

Family Practitioner Services

General Ophthalmic Statistics for Northern Ireland

Annual Statistics 2020/21



Published June 2021

Purpose The data contained in this publication are presented on a financial year basis during the year ending 31st March 2021. They represent a range of ophthalmic services and are based on claims submitted by primary care opticians to Family Practitioner Services. They do not cover secondary or private ophthalmic services. Information is provided on workforce, health service sight tests, vouchers, repairs and replacements and additional ophthalmic services, including the Northern Ireland Primary Care Optometry Enhanced Services and the Northern Ireland Primary Eyecare Assessment and Referral Service (NIPEARS). Information on the cost of ophthalmic services across Northern Ireland and in United Kingdom context is also presented. Data detailed in this publication are also available in spreadsheet format (Microsoft Excel) to aid secondary analysis and can be found on the [BSO website](#).

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We want your feedback We welcome any feedback on any aspect of these statistics, which can be provided by email to: Info.BSO@hscni.net

Additional information about these statistics is located at the back of this publication.

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Introduction

This publication provides a statistical overview of general ophthalmic activity in Northern Ireland between April 2020 and March 2021. It is based on payment claims submitted by primary care opticians to Family Practitioner Services (FPS). These data do not cover private work or secondary care activity.

It has been produced by independent statisticians within the FPS Information Unit. They are on secondment from the Northern Ireland Statistics and Research Agency (NISRA). This publication has been compiled in accordance with the Code of Practice for Statistics.

Further information about the work of FPS and the manner in which these statistics were produced can be found at the back of this publication.

User Engagement

Statisticians in the Information Unit are regularly in contact with key users of the statistics. While previously readership surveys were used to provide an overall assessment of whether user needs were being met, the current approach employed is to undertake focused consultations with key users on a rolling basis. This approach helps to gain greater insight into how the statistics are used and to identify additional specific requirements. In addition any ad hoc requests for information are recorded centrally in a database and these records are used to provide intelligence from a wider set of users in relation to changing requirements. An outline of future developments as a result of user engagement is provided in the [General Ophthalmic Services Statistics User Engagement Action Plan](#).

New Developments

Following engagement with users, the 2020/21 report now includes information on the following:

- Number of Assessments for the Enhanced Service for Ocular Hypertension (OHT) Review and Monitoring,
- Payments made for Ophthalmic Services including information on the Covid-19 payments made to practices in 2020/21,

- Monthly breakdown of GOS activity, Cost of General Ophthalmic Activity and Covid-19 payments,
- Interactive map on the distance to nearest optician in miles by Census Small Area.

Key Figures



- **There were approximately 311,000 health service eye tests in 2020/21**

For every 4 sight tests provided, 3 were for children under age 16 or patients aged 60 and over.

- **There were approximately 141,000 optical vouchers processed in 2020/21**

Over two fifths (45%) processed were for children under the age of 16.

- **The total cost of ophthalmic services was £24.4 million**

COVID-19 Support Payments made up £7.6m of the total. The average cost per person was £12.80.



- **There were 30,555 unique assessments at the Northern Ireland Primary Eyecare Assessment and Referral Service**

24,317, or 80%, of these were new assessments.

1. COVID-19 Pandemic

On 23rd March 2020, ophthalmic practices in Northern Ireland were instructed to suspend all routine ophthalmic services, including domiciliary eye care services, with immediate effect with only urgent and essential eye care services provided. Urgent care remained available for patients who presented with an acute eye condition. Essential care was provided to patients who required a sight test or repair or replacement of glasses or contact lenses to enable them to remain visually functioning. Care was provided through remote consultation where possible with face to face consultations only when absolutely necessary and with the correct use of PPE and infection control procedures in place.

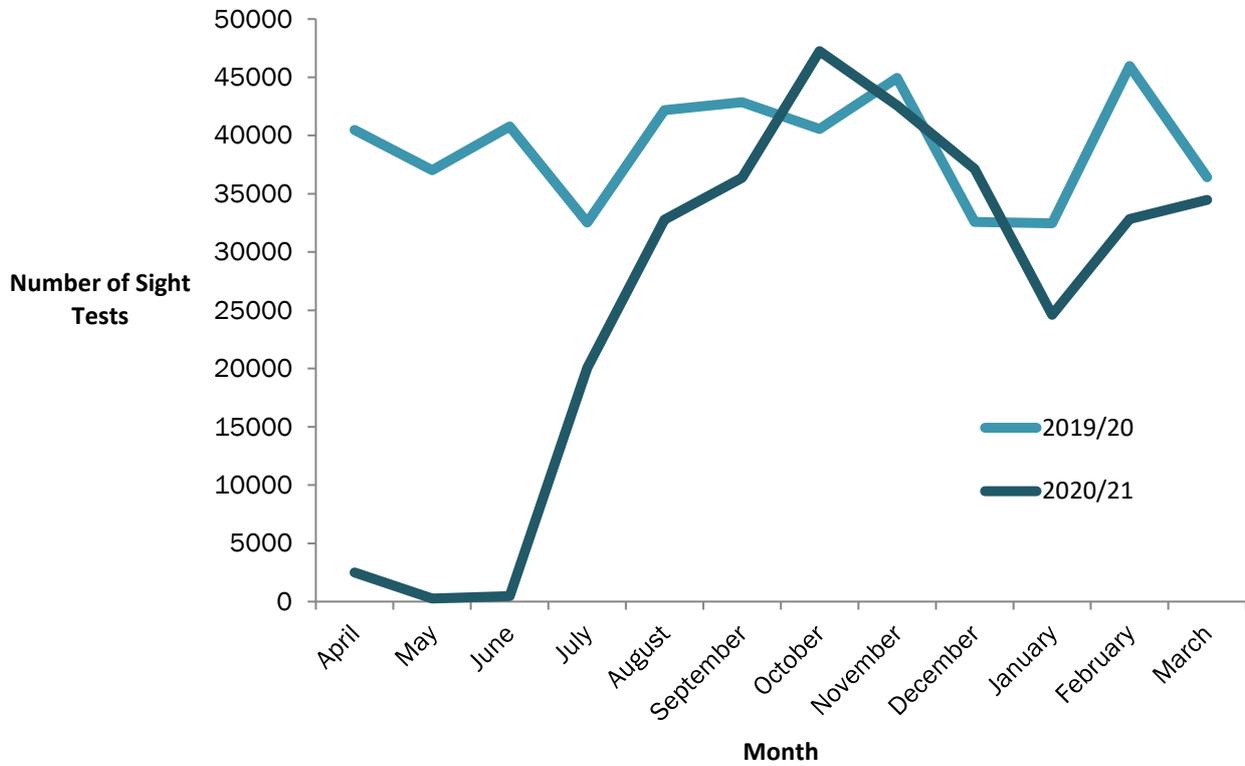
The rebuilding of ophthalmic services commenced in phases from the 29th June 2020. The phases were as follows:

- Phase 1 (29th June 2020) – Reintroduction of eye examinations, dispensing of glasses and contact lenses and enhanced services for those patients presenting with ocular symptoms, visual needs or medical needs. This phase did not include the reopening of domiciliary care services or routine recall examinations for patients with no urgent need.
- Phase 2 (3rd August 2020) – Reintroduction of routine eye exams for patients without specific ocular symptoms, visual or medical needs. Domiciliary care remained suspended.
- Phase 3a (1st September 2020) – Reintroduction of domiciliary eye care in patient's own home for those with ocular symptoms, visual or medical needs. Domiciliary visits were not permitted in nursing or residential homes, day centres or hospital in-patient settings.
- Phase 3b (14th September 2020) – Full delivery of domiciliary eye care reintroduced.

Individual contractors were provided finance support payments to stabilise their General Ophthalmic Service payment in 2020/21. Additional support payments were made each month to cover the shortfall in GOS payment in 2020/21 compared with payments made in 2019/20. The impact of COVID-19 restrictions on ophthalmic practices in turn had an impact on activity levels, particularly in the earlier months of 2020/21 (see Figure 1.1 as an example). Readers should therefore be mindful of this when interpreting the figures for

2020/21 and comparing to 2019/20. More information on the [finance support payments and rebuilding of services](#) is available on the BSO website.

Figure 1.1: Number of sight tests per month in 2019/20 and 2020/21.



2. Workforce

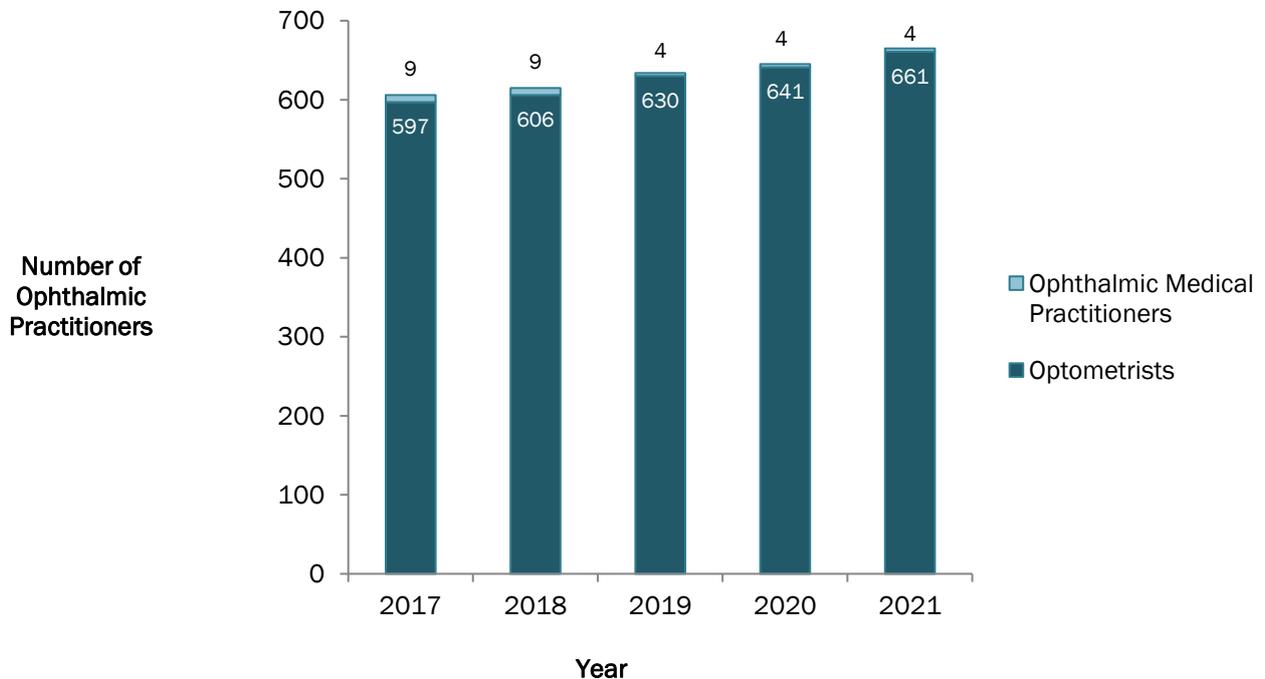
This section of the report provides details of the workforce providing General Ophthalmic Services via high-street opticians. All figures are a snapshot as at 31st March 2021 and represent a headcount so do not reflect any variations in hours worked.

2.1 Ophthalmic Practitioners

In Northern Ireland, there were 665 primary care ophthalmic practitioners registered to carry out health service eye tests in 2021; 661 were Optometrists and 4 were Ophthalmic Medical Practitioners (OMPs). The number of ophthalmic practitioners registered with BSO has increased by 9.7% from 606 in 2017 to 665 in 2021, of which Optometrists have increased by 64 (10.7%) whereas OMPs have fallen by over half (see Figure 2.1).

OMPs are medically qualified doctors specialising in eye care. Like Optometrists they examine eyes, test sight, diagnose abnormalities and prescribe suitable corrective lenses.

Figure 2.1: Number of ophthalmic practitioners as at 31st March, 2017-2021.



In Northern Ireland, there were 34.8 ophthalmic practitioners per 100,000 population. Over time, this proportion has been increasing - last year it was 33.9 while in 2017 it was 32.4 per 100,000 population ([See Annex Table 1.3](#)).

2.2 Ophthalmic Practices

There were 271 ophthalmic practices carrying out health service eye tests across the region in 2021. This figure has remained the same for the last four years. Since 2014, the number of ophthalmic practices has increased by 11 (4.2%).

Belfast Local Government District (LGD) has the most high street ophthalmic practices, accounting for 18% of the Northern Ireland total. However, looking at ophthalmic practices per 100,000 population, Fermanagh & Omagh LGD comes out top with 17.7 practices per 100,000 population, closely followed by Antrim & Newtownabbey LGD at 16.6, while Lisburn & Castlereagh LGD has the lowest number of ophthalmic practices per 100,000 population at just 12.1 (see Table 2.1).

Local Government District	Practices per 100,000 population
Antrim and Newtownabbey	16.6
Ards and North Down	13.5
Armagh City, Banbridge and Craigavon	12.7
Belfast	13.9
Causeway Coast and Glens	15.2
Derry City and Strabane	14.5
Fermanagh and Omagh	17.7
Lisburn and Castlereagh	12.1
Mid and East Antrim	14.3
Mid Ulster	15.2
Newry, Mourne and Down	12.5
Northern Ireland	14.2

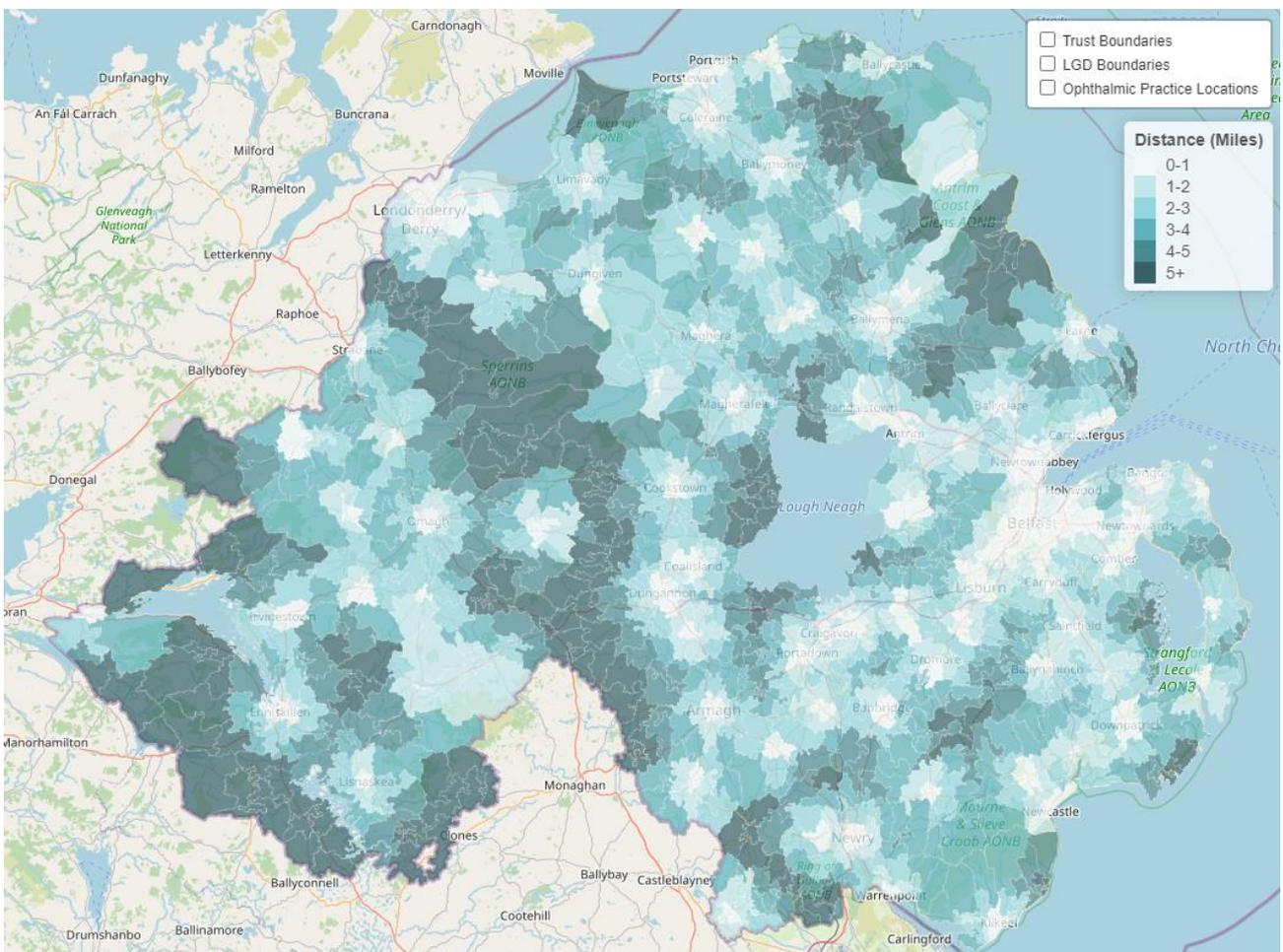
Table 2.1: Number of ophthalmic practices per 100,000 population, by Local Government District, 2021. [See Annex Table 1.1.](#)

2.3 Distance to Nearest Optician

At Northern Ireland level, 95% of the population live within five miles¹ of an ophthalmic practice.

In the more urban LGDs (Belfast, Antrim & Newtownabbey, Lisburn & Castlereagh and Derry City & Strabane) at least 88% of the population is within three miles of an ophthalmic practice. This figure drops significantly in some of the more rural areas, particularly Fermanagh & Omagh at just 55% ([See Annex Tables 1.27 & 1.28](#)).

Figure 2.2: Interactive chart² on the distance to nearest optician in miles by Small Area, 2020/21.



¹ Distances are calculated as a straight line distance between the postcode of the ophthalmic practice and the postcode of the patient.

² Click on image to open [interactive map](#) through web browser.

3. Sight Tests

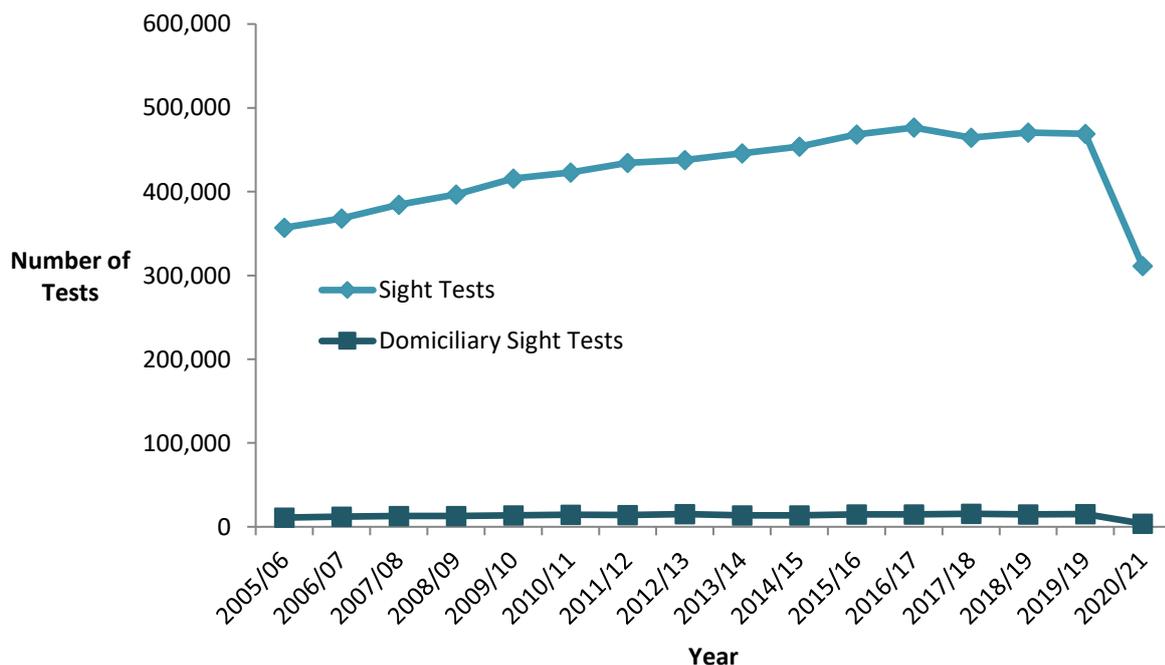
This section of the report provides details on the number of health service sight tests based on claims submitted to the Family Practitioner Services (FPS) by primary care opticians. Many people qualify for a free HSC General Ophthalmic Service (GOS) sight test. These claims are submitted to BSO for payment and, as such, the figures will not include those persons that pay for a sight test.

It is also possible to have multiple sight tests during a financial year, so data do not refer to individual people unless it clearly states this in the commentary.

3.1 Sight Tests Summary (including domiciliary tests)

The number of health service sight tests has increased year on year over the last decade, until 2017/18, when the numbers temporarily dipped. The number increased again in 2018/19 with almost 470,500 sight tests provided to patients in Northern Ireland, however, in 2019/20, this decreased slightly by 1,616 (0.3%) to approximately 468,800. In the most recent year, due to the pandemic, the number of sight tests dropped to the lowest since recording began at 311,344 sight tests, a decrease of 34% from 2019/20 (see Figure 3.1).

Figure 3.1: Number of sight test and domiciliary sight tests, 2005/06-2020/21. [See Annex Table 1.4.](#)

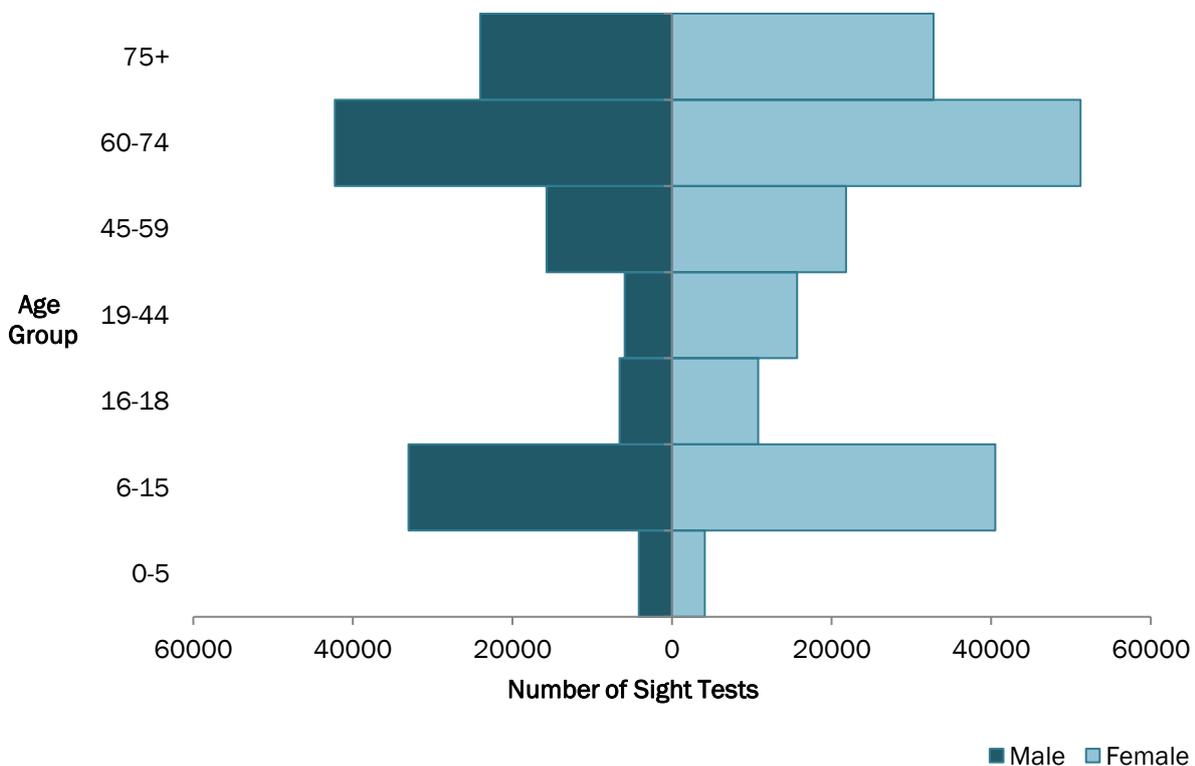


Those who qualify for a health service sight test but, are unable to leave home unaccompanied, are entitled to a free sight test in their own home. This group usually include older and/or people with disabilities. Domiciliary visits are also carried out in nursing or residential homes, day centres and hospital in-patient settings. The number of domiciliary visits slowly rose 11% from 13,809 in 2013/14 to 15,320 in 2019/20 but decreased by 75% to 3,833 in 2020/21. Domiciliary visits accounted for 1.2% of total sight tests carried out in 2020/21 compared to 3.3% in 2019/20. This reduction is due to the suspension of routine domiciliary eye care during the COVID-19 restrictions, as discussed in [Section 1](#).

3.2 Sight Tests by Age and Gender

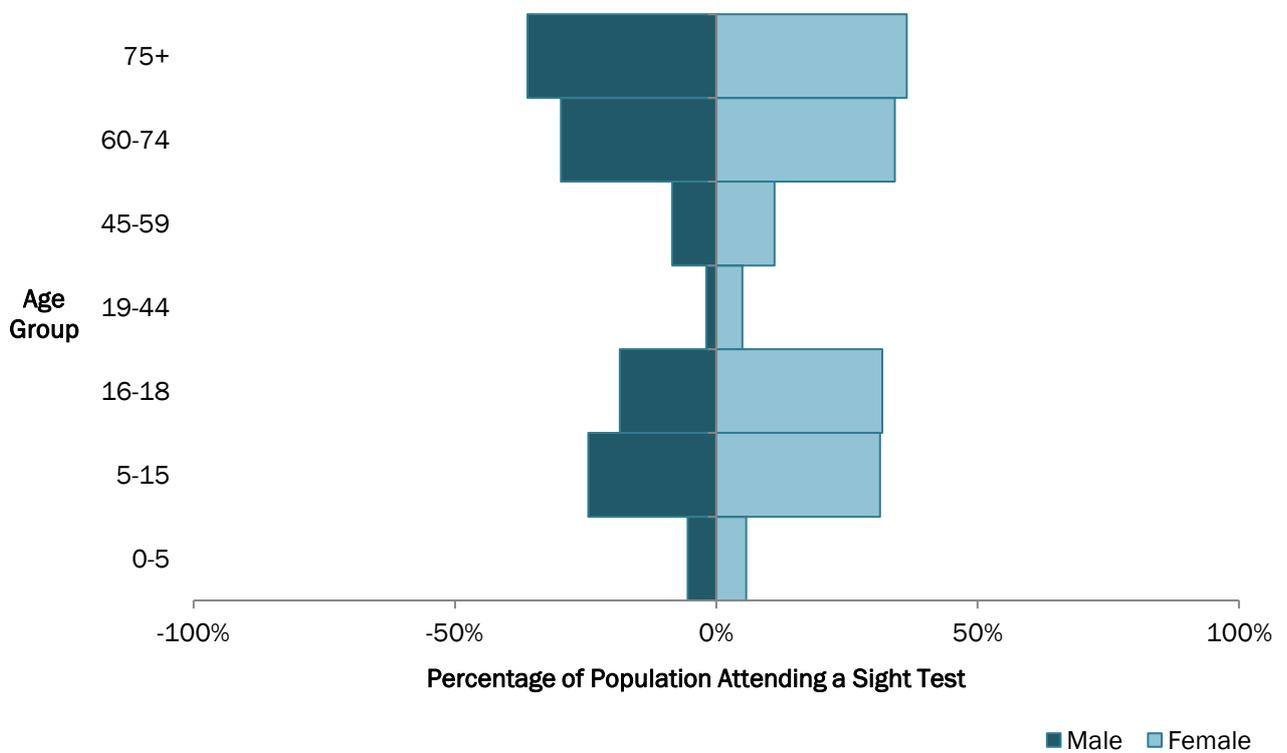
Figure 3.2 presents the number of sight tests across age categories and by gender in 2020/21. Of the 311,344 sight tests carried out, 42% were on males, 57% were on females. For the remaining 1% the gender was unknown. Those aged 60 and over, account for almost half (49%) of all sight tests with those aged 0-15 representing just over a quarter (26%) of tests administered.

Figure 3.2: Number of sight tests by age group and gender, 2020/21. See [Sight Tests by Age, Gender and Financial Year](#).



Looking specifically at those individual patients who attended a health service sight test during 2020/21, more females received at least one sight test across all age groups compared to males, with 18% of the female population attending a sight test compared to 14% of the male population. Those aged 16-18 show the largest difference between males and females, with 32% of females and only 18% of males attending a sight test during the year (see Figure 3.3).

Figure 3.3: Percentage of population attending a sight test by age group and gender, 2020/21. [See Annex Table 1.8.](#)



3.3 Sight Tests by Exemption Category

You are entitled to a free sight test or reduced cost towards a sight test if you:

Are included in an award for Income Support	Are under 16 years of age
Are included in an aware for Income-related Employment and Support allowance	Are aged 16, 17 or 18 and in full time education
Are included in an aware for Income-based Jobseeker’s allowance	Are aged 60 years or over
Are included in an award for Pension Credit Guarantee Credit	Are diagnosed diabetic
Are entitled to or named on a valid NHS Tax Credit Exemption Certificate	Are diagnosed as having glaucoma
Are named on a valid HC2 Certificate	Are aged 40 or over and have a parent, brother, sister, son or daughter with glaucoma
Are named on a valid HC3 Certificate (offering partial assistance with charges)	Are registered blind or partially sighted
	Have been prescribed complex lenses

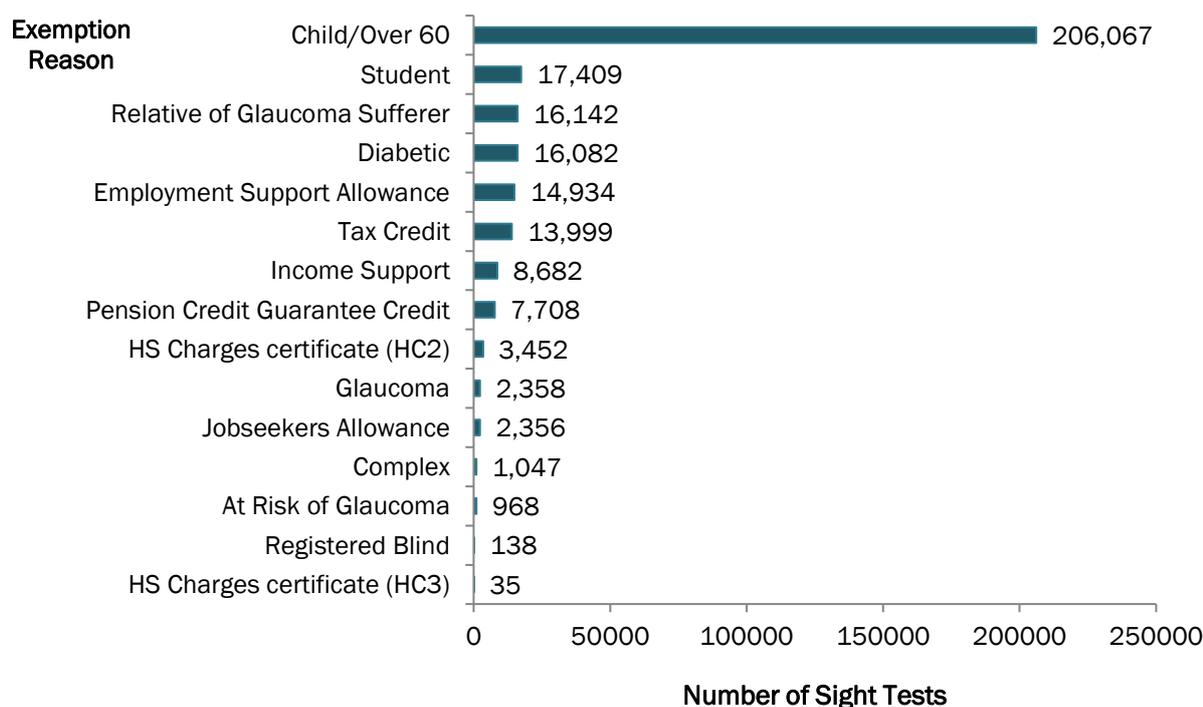
Table 3.1: Health service sight test eligibility criteria.

Sight tests for people aged under 16 and over 60 account for the majority (66%) of exempted sight tests in 2020/21. The next largest exemption categories included people with diabetes, students and relatives of glaucoma sufferers, with each of these categories accounting for approximately 5% of all sight tests (see Figure 3.4). In previous years, tax credit has been the second largest exemption category; however it has fallen from 27,395 in 2017/18 to 13,999 in 2020/21 and is now the 5th largest exemption category. This change in trend may be due to Universal Credit which was rolled out in Northern Ireland on a phased basis from September 2017, reducing those eligible under the tax credit category. Those in receipt of Universal Credit are only eligible for free sight tests in conjunction with a valid HC2 certificate which is provided through the NHS Low Income Scheme to cover the full cost of health services and as such are recorded now under the HC2 exemption.

Note: people may qualify for a sight test based on more than one criterion but are only

recorded against one. Patients are more likely to be recorded according to their clinical need rather than their age. For example, a patient aged over 60, with glaucoma is likely to be recorded in the glaucoma category only. The count by eligibility is therefore approximate.

Figure 3.4: Number of sight tests by exemption category, 2020/21. [See Annex Table 1.9.](#)



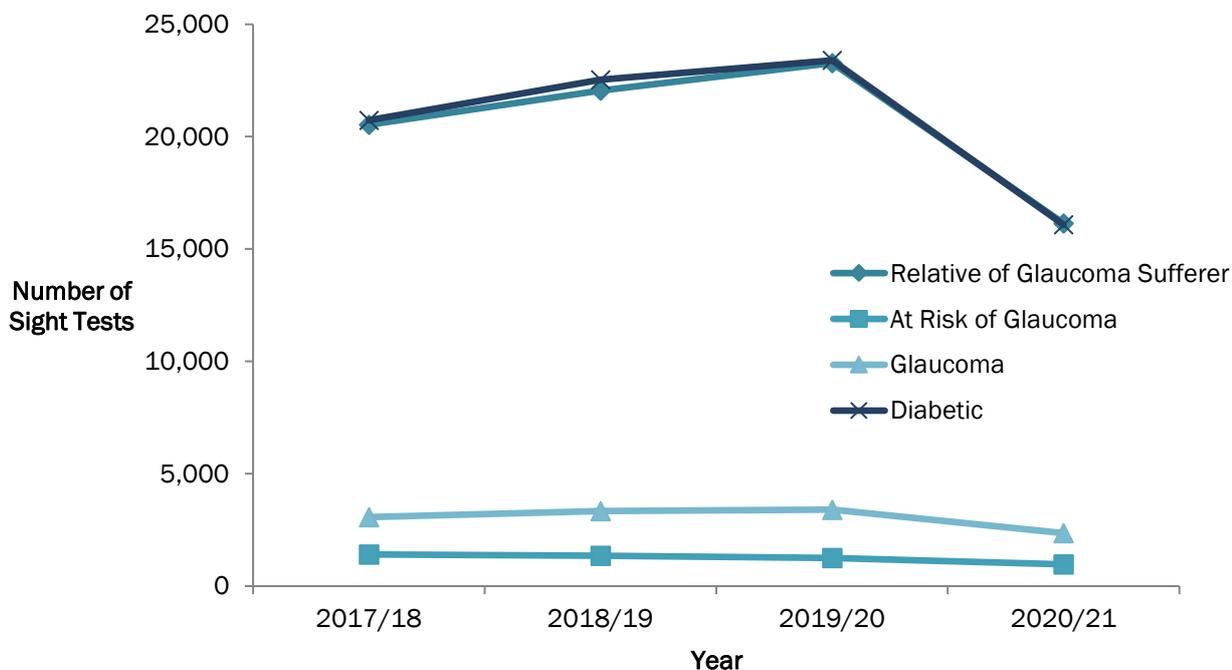
3.4 Clinical Conditions Relevant to Sight Tests

Conditions such as glaucoma or diabetes can potentially increase the risk of a patient’s eyesight deteriorating and can affect all ages. Patients who are diabetic, have glaucoma, are at risk of glaucoma or are related to someone with glaucoma are entitled to a free sight test due to their condition posing a potential risk to the patients’ sight.

Looking at the number of sight tests claimed under the four exemption categories; ‘Is diabetic’, ‘Has glaucoma’ and ‘Is over 40 and the relative of a glaucoma sufferer’, there has been an increase year on year between 2017/18 and 2019/20 with those ‘At risk of Glaucoma’ having a small decrease. Sight tests for relatives of glaucoma sufferers and those with diabetes both increased by 13% from 2017/18 to 2019/20. However, sight tests for those with glaucoma, relatives of glaucoma sufferers and those with diabetes have all decreased by 31% between 2019/20 and 2020/21. Sight tests for those under the ‘at risk

of glaucoma' category have decreased by 23% since 2019/20. These decreases are largely due to the effects of the pandemic, with all four categories showing smaller decreases from 2019/20 when compared to the 34% reduction in sight tests overall.

Figure 3.5: Number of sight tests for relevant clinical conditions, 2017/18-2020/21. [See Annex Table 1.9.](#)



3.5 Sight Tests per head of population³

In 2020/21, South Eastern LCG had the largest per capita number of sight tests for persons aged 60 and over, with 295 sight tests per 1,000 relevant population. Northern LCG had the largest number of sight tests for persons under 16 with 216 sight tests per 1,000 relevant population. Western LCG had the lowest number of sight tests for persons under 16 and aged 60 and over, with 182 and 250 per 1,000 relevant population sight tests respectively. Western LCG had the highest number of sight tests dispensed to adults receiving income support with 57 per 1,000 relevant population whereas South Eastern had the lowest at only 38 per 1,000 relevant population (see Figures 3.6-3.9 & [Annex Table 1.10](#)).

³ NISRA 2018 based population projections for 2020 were used to calculate per 1,000 relevant population. LCG is based on patient's residence.

Figure 3.6: Number of sight tests per 1,000 population in Northern Ireland, 2020/21.



Figure 3.7: Number of sight tests per 1,000 population aged 60 and over, 2020/21.



Figure 3.8: Number of sight tests per 1,000 population aged 15 and under, 2020/21.

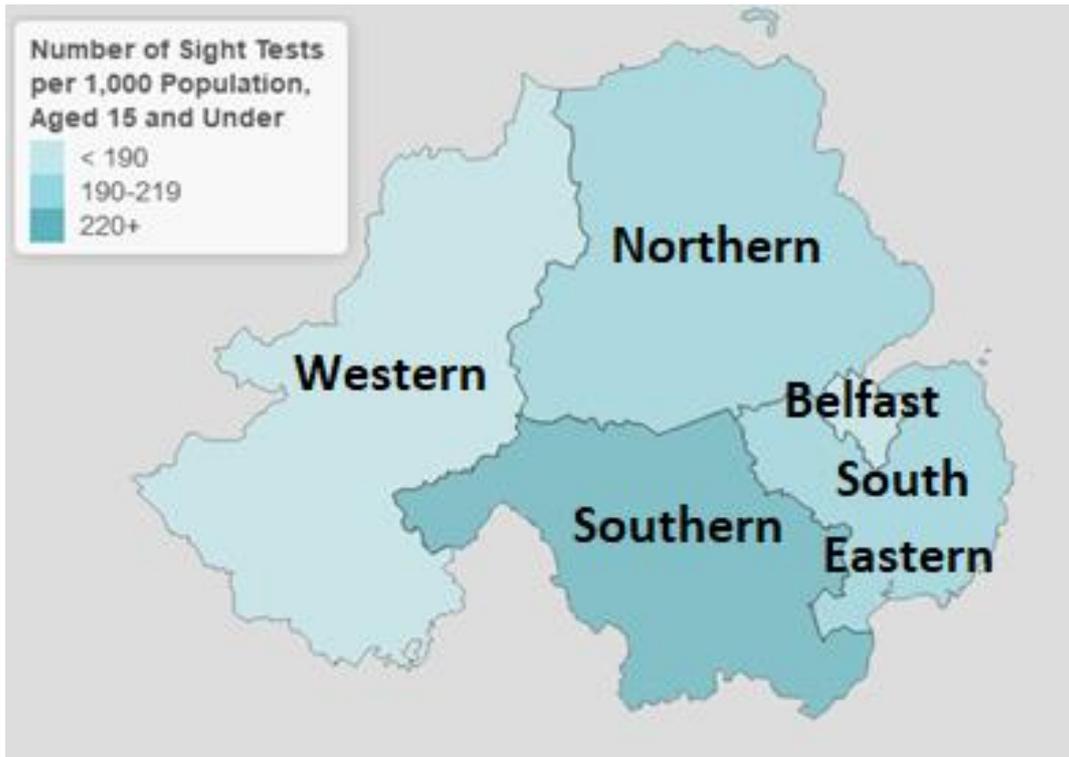


Figure 3.9: Number of sight tests per 1,000 population of adults on income support, 2020/21.



3.6 Sight Tests by Deprivation

Data are analysed using Northern Ireland Multiple Deprivation Measure (NIMDM) population-weighted deciles, in which 1 represents the most deprived areas and 10 represents the most affluent areas.

Looking at the number of patients^{4,5} receiving a sight test in the last 3 years, there are noticeable differences across patients living in the most and least deprived areas although, as previously stated, this analysis is based only on those patients who qualify for a free HSC General Ophthalmic Service (GOS) sight test.

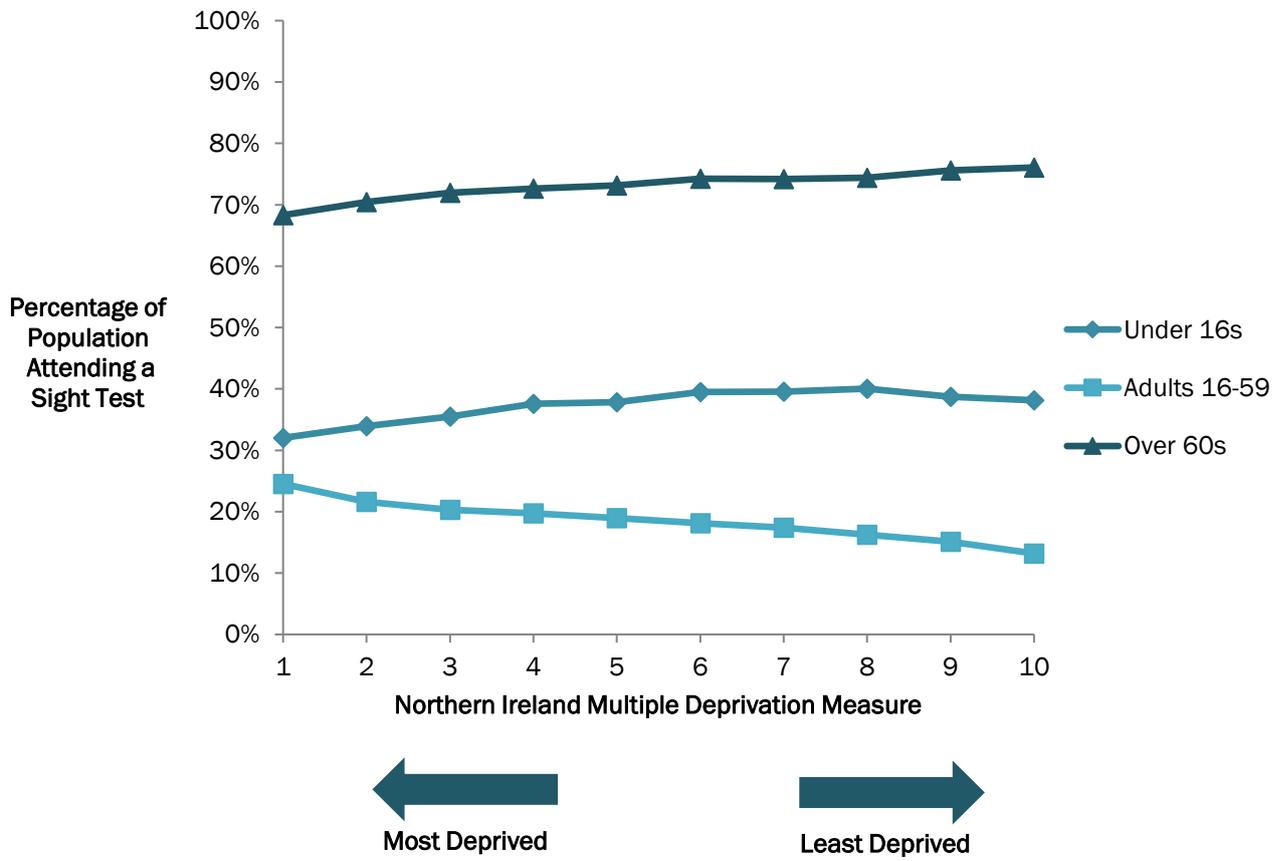
For adults between the ages 16 and 59 registered with a GP, the proportion of the population receiving a sight test in the last 3 years decreases as deprivation decreases, almost halving from 25% in NIMDM decile 1 to 13% in NIMDM decile 10. As these figures are shown as a proportion of the total adult population, not the total number of adults eligible for a sight test, this large decrease will largely be reflective of the decreasing eligibility in the more affluent areas.

For children under 16 and adults over 60 registered with a GP, the proportion of the population attending a sight test in the last 3 years broadly increases as deprivation decreases. The proportion of children attending a sight test increases from 32% in NIMDM decile 1 to 38% for NIMDM deciles 9 and 10. The proportion of adults aged 60 and over attending a sight test increases from 68% in NIMDM decile 1 to 76% in NIMDM decile 10 (see Figure 3.6).

⁴ It is possible to have multiple sight tests during this period however patients have only been counted once during the 3 year period. This therefore refers to individual people.

⁵ Where a Health and Care number can't be obtained for the patient (see Publication Notes at end of report), these have been excluded from this analysis. Where a valid HCN was obtained, the age group and NIMDM deciles are based on the patient's date of birth and postcode stored in the General Practitioner's database at April 2021.

Figure 3.6: Percentage of patients attending a sight test in the last 3 years, by NIMDM, 2020/21. [See Annex Table 1.11.](#)



4. Vouchers

After a health service sight test is carried out, the patient may be given a health service optical voucher which they can use towards the cost of buying glasses, having lenses fitted to their current frames or getting contact lenses. This section of the report provides details on the number of vouchers processed based on claims provided to the Family Practitioner Services (FPS) by primary care opticians. Some patients are entitled to receive help with the cost of spectacles or contact lenses – note that eligibility for an optical voucher is not the same as for a free sight test. These claims are submitted to BSO for payment and, as such, figures will not include those persons who pay in full for spectacles or contact lenses. The data in this section exclude repairs and replacements claimed on GOS4(NI)R forms; however, these data are available in [Section 5](#).

4.1 Voucher Summary (including Prescribing Rate)

The number of vouchers processed had been increasing year on year, reaching its highest point in 2016/17 at almost 212,000. Since then, the number of vouchers processed has decreased by 33% to now sit at approximately 141,000. This change in trend may, in part, be due to Universal Credit, which was rolled out in Northern Ireland on a phased basis from September 2017, and may have impacted on the numbers eligible to receive a voucher. The change in trend will also have been influenced by the closure of services in 2020/21 due to the Covid-19 pandemic.

Comparing sight tests against vouchers processed gives an indication of the prescribing rate in Northern Ireland. Just over two fifths of all sight tests result in a prescription for a voucher(s) towards glasses/contact lenses. The prescribing rate has been falling over the last number of years. In 2019/20 the prescribing rate had fallen to 42% from a peak of 47% in 2012/13, however, this increased to 45% in 2020/21 (see Table 4.1).

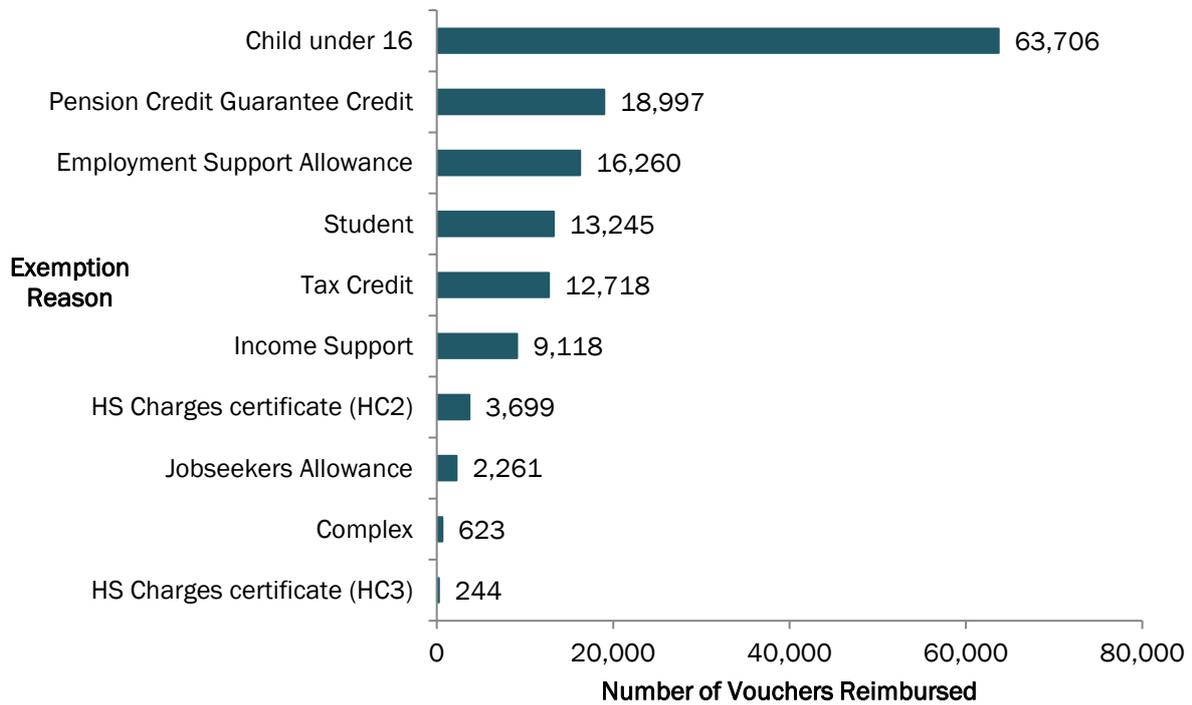
Year	Health Service Sight Tests	Number of Optical Vouchers Processed	Prescribing Rate
2008/09	396,633	181,424	46%
2009/10	415,491	187,700	45%
2010/11	422,830	191,688	45%
2011/12	434,399	198,285	46%
2012/13	437,701	203,618	47%
2013/14	445,757	205,901	46%
2014/15	453,714	206,983	46%
2015/16	468,117	207,457	44%
2016/17	476,423	211,814	44%
2017/18	464,466	205,864	44%
2018/19	470,429	200,703	43%
2019/20	468,813	198,134	42%
2020/21	311,344	141,074	45%

Table 4.1: Prescribing rate 2008/09 – 2020/21. [See Annex Table 1.4.](#)

4.2 Vouchers by Exemption Category

Persons aged under 16 account for the majority (45%) of vouchers reimbursed in 2020/21. The next largest exemption categories included Pension Credit Guarantee Credit and Employment Support Allowance, accounting for 13% and 12% of all vouchers reimbursed respectively (see Figure 4.1). In 2017/18, tax credit was the 3rd largest exemption category, however it has fallen from 22,849 in 2017/18 to 12,718 in 2020/21 and is now the 5th largest exemption category. This change in ranking may be due to Universal Credit which was rolled out in Northern Ireland on a phased basis from September 2017, reducing those eligible under the tax credit category. Those in receipt of Universal Credit are only eligible for free sight tests in conjunction with a valid HC2 certificate which is provided through the NHS Low Income Scheme to cover the full cost of health services and as such are recorded now under the HC2 exemption.

Figure 4.1: Number of vouchers reimbursed by exemption category, 2020/21. [See Annex Table 1.14.](#)



4.3 Vouchers per head of population

In 2020/21, Northern LCG reimbursed the highest number of vouchers for children under 16 with 166 per 1,000 relevant population whereas Belfast LCG reimbursed the lowest number at 144 per 1,000 relevant population.

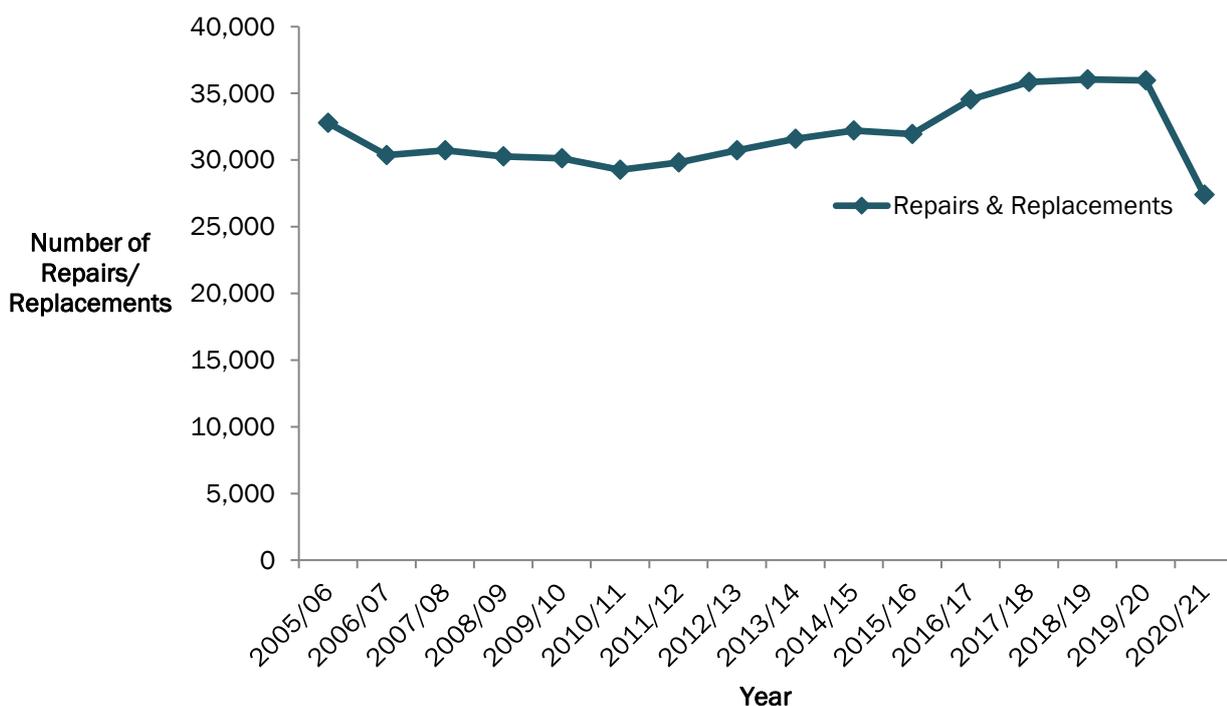
5. Repairs & Replacements

A repair or replacement voucher should only be issued when there is no reason to believe there has been a change of an eye prescription. Children under 16 are eligible for repairs or replacements in cases of loss or damage without prior approval by the Family Practitioner Services (FPS). In line with the General Ophthalmic Services discretionary payments protocol, glasses belonging to adults (including students aged 16-18 years) should only be repaired or replaced when FPS is satisfied the breakage or loss was due to illness, or in very exceptional circumstances of major hardship. This section of the report provides details on the number of repair or replacement vouchers processed based on claims provided to the Family Practitioner Services (FPS) by primary care opticians.

5.1 Repairs and Replacement Summary

Historically, the number of repairs and replacements has fluctuated year on year, with a steady increase of 13% from 2015/16 to 2018/19, followed by a slight decrease from 2018/19 to 2019/20, however, there was a large decrease of 24% from 35,967 repairs/replacements in 2018/19 to 27,394 in 2020/21, largely due to the effects of the pandemic and closure of ophthalmic services.

Figure 5.1: Number of repairs / replacements, 2005/06 – 2020/21. [See Annex Table 1.4.](#)



6. Northern Ireland Primary Care Optometry

Enhanced Services

This section of the report details activity undertaken at Primary Care Optometry Enhanced Services. These services are designed to cover enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential, core, General Ophthalmic Services and other Primary Care Optometry Enhanced Services.

6.1 Intra Ocular Pressure Repeat Measures (Level I ES)

The Intra Ocular Pressure Repeat Measures service (LES I) was introduced to reduce the numbers of false positive referrals for ocular hypertension (OHT).

The number of assessments at LES I dropped by 61% between 2016/17 and 2020/21. Prior to 2020/21 the decrease was due to new glaucoma guidance (issued November 2017) from the National Institute for Health and Care Excellence (NICE) which increased the threshold for referrals to LES I from an inner eye pressure of >21 mmHg to ≥ 24 mmHg. The remaining drop can be largely attributed to the closure of services in 2020/21 due to the Covid-19 pandemic.

Following an assessment at a LES I service, patients can either be referred to Hospital Eyecare Services (HES) (in some cases for LES I, this may be to a LES II accredited optometrist) or have no onward referral. In 2020/21, 56% of all assessments resulted in the patient having an onward referral to a Health Service Provider (see Figure 6.1). This is a marked increase on the 27% that resulted in an onward referral in 2016/17.

6.2 Glaucoma and Ocular Hypertension Enhanced Case Finding (Level II ES)

The Glaucoma and Ocular Hypertension Enhanced Case Finding Service (Level II) funds contractors with accredited and listed optometrists/OMPs to perform a defined set of clinical tests with the intention of producing an enhanced case finding for glaucoma, suspect glaucoma or ocular hypertension. These tests are performed in primary care optical practices and can be used for both patients who have a sight test under General Ophthalmic Services (GOS) as well as those who have a private eye examination.

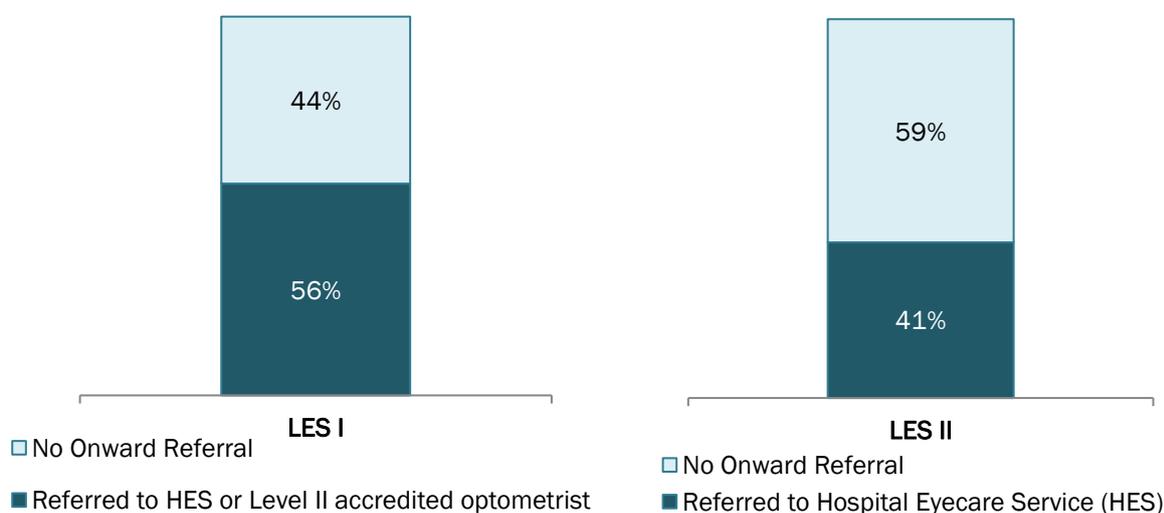
Financial Year	LES I	LES II
2014/15	2,223	n/a
2015/16	1,923	n/a
2016/17	1,907	151
2017/18	1,627	651
2018/19	1,151	341
2019/20	1,181	318
2020/21	751	248

Table 6.1: Number of assessments at LES I and LES II, 2014/15 to 2020/21. [See Annex Table 1.17.](#)

The number of assessments at LES II decreased by 62% between 2017/18 and 2020/21. The majority of this decrease is due to a change in NICE approved glaucoma guidelines in November 2017 plus the closure of services in 2020/21 as a result of the Covid-19 pandemic.

In 2020/21, over half (59%) of LES II assessments resulted in the patient being discharged with no onward referral to Hospital Eyecare Service (HES) (See Figure 6.1), this is compared to 65% in 2017/18.

Figure 6.1: Outcome following assessment at LES I and LES II, 2020/21. [See Annex Table 1.18.](#)



6.3 Ocular Hypertension (OHT) Review and Monitoring

Ocular Hypertension (OHT) Review and Monitoring is an enhanced optometric service that commenced in January 2019. The OHT Review and Monitoring Service funds contractors with accredited and listed optometrists/OMPs to perform a defined set of clinical tests. These tests are performed in primary care optical practices and can be used for both patients who have a sight test under General Ophthalmic Services (GOS) as well as those who have a private eye examination. The service enables patients diagnosed with ocular hypertension, and who are therefore at risk of developing glaucoma, to be reviewed on an ongoing basis in primary care optometry practice. These patients would otherwise attend for regular review in the hospital. They are identified by the hospital glaucoma service and discharged to the care of the primary care optometrist for ongoing monitoring.

The number of OHT assessments increased from 152 in 2019/20 to 537 in 2020/21, this is largely due to the service commencing in different Trusts at different time points throughout the 2 year period. The OHT service is a new and innovative service, currently in a trial period and so has been rolled out in a carefully monitored and controlled manner. It was initiated from the Belfast Trust Glaucoma Service and initially was only provided for patients discharged from that service hence the majority of patients seen within the service in 2019/20 were from the Belfast LCG area. It has gradually been extended to the other areas and most recently the Western Trust has begun discharging patients to the service.

7. Northern Ireland Primary Eyecare

Assessment and Referral Service (NI PEARS)

This section of the report details activity within the Northern Ireland Primary Eyecare Assessment and Referral Service. This enhanced service funds ophthalmic contractors in primary care to provide an acute eye care intervention service for patients across Northern Ireland. It facilitates accredited optometrists to investigate and manage, or triage for onward referral, patients presenting with acute, sudden onset, mainly anterior and non-sight threatening, eye conditions who may otherwise visit their GP or Hospital Eye Services.

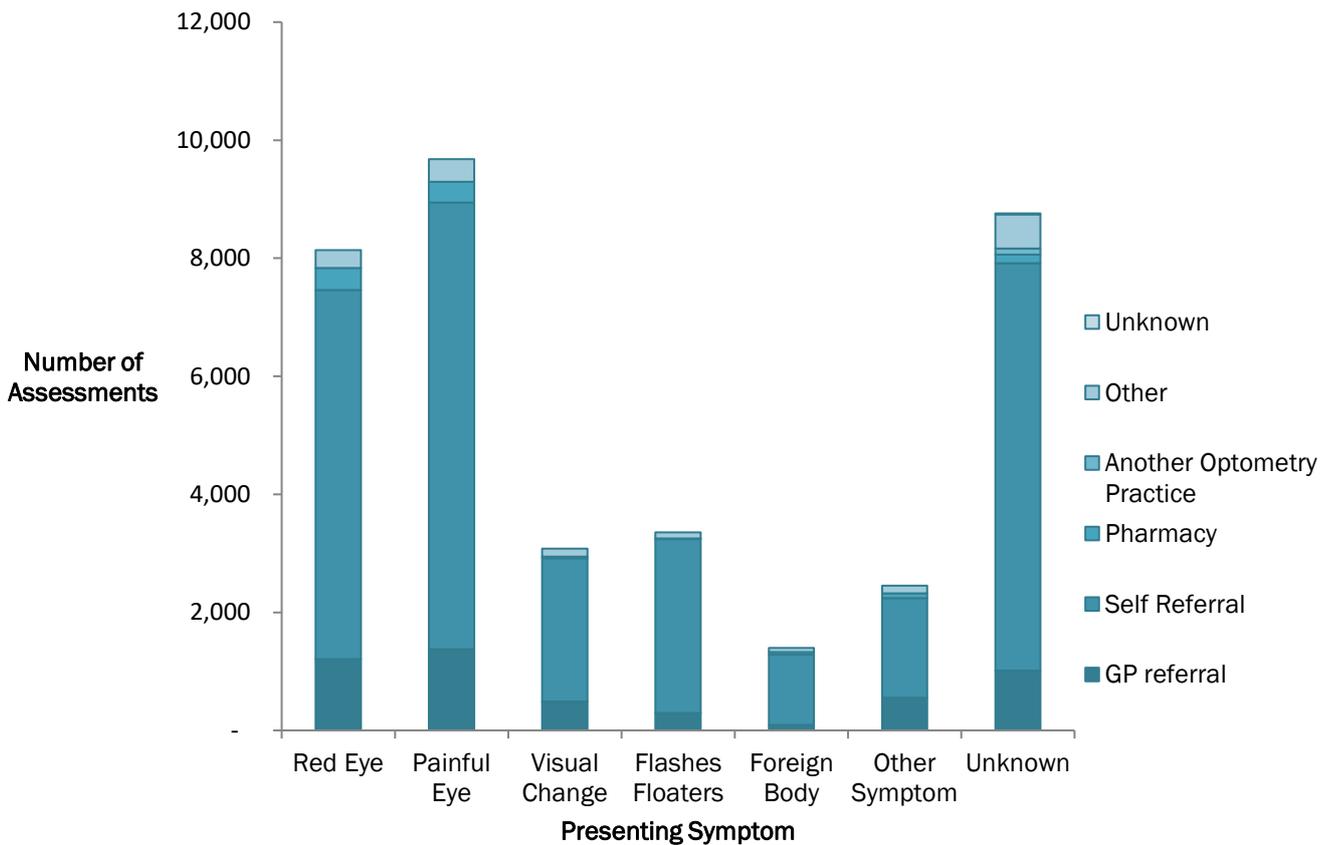
7.1 NIPEARS Assessments

Following the suspension of all routine ophthalmic services on 23rd March 2020, ophthalmic practices in Northern Ireland continued to provide urgent eye care services to patients who presented with an acute eye condition. Urgent care was provided through remote consultation with face to face consultations only where absolutely clinically necessary and where correct PPE could be worn and was funded. As such figures for NI PEARS now include activity seen via a remote consultation.

Based on claims submitted during 2020/21, a total of 30,555 unique assessments took place at NI PEARS, a 22% increase on 2019/20. Of the 30,555 assessments, 4,537 (15%) of those were for remote consultations. Of the assessments, 80% (24,317) were first assessments, with the remaining 20% (6,238) being follow-up assessments ([See Annex Table 1.20](#)).

Presenting symptoms are not recorded for remote consultations. In 2020/21, the most common presenting symptom at NI PEARS face to face consultations was 'painful eye' with 9,677 presentations. This was closely followed by 'red eye' at 8,135. Red eye and painful together accounted for 63% of total known presenting symptoms. It is important to note that patients can have more than one presenting symptom. The least common symptom to present with was a foreign body in the eye at 1,399 presentations, 5% of the known total (see Figure 7.1).

Figure 7.1: Presenting symptoms at NIPEARS by referral source, 2020/21. [See Annex Table 1.19.](#)



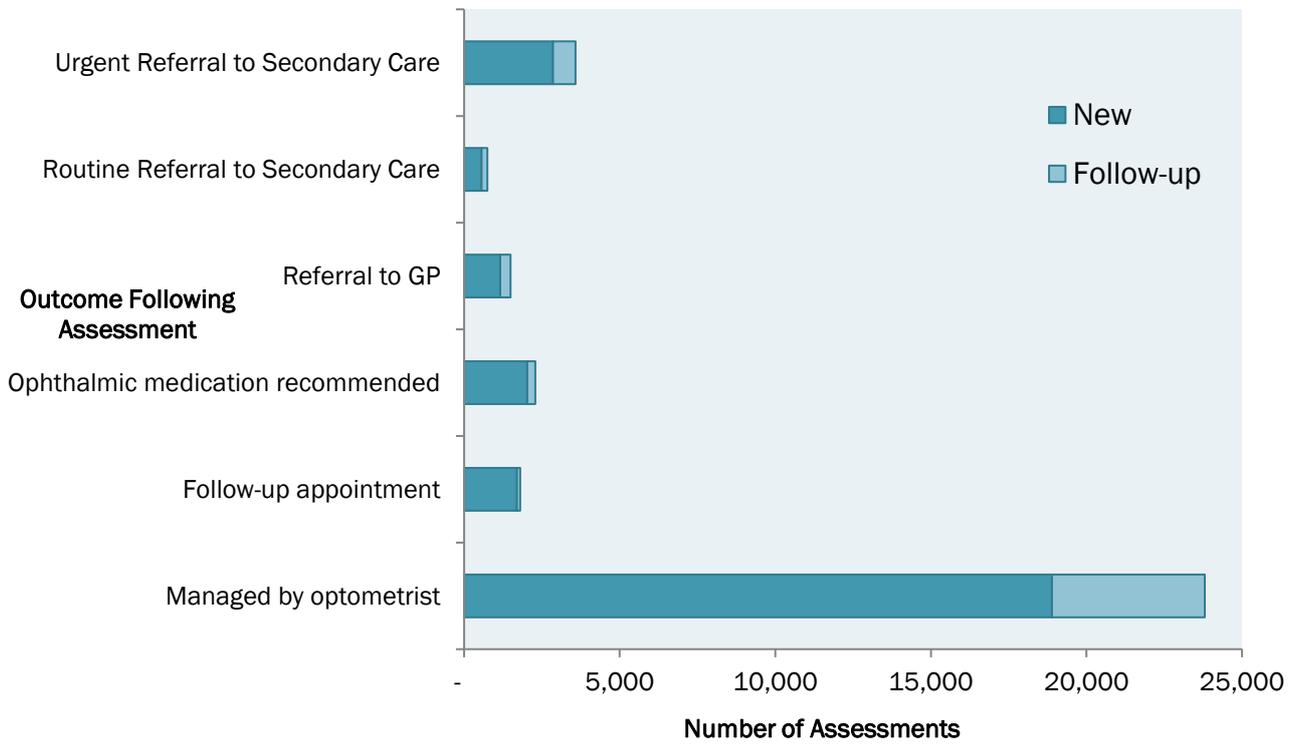
7.2 NIPEARS Outcomes

Patients that attend NI PEARS can have multiple outcomes following assessment.

Of the 24,317 first assessments at NI PEARS in 2020/21, there were 27,208 outcomes following assessment. Over two-thirds (69%) of outcomes resulted in patients being managed by the optometrist at the NI PEARS service. Only 13% resulted in an urgent or routine referral to Hospital Eyecare Service, with 84% of these being an urgent referral.

During 2020/21, there were 6,506 outcomes for follow-up assessments (6,238) at an NI PEARS assessment. Three quarters of the outcomes resulted in patients managed by the optometrist at the NI PEARS service. Only 14% resulted in an urgent or routine referral to a Health Service Provider.

Figure 7.2: Outcomes of NIPEARS assessments, 2020/21. [See Annex Table 1.20.](#)



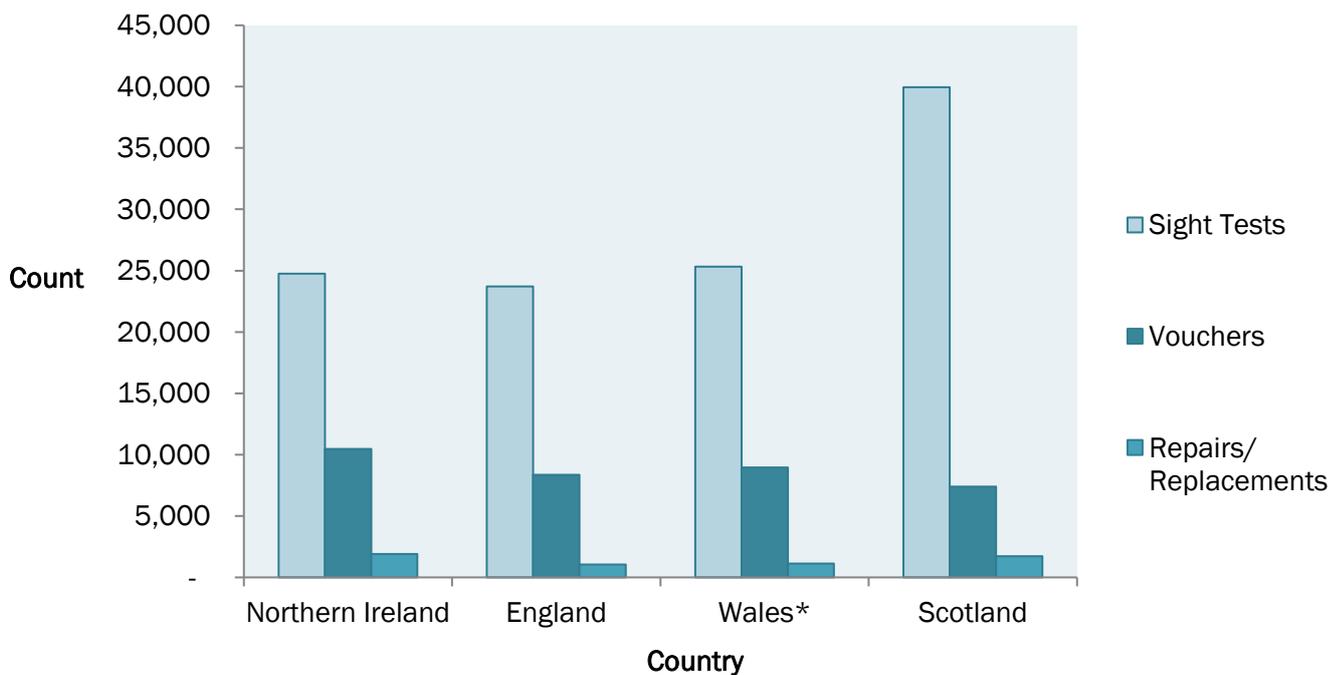
8. Ophthalmic Services UK Comparison

This section of the report details activity on the number of sight tests, vouchers and repairs or replacements per 100,000 population per UK region. Due to Wales now only publishing ophthalmic activity every two years, no 2019/20 data for Wales is available for comparison with the other UK regions. Only Northern Ireland data is available for 2020/21 so the latest year for comparison between Northern Ireland, England and Scotland is 2019/20. Therefore the impact of covid will be minimal on figures in this section.

8.1 Sight Tests

During 2019/20, Northern Ireland carried out 24,757 health service sight tests per 100,000 population, which was 4% higher than England. Northern Ireland shows a considerably lower rate (38% lower) compared to Scotland (39,949). However, when comparing such rates across UK regions, it should be noted that Scotland offers free sight tests to its population every 2 years (aged between 16 and 59 years) with some categories of patients eligible for a sight test annually (see Figure 8.1).

Figure 8.1: Ophthalmic UK Comparison, per 100,000 population, 2019/20. [See Annex Table 1.22.](#) *Wales figures shown are 2018/19 due to latest available.



8.2 Vouchers

Northern Ireland had the highest number of vouchers processed per 100,000 population during 2019/20 with 10,463, 25% greater than England, the next highest UK region (see Figure 8.1). Comparing the sight tests against vouchers processed gives a prescribing rate of 42% for Northern Ireland compared to 35% in England and 18% in Scotland. It should be borne in mind, however, that the much lower Scottish rate will partly reflect that, unlike in the other countries, adults aged 16-59 in particular have an entitlement to a free sight test in Scotland.

8.3 Repairs & Replacements

Figure 8.1 shows that Northern Ireland and Scotland had a similar repairs and replacements rate per 100,000 population with 1,899 and 1,736 respectively. The number of repairs/replacements per 100,000 population in England was 45% less than in Northern Ireland.

9. Health Service Ophthalmic Service Costs

This section of the report details the cost of primary ophthalmic services in Northern Ireland. It is based on General Ophthalmic Services payments as processed by the BSO during the period 1 April 2020 to 31 March 2021.

9.1 Ophthalmic Services Cost Summary

In 2020/21, the cost of primary care ophthalmic services in Northern Ireland was approximately £24.4 million, a 3% increase on 2019/20. As discussed in [Section 1](#), ophthalmic practices were provided with financial support payments throughout 2020/21. COVID-19 payments (including Finance Support Scheme payments and PPE) made up 31% of the total payments for 2020/21. The total cost of ophthalmic services in Northern Ireland had been increasing year on year except for 2017/18 when the total temporarily dipped. The cost per person has increased by 5% from £12.20 in 2017/18 to £12.80 in 2020/21. The majority of the ophthalmic spend is on vouchers closely followed by sight tests.

Financial Year	Total Cost of Ophthalmic Services (£ Millions)
2013/14	21.8
2014/15	22.2
2015/16	22.6
2016/17	23.5
2017/18	22.9
2018/19	23.6
2019/20	23.8
2020/21	24.4

Table 9.1: Payments made for ophthalmic services, 2013/14 to 2020/21. [See Annex Table 1.23.](#)

9.2 Local Commissioning Group Level⁵

At Local Commissioning Group level, Northern LCG accounts for the largest proportion (25%) of all primary care spend, whilst Western LCG accounts for just 17% of total spend for Northern Ireland. Western LCG had the highest spend (£13.80) per head of population with Northern and Southern LCGs having the lowest (£12.40) (see Figure 9.1).

Figure 9.1: Cost of ophthalmic services by LCG, 2020/21. [See Annex Table 1.24.](#)



9.3 Local Government District Level⁵

At Local Government District (LGD) level, Belfast LGD accounts for 18% of all primary care spend, Causeway Coast & Glens, Fermanagh & Omagh, Lisburn & Castlereagh and Mid & East Antrim LGDs account for just 7% each of spend for Northern Ireland. Looking at the spend per head of population, Ards & North Down, Derry City & Strabane and Fermanagh & Omagh LGDs all had the highest spend (£15.40, £14.50, £14.40) with Causeway Coast & Glens LGD (£11.00) having the lowest (see Figure 9.2).

⁵ When referring to cost, LCG and LGD are based on the location of the contractor.

Figure 9.2: Health service ophthalmic spend per head of population, by Local Government District, 2019/20.

[See Annex Table 1.25.](#)



Publication Notes

Family Practitioner Services

Family Practitioner Services (FPS) is part of the BSO's Operations Directorate. It provides a range of essential services to Health and Social Care organisations, primary care contractors and patients.

FPS calculates payments to health professionals in the dental, pharmacy, general practice and ophthalmic sectors through Northern Ireland. It also maintains the central register of patients registered with GP practices in Northern Ireland, issuing medical cards and processing changes such as name, address and doctor.

It provides professional advice, support and information to customers and members of the public and maintains the pharmaceutical, dental and the Northern Ireland Primary Medical Performers lists. FPS also provides the call and recall services for breast, cervical and bowel cancer screening in Northern Ireland.

About this publication

This report has been produced by independent statisticians within the FPS Information Unit. They are on secondment from the Northern Ireland Statistics and Research Agency (NISRA). This publication has been compiled in accordance with the Code of Practice for Statistics. For tables relating to this report see the spreadsheet [Annual Ophthalmic Statistics Tables](#) and [Open Data CSVs](#).

Next edition

This publication is issued annually. It is expected that the next edition shall be published in June 2022. In the interim, [quarterly tables are published separately](#). The quarterly figures are provisional until the annual publication for that year issues, at which point they are finalised. The release calendar for future statistical publications is available on the [BSO website](#).

Data Sources

Activity data on sight tests paid for by the HSC, optical vouchers and repairs are collected via a series of General Ophthalmic Service (GOS) online forms which are used in the ophthalmic service payment process. Although the majority of GOS payment claims can be submitted through the Ophthalmic Claim System (OCS), there are a small number of services that cannot be submitted through OCS and are submitted either manually or via an e-form on the BSO website.

- GOS(NI)ST – Sight tests, including information on patient eligibility status and if it was a domiciliary visit.
- GOS(NI)V – Optical vouchers - including information on patient eligibility status and voucher type.
- GOS4(NI)R – Optical repair/replacement vouchers - including information on patient eligibility status and voucher type.
- STC form – Manual form for private sight tests with partial help towards the full cost. Vouchers and Repair / Replacements with HC3 forms can be submitted on OCS through the standard GOS(NI)V and GOS(NI)R forms.
- LES I & LES II – Manual form used where enhanced case finding has been carried out in accordance within the Northern Ireland Glaucoma and Ocular Hypertension (Level I Level II) Enhanced Service.
- NIPEARS – Manual form for NI PEARS assessment outcome, including information.
- OHT – E-form for OHT review assessment.

All information is based on the data supplied by the opticians at the time of the claim and only claims which are paid by BSO after validation are included.

Definitions

Sight test eligibility

Under current guidelines at the time of publishing, the following groups are eligible for an HSC sight test.

- Patients aged 60 or over
- Children aged under 16
- Students in full time education aged 16-18
- Adults receiving Income Support
- Adults receiving income based Job Seekers Allowance (JSA)
- Adults receiving Income-related Employment and Support Allowance (ESA)
- Adults receiving Pension Credits guarantee credit (PCGC)
- Adults receiving Tax Credits
- Patients holding an HC2 certificate
- Patients named on a valid HC3 Certificate (offering partial assistance with charges)
- Patients registered blind or partially sighted
- Glaucoma and diabetes sufferers
- Close relatives of a glaucoma sufferer over 40 years of age
- Patients requiring complex lenses

It should be borne in mind that people may qualify for a health service sight test on more than one criterion. However, they would only be recorded against one criterion on the GOS form. Patients are more likely to be recorded according to their clinical need rather than their age. For example, a patient aged over 60, with glaucoma is likely to be recorded in the glaucoma category only. The count by eligibility is therefore approximate.

HC2 or HC3 Certificate

Some people on a low income may qualify for help towards HSC charges. Entitlement to help is based on circumstances such as level of income, savings, etc. Those qualifying for help will be sent an HC2 or HC3 Certificate. An HC2 qualifies people for full costs. An HC3 qualifies people for partial help with health costs.

Domiciliary Sight Tests

The majority of sight tests paid for by BSO are conducted at practitioners' premises. A small proportion of tests are conducted away from ophthalmic premises. These include sight tests carried out at people's homes.

Private sight tests and those with partial help

The number of people who pay in full for private sight tests in Northern Ireland is not collected by BSO. Patients with HC3 certificates as part of the low-income scheme are entitled to varying degrees of financial help with private sight tests. Data are collected via the STC form.

Optical vouchers

The HSC optical voucher scheme covers patients who are eligible to have Health Service spectacles and were given an optical vouchers to put towards buying their own choice of spectacles, or having new lenses fitted to their existing frames or be put towards the cost of contact lenses. Patients may receive a voucher for more than one pair of spectacles.

Optical Voucher eligibility

Eligibility for Health Service optical vouchers differs to that for sight tests paid for by BSO. The following groups are eligible for Health Service optical vouchers.

- Children aged under 16
- Students in full time education aged 16-18
- Adults receiving Income Support
- Adults receiving income based Job Seekers Allowance
- Adults receiving Employment and Support Allowance (ESA)
- Adults receiving Pension Credits guarantee credit
- Adults receiving Tax Credit and their partners
- Patients on low income holding an HC2 or HC3 certificate
- Patients requiring complex lenses.

Repair or replacement voucher

Eligibility for vouchers for repair or replacements is the same as that for optical vouchers. However, patients must provide additional information on how the loss or damage happened.

Optometrist or Ophthalmic Optician

An Optometrist is qualified to test eyesight and to prescribe and dispense spectacles. Their training enables them to recognise abnormalities and diseases of the eye. They are registered with the General Ophthalmic Council (GOC).

Ophthalmic Medical Practitioner (OMP)

An Ophthalmic Medical Practitioner is a qualified doctor who specialises in eyes and eye care. In addition to their medical skills, they are qualified to test eyesight and prescribe spectacles. They are registered with the General Medical Council (GMC).

Intra Ocular Pressure Repeat Measures (LES I)

The Intra Ocular Pressure Repeat Measures service (LES I) was introduced to reduce the numbers of false positive referrals for ocular hypertension (OHT).

Glaucoma and Ocular Hypertension Enhanced Case Finding (Level II ES)

The Glaucoma and Ocular Hypertension Enhanced Case Finding Service (Level II) funds contractors with accredited and listed optometrists/OMPs to perform a defined set of clinical tests with the intention of producing an enhanced case finding for glaucoma, suspect glaucoma or ocular hypertension. These tests are performed in primary care optical practices and can be used for both patients who have a sight test under General Ophthalmic Services (GOS) as well as those who have a private eye examination.

Ocular Hypertension Review and Monitoring (OHT)

The Ocular Hypertension Monitoring service (OHT) is an enhanced service provided by accredited optometrists to enable patients diagnosed with ocular hypertension, and who are therefore at risk of developing glaucoma, to be reviewed on an ongoing basis in primary care optometry practice. These patients would otherwise attend for regular review in the hospital. They are identified by the hospital glaucoma service and discharged to the care of the primary care optometrist for ongoing monitoring. The optometrists are required

to attend regular clinical mentoring sessions led by the glaucoma service clinicians, facilitated within the ECHO program.

Northern Ireland Primary Eyecare Assessment and Referral Service

This enhanced service funds ophthalmic contractors in primary care to provide an acute eye care intervention service for patients across Northern Ireland. It facilitates accredited optometrists to investigate and manage, or triage for onward referral, patients presenting with acute, sudden onset, mainly anterior and non- sight threatening, eye conditions who may otherwise visit their GP or Hospital Eye Services.

Data Coverage

Coverage

Data in this report are published by the financial year (01 April – 31 March) in which the claim was paid. This is not necessarily the same year as when the activity took place. As such, it will include some activity undertaken towards the end of the previous financial year and exclude some activity carried out towards the end of this reporting year which was not submitted for payment by March 2021.

The data is based on claims provided to the Family Practitioner Services (FPS) by primary care opticians and excludes all private work and all secondary care activity. It is possible to have multiple sight tests, vouchers or repairs during a financial year, so data does not refer to individual people unless the analysis clearly states that it does.

Workforce counts represent a headcount as at 31st March for each financial year and hence will not take account of any variations in hours worked.

Patient Demographics

Patient Health and Care Numbers (HCNs) are not available in the ophthalmic database at present and therefore a matching exercise with the central GP register was carried out in order to produce statistics by gender and area. Poor matching rates for earlier years, however, has meant only data from 2017/18 onwards is provided in this report.

The ophthalmic database does record date of birth and so data is provided by age band for the last seven financial years, 2013/14 to 2020/21.

Population

NISRA population figures are used in this release. At time of creation, 2020 and 2021 mid-year estimates were unavailable. 2018 based population projection for 2020 and 2021 were used instead. These estimates are published on the [NISRA](#) website.

Technical Notes

Target Audience

The target audience for this publication has been defined as: the Department of Health, Chief Executives of HSC Board and Trusts in Northern Ireland, health professionals, academics, HSC Stakeholders, the media and the general public.

Main usages

This publication contains official statistics on general ophthalmic activity for the most recent financial year (and earlier years where available on a comparable basis).

They can be used to monitor trends in ophthalmic services over time and across Northern Ireland.

The information can be used to support decision making, inform policy, provide advice to ministers, answer a wide range of Assembly Questions and Freedom of Information requests, for national and local press articles and, where appropriate, for international comparison.

Data Quality Summary

The data has been primary sourced from the Family Practitioner Payment System (FPPS) in respect of FPS activity and payment information. Resident population data has been sourced from official NISRA demographic statistics.

The FPPS is a business critical payment system which is subject to period audit. The data quality is assessed as very good based on the low percentage of claims which have to be adjusted following payment.

As an administrative data system, there will inevitably be some manual entry errors and, even for automated processes, there may be

errors within the claims submitted by primary care contractors.

The extensive validation that occurs prior to payments being made, coupled with the consistency and variance checks carried out during the compilation of this publication means that the data provides a good representation of FPS Ophthalmic activity for the years covered by the report.

A [background data quality report](#) for this publication is available. Additional details are in the [FPS Quality Assurance of Administrative Data report](#).

National/International comparisons

This publication contains comparisons between Northern Ireland and other regions of the United Kingdom. The comparative data is available from the following sources:

England

- [Statistics on activity](#)
- [Statistics on workforce](#)

Wales

- [Statistics on activity and workforce](#)

Scotland

- [Statistics on activity and workforce](#)

Further Information

Further information about Northern Ireland and its health services, which may assist readers in interpreting this publication, is available on the [BSO Website](#).

This statistical bulletin and others published by Information Unit within BSO are available to download from the BSO Internet site at:

<http://www.hscbusiness.hscni.net/services/1802.htm>