



HSCB Optometric Practice Newsletter

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Colleagues,

Health and Social Care in Northern Ireland is undergoing significant changes which impact on the way care is delivered. Transforming Your Care (TYC), eHealth innovations, Integrated Care Partnerships (ICPs) and a drive to ensure that public health is high on the agenda for commissioners, clinicians and patients, are all aspects of this transformation.

Optometry services in Northern Ireland are part of this process and the contribution which you can make is valuable. Work is ongoing within Developing Eyecare Partnerships (DEP) which is addressing many aspects of the evolving change in the wider health and social care system in Northern Ireland.

Within this issue of the HSCB Optometric Practice Newsletter you will find an update on DEP and its relevance to you in primary care practice. The Newsletter also delivers information to you on other issues pertinent to ophthalmic service provision.

In addition to the Newsletter as a means of communication social media is increasingly used as a mechanism for dissemination of knowledge and information. HSCB and other organisations have embraced the use of social media and in this Newsletter you will find details of how to join and participate in this exchange of information and views. You are encouraged to share this Newsletter with all ophthalmic professionals and support staff in your practice.

Best wishes

Mr Raymond Curran, Head of Optometry, Integrated Care, HSCB

Developing Eyecare Partnerships (DEP) – What does it mean for you?

In October 2012 the Minister for Health, Social Services and Public Safety launched Developing Eyecare Partnerships, Improving the Commissioning and Provision of Eyecare Services in Northern Ireland (DEP). This **five year plan with 12 objectives** will facilitate the development of integrated eyecare services with defined, consistent patient care pathways. The aim is to develop these pathways, from primary care through to specialised secondary care utilising the expertise of a varied skill mix. Information Technology and the adoption of aspects of eHealth will support these pathways using optimal technologies and seamless communication between those providing the care.



Clinical leadership, training and development giving improved patient experience and outcomes are at the core of DEP. As a clinician you are a vital part of these plans and the points below outline the relevance of DEP to you in everyday practice. DEP is an opportunity for you and your representatives to engage with all stakeholders involved in eyecare service provision and you are urged to seize the opportunity. DEP is currently engaging 76 people across all sectors – health and social care, education and the voluntary sector in order to deliver on the identified objectives.

A multidisciplinary Project Board oversees the work of the five working (task) groups with each group being accountable for their progress towards the assigned objectives. The DEP Project Board have just provided their Annual Report to the Department of Health Social Services and public Safety (DHSSPS) and you are encouraged to read this report. The annual report will be available in early December and will be hosted on the BSO website. As busy practitioners it is often hard to find the time to read in detail lengthy documents and the following points may help you understand the current work of DEP and how it will impact on you in your daily work and the ophthalmic care you deliver to your patient. If you have any questions in relation to DEP please ask any one of the HSCB Optometric Clinical Advisers. HSCB will keep you informed of DEP progress in each Newsletter.



DEP.....What more do you need to know?

TASK GROUP 2—Impact for you?

This Task Group examines the pathways for long term eye conditions.

GLAUCOMA — The introduction of the IOP Referral Refinement service into primary care optometry practice has to date resulted in over 60% of patients being 'deflected' from a referral into secondary care based on IOP readings alone. Access to the service for patients is excellent with the vast majority of practices offering the service. Optometrists have recently started work within the glaucoma hub in the Shankill Wellbeing and Treatment Centre. Task Group 2 will continue to examine how primary care Optometrists can contribute to the patient pathway and the Glaucoma service to deliver on Developing Eyecare Partnerships.

CATARACT — During 2014 optometry practices in Belfast and Southern LCG areas adopted the use of refined cataract referral forms and supporting guidance. An audit of the pilots will take place and it is hoped that the refined referrals have produced positive benefits for patients and have assisted in managing the demand on secondary care services. Task Group 2 will continue to scope out future possibilities for primary care Optometrists in the cataract pathway.

MACULAR CONDITIONS — The many new and emerging treatments for medical retinal conditions such as WetAMD, RVO and DMO are welcomed by both clinicians and patients. The Public Health Agency (PHA) Specialist Commissioning Group oversee the commissioning of these specialist macular services and Task Group 2 will work with them to ensure that primary care Optometrists are fully informed of the pathway for patients who need these treatments. In addition primary care Optometrists have a responsibility to ensure that any referrals they make for such conditions are based on good clinical assessments and ocular examination taking into account presenting history and symptoms. Please refer to local guidelines on the referral pathway. Note also that reliance on retinal imaging technologies can sometimes lead to false positive referrals and accurate reading and understanding of ocular scans is vital.

TASK GROUP 4—Impact for you?

This DEP Task Group is charged with development of a regional pathway for threatening acute eye conditions. Please see

the management of non-sight **page 15** of this newsletter for the relevance to you.

TASK GROUP 5—Impact for you?

This Group is looking at the promotion of eye health.

Primary care Optometrists are in the ideal position to be able to contribute to this work. Smoking cessation, advice on nutrition and lifestyle choices, and breaking down perceived barrier to access to eyecare services are all central to this work and your contribution to this work will be invaluable. A Smoking and Sight Loss leaflet is available for download on the BSO website at <http://www.hscbusiness.hscni.net/services/2376.htm> ([click here](#)).

2014 World Sight Day

Thursday 9th October was World Sight Day 2014 and the Health and Social Care Board took part in a publicity campaign to raise awareness of sight loss and the importance of eye health. Many organisations such as RNIB, Moorfields Eye Hospital, Vision 2020 UK actively promoted the day both with events and through the use of social media.

HSCB local offices hosted awareness raising events. Staff were given a quiz on sight loss and the latest issue of the HSCB Disability Insight Newsletter. The newsletter covers disability in relation to sight loss and can be viewed and downloaded from the following link: <http://www.hscbusiness.hscni.net/services/2376.htm> ([click here](#)).



Western Trust ECLOs - Conor McPhilemy and Catriona Doherty



Western Trust ECLO, Conor McPhilemy and Mr Gerry Cleary, Dental Adviser HSCB

RNIB Eye Care Liaison Officers (ECLOs) were on site to talk about sight loss and the work they do within our secondary care clinics to support people with sight loss. ECLOs are a valuable resource within ophthalmic services offering both emotional support, practical advice and sign posting to other important services for people who are visually impaired or, who have been diagnosed with an eye condition which will lead to sight impairment.

HSCB staff were given the opportunity to try on simulator spectacles (Sim Specs) which allow the wearer to appreciate how certain eye conditions affect visual function. Estimates vary on the proportion of sight loss which is avoidable (50-80%) but is important that patients are continually reminded about the importance of eye health and the steps they can take to mitigate against sight loss — smoking, healthy diet, UV protection etc.... There are a wealth of resources available which you are encouraged to utilise to get the important messages of ophthalmic public health across to your patients.

GOC Standards Strategic Review – Call for Evidence

On 7th October 2014, HSCB welcomed representatives of the General Optical Council to a meeting to discuss the current Strategic Review of Standards. Alistair Bridge (Director of Policy & Communications), Linda Ford (Head of Education & Standards) and Araminder Cooner (Communications Officer).

The GOC representatives were keen to hear the views of the HSCB in relation to the current GOC Consultation on the review of Standards. The HSCB welcome the review of standards which it is hoped will provide clarity to all GOC registrants on the Standards which must be adhered to—ethical, performance and competence. The review is important as the changing scope of optometric practice including extended roles for optometrists means that standards need to be fit for purpose and agile, taking account of future developments. The HSCB have submitted a formal response to the Call for Evidence which is the first step in a lengthy process for the GOC to review Standards for all GOC registrants.

On 13th October the GOC announced that 'duty of candour' for optometrists and dispensing opticians will be included in the GOC's new standards of practice publication next year. The GOC confirmed it would join seven other healthcare regulators in making sure registrants are open and honest with patients when something goes wrong with their treatment or care with the potential to cause harm or distress. The GOC recognise the importance of working with patients, registrants and other key stakeholders as they continue their work in the review of Standards.

Mr Frank Petticrew – A Lifetime Fellowship

It was with great delight that the Health and Social Care Board read of the election as a Life Fellowship to the College of Optometrists for Mr Frank Petticrew. Fellowship of the College is awarded to individuals who



have made an outstanding contribution to the profession or to the College. The College in their announcement of election of Mr Pettigrew said that the award was "in recognition of his pioneering contribution to complex contact lens fitting, to continuing education for optometrists, and his work to improve the standard of community eye care in Northern Ireland."

Frank has without doubt made a significant and valuable contribution to optometry within Northern Ireland and his elevation to Life Fellow is deserved recognition of his work, dedication and professionalism. The ceremony was held on Tuesday 4th November. **Many Congratulations Frank!**

2014 Autumn CET Event—Greenmount College

The HSCB /BSO supported Autumn CET Event took place on Tuesday 7th October 2014. 98 practitioners attended the half day event which focussed on the anterior eye.

Mr Peter Frampton, an Optometrist Independent Prescriber gave a talk called "No Worries Mate: A 'How to' guide to acute eye management". In his talk he emphasised the importance of having a Clinical Management Plan for all patients who present with an acute eye condition. This plan should be supported by the clinical management guidelines produced by the professional bodies and other sources of information. Mr Frampton stressed the importance of condition outcome audits and the need to self-reflect and learn from each patient interaction when dealing with acute eye conditions.

The second lecture of the afternoon was delivered by Dr Catharine Chisholm, Clinical Affairs Manager, Topcon. Dr Chisholm's lecture titled "Collagen Cross Linking & the changes in how we should now manage early Keratoconics" covered the emerging technologies for Cross Linking in Keratoconus. Attendees were provided with a background to the actual technique of Cross Linking and the importance of early diagnosis in order to achieve optimal results in corneal rigidity and strengthening. Dr Chisholm talked about corneal mapping the various types of scans that are produced—not for the faint hearted!

Professor Johnny Moore, Consultant Ophthalmologist at the Mater Hospital and Cathedral Eye Clinic in Belfast gave a talk on "Managing Dry Eye". Professor Moore provided delegates with a wealth of information on the structures of the tear layer and the sensory pathways and feedback mechanisms in the Central Nervous System which impact on lacrimation and tear production. The diagnosis and management of dry eye can be a complex task and Professor Moore highlighted the importance of an accurate history and symptoms, anterior eye examination and consideration of systemic conditions such as Acne Rosacea.

Sincere thanks are extended to all the speakers who took the time to come and present at the event. Thanks also to the practitioners who attended, your support is appreciated. The reflective learning questions were issued on 13.10.14. Finally but not least of all, thanks to Karen Lee and Gareth Drake in BSO for their hard work and efforts in organising the event and uploading CET details.

SPRING CET EVENT—SAVE THE DATE TUESDAY 24th MARCH 2015

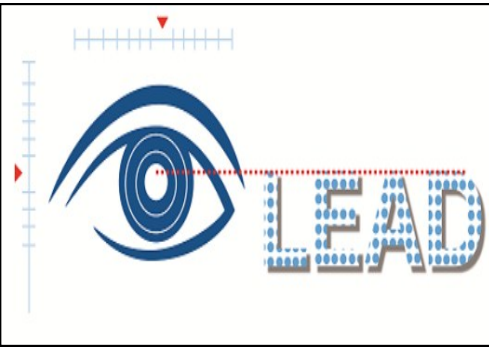
Patients needed for research study — Can you and your patients help?

Queens University Belfast are participating in a new study on laser treatment for Age Related Macular Degeneration and Professor Usha Chakravarthy has issued an appeal to primary care optometry practices to assist in the recruitment of patients.

The study known as the LEAD (**L**aser intervention in **E**arly **A**ge-related Macular **D**egeneration) aims to treat patients who have early AMD with laser. The study device is a laser which has been specially developed to treat retinal diseases including early AMD. The treatment phase of a pilot study has been conducted on 50 people with the results indicating that the study laser may provide a benefit compared to the current management of early AMD which is limited to observation and maintenance of a healthy diet. This international research project will be conducted at a small number of centres throughout the world. The Royal Victoria Hospital of the Belfast Health and Social Care Trust has been selected to be a study site. The key criteria for patient eligibility are:

1. Age > 50 years
2. Good visual acuity at least Snellen 6/12 or better in both eyes
3. No evidence of late stage macular degeneration (neovascular or geographic atrophy) in either eye

If you have a patient who fulfils the above criteria and who may be willing to participate in the study please ask your patient to contact: Miss Rebecca Denham on 02890 635 5412.



College of Optometrists issue Ebola Guidance and Clinical Alert— advice on using Tea Tree Oil to treat Demodex blepharitis

The College of Optometrists have issued guidance for members on Ebola. The College advises that although the likelihood of imported cases of Ebola is low, optometrists should be vigilant. Please refer to the College Website for this guidance (<http://www.college-optometrists.org>, or [click here](#)).

On 20th October the College issued a clinical alert to members on the use of tea tree oil to treat Demodex infestation of the lash follicles and the eyelid glands. The College advise that only experienced practitioners should use 50% Tea tree oil to treat Demodex infestation due to the risk of toxicity for the ocular surface. Please refer to the College website to download the guidance or, [click here](#).

Ophthalmic Preparation/Drug Alert—Zovirax Eye Ointment

GlaxoSmithKline UK is recalling two batches of Zovirax Eye Ointment (Aciclovir 3%). Details of the drug alert have been issued to all practices in MOS/292. The alert is hosted on the BSO website and OCS splash page. To view the alert please [click here](#).

A Focus on Paediatric Eyecare

The examination of a children is an important and ongoing part of primary care optometry practice and it is vital that optometrists are equipped with current knowledge and thinking in the field of paediatric eyecare. This knowledge applies to both the current evidence base for prescribing and to the approach you as an optometrist take to the examination of children who attend your practice. Confidence instilled in a child by your approach to their eyecare will reap rewards for both practitioner and patient. It is acknowledged that examining very young children or, children with special needs, is challenging. It is vital that the decisions you make in relation to the management of a child are consistent with best clinical practice. Optometry in Practice (Volume 15, Issue 3) presents an interesting and informative article titled "Optometric examination of Children—child's play" which you may wish to read ([click here](#)) to support this focus on paediatric eyecare.

The following points should be noted and adopted as standard practice when you examine a child in your practice.

What Vision Tests?

The vision tests you use in practice should be age appropriate for the child you are examining. Accurate vision testing in children is essential so that amblyopia is detected, even subtle differences in vision should be detected. The tests need to be robust and repeatable. If you are referring a child with a suspect oculomotor balance problem or, refractive amblyopia, it is VITAL that you have measured vision accurately and that you annotate the vision test you have used in measuring the vision on your referral. If you are examining children in your practice you should ensure that you have age appropriate tests. The following tests are examples of vision tests you should use for children of the age groups noted. The universal P1 vision screening programme adopts the use of LogMAR tests and you are encouraged to use these to provide consistency.

Age 0-2 yrs: Keeler Acuity/ Teller Acuity/ Cardiff Acuity (Resolution Acuity, Preferential Looking)

Age 2-4 yrs: Lea Crowded Symbols Test / Crowded Kay Picture Test/ (Recognition Acuity, Picture Naming-Matching)

Age 3yrs+: Sonksen LogMAR test/ LogMAR Acuity Test (Recognition Acuity, Letter Naming-Matching)

With older children it is vital that you adopt the most challenging test that a child can capably deal with.

Snellen fraction	6/3	6/3.75	6/5	6/6	6/7.5	6/12	6/15	6/18	6/24	6/36	6/48	6/60
logMAR	-0.3	-0.2	-0.1	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.8	1.0

..... Clinical Aspects of Paediatric Eyecare

Cycloplegic?

.....YES

It is vital that you use cycloplegic when examining the eyes of a child who presents to you. This is essential when a parent/guardian presents to you with any concerns about their child's eyes or vision. Accurate assessment of the refractive status of a child is necessary in all instances but is essential when there is **ANY QUERY or CONCERN** about strabismus or amblyopia. Retinoscopy and refraction performed under cycloplegia is the gold standard for this assessment. Secondary care eyecare professionals have an expectation that cycloplegic refraction will have been conducted in primary care and if you are referring a child whom you have not performed cycloplegic refraction on you **MUST** state this.



Cycloplegic refraction is not something an Optometrist should have concern about undertaking. Adverse reactions to Cyclopentolate are unusual and there are only a few conditions where it is contra-indicated. These are generally related to conditions where the anterior chamber may have an unusual structure, for example; glaucoma, aniridia, microphthalmos, microcornea and Peter's anomaly. One drop of 1% Cyclopentolate in each eye is the accepted method for children with light irides over six months of age. Children with dark irides may require additional instillation of drops.

Do I prescribe the Full Cycloplegic Rx?

If you decide to prescribe spectacles for a child that you have examined, current evidence advises that normally you should prescribe the FULL cycloplegic prescription (minus working distance). If you are referring a child whom you have examined, please state that you have performed cycloplegia and annotate the FULL RX you found in the referral.

How and Where do I refer my patient to ?

When referring a child to the Hospital Eye Service you should use the dedicated OP/OR1 referral form. This form is available in PDF format and is hosted on the BSO website (writeable PDF format). An updated list of all HES Orthoptic and Refraction Clinics in N.Ireland has recently been sent to your practice by the HSCB. The updated lists are on the BSO website. Please ensure that you refer directly using the dedicated the OP/OR1 referral form ([click here](#)). For all other paediatric ophthalmology referrals please use the GOS 18 referral form ([click here](#)).

.....Other considerations in Paediatric Eyecare

**Should a child be under the HES AND Primary Care Optometry for REFRACTION?
.....NO**

If a child is attending the Hospital Eye Service (HES) for their refractions it is important that you do not undertake refractions for that child or, provide a different spectacle prescription to that which the HES has prescribed. Decisions in relation to the spectacle prescription which

is issued are informed by advice and feedback from Orthoptists and Ophthalmologists who work alongside HES Optometrists. Considerations such as; angle of strabismus, level of amblyopia, fusional ability, accommodative function and age, are all part of the HES decision making process. If you or the parent of a child who attends your practice with a HES Voucher have concerns about the prescription issued please contact the HES to discuss the issue using the details in the contacts lists recently issued.

Small Glasses and the GOS Supplement –what frames are eligible?

Only frames which have a box size of 55mm or less are eligible for the Small Glasses Supplement under GOS. The supplement can only be claimed for children under 7years of age.

Spare Pairs – what patients are eligible?

Under GOS *no patient is automatically entitled* to a spare pair of spectacles. **MOS/273** details the criteria under which a spare pair of spectacles may be approved. Please bear in mind that if your patient has a serviceable pair of existing spectacles you should utilise these as a back up pair rather than automatically provide two pairs under GOS. **MOS/273** outlines the process for approval of a spare pair.

PLEASE NOTE: There are many clinical and academic/ educational resources in relation to paediatric eyecare which will help inform you about current evidence based practice and you are encouraged to use these. If you have any queries in relation to aspects of paediatric eye care provision please contact any one of the HSCB optometric clinical advisers who will be happy to deal with your query.

Ophthalmic Listing – HSCB Review What you need to know

During September and October 2014 the Health and Social Care Board undertook a review of all Optometry practices which are currently providing General Ophthalmic Services (GOS). The current Regulations – 'The General Ophthalmic Services Regulations (Northern Ireland) 2007' state the requirements for ophthalmic listing and the recent review provided up to date information on all GOS providers. The Ophthalmic Committee have been fully informed about the review at meetings in the past few months.

In the incoming weeks the Health and Social Care Board will issue important guidance and information to all GOS providers. This guidance outlines in detail the statutory requirements for providers of GOS. All GOS providers must read this guidance as it contains essential information on compliance with current GOS Regulations. One example of a requirement for GOS providers is the notification of any changes to the 'listed information' in respect of the days and hours when GOS is provided. The Regulations state that these changes must be notified within 14 days and the guidance provided to GOS providers details the mechanism for such notifications.

ACTION REQUIRED !!

The Health and Social Care Board require all GOS providers to comply with GOS Regulations and the guidance you will receive should assist you as a GOS provider in complying with statutory requirements. The guidance is not a replacement for the GOS Regulations but rather an aide memoir for GOS providers to support compliance with the GOS Regulations. You are asked to review the General Ophthalmic Services Regulations (Northern Ireland) 2007 which can be downloaded from the following BSO website link:

<http://www.hscbusiness.hscni.net/services/2376.htm> ([click here](#)).

If you have any queries in relation to ophthalmic listing please contact any one of the HSCB optometric clinical advisers who will be happy to answer your questions.

RNIB Guidance— 'Looking Ahead: A Parent's Guide'

RNIB have published a useful booklet to support parents and carers of children with visual impairment. It provides information on the organisations and services which a child with visual impairment can access. To view the guide: <https://www.rnib.org.uk/northern-ireland-services-rnib-northern-ireland-children-family-and-youth-services/family-support> ([click here](#)).

Macular Society – Research Funding Award

The Health and Social Care Board would like to congratulate Dr Raymond Beirne of the University of Ulster on a recent award of £46,000 from the Macular Society for a research project. The project "Does higher macular pigment optical density preserve scotopic visual function in intermediate age-related macular degeneration?" will lead to a better understanding of how scotopic visual function may be influenced by macular pigment levels in intermediate AMD and if a combination of macular pigment levels and dark adaptation function have the potential to further stratify individuals classified as having intermediate AMD. Dr Beirne said *"I am delighted to have been awarded such a prestigious award from the Macular Society. Although there has been a great improvement in recent years in the treatment of the wet form of age-related macular degeneration it is predicted that such benefits will be significantly outweighed by a strong demographic ageing effect over the next ten years. There is an urgent need to develop more effective and broadly applicable therapies for both preventing and reducing the risk of AMD progression, which could significantly reduce the burden of sight loss. There is still much that we don't know about how the level of macular pigment in the retina may play a role in reducing the risk of progression"*.

2014 Sight Test and Ophthalmic Public Health Survey

Thank you to those practices who submitted their returns for the 2014 Sight Test and Ophthalmic Public Health Survey. 90 practices provided returns for the Survey which took place in June 2014 (approx 35% return). The Department of Health Social Services and Public Safety (DHSSPS) have analysed the data from the Survey and have produced a report of the findings. Practices who returned their Survey will receive a copy of the Report and it will be made available on the BSO website in the incoming weeks. The Survey has provided information on many aspects of the provision of optometry care in Northern Ireland which will support and inform the work of Developing Eyecare Partnerships and other organisations who have a specific interest in eyecare and eye health.

Thank you for taking part, your contribution is appreciated.

Independent Prescribing

In early October the HSCB registered two more Independent Prescribing Optometrists facilitating the issue of HS21 prescription pads to these Optometrists. The Health and Social Care Board recognise and acknowledge the value that Independent Prescribing Optometrists add in the delivery of quality eyecare to patients. Congratulations to all those who have recently registered or, completed their IP qualification.

IP – ONLINE RESOURCES

The following resources are not exclusive to IP Optometrists and you are encouraged to utilise these resources.

1. The College of Optometrists have an online resource, a 'forum' which IPs and Optometrists are encouraged to engage in. The forum is a mechanism to pose questions you may have in relation to your IP practice and for the sharing of knowledge and views/opinions. You can access and subscribe to the forum via your College of Optometrist member log-in details. You will be directed to the forum from the CPD/CET tab on the website (follow the therapeutics link).
2. The British National Formulary is an essential resource for all IP Optometrists. The online version is free but you must register to use it. The BNF can be accessed <http://www.bnf.org/bnf/index.htm> ([click here](#)).
3. Another online resource which you may find useful is available at <http://www.medicines.org.uk/emc/> ([click here](#)).

GENERIC PRESCRIBING

IP Optometrists are encouraged and asked to prescribe ***generically in all appropriate circumstances*** and the HSCB produce Generic Prescribing Newsletters. For example, for those professionals prescribing glaucoma preparations the April 2014 Newsletter provides advice on the prescribing of Latanoprost as an alternative to the branded Xalatan®.

N.I FORMULARY

The Northern Ireland Formulary has been developed to promote safe, clinically effective and cost-effective prescribing of medicines. Although the Chapter on Eye Medications has not yet been developed the website provides newsletters on; Generic Prescribing, Medicines Management, Medicines Safety and Cost Effective Choices information. Please refer to: <http://niformulary.hscni.net> ([click here](#)).

Opportunities for interactions with Health and Social Care and other organisations

Increasingly organisations are turning to social media for the dissemination of knowledge, ideas and opinions. Many Health and Social Care organisations, academic institutions, industry and voluntary bodies are now using applications such as Twitter and Facebook to get their message across. The Health and Social Care Board, Public Health Agency, Patient and Client Council have all adopted the use of social media and you are encourage to look at the messages they deliver as a means of keeping up to date with developments. RNIB, College of Optometrists, GOC, Vision 2020 UK, UK Vision Strategy and the University of Ulster are also users of social media.

Please take the time to check out the social media feeds (on Twitter) of some of the following organisations and support groups:

@HSCBoard	@CollegeOptomUK	@_VAO
@publichealthni	@GOC_UK	@FODO1
@PatientClient	@ChectUK	@OpticalConfed
@RNIBNI	@KeratoconusGB	@FollowBIOS
@RNIB	@MacularSociety	@RCOphth
@VISION2020UK	@OptometryToday	@dhsspsni_gov
@UK_Vision	@UlsterUni	@rcgp
@TYC_Action	@HSCBeHealth	@Age_NI



You will find connections and pathways to other organisations and individuals which may interest you through these links. The information which is available to you as a optometric professional today is unlimited and you will find that it is a good way to keep abreast of developments in your own professional sphere and beyond.

Be wise — always maintain appropriate personal and professional boundaries and standards when using social media.

Guidance for GPs on Sight Loss in Older People

The Royal College of General Practitioners (RCGP) have recently issued guidance for GPs on Sight Loss. Eye Health is currently a clinical priority for RCGP and Dr Waqaar Shah is the Clinical Champion for Eye Health. RCGP are working with UK Vision Strategy as a key stakeholder, aiming to reduce preventable sight loss amongst the ageing population across the UK and improve referral to eye care services of any patient with signs of "correctable" sight loss. RCGP have adopted several tools in order to deliver on this clinical priority including; e-learning, factsheets and clinical networks. The guidance "Sight loss in older people: a guide to general practice" can be downloaded at www.vision2020uk.org.uk/ukvisionstrategy/GPguide ([click here](#)).

Southern Primary Eyecare Assessment and Referral Service (SEPARS)

On 1st September 2014 the Health and Social Care Board in association with the Southern Local Commissioning Group (LCG) launched the Southern Primary Eyecare Assessment and Referral Service (SPEARS) pilot. The pilot creates a pathway for patients with non-sight threatening acute eye conditions to be investigated and managed or, triaged for onward referral by accredited Optometrists working the Armagh/Dungannon locality of the Southern LCG area.

During the month of August 16 Optometrists (plus 2 HSCB Optometric Clinical Advisers!) undertook a series of distance learning assessments and practical OSCEs (Objective Structured Clinical Examinations) provided by WOPEC (Welsh Optometric Postgraduate Education Centre, Cardiff University). All 18 Optometrists successfully passed the training and assessments and as a result the SPEARS service can be provided by 13 practices in the Armagh/Dungannon locality. The service is a 'commissioned' service out with core General Ophthalmic Services and is being provided via a Local Enhanced Service.



Ms Dimple Patel and HSCB
Optometric Clinical Adviser,
Fiona North

On 30th September the Health and Social Care Board provided an awareness raising session for GPs and Pharmacists in the Armagh/Dungannon locality. The event, organised by Fiona North, was supported by local Consultant Ophthalmologist Ms Dimple Patel. Thanks are extended to Ms Patel, Fiona North and all those who attended the event. It is hoped that patients can now be successfully signposted to the SPEARS service and receive the necessary ophthalmic care in a timely manner, closer to home. The service will be closely audited in terms of activity, clinical outcomes, and patient experience.

The Health and Social Care Board would like to thank the participating Optometrists, Optometry practices and Optometry Northern Ireland for their engagement in the planning and delivery of SPEARS.



HSCB Consultation on eHealth and Care Strategy

On 8th October 2014 the HSCB launched a consultation on a strategy for eHealth and Care. It is acknowledged that eHealth and Care is a vital part of the transformation of health and social care and the consultation puts forward proposals to improve health and social care through the use of information and communication technology and in addition outlines the potential to promote opportunities to support the NI economy. You are encouraged to read and provide feedback on this consultation as eHealth and Care is an important component of the continued work to improve health and wellbeing. The consultation can be viewed on the HSCB website (www.hscboard.hscni.net or, [click here](#)). The closing date for responses is Friday 9th January 2015.

Ophthalmic Claims System (OCS) Latest Phase

During late September and early October 2014 the Business Services Organisation conducted a second round of training events in all LCG areas for Optometry practices on Ophthalmic Claims System (OCS). Currently 92 Optometry Practices are using OCS and the feedback has been extremely positive. It is hoped that over the incoming months more practices will adopt OCS for their GOS claims. As with all new systems OCS has experienced some IT glitches and thanks are extended to BSO Ophthalmic Staff, IT Services and Hewlett Packard for their combined efforts to iron out the early issues and to deal with any

problems which may arise with the continued roll out of OCS. If you are interested in adopting OCS for your GOS claims please contact Angela Dowds in BSO Ophthalmic Services (angela.dowds@hscni.net).

Domiciliary Eyecare – Updates and Information

As advised in the previous two Newsletters the Health and Social Care Board have conducted and completed an audit of the GAIN Best Practice Domiciliary Eyecare Guidance. The final report of the audit has been published and will be issued to the care homes and optometrists that participated in the audit in the incoming days. It is anticipated that work will begin to implement the recommendations from the audit in early 2015. If you are interested in contributing to this work as a domiciliary eyecare provider please contact Margaret McMullan, optometric adviser. The audit report can be accessed at: [Regional Audit of GAIN-Best-Practice-Guideline-for-Domiciliary-Eyecare-Provision-in-Nursing-Residential-Care-Homes.pdf](#) ([click here](#)).

The FODO Domiciliary Code of Conduct has been updated. The Code contains many of the best practice recommendations in the GAIN Guidance.

The HSCB have drafted a Domiciliary Eyecare Update to all Care Homes in N.Ireland which will be issued shortly. You can view and download both documents using the following link: <http://www.hscbusiness.hscni.net/services/2379.htm> ([click here](#)).

College of Optometrists – Guidance launched

The College of Optometrists have launched new 'Guidance for Professional Practice' for members. The guidance is intended to raise standards and is a valuable resource to support members in their professional development. Please refer to the College website for details: <http://guidance.college-optometrists.org/home/> ([click here](#)).

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