

Optometry Practice Newsletter

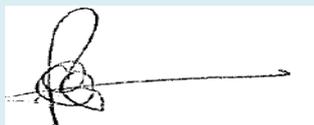
VOLUME 6: Issue 4 – June 2018

Waiting Lists and Waiting Times: can we improve the services on offer?

We are all too aware that too many people are waiting too long for a variety of outpatient and elective appointments. Eyecare is not immune from this and, as of December 2017, almost twenty-five thousand people were waiting for first ophthalmology outpatient appointment, many of those in excess of one year.

Experience and analysis shows that many of those waiting will require cataract surgery and, in an attempt to improve this situation, Department of Health has recently confirmed an intention to prototype a number of regional Day-case Elective Care Centres (DECCs). These stand-alone units, free from competing demands of the acute hospital setting, are outlined in “Health and Wellbeing 2026: Delivering Together” and it is envisaged that those identified for cataract surgery will take a pathway approach to the cataract journey. The design teams to deliver DECCs will focus on what matters to people and then work out how we all collectively organise ourselves (as public services and contractors working with individuals and communities) to help people achieve the things that matter to them: timely access to safe, effective and compassionate care.

Health and Social Care Board is privileged to be involved in improving outcomes around cataract care and looks forward to working with you, stakeholders and providers, in the near future to achieve this aim.

A handwritten signature in black ink, appearing to read 'Raymond Curran', is positioned above the name. The signature is stylized with a large initial 'R' and a long horizontal line extending to the right.

Raymond Curran, Head of Ophthalmic Services

HSCB COMMUNICATIONS – GDPR and Implications for Communications via email with individuals

Ophthalmic Contractors and individual Optometrists will all be aware of the introduction of the General Data Protection Regulations (GDPR) on 25th May 2018 and the implications for organisations in respect of retention and use of information.

Currently the Health and Social Care Board hold information on GOS Contractors for the purposes of management and administration of the Ophthalmic List, enhanced service provision and other supporting services. In addition HSCB hold information on individual optometrists who are involved in the provision and delivery of General Ophthalmic Services, Enhanced Services and for the other services supporting the provision of these.

Many of you will already have received emails from organisations, businesses, retailers etc..... in recent weeks in regard to GDPR. The changes in legislation are a positive step forward and will ensure better protection and in the use of personal information. In the incoming weeks Ophthalmic Services in the Health and Social Care Board will communicate with individual optometrists using the individual email addresses already held and provided in order to provide information on the privacy notice and to advise of an “opt out” mechanism should an individual optometrist not wish to receive communications.

PLEASE ENSURE YOU PAY DUE ATTENTION TO THIS EMAIL AND APPRECIATE THE SIGNIFICANCE OF YOUR DECISION IN RESPECT OF HSCB COMMUNICATIONS.

PLEASE NOTE: The Health and Social Care Board will continue to use the current secure HSCNI email accounts (established by HSCB), which Contractor practices that access the portal have in place, to communicate with Contractors. For practices that do not use the portal communications will be in written format. It is imperative that you check your practice HSCNI email account daily to ensure that important communications in respect of Ophthalmic Services are not missed.

DRY EYE TREATMENTS - KNOW THE NORTHERN IRELAND FORMULARY



On 3rd March 2017, the Department's Chief Pharmacist, Dr Mark Timoney, wrote to the HSCB to ask for an immediate call to action to implement prescribing policies in all settings from 1 April 2017: These include the Northern Ireland Drug Formulary:

All Optometry practices have previously been asked to implement the Formulary guidance within their clinical practice. Patient information leaflets are available from the NI Formulary website, including general advice on managing dry eyes and blepharitis <http://niformulary.hscni.net>.

Northern Ireland Drug Formulary

The **Northern Ireland Drug Formulary** promotes safe, clinically effective and cost effective prescribing of medicines. The Formulary provides guidance on first and second line drug choices for prescribers in all HSC settings and covers the majority of prescribing choices in Northern Ireland. The Formulary aims to standardise practice and ensure a level of consistency, but it is recognised that some individual patients may require medicines which lie outside such guidance. It should be used in all primary and secondary care sectors to ensure consistency and continuity of supply for the benefit of patients. Prescribing compliance with the first and second line choices in the formulary in primary care exceeds 80%. Secondary care compliance is important and is intended to cover the majority of non-specialist prescribing choices.

Chapter 11 of the Northern Ireland Formulary relates specifically to Ocular products including dry eye treatments.

The following link will take you to the 'eye' Chapter of the Northern Ireland Formulary:

http://niformulary.hscni.net/Formulary/Adult/PDF/Chapter%20summaries/Chapter11_Eye_Summary.pdf

It is important to be familiar with this if you are recommending products for your patients. Clinicians are asked to recommend first line Formulary choices, unless there is a reason why the preferred medicine would not be suitable for the patient. Patients should be encouraged to manage both dry eyes and sore eyes by implementing some self-care measures such as good eyelid hygiene and avoidance of environmental factors alongside treatment.

There are several options to treat dry eye such as artificial tears, heating the eye with warm compress and massaging the glands. Artificial tears are one of the most common methods of treating dry eye, however provide temporary relief and do not address the underlying causes (Rashid, et al, 2008).

Mild to moderate cases of dry eye syndrome or sore tired eyes can usually be managed using lubricant eye treatments that consist of a range of drops, gels and ointments that can be easily be purchased over the counter.

It has also come to the attention of the HSCB that a number of GP practices have received prescribing recommendations from Optometrists that are outside the NI formulary choice, perhaps even recommending a 3rd line choice of treatment before even trying a first line product:

Please ensure you take account of the Northern Ireland Drug Formulary (Chapter 11) when advising such ocular products. Whilst it is the GPs decision what ultimately should be prescribed; if a patient has been told to get a particular brand e.g. 'Hylo Forte' and a prescription is then subsequently written for carbomer as per the formulary the patient is not getting what they think the Optometrist is recommending and this may cause tension at the Optometrist/GP/patient interface.

It is also important, particularly in dry eye, to ensure patients know this is a long term condition and ongoing management is required. Please remember there is also now evidence for dietary supplementation with essential fatty acids (Omega 3 and 7 oils) and flaxseed in the management of dry eye (TFOS DEWS study, 2017 and Bhargava, et al, 2013). These provide an alternative strategy for relieving inflammation and symptoms that dry eye disease presents. It may therefore also be worthwhile advising patients on the benefits of trying to incorporate such products into their diets. Supplements can be bought over-the-counter from a pharmacy or health food shop but these essential fatty acids are found in their most absorbable format in oily fish such as salmon, anchovy or tuna for example (Rancone, et al, 2010)

GPs should not prescribe these supplements and optometrists and support staff should not refer and recommended for prescription.

** IMPORTANT INFORMATION: NEW PROCESS FOR CERTIFICATION OF VISUAL IMPAIRMENT (CVI) **

In Oct 2012 the Health & Social Care Board, in conjunction with partners in the Public Health Agency and the Department of Health, established [Developing Eyecare Partnerships](#), a cross sector collaboration charged with the task of - Improving the Commissioning and Provision of Eyecare Services in Northern Ireland. A small multi-professional subgroup of individuals from primary and secondary care, representing both the Health and Social Care sectors was tasked with reviewing Northern Ireland's "Blind & Partially Sighted Registration System" with a view to improving access to services for people with visual impairment by optimising the uptake of certification for eligible patients. This task was undertaken against a background of apparent under identification of severe sight impairment (SSI formerly referred to as Blind) and sight impairment (SI formerly referred to as Partial Sight), in Northern Ireland. Historical data clearly indicates that Certification of sight (and severe sight) impairment in Northern Ireland lags that in the three other UK regions, by approximately 30%. This is the case despite the fact that the legislative background to Registration/Certification in all four UK regions, and the clinical eligibility criteria, which were introduced at the inception of the NHS in 1948, were essentially the same and had not changed over time.

The fruit of 5 years work is a renewed process for 'Certification of Visual Impairment' (CVI), replacing the old terminology and association with 'registration'. The new CVI process should ensure the seamless transfer of relevant information relating to patients who are Sight Impaired (SI), or Severely Sight Impaired (SSI), from the Ophthalmologist to the community based Social Care team. This in turn should lead to timely access to support for patients, and improved and validated epidemiological data on the incidence of serious sight loss in Northern Ireland.

Key Elements of the New Certification of Visual Impairment (CVI) Process

CVI-NI-2017(A) Certification of an Adult (18+) as Sight Impaired (p

Part 1: Certificate of Visual Impairment

Contact details

Title and Surname or Family Name	
First and Middle Name(s) (identify preferred name)	
Address	
Date of Birth	
Gender	

Part 2: To be completed by the Ophthalmologist

Visual function (This form is for patients aged 18 years and over)

Patient Identifier	Right eye	Left eye	Binocular (Habitual)
	Best corrected visual acuity		

Visual Field (VF) <input type="checkbox"/> Extensive loss of peripheral VF (including hemianopia) <input type="checkbox"/> Extensive loss of central VF	Low vision service Patient already receiving low vision care? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> If no, has a referral for the low vision service been made? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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Does the vision differ significantly in differing light levels Yes No Don't Know

Diagnosis

Tick each box that applies and circle the MAIN cause if there is more than one cause.	ICD code	Right eye	Left eye
Age-related macular degeneration - choroidal			

- ✓ A mainstay of the new process has been the development of revised SSI & SI Paediatric and Adult Certification CVI forms. The forms have been developed and formatted to enable all relevant information to be provided to the community teams, and the Epidemiology Data Collecting Centre at the RVH in Belfast Health and Social Care Trust.
- ✓ Updated guidance notes for Ophthalmologists, Social Care Team members and for Patients about the certification process have also been produced. In partnership with the RNIB, explanatory information sheets and additional information leaflets for Patients, family and friends have been produced.
- ✓ Work on a 'travel pass' for persons with a CVI is ongoing and the ultimate goal will be to establish an on line certification process. Much of the material relating to what has been done to date can now be accessed via the HSCT hub.

As eyecare professionals, who provide ongoing care for the majority of vision impaired individuals in your primary care practices, the Northern Ireland CVI Group would encourage all optometrists to familiarise themselves with the new process and with the benefits available to those who may be eligible for Certification of Visual Impairment.

This information has been issued on behalf of 'The Northern Ireland CVI Group'

- For additional information on the work of the Group please contact Marie Gallagher (Maire.Gallagher@hscni.net)
- For information on epidemiological data relating to Certification please contact Jonathan Jackson (Jonathan.Jackson@belfasttrust.hscni.net)
- Should you have any queries in relation to the process for CVI and how it relates to Primary Care please contact one of the HSCB Optometric Clinical Advisers in the first instance by email:

janice.mccrudden@hscni.net | fiona.north@hscni.net |
margaret.mcmullan@hscni.net

Electronic Referrals – A reminder on some important points in the use of CCG for eReferral



The number of Optometry practices using CCG to generate electronic referrals direct to secondary care Health and Social Care Trusts continues to increase. As of the end of April 2018, 219 GOS contractor practices have been enabled for use of eReferral via CCG with almost 11,000 referrals having been generated by Optometrists using CCG. The benefits of eReferral are clear – it affords **safe, immediate and efficient transfer** of a referral directly to Health and Social Care Trust using a dedicated referral template aligned to a care pathway (e.g. glaucoma, macular service etc....)

IMPORTANT: PLEASE NOTE

Of these 219 contractor practices that are enabled currently approx. 30 have not as yet used the system. It is important that Optometry practices that have been enabled and given a “go-live” to use CCG, and have not as yet used the system, **begin to use it as soon as is possible**. GP practices have been advised of the list of Optometry practices that have been trained in the use of CCG, issued with CCG user accounts and have therefore enabled to send their own referrals electronically. Practices that are noted to have been enabled for CCG and which still generate paper referrals for a GP to process may receive queries from GP practices in regard to any paper referrals they have sent. **The GP practice will expect these practices to send their own referrals via CCG.**

The list of primary care Optometry practices which have access to CCG will be hosted on the HSCB ***Primary Care Intranet*** and this is the list that GPs and other primary care professionals (Optometrists included) will have access to. Optometry practices that utilise the HSC Optometry portal can access the ***Primary Care Intranet*** by clicking the icon “HSC Primary Care Intranet” – see image within this paragraph.



IMPORTANT: PLEASE NOTE

Optometrists using CCG to generate eReferrals must remember to select their own name from the drop down list of Optometrists in the relevant section of the referral. This will ensure that the referring optometrists name is transferred to the CCG referral.

IMPORTANT: PLEASE NOTE

If when generating a referral the situation arises where an optometrist cannot “match” a patient and autofill the patient and GP information in the referral, a referral can still be generated. In this eventuality please contact one of the HSCB Optometric Advisers who will provide you with the necessary information to complete the referral. If you are a practice that uses CCG please do not send paper referrals for patients who have failed to “match” on the CCG system.

janice.mccrudden@hscni.net | fiona.north@hscni.net |
margaret.mcmullan@hscni.net

PLEASE NOTE:

**IN THE INCOMING WEEKS A NEW FUNCTION OF “SEARCH BY HCN”
WILL BE ENABLED ON THE CCG SYSTEM AND THE ISSUE OF
PATIENTS ‘FAILING TO MATCH’ ON CCG WILL RESOLVE**

ORTHOPTIC REFERRALS: UPDATE & REMINDER

1. Addition to the CCG System Orthoptic referrals: WESTERN AREA

From 25th May 2018 Orthoptic Services have been added to the CCG eReferrals system in the WESTERN HEALTH & SOCIAL CARE TRUST AREA. Optometry practices that are enabled for CCG in the Western HSCT area have been notified via their practice HSCNI email accounts of this update. Please ensure that you read and action this email.

Please note that currently Orthoptic Services are ‘live’ on the CCG eReferral system and will accept referrals to their Service from Optometrists for the following Health & Social Care Trust areas:

1. Northern HSCT
2. Southern HSCT
3. Western HSCT

The Belfast and South Eastern HSCT do not currently accept Optometry referrals via CCG and practitioners in these areas are reminded of the process for generating and sending Orthoptic referrals for these HSCT areas.

1. CHILDREN ORTHOPTIC REFERRALS – Use the Paper OP/OR1 referral form and send to the appropriate place noted on the Orthoptic Clinic information hosted at the following link
<http://www.hscbusiness.hscni.net/services/2699.htm>
2. ADULT ORTHOPTIC REFERRALS – Use the Paper GOS 18 and send to the appropriate place noted on the Orthoptic Clinic information hosted at the same link above

**** PLEASE NOTE: FOR ALL ADULT REFERRALS FOR SUDDEN ONSET DIPLOPIA – Orthoptic services ask that these are sent to Ophthalmology either via CCG if your practice is enabled or via paper referral requesting the GP to process and attach your referral****

Ophthalmic Public Health: Sight Loss and Dementia & Macular Week

1. New information leaflet published: Dementia and Sight Loss

HSC in Northern Ireland have produced an [advice leaflet on Dementia and Sight Loss](#). This valuable information leaflet raises awareness about dementia and the prevalence of sight loss in persons with a dementia. You are encouraged to display this leaflet in your practice and provide it to patients where appropriate. The leaflet is hosted on the website at the following link:

<http://www.hscbusiness.hscni.net/pdf/dementia%20and%20sight%20loss.pdf> or [click here](#)



2. Macular Week 25th June – 1st July 2018

Macular Week this year takes place from 25th June to 1st July and affords Optometrists and other Health Care professionals the opportunity to raise awareness about Macular conditions and disease. There are many opportunities which you can use to highlight macular disease including the use of social media. This year the Macular Society is promoting the use of the hashtag #eyelove on Twitter to raise awareness of macular disease. So from 25th June for one week please get tweeting !



Please place this important event in your calendar and visit the Macular Society website to find out more about how you can become involved in Macular Week to help raise awareness.

https://www.macularsociety.org/macularweek?dm_i=37VE,OW9J,3HCS4O,2JQIB,1

UPDATE ON PRODUCT NO LONGER AVAILABLE VIA PRESCRIPTION

Optometrists should note that Blephaclean Wipes for the management of Blepharitis and lid margin conditions are no longer available on prescription in Northern Ireland.

The HSC “Deprescribing: Limited Evidence List and Stop List” now includes Blephaclean Wipes. This means that this product should no longer be prescribed using a HS21 prescription. Optometrists should advise their patients that this product will no longer be prescribed by GPs (or IP Optometrists with access to HS21 prescription pads) and should be purchased by the patient instead.

This information is also hosted in the Deprescribing section of the NI Formulary website at the following link or [click here](#)

<http://niformulary.hscni.net/DePres/stoplist/Pages/default.aspx>.

Additional Update: New Patient Information Leaflet



Information about changes to medicines or treatments on the Health Service: [Changes to lutein and antioxidant supplements prescribing](#)

Please note that there is also a new patient information leaflet for lutein and antioxidant supplements is available for download at the following link or [click here](#)

<http://niformulary.hscni.net/DePres/stoplist/PILs/Pages/default.aspx>

LOCAL ENHANCED SERVICES: Glaucoma Care Pathway

In March 2018 the health and Social Care Board issued a [Glaucoma Care Pathway update](#) to all GOS contractor practices, and individual optometrists providing ophthalmic services.

Please ensure that you read this update as it provides important information in regard to [NICE Guidance \(NG81\)](#) and the provision of Local Enhanced Services aligned to this guidance. The update provides information on the recommendations within NG81 in respect of the clinical tests which are appropriate when assessing a patient with suspected OHT or suspected Glaucoma and the clinical information which needs to be provided when generating a referral for a patient. **Please ensure that you apply this guidance in your clinical practice. The NICE guidance can be accessed at the following link or [click here](#)**

<https://www.nice.org.uk/guidance/ng81>

REMINDER LES LEVEL I AND LEVEL II:

LOCAL ENHANCED SERVICES SHOULD NOT BE PROVIDED OR UNDERTAKEN FOR PATIENTS ALREADY ATTENDING (OR WHO HAVE BEEN REFERRED FOR A SUSPECTED CONDITION TO) THE GLAUCOMA SERVICE FOR OCULAR HYPERTENSION OR GLAUCOMA.

LOCAL ENHANCED SERVICES ARE IN PLACE TO ENABLE AN OPTOMETRIST TO REFINE AND GENERATE AN APPROPRIATE & ACCURATE REFERRAL BASED ON CONSISTENT CLINICAL FINDINGS WHICH INDICATE REFERRAL IS NECESSARY; THEY SHOULD NOT BE USED FOR PATIENTS WHO ARE ALREADY ACCESSING THE HOSPITAL EYE SERVICE

GOS CONTRACTOR PRACTICES: HSCNI EMAIL



In April 2017 secure HSCNI email accounts for GOS contractors were introduced for Optometry practices that access the HSC Optometry portal. The Health and Social Care Board (HSCB) use these HSCNI email accounts as the primary and principal means of communication so it is essential that practices check their dedicated HSCNI email account on a daily basis. If you are having technical problems which prevent you accessing the practice email account please contact the IT help desk on 028 9536 2400 or, by email supportteam@hscni.net

RECENT COMMUNICATIONS ISSUED TO HSCNI EMAIL ACCOUNTS

Recent communications which have been issued to practice HSCNI email accounts include:

- ✓ The annual Optometry Quality Assurance Returns
- ✓ Information in relation to CCG and eReferral
 - Upgrades to the CCG system
 - Introduction of Optometry referrals to Orthoptic Services (for SOUTHERN TRUST Orthoptic Services ONLY)
- ✓ Information in regard to Project ECHO and call for expression of interest in participation in ECHO (Western and part of Northern LCG areas)
- ✓ NI PEARS Information
- ✓ Paediatric Eyecare Update
- ✓ Glaucoma Care Pathway Update

GOS Contractor practices are reminded to review the HSC “Use of Email Policy” and that auto forwarding of emails to other email addresses is not permitted. The HSC email policy is available for review and download at the following link or, [click here](#)

<http://www.hscbusiness.hscni.net/services/2807.htm>

GOS Update

1. Notifying the HSC of changes to Ophthalmic Contractor Practice Information

It is essential that HSCB/BSO are notified of any changes in respect of ophthalmic service provision in a contractor practice. These changes may include:

- Change of opening hours/days of opening
- Change of premises
- Changes to clinical staffing (optometrists, dispensing opticians or OMPs) whether they are newly appointed to the practice or leave the practice.
- Changes in service provision e.g. domiciliary eyecare etc...
- Changes to enhanced service provision

GOS contractors should ensure that they advised of changes to Listing and other information in line with the regulatory requirement and in order to ensure that the HSCB have current information on eyecare provision in each contractor practice.

The notification of changes should be submitted to BSO by accessing the 'Ophthalmic Contractor Notification of Change to Listing and Service Provision' form on the BSO website at the following link:

<http://www.hscbusiness.hscni.net/services/2561.htm>

Please complete the notification and email it to Karen Lee in BSO at karen.lee@hscni.net

Alternatively a contractor practice can complete the relevant webform hosted on the FPS Optometry Portal Home/Sharepoint page.



When changes are notified from a contractor practice this will trigger any necessary updates and work by the HSCB / BSO. For example, the notification of changes to clinical staff will enable HSCB to create CCG user accounts for eReferral and to enable them to be enrolled to provide enhanced services e.g. NI PEARS or level I and Level II LES in the practice, if they are appropriately qualified.

2. PLEASE NOTE: Advice when generating Repair/Replacement Claims on OCS

When completing a claim for a repair on the electronic Ophthalmic Claims System (OCS) contractors are advised that on Part 2 of the online claim form the “replacement” box should **only be ticked if a complete replacement is provided** and not for any other form of repair e.g. a side/front.

For all repairs other than a complete replacement e.g. new frame, new front, new side or new lens, **the “repair” box should be ticked and the type of repair ticked in the boxes listed below the prescription boxes.**

If the replacement box is ticked there will be no access to the “type of repair” boxes.

The screen shot shows the example for a repair claim for a new frame on OCS.

The screenshot displays the 'Part 2 - Repair/Replace Details' section of the OCS form. The 'Repair/Replace' dropdown menu is set to 'Repair', and the 'Repair Frame' checkbox is checked. Two black arrows point to these specific elements. The form also includes fields for 'Nature of Repair/Replace', prescription details (Distance, Reading, Sph, Cyl, Axis, Prism, Base, V/A), and lens options (Single Vision, Prism Single, Tints, Complex Lens, Contact Lenses, Multifocal/Bifocal). The 'Repair Front' and 'Repair Side' checkboxes are unchecked, and the 'Voucher Code' field is empty.

	Sph	Cyl	Axis	Prism	Base	V/A	
Distance Right	<input type="text"/>	Clear					
Distance Left	<input type="text"/>	Clear					
Reading Right	<input type="text"/>	Clear					
Reading Left	<input type="text"/>	Clear					

	L	R
Single Vision	<input type="text"/>	<input type="text"/>
Prism Single	<input type="text"/>	<input type="text"/>
Tints	<input type="text"/>	<input type="text"/>
Complex Lens	<input type="text"/>	<input type="text"/>
Contact Lenses	<input type="text"/>	<input type="text"/>
Multifocal/Bifocal	<input type="text"/>	<input type="text"/>

Repair Frame	<input checked="" type="checkbox"/>
Repair Front	<input type="checkbox"/>
Repair Side	<input type="text"/>

Voucher Code:

Project ECHO® Optometry/Ophthalmology: Next Steps



Over many issues of the [HSCB Optometry Newsletter](#), contractor practices have been advised about Project ECHO® and the work undertaken to date to develop the current Optometry/Ophthalmology ECHO® Knowledge Network.

Work is progressing at pace to develop a new service which ECHO® Optometrists will deliver in their primary care practices. This development will see patients who previously attended the Hospital Eye Service for review & monitoring of Ocular Hypertension discharged to the ECHO® Optometrists for their ongoing care. Patients who attend the glaucoma service in the Belfast HSCT and their outreach clinics will be offered the opportunity (and choice) to attend an optometry practice for their care, this service is separate from their routine eye care which they will be advised to attend their 'own/usual' optometrist for. ECHO® Network Optometrists will be providing this dedicated and defined OHT Review & Monitoring service supported by Project ECHO® through their regular involvement and participation in ECHO® sessions.

Further information on this will be provided in due course to the wider profession so that contractor practices are aware of which optometrists will be delivering this service. This is important because, on occasions, an ECHO® Optometrist providing OHT Review & Monitoring for the patient of another Optometry practice may need to contact the patient's own/usual optometrist.

CET Update

Tuesday 17th April saw another very successful CET session at Greenmount College. Many of you have commented on the usefulness of the program which ranged from emergency first aid treatment to the research around myopia treatments. This year's event ran very smoothly and thanks to those that attended and made the effort to arrive early. It helps everyone enjoy the day, when we can get delegates registered and seated in a timely manner.

The Emergency Life Support lecture by Ms Bernie McKenna certainly raised awareness and many of you have been asking how they may access more formal practical training. Should you wish to do this, contact Karen Lee at Karen.lee@hscni.net and she can supply you with details of where you may procure training.

The next event will be an afternoon in the early autumn. We are just finalising the details and will let you know as soon as they are available.

The feedback was very useful and again the majority of people find Greenmount an excellent and very accessible venue. For those who are not so happy, I apologise. It is a cost effective facility for the HSCB, providing catering and IT support on site and is rated highly by the majority of optometrists in NI. We do endeavour to provide these events at no cost to delegates and this is why we do not provide delegate packs, notebooks, or additional refreshments etc. all of which might be welcomed but would increase costs.

Tuesday continues still to be the most popular day for optometrists for training and therefore the next autumn event we are planning will also be on a Tuesday. The final date will be announced shortly.

In the meantime if you have any other comments pertaining to CET, or something you would really like us to cover please do not hesitate to send an e-mail to Janice.mccrudden@hscni.net

SAVE THE DATE AUTUMN 2018



The autumn afternoon CET event will be Tues
2nd Oct 2018 at Greenmount.



Lecture details and booking arrangements will follow closer to the time, but mark it in your diary to save the day.

OPPORTUNITY: Health and Social Care Board Disciplinary Committee Appointment

The HSCB is seeking applications from registered optometrists or ophthalmic medical practitioners for the position of Professional Member on the HSCB Disciplinary Committee.

The role of the Disciplinary Committee, in line with the 2014 Disciplinary Procedures Regulations, is to investigate whether an ophthalmic contractor has failed to comply with their General Ophthalmic Services Terms of Service.

The Disciplinary Committee is made up of a Legal Chairperson, a Lay Member and a Professional Member.

The professional member, among their other duties for the panel, will be required to provide a view on technical matters and provide clinical judgement in relation to the services provided by the ophthalmic contractor.

The post is part time and is open to registered optometrists or ophthalmic medical practitioners with at least 5 years' experience in primary care practice. The closing date for application is 1st June 2018.

Further information about the post and an application form may be found at the following link on the HSC Recruitment website:

https://jobs.hscrecruit.com/sap/bc/webdynpro/sap/hrrcf_a_posting_apply?PARAM=cG9zdF9pbnN0X2d1aWQ9MDA1MDU2OTM0RjY5MUVFODk2Qjc0QzBEODJCRTBEQjYmY2FuZF90eXBIPUVYVA%3d%3d&sap-client=100&sap-language=EN#