

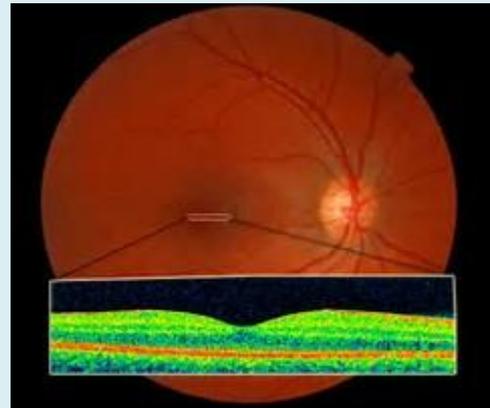
Optometry Practice Newsletter

VOLUME 6: Issue 1 - September 2017

“Incidentalomas”...incidental findings and system resources.

The investment in equipment and expertise by high street optometry practices continues to amaze and delight. Community optometrists are continuing to self-fund increasingly sophisticated diagnostic and imaging suites, enabling them to better case-find and provisionally diagnose ocular disease and abnormalities. In general, earlier detection, diagnosis and treatment equate to improved outcomes, and this is, of course, to be welcomed.

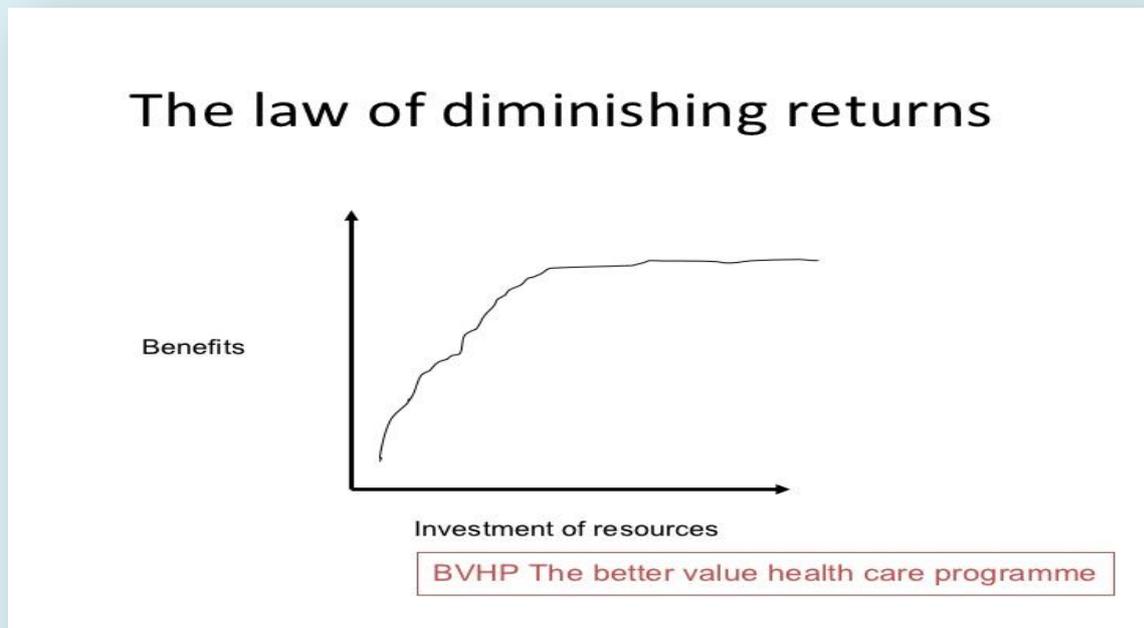
The ocular coherence tomograph (OCT) is undoubtedly a fabulous piece of equipment, allowing unsurpassed diagnostic and imaging capability. But one word of caution: whilst many GOS practices will scan only on the basis of (symptomatic) need, others might offer routine scans as a form of health check. This strategy, in effect using the technique on the “entire population”, will find a range of abnormalities, many of which will be incidental, and of no cause for concern.



This phenomenon is not, of course, restricted to eyecare, as a recent BBC Radio discussion led by “Inside Health’s” Dr Margaret McCartney explored: <http://www.bbc.co.uk/programmes/b091v271>

Whilst investment in technology and diagnostic aids is to be welcomed, it is also incumbent upon today’s eyecare professional to ensure that interpreting skills are also honed. There are a number of forums where optometrists and ophthalmologists can share thoughts and ideas, ensuring that only those patients with true disease likelihood are referred, not the “incidentalomas”. The recent HSC Board Project ECHO demonstrated this model in action.

At a recent NICON event (<http://www.nhsconfed.org/events/2017/05/nicon-17>) Professor Sir Muir Gray summed up the resource v effect dilemma around unwarranted interventions masterfully by posing the question: “The quality is very good, but what is the value?”



OCT's are a very positive resource in primary and secondary eyecare; the trick is to use that resource wisely, and in the patient benefit.

Raymond Curran (Head of Ophthalmic Services, HSCB)

CORTICOSTEROIDS:

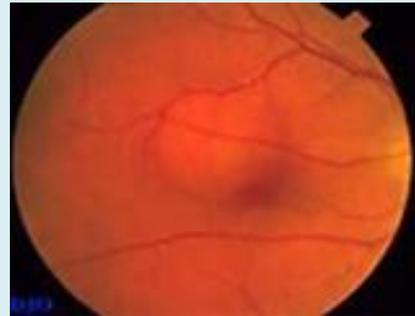
RARE RISK OF CENTRAL SEROUS CHORIORETINOPATHY WITH LOCAL AS WELL AS SYSTEMIC ADMINISTRATION

It always pays to be aware of systemic causes of new visual disturbance and a recent communication from the Medicines and Healthcare Products Regulatory Agency is worth noting.

It notes that Central serous chorioretinopathy has been linked to the systemic use of corticosteroids.

Recently, it has also been reported after local administration of corticosteroids via inhaled and intranasal, epidural, intra-articular, topical dermal, and periocular routes.

Full guidance can be found at: <https://www.gov.uk/drug-safety-update/corticosteroids-rare-risk-of-central-serous-chorioretinopathy-with-local-as-well-as-systemic-administration>



DATE FOR YOUR DIARY

Our next CET day is Tuesday 19th September 2017 at the usual venue, Greenmount College, Antrim.

We have an interesting program based on your feedback from the last event and local issues.

Mr Michael O’Gallagher; Consultant Ophthalmologist, RVH will be talking on “Post-Operative Cataract Assessments”

Prof Nizar Hirji, Consultant Optometrist, will be advising us on how we best avoid litigation

Mr Simon Rankin, Consultant Ophthalmologist, RVH, will be bringing us up to date on Glaucoma Management.

The first talk will begin at 1.00pm and registration will open at 12.30pm.

We will break for a light sandwich lunch at 2.00pm-2.30pm, so don’t worry about going hungry, but starting at 1.00pm allows us to provide 3 CET points in the afternoon and still get everyone home before 5.00pm.

Additionally the final lecture of the day, Prof Hirji's, will provide DO points as well as Optometrist points.

Watch out for the booking arrangements and forms that will as normal come from BSO and Karen Lee but in the meantime block the

diary out for a CET afternoon and points.

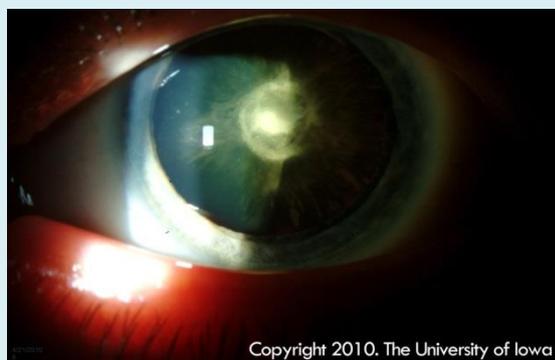


PICTURE THIS

As HSC Board, through ongoing work of "Developing Eyecare Partnerships", continues to plan for possible primary care based review of post-operative cataract procedures, here is a light-hearted taster to whet your training needs appetite. It is not about teaching granny to suck eggs (nor are there any prizes), but....:

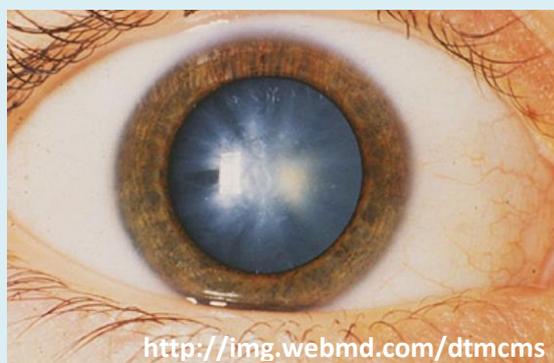
In this section, you are invited to: identify two conditions you see in the 2 photographs

A



Copyright 2010. The University of Iowa

B



<http://img.webmd.com/dtmcms>

-
- 1) Think about the typical causes of each
 - 2) Think about the typical signs and symptoms associated with each condition



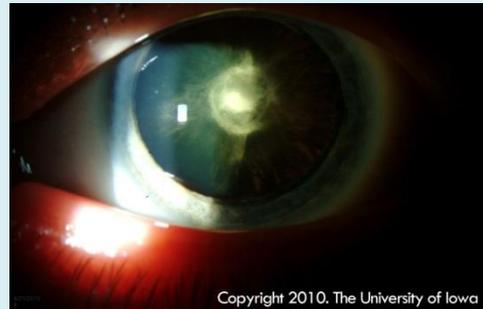
Now turn the page

A

Posterior Sub Capsular Cataract

This type of cataract begins as a small opaque or cloudy area on the "posterior or back surface of the lens. It is called "subcapsular" because it forms beneath the lens capsule,

People who use steroids, or have diabetes, high myopia, and/or retinitis pigmentosa may develop this type of cataract.

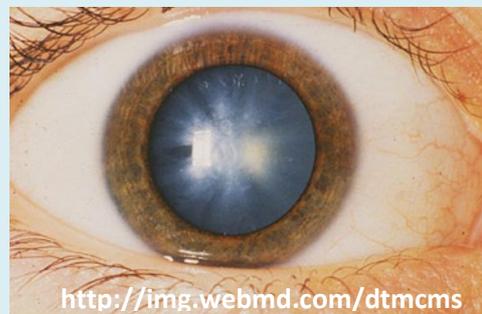


Subcapsular cataracts can develop rapidly and symptoms can become noticeable within months. Subcapsular cataracts can interfere with reading and create "halo" effects and glare around lights

B

Nuclear Sclerotic Cataract

This is the most common type of age-related cataract, caused primarily by the hardening and yellowing of the lens over time. "Nuclear" refers to the gradual clouding of the central portion of the lens; "sclerotic" refers to the hardening of the lens nucleus. It is caused by compression of older lens fibres in the nucleus by new fibre formation.



This type of lens opacity is generally associated with age.

As this type of cataract progresses, it changes the eye's ability to focus, and close-up vision may temporarily improve as a myopic shift occurs. A nuclear sclerotic cataract progresses slowly and may require many years of gradual development before it begins to affect vision. Eventually patients will notice a reduction in vision affecting their daily lives. As this cannot be corrected refractively, and the patient is symptomatic, referral may be indicated following discussion with the patient Guidance notes are available at

http://www.hscbusiness.hscni.net/pdf/Refined_Cataract_referral_Optometric_Guidance_Notes_August_2015_v2.pdf and eReferral via CCG portal will streamline this process.

THE NEED FOR GOOD RECORDS

Good contemporaneous and accurate records in a practice are essential to good patient care.

Records are the most fundamental of clinical tools and should contain sufficient information to promote accurate continuity of care and, on occasion, justify your actions. They are a permanent record of “patient experience and outcomes” and should detail the basis of any decisions made in relation to a patient or any consultation. This is not good practice but the minimum required from a registered optometrist/dispensing optician.

The General Optical Council’s Fitness to Practice Panels have often criticised optometrists record keeping and it forms the basis of many referrals to the disciplinary panel.

The scope of Optometry practice continues to expand with more tests, and services available now in



local practices. Many of us are managing more conditions and becoming fully involved in assessment, monitoring and treatment of a range of ophthalmic conditions. Records can be written, oral, electronic, or photographic and in many cases a combination of all of these; it’s important to not only ensure they are complete but are also stored and accessed appropriately.

The prime purposes of a clinical record are to allow clinicians and, where necessary, other staff, to communicate effectively and manage the patient appropriately.

They are your primary defence in the litigation process and give assurances on practice governance, audit and probity matters. They

contain information before, during and after your patient consults, and can be accessed by both the individual patient and other authorised individuals.

It is therefore imperative that firstly they are legible, clear and recorded in such a manner as they can't be erased. They should be consecutive, factual, consistent, and accurate and use a minimum of abbreviations with limited jargon. They should be restricted to professional, clinical and relevant opinions. A record needs to be dated and identified with the author either via signature, or personal code etc.

Records should then be stored safely, securely and confidentially and we recommend retaining them for a period of 12 years and then in line with the Data Protection Act reviewed to ensure there is an appropriate reason to continue to hold then should you wish to do so.

The handling of all records either paper or electronic is governed by

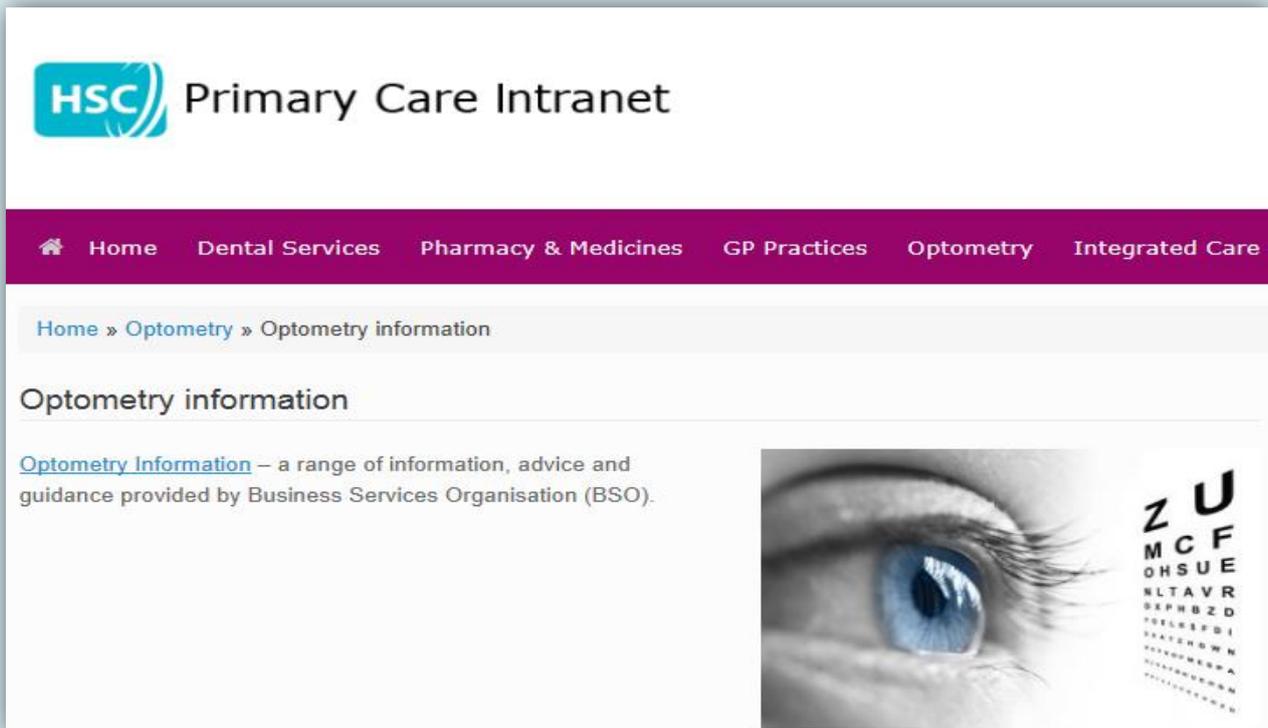
the Data Protection Act 1998 and if you are in doubt about any aspect of your record management system do consult this legislation.

So in summary: Good records are essential for good patient care. Practitioners are not only responsible for what they write but also what they chose to omit. It is good practice to assume that your records and notes will be scrutinized by others. This generally not only improves the standard of record keeping but it will therefore also improve the standard of patient care and the communication between other clinicians and those involved in the patient's care.



Optometry Practices in Northern Ireland gain access to the HSCB Primary Care Intranet

Optometry practices that use the HSC FPS Optometry Portal to access the HSC network can now gain access to the Health and Social Care Board's 'Primary Care Intranet' (PCI).



The PCI is an online information and guidance repository which is available to primary care health care professionals such as GPs, Optometrists, Dentists and Pharmacists. The intranet hosts information on enhanced services and other core services provided in primary care. The PCI is accessed from the home/landing page on the Sharepoint site when your practice logs into the FPS Optometry portal (please click on the icon that states "HSC Primary Care Intranet", as displayed opposite). You are encouraged to visit the PCI site to ensure that you are aware of all relevant ophthalmic information and guidance which is hosted on the site and, to do so regularly.

The PCI has a dedicated Optometry section with information hosted on enhanced services, referral pathways and adverse incident reporting. In addition there are convenient links to the ophthalmic information which is also hosted on the BSO website.

To access the information you can select from the drop down menu when you hover on the Optometry title or, click the various link on the right hand (“In this Section”) from the Optometry Home Page.

Independent Prescribing Optometrists: Update

Through the work of [Developing Eyecare Partnerships](#) the Health and Social Care Board have worked with the Department of Health and other stakeholders to promote independent prescribing in Northern Ireland (DEP Objective 10). There are various strands to this work including

- **Registration as a Non-Medical Prescriber and access to HS21 prescription pads for IP Optometrists working in primary care practice (GOS contractor practices)**

Independent Prescriber (IP) Optometrists who work in a primary care optometry practice can apply to have a Non-Medical Prescriber (NMP) Cipher Number and in doing so gain access HS21 prescription pads for the prescribing of ophthalmic preparations.



The process for registration as a NMP is changing in the incoming weeks and the revised process brings some new responsibilities for the IP Optometrist and the GOS contractor/owner of the practice where the IP Optometrist works. These changes relate to the following:

- The actual application process and how it is managed by the IP Optometrist and the GOS Contractor/Owner of the practice they work in.
- Responsibilities for the GOS Contractor /Owner of the practice in regard to agreement of the parameters of prescribing for the IP Optometrist.

- Responsibilities for the GOS Contractor / Owner of the practice to advise of any change in the work pattern of the IP Optometrist (e.g. periods of leave when prescribing is not active – registration and cipher number suspension).
- Responsibilities for the IP Optometrists in regard to the security and storage of HS21 pads, prescribing, retention of prescribing logs etc.....

Full information and guidance is provided by the HSCB Optometric Clinical Advisers in regard to the registration process and all prescribing governance matters.

If you are an IP Optometrist working in a primary care optometry practice and are interested in accessing HS21 prescription pads to enhance your clinical care and scope of practice please contact any one of the HSCB Optometric Clinical Advisers who will be happy to provide you with advice and information.

2017/18 programme of funded clinical placements in HSC Trusts

In the [June 2017 issue](#) of the HSCB Optometry Practice Newsletter you were advised of the work of Task Group 1 of [Developing Eyecare Partnerships](#) and the funding secured from the Department of Health to fund a training placement programme for the provision of clinical sessions for twelve IP Optometrists in training. Clinical placements (24 sessions) in secondary care eye clinics are a mandatory part of the IP training for Optometrists. Through 2017/18 twelve Optometrists will access their training in both the Belfast and

Western Health and Social Care Trusts. Evaluation of the programme will be undertaken by the HSC Trusts in conjunction with Task Group 1 and feedback will be provided to the Department of Health as part of the funding agreement.

Although funding is not secured for a similar programme in 2018/19, Task Group 1 will continue to engage with the Department of Health to promote Independent Prescribing in primary care Optometry.

Evaluation of Patient Experience of IP Optometrist prescribing

The IP Optometrists in primary care who currently have access to HS21 prescription pads and who use them in their clinical practice are currently supporting an initiative to assess patient experience of the service provided. The survey covers various aspects of care provision including accessibility and satisfaction with advice provided.



The Health and Social Care Board would like to thank the IP Optometrists who are currently participating in the patient experience work.

Pharmacy Regional Newsletter

The August issue of the Pharmacy Regional Newsletter includes a section with information for Pharmacies on Independent Prescribing Optometrists. This will assist in raising awareness of the increasing number of IP Optometrists working in Primary Care who have access to HS21 Prescription pads.

The Newsletter also provides advice in relations to Dry Eye treatments and prescribing. All Optometrists are asked to consider the advice previously issued in relation to Dry Eye prescribing. This guidance and advice is available on the Northern Ireland Formulary website

<http://niformulary.hscni.net/Formulary/Adult/11.0/Pages/default.aspx>

You are encouraged to read the HSCB Pharmacy Regional Newsletter which is available on the link below.

<http://niformulary.hscni.net/PrescribingNewsletters/PharmNews/Pages/default.aspx>

eHealth Developments for Optometry Practices – Services and Innovation you can Access



HSCNI email accounts for GOS contractor practices

From April 2017 GOS contractor practices that access the HSC Optometry portal have been given access to a dedicated HSCNI email account for the practice. The Health and Social Care Board (HSCB) will use this email account for all communications with practices. For practices that do not access the HSC Optometry portal the HSCB will continue with paper communications.

To date the HSCB has issued several important communications to Optometry practices via the email accounts including:

- Optometry Practice Annual Quality Assurance Returns for 16/17
- Information on eReferral and changes to CCG referral pathways
- Surveys for expression of interest in ophthalmic service developments

It is important that GOS contractor practices sign into the HSCNI email account each day and check for any new communications from the HSCB or other HSC organisation e.g. BSO. If you do not check your email account you could miss important communications some of which may have a deadline for response/return of information.

eREFERRAL & NIECR ACCESS FOR OPTOMETRISTS

From November 2016 the Health and Social Care Board has worked to introduce and implement eReferral for Optometrists working in primary care optometrists. To date 193 practices have been enabled to use eReferral and the numbers of referrals processed via the Clinical Communications Gateway (CCG) has steadily increased.



eReferral offers many benefits both for patients and practitioners not least of all the comfort of knowing that the hospital eye services have received your referral instantly.

Work is ongoing with IT providers and support services to further integrate optometry into the HSC Network including a pilot for access to the Northern Ireland Electronic Care Record (NIECR). The NIECR is a single point resource for information on a person's interaction with primary and secondary care health services. Access to NIECR will enable Optometrists to view information on their patient's ophthalmic history e.g. eye clinic attendances,

discharge letters etc.....and current medications.

If your practice has access to the FPS Portal for the submission of GOS claims and you wish to access eReferral (and in time the NIECR) please contact one of the optometric clinical advisers by email @

janice.mccrudden@hscni.net |
fiona.north@hscni.net |
margaret.mcmullan@hscni.net

New resource to help you with eReferral

The Health and Social Care Board have developed an online training resource to help optometrists who are new to eReferral. Training videos will be available to aid optometrists in the use of eReferral. The videos will cover aspects of eReferral including; essential information on choosing a referral protocol and population of referral information with relevant clinical information. **Please contact one of the optometric clinical advisers if you wish to find out more information about this new resource.**



BNF - NEW APP



The BNF have launched a new version of the app for the BNF and BNF for Children: 'BNF & BNFC App'. This replaces the previous version, 'NICE BNF app'.

The new app is free to use and does not require an Athens password and further information is available at <https://www.bnf.org/products/bnfbnfcapp/>

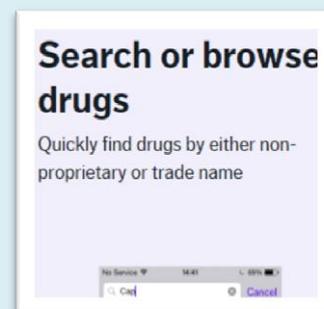
Check drug interactions

The interactions checker makes it easy to identify potentially serious issues between combinations of drugs

Key features of the app include:

- BNF and BNF for Children accessible from a single app
- Easy to use interactions checker
- Faster content updates
- Purpose-built versions for Apple and Android devices.

The new BNF & BNFC App can be downloaded from the AppStore for iOS devices, and the Google Play for Android devices.



WHAT'S BEEN HAPPENING IN PROJECT ECHO NI?

The 2016-17 ECHO® Knowledge Networks have now come to an end and the evaluation reports are being finalised. They will be published on the ECHO® NI website. Information can be found on all networks under the 'ECHO® Networks' tab on the homepage @ <http://echonorthernireland.co.uk/echo-networks/>



The application process is now underway for the next phase of ECHO® Knowledge Networks. Current knowledge networks will be given the opportunity to progress their network and work towards embedding ECHO® into their service delivery model. There will also be a focus on Elective Care areas as well as several other new clinical areas. The list of 2017-18 ECHO® Knowledge Networks will be published when available.



As advised in the recent [Glaucoma Care Pathway Update](#) (issued June 2017) it is hoped that the current Glaucoma & Macular ECHO® Knowledge Network will be involved in service developments in the incoming months. Plans are underway to develop a service for the monitoring of OHT by the Optometrists in the ECHO® Knowledge Network.



Optometry Practice: Quality Assurance Returns 2016/17

The annual Optometry Quality Assurance (QA) process for practices was undertaken in May/June 2017. The QA return from a practice provides important information on the areas of:

- Complaints (formal and informal)
- Adverse Incidents and Serious Adverse Incidents
- Receipt and Dissemination of Ophthalmic Guidance and MOS
- Assurances in relation to Business Continuity Planning

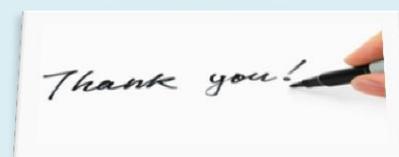
74 % of Optometry Practices submitted their annual QA return

7 practices reported complaints received in the categories of:

- Treatment & Care
- Clinical / Professional Diagnosis

2 practices reported an Adverse Incident (AI)

- 1 AI related to loss of data from the practice computer system
- 1 AI related to a patient becoming unwell in the consulting room



The Health and Social Care Board would like to thank the Optometry practices that submitted their annual QA returns. Your participation in this importance element of good governance for ophthalmic services is appreciated.

Developing Eyecare Partnerships (DEP)

Developing Eyecare Pathways | Developing Services | Developing Your Profession

Over the past 4 years you have been kept informed about the work of [Developing Eyecare Partnerships](#) (DEP) through various communication channels including the HSCB Optometry Practice Newsletter, through dialogue and regular meetings with Optometry Northern Ireland, and through the BSO Ophthalmic Committee. Wider communication has taken place via forums involving Royal College of Ophthalmologists, the College of Optometrists, and publications such as <http://www.eyenews.uk.com/> DEP, as a five year plan, was launched in October 2012 by the then Health Minister, Mr Edwin Poots.



In early 2013 work began to formulate the approach which was needed to address the twelve objectives of DEP which included the establishment of the DEP Project Board and five DEP task groups.

Membership of the DEP Project Board and DEP Task Groups was drawn from the voluntary and community sector, primary care optometry, hospital optometry, orthoptic services, ophthalmology services and statutory HSC organisations and the Department of Health.

The last DEP Project Board meeting will be held on 4th October 2017 when the final DEP Annual Report will be presented to the Project Board for ratification. Over the past five years since DEP was launched important milestones have been reached for ophthalmic services in Northern Ireland and the final DEP Annual Report will acknowledge the efforts of the entire DEP collaborative.

Over the incoming months the Health and Social Care Board and Public Health Agency will work with the Department of Health to plot the way forward for the next steps and the 'successor' structure of Developing Eyecare Partnerships.

You are encouraged to read about the work of DEP since 2012 by accessing the [DEP Annual Reports](#) for the years to date (available @ this link: <http://www.hscboard.hscni.net/our-work/integrated-care/ophthalmic-services/developing-eye-care-partnerships/>).

The Health and Social Care Board would like to take this opportunity to thank you all as GOS contractors and as individual Optometrists for your contribution and support for DEP.

Without your help and commitment many of the initiatives realised in Developing Eyecare Partnerships would not have been possible.

Thank you.

General Ophthalmic Services Update

Universal Credit

As part of the programme of welfare reform in Northern Ireland some of the low income benefits for working age people e.g. Income Support & Working Tax Credits, are being replaced by a new payment called Universal Credit.

Universal Credit is being phased in over 5 years commencing in Autumn 2017. The GOS claim forms, both paper and online OCS forms, are currently being updated to include Universal Credit in the patient eligibility sections. Information will be



circulated to all contractors prior to the introduction of Universal Credit to provide practice staff with guidance on how to assist patients who receive Universal Credit to identify if they are eligible for help with Health Costs and, therefore, eligible to access General Ophthalmic Services.

“Free” Sight Tests

All practices are reminded that they have a responsibility to make it clear to patients which services they are eligible for under Health Service and Social Care and when they are accessing these services. If a practice offers “free sight tests” it is essential that the patient is made aware, prior to their eye examination, whether this is a free service offered by the practice or whether the patient is utilising their GOS entitlement i.e. having a GOS eye examination funded by Health & Social Care. Instances have arisen



recently when patients have received an eye examination that they perceived as being offered “free” by a practice, other than their usual practice, and subsequently on attending their usual practice for their routine eye examination discover they have already used their GOS eligibility for that period. Ensuring that patients are fully informed of the services they are

receiving and, importantly, what forms they are being asked to sign and why, helps prevent difficulties and a lack of trust for patients. It

will also assist in maintaining good relationships with colleagues in other practices.

New Trial for patients with Dry Age related Macular Degeneration: THE MIRROR TRIAL



Belfast Health and Social Care Trust are actively recruiting participants for the MIRROR Trial. This Trial is being led by Ms G Silvestri, Consultant Ophthalmologist, and is supported by the Belfast based Optometric and Nursing research team at NICRN. The research will examine the effectiveness of a new intraocular telescope (The OriLens) which is surgically placed inside the eye in a way similar to that used when inserting a conventional IOL.

The Trial is randomised with two treatment options; treatment 1 involves implanting the intraocular telescope and providing low vision rehabilitation follow up whereas; treatment 2 involves low vision rehabilitation training in the use of traditional hand held or spectacle mounted low vision aids. Patients will be assigned at random to either treatment option. If you have a patient who you feel may be interested in participating in this trial you can obtain further information from the Northern Ireland Clinical Trials Unit (NICTU) who are managing the study. The telephone contact number for the NICTU is 02890 635794. Alternatively the patient information leaflet and a pre-screening questionnaire can be downloaded from <http://www.NICTU.hscni.net>. You are encouraged to speak to your patients about this opportunity to participate in this multi-centre research trial.

