DEVELOPING EYECARE PARTNERSHIPS

Improving the Commissioning and Provision of Eyecare Services in Northern Ireland

2nd Annual Report from The Health and Social Care Board and The Public Health Agency

October 2014

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1 Project Background

The strategy *"Developing Eyecare Partnerships: Improving the Commissioning and Provision of Eyecare Services in Northern Ireland"* was launched by DHSSPS in 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.

2 Project Aims

The strategy identified four aims as follows:

1) Identify potential sight-threatening problems at a much earlier stage;
2) Contribute to the independence of adults and maintaining them well in the community, for as long as possible, by improving access to current HSC treatment for acute and/or long-term eye conditions;
3) Contribute to the improvement of life chances for children, including those children living with disabilities, through improving access to eyecare services and treatment for acute and long-term conditions; and
4) Maximise use of HSC resources in both primary and secondary care services.

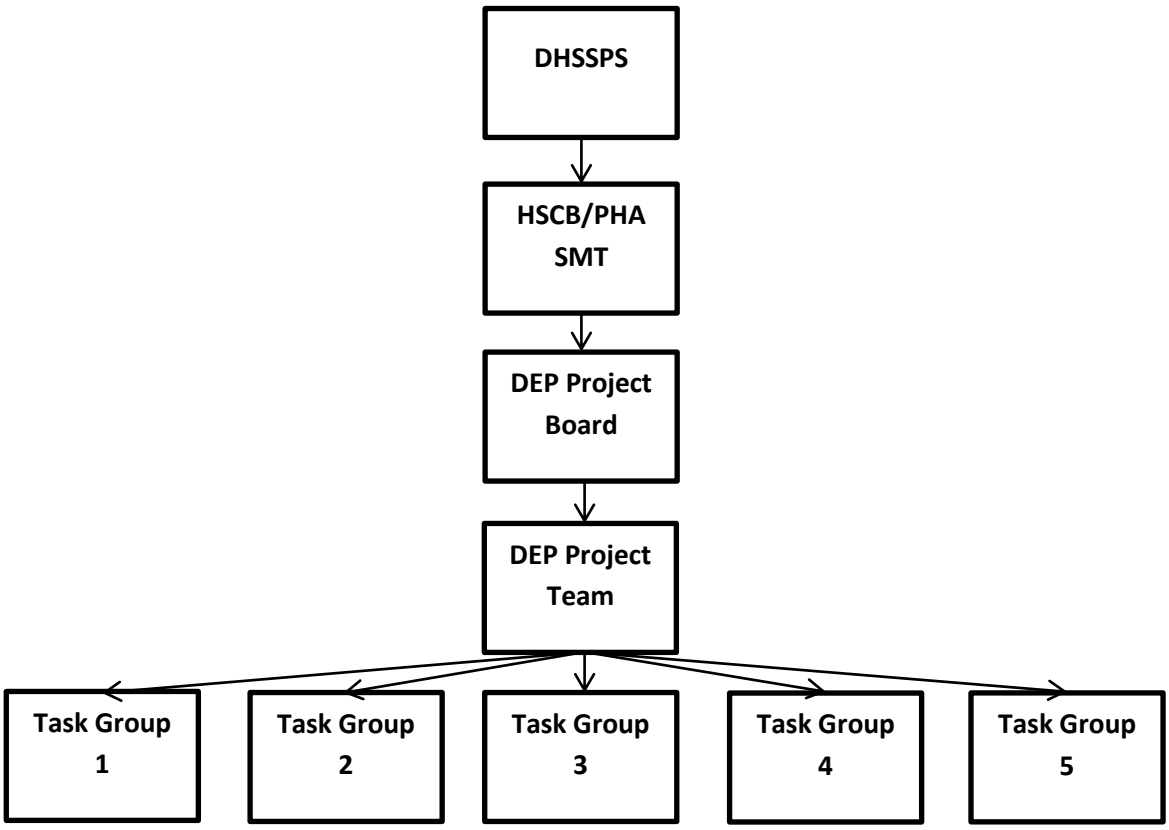
3 Project Approach

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.

4 Project Structure

The project is sponsored and overseen by DHSSPS. The Health and Social Care Board (HSCB) and Public Health Agency (PHA) will co-lead on implementation of the strategy over a 5 year period from 2013 to 2017. Project management arrangements include dedicated work streams and task groups, each with assigned terms of reference and DEP objectives. The DEP governance structure is outlined below:



4.1 Project Board

Membership of the Project Board 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. It was recognised that the Project Board should be both dynamic and have the expertise to hold proposed Task Groups to account.

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 work streams 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.

Appendix 1 details the membership of DEP Project Board

4.2 Project Team

A Project Manager was appointed to join the two project co-leads on the Project Team. The Project Team will:

- implement all decisions and directions of the Project Board;
- provide oversight, guidance and direction to the task groups in their formulation of strategies for the delivery of assigned DEP objectives;
- facilitate communication between, and oversight across, task groups;
- ensure progress within the Task Groups;
- 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";

- 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.

4.3 Task Groups

Five Task Groups were established to work on the twelve project objectives, appropriately clustered. Each DEP Task Group has a title, clear terms of reference and measurable outcomes. Representation of stakeholders for these Task Groups was agreed by the Project Board members. The five DEP Task Groups 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

A CVI subgroup was established in September 2014, reporting to Task Group 5.

Appendix 2 details the membership of the Task Groups and subgroup.

Appendix 3 details the Task Group Terms of Reference.

5 Progress Towards the 12 DEP Objectives

DEP Objective 1 — Task Group 5

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.

Task Group 5 has reviewed current strategies and extracted all references to eye health promotion. Work is on-going to map what is currently happening in relation to implementation of these strategies to ensure that opportunities to contribute to the promotion of good eye health and the prevention of sight loss are being optimised. The group have also reviewed the literature on prevention of sight loss and reviewed current interventions being carried out in Northern Ireland. This is currently being collated into a thematic action plan for promotion of eye health and prevention of sight loss. Some priority areas have been identified including smoking cessation, vision and falls and learning disability.

DEP Objective 2 — Task Group 5

Through implementation of the Service Framework for Older People (post consultation and subject to the final determination of the relevant standard), HSC organisations will offer multi-factorial, evidence based falls and bone health assessments to older people on an annual basis. This will adopt a case management approach for those at high risk of falls, including eyesight tests and the enhancement of signposting on access to ophthalmic services in primary and community care.

Task Group 5 have made links with health improvement, nursing, quality improvement, Integrated Care Partnerships, and Royal College of General Practitioner work on falls prevention.

Task Group 5 discussed current issues in relation to the Certification of Visual Impairment including under-capturing, devastating impact, eligibility, professional sign-off and improved methods of communicating uptake and benefits. It was agreed that a subgroup should be set up to focus on CVI and Terms of Reference have been agreed. David Galloway convened this group and the first meeting was held in September 2014.

DEP Objective 3 — Task Group 1

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 General Ophthalmic Services.

During the initial meetings of Task Group1 discussions took place on the current arrangements for listing of providers of General Ophthalmic Services and the powers to 'list' which exist under the current Regulations. The process of introducing the necessary primary legislative change to enable DEP Objective 3 to be achieved will not be completed in the timeframe of the current NI Assembly.

During 2014/15 Task Group 1 will examine the frameworks which exist in England, Scotland and Wales in order to determine the best regulatory framework for Northern Ireland. Any proposed model for provision of General Ophthalmic Services should take account of the strategic direction of Developing Eyecare Partnerships and ensure that regulatory powers are robust and fit for purpose.

DEP Objective 4 — Task Group 1

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.

Further to the meetings of Task Group 1 in November 2013 and January 2014, all members of Task Group 1 were asked to provide their comments and feedback on the variables for inclusion in the Sight Test Survey. This information was collated and in early – mid 2014 and thereafter HSCB worked closely with DHSSPS and the statisticians in Information and Analysis Department to develop the framework for the Survey. It was decided that the Survey would be an ideal opportunity to capture additional information on aspects of Ophthalmic Public Health which in turn would inform the work of other DEP Task Groups (Task Group 5 in particular).

All 266 Optometry practices in Northern Ireland were invited to participate in the Survey with the number of individual surveys from each practice stratified. An analysis of General Ophthalmic Services 'activity' was undertaken to determine which practices provided a greater volume of General Ophthalmic Services so that these providers would have proportionate representation in the Survey. Practices were offered the option of postal or, electronic surveys and the dissemination and collation of the actual surveys was co-ordinated by DHSSPS.

Early analysis indicated an overall return rate of approximately 35% from Optometry practices, comprising over 3,500 individual patient episodes. Task Group 1 will meet in late September to review the variables in the Survey to discuss the analysis of the data with the statisticians who are collating the Survey information. It is anticipated that the final report of the 2014 Sight Test and Ophthalmic Public Health Survey will be available and published in November 2014. The Survey will be disseminated to all DEP Task Groups to assist in the planning for and delivery of their assigned DEP Objectives.

DEP Objective 5 — Task Group 2

An integrated eyecare model will be implemented which will facilitate a resource shift, with improved inputs, access and outcomes at each level –i.e. primary and community, networked acute care and highly specialist regional and supra-regional services.

This overarching objectives will be achieved by the combined actions of each DEP Task group, including TG3 (Regional Measurements) and TG4 (Acute Eye), over the five year time frame for implementation of DEP.

DEP Objective 6a — Task Group 2

There will be a regional approach to the development of integrated care pathways for long term eye conditions to include glaucoma, cataract, diabetic retinopathy, macular degeneration and low vision; these pathways will adopt the ten principles of eyecare service change in order to enhance access, and improve eye health outcomes.

This objective outlines the requirement for the HSCB and PHA to ensure that integrated care pathways are developed for the long term eye conditions - Glaucoma, Cataract, Diabetic Retinopathy, Macular Degeneration and Low Vision.

1. Cataract

Cataract remains the leading cause of referral into secondary care (25% of all referrals into ophthalmology) but, for a variety of reasons, some of these referrals do not lead to patient being offered, or consenting to, surgical intervention following the outpatient appointment. Recognising this, HSCB is piloting an enhanced cataract referral protocol, in Belfast and Southern LCG areas, aimed at reducing unnecessary referrals, and allowing those most in need of surgery more streamlined access to treatment. Analysis of cataract referrals will take place in the autumn of 2014 in the Belfast and Southern LCG areas to assess the impact of the Refined Cataract Referral Pilots.

Across GB and Ireland, innovative uses of technology are helping to streamline the pre- and post-operative cataract patient pathway. During 14/15 Task Group 2 will continue to assess and analyse these care pathway approaches, and facilitate service redesign where safe and appropriate to do so.

2. Diabetic Retinopathy

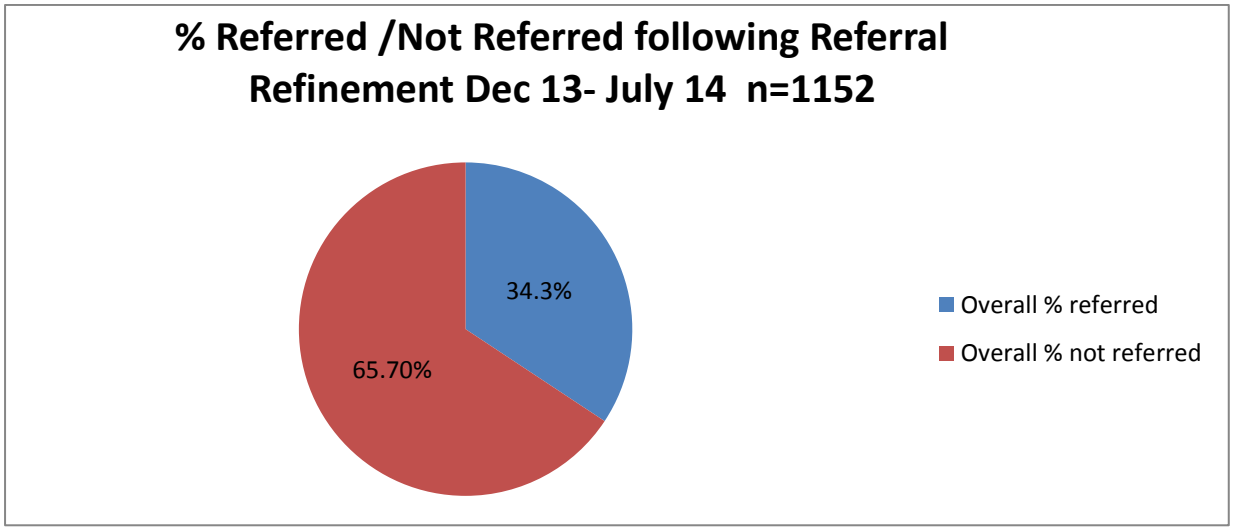
Diabetic retinopathy remains a leading cause of visual impairment among the working population in the Western world. Although Northern Ireland enjoys an established universal screening programme for people with diabetes over twelve years of age, emerging technologies and treatments can contribute to efficiencies and improved clinical outcomes for this group. Task Group 2 members will work with the PHA Diabetic Retinopathy Screening Group and the planned RQIA review to consider all elements of the current pathway for Diabetic Retinopathy Screening Service (DRSS). It was also recommended that consideration be given to voluntary sector representation on the PHA DRSS Group.

3. Macular Services

The Regional Macular Subgroup is reviewing and refining the patient pathway for the macular service in Belfast and Western Trusts. This work includes review of the imaging service, and optimisation of skill mix. Changes to the pathway, such as introduction of nurse practitioners, have led to a reduction in waiting times. A patient satisfaction survey has also been undertaken and the results have been used to plan changes to the service.

4. Glaucoma

Glaucoma accounts for 15-19% of all referrals into secondary care ophthalmology, and 25% of all subsequent review appointments. Recognising that, post-NICE CG85, many of these referrals were false positives, HSCB, in partnership with all stakeholders, redesigned the referral pathway. During 13/14 the resultant referral refinement Local Enhanced Service was launched, utilising enhanced skills and equipment in high street optometry to reduce false positive referrals. To date, against a commissioning objective of a 30% reduction, currently 65% of suspect glaucoma/OHT patients who would previously have been referred are managed out of secondary care.



For those diagnosed with glaucoma or ocular hypertension, DEP planning has encouraged enhanced tele-linked diagnostics and utilisation of clinical skills mix to facilitate a one-stop patient pathway in state-of-the-art treatment centres. This initiative has enabled BHSCT to recruit 6 Community Optometrists with a Special Interest to work alongside consultant and other colleagues to provide a better patient-centred experience with improved outcomes.

DEP Objective 6b CVI Subgroup of Task Group 5

Pathways for eyecare will ensure that blind/partially sighted certification and registration processes are appropriately conducted.

The following tasks were identified in a paper agreed at DEP Project Board on 30 April 2014.

a) The CVI subgroup will examine the application of the CVI and Registration processes in Northern Ireland and make specific recommendations for change or improvement.

b) Recommendations for change or improvement will be submitted to DEP Project Board.

c) The sub-group will engage with DEP Task Group 2 to ensure that CVI processes are reflected in care pathways

d) The sub-group will engage with DEP Task Group 1 to ensure that an effective regulatory framework is in place for certification

e) The sub-group may consider a broad range of issues affecting certification and registration including:

- Advice and information for patients regarding CVI and Registration
- Training and information for ophthalmologists regarding the appropriate and timely use of CVI
- The arrangements for onward transmission of CVI forms from hospital eye services to Sensory Support Teams
- The broader arrangements for certification and in particular the proposed changes to the role of optometrists in that process in Scotland
- The arrangements for the collection and analysis of CVI data in Northern Ireland

DEP Objective 7 Task Group 3

There will be high level regional measurements developed to facilitate the monitoring and evaluation of the new eyecare service model and associated pathways. These will include input, output and outcome measurements. Data collection will be undertaken in line with data protection principles and information governance.

Task Group 3 worked in 2014 to develop a detailed action plan to progress towards DEP objective 7. Some of the detail is outlined below:

1. Establish what Information is currently available and what gaps exist
   - Devise a list of current measurements – out patient volumes, waiting times, and gaps in information
   - Identify subsets of data currently provided e.g. consultant, condition, clinical code, hospital site
   - Identify source of referrals and coding – Glaucoma, Wet AMD, outcomes of clinics. Detail the backlog of review patients by Consultants
2. Establish a Baseline to measure the current Service Provision
   - Stock take of current eyecare services
   - Establish a service baseline. This will include information available on PAS for IP/DC, OP and Referrals, split into the subspecialties of Ophthalmology (e.g. glaucoma/Macular/Cataract/Diabetes) such as:
     i. Activity – for last 3 years
     ii. Waiting times – snap shot of last 3 years, March & Dec. 2013
     iii. Review backlog – macular split
     iv. Referrals – can it be split into sub specs
     v. Disposal methods from Op attendances
     vi. Attendances at Eye Casualty
     vii. Number of DTAs

     All of above by Site and Consultant. In relation to IPDC Activity – split of surgery type e.g. cataract
3. Bench mark current eye care services
4. Identify other measurements and audit tools to evaluate the impact of the pathway redesigns emanating from other DEP task groups
5. Consider options for measurement and monitoring in primary care
6. Agree best practice data collection processes and data definition
7. Identify opportunities to maximise the use of IT to support Eye Care
8. Consider the most appropriate means to secure patient experience input and the options to measure patient experience

DEP Objective 8 — Task Group 2

Eyecare partnership schemes, to enhance access to diagnosis and treatment closer to home, will be based on population 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.

This overarching objective will be achieved by the combined actions of each DEP Task group, including TG3 (Regional Measurements) and TG4 (Acute Eye), over the five year time frame for implementation of DEP. In addition to contributing to the work of TG4, during 13/14 TG2 has overseen the introduction of the glaucoma referral refinement LES and the enhanced cataract referral. Recognising that streamlined pathway approaches to patient care will require improved communications and referral/feedback mechanisms, TG2 have benefitted from the input of IT colleagues in planning for secure telecom links to facilitate e-Referral via CCG and appropriate access to NIECR.

DEP Objective 9 — Task Group 4

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 will be commissioned and delivered within an appropriate clinical and social care governance framework.

Some of Task Group 4's key achievements in 2014 are outlined below.

1. Audit on outcomes of Optometrist in Altnagelvin Eye Casualty complete and incorporated into proposal to the Belfast LCG to extend the role of Optometrists to work in the BHSCT Eye Casualty.
2. SPEARS pilot commenced 1 Sep 2014
3. Agreed revised definition of the "acute eye"
4. Progress on provision of Eye Formulary for dry eye lubricants.
5. Process for registration of NMP optometrists developed. First 3 optometrists have been registered and received their prescription pads allowing them to prescribe from the specific Optometric Formulary for patients they manage in PC optometry practice.
6. BHSCT poster on referral pathway/protocols for ocular emergencies in development - will be disseminated to all optometric practices, GP surgeries in and out of hours and main A&E Depts.
7. Appointment of optometric IP to ICP clinic
8. Audit of efficacy of Adenovirus Plus test on-going – BHSCT & Altnagelvin

DEP Objective 10 — Task Group 1

Clinical leadership, workforce development, training, and supervision will be essential components of eyecare service reform. This includes the promotion of independent optometrist prescribing, where appropriate to do so.

In addressing this Objective DEP Task Group 1, under the leadership and direction of DHSSPS, are required to investigate the current needs in relation to training, supervision and accreditation of ophthalmic professionals with a view to ensuring that frameworks are in place to nurture clinical leadership and workforce development. This is necessary so that eyecare reform is facilitated resulting in a patient-centred service

with proficient clinical leadership, training and development giving improved patient experience and outcomes.

The aspects of eyecare service reform which have direct implications for Objective 10 relate to the work of DEP Task Groups 2 and 4 in respect of 'clinical pathways'. Task Group 1 will tailor their work to determine how aspects of training, supervision and accreditation are delivered aligned to the current and any future SMART measurable outcomes identified by Task Groups 2 and 4. It is not within the remit of Task Group 1 to undertake a formal review or critique of the current formal undergraduate or, postgraduate training provision for ophthalmic professionals and other professionals involved in eyecare provision.

Task Group 1 will review the identified needs of Task Groups 2 and 4 and will scope out where possible the potential capability of agencies and training providers to assist in the delivery of the training, supervision and accreditation as identified by Task Groups 2 and 4.
However, it is acknowledged that no resource allocation has been identified for any future proposals and creative thinking will be required to deliver on Objective 10. The identified needs are varied, based on the multidisciplinary skill mix required to deliver modern, integrated eyecare services and extend beyond ophthalmic clinicians in the direct-patient setting. Task Group 1 will consider all options including existing training programmes and a pathway linked approach to training, supervision and accreditation utilising and applying SMART to achieve the desired outcomes.

DEP Objective 10 details the promotion of independent optometrist prescribing, where appropriate to do so. In April 2014 the HSCB began the process of formal registration of Independent Prescribing (IP) Optometrists as Non-Medical Prescribers (NMPs). To date five IP Optometrists have completed the registration process and have been allocated cipher numbers to enable issuing of HS21 prescriptions. The HSCB has also facilitated the commissioning of the recruitment of an IP Optometrist to work within an Integrated Care Clinic (ICC) in the Belfast Trust. Both of these initiatives are in line with the strategic direction of DEP and the utilisation of a varied skill mix to deliver integrated eyecare services in settings outside the broadly recognised 'secondary care' setting to improve patient access, outcomes and experience. The promotion of IP Optometrists will continue over the timeframe of DEP and beyond, as their enhanced skills in independent prescribing will add value to eyecare pathways, in particular that of the acute eye (Task Group 4).

DEP Objective 11 — Task Group 2

ICT developments will be required to improve referrals, communications and, payment and probity systems. Telemedicine links have the capacity to improve the quality and efficiency of service provision.

TG2 members noted papers at the May meeting in relation to the roll out of the Ophthalmic Claims System (OCS) and the potential for primary care optometry practices to access the Clinical Communications Gateway (CCG) via the F5 platform on which OCS operates. The importance of feedback from secondary care is acknowledged and the representations made by Director of Integrated care to the PHA SRO in relation to ECR and primary care optometry were also noted.

DEP Objective 12 — Task Group 1

The HSC Board/PHA working in collaboration with relevant organisations will lead on implementation of the eyecare strategy. The DHSSPS will lead on any legislative change

DHSSPS are currently in the process of consulting on a Bill (The Health (Miscellaneous Provisions) Act (NI) 2014/15). General Ophthalmic Services are referred to in this Bill with the aim being to return the 1972 Order to its pre 2008 Act position. Following Ministerial and Executive approval, the Bill has been issued for consultation. Following this consultation the HSCB will make representations to DHSSPS to request Ministerial approval to begin the process of primary legislative change.

Changes to Article 62 of the 1972 Order (primary legislation) are required if the implementation of DEP Objective 3 in regard to ophthalmic listing as detailed is to be accomplished. It is noted that such a regulatory change will not be undertaken in the lifetime of the current Northern Ireland Legislative Assembly and that it could be 2017 at the earliest before such primary legislative change could be executed. This work will progress over the remaining 3 year timeframe for Developing Eyecare Partnerships.

6 Challenges

The current and on-going financial pressures affecting Health and Social Care, and all areas of programme for government, will continue to be a challenge. The vision of Transforming Your Care is to see, treat and manage patients and users closer to home where appropriate. While this can be about reconfiguring how, where and by whom patients are seen within existing resources, additional funding may also need to be identified.

Task Group 1
DHSSPSNI will consider introducing enabling legislation, subject to Assembly approval, to enable HSCB to develop and maintain an extended listing system of individual GOS practitioners. That this will not be possible in the current Assembly lifetime poses a risk to ultimate delivery.

To mitigate this risk, HSCB will propose a number of amendments to current Regulations aimed at improving administrative management of the current list, and improving governance and quality in GOS provision.

With respect to Workforce Development (Objective 10), Task Group 1 will develop a “Training Plan” to facilitate clinical leadership, training and accreditation models for delivery of pathway models identified in Task Groups 2 & 4. This will require clarity on the roles and responsibilities for development of the training plan, QA etc. Clear ownership of this process represents a challenge.

Task Group 2
Pathway redesign to affect more strategic access to and delivery of care for the long term eye conditions must be set against a general rise in demographic pressures on eyecare services. The challenge is to meet Ministerial priorities, comply with NICE Guidelines and Royal College quality standards, and deliver care promptly, particularly for those conditions which can cause rapid loss of sight.

As such, the overall aim of Task Group 2 is to treat and manage demand in primary care, where it is safe and appropriate to do so, freeing capacity in secondary care to improve access and timely treatments.

The Task Group 1 training plans remain central to meeting this challenge.

Task Group 3
Monitoring and evaluation of these redesigned pathways is essential for both clinical and financial governance. Much activity, from inputs, through pathway elements and key indicators to clinical outcomes and audits, is already captured. This information, however, is captured at different levels, and by different systems, across different trusts and primary care settings. The challenge is to have a regional approach to deciding what information is needed, when and how to convert this data into information to better monitor patient flows and outcomes.

Task Group 4
The acute eye pilot in Armagh/Dungannon Southern LCG locality presents an opportunity to evaluate access, treatments, referral pathways and outcomes for a range of non-sight-threatening minor eye conditions that might otherwise have presented in secondary care.

As there is no dedicated financial resource to roll out a successful pilot remains a risk.

Task Group 5
National and international ophthalmic public health campaigns universally stress the importance of regular eye tests and the important impact these have on case finding and early detection. Raising public awareness about the importance of regular eye tests would increase demand on an already stretched demand-led General Ophthalmic Service and result in more referrals into treatment services which are already under capacity pressures.

Promotions on eye health would be required to run within existing identified PR campaigns. That eye health has not been identified as a priority area for such campaigns remains a challenge.

Overall, Developing Eyecare Partnerships relies on partnership working. Given current financial pressures, Trust are understandably reluctant to release clinical staff for non-clinical engagement activities such as DEP. The challenge is to create the vision, share to development, build momentum, whilst employing technologies to keep meetings to a minimum.

7 Next Steps

Following on from the substantial achievements of the first two years of the DEP project, a significant body of further work has been planned. Priorities for action, in no particular order, include:

- Development of a thematic action plan for the promotion of eye health and prevention of sight loss.
- Identification of opportunities to collaborate with Trusts, ICPs and other organisations on the prevention of falls, including exploring the potential to progress, through the RCGP, work on eyesight and older people. This will be incorporated into the action plan mentioned above.
- Confirmation and user acceptance testing that the VPN-accessed F5 communication channels installed in ca. 80% of GOS contracted practices allow adequate bandwidth and security to potentially utilise and access Clinical Communications Gateway (CCG) and NIECR.
- Development of the role of Optometrist Independent Prescribers (IPs), Nurse Specialists, GPs with Special Interest and Orthoptists in ICC/ICATs for Primary Care Pre- and Post-operative assessment of cataract.
- Training for Primary Care Optometrists and GPs in relation to current treatments, referral guidelines and pathways.
- Confirming the regulatory basis for certification of visual impairment.
- Reviewing and formalisation of the pathway of paperwork for certification/registration of visual impairment from clinics.
- Monitoring/auditing the coding used in data collection relating to referrals.
- Delivering, monitoring and evaluating the SPEARS (Southern Primary Eyecare Assessment & Referral Service) project.
- Finalising a poster on referral pathway/protocols for ocular emergencies and disseminating to all optometric practices, GP surgeries in and out of hours and main A&E Depts.
- Obtaining data on regional Eye Casualty and Minor Injury Units eye-related activity.
- Continuing registration of Independent Prescribers as required.
- Drafting a Training and Professional Development plan to underpin the recommendations for change from the various task groups and subgroups.

Appendix 1: Project Board Membership as at October 2014

	NAME	JOB TITLE/DEPARTMENT	ORGANISATION
1.	Brian McAleer	Senior Commissioning Manager	HSCB
2.	Brian McKeown	Assistant Director eHealth & External Collaboration	HSCB
3.	Conal O'Connell	Head Accountant FHS	HSCB
4.	David Barnes	Chair	ONI
5.	David Galloway	Director	RNIB
6.	Dean Sullivan	Director of Commissioning	HSCB
7.	Dr David Lewis	Medical Adviser, DoIC	HSCB
8.	Dr Jackie McCall	Consultant in Public Health	PHA
9.	Dr Sloan Harper[CHAIR]	Director of Integrated Care	HSCB
10.	Fiona Hamill	Director of Service Delivery	DHSSPS
11.	Heather Trouton	AD of Acute Services, Surgery and Elective Care	SHSCT
12.	Jane Hanley	Head of Orthoptic Services	BHSCT
13.	Louise O'Dalaigh	Ophthalmology Acute Services Manager	WHSCT
14.	Martin Hayes	Project Director ICP	HSCB
15.	Martin Holley	Chair, NI Ophthalmic Committee	BSO
16.	Miss Giuliana Silvestri	Clinical Director, Ophthalmology Services	BHSCT
17.	Patrick Hassett	Clinical Lead, Ophthalmology	WHSCT
18.	Prof Jonathan Jackson	Head of Optometry	BHSCT
19.	Prof Kathryn Saunders	Education and Research	UU
20.	Prof Usha Chakravarthy	School of Medicine, Dentistry & Biomedical Sciences	QUB
21.	Raymond Curran	Head of Optometry	HSCB
22.	Richard Gilmour	Head of Optometry	WHSCT
23.	Shane Breen	AHP Consultant	PHA

Appendix 2: Task Group Membership as at October 2014

TASK GROUP 1 - Workforce and Legislative Issues

	NAME	JOB TITLE/DEPT.	ORGANISATION
1.	Bryan Dooley CHAIR	Head of General Dental & Ophthalmic Services Branch and Prison Healthcare	DHSSPS
2.	David Barnes	Chair	ONI
3.	Emma Hughes	Finance	HSCB
4.	Jenny Lindsay	HES Optometry	BHSCT
5.	John Nesbitt	Pay, Employment & Strategic Change Branch	DHSSPS
6.	Margaret Glass	DHSSPS	DHSSPS
7.	Margaret McMullan	Optometric Adviser	HSCB
8.	Mark Higgins	General Dental & Ophthalmic Services	DHSSPS
9.	Neil Carson	General Dental & Ophthalmic Services	DHSSPS
10.	Patrick Richardson	Optometry Clinic Manager	UU
11.	Richard Best	Ophthalmology	BHSCT
12.	Rosie Brennan	Representative	NIMDTA

TASK GROUP 2 - Integrated Models/Pathways

	NAME	JOB TITLE/DEPT.	ORGANISATION
1.	Alan Marsden	Commissioning	HSCB
2.	Brian McKeown	AD eHealth & External Collaboration	HSCB
3.	Brian McKeown	Representative	ONI
4.	Caroline Cullen	Commissioning	HSCB
5.	David Galloway	Director	RNIB
6.	Dr Joanne Logan	HES Optometry	BHSCT
7.	Dr Julie-Ann Little		UU
8.	Eddie Ritson	Programme Director-Centre for Connected H&SC	PHA
9.	Emma Hughes	Finance	HSCB
10.	Joanne Rowbotham	Programme Manager, DRSP	PHA
11.	Louise Herron	Specialist Registrar	PHA
12.	Margaret McMullan	Optometric Adviser	HSCB
13.	Miss Giuliana Silvestri	Clinical Director, Ophthalmology Services	BHSCT
14.	Patrick McCance	Orthoptist	BIOS
15.	Paul Cunningham	PMSID	HSCB
16.	Prof Usha Chakravarthy	School of Medicine, Dentistry and Biomedical Sciences	QUB
17.	Raymond Curran CHAIR	Head of Optometry	HSCB
18.	Stephen Boyd	Clinical Services Manager	BHSCT

TASK GROUP 3 - Regional Measurement

	NAME	JOB TITLE/DEPT.	ORGANISATION
1.	Adrienne Hull	Eyecare Liaison Officer	RNIB
2.	Brian McAleer CHAIR	Commissioning	HSCB
3.	Caroline Earney	PMSID Information	HSCB
4.	Claire Stevenson	Orthoptist	SHSCT
5.	Dr Asif Orakzai	Ophthalmology	WHSCT
6.	Dr Jackie McCall	Consultant in Public Health	PHA
7.	Dr Sonia George	Ophthalmology	BHSCT
8.	Jane Hanley	Head of Orthoptic Services	BHSCT
9.	Janice McCrudden	Optometric Adviser	HSCB
10.	Jillian Patchett	Senior Manager Prevention Support Services	RNIB
11.	Katey Gunning	IT	HSCB
12.	Louise Herron	Specialist Registrar	PHA
13.	Louise O'Dalaigh	Ophthalmology	WHSCT
14.	Martin Hayes	Project Director ICP	HSCB
15.	Prof Jonathan Jackson	Head of Optometry	BHSCT
16.	Prof Kathryn Saunders	Education and Research	UU
17.	Steven Turtle	Business Support Manager PMSID	HSCB

TASK GROUP 4 - Regional Acute Eye Pathway

	NAME	JOB TITLE/DEPT.	ORGANISATION
1.	Barry Curran	Representative	ONI
2.	Brendan Lacey	Ophthalmology	BHSCT
3.	Brian McKeown	AD eHealth & External Collaboration	HSCB
4.	Danny Power	Service User	N/A
5.	Deirdre Quinn	Pharmaceutical Services Lead	HSCB
6.	Dr David Lewis	Medical Adviser, DoIC	HSCB
7.	Dr Karen Breslin	Representative	ONI
8.	Emma Hughes	Finance	HSCB
9.	Fiona North	Optometric Adviser	HSCB
10.	Jane Hanley	Head of Orthoptic Services	BHSCT
11.	Louise O'Dalaigh	Ophthalmology	WHSCT
12.	Lyn Donnelly	AD of Commissioning	Southern LCG
13.	Margaret McMullan	Optometric Adviser	HSCB
14.	Miss Giuliana Silvestri CHAIR	Clinical Director, Ophthalmology Services	BHSCT
15.	Miss Suhair Twaij	Clinical Lead for Eye Casualty	BHSCT
16.	Raymond Curran	Head of Optometry	HSCB
17.	Richard Gilmour	HES Optometry	WHSCT
18.	Sr Rosemary O'Neill	Eye Casualty	BHSCT
19.	Stephen Boyd	Clinical Services Manager	BHSCT

TASK GROUP 5 - Promotion of Eye Health

	NAME	JOB TITLE/DEPT.	ORGANISATION
1.	David Barnes	Chair	ONI
2.	David Galloway	Director	RNIB
3.	Deirdre Burns	Optometry	BHSCT
4.	Donal Diffin**	Social Care Commissioning Lead	HSCB
5.	Dr Chris Leggett	GP Lead	Down ICP
6.	Dr Jackie McCall CHAIR	Consultant in Public Health	PHA
7.	Louise Herron	Specialist Registrar	PHA
8.	Mark Holloway	GP with Special Interest	RCGP
9.	Natalie Mackin	Communications	HSCB
10.	Patricia Dolan	Orthoptist	SEHSCT
11.	Patrick Hassett	Ophthalmology	WHSCT
12.	Stephen Wilson	Communications	PHA

CVI Subgroup – Reporting to Task Group 5

	NAME	JOB TITLE/DEPT.	ORGANISATION
1.	Aidan Best		BHSCT
2.	Alastair Campbell		DHSSPS
3.	Bryan Dooley	Head of General Dental & Ophthalmic Services Branch and Prison Healthcare	DHSSPS
4.	David Galloway CHAIR	Director	RNIB
5.	Jenny Lindsay	Head of Optometry	BHSCT
6.	Martina Dempster	Senior Social Worker Sensory Services	WHSCT
7.	Prof Jonathan Jackson	Head of Optometry	BHSCT
8.	Tanya Moutray	Consultant Ophthalmologist	BHSCT

Appendix 3: Task Group Terms of Reference

DEP Task Group 1 – Workforce and Legislative Issues

DEP Objectives	Terms of Reference	Measurable Outcomes
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. 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. Objective 10 – Clinical leadership, workforce development, training, supervision and accreditation will be essential components of eyecare service reform. This includes the promotion of independent optometrists' prescribing, where appropriate to do so. 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.	1. To set the context for the introduction of proposals for an extension and enhancement of the current arrangements for listing of ophthalmic practitioners. 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. 3. To define the enablers for change as defined within DEP including the necessary legislative changes. 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. 5. Liaise with academic, training institutions, other bodies and DEP Task Groups 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	Introduction of revised listing arrangements supported by regulatory and/or legislative change. Establishment of DEP task groups to identify and action the enablers for change 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. The establishment of a framework for all aspects of ophthalmic training – undergraduate, post graduate and specialist training. The assessment of the quality of provision of training, outcomes of the training and uptake of said training.

DEP Task Group 2 – Integrated Models/Pathways

DEP Objectives	Terms of Reference	Measurable Outcomes
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. 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. 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. 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.	1. To ensure that eyecare service models for long term conditions are in line with DEP, TYC and the wider Vision 2020 agenda. 2. 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. 3. To develop a framework to ensure that ICT is an enabler within care pathways and payment and probity systems.	To identify clinical pathways for optimum service provision for 1. Acute Eye 2. Specialist Services 3. Glaucoma 4. Cataract 5. Diabetic Retinopathy 6. Macular Degeneration 7. Low Vision To establish local and regional professional groups from all stakeholders including: ICPs, LCGs, Trust, voluntary sector and service users. The establishment of care pathways and their associated business plans. The delivery of full connectivity across primary and secondary care ensuring maximum efficiencies, improved pathways and patient safety.

DEP Task Group 3 – Regional Measurement

DEP Objectives	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 identify current service measurements to establish a service baseline 2. To benchmark existing service provision across all Trusts 3. To identify other measurements 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 Objectives	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. **acute non-sight threatening eye*	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.	1.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. 2. The development of a public health awareness and communication strategy in relation to "acute eye problems" (to include eye injuries). Linkage with DEP Task Group 5 to ensure alignment with overarching HSC strategies (e.g. Choose Well) 3. To reduce the number of attendees at Eye Casualty in the RVH by providing services nearer to home. 4. To develop multidisciplinary teams to manage the acute eye in peripheral locations.

DEP Task Group 5 – Promotion of Eye Health

DEP Objectives	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. Objective 2-Through implementation of the Service Framework for Older People (post consultation and subject to the final determination of the relevant standard), HSC organisations will offer multi-factorial, evidence based falls and bone health assessments to older people on an annual basis. This will adopt a case management approach for those at high risk of falls, including eyesight tests and the enhancement of signposting on access to ophthalmic services in primary and community care.	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 identify and prioritise opportunities for primary prevention, secondary prevention and early detection to promote eye health to the population of Northern Ireland using a life course approach. 3. To engage and work collaboratively with HSC bodies, voluntary sector and service users to establish and implement an action plan for the promotion of eye health and prevention of sight loss.	To review all current strategies and extract references to eye health promotion To review evidence – undertake a literature review of prevention of sight loss eye health in UK and identify need for any further work or work specific to Northern Ireland. To review what is actually being delivered in Northern Ireland with respect to sight loss prevention and promotion of eye health To create an action plan for the promotion of good eye health and sight loss prevention in Northern Ireland in light of information obtained within this workstream.

Appendix 4 – DEP 2014 Meetings Calendar

Group	January	February	March	April	May	June	July	August	September	October	November	December
Board	21st			30th		25th			18th		26th	
TG1	16th								25th			4th
TG2	15th		6th		22nd			26th			13th	
TG3		24th		7th	12th					2nd		
TG4				24th		17th		14th			19th	
TG5			4th		8th		2nd		23rd		4th	
CVI Subgroup									8th		3rd	

Appendix 5 – DEP Glossary of Acronyms

The following glossary of acronyms has proven useful to those working on the DEP project.

1.	ABDO	Association of British Dispensing Opticians
2.	AMD	Age Related Macular Degeneration
3.	AOP	Association of Optometrists
4.	BIOS	British and Irish Orthoptic Society
5.	BSO	Business Services Organisation
6.	CEP	Community Engagement Project
7.	CET	Continued Education and Training
8.	COSI	Community Optometrist with Special Interest
9.	CREST	Clinical Resource Efficiency Support Team
10.	CVI	Certificate of Visual Impairment
11.	DMO	Diabetic Macular Oedema
12.	DO	Dispensing Optician
13.	ECLO	Eye Care Liaison Officer
14.	ECR	Electronic Care Record
15.	EPR	Electronic Patient Record
16.	FODO	Federation of Dispensing Opticians
17.	FPS	Finance and Procurement System
18.	GMP	General Medical Practitioner
19.	GOC	General Optical Council
20.	GOS	General Ophthalmic Services
21.	GSL	General Sales List
22.	HCN	Health Care Number
23.	HES	Hospital Eye Service
24.	HV	Health Visitor
25.	ICATS	Integrated Clinical Assessment and Treatment Service
26.	ICP	Integrated Care Partnership
27.	IFR	Individual Finance Request
28.	IOP	Intraocular Pressure
29.	IP	Independent Prescriber
30.	IPT	Investment Proposal Template
31.	IS1	Outpatients Independent Sector Activity
32.	LCG	Local Commissioning Group
33.	LES	Local Enhanced Service
34.	LMT	Local Management Team
35.	LOCSU	Local Optical Committee Support Unit
36.	MCQ	Multiple Choice Questions
37.	MHRA	Medicines & Healthcare Products Regulatory Agency
38.	MOS	Memo of Ophthalmic Services

39.	NCT	Non-contact Tonomter
40.	NES	NHS Education for Scotland
41.	NICE	National Institute for Health and Clinical Excellence
42.	NIMDTA	Northern Ireland Medical and Dental Training Agency
43.	NIOS	NI Optometric Society
44.	OCS	Ophthalmic Claims System
45.	OCT	Optical Coherence Tomography
46.	OMP	Ophthalmic Medical Practitioner
47.	ONI	Optometry NI
48.	OSF	Ophthalmic Services Forum
49.	POM	Prescription Only Medicine
50.	PSAB	Project Support Analysis Branch (DHSSPS)
51.	QICR	Quality Improvement Cost Reduction
52.	QOAR	Quarterly Outpatient Activity Return
53.	QOF	Quality Outcomes Framework
54.	RAES	Regional Acute Eye Services
55.	RCGP	Royal College of General Practitioners
56.	RQIA	Regulation and Quality Improvement Authority
57.	RR	Referral Refinement
58.	SBA	Service Budget Agreement
59.	(S)AI	(Serious) Adverse Incidents
60.	SI	Statutory Instrument
61.	(S)PEARS	(Southern) Primary Eyecare Assessment & Referral Service
62.	SR	Statutory Rule
63.	TA	Technology Appraisal
64.	TYC	Transforming Your Care
65.	VFM	Value for Money
66.	VIF	Visual Impairment Forum
67.	VPN	Virtual Private Network
68.	VSI	Vision Strategy Implementation
69.	WOPEC	Wales Optometry Postgraduate Education Centre
70.	WTE	Whole Time Equivalent