Optometry Northern Ireland Annual General Meeting
7.30 pm on Monday 22 May 2017
Stormont Hotel, Belfast

Present:

Judith Ball
David Barnes
Karen Breslin (Chair)
Jill Campbell
Daniel Carry (FODO)
Michael Coates
Raymond Curran (HSCB) – part
Lynn Donnan
Brian Douglas
Sylvia Ferguson
Martin Holley
Neal Kerr
Lynn Mackey
Deirdre McAree
Alan McCandless
Paula McCaughan
Moyra McClure – part
Margaret McMullan (HSCB) – part
Paula Niblock
Fiona North - part
Frank Petticrew
Rachel Scott

Apologies:

S J Barbour
Wendy Coates
Janice Coleman
Geri Dynan
Eavan Kennedy
Julie-Anne Little
Sara McCullough
Roisin McGuinness
Brian McKeown
Richard McKnight
Faith Mills
Carmel Murray
Andrew Petticrew
Aine Young

In Attendance: Sara Ball

1 Chairman's Welcome – Dr Karen Breslin

Karen welcomed everyone to the meeting.

2 Apologies

Apologies were received from the above.

3 Chairman's Report – Dr Karen Breslin

This was Karen's first report as Chair. With the election of new Council last year, an opportunity has arisen to examine role of Optometry Northern Ireland (ONI). Four subcommittees have been formed. Strategic, Education, Financial/Legal, and Marketing/Communications. Council members have been assigned to subcommittees. Updates on developments have been sent out to the profession following each monthly meeting.

Strategic Committee – Constitution, business plan, and negotiation

Financial/Legal – working with Northern Ireland Optometric Society (NIOS) regarding investment. Looking at Levy Scheme. Who is paying and who is not and why not. Council members are in the process of approaching non-payers.

Marketing/Communication - following a successful campaign in 2015, the subcommittee ran a new campaign in February ("See well to look well"). Despite an appeal for news stories, none were forthcoming. It would be useful to have a stock of these for the future. Success was demonstrated by a very small increase in GOS and private examinations around the time of the campaign.

ONI have also been opening conversations with other parties such as the Ophthalmic Committee, Professor Nathan Congdon (ophthalmologist at Queen's), NIOS and Health and Social Care Board (HSCB). We have also attended Five Nations meetings, which give a valuable insight into developments in optometry within the home nations.

Primary Care Optometry

SPEARS (Southern Primary Eyecare Assessment and Referral Scheme) initially piloted in Armagh/Dungannon Region, has now been rolled out to the Southern Trust with funding extended to March 2018. We hope to see the service funded throughout Northern Ireland.

Local Enhanced Service (LES) I (Intraocular repeat measures) continues with over 370 trained providers.

LES II (enhanced case finding) - 100 practitioners trained with majority part funded by HSCB – thank you. Aware that there is ambiguity regarding protocol for LESII, so have invited Margaret McMullan (HSCB) to speak later.

Two thirds of practitioners are using Clinical Communications Gateway CCG. There has been a mixed response, but it was felt that the benefits will outweigh initial teething problems.

Hopefully practitioners are familiar with DEP (Developing Eyecare Partnerships), a 5-year plan working on eyecare commissioning services in NI which ends in October 2017. One of the aims was to improve patient access to treatment for long term/acute eye conditions. ONI see this as a vehicle for independent optometrists to be utilised. With this in mind we were interested to hear that an independent body, RQIA were carrying out a review. Several practitioners were invited to take part and ONI council members were encouraged by the review panel's endorsement of ONI's work and their support for primary care optometry. Report is due out in September 2017 and ONI hope that this will provide us with leverage to move forward.

Karen concluded that ONI hope to continue the good work, if anyone would like to contact us, please contact us through website. Thanks to NIOS and

practitioners for engaging in initiatives, to Council members and Sara for their hard work.

“Achieved a lot and more to come!”

For full report – please see Appendix 1

4 “To LES or not to LES – that is the Question!” Margaret McMullan (HSCB)

DEP is about the improvement of eyecare services in primary and secondary care and its work must continue.

LES are vehicles giving access to services that primary care practitioners are capable of and willing to provide. Improve patient outcomes and experience. Anything we can do in primary care will help secondary care.

We need to manage demand better with more appropriate referral and the development of glaucoma services in secondary care. In time it is hoped that there will be further joint working with optometrists potentially managing OHP stable cases. Facilities such as ECHO (Ophthalmologist working with practitioners on case studies using hub technology) are progressing this.

In December 2013 – LES I was implemented with 400 optometrists being trained. Over 6,500 glaucoma patients were processed. Following LES I 68% of cases were not referred into secondary care but in an audited sample in the Belfast Trust, 50% of referrals were still false positive. Need to look at what can be done better.

Hence the introduction of LES Level II for enhancing and refining a referral. Professional Certificate in Glaucoma must be obtained for LES II accreditation. LES II practitioners will look at referrals where there are too may false positives OHP, suspect glaucoma, suspect field referrals from LES I accredited and other optometrists. Tests carried out are similar to initial tests carried out when a patient presents to the Shankill.

LES II allows remunerated time to ensure better quality referral. Strategic goal is to manage practitioner skills for step down care – stable glaucoma.

Questions from the floor

A. Judith Ball – if a patient presents with pressures higher than normal during routine exam but nothing other suspect, should you trigger LES II? Only know when the patient is in front of you.

   Potentially you could step them into LES at that time. LES I – pressures down – done and dusted. Pressures still up – proceed to LES II. Audit will show LES II referrals on pressures alone. LES I is better for HSCB but the extra tests give a better quality referral. Regarding the audit data, it is still early days and people need to be

comfortable providing the service. In the case of repeatable visual field loss, refer on to LESII.

B. Paula Niblock. Concerned that a patient could be in the practice 3 times and be referred anyway. Has done Professional Certificate and appreciates the value it gives. Is there a way around multiple visits by doing applanation on the first visit although the patients don't like it.

Several members present have carried out LESII but not claimed remuneration as they were unsure if they should have done it. LES I – OHT trigger more straightforward. LES II different to enhanced LES I. Judith asked if we could we have some scenarios and communicate them to the profession through the newsletter. This was agreed to be a good idea.

Intra and inter professional referrals were discussed. HSCB had surveyed LESII practitioners and 54 out of 83 had referred on. LESII practitioners are willing to take referrals and a map of LESII practitioners had been shared on social media. Not having Goldmann was a big factor regarding reason for referral.

The location that the patient is referred to is currently decided by the Trust with no firm policy decided yet.

RQIA panel for DEP review were impressed with number of practitioners that have been trained in Northern Ireland. It is hoped that in time, once practitioners get used to using LES, this will develop the way they deal with every patient and a new "norm" will be established.

There has been no funding identified for Professional Certificate going forward.

IOPs normal, suspect discs and suspect fields – refer on to LES II

Any queries please email any one of the ophthalmic advisors. Regarding the IOP criteria and forthcoming revisions of NICE guidelines in Autumn, things might change.

Karen thanked Margaret for her presentation.

For full presentation – please see Appendix 2

5 Questions and Answers – Mr Raymond Curran Head of Ophthalmic Services, Directorate of Integrated Care

Raymond told the meeting that we were in difficult times with no Health Minister in place or agreed budget. Having said that, we need to plan and maximize our resource in order to give best possible care for our patients.

Currently there are 27,000 patients on the waiting list waiting for a first out patient appointment in Ophthalmology. Of these,17,000 have been waiting

over 9 weeks and 7,000 for over a year. The situation is the same for the reviews appointments, which has a backlog, which continues to grow.

The Elective Care Plan had several commitments including health promotion, promoting self-care and building capacity in primary care.

There is no funding for increase in GOS contract. Contract currently sits with Department, but could be held at Trust level or by an amalgamation of Public Health and Board. Regarding current fee structure the Department of Health set priorities as part of the Ministers commissioning plan. The Health and Social Care Board will go but its function will need to continue. Its current role is to identify need and funding.

We need to build a better interface between primary and secondary care and to reform how we do things in secondary care. Regarding location - priority will be given to Belfast (volume) and the West (access). Opportunities will arise in the review of post op cataract and greater management of stable glaucoma in primary care. Although there are sticking points regarding communication and governance, our profession need to be ready to go when this is resolved.

With an ageing population, practitioners are more likely to find things, not cut number of referrals? It is about the patients being seen by the right people in the right place at the right time. There is a need to take people out of secondary care post op and free up capacity. MECS also is a good opportunity to deflect patients from entering secondary care in the first place. Regarding health promotion and intervention, we have to improve uptake of GOS and growth of LES will improve case finding. Regional Diabetic Retinopathy Screening service is working OK but maybe we should fund GOS for diabetics less often, maybe every two years rather than yearly?

There is no budget to raise public awareness of GOS sight tests, but this might be an opportunity for ONI to take the lead in campaign.

The Ophthalmic Committee has representatives from LCG s who are involved in negotiation with the Department.

It would be good to have communication periodically on waiting times to allow practitioners to manage patient expectations who are waiting for an appointment. Any figures available are not broken down by sub-speciality. Patients who are still waiting to be seen by secondary care at the time of their review appointment with the optometrists – could be marked as an Adverse Incidents. Practitioners were asked to pass these cases on to Margaret McMullan. It would be wise to mark patients for 12-month recall if they haven’t been seen, as there may have been other changes. Raymond encouraged practitioners to ensure they were using the tests on the cataract referral form, to prevent patients being referred into secondary care and then changing their mind regarding treatment.

A suggestion was made that some ophthalmologists see waiting lists as an opportunity to grow private practice. It was agreed if patient flow was right everyone could benefit.

E referral – will be triaging quite soon.

6 Treasurer's Report – Moyra McClure

Moyra began by thanking our accountants (Jackson Andrews) Sara, Karen and colleagues from ONI and NIOS.

Levy income this year was £75,857. Increase due to increase in levy payers. More levy payers are coming on board. Practices which have changed ownership or company status – drop off the list of payers and new forms need to be signed. This information has only come to light in the last few months. Non levy payers are being approached – Council members do not have access to information of how much a practice pays. NIOS members could also help with these practices. Sylvia will look at a follow up letter to non levy paying practices.

ONI reimbursed NIOS for set up money (£19,000), conference and training. PR campaign this year cost £17,681.00. This will not happen every year. ONI should approach the Public Health agency for co-funding for this type of project.

Deficit for the year 16/17 was £32,872
Extra expenditure was NIOS reimbursement and media campaign.

£148,743 – current assets – £70,000 will be invested in Brewin Dolphin and options will be looked at for investing the remaining surplus.

There is a question as to whether Optometry Northern Ireland would be allowed to generate income. The constitution is being reviewed at the moment.

Sylvia Ferguson proposed that the accounts be passed and this was seconded by Alan McCandless

Moyra McClure proposed that we retained Jackson Andrews as Accountants and this was seconded by Michael Coates.

7 Any Other Business

Thank you to Karen for all her hard work this year as Chair.