

HSCB Optometric Practice Newsletter

VOLUME 1, ISSUE 1

SEPTEMBER 2012

Colleagues,

Welcome to the new Optometry Update from the Health and Social Care Board (HSCB). I hope that you will find this new regional newsletter for optometric practice informative. The newsletter is published by the Optometry team within the HSCB and we welcome ideas for content from practices and individual practitioners which you feel may be of interest to the wider profession within Northern Ireland. In this first newsletter you will find: a summary of the recent QA practice questionnaire on Complaints and Adverse Incidents; an update on probity; information on the electronic referral pilot in the Southern area and a section on ARMD and advice issued to primary care prescribers and pharmacies.

I hope you will enjoy reading 'Optometry update' and if you wish to bring forth ideas for future issues please contact any of the Advisory team using the e-mail addresses at the bottom of the newsletter.

Best wishes



Raymond Curran, Head of Optometry, Integrated Care HSCB

Special points of
interest:

- Electronic Referral Project update
- Governance update
- Probity update
- ARMD update
- CET event

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CET coming your way....

The next Optometric CET event will be held on Tuesday 2nd October at Greenmount College in Antrim, 1pm start.



This 1/2 day event will centre on Macular Degeneration and sight loss and will include lectures from Dr Barbara Ryan, Mr Stuart McGimpsey and local Optometrists Jennifer Lindsay and Patrick McCanney. 3 general CET points have been applied for Optometrist and Dispensing Opticians.

We would like to remind General Optical Council registrants of the need to acquire 36 CET points by

31st December 2012 in order to be retained on the Opticians Register.

The CET event is free to attend and if you wish to book a place please contact Karen Lee in BSO Ophthalmic Services (e-mail Karen.Lee@hscni.net or phone 028 90535529).

This promises to be an interesting and informative event so please come along.

Learning from mistakes ...Adverse Incidents and Complaints

The recent Quality Assurance exercise by HSCB in relation to complaints and adverse incidents resulted in an excellent regional return rate from practices.

✓An overall practice response rate of almost 93% was recorded.



In summary:

- No Adverse Incidents were reported
- 107 reported Complaints were received in practices across Northern Ireland.

Complaints were received by practices in relation to: waiting times, staff attitudes; professional /clinical diagnosis; patient charges and treatment and care.

The QA process will take place on an annual basis in April each year and plans are in place to facilitate anonymous reporting of AIs from primary care professionals, including optometrists. It is hoped that as practices become more familiar with the process that reporting of adverse incidents and complaints will improve.

Health care professionals are now actively encouraged to report and talk about adverse incidents and such occurrences. The purpose of reflection is to learn from what has happened and to put measures in place to prevent reoccurrence. The purpose is not to assign blame but to learn and move on from past mistakes.

A reminder of the governance "jargon", it is not about blame

A reminder of the terminology used in HSC...

Adverse Incident (AI) - " Any event or circumstance that could have or did lead to harm, loss or damage to people, property, environment or reputation" (As defined by DHSSPS)

Significant Event (analysis) - A "significant occurrence" is something which happens within a practice and which had learning and or improvement opportunities through analysis and reflection by the practice.

N.B If you have a query in relation to governance issues please contact Margaret McMullan, Optometry Adviser (HSCB) with responsibility for governance.

ARMD Information

AMD usually occurs in people who are age 50 and older. As people get older, the risk increases. Other risk factors include the following:

1. **Smoking.** Research shows that smoking increases the risk of AMD two-fold.
2. **Race.** Caucasians are much more likely to get AMD than people of African descent.
3. **Family history.** People with a family history of AMD are at higher risk.

Does lifestyle make a difference?

Some lifestyle choices, like smoking, are linked to AMD although it remains unknown if altering any of these would alter the impact of AMD on an individual. Nevertheless, the following choices may have



an impact on AMD and certainly promote healthy living including the following: avoiding smoking, exercising, maintaining normal blood pressure and cholesterol levels. Eating a healthy diet rich in green, leafy vegetables and fish.

For further information contact the Macular Disease Society at www.maculardisease.org

AMD and Nutritional Supplements—advice to prescribers, community pharmacists and optometrists.

Currently there is no evidence from randomised control trials (RCTs) to support the use of nutritional supplements. Nutritional supplements marketed to protect against the development and/or progression of AMD remain **unlicensed** and are regarded as food supplements. Compared with licensed medicines, where content is quality assured, there is no such assurance with these products. **As such, prescribers are advised not to prescribe these products. Practitioners are asked not to request a patient's GP to prescribe these products.**

Cautions...

- The evidence is limited to patients with intermediate or advanced AMD in one eye. At present supplements should not be recommended for patients with drusen in both eyes
- These products are not recommended in smokers or those who have recently quit smoking as beta-carotene, which is contained in the formulation, has been associated with an increased risk of lung cancer.

Probity Update

The normal 3 year cycle of post payment verification visits is ongoing. Thanks to all practices and staff for your continued co-operation with the visits. 105 visits have been undertaken in the year 2011-12.

Practices are commended for the significant improvements in records of dispensing and supply that have been noted with subsequent PPV visits. Repair and Replacement records are the area where most queries arise—please keep these in up to date and chronological order, even for the most minor repair if you are submitting a claim for it as it is your evidence that a service has been provided.

In early July 2012 a criminal conviction was obtained by the Health and Social Care Board against the owners of the former 'Cando Visiting Eyecare'. Two year suspended jail sentences and serious crime orders handed down to the former domiciliary eyecare company owners.

Fraud Hotline - 08000 963396 or report suspected Health and Social Care Fraud on www.reporthealthfraud@hscni.net

Update on Electronic Referral Pilot Projects...

It was with much anticipation that the first optometry based telemedicine referral pilot kicked off in the Southern Trust area in mid-June 2012. The pilot was a joint venture between HSCB, Optometry NI and the Southern Trust. A significant amount of background work was required to get the project up and running and thanks are extended to all participating optometry practices and the staff of the Southern Trust. Particular thanks to Dr Angela Knox for all her support and input into the project.. Early outcomes show lower than expected numbers of referrals and the pilot has been extended for another few weeks until mid-end September 2012. It is hoped that the audit which will follow completion of the pilot will show favourable findings. HSCB will provide an update on the outcomes in the next practice newsletter.

Latest on GOS Updates and Guidance

The HSCB would like to draw your attention to all the MOS and optometric guidance which has been issued in recent months. We would like to remind all practitioners that it is essential that all staff working in practices read and apply the guidance to their working practice. In particular a reminder on MOS 271 is as follows:

- **MOS 271—Mobile Eye Services (issued June 2012)** . This MOS informs practitioners and practices of the revised processes for notification of mobile eye services, however HSCB offices are still receiving notifications of intent to provide domiciliary services despite this requirement no longer being in place. Please ensure that all staff involved in the planning and provision of mobile eye services are aware of their responsibilities in regard to notification of intent to the BSO.

Practitioners are reminded that any visits which were notified but not subsequently carried out for whatever reason, must be notified immediately to BSO ophthalmic staff so that the notification can be deleted to permit a notification to be accepted in future for that specific patient. BSO staff endeavour to deal with the many queries in regard to mobile eye services but any issues which give rise to concern in regard to the notification process will be passed onto a HSCB optometric Adviser for their attention.

HSCB Optometry staff



The HSCB Optometry team would like to congratulate Janice McCrudden on her recent marriage to Dr Steve McCormack.

We wish them both many happy years ahead.

Congratulations Janice!!



Mrs Freddie Stirling has recently stepped down from her job as Optometric Adviser, HSCB. Freddie has been a valued team member since she took up post in 2004 characterised by her meticulous attention to detail. We are sorry to lose Freddie and both thank her for her contribution to Optometry and wish her well in her well for the future. Thank you Freddie!!

Freddie has expressed her thanks to HSCB and BSO. for all their support during her time in post.