

# **DEVELOPING EYECARE PARTNERSHIPS**

## **Improving the Commissioning and Provision of Eyecare Services in Northern Ireland**

### **Annual Report from the Health and Social Care Board and Public Health Agency October 2013**



Content	Page
1. Background	3
2. Developing Eyecare Partnerships Project Board	4
3. Thematic Analysis of DEP Objectives and DEP Task Group allocation	7
4. Task Groups - proposed representation and confirmed memberships	11
5. Developments aligned to objectives within Developing Eyecare Partnerships	14
6. Future actions and timescales	15
7. Appendix 1 (Minutes of DEP Project Board meeting)	16

## 1. Background

The Health and Social Care Board and Public Health Agency were pleased to attend the launch of the DHSSPS policy document “Developing Eyecare Partnerships, Improving the Commissioning and Provision of Eyecare Services in Northern Ireland” (DEP) on 11<sup>th</sup> October 2012. The vision and aim of DEP is one of an integrated approach to the development of eyecare services in Northern Ireland within a five year timeframe.

DEP will facilitate the development of appropriate care pathways, across all sub-specialties where appropriate, from primary care through to specialised secondary care utilising the expertise of a varied skill mix. Supporting these pathways will be the use of optimal technologies and seamless communication between those providing the care. The resultant will be a patient-centred service with emphasis on clinical leadership, training and development giving improved patient experience and outcomes.

In order to achieve such outcomes it was recognised from the inception of DEP that multidisciplinary working and engagement of stakeholders from all sectors was essential if success was to be realised in the expected timeframe. The identification of the enablers for change was an essential consideration in the implementation of DEP. In late November 2012 Mr John Compton, Chief Executive of the Health and Social Care Board, agreed arrangements with the Public Health Agency in relation to the implementation of DEP with the first step in this process being the configuration of a Project Board with terms of reference aligned to the objectives set out in the DEP policy document.

## 2. Developing Eyecare Partnerships Project Board

On 30<sup>th</sup> November 2012, Mr John Compton, Chief Executive of the Health and Social Care Board appointed Dr Sloan Harper, Director of Integrated Care as Chairperson of the proposed DEP Project Board. In recognition of the joint HSCB-PHA responsibility for the implementation of DEP Mr Compton also appointed two clinical leads to progress the implementation under the leadership of Dr Harper. Mr Raymond Curran, Assistant Director, Head of Optometry, HSCB and Dr Jackie McCall, Consultant in Public Health Medicine, PHA, accepted the position of joint-leads for the implementation of DEP.

In early 2013 Dr Harper, Mr Raymond Curran and Dr Jackie McCall undertook work to progress the establishment of the DEP Project Board. The involvement of key stakeholders within primary and secondary care, the voluntary sector and service users was a central consideration. Identification of such stakeholders who would hold the vision of DEP and understand the complex process of change in eyecare service provision was a challenge, as was the recognition that the Project Board should be both dynamic and have the expertise to hold proposed Task Groups to account.

In February 2013 Dr Harper invited those stakeholders identified in earlier discussions to join the DEP Project Board. The proposed membership was drawn from those with experience in the clinical delivery of eyecare, the management of eyecare service provision, the field of academia and professional training and from the voluntary sector with particular emphasis on vision and service provision for visually impaired persons. Table 1 details the membership of DEP Project Board. Responses from those invitees were received over the following weeks.

Table 1: Developing Eyecare Partnerships – Project Board Membership

Name	Representative body
Dr Sloan Harper – Chairperson	Director of Integrated Care, Health and Social Care Board
Dr Jackie McCall	Consultant in Public Health, Public Health Agency
Mr Raymond Curran	Assistant Director of Integrated Care, Head of Optometry, Health and Social Care Board
Ms Heather Stevens	Director of Service Delivery, Department of Health, Social Services and Public Safety
Mr Patrick Hassett	Consultant Ophthalmologist, Western Health and Social Care Trust
Professor Usha Chakravarthy	Queens University Belfast
Mr David Galloway	Royal National Institute of Blind People(RNIB)
Mr Martin Holley	Optometrist. Chairperson Ophthalmic Committee, Business Services Organisation
Mr David Barnes	Chairperson, Optometry NI
Dr Guiliana Silvestri	Consultant Ophthalmologist, Belfast Health and Social Care Trust
Dr Maria Dowds	Medical Adviser, Health and Social Care Board
Mr Simon Christie	Assistant Director of Finance, Health and Social Care Board
Miss Jennifer Lindsay	Optometrist, Belfast Health and Social Care Trust
Mr Richard Gilmour	Optometrist, Western Health and Social Care Trust
Mr Brian McKeown	Assistant Director of ICT, Health and Social Care Board
Mr Dean Sullivan	Director of Commissioning, Health and Social Care Board
Ms Louise O'Dalaigh	Acute Services Manager, Western Health and Social Care Trust
Ms Heather Trouton	Assistant Director of Acute Services, Surgery and Elective Care, Southern Health and Social Care Trust
Mr Martin Hayes	Project Director, Integrated Care Partnerships, Health and Social Care Board
Dr Windsor Murdock	NIGPC Representative
Dr Kathryn Saunders	Biomedical Sciences Research Institute, University of Ulster Coleraine

Subsequent to the identification of Project Board members the HSC Board and PHA joint leads reviewed the twelve DEP objectives and proposed draft terms of reference for the DEP Project Board. It was acknowledged that the terms of reference needed to be clear and unambiguous covering all aspects of the DEP policy document to ensure that the identified objectives were being met within the stated timeframe.

The first meeting of the DEP Project Board took place on 28<sup>th</sup> June 2013 at which time the terms of reference were discussed and agreed by all Project Board members present. The minutes of this Project Board meeting are included in Appendix 1. The following terms of reference were agreed by Project Board members at this meeting:

### **DEP Project Board Terms of Reference**

The following terms of reference will direct and guide the work of the project board.

- I. To acknowledge and accept the policy document “Developing Eyecare Partnerships, Improving the Commissioning and Provision of Eyecare Services in Northern Ireland” (DEP).
- II. To agree to the implementation of the identified objectives in DEP, through the establishment of project management arrangements including dedicated workstreams and task groups, each with assigned terms of reference and DEP objectives.
- III. To provide oversight, guidance and direction to the DEP task groups in their formulation of strategies for the delivery of the assigned DEP objectives.
- IV. To provide an annual report (October) to DHSSPS to highlight progress to date on the implementation of “Developing Eyecare Partnerships, Improving the Commissioning and Provision of Eyecare Services in Northern Ireland”.
- V. To facilitate a link between the commissioning of eyecare services under DEP and the commissioning plans for the Health and Social Care Board and the Public Health Agency.

### 3. Thematic Analysis of DEP Objectives and allocation of DEP Objectives

At the first meeting of the Project Board members were presented with a thematic analysis of the twelve objectives as stated in “Developing Eyecare Partnerships, Improving the Commissioning and Provision of Eyecare Services in Northern Ireland” (DEP). Examination of the objectives and the commonality in achievable outcomes which some of the objectives had allowed the collation of the DEP objectives according to theme. Initially it was proposed that six task groups should be established to facilitate the delivery of all twelve objectives. Following discussions at the meeting of Project Board it was agreed that five task groups should be established with assigned DEP objectives. Each DEP Task Group should have a title, clear terms of reference and measurable outcomes. Representation of stakeholders for these task and findings groups was also agreed by Project Board members. Details of the names of the five DEP Task Groups, allocated objectives, draft terms of reference and draft measurable outcomes are as follows:

Task Group 1 - Workforce and Legislative Issues

Task Group 2 - Integrated Models/Pathways

Task Group 3 - Regional Measurement

Task Group 4 - Regional Acute Eye Pathway

Task Group 5 - Promotion of Eye Health

The initial meeting of each Task Group will allow the draft terms of reference and draft measurable outcomes would be discussed and signed off. Each task group will have a chairperson/lead who will be a point of contact for Mr Curran and Dr McCall. The joint leads will coordinate Task Group deliberations and outcomes within the overarching strategic direction.

## DEP Task Group 1 – Workforce and Legislative Issues

DEP Task Group	Terms of Reference	Measurable Outcomes
<p>Objective 3 – In order to promote service quality, the DHSSPS will consider introducing primary legislation which, subject to Assembly approval, will enable the HSC Board to develop and maintain an extended listing system of individual practitioners involved in the provision of GOS.</p> <p>Objective 4 - A Northern Ireland Sight test Survey will be re-commissioned in order to fully understand the level and type of demand for sight tests in GOS, to include referral patterns, demographics, co-morbidities and the level of private practice undertaken.</p> <p>Objective 10 – Clinical leadership, workforce development, training, supervision and accreditation will be essential components of eyecare service reform. This includes the promotion of optometry independent prescribing, where appropriate to do so.</p> <p>Objective 12 - The HSC Board/PHA working in collaboration with relevant organisations will lead on the implementation of the eyecare strategy. The DHSSPS will lead on any legislative change.</p>	<ol style="list-style-type: none"> <li>1. To set the context for the introduction of proposals for an extension and enhancement of the current arrangements for listing of ophthalmic practitioners.</li> <li>2. To detail the proposed changes to the arrangements for list admission to ensure that the list provides governance and protection for patients from any practitioner who is not suitable or whose performance may be impaired.</li> <li>3. To define the enablers for change as defined within DEP including the necessary legislative changes.</li> <li>4. To set the context for the re-introduction and development of the framework for the Northern Ireland Sight Test Survey detailing the need for the survey in an enhanced format to include indicators for preventable sight loss.</li> <li>5. Liaise with academic, training institutions and other bodies to develop a suite of training programmes for pre-registration and specialist list ophthalmic professionals in order that enhanced services received appropriate training and accreditation.</li> </ol>	<p>Introduction of revised listing arrangements supported by regulatory and/or legislative change.</p> <p>Establishment of DEP task groups to identify and action the enablers for change</p> <p>Re-introduction of an added value Northern Ireland Sight Test Survey with information provided from it to be used to inform service provision and support the work of other DEP Task Groups.</p> <p>The establishment of a framework for all aspects of ophthalmic training – undergraduate, post graduate and specialist training.</p> <p>The assessment of the quality of provision of training, outcomes of the training and uptake of said training.</p>



## DEP Task Group 2 – Integrated Models/Pathways

DEP Task Group	Terms of Reference	Measurable Outcomes
<p>Objective 5- An integrated eyecare service model will be implemented which will facilitate a resource shift, with improved inputs, access and outcomes at each level-primary and community, networked acute care and highly specialist regional and supraregional services.</p> <p>Objective 6- There will be a regional approach to the development of integrated care pathways for long-term conditions to include glaucoma, cataract, diabetic retinopathy, macular degeneration and low vision; these pathways will adopt the ten principles of service change in order to enhance access, and improve eye health outcomes.</p> <p>Objective 8- Eyecare Partnership Schemes, to enhance access to diagnosis and treatment closer to home, will be based on populations needs. These will be developed regionally and commissioned by the HSC Board working in collaboration with Local Commissioning Groups. These funded schemes will be part of new pathway approaches for the delivery of services for common eye conditions.</p> <p>Objective 11- ICT developments will be required to improve referrals, communication, payment and probity systems. Telemedicine links have the capacity to improve the quality and efficiency of service provision.</p>	<ol style="list-style-type: none"> <li>1. To ensure that eyecare service models are in line with DEP and TYC objectives.</li> <li>2. To ensure that eyecare service models for long term conditions are in line with DEP, TYC and the wider Vision 2020 agenda.</li> <li>3. To develop a network of communication to enable the development of eyecare partnerships which will facilitate development of patient-centred care pathways in line with population needs and TYC direction.</li> <li>4. To develop a framework to ensure that ICT is an enabler within care pathways and payment and probity systems.</li> </ol>	<p>To identify clinical pathways for optimum service provision for acute eye, specialist services and the long terms conditions identified in DEP objective 6.</p> <p>To establish local and regional professional groups from all stakeholders including: ICPs, LCGs, Trust, voluntary sector and service users.</p> <p>The establishment of care pathways and their associated business plans.</p> <p>The delivery of full connectivity across primary and secondary care ensuring maximum efficiencies, improved pathways and patient safety.</p>

### DEP Task Group 3 – Regional Measurement

DEP Task Group	Terms of Reference	Measurable Outcomes
Objective 7- There will be high level regional measurements to facilitate the monitoring and evaluation of the new eyecare service model and associated pathways. This will include input, output and outcomes measurements.	1. To benchmark existing service provision and identify measurement and audit tools to evaluate the impact of the pathway redesigns emanating from DEP task groups.	To provide audit data on the outputs of DEP in relation to access, clinical outcomes and patient experience with recommendations for ongoing service improvement.

### DEP Task Group 4 – Regional Acute Eye Pathway

DEP Task Group	Terms of Reference	Measurable Outcomes
Objective 9 –A regional pathway will be developed for the diagnosis and management of the “acute eye*” across the primary, community and hospital interfaces. This pathway will need to consider how best to maximise resources-both human and financial-and be commissioned and delivered within an appropriate governance framework.  <i>*acute non-sight threatening eye</i>	1. Review current NI and national pathways for diagnosis and management of “acute eye” including primary care optometry, GP and pharmacy involvement and secondary care - HES/RAES.  2. To recommend a redesigned care pathway for the management of acute, non-sight threatening eye conditions across primary and secondary care.	To develop a business plan and redesigned care pathway encompassing elements of patient self-care, primary care treatment and advice and seamless transition in to secondary care where appropriate.

### DEP Task Group 5 – Promotion of Eye Health

DEP Task Group	Terms of Reference	Measurable Outcomes
Objective 1-HSC Organisations will collaborate with other organisations to deliver on the aims set out in ‘Fit and Well- Changing Lives (2012-2022)’ and other related strategies, in order to contribute to the promotion of good eye health and prevent eye disease.	1. To identify prevention strategies to reduce sight loss and visual impairment in line with ‘Fit and Well – changing lives’ and other relevant strategies.  2. To promote eye health to the population of Northern Ireland.	To review the process for Certification of Visual Impairment and make recommendations for change.  To engage and work collaboratively with HSC bodies, voluntary sector and service users to establish and implement a strategy for the promotion of eye health and prevention of sight loss for the population of Northern Ireland.

#### 4. Task Groups - proposed representation and confirmed memberships

Project Board analysed each of the assigned DEP objectives for all five task groups and directed Mr Curran and Dr McCall to recruit members for the task groups. Detailed discussions took place in regard to which key personnel would be valuable and instrumental to the work of the DEP task groups. A letter of invitation to DEP task group membership was drafted co-signed by Mr Curran and Dr McCall. The letter outlined the background to DEP, why the invitee was considered to be of value to DEP and requested that the invitee consider giving of their time to join the task group. By 16<sup>th</sup> September 2013 this process was completed and the confirmed memberships of each task group and which field/sector they are representing are detailed below.

##### Task Group 1 – Workforce and Legislative Issues (DHSSPS led group)

- |   |                   |
|---|-------------------|
| • DHSSPS GOS Branch Staff                 | BRYAN DOOLEY      |
| • DHSSPS Legislative Staff                | MARGARET GLASS    |
| • HSCB Ophthalmic Adviser                 | MARGARET McMULLAN |
| • ONI / Ophthalmic Committee              | DAVID BARNES      |
| • Secondary Care Optometry representative | JENNY LINDSAY     |
| • Ophthalmology / QUB representative      | DR G SILVESTRI    |
| • HSCB/PHA Commissioning                  | TBC               |
| • NIMDTA representative                   | TBC               |
| • *Nursing representative                 | *AS REQUIRED      |
| • HSCB Finance                            | ROSEMARY MARTIN   |
| • DHSSPS                                  | JOHN NESBITT      |

### Task Group 2 – Integrated Models/Pathways (HSCB/PHA led group)

- |   |                                     |
|---|-------------------------------------|
| • PHA – connected health representative           | EDDIE RITSON                        |
| • HSCB – AD Optometry                             | RAYMOND CURRAN                      |
| • HSCB Ophthalmic Adviser                         | MARGARET MCMULLAN                   |
| • Ophthalmology representative(s)                 | PROF U CHAKRAVARTHY                 |
|   | DR G SILVESTRI                      |
| • Primary Care Optometry representative           | BRIAN McKEOWN                       |
| • Secondary Care Optometry representative         | JOANNE LOGAN                        |
| • HSCB Commissioner / Planner                     | CAROLINE CULLEN and<br>ALAN MARSDEN |
|   | PAUL CUNNINGHAM                     |
| • HSCB (PMSI)                                     | DAVID GALLOWAY                      |
| • Voluntary Sector representative(s)              | TBC                                 |
| • Service User (s)                                | BRIAN McKEOWN                       |
| • HSCB IT representative / e-health               | ROSEMARY MARTIN                     |
| • HSCB Finance                                    | JULIE ANNE LITTLE                   |
| • HSC and/or University Training representative   | STEPHEN BOYD                        |
| • Clinical Services Manager BHSCT (ophthalmology) | * AS REQUIRED                       |
| • *Nursing representative                         |                                     |

### Task Group 3 – Regional Measurement (PMSID within HSCB led group)

- |                               |                  |
|-------------------------------|------------------|
| • PMSID representative        | BETH MALLOY      |
| • PHA representative          | CAROLINE MASON   |
| • HSCB Commissioner / Planner | BRIAN McALEER    |
| • HSCB Optometry Adviser      | JANICE McCRUDDEN |
| • IT representative           | KATEY GUNNING    |
| • University Representative   | KATHRYN SAUNDERS |
| • PHA                         | JACKIE McCALL    |
| • DHSSPS (PSAB)               | PENNY MURRAY     |
| • PMSID (Information)         | HEATHER DUNLEAVY |
| • HSCB (ICP within DoIC)      | MARTIN HAYES     |

### Task Group 4 – Regional Acute Eye Pathway (HSCB/Secondary Care led group)

- |  |                   |
|--|-------------------|
| • HES Ophthalmology                              | BRENDAN LACEY     |
| • HES Optometry                                  | RICHARD GILMOUR   |
| • Southern LCG                                   | LYN DONNELLY      |
| • Surgical Services Manager WHSCT                | LOUISE O'DALLIAGH |
| • Clinical Services Manager BHSCT(ophthalmology) | STEPHEN BOYD      |
| • DoIC staff – GMS                               | MARIA DOWDS       |
| • Pharmacy                                       | DEIRDE QUINN      |
| • Optometry                                      | FIONA NORTH       |
| • HSCB IT representative                         | BRIAN MCKEOWN     |
| • HSCB Governance Adviser                        | MARGARET McMULLAN |
| • Optometry NI representative                    | BARRY CURRAN      |
| • HSC / University training representative       | KAREN DEMPSEY     |
| • Service user (s)                               | DANNY POWER       |
| • Finance  | ROSEMARY MARTIN   |

### Task Group 5 – Promotion of Eye Health (PHA led group)

- |   |                    |
|---|--------------------|
| • PHA Staff                               | JACKIE McCALL      |
| • RNIB / Voluntary sector representation  | DAVID GALLOWAY     |
| • PHA – Public Health Improvement         | BERNADETTE CULLEN  |
| • Optometry NI representative             | DAVID BARNES       |
| • Secondary Care Optometry representative | TBC                |
| • HSCB, Regional Sensory Impairment       | MARTINA MCCAFFERTY |
| • PHA - Communications                    | TBC                |
| • HSCB (Communications)                   | NATALIE MACKIN     |

## 5. Developments aligned to objectives within Developing Eyecare Partnerships

It is acknowledged that engagement of stakeholders within the fora of the DEP Task Groups is essential for the twelve stated objectives within the policy document of Developing Eyecare Partnerships to be discussed, actioned and implemented. Several developments within the past year in regard to eyecare provision include:

- i. A telemedicine pilot in the Southern area
- ii. A refined cataract referral pathway in the Belfast LCG area and
- iii. The establishment of two Integrated Care Clinics (ICCs) for Belfast within a service re-design

In addition, the Health and Social Care Board are currently progressing work on proposals for the safe and effective management acute non-sight threatening eye conditions in primary care (Belfast LCG and Southern LCG) and a second refined cataract referral pathway in the Southern LCG area.

All of these initiatives for improvements in eyecare provision are compliant with Transforming Your Care and align to the vision of Developing Eyecare Partnerships. It is expected that the audit of these initiatives will help inform the work of the relevant DEP Task Groups. The recommendations and learning arising from these pilots and service re-design will be of value in advising task group members of the potential benefits of service transformation whilst also highlighting potential obstacles which need to be overcome as the process of Developing Eyecare Partnerships moves forward.

## 6. Future actions and timescales

The second meeting of the DEP Project Board took place on 24<sup>th</sup> September 2013 and the next steps in the implementation of Developing Eyecare Partnerships were discussed and agreed. DEP Project Board members agreed the proposed DEP Task Group memberships, draft terms of reference and draft outcome measures as detailed in section three of this report.

Over the next twelve months it is expected that all DEP Task Groups will have regular meetings with the initial meetings of all task groups expected to take place in October/early November 2013. At these initial meetings task group members will be expected to discuss their draft terms of reference and draft outcome measures. Each DEP task group will be expected to apply SMART criteria in their approach to each allocated DEP objective. If task group members feel that amendments are necessary to the proposed terms of reference these will be brought to the attention of the DEP joint-leads.

It is the intention of the HSCB/PHA as joint leads for the implementation of “Developing Eyecare Partnerships, Improving the Commissioning and Provision of Eyecare Services in Northern Ireland” (DEP), to seek to engage a project manager to assist in the delivery of DEP. This will ensure a co-ordinated approach to the work of the project board and the task groups with the development of systems of effective communication, priority setting, review and performance management to enable delivery of the identified objectives.

It is anticipated that the DEP Project Board will meet on a quarterly basis in the incoming year to September 2014 and a further annual update report will be provided to DHSSPS in October 2013.

## APPENDIX 1

### **DEVELOPING EYECARE PARTNERSHIPS**

#### **Improving the Commissioning and Provision of Eyecare Services in Northern Ireland**

#### **MINUTES of the 1<sup>st</sup> meeting of the DEP Project Board**

Date: Friday 28<sup>th</sup> June 2013

Time: 3-5pm

Venue: Conference Room 1, HSCB.

Chairperson: Dr Sloan Harper, Director of Integrated Care, HSCB

#### 1. Welcome and Apologies

Dr Harper warmly welcomed all DEP Project Board Members to the first meeting.

#### Present:

Dr Sloan Harper (Chairperson) HSCB, Dr Jackie McCall, PHA, Mr Raymond Curran, HSCB, Mr Patrick Hassett, WHSCT, Mr David Galloway, RNIB, Mr Martin Holley, BSO, Dr Guiliana Silvestri, BHSCT, Mr Simon Christie, HSCB, Miss Jenifer Lindsay, BHSCT, Mr Richard Gilmore, WHSCT, Mr Brian McKeown, HSCB, Ms Louise O'Dalliaigh, WHSCT, Dr Kathryn Saunders, UUC.

#### Apologies were recorded from:

Ms Heather Stevens, DHSSPS, Dr Maria Dowds, HSCB, Professor Usha Chakravarthy, QUB, Ms Heather Trouton, SHSCT, Dr Windsor Murdock, NIGPC, Mr David Barnes, Optometry NI, Mr Dean Sullivan, HSCB, Mr Martin Hayes, HSCB.

#### In attendance were:

Mr Bryan Dooley, DHSSP, Ms Helen Knox, Optometry NI, Ms Fiona North, HSCB, Mrs Margaret McMullan, HSCB.

#### 2. Declarations of Interest

There were no declarations of interest declared.



### 3. Terms of Reference

Dr Harper gave a background to the policy document “*Developing Eyecare Partnerships, improving the commissioning and provision of eyecare services in Northern Ireland*”. Mr Raymond Curran talked through the Terms of Reference (ToR) for the Project Board and how the wider theme of DEP is embedded within Transforming Your Care (TYC). Discussion took place on the evolution of DEP and what funding might be available. It was stated that in the initial phase transitional funding may be available for business cases under DEP until March 2015. Mr David Galloway asked that any commissioning of eyecare services under DEP would be connected and linked to the overall commissioning plans for the HSCB and PHA and requested that this be included in the ToR. It was agreed that this would be included and the ToR amended to reflect this. The ToR were accepted subject to this amendment and would be circulated to all Project Board members.

### 4. DEP Workstreams and Task Groups

Dr Harper asked Mr Raymond Curran to give an overview on the thematic analysis of the 12 objectives outlined in the DEP policy document and the rationale for allocation of objectives to the suggested 6 task groups. Mr Raymond Curran then talked through each task group and allocated DEP objectives in turn.

Task Group 1: DHSSPS will lead on this task group and discussion took place on the issue of ‘listing’ of ophthalmic professionals and the work which would be needed in terms of regulatory / legislative change. The issue of the sight test survey as detailed in DEP objective 4 was discussed and the benefits of the re-commissioning of the survey were outlined.

Task Group 2: Mr Raymond Curran advised that this group had a significant work load and Mr Simon Christie advised that finance would be an enabler for many initiatives arising from this task group. He felt it was appropriate that finance was represented on this task group. Mr Raymond Curran welcomed this initiative and agreed to incorporate a representative from finance in the group membership. Mr David Galloway asked that a review of the process for Certification of Visual Impairment be included in the work of this group. Mr Raymond Curran advised that each task group would have identified ToR and that this could be facilitated within Task Group 2 ToR.

Task Group 3: Mr Raymond Curran talked about the need for regional measurements and not the current status where individual HSCT have their own data and audit processes. Mr Simon Christie advised that he felt that as this was a PMSI led group that there should be representation from PMSI at Project Board level. Mr Raymond Curran agreed to look at this suggestion and follow up with Dr Harper and Dr McCall.

Task Group 4: Mr Raymond Curran gave information on the background to the DEP objective 9. Dr Silvestri asked that the word “acute” be clarified as in secondary care this took on a different meaning. Mr Raymond Curran advised that this was in relation to ‘non-sight threatening’ eye conditions which could be safely managed in primary care e.g. conjunctivitis / dry eye etc. Clarification on this would be provided in the amended papers for the ToR and Task Groups and would be circulated to all Project Board members.

Task Group 5: Discussion took place in relation to DEP objectives 10 and 11 and how they did not ‘fit’ that well together within one task group. It was felt by many Project Board members that these objectives could be moved to other task groups namely:

- a. Objective 10 placed in task group 1
- b. Objective 11 placed in task group 2

It was agreed that this would be amended with suggestions for enhanced group memberships for task groups 1 and 2. The revised task group objectives and suggested membership would be circulated to all Project Board members for comment.

Task Group 6: Discussion took place in relation to DEP objective 1 as allocated to task group 6 and Mr Simon Christie advised that the convening of DEP Project Board was in part fulfilling this objective. Dr McCall advised that this group would be led by PHA and Mr David Galloway asked if he could be part of task group 6 as it was of interest to him in his role within RNIB. Mr Galloway provided compelling statistics for the Project Board members on the effect of sight loss in particular in regard to ageing and disability.

It was agreed there would be a need for temporary Project Manager as there will be a lot of organising involved. Mr Simon Christie indicated that funding may be identified subject to business case. Mr Raymond Curran stated he would develop a business case for this as quickly as possible. He agreed to take advice from HR in relation to the temporary nature of the proposed Project Manager role as this could present some difficulties due to the fact the DEP is a 5 year strategy.

5. Any other business

There were no further items for discussion.

6. Date of next meeting

It was agreed that the next meeting needed to take place in early-mid September to allow Project Board time to draft and ratify the annual report on DEP for DHSSPS. It was agreed that an e-mail would be sent to all Project Board members in the incoming days/weeks requesting availability for the next meeting.

Table of Actions
1. Commissioning of eyecare services under DEP to be connected and linked to the overall commissioning plans for the HSCB and PHA. ToR to be amended to reflect this and circulated to Project Board members by Mr Raymond Curran.
2. Representation from PMSI at Project Board Level to be arranged. Mr Raymond Curran to follow up with Dr Harper and Dr McCall.
3. Mr Raymond Curran to circulate amended papers for ToR and Task Groups clarifying the word “acute” as this takes on a different meaning in secondary care – clarification that this in relation to ‘non-sight threatening eye conditions that can safely be managed in primary care’.
4. Mr Raymond Curran to circulate revised task group objectives moving objective 10 to task group 1 and objective 11 to task group 2 and suggestions for enhanced group memberships for tasks 1 and 2.
5. Mr Raymond Curran to develop a business case and take advice from HR in relation to creating a temporary Project Management role to assist in the delivery of DEP.