

Optometry Practice Newsletter

VOLUME 8: Issue 2 –December 2019

As another year draws to a close, this final communications round-up for 2019 brings together a few “hot briefs” which you may find informative and useful.

The section on complaints reminds contractors of the statutory duty towards handing of complaints; as always, it is worth engaging early, communicating openly, and using constructive dialogue to manage any complaints with candour.

Thanks are due to the Belfast HSC Trust glaucoma service for carrying out and reporting on a recent review on the impact of the primary care glaucoma enhanced case finding service (LES II). The results of the audit will allow Trust and Board to evaluate the service, and make any recommendations for service improvement or refinement.

Your attention is drawn also to a planned DoH-sponsored Sight Test & Ophthalmic Public Health survey to be conducted across all practices in February 2020. It is hoped that the survey will be available in an accessible format, and will not be too onerous to complete. The survey gives great insight into service provision, attitudes to ophthalmic public health, and levels of access and equipment available in community practice. Your cooperation would be much appreciated.

The piece on ophthalmic probity both acknowledges ophthalmic contractor collaboration with the necessary process, and also hopes to raise awareness on the process and outcomes. Your ongoing cooperation in the schedule is also much appreciated.

The section on CPD provides feedback from a recent event at Oxford Island. As scope and nature of ophthalmic practice evolves and service delivery expands, CPD underpins much of the governance around core and enhanced services. Whilst HSC Board is committed to ensuring that what CPD is provided “in-house” is strategically fit for service need, your views around content and delivery model are very welcome.

Finally, many thanks from HSCB on your continued delivery on safe, accessible, and effective eyecare in 2019, and I wish you a very Merry Christmas and a peaceful New Year.

A handwritten signature in black ink, appearing to read 'Raymond Curran', is enclosed in a white rectangular box.

Raymond Curran, Head of Ophthalmic Services

Complaints Management and Reporting: A reminder of your duties....

Ophthalmic contractors are reminded of their duties in relation to complaints and the requirements both under HSC regulations and the GOS Terms of Service to manage complaints appropriately.

*GOS Terms of Service (Paragraph 10) Complaints:
10.-(1) Subject to sub-paragraphs (2) and (3), a contractor shall establish, and operate in accordance with this paragraph, a procedure (in this paragraph and in paragraph 11 referred to as a “complaints procedure”) to deal with any complaints made by or on behalf of his patients and former patients*

In [previous issues](#) of the HSCB Optometry Newsletter you have been advised of resources which are available to assist you in managing and dealing with complaints. Information on these resources is available at the following link and you are advised to review this information and ensure that you are compliant with your statutory duties in respect of complaints.

A summary of the requirements for complaints within FPS is available at the link below.

HSC Complaints Resources and Information:
<http://www.hscbusiness.hscni.net/services/2607.htm>

PAEDIATRIC EYECARE: GUIDANCE and REFERRAL PATHWAYS

Optometrists are reminded of previously issued [guidance in relation to paediatric eyecare](#), clinical management and referral pathways. You are asked to consult and consider this guidance in your clinical practice as may be necessary, when dealing with children.

The guidance is hosted at the following link:

<http://www.hscbusiness.hscni.net/services/2699.htm> along with other useful information in relation to Orthoptic services and the referral pathways for Orthoptic services regionally.

- Please be reminded that the **POPCC clinic is not a referral pathway**, it is a management tool used by the Belfast Health and Social Care Trust for children who require urgent assessment; it is **not** a referral 'destination'. If an optometrist determines/needs to refer a child for urgent ophthalmological assessment the referral should be annotated as "urgent", either via the CCG referral protocol or, via the paper referral which has been generated if the practice is not enabled for CCG. For practices that are still using paper referrals you should send the paper referral to the relevant GP practice and ask that they process it via CCG selecting the urgent option on the referral template.
- **Orthoptic services** in the Northern, Southern and Western Health and Social Care Trust areas use CCG to accept referrals from Optometrists. Orthoptic services in the Belfast and South Eastern Health & Social Care Trust do not currently process referrals via CCG from Optometrists. The Health and Social Care Board issued a communication to Optometry contractor practices in the Belfast and South Eastern areas reminding Optometrists that paper referrals are still required.

Paediatric Eyecare Information, guidance and supporting patient literature is available at the following link:

<http://www.hscbusiness.hscni.net/services/2699.htm>

Level II Enhanced Service -

Enhanced Case Finding for Glaucoma and Ocular Hypertension

Optometrists that provide Level II Enhanced Service are reminded of the need to provide their patient with either a [copy of the patient experience questionnaire/survey](#), or a link to the electronic version of the survey.

- Copies of the survey are available at the following link (Level II enhanced service section):

<http://www.hscbusiness.hscni.net/services/2480.htm>

- Electronic Survey at the following link:

<https://www.surveymonkey.co.uk/r/X86PV59>

Review of Level II Enhanced Service

Level II Enhanced Service was implemented in June 2016 and the Health and Social Care Board are currently undertaking a review of the service. The review will examine how the service has performed aligned to the original aim of the service taking into account service activity, clinical outcomes, referral rates (including false positive referrals) and patient experience.

At the October Level II service CPD event, held 18th October 2019, the outcomes of an audit of Level II enhanced service referrals were presented. A total of 85 of all referrals in the time period June 2016 to February 2018 were audited, representing one third of the Level II enhanced service referrals during this time period. For these 85 patients, just less than one third (31%, n=26) were false positive referrals and of these 'false positives' just over three quarters (77%, n=20) were referrals for suspect Ocular Hypertension and almost one fifth (19%, n=5) were for suspect Glaucoma (based on the clinical indicators of 'IOP and disc appearance'). The information from this audit and the other elements of the service will form the basis of the review.

Enhanced services are implemented where 'need' is identified and review of these services is an essential part of the commissioning cycle. It is through review and audit and collaborative engagement with all stakeholders that opportunities for improvement in services are identified.

General Optical Council: Latest Publications - Standards of Practice for Business Registrants and 'Risk in the Optical Professions'

1. Standards of Practice: Business Registrants

On 1st October 2019 the General Optical Council (GOC) implemented the new '[Standards of Practice](#)' for Business registrants. Standards of practice are essential and important as they not only outline what is expected of a registrant but also because they provide the public with assurances about the expectations in relation to the standards and conduct of professional registrants and optical businesses. In developing the [new standards](#) the GOC have taken into account the variety of business settings which exist within the professional sector and in doing so have offered eye care professionals, working across a range of

settings, the opportunity to exercise their professional judgement. The new standards reflect changes in practice including: extended scope of practice, multidisciplinary working and new and emerging technologies in diagnostics and treatments. Please take time to read the new Standards of Practice for Business Registrants at the following link:
<https://standards.optical.org/areas/businesses/>

2. New research & publication: 'Risk in the Optical Professions'

The GOC has recently published a report on 'Risk in the Optical Professions'. The research was commissioned to identify current and future risks posed to patients and the public by optical professionals. You can access and read the report at the following link (or [click here](https://www.optical.org/en/news_publications/Publications/policy-and-research-papers.cfm#Risks%20in%20the%20optical%20profession)):
https://www.optical.org/en/news_publications/Publications/policy-and-research-papers.cfm#Risks in the optical profession

The report evidences that individual registrants who participated in the research felt that several areas of practice relating to: detecting and managing ocular disease, referral decisions and independent prescribing (for optometrists) were 'riskier' and that, in addition to this, poor communication and lack of candour contributed to risk in practice. Within the 'work environment' respondents identified additional areas of risk including: constraints in patient appointment times, commercial and performance target pressure, poor or inadequate staffing and working as a locum.

IMPORTANT: Ophthalmic Referrals

- **INDIVIDUAL OPTOMETRIST INFORMATION**

Contactors are reminded of the importance of ensuring that they have advised the Health and Social Care Board of the details of ALL Optometrists who are working in their practice (full time, part time or locum staff). It is **essential** that the Health and Social Care Board know the detail of "**who is working where**" as this will have implications for the processing of referrals which an optometrist has generated and sent to secondary care.

Please ensure that you communicate all changes in staff – new staff and staff who have left your practice to the Health and Social Care Board. This applies to ALL optometric staff including occasional locum staff.

- **PRE-REGISTRATION – OPTOMETRISTS IN TRAINING**

If you are using eReferral via CCG for your referrals and are also a supervisor of a pre-registration trainee optometrist, please be advised that the HSCB has guidance in relation to the use of CCG by pre-registration trainees. Please contact one of the HSCB clinical advisers who will provide you with the relevant information and guidance.

- **UPDATE ON eREFERRAL**

At the end of October 2019, 241 of the 273 Optometry contractor practices in Northern Ireland are enabled to use eReferral via the CCG system. All optometry practices that access the FPS Optometry portal for the submission of claims can be enabled to use the CCG system. Despite being enabled, 13 of these 241 practices have not yet sent a referral via CCG.

Currently there are 250 practices accessing the portal which means that 9 of these practices are not using eReferral despite having the capability to do so.

Since the introduction of eReferral via CCG for Optometrists in November 2016 almost 35,000 referrals have been sent using the system.

Education & Training in Glaucoma: New DOCET course



[DOCET](#) has recently released their new course on Glaucoma covering all the key areas including: glaucoma definitions, classification, assessment & referral and management & treatment.

The course is in six parts, with parts 1 and 2 immediately available and accessible. It is anticipated that part 3 will be released late in 2019/early 2020.

- Part 1 – Definitions and Classification
- Part 2 – Pathophysiology and Risk Factors
- Part 3 – Assessment (Anterior Segment and IOP)
- Part 4 – Assessment (Optic Disc)
- Part 5 – Visual Fields and Management
- Part 6 – Treatment

Completion of the entire course attracts 6 GOC approved CET points, with each individual part completed allocated 1 point with completion of Part 5 attracting an 'interactive' point.

[DOCET](#) as a provider of education and training is now in its 30th year and continues to provide high quality, accessible, professional training for Optometrists in the UK.

DOCET is funded by the four Departments of Health in the UK and the resources and learning programmes are free to access for all UK registered Optometrists.

Optometrists are encouraged to access the DOCET resources to help build knowledge, skill and confidence in eyecare incorporating a range of clinical activities. Please visit www.docet.info to view the available resources and training materials.

“Advance Notice: 2020 Sight Test Survey for Northern Ireland”

Contractors and individual optometrists are advised that the 2020 Sight Test Survey will take place in February (10th – 16th February) and your support and participation in the survey are requested. Further details on the Survey will be issued to ALL contractor practices and individual optometrists in early January 2020.

- Contractors - please ensure that you check your practice HSCNI email account regularly
- Individual optometrists – please ensure that you check your ‘spam/junk’ folder as occasionally communications are filtered to this folder

Your co-operation and input is appreciated

Attention: Interpreting & Translation Services

Contractors and Individual Optometrists should note the following important information in relation to Interpreting and Translation services:

1. The Interpreting Service OUT OF HOURS phone number is changing on Wednesday 11 December 2019. From 11 December 2019 HSC Staff and Practitioners should call 028 9615 8200 to book an Interpreter during out of hours periods.
2. The Big Word have changed their contact number, the new telephone number is 0333 344 9473

Please ensure you cascade this information to all relevant staff in your practice; further information is available at the following link:

<http://www.hscbusiness.hscni.net/services/2741.htm>

Should you have any queries in relation to access to Interpreting & Translation services please contact ophthalmic.services@hscni.net in the first instance.

GOS Update

New MOS issued: MOS 331 Guidance on submitting claims for Repairs and Replacements using OCS.

This MOS contains important guidance on correctly completing an online (via OCS) claim for repairs to avoid inadvertently claiming for a complete replacement when only a repair (e.g. replacement lenses or a replacement frame) has been provided.

Errors such as this are often picked up at a probity visit and can lead to further investigations and recovery of the over claim.

This MOS has been issued to all contractors using the Ophthalmic Portal and submitting claims electronically via OCS. Please make all staff in the practice that enter claims on OCS aware of this MOS guidance.

Importance of reading MOSs: Contractors and practice staff are reminded of the importance of reading new MOSs carefully and of referring to MOSs if any queries arise in the practice with regards provision of GOS.

All the current MOSs can be found on the BSO website by clicking on the link: [MOS Library](#)

BSO Ophthalmic Payments: Early close down for Christmas

The final date for claim submissions for December payment will be midnight on 18th December.

This is to facilitate payment processing over the Christmas period. It will only affect practices using the Ophthalmic Claims System (OCS) as the usual final date is 21st of the month. Practices submitting paper claims will be unaffected as the final date for paper claim submission will be the 10th as usual.

Ophthalmic Claims System (OCS) redesign

The ophthalmic claims system, OCS, has been in operation since 2014 and is now used by 94% of practices with only 6% of practices still submitting paper claims for GOS. It has been very successful and has improved the efficiency of the claim and payment process for both practices and BSO.

One significant benefit of using OCS for practices is that very few claims are rejected as compared to the number of paper claims that are rejected due to incorrect form completion. This means, for OCS users, a much higher number of claims can be paid in the month in which they are submitted with less practice time and resources required to deal with rejected claims.

The OCS system now requires to be updated and will be redesigned to provide a similar view and function to the new Dental payment system.

To ensure that the views of the users i.e. you, the ophthalmic practice staff, are taken into account, the BSO Ophthalmic Committee, who represent contractor views to BSO, will be involved with the redesign. If you have any comments or issues you would like considered in the redesign please contact your local Ophthalmic Committee representative.

PROBITY SERVICES



Probity Services would like to take this opportunity to thank all of the ophthalmic practices and staff for their co-operation and understanding over the years in helping the Probity Team undertake their verification work. The positive approach adopted by many practices to the probity visits is very much welcomed and appreciated.

As with all public expenditure there is a requirement for checks to be put in place to ensure that this money is spent appropriately. With regard to General Ophthalmic Services expenditure, the Health and Social Care Board has a responsibility to gain assurance that payments received by the ophthalmic practitioner for health service treatment are fully justified

and in accordance with the Statement of Financial Entitlement. Therefore, the Post Payment Verification checks carried out at the practice visits are a requirement, and do not imply a lack of trust in the General Ophthalmic Practitioners. The Probity Services Teams within the Business Services Organisation, with the help of HSCB Ophthalmic Advisers, carry out this assurance work on behalf of the HSCB. This work is carried out under the guidance of Departmental Circular HSS (F) 43/2001.

Probity Services carry out this verification work within a three year cycle with approximately 165-170 contractors checked during each cycle. Every quarter reports detailing payment/claim trends and statistics are prepared and reviewed. This is known as Monitoring. Following this review a number of practices (normally 12 – 16 per quarter) are then selected for a practice visit. Once checked an ophthalmic contractor is unlikely to be checked again until the next three year cycle. Very occasionally a visit will be followed up with a checking clinic in order to obtain the assurance.

At a routine visit the following areas and sample sizes are currently normally checked:

- 20 Sight Test claims, 20 Voucher claims, 20 Repair/Replacement claims, 10 each of tints, prisms, small frame supplements and domiciliary claims. 10 Level I Enhanced Service, 10 Level II Enhanced Services and 20 NIPEARS.

Where a number of claims within the sample cannot be verified for payment further sample(s) will normally be checked at the time of the visit or at a further follow up visit. Most visits result in all of the claims checked being verified for payment with no recovery or follow up required. However, from time to time the probity checks carried out will identify errors in the claims submitted which require follow up visits to review extended claim samples and any associated recovery of payments.

Common issues/problems found:

Repair/ replacement claims:

- Insufficient detail recorded to enable the claim to be verified
- Complete replacements claimed when only a repair has been provided. A new MOS 331 has recently been issued providing guidance on this issue.

Supplement claims:

- Tint supply and claim with no clinical reason given for prescribing the tint
- Prism supply and claim with no clinical findings e.g. record of oculomotor test outcomes, to support the prism prescribing.
- Small frame supplement claim for a frame larger than the required size.

Enhanced Services Claims: NIPEARS Insufficient detail in the clinical record.

The clinical record must include sufficient detail to provide evidence of service provision in line with the NIPEARS service specification. This evidence within the clinical record gives assurance that the appropriate level of service has been provided and therefore may validate the claim.

Patient declaration forms (OCSPR & ESPR): Absence of patient and/or practitioner signatures.

It is essential that the patient declaration forms are completed fully and accurately and signed by both the patient or their legal representative and the practitioner, as required.

As highlighted earlier, you will note from the figures above that the vast majority of practice visits result in all claims being assured. Ophthalmic practices are to be commended for their diligence in completing accurate claims and records.

For further advice on making accurate claims please refer to the information at the following links:

Click link [MOS Library](#)

Click link [Optometry Practice Handbook](#)

Should you have any questions about the Post Payment Verification process please contact the Probity Service, on 02895362928.

Practice information Census

As we move towards further integration of Primary and Secondary care, it has never been more vital that the information HSCB hold in relation to your practice, and those individuals providing services in your practice, is accurate and up to date.

The future use of 'electronic triage' of referrals depends on accurate and up to date information being made available to the systems that will help to implement it.

Your practice will receive a census report of information currently held by HSCB. We would be grateful if you could review this and respond to either confirm or amend the information we hold. Your cooperation is greatly appreciated and will go a long way to ensure the efficacy of new service developments, both for contractors and patients. Keep an eye out for the email from Ophthalmic Services and follow the instructions provided. Many thanks!

HSCB Premises Information Summary		22 November 2019				
Premises Details		ENHANCED SERVICES				
Premises:		LES I IOP Repeat Measures	Yes			
Address:		LES II Glaucoma OHT Case Finding	Yes			
		NI PEARS	Yes			
Postcode	Phone	CCG / EMAIL / OCS				
eMail		CCG Enabled	Pending			
		HSCNI email activated	Yes			
		OCS Portal User				
Ownership: Body Corporate						
Premises Staff						
		Practitioner Accredited (year of last training)				
GOS	GOC	LES I	LES II	PEARS	CCG	ECR
	Name			Yes ()	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		Yes		Yes ()	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Yes		Yes (2019)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
					<input checked="" type="checkbox"/>	<input type="checkbox"/>
				Yes ()	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Yes	Yes ()	Yes ()	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

ENHANCED SERVICES MANDATORY TRAINING

As a requirement for a practitioner to be allowed to provide and see patients for both PEARS and LEVEL 2 ES (Enhanced Case Finding Glaucoma and OHT) enhanced services in Northern Ireland, annual HSCB approved training must be attended.

For those of you who were not able to attend the required training this year, and who were previously listed to provide it, you will have been notified by HSCB at the end of November /start of December of your removal from the list.

YOU WILL NOT BE ABLE TO SEE PATIENTS AS PART OF ANY SERVICE YOU ARE NO LONGER ACCREDITED TO PROVIDE FROM 1st JANUARY 2020.

Training will run again next year, 2020, and information and dates will be circulated when available. Remember for all those accredited this year you **MUST COMPLETE** annual training every year so watch out for these dates too.

If you have not attended this year you can be re-instated as a provider once you attend an appropriate approved session.

The College of Optometrists is running an event in Belfast on 31 March 2020 and HSCB has approved this as an acceptable PEARS training session. If you wish to attend this for your mandatory PEARS training please book with the College of Optometrists and not HSCB. It will also be your responsibility to advise HSCB; Scott Drummond of your attendance and send him proof of this after the event.

HSCB training days will be released in 2020.

TRAINING AT LOUGH NEAGH

HSCB, supported by BSO, ran another well-received optometry training afternoon at a new venue on Tuesday 22nd October 2019. HSC Board decided to try and use somewhere closer to the West as this is a frequent request in feedback. HSC is however constrained by the type of venue we can use for financial reasons but Lough Neagh Discovery Centre proved popular with no negative comments about its location, food or parking, so it is likely that this venue may be used for future events.

The talks were designed to be informative for practice and they seem to have achieved this given the feedback. We also ran our first ever HSCB/BSO peer discussion session which delegates seemed to appreciate. These prove challenging to run and organise as the requirements for supervision and facilitating are laid down by the GOC. A further challenge is in identifying and “recruiting” enough facilitators. Hopefully if such sessions are provided again you will be more comfortable at volunteering to facilitate as you can see now it’s not that frightening an experience and the facilitator packs guide you through the case discussion points.

Binocular vision and diplopia sometimes fill practitioners with dread, but Rukhsana McCann, explained everything simply, giving simple pointers for what should be done when examining such patients and what to be cautious about.

The case discussion was practical and relevant to practice thanks to the popular presenter Simon Bond. He drew from his experience in “eye casualty” and so hopefully everyone who attended is more informed and has acquired some more valuable CET points for the current GOC cycle.

The feedback from the afternoon in general was very positive from all who attended and as previously for the majority the venue was very accessible and convenient. As, has been said before, the HSCB is obliged to use premises that are reasonably priced and can provide the capacity for such meeting, which is generally in excess of 100 delegates .

In relation to future events the topics suggested have all been reviewed and the next event is in planning for spring 2020. It will be a full day as many of you have requested. A full day is a better use out of practice, it would appear from feedback. The details will be circulated in due course, but the date has been confirmed as 28th April. Keep an eye out for more details. Thanks again to all who attended the recent event and for making it an enjoyable and educational afternoon. For those of you who couldn't make it hopefully we will see you in the spring.

Important Guidance: Waiting lists and Optometry Referrals

Contractors are urged to read the recent guidance issued from the Health and Social Care Board in regard to waiting lists and optometry referrals. **ALL optometrists who work in your practice – full time, part time and locum should be aware of this guidance.** Please pay particular attention to the guidance in consideration of the method of referral which optometrists use, and apply the guidance where appropriate and necessary.

CCG eReferral Resources:

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

General Ophthalmic Referral Information:

<http://www.hscbusiness.hscni.net/services/2485.htm>

If you have any queries in relation to this guidance please contact one of the HSCB clinical advisers in the first instance using the contact details below:

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

Tuesday /Wednesday & Friday AM fiona.north@hscni.net 07900 260752 / 028 9536 3347

Tuesday /Wednesday / Thurs AM/ Friday margaret.mcmullan@hscni.net 07900 260312 / 028 9536 3239

All practices accessing the FPS portal are reminded to check their Practice HSCNI email account on a daily basis.