

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

<b>Service Specification No.</b>	10R-201415-7
<b>Service</b>	Stable Glaucoma
<b>Commissioner Lead</b>	Steve McInnes
<b>Provider Lead</b>	
<b>Period</b>	1 April 2014 – 31 March 2015
<b>Date of Review</b>	By December 2014

<b>1. Population Needs</b>								
<p><b>1.1 National/local context and evidence base</b></p> <p>Glaucoma is a condition that causes severe visual impairment and blindness if left untreated. It has been associated with poor quality of life and loss of independence, such as falls and losing the ability to drive. Glaucoma is a high volume and resource demanding disease where significant efficiencies may be made by decentralising care and providing a robust form of shared care with an emphasis on care closer to home.</p> <p>The disease itself cannot be prevented but its impact on sight can be minimised through effective lifelong monitoring. Sharing the care of patients who are at relatively low risk of progression, between the hospital eye service and suitably trained community providers, has the potential to reduce costs<sup>1</sup>.</p> <p>As the population ages, the incidence and burden of eye disease is set to increase. In England and Wales the number of cases of glaucoma is likely to increase by a third by 2021. There is already a significant demand on the local hospital service and a need to expand the availability of community services across the city in order to help relieve some of these pressures. The redesign of clinical pathways away from traditional acute care is supported by the Royal College of Ophthalmologists, the Optical Confederation and LOC Support Unit.</p> <p>Previous surveys conducted by the LOC have indicated there is overwhelming support for community based services.</p>								
<b>2. Outcomes</b>								
<p><b>2.1 NHS Outcomes Framework Domains &amp; Indicators</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Domain 1</td> <td style="width: 70%;">Preventing people from dying prematurely</td> <td style="width: 15%;"></td> </tr> <tr> <td>Domain 2</td> <td>Enhancing quality of life for people with long-term</td> <td style="text-align: center;">√</td> </tr> </table>			Domain 1	Preventing people from dying prematurely		Domain 2	Enhancing quality of life for people with long-term	√
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<sup>1</sup> “Commissioning better eye care”, The Royal College of Ophthalmologists, 2013

	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 key outcomes that the service will deliver are:

- a safe, convenient and accessible service to patients
- a quality service reflected by excellent results from patient feedback
- increased choice of Provider and appointment dates/times for patients
- a reduction in secondary care activity for glaucoma outpatient follow-up appointments

## 3. Scope

### 3.1 Aims and objectives of service

The service aims to help improve eye care and reduce inequalities by providing increased access to eye care in the community and offering patient choice. The service will support the 'Care Closer to Home' strategy by utilising the skills and knowledge of primary care optometrists enabling a convenient and accessible service for patients and ensuring patients are seen by the most appropriate healthcare professional in the most suitable setting.

It is expected that the service will reduce the number of visits to the hospital eye service and reduce the likely waiting time for patients who will be able to access care in the local community.

### 3.2 Service description/care pathway

#### Outline of Stable Glaucoma service

The service is for patients with established and stable glaucoma who require monitoring at programmed intervals.

A definition of stable glaucoma is:

- No change in the management of the patients glaucoma for two years
- No new symptoms for two years which could be attributable to progressive visual deterioration, such as a drop in acuity or subjective change of a paracentral visual field defect
- An intraocular pressure remaining below a level satisfactory for the individual patient for two years
- No change in the optic disc appearance for two years. This should preferably be based on good quality optic disc photography undertaken in the HES at baseline
- No significant change in visual field over two years

A Consultant Ophthalmologist will determine whether the patient is stable and, having determined the appropriate timeframe and interval, refer to competent community optometrists where appropriate.

When a patient is deemed suitable by a Secondary Care Clinician for a community follow-up they will inform the patients of all available community monitoring Optometrists and make the necessary arrangements for their care to be transferred. It is the patient's right to choose which approved community Optometrist they want to provide their ongoing management.

A discharge summary/care plan will be sent to the patients chosen Optometrist who will then contact the patient as clinically appropriate. The patient will be offered a choice of monitoring appointments in line with their recommended management plan and clinical/ocular status.

The pathway/service would provide for these stable patients to be monitored by an approved community Optometrist on a 6-monthly, 9-monthly or annual basis as advised by the consultant. In line with NICE Clinical guidelines 85, Apr 2009 pp. 16-17, and in order to capture any optical changes at each monitoring episode the patient would expect at each monitoring assessment:

- Slit Lamp Mounted Goldmann type applanation tonometry
- Van Herrick's peripheral anterior chamber depth assessment.
- Automated perimetry (central thresholding test)
- Where a defect has previously been detected use the same visual field measurement strategy for each visual field test.
- Stereoscopic slit lamp biomicroscopic examination of the optic nerve head using Indirect BIO Lens.

Patients will remain in the care of an Optometrist for the agreed interval, at which point the patient will then be referred back to secondary care for a full assessment. However where appropriate patients will be referred back into secondary care sooner than this where there is a change in clinical status and if ocular parameters regarding the glaucoma control are breached in accordance with the clinical management plan. If a patient does become unstable and requires a referral back to secondary Care, the accredited Optometrist will collate all community clinical findings, full demographic details and ensure the patient understands they have a choice of secondary care provider that they can be referred back to.

### **Accreditation**

The contractor will ensure all performers providing the service will:

- attend any relevant training workshops regarding methods/protocols as requested by the CCG.
- have 3 year's relevant experience
- have ability to detect change on clinical status
- be registered with the General Optical Council, and have been registered for a minimum of 2 years.
- be registered on the NHS England performers list.
- have the appropriate indemnity insurance and be able to provide evidence.
- assess a minimum of 24 patients per annum to maintain their accreditation and be

able to provide evidence of this

- be under the supervision and approval of a Consultant Ophthalmologist<sup>2</sup> specialising in glaucoma. The Consultant will confirm suitability to 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.

### **Equipment and premises**

A Goldmann Probe type Applanation Tonometer (GAT) is a “must have” piece of equipment in order to deliver this service. In addition, the ‘Humphreys’ Visual Field Analyser must also be used.

All participating Optometrists must be able to demonstrate that their premises meet the minimum requirements with regard to facilities and infection control as defined in the Quality In Optometry (level 1) guidance. They will also have the following equipment/facilities in workable order, fully calibrated on an annual basis, and their practice and equipment will be available for inspection, if required.

- Goldman Probe type Applanation Tonometer
- Slit lamp
- Zeiss ‘Humphreys’ Visual Field Analyser with SITA (24/2 FAST)
- Indirect BIO Lens

### **Responsibilities**

The responsibilities of the Provider are outlined below:

- arrange appointment with patient at agreed regular intervals and follow up on DNAs.
- measure the patient’s visual acuities and undertake visual field testing; record these and the date of examination on the patient’s ‘shared’ care record card.
- examine optic discs by using stereoscopic slit lamp biomicroscopy and indirect BIO lens, unless not possible due to restricted access to slit lamp. Where direct ophthalmoscopy is used, the reason for this must be recorded in the patient record.
- measure the IOP using appropriate equipment (GAT) and record results in record card
- communicate findings to hospital and GP
- make arrangements to transfer patients back to the hospital eye department where results fall outside of the agreed parameters, or where agreed interval ends
- utilise the interpreter service commissioned by the Wessex Area Team for patients that wish to communicate using a language other than English

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<sup>2</sup> Refer to Joint Supplementary College guidance on Supervision, Dec 2010

<http://www.rcophth.ac.uk/page.asp?section=484&sectionTitle=Current+Issues+in+Glaucoma>

- undertake an annual patient survey as directed by the CCG
- submit quarterly claims to CCG for payment

### 3.3 Population covered

Patients who are identified as having Stable Glaucoma, that meet the acceptance criteria, and are registered with a GP Practice that is a member of NHS Portsmouth CCG.

### 3.4 Any acceptance and exclusion criteria and thresholds

#### *Acceptances*

Patients must be aged 18 or over.

#### *Exclusions*

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

- Local Community Ophthalmology service
- Secondary care and Consultant Ophthalmologist
- Other ophthalmic contractors

The service will ensure accurate and timely communication with secondary care providers and the patient's GP/referring optometrist. Similar communication will be maintained with the patient who will be informed at each stage of their treatment pathway

The provider should seek to build strong relationships with any third sector parties involved in this particular area of healthcare (e.g. RNIB, Opensight, International Glaucoma Association, Hampshire glaucoma patient support group).

The provider should seek to build strong relationships with all secondary care providers.

## 4. Applicable Service Standards

### 4.1 Applicable national standards (eg NICE)

NICE clinical guideline 85 ([guidance.nice.org.uk/cg85](http://guidance.nice.org.uk/cg85))

NICE Quality Standard on glaucoma QS;7 <http://publications.nice.org.uk/glaucoma-quality-standard-qs7>

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

N/A

#### **4.3 Applicable local standards**

N/A

### **5. Applicable quality requirements and CQUIN goals**

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

Quality requirements will be finalised and included within Schedule 4 when the contract is issued. The following are broadly the quality requirements that relate to this service:

- All patients offered timely appointments in line with intervals determined by the Consultant Ophthalmologist
- All patients who fail to attend are followed up and where 2 DNAs are recorded the registered GP is informed by letter
- Timely follow-up of DNAs
- Undertake annual survey and aim to meet stipulated targets for patient satisfaction

#### **5.2 Applicable CQUIN goals (See Schedule 4 Part E)**

N/A

### **6. Location of Provider Premises**

The service should be provided from the main provider site and any branch sites where applicable.

### **7. Prices and costs**

The tariff is outlined below:

£50 for full exam  
£40 for partial exam (without fields)  
£30 for repeat exam