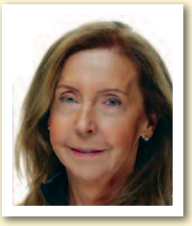
Irish College of Ophthalmologists
Eye Doctors of Ireland
Protecting your Vision

Newsletter

ISSUE 27 WINTER 2020

Message from the President



Dear Colleagues,

As we near the end of what has been a challenging and tumultuous year, we take great hope in the emerging news of effective vaccines on the horizon, and that we will be able to return to some sense of 'normal' life in the coming months.

I want to thank you all for your continued support of the College's work throughout a difficult year. Whilst we will continue to arrange meetings and engage with you all via discussions virtually, we are tentatively optimistic that we will be able to meet in person for our 2021 Annual Conference. The College will update members on this at the earliest possible time.

The ICO, alongside the Clinical Programme, were delighted to host the second meeting in the Integrated Eye Care Team series via webinar on November 19. HSE National Lead for Integrated Care, Dr Siobhán Ní Bhriain acknowledged the significant work and developments underway in the specialty. The event was an important opportunity to mark the achievements in the past year and forum for knowledge sharing to ensure continued focus and momentum in achieving national roll out of the IECT model.

I look forward to seeing members at the Virtual Winter Meeting on December 11. Richard Comer will moderate the webinar session to discuss the impact of COVID 19. Thank you to all our members who participated in the recent ICO survey, with key findings outlined in this edition. The Winter Meeting will be an opportunity to continue this important conversation at such an historical moment in the world's healthcare environment. Prof Anat Loewenstein will present the 2020 Annual Montgomery Lecture immediately after the winter meeting in what promises to be a most fascinating talk on adaptions to service during COVID-19 and beyond.

May I take this opportunity to wish you all a very happy and peaceful Christmas with your family. I, and all at the College, look forward to our continued connection in 2021.

With Best Wishes
Patricia Quinlan

ICO Membership Consultation
COVID-19 Impact on Ophthalmology Services

The ICO recently undertook a membership wide consultation process aimed at receiving important feedback from our members and trainees on some of the main impacts of COVID-19 on ophthalmology practices and the experience felt by doctors.

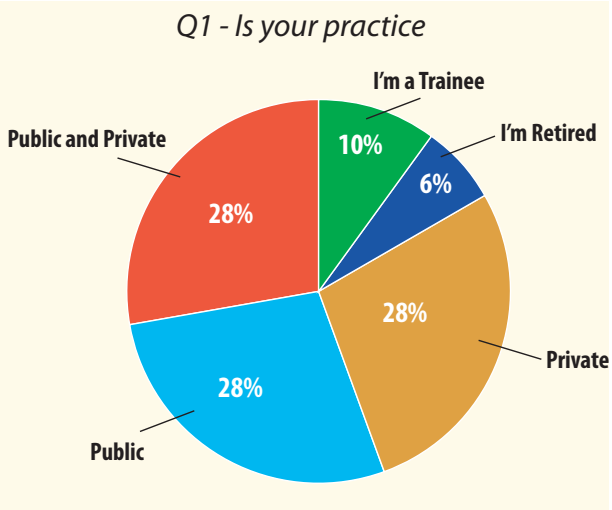
The survey received a high response rate across all working environments and geographical spread between September and November 2020. The feedback provides valuable insights that will be important in informing the College on the needs of our members, those in private and/or public and for those in training, and shaping the educational and professional developments support services in the immediate and future term.

This has been a most challenging year for all. The exercise has undoubtedly provided important insights, including many positive accounts of how the adversity of the situation led to an urgency for change and reporting of improved efficiencies and patient safety measures experienced in clinic operations. Growing patient waiting lists due to COVID-19 health and safety restrictions and reduced clinic capacity is a cause of great concern.

This newsletter article overview aims to highlight some of the key findings. It is a partial report and the College will continue to evaluate the findings in more detail, reviewing the feedback from private and public practice members and from our trainees.

We also look forward to continuing this important consultation process with our members during the Virtual Winter Meeting discussion on December 11 where we will hear from members across the different working environments on the impact of COVID-19 on their practice, and on specific concerns and learnings.

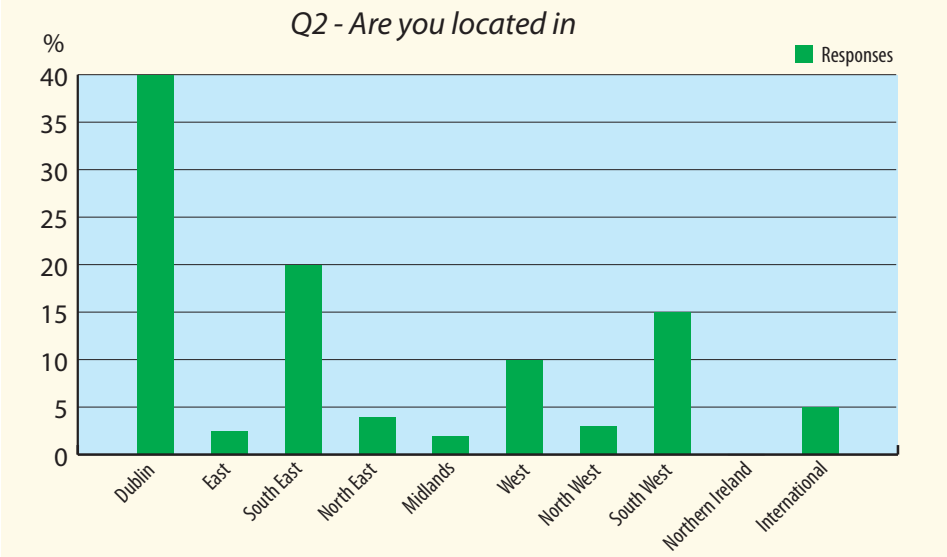
ICO Membership Consultation Survey Key Findings:



Continued on page 2 ➥

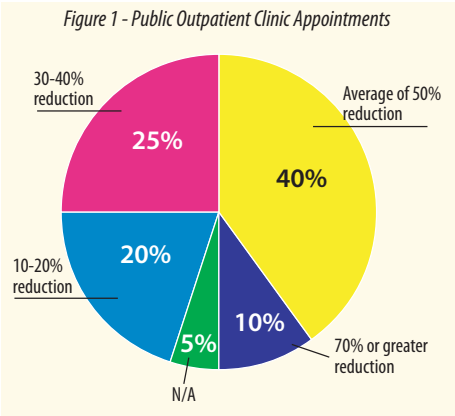
Published by:
Irish College of Ophthalmologists
121 St Stephen's Green, Dublin 2.
Tel 01 402 2777
e: info@eyedoctors.ie • w: www.eyedoctors.ie
t: @eyedoctorsirl

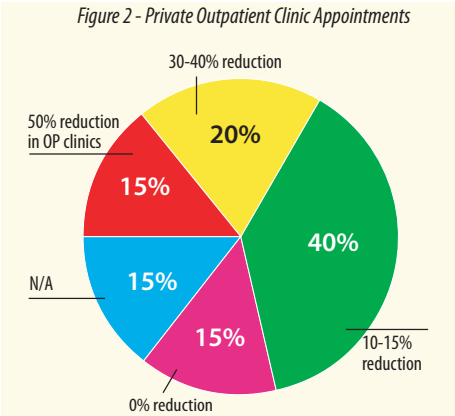
If you would like to make any suggestions for future issues of the College Newsletter please contact **Siobhan on siobhan.kelly@eyedoctors.ie**

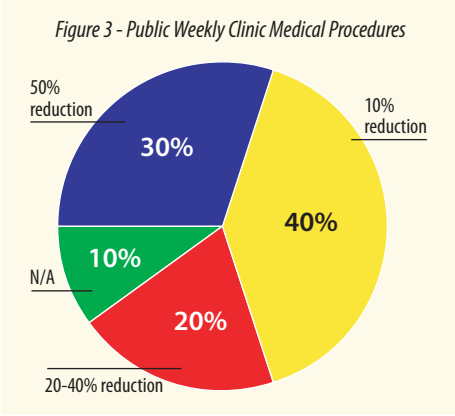


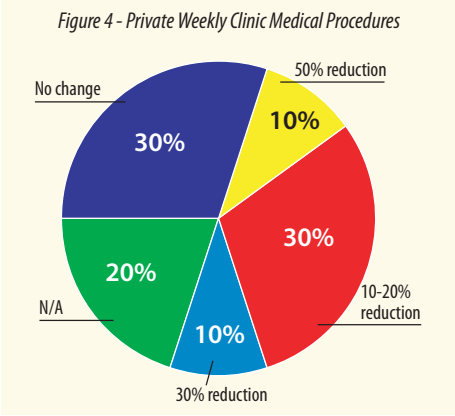
Impact on Clinic Capacity and Day-to-Day Operations

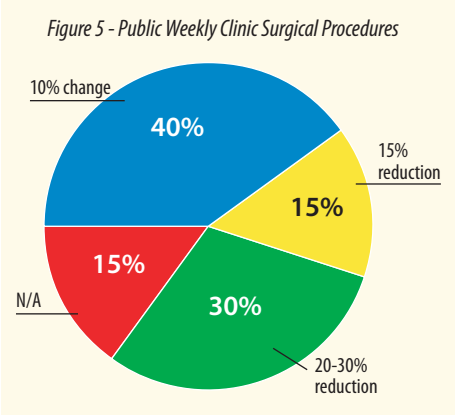
One of the key questions asked in the survey was the impact on capacity in outpatients and theatre, and on average, the percentage by which capacity reduced by during the phased resumption of services period (June to September)

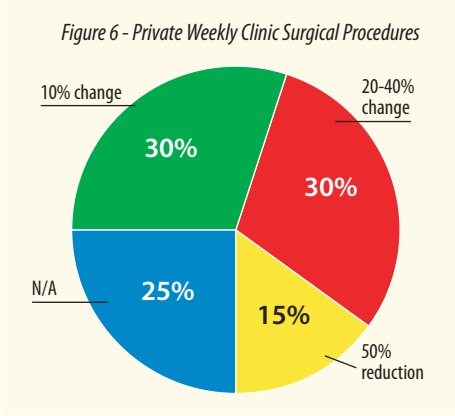












A significant variation in responses to the above questions was noted, indicating very different experiences for doctors across the country and practice environments. The HSE takeover of private hospital facilities up until June 2020 may be a factor. The issue of the impact on outpatient and theatre capacity will be discussed in further detail at the ICO Winter Meeting.

- Two-fifths (40%) experienced a higher than usual volume of Did Not Attend (DNA) in outpatient clinics during the phased resumption of services stage.
- Two-fifths (40%) reported a noticeable decrease in the number of GP referrals from normal levels indicating that patients may not have sought medical advice about eye concerns during the initial resumption of services phase.
- A quarter (25%) recorded a shortage of the necessary support healthcare staff during the resumption of services phase. The main reason given was redeployment of staff (30%) – opticians redeployed for screening, and a shortage of nursing staff and nurses who were redeployed.

What has been the greatest challenge you have experienced in returning to practice?

Open comment – sample responses (of 96 responses):

Catching up with backlog due to HSE takeover of services for 4-month period Increased referrals.

Theatre closure and withdrawal of health insurance cover in private hospitals.

The slow pace of clinics and theatre now. Cleaning and masks and the worry about what is out there on the waiting list that you cannot see because of reduced numbers in clinics.

Trying to meet demand in a service which was under-resourced for staff BEFORE covid 19 happened. Waiting lists growing even longer due to compound factors no staff covid 19. Risk of children not being seen on time.

Long waiting lists and with less appointments possible due to social distancing, the lists are growing.

My own fear as I have a family member at very high risk.

Taking care of my own health and my surroundings.

Longer and more expensive and stressful patient interactions and increased admin.

Patient harm from deferral of appointments due to lack of capacity.

I haven't left. Continued working throughout on emergencies. Staff stress biggest challenge.

Triaging patients for Covid questions, Temperature check, donning and doffing of PPE, and sanitizing of the equipment and chairs etc. after each patient consultation.

Ophthalmology is a high-risk specialty for COVID so maintaining social distancing is a challenge. I cannot see my patients virtually so I am frustrated by the knowledge that I have many patients not receiving care due to limited availability.

Having to cancel clinic appointments on a weekly basis due to reduced capacity.

We didn't stop practising but the practices slowed down dramatically during the national lockdown and the government income support scheme was key to the continuation of the service for two months. After 12 weeks out turnover returned to normal and we have not availed of the support scheme since then. Physically reorganising the practices to be Covid compliant was done before the lockdown which was the only challenge and this was improved and upgraded in the first few weeks of the lockdown. No other real challenges developed since then.

It is extremely difficult to see patients in clinic with reduced numbers and while ensuring social distancing. Lack of clinics mean we are left with patients with chronic ophthalmic disease and patients with acute ophthalmic issues from casualty with inadequate capacity to see them. It is a very difficult situation.

Q12 (graph below) Comments for 'Other' include:

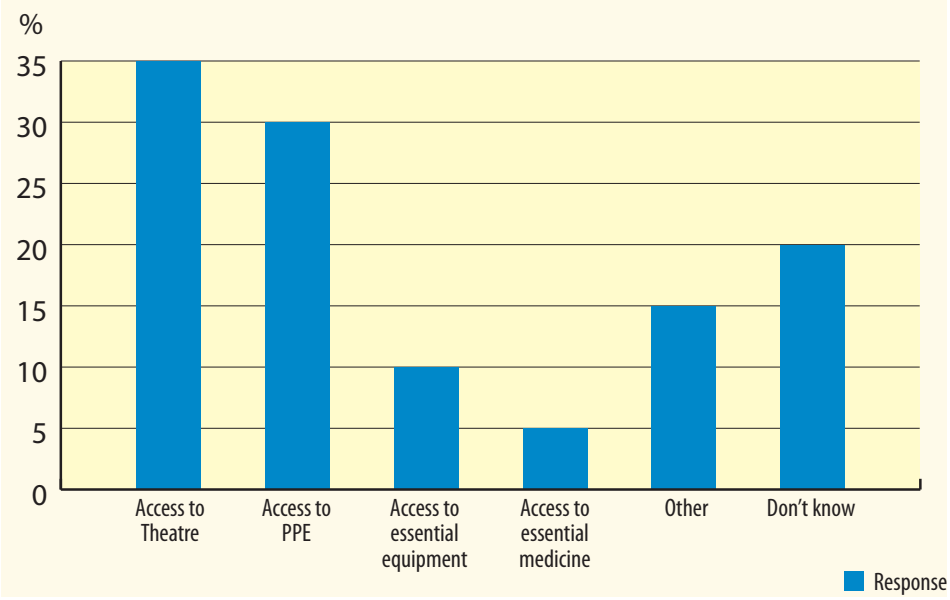
Waiting lists are now huge, in public hospitals we can only list half the number of patients due to social distancing requirements in the day ward (every alternate bed is empty!). In private hospitals our numbers are reduced too and if one cancels the day before we can't get anyone in at short notice now, more due to admin processes than covid screening.

Supplies are not a problem but investment in technologies which can increase capacity very difficult. (eg OCT, Perimetry, Photoscreeners).

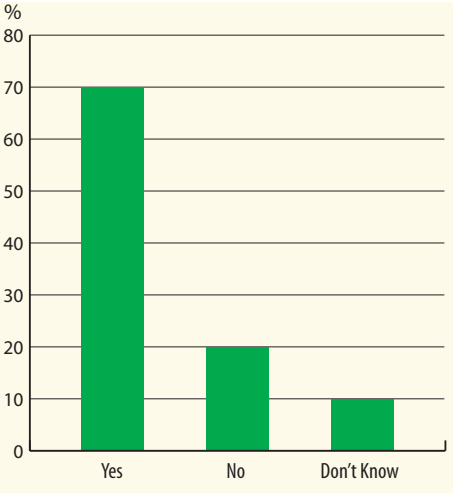
When asked what area(s) of eye care is of most concern as the specialty deals with the post COVID- 19 backlog of patients and reduced clinic capacity, doctors gave the following responses on a scale of 1 – 5, 5 being the highest level of concern;

- Injections for wAMD received the highest number of level 5 concern – 50%
- Glaucoma diagnosis and treatment plan – majority had a level 5 concern – 30% of responses
- Cataract – majority selected level 3 concern – 30%
- Paediatric – majority level 5 – 30%
- Diabetic Retinopathy treatment – majority level 5 concern 30%.

Q12: During the reopening of healthcare services phase, have you experienced issues with access to any of the following: – option to click multiple answers



Have you experienced patients whose eye health has deteriorated due to delayed appointments / access to treatment during COVID lockdown and resumption of services phase?



The impact of delayed care and potential for increased complications will be discussed further at the ICO winter meeting. (42 comments).

Predominantly wet AMD/Glaucoma.

Wet ARMD with CNVM not receiving IVI in timely manner. Patients with glaucoma not receiving IOP checks. Patients seen in eye casualty who are not seen in clinics when referred. Patients who are HM's or less secondary to cataract not being operated on. Patients on waiting lists for surgeries or for clinics repeatedly presenting to eye casualty where ability to treat is limited.

I had a lady a few days ago who didn't turn up for her glaucoma assessment and has lost a lot of visual field as I was about to refer her for trab or SLT.

3 patients with and lost significant sight (they chose not to attend for injections during lockdown).

Amblyopia in childhood. Need for trabeculectomy in two patients.

Wet macular degeneration missed, conjunctival melanoma missed, one case retinal detachment inoperable.

Paediatric amblyopia and untreated glaucoma.

Patients with AMD who scarred without injection, patient with bilateral angle closure not seen for 4 weeks, patient with CRVO turned ischaemic, patient with advanced glaucoma lost sight.

Not sure if we can blame Covid but it has certainly delayed treatments from cataract surgery to intravitreal injections.

Not that many, more so unnecessary IVTs perhaps without clinic check ups

Postponed injections with irreversible vision loss. Infective keratitis in patient with Bandage contact lens who's appointment to have it changed was postponed.

New ways of working and positive changes in practice delivery

Two-thirds (65%) of respondents in the ICO survey agreed there had been positive changes and new ways of working in their practice implemented during the pandemic that they would like to see continued. These measures included enhanced triage systems and improved patient appointment structures, along with an increase in virtual clinics and telemedicine use.

A discussion on innovative changes, virtual clinics models, telemedicine use and the benefits of electronic patient records will continue at the ICO winter meeting on December 11.

Sample Responses (of 55 comments)

Multiple. We have completely redesigned our patient flow from the first phone call to the last consultation. We aim to continue with the new model post COVID as it has been a positive experience for both patients and the team.

Better timing of appointments. Emphasis on clear informed decision-making. Increased discharge rate where appropriate. Tendency to complete all investigations on the same day and ensure only one patient episode to attend at hospital.

Previously eye casualty was a "walk in system". Now telephone consultation must be completed by the referring doctor/GP/optometrist before an appointment is made for their patient.

We have become more efficient at discharging – long-term patients are more amenable to this as they fear coming to the hospital.

Patients attending on their appointment times. They are more likely to call to cancel/reschedule appointments rather than just a 'no show'.

Move towards more virtual care in glaucoma.

COVID has prompted us to change some aspects of our Paediatric clinic procedure such as the drops instillation, which is now performed almost exclusively by parents in their car with reported satisfaction from all parties.

Management was quick to realise that long overdue support staff should be recruited.

Improved infection control awareness. Improved attendance through pre-appointment tele assessments.

Streamlining of OPD surgical services with increased throughput and reduced patient time in hospital.

Patients prefer the quieter clinic with time slots. It is a much better model of care but has severely reduced my capacity. I'm working on a virtual Glaucoma clinic model.

Funding became available for long-needed facilities and equipment.

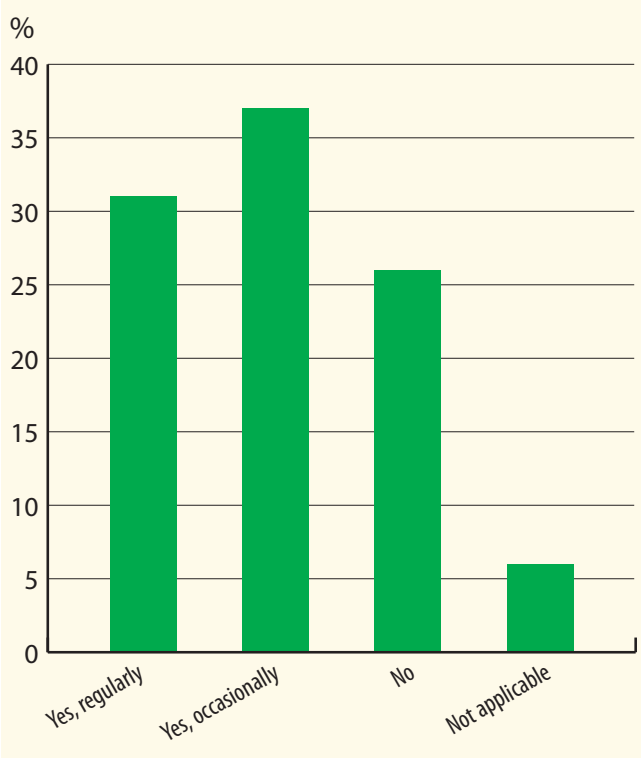
New rapid access clinic, appointment-only eye casualty service.

Virtual clinics very useful to discharge patients who don't need to be seen.

Many patients discharged from OPD who didn't need tertiary care follow up anymore. Richer pathology in clinics.

Reduced numbers, designated appointment times, no more walk-in eye casualty service (– which is much better and leads to patients being referred via the correct pathway), new rapid access clinic instituted to take some of the pressure off casualty

A third (33%) of respondents said they are using telemedicine regularly and 40% occasionally for suitable consultations, of which 70% agreed it has been of significant benefit during COVID emergency measures.



Telemedicine, Consultation Model and Communication with Patients

Over four fifths (85%) confirmed that COVID-19 Health & Safety restrictions had altered their patient appointment/ consultation model.

Responses included:

Patients receive delayed appointments due to backlog. If a patient is to get surgery or emergency admission further arrangements must be made e.g. arranging COVID swab.

Empty waiting rooms, rigidly organising one patient in the car, one in waiting room and one in consultation room. Public waiting room sparsely populated, patients cancelling appointments as afraid to come in.

More 'see and treat' same day appointments.

Prompt appointments, no unnecessary visual fields OCTs etc. much less refractions.

However, two-fifths (40%) of respondents said they experienced barriers in their practice to using telemedicine, with feedback including:

Not the same as face-to-face communication and patient examination.

Lack of access for patients to appropriate technology.

Elderly patients who are not familiar with modern technology.

Very limited use in ophthalmology.

70% agree ICO patient information leaflets have been a useful communications tool during COVID 19.

60% of doctors recorded difficulties with patient communication due to the wearing of PPE. Further discussion on concerns relating to PPE, including safety for surgeon and staff, grades of masks, googles, aprons and visors will be covered during the ICO winter meeting.

Maintaining PCS during COVID-19

Four-fifths (80%) of doctors said they have been able to undertake PCS activity during COVID-19 in line with the current Medical Council requirements

80% of respondents said the increased access to online educational material has been of benefit for CPD purposes

50% of respondents have accessed the online learning modules on the ICO membership portal, 80% accessing the COVID 19 Learning module, 45% accessing the Telemedicine module, 20% Doctors Wellbeing, 15% GDPR and Clinical Practice and 15% accessing the Open Disclosure module.

90% would like to see a continuation of increased online teaching tutorials and increased options to attend CPD activities via online or remote access.

Many members raised the issue of finding it difficult to make 'live' meetings due to work/young family life commitments. They would like to see more recorded meeting material available to enable watch back.

Feedback in relation to challenges in achieving required CPD (sample from 82 responses)

None. Lots of e-learning and webinars available during the Covid-19 restrictions. I participated in more of these activities when clinics/surgery were cancelled in comparison to my normal working week pre-Covid.

All CPD activity after hours. Too late home from work to do and too tired in evening

No challenge easier with multiple zoom meetings

The timing sometimes is not convenient, particularly the meetings during working hours weekdays.

Loss of formal meetings.

Lack of interaction due to Covid, maintaining concentration in long zoom/ teleconference calls.

Lack of contact with fellow colleagues i.e. meetings and conferences.

I can honestly say that I had lots of time in March April and May to complete mandatory courses on HSELanD eLearning platform, log into excellent webinars from RCPI, RCOphth UK, BJO, AAO. I loved it.

Interactive small group meetings on appropriate topics via ZOOM or similar. Isolation is a big issue for doctors working on their own.

That the online lectures et.c be accessible at other times so people could login at times that suited them.

The ICO plans to expand our PCS learning resources and include webinar sessions as part of each module. The feedback from members on topics they would like to see included in this resource included: (sample from 45 responses)

Practical surgical topics. Best ways to manage IOPs in glaucoma patients considering current restrictions and barriers to healthcare.

Glaucoma Blepharitis management Neuro-ophthalmology

Vitreoretinal surgeries Cataract & IOL procedures Oculoplastic procedures

Paediatric sessions.

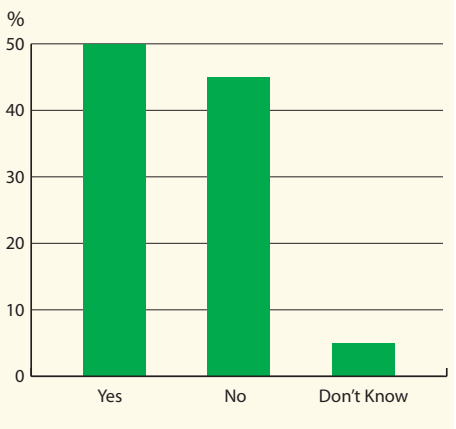
Audit/interpreting clinical trials Practice management Web based ophthalmology

Apart from clinical topics would like some topics relevant to various aspects of running clinics in various settings. Ex clinics in community sessions - whose doing what, when, how. How to improve the service etc...

Blend of Medical specialists contribution on Eye Related Diseases. (Rheumatology, neurology, radiology, immunology, research)

Doctors Health & Wellbeing

When asked if they felt mental distress associated with the pandemic due to work, half (50%) of respondents answered yes. 45% said they had not, and 5% said they did not know.



Other (please specify)

Perhaps worried about the patients not getting appropriate care

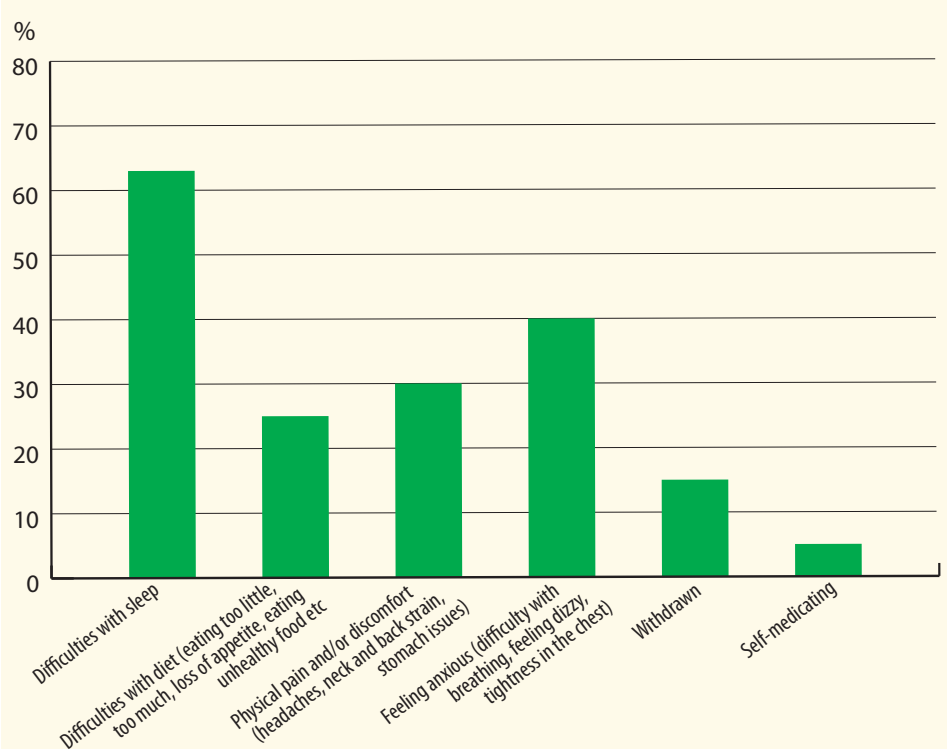
Overall, more stressed trying to get treatments and clinical sessions done for patients in a timely manner.

Mainly worrying about financial implications of Covid as only emergency work during acute lockdown

Living alone while on placement, feeling guilty if I travel to friends and family

Stress due to significant change

The ICO encourage our members and trainees to access the Health & Wellbeing Module on our portal as a reference for support information for doctors, which includes some helpful advice on the importance of looking after both your physical and mental health and ways to implement positive changes. If you need assistance with accessing the portal, please don't hesitate to contact us.



Integrated Eye Care Team Virtual Webinar

The ICO, in collaboration with the Clinical Programme for Ophthalmology, hosted a webinar for the Integrated Eye Care Team (IECT) on November 19. One year on from the first meeting, the webinar provided an important opportunity for ophthalmologists and members of the IECT, along with national HSE and CHO managers, to hear updates on the implementation of the new integrated eye care teams across the Dublin CHOs 6, 7 and 9.

Despite the challenges of the past year, much progress has been achieved in the specialty. These include the appointment of four Consultant Medical Ophthalmologist posts in three CHO's, with active applications for posts in other CHO areas underway, in addition to the ongoing recruitment of the extended eye care team members nationally.

Addressing participants, meeting chair and Clinical Lead Billy Power highlighted the advanced stage the Clinical Programme for Ophthalmology is at as a result of the clear roadmap and blueprint for transformation in the Government approved policy documents (Model of Eye Care and Primary Care Eye Services Review (PCESR) Group Report) and the advantage this presents. Billy highlighted the active work by the integrated eye care teams, which are demonstrating excellent results and solutions, as well as the significantly improved waiting times for patients achieved following the opening of dedicated cataract theatres in the Royal Victoria Eye and Ear Hospital and in Nenagh in recent years. Plans for dedicated units are underway in The Mater and in Cork. Billy noted this work has very clearly demonstrated that when we are funded, ophthalmology is unified as a specialty and can deliver on the clear implementation plans and referral pathways as outlined in the Model of Care.

Dr Siobhán Ní Bhriain, HSE National Lead for Integrated Care acknowledged the immense work underway in ophthalmology, recognising in particular the 'phenomenal' results achieved in CHO9 in recent months with the school screening waiting list initiative. Siobhán said the project was an excellent example of the HIQA definition of what integrated care is in practice, 'the seamlessness in the transition of people across services and providing care at the lowest level of complexity, closest to where people live'. Siobhán said the initiative demonstrated a 'streamlined, patient oriented way and manner, using the appropriate resources' to achieve the over-arching goal of Sláintecare.

Yvonne Goff, HSE Director of Scheduled Care Transformation Programme gave an overview of the role of the new programme, which is to set a collaborative team dedicated to reforming scheduled care pathways in order to address the record high acute and community waiting lists, the continuing demand for services as well culture and connectivity factors. Yvonne said the team are also examining the experience of complexity and difficulty in navigating the system that clinical teams may find when trying to make a business case for funding.

The team are currently looking at which models of care to take forward to minimize the impact of COVID on service and to start to reach and make significant progress with the Sláintecare targets for each of the specialties. These targets include that no patient should wait more than 12 weeks for an outpatient appointment, 10 weeks for the procedure and 10 days for the diagnostic, to be delivered by 2027.

Demonstrating the impact of work undertaken is key and reaching expected targets to allow the Care Transformation Programme to evaluate. Successful projects will be identified for increased scale up at a national level. The Programme have been informed very clearly that if they can demonstrate the clear impact of an investment, funding will become recurrent so ophthalmology must work together with the programme to highlight the impact and improvements delivered through the Model of Care implementation and how it's going to reach over time the Sláintecare WT targets.

Yvonne said she sees definite opportunities for access to Sláintecare funding for ophthalmology teams next year and beyond, as a crucial part in facilitating the IECT model.

CHO9 – School Screening Waiting List Initiative

Dr Duncan Rogers, Consultant Medical Ophthalmologist and Michelle Forde, General Manager for Primary Care, presented the results of the waiting list initiative prioritised for CH09 (Dublin North City and County DNCC) to address the Public Health Nursing (PHN) School Screening backlog. Michelle acknowledged what has been achieved in the last year, despite COVID-19, is a fantastic testament to the Grangegorman team.

The PCESR Group Report set out a clear blueprint for the delivery of primary care services, recommending the establishment of Primary Care Eye Teams (PCETs). Michelle said CHO9 were very fortunate to be the recipient of additional HSE funding to establish the team. CHO9 formed a working group with Temple Street Children's University Hospital (TSCUH) to streamline service delivery, standardise practices and eliminate any uncertainties across both sites.

They identified that over 300 referrals per month were made via the PHN School Screening.

At the time of the initiative, there were 2,749 waiting for an appointment, with an average wait time of 18 months.

One of the main barriers was the outdated IT system not designed for high volume. The system was up-graded to technology currently used in the coded screening and immunization programme in the HSE and designed from the ground up to manage large cohorts of patients.

Ten school screening nurses supported the delivery of the initiative in an integrated working environment, which allowed for important relationship building and an opportunity for additional support and training.

Operational Structure

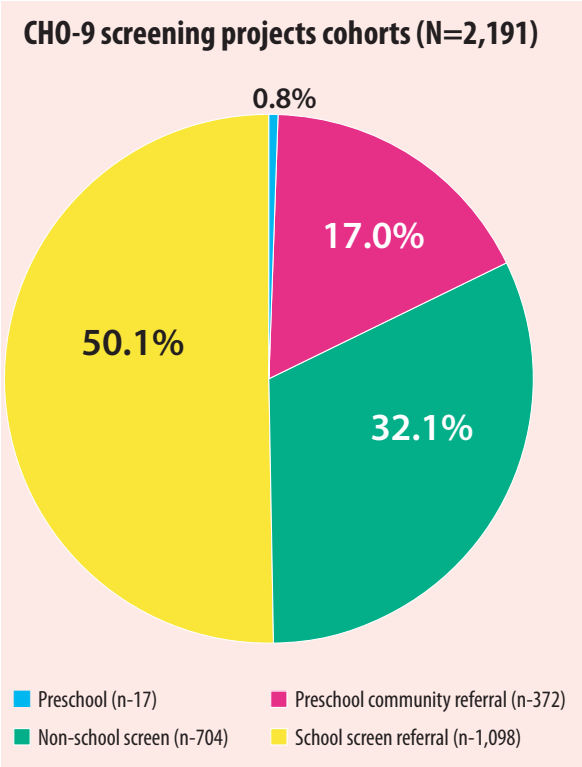
A two appointment system was introduced. Every referred child went through the first appointment, a recheck of their vision. Those who passed were discharged, and the patient's who failed were given drops to take home and an appointment scheduled for two weeks' time. The second appointment was attended by just under 600 children,

which they attended already dilated. This was crucial, as dilation can sometimes take up to an hour in children. Four children could be seen in an hour, as opposed to one using the pre dilation approach. The refraction and fundus check was led by the orthoptist team, with normal examination allowing for discharge of patient, and if glasses required the prescription was given. If there was an abnormality query, the Consultant reviewed and discharged patient if happy or follow up arranged.

Results 1:

	Patient numbers
Appointments offered	3,183
Attendances	2,748
Patients seen	2,191
Initial waiting list	2,749
Waiting list now	41

Results 2:



Results were audited by Siofra Harrington, DIT Optometry Department

Key Findings

Duncan highlighted that one of the very helpful and interesting data findings from a service provision and future planning aspect they identified on the 'non screened school children' was the expectation that up to 13% require glasses or come sort of intervention for strabismus.

- For those who failed their school screening and were referred, 65.9% passed the secondary rescreen
- 93.7% Public Health Nurse referred Pre School children passed the secondary rescreen
- Long waits translate into definite reduced vision in children - Mean VA deteriorated from 0.29logMAR to 0.31logMAR ($p<0.001$, paired t-test)

Next steps

- DNCC Joint Governance Group established with the HSE and Children Health at Temple Street have agreed to examine re routing all PHN and GP referrals from the hospital to the community
- Consider one ICT system across the services
- This will allow children to be seen in the right place, at the right time.
- CH09 will also be working with the Mater Hospital to establish an Adult Community Eye Team once the Paediatric Waiting Lists are under control.

CHO6 Update

Dr Sarah Gilmore, Consultant Medical Ophthalmologist took up her post recently at CHO 6 and gave an update on the development and plans for the eye care team in her unit.

The initial focus is to develop a primary eye care team for paediatrics and to move onto the adult list. The team is currently in a temporary location in Churchtown, with plans for a permanent location move to Dun Laoghaire in 2022. There is also a satellite clinic in Wicklow Primary Healthcare Centre.

As per the PCESR Group recommendations, the unit will have a COOL Clinic – Combined Orthoptist and Optometrist Led Clinics, currently in recruitment phase.

There are 785 patients eligible to the seen in CHO6 PCET from the various hospital waiting lists, but Sarah expects this list to increase due to the COVID restriction impact on referrals over the past year, and a reflection of the relatively higher cohort of elderly demographic in CHO6.

Future plans for the adult service include clinics for medical retina, glaucoma and cataract, with virtual clinics a significant component of this, and intravitreal injections.

Sarah said teaching and research will be vital and an environment that supports development. Success will be highly dependent on the collaboration between the PCET and hospital and robust referral and management pathways. A working group of the Consultant Medical Ophthalmologists in CHO 6, 7 & 9 has been established to discuss the common pathways and a uniform approach to the treatment of paediatric patients, with the aim of decreasing any disparity in care. EMR will be essential for the new transfer of patient care between the PCET and the hospital, and vice versa. Sarah also highlighted that audit will be extremely essential to ensure the team are providing effective management of patients and the referrals and outcomes are similar across the CHO's. In addition to the working group, governance oversight is supported through a monthly viewing group meeting for the CHO's and their affiliated hospitals, a forum for discussing progress and protocols.

CHO7 Update - Adult Integrated Eye Care Team

Dr Margaret Morgan, Consultant Medical Ophthalmologist who took up her post 3 weeks before the IECT meeting outlined her plans for establishing the adult eye care services in CHO7. Funding for the service was secured following a successful submission by the ICO and Clinical Programme to the Sláintecare Integrated Fund. The unit is based in the Kilmananagh Tymon PCC and linked to the Royal Victoria Eye and Ear Hospital.

Service design priorities for the development include the standardisation of referral criteria, clinical care pathways and treatment protocals across CHO 6, 7 and 9. Margaret emphasized that all team members should have clearly defined roles and responsibilities and the importance from the onset to have a focus on training and developing policies and procedures for the service.

Standardistation of equipment across community services and the linked hospital is also crucial, and the data exchange for an integrated service, linked by an electronic patient record.

➥

Continued from page 7

Margaret echoed the strong governance support and oversight highlighted by Dr Sarah Gilmore through the fortnightly consultants working group and wider CHO and Hospital steering group collaboration. Sub groups will be set up as required, e.g. an ICT sub group between community and the Eye and Ear.

As a newly established team and unit, initial referrals will come from the Eye and Ear, and in the future referrals will come directly from GP's and from other hospitals in the community setting. Surgical referrals and complex cases will be referred back to the Eye and Ear.

The unit has been allocated four rooms on the first floor for adult services and the paediatric services which will commence in 2021 will be located on the third floor. The clinic is very well equipped including OCT, Humphrey Visual Field Analyser, IOL Master, Corneal Topography System, 3D Kowa Fundus Camera (which will assist with virtual glaucoma clinics) and an Imaging Slit Lamp which will be very useful for transferring images to the RVEEH.

In these initial startup weeks, Margaret has been focused on getting all the equipment commissioned, and the staff training on the equipment with the suppliers, with the next stage of training to go to the RVEEH. The IT system will be MediSight, linking in with the IT in the RVEEH. Forum is the image managing system, and Margaret has ensured all the instruments will link in with this system.

The care pathways will initially start with post cataract assessments, moving on to medical retina and glaucoma, with an emphasis on virtual clinics as also highlighted by Dr Sarah Gilmore for CHO6.

Margaret said she benefited greatly from working in the North West region where a very good integrated service exists through the Donegal Sligo Community Eye Services and Sligo University Hospital, along with the experience of how the deployment of technology is of great importance, and the delivery of care services to patients close to home in a timely fashion.

The IECT meeting series will continue in 2021, as an important forum for knowledge sharing among eye health professionals and their management teams on the latest developments with the implementation of the integrated eye care team in CHO's.

ICO/Bayer Clinical Fellowship 2020/21

The College is delighted to congratulate Emily Hughes on her award as recipient of the ICO/Bayer Clinical Fellowship in Ophthalmology this year.

Emily commenced her one-year clinical fellowship in glaucoma at the Department of Ophthalmology in the School of Medicine, University of Pittsburgh UPMC) in September following the award of her Completion of Specialist Training (CCST) this year.

Commenting on the specialist fellowship training at the University of Pittsburgh and the bursary award, Emily said, "My aim for the fellowship is to become proficient in the variety of glaucoma lasers and surgeries. This includes 'MIGS' as well as the more well established techniques of trabeculectomy and tube shunts. UPMC is the largest health care provider in Western Pennsylvania. The glaucoma department has an excellent reputation for trialing novel glaucoma treatments, and I am delighted to have the opportunity to learn these as the most effective management strategies continue to emerge. Under the guidance of the four UPMC glaucoma sub-specialists led by Dr. Ian Conner MD PhD, I am excited to build on what I have learned during my Irish training on the use of imaging and software progression analysis in the glaucoma clinic."

Emily added, "Completing the UPMC glaucoma fellowship would not have been possible without the generous support of the ICO/Bayer Bursary. I am immensely grateful for the support towards the cost involved, which includes examinations for US licensure and relocation. The financial support allows me the freedom to fully immerse myself in the unique training opportunity presented."

The opportunity at the Department of Ophthalmology at UPMC offers a competitive and rigorous fellowship in glaucoma. The UPMC medical school is currently ranked 13th in the USA for research output and this extends to the ophthalmology department.

The ICO thank Bayer for their continued support in facilitating ICO trainees to undertake an exceptional training opportunity in an international centre of excellence in ophthalmology.

This year marks the 5th consecutive year of support from Bayer for this annual clinical fellowship bursary and the College take this opportunity to acknowledge the tremendous benefit this has to our ophthalmic specialists training experience and in turn the Irish health service.

Emily Hughes

Emily will present a short update on her fellowship experience to date at the ICO Winter Meeting webinar on December 11.

Upcoming...

Prof Peter Barry Memorial Lecture, 10 December

ICO Winter Meeting and Montgomery Lecture, 11 December

ICO Annual Conference 2021 (June date tbc)

SOE Prague 2021 - 10-12 June

Vision 2020+1 Imaging the Impossible 11-15 July

HSE launches Living Well Programme

The HSE recently launched their new *Living Well* programme, a free, evidence based, self-management programme for adults with long-term health conditions. Caroline Peppard, Self-Management Support Coordinator for Long Term Health Conditions, HSE Living Well Programme, provided an overview of the programme to attendees at the recent virtual Integrated Eye Care Team meeting hosted by the ICO on November 19.

The College is keen to support patients through the work of this programme and are coordinating with HSE Living Well to develop dedicated group programmes specific to eye conditions in 2021.

The first **Living Well with Specific Eye Conditions** online workshops will take place in January and February (dates below).

Self-management is what a person does every day to manage their long-term health condition. This may include making choices to improve health such as becoming more active, eating more healthily and stopping smoking. However, it also includes more complex tasks such as taking medications, monitoring symptoms, coping with the emotional aspects of the condition and communicating with healthcare professionals.

The Living Well programme supports participants to develop the skills that will help them to self-manage and to live well with their long-term health condition(s). Originally developed at the School of Medicine, Stanford University, USA, this programme has been available in Ireland since 2005 under various names. More recently, six Community Healthcare Organisations (CHO) received Sláintecare Integration Funding to deliver Living Well.

What is covered each week?

A key part of Living Well is setting goals. Each week participants learn how to reach these goals by making an action plan. They also get support from the group to problem solve. In addition, the following are covered:

Week 1	Using your mind to manage symptoms Fatigue and getting a good night's sleep Introduction to action plans
Week 2	Dealing with difficult emotions Physical activity, exercise, preventing falls
Week 3	Decision-making Pain management Healthy eating
Week 4	Better breathing Reading food labels Communication skills
Week 5	Medication management Positive thinking, dealing with low mood and feelings of depression
Week 6	Making informed treatment decisions Planning for the future

HSE Living Well with Eye Conditions Online Workshops:

The Living Well with Specific Eye Conditions online workshops will be delivered by two trained facilitators, one with their own experience of living with a degenerative eye condition.

Starting on:
Tuesday January 12th 2021
10am-12.30pm for 7 Weeks
Places Available

Starting on:
Wednesday January 22nd 2021
3pm-5.30pm for 7 Weeks
Places Available

How:
For more information or to register, contact the Living Well Coordinator
Leah Harrington: 0873654392
Email: leah.harrington@hse.ie
or Visit: www.hse.ie/livingwell

Charities Regulator Governance Code

The College is a registered charity and over the past number of months, the Council has been working towards meeting the requirements of the Charities Regulator for all organisations to have good governance structures in place.

Good governance involves putting in place systems and processes to ensure that your charity achieves its charitable objectives with integrity and is managed in an effective, efficient, accountable and transparent way. 2020 is the first year that Charities must comply with the governance code. The ICO must submit a detailed declaration to the Regulator by year end. We are working with Mr. David Duffy, a governance expert, to meet the requirements (www.governance-company.com)

It has become apparent that the College's Memorandum and Articles of Association are outdated. It is necessary to update the Constitution in order to bring it into line with Company Law. Changes to the Constitution must be approved by the membership and this will necessitate an Extraordinary General Meeting.

This extraordinary general meeting is scheduled for 10am on Saturday 19th December, 2020. The meeting will take place virtually and the dial in details will be circulated prior to the meeting.

The updated Constitution is currently being drafted, with input from solicitor Cormac O Ceallaigh, (www.coclegal.ie) based on a template from the Charities Regulator.

The College will share the proposed document with our members as soon as possible, to ensure you have adequate time to review in advance of the EGM.

Further information on the Charities Governance Code can be found on the Regulators website: www.charitiesregulator.ie

Drive-Through Glaucoma Clinic During COVID-19

We are all acutely aware of the considerable challenges COVID 19 presented for healthcare staff and patients throughout 2020.

Whilst we have become familiar with hearing about these challenges through our media channels for the past 9 months, there has also thankfully been much-warranted reports on examples of immense resourcefulness and innovative thinking leading to both temporary and permanent 'new ways' of working to keep services up and running and patients monitored during lockdown phases.

One such example was recognition of the hundreds of patients on waiting lists who received eye pressure checks in the first temporary drive-through clinic of its kind in Citywest, Dublin, from June to October 2020. The clinic was the outcome of work by the Ireland East Hospital Group and their liaison with the Belfast Health and Social Care Trust in Northern Ireland where the 'drive-thru' concept originated. Within a few weeks of lockdown, consultant ophthalmologists in the North started running these virtual clinics, which attracted media attention in the UK, particularly that of the BBC.

The Ireland East Hospital Group (IEHG) recognised that the Citywest facility still occupied by the HSE during these months but under-utilized, would be an available location to run the temporary clinics to provide continued assessment and monitoring of patient intra-ocular pressure.

Speaking to the Irish Medical Times about the initiative in September, Aoife Doyle, Consultant Ophthalmic Surgeon at the Royal Victoria Eye and Ear Hospital recalled a team of people under the direction of Prof Colm O'Brien, the Clinical Academic Director for the IEHG, who devised a plan for the new clinics in an expedient manner.

This team already completed much of the groundwork establishing better access to nurse-led glaucoma care through a Lean Healthcare initiative. Aoife spoke at last years' ICO Integrated Eye Care Team Meeting Series on the virtual clinic for stable glaucoma patients in operation at the Eye and Ear Hospital since 2017.

Design and funding for the temporary glaucoma drive-through facility at Citywest was managed by IEHG, which facilitated the roll out of the new clinics for the first patients within four weeks in outdoor purpose-built tents.

Patients drove to the clinic, received an eye pressure check using the iCare tonometer from an ophthalmic nurse, who completed their responses in a questionnaire. This information was communicated to the Consultant and medical team at the hospital via electronic record to analyse the results with the patient's previous history. The patient received a follow up letter with the result of their check and a prescription and if necessary direct contact by phone.

Aoife Doyle described the initiative as a fast and efficient service, which was successful as a short-term project to manage the long waiting lists and a percentage of suitable patients whose appointments were cancelled during COVID-19. The service meant she could review large numbers of patients over the course of a 3-hour virtual session, and look after the more complex and surgical patients in the hospital clinic. Patients found to have significant IOP rises were redirected quickly for urgent care.

Aoife said there are plans to seek funding for continuation of a similar clinic in the future but on a smaller scale, noting that not every patient will be suitable, and that it may be done on alternate visits for relatively low-risk patients.

Virtual Glaucoma Clinic

In 2017 a nurse-led virtual clinic was introduced in the RVEEH for stable glaucoma patients. Almost 1,100 glaucoma patients were seen in the first year with a target of 1,300 in the second year of operation.

Patients have their field vision checked, their optic nerve photographed, and their eye pressure checked with standard Goldman tonometry.

The clinic is conducted by proficient trained eye nurses and reviewed remotely by the consultant and medical team, ensuring that only 10 per cent of patients need to return for a consultant review. Patients with minor issues such as drop intolerance, allergies, adherence issues etc., may be referred to the Clinical Nurse Specialist Service and more complex work and new patient's referrals from optometry practices can be seen by an Advanced Nurse Practitioner. The multidisciplinary team is key to streamlining glaucoma care to ensure better access to the appropriate level of care for the complexity of the condition,

freeing up surgical glaucoma consultants to manage surgical intervention and those with multiple comorbidities. A similar model would work well in the context of the Community Eyecare facilities under supervision by the Consultant Medical Ophthalmologist.

A patient questionnaire revealed a "very high" satisfaction rating and the Health Service Executive awarded the clinic a Certificate of Excellence in Innovation in Health Care last year.

It is hoped this virtual clinic will be replicated in other hospitals and in the new primary eye care centres when they are all fully operational.

RVEEH has begun the process of migrating all hospital patient records onto Medisight, which is the electronic record used in the drive-through clinic. Seamless transfer of care between the hospital and the primary eyecare units relies on the use of the EPR, and the links with RVEEH have been established to deliver this in both hospital and community.

Sligo University Hospital also use this Medisight system and has already rolled it out successfully to community practices, so every medical staffer is reading the same chart and when new information is inputted other units have immediate access to it.

The primary eye care centre at Grangegorman will be associated with the Mater Misericoradiae University Hospital, and centres in Churchtown and Tallaght with the RVEEH, in a hub and spoke model.

NCBI Eye Clinic Liaison Officer Service – Core to Patient Centric Care

In March 2019, NCBI with once off support from the Acute Hospitals Division embarked on placing two Eye Clinic Liaison Officers (ECLOs) across the Mater University Hospital, RVEEH and CHI at Temple Street. Since their recent introduction, the ECLOs have been working closely with patients across these eye clinics who have been recently diagnosed or may have had a significant change in their eye condition, or personal circumstances.

At such a vulnerable time, NCBI's ECLOs have been providing much needed emotional support for thousands of patients, their family members and carers. By the end of 2020, the ECLOs will have successfully signposted and connected over 90% of acute clinic patients supported to community-based supports and vision rehabilitation service providers. In many circumstances, these patients are now being actively supported to maximise their useful vision, maintain independence, remain in employment, and in a Covid-19 era, feel supported and involved across local community.

Commenting on the ECLOs' success to date, Aaron Mullaniff, Deputy Chief Officer with the NCBI has welcomed the true embedding of ECLOs across major eye clinics and added that "the ECLOs have provided a critical bridge that has been absent for years between acute and community based providers, and are essentially now role-releasing clinical teams as they are better positioned to give the time to talk through the patients' understanding of their eye condition, their concerns, their treatment pathway and next steps".

The ECLOs have found that it is not only the understanding of the eye condition for the patient, but also the learning to adjust and knowing how they are going to live with the impact of the diagnosis. Hilary Devlin, an ECLO with CHI, explains "the needs a patient has is often defined by their stage of life. For example, a young mother of two, working part time in an office experiencing further reduction in vision due to Retinitis Pigmentosa, may have lived her life with little effect of this condition is now facing severe night blindness and a reduction in peripheral vision. She is worried about getting around safely, walking her children to school on the dark mornings and being able to continue with her job. A referral to the ECLO gives the patient time to talk through her fears and concerns for the future, and together they can make a plan on the best supports available within the community."

Hilary Devlin

"For new parents, the diagnosis of an eye condition shortly after the birth of their child can be a very frightening and overwhelming experience. A lot of parents experience a sense of loss for their child and all the while struggling to keep up with medical treatments and surgeries. As well as being linked to services providing practical support for education, mobility and daily living, the ECLO provides emotional support to these patients and their families."

Hilary Devlin is the Children's ECLO who is currently based in CHI Temple Street. CHI at Crumlin will embed an ECLO across their eye clinic operations in the coming weeks.

A recent UK study on the Impact of Eye Clinic Liaison Officers found that ECLOs who had a presence in hospital ophthalmology clinics were seen as valuable in streamlining processes within the clinic, and providing continuity of care for patients when they were discharged from medical treatment. ECLOs also saved staff time in the clinic, as they were often responsible for providing emotional and practical support for patients living with sight loss.

For more information or opportunity on partnering with the NCBI ECLO Service, please do not hesitate to get in touch via aaron.mullaniff@ncbi.ie

ICO Winter Virtual Meeting and Annual Montgomery Lecture

The ICO Winter Meeting will take place via Zoom Webinar on Friday, December 11 from 2-3.30pm. The focus of the session will be a panel discussion on COVID-Learnings, with ophthalmologists working across the different working environments invited to give their perspective on the issues experienced.

The session will be chaired by Richard Comer.

A group discussion will follow, with audience participation invited via the webinar chat facility.

Emily Hughes, recipient of the ICO/Bayer Clinical Fellowship Bursary 2020-21 will be joining the webinar from Pittsburgh to give an overview on her experience to date at the Department of Ophthalmology in the School of Medicine, since commencing her one year post in late September.

Prof Anat Loewenstein

Annual Montgomery Lecture 2020

It is a great pleasure and honour for the College to invite our esteemed colleague Prof Anat Loewenstein to present the 2020 Annual Montgomery Lecture.

Anat Loewenstein is Professor of Ophthalmology, Vice Dean of the Faculty of Medicine, and Sidney Fox Chair of Ophthalmology at the Sackler Faculty of Medicine at the Tel Aviv University, and the Chairman of the Division of Ophthalmology at the Tel Aviv Medical Center.

The webinar Lecture will take place online immediately after the ICO Winter Meeting on December 11th from 3.30pm.

The title of Prof Loewenstein's Lecture is *'Adjusting to COVID-19 in 2020 and Beyond – Development in Home Monitoring including Fluid Quantification in AMD'*.

Prof Loewenstein's main field of interest is development of multiple innovative efforts. She was the leader behind the development of novel technology for early detection of macular degeneration, as well as recently, home OCT and the development of automated technology for detection of retinal disease activity and the development of augmented virtual reality to replace the operating microscope.

Prof Loewenstein has published more than 380 papers in peer reviewed journals, and contributed multiple chapters to ophthalmology textbooks. She has multiple roles in the most prominent retina societies, serves on the International committee of the macula society and is currently the General Secretary of the Euretina.

She is the Editor in Chief of the Journal Case Reports in Ophthalmology, and an associate editor of the European Journal of Ophthalmology and of Ophthalmologica.

In Israel, Prof Loewenstein served as the Chairman of the Israeli Board of Ophthalmology, and currently serves as the chair of the Ministry of Health's ethics committee and is a member of the National Council of Surgery and anesthesia.

She has received multiple international awards, including the "Rosenthal" Award, and the Patz Medal of the Macula Society, as well as the Michelson Award of the Macula Society, and the Silver Fellow Medal of ARVO.

Registration and login details for the Winter Meeting and Montgomery Lecture will be shared with ICO members via our member's portal.

In Remembrance

Maurice Fenton

It was with great sadness that the College learned of the passing of our colleague and friend Maurice Fenton on 2 November 2020 in Kerry.

Maurice was an esteemed member of the College with a long and dedicated career in ophthalmology.

Highly regarded among his peers and juniors as a sound guiding light, Maurice will be remembered for his approachable nature and his solid skills in liaising with hospital management on the further advancement and development of eye services. Maurice was responsible for the setting up of the retinal service at the Royal Victoria Eye and Ear Hospital during the 1970's.

A keen golfer and race goer, and wonderful company in social circles, Maurice will be greatly missed by all at the ICO who had the pleasure of his acquaintance.

Beloved husband of his late wife Jo, we extend our deepest and heartfelt sympathies to Maurice's children Michele, John, Sinéad and Joanne.

Louis Collum, Peter Barry, Hugh Cassidy, Maurice Fenton

Barry Cullen

Born Cavan 13 July 1928 – died Edinburgh 23 September 2020

Barry Cullen, a giant in neuro-ophthalmology circles, passed away peacefully at his home in Edinburgh on September 23, 2020 aged 93. The Barry Cullen International Fellowship has been established by the Singapore National Eye Centre to celebrate and remember his life and his work and to help educate future ophthalmologists.