is requested.
- ⇒ Following the recent CET event at Greenmount several queries were raised in relation to sight test intervals for children. MOS/275 and MOS/281 provide guidance on GOS sight test intervals and early re-test protocols. Department of Health guidance on the recommended **MINIMUM interval** for sight tests is clear and practitioners should refer to this guidance when giving a recommendation for recall intervals for all GOS sight tests.

Domiciliary Eyecare—Audit of GAIN Guidance

In the March 2014 issue of this newsletter, some brief information on the HSCB audit of the GAIN Best Practice Guidance for Domiciliary Eyecare was provided. Practices may have been contacted by Daniel McGartland, Optometry intern, HSCB in regard to participation in the audit. Daniel has already collected a significant amount of feedback from Care homes and patients as part of the audit.

The HSCB would ask that if possible you give 20-30 minutes of your time to speak with Daniel who is undertaking the data collection for the audit. It is hoped that the analysis of the audit findings will take place during the summer months and a report including recommendations will be presented to the Health and Social Care Board in the Autumn of 2014.

Glaucoma Service and Local Enhanced Service – Update

- Practitioners are reminded that referrals for OHT must follow the correct pathway—Belfast LCG practices should use direct referral to the Shankill Health and Wellbeing Centre. For all other LCG areas referral is via the patient's GP as usual.
- Practices are reminded that they must attach the LES reporting Summary Sheet with all claims for payment—this is a requirement of the LES.
- The period for tonometry grant applications has closed and no further applications for tonometry equipment grant aid can be accepted by the Health and Social Care Board.
- If there are practitioners who have not yet been accredited for the provision of the IOP Referral Refinement (Repeat Measures) Local Enhanced Service please contact one of the optometric clinical advisers. A list of the names of optometrists who wish to sign up for any future training and accreditation sessions is being collated. It is hoped that some further accreditation may be commissioned in the incoming months if sufficient interest is expressed from practitioners.

The Health and Social Care Board would encourage you to watch the following video – <http://vimeo.com/88748284>. The video demonstrates the new glaucoma service at the Shankill Health and Wellbeing Centre and involves a patient talking about their positive experience of the re-designed glaucoma service.

ICT—Primary Care Optometry Connectivity

Page 3 of the newsletter outlines the developments to date of the Ophthalmic Claims Service. We are also working with HSCB IT colleagues to deliver a strategic vision of wider, secure, networked connectivity within the FPS family, including GOS. A small pilot in Southern LCG area in 2012 outlined the patient benefits of secure e-Referral, including transmission of images. In the pilot those images were fundus photographs; any future developments might be transmission of OCT scans, field plots, 3D images etc. The pilot demonstrated that in excess of 20% of patients that would otherwise have been referred to secondary care were triaged out of that scenario. This reduced patient anxiety and maximised resource.

With the emergence of GP e-referral via Clinical Communications Gateways (CCG), and the valuable resource that Electronic Care Records (ECR) add to direct patient care, your Board is committed to seeking to build secure networked connections within GOS. The advantages will include improvements in patient safety, minimisation of duplication and waste, and secure and timely two-way communications to enhance direct patient care.

CET Event— Greenmount 29th April 2014

On Tuesday 29th April the Health and Social Care Board and Business Service Organisation hosted the annual full day Continued Education and Training Day at Greenmount College. Over 120 practitioners, both optometrists and dispensing opticians, attended the event.

Themes for the day were Glaucoma and Paediatric Eyecare. Raymond Curran, Head of Optometry HSCB, presented on the background to the HSCB-commissioned redesign of glaucoma services in NI and the impact of NICE Clinical Guideline 85. Raymond provided audit information on referrals for ocular hypertension before and after the introduction on the IOP Referral Refinement Local Enhanced Service. A complementary presentation on glaucoma was delivered by Dr Angela Knox, consultant ophthalmologist and clinical lead for the glaucoma service. Dr Knox talked about the set up of the glaucoma service in the Shankill Health and Wellbeing Centre including the multidisciplinary skill mix, the IT capabilities and the volumes of patients attending the clinics. She also delivered several interesting slides on optic heard head analysis. Mr Ian Jarvis, a Scottish optometrist gave an interesting lecture on OCT scanning and its applications in optometric practice. His talk included an interactive quiz on OCT scans and sweets were given to those who gave correct answers!

Aspects of paediatric optometry were covered in presentations by Professor Kathryn Saunders and Dr Margaret Woodhouse. Prof Saunders gave a talk on the 'Why, When and How Much? - an evidence based approach to prescribing glasses for young children'. The presentation was excellent with a focus on what is normal and abnormal refractive error at the various stages of childhood development. Prof Saunders cited anonymised case studies and asked for audience participation on management of the patient, she also stressed the importance of the use of cycloplegia and age appropriate vision tests. Dr Woodhouse gave a very engaging talk on the examination of and prescribing for patients with learning disabilities. Dr Woodhouse spoke about the refractive errors in children with Downs Syndrome and those with Cerebral Palsy and provided advice on prescribing for these children and the importance of near vision tasks for these patients. It was noted that appropriate methods of communication including non-verbal gestures are essential when examining children with learning disabilities and that practitioners must ensure that they allow sufficient time for their eye examinations.



If you have any topics which you would like to see covered in future CET events please contact Ms Janice McCrudden, optometric clinical adviser, HSCB at: janice.mccrudden@hscni.net. It is hoped that the next event will be a half day event in early Autumn 2014 featuring anterior eye and contact lens lectures.

Practitioners are reminded to check the status of your CET requirements with the General Optical Council (www.optical.org and click on My GOC).
You are also encouraged to make use of the DOECT website for CET.

NICE—Technology Appraisal

The National Institute for Health and Care Excellence (NICE) is tasked with providing guidance on current best practice in health treatment and care, including public health, to the NHS in England and Wales. The Department of Health Social Services and Public Safety (DHSSPS) has a formal link with the Institute under which NICE guidance, published from 1 July 2006, is reviewed locally for its applicability to Northern Ireland and, where found to be applicable, is endorsed by the Department for implementation in the HSC. The process addresses two types of NICE guidance:

1. Technology appraisals (TAs) which describe whether or not a drug, medical device or surgical procedure should be funded by the NHS, based on its cost-effectiveness.
2. Clinical guidelines (CGs) to describe recommendations on the management of people with specific diseases and conditions – regarded as standards that the NHS is expected to achieve over time.

For noting only - NICE Technology Appraisal 301 (TA301)

TA 301 updates and replaces NICE technology appraisal guidance 271 issued in January 2013. It states that (in certain circumstances) Fluocinolone acetonide intravitreal implants are recommended as an option for treating chronic diabetic macular oedema after inadequate response to prior therapy. For further information please refer to <http://guidance.nice.org.uk/TA301>

Annual Optometry Quality Assurance Returns 2013/14



The annual Optometry Practice Quality Assurance (QA) returns have been received into local offices in recent weeks. The QA returns provide information in relation to; complaints, adverse incident (AI) reporting, receipt and implementation of MOS and Ophthalmic Guidance and the provision of plans for GOS business continuity. QA returns are an important mechanism used by the Health and Social Care Board to gain necessary assurances that primary care professionals are adhering to regulatory and best practice guidance thereby assuring quality and safety of service provision.

PLEASE NOTE: The GOS template for Business Continuity for 2014/15 is available on the BSO website. If you require clarity or guidance on the business continuity aspect of the QA returns please contact the optometric clinical adviser in your local HSCB office.

Staff from HSCB local offices have undertaken to contact practices which have not returned their quality assurance documentation. It is important that optometry practices, like other primary care contractors, engage in the quality assurance process and make their annual declarations. **Please ensure that you complete your annual QA return as requested and return it to the designated officer in your local HSCB office.** If you have any questions in relation to any aspect of the QA returns please contact Margaret McMullan by email at: margaret.mcmullan@hscni.net

Probity – Update

- 80 practices were visited for post payment verification during 2013/14 and 20 ophthalmic checking clinics were held. Contractors and their staff are thanked for their facilitation of visits and their co-operation in this process
- From April 2014 patient lists for the records required at the visit will, where possible, be emailed to the practice using an encrypted email to protect the information. Faxing of patient identifiable information can no longer be used. The list will be sent the afternoon before the visit for a morning visit and in the morning for an afternoon visit the same day. The list will be for the majority of records required for the visit but occasionally some extra records may be requested by the optometric adviser during the visit.

If you have any queries in relation to the probity processes or practice visits please contact Fiona North, optometric clinical adviser by email at: fiona.north@hscni.net

!! Important – Please Note New Telephone Numbers

On Monday 28th April 2014 the telephone number for these Health and Social Care organisations/staff have changed to:
028 95 363926— Directorate of Integrated Care, HSCB Belfast
0300 555 0115— Health and Social Care Board Switchboard
0300 555 0114 – Public Health Agency Switchboard
0300 555 0113 – Business Services Organisation Switchboard

First Name	Surname	Direct Dial	Email Address
Coleen	Greene	028 9536 3755	Coleen.Greene@hscni.net
Darren	Sessions	028 9536 3756	Darren.Sessions@hscni.net
Donna	McKiernan	028 9536 3734	Donna.McKiernan@hscni.net
Dorothy	Quinn	028 9536 3735	Dorothy.Quinn@hscni.net
Gareth	Drake	028 9536 3753	Gareth.Drake@hscni.net
Larry	Noade	028 9536 3754	Larry.Noade@hscni.net
Marion	McGaharan	028 9536 3732	Marion.McGaharan@hscni.net
Trudy	Teer	028 9536 3733	Trudy.Teer@hscni.net
Angela	Dowds	028 9536 3752	Angela.Dowds@hscni.net
Karen	Lee	028 9536 3745	Karen.Lee@hscni.net
Scott	Stevenson	028 9536 3731	Scott.Stevenson@hscni.net

Complaints Information For Optometry Practices

HSC Complaints Procedure (April 2009)

Optometric contractors are asked to note the following advice in relation to complaints procedures. Compliance with HSC complaints procedures is a requirement for all primary care contractors and complaints are referenced in GOS Regulations.

Following representations by the Patient and Client Council (PCC) and discussion at the DHSSPS Complaints Policy Liaison Group, it was agreed that in all acknowledgements to letters of complaint or written statements of complaint from patients (or their relatives, with appropriate consent), reference should be made to the availability of the PCC in assisting complainants and providing advice and support through the HSC Complaints Procedure. **This is applicable to all family practices, HSC Trusts and the Board and effective no later than 1 April 2014.**

You will already have a complaints leaflet within which the PCC should be referenced. Therefore as well as enclosing your leaflet with any written acknowledgements to complaints, if not already doing so, you should also now include the line below, or similar type wording: -

"Please find enclosed an information leaflet explaining how your concerns will be handled and contact details for the Patient and Client Council who offer support for complainants, if required."

The Patient and Client Council has local offices in Ballymena, Craigavon, Omagh, with its HQ at 1st Floor Ormeau Baths, Ormeau Avenue, Belfast BT2 8HS – email info.pcc@hscni.net or Freephone 0800 917 0222.

Please note that the role of the PCC in complaints investigations is solely as an advocate for the complainant. This is distinctly different to that of the Board's complaints staff acting as an 'honest broker' or intermediary between complainants and Practices to help achieve resolution of complaints.

Your Practice complaints leaflets should also reference the Board and also the NI Commissioner for Complaints (Ombudsman). If you have any queries please do not hesitate to contact the Board's Complaints Department.