Department of Health, Social Services and Public Safety
www.dhsspsni.gov.uk

DEVELOPING EYECARE PARTNERSHIPS, IMPROVING EYECARE PROVISION IN NORTHERN IRELAND

Before responding to this consultation please note the Freedom of Information requirements in Appendix 2 at the end of this questionnaire.

The document is available in alternative formats, if required.

Part A: *provides an opportunity to provide some general feedback on the review*

Part B: *provides an opportunity for respondents to give additional feedback relating to the* **Developing of Eyecare Partnerships** *in relation to Human Rights and Equality Implications*

Please tick to clarify from which category you are responding

I am responding as:

(i) a normally sighted Service User ☐

(ii) a vision impaired Service User ☐

(iii) an individual ☐

(iv) a Health Care Professional (please specify) _____ ☐

(v) a representative of a Voluntary / Statutory professional group or political party (please specify) __**The Optical Confederation**_____ ☑

The Optical Confederation represents the 12,000 optometrists, the 6,000 dispensing opticians and 7,000 optical businesses in the UK, who provide high quality and accessible eye care services to the whole population. The Confederation is a coalition of five optical representative bodies: the Association of British Dispensing Opticians (ABDO), the Association of Contact Lens Manufacturers (ACLM), the Association of Optometrists (AOP), the Federation of Manufacturing Opticians (FMO) and the Federation of Ophthalmic and Dispensing Opticians (FODO). As a

Confederation, we work with others to improve eye health for the public good.

Name (Print)…*Geoff Roberson*.....Job title:.....…*Professional Adviser*……

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Part A

DEVELOPING EYECARE PARTNERSHIPS, IMPROVING EYECARE PROVISION IN NORTHERN IRELAND

Background

This document should be read in conjunction with the document ”Developing Eyecare Partnerships, Improving Eyecare Provision in Northern Ireland – a Consultation Paper”.

Purpose

The purpose of this document is to seek your views on how the Department proposes to review and revise the way in which the **Development of Eyecare Partnerships** are currently delivered in Northern Ireland**.**

Current Service Provision

At present, Article 62 of the Health and Personal Social Services (NI) Order 1972 places a duty on the Board to make arrangements for the provision of General Ophthalmic Services. This is essentially the provision of sight testing for specific groups (children, people on low income, persons with certain medical needs and the over 60s).

Under paragraph 14 of Schedule 1 to the current General Ophthalmic Services Regulations (NI) 2007:
“14.-(1) A contractor shall, having accepted pursuant to the regulations an application for the testing of sight, test the sight of a patient to determine whether the patient needs to wear or use an optical appliance, and on so doing shall fulfill any duty imposed on him by, or in Regulations made under, section 26 of the Opticians Act 1989.

(2) Where a contractor or an ophthalmic medical practitioner or optometrist assisting him in the provision of general ophthalmic services is of the opinion that a patient whose sight he has tested pursuant to sub-paragraph (1)—

(a) shows on examination signs of injury, disease or abnormality in the eye or elsewhere which may require medical treatment; or
(b) is not likely to attain a satisfactory standard of vision notwithstanding the application of corrective lenses;

he shall, if appropriate, and with the consent of the patient,

(i) refer the patient to an ophthalmic hospital,
(ii) inform the patient's doctor that he has done so, and
(iii) give the patient a written statement that he has done so, with details of the referral.

GOS Ophthalmic practitioners (which include community optometrists and Ophthalmic Medical Practitioners [OMPs], referred to from here on, as GOS practitioners) are currently reimbursed for the sight test only.

Developing Eyecare Partnerships in Northern Ireland

The Department of Health, Social Services and Public Safety is currently developing a framework for Eyecare Partnerships (Improving Eyecare Provision) in Northern Ireland. Our overall policy aim in developing this framework is to increase the services which are provided by primary care providers - in partnership with secondary care clinicians - thereby helping to reduce the current pressure on secondary care eyecare services. This strategy is in line with Departmental policy of "shift left" from the acute to the primary and community care sector, and is already successfully in operation in a number of Primary Care Trusts in GB.

The detail of this strategy is still being finalised in consultation with health and social care professionals, the voluntary sector and other key stakeholders and

relevant interest groups, and anticipates the introduction of a new General Ophthalmic Services (GOS) contract system for the provision of GOS ophthalmic services in place of the current outdated arrangements.

Proposed New Service Provision

In developing our strategy we are looking at the current arrangements and considering various options for the future. It is anticipated that the final outcome of the review of ophthalmic services will result in general agreement for more multi-disciplinary working between ophthalmologists, optometrists (hospital and GOS) and the other clinical eyecare professionals.

It is anticipated that the introduction of the strategy will have a three-fold effect: (i) help to identify potential sight-threatening problems at a much earlier stage, (ii) reduce the current number of unnecessary referrals of patients to the Hospital Eye Services, and; (iii) allow primary care practitioners to look after ophthalmic conditions which can be managed within a primary care setting.

Legislative change

Regardless of the final detail, the introduction of the new strategy will require legislative change. An Assembly Bill will be needed to amend the 1972 Order to introduce a new contract system for GOS practitioners. This will allow for the removal of current restrictions on who the Board may make arrangements with. It will bring general ophthalmic services into line with the legal framework currently in place in England and Scotland, and follows on from similar changes in Northern Ireland to medical and dental services. Under the proposed changes, the Board will commission services with GOS practitioners. The Board will also be able to commission a wider range of community based eye care services.

There will be no restriction on who can provide general ophthalmic services, subject to certain safeguards and appropriate training and the provider

employing properly qualified clinicians who are registered on the 'ophthalmic list' to perform ophthalmic services.

Further consultation

It is proposed to make legislative changes to the 1972 Order. The amended Bill will prepare a new framework for general ophthalmic services to run in tandem with the proposed new direction of travel. Once the fine detail of the new framework is agreed, this will be set out in subordinate legislation. As we will consult on that legislation, there will be a further opportunity to comment at that time, on the final detail of the strategy and any necessary impact assessments.

The purpose of this consultation, therefore, is for the Department to obtain opinion on the level of support for the proposals to review and revise the way in which General Ophthalmic Services are delivered in Northern Ireland.

Timetable

This consultation ends at 5.00 pm on 24 October 2011. Responses received after this date will only be considered in exceptional circumstances and with prior agreement from the Department.

Alternative Formats:

This document is available in alternative formats, on request.

PLEASE RESPOND BY: 5.00 pm on 24 October 2011

IN WRITING TO:

General Dental and Ophthalmic Services Branch
Room D 3.21, Castle Buildings
Stormont
Belfast BT4 3SQ

OR BY E-MAIL TO:

eyecareservicesreview@dhsspsni.gov.uk

CONSULTATION QUESTIONS

Question 1: Do you think there is potential to improve working arrangements between eyecare professionals in Northern Ireland?

Please tick

Yes ✓ **No**

Comment

We strongly agree that this is an area where significant improvements can be made to make best use of available resources, ensure that all available professional skills are utilised and to improve the service to patients in Northern Ireland.

It is our view that in the provision of eyecare, significant under-utilisation of the skills, competencies and facilities offered by community optometrists and dispensing opticians exists in Northern Ireland as it does in some other parts of the UK. A careful and structured reorganisation and revision of patient pathways to balance the needs of patients with the available resources could, where appropriate, enable a range of non-urgent and chronic eye health problems to be provided in primary care with easier and more convenient access.

As our colleagues in Optometry Northern Ireland will point out examples of good partnership working already existing in Northern Ireland. We believe that there is always scope to improve inter-professional relations and in Northern Ireland, as in other parts of the UK relations between primary care optometry and secondary care ophthalmology have not always been strong with a degree of mutual suspicion on both sides. A mutual imperative such as that identified in the consultation document, and a mutual recognition of the value and contribution of all professional groups, can only improve working relationships.

Question 2: Do you think that development of eyecare partnerships between primary and secondary care would improve access to, and provision of, care.

Please tick

Yes ✓ **No** ☐

Comment

Again we believe this both possible and achievable and can improve the access to services for the population of Northern Ireland.

As mention above we believe there are under-utilised resources in primary care ophthalmic practices. The consultation document recognises that secondary care ophthalmology services are under increasing pressure, and an ageing population, with its increased chronic disease burden, will only exacerbate this problem. The potential to remove many low risk procedures and patients from secondary care and provide them with more accessible and convenient care closer to their homes exists in the proposals outlined in the consultation document. The subsequent freeing up of secondary care resources will benefit those patients that need them; for example those facing acute sight loss.

Question 3: If you do not think that development of eyecare partnerships between primary and secondary care would improve access to, and provision of care, please explain why not?

Please tick

Yes ☐ **No** ☐

Comment

We <u>do</u> believe the development of eyecare partnerships between primary and secondary care will improve access to, and provision of, care.

Question 4: Are there challenges associated with the provision of eyecare services which need to be addressed? If so, what?

Please tick

Yes ✓ **No**

Comment

We believe there are challenges in providing effective and accessible eyecare services; however we are convinced these can be overcome with goodwill on all sides and a realistic recognition of those challenges and how they might be addressed within available resources.

The first challenge is the restrictive nature of the current General Ophthalmic Services contract, with its focus on the assessment and provision of optical appliances and only a secondary focus on the detection of eye disease. This issue has been addressed differently in the other nations of the UK. In Wales and England the "traditional" GOS has been retained as a basic sight testing service but supplemented by the addition of Local Enhanced Services to deal with specific conditions/symptoms such as acute onset symptoms, glaucoma and Ocular Hypertension. The aim of each service is to retain patient care in the community where possible and to minimise false positive referrals to secondary care services. This model would seem to be the one preferred in Northern Ireland with the development of the glaucoma pathway.

In Scotland a different approach was taken and the GOS contract was substantially modified to provide a service much more focussed on the needs of each individual patient. In particular the revised Scottish contract placed significantly more emphasis on the detection and provisional diagnosis of eye disease. The most important element of this was to enable primary care optometrists to repeat tests to ensure that false positives were reduced and patients only referred to secondary care where initial findings were confirmed. This model also allows local enhanced services to be developed to deal with specific local issues such as in the Grampian scheme. In our opinion the Scottish model is in many ways the most suitable solution as it provides a flexible and patient centric service. However if this model is not felt

appropriate for Northern Ireland we feel you are ideally placed to implement national pathways such as those developed by the Local Optical Committee Support Unit (LOCSU). Links to these pathways are in the comments section below.

The second challenge is to change attitudes. As we mention in other parts of this response we believe that primary care optometrists, dispensing opticians and their practices represent the best placed resource with the skills, facilities and capacity to contribute significantly to the re-organisation of eyecare services in Northern Ireland. With re-design of the whole eyecare sector in the region it should be recognised that optical practices could and should be the first port of call for a patients who have concerns about their vision and/or eyes. GP's, in general, do not have the expertise or equipment to assess eye problems and patients will in most cases have to be passed to another practitioner for assessment, whether that be an optometrist, a GPwSI (if one is available), or ophthalmologist. Patient and professional perceptions and attitudes will need to be addressed, although we feel that introducing better eye care services will help to achieve this.

The third challenge will be that of funding. Service re-design to improve access to services will present funding challenges as financial resources may need to be reallocated to different areas. In this respect an investment in better eye care services should be seen as such and will help to reduce costs elsewhere in the system, [eg by reducing avoidable blindness and falls].

The fourth challenge we believe is to improve communication channels, in particular between primary care optometry and secondary care ophthalmology. Optometrists are frequently criticised for making what are considered to be inappropriate or unnecessary referrals. Part of the problem is that primary care optometrists work in an information vacuum and don't receive sufficient feed back to enable them to understand why others have felt the referral to be flawed. If eyecare in Northern Ireland is to be re-designed, and the use of a wider team of professionals involved in the care of an individual patient, then clear and comprehensive communication channels need to be built into the new service so that all practitioners can access the information they need to provide the appropriate level of care. We would urge the development group to consider how IT systems might be best used to facilitate this by considering existing examples of best practice such as the Fife electronic referral scheme.

Question 5: Do you think that there is an increased role for primary care optometrists to play in the provision of eyecare services? Please tick **Yes** ✓ **No** ☐
Comment **We believe there is a scope for a significantly increased role for primary care optometrists in the provision of patient centred eyecare in Northern Ireland.** **Primary care optometrists and their dispensing optician colleagues provide accessible care where patients need it most. In particular community ophthalmic practices provide:** • **Ease of access – providing services close to where patients live and work.** • **A wide choice of appointment times - including early and late weekday appointments and weekend opening.** • **A short wait for an appointment, and a short waiting time when arriving for an appointment.** • **A capacity for, and a willingness to provide, additional roles and services (see other comments on workforce and capacity).** • **Independent Prescriber (IP) status – Optometrists are one of the recognised non-medical IP professions and a suitably trained Northern Ireland wide body of prescribing optometrists could add a significant additional level of expertise and accessible care to any re-designed service.** • **Domiciliary care – High quality optometric services can be provided for those who are housebound and unable to access conventional community services.** **Experience from other parts of the UK would support our view that a significantly increased role for primary care optometrists is feasible and beneficial and that the challenges of service re-**

design can be met.

Question 6: Do you think that there is an increased role which General Practitioners might play in the provision of eyecare services?

Please tick

Yes ☐ **No** ☑

Comment

We question the capacity for GP's to take on significant additional roles, particularly ones where, in the main, they do not have sufficient skill, competency and equipment to take on a role in an eyecare pathway. For the majority of eye care referrals from community optometrists the GP provides a low level of added value, in many cases simply a history and list of medications, as, although the referral is via the GP in most cases an ophthalmological opinion is being sought. In a minority of cases, such as suspected hypertension or other cardiovascular concerns the GP may be the primary focus of the referral.

Anecdotally we believe that the majority of GP's do not want an increased role in such a specialised area, preferring instead to concentrate on their role as gatekeepers and providing healthcare information and history where appropriate and where necessary.

Question 7: Do you think that there is there an increased role which secondary care support staff, i.e. orthoptists, hospital optometrists, ophthalmic nurses and ophthalmic technicians might play in provision of eyecare services?

Please tick			
	Yes	✓	**No**

Comment

Non-medical staff in hospital eye departments have traditionally formed part of a multi-disciplinary team, each supporting the overall care of a patient. As secondary care eye departments inevitably concentrate on more unusual and rarer cases, and urgent and sight threatening disease, as we believe they must, there will inevitably be an increased role for non-medical staff in order to ensure that available skills are used to their best and most cost-effective advantage.

We believe that hospital optometrists are a vital part of the multi-disciplinary secondary care team and, because of their mix of skills, are particularly well placed to contribute to this work. We also believe there could be a significant role for hospital optometrists in training community practitioners for an enhanced role.

PART B- Action Plan

Human Rights and Equality Implications

Section 75 of the Northern Ireland Act 1998 requires Departments in carrying out their functions relating to Northern Ireland to have due regard to the need to promote equality of opportunity:

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between person with a disability and persons without; and
- between persons with dependants and persons without.

In addition, without prejudice to the above obligation, Departments should also, in carrying out their functions relating to Northern Ireland, have due regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group. Departments also have a statutory duty to ensure that their decisions and actions are compatible with the European Convention on Human Rights and to act in accordance with these rights.

The Department has carried out a preliminary screening of the proposals set out in this review and action plan, and as part of this screening process has concluded at this stage that an Equality Impact Assessment is not necessary, however, the Department welcomes your views on the following questions:

Question 8: Are the proposals set out in this consultation document and action plan likely to have an adverse impact on any group of people in terms of the equality dimensions set out overleaf?

Please tick

Yes ☐ **No** ☑

If you answered "yes", please state which group(s) and the reasons why.

Question 9: Are you aware of any indication or evidence – qualitative or quantitative – that the proposed actions in this document may have an adverse impact on equality of opportunity or good relations?

Please tick.

Yes ☐ **No** ☑

If you answered "yes", please state the reasons why and suggest how these might be mitigated.

Question 10: Does the proposed action plan afford an opportunity to promote equality of opportunity and/or good relations?

Please tick

Yes ✓ **No**

If you answered "yes", please outline.

Primary care ophthalmic practices have always provided care available to all in their communities. In addition the nature of the General Ophthalmic Service means that patients have had a free choice of provider for both their sight test and the supply of any appliance necessary. We don't believe that anything proposed in the consultation document will adversely affect this.

Question 11: Are there any aspects of this action plan where potential human rights violations may occur?

Please tick

Yes **No** ✓

No - not to our knowledge

PLEASE PROVIDE ANY OTHER COMMENTS ON THIS CONSULTATION DOCUMENT AND ACTION PLAN

Examples of good practice from elsewhere in the UK are quoted in the consultation document. We would also suggest that consideration is given to the implementation of existing models of good practice and agreed patient pathways. We believe all of these would be suited to the specific needs of the people of Northern Ireland with little or no modification.

In particular we would suggest consideration is given to the care pathways published by the Local Optical Committee Support Unit (LOCSU). These pathways can be accessed at:

http://www.loc-net.org.uk/locsu/12427301994173.html

Appendix 1

Glossary of Terms

General Ophthalmic Services - services which provide for testing of sight under the Health and Personal Social Services (Northern Ireland) Order 1972 (Article 62 – "arrangements for general ophthalmic services") (This is essentially the Sight Testing / Examination Service that is provided by local community optometrists / ophthalmic opticians / Ophthalmic Medical Practitioners (OMP)).

Hospital Eye Service (HES) - most hospital eye departments provide a clinical service via outpatient clinics and ophthalmic accident & emergency (or urgent referral) clinics which can be said to offer "first contact care for all ophthalmic conditions". Indeed, most departments are able to offer a complete package of care for most eye conditions.

www.rcophth.ac.uk/core/core_picker/download.asp?id=122

Ophthalmic Medical Practitioner (OMP) - Ophthalmic medical practitioners (OMPs) are medically qualified doctors specialising in eye care. Like optometrists, they examine eyes, test sight, diagnose abnormalities and prescribe suitable corrective lenses.

http://www.lookafteryoureyes.org/en/what_is_an_optometrist/ophthalmic_medical_practitioner.cfm

Ophthalmologist – an ophthalmologist is a medically trained doctor who has post-graduate qualifications in ophthalmology and commonly acts as both

physician and surgeon. (S)he examines diagnoses and treats diseases and injuries in and around the eye. Ophthalmologists undergo extensive training, a typical training route is:
5 years at a medical school leading to a degree in medicine (e.g. MBChB)
2 years as a newly qualified doctor doing basic medical training called the Foundation programme. Full registration with the General Medical Council occurs after the first year of this training.
7 years of ophthalmic specialist training (OST) during which time rigorous examinations set by the Royal College of Ophthalmologists must be passed

http://www.rcophth.ac.uk/page.asp?section=102&sectionTitle=What+is+an+Ophthalmologist

Optometrist – Optometrists are trained professionals who examine eyes, test sight, give advice on visual problems, and prescribe and dispense spectacles or contact lenses. They also recommend other treatments or visual aids where appropriate. Optometrists are trained to recognise eye diseases, referring such cases as necessary, and can also use or supply various eye drugs.

Optometrists study at university for at least three years and participate in a full year of training and supervision, called the pre-registration year, before qualifying. Once qualified, they have the opportunity to develop their interests in specialist aspects of practice such as contact lenses, eye treatment, low vision, children's vision and sports vision.

All optometrists practising in the UK must be registered with the General Optical Council, the profession's regulatory body, and are listed in the Opticians Register. (Can work either within hospital [hospital optometry] or in community)

http://www.lookafteryoureyes.org/en/what_is_an_optometrist/optometrist.cfm

Orthoptist - Orthoptists diagnose and manage disorders of binocular vision and mainly work in the Health Service (HS). They assess and manage patients of all ages. Orthoptists work in various settings - independently and in multidisciplinary teams
http://www.orthoptics.org.uk/

Primary Care Services – services provided by GP practices, dental practices, community pharmacies and optometric practices
http://www.dh.gov.uk/en/Healthcare/Primarycare/index.htm

Secondary Care Services – services provided in either a hospital setting or by staff contracted to provide services on behalf of the hospital. (From an ophthalmic perspective, these services will be delivered by Ophthalmologists, Hospital Optometrists, or Orthoptists, and may be delivered in an Eye Department within a hospital or as an outreach service).

The Board - refers to the Health and Social Care Board established under the Health and Social Care (Reform) Act (Northern Ireland) 2009 and which replaced the former four Health Boards
http://www.hscboard.hscni.net/

The Trust - There are 5 Health Trusts in Northern Ireland, providing health and social care services to the Northern Ireland public. Services are provided locally and on a regional basis. The Trusts are:

- Belfast Health and Social Care Trust
- Northern Health and Social Care Trust
- South Eastern Health and Social Care Trust
- Southern Health and Social Care Trust, and;
- Western Health and Social Care Trust

Vision Impairment – This is an overarching term covering all aspects of impaired vision which cannot be corrected with a refractive correction

(spectacles or contact lenses). It includes both severe sight loss / blindness and sight loss / partial sight - terms which are specifically designed within the blind registration process.

Appendix 2

FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

The Department will publish an anonymised summary of responses following completion of the consultation process, however your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in limited circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a general right of access to any information held by a public authority, namely, the Department, in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider information supplied to it in response to a consultation as exempt information. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as exempt

Any information provided by you in response to this consultation is, if requested likely to be released. Only in certain circumstances would information of this type be withheld

PLEASE RESPOND BY: 5.00 pm on 24 October 2011

IN WRITING TO:

General Dental and Ophthalmic Services Branch
Room D 3.21, Castle Buildings
Stormont
Belfast BT4 3SQ

OR BY E-MAIL TO:

eyecareservicesreview@dhsspsni.gov.uk