SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	201415-1
Service	Low Vision Aid service
Commissioner Lead	Keeley Ormsby
Provider Lead	
Period	01/04/2014 – 31/03/2015
Date of Review	By 31/12/2014

1. Population Needs

1.1 National/local context and evidence base

Low vision affects every aspect of someone's life, from the ability to prepare food to recognising friends' faces. About 80 per cent of people with a visual impairment are over the age of 65 years and the prevalence increases dramatically with age, therefore with an ageing population the number of people with low vision is projected to increase. Older people with low vision are more likely to be depressed and to fall, whilst there is a general link between sight loss and reduced well-being. It has also been acknowledged that visits to hospital based eye clinics can be difficult for patients with impaired sight.

The primary aim of low vision services is to enable people with loss of vision to regain or maintain as much independence and autonomy as possible. Low vision services achieve this through a wide range of tools depending on individuals needs including rehabilitation, visual aids, emotional support and advice. It has been stated by the Royal College of Ophthalmologists that every part of the country should have access to a low vision service that provides a prompt and flexible service.

A Low Vision Aid Service was previously provided to local residents by Portsmouth Hospitals NHS Trust (PHT) and when this service ended in 2005 Hampshire Primary Care Trust commissioned a service utlising the skills of local Ophthalmic Professionals. This specification is to continue that service.

It is recognised that additional provider cover, would allow for a more accessible and equitable service for local patients. It would also help ensure enough resources are in place should activity levels increase further in line with the ageing population, and maintain services in Primary Care

It is also evident that previous surveys conducted by the Local Optical committee (LOC) have found that patients had a positive experience of the service.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	
Domain 2	**Enhancing quality of life for people with long-term conditions**	√
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	
Domain 4	**Ensuring people have a positive experience of care**	√
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	√

2.2 Local defined outcomes

The following outcomes are expected (this list is not exhaustive)

- Ophthalmology low vision assessments undertaken on a timely basis to ensure patients receive a prompt service
- a good level of patient outcomes in terms of making best possible use of their residual vision in their daily life
- positive feedback from patients in the annual survey

3. Scope

3.1 Aims and objectives of service

This is a habilitative and rehabilitative pathway offering a specified range of services with the overall objective of enabling people with sight loss, especially the newly diagnosed, to make maximum and best use of their remaining eyesight and visual function. The aim is to offer a cost effective service, allowing people to access primary care services closer to home, and therefore help reduce inequalities. The service will also support the release of capacity within hospital eye clinics so that they are able to manage other conditions such as glaucoma and age related macular degeneration.

The Low Vision Service pathway aims to support:

- a high-quality low vision assessment, appropriate clinical support and relevant information for patients
- where applicable, provision of low vision aids and support/advice in a setting closer to home
- a prompt, reliable, equitable and accessible service for the community optical assessment

The pathway is designed to make best use of the skills of accredited community low vision practitioners, with a broad aim of working alongside rehabilitation officers and third sector partners to provide an integrated service.

3.2 Service description/care pathway

Definition of Low Vision

A person is considered to have low vision if they have an impairment of their visual function that cannot be remedied by conventional spectacles, contact lenses or medical intervention and which causes restriction in everyday life. The perception of what constitutes a restriction to a person's quality of life is highly subjective to each patient and a reasonable judgement will need to be made by the practitioner. Access to services should not be exclusively determined by clinical parameters such as visual acuity or certification but should take account of social, emotional, psychological, educational and occupational effects. Patients should be able to access low vision assessment and services, regardless of whether or not they have been certified as being visually impaired or whether they have reached the end of the pathway for their underlying eye condition. Low vision includes, but is not limited to, those who are registered as sight impaired.

A person with low vision should be able to use the service at any stage after low vision is identified. Types of vision loss that can result in low vision include peripheral loss, central loss, distorted vision, blurred vision and hazy vision.

Low Vision assessment

The impact of low vision is assessed through a combination of discussions with the service user (and in some cases their family and carers) and clinical examination. Each assessment will be bespoke, depending on the patients' needs and expectations, but will usually include:

- a detailed discussion and recording of the patient's requirements
- analysis of the underlying cause of sight loss
- determination of the most appropriate low vision aid(s), magnifier(s) etc needed
- a demonstration of how to use any low vision aid(s) prescribed
- provision of information on the full range of local support services available, as above

Discussion
The discussion with the service user should examine how sight loss affects their everyday life, for example their ability to carry out everyday tasks (like cooking), their mobility and communication. Other issues such as whether the patient lives alone, how mobile they are, if they have had a fall and what medication they are taking should also be noted. Assessment should pick up any problems with glare, adapting to changes in light or having hallucinations as a result of Charles Bonnet Syndrome. The assessment should also note any visual aids, support or treatment the service user already has and a discussion with the service user about what they want to achieve from low vision support. Practitioners should ensure that the patient and accompanying persons are aware of the full range of local support services available and how to access them.

All equipment used must be in workable order, and fully calibrated on an annual basis; equipment will be available for inspection by the commissioner on request'.

Each Provider selected were previously issued with an initial range of LVA equipment, including the following: Aspheric Hand Magnifier 1x3, 1x4, and 1x6. Tilt Stand Magnifier 1x3, 1x4. 1 Brightfield Magnifier. 1 Battery Handle. 1 Halogen Handle, 1 LED Handle, 1 LED handle. Magnifying Head 1x3, 1x5, 1x6, 1x7, 1x10, 1x12.5 and 1 Distance Telescopic. The equipment has been replaced as and when needed.

This list of equipment can then be used as a sample resource within the LVA appointment.
Individual items can then be purchased as and when appropriate from the recommended company supplied by the compact CCGs. After reviewing the equipment available, slide magnifiers and over spectacle filters, Portable illuminated aid, Spectacle Mounted Equipment and other sized Magnifiers can now also be ordered directly from the recommended LVA supplier (Associated Optical). Each CCG should be invoiced directly using the template provided. The provider can supply each patient with a combination of aids up to a value of £60 or two appliances – one distance and one near aid, dependent on the patients' needs.

Should the Provider deem an alternative item to those outlined above is appropriate if within the maximum spend the Provider can order directly from the recommended suppliers. Should the provider assess that additional items in excess of the maximum spend are appropriate to address the patient's needs, the Provider can approach the appropriate CCG and request authorisation in advance. Details of the clinical justification for an alternative LVA being required should be submitted to the Primary Care Lead.

It is anticipated that one aid will suit the needs of most patients. However, if it is deemed to be more appropriate, then two or more aids may be supplied to provide a distance and near aid if not in excess of the maximum spend.

Referral criteria and process

The service is accessed by patients direct from the local Low Vision practitioner, either by:

- self-referral to the service via local signposting ("self-referral")
- attending a GP practice where attendance is recommended* ("GP referral")
- attending the Hospital Eye Service where attendance is recommended ("HES referral")
- an *ophthalmic practitioner* may refer a patient to themselves for an assessment
- attending another *ophthalmic practitioner* who does not provide the service
- social services

*GPs cannot refer directly into this service, however they can write to the patient's Community Optometrist advising a LV Assessment may be appropriate, from which action may be taken.
Community Optometrists, having identified a need for a Low Vision Assessment, will complete the necessary referral form which will be given to the patient alongside details of the optometrists that provide the service.

All patients should have had an eye test within the 12 weeks prior to the LV appointment. All

Community Optometrists should advise the patient of this (and reference in the accompanying documentation). Providers of the Low Vision service retain the right to see only those patients who can evidence the necessary eye test clinical results and aids where appropriate.

Subject to the necessary information having been completed, patients will contact the Provider of their choice directly to arrange an LVA consultation.

This service does not allow for regular follow-up appointments. Low Vision Assessment for previous patients will only be accepted should the patient's eye condition change or if a significant problem with the existing aid is identified. This needs to be identified on the Referral form provided.

Practitioners should be aware that this does not override their professional responsibilities for referral for an ophthalmologist's opinion.

Accreditation

The contractor will ensure all performers providing the service will:

- attend any relevant training workshops regarding methods/protocols as requested by the CCG.

- be responsible for ensuring all persons employed or engaged by them in respect of the provision of the service under the Contract are aware of the administration requirements of the service.

Record keeping and claims for payment

Patient records should be kept in accordance with the Professional Standards as set by the College of Optometrists.

The Provider must ensure a robust process which is in accordance with Quality in Optometry (QIO) level 1. (http://www.qualityinoptometry.co.uk)

Each Provider must submit an activity sheet (as provided by the CCG) on a quarterly basis to the CCG, detailing the LV assessments completed.

3.3 Population covered

The responsible population covered is both urban and rural in nature with a total registered population of approximately 408,000 (199,000 for Fareham and Gosport and 209,000 for South East Hampshire).

To ensure the new LVA service is accessible to all, providers need to be located in several areas across the required locality. Ideally, one in Central Fareham and one in Central Gosport to serve the Fareham and Gosport population. With regard to South East Hampshire; providers should ideally be located in Hayling Island and then other premises suitably located to ensure ease of accessibility from Petersfield, Havant, Waterlooville, Cowplain and other rural areas.

The CCG recognises that the location of Providers is subject to the expressions of interest received.

Low vision services should not only be open to people who meet visual acuity thresholds or who register as sight impaired. Low vision services can mitigate the practical, emotional and occupational or educational impacts of sight loss for people who do not meet the criteria to register as sight impaired.

The service should therefore be able to reach all individuals affected by sight loss including:

- those (predominantly but not exclusively elderly) who are eligible to be certified as sight impaired or severely sight impaired; and
- those whose vision is not yet sufficiently poor for legal classification, but who, even with their normal spectacle correction, experience difficulties with the visual aspects of everyday

life.

3.4 Any acceptance and exclusion criteria and thresholds

The definition outlined elsewhere in this specification should be used when determining if a patient is suitable for the service.

The Ophthalmic Contractor and any performers must not have been removed from the register or have conditions been made on their registration by a fitness to practice committee or the licensing or regulatory body in the UK or in any other country or currently be under investigation.

3.5 Interdependence with other services/providers

The service promotes close liaison between optometrists, dispensing opticians, GPs, social services rehabilitation officers, third sector support providers and patients, enabling partnership working to the benefit of the patient through the expertise of those trained in rehabilitation of people with failing vision. Service Providers will be expected to work closely and effectively with :

- Secondary Care
- Consultant Ophthalmologists
- Local Ophthalmic Committee
- Other local optometrists

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

N/A

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

4.3 Applicable local standards

The Premises in which services are provided must meet the Contractual Standards of the General Ophthalmic Services.

In the first year, the CCG will require providers to assist with a patient questionnaire to establish the effectiveness of the service, and the patient experience.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

(These are subject to final approval and will appear in Schedule 4 of the Contract [Parts A-D])

- All patients will be offered a timely appointment following referral
- All patients will have a timely follow up, where they 'did not attend' (DNA).
- The contractor will undertake an annual patient survey as directed by the CCG, and aim to meet stipulated targets for patient satisfaction.

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

REFERENCES

Saving money, losing sight – RNIB campaign report, Nov 2013
Low Vision, The Essential Guide for Ophthalmologists
Commissioning Better Eye Care – The Royal college of Ophthalmology, Nov 2013
LOCSU Adult Low Vision Pathway, April 2011 (revised 2012)