Health and Social Care Board

Optometry Practice Newsletter

VOLUME 6: Issue 2 - December 2017

Developing Eyecare Partnerships: Next Steps

The general policy and blueprint for health and social care in Northern Ireland is laid out in "Health and Wellbeing 2026: Delivering Together". This plan has a number of commitments, among them:

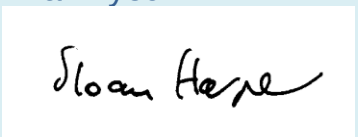
- Address waiting times
- Expand capacity and capability in primary care - so patients can be appropriately managed locally, outside the secondary care setting.
- Improve direct access between primary and secondary care – to enable more rapid access for patients to secondary care services.

It is against this backdrop that "Developing Eyecare Partnerships: Improving the Commissioning and Provision of Eyecare Services in Northern Ireland" (DEP) has been progressing reform and transformation across eyecare services. Several modernisation and service development initiatives have been realised by our collaborative, collective, approach to improving eyecare outcomes.

DEP has now come to a formal close, its five year timeframe having been reached in October 2017. Of course the work must still continue, and integration, collaboration and co-production are now more important than ever. However, as this phase closes, I would like to take the opportunity to thank you, partners all, in delivering together and in many ways being a vanguard for whole system reform.

As for next steps, HSC Board and Public Health Agency will examine the rationale for continuing the work of DEP through a formal Northern Ireland Eyecare Network. Should this be approved, it is envisaged that the network would strive to plan and deliver services that are person-centred, knowledge-based, asset-optimised, and outcomes focussed. We work better when we work together, and I look forward to working with you on delivering these next steps.

Thank you.

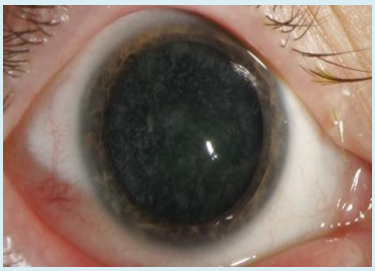


Dr Sloan Harper, Chair, Developing Eyecare Partnerships.

NICE Guidance Updates

As an Ophthalmic professional you may have read in the press and social media in recent weeks about the latest NICE Guidance updates on Cataract and Glaucoma. NICE encourage organisations to raise awareness of the guidance and as a professional delivering eyecare it is important that you are aware of these recent publications and the impact that they may have on your clinical care

Cataract – NG77



On 26th October 2017 NICE published NG77 "**Cataracts in adults: management**". The guidance on the management of patients with cataract across the entire pathway from before referral to post-surgery aims to improve the consistency and quality of care and the information provided to patients. Please take some time to read the NICE guidance (NG77) available at the following link (or **click here**): **https://www.nice.org.uk/guidance/ng77**

NG77 advises that in consideration of a referral for cataract surgery to:

> "1.2.1
> Base the decision to refer a person with a cataract for surgery on a discussion with them (and their family members or carers, as appropriate) that includes:
> - how the cataract affects the person's vision and quality of life
> - whether 1 or both eyes are affected
> - what cataract surgery involves, including possible risks and benefits
> - how the person's quality of life may be affected if they choose not to have cataract surgery
> - whether the person wants to have cataract surgery."

Within Northern Ireland these considerations are already part of the discussion which a patient will have with their optometrist or GP and are aligned to current guidance on cataract referrals. This guidance is available at the following link (**click here**) **http://www.hscbusiness.hscni.net/services/2485.htm.**

The current referral forms and protocols for cataract (paper and eReferral templates) take into account these recommendations and facilitate the

inclusion of this information in the referral, allowing secondary care clinicians to receive the necessary information on which to base their triage and subsequent management of your patient. As a primary care ophthalmic practitioner you are asked to continue applying this guidance in the management of your referrals for cataract.

Glaucoma and Ocular Hypertension – NG81

On 1st November 2017 NICE published NG81 "**Glaucoma: diagnosis and management**". This guidance is of importance for Optometrists as primary eye care professionals, please take some time to read the NICE guidance (NG81) available at the following link (or **click here**) **https://www.nice.org.uk/guidance/ng81**

The NICE guidance on glaucoma is a revision to the original guidance (CG85) issued in 2009 and provides recommendations for care for patients with chronic open angle glaucoma and ocular hypertension. The recommendations cover the entire patient care pathway from the initial examination by an optometrist (or GP) through to any necessary treatment and monitoring of the condition following a diagnosis.

For primary care optometrists there are several significant considerations in the recommendations within NG81. These relate to the pre-referral stage and the information which is advised should be part of a referral for suspect OHT or glaucoma. **The following points from NG81 are highlighted as being relevant for primary care optometrists, but they are only highlights and you are advised to read the guidance in full so that you are aware of all the NICE recommendations**:

"Case Finding"

1.1.1Before referral for further investigation and diagnosis of COAG and related conditions, offer all of the following tests:

- central visual field assessment using standard automated perimetry (full threshold or supra-threshold)
- optic nerve assessment and fundus examination using stereoscopic slit lamp biomicroscopy (with pupil dilatation if necessary), and optical coherence tomography (OCT) or optic nerve head image if available
- intraocular pressure (IOP) measurement using Goldmann-type applanation tonometry
- peripheral anterior chamber configuration and depth assessments using gonioscopy, or, if not available or the patient prefers, the van Herick test or OCT. [2017]

1.1.2 Do not base a decision to refer solely on IOP measurement using non-contact tonometry. [2017]

1.1.3 Do not refer people who have previously been discharged from hospital eye services after assessment for COAG and related conditions unless clinical circumstances have changed and a new referral is needed. [2017]

1.1.4 Before deciding to refer, consider repeating visual field assessment and IOP measurement on another occasion to confirm a visual field defect or IOP of 24 mmHg or more, unless clinical circumstances indicate urgent or emergency referral is needed. [2017]

1.1.5 Refer for further investigation and diagnosis of COAG and related conditions, after considering repeat measures as in recommendation 1.1.4, if:

- there is optic nerve head damage on stereoscopic slit lamp biomicroscopy or
- there is a visual field defect consistent with glaucoma or
- IOP is 24mmHg or more using Goldmann-type applanation tonometry. [2017]

1.1.6 Provide results of all examinations and tests with the referral. [2017]

1.1.7 Advise people with IOP below 24 mmHg to continue regular visits to their primary eye care professional. [2017]

Over the incoming weeks the HSCB will consider this guidance in full and review the current Local Enhanced Service (LES) specifications (both Level I and Level II LES) to ascertain the implications and update the service specifications where appropriate.

Save the Date – Spring 2018

The Spring CET all day event will be Tuesday 17th April 2018 at Greenmount.

Lecture details and booking arrangements will follow closer to the time.

Keeping everyone up to date

Just a reminder to advise everyone to keep the Health and Social Care Board (HSCB) and the Business Services Organisation (BSO) up to date with your contact details. As you have been advised in previous issues of the Newsletter the Health and Social Care Board now communicate with GOS contractor practices via their new HSCNI email accounts. These accounts were established and rolled out in April 2017 to Optometry practices that have access to the FPS Optometry portal. The HSCNI email is a function in addition to other applications available via the portal (GOS electronic claims, Electronic Referral, Primary Care Intranet etc….)

People change their contact details regularly and the HSCB and BSO would be grateful if you could advise of any changes to your current details. This will ensure you do not miss out on any interesting or important information. Please also ensure that you regularly check the practice HSCNI email account for the practice (s) that you work in for information issued from HSCB.

Please notify of any contact detail changes to:

Karen Lee by email to karen.lee@hscni.net or via telephone on 028 9536 3745

The pursuit of better 'Outcomes' for your patients and 'Quality Improvement'…..

How do these relate to you, your ophthalmic clinical practice and health care you provide?

The language used by people involved in the commissioning and provision of health and social care is changing…..and as key primary health care professionals it is important you are aware of this new language and what it means for you and your patients.

We are all aware of the challenges which face health care with increasing demands and pressure on resources. Now more than ever people who are planning and providing health and social care need to think smart and consider the outcome that is wanted and how in working towards that outcome they can improve the quality of care provision.

What are the 'outcomes?.....they are not always 6/6 acuity

By understanding and having an 'eye' on outcomes those planning, developing and providing health and social care will place personal outcomes of those needing care at the heart of health and social care practice and policy. For example, a personal outcome might be for someone to be able to go to the a café to meet with a friend for tea and your role in this as an optometrist, should be to try to enable them to be supported visually to allow them to be mobile, independent and to maintain their social inclusion. They may not need 6/6 on the Snellen chart to visit the café, indeed 6/12 might be adequate and will deliver the outcome that your patient wants. You can further help your patient by being aware of and recommending self-help, support groups and by adopting the concept of 'social prescribing'. The importance of listening to the needs of and understanding 'what matters' to your patient cannot be overestimated; in doing so you will be providing patient-centred care.

Services should make a positive difference to your patient's life and in providing an 'outcomes' based approach to your eyecare you will be making a positive contribution, working in partnership with your patients to help them realise their goals. In partnership with your patient you will be able to find out and work towards their desired personal outcome, should that be going to the café or, piloting a helicopter.

What is Quality Improvement?....It is making tangible differences in the quality of care you provide; they need not be seismic changes...

You may not think of 'quality improvement' as something which applies to you and to the care you provide, but as a primary care health care provider you can make a difference and contribute to the system wide work on quality improvement.

The Health and Social Care System is dealing with significant pressures in regard to finance and managing demand. In understanding and embracing quality improvement and by integrating it into planning and delivery we can

begin to provide better outcomes for your patients at lower cost to society. Quality improvement drives better and more efficient care, reducing variation and frees up much needed resources for those who are most in need.

Through the vehicle of Developing Eyecare Partnerships (DEP) ophthalmic services in Northern Ireland have started out on the quality improvement journey and primary care optometrists are encouraged to find out more about quality improvement and consider making it part of your daily and routine practice.

How is quality improvement relevant to me as an Optometrist?

You are an integral part of the eyecare jigsaw and you may not be conscious of it but already you have made a contribution to quality improvement in eyecare provision in Northern Ireland. The investment you have made in recent years in your personal training and development, supported by the Health and Social Care Board through **DEP** has improved quality in care provision.

Quality Improvement involves recognising opportunities to provide better care and is of better value and to do so in a systematic and consistent way. It will cover all areas of care including care that is duplicated, care that is delayed, care that is overused and care that is underused.

For example in ophthalmic services quality improvement is demonstrated and realised in:

- **The provision of Local Enhanced Services (LES) for the glaucoma and acute eyecare pathways**
    - Reduces unnecessary referrals, reduces patient anxiety and is accessed locally
- **The establishment of the Glaucoma & Macular Optometry/Ophthalmology ECHO® Knowledge Network**
    - Will enable stable review patients to access care that is local and consistent with what they would have received in hospital
    - Will support the reduction in unnecessary referrals to the macular service

- **The adoption and implementation of the Northern Ireland Formulary - guidance for dry eye prescribing and promotion of self-care**
    - Optimising medicines resources in the prescribing of dry eye preparations and promotion of self-care for minor anterior eye conditions.
- **Implementation of eReferral between Optometry practices and Health and Social Care Trusts**
    - eReferral has delivered system wide integration between primary and secondary care.

These are just some examples of the strides primary care optometrists have made in collaboration with the Health and Social Care Board but there is much more that you can do to implement small scale quality improvement initiatives through the clinical decisions and care you deliver - improving your patient experience, giving you increased job and professional satisfaction and in doing so supporting the wider societal need to meet and manage the growing demand for health care and eyecare.

If you are interested in finding out more about quality improvement within your practice, or you have ideas which you wish to discuss, please contact any one of the HSCB ophthalmic clinical advisers who will be happy to talk to you.
janice.mccrudden@hscni.net | fiona.north@hscni.net | margaret.mcmullan@hscni.net

"From an Acorn grows an Oak"

CET / CPD Update

Tuesday 19th Sept saw another very successful CET session at Greenmount College. Mr Michael O'Gallagher, gave a very interesting presentation on Post-Operative Cataract assessments which was pertinent giving the aspirations of the HSCB to involve suitably accredited optometrists in this service.

Mr Rankin, as always, had the audience fully engaged in his talk on the new NICE guidelines for glaucoma assessments and. Dr Nizar Hirji has hopefully given us greater insight into the legal aspects of practice and what information we should be recording and telling our patients.

The next event will be a full day in the spring and the details of that will follow as soon as they are available.

The feedback was very useful and again the majority of people find Greenmount an excellent and very accessible venue. For those who are not so happy, sincere apologies but it's a cost effective facility for the HSCB, providing catering and IT support on site and is rated highly by the majority of optometrists in NI.

Tuesday still is the most popular day for optometrists for training and therefore the spring session we are planning will be on a Tuesday.

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

Referrals via CCG –

Be a Part of the Change Process

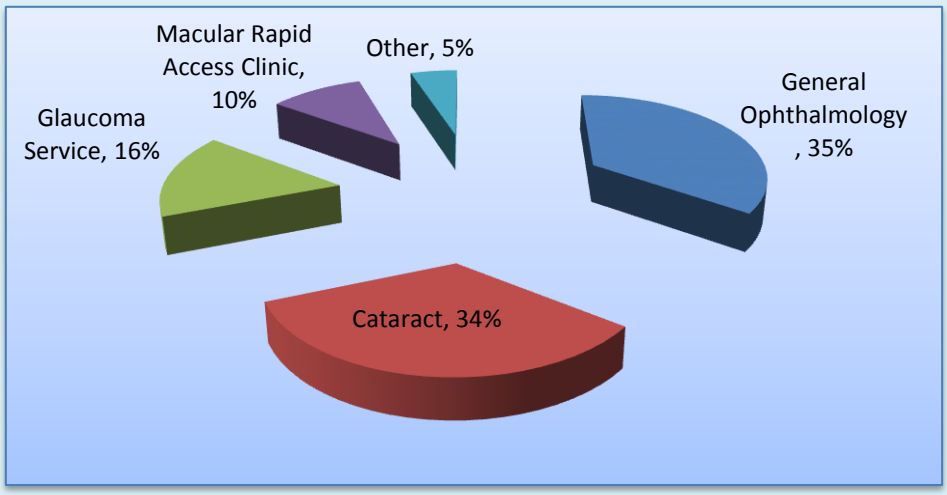
An update on eReferral

Over the past year the Health and Social Care Board (HSCB) have engaged with Ophthalmic Contractors to enable access to and implement the use of eReferral for primary care Optometrists. In Northern Ireland there are currently 275 primary care Optometry practices and as of the end of November 2017, 212 of these Contractor practices have been enabled to use eReferral. In recent issues of the **Optometry Practice Newsletter**, the HSCB have advised you of all the ongoing developments in regard to IT developments and the eHealth agenda and eReferral is a vital part of that work.

eReferral was the first step in this journey and it began on 7th November 2016 with the first eReferral from an Optometrist sent by Mr Richard Mackey of Mackey Eyecare in Belfast. Over the past twelve months practices have been given access to eReferral on a phased basis and, to date, 212 practices have been enabled to use eReferral via CCG.

Some of these have been very recently enabled from the end of November 2017 and have received recent training in how to use the system from HSCB Optometric Clinical Advisers and are now ready to begin using system.

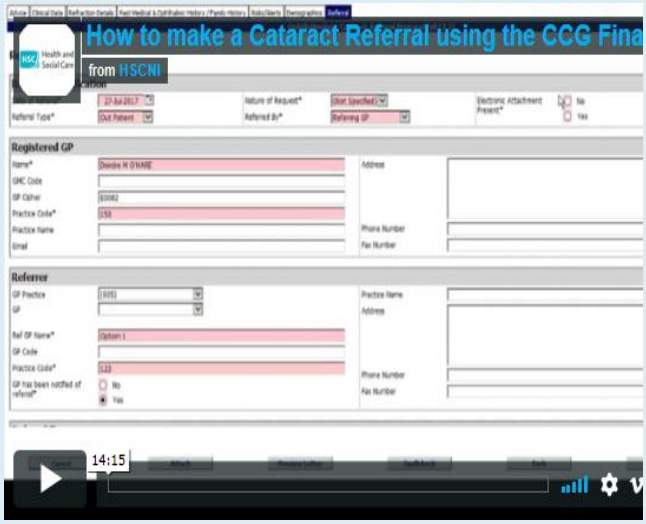
- 167 Optometry practices (at mid-November) have actively used CCG to send their referrals to secondary care and the feedback is overwhelmingly positive. Optometrists greatly appreciate knowing that when they have submitted their referral that the HSC Trust have received it instantly.
- Practices are able to use the functions of 'favourites' for ease of selecting a referral type and the patient matcher which auto-populates information which they would otherwise have had to manually enter in a referral.
- Dedicated Referral Protocols which mirror the paper referrals in relation to clinical information required, aid the Optometrist making the referral.
- Over 7,000 Referrals have been generated by Optometry practices using eReferral via CCG within the past year.
- eReferral will provide valuable information to help those planning services. Accurate information from referral activity and patterns helps commissioners and those delivering services in the planning and directing of resources to meet the overall demand for services and also for specific sub specialities. It will also help commissioners begin to work towards measuring and assessing the outcomes for patients.



Is your practice enabled but has not yet used eReferral?

A review of referral activity up to 21/11/17 has highlighted that some practices which have been enabled to use CCG still have not yet used the system to generate their referrals to secondary care.

Over the incoming days and weeks the HSCB Optometric Clinical Advisers will be contacting these practices to ascertain the reasons why eReferral has not been used to date and they will be offering support and assistance to practices to encourage use of eReferral.



For practices that have already been trained and 'IT- enabled' but have not yet used the system there are supporting on-line video resources which will also refresh your knowledge of how to use the system.

These videos can be accessed

- From the FPS Optometry Portal from your practice using The Primary Care Intranet by clicking on the icon below from the Optometry Portal. The videos can be accessed on the referrals page in the 'Optometry' section on the HSCB intranet site

HSC Primary Care Intranet ← **CLICK HERE FROM THE OPTOMETRY PORTAL SITE**

- From the public BSO website which you can access when not in the practice. The videos are hosted at the link below (or **click here**)

  http://www.hscbusiness.hscni.net/services/er_ccg_videos.htm

PLEASE NOTE: Increasingly GP practices may be reluctant to process paper referrals from Optometry practices that can process their own referrals to secondary care. IF YOU REQUIRE ANY ADVICE OR HELP IN BEGINNING TO USE eREFERRAL PLEASE CONTACT: **janice.mccrudden@hscni.net | fiona.north@hscni.net | margaret.mcmullan@hscni.net**

Important Information!!

e-Referral via CCG – Mid Ulster Area

On Tuesday 24th October Optometry practices that have been enabled for eReferral via CCG were advised of an update to CCG referral destinations. **From Friday 27th October the Mid Ulster Hospital has been added as a destination on CCG** (under Northern Health and Social Care Trust). Ophthalmology services in the Mid Ulster Hospital are provided by the Western HSCT and the receipt, triage and management of referrals will be managed by the HSCTs.

PLEASE NOTE: For practices that do not use eReferral to directly refer patients please continue with your normal practice of sending your referrals via the GP

***** If your practice has been enabled for CCG please ensure that you check your practice HSCNI email account for this important communication *****

All relevant eReferral information is available at this link
http://www.hscbusiness.hscni.net/services/2767.htm

and is also hosted on the HSCB Primary Care Intranet which is accessed from the Optometry Portal homepage/sharepoint page when logged on in your practice

The Ophthalmic Committee

'Here to represent your views on General Ophthalmic Services'

The Ophthalmic Committee is a committee of the Business Services Organisation (BSO); it is advisory to BSO and seeks to canvas and represent the views of you, the profession, in regards to operational aspects of the provision of General Ophthalmic Services (GOS). In this respect it is distinct from the representative and negotiative function of Optometry Northern Ireland (ONI).

The committee, as shown in the table below, has a chair, currently Martin Holley, a representative from each of the 5 LCG areas across NI, one representative of the multiples, one for OMPs and one on behalf of Optometry NI.

Committee member	Role	Contact
Martin Holley	Chair	holleym@aol.com
Michael Thompson	Southeast LCG rep	452M.OphtAdmin@hscni.net
Faith Mills	Southern LCG rep	163V.OptAdmin@hscni.net
Kevin Finan	Western LCG rep	379V.OptAdmin@hscni.net
Roisin McGuiness	Northern LCG rep	450R.OptAdmin@hscni.net
Helen McGloin	Belfast LCG rep	292H.OptAdmin@hscni.net
Stephen McCrory	Multiples Rep	multiplebso@gmail.com
William Stockdale	ONI rep	William@optomise.co.uk
Dr Michael Quinn	OMP rep	023M.OptAdmin@hscni.net

The ophthalmic committee meet every three months with Mark Bradley, Head of Family Practitioner Services in BSO. This quarterly meeting is also attended by Kevin Carland, Head of Dental and Ophthalmic Payments, BSO and by Raymond Curran, Head of Ophthalmic Services Health and Social care Board (HSCB), or alternately by an Optometric Adviser, on behalf of the HSCB.

The committee provides a link between the Profession and the Business Services Organisation (BSO), offering advice and guidance to BSO on GOS development and delivery from a contractor perspective.

For example, the electronic claiming Ophthalmic Claims System (OCS) is currently being extended to enable online claim submission for the enhanced services LES 1 and 2 and NI PEARS (SPEARS) is currently being developed and the committee will be involved in considering the practicalities for implementing this service in practice and ensuring guidance documentation is appropriate.

You are strongly encouraged to make use of your committee. If you have any issues regarding GOS provision or have an opinion on how service delivery could be improved or further developed please contact your representative using the contact addresses shown.

Dealing with a Sight Impaired Patient: What spectacles are best?

Vision impairment has a major effect on a person's ability to perform tasks but also means the individual is at a greater risk of falls (Ivers et al. 1998; Lopez et al. 2011, Patino et al. 2010). Most of those with low vision are older adults and many have other co-morbities.

The importance of a good refraction in a low vision patient cannot be overstated. Improvement in visual acuity may begin with the correction of refractive error. Frequently people with low vision experience a substantial improvement in visual abilities as a direct result of careful refraction and the provision of ***appropriate optimal*** spectacles or contact lenses.

The standard refraction techniques on people with low vision are not too different from the normal refraction procedure, although specialised techniques like bracketing and over refraction are used more often. The main differences from routine refraction result from less sensitivity to small changes in lens power and slow responses. The refraction is performed using both objective and subjective techniques. The refraction procedures often need to be adjusted according to the eye condition and the individual's vision characteristics. ***If there is an improvement of at least 2 lines with refraction, it may be worthwhile considering prescribing even if the acuity is low.*** Alternatively it can be useful to show the patient the old refraction and let them compare with the new refraction, and see if they can ascertain any measurable difference. Spectacles can be expensive and many of these patients can have a misplaced belief that new glasses will return their sight to normal. ***It is important not to falsely raise their expectations by prescribing new glasses that will not give the improvement that the patient may expect or hope for.***

Deciding what types of lenses or frames are best for low vision patients is equally important and can have a major impact on that person's functional ability. Single vision, bifocals and varifocals are all options although in many cases single vision lenses seem to give better functionality. For example if you have a patient with glaucoma who has an inferior field defect, multifocals or bifocals may be of limited value as the patient will find it difficult to align the most useful area of the visual field with the object of interest. Similarly macular degeneration patients with central scotomas often seem to find any multifocals or bifocals difficult to use.

Perhaps because patients have to "search" around to find an area of clearer vision in conjunction with trying to find the near prescription, close work can prove very difficult.

Consideration should be given to advising low vision patients that they may find single vision glasses more comfortable and functional.

If a higher add, even a +3.50 or +4.00 is dispensed, any multifocal might be difficult to adapt to particularly if the change in Rx is significant. It is worth bearing in mind that low patients are already at a higher risk of falls and dispensing multifocal or bifocal lenses should be done with caution, particularly if either the Rx or the lens forms are being changed. (Elliott et al.2017) The frame choice should also be considered in conjunction with the patient's visual status, thinking about the position of any field defect etc. for example ensuring a heavy frame does not occlude an area of vision for that patient.

These recommendations are based mainly on the experience of those involved in low vision care and group discussions, and not on any particular guidance or research. The majority of low vision patients are elderly and in combination with their low vision may also have poor mobility for various reasons, suffer dizzy spells or even anxiety or depression (Nollett et al. 2016). Getting the correct spectacles for these patients is only the first step but it an important one. Many may benefit also from onward referral to specialist low vision services where they may be issued with optical LVAs, and/or rehabilitation services. Waiting lists in Northern Ireland for these additional services are presently acceptable. In the meantime it is essential that optometrists in practice try and ensure that initially the patient is wearing the most appropriate and optimal spectacle correction.

Specialist Low Vision Clinics are available in various locations throughout the province and Optometrists should consider referring patients who are struggling with sight loss for aids and rehabilitation services to one of these local clinics. Details of where these clinics are located is available on the Primary Care Intranet; Optometry Page or similarly via the BSO website, on the ***Optometry Referral Information and then the HSC Trust List of Ophthalmic Staff Tabs***.

Optometry in Practice (Oip) Volume 18, Issue 2 (11) is also a worthy read that will provide you with lots of helpful information on visual impairment; you can access it also from the College of Optometrist website.

http://www.hscbusiness.hscni.net/pdf/HSC_Trusts__list_of_ophthalmic_staff_October_15(1).pdf

GOS Update

(I) CET Grant 2016

The application period for the CET grant for 2016 opened on 1st November. Applications should be submitted by the **closing date of 31st January 2018**. No late applications can be accepted.

A letter and application form has been sent by post to each contractor, emailed to all practices holding an HSCNI email address and emailed to all individual practitioners for whom BSO hold an individual email address for.

All practitioners are advised that they should check with BSO within 3 weeks of submitting the application that it has been received by BSO.

Any queries regarding the CET grant or a request for an application form should be made to Angela Dowds in BSO Ophthalmic Services at **angela.dowds@hscni.net**

(II) Early GOS sight tests

All practitioners are reminded that any GOS sight test carried out under 3 months from the last test is an exceptional claim and practices are required to submit a request for consideration of approval for the early re-test. If a claim is submitted without prior approval having been obtained the claim cannot be paid and the form will be returned unpaid. Retrospective approval will not be given.

Any GOS claim for a sight test under 3 months is outside normal GOS provision and as such is an exceptional claim. The requirement for prior approval is known as a business rule, and is an internal audit requirement, and this has been in place for many years to ensure consistency in managing these exceptional claims.Practitioners are further reminded to consider carefully the reason why they are requesting approval to carry out an early sight test for providing an early retest. For example:

- Symptoms of an acute eye problem e.g. a red eye or sore eye – are not covered under current GOS provision, and will not be paid. The Enhanced Service SPEARS, is designed to meet the needs of these patients presenting with acute problems who fall outside GOS.

While this service is currently only available in the southern LCG area extension to other LCG areas is currently under development.

- In order to claim a GOS sight test all elements of the sight test must be included, in particular, refraction. Therefore a child being recalled at 8 weeks for 'monitoring' of vision would not be eligible for a further GOS test so soon after the original sight test.

Further guidance on Sight Test intervals is detailed in MOS 275 available on the BSO website at **http://www.hscbusiness.hscni.net/pdf/Mos_275_GOS_Sight_Tests_Intervals.pdf**

(III) OCS and instances where paper GOS/claim forms are required

All practices using OCS are reminded that they should retain a small supply of GOS vouchers for issue to patients who wish to take their GOS Voucher elsewhere to be dispensed. Practices should also be aware of the requirement to accept and process paper GOS Vouchers brought in from other practices or issued from a hospital clinic.

LEARNING FROM AN ADVERSE INCIDENT

The Health and Social Care Board have recently issued a guidance letter to Community Pharmacies on the policy for management of 'Needle Stick Injuries' following an incident at a Community Pharmacy. Whilst it is acknowledged that Optometrists are not generally exposed to needle stick injuries the scenario has the potential to arise in many health care settings. It is therefore useful that the learning from this incident is shared with Optometry colleagues. Please **click on this link** to read the letter which has been issued or, type the following web address into your browser http://www.hscbusiness.hscni.net/services/2563.htm

DIABETIC EYE SCREENING: PRE-CONSULTATION ON PROGRAMME MODERNISTION

The Northern Ireland Diabetic Eye Screening Programme (NI DESP) had undergone significant modernisation in recent years and the Public Health Agency is currently consulting on the latest phase of this modernisation. The most recent piece of work is examining the service delivery model and several options for change have been put forward for pre-consultation. Following this pre-consultation the Public Health Agency will consider the feedback and comments received with a view to proposing a final model which will be put forward for further consultation.

Details on this pre-consultation can be accessed at the following link and you are encouraged to read the consultation and respond.

http://www.publichealth.hscni.net/modernising-diabetic-eye-screening-programme

AOP AWARDS 2018

Northern Ireland as a region is represented at the upcoming AOP Awards 2018 in two categories. **The Health and Social Care Board wish both of the following Northern Ireland representatives the best of luck!!**

- Sinead McGurk Optometrists in Magherafelt has been shortlisted for the award of 'AOP Practice of the Year' 2018.
- Patrick Richardson from Ulster University has been shortlisted for the award of 'Lecturer of the Year' 2018.

If you wish to lend your support to Sinead and Patrick please visit the AOP website and register your vote before 12th December 2017 (2pm):

https://www.aop.org.uk/education-and-events/aop-awards/2018

VOTING CLOSES AT 2PM on 12th DECEMBER 2017