

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	10R-201415-6
Service	Low Vision Aid service
Commissioner Lead	Steve McInnes, Primary Care Relationship Manager
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 Portsmouth Primary Care Trust commissioned a service utilising the skills of local Ophthalmic Professionals. There are currently 2 Ophthalmic contractors providing the service in the city, with one in the North and one on the South. It is recognised that additional provider cover, particularly in central Portsmouth, 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, enabling patients to be seen in primary care.

It is also evident that previous surveys conducted by both the Local Optical committee (LOC) and the Local Authority Rehab service have found that patients had a positive experience of the service, taking into account the ophthalmic assessment and the rehab home visit.

A separate SLA is in place between the CCG and the Local Authority to enable the rehab service to be delivered.

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 and rehab 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 wet age related macular degeneration (AMD).

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, daily living aids and support/advice in the home setting
- a prompt, reliable, equitable and accessible service for both the community optical assessment and the rehab visit where required

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.

Referral criteria and process

The service is accessed by patients through:

- 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* referring a patient to themselves for an assessment where they are signed up to provide this service
- another *ophthalmic practitioner* who does not provide the service but who can refer to another
- 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.

Local Authority Rehab service

Where appropriate, following assessment, the provider should make an onward referral to the Rehabilitation officer at the Local Authority. The Rehab officer will then arrange to make a home visit to the patient to assess requirements in the home (e.g. lighting) and provide support as necessary.

The Local Authority will also supply Optometrists with a small stock of LV aids to enable demonstrations to be given to patients. The Local Authority will deliver the necessary aids to the patient (when home visit necessary) or direct to the Optometrist.

A list of aids that the Local Authority holds is referenced here:

Optima Ideal Round Convex Hand Magnifier 2.5x
Optima Ideal Round Convex Hand Magnifier 3x
Optima Classic Hand Magnifier 4x
Optima Classic Hand Magnifier 6x
Optima Classic Hand Magnifier 7x
Confort Bi-Aspheric Hand Magnifier 3x / +8dpt
3x Hi-Power Stand Magnifier
Optima Ideal LED Illuminated Hand Magnifier 4x
Optima Ideal LED Illuminated Hand Magnifier 6x
Optima Ideal LED Illuminated Hand Magnifier 8x
Optima Ideal LED Illuminated Hand Magnifier 10x
Optima Ideal LED Illuminated Hand Magnifier 12x
Optima Ideal LED Illuminated Stand Magnifier 3x
Optima Ideal LED Illuminated Stand Magnifier 4x
Optima Ideal LED Illuminated Stand Magnifier 5x
Optima Ideal LED Illuminated Stand Magnifier 6x
Optima Ideal LED Illuminated Stand Magnifier 7x
Optima Ideal LED Illuminated Stand Magnifier 8x

Optima Ideal LED Illuminated Stand Magnifier 10x
Optima Ideal LED Illuminated Stand Magnifier 12x
Pocket Magnifier 3.5x / +10dpt
Optima Bar Magnifier - 160mm
Short Focus Monocular 4 x 12
Short Focus Monocular 8 x 21

Record keeping and claims for payment

Patient records should be kept in accordance with the Professional Standards as set by the College of Optometrists and in line with best practice as deemed by the Association of Optometrists.

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

Each Provider must submit claim forms (as provided) on a quarterly basis to the CCG, detailing the LV assessments completed. This form will then act as a request for payment.

3.3 Population covered

The registered population of Portsmouth (i.e. registered with a GP practice) is approximately 216,000, with a total of 14,500 aged 75 and above. Around 1 in 5 people aged 75+ are expected to be living with sight loss and there may be many people in Portsmouth that are currently unidentified. The service is available to all persons registered with a GP practice that is a member of NHS Portsmouth CCG, assuming they are considered eligible.

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.

To ensure the new LV service is accessible to all, providers need to ideally be located in several areas across the required locality. For Portsmouth this would mean having *at least* one Provider in the North, South and Central part of the city.

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

3.4 Any acceptance and exclusion criteria and thresholds

Acceptances

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

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

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)

N/A

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)

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 are offered timely appointments
- 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

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

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 £60 per assessment.