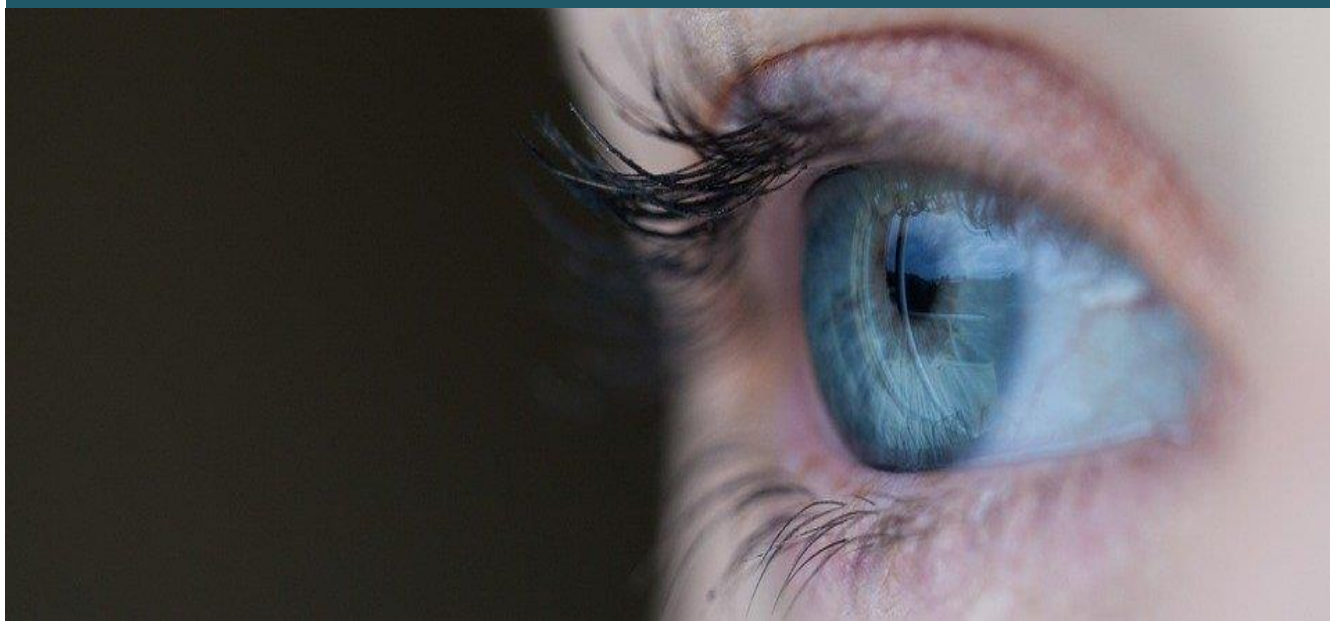


Family Practitioner Services

General Ophthalmic Statistics for Northern Ireland

Annual Statistics 2019/20



Published June 2020

Purpose	The data contained in this publication are presented on a financial year basis during the year ending 31 st March 2020. They represent a range of ophthalmic services and are based on claims submitted by primary care opticians to Family Practitioner Services. They do not cover secondary and private ophthalmic services. Information is provided on workforce, health service sight tests, vouchers, repairs and replacements and additional ophthalmic services, including the Northern Ireland Primary Care Optometry Enhanced Services and the Northern Ireland Primary Eyecare Assessment and Referral Service (NIPEARS). Information on the cost of ophthalmic services across Northern Ireland and in United Kingdom context is also presented. Data detailed in this publication are also available in spreadsheet format (Microsoft Excel) to aid secondary analysis, at the following link: http://www.hscbusiness.hscni.net/pdf/Annual%202019-20%20Ophthalmic%20Tables.xlsx
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We want your feedback	We welcome any feedback on any aspect of these statistics, which can be provided by email to: Info.BSO@hscni.net

Additional information about these statistics is located at the back of this publication.

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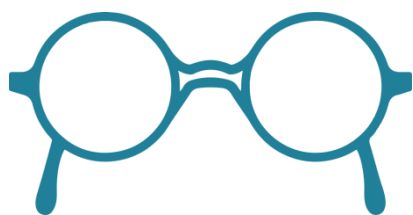
Introduction

This new publication provides a statistical overview of general ophthalmic activity in Northern Ireland between April 2019 and March 2020. It is based on payment claims submitted by primary care opticians to Family Practitioner Services (FPS) and figures were previously released as part of the [FPS Statistics for NI compendium series](#). These data do not cover private work and secondary care activity.

It has been produced by independent statisticians within the FPS Information Unit. They are on secondment from the Northern Ireland Statistics and Research Agency (NISRA). This publication has been compiled in accordance with the Code of Practice for Statistics.

Further information about the work of FPS and the manner in which these statistics were produced can be found at the back of this publication.

Key Figures



- **There were approximately 469,000 health service eye tests in 2019/20**

For every 4 sight tests provided, 3 were for children under age 16 or patients aged 60 and over.

- **There were approximately 198,000 optical vouchers processed in 2019/20**

Over two fifths (44%) processed were for children under the age of 16.

- **The total cost of ophthalmic services was almost £23.8 million**

The average cost per person was £12.50.



- **There were 24,977 unique assessments at The Northern Ireland Primary Eyecare Assessment and Referral Service**

22,651 of these assessments were new assessments.

1. Workforce

This section of the report provides details of the workforce providing General Ophthalmic Services via high-street opticians. All count figures are a snapshot as at 31st March 2020.

1.1 Ophthalmic Practitioners

In Northern Ireland, there were 645 primary care ophthalmic practitioners registered to carry out health service eye tests in 2020; 641 were Optometrists and 4 were Ophthalmic Medical Practitioners (OMPs). The number of ophthalmic practitioners registered with BSO has increased by 6.4% from 606 in 2017 to 645 in 2020, of which Optometrists have increased by 44 (7.4%) whereas OMPs have fallen by over half (55.6%) (see Figure 1.1).

The overwhelming majority of ophthalmic practitioners registered are Optometrists, however, there are a small number of OMPs. These are medically qualified doctors specialising in eye care. Like Optometrists they examine eyes, test sight, diagnose abnormalities and prescribe suitable corrective lenses.

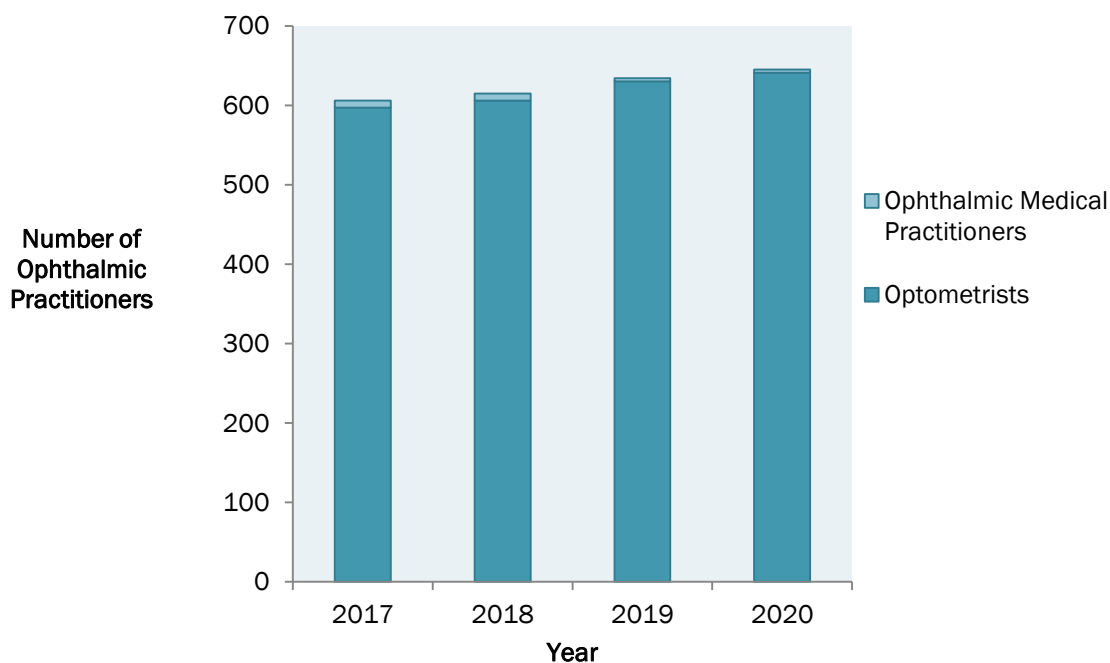


Figure 1.1: Number of ophthalmic practitioners as at 31st March, 2017-2020.

In Northern Ireland, there were 33.9 ophthalmic practitioners per 100,000 population. Over time, this proportion has been increasing - last year it was 33.5 while in 2017 it was 32.4 per 100,000 population ([See Annex Table 1.3](#)).

1.2 Ophthalmic Practices

There were 271 ophthalmic practices carrying out health service eye tests across the region in 2020. This figure has remained the same for the last three years. Since 2014, the number of ophthalmic practices have increased by 11 (4.2%).

Belfast Local Government District (LGD) has the most high street ophthalmic practices, accounting for 18% of the Northern Ireland total. However, looking at ophthalmic practices per 100,000 population, Fermanagh & Omagh LGD comes out top with 17.8 practices per 100,000 population, closely followed by Antrim & Newtownabbey LGD at 16.7, while Lisburn & Castlereagh LGD has the lowest number of ophthalmic practices per 100,000 population at just 12.2 (see Table 1.1).

Local Government District	Practices per 100,000 population
Antrim and Newtownabbey	16.7
Ards and North Down	12.9
Armagh City, Banbridge and Craigavon	12.8
Belfast	14.3
Causeway Coast and Glens	15.9
Derry City and Strabane	13.9
Fermanagh and Omagh	17.8
Lisburn and Castlereagh	12.2
Mid and East Antrim	14.3
Mid Ulster	15.3
Newry, Mourne and Down	12.6
Northern Ireland	14.2

Table 1.1: Number of ophthalmic practices per 100,000 population, by Local Government District, 2020. [See Annex Table 1.1.](#)

1.3 Distance to Nearest Optician

At Northern Ireland level, 95% of the population live within five miles¹ of an ophthalmic practice.

In the more urban LGDs (Belfast, Antrim & Newtownabbey, Lisburn & Castlereagh and Derry City & Strabane) at least 88% of the population is within three miles of an ophthalmic practice. This figure drops significantly in some of the more rural areas, particularly Fermanagh & Omagh at just 52% ([See Annex Tables 1.27 & 1.28](#)).

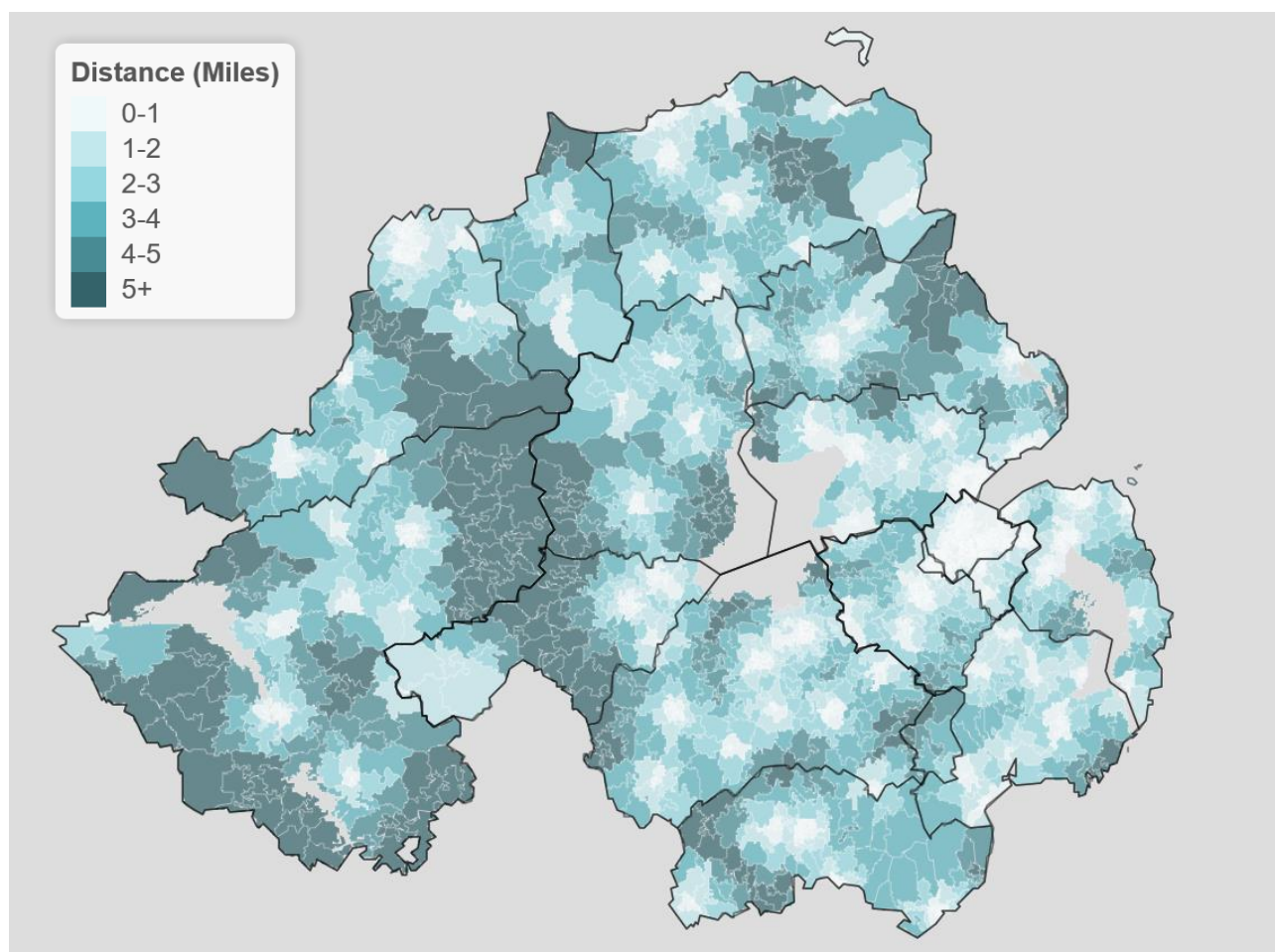


Figure 1.2: Distance to nearest optician in miles by Small Area, 2019/20.

¹ Distances are calculated as a straight line distance between the postcode of the ophthalmic practice and the postcode of the patient.

2. Sight Tests

This section of the report provides details on the number of health service sight tests based on claims submitted to the Family Practitioner Service (FPS) by primary care opticians. Many people qualify for a free HSC General Ophthalmic Service (GOS) sight test. These claims are submitted to BSO for payment and, as such, the figures will not include those persons that pay for a sight test.

It is also possible to have multiple sight tests during a financial year, so data do not refer to individual people unless it clearly states this in the commentary.

2.1 Sight Tests Summary (including domiciliary tests)

The number of health service sight tests has increased year on year over the last decade, until 2017/18, when the numbers temporarily dipped. The number increased again in 2018/19 with almost 470,500 sight tests provided to patients in Northern Ireland, however, in the most recent year, this has decreased slightly by 1,616 (0.3%) to approximately 468,800 sight tests. Since 2009/10 there has been a 13% rise in the number of sight tests provided (see Figure 2.1).

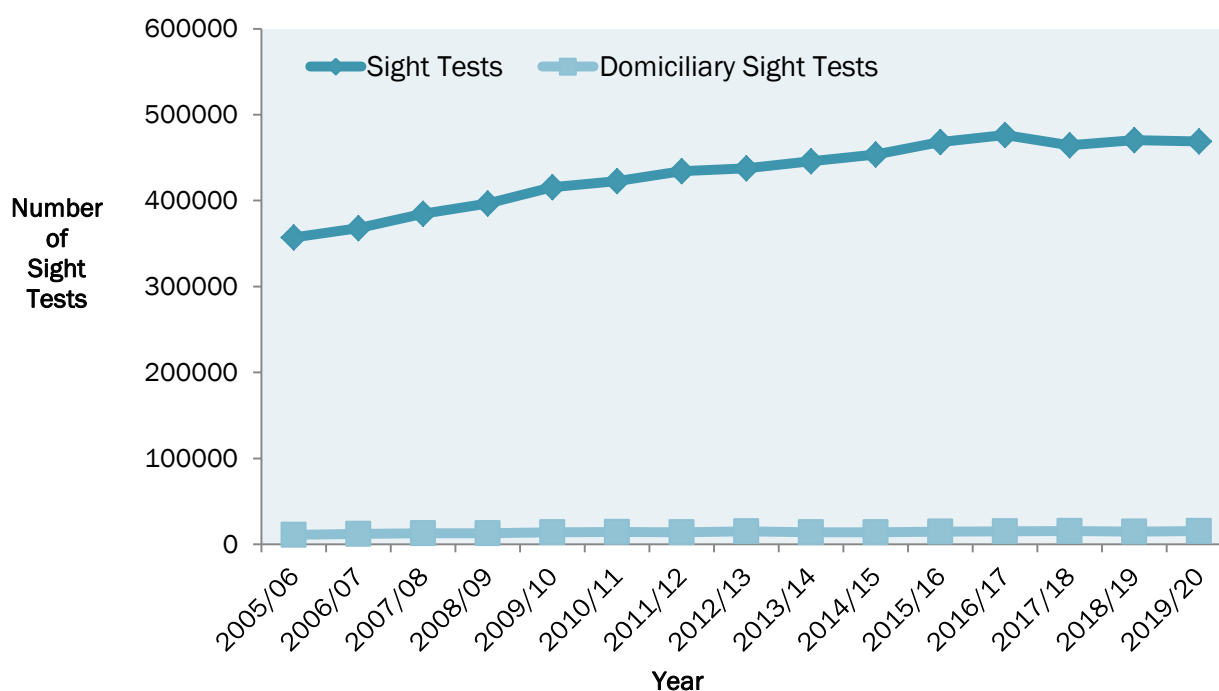


Figure 2.1: Number of sight test and domiciliary sight tests, 2005/06-2019/20. [See Annex Table 1.4.](#)

Those who qualify for a health service sight test but, are unable to leave home unaccompanied, are entitled to a free sight test in their own home. This group usually include older and/or people with disabilities. The number of domiciliary visits has been slowly rising with an increase of 11% from 13,809 in 2013/14 to 15,320 in 2019/20. Domiciliary visits account for just over 3% of all sight tests in 2019/20; this level has remained stable over the last decade.

2.2 Sight Tests by Age and Gender

Figure 2.2 presents the number of sight tests across age categories and by gender in 2019/20. Of the 468,813 sight tests carried out, 43% were on males, 56% were on females and for the remaining 1% the gender was unknown. Those aged 60 and over, account for almost half (49%) of all sight tests with those aged 0-15 representing just over a quarter (27%) of tests administered.

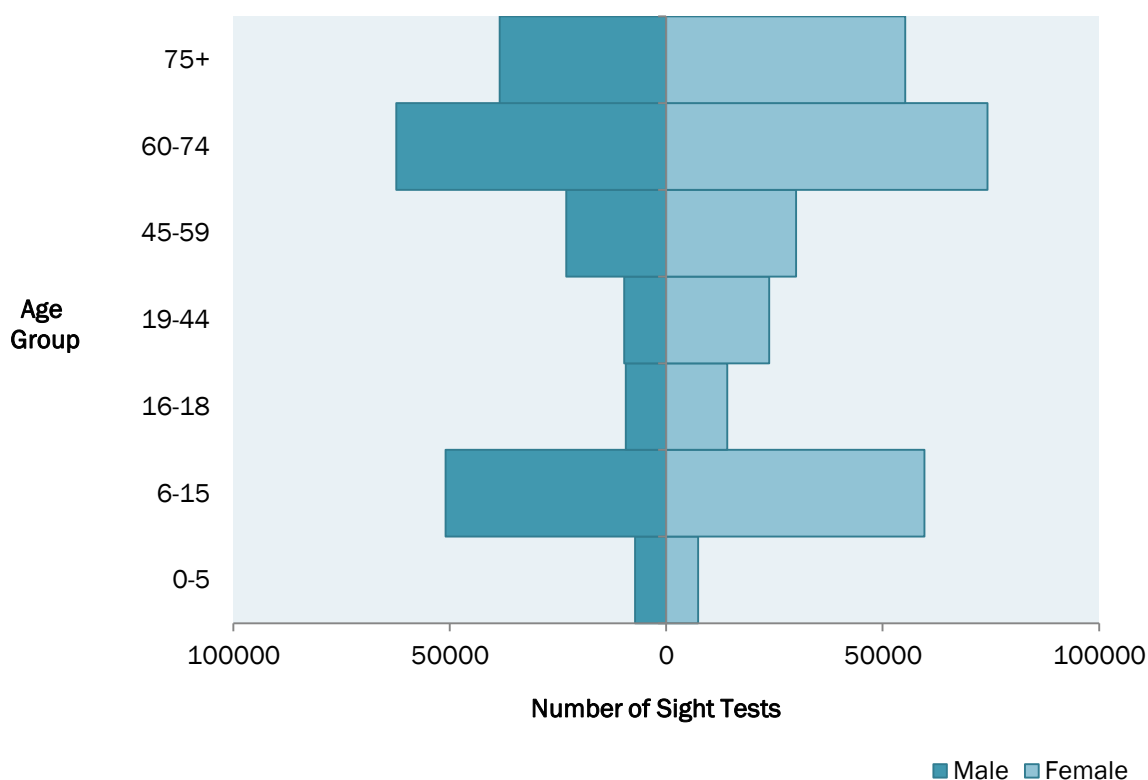


Figure 2.2: Number of sight tests by age group and gender, 2019/20. [See Annex Table 1.6.](#)

Between 2013/14 and 2019/20, there has been a 13% increase in health service sight tests provided to those aged under 16 or those aged 65 and over.

Looking specifically at those individual patients who attended a health service sight test during 2019/20, more females received at least one sight test across all age groups compared to males, with 26% of the female population attending a sight test compared to 20% of the male population. Those aged 16-18 show the largest difference between males and females, with 41% of females and only 26% of males attending a sight test during the year (see Figure 2.3).

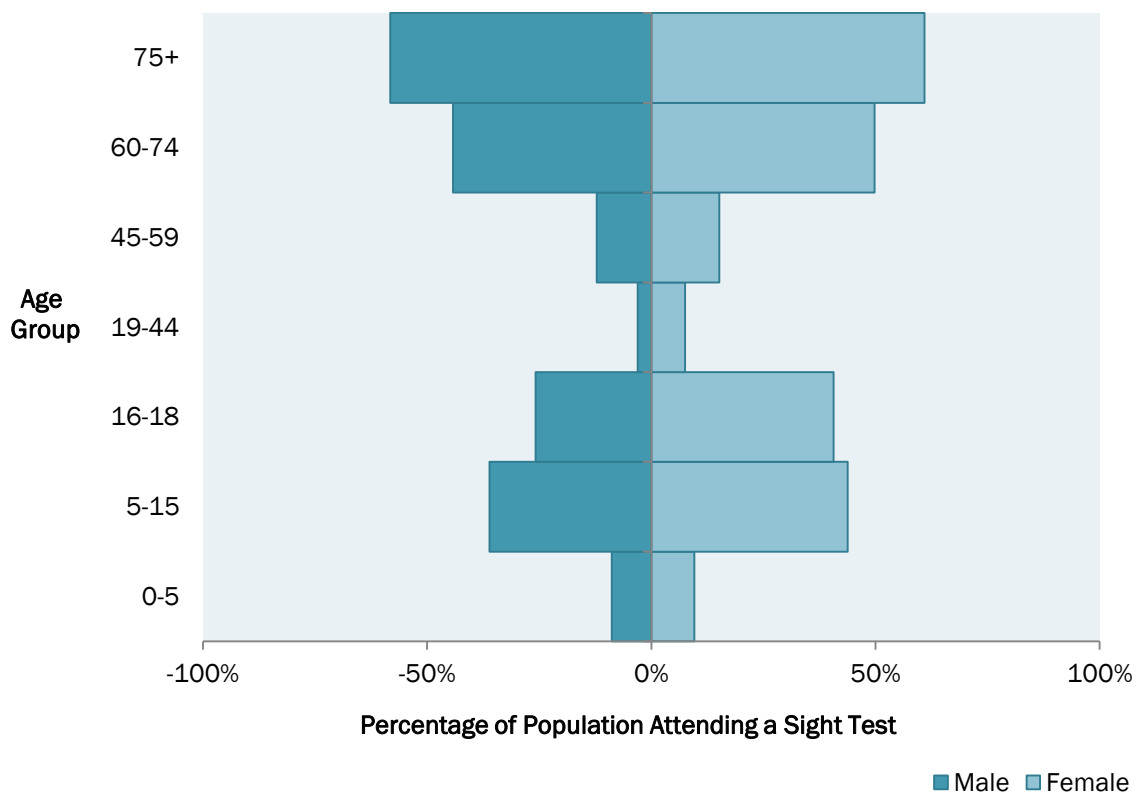


Figure 2.3: Percentage of population attending a sight test by age group and gender, 2019/20. [See Annex Table 1.8.](#)

2.3 Sight Tests by Exemption Category

Health service sight tests are only available free to certain groups:

You are entitled to free or reduced cost treatment if you:	
Are included in an award for Income Support	Are under 16 years of age
Are included in an award for Income-related Employment and Support allowance	Are aged 16, 17 or 18 and in full time education
Are included in an award for Income-based Jobseeker's allowance	Are aged 60 years or over
Are included in an award for Pension Credit Guarantee Credit	Are diagnosed diabetic
Are entitled to or named on a valid NHS Tax Credit Exemption Certificate	Are diagnosed as having glaucoma
Are named on a valid HC2 Certificate	Are aged 40 or over and have a parent, brother, sister, son or daughter with glaucoma
Are named on a valid HC3 Certificate (offering partial assistance with charges)	Are registered blind or partially sighted
	Have been prescribed complex lenses

Table 2.1: Health service sight test eligibility criteria.

Sight tests for people aged under 16 and over 60 account for the majority (67%) of exempted sight tests in 2019/20. The next largest exemption categories included people with diabetes, students and relatives of glaucoma sufferers, with each of these categories accounting for approximately 5% of all sight tests (see Figure 2.4). In previous years, tax credit has been the second largest exemption category, however it has fallen from 24,947 in 2018/19 to 21,507 in 2019/20 and is now the 5th largest exemption category. This change in trend may be due to Universal Credit which was rolled out in Northern Ireland on a phased basis from September 2017, reducing those eligible under the tax credit category. Those in receipt of Universal Credit are only eligible for free sight tests in conjunction with a valid HC2 certificate which is provided through the NHS Low Income Scheme to cover the full cost of health services and as such are recorded now under the HC2 exemption.

Note: people may qualify for a sight test based on more than one criterion but are only recorded against one. Patients are more likely to be recorded according to their clinical need rather than their age. For example, a patient aged over 60, with glaucoma is likely to be recorded in the glaucoma category only. The count by eligibility is therefore approximate.

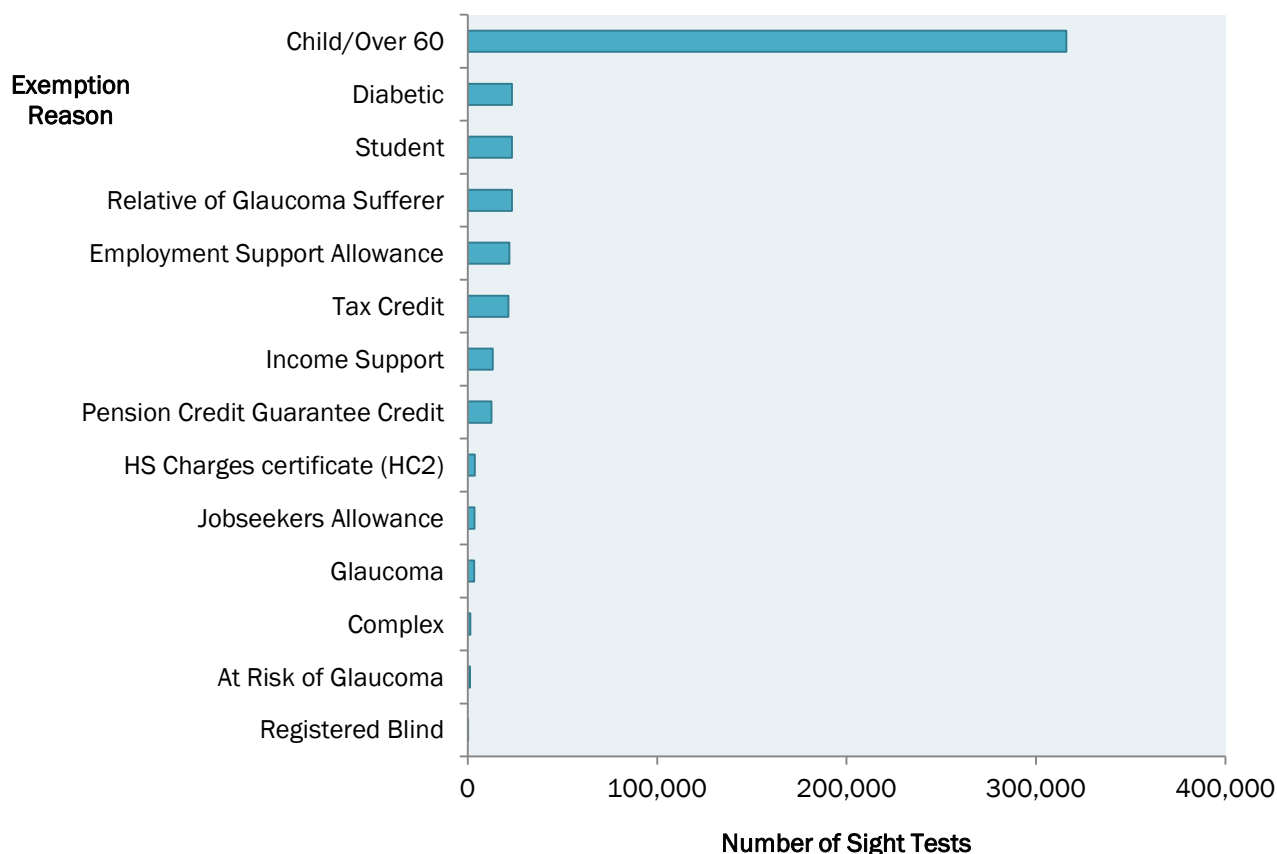


Figure 2.4: Number of sight tests by exemption category, 2019/20. [See Annex Table 1.9.](#)

2.4 Clinical Conditions Relevant to Sight Tests

Conditions such as glaucoma or diabetes can potentially increase the risk of a patient’s eyesight deteriorating and can affect all ages. Patients who are diabetic, have glaucoma, are at risk of glaucoma or are related to someone with glaucoma are entitled to a free sight test due to their condition posing a potential risk to the patients’ sight.

Looking at the number of sight tests claimed under the four exemption categories; ‘Is diabetic’, ‘Has glaucoma’, ‘At risk of Glaucoma’ and ‘Is over 40 and the relative of a glaucoma sufferer’, there has been an increase year on year between 2017/18 and 2019/20.

Sight tests for relatives of glaucoma sufferers and those who are diabetic both increased by 13% from 2017/18 to 2019/20. These have increased each from approx. 20,500 to 23,500 over the last 3 years. The number of sight tests under the Glaucoma exception category has increased by 11% from 3,070 to 3,404 in 2019/20. Sight tests for those under the 'at risk of glaucoma' category has decreased by 11% from 1,409 sight tests in 2017/18 to 1,253 in 2019/20.

Note: People may qualify for a sight test based on more than one criterion but are only recorded against one. Patients are more likely to be recorded according to their clinical need rather than their age. For example, a patient aged over 60, with glaucoma is likely to be recorded in the glaucoma category only. The count by eligibility is therefore approximate.

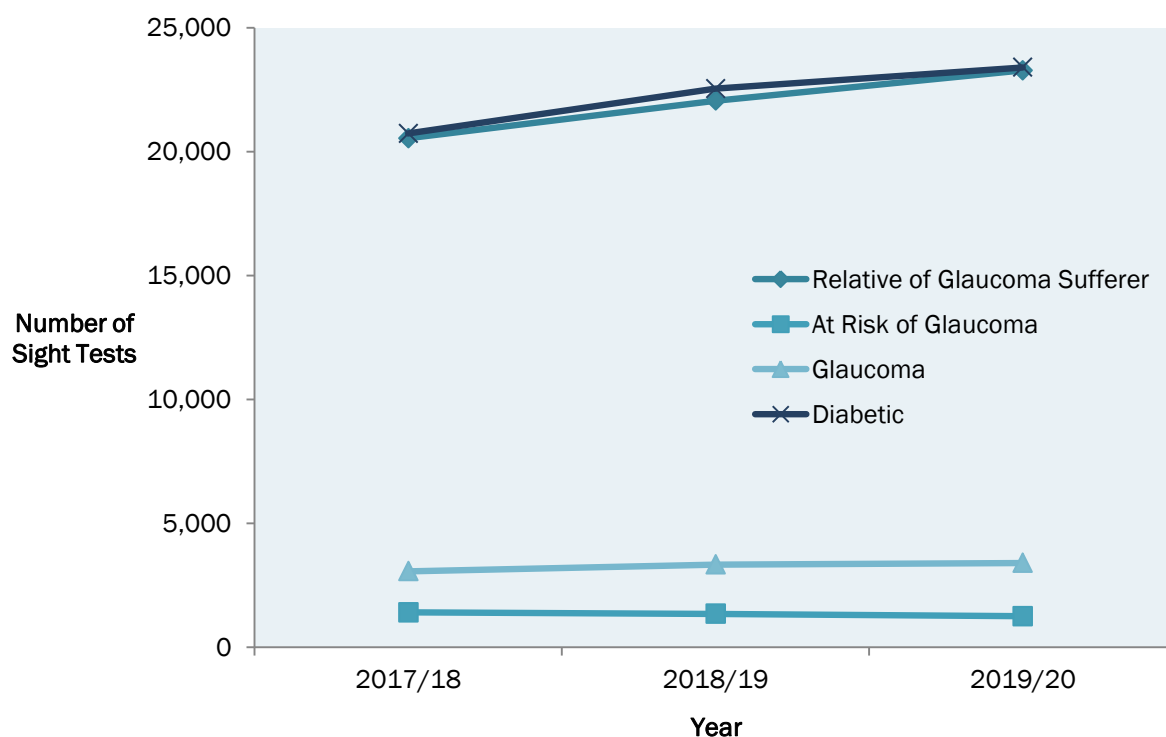


Figure 2.5: Number of sight tests for relevant clinical conditions, 2017/18-2019/20. [See Annex Table 1.9.](#)

2.5 Sight Tests per head of population²

In 2019/20, South Eastern Trust had the largest per capita number of sight tests for persons over 60, with 465 sight tests per 1,000 relevant population. Northern Trust had the largest number of sight tests for persons under 16 with 330 sight tests per 1,000 relevant population. Belfast Trust had the lowest number of sight tests for persons under 16 and over 60, with 282 and 402 per 1,000 relevant population sight tests respectively. Western Trust had the highest number of sight tests dispensed to adults receiving income support with 88 per 1,000 relevant population whereas South Eastern had the lowest at only 57 per 1,000 relevant population (see Figures 2.6-2.9 & [Annex Table 1.11](#)).

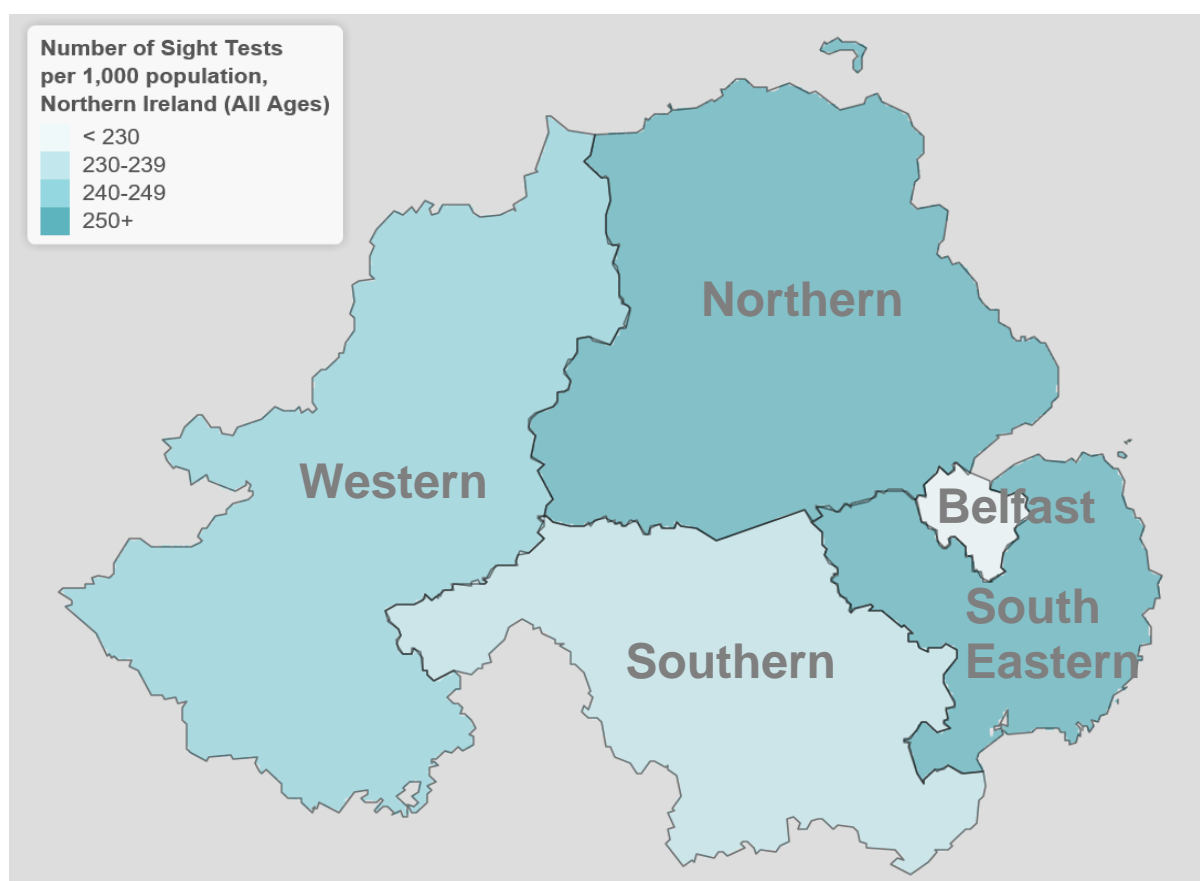


Figure 2.6: Number of sight tests per 1,000 population in Northern Ireland, 2019/20.

² NISRA 2018 based population projections for 2020 were used to calculate per 1,000 relevant population. Trust is based on patient's residence.



Figure 2.7: Number of sight tests per 1,000 population aged 60 and over, 2019/20.



Figure 2.8: Number of sight tests per 1,000 population aged 15 and under, 2019/20.

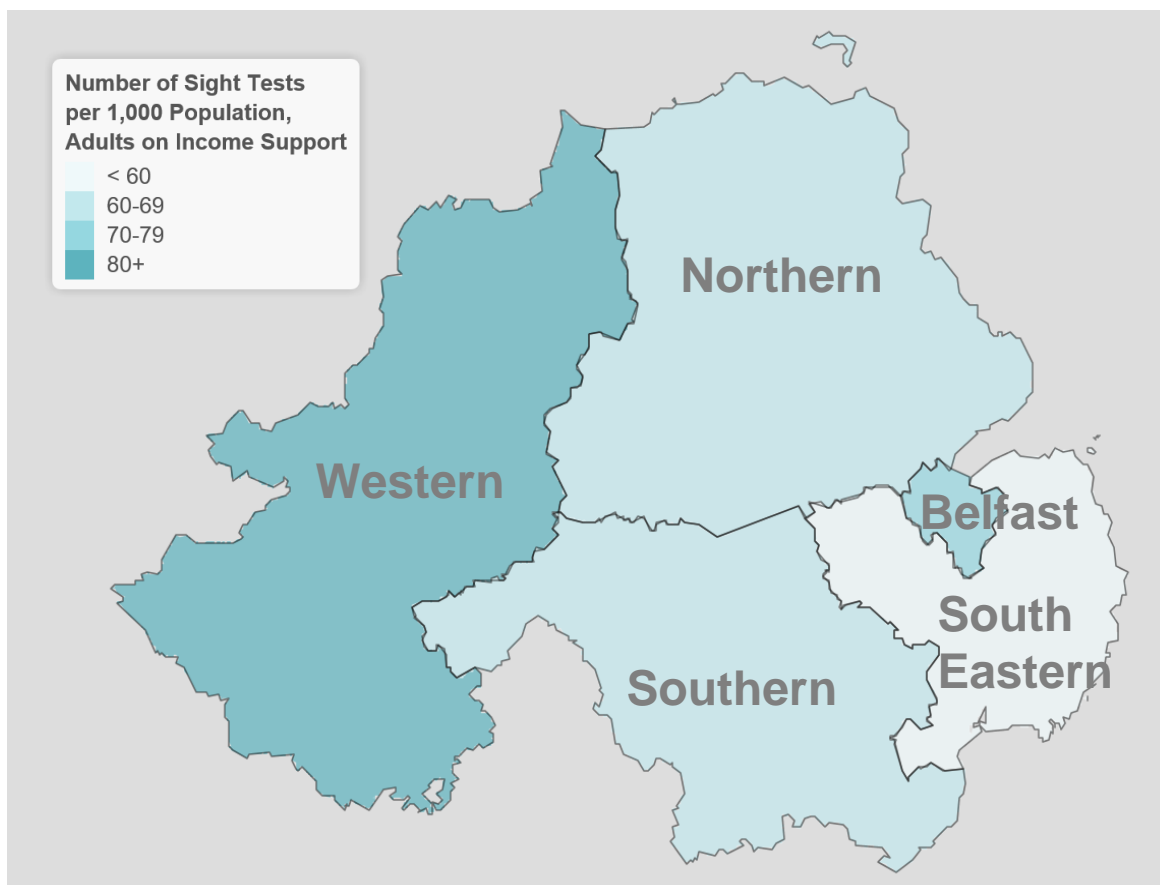


Figure 2.9: Number of sight tests per 1,000 population of adults on income support, 2019/20.

2.6 Sight Tests by Deprivation

Data are analysed using Northern Ireland Multiple Deprivation Measure (NIMDM) population-weighted deciles, in which 1 represents the most deprived areas and 10 represents the most affluent areas.

Looking at the number of patients^{3,4} receiving a sight test in the last 3 years, there are noticeable differences across patients living in the most and least deprived areas although, as previously stated, this analysis is based only on those patients who qualify for a free HSC General Ophthalmic Service (GOS) sight test.

³ It is possible to have multiple sight tests during this period however patients have only been counted once during the 3 year period. This therefore refers to individual people.

⁴ Where a Health and Care number can't be obtained for the patient (see Publication Notes at end of report), these have been excluded from this analysis. Where a valid HCN was obtained, the age group and NIMDM deciles are based on the patient's date of birth and postcode stored in the General Practitioner's database at April 2020.

For adults between the ages 16 and 59 registered with a GP, the proportion of the population receiving a sight test in the last 3 years decreases as deprivation decreases, almost halving from 27% in NIMDM decile 1 to 14% in NIMDM decile 10. As these figures are shown as a proportion of the total adult population, not the total number of adults eligible for a sight test, this large decrease will largely be reflective of the decreasing eligibility in the more affluent areas.

For children under 16 and adults over 60 registered with a GP, the proportion of the population attending a sight test in the last 3 years increases as deprivation decreases. The proportion of children attending a sight test increases from 34% in NIMDM decile 1 to 41% for NIMDM deciles 9 and 10. The proportion of adults aged 60 and over attending a sight test increases from 71% in NIMDM decile 1 to 80% in NIMDM decile 10 (see Figure 2.6).

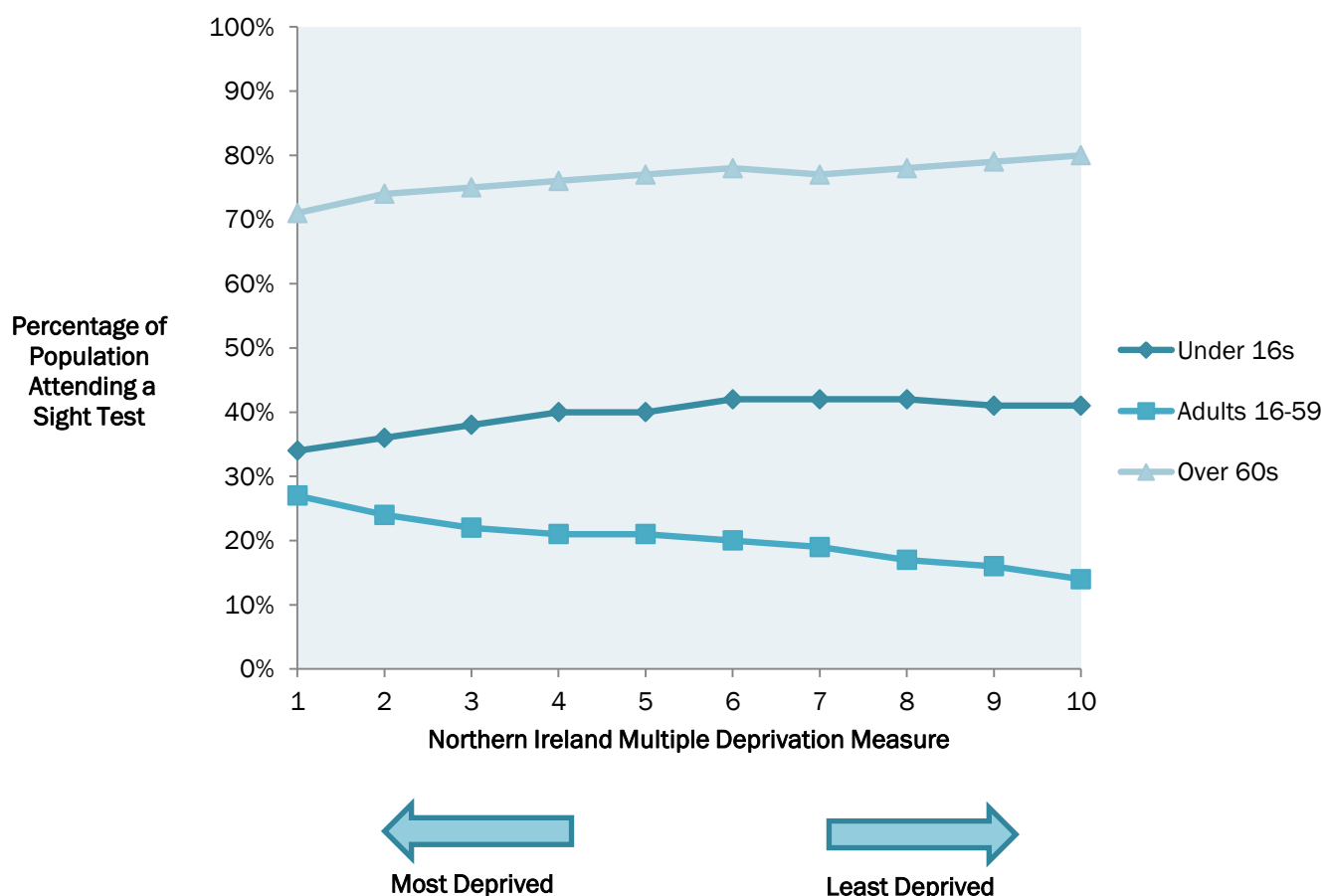


Figure 2.6: Percentage of patients attending a sight test in the last 3 years, by NIMDM, 2019/20. [See Annex Table 1.12.](#)

3. Vouchers

After a health service sight test is carried out, the patient may be given a health service optical voucher which they can use towards the cost of buying glasses, having lenses fitted to their current frames or getting contact lenses. This section of the report provides details on the number of vouchers processed based on claims provided to the Family Practitioner Service (FPS) by primary care opticians. Some patients are entitled to receive help with the cost of spectacles or contact lenses. These claims are submitted to BSO for payment and, as such, figures will not include those persons pay in full for spectacles or contact lenses. The data in this section excludes repairs and replacements claimed on GOS4(NI)R forms; however, this data is available [here](#).

3.1 Voucher Summary (including Prescribing Rate)

The number of vouchers processed had been increasing year on year, reaching its highest point in 2016/17 at almost 212,000. Since then, the number of vouchers processed has decreased by 6.5% to now sit at approximately 198,000. This change in trend may be due to Universal Credit, which was rolled out in Northern Ireland on a phased basis from September 2017, and may have impacted on the numbers eligible to receive a voucher.

Comparing sight tests against vouchers processed gives an indication of the prescribing rate in Northern Ireland. Just over two fifths of all sight tests result in a prescription for a voucher(s) towards glasses/contact lenses. The prescribing rate has been falling over the last number of years. In 2019/20 the prescribing rate had fallen to 42% from a peak of 47% in 2012/13 (see Table 3.1).

Year	Health Service Sight Tests	Number of Optical Vouchers Processed	Prescribing Rate
2008/09	396,633	181,424	46%
2009/10	415,491	187,700	45%
2010/11	422,830	191,688	45%
2011/12	434,399	198,285	46%
2012/13	437,701	203,618	47%
2013/14	445,757	205,901	46%
2014/15	453,714	206,983	46%
2015/16	468,117	207,457	44%
2016/17	476,423	211,814	44%
2017/18	464,466	205,864	44%
2018/19	470,429	200,703	43%
2019/20	468,813	198,134	42%

Table 3.1: Prescribing rate 2008/09 – 2019/20. [See Annex Table 1.4.](#)

3.2 Vouchers by Exemption Category

Persons aged under 16 account for the majority (43%) of vouchers reimbursed in 2019/20. The next largest exemption categories included Pension Credit Guarantee Credit and Employment Support Allowance, accounting for 16% and 12% of all vouchers reimbursed respectively (see Figure 3.1). In 2018/19, tax credit was the second largest exemption category, however it has fallen from 20,962 in 2018-19 to 18,275 in 2019-20 and is now the 5th largest exemption category. This change in trend may be due to Universal Credit which was rolled out in Northern Ireland on a phased basis from September 2017, reducing those eligible under the tax credit category. Those in receipt of Universal Credit are only eligible for free sight tests in conjunction with a valid HC2 certificate which is provided through the NHS Low Income Scheme to cover the full cost of health services and as such are recorded now under the HC2 exemption.

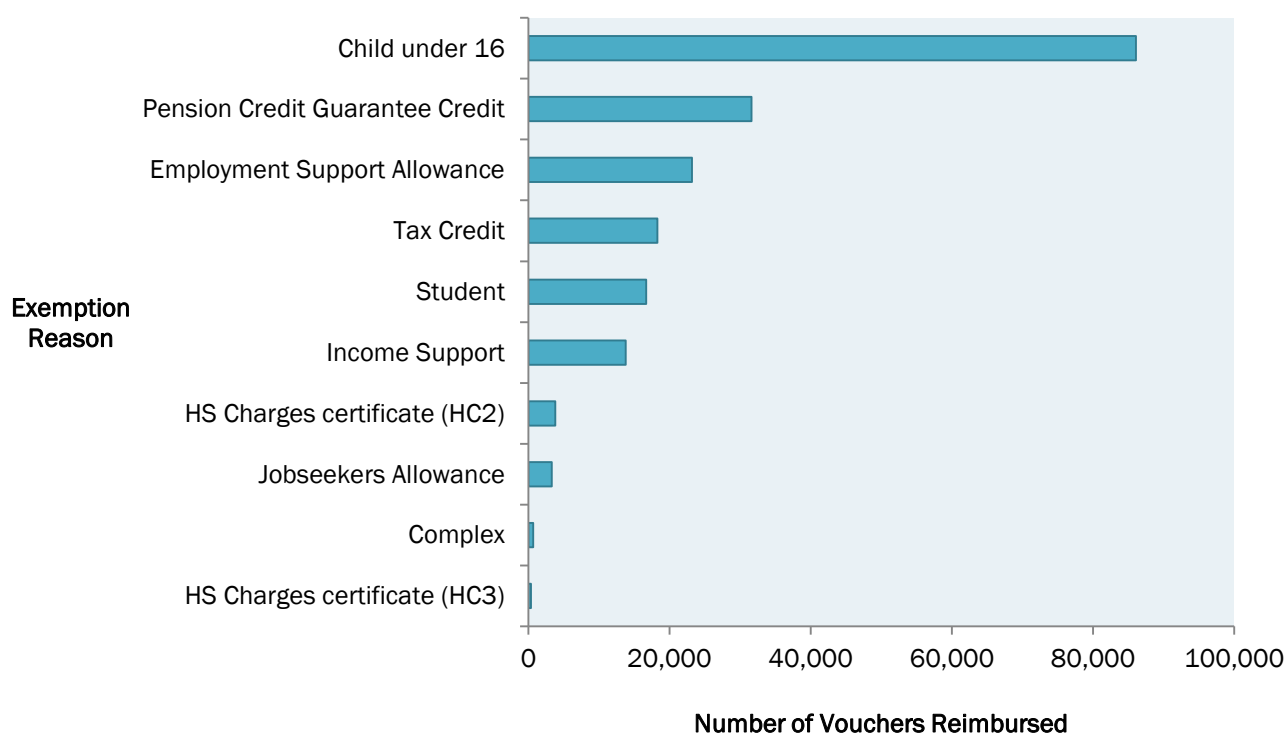


Figure 3.1: Number of vouchers reimbursed by exemption category, 2019/20. [See Annex Table 1.15.](#)

3.3 Vouchers per head of population

In 2019/20, Northern Trust reimbursed the highest number of vouchers for children under 16 with 222 per 1,000 relevant population whereas Belfast Trust reimbursed the lowest number at 196 per 1,000 relevant population.

4. Repairs & Replacements

A repair or replacement voucher should only be issued when there is no reason to believe there has been a change of an eye prescription. Children under 16 are eligible for repairs or replacements in cases of loss or damage without prior approval by the Family Practitioner Service (FPS). In line with the General Ophthalmic Services discretionary payments protocol, glasses belonging to adults (including students aged 16-18 years) should only be repaired or replaced when FPS is satisfied the breakage or loss was due to illness, or in very exceptional circumstances of major hardship. This section of the report provides details on the number of repair or replacement vouchers processed based on claims provided to the Family Practitioner Service (FPS) by primary care opticians.

4.1 Repairs and Replacement Summary

Historically, the number of repairs and replacements has fluctuated year on year, with a steady increase of 13% from 2015/16 to 2018/19, however 2019/20 has seen a small decrease of 0.2% from 36,046 repairs/replacements in 2018/19 to 35,967 in 2019/20.

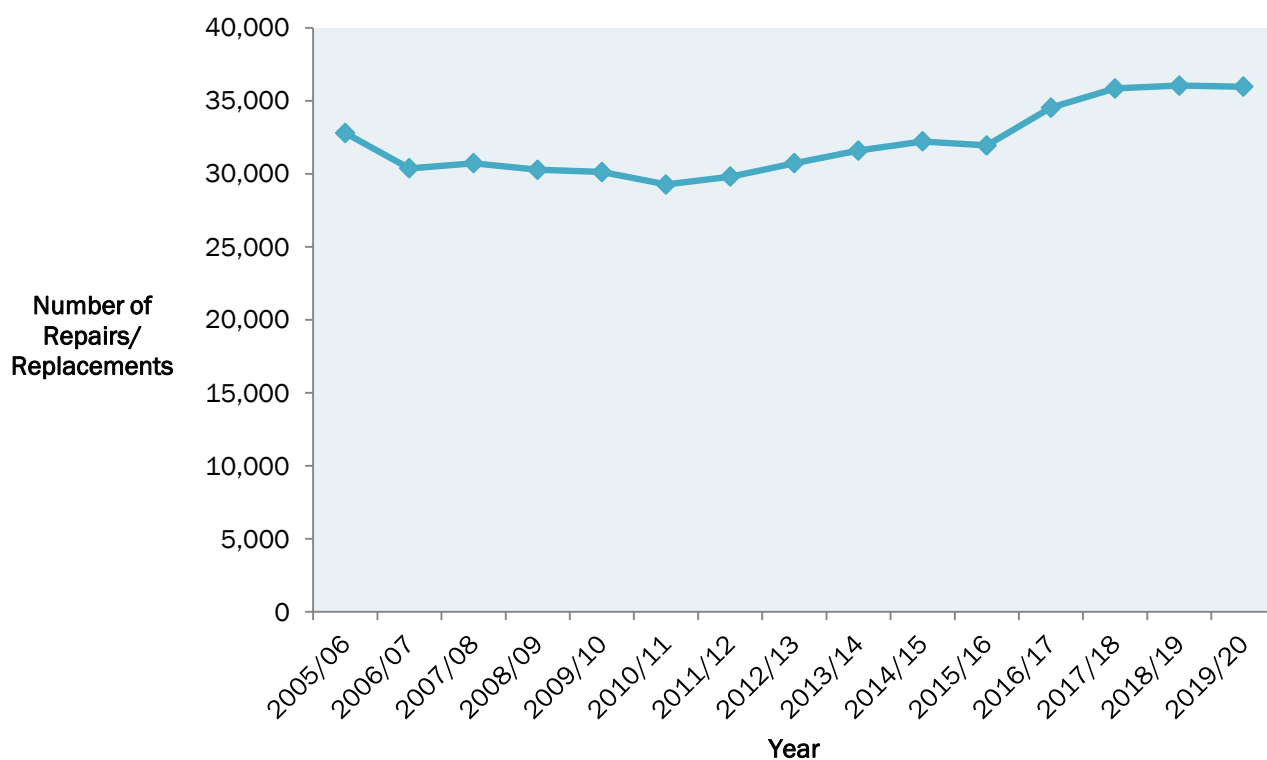


Figure 4.1: Number of repairs / replacements, 2005/06 - 2019/20. [See Annex Table 1.4.](#)

5. Northern Ireland Primary Care Optometry

Enhanced Services

This section of the report details activity undertaken at Primary Care Optometry Enhanced Services. These services are designed to cover enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential, core, General Ophthalmic Services and other Primary Care Optometry Enhanced Services.

5.1 Intra Ocular Pressure Repeat Measures (Level I ES)

The Intra Ocular Pressure Repeat Measures service (LES I) was introduced to reduce the numbers of false positive referrals for ocular hypertension (OHT).

The number of assessments at LES I dropped by 38% between 2016/17 and 2019/20. This decrease is primarily due to new glaucoma guidance (issued November 2017) from the National Institute for Health and Care Excellence (NICE) which increased the threshold for referrals to LES I from an inner eye pressure of >21 mmHg to ≥ 24 mmHg.

Following an assessment at a LES I service, patients can either be referred to Hospital Eyecare Services (HES) (in some cases for LES I, this may be to a LES II accredited optometrist) or have no onward referral. In 2019/20, approximately half (53%) of all assessments resulted in the patient being discharged with no onward referral to a Health Service Provider (See Figure 5.1). This is a marked decrease on the 73% that resulted in no onward referral in 2016/17.

5.2 Glaucoma and Ocular Hypertension Enhanced Case Finding (Level II ES)

The Glaucoma and Ocular Hypertension Enhanced Case Finding Service (Level II) funds contractors with accredited and listed optometrists/OMPs to perform a defined set of clinical tests with the intention of producing an enhanced case finding for glaucoma, suspect glaucoma or ocular hypertension. These tests are performed in primary care optical practices and can be used for both patients who have a sight test under General Ophthalmic Services (GOS) as well as those who have a private eye examination.

Financial Year	LES I	LES II
2014/15	2,223	n/a
2015/16	1,923	n/a
2016/17	1,907	151
2017/18	1,627	651
2018/19	1,151	341
2019/20	1,181	318

Table 5.1: Number of assessments at LES I and LES II, 2014/15 to 2019/20. [See Annex Table 1.19.](#)

The number of assessments at LES II has halved (51%) between 2017/18 and 2019/20. This decrease is largely due to a change in NICE approved glaucoma guidelines in November 2017.

In 2019/20, over half (54%) of LES II assessments resulted in the patient being discharged with no onward referral to Hospital Eyecare Service (HES), this is compared to 65% in 2017/18. (See Figure 5.1)

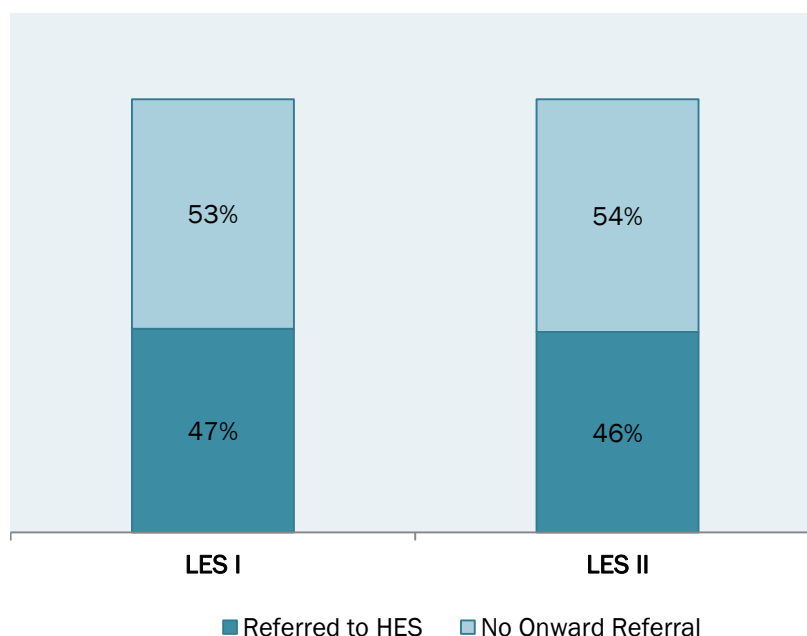


Figure 5.1: Outcome following assessment at LES I and LES II, 2019/20. [See Annex Table 1.20.](#)

6. Northern Ireland Primary Eyecare Assessment and Referral Service (NI PEARS)

This section of the report details activity within the Northern Ireland Primary Eyecare Assessment and Referral Service. This enhanced service funds ophthalmic contractors in primary care to provide an acute eye care intervention service for patients across Northern Ireland. It facilitates accredited optometrists to investigate and manage, or triage for onward referral, patients presenting with acute, sudden onset, mainly anterior and non-sight threatening, eye conditions who may otherwise visit their GP or Hospital Eye Services.

6.1 NIPEARS Assessments

Based on claims submitted during 2019/20, a total of 24,977 unique patient assessments took place at NI PEARS, approaching double the number occurring in the previous year. This is primarily due to 2019/20 being the first full financial year with all LCGs providing the service. Of those assessments, 91% (22,651) were new assessments, with the remaining 9% (2,326) being follow-up assessments ([See Annex Table 1.20](#)).

In 2019/20, the most common presenting symptom at NI PEARS was 'painful eye' with 10,508 presentations. This was closely followed by 'red eye' at 10,025. Red eye and painful together accounted for 63% of total presenting symptoms. It is important to note that patients can have more than one presenting symptom. The least common symptom to present with was a foreign body in the eye at 1,753 presentations, 5% of the total (see Figure 6.1).

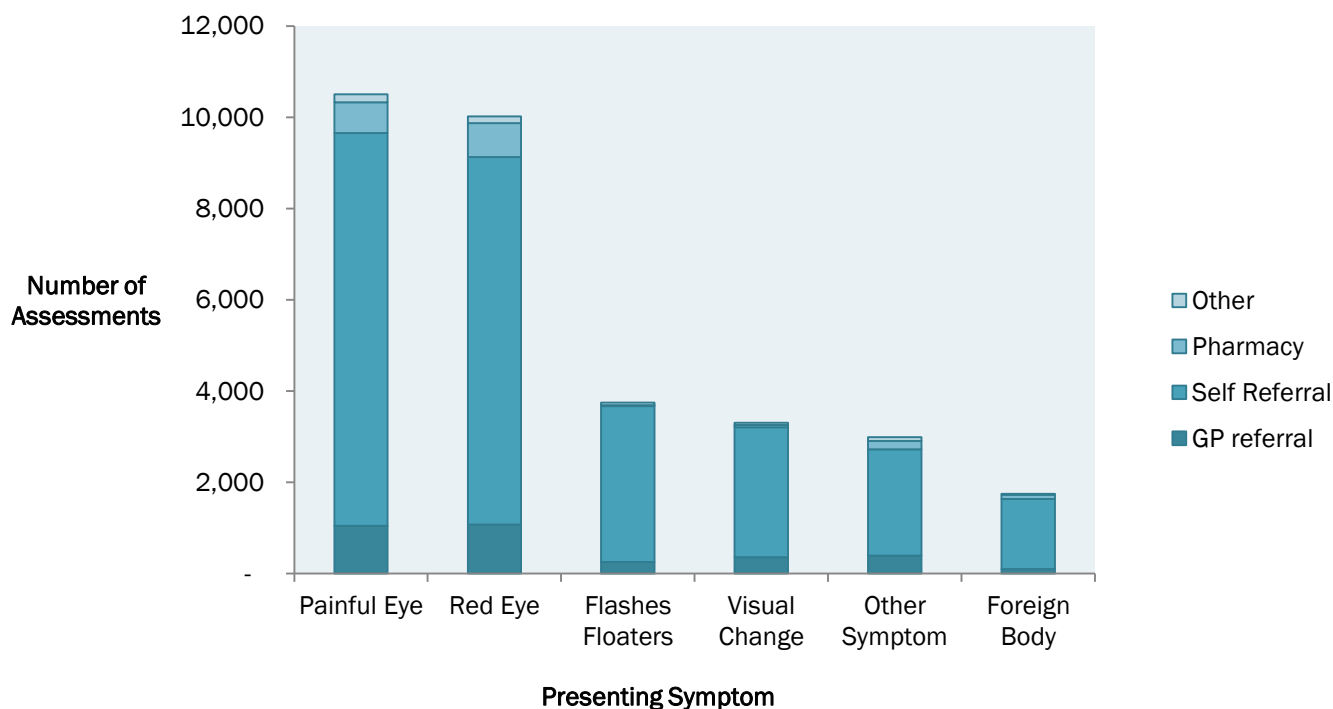


Figure 6.1: Presenting symptoms at NIPEARS by referral source, 2019/20. [See Annex Table 1.21.](#)

6.2 NIPEARS Outcomes

Patients that attend NI PEARS can have multiple outcomes following assessment.

Of the 22,651 that had a new assessment at NI PEARS in 2019/20, there were 26,183 outcomes following assessment. Two-thirds (66%) of outcomes resulted in patients being discharged with advice or managed and treated by the NI PEARS service. Only 13% resulted in an urgent or routine referral to Hospital Eyecare Service, with 4 out of 5 of these being an urgent referral.

During 2019/20, there were 2,620 outcomes for follow-up assessments (2,326) at an NI PEARS assessment. Almost half (45%) of the outcomes resulted in patients being discharged with advice, with a further 29% managed and treated by the NI PEARS service. Only 10% resulted in an urgent or routine referral to a Health Service Provider.

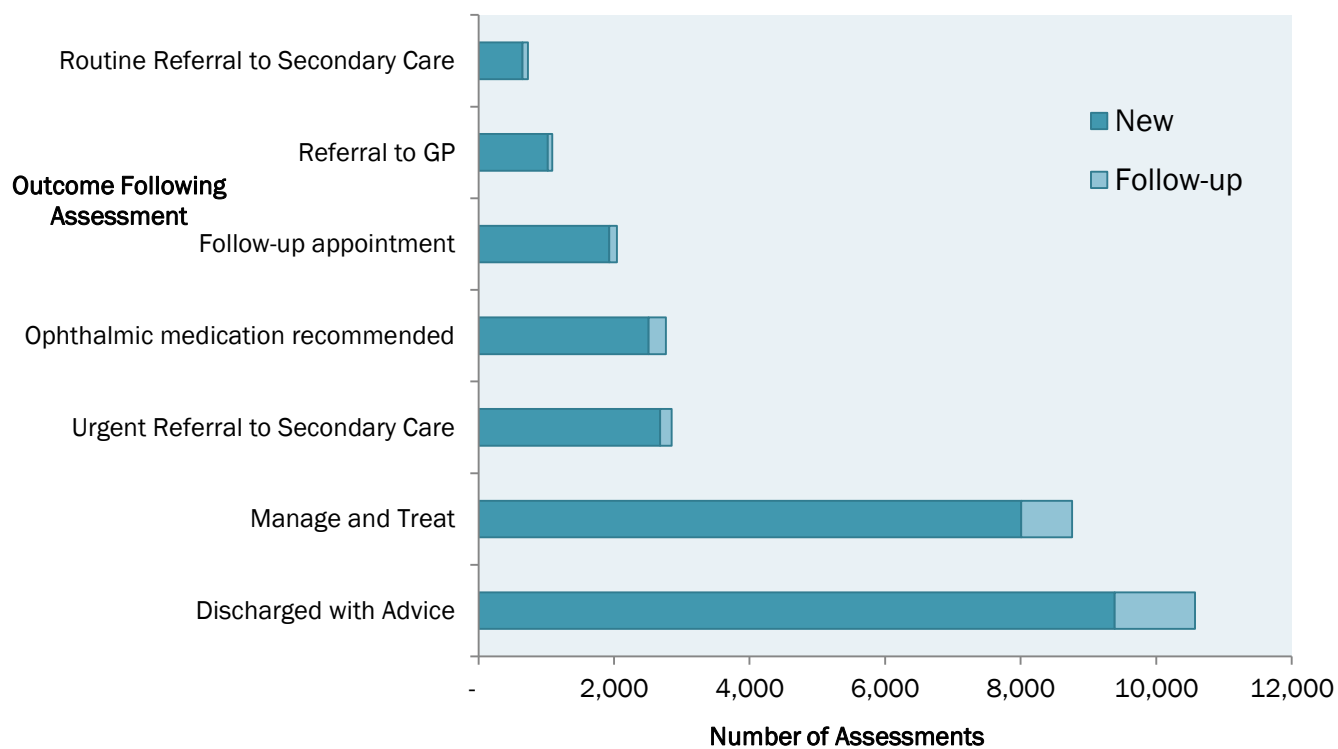


Figure 6.2: Outcomes of NIPEARS assessments, 2019/20. [See Annex Table 1.22.](#)

7. Ophthalmic Services UK Comparison

This section of the report details activity on the number of sight tests, vouchers and repairs or replacements per 100,000 population per UK region. Due to Wales now only publishing ophthalmic activity every two years, the latest comparable information for all 4 regions is 2018/19.

7.1 Sight Tests

During 2018/19, Northern Ireland carried out 25,001 health service sight tests per 100,000 population, which was similar to Wales and 6% higher than England. Northern Ireland shows a considerably lower rate (42% lower) compared to Scotland (43,096). However, when comparing such rates across UK regions, it should be noted that Scotland offers free sight tests to its population every 2 years (aged between 16 and 59 years) with some categories of patients eligible for a sight test annually (see Figure 7.1).

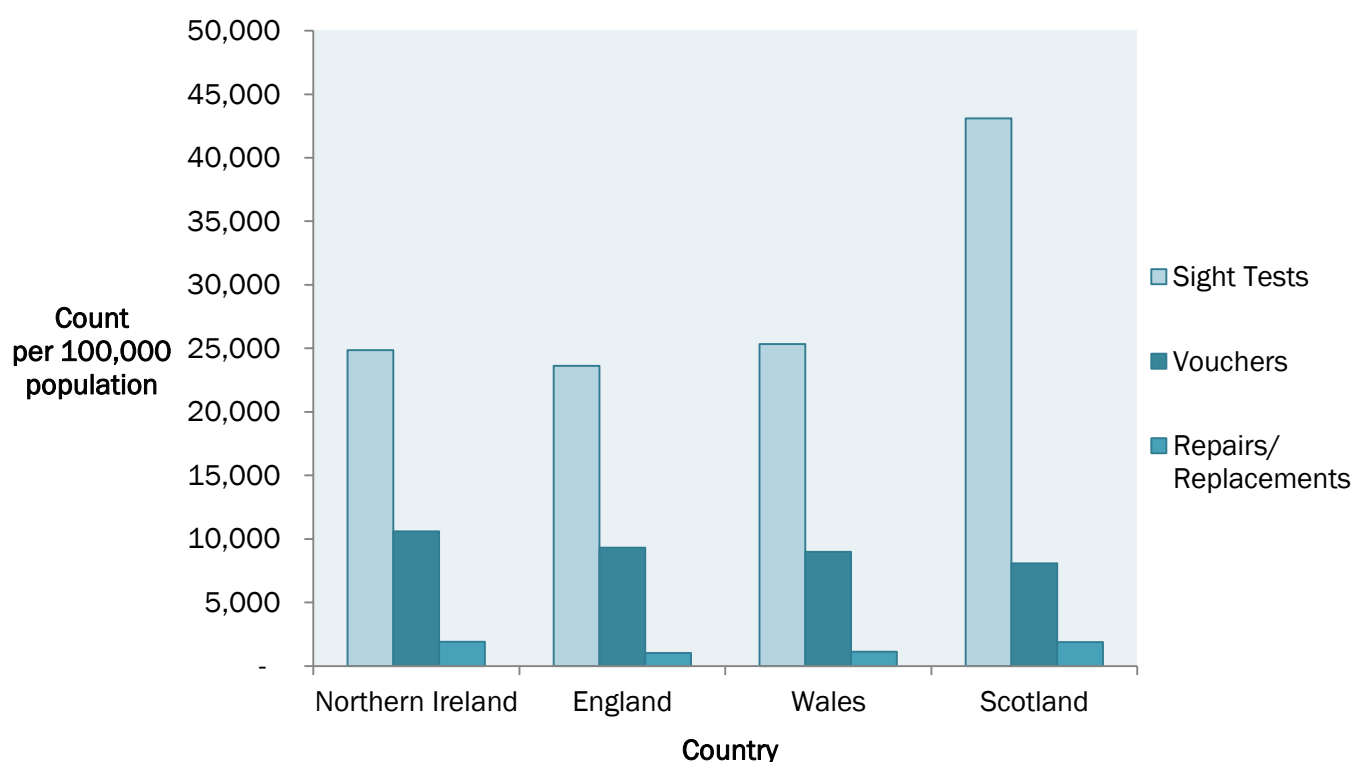


Figure 7.1: Ophthalmic UK Comparison, per 100,000 population, 2018/19. [See Annex Table 1.23.](#)

7.2 Vouchers

Northern Ireland had the highest number of vouchers processed per 100,000 population during 2018/19 with 10,666, 15% greater than England, the next highest UK region (see Figure 7.1). Comparing the sight tests against vouchers processed gives a prescribing rate of 43% for Northern Ireland compared to 39% in England, 35% in Wales and 19% in Scotland. It should be borne in mind, however, that the much lower Scottish rate will partly reflect that, unlike in the other countries, entitlement to a free sight test in Scotland does not automatically guarantee eligibility to a voucher if the patient is subsequently found to be in need of glasses/lenses.

7.3 Repairs & Replacements

Figure 7.1 shows that Northern Ireland and Scotland have a very similar repairs and replacements rate per 100,000 population with 1,916 and 1,875 respectively. The number of repairs/replacements per 100,000 population in England and Wales are less than in Northern Ireland, 46% and 41% lower respectively.

8. Health Service Ophthalmic Service Costs

This section of the report details the cost of primary ophthalmic services in Northern Ireland. It is based on General Ophthalmic Services payments as processed by the BSO during the period 1 April 2019 to 31 March 2020.

8.1 Ophthalmic Services Cost Summary

In 2019/20, the cost of primary care ophthalmic services in Northern Ireland was approximately £23.8 million, a 0.6% increase on 2018/19. The total cost of ophthalmic services in Northern Ireland had been increasing year on year except for 2017/18 when the total temporarily dipped. The cost per person has increased by 2% from £12.20 in 2017/18 to £12.50 in 2019/20. The majority of the ophthalmic spend is on vouchers closely followed by sight tests.

Financial Year	Total Cost of Ophthalmic Services (£ Millions)
2013/14	21.8
2014/15	22.2
2015/16	22.6
2016/17	23.5
2017/18	22.9
2018/19	23.6
2019/20	23.8

Table 8.1: Payments made for ophthalmic services, 2013/14 to 2019/20. [See Annex Table 1.26.](#)

8.2 Local Commissioning Group Level⁵

At Local Commissioning Group (Health Trust) level, Northern Trust accounts for the largest proportion (25%) of all primary care spend, whilst Western Trust accounts for just 17% of total spend for Northern Ireland. Western Trust had the highest spend (£13.50) per head of population with Belfast having the lowest (£12.20) (see Figure 8.1).

⁵ When referring to cost, LCG and LGD are based on the location of the contractor.

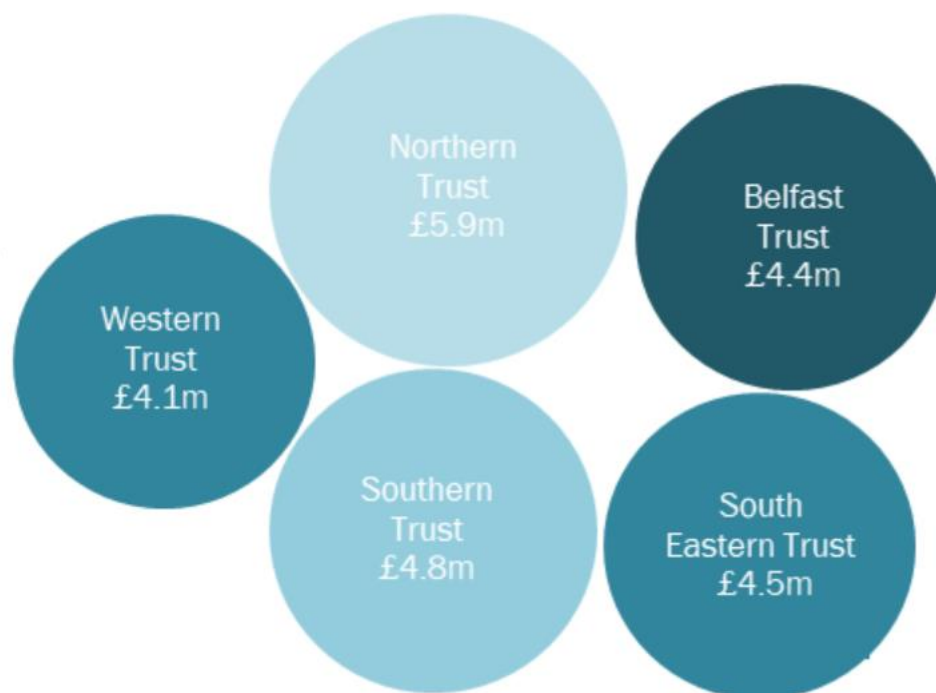


Figure 8.1: Cost of ophthalmic services by LCG, 2019/20. [See Annex Table 1.24.](#)

8.3 Local Government District Level⁵

At Local Government District (LGD) level, Belfast LGD accounts for 17% of all primary care spend, whilst Lisburn & Castlereagh and Mid & East Antrim LGDs account for just 7% each of spend for Northern Ireland. Looking at the spend per head of population, Fermanagh & Omagh, Ards & North Down and Derry City & Strabane LGDs all had the highest spend (£14.40, £14.20 and £13.90) with Lisburn & Castlereagh LGD (£10.80) having the lowest (see Figure 8.2).

⁵ When referring to cost, LCG and LGD are based on the location of the contractor.

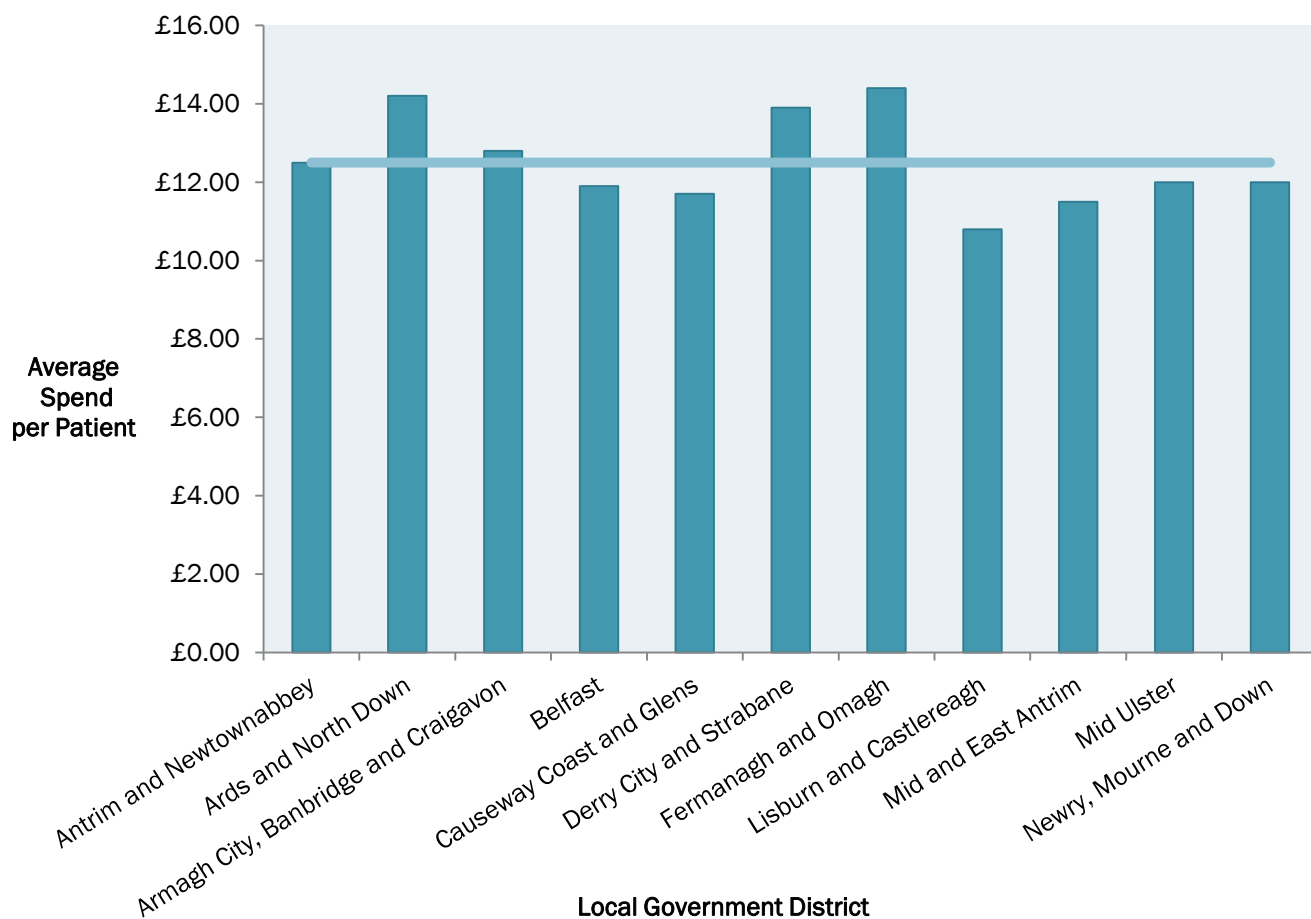


Figure 8.2: Health service ophthalmic spend per head of population, by Local Government District, 2019/20.
[See Annex Table 1.25.](#)

Publication Notes

Family Practitioner Services

Family Practitioner Services (FPS) is part of the BSO's Operations Directorate. It provides a range of essential services to Health and Social Care organisations, primary care contractors and patients.

FPS calculates payments to health professionals in the dental, pharmacy, general practice and ophthalmic sectors through Northern Ireland. It also maintains the central register of patients registered with GP practices in Northern Ireland, issuing medical cards and processing changes such as name, address and doctor.

It provides professional advice, support and information to customers and members of the public and maintains the pharmaceutical, dental and the Northern Ireland Primary Medical Performers lists. FPS also provides the call and recall services for breast, cervical and bowel cancer screening in Northern Ireland.

About this publication

This report has been produced by independent statisticians within the FPS Information Unit. They are on secondment from the Northern Ireland Statistics and Research Agency (NISRA). This publication has been compiled in accordance with the Code of Practice for Statistics. For tables relating to this report see the spreadsheet [Annex](#).

Next edition

This publication is issued annually. It is expected that the next edition shall be published in June 2021. In the interim, quarterly tables are published separately [here](#). The quarterly figures are provisional until the annual publication for that year issues, at which point they are finalised. The release calendar for future statistical publications is available on the [BSO website](#).

Data Sources

Activity data on sight tests paid for by the HSC, optical vouchers and repairs are collected via a series of General Ophthalmic Service (GOS) online forms which are used in the ophthalmic service payment process. Although the majority of GOS payment claims can be submitted through the Ophthalmic Claim System (OCS) with no issue, there are a small number of claims that cannot be submitted through OCS as they fall outside the strict business rules that apply to most GOS claims.

- GOS(NI)ST – Sight tests, including information on patient eligibility status and if it was a domiciliary visit.
- GOS(NI)V – Optical vouchers - including information on patient eligibility status and voucher type.
- GOS4(NI)R – Optical repair/replacement vouchers - including information on patient eligibility status and voucher type.
- STC form – Manual form for private sight tests with partial help towards the full cost. Vouchers and Repair / Replacements with HC3 forms can be submitted on OCS through the standard GOS(NI)V and GOS(NI)R forms.
- LES I & LES II – Manual form used where enhanced case finding has been carried out in accordance within the Northern Ireland Glaucoma and Ocular Hypertension (Level I Level II) Enhanced Service.
- NIPEARS – Manual form for NI PEARS assessment outcome, including information.

All information is based on the data supplied by the opticians at the time of the claim and only claims which are paid by BSO after validation are included.

Definitions

Sight test eligibility

Under current guidelines at the time of publishing, the following groups are eligible for an HSC sight test.

- Patients aged 60 or over
- Children aged under 16
- Students in full time education aged 16-18
- Adults receiving Income Support
- Adults receiving income based Job Seekers Allowance (JSA)
- Adults receiving Income-related Employment and Support Allowance (ESA)
- Adults receiving Pension Credits guarantee credit (PCGC)
- Adults receiving Tax Credits
- Patients holding an HC2 certificate
- Patients named on a valid HC3 Certificate (offering partial assistance with charges)
- Patients registered blind or partially sighted
- Glaucoma and diabetes sufferers
- Close relatives of a glaucoma sufferer over 40 years of age
- Patients requiring complex lenses

It should be borne in mind that people may qualify for a health service sight test on more than one criterion. However, they would only be recorded against one criterion on the GOS form. Patients are more likely to be recorded according to their clinical need rather than their age. For example, a patient aged over 60, with glaucoma is likely to be recorded in the glaucoma category only. The count by eligibility is therefore approximate.

HC2 or HC3 Certificate

Some people on a low income may qualify for help towards HSC charges. Entitlement to help is based on circumstances such as level of income, savings, etc. Those qualifying for help will be sent an HC2 or HC3 Certificate. An HC2 qualifies people for full costs. An HC3 qualifies people for partial help with health costs.

Domiciliary Sight Tests

The majority of sight tests paid for by BSO are conducted at practitioners' premises. A small proportion of tests are conducted away from ophthalmic premises. These include sight tests carried out at people's homes.

Private sight tests and those with partial help

The number of people who pay in full for private sight tests in Northern Ireland is not collected by BSO. Patients with HC3 certificates as part of the low-income scheme are entitled to varying degrees of financial help with private sight tests. Data are collected via the STC form.

Optical vouchers

The HSC optical voucher scheme covers patients who are eligible to have Health Service spectacles and were given an optical vouchers to put towards buying their own choice of spectacles, or having new lenses fitted to their existing frames or be put towards the cost of contact lenses. Patients may receive a voucher for more than one pair of spectacles.

Optical Voucher eligibility

Eligibility for Health Service optical vouchers differs to that for sight tests paid for by BSO. The following groups are eligible for Health Service optical vouchers.

- Children aged under 16
- Students in full time education aged 16-18
- Adults receiving Income Support
- Adults receiving income based Job Seekers Allowance
- Adults receiving Employment and Support Allowance (ESA)
- Adults receiving Pension Credits guarantee credit
- Adults receiving Tax Credit and their partners
- Patients on low income holding an HC2 or HC3 certificate
- Patients requiring complex lenses.

Repair or replacement voucher

Eligibility for vouchers for repair or replacements is the same as that for optical vouchers. However, patients must provide additional information on how the loss or damage happened.

Optometrist or Ophthalmic Optician

An Optometrist is qualified to test eyesight and to prescribe and dispense spectacles. Their training enables them to recognise abnormalities and diseases of the eye. They are registered with the General Ophthalmic Council (GOC).

Ophthalmic Medical Practitioner (OMP)

An Ophthalmic Medical Practitioner is a qualified doctor who specialises in eyes and eye care. In addition to their medical skills, they are qualified to test eyesight and prescribe spectacles. They are registered with the General Medical Council (GMC).

Intra Ocular Pressure Repeat Measures (LES I)

The Intra Ocular Pressure Repeat Measures service (LES I) was introduced to reduce the numbers of false positive referrals for ocular hypertension (OHT).

Glaucoma and Ocular Hypertension Enhanced Case Finding (Level II ES)

The Glaucoma and Ocular Hypertension Enhanced Case Finding Service (Level II) funds contractors with accredited and listed optometrists/OMPs to perform a defined set of clinical tests with the intention of producing an enhanced case finding for glaucoma, suspect glaucoma or ocular hypertension. These tests are performed in primary care optical practices and can be used for both patients who have a sight test under General Ophthalmic Services (GOS) as well as those who have a private eye examination.

Northern Ireland Primary Eyecare Assessment and Referral Service

This enhanced service funds ophthalmic contractors in primary care to provide an acute eye care intervention service for patients across Northern Ireland. It facilitates accredited optometrists to investigate and manage, or triage for onward referral, patients presenting with acute, sudden onset, mainly anterior and non- sight threatening, eye conditions who may otherwise visit their GP or Hospital Eye Services.

Data Coverage

Coverage

Data in this report are published by the financial year (01 April – 31 March) in which the claim was paid. This is not necessarily the same year as when the activity took place. As such, it will include some activity undertaken towards the end of the previous financial year and exclude some activity carried out towards the end of this reporting year which was not submitted for payment by March 2020.

The data is based on claims provided to the Family Practitioner Service (FPS) by primary care opticians and excludes all private work and all secondary care activity. It is possible to have multiple sight tests, vouchers or repairs during a financial year, so data does not refer to individual people unless the analysis clearly states that it does.

Workforce counts are as at 31st March for each financial year.

Patient Demographics

Patient Health and Care Numbers (HCNs) are not available in the ophthalmic database at present and therefore a matching exercise with the central GP register was carried out in order to produce statistics by gender and area. Poor matching rates for earlier years, however, has meant only data from 2017-18 onwards is provided in this report.

The ophthalmic database does record date of birth and so data is provided by age band for the last seven financial years, 2013-14 to 2019-20.

Population

NISRA population figures are used in this release. At time of creation, 2019 and 2020 mid-year estimates were unavailable. 2018 based population projection for 2019 and 2020 were used instead. These estimates are published on [NISRA](#) website.

Technical Notes

Target Audience

The target audience for this publication has been defined as: the Department of Health, Chief Executives of HSC Board and Trusts in Northern Ireland, health professionals, academics, HSC Stakeholders, the media and the general public.

Main usages

This publication contains official statistics on general ophthalmic activity for the most recent financial year (and earlier years where available on a comparable basis).

They can be used to monitor trends in ophthalmic services over time and across Northern Ireland.

The information can be used to support decision making, inform policy, provide advice to ministers, answer a wide range of Assembly Questions and Freedom of Information requests, for national and local press articles and, where appropriate, for international comparison.

Data Quality Summary

The data has been primary sourced from the Family Practitioner Payment System (FPPS) in respect of FPS activity and payment information. Resident population data has been sourced from official NISRA demographic statistics.

The FPPS is a business critical payment system which is subject to period audit. The data quality is assessed as very good based on the low percentage of claims which have to be adjusted following payment.

As an administrative data system, there will inevitably be some manual entry errors and, even for automated processes, there may be

errors within the claims submitted by primary care contractors.

The extensive validation that occurs prior to payments being made, coupled with the consistency and variance checks carried out during the compilation of this publication means that the data provides a good representation of FPS Ophthalmic activity for the years covered by the report.

A background data quality report for this publication is available [here](#).

National/International comparisons

This publication contains comparisons between Northern Ireland and other regions of the United Kingdom. The comparative data is available from the following sources:

England

Statistics on activity and workforce:

- <https://digital.nhs.uk/data-and-information/publications/statistical/general-ophthalmic-services-activity-statistics>
- <https://digital.nhs.uk/data-and-information/publications/statistical/general-ophthalmic-services-workforce-statistics>

Wales

Statistics on activity and workforce:

- <https://gov.wales/sensory-health-eye-care-and-hearing-statistics>
- <https://digital.nhs.uk/data-and-information/publications/statistical/general-ophthalmic-services-workforce-statistics>

Scotland

Statistics on activity and workforce:

<https://www.isdscotland.org/Health-Topics/Eye-Care/>

Further Information

Further information about Northern Ireland and its health services, which may assist readers in interpreting this publication, is available from the following sources:

<http://www.hscbusiness.hscni.net/services/1780.htm>

This statistical bulletin and other published by Information Unit within BSO are available to download from the BSO Internet site at:

<http://www.hscbusiness.hscni.net/services/1802.htm>