

NORTHERN IRELAND PRIMARY CARE OPTOMETRY ENHANCED SERVICE

Northern Ireland Primary Eyecare Assessment and Referral Service

NI PEARS

Specification Updated August 2020

1. INTRODUCTION

This Enhanced Service specification for the Northern Ireland Primary Eyecare Assessment and Referral Service (NIPEARS) outlines an enhanced optometric service. This service is designed to cover enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential, core, General Ophthalmic Services and other Primary Care Optometry Enhanced Services. No part of this specification by commission, omission or implication defines or redefines General Ophthalmic Services.

2. BACKGROUND

This Enhanced Service funds ophthalmic contractors in primary care to provide an acute eye care intervention service for patients across Northern Ireland. It facilitates accredited optometrists to investigate and manage, or triage for onward referral, patients presenting with acute, sudden onset, mainly anterior and non- sight threatening, eye conditions who may otherwise visit their GP or Hospital Eye Services.

The service design is based on the outcomes of the successful Southern LCG SPEARS pilot

3. EVIDENCE BASE

The evidence to support the provision of this Enhanced Service is:

- Developing Eyecare Partnerships: Improving the Commissioning and Provision of Eyecare Services in Northern Ireland. DHSSPS October 2012.

[Developing Eyecare Partnerships: Improving the Commissioning and Provision of Eyecare Services in Northern Ireland](#)

- Southern Primary Eyecare Assessment and Referral Service Pilot “SPEARS”: Pilot Evaluation Report, HSCB March 2016

[..\SPEARS PILOT REPORT\SPEARS_Evaluation Report March 2016.pdf](#)

- Evaluation of the Primary Eyecare Acute Referral Scheme (PEARS) and the Welsh Eye Health Examination (WEHE) N Sheen et al. Cardiff University/Welsh Government, 2014
- Commissioning Better Eyecare. Joint guidance by the Royal College of Ophthalmologists and the College of Optometrists.

4. AIM

The aim of the Northern Ireland Primary Eyecare Assessment and Referral Service (NI PEARS) is to make use of the clinical skills of primary care optometrists or ophthalmic medical practitioners (OMPs) to provide appropriate and timely care for patients presenting with acute, sudden onset, mainly anterior non sight threatening eye problems.

5. OBJECTIVES

- To facilitate primary care optometrists or OMPs to manage patients with minor non sight threatening eye conditions within the primary care setting in their local area, in a timely manner.
- To ensure an appropriate and timely pathway for those patients who do require rapid onward referral to specialist ophthalmology services.
- To facilitate appropriate access to eye care thereby better managing the capacity for ophthalmology services by the reduction in unnecessary referrals to secondary care.
- To improve inter-professional communication, relationships and awareness of professional services between
 - a) Primary care practitioners – GPs, pharmacists and optometrists
 - b) Primary care and secondary care
- To assist in the promotion of self-care for self-limiting eye conditions and anti-microbial stewardship thereby reducing the prescribing of ophthalmic drugs for minor eye conditions
- To promote public health messages in relation to eye health including prevention of eye injuries and promotion of self-care

6. SERVICE SPECIFICATION

6.1 OVERALL CONTRACTOR RESPONSIBILITY

- a) The Contractor is responsible for all aspects of the service provision in line with this service specification.

- b) It is the contractor's responsibility to ensure that the individual practitioners providing the service on their behalf are eligible to do so.
- c) The contractor will sign an annual enhanced service agreement and will be required to provide annual assurances in respect of the enhanced service provision.

6.2 INDIVIDUAL PRACTITIONER ELIGIBILITY – TRAINING AND ACCEPTANCE AS A PROVIDER

The following criteria must be fulfilled for individual practitioner accreditation to provide the Enhanced service NI PEARS.

- a) Current registration with the GOC or GMC registration as relevant.
- b) Hold a valid and current NI personal code for provision of General Ophthalmic Services in Northern Ireland.
- c) Have undertaken, completed and passed the approved MECS training and assessment programme as facilitated by the Health and Social Care Board or be a registered and approved Optometric Independent Prescriber or a registered Ophthalmic Medical Practitioner.
- d) Have attended an HSCB enrolment session to be formally accepted to provide the service.
- e) Undertake annual participation in an NI PEARS specific network learning program facilitated by the HSCB.

6.3 SERVICE TO BE PROVIDED

Contractors will ensure that, in the delivery of this enhanced service, individual practitioners providing the service will comply fully with all requirements to include:

- provision of an assessment and triage for a patient presenting with a sudden onset, acute, eye condition either remotely or face to face as appropriate.
- access to appointments for these patients within defined timescales in HSCB approved locations.
- management of those patients assessed as having minor, non – sight threatening eye conditions, in line with the agreed HSCB protocols and the College of Optometrists Clinical Management Guidelines.
- appropriate referral of patients, if required, following assessment and triage, to their GP or to secondary care, either urgently or routinely as required, in line with the agreed guidelines and pathways.

- service to be provided throughout normal practice opening times.
- involvement of patients in the management of their care.
- appropriate communication with other primary care staff e.g. GP's and Community Pharmacists, and with secondary care staff e.g. at Eye Casualty, as required.

Remote consultations (assessments) : In response to the COVID 19 pandemic the facility to provide Remote Consultations within the NIPEARS service is being trialled. This should be provided in line with the GOC joint regulatory statement on Remote Consultations: *click link*

https://www.optical.org/filemanager/root/site_assets/publications/covid_19/High-level-principles-for-remote-prescribing_.pdf

and other supporting guidance from the College of Optometrists.

6.4 **PATIENT ELIGIBILITY - INCLUSION/ EXCLUSION CRITERIA**

Patients INCLUDED in the Enhanced Service

- a) Patients must be registered with a General Medical Practitioner (GP) in Northern Ireland and therefore have a current Health and Care Number (HCN).

AND

Patients must present with acute (sudden onset) eye related problems

- b) Patients may normally only access **one NI PEARS assessment and one follow-up per year.**

Note: In exceptional circumstances a patient may access a further NI PEARS assessment within a year but this requires agreement with a HSCB optometric clinical adviser in line with approval procedures.

Patients EXCLUDED from the Enhanced Service

The following patients are **NOT** eligible for a NI PEARS Assessment:

- a) Ophthalmic conditions requiring immediate, urgent referral to HES. For example: acute trauma, penetrating eye injury, chemical burn, orbital cellulitis etc. Patients with these ophthalmic conditions should be referred immediately without optometric NI PEARS investigation and in line with Eye Casualty protocols.

Exclusions continued:

b) Headaches in the absence of other symptoms - patients presenting with these symptoms may be entitled to a GOS sight test, if eligible. Please note eligibility includes application of the recommended Department of Health intervals for GOS Sight Tests. If the patient is not eligible GOS the optometrist should either provide a private sight test or advise the patient to attend their GP.

c) Problems related to glasses.

d) Patients with long term/chronic ophthalmic conditions. For example: diabetic retinopathy, long standing diplopia, long standing/previously investigated dry eye or blepharitis.

e) Children under 5 years old.

Please note that patients may self-refer into the service or be referred by their GP, practice nurse, surgery receptionist , Community Pharmacist or redirected from hospital emergency services if deemed appropriate for management under NIPEARS

6.5 ACCESSIBILITY

Contractors must be able to provide a remote assessment or face to face appointment for an NI PEARS assessment **within 48 hours** of an appointment being requested, unless it is for a follow up appointment. For urgent, potentially sight threatening, conditions the contractor should try to arrange for the patient to be seen on the same day or arrange for them to be referred directly to specialist ophthalmology services e.g. Eye Casualty. If an accredited optometrist is unavailable the practice should have alternative arrangements in place and staff should be fully briefed to enable them to advise and redirect patients. This may include directing the patient to another NIPEARS provider practice.

Patients requiring a follow up appointment must attend for this within **8 weeks** of their initial NI PEARS assessment.

6.6 PATIENT CONSENT

Consent for an NI PEARS assessment is by informed consent. The provider Optometrist must advise the patient as to the nature of the assessment which will be provided and the patient must sign the NI PEARS patient declaration either on the OCS ESPR form or the Assessment and Claim form, if the practice submits paper claims.

6.7 CLINICAL ASSESSMENT AND TREATMENT

- a) The clinical assessment and any treatment provided within the NI PEARS Enhanced Services (ES) must only be carried out by an accredited Optometrist.
- b) The level of clinical investigation should be appropriate for the presenting symptoms. All procedures are at the clinical discretion of the accredited Optometrist providing the service.
- c) All Optometrists delivering the NI PEARS ES must use the dedicated Clinical Assessment Outcome and Claim form for each patient (whether online via OCS or on paper) or the Additional Services eForm for services associated with remote consultations. Further information on record keeping is noted in 5.11 below.
- d) All patients must have access to clinically appropriate follow up care in line with Clinical Management Guidelines of the College of Optometrists (http://www.college-optometrists.org/en/professional-standards/clinical_management_guidelines/index.cfm)

6.8 POTENTIAL OUTCOMES - Following NI PEARS Assessment

- a) Assessment, either remotely or face to face, advice and discharge.
- b) Assessment and management, including follow up if required. **A practitioner should be confident in their own level of clinical competency and experience when deciding to manage a particular condition. If in doubt a patient should be referred using the appropriate referral pathway.**
- c) Assessment and triage for onward referral, either urgent or routine.

Practitioners should promote patient “self-help” where possible e.g. ocular hygiene, eye-safety for DIY, smoking cessation etc. Practitioners should have appropriate patient information leaflets to provide to their patients.

6.9 RECORD KEEPING and COMMUNICATION WITH REFERRERS

- a) The contractor must ensure that they comply with current regulations in regard data Protection currently in force.
- b) The contractor must ensure that clinical records kept of services provided under NI PEARS are full, accurate and contemporaneous and they must be retained according to the peer accepted guidance (e.g. College of Optometrists “Guidance for Professional Practice”). The clinical record must be clearly annotated (NI PEARS” or “NI PEARS follow up” as appropriate.

The clinical record should include, as a minimum, detailed history and symptoms including duration of symptoms, details all tests/investigations including findings and outcomes, diagnosis, management decisions and advice given to the patient.

- c) The contractor must ensure the NI PEARS Assessment Outcome & Claim form is completed, whether online via OCS or on paper including obtaining the patient signature, and submit it to the BSO either electronically via OCS or by post, for payment processing. The form must be completed fully and accurately as information on this form will also be used for data collection to form part of the monitoring, audit and further development of the service. The information on the claim form must accurately reflect the information on the patient clinical record.
- d) The contractor must comply with any reasonable request by the Health and Social Care Board, or their representative, to view records of patients on whom NI PEARS assessments have been carried out, for purposes of governance, probity or audit. Any such request must be complied with within the specified timeframe.
- e) Referrals to the patient's GP or to secondary care should be made using the referral template applicable to the particular referral pathway, whether electronically via CCG e referral or on paper e.g. Macular Service, Glaucoma G1 form. **Practitioners using CCG e-referral are reminded that Eye Casualty referrals cannot be submitted electronically via CCG and must be made on manually on paper.**
- f) Referrals should include a note that the patient was seen under NI PEARS.
- g) If the patient has been referred for an NI PEARS assessment from their GP or GP practice a reply on the outcome of the referral should be made to the referring GP either using the NI PEARS Referral Report form or by letter.

All NI PEARS documentation is hosted on the BSO website at <http://www.hscbusiness.hscni.net/services/2480.htm>

6.10 FACILITIES / EQUIPMENT

The Contractor and provider optometrist/OMP must ensure that they have adequate equipment needed to provide this service to include:

| |
|---|
| Slit Lamp Applanation Tonometer Means of Indirect Ophthalmoscopy Distance vision test chart Near vision test type Visual fields screening equipment Amsler chart Lash removal equipment Appropriate ophthalmic drugs to include: Mydriatic Anaesthetic Staining agents |
|---|

NI PEARS Face to Face assessments must only be provided on HSCB approved premises.

6.11 CLINICAL GOVERNANCE

- a) The contractor must ensure and satisfy themselves that all individual practitioners providing the enhanced service:
 - i. Have valid and current personal code for GOS in Northern Ireland.
 - ii. Comply with all relevant legislation and guidance and maintain GOC registration.
 - iii. Fulfil the criteria for eligibility to provide the enhanced service
 - iv. Have signed the Individual Practitioner Enhanced Service Agreement.
- b) The contractor will sign an annual enhanced service agreement and will be required to provide annual assurances in respect of the enhanced service provision.
- c) The contractor should ensure that the optometrist is aware of his/her own limitations and ensure that they do not compromise patient safety at any time. All clinical procedures must be carried out within the competencies of the Optometrist/OMP.
- d) The contractor shall ensure that full, accurate and contemporaneous records are maintained of all patient contacts, clearly indicating on the record that it is a NI PEARS assessment/follow-up. See section 6.9.
- e) The contractor shall ensure that appropriate risk management, including safe-disposal, hygiene and health and safety procedures are in place.
- f) The contractor must ensure that appropriate standards for the prevention and control of infection are in place. This will include:
 - providing a clean, safe environment and appropriate hand washing facilities in line with College of Optometrist Guidelines (<http://www.college-optometrists.org/en/utilities/document-summary.cfm/docid/EBEDBDAB-AD05-404C-8850B2E9D5A2EE37>)
 - agreeing to undertake infection prevention audits as required
 - ensuring all staff are aware of infection prevention and control guidance
- g) The contractor shall ensure that appropriate systems are in place to report Adverse Incidents/ Serious Adverse Incidents in line with HSCB requirements for such reporting.

7. FEE LEVELS

The current fee levels for providing an NI PEARS assessment to patients registered with a General Medical Practitioner in Northern Ireland are:

- NIPEARS Face to Face primary (first) assessment: £40
- NIPEARS Face to Face follow up: £15
- NIPEARS Remote Consultation: £25
- NIPEARS Remote follow up: £15
*This requires prior approval through the usual approval process.
- NIPEARS Face to Face follow up resulting from a NI PEARS Remote consultation: £30
*This requires prior approval through the usual approval process.

Note: the facility to provide Remote Consultations is a trial response to the new ways of working which the COVID pandemic has required and will be subject to review informed by audit of both quality and financial elements of the service.

Reminder: A fee can normally only be claimed for one NI PEARS assessment and one follow-up if required, per patient per year. In exceptional circumstances a further NI PEARS assessment may be provided, and claimed for, within a year but this requires agreement with a HSCB Optometric Clinical Adviser in line with procedures.

8. VERIFICATION

The provision of this enhanced service, NI PEARS, will be subject to monitoring and probity post payment verification checks by Business Services Organisation.

9. PAYMENT PROCESS

Claims for payment for primary Face to Face assessments and any resulting follow up consultations.

These claims are made by submission of an “NI PEARS Assessment Outcome & Claim Form” (see format example Appendix 4). A separate claim form must be completed for each patient seen under this Enhanced Service and for each attendance i.e. a separate claim form must be submitted for a first assessment and for a follow up, if follow up is required.

The claim form may be submitted via OCS or on paper as follows:

a) Electronic online submission of claims via OCS.

All practices with access to OCS via the ophthalmic portal may submit claims electronically. The process for NIPEARS online claiming is detailed in **MOS 314**. A patient declaration form, ESPR, must be signed by both the patient and the providing optometrist for each NI PEARS service provision.

b) Manual submission of claims.

Contractors without access to the ophthalmic portal (OCS) may submit claims on paper to BSO Ophthalmic Services using the NI PEARS Assessment and Claim form (see Appendix 4). The process for submission is detailed in MOS 314.

The claims should be sent to BSO Ophthalmic Services and may be submitted with GOS claims but should be in a separate envelope within the main envelope and marked “**NI PEARS Private & Confidential**”.

Claims for Remote Consultations and any resulting, prior approved, face to face consultations.

These claims should be submitted using the Ophthalmic Additional Claims eForm. Please refer to **MOS 333** for guidance and to access the eForm.

To access the relevant MOSs click on: [MOS Library](#).

A record should be retained in the practice of the claims submitted on paper. Contractors must ensure that they only submit payment claims for patients who are registered with a General Medical Practitioner in Northern Ireland i.e. patients with a Health and Care Number. Any form submitted without the patient’s Health & Care Number (HCN) cannot be processed for payment.

10. DATA REPORTING REQUIREMENTS AND AUDIT

Contractors should ensure that data on individual patients for which claims are made is recorded and held at practice level and, if requested by the HSCB, should be provided in the requested format. This information will be used to evaluate and improve this Enhanced Service in future years.

The service will be audited to ensure it meets its aims and to inform further development. For audit purposes Contractors are required to include the requested clinical information on the NI PEARS Assessment Outcome & Claim Form and additional Services eForm for each patient examined under NI PEARS. The Contractor must supply the Health and Social Care Board with such information as it may reasonably request for the purposes of monitoring the contractors performance of its obligations under this NI Enhanced Service.

Please refer to more guidance under the ‘Record Keeping and Communications with Referrers’ section of this document.

11. PATIENT EXPERIENCE & ENGAGEMENT

Contractors will be expected to provide an annual report to the HSCB on all complaints and compliments received regarding the service and the lessons learnt where necessary. Contractors will be required to cooperate, when required, with the HSCB in requests to undertake an assessment of patient experience of the service which may include issuing evaluation questionnaires to patients.

12. TERMINATION/SERVICE WITHDRAWAL

The Health and Social Care Board reserves the right to:

- a) Terminate the provision of the enhanced service by a contractor who does not comply with the service specification in force at the time of service provision
- b) Withdraw accreditation of an individual practitioner who does not fulfill the eligibility criteria in force at the time of service provision.
- c) A contractor who is unable to provide the service in line with the service specification and supporting service protocols and guidance should notify the Health and Social Care Board at the earliest opportunity and in line with guidance noted in the service protocol. Any Contractor or individual Optometrist who wishes to withdraw entirely from the Enhanced Service must notify the Health and Social Care Board (HSCB) in writing of their intention to do so giving 14 days' notice. The Health and Social Care Board may also withdraw provision of this Enhanced Service giving 14 days' notice, except where service provision or patient safety is compromised in which case the HSCB may withdraw the service immediately from a Contractor or an individual Optometrist.

To access all NIPEARS related documentation and claim forms:

Click on link: [Local Enhanced Services \(LES\)](#)

APPENDICES

APPENDIX 1: Enhanced Service Contractor Agreement

APPENDIX 2: Enhanced Service Practitioner Agreement

APPENDIX 3: NI PEARS Assessment Outcome & Claim Form

APPENDIX 4: NI PEARS Useful Contacts

**Primary Care Optometry Enhanced Service:
Contractor Service Agreement**

This document constitutes the agreement between the Contractor and the Health and Social Care Board in regard to the Primary Care Optometry Enhanced Service detailed below.

| Contractor Details | |
|--|--|
| Contractor Name | |
| Contractor Practice Code | |
| Address | |
| Contractor Practice HSCNI email address | |
| LCG Area | |
| Name of Enhanced Service | Northern Ireland Primary Eyecare Assessment and Referral Service (NI PEARS) |
| Declaration: | <p>The above contractor agrees to and is responsible for the provision of the Enhanced Service stated in line with the service specification (operational at the time of service provision).</p> <p>The contractor will ensure that the individual practitioner(s) providing the service in the contractor premise fulfil the eligibility criteria and is/are accredited to provide the service.</p> <p>The contractor will inform the Health and Social Care Board of any changes in the provision of the enhanced service including changes in the individual practitioner(s) in their practice eligible to provide the service.</p> |
| Name of Contractor / Practice Owner / Practice Principal (PRINT) | |
| Signature | |
| Date | |

| Health and Social Care Board | |
|---|--|
| Date of Initiation of Agreement | |
| Name and Signature of HSCB Representative | |

Primary Care Optometry Enhanced Service:
Individual Practitioner Service Agreement
**NORTHERN IRELAND PRIMARY EYECARE ASSESSMENT AND
 REFERRAL SERVICE (NI PEARS)**

This document constitutes the agreement between the Optometrist/OMP and the Health and Social Care Board in regard to the Primary Care Optometry Northern Ireland Primary Eyecare Assessment and Referral Service (NI PEARS).

| Optometrist/OMP Details | |
|--------------------------------|--|
| Name | |
| GOC / GMC Registration Number | |
| GOS Personal Code | |
| Contact email address | |
| Declaration: | <p>I fulfil the eligibility criteria and agree to provide the enhanced service in accordance with the service specification (operational at the time of service provision).</p> <p>I will notify the contractor and the Health and Social Care Board if I am no longer eligible, or cease, to provide the service in line with the service specification (operational at the time of service provision).</p> |
| Signature | |
| PRINT NAME | |
| Date | |

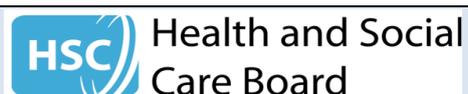
| Health and Social Care Board Details | |
|---|--|
| Date of Initiation of Agreement | |
| Evidence of Eligibility to provide service | <input type="checkbox"/> <i>Professional Registration & Qualifications</i> |
| Name and Signature of HSCB representative | |

NI PEARS ASSESSMENT OUTCOME & CLAIM FORM FACE TO FACE CONSULTATIONS ONLY

| Patient Details | | Optometric Practice Details | |
|---|---|---|---|
| Name: | | NI PEARS Accredited Optometrist/OMP | |
| DOB: | | Personal Code: | |
| Health and Care Number: | | Practice Name : | |
| Date of Last NIPEARS Assessment : | | Practice Code: | |
| Referral Source (please tick) | Self-Referral <input type="checkbox"/> GP <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> _____ | | |
| NI PEARS Activity (please tick) | Date of Referral: _____ | First Appointment <input type="checkbox"/> OR Date: _____ | Follow up Appointment <input type="checkbox"/> Date: _____ |
| Presenting Symptom (please tick/specify) | Red eye <input type="checkbox"/> Painful eye <input type="checkbox"/> Visual change <input type="checkbox"/> Flashes & Floaters <input type="checkbox"/> Foreign Body <input type="checkbox"/> Other (please specify): _____ | | |
| Diagnosis (please tick/specify) | Conjunctivitis <input type="checkbox"/> Dry Eye <input type="checkbox"/> Blepharitis <input type="checkbox"/> Sub-conjunctival haemorrhage <input type="checkbox"/> Chalazion/Hordeolum <input type="checkbox"/> Episcleritis <input type="checkbox"/> Trichiasis <input type="checkbox"/> Simple Entropion / Ectropion <input type="checkbox"/> Corneal Foreign Body <input type="checkbox"/> Corneal Abrasion <input type="checkbox"/> Keratitis <input type="checkbox"/> Trauma <input type="checkbox"/> PVD <input type="checkbox"/> Iritis <input type="checkbox"/> (<i>Iritis: New <input type="checkbox"/> or Recurrent <input type="checkbox"/></i>) Cataract <input type="checkbox"/> Wet AMD <input type="checkbox"/> Ocular Migraine <input type="checkbox"/> Other (Please specify) _____ | | |
| Outcome of NI PEARS Assessment (please select all that apply) | Discharge <input type="checkbox"/> Manage and Treat <input type="checkbox"/> Ophthalmic Medication Recommended <input type="checkbox"/> Refer to GP <input type="checkbox"/> Refer Routinely to Out-Patient Ophthalmology <input type="checkbox"/> Refer Urgently to Secondary Care <input type="checkbox"/> Name of Hospital & Service: _____ | | |
| Patient Declaration and Signature | I confirm I have had a NI PEARS Assessment. I consent to the results of this test being collected for the purpose of audit and ensuring best practice amongst optometrists. Signed: _____ Date: _____ | | |
| Optometrist/OMP Declaration and Signature | The reason for the NI PEARS assessment has been explained to the patient (or guardian) who agrees to it. Consent has been obtained for the exchange of information between the optometrist, GP and secondary care staff. I declare that I have provided the service of optometric NI PEARS assessment in line with the HSCB NI PEARS LES. Signed: _____ Personal Code: _____ Date: _____ | | |

**PLEASE SEND THE COMPLETED FORM:
FAO: GARETH DRAKE, OPHTHALMIC SERVICES,
BUSINESS SERVICES ORGANISATION, 2 FRANKILIN STREET, BELFAST, BT2 8DQ
CLAIM FORMS MUST BE SUBMITTED WITHIN 3 MONTHS OF THE LES PROVISION
Note: a separate claim form must be submitted for a follow up appointment claim.**

APPENDIX 4



NI PEARS Enhanced Service Useful Contacts

Should you have any queries in relation to the arrangements for this Enhanced Service please do not hesitate to contact:

| Health and Social Care Board | |
|--|---|
| Miss Fiona North Optometric Clinical Adviser HSCB Tower Hill, Armagh BT61 9DR Tel: 028 95 363347 Email: fiona.north@hscni.net | Mrs Margaret McMullan Optometric Clinical Adviser Tel: 028 95 363239 Email: margaret.mcmullan@hscni.net |
| Miss Janice McCrudden Optometric Clinical Adviser Tel: 02895 362855 Email: Janice.mccrudden@hscni.net | |

If you have a query in relation to payment for a claim for the NI PEARS Enhanced Service pilot please contact:

| Business Services Organisation |
|--|
| Mr Gareth Drake Ophthalmic Services Business Services Organisation 2 Franklin Street Belfast BT2 8DQ Email: gareth.drake@hscni.net Tel: 028 95363753 BSO Link for NI PEARS related documentation http://www.hscbusiness.hscni.net/services/2480.htm |