

Optometry Practice Newsletter

VOLUME 7: Issue 2 –December 2018

“Delivering Together”: what does it mean to eyecare?

Previous editions of this newsletter have outlined how primary and secondary eyecare services have embraced the principles and commitments of [Health and Wellbeing 2026: Delivering Together](#) and this edition marks another landmark towards this important Department of Health blueprint.

In this newsletter you will read of a step change in better integration across high street, community and hospital eyecare; namely interfacing primary care optometry access to the Northern Ireland Electronic Care Record (NIECR). This integration has direct patient, system, safety and efficiency benefits, as outlined by the quote from an early adopter, and Independent Prescriber, Mr Colum Rooney. As always, testimonials like this are most powerful, and big thanks are due to Board eHealth, BSO ITS colleagues, and service providers, in getting us to this important place.

As part of an ongoing investment in primary eyecare, HSC Board is grateful, through Confidence & Supply funding streams, to continue to expand capacity and capability in primary care, and roll out NI PEARS regionally. We believe this to be both an effective use of resources, and a major enabler for promotion of self-care and treating people closer to home. Careful monitoring and evaluation of outcomes will now be required to fully inform the case for recurrent investment going forward.

Finally, work continues to prototype new models of elective care for cataracts; assessing and treating the majority of non-complex cases in stand-alone centres which promote excellence in experience and outcomes. The key message is that, although your patients may be asked to travel further for treatment, access will be more timely, and the number of visits fewer.

Many thanks for your co-operation in delivering on this vision.

Merry Christmas.

A handwritten signature in black ink, appearing to read 'Raymond Curran', is enclosed in a white rectangular box. The signature is stylized and includes a long horizontal line extending to the right.

Raymond Curran, Head of Ophthalmic Services

Northern Ireland Electronic Care Record (NIECR)

In the last issue of the HSCB Optometry Practice Newsletter Contractors were advised of the implementation of access to the Optometry-View Northern Ireland Electronic Care Record (NIECR) for Optometrists.



Optometrists who are using CCG eReferral can be provided with NIECR user accounts which will allow them to look up and review relevant medical and ophthalmic information on their patient(s). Essential NIECR governance information and online training resources are provided to Optometrists who are given NIECR accounts. By using NIECR Optometrists can be more fully informed about their patient's ophthalmic and medical information including prior/current ophthalmic care which they have accessed in secondary care. It will mean that Optometrists can make better decisions about their management of patients **supporting clinical care, assisting in effective and efficient use of HSC resources and facilitating continuity of care.** During September the HSCB piloted use of NIECR with Optometrists and the feedback was very positive with one of the Optometrists who tested it advising *"I think NIECR is wonderful and exceptionally helpful and definitely will lead to better outcomes for the patient. I'm sure it will help me reach decisions faster in future"*.

Has it helped? Feedback on the NIECR and its benefits in clinical practice

Access to NIECR for the profession at large has been implemented from early October and in the first four weeks over 170 NIECR accounts have been issued to primary care Optometrists. One of these Optometrists, **Mr Colum Rooney**, who is a contractor for two optometry practices in the Southern Eastern LCG area (Hillsborough and Lisburn) contacted the Health and Social Care Board to give some feedback on his initial and immediate experience of NIECR:

"Just a note to say how grateful I am for all the hard work that went into setting up the NIECR. On the first day it proved invaluable to stop two unnecessary referrals for new patients who had difficulty communicating their complicated ophthalmic history. Patients are easily confused at the timeline of ophthalmic appointments or consultant decisions based on test results. Access to NIECR, in combination with clinical examination, enabled me to alleviate their eyesight worries without a request for further hospital involvement.

***Is Northern Ireland now able to show the rest of the UK the future?"
Mr Colum Rooney, Optometrist (Hillsborough and Lisburn)***

Access to the NIECR is gained through the HSC Optometry Portal and information on the NIECR and the processes which govern application and use was issued to all Contractor practices that are using the Optometry Portal. The NIECR will be made available to practices that are CCG enabled.

IF YOU ARE AN OPTOMETRIST WHO USES eREFERRAL PLEASE ENSURE THAT YOU CHECK YOUR CONTRACTOR PRACTICE HSCNI EMAIL INBOX FOR THE EMAIL RELEVANT COMMUNICATION.

Level II LES Accredited Optometrists: **Important - Please Note **

All Optometrists providing Level II enhanced service are reminded that they **MUST include the results of ALL the clinical tests** which have been undertaken during the Level II enhanced service examination when generating a referral to secondary care following Level II enhanced service provision.

Referrals should be legible and complete and **MUST contain:**

1. The essential patient demographics (and Optometrist and GP practice details)
2. The following clinical findings
 - a. IOP - the initial IOP **and** the 'repeat' IOP measure
 - b. The A/C angle findings
 - c. Copies of the Visual Fields test
 - d. Clear and comprehensive information on the clinical findings of the assessment of the optic nerve head by indirect ophthalmological examination

It is vital that the referral demonstrates clearly and evidences that a Level II enhanced service examination has been performed and evidence provided to support the need and rationale for a referral

Referrals which do not contain the information noted above may be returned to the practice for completion before they are accepted by the hospital eye service

Optometry referrals & the importance of accurate information

In the incoming weeks work will progress to develop the processes to facilitate electronic triage of Optometry referrals. Hospital Eye Services 'triage' referrals in order to assign them to the appropriate clinical pathway and also to determine the priority of the referral. Electronic triage (known as 'eTriage') facilitates improvements in the efficiency of this triage process and is being implemented for many specialities within secondary care.

When eTriage is in place, in order to accept and process referrals from Optometrists it is **ESSENTIAL** that accurate information on the individual Optometrist **and** the practice from where the referral has been generated is held by the Health and Social Care Trust.

In the incoming month the Health and Social Care Board will be passing the information on 'who' works 'where' to secondary care. This information is drawn from the data held in respect of

1. those optometrists who have CCG user accounts for referral for practices that have been enabled for CCG eReferral
2. a manual check on those practices that use paper referrals (i.e. 'non-portal' using practices)

It is essential and critical to the referral process that contractor practices notify of ANY changes to the Optometric staff who are working in their practice (including full-time, part-time and locum optometrists) in order that the file which the Health and Social Care Trusts hold can be updated. If a contractor does not notify of a change of staff and a referral is generated there is a significant risk that the referral will not be processed.

The most straightforward way of notifying the HSCB of a change which affects a practice is to use the updated online/web form hosted on the Optometry portal home page. The form is simple to complete and when submitted triggers the necessary actions within the various HSC organisations to manage and record the notice of change.

An image of the webform is noted below highlighted with the red arrow:

HSC FPS Optometry Secure Web Portal

Home

Ophthalmic Claim System CCG eReferral HSCNI Email Service

Electronic Care Record NIHSC Interpreting Service Optometry eOrdering

Notification of Change to Ophthalmic Listing & Service Provision HSC Primary

Help & Support

Click here to access your HSCNI email account for your practice

Click on this link to complete and submit a notification of change for your practice

For practices that are not currently accessing the FPS Optometry portal paper templates for the notification form are available at the following link (or [click here](http://www.hsctbusiness.hscni.net/services/2561.htm)): <http://www.hsctbusiness.hscni.net/services/2561.htm>

Congratulations Eglinton Eyecare!!



The Health and Social Care Board wish to congratulate Eglinton Eyecare on their recent awards. At the Sightcare Care Awards 2018 ceremony in mid-September, the successful practice beat competition from across the whole of the UK and Ireland, and topped the other finalists to win two awards:



- Independent Practice of the Year
- Practice Personality of the Year for Practice Manager Claire Buchannan

Well done Jean, Claire and the entire team in Eglinton Eyecare

Further Service Developments for Primary Care in collaboration with the Glaucoma Service

During late 2018 a new service will be implemented in conjunction with the Glaucoma Service in the Belfast Health and Social Care Trust. This service will be provided in a small number of identified Optometry practices and will allow patients with ocular hypertension (OHT) to access an appointment for the review and monitoring of their condition in primary care.

Optometrists providing the service will do so as a stand-alone service entirely separate from any routine eyecare which a patient will access in their 'usual' optometry practice and the 'routine' eyecare for these patients will be as is normally provided and in line with their usual sight test interval.

[Previous issues of the HSCB Optometry Newsletter](#) (e.g. page 15, June'18 issue) have highlighted and referenced the planning for this service and the Health and Social Care Board are pleased to advise that the service will now be implemented.

A REMINDER.... Recommendations for dry eye, blepharitis and nutritional supplements

In November the Health and Social Care Board issued a letter to all Optometry practices reiterating advice and guidance in respect of optimising medicines use in primary care by reducing the prescribing of treatments available over the counter ('OTC' treatments) for common conditions and non-evidence based medicines ([click here to read](#)).

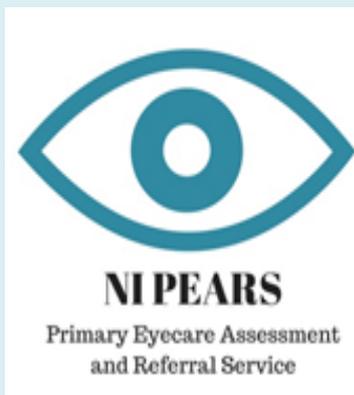
Optometrists are asked to ensure that they adhere to the recommendations in the [Northern Ireland Formulary](#) for first, second and third line treatments options [for Dry Eye preparations](#). If you are accredited to provide NI PEARS and are providing this HSC funded service to your patients it is the expectation of the HSCB that you adhere to the NI Formulary in your clinical decision making in respect of prescribing advice for patients newly diagnosed with dry eye and blepharitis as an outcome of NI PEARS provision.

In addition Optometrists will note that increasingly GP practices and the newer 'GP Federations' (formal 'groups' of GP practices) will be asking Optometrists to provide additional information to support requests for prescribing of preparations which are not noted in the [NI Formulary](#). Please take a few minutes to read this [Letter to Optometrists – Dry Eye, Blepharitis and Nutritional Supplements](#)

Information on prescribing guidelines, drug alerts and other relevant safety and quality issues can be found at the following link (or [click here](#))
<http://www.hscbusiness.hscni.net/services/2396.htm>

GOS Update

Three new MOSs have been issued to practices, with interrelated information regarding the handling and storing of patient information. Please read these carefully as they contain important information .



MOS 231 Guidance on Data Protection. Providing an update on contractor responsibilities in regards handling of patient identifiable information and the importance of making patients aware of how their information is used.

MOS 322 Guidance on electronic storage of patient declaration forms. Advice on scanning and the electronic storage of OCSRP and LESRP forms and the importance of ensuring that they are stored in a legally admissible format.

MOS 323 Patient Identification. Highlighting the importance of ensuring that patient details are absolutely correct on all claim forms and on CCG e-referral forms.

All MOSs may be viewed by clicking on the following link: [MOS Library](#)

NI PEARS

Update

As many of you will be aware funding has been secured from the Transformation Fund to extend the Acute Eyecare service NI PEARS to optometry practices in the Northern and South Eastern areas, making it a Northern Ireland wide service. Over 120 optometrists are currently undertaking the MECS training and assessment programme through the Ulster University. Enrolment with the HSCB for all practices and practitioners in these areas wishing to provide the service will take place in January and the service will commence at the end of January.

This enhanced service development will enable patients anywhere in Northern Ireland who develop an acute i.e. a sudden or very recent onset eye problem, to access care locally with a primary care optometrist.

It is important that all practices providing NI PEARS are aware that this service is, as it says, for patients with a sudden or very recent onset problem. Triage of the patient when they contact the practice is very important to ensure that they are eligible for an NI PEARS assessment. All staff in the practice who have contact with patients play an important role in ensuring that the service is used appropriately and only by patients that need it. A flow chart of the questions to consider when deciding whether a patient is eligible for NI PEARS may be viewed at:

<http://www.hscbusiness.hscni.net/pdf/NI%20PEARS%20Triage%20Flow%20Chart.pdf>

It may be useful to have a copy of the Triage Flowchart at the reception desk to assist staff when advising patients.

Clinical Management Guidelines

The College of Optometrists Clinical Management Guidelines are the recommended source of up to date, evidence based, guidance on diagnosing and managing many of the conditions commonly seen, not just with NI PEARS patients, but across primary care optometric practice. Keep up to date at: [Clinical Management Guidelines](#)

CPD and Training at Greenmount

HSCB/BSO ran another very successful optometry training afternoon at Greenmount College on Tuesday 2nd Oct. In fact we got our first ever 100% “very satisfied” for Mr Kam Balaggan’s talk. The talks were designed to be informative for practice and they seem to have achieved this given the feedback.

Dementia is a growing problem and coupled with our aging population more and more of us are seeing patients who suffer from this condition in our clinical practice. The insights Dr Rakhee Shah gave us on managing and testing dementia patients were excellent and very practical. For those of you who want more details and information the **ProVIDE** study is a worthwhile resource.

Mr Kam Balaggan definitely was the star of the day with his very practical and detailed advice on PVD's versus retinal detachments. It is well recognised that this is an area of concern for most practitioners and also one of the highest reasons for referral to the General Optical Council, Fitness to Practice Process. We now should at least have the practical knowledge to examine such patients thoroughly.

The final speaker of the day was Dr Peter Campbell who provided us with feedback and evidence of the value of the various managed "glaucoma" schemes, letting us all know that what we do is very worthwhile.

The feedback from the day was very positive from all who attended and as previously for the majority the venue was very accessible and convenient. As, has been said before, the HSCB is obliged to use premises that are reasonably priced and can provide the capacity for such meeting, which are generally in excess of 100 delegates. Greenmount is central in Northern Ireland has good road links and is convenient for speakers also who may be flying into the province.

As we move towards new commissioning and service delivery models, HSCB is actively exploring new and innovative CPD methodologies, ways that will allow training and development to be tailored to need, be that in acute eye management or post-operative cataract care. Whether locality-based, or webinar-type CPD, the intention would be to provide accessible, effective professional development which meets service needs whilst retaining the very important aspects of peer interaction and engagement.

In relation to near future events the topics suggested have all been reviewed and the next event is planned for spring 2019. It will be a full day event as many of you have requested. The details of it will be circulated in due course, so keep an eye out and thank all of you who attended for making it a very enjoyable and educational afternoon. For those of you who couldn't make it hopefully we will see you in the spring.

End of the CET Cycle Looming



The current CET cycle ends on 31st December. Don't panic if you haven't yet completed all your CET requirements, there are still courses available: The College of Optometrists has advice and several online events available at: [College CET provision and deadlines 2018](#)

DOCET has live distance learning modules across all competency areas at: [DOCET](#)

For other sources of CET log into **My GOC** at [Login](#) and in your CET plan click on any of the competencies you have not yet completed and all current live CET relating to that competency will be listed.

CET Grant 2018

Optometrists who have provided GOS during 2018 will be eligible to apply for the CET grant. The application process for the 2018 grant will open in January which is earlier than in previous years. Please look out for information and an application that will be sent from BSO in late December/early January.

Free e-learning training programme to support brief interventions in smoking, alcohol and physical activity



Optometrists are increasingly being encouraged to discuss lifestyle issues such as smoking with their patients. A new e-learning resource has been developed by the Public Health Agency and Queen's University Belfast to equip health professionals with the skills, knowledge and confidence to deliver brief intervention training. Details of the course and how to register are included in the flyer below.

The Online Brief Intervention Training is now live on the www.medicinesNI.com website (within the 'online courses' section)

This website enables self-registration, allowing registered users access to the online course, post course assessment, and evaluation.

Those successfully completing the MCQ assessment may print a certificate of completion.



Duration: 2 hours

Aim: To equip health professionals with the knowledge, confidence and skills required to deliver an effective brief intervention to specific patients and clients

Having completed this course, you will be able to:

- Comfortably raise the subjects of smoking tobacco, consuming excess alcohol or discuss physical inactivity with patients/clients as part of routine practice
- Assess patient/clients for risk and their motivation to change
- Assist patients/clients to by scheduling an intervention appointment, signposting to relevant support services and/ or providing additional information sources

Supporting

Making Every Contact Count

This online training resource has been developed and produced by Queen's University Belfast for the Public Health Agency, Sept 2018

Thank you and Happy Retirement😊!

At the end of November 2018 the Health and Social Care Board (HSCB) said good bye to a wonderful colleague, Mrs Edith McMullan, following her retirement from public service. Edith has worked within Health and Social Care for over 30 years and in recent times has been an integral part of the ophthalmic services team within the HSCB, providing essential business support, advice and assistance to ophthalmic services.

Many of you at one point or another will have spoken with Edith or, communicated with her by email or letter. Edith is a colleague who coordinated so much of what it takes to keep abreast of the primary care optometry workforce and their services including; the work to organise CCG eReferral accounts, annual quality assurance processes, changes to contractor practices and the optometrists that work therein, recording and maintenance of information on enhanced service providers and very much more.

Edith has valuable qualities of diligence, sincerity and thoughtfulness and her input and work will be very much missed by everyone in the ophthalmic team. Raymond as Head of Ophthalmic Services and the team of ophthalmic advisers in HSCB wish Edith much health and happiness in her retirement, it is so very well deserved.

Thank you Edith