

**Optometry Northern Ireland Annual General Meeting  
7.30 pm on Monday 16 May 2016  
Stormont Hotel, Belfast**

**Present**

Deborah Annesley	Neal Kerr
Fergus Bain	Sarah Loane
Sam Baird	Lynn Mackey
Judith Ball	Hugh Matson
SJ Barbour	Deirdre McAree
David Barnes (Chair)	Alan McCandless
Shelley Black	Sean McCaulley
Ann Blackmore (FODO)	Moyra McClure
Simon Bond	Sara McCullough
Lorcan Butler	James Anthony McGinn
Lynsey Caldwell	Ronan McHugh
Gareth Campbell	Brian McKeown
Jill Campbell	Patricia McMullan
Darren Caulfield	Faith Mills
Michael Coates	Sarah Morrin
Amarinder Coonfr (College)	Ashlee Murdock
Paula Cunningham	Leigh Nelson
Karen Dempsey	Brian O'Kane
Sinead Donnelly	Frank Petticrew
Stuart Douglas	Stephen Port
Geri Dynan	Ronan Rice
Sylvia Ferguson	Rhona Rogan
Emma Finn	Alan Rundle
Mark Gormley	William Stockdale
Alison Hanna	Alan Tinger (LOCSU)
Donna Harbinson	Wayne Watson
Mairead Hughes	Alison Waugh
Brian Hughes	Sarah Zerbini

**Apologies**

Wendy Coates	Mark Mackey
Breige Crossin	Roisin McGuinness
Barry Curran	Andrew Petticrew
Martin Holley	Kathryn Saunders
Eavan Kennedy	Aine Young
Julie Ann Little	Timothy Young

**In Attendance**

Sara Ball

## **1 Chairman's welcome**

David Barnes welcomed everyone to the meeting and Sara Ball explained the voting procedure. The seven representative positions are elected and voting would be for the seven remaining seats on Council. Voting slips for seven names were distributed, which members completed and returned.

Nominations had been called for at the start of the meeting and Sara confirmed that the nominations were as follows:

Karen Breslin (Dempsey)  
Lorcan Butler  
Jill Campbell  
Paula Cunningham  
Mark Gormley  
Kevin Harrington  
Mairead Hughes  
Neal Kerr  
Deirdre McAree  
Alan McCandless  
Rachel Scott (not present)  
Andrew Spence (not present)

Votes would be counted by Sara Ball and Moyra McClure during the presentations and results would be announced later on during the AGM

## **2 Foresight Project Report - Alan Tinger FCA, CCMI (Chairman, Foresight Project)**

Alan gave a presentation on how practices in the future will differ from today, with reference to patient attitude, developing technology and equipment.

## **3 SPEARS - the Practitioner's View - Fergus Bain**

Karen Dempsey asked Fergus Bain to give a bit of feedback on his practice's participation in the ongoing SPEARS programme. With regards to the training, Fergus felt it was appropriate for participation and gave practitioners confidence. Set up was straightforward with no new equipment needed and a simple brief of reception staff. His practice has two optometrists and most cases were seen on the day. People (about 3 per week) walk in or phone up and are worked into the diary. There was no need for designated slots in diary. Fiona North had briefed GPs and pharmacists about the service. The GPs were behind it and referrals from them have increased over the past 2 years, with some referrals also coming in from pharmacists. Patients numbers have increased with the most common condition presenting being

red eye (38% of total, 19% Flashes and Floaters and 19% trauma) As in day to day practice, there is a bit of writing up, but feel that you are getting paid for it. More unusual conditions presented included one basal cell carcinoma, one closed angle glaucoma and a few retinal detachments. With regard to payment, a SPEARS fee cannot be claimed if the patient is due a GOS eye exam. If no GOS examination is due, the fee is £50 per consultation with a follow up fee £10. There are few follow-ups (8%). Fergus felt that the forms are good and flow from top to bottom – tick box. Feedback has been good from patients and pharmacists with 96% of patients saying that they would use service again. The results from the clinical audit showed a high percentage of cases had correct management. Fergus felt that his only concern is if the scheme stops, as people are getting used to it. It would be great if it could be rolled out to everyone, with an opt out maybe for those who did not want to do further training. Fergus felt that his practice involvement with SPEARS has changed perception of the practice and that it is now perceived as more clinical. There is a feel good factor, he has started IP course – wants to do more.

#### **4 Future Optometry Developments in NI - Raymond Curran Head of Ophthalmic Services**

Raymond Curran explained that the Developing Eye care Partnership strategy is now in its fourth year. Launched by the Department in 2012 – there are 12 objectives delivered by 5 task groups. Monthly meetings, planning together, partnership working and coproduction help to make things happen that benefit the patient and the whole system. Collaborative process. Raymond thanked Fergus for giving good focus to one of the services. Working in global health economy, the aim is for optometrists to be better recognised as the ocular health experts in community. Early intervention, better outcome.

Education is key with a need to embed undergraduates within the hospital setting, maximising the use of resources. Transforming your Care initiative demonstrates a shift left with more services being delivered in primary care, where it is safe to do so. Further developments are being made in E Health and technology. Royal College of Ophthalmologists are developing a 3 step plan focusing on reducing risk to patients.

Many optometrists are involved in Glaucoma LES1 since 2013 with brilliant results. To have reduced referrals into the Hospital Eye Service by 30% would have been a win, but figures show a consistent reduction of 65%. This allows a strong case to be built for future services.

Regarding SPEARS there is an evaluation report on the BSO website, including findings on accessibility, safety, patient satisfaction and value for money. Raymond reported that he had put together bids for regional roll out of SPEARS. It will be rolled out to all the Southern Trust area and hopefully all NI later.

Regarding LES 2, beyond GOS, it will include dilated optic head analysis.

Practitioners are invited to take part but must have the College Prof Cert in Glaucoma – 33 already have it. Fee has been agreed, with an option for it to be reviewed.

Raymond talked about the enablers, how this is all going to happen e.g. workforce development, supervision, ICT, communications (secure web portal needed for CCG referral and secure email important for other parts of the referral pathway)

Raymond talked about Project ECHO, which is a worldwide telementoring – not telemedicine facility. All about up skilling the Profession and could maybe be used for SPEARS roll out.

CCG – audit trail, will interface with NIECR (be able to see what is happening with the patient and manage them better)

Cataract referral refinement form has been developed with practitioners, involving the patient in decision-making. Up to now 25% of referrals were sent home from secondary care without treatment. As with all LES, our secondary care colleagues need to know that it is safe and patient will be looked after. Start by working with those in secondary care who are receptive to the idea first of all.

AMD pathway is about to be agreed. At the moment 80% of referrals into secondary care for suspected wet AMD are not wet AMD. This is thought to be optometrists “erring on the side of caution”. It is thought that this can be improved by the use of a template, which asks appropriate questions. A similar strategy is being planned for the diabetic eye disease care pathway.

Raymond reported that currently 75% of claims are being submitted by electronic means.

He encouraged members to become IP qualified as this adds value to the patient pathway and although the Trusts can't facilitate all clinical placements a rolling programme is in place.

Recruitment of optometrists for posts in eye casualty is in progress.

Sight test survey – thanks to everyone for taking part – helps to plan services for the future.

Ophthalmic Public Health needs to be involved in undergraduate syllabus particularly areas such as brief intervention smoking and vision and falls.

Raymond invited questions and comments

Alan McCandless said that there is excitement about SPEARS and LES 1, LES 2 - £50 agreed fee. Supra field – no specified equipment needed but Raymond needs to know numbers of those interested.

Hamish Barbour queried why the waiting time has increased with the downturn in patient numbers referred for cataract. Raymond said that there was a variety of reasons including overreliance on IS, demographics (most eye conditions increase with age), under commissioning in secondary care. Project Echo is an example of up skilling which will build capacity in system.

Mark Gormley – optometry side versus Stormont –stage management of LES2 – need to sell it to the profession. Need to invest in more people to deliver the service.

Sylvia Ferguson said that there is no mention of selling glasses. Patient loyalty as well – you will retain those customers. This would be a factor in referring to another practice.

Hamish Barbour wanted to know in general practice if we have to upgrade computers without capital cost – could there be any funding towards IT? Raymond replied that there is no funding available but would encourage practitioners to keep up to date with malware (antivirus software is free to GOS contractors)

## **5 ONI company formation including amendment to ONI Constitution**

David Barnes told meeting that ONI are in the process of forming a company. This is necessary should we have to tender for services in the future. ONI had contacted LOCSU, but have decided to take local legal advice at a cost of approximately £500. Part of the company formation will depend on an amendment to the ONI Constitution, which would stipulate in the event of ONI going to the wall, how any funds would be distributed (amendment below). Hamish wanted to know the means of deciding upon dissolution. David agreed to follow this up with the legal team.

David informed the meeting of the amendment:

"If upon the winding up or dissolution of the Organisation there remains, after the satisfaction of all its debts and liabilities, any property whatsoever, the same shall not be paid to or distributed among the members of the Organisation generally, but shall be given or transferred to :

(A) A body or bodies having objects similar to the functions of the Organisation and which shall prohibit the distribution of its or their income and property to an extent at least as great as is imposed on the Organisation by virtue of this paragraph;

(B) if and so far as effect cannot be given to the provisions of paragraph (A) above , then to a body or bodies the objects of which are the promotion of charity and anything incidental or conducive thereto

Such body or bodies to be determined by the Officers of the Committee at or before the time of dissolution."

## **6 Minutes of AGM**

David informed meeting that the Minutes from last year's AGM have been circulated.

Brian McKeown proposed that they were a true and accurate record. This was seconded by Karen Dempsey – there were no objections.

## **7 Chairman's report – David Barnes**

David said that there is a lot going on in optics and a lot to think about. Due to the recession and other factors it was unlikely that we would get an enhanced GOS contract, hence the strategy has been to build a shared care model within DEP strategy. ONI has worked closely within the DEP framework within the last 4 years, with ONI Council and other optometrists representing our profession across the Project Board and 5 Task Groups. The latest development is a further glaucoma referral refinement scheme (LES2), to be rolled out eventually to at least one accredited optometrist per practice (Prof Cert in Glaucoma Management required). An initial fee of £50 has been agreed for the LES 2 service.

While the optical landscape is changing, ONI are well placed through Optometrists and Dispensing Opticians to deliver alternatives to assist H&SC deliver. In time cataract, OHT and Diabetic screening could be managed in this way. As a profession ONI members need to continue to learn and develop.

The freezing of sight test fees for 15/16 had come as a shock. ONI has been working hard to push community eye care up the agenda. Letters had been written to the Minister for Health. Simon Hamilton had made the choice not to follow suit with the rest of the UK. It was the same with dentistry and pharmacy. ONI have presented our case for 16/17 in the hope that parity with Wales and England (who have had fees frozen for that year) will be restored.

In September as part of National Eye Health Week, ONI in conjunction with a PR agency ran a successful advertising and media campaign with posters on buses and bus shelters and a social media campaign. Slots were secured on TV and radio and the following month there was an increase in GOS sight tests. The campaign cost £10,000 and was felt to be worthwhile. David thanked ONI media subcommittee of Rachel Scott, Lorcan Butler and William Stockdale for their work in this area.

In November David had attended the NOC in Birmingham where the emphasis was on the uncertain future of the profession and the need to reposition community optometry to survive. He had also attended the Five Nations conference in Newcastle and it had been useful to hear what everyone else is doing and how we can advance together – aligning to

present a unified voice.

There has been emphasis on building relationship with NIOS on both financial and personal terms. It has been agreed to pool surplus funds in order to maximise the return on investment and meet more regularly. He thanked Faith Mills and her committee for their support and encouraged practitioners not currently paying the Levy to become involved.

David also thanked Raymond and his team, Margaret McMullan, Fiona North and Janice McCrudden and encouraged members to keep abreast of developments in the HSCB quarterly newsletter. Thank you to practitioners for enthusiasm and willingness to learn, financial and moral support. The recent success stories of LES 1 and PEARS – gives ONI committee power to negotiate. Thank you also to Sara Ball and ONI committee – an interesting few years lie ahead.

David invited questions/comments. Hamish Barbour raised the issue of the GOS fee falling behind and wanted to know whom would be negotiating on behalf of the profession. He made the point that ONI are liaising with the Civil Service but that they can only make a recommendation. In the past proposals were sent to the Negotiating Committee for sign off before going to the Minister. It was suggested that ONI should ask to have one of our members on the Optical Fees Negotiating Committee as an observer. A letter should also be written, an “on the record” statement stating that this was an imposed fee as opposed as an agreed fee. Ann Blackmore (FODO) stated that they had written such a letter in the past and would send David a copy for reference.

## **8 Treasurer's report – Moyra McClure**

Moyra McClure gave an overview of the accounts, which were circulated and highlighted the following:

In the region of £10,000 had been spent on PR/Advertising this year as part of National Eye Health Week. This was a new expenditure but is likely to happen yearly from now on.

Accountancy fees have remained the same.

Regarding NIOS/ONI funds, Moyra welcomed the recent regular meetings and closer working relationship. On behalf of ONI she thanked the NIOS for the original start up loans and for paying for LES training and conference subsidy. They would receive total reimbursement tonight. Going forward from 2016 onwards the monthly Levy would be split 50/50 between NIOS and ONI and all surplus funding, apart from 2 years ONI running costs will go across to NIOS at the end of the year. An investment committee would be set up of four people (two levy payers from ONI and two from NIOS) who would look at

investment of surplus funds.

We do need to think of for our business/financial plan taking into account about £75,000 expenditure (£9,000 – for future PR)

Projected Income 2016/17	£75 000
Expenditure	
NIOS	£37 500
Salaries	£23 000
Committee Expenses	£ 3 000
Accountancy Fees	£ 1 500
Meeting Rooms	£ 400
Insurance/ Website	£ 300
Other	£ 9 300
Total	£75 000

Jill Campbell proposed adoption of the draft accounts 2015/2016 (see appendix). This was seconded by Lorcan Butler. There were no objections.

Brian McKeown proposed that we continue to use the services of Jackson Andrews Accountants. The proposal was seconded by Karen Dempsey. There were no objections.

Moyra concluded by giving her thanks to Jackson Andrews, Levy payers, ONI Council and Sara. She added her personal thanks to ONI and NIOS for supporting the forthcoming Macular Society Roadshow, which has had an excellent uptake this year.

Moyra offered to answer any questions. There were no questions.

## **9 Elections**

David Barnes informed meeting that following the count, the following nominees had been elected to ONI Council

Rachel Scott  
Neal Kerr  
Karen Breslin  
Alan McCandless  
Paula Cunningham  
Jill Campbell  
Deirdre McAree

He looked forward to working with them and encouraged those who had not been successful this time to still become involved in ONI.

## **10 Any other business**

It was reported that Specsavers are rolling out a scheme where they will examine red eye for a fee of £20.00. This is completely separate from GOS. Patients are told they are able to go to GP as an alternative.

Faith Mills thanked David Barnes on behalf of herself and NIOS Committee.

Karen Dempsey thanked David Barnes for the huge amount of work he has done in his tenure of post of Chair and for building such a good relationship with the Board.

Mark Gormley highlighted the need for ONI to decide what fee would be acceptable regarding the extension of PEARS in Southern Trust.

Meeting ended at 10.00pm