

# Optometry Practice Newsletter

VOLUME 6: Issue 3 – March 2018

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## Change and transformation; when will it ever end?

The recent past has witnessed sustained and quietly revolutionary change in models of eyecare delivery across primary and secondary care. Hospital clinics are increasingly multi-skilled one stop (and even virtual) arenas, and community optometry is embracing the principles and commitments of [Health and Wellbeing 2026: Delivering Together](#) by expanding capacity and capability in the primary care setting. The extension of the Southern Eyecare Assessment and Referral Service (SPEARS) – now NIPEARS – to Belfast and West is a demonstration that planning and delivering services around the evidence-based needs of individuals can bring direct patient and system benefits.

We must, however, acknowledge that constructive turbulence can be challenging and this issue of your Newsletter highlights the accountability and governance demands that change and transformation can bring. In this issue you will read of important pathway guidance from NICE on glaucoma and macular degeneration. The implications of the forthcoming General Data Protection Regulations (GDPR) are also highlighted, as is the important societal and public health challenge to “Make Every Contact Count.” Your attention is also drawn to that time of year that your Board is encouraging primary care optometry to complete and return the annual Quality Assurance return.

In acknowledging these challenges, it is important that you know that you are not alone. HSC Board Integrated Care team, clinical advisers and business support, are here to support and guide you through change. In partnership with Department, BSO, and wider stakeholders, we can collaboratively embrace change and transformation, acknowledging that continuous quality improvement is the new norm.

Thank you.

A handwritten signature in black ink, appearing to be 'Raymond Curran', is placed above a horizontal line.

Raymond Curran, Head of Ophthalmic Services

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## NICE Guidance: What does it mean to you?

In previous [HSCB Optometry Practice Newsletters](#) Contractors and individual optometrists were informed of recent NICE guidance updates in regard to Cataract and Glaucoma. As a primary care ophthalmic professional it is essential that you are aware of NICE guidance which impacts on your clinical care. NICE guidance is evidence based and makes recommendations for bodies involved in the commissioning and planning of services and for clinicians and others who deliver care within a care pathway.



In January 2018 NICE published guidance in relation to Age-Related Macular Degeneration (NG82). The guidance can be accessed at the following link or, [click here](#).

<https://www.nice.org.uk/guidance/ng82>

In the incoming weeks the Health and Social Care Board will engage and work with both the Western and Belfast HSCT to determine any implications of 'Age-related macular degeneration – [NG82](#)'. Following this it is anticipated that some formal guidance for primary care Optometry will be drafted.

In the interim however please ensure that you read the [new guidance](#) NG82 and in particular, familiarise yourself with the aspects of the guidance which will impact directly on your clinical care including the recommendations in regard to:

- Opportunities to discuss AMD with the person. NICE have advised that patients should have the opportunity to discuss the nature of the condition, risk factors for AMD, visual implications, referral pathway, certification of visual impairment (where appropriate) and availability of support services
- Type of AMD, clinical /symptomatic presentations and referrals to the hospital eye services. In particular Optometrists should note that NICE recommends that patients with asymptomatic early AMD should NOT be referred to the hospital eye service for further diagnostic tests
- Self- monitoring of patients with AMD. Optometrists may be asked by patients about self-monitoring strategies and you should be aware of the NICE recommendations in this regard

**\*\* IMPORTANT UPDATE: LOCAL ENHANCED SERVICES (LES) -  
GLAUCOMA CARE PATHWAY \*\***

In the past few weeks all Optometrists who are accredited to provide the Northern Ireland Primary Care Optometry Local Enhanced Services (LES) Level I and Level II, have been contacted advising of updates to the LES service specifications following the implementation of [NG81](#) on 'Glaucoma diagnosis and management'. NG81 was published in November 2017 and contained several recommendations which had a direct impact on LES provision, principally the IOP threshold for referral to the hospital eye services. In addition, the NICE guidance makes recommendations in regard to the clinical tests and provision of information by primary care optometrists when making a referral for suspect Ocular Hypertension (OHT) or, Glaucoma.:

[NICE Guideline 81](#) (NG81) recommends that Optometrists do not refer patients for investigation for suspect OHT or Glaucoma based on the findings of Non-Contact tonometry. The updated NICE guidance also provides recommendations in regard to visual field testing etc...Optometrists should ensure that they apply this guidance in their clinical practice and perform applanation tonometry on patients to determine the IOP value and consider the requirements in regard to clinical information to support a referral. The full NICE guidance is available at the following link, or [click here](#).  
<https://www.nice.org.uk/guidance/NG81>

**PLEASE NOTE: INFORMATION ON THE REVISED SERVICE  
SPECIFICATIONS AND OTHER IMPORTANT GUIDANCE FOR LES  
PROVISION HAS BEEN ISSUED TO:**

- 1. ALL LES-ACCREDITED OPTOMETRISTS (Level I and Level II)**
- 2. CONTRACTOR PRACTICE EMAIL ACCOUNTS (HSCNI & others for those not accessing the portal). CONTRACTORS MUST ENSURE THAT ALL LES-ACCREDITED OPTOMETRISTS WORKING IN YOUR PRACTICE & PROVIDING 'LES' ARE INFORMED OF THE UPDATED SERVICE SPECIFICATION**

**OPTOMETRISTS SHOULD CHECK THEIR INDIVIDUAL EMAIL  
ACCOUNTS (provided to HSCB at the time of accreditation) &  
CONTRACTORS SHOULD CHECK THEIR PRACTICE HSCNI EMAIL  
ACCOUNTS TO ENSURE THAT THEY HAVE RECEIVED THIS  
IMPORTANT COMMUNICATION**

## Ophthalmic Public Health – Are you willing to make every contact count?

As the relentless demands and pressures on the Health and Social Care system continue, at a societal level we must all begin to take responsibility for our actions both in regard to our own health and wellbeing and for the opportunities which might arise to influence the health and well-being of those we engage with. At a personal level we have influence on those we live with, those we spend personal time with and those we work with. At a professional level every day when you meet patients, opportunities arise which afford you the chance to influence health and lifestyle choices of your patient. At a system wide level the delivery of key messages which will improve outcomes for your patients is crucial.

In order to break a cycle, gaps in the cycle need to be created which will enable patients to understand that they can take ownership of and help manage their risk of developing long term conditions, not only eye conditions. As an ophthalmic professional you can help create these gaps in the cycle as every day these opportunities exist.

Ask yourself this question for example - **If I was a patient, would I like to be told by my Optometrist, (who I trust to take care of my eyes) that**

- smoking is linked to eye disease – AMD, cataract, dry eye
- good blood glucose control in diabetes reduces the risk of eye complications
- good weight-management will reduce the risk of cardio-vascular disease which in turn reduces the risk of stroke which can have potentially, devastating eye complications

**.....the list is lengthy BUT the opportunities to influence and plant the seeds of change are many.**

Optometrists may have noted that nationally there is a drive to promote the role of Optometrists in delivering these vital public health messages and to realise their value and contribution as a professional within the health and social care system. Please follow the link below to read about the initiatives in Dudley, England where Optometry practices have pioneered the concept of a '[Healthy Living Optical Practice](#)'. Initial outcomes from evaluation of this service have been very positive. See link: <http://dudleyloc.co.uk/hlo/>

## Smoking & the Eyes: What can you practically do?

Primary Care Optometrists in Northern Ireland can access training in Brief Intervention in Smoking Cessation (CET approved by the GOC). Several Optometrists have attended this training providing useful information on the challenges which smokers face when they consider stopping smoking and current services to assist patients in stopping smoking. The Public health Agency provide resources and support for patients who wish to stop smoking, please visit their website <http://www.want2stop.info/> and direct your patients to this resource also.

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## No Smoking Day

### MAKE A START.....

Wednesday 14<sup>th</sup> March 2018 is “No Smoking Day”.

Please use every opportunity on this day to promote smoking cessation within your practice and in every contact you make with patients and the public.

If you wish to avail of the CET approved Brief Intervention Training in Smoking Cessation please contact any one of the HSCB Optometric Clinical Advisers who will be happy to provide further information:

[janice.mccrudden@hscni.net](mailto:janice.mccrudden@hscni.net) | [fiona.north@hscni.net](mailto:fiona.north@hscni.net) | [margaret.mcmullan@hscni.net](mailto:margaret.mcmullan@hscni.net)

March 2018						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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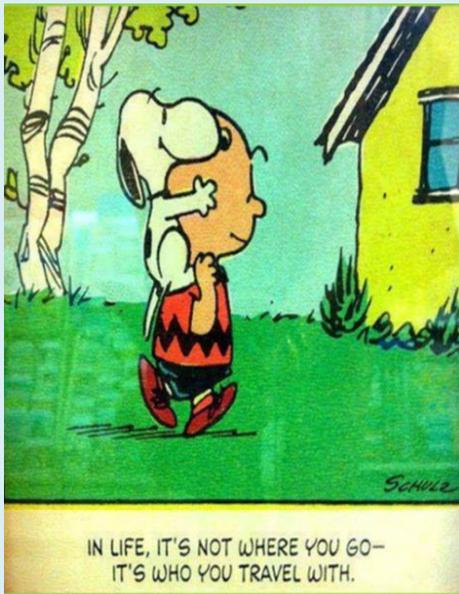
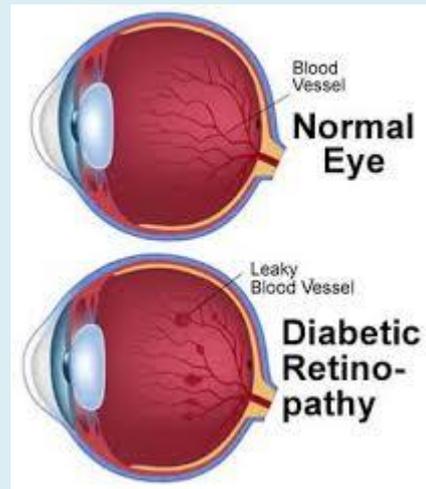
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## Diabetes & the Eyes: What can you practically do to make your every contact count?

Optometrists are well versed in the ophthalmic aspects of diabetes care and the potential complications which can arise in regard to the eyes. Within Northern Ireland the Public Health Agency are responsible for the commissioning and performance of a regional screening programme for diabetic retinopathy.

The Northern Ireland Diabetic Eye Screening Programme (**NI DESP**) is managed by the Belfast Health & Social Care Trust and provides screening service across the entire region of Northern Ireland. Currently screening is provided by both mobile and fixed cameras in a mix of locations including GP practices and other health and wellbeing centres. All persons with diabetes over the age of 12yrs (irrespective of how their condition is managed i.e. 'Type 1' / 'Type 2') who **are eligible will be**

**invited** to have their eyes screened for diabetic eye disease. All newly diagnosed patients are offered a screening appointment within 89 days of the programme being notified. All appointments are managed by an automatic recall system which also follows up on those who fail to attend their allocated appointment.



IN LIFE, IT'S NOT WHERE YOU GO—  
IT'S WHO YOU TRAVEL WITH.

In the [December 2017 issue](#) of the HSCB Optometry Newsletter ([click here](#)) you have read about quality improvement in health care (page 5) and how it is possible to implement and incorporate valuable steps in improving the quality of care you provide, not only in your clinical examination but also in the holistic care you can provide as a health care professional. Some of your patients may be attending your practice for many years and have family connections to other patients. **They will trust you and rely on you** to help them in their journey with diabetes and often value the opportunity to talk about their health. As an

optometrist you are encouraged to use every opportunity and contact with your patient. You can.....

- **Raise awareness** of the importance of attendance at Eye Screening appointments. Please tell your patients of the importance of eye screening and the opportunity it provides for early detection of eye problems in diabetes
- **Encourage your patient to attend** their eye screening appointment and if they cannot attend, encourage them to contact DESP offices to rearrange an alternative more suitable day and time.

- **Take time to discuss important and holistic considerations** - the importance of good glycaemic control, with management and cardio vascular health in diabetes. NICE, supported by the College of Optometrists, acknowledge and recommend that, as health care professionals, Optometrists have an important role in applying quality standards. During your eye examinations and interactions with patients when discussing their general health and history you have the opportunity to discuss the management of risk factors for complications including; control of blood sugars, smoking, obesity, pregnancy and vascular considerations

**In addition please note:**

All patients who have attended the Northern Ireland Diabetic Eye Screening Programme (NI DESP) will receive a letter following their screening appointment. Generally these letters are issued soon after their appointment, usually within 3 weeks, and the letter will advise on the outcome of their eye screening.



It is important that Optometrists know how to manage the scenario where a patient presents to your practice with their letter reporting that they have concerns about the findings. The majority of patients where it is found that there are **no** signs of retinopathy following examination of their fundus images will receive a letter advising of a 'satisfactory' outcome. However where minor background retinopathy changes are found, these must be reported on. These changes may be very minor and not clinically significant but they are nonetheless a positive finding for retinopathy and one which the patient needs to be advised of. The content of the patient letters has been agreed following extensive patient and service user engagement and in conjunction with Diabetes UK NI. It is important that all patients are informed of their eye health status and the reporting of changes in the eyes can occasionally be a trigger for patients who are perhaps not managing their diabetes optimally, to take the necessary action to improve their management.

## HELP REASSURE YOUR PATIENT.....



It is important that patients do not worry unduly when such a finding of background retinopathy is reported and again, your role as their optometrist is important in helping them understand the processes

involved in screening and how outcomes are reported.

If the grade of retinopathy is such that it requires continued monitoring within the eye screening programme this will be made clear in the letter and NO further action is required at that point. If a patient presents to your practice wishing to be re-examined by you following receipt of such a letter from the NI DESP, please note that unless the patient is due their routine GOS Sight Test or, they report sudden onset of visual change, an early GOS Sight Test is NOT required.

If the retinopathy is of a grade which requires further medical and ophthalmological attention this will be advised and made clear in the patient letter and, again, no further action by you is required at this point.

As HSC Board progresses plans to pilot GOS access to the NI Electronic Care Record (NIECR), it is noted that the screening report will be available to view on the system. This is a positive development, which will allow primary care optometrists to be more fully involved in the care of people living with diabetes.

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## DATA PROTECTION: CHANGES ARE COMING - IT IS IMPORTANT THAT YOU ARE PREPARED

In late May 2018 new Regulations in regard to Data Protection come into force. Providers of healthcare including ophthalmic practices will be affected by this change in law. It is essential that contractors are fully aware of the new Regulations and the implications that they will have on their business.

Although some elements of the Bill are yet to be clarified, the Optical Confederation has produced 'Initial Guidance' which contractors might find helpful. This guidance can be accessed at the following link, or please [click here](#).

<http://www.opticalconfederation.org.uk/downloads/data-protection-and-gdpr-guidance--final.pdf>

# Congratulations !

The Health and Social Care Board wish to congratulate two local winners of the recent AOP Awards 2018. Sinead McGurk and Patrick Richardson were presented with their awards at the ceremony held in London on 28<sup>th</sup> January. Sinead has also won the Radox Health Healthcare Award, Optometry Practice of the Year 2018.

## ***AOP AWARD: Practice of the Year***

Sinead McGurk Optometrist won the award for Practice of the Year. Sinead practices in Magherafelt and commenting on her award said "It's an absolute honour to be a winner in the AOP Awards 2018. We never dreamed that we, as a practice in rural Northern Ireland, would be at this pinnacle. I'm very proud and grateful for all of the hard work put in by everyone."



Since qualifying as an optometrist Sinead has worked in the Magherafelt area providing a full range of ophthalmic services. Sinead relocated her practice in June 2016 investing in a new building, creating a stylish and welcoming practice.

## ***RANDOX HEALTH HEALTHCARE AWARD: Optometry Practice of the Year***

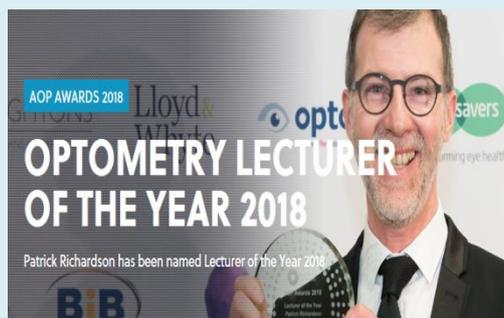


In an extraordinary week for Sinead, her practice also won another top prize – Optometry Practice of the Year 2018. Sinead is pictured left with her Randox Health Healthcare award.

**Well done to Sinead and her team on their recent success!!**

## **AOP AWARD: Lecturer of the Year 2018**

Patrick Richardson, Clinical Director in the Optometry Department at Ulster University won the Lecturer of the Year 2018 Award. Patrick has extensive experience in teaching and delivery of Optometric academic programmes.



Patrick is a dedicated and enthusiastic professional and has worked closely with the Health and Social Care Board in the development of optometric training to support developments in respect of enhanced service provision in Northern Ireland. Patrick has contributed to the work of Developing Eyecare Partnerships and was an active member of the Northern Ireland ECHO<sup>®</sup> Knowledge Network for Optometry/Ophthalmology.

***Congratulations Patrick - a well-deserved Award!***

Both of these national Awards recognise and acknowledge quality in the Optometric profession within Northern Ireland as a region. Aspirations and confidence to deliver quality in clinical practice and, in teaching have reaped rewards for both Sinead and Patrick.

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## Optometry Practice: Annual Quality Assurance Returns 2017/18

At the beginning of April practices will receive communications from the Health and Social Care Board in regard to the 2017/18 Quality Assurance (QA) Returns for primary care ophthalmic services.

Each year optometry contractors are requested to submit returns in regard to several important areas of governance including adverse incidents, complaints and confirmation of arrangements in relation to business continuity planning. Contractors will note that the 2017/18 QA return will also require information to be provided in regard to enhanced service provision.

**PLEASE NOTE!** Contractor practices that access the FPS Optometry portal should be aware that the 2017/18 Annual QA Return information will be issued by email *via the practice HSCNI email account* and that the return will be in the format of an online return (via Survey Monkey). Practices that are still using paper claims for GOS and hence do not have access to the FPS portal will be issued with a paper return in early April 2018.

**\*\* REMINDER: Please ensure that you check your practice HSCNI email accounts daily to ensure that you do not miss important HSC communications \*\***

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## Eyecare Service Developments DEP: What next?

Over the past 5 years the Health and Social Care Board have kept you fully informed about [Developing Eyecare Partnerships](#) and the plans and work to improve, integrate and innovate eyecare service provision in Northern Ireland. Northern Ireland, as a region, is in the enviable position of having developed a strategic approach to this task with cross-sector support from health and social care and voluntary/ community sector.

Work to deliver; IT integration, improved care pathways, new service developments in primary care, improved governance and audit, better patient experience and quality improvement have been possible because of DEP – the vehicle to drive service improvement and transformation. It is essential that, although DEP as a five year policy and implementation timeframe has now concluded, that the work which DEP continues.

In October 2017 the last DEP Project Board meeting was held and in the subsequent weeks the final report of Developing Eyecare Partnerships has been accepted by the Department of Health. Please click on the following link to read the final report, or [click here](#).

[http://www.hscboard.hscni.net/download/PUBLICATIONS/OPTOMETRY/developing\\_eyecare\\_partnerships/DEP-Final-Project-Report-2017.pdf](http://www.hscboard.hscni.net/download/PUBLICATIONS/OPTOMETRY/developing_eyecare_partnerships/DEP-Final-Project-Report-2017.pdf)

The report details many of the highlights and achievements to date and outlines plans for the 'next steps'. In order to manage the growing demand for eyecare services transformation in how services are delivered. It is anticipated that a new Northern Ireland Eyecare Network will be developed to continue the work initiated by DEP.

It is widely acknowledged that Optometry has an important role to play in this transformation and it is with this in mind that, Commissioning organisation and professions both, we must continue to work closely together to continually develop the capacity and capability to support transformation. The Health and Social Care Board will keep you fully informed of developments in regard to the Eyecare Network via the usual communication channels.

**The Health and Social Care Board thank you for your continued support and for your contribution to the work of DEP**

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## Keeping up those points

### 17<sup>th</sup> April 2018



The next HSCB/BSO training event is as you already know Tuesday 17<sup>th</sup> April 2018.

So get the date into your diaries. It's an all-day event at Greenmount with an interesting program and some great speakers. It will start at 9.30am sharp and as usual there will be morning coffee, lunch and time to catch up with colleagues hopefully as well.

Karen Lee will be administering it as previously and closer to the time will be contacting everyone with the booking details and more information.

So watch out for the full program, get the date booked off and we look forward to seeing you there

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# ARE YOU INTERESTED IN REPRESENTING YOUR PROFESSION?

**Do you have an interest in contributing to and supporting ophthalmic services and their development within the Health and Social Care system?**

The Department of Health is looking for an experienced Optometrist to lead the Ophthalmic Committee of the Business Services Organisation (“the BSO”). The Ophthalmic Committee is a long established statutory committee of the BSO with responsibility for the following areas of service:

- Considering, on a regional basis, the implications of changes to the GOS contract, commissioning proposals and regulations governing sight tests, spectacle vouchers, repairs and replacements for GOS practitioners in Northern Ireland.
- Advising on matters concerning General Optical Council registration and de-registration, and issues related to the Ophthalmic List and Ophthalmic Practice List.
- Advising on regional Continued Optometric Education, Continued Professional Development and Clinical Governance matters.
- Advising on GOS Clinical Practice trends and probity issues and possible reasons for changes in statistical trends.
- Advising on clinical matters where a regional perspective may be helpful and on any other matters in respect of GOS professional issues and payments as required.
- Providing an interface between Ophthalmic Medical Practitioners and GOS Optometrists, and facilitating discussions on matters of common concern.

**The following criteria are ‘essential’:** The Chair must be a practicing Optometrist with:

- ✓ at least 5 years’ experience
- ✓ currently registered with the General Optical Council
- ✓ engaged in the provision of GOS.
- ✓ previous committee work experience and
- ✓ be able to demonstrate involvement in optometric service development at a regional or national level

In support of the essential criteria the Chair should **meet the following general criteria:**

- ✓ **Leadership** - Acting as Committee leader to ensure focus, direction and results.
- ✓ **Making an impact with others** – Developing and maintaining co-operative working relationships to achieve results.
- ✓ **Committing to the non-executive role** – Understanding the environment in which you are making a contribution.
- ✓ **Analytical thinking** – Making decisions and solving problems in a team and organizational environment.
- ✓ **Learning and self-development** – Able and willing to further develop as a Committee Chair.

If you have the relevant qualifications and experience, and feel you could make a positive contribution to the work of the Ophthalmic Committee, please write, email or, telephone for a nomination form and further details about the appointment, **quoting reference number BSO 3/18** to:

**General Dental and Ophthalmic Services Branch**  
**Department of Health, Room D3, Castle Buildings,**  
**Upper Newtownards Road, Belfast, BT4 3SQ**  
**Telephone: (028) 90520014**  
**Textphone: (028) 90527668**  
**E-mail: [gdocorrespondence@health-ni.gov.uk](mailto:gdocorrespondence@health-ni.gov.uk)**

***Completed nomination forms must be received at the above address by 5pm on Monday 12th March 2018. Nominations received after the closing date will not be accepted by the Department***

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## Flu, Have You Been Vaccinated?

As you will be aware from your daily practice, Health and Social Care is under considerable pressure over the past few months. Substantial levels of seasonal influenza have placed further strain on primary and secondary care, and hospitalisations and intensive care admissions have increased.



It remains the case that flu vaccine is still the best defence we have against the spread of flu and it is not too late to get vaccinated if you have not already. We have a shared professional responsibility as healthcare workers to take appropriate steps to protect our patients – including getting vaccinated.

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# General Ophthalmic Services Update: Your Attention is required

## **\*\* NEW MOS GUIDANCE \*\***

In early February, all Ophthalmic contractors should have received communication from the BSO advising of three memorandums of service (MOSs). As with all communications these were issued via the practice HSCNI email account for those practices accessing the FPS Optometry Portal. Contractor practices that are not currently availing of the Optometry Portal for claim submission, eReferral etc.. will have received a hard copy of the MOSs. Contractors/Practice Principals are asked to ensure that the MOSs are disseminated to all clinicians in the practice.



### **1. MOS 311: Ophthalmic Committee Terms of Reference**

This is a new MOS which outlines the roles and responsibilities of the Ophthalmic Committee which is a statutory committee of the BSO. It provides a useful update on how the Committee represents the views of the profession in regard to the provision of GOS. Please also refer to the article on page \*\*\* of this newsletter.

### **2. MOS 312: Access to Interpreting Services**

This is an important update as many practices will be providing eyecare services to an increasing number of non-English speaking patients. The information is important to note as it is an invaluable resource for this group of patients.

### **3. MOS 313: Asylum Seekers - Access to General Ophthalmic Services**

This is guidance provides clarification on access to General Ophthalmic Services (GOS) to assist contractors when an Asylum Seeker presents and wishes to access eyecare services. Please make all members of staff aware of this guidance as these patients may present to make an appointment bringing unfamiliar documentation.

The MOS noted above are available to read and download at the following link or, [click here](#)

<http://www.hscbusiness.hscni.net/services/2377.htm>

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## FOR YOUR ATTENTION & ACTION

### **!! PLEASE NOTE: NEW PROCESS FOR REQUESTS FOR PRIOR APPROVAL FOR EXCEPTIONAL CASES THAT DO NOT FALL WITHIN EXISTING PROTOCOLS and MOS/GUIDANCE**

From Monday 5th March 2018 practices that do not use the OCS (online claims) can avail of a new process for requests for prior approval that are not facilitated within current processes and which may require to be considered as an exceptional/special approval i.e. where exceptional circumstances prevail and do not fall within the current protocols. For example, the current protocol and guidance in respect of 'second' pairs ([MOS 295](#)) still applies and requests for prior approval that fall within the eligibility criteria already in place can still be made via telephone to the BSO as per the [existing MOS](#) and guidance.

From 5th March 2018 requests and queries in regard to exceptional approvals can be managed by email through a new and dedicated email address within the Business Services Organisation. This will facilitate consistent and efficient management of prior approvals for all service types e.g. early re-tests under 3/12 and other requests where exceptional considerations may exist. Practices are asked not to email approval requests directly to an optometric clinical adviser but to direct the requests through BSO using this email process when clinical adviser consideration and input is required. **GOS contractors are asked to apply the advice and guidance noted below when seeking prior approval for GOS, and where applicable, LES claims from Monday 5<sup>th</sup> March 2018.**

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### **Advice for Practices that use OCS (online system) for GOS claims**

All practices that use OCS for their GOS claim submissions should in all instances use the prior approval facility within OCS for requests for approvals. The processes in place and the online system ensures that your request will

be considered by the Business Services Organisation and, where appropriate, the Health and Social Care Board clinical advisers in a timely and efficient manner. Optometrists/practice staff submitting a request for prior approval should use the OCS prior facility on every occasion from Monday 5th March 2018.

If in the exceptional circumstance a practice cannot submit the request for prior approval using the OCS online system (e.g. system interruption) practices that use the OCS can submit the request via the new email address. **In these instances practices MUST use their assigned practice HSCNI email account** (all practices using OCS have been notified of their email account details) to communicate with BSO for prior approval. GOS contractors are reminded to ensure that, in as far as possible, information which is patient-identifiable is not included in the email. **Practices should NOT use their business or personal email accounts for submitting requests for prior approval.**

**\*\* Practices are again reminded to ensure that they check their HSCNI email account daily. If a practice requires a password reset for their HSCNI email account please contact the IT help desk on 028 9536 2400 or email [supportteam@hscni.net](mailto:supportteam@hscni.net) and a new password will be provided \*\***

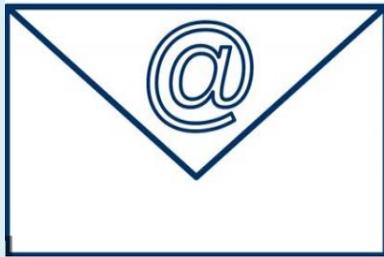
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### **Advice for Practices that submit paper GOS claims**

Practices that use paper GOS claims should apply the following guidance when seeking prior approval for requests for prior approval that are not facilitated within current processes and which may require to be considered as an exceptional/special approval i.e. where exceptional circumstances prevail and do not fall within the current. For example current protocols already exist for second pairs ([MOS 295](#)) and requests for these can still be made via telephone.

Practices that do not access the Optometry portal because they continue to use and submit paper GOS claims are not in a position to access their assigned HSCNI email account. When contacting BSO through the new and dedicated prior approval email account, these GOS contractor practices **MUST** remember to ensure that no patient identifiable information is included the email which is submitted - please ensure that you have anonymised as far as is possible. The ophthalmic team in the BSO will receive and action the

email request and contact the practice accordingly with the decision which has been made in regard to the request for approval.



NEW PRIOR APPROVAL EMAIL ADDRESS:

[priorapproval.bso@hscni.net](mailto:priorapproval.bso@hscni.net)

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### USE OF THE PRIOR APPROVAL EMAIL ADDRESS **BY PATIENTS** WHO PRESENT SEEKING A “SECOND OPINION”.

In [MOS 303](#) GOS contractors are provided with advice in respect of patients who present requesting a “second opinion”. MOS 303 advises that second opinions are not routinely facilitated by General Ophthalmic Services. However, in the exceptional circumstance as outlined in MOS 303, should a patient wish to apply for a “second opinion” to be considered you may provide the new and dedicated prior approval email address to the patient as an alternative means for them to communicate with BSO in regard to their request. Please advise the patient that it is their responsibility to contact BSO outlining all the relevant details and in doing so that they appreciate that their personal contact details etc.....will be shared with BSO and, where necessary and appropriate, the HSCB.

**Formal MOS guidance on the above will be issued by the BSO.**

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## A Reminder: ‘Early’ GOS Sight Tests

All GOS contractors and optometrists are reminded again that any GOS Sight Test carried out under 3 months since the last test are ‘exceptions’ as they fall outside GOS sight test intervals and arise because of a sudden or



unexpected change in visual status. As such, any such Sight Test requires **prior approval** from BSO. **Any claim** for a Sight Test performed under 3 months which is submitted without prior approval cannot, and will not, be paid.

All practices using OCS should have a protocol in place to ensure that the date of last sight test is checked at the time the patient presents to make an appointment. Please refer to MOS 275 for further advice on the process for requesting approval for GOS Sight Tests which under 3 months is available at the following link, or [click here](#).

[http://www.hscbusiness.hscni.net/pdf/Mos\\_275\\_GOS\\_Sight\\_Tests\\_Intervals.pdf](http://www.hscbusiness.hscni.net/pdf/Mos_275_GOS_Sight_Tests_Intervals.pdf)

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## Communication with GOS Contractors: Optometry Practice 'HSCNI Email' Accounts



GOS contractors are reminded to check their practice HSCNI email accounts at least once per day to ensure that important communications are not missed. The majority of communications from the HSCB and BSO will be sent using this route.

Practice owners/principals might consider it a good idea to allocate this daily task of checking for HSCB and BSO communications to one member of staff, possibly the person who is submitting the GOS claims on OCS regularly. The few practices not yet using OCS will, for now, continue to receive their communications by post.

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## Service Extension & Update: NI PEARS

**NAME CHANGE: "NI PEARS"**

**Northern Ireland Primary Eyecare Assessment and Referral Service**

SPEARS, where the "S" stood for Southern, will change to "NI PEARS". The name change is required to reflect the extension of the service to Belfast and the Western LCG areas.



## **Extension Of 'NI PEARS' Service Provision To Belfast & Western LCG Areas**

Optometrists in the Belfast and Western LCG areas are currently undertaking a MECS training and assessment programme delivered through Ulster University. The service will commence in these two LCG areas in early March 2018. Practitioners in the remaining two areas, the Northern and South Eastern LCG areas will note that, as yet, funding has not been secured for implementation in these areas. Belfast LCG area was identified as an area of great need for the service due to the demands on Eye Casualty in the Royal Victoria Hospital from patients in the Belfast area, many of whom have minor non sight threatening conditions that could be managed in primary care optometry practice. NI PEARS will be implemented in the Western LCG area due to its large geographical area and the needs of patients in areas remote to the acute ophthalmology services in Altnagelvin Area Hospital. Work is ongoing to secure funding for the remaining two LCG areas with the aspiration that NI PEARS will become a regional service.

## **Revised Service Specification & Service Remuneration In Line With The Extension Of 'NI PEARS'**

The fee structure for NI PEARS has been agreed and set following negotiation between Optometry NI and the HSCB. This contract variation has been communicated to existing and prospective providers in previous email/correspondence from the HSCB. **The change in remuneration for the service will be implemented regionally** and will apply to **all** contractor practices providing the service. The change in service specification will be **effective from Monday 5<sup>th</sup> March 2018**. There are also some minor updates to the service specification which all providers will be advised of prior to implementation.

## **NI PEARS: Submission & Payment Of Claims**

Claims for NI PEARS will be made via the Ophthalmic Claims System (OCS). This electronic claiming facility should make the process of claim submission, payment and reconciliation quicker and easier; it should also enable a faster decision-making process for prior approval requests. Further information on the new claim processes will be issued to all current practices providing the service in the Southern LCG area shortly.

## And some more good news .....

The SPEARS service has been shortlisted for a NI Healthcare award in the 'Innovations in Ophthalmology' category. This nomination recognises the multidisciplinary teamwork across primary care and secondary care, the leadership and mentoring provided by Belfast HSCT and the commitment of the primary care optometrists in the southern area in providing this service to their patients.

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## Electronic Referrals & Optometry Practices

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The Health and Social Care Board would like to thank all GOS contractor practices that have adopted the use of eReferral via the Clinical Communications Gateway (CCG).



**To date 220 Optometry practices are enabled to use eReferral and as of mid-February 189 practices have actively used eReferral via CCG to generate and send referrals for their patients DIRECTLY to secondary care eyecare services**

In previous issues of the HSCB Optometry Newsletter the benefits of eReferral have been outlined.....it is

- Safe and Secure
- Efficient and Immediate
- Allows 'real time' receipt of referrals and surety in the knowledge that the referral has been received and opened by the receiving Health and Social Care Trust
- Allows the receiving Health and Social Care Trust to easily identify the sub speciality which is most appropriate for that referral, assisting in managing demand

The HSCB have developed CCG training videos as a useful resource for Optometrists in practice. Two additional videos have been uploaded (Glaucoma and OHT) please take a few minutes to review the videos. The videos can be accessed by two routes:

1. Via the FPS Optometry portal landing site using the link to the HSCB Primary Care Intranet (PCI)
2. Via the BSO website ([click here](#))



[http://www.hscbusiness.hscni.net/services/er\\_ccg\\_videos.htm](http://www.hscbusiness.hscni.net/services/er_ccg_videos.htm)

## Advice & Tips

### PLEASE REMEMBER TO:

- Contact the HSCB Optometric Clinical Advisers if you experience difficulties in 'matching' a patient on the system when generating an eReferral. The HSCB Optometric Clinical Adviser will be able to provide you with advice on how to proceed and secure all the necessary information
- Complete ALL the mandatory fields and proceed to the final step when sending a referral. A referral which is annotated as "IN PROGRESS" in your list of referrals has NOT been sent. When a referral is sent it will state "SUBMITTED"
- Advise the Patient's GP using the 'Memo 1' template that you have sent a referral. It is hoped that an electronic solution to this step in the process can be found and HSCB are working with IT services to determine how this can be best effected
- Ensure you take account of any "special requirements" your patient might have in regard to accessibility of services when sending a referral – e.g. annotate in the special requirements box if your patient uses a wheelchair, requires interpretation services, has hearing difficulties, is visually impaired etc.....
- Remember to attach any visual field plots, fundus images, OCT scans relevant to your referral. This is **valuable clinical information** which will enhance your referral

### **!!! SPECIFIC GUIDANCE FOR LES II ACCREDITED OPTOMETRISTS WHEN COMPLETING A REFERRAL AFTER PROVIDING LEVEL II LES (Glaucoma & OHT referrals)!!!**

Provision of Level II LES (Enhanced Case Finding for Glaucoma and Ocular Hypertension) requires the completion of mandatory tests as outlined in the Level II LES Service Specification. If you are a LES II accredited optometrist and are generating a referral for a patient who has been provided Level II LES **it is essential** that you annotate the eReferral with confirmation that you have completed **ALL the clinical tests** (the enhanced services tab on the referral template) and that you **ATTACH/INCLUDE the visual fields to the referral**. This information provides evidence to the glaucoma service of the findings of your Level II LES provision.

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## The Next Steps for Optometry eHealth: What eReferral is central to supporting HSCB to deliver in 2018/19...?

Optometry referrals and all attachments sent with the referral from the Optometry practice

- **Are visible within the patient's electronic care record (NIECR).** This allows for great continuity of care and when **access to NIECR** is enabled for primary care optometry it will enable:
  - optometrists to view previous referrals for their patient, even if that referral was made by another optometrist
  - optometrists to view the clinic and discharge letters for patients who have attended hospital eye services previously
- In 2018/19 plans will be put in place to implement eTriage. eReferrals that are sent from Optometrists **will be able to be triaged electronically (eTriage)** allowing a faster 'turn-around' for triage and subsequent decision on the management of the referral within the clinical care pathway

**With your continued support for these IT and other ophthalmic service developments you are individually, and collectively, contributing to the reform, transformation, integration and improvement in eyecare services in Northern Ireland.....Thank You**

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## AMD RESEARCH: A CALL FOR HELP IN IDENTIFYING POTENTIAL PARTICIPANTS

**We need your help!**



'Macustar' is an observational study which aims to develop novel 'clinical endpoints' for patients with AMD. The study will look at a variety of visual function measurements and novel retinal imaging parameters, aiming to identify to strongest predictors of progression to late stage AMD. This is a European Union funded study and will require up to 9 visits over 3 years. The Principal Investigator for the study is Dr Ruth Hogg.

**Queens University needs help from primary care Optometrists to recruit participants who are:**

- **aged between 55-85 years of age with**
- **bilateral soft drusen or unilateral neovascular AMD**

Recruitment will take place between May-Dec 2018 and the study visits will take place in the Clinical Research Facility at Belfast City Hospital. Funding will be provided for travel. You are at the frontline and an instrumental link in the chain, your assistance is highly valued and crucial to this study. For further information on the study see: <http://www.imi.europa.eu/projects-results/project-factsheets/mbacustar>

For further information on the inclusion criteria and referral procedure please contact the study Optometrist Ms Anita Gillen by email [a.gillen@qub.ac.uk](mailto:a.gillen@qub.ac.uk) or by telephone on 07768858583.

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## THANK YOU

Elsewhere in this newsletter you will see reference to imminent recruitment of a new chair of the Northern Ireland Business Services Organisation (BSO) Ophthalmic Committee.



It is perhaps timely that we take the opportunity to thank the outgoing chair, Mr Martin Holley, for his leadership and dedication in fulfilling this role over two recent terms.

The Ophthalmic Committee is an important statutory committee of BSO. It is constituted to advise and assist BSO, considering, on a regional basis, changes to GOS contract, commissioning proposals and regulations relating to GOS.

It also advises on continuing education and training, professional development and governance matters. The Chair of the committee, a Department appointment, is asked to bring a range of skills and experience to the role, ensuring that the committee functions correctly and according to statute.

During his time of office Martin has brought leadership and analytical thinking to the role, discharging his duties with aplomb.

We would like to publicly thank Martin for this leadership and commitment, and wish him every best wish for the future.

***Mark Bradley***

AD, Family Practitioner Services,  
BSO

***Raymond Curran***

Head of Ophthalmic Services,  
HSC Board