

HSCB Optometric Practice Newsletter

VOLUME 1, ISSUE 3

MAY 2013

Colleagues,

Welcome to Issue 3 of our practice newsletter. I hope that you continue to find the newsletter interesting and informative. Once again thanks to all our colleagues who have provided positive and encouraging feedback on both issues of the newsletter to date.

This issue of the newsletter contains information on the HSCB staffing structures and points of contact for practices, an update on independent prescribing, an overview of how optometry will fit in to "Transforming Your Care" and an update on the progress of "Developing Eyecare Partnerships".

The coming months and indeed years will be a very challenging time for the Health Service within Northern Ireland with the direction of travel being a shift of resources and care from secondary care into the primary care setting. This will allow a variety of primary care health professionals to treat and care for their patients where it is deemed safe and appropriate to do so rather than have their treatment in the secondary care setting. Optometrists are ideally placed to participate in this process and the HSCB will work closely with the optometric profession to ensure that maximum use is made of the valuable and varied skills which exist in Northern Ireland.

I hope you will enjoy reading Issue 3 of the Optometry Newsletter.

Best wishes



Raymond Curran, Head of Optometry, Integrated Care HSCB

Special points of interest:

- Independent Prescribing
- Cataract Only Referral Pathway
- Electronic Claims Project
- CET update
- Governance update
- Probity update
- MOS advice

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Cataract Only Referral Form

On 26th April 2013 the Belfast Local Commissioning Group (LCG) held an information event to inform practitioners of the launch of a **cataract only referral form** pilot. The event, held at the Belfast City Hospital, was attended by primary care optometrists, HES optometrists, ophthalmologists and clinical service managers from the Belfast Health and Social Care Trust (BHSCT). The new cataract only referral form is being introduced as a pilot for 12 months for optometry practices in the Belfast LCG area. It is hoped that it will lead to more timely and refined referrals for cataract surgery for patients. The referral form will be used for cataract referrals only, instead of the GOS18 form, and includes questions relating to the impact of the reducing vision on quality of life, and the patients willingness for surgery. The aim of the form is to ensure that only those patients who are both in need of **and** are willing to have surgery are referred for ophthalmological assessment. Work is ongoing in the Southern region and it is hoped that a similar pilot project will take place in the Southern LCG area towards the Summer of 2013 Further information on this will be forthcoming.

Transforming Your Care – Update

Following the consultation on "Transforming Your Care" the Health and Social Care Board and associated organisations have been charged with progressing the many changes set out in the document. All developments within optometry will be in line with TYC objectives. One enabler for change which will impact on optometry and primary care in particular is the establishment of Integrated Care Partnerships (ICPs). These partnerships work on the premise of engagement and cross linkage between primary and secondary care. There are 7 individual ICPs based on local populations of approximately 250,000 persons. The care which ICPs will assist in delivering falls within 5 broad health care categories know as "FREDS" -

F= Frail/ Elderly R= Respiratory E= End of Life D= Diabetes S= Stroke. Over the incoming months the clinical leads for the ICPs will work closely with staff in Integrated Care in HSCB, including optometry staff, to ascertain how the objectives outlined in "Transforming Your Care" can be achieved. Thanks to those of you who responded to the consultation on "Transforming Your Care", in total the Department of Health Social Services and Public Safety received over 2,000 responses to the consultation.

Governance – Update

Thanks to all those practices who have completed their QA returns for 2012/13. This year the HSCB sought to gain assurance that all practices received AND implemented any MOS or guidance which were issued in the period 01/04/12 to 31/03/2013.

This year also in line with other primary care professionals, optometry practices were asked to complete a declaration that they would put in place a business contingency plan for unexpected major events. The data from the QA returns will be collated in the incoming weeks and feedback will be available in the next issue of the newsletter. If you have not completed your QA return please do so as soon as you can.



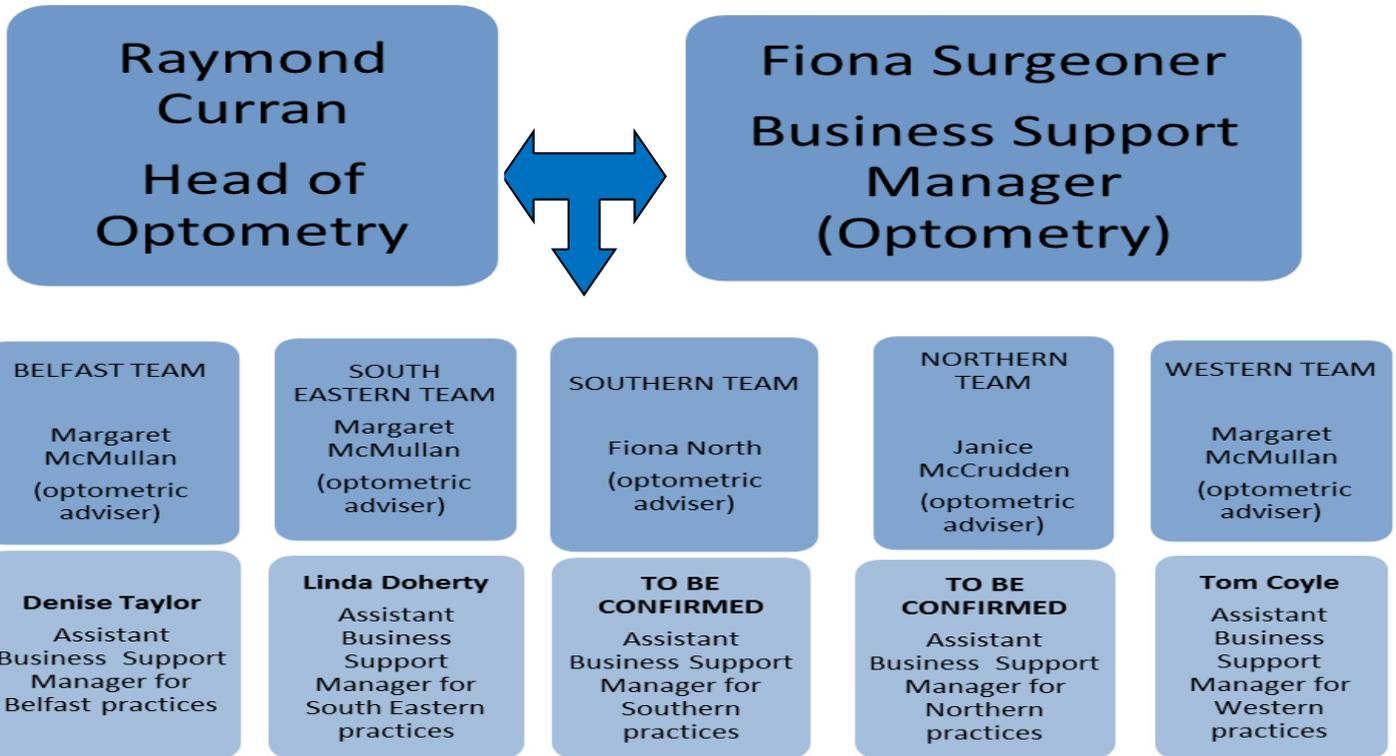
Please also note that optometric practices can now anonymously report Adverse Incidents (AIs). If you have any queries about AIs please contact an optometric adviser who will be able to assist with your query.



This year the HSCB processed the paperwork for 9 eyecare professionals whose names had been removed from the register at the 1st April 2013. Many of those removed had valid reasons for not being retained on the register. However HSCB would like to remind all practitioners of the importance of ensuring that their GOC renewals are processed in good time each year to avoid any disruption to their work and ophthalmic list status.

Integrated Care Resources and Staffing

It is anticipated that over the incoming months optometric practices in Northern Ireland will have increased interaction with the HSCB staff who deal with optometric matters. The commissioning of the enhanced Glaucoma Services including the primary care facing Referral Refinement (RR or repeat measures) for optometric practices will mean that it is important that all practices and their professional AND support staff are aware of who they can contact when they have a query which is not directly related to a claim under General Ophthalmic Services. The following flow chart details those staff who you could contact should the need arise.



If you need to contact any of the staff within Integrated Care the simplest way is by email and the format for HSCB emails is — first name.surname@hscni.net, for example Margaret McMullan’s email is margaret.mcmullan@hscni.net.

Independent Prescribing for Optometrists



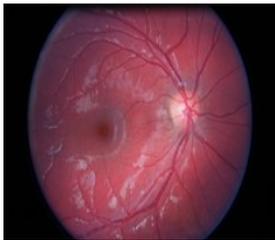
In recent weeks two more optometrists from Northern Ireland have passed their IP examinations and achieved independent prescribing status. Congratulations to all those practitioners who it is hoped will be in a position to provide enhanced services to their patients using the range of ophthalmic medications available to them. Optometry within HSCB are working and liaising closely with pharmaceutical colleagues to develop a mechanism to facilitate the issuing of NHS prescriptions by IP Optometrists.

POM

Further information on the progress in regard to the processes for IP prescribing will be provided in due course. In the meantime if you are enrolled in the IP course and about to qualify you can get in touch with one of the Optometry staff of the HSCB who will advise you on the up-to-date position in relation to IP for Optometrists within Northern Ireland.

Continuing Education and Training – CET

The HSCB were delighted to host the recent CET event in Greenmount College on 9th April. The event was very well attended with over 130 practitioners availing of the chance to listen to excellent speakers from varied specialities and backgrounds. Those attending heard from Mr Tony Fahy from the Counter Fraud Service about the “do’s and don’ts in regard to GOS claiming” and from Linda Ford from the GOC who enlightened practitioners on the requirements for the new CET cycle. Practitioners are reminded that 36 CET points are required for the new cycle up to the end of 2015 and of these 36 points 18 must be “interactive”. Practitioners are urged to log onto the CET section of the GOC website to ensure they are fully versed and informed of the new requirements for GOC registration. Linda Ford discussed at length the concept of ‘peer discussion’ and encouraged all those present to engage with fellow professionals to progress the setting up of peer review groups locally



The morning lectures also included talks from the esteemed Mr Gus Gazzard, consultant ophthalmologist at Moorfields Eye hospital, who gave an engaging talk on the current practice for glaucoma management. Dr Joanne Logan presented “Glaucoma Revisited” a highly informative talk on optic disc and visual field assessment in glaucoma.

The afternoon session focussed on paediatric eyecare with the findings of audits of the use of the Optometry/Orthoptic direct referral form and the quality of paediatric referrals into the HES presented by Fiona North and Janice McCrudden. It was encouraging to hear that the OP/OR1 form is indeed working well with some suggestions for improvement as an outcome of the audit. The findings of the audit re-iterate to all optometrists the importance of using cycloplegia when examining children and the use of age appropriate vision tests in the assessment.



The concluding talk was from Ms Eibhlin McLoone, consultant paediatric ophthalmologist. Ms McLoone gave us an interesting overview of abnormal optic discs in children and their systemic associations. The presentation was indeed a fascinating look at the rare but complex conditions that co-exist in children with abnormal optic discs.

The HSCB are indebted to all our speakers and acknowledge the wealth of experience and talent that all the presenters brought to the event.

Feedback from attendees

Thanks to all of you who provided feedback on the questionnaires after the event. HSCB and BSO appreciate that you took the time to make comment and suggestions and will take on board the comments. As a public body we are constrained in the venues and the level of hospitality which we can offer for such events. Greenmount is a central location being reasonably accessible with good car parking. It can also cater for the large numbers attending in one room. HSCB/BSO will look at the sound system and see if any improvements can be made for the next event as we received feedback that it was difficult for those at the back of the room to hear the speakers clearly.

Thanks to those of you who provided suggestions for further CET topics, all the feedback in relation to this will be analysed and the topics considered for future CET.

The next event is an afternoon event and is scheduled for TUESDAY 8th OCTOBER 2013.

Information on the content of the next CET event will be included in the next issue of the practice newsletter. If you have any specific topics which you would like covered at the CET events please contact one of the optometric advisers with your suggestion(s).

Probity – Update

As detailed in earlier issues the HSCB is ultimately accountable for how the Ophthalmic Budget is used in the provision of GOS. The allocated budget for 2012/13 was £20M but at the end of the financial year there was a projected overspend of approx. £1M. It is acknowledged that GOS is a demand-led service and this overspend is largely due to the current economic climate which has led to significantly more people accessing GOS. However all practitioners and patients must be mindful of the financial constraints which exist and ensure that services are provided only when eligible. For example practices are reminded that GOS sight tests should only be provided for clinical reasons and not solely to provide a voucher to replace lost or broken glasses for an adult patient—see MOS/259.

The Probity and Counter Fraud Unit of the Business Services Organisation are currently looking at patterns of GOS misuse by patients and have, to date, identified many patients who, by moving from practice to practice, are accessing GOS much more frequently than they are eligible to do so. Methods are being introduced to deal with this issue. In some cases where the patient has attended several different practices regularly these practices will be contacted and asked to seek prior approval from BSO before providing GOS services to the patient again. Patients may also be contacted directly by CFU. Practices and practitioners can further assist by ensuring that they ask all patients questions in relation to their eligibility for GOS. Hence not only is it important to identify the reason for eligibility (age/benefit/medical eligibility) but, also to ask patients when they last accessed GOS. It is hoped that the introduction of the new electronic claim submission scheme will further help reduce this problem as it will allow participating practices to look up the date of last sight test for a patient wherever they have attended.

Electronic Submission of GOS Claims – BSO Project

The Business Services Organisation (BSO) are progressing the project for electronic claiming for GOS and the pilot involving 10 practices is due to begin in the next few weeks. The background preparatory work and testing of the system has taken place and it is hoped that roll out will follow fairly quickly after the pilot. Success of the system will hinge on both accurate information being made available by patients and on practitioners ensuring that the information they enter to the system is accurate. Central to this information exchange is the patients individual Health and Care Number (HCN) and patients will be obliged to provide this number to practices/practitioners BEFORE they access GOS. An MOS in relation to this will be issued to all practices soon. The requirement for the Health and Care Number will not just apply to electronic processing of claims BUT to manual GOS claims also. Please ensure that all professional and support staff are made aware of the MOS guidance when it arrives in your practice.

Developing Eyecare Partnerships – Update

Following the launch last Autumn of Developing Eyecare Partnerships (DEP), the 5 year plan for eyecare provision in NI, work is ongoing to develop a process whereby the objectives set out in DEP can be addressed and achieved. The HSCB and PHA are jointly leading the project and have identified the key stakeholders to oversee the implementation of DEP. It is hoped that a project board will be convened in the incoming weeks. Individual workstreams have been identified and it is anticipated that there will be 5 separate working groups established. The membership of each group will be multidisciplinary and each group will have individuals with experience relevant to the objectives for that particular group and it is hoped that a mix of clinical and non clinical persons will ensure that all ideas are heard and deliberated on in an open forum. The objectives cover all aspects of eye care provision including improving communication between primary and secondary care, management of acute conditions, chronic condition pathways e.g. glaucoma and AMD, and IT developments. We will keep you updated on progress in the next newsletter.

Glaucoma Services – Update

Glaucoma services have been reconfigured in recent months. The service has a new lead consultant, Dr Angela Knox. Dr Knox and her team are based in the Shankill Wellbeing and Treatment Centre (pictured). This location is one of two proposed central 'glaucoma hubs' with the other hub located in the West of the province. The intention of these clinics is that it will provide a 'one stop' type provision of care for your patients. Here they will be able to access visual fields, optic nerve head imaging, IOP measurement and assessment of the optic nerve by clinicians. The staff mix in these clinics will be multidisciplinary and in the incoming months the Belfast Health and Social Care Trust will begin recruitment of 'optometrists with special interest' to work in these clinics on a sessional basis.



Shankill Wellbeing and Treatment Centre

Both 'glaucoma hubs' will deal with all referrals for suspect disease or ocular hypertension. Practitioners will be given a new referral form to use for these referrals which must be used **only** when referral is being made for suspected ocular hypertension or glaucoma. More detailed information on where the referrals should be sent will be provided in the very near future. The new referral form is specific to glaucoma and is more detailed than the current GOS18 form which you use for your referrals. It is hoped that we will be able to put this new referral form on the BSO website for practices to download and type the referrals on thereby ensuring that referrals are fully legible.

Referral Refinement (RR)

The second stage in development of the glaucoma service is the introduction of Referral Refinement (repeat measures) for practitioners in primary care. Referral refinement will be provided by accredited practitioners who have signed up for and passed a training/accreditation programme. Practices will be paid a fee for the repeat measures test. Optometrists must note however that this fee is only payable where IOP measurement is repeated in the absence of any other abnormal findings in relation to visual field or optic disc/fundus assessment. **No fee will be payable for Referral Refinement where signs of disease or ocular hypertension are already suspected from tests carried out by the optometrist.** HSCB will provide practices with specific claim forms and payments for the RR service will be made by the Business Services Organisation. The claims will be audited by the HSCB so please expect your clinical records and claims to be checked by the optometric advisers and support staff of the HSCB. As with the referral form it is hoped that the R/R recording form and claim form will be available for download.

MOS and Guidance – Updates

Practitioners are advised to look out for the following upcoming MOS and guidance in relation to

♦ **MOS/280 - Requirement for the Health and Care Number in GOS**

Please ensure that all your practice staff, both clinical and support staff, are familiar with the guidance and implement it in full.

Every effort has been made to ensure that the information included in this newsletter is correct at the time of publication. This newsletter is not to be used for commercial purposes.