

Optometry Practice Newsletter

VOLUME 7: Issue 4 –June 2019

Welcome to the first edition of HSC Board Optometry Newsletter in 19/20.

Previous issues have reflected on the changing landscape of health and care provision in Northern Ireland, and on the opportunities, and challenges, that a more integrated approach to health, as envisaged in “Delivering Together”, have brought.

As we expand capacity and capability in primary care, improve the interface between primary and secondary care, and contribute to reform and transformation across all ophthalmic pathways, we must also improve our governance, our communication systems, and our reporting and audit structures.

In this issue you will read about the annual quality assurance returns for GOS in 18/19, laying out the rationale and the benefit of this reporting. In addition, as we expand the scope of practice in primary care, encouragement is given to help practitioners embrace the range of excellent audit tools which help optometrists to reflect on their practise, and embrace a continuous quality-improvement mind-set to improve patient care and safety.

This newsletter also highlights the success story that is Project ECHO® with a link to an excellent video which captures the essence of this transformative knowledge network approach and its system benefits.

You will also read important messages about NI PEARS accreditation and eye drop compliance aids and about the important benefits that eReferral and access to the NI Electronic Care Record brings.

Much has been achieved in 18/19, and we look forward to delivering together in 19/20 and beyond.

Many thanks,



Raymond Curran, Head of Ophthalmic Services

Annual Optometry Quality Assurance Returns 2018/19

The Health and Social Care Board (HSCB) would like to take this opportunity to thank ophthalmic contractors who completed and submitted the annual Quality Assurance (QA) return for their practice (s). 77% of ophthalmic contractors completed and submitted their return.

Good governance and robust oversight of practice processes and protocols for management of ophthalmic service provision are important as they underpin safe and effective care. Ophthalmic contractors providing core and enhanced services will appreciate the importance of the processes which are in place within a practice to provide assurance that; ophthalmic guidance is received and implemented; complaints and adverse incidents are notified and actioned appropriately; all services are provided by suitably qualified staff aligned to service specifications and plans are in place to allow continuity of care should normal business be disrupted for any reason.

Brief summary of the governance elements of the 2018/19 QA returns for practices that submitted their return

Ophthalmic guidance receipt and implementation – 100% confirmed

Adverse Incidents – 1% reported an AI in 2018/19

Complaints – 8% reported **formal** complaints in 2018/19

Business Continuity Plans – 99% confirmed

Governance and the changing face of Primary Care Ophthalmic Services: Why is it important?

The past few years have demonstrated that primary care optometrists are very engaged in the development of ophthalmic services in Northern Ireland. These developments have included

- ❖ the introduction of enhanced services
 - Glaucoma /OHT pathway (Level I and Level II services)
 - Acute Eyecare pathway (NI PEARS)
- ❖ implementation of eReferral for optometrists

- ❖ access to the Northern Ireland Electronic Care Record (NIECR) for optometrists working in primary care
- ❖ access to HSCNI email accounts for contractor practices
- ❖ access to HS21 prescription pads for Independent Prescribing Optometrists
- ❖ implementation of electronic claims for ophthalmic services

As ophthalmic contractors increase the range of eyecare services provided in their practices **and** individual optometrists working in the practices extend their scope of clinical practice, it is vital that contractors take into account their internal processes and controls which will provide assurances on the quality and safety of the care provided.

Next Steps....Your input will be helpful

Building on the annual QA returns and other components of governance already in place and with the foremost aim to ensure eyecare services are safe and effective, the HSCB will be working with contractors and optometrists to further improve governance and the processes whereby assurance is obtained.

One element of governance which the HSCB aim to give focus to is the area of direct 'clinical care' and in particular the evidencing of safe and effective care. The quality of clinical care provided can be assessed in a variety of ways including but not exclusively through benchmarking and assessing clinical record keeping and through analysis of the clinical outcomes of care provided. Examples of this could be the review and audit of a clinical record following a claim for NI PEARS where the outcome was a diagnosis and advice / treatment by the optometrist or, a claim for a GOS Sight Test which resulted in a GOS voucher being issued where the Rx was a 'small prescription'. In review and audit of scenarios like this the HSCB utilise service specifications, regulatory frameworks, professional guidance, audit tools and where appropriate, patient experience and feedback, to evaluate the care provided.

Over the incoming months the HSCB aim to review the current approach to this important aspect of governance and scope out the options to enhance the existing processes. If you have comments and ideas which could feed into this review the HSCB would like to hear them; please contact Margaret McMullan by email - [**margaret.mcmullan@hscni.net**](mailto:margaret.mcmullan@hscni.net)

HSC Communications

All Ophthalmic Contractors that access the FPS Optometry Portal for the submission of GOS claims have been issued with HSCNI email accounts for their contractor practices. HSCNI email accounts were implemented in April 2017 and are the primary means whereby HSCB and BSO issue all ophthalmic services communication and any other information which the HSC deem appropriate.

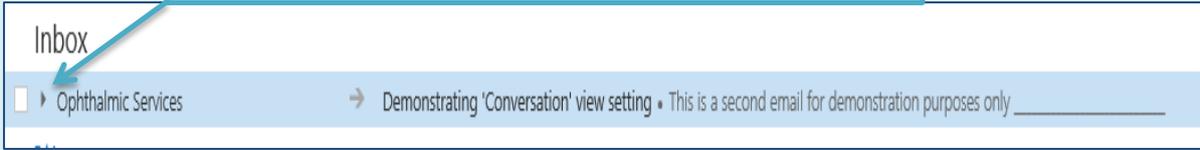


****It is essential that an Ophthalmic Contractor either personally, or in a delegated capacity, ensures that the HSCNI email account for their practice(s) is checked daily ****

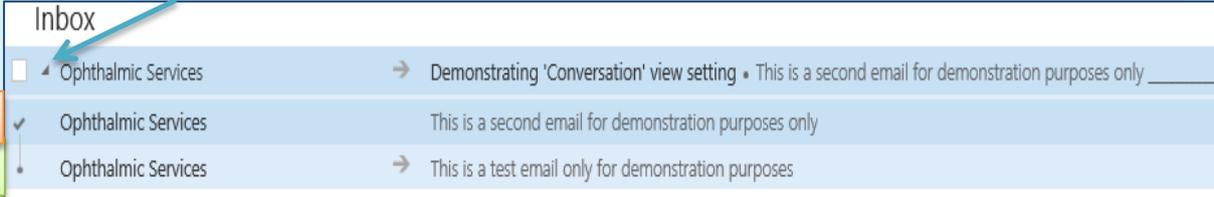
Access to the HSCNI email account, as with the other ophthalmic IT applications (eReferral and NIECR etc....) is via the **FPS Optometry Portal** with support for account password re-sets provide by the IT Help Desk or Support Team. If you require a password re-set for your practice email account, please contact the IT Help Desk on: 028 9536 2400 or, by email supportteam@hscni.net

HSCNI email is accessed via the Outlook WebApp from the FPS Optometry Portal home page, and the email account will be set with 'default settings'. Practices can amend these settings to suit their own individual preferences. For example if you prefer to view emails as separate from part of a conversation you can change the default setting from 'conversation' view to 'message' view. In this way you will see each message about a particular issue separately rather than as part of a thread (or list) of emails about that subject. If you are not familiar with the 'conversation view', it may be that you are overlooking emails which are within the thread of a subject and it is important that you take time to check all emails which relate to a subject. The screen shot below demonstrates 'conversation view' - please note that the small arrow beside the senders name indicates that there is more than one email related to this subject. When this arrow is clicked it displays all related messages with the most recent message in a thread at the top and previous messages below.

Small arrow indicates more than one related email



Click on the small arrow to display all related emails on this subject



Please follow the guidance at the following link if you wish to change the settings of your email account from 'conversation' view to 'message' view. Outlook Web Email Account Settings: Change the view from 'conversation' to view message. <http://www.hscbusiness.hscni.net/services/2807.htm>

Optometry-Ophthalmology Project ECHO® – Thank you for your support

The Health and Social Care Board would like to thank all the optometrists who have participated in Project ECHO programme during 2018/19. Optometry is privileged to be involved in two ECHO knowledge networks:



ECHO in action: Mr David Mulholland, Clinical Lead for Ophthalmology in WHSCT

the glaucoma network which has been in place for several years and the Western/Northern network which was established in September 2018. These networks have enabled approximately 70 optometrists to regularly access peer support and shared learning through interactive sessions accessible from a location of their choice – in practice, at home, or other. ECHO has supported direct Optometry-Ophthalmology collaboration and has facilitated the building of relationships and dissemination of knowledge and valuable nuggets of experience between primary care optometry colleagues. It has afforded secondary



care clinicians a route to deliver important guidance and share their thoughts on clinical decision making and clinical management of patients. To date, ECHO sessions have been approved for CET points by the GOC which has been an additional bonus for the participating optometrists.



The 'OCT' ECHO session with Mr Mulholland and 50+ optometrists

The Western/Northern ECHO network was established under the leadership of Mr David Mulholland, Clinical Lead for Ophthalmology in the Western Health and Social Care Trust (WHSCT). Mr Mulholland was keen to engage with the optometrists who work within the areas that refer into the Western HSCT ophthalmology service (including the outreach areas which they cover). The HSCB felt that ECHO would be an ideal way to help with this engagement

and build relationships between primary and secondary care eye care services – **focussed on delivering best practice.**

In 2018/19 a total of ten ECHO sessions were held, with a wide variety of clinical topics covered including; OCT, Vision and Driving, Glaucoma, Dry & Allergic Eyes, Retinal Lesions and Naevii, Corneal Conditions & Keratoconus, Paediatric Eyes and Suspicious Discs. The ECHO ethos builds on the idea that all participants are 'teachers' and all participants are 'learners'. Feedback from the optometrists and the ophthalmologists has been unanimously positive and evaluation of this ECHO programme will take place in the incoming weeks.

The HSCB would like to thank the optometrists who volunteered and participated in the Western/Northern ECHO network. Your support for the development of the network is greatly appreciated and it is hoped that the first year will provide a good foundation for further engagement and development of mutual goals and objectives in eyecare service provision.

Please take a few minutes to listen to Dr Max Watson, Project ECHO lead talk about the aims of ECHO, the success of ECHO within Northern Ireland and the plans for the future – click on the following link <https://vimeo.com/297946237> or, alternatively click on the image of Dr Max Watson opposite.

This video highlights the work of the glaucoma ECHO network and how the skills of primary care optometrists are being engaged in the provision of a patient-centred service which optimises the use of clinical knowledge & skills and valuable HSC resources to best effect.





The glaucoma ECHO Network was established in November 2015 and after the initial 12 week pilot and associated evaluation the network was formalised and has gone from strength to strength. The **collective leadership** of 23 primary care practitioners and three ophthalmologists (including the Clinical Lead for the

Glaucoma Service in Belfast Health and Social Care Trust (BHSCT), Dr Angela Knox), has resulted in the implementation of the first HSC transformation service supported by ECHO. The Primary Care Optometry Ocular Hypertension Review and Monitoring service was initiated in December 2018, with patients identified by the HSCT discharged to primary care for their ongoing clinical review and monitoring for OHT. With sincere thanks to everyone involved in the making of this short video, please take some time to watch the [short video](#) about the new service and ECHO - <https://vimeo.com/329049022> or, click on the image below.

It is hoped that patients who are suitable for this service will be supported in their decision making to avail of the service also by increased public awareness about the new service via a recent HSCB news release ([click here](#) or you can read at this link <http://www.hscboard.hscni.net/transforming-eye-care-in-the-community/>

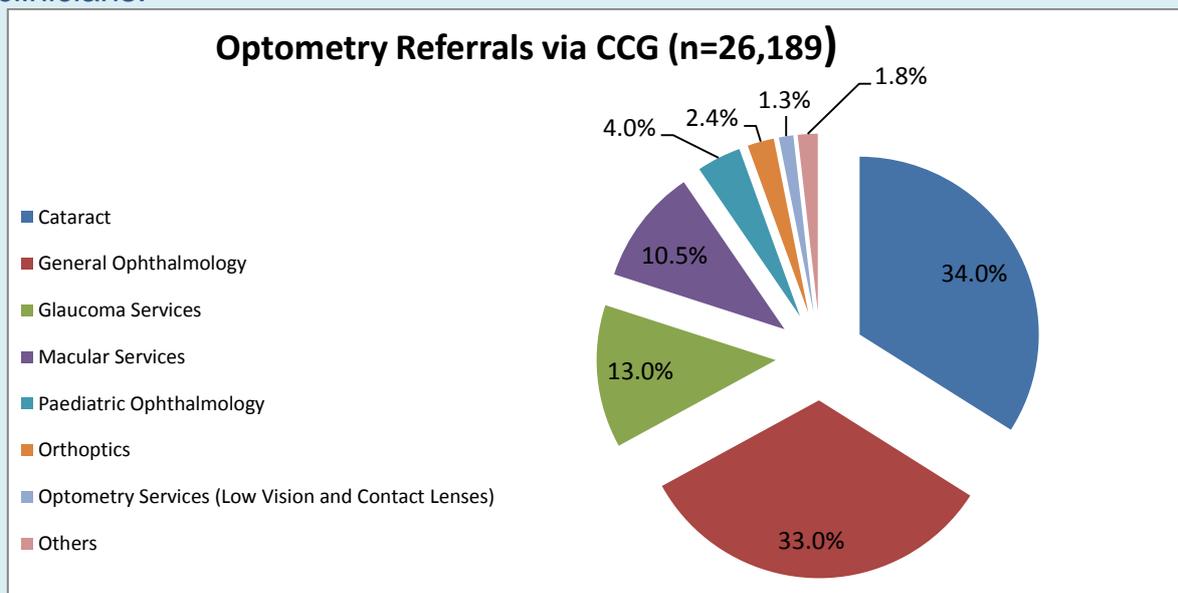
The HSCB would like to thank the optometrists involved in the glaucoma ECHO network for their unwavering commitment to ECHO and the vision for service change and improvement.

eReferral Update

Electronic referrals (eReferral via CCG) for Optometrists was introduced in November 2016, and in the 30 months since the implementation over 26,000 referrals have been sent by Optometrists to secondary care eye care services. eReferral facilitates immediate and secure transfer of a referral to the relevant Health and Social Care Trust using the most appropriate referral template completed with the necessary clinical information and supporting documentation (e.g. images, scans, visual field plots). All referrals sent by Optometrists through the CCG are populated into a patient's NIECR enabling the referral to be viewed by relevant primary and secondary care clinicians.

The connectivity to the HSC network which now exists for Optometry has allowed primary care Optometrists to link with and feed into systems which

support integration of care for patients and afford more efficient working for clinicians.



As outlined in previous HSCB Newsletter updates, there are a few points which Optometrists should always bear in mind when using CCG:

- ✓ **Always ensure** that a referral which you had intended to send has the status of “**Submitted**” recorded against it in the CCG list
- ✓ **Always state** clearly the principal reason for referral and what you feel the level of urgency is required but please bear in mind that the HSCT may not apply this level of urgency to the referral as they will base the triage decision on the clinical information you have provided and other additional & relevant information available to them
- ✓ **Always select** the HSCT most appropriate for the location of your practice and the patient’s geographical location. If selecting a location out-with this you should state clearly why the patient requires to be seen elsewhere.
- ✓ **Please ensure** that you use the correct referral pathway for the suspected condition which you are referring. For example;
 - Ectropion → General Ophthalmology
 - OHT → Glaucoma Services
 - Macular Hole → General Ophthalmology (state Vitreo-retinal opinion required)
 - YAG Laser → General Ophthalmology (state YAG laser in reason for referral)
 - WetAMD, Diabetic Macular Oedema, Retinal Vein Occlusion → Macular Service

- Diabetic Retinopathy (not already managed by HES) → General Ophthalmology (state diabetes related eye disease)
- Motility problems → Orthoptics or General Ophthalmology as may be most appropriate

PLEASE REMEMBER:

1. CCG SHOULD NOT BE USED TO REFER TO GPs and CASUALTY SERVICES.
2. OPTOMETRISTS ARE REMINDED THAT THEY SHOULD NOT BE REFERRING TO NON-OPHTHALMIC SPECIALTIES UNLESS BY AGREED EXCEPTION.
3. CONTRACTORS NEED TO FORMALLY REQUEST NEW CCG ACCOUNTS* FOR ANY NEW MEMBERS OF STAFF – LOCUM OR EMPLOYED (FULL or PART TIME)

* by submission of the formal notification of change to HSC

4. CONTACT THE IT HELP DESK DIRECTLY FOR ANY CCG RELATED TECHNICAL QUERIES e.g. password resets

A Reminder!

Level II Enhanced Service for Glaucoma and OHT Enhanced Case Finding

Optometrists that are accredited to provide Level II Enhanced Service for Glaucoma and OHT Case Finding are reminded of the requirement to provide patients who have accessed the service information on the patient experience survey. Optometrists providing the service are asked to encourage patients to complete the feedback survey.



Patient experience and outcomes are an important component in the evaluation of any service and the comments given by patients who have accessed Level II Enhanced Service in primary care will provide valuable feedback for inclusion in the ongoing monitoring and review of the service.

The Level II Enhanced Service patient experience survey can be accessed in paper format at this link: <http://www.hscbusiness.hscni.net/services/2480.htm>
 Or, for patients who prefer to complete their feedback online the survey can be accessed at this link: <https://www.surveymonkey.co.uk/r/X86PV59>

Health and Wellbeing: Get Involved and talk to your patients about the benefits!!

You will all know about the Parkrun UK initiative which encourages people to become more physically active through weekly runs, staffed by volunteers across the UK. There are currently 6 parkruns which take place across Northern Ireland and you can find a list of these at the following link or click here: <https://www.parkrun.org.uk/events/events/>

In Northern Ireland GP practices are becoming involved by registering as a 'parkrun practice' in a campaign promoted by the Royal College of General Practitioners (RCGP). Some of the GP practices in your area may be involved in this and as an optometrist providing primary care health services you can also lend your support to this and join the movement of Parkrun UK – setting a great example to your patients and in your consultations with patients, citing the parkruns as a great way to improve physical and mental wellbeing and sustain their eye health also.

New Information Resource: Ophthalmic Preparations and Compliance Aids

The Pharmacy team in the Health and Social Care Board have developed a new resource for use by ophthalmic professionals “Prescribing for the Eye” which will be sent (laminated hard copy) to all Ophthalmic Contractor practices in the incoming weeks. The easy-use reference guide outlines and summarises the information and guidance which is hosted in the [Northern Ireland Formulary](#)



The guidance provides information on Dry Eye Treatments and Glaucoma Medications. For patients who might struggle with the use of eye drop bottles there is information included on a variety of eye drop compliance aids and applicators to help patients and promote compliance with topical treatments.



NORTHERN IRELAND FORMULARY – EYE CARE

The Northern Ireland Formulary advises on treatment choice for certain conditions, based on evidence, safety and cost. The eye chapter covers two therapeutic areas only: glaucoma and dry eye.



PRESCRIBABLE EYE DROP COMPLIANCE AIDS

Eye drop compliance aids are useful for those patients who struggle to instil eye drops. There are currently 4 eye drop compliance aids included in the NI drug tariff and available on prescription.

The new resource can also be accessed at the following or, [click here:](http://www.hscbusiness.hscni.net/services/2396.htm)
<http://www.hscbusiness.hscni.net/services/2396.htm>

Optometrists are encouraged to utilise this resource in their clinical care. You are also asked to review & apply the recommendations listed in the Northern Ireland Formulary, in relation to dry eye preparations, when assessing and diagnosing dry eye.

Ophthalmic Committee for Northern Ireland: Your chance to become involved

The Business Services Organisation (BSO) is currently recruiting new members for the Ophthalmic Committee. The Ophthalmic Committee is a statutory committee of the BSO with membership from the following professional groupings; optometrists, ophthalmic medical professionals and dispensing opticians.

Please refer to the information below should you wish to consider becoming a member of the Ophthalmic Committee; the closing date for applications is Friday 28th June 2019.

JOB ALERT

Appointment of Members to the BSO Ophthalmic Committee for Northern Ireland

Do you want to make a difference? Do you want to encourage practitioners to bring their queries and feedback to the committee members, which will be raised by you at the Ophthalmic Committee meetings? Are you interested in being involved? If so, then we would welcome your involvement and support in the BSO Ophthalmic Committee.



Please contact joanne.martin@hscni.net for an information pack and application form.

Closing date for applications is: Friday, 28 June 2019

We are an equal opportunities employer.



CET- Maintaining NI PEARS Accreditation

For those of you who provide NI PEARS you know it's mandatory to attend an approved HSCB training session annually to maintain your registration for providing the service. If you are approved to provide the service for more than 1 year you will need to attend a training session this year.

So far this year there have been 2 approved sessions:

1. College of Optometrists Event – Thursday 11th April, Belfast
2. HSCB/BSO Event – Tuesday 30th April , Greenmount.

If you attended the College of Optometrists Event and wish to use this towards your NI pears accreditation please ensure you e mail Scott Drummond with proof of your attendance when the GOC approve your CET points.
Scott.drummond@hscni.net

In relation to the Greenmount Event if you are using it, you have no action to take. HSCB/BSO were the organisers and your record will be updated automatically.

For those who have not managed to attend either session HSCB will be organising another event in the Autumn and will advise you of the details later in the Summer.

Greenmount Training - Tuesday 30th April 2019

There were over 150 attendees at the recent CET training event in Greenmount on Tuesday 30th April 2019.

The event was a great success and well attended as usual, as practitioners took the opportunity to keep up their points and catch up with old friends. The opening lecture highlighted the need for effective infection control and hygiene in practice. Given many practices are now offering enhanced services, some of which may involve seeing patients with infections or viruses it was an important message. Hand washing and cleaning equipment was stressed in conjunction with some facts showing how long and how many organisms can be found in



the consulting room. If you want any further information the College of Optometrists has some very good information and advice on this subject.

The other talks dealt with changes to the diabetic screening service in Northern Ireland from Jude Moore and a very informative presentation from Maria Elena Gregory who covered all sorts of red eyes. mmVox vote was tried in an effort to engage attendees and help with decision making in practice. Simon Bond posed questions on interesting disc images and attendees had to decide if they were glaucomatous discs or not. The feedback from this was excellent and going forward HSCB/BSO hope to be in a position to use this and other technologies in the CET programs.



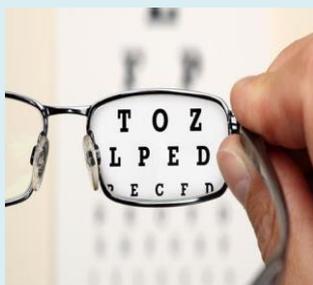
The day concluded with a very informative talk from Kieran Grimley from Probitry Services. The take home message was ensure patients sign and fill out as accurately as possible any GOS forms, if they receive help with the cost of their eyecare.

Thank you for all the feedback and suggestions the next Event is already in preparation. There will be a half-day session in the Autumn 2019 and details will be released as soon as possible to allow practitioners to organise their schedules.

If anyone has any particular issues pertaining to training and CET do not hesitate to email Janice.mccruden@hscni.net or any of the other advisers with queries or suggestions.

**** GOS UPDATE ****

Prior approval for exceptional claims



Practices are reminded that requests for prior approval in all cases e.g. for under 3 month sight tests, spare pairs, NI PEARS exceptions etc. should be made directly with BSO Ophthalmic Services via the OCS prior approval link or, for non-portal users, by direct email to BSO Ophthalmic Services using the prior approval email address (priorapproval.bso@hscni.net).

Prior approval **requests should not be made directly to HSCB optometry advisers** as these have to be redirected through BSO which delays the process.

When a prior approval request is received by BSO Ophthalmic Services staff will either answer it themselves or, if it is more complex and clinical in nature they will forward it to the HSCB adviser dealing with queries for that day.

If a practice has a **query about the outcome** of a prior approval request this should also be submitted to BSO and not directly to an adviser. BSO will forward it to the adviser who dealt with the initial request. This avoids confusion or duplication in communications.

BSO Staff Changes

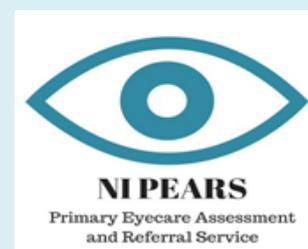


Angela Dowds, who you will all know well as the very capable BSO Ophthalmic Services Team Leader, has moved to a new post in Medical Services payments. HSCB are delighted for Angela in her promotion and wish her very well in her new post. Angela is knowledgeable on all things GOS and OCS related and during her time in BSO has worked closely with HSC Board Ophthalmic Services to implement OCS in so many Optometry practices.

Gareth Drake, who many of you will also know as the calm voice on the phone sorting so many GOS queries and training many of you for OCS, has taken over as Ophthalmic Services Team Leader. Congratulations and best wishes to Gareth in his new post. BSO Ophthalmic Services continues in very capable hands.

NI PEARS NEWS ALERT

There has been a significant increase in the number of requests for approval for a second NI PEARS assessment for patients within a year. Practitioners are reminded that patients are normally only entitled to one



NIPEARS assessment and one follow up in any one year. A second NI PEARS is an exception and the need for it must be carefully considered by the optometrist.

NI PEARS is in place for patients with acute, sudden onset eye problems of a **new presentation**. Someone presenting with a flare up of a previously diagnosed or chronic/recurring condition For example: a flare up of previously diagnosed dry eyes, blepharitis or trichiasis is not eligible; a patient previously diagnosed with ocular migraine presenting with recurrence of flashes should be questioned carefully about their symptoms to elicit whether they are migraine related or, a new ocular condition before approval for further NI PEARS assessment is requested.

The budget for the provision of the service is finite and all NI PEARS providers have a responsibility to ensure that the service is utilised appropriately for the patients who genuinely have new and acute symptoms and therefore need rapid access to eyecare.

Your engagement and support in the provision of appropriate safe, accessible and effective care under NI PEARS is appreciated.