Department of Health, Social Services and Public Safety
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Health and Social Care Board

Public Health Agency

DEVELOPING EYECARE PARTNERSHIPS

Improving the Commissioning and Provision of Eyecare Services in Northern Ireland

3rd Annual Report from The Health and Social Care Board and The Public Health Agency
September 2015

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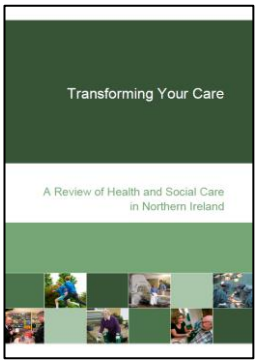
1 Project Background



"Transforming Your Care – A review of Health and Social Care in Northern Ireland" (2011) sets out an overarching road map for change in the provision of health and social care in Northern Ireland. It focuses on reshaping how services are to be structured and delivered in order to make best use of all resources, and in so doing, ensure that services are safe, resilient and sustainable into the future.

The strategy *"Developing Eyecare Partnerships: Improving the Commissioning and Provision of Eyecare Services in Northern Ireland"* (DEP) was launched by the Department of Health, Social Services and Public Safety (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.

DEP adopts and follows the Transforming Your Care (TYC) model as a regional strategy, to include local priorities, with access based on clinical need. DEP will also ensure skill mixes are optimised to offer better value across pathways, reducing variation and providing better use of resource.

As our populations age, and the age group most at risk of visual disorders increases, demand of eye services continues to grow. New and emerging technologies and treatments mean that more eye diseases are treatable, but often require long-term monitoring.

This phenomenon is not restricted to Northern Ireland, and the UK Vision Strategy 2013-2018 similarly sets out the case for change. Outcome 2 of the UK Vision Strategy asserts that "everyone with an eye condition receives timely treatment and, if permanent sight loss occurs, early and appropriate services and support are available and accessible to all."

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;

4) Maximise use of HSC resources in both primary and secondary care services.

The overarching aim of this regional strategy is to minimise sight loss and reduce health inequalities.

3 Project Approach

Developing Eyecare Partnerships aims to provide a coordinated approach for the commissioning and delivery of eye health and sight loss services to support the integration between services and pathways.

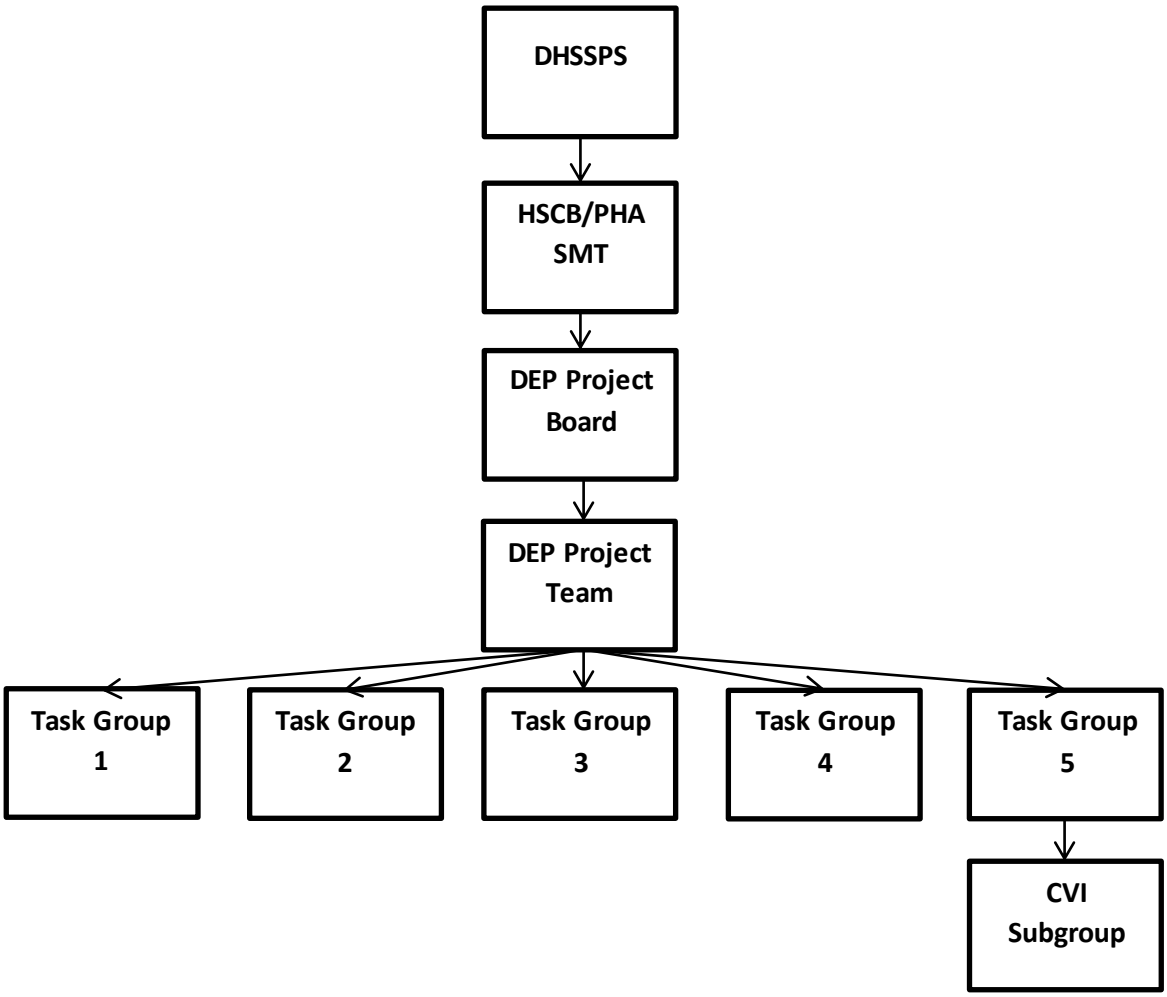
DEP facilitates the development of appropriate care pathways, across all sub-specialties where appropriate, from primary care through to specialised secondary care utilising the expertise of a varied skill mix. Supporting these pathways will be the use of optimal technologies and seamless communication between those providing the care. The result will be a patient-centred service with emphasis on clinical leadership, training and development giving improved patient experience and outcomes. This, in turn, will provide better value across pathways, reducing variation, and maximising resources.

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.

DEP continues to develop strategies to underpin what can safely be managed in primary care, use skill mixes in secondary care to build capacity there, identify areas and methodologies where co-managed care and monitoring can be delivered in a community setting, and have support in place with those suffering permanent sight loss.

4 Project Structure

The project is sponsored and overseen by DHSSPS. The Health and Social Care Board (HSCB) and Public Health Agency (PHA) co-lead on the 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:



SMT = Senior Management Teams

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 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:

- implements all decisions and directions of the Project Board;
- provides oversight, guidance and direction to the task groups in their formulation of strategies for the delivery of assigned DEP objectives;
- facilitates communication between, and oversight across, task groups;
- ensures progress within the Task Groups;
- provides 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";
- facilitates 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:

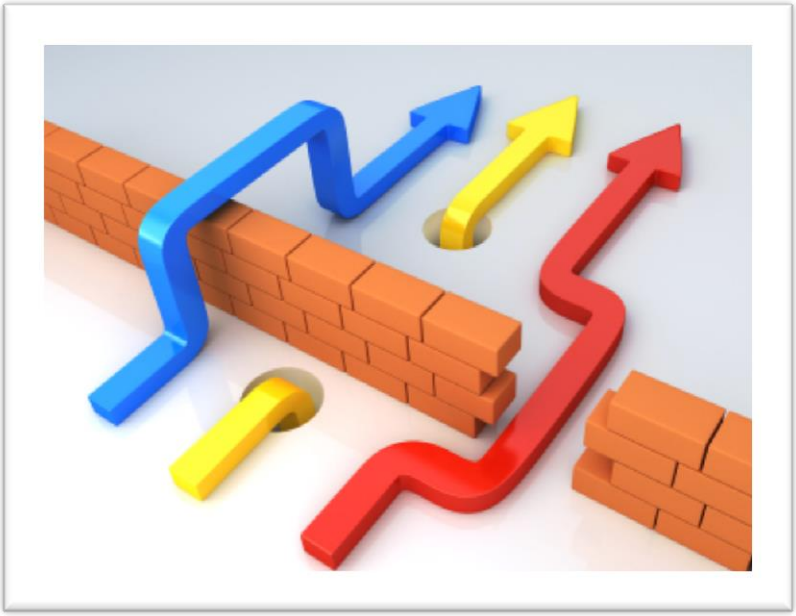
Task Group 1 - Workforce and Legislative Issues
Task Group 2 - Integrated Models/Pathways
Task Group 3 - Regional Measurement
Task Group 4 - Regional Acute Eye Pathway
Task Group 5 - Promotion of Eye Health

A Certification of Visual Impairment (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 Project 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. It should also be noted that the current DHSSPS and HSCB reviews of current commissioning structures and processes may impact on the work and strategic direction of DEP.

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

Additional challenges which relate to specific DEP objectives have been identified in section 6.

6 The DEP Objectives: Achievements, Next Steps & Challenges.

DEP OBJECTIVE 1 (TASK GROUP 5)
Collaboration to Promote Eye Health

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.

Achievements

- Review of the literature on prevention of sight loss in the UK complete.
- Further literature review completed in relation to smoking and eye health.
- Review completed of all current health strategies and references to eye health promotion extracted.
- Coordination with Public Health Agency tobacco team.
- Action plan for promotion of eye health and prevention of sight loss developed. Overarching focus on deprivation. Initial priorities are smoking; falls and early detection. Next priorities are diabetes and learning disability, followed by dementia and eye injuries.
- Draft action plan presented to DEP Project Board January 2015.
- Promotion of, and participation in, World Sight Day & National Eye Health Week.
- Press releases issued about general eye health and smoking & eye health.
- Engagement with primary care optometrists with plans for an initial cohort to access smoking cessation brief intervention training in late 2015.

Next Steps

- Further development of relationships with teams and organisations working in the key thematic areas to enable implementation of plan's objectives.
- Progress work on smoking, falls and early detection.

DEP OBJECTIVE 2 (TASK GROUP 5)
Older People and Falls

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.

Achievements

- This objective was incorporated into the review of all current strategies.
- Links have been created and developed with key stakeholder groups and networks involved in falls pathways across primary and secondary care incorporating the important elements of falls prevention in relation to vision.

Next Steps

- Identify opportunities to progress 'falls' work with Trusts, Integrated Care Partnerships, public and voluntary sector, patient safety forum and other organisations including the implementation of the Royal College of Physicians (RCP) FallSafe initiative and the Royal College of General Practitioners (RCGP) work on eyesight and older people. This will be incorporated into the action plan mentioned above.

Challenges

- 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 budget 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.

DEP OBJECTIVE 3 (TASK GROUP 1)
Legislation

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.

Achievements

- Early meetings of Task Group 1 discussed the requirement for primary legislative change to enable extension and enhancement of listing in order to deliver on Objective 3.
- DHSSPS consulted with DEP Task Group 1, HSCB and other stakeholders in the preparation of the Health (Miscellaneous Provisions) Act (NI)) which will clarify the current position in relation to ophthalmic listing.
- A scoping paper on legislative processes and mechanisms which outlined the process of legislative change with indicative timescales was agreed by Task Group 1.
- The enablers for change to deliver on DEP Objective 3 have been acknowledged by Task Group 1.

Next Steps

- Task Group 1 will continue to work with DHSSPS in 2015/16 to move the delivery of DEP Objective 3 to the next step as identified in the legislative scoping paper.
- DHSSPS will continue to engage with representatives from England, Wales and Scotland to gather additional information on regional frameworks.
- Task Group 1 members, in collective responsibility, will engage with colleagues and relevant contacts in the other devolved nations to gather information and evidence on the existing legislative frameworks. This will assist in provision of informal and formal information which Task Group 1 can consider.
- Task Group 1 will scope and examine the various models for legislation – Arrangements and Contractual - over the remaining timeframe for DEP.

Challenges

DHSSPSNI will consider introducing primary legislation, subject to Executive approval, to enable HSCB to develop and maintain an extended listing system of individual General Ophthalmic Services (GOS) practitioners. That this will not be possible in the current Assembly lifetime poses a risk to ultimate delivery. To mitigate this risk, HSCB has proposed a number of amendments to current subordinate legislation aimed at improving administrative management of the current list, and improving governance and quality in GOS provision.

DEP OBJECTIVE 4 (TASK GROUP 1)
Sight Test Survey

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 General Ophthalmic Services, to include referral patterns, demographics, co-morbidities and the level of private practice undertaken.

Achievements

- Sight Test Survey delivered and outputs reported.
- Sight Test & Ophthalmic Public Health Survey Report published Dec 2014.
- Dissemination of report to key stakeholders.
- Plan to audit referrals from Sight Test Survey developed and agreed.
- Staff members at Belfast Health and Social Care Trust and Western Health and Social Care Trust identified to undertake an audit of the referrals from the survey. This will provide valuable information in relation to; the quality and appropriateness of referrals; the reason for referral (ophthalmic condition); the patient pathway from referral to discharge/continued care; and the feedback from secondary care to the primary referrer.
- Audit subgroup convened and coordinator appointed.

Next Steps

- Audit subgroup to report back to Task Group 1.
- Follow-up survey committed for 2017.

DEP OBJECTIVE 5 (TASK GROUP 2)
Integrated Eyecare Service Aligned to Wider Agenda

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.

Recognising that service redesign in isolation leads to separate clinical services specifications and fragmentation in pathways of care, the coordinated approach adopted for DEP supports integration between services and pathways. The transformation of care should ensure that services are:

- Accessible;
- Safe;
- National Institute for Health and Clinical Excellence (NICE) compliant;
- Using appropriately trained workforce;
- Delivered as out-of-hospital care where safe and appropriate.

Outcome measures are being established and reporting statistics on eye care being improved.

Achievements

- Needs assessments across common long-term and acute eye conditions.
- Patient reported outcome measures for non-sight-threatening acute eye pilot.
- Macular Services patient survey.
- Recognition of variation, regionally and locally, in reporting on activity data by sub-specialty.
- Better understanding of capacity and demand for local and regional services.

Next Steps

- Work with pathways team to establish key outcome and assurance measures.
- Identify, and align, pathway variations.
- Establish patient-reported outcome measures for glaucoma, cataract, macular services and diabetic eye disease.
- Improve quality by enhancing communication and information flow, by use of eReferral, referral for advice, eTriage and use of Northern Ireland Electronic Care Record (NIECR).
- Adoption, where appropriate and within burden of collection resources, of the UK Ophthalmic Public Health Portfolio of Indicators.

DEP OBJECTIVE 6A (TASK GROUP 2)

Integrated Care Pathways (Long-Term Conditions)

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.

Achievements

- The Intra Ocular Pressure Repeat Measures Local Enhanced Service has demonstrated significant reduction in inappropriate referrals for suspect Ocular Hypertension (OHT) into the glaucoma service.
- Scoping exercise underway on the current involvement within the UK of primary care optometrists in the post-operative assessment of cataract patients.
- Meeting held with Ophthalmology provider Trusts to consider review of post-operative cataract assessment.
- Involvement of Optometrists/Nurse Specialists/GPs with Special interest/Orthoptists in Integrated Care Clinics (ICCs)/Integrated Clinical Assessment and Treatment Service (ICATs).
- Task Group 2 members have recommended that the Public Health Agency Diabetic Eye Screening Implementation Project Team consider review of the current pathway for the Diabetic Eye Screening Service.
- Integration planning for Diabetic Eye Screening Service leading to treatment and surveillance clinics.
- Task Group 2 submitted proposal to Specialist Services Commissioning Team (SSCT) Macular Group for review of pathway for patients referred to Macular Service.
- Information for primary care optometrists and GPs in relation to current referral pathways was disseminated in June 2015.

Next Steps

- Task Group 2 to review Welsh pathways for cataract, glaucoma and diabetic retinopathy.
- Local Commissioning Group (LCG) leads have agreed to utilise existing funding streams and consider further glaucoma referral refinement. Survey of primary care optometrists initiated in August 2015 to determine the level of interest in further training and hence gauge demand.
- Regional roll out and implementation of the refined referral for cataract with accompanying training and guidance for of optometrists.
- Dissemination of guidance for GPs in relation to this pre-operative enhanced triage for cataract.
- Training & accreditation of optometrists in post-operative assessment of cataract.
- Primary Care/Clinical (PCC) group mapping out patient pathways for diabetic retinopathy with key deliverables on screening (3/15) and diagnostic & treatment strategies.
- Dissemination and implementation of new macular pathway.

Challenges

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 National Institute for Health and Clinical Excellence (NICE) Guidelines and Royal College quality standards, and deliver care promptly, particularly for those conditions which can cause rapid loss of sight.

As such, a central theme 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 DEP Training and Professional Development Plan remains central to meeting this challenge.

DEP OBJECTIVE 6B (CVI SUBGROUP OF TASK GROUP 5)
Certification and Registration

Pathways for eyecare will ensure that blind/partially sighted certification and registration processes are appropriately conducted.
(N.B. Objective 6 was assigned to Task Group 2 but the CVI Subgroup was established under Task Group 5 and reports to that group)

Achievements

- DHSSPS have investigated the regulatory basis for certification and confirmed there is no explicit statutory basis for the form which is currently being used.
- Pathway of paperwork from clinics reviewed.
- Referral pathway for patients not eligible for certification from low vision clinics to sensory support clarified.
- Capture of social care information revised.
- Clinical information being captured on forms reviewed.
- 250 of the CVI forms submitted in 2014 reviewed and analysis presented to Divisional Audit meeting and to CVI Subgroup.

Next Steps

- Backlog of epidemiological data on pre-2014 CVI forms held in Shankill Wellbeing and Treatment Centre to be collated.
- Recommendations to be developed for processes for CVI paperwork.
- Draft revised NI CVI form to be produced.
- Recommendations to be developed for necessary training/awareness raising etc. to underpin new CVI paperwork/processes.

Challenges

If the recommendations of the CVI Subgroup are agreed, a set of further tasks will need to be taken forward, as outlined below, but the resources for undertaking this work have not yet been identified.

- There is a need to redesign the CVI form itself.
- The use and effectiveness of two other forms which were introduced in 2007 - “Letter of Visual Impairment” (LVI) & “Referral of Visual Impairment” (RVI) - should be reviewed.
- A new system for the collation of epidemiological data will be required.
- New and consistent processes for managing the CVI process and paperwork in ophthalmology departments and the transfer of forms to social services are required.
- Requirements around patient consent for certification, the capture of anonymised epidemiological data and onward referral to social services need to be resolved.
- In addition, new advice and guidance on CVI will be required for both HSC staff and patients.

DEP OBJECTIVE 7 (TASK GROUP 3)

High Level Regional Measurements

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.

Achievements

- List of ophthalmology information currently available on Patient Administration System (PAS) provided by Performance Management and Service Improvement Directorate (PMSID) of HSCB in Jan 2015.
- Identified what information is available and coded.
- Baseline analysis completed end March 2015. Baseline agreed to be implemented from April.
- Current coding identified as an issue – long lists of codes with some overlap (and possibly some gaps), lack of regional consistency etc. leading to potentially inaccurate measurements of activity.
- DEP Task Group 2 worked with Task Group 3 to agree what needs to be measured (keeping to a minimum due to resource restrictions) in order to achieve DEP Objective 7.
- Agreement reached on pathway points for data capture.
- Did Not Attend (DNA) analysis complete up to April 2014.
- Coding subgroup set up involving clinicians, Trust info. staff and PMSID focussing on coding, with the initial priority on cataract and glaucoma, followed by diabetic retinopathy.

Next Steps

Measurements agreed by Task Group 2 and Task Group 3 to be submitted to Project Board for approval.

Challenges

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.

DEP OBJECTIVE 8 (TASK GROUP 2)

Eyecare Partnership Schemes

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.

By improving the coordination, integration, reach and effectiveness of eye health and eye care services, demand can be better managed, and outcomes improved.

Achievements

- Regional Glaucoma/Ocular Hypertension (OHT) Referral Refinement Scheme.
- Redesign of glaucoma and macular secondary care services, to maximise skills mix and improve patient flows. Watch a HSCB "Transforming Your Care" video clip on the Belfast Glaucoma Clinic by clicking here: https://vimeo.com/88748284
- Establishment and roll out of Local Commissioning Group (LCG)-supported cataract referral refinement pathway.
- Piloting of acute eye pathway.
- Regional Eye Care Liaison Officer (ECLO) services.

Next Steps

- Roll out of General Ophthalmic Services eReferral via Clinical Communications Gateway (CCG).
- General Ophthalmic Services (GOS) access to NI Electronic Care Record (NIECR).
- Negotiate and agree a post-operative cataract assessment protocol for delivery in primary care.
- Negotiate and agree potential to monitor stable glaucoma/ Ocular Hypertension and macular patients in primary/community care. This would make use of enablers such as CCG, NIECR and external tools such as The University of New Mexico's Project ECHO (Extension for Community Healthcare Outcomes).

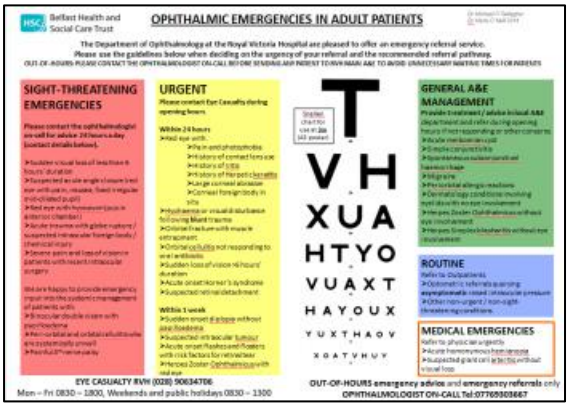
DEP OBJECTIVE 9 (TASK GROUP 4)

Acute Eye Pathway

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.

Achievements

- Agreed revised definition of "acute eye".
- Current pathways and related issues identified. Audit on outcomes of optometrist involvement in provision of acute eyecare in Altnagelvin Eye Casualty complete and incorporated into proposal to BLCG to extend the role of optometrist to work in the BHSCT Eye Casualty.
- Progress on provision of Eye Formulary for dry eye lubricants.
- Recognised as a potential phase 2 Priority for Choose Well.
- Data obtained on regional Eye Casualty and Minor Injury Units eye related activity.
- Posters (right/Appendix 4) designed for use by optometric practices and GPs on referral pathways/protocols for ocular emergencies developed and disseminated regionally.



- Process for registration of non-medical practitioner (NMP) optometrists developed. Seven IP optometrists registered as NMP in primary care optometry practices.
- Appointment of Optometric Independent Prescriber (IP) to Beech Hall Wellbeing and Treatment Centre.
- With an estimated 15% of all attendances at Ophthalmology Outpatients capable of being managed in primary care, a Primary Eyecare Acute Referral Service (SPEARS) pilot commenced in September 2014, aiming to skill and accredit high street optometrists to manage these non-sight-threatening acute eye presentations safely and effectively, reducing the need to attend outpatients, eye casualty or GP out-of-hours. See Appendix 5 for outcomes from the SPEARS pilot as at June 2015.
- Approval given to extend current SPEARS project to 31 Aug 2015.

Next Steps

- GP poster on referral pathways/protocols for ocular emergencies to be disseminated to in and out of hours and main A&E Depts.
- Continue IP registration as required. Provide prescribing monitoring information to TG4 for consideration.
- Work to continue with pharmacy, ophthalmic and GP colleagues for information and advice re. dry eye preparations, in line with the Northern Ireland Formulary.
- Plans to collate patient and professional feedback from Independent Prescriber activity in primary care.
- Evaluation of SPEARS pilot through data analysis, patient experience questionnaire and clinical audit to assess access, safety and cost effectiveness of service.
- Following evaluation, if outcome positive, develop proposal to extend service throughout Southern Local Commissioning Group (LCG) and seek recurrent funding.
- Develop proposals for regional SPEARS-type projects, contingent on successful evaluation of the SPEARS project.
- A sign-posting resource suitable for the public to be developed and uploaded to the Choose Well website.
- If SPEARS service adopted, raise awareness among pharmacies, GPs and the general public.
- Ensure clear pathway from primary to secondary care for acute eyecare services.

Challenges

The acute eyecare pilot in the 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 yet, no dedicated financial resource is in place to mainstream a successful pilot, with regional roll-out.

DEP Objective 10 (Task Group 1)
Training and Professional Development

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.

Achievements

- First draft DEP Training and Professional Development plan produced December 2014.
- Task Group 1 agreed second draft February 2015.
- A scoping paper on the development of a framework to support the delivery of structured clinical placements for Independent Prescribing (IP) Optometrists has been drafted with BHSCT and WHSCT. This will facilitate the promotion of IP Optometrist prescribing by ensuring that Optometrists who wish to undertake the Independent Prescribing training can access the clinical sessional experience required for the qualification.

Next Steps

- Task Groups 2 and 4 working to populate draft plan with detail relating to proposed pathway changes.
- Task Group 1 will work to examine the options available to secure necessary resources.
- Ongoing work with BHSCT and WHSCT to agree the detail and formal arrangements for the IP clinical placements framework with.

Challenges

- Resourcing of the DEP Training and Professional Development Plan.
- Clarity on the ownership of this plan between Task Groups 1, 2 and 4.
- Clarity on roles and responsibilities for implementation of the plan, QA etc.

DEP Objective 11 (Task Group 2)
Developments in ICT

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.

Achievements

- Installation of Virtual Private Network (VPN)-accessed F5 communication channels to ca. 80% of General Ophthalmic Services (GOS) contracted practices.
- Primary Care Optometry included in NI Electronic Care Record (NIECR) Project Board 14-17 Roadmap.
- Coordination between Health and Social Care Trusts, Optometry NI, Business Services Organisation Information Technology Services (BSO ITS) & Health and Social Care Board (HSCB) eHealth.
- Engagement with BSO ITS in relation to access to Clinical Communications Gateway (CCG) for primary care Optometrists to enable eReferral. Early drafts of referral templates discussed and baseline information on the numbers of optometrists and their location of work provided to BSO ITS.

Next Steps

- User Testing & Pilot of selected contractor sites for eReferral by CCG.
- Development of IT links to support Project ECHO for Optometry/Ophthalmology.
- Develop Service Budget Agreements consistent with “Referral for Advice”.

DEP Objective 12 (Task Group 1)
Leadership and Implementation

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.

Achievements

- Project manager appointed.
- Total membership project board, task groups and subgroups now 70.
- Revised Project Initiation Document (as per Prince 2 project management method) produced, including strategies for communication, risk and quality management.
- Yammer DEP site established with 31 members.
- Annual Reports 2013, 2014 and 2015 produced.
- Project planning and monitoring systems developed and implemented.
- Presentations made at national meetings and conferences such as Vision 2015.
- Discussions held with RNIB Visual Impairment Forum re. two-way communication with service users, community and voluntary sector.

Next Steps

- Continued project management and leadership.

With relation to the second part of Objective 12 – "The DHSSPS will lead on any legislative change" – see DEP Objective 3 (page 12) for details.

7 Conclusion

Year three has been a busy and productive year for Developing Eyecare Partnerships (DEP). The project plan outlines how a task-oriented approach, aligned to SMART objectives, has demonstrated progress to date: identifying exceptions and challenges, and giving timescales for the next steps in achieving the improvements in commissioning and provision of eyecare services that the citizens, and health economy, of Northern Ireland need and deserve.

It is important to note that this planning and commissioning is not being undertaken in isolation. The work of DEP is progressing against the wider backdrop of the overarching review of commissioning at DHSSPS and HSCB level; the process that facilitates the delivery of high quality and efficient health and social care is central to the strategic planning and prioritisation of eyecare needs within available resources. This in turn will ensure optimal delivery and outcomes.

As such, DEP draws on the strengths and strategic goals of wider HSC outpatient reform and pathway working groups; indeed the early wins on integrated eyecare pathways can also act as design models for wider system change.

DEP also acknowledges wider references such as "The Right Time, The Right Place" (http://www.dhsspsni.gov.uk/donaldsonreport270115.pdf) and draws on wider systems change to improve the quality of eyecare provision in Northern Ireland.

Much work done, but much to do.

"Vision is not enough; it must be combined with venture. It is not enough to stare up the steps, we must step up the stairs". (Vaclav Havel)

Appendix 1: Project Board Membership as at October 2015

	NAME	JOB TITLE/DEPARTMENT	ORGANISATION
1.	Dr Sloan Harper[CHAIR]	Director of Integrated Care	HSCB
2.	Mr Alastair Campbell	(Temporary) Director of Service Delivery	DHSSPS
3.	Mr Brian McAleer	Senior Commissioning Manager	HSCB
4.	Mr Bryan Dooley	Head of GDOS Branch and Prison Healthcare	DHSSPS
5.	Mr Conal O'Connell	Head Accountant FHS	HSCB
6.	Mr David Barnes	Chairperson	ONI
7.	Mr David Galloway	Director	RNIB
8.	Mr Dean Sullivan	Director of Commissioning	HSCB
9.	Dr Eddie O'Neill	Medical Adviser	HSCB
10.	Miss Giuliana Silvestri	Clinical Director, Ophthalmology Services	BHSCT
11.	Dr Jackie McCall **Co-Lead DEP**	Consultant in Public Health,	PHA
12.	Ms Jane Hanley	Head of Orthoptic Services	BHSCT
13.	Dr Janet Little	Assistant Director Service Development and Screening	PHA
14.	Prof. Jonathan Jackson	Head of Optometry	BHSCT
15.	Ms Katey Gunning	Innovation and Service Development Manager	HSCB
16.	Prof. Kathryn Saunders	Professor of Optometry and Vision Science, Subject Head for Optometry	UU
17.	Miss Louise O'Dalaigh	Ophthalmology Acute Services Manager	WHSCT
18.	Mr Martin Hayes	Project Director ICP	HSCB
19.	Mr Martin Holley	Chair, NI Ophthalmic Committee	BSO
20.	Dr Patrick Hassett	Clinical Lead, Ophthalmology	WHSCT
21.	Mr Raymond Curran **Co-Lead DEP**	Head of Ophthalmic Services	HSCB
22.	Mr Richard Gilmour	Head of Optometry	WHSCT
23.	Prof. Usha Chakravarthy	School of Medicine, Dentistry & Biomedical Sciences	QUB

Appendix 2: Task Group Membership as at June 2015

TASK GROUP 1 - Workforce and Legislative Issues

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

TASK GROUP 2 - Integrated Models/Pathways

	NAME	JOB TITLE/DEPT.	ORGANISATION
1.	Mr Raymond Curran CHAIR	Head of Optometry	HSCB
2.	Mr Alan Marsden	Deputy Commissioning Lead	HSCB
3.	Mr Brian McKeown	Representative	ONI
4.	Mrs Caroline Cullen	Senior Commissioning Manager	HSCB
5.	Mr David Galloway	Director	RNIB
6.	Mrs Emma Herron	Finance	HSCB
7.	Miss Giuliana Silvestri	Clinical Director, Ophthalmology Services	BHSCT
8.	Dr Joanne Logan	Hospital Eye Service Optometry	BHSCT
9.	Ms Joanne Rowbotham	Programme Manager, DRSP	PHA
10.	Dr Julie-Ann Little	Lecturer in Optometry	UU
11.	Mrs Margaret McMullan	Optometric Adviser	HSCB
12.	Mr Patrick McCance	Orthoptist	BIOS
13.	Mr Paul Cunningham	Commissioning Lead, Specialist Services	HSCB
14.	Mr Stephen Boyd	Clinical Services Manager	BHSCT

TASK GROUP 3 - Regional Measurement

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

TASK GROUP 4 - Regional Acute Eye Pathway

	NAME	JOB TITLE/DEPT.	ORGANISATION
1.	Miss Giuliana Silvestri CHAIR	Clinical Director, Ophthalmology Services	BHSCT
2.	Mr Barry Curran	Representative	ONI
3.	Mr Brendan Lacey	Ophthalmology	BHSCT
4.	Mr Danny Power	Service User	N/A
5.	Ms Deirdre Quinn	Pharmaceutical Services Lead	HSCB
6.	Dr Eddie O'Neill	Medical Adviser	HSCB
7.	Mrs Emma Herron	Finance	HSCB
8.	Ms Fiona North	Optometric Adviser	HSCB
9.	Ms Jane Hanley	Head of Orthoptic Services	BHSCT
10.	Dr Karen Breslin	Representative	ONI
11.	Miss Louise O'Dalaigh	Ophthalmology Acute Services Manager	WHSCT
12.	Mrs Margaret McMullan	Optometric Adviser	HSCB
13.	Mr Raymond Curran	Head of Optometry	HSCB
14.	Mr Richard Gilmour	Head of Optometry	WHSCT
15.	Sr Rosemary O'Neill	Sister, Eye Casualty	BHSCT
16.	Mr Stephen Boyd	Clinical Services Manager	BHSCT
17.	Miss Suhair Twaij	Clinical Lead for Eye Casualty	BHSCT

TASK GROUP 5 - Promotion of Eye Health

	NAME	JOB TITLE/DEPT.	ORGANISATION
1.	Dr Jackie McCall CHAIR	Consultant in Public Health	PHA
2.	Dr Chris Leggett	GP Lead	Down ICP
3.	Mr David Barnes	Chairperson	ONI
4.	Mr David Galloway	Director	RNIB
5.	Dr Deirdre Burns	Optometry	BHSCT
6.	Mr Donal Diffin	Social Care Commissioning Lead	HSCB
7.	Prof. Kathryn Saunders	Education and Research	UU
8.	Dr Mark Holloway	GP with Special Interest	RCGP
9.	Ms Natalie Mackin	Senior Communications Officer	HSCB
10.	Ms Patricia Dolan	Orthoptist	SEHSCT
11.	Dr Patrick Hassett	Ophthalmology	WHSCT
12.	Mr Stephen Wilson	Communications & Knowledge Management	PHA

CVI Subgroup – Reporting to Task Group 5

	NAME	JOB TITLE/DEPT.	ORGANISATION
1.	Mr David Galloway CHAIR	Director	RNIB
2.	Mr Aidan Best	Team Leader Sensory Support Services	BHSCT
3.	Mr Alastair Campbell	(Temporary) Director of Service Delivery	DHSSPS
4.	Mr Bryan Dooley	Head of General Dental & Ophthalmic Services Branch and Prison Healthcare	DHSSPS
5.	Ms Jenny Lindsay	Head of Optometry	BHSCT
6.	Prof. Jonathan Jackson	Head of Optometry	BHSCT
7.	Ms Martina Dempster	Senior Social Worker Sensory Services	WHSCT
8.	Miss 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. To coordinate the development and dissemination of an appropriate training and professional development (TPD) plan to underpin any eyecare service reforms proposed by DEP Task Groups. 6. To work to secure the resources necessary for the implementation of the DEP TPD plan.	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. DEP TPD plan, detailing TPD issues/needs and including information on target group(s); target timeframes for delivery; suggested delivery methodologies, including implementation monitoring and evaluation; resource implications; oversight arrangements; accreditation arrangements. Appropriate levels of resourcing to enable the implementation of the DEP TPD plan.

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 – Ophthalmic Emergencies in Adult Patients Poster

Belfast Health and Social Care Trust

OPHTHALMIC EMERGENCIES IN ADULT PATIENTS

Dr Michael O'Gallagher
Dr Marie O'Neill 2014

The Department of Ophthalmology at the Royal Victoria Hospital are pleased to offer an emergency referral service.
Please use the guidelines below when deciding on the urgency of your referral and the recommended referral pathway.

OUT-OF-HOURS: PLEASE CONTACT THE OPHTHALMOLOGIST ON-CALL BEFORE SENDING ANY PATIENT TO RVH MAIN A&E TO AVOID UNNECESSARY WAITING TIMES FOR PATIENTS

SIGHT-THREATENING EMERGENCIES

Please contact the ophthalmologist on-call for advice 24 hours a day (contact details below).

- Sudden visual loss of less than 6 hours' duration
- Suspected acute angle closure (red eye with pain, nausea, fixed irregular mid-dilated pupil)
- Red eye with hypopyon (pus in anterior chamber)
- Acute trauma with globe rupture / suspected intraocular foreign body / chemical injury
- Severe pain and loss of vision in patients with recent intraocular surgery

We are happy to provide emergency input into the systemic management of patients with:

- Binocular double vision with papilloedema
- Peri-orbital and orbital cellulitis who are systemically unwell
- Painful 3rd nerve palsy

URGENT

Please contact Eye Casualty during opening hours.

Within 24 hours

- Red eye with:
  - Pain and photophobia
  - History of contact lens use
  - History of iritis
  - History of Herpetic keratitis
  - Large corneal abrasion
  - Corneal foreign body in situ
- Hyphaema or visual disturbance following **blunt** trauma
- Orbital fracture with muscle entrapment
- Orbital cellulitis not responding to oral antibiotic
- Sudden loss of vision >6 hours' duration
- Acute onset Horner's syndrome
- Suspected retinal detachment

Within 1 week

- Sudden onset diplopia without papilloedema
- Suspected intraocular tumour
- Acute onset flashes and floaters with risk factors for retinal tear
- Herpes Zoster Ophthalmicus with red eye

GENERAL A&E MANAGEMENT

Provide treatment / advice in local A&E department and refer during opening hours if not responding or other concerns

- Acute meibomian cyst
- Simple conjunctivitis
- Spontaneous subconjunctival haemorrhage
- Migraine
- Periorbital allergic reactions
- Dermatology conditions involving eyelids with no eye involvement
- Herpes Zoster Ophthalmicus without eye involvement
- Herpes Simplex blepharitis without eye involvement

ROUTINE

Refer to Outpatients

- Optometric referrals querying **asymptomatic** raised intraocular pressure
- Other non-urgent / non-sight-threatening conditions

MEDICAL EMERGENCIES

Refer to physician urgently

- Acute homonymous hemianopia
- Suspected giant cell arteritis without visual loss

EYE CASUALTY RVH (028) 90634706
Mon – Fri 0830 – 1800, Weekends and public holidays 0830 – 1300

OUT-OF-HOURS emergency advice and **emergency referrals** only
OPHTHALMOLOGIST ON-CALL Tel:07769303667

Appendix 5 – Southern Primary Eyecare Acute Referral Service (SPEARS) Pilot Outcomes at June 2015

SPEARS OUTCOMES AS AT JUNE 2015

No. of patients discharged with advice after 1st assessment	195	38.6%
No. of patients given treatment	210	41.5%
Total no. of patients managed in primary care optometry practice	405	80.2%
No. of patients referred to GP only	30	5.9.%
No. of patients referred to GP for routine follow-on in secondary care	6	1.18%
No. of patients referred directly (urgently) to Secondary care	62	12.2%
'Other' outcome - private referral	2	0.39%
Total no. of patients referred to secondary care	70	13.8%
Secondary Care referrals which were for Flashes/Floaters	5	8%

Appendix 6 – DEP Glossary of Acronyms

1.	ABDO	Association of British Dispensing Opticians
2.	AHP	Allied Health Professions
3.	AMD	Age Related Macular Degeneration
4.	AOP	Association of Optometrists
5.	BIOS	British and Irish Orthoptic Society
6.	BSO	Business Services Organisation
7.	CCG	Clinical Communications Gateway
8.	CEP	Community Engagement Project
9.	CET	Continued Education and Training
10.	COSI	Community Optometrist with Special Interest
11.	CREST	Clinical Resource Efficiency Support Team
12.	CVI	Certificate of Visual Impairment
13.	DED	Diabetic Eye Disease
14.	DESS	Diabetic Eye Screening Service
15.	DHSSPS	Department of Health, Social Services and Public Safety
16.	DMO	Diabetic Macular Oedema
17.	DNA	Did Not Attend
18.	DO	Dispensing Optician
19.	ECHO	Extension for Community Healthcare Outcomes
20.	ECLO	Eye Care Liaison Officer
21.	ECR	Electronic Care Record
22.	EPR	Electronic Patient Record
23.	FODO	Federation of Dispensing Opticians
24.	FPS	Finance and Procurement System
25.	GMP	General Medical Practitioner
26.	GOC	General Optical Council
27.	GOS	General Ophthalmic Services
28.	GSL	General Sales List
29.	HCN	Health Care Number
30.	HES	Hospital Eye Service
31.	HSC	Health and Social Care
32.	HSCB	Health and Social Care Board
33.	HSCT	Health and Social Care Trust
34.	HV	Health Visitor
35.	ICATS	Integrated Clinical Assessment and Treatment Service
36.	ICC	Integrated Care Clinic
37.	ICP	Integrated Care Partnership
38.	ICT	Information and Communication Technology
39.	IFR	Individual Finance Request
40.	IOP	Intra Ocular Pressure
41.	IP	Independent Prescriber
42.	IPT	Investment Proposal Template

43.	IS1	Outpatients Independent Sector Activity
44.	LCG	Local Commissioning Group
45.	LES	Local Enhanced Service
46.	LMT	Local Management Team
47.	LOCSU	Local Optical Committee Support Unit
48.	LVI	Letter of Visual Impairment
49.	MCQ	Multiple Choice Questions
50.	MHRA	Medicines & Healthcare Products Regulatory Agency
51.	MOS	Memorandum of Ophthalmic Services
52.	NCT	Non-contact Tonometer
53.	NES	NHS Education for Scotland
54.	NICE	National Institute for Health and Clinical Excellence
55.	NIECR	Northern Ireland Electronic Care Record
56.	NIMDTA	Northern Ireland Medical and Dental Training Agency
57.	NIOS	NI Optometric Society
58.	NMP	Non-Medical Practitioner
59.	OCS	Ophthalmic Claims System
60.	OCT	Optical Coherence Tomography
61.	OHT	Ocular Hypertension
62.	OMP	Ophthalmic Medical Practitioner
63.	ONI	Optometry NI
64.	OSF	Ophthalmic Services Forum
65.	PAS	Patient Administration System
66.	PC	Primary Care
67.	PCC	Primary Care/Clinical
68.	PMSID	Performance Management and Service Improvement Directorate
69.	POM	Prescription Only Medicine
70.	PSAB	Project Support Analysis Branch (DHSSPS)
71.	QICR	Quality Improvement Cost Reduction
72.	QOAR	Quarterly Outpatient Activity Return
73.	QOF	Quality Outcomes Framework
74.	RAES	Regional Acute Eye Services
75.	RCGP	Royal College of General Practitioners
76.	RCP	Royal College of Physicians
77.	RQIA	Regulation and Quality Improvement Authority
78.	RR	Referral Refinement
79.	RVI	Referral of Visual Impairment
80.	(S)AI	(Serious) Adverse Incidents
81.	SBA	Service Budget Agreement
82.	SI	Statutory Instrument
83.	(S)PEARS	(Southern) Primary Eyecare Assessment & Referral Service
84.	SR	Statutory Rule

85. SSCT Specialist Services Commissioning Team
86. TA Technology Appraisal
87. TYC Transforming Your Care
88. VFM Value for Money
89. VIF Visual Impairment Forum
90. VPN Virtual Private Network
91. VSI Vision Strategy Implementation
92. WOPEC Wales Optometry Postgraduate Education Centre
93. WTE Whole Time Equivalent