

Optometry Practice Newsletter

VOLUME 7: Issue 3 –March 2019

Transforming services, enhancing roles.

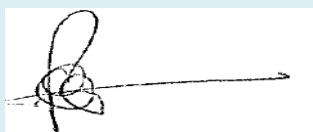
Welcome to this, the final ophthalmic services update of 18/19. Everyone involved in eyecare, whether at primary care level, in the hospital setting, in community orthoptic practice or eye screening, will know that it has been a year of reform and transformation, of integration and collaboration.

In this edition, attention is drawn to guidance on the use and benefits of the Northern Ireland Electronic Care Record (NIECR), and also on the Clinical Communications Gateway (CCG) for electronic referrals. These interfacing platforms have enormous potential to integrate care and to deliver direct patient and system benefits; HSC Board thanks all who have embraced these developments which are central to distributing HSC policy of “Delivering Together.”

The newsletter also carries important information on ophthalmic public health, and on the wider role that all eyecare providers can play in Making Every Contact Count (MECC). The causative links between vision and falls is well understood, and this edition offers the opportunity to articulate that message more widely. An interesting piece on Social Prescribing adds to the MECC opportunity.

18/19 saw the roll-out of NIPEARS to cover the region, and also the first tranche of community ocular hypertension monitoring, supported by Project ECHO[®]. These transformation initiatives offer real potential to deliver care closer to home, where it is safe and appropriate to do so, freeing capacity in secondary care.

Finally, 18/19 witnessed the establishment of prototype models for cataract elective care, the first of a wave of specialties which may benefit from a similar approach to care. This video link, featuring service users and providers describes, and HSC Board looks forward to working with primary care colleagues to deliver post-operative elements of the pathway into 19/20 and beyond: <https://vimeo.com/323439794/774190815f>

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 stroke extending to the right.

Raymond Curran, Head of Ophthalmic Services

Optometry Contractors: Please Be Alert!!

COLD CALLS



Practices should be aware of the practice of 'cold calling'. These calls are unprompted and the caller may advise that they are from a data analyst company and that they are 'updating information' held on your practice. These companies are usually gathering data (usually on staff and clients) for the purpose of creating lists which they can subsequently sell onto other companies related to optometry and ophthalmic services. Please be advised that these companies are not in any way connected to Ophthalmic Services in the Health and Social Care Board and you should discuss how such calls are managed by staff within your practice.

MALICIOUS EMAILS



We recently received a report of a suspicious email sent to a practice's own email account (not to their HSCNI email). The subject heading was optometry related, but the sender was not known and the optometrist was rightly suspicious and contacted us for advice. BSO advised that this was indeed a malicious email.

Please exercise caution when receiving any suspicious emails.

- Do not open emails which you suspect as being scams.
- Do not forward emails which you suspect as being scams.
- Do not open attachments from unknown sources.
- Do not respond to emails from unknown sources.

If in doubt, contact the person or organisation the email claims to have been sent by ... better safe than sorry.

Check out the link below for further advice and guidance

<https://www.getsafeonline.org/protecting-your-computer/spam-and-scam-email/>

Optometry–View NIECR Governance Additional Guidance for Optometrists

Access to the Optometry-view NIECR for primary care optometrists was enabled in late 2018. At the time of roll out of NIECR access contractor practices were provided with important guidance and information on respect of governance in the use of NIECR. In addition to this following submission of an application and issue of an NIECR account optometrists and their contractor practices are advised of the terms of use of NIECR via a return email detailing the terms of use and application details.

In the implementation of any new service/application to a new professional grouping there are processes in place to monitor and review activity and other elements of the use of the service. Following review and audit of NIECR activity since introduction in late 2018 the Health and Social Care Board and the NIECR team wish to provide some important feedback and further guidance in the use of NIECR.

Please ensure that you read the guidance notes which were provided at the time of implementation of NIECR and the guidance below and implement these in your use of NIECR in practice.

Access to one’s own personal NIECR account

Optometrists should not under any circumstance log into their own personal NIECR account for the purposes of testing, review or any other reason. Professional access to the NIECR is explicitly for direct patient benefit only. Access to records by an individual not providing direct patient care (acting as a health care professional at the point) will be facilitated by development of a ‘patient portal’.


The development of a ‘patient portal’ is part of a significant HSC eHealth project which will evolve over the incoming years.

Advice: An Optometrist should not access/view their own NIECR. NIECR is for direct patient care ONLY.

Where a Patient has not 'opted in' to NIECR

The default status of NIECR records is 'locked'. This is denoted by the padlock symbol. Optometrists should note there are two types of padlock symbol that will be presented beside a patient's NIECR.

Padlock with green cross 

Padlock no green cross 




If the padlock symbol with a green cross is present when the patient or service user presents for care, they should be asked for their permission to view their NIECR record which will expire after a certain time and then return to 'locked'.

Identifier Search Select a favourite search ▼

Use Demographic Search if no H+C Number

H+C No. or Casenote :

Search Reset ⁺

<input type="checkbox"/>	HCN	Name	Date of Birth (Age)	Sex
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▼ ▼

Figure 1: Patient has opted in to NIECR; note the green cross on padlock



In the scenario where a patient has opted out of NIECR the padlock will be presented and when an Optometrist attempts to access the patient record they will be unable to do so.

When NIECR was introduced in Northern Ireland not all members of the public 'opted in' to NIECR and in doing so permission to open an NIECR account for access by health care professionals was not given.

**** REMINDER: ICT CONSIDERATIONS IN THE USE OF NIECR ****

Contractors and Individual optometrists accessing NIECR are reminded that you must have Internet Explorer 11 and Adobe Reader 11 in order to use NIECR successfully. As noted in the NIECR guidance if you have a problem in using NIECR please log an IT Help Desk call using the appropriate contact details. You will be required to provide your NIECR account details and the practice HSCNI email address which supported your application.

Contact details: IT Help Desk: supportteam@hscni.net or, telephone 028 9536 2400

Learning from Incidents: Pupil dilation and IOP measurement post dilation

In recent months an adverse incident was reported to Ophthalmic Services in the Health and Social Care Board in regard to IOP elevation following dilation.

Clinically there are many instances where it is may be desirable and also essential to dilate a patient's eyes. A recent incident in a 70 yr. old patient who had undergone dilation with previous Peripheral Iridectomy (PI) for narrow angles caused an elevation in IOP. The optometrist took appropriate action, checking IOPs 1 hour after dilation and noted the elevation. The patient was subsequently referred to Eye Casualty for treatment for the high IOP. In considering the ***learning from this incident*** Optometrists are reminded of the importance of the following:

1. Checking IOP post dilation
2. If your patient has narrow angles with previous PI treatment and if the angle is at least 180 degree open on gonioscopy there is less risk in dilation
3. If you need to dilate patients with previous PI treatment or with narrow angles, simply advise the patient of the risk of inducing angle closure.
4. Patients with narrow angles should be reminded of the risks of pupil dilating meds including over the counter decongestants.

Adverse Incidents are a valuable source of professional, clinical and HSC system-wide learning. Information on Adverse Incidents including what can be classed as an incident and how to report them is found at the link below, or [click here](#).

Adverse Incidents: <http://www.hscbusiness.hscni.net/services/2756.htm>

Optometrists and Dispensing Opticians are encouraged as part of good governance and in the application of your [GOC Standards of Practice](#) to know about Adverse Incidents. Please follow the link below to read the GOC Standards of Practice for registered Optometrists and Dispensing Opticians.

https://www.optical.org/en/Standards/Standards_for_optometrists_dispe_nsing_opticians.cfm

Opportunity to become involved: ‘Vision and Falls’– a new HSC ophthalmic public health initiative



The Public Health Agency (PHA) in conjunction with the Health and Social Care Board (HSCB) and Belfast City Council are seeking Optometrists who wish to become involved in some **short term part time work** to raise awareness of the link between ‘Vision and Falls’.

This is a great opportunity for a small number of Optometrists to spread important messages in relation to Vision and Falls to community groups and organisations in the Belfast and South Eastern areas for a 4-6 month period from September 2019 – March 2020. Supported by the PHA, HSCB and Belfast City Council it is hoped that several optometrists will represent the profession and attend meetings/roadshows (lasting approx. 2 hours) to speak with members of the public and discuss vision and falls. The meetings take place during daytime and may suit someone who is working part time or, who is interested in furthering and contributing to the wider ophthalmic public health agenda. The HSCB Optometric Advisers will provide the slide show presentation and will also assist in providing some initial training to the Optometrists who are interested in helping in this work.

***** Please note: Remuneration is available for participation in this short term project and further details can be provided by contacting the PHA as noted below*****

If you:

- ✓ Are interested in becoming involved in this work
- ✓ Would value the opportunity to ‘do something different’
- ✓ Have some capacity in terms of time and availability

Please contact Ms Sarah Reid in the Public Health Agency using the following details - tel: 028 9536 1677 or email: sarah.reid@hscni.net **before Friday 26th April 2019**

NI PEARS Update

On 28th January 2019 NI PEARS became a regional service, with the extension of the service to the Northern and South Eastern LCG areas. Now someone who develops an acute, sudden onset eye problem anywhere across NI, from Belleek to Ballycastle, will have access to HSC funded eyecare in a local primary care optometry practice.

NI PEARS Training and Accreditation

Ophthalmic Services in the Health and Social Care Board would like to congratulate the optometrists who undertook the recent MECS training and assessment program to enable them to become accredited to provide NIPEARS.

They also wish to express their thanks to all the Optometrists who completed the feedback survey following their recent NI PEARS training and accreditation. Just over 50% of those who undertook the recent training completed the survey with valuable feedback given on their experiences of the planning, administration and training.

Thank you; your feedback will help HSCB reflect on the approach taken to service developments in the future.

HSCB Ophthalmic Services would also like to thank the staff of the Optometry Department at Ulster University for all their work in providing the MECS training and assessment program.

Maintaining NI PEARS Accreditation: Annual CPD requirement

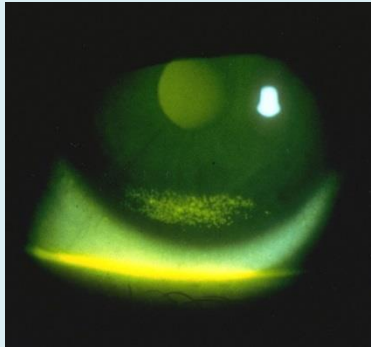
All optometrists providing NI PEARS, from the year after their initial enrolment for the service, must undertake annual CPD specific to Acute Eyecare facilitated by the HSCB. Please see details of NI PEARS training events for this year under the CPD section.



Some NI PEARS Facts and Figures

NI PEARS is now provided by 403 accredited optometrists in 207 practices.

By December 2018 over 15,000 patients had been seen under NI PEARS and 78% of these patients were managed by the optometrist in their practice and did not need onward referral anywhere else.



The top five conditions for patients seen under NI PEARS are:

1. Dry eye
2. Conjunctivitis
3. PVD
4. Corneal Abrasion
5. Sub conjunctival Haemorrhage

NI PEARS or Not Triaging the Patients

It is vital that NI PEARS assessments are available for those patients who absolutely require it i.e. patients who present with an acute, sudden onset condition. Practice staff play an important role in triaging the patient particularly in discerning whether the patient's symptoms are of recent onset or have been going on for some time meaning the condition is less likely to need urgent investigation. Practices are reminded of the NI PEARS triage chart which is a tool to assist non clinical staff in deciding if the patient needs an NI PEARS assessment or not.

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

Communications

Information is being issued to GP practices and community pharmacies about NI PEARS in the Northern and South Eastern areas to alert them to the newly available service and regionally to all GPs to remind them of the eligibility criteria for directing patients to optometry practices for an NI PEARS assessment.

Public List of NI PEARS providers

A list of all practices providing NIPEARS is made public to enable patients to find an NI PEARS provider in their area. The list may be viewed by clicking on the attached link to the BSO website: click on [Optometry Enhanced Services](#). Please check the list to ensure that your practice details are correct. Any practice that has indicated that they do not wish to be included in the public list has not been included. If you wish to make any changes to the list please contact Scott Drummond at scott.drummond@hscni.net

Investigating Flashes and Floaters

Patients frequently present at optometry practices with symptoms of flashes and floaters and are frequently seen under NI PEARS. Practitioners are reminded of the importance of performing a thorough retinal examination of any patient presenting with recent onset flashes and floaters to rule out potentially sight threatening retinal changes.



It is vital to obtain optimum pupil dilation to obtain as wide a view as possible. Binocular indirect ophthalmoscopy is the recommended examination technique using a lens that will provide a wide field of view. A 90D lens may not provide an adequate view of the peripheral retina and a superfield or wide field digital lens is recommended. This lens type is included in the Revenue Grant Scheme and practices, particularly those providing NI PEARS, are encouraged to consider making use of the grant to purchase a lens of this type.

NI PEARS documentation

All documentation related to providing NIPEARs in your practice are on the BSO website at the following link:

Click on [Optometry Enhanced Services](#)

Social Prescribing.....

A new approach to helping patients on the path to Health and Wellbeing

Health care professionals in Northern Ireland are becoming increasingly aware of the practice of “Social Prescribing”. Social prescribing is a practice whereby primary care professionals refer people to a range of non-clinical services which are community based, local and can be in addition to any necessary medical care.



Social prescribing aims to help people take greater ownership of their health and wellbeing through participation in activities which allow them more control over their own health; supporting the drive for more holistic care.

If you would like to know more about Social Prescribing and how you may be able to help your patients access the opportunities that social prescribing affords please read more at the following link:

HSCB Website: Social Prescribing

<http://www.hscboard.hscni.net/social-prescribing/>

Ophthalmic Service Update: Enhanced Service for OHT Review and Monitoring

Over recent issues of the HSCB Optometry Newsletter (most recent issue [December 2018, page 6](#)) you have been kept updated on service developments including the work of NI Project ECHO[®] and Ophthalmic services in the planning and implementation of a service to monitor patients with ocular hypertension (OHT).

Optometrists who have been involved with Project ECHO[®] over the past 3 years will assist in the provision of this service aligned to a robust service specification and clinical and communication protocols. The service has been developed in conjunction Belfast Trust in the first instance and because it is a new and novel service it is supported by Project ECHO[®] which provides the required level of oversight and governance. Please note:

1. The Hospital Eye Service and all Optometrists involved in providing this service will explain to patients that the service provided is completely un-related to the ophthalmic care provided by their 'usual/chosen/regular' Optometrist.
2. The Optometrist will clarify the remit of the service to patients who attend for their OHT review and monitoring and a HSC template has been generated for feedback on the appointment to be provided to the patient's Optometrist (the one whom they normally attend for their ongoing primary care examinations etc....).
3. Patients who would normally have had their OHT review appointment in the Hospital Eye Service but may now access this in the community will experience a service which embeds respectful intra-professional collaboration between all eyecare professionals
 - between primary and secondary professionals and
 - between primary care Optometrists.

Currently until such times as the service is fully implemented and evaluated it is not anticipated that other practices will be involved as the current and existing framework of ECHO[®] will not currently facilitate extension to other optometrists. It is appreciated that some contractors may have reservations about their patients attending another practice for an additional service but you are asked to please lend your support for this new service and promote it to your patients as a positive move for the profession within Northern Ireland.

Making every Contact Count

If you work within a GP practice or a community pharmacy, dental surgery or an ophthalmic practitioners or if you work to promote health and wellbeing within the community and voluntary sector or through a local council initiative then this training is open to you.

Supporting Better Health Literacy – a free training workshop for anyone working in a primary care health & wellbeing setting.

Health literacy is about patients and citizens having the knowledge, skills, understanding and confidence they need to be able to use health and care information and services.

The workshops aim to help you learn; what health literacy is, to better understand the impact of low health literacy, and to apply your learning to help you to be more effective in your work with patients, carers, service users, citizens and communities. Each session is delivered by Belfast Healthy Cities and the Community Development & Health Network.

Sessions will be held in each of the ICP areas on the following dates:

Belfast ICP

Belfast ICP	
Tuesday 9th April 2019	Boardroom, Beechlawn Hotel, 4 Dunmurry Ln, Dunmurry, Belfast BT17 9R

Monday 29th April 2019	Lecture room 1, Riddle Hall, 185 Stranmillis Rd, Belfast BT9 5EE
Tuesday 14th May 2019	Confex Suite, Stormont Hotel, Upper Newtownards Road, Belfast BT4 3LP
Wednesday 22nd May 2019	Conference Room B, NICVA, 61 Duncairn Gardens, Belfast BT15 2G
<u>Southern ICP</u>	
Tuesday 2nd April 2019	Armagh City Hotel, Armagh
<u>South Eastern ICP</u>	
Thursday 28 March 2019	Resurgam 3D Youth Centre, Lisburn BT28 1NY
Thursday 4 April 2019	Sketrick House, Newtownards BT23 4YH
Thursday 11 April 2019	St Patricks Centre, Downpatrick, BT30 6LZ
Tuesday 16 April 2019	Signal Centre, Bangor BT19 7P
<u>Northern ICP</u>	
Thursday 18 April 2019	Mossley Mill, Newtownabbey BT36 5QA
Wednesday 15 May 2019	Portballintrae Village Hall, Bushmills BT57 8US
Tuesday 21 May 2019	Mid Ulster Council HQ, Magherafelt BT45 6E
<u>Western ICP</u>	
Wednesday 17 April 2019	Tara Centre, Omagh

Places are limited so early booking is advised.
For further information and details on how to register please email
Jessica McGurk on Jessica.mcgurk@hscni.net

Safeguarding: It is Everyone's Responsibility

Contractors and Individual Optometrists are reminded of the importance of safeguarding and consideration of issues in relation to both adult and child safeguarding in your clinical practice. There are supporting resources in place both in training and to assist health care professionals in reporting of safeguarding concerns.

Safeguarding Training

DOECT offer online training in safeguarding and you are encouraged to undertake this training. Please follow the link to the DOECT website to read about and undertake the training:

Safeguarding Adults: <https://docet.info/enrol/index.php?id=109>

Safeguarding Children: <https://docet.info/enrol/index.php?id=113>

Within Northern Ireland each Health and Social Care Trust (HSCT) has a safeguarding teams (for both adult and child safeguarding) and information on these can be found on the respective HSCT websites.

The 'gateway team' for that HSCT will investigate any reported concerns.

Child Safeguarding

If an ophthalmic professional reports a child protection concern, the gateway team investigates within 24 hours and responds to the referrer that an investigation has been initiated but will not disclose the detail. In general unless it is an anonymous referral, the family will be advised on the source of the referral and it is expected that professional referrals will be disclosed, unless there are exceptional circumstances or possible implications for joint investigation by Police Service of Northern Ireland and Social Workers.

Please click on the following link to read about the [Safeguarding Board](#) for Northern Ireland (or [click here](#))

<https://www.safeguardingni.org/>



Access NI Checks

Discussions are currently taking place between the Department of Health and the Health and social Care Board in relation to the statutory requirement for staff providing ophthalmic services (including support staff) professionals to undergo Access NI checks. Clarification on the scope of this statutory requirement is being sought and advice will be provided to optometry contractors on their responsibilities in due course.

CCG eReferral: Update

In mid-February 2019 Optometry contractor practices that use CCG for their eReferral were provided with a reminder of the importance of ensuring that their referrals have a status of “submitted” and are not held in the CCG worklist for the practice with an “In Progress” status. It is the responsibility of optometrists to ensure that referrals have been submitted in a timely manner and that the status of “Submitted” is recorded against the referral.

Please [click here](#) or, follow the link below to read the CCG guidance which was issued (**hosted at item 10**) and all other relevant CCG communications for Optometrists.

<http://www.hscbusiness.hscni.net/services/2767.htm>

CCG: Optometry success to date

As of the end of March 2019, 229 /270 Optometry contractor practices have been enabled to use CCG for their referrals to secondary care. At the end of December approx. 20,000 referrals had been sent via CCG. CCG eReferral affords safe and efficient transfer of patient referrals with the immediate assurance that the Health and Social Care Trust have received the referral when the status of “Submitted” is noted against the referral.

13 March 2019
© CSA (ISD) 2010
BLCCGWEB1

Please log in using your CCG user name and password

User Name

Password

Instance [See help with instances.](#)

PLEASE NOTE: From April 2019 an additional field will be included in the Optometry referral templates on CCG. The field is to allow Optometrists to indicate if they have provided NI PEARS and the outcome of the NI PEARS assessment is a referral to secondary care. Guidance on this was issued to all Optometry contractor practices at the end of March. Please [click here](#) to read the guidance (**hosted at item 2 on the page**) <http://www.hscbusiness.hscni.net/services/2767.htm> Please ensure that you use and select the NI PEARS ‘tick’ box if you have provided NI PEARS and are referring a patient as a result of your assessment.

SOME TIPS AND REMINDERS IN THE USE OF CCG.... REFERRAL DESTINATIONS etc....

- Referrals to the Macular Service: The rapid access macular service deals with the three conditions of:
 1. Wet AMD (wAMD)
 2. Diabetic Macular Oedema (DMO) and
 3. Retinal Vein Occlusion (RVO)



The CCG destination and referral template for referrals to the service for any of the above conditions is noted as OPHTHALMOLOGY – MACULAR.

- For other macular or vitreo-retinal referrals you should use the OPHTHALMOLOGY-GENERAL destination and referral template and mark on the referral that a vitreo-retinal opinion is required.
- Orthoptic referrals are available on CCG **only for the Western, Northern and Southern HSCT areas.**
- The new CCG referral destination to support OHT Monitoring provided by the ECHO Optometry Network as advised in correspondence last October **should not be used** for referrals to the glaucoma service (for OHT or Glaucoma) by optometrists.
Please only use the OPHTHALMOLOGY - GLAUCOMA SERVICES destination when referring a patient for suspect OHT or suspect Glaucoma. Please read and consider the letter which provides information on **item 1 at the following link** <http://www.hscbusiness.hscni.net/services/2767.htm> (or [click here](#)).
- If you work in more than one Optometry contractor practice you must only use the CCG account which has been established for you for that practice.
- As an individual, if you require a new CCG user account for a practice that you do not have an account for it is the responsibility of the contractor/practice owner to request the account using the notification of change process (the relevant notification/web-form is hosted on the FPS Optometry portal home page)

- All IT queries relating to CCG accounts (e.g. password resets etc....) should be directed to the IT Help desk at supportteam@hscni.net or, by telephone to 028 9536 2400.

IF YOU ARE NOT CURRENTLY AVAILING OF THE FACILITY OF eREFERRAL AND WISH TO ACCESS IT PLEASE CONTACT ANY ONE OF THE HSCB CLINICAL ADVISERS WHO WILL BE HAPPY TO PROVIDE ADVICE & TRAINING IN THE USE OF THE SYSTEM

Monday & Tuesday:

janice.mccrudden@hscni.net 07827 803866 / 028 9536 2855

Tuesday /Wednesday & Friday AM:

fiona.north@hscni.net 07900 260752 / 028 9536 3347

Tuesday /Wednesday / Thurs AM/ Friday:

margaret.mcmullan@hscni.net 07900 260312 / 028 9536 3239

Spring CET Event – Greenmount Tuesday 30th April 2019

Save the date

Tuesday 30th April 2019 is the date of our annual full day CET event at Greenmount College Antrim. The program has been designed taking into account the feedback from previous events and also bearing in mind the new services many of you will be providing.

As you may already know the GOC CET scheme will continue as previously for another cycle and not change at the end of this year as was originally proposed. With this in mind it's important all GOC registrants get the required number of annual CET points across all competencies.

HSCB/BSO try to ensure their events cover as many competencies as possible, however any training has to be tailored to General Ophthalmic Services scope of practice and not to non-GOS treatments such as punctal plug insertion. It is also important we use public funds appropriately and ensure that training is cost-effective and tailored to GOS priorities.

This is the main reason hotels and other venues which have been suggested in feedback, and also why delegate packs with pens and paper etc. are not supplied.

Nevertheless it is hoped that you will enjoy the upcoming event and take the opportunity to network with other colleagues as well as learn and keep your points up. It is believed that the interaction with other colleagues is very useful as we are all getting increasingly busy and it's difficult to keep up to date with everyone and all the local changes. A cup of coffee with friends is often the best way to find out what's happening.

The program includes a talk on diabetic screening changes in Northern Ireland, managing anterior eye conditions and when to refer, and some interactive case presentations for discussion. - Included also is infection control in practice, which is increasingly important given the increased exposure to infective presentations through NI PEARS.

The full program and booking details have been released so ensure you have the day marked in your diary and all colleagues in your practice are aware of the date to ensure everyone has time to plan their schedules if they want to attend. Please contact Karen Lee if you wish to attend- Karen.lee@hscni.net

Keep sending topic ideas to janice.mccrudden@hscni.net. HSC Board do try and ensure that as many competencies as possible are covered. It is training for you we are providing so don't be shy.

NI PEARS ENHANCED SERVICE MANDATORY TRAINING 2019

Please note this training is mandatory for all practitioners who were accredited for NIPEARS prior to 1st January 2019. If you have been newly accredited in 2019 you do not need to attend any NIPEARS re-accreditation training until next year. It is an annual accreditation requirement and by virtue of the fact that you are only recently accredited are exempt this year.

Practitioners that provide HSCB NI PEARS enhanced services must complete at least one HSCB approved NI PEARS training event annually to continue to maintain accreditation to provide this service. Failure to comply with this results in a loss of accreditation as those of you who are current providers will be aware from your enrolment session and as detailed in the service specification. Please see below details of the current upcoming HSCB approved sessions for 2019

- **Approved session, Red Eye – Allergic or Dry Eye Disease, at the HSCB/BSO Greenmount conference on 30th April 2019**

You will recently have received information and an application form for this event

- **The College of Optometrists is running a Peer Review training evening on 11th April in Belfast and the content of it aligns very well with NI PEARS. HSCB will accept attendance at this for your annual mandatory NI PEARS training this year.**

PLEASE NOTE:

HSCB /BSO are **not** booking or managing this event it is a College of Optometrists event and it's up to you to access/book it. If you wish to attend it and provide HSCB with confirmation of successfully completing this session we will accept it in respect of your NI PEARS annual mandatory training this year. It is the sole responsibility of the practitioner to advise us of successful attendance at this session and HSCB has no responsibility regarding the event/ booking or awarding of CET points.

- **Approved session, Western ECHO - additionally those of you who are currently attending the Western ECHO program have an Acute Eye session as part of this program on 18th June and attendance at this session is approved for your NI PEARS mandatory training this also year**

A further NI PEARS training event may be held in the autumn for practitioners unable to attend these events. Further information will be provided in due course. If you have any queries do not hesitate to contact any of the Ophthalmic Advisers or Scott Drummond.

Myopia Research Trial: Help with recruitment



Professor Augusto Azuara-Blanco of Queens University Belfast and Belfast Health and Social Care Trust is leading a new NIHR funded multi-centre trial funded by NIHR comparing low dose atropine eye-drops (0.01%) with placebo for the control of myopia progression in children.

From the 1st of April 2019 Professor Azuara-Blanco and his research team are recruiting children with myopia for participation in the trial. The **inclusion criteria** are:

- ✓ Age 6-12 years
- ✓ Myopia of -0.5D or greater (spherical equivalent refractive error) in both eyes
- ✓ No other ocular morbidities (i.e., good vision with correction)

Professor Azuara-Blanco would be very grateful if you could give consideration to the trial when examining children in your practice who fulfil the eligibility criteria for inclusion in the research; in brief

- Children will need to use drops daily for 2 years.
- Allocation is 2:1 (twice as many children will have atropine than placebo).
- Children will need to have a research visit at NI Clinical Research Facility (NICRF) in Belfast every 6 months, for 2 years.
- They will continue to attend your practice for prescription glasses

A small remuneration is available per child recruited in the trial to the referring optometrist.

If parents want to have more information, and arrange directly an appointment for further discussion with the research team, they can phone the NICRF office at: **028 9504 0342** or email a.azuara-blanco@qub.ac.uk