

SCHEDULE 2 – THE SERVICES

A. Service Specifications (B1)

Service Specification No.	02/GMS/0026
Service	Cataract Surgery
Commissioner Lead	General Medical and General Surgical Clinical Commissioning Programme
Provider Lead	DCHFT/RBCHFT/BMI (Harbour)
Period	1 ST April 2013 till 31 March 2014
Date of Review	1 September 2013 (once new commissioning structures are in place to reflect these changes)

1.

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 **General Overview**

The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust provides both elective and emergency Ophthalmology Services for patients living in the Bournemouth and Poole area. Patients have requested that cataract surgery for the Poole locality is provided closer to home and additional services are therefore required in sites to maximise patient choice.

Dorset County Hospital NHS Foundation Trust provides both elective and emergency Ophthalmology Services Dorset for patients living in West Dorset.

The Extended Choice Network (ECN) and the Free Choice Network are centrally managed contract frameworks awarded by the Department of Health. The frameworks expired on 31st March 2011 and the responsibility to manage and renew these arrangements fell to local Primary Care Trusts under the Any Willing Provider (AWP) process and in April 2013 to Clinical Commissioning Groups. Following the move to AWP status the providers will be expected to sign up to the standard NHS Contract for Acute Services

3. Scope

3.1 **Aims and objectives of service**

The aim of this service is to enable timely and equitable access to high quality, elective cataract surgery and a choice of provider.

The key objectives of this service will be to provide high quality, equitable, patient-centred and cost effective care. This will include:

- Access to treatment according to clinical priority and 18 week Referral To Treatment (RTT) targets;
- Adequate pre-operative assessment to ensure that the patient meets the access criteria for cataract surgery (as described in **Appendix A**) and to identify high risk patients with co-morbidities or any other clinical history that may impact on treatment or appropriateness for cataract surgery;
- Comprehensive assessment of the patient's social circumstances to ensure that adequate support is provided both before and after surgery and liaison with community services prior to admission if appropriate;
- Provision for local anaesthetic, general anaesthetic and/or sedation as appropriate to meet the patient's individual needs during surgery.
- Discharge planning to embrace the physical, psychological and social aspects of the patients care with effective links to Intermediate/Community/Social services if required;
- 24 hour provision to respond to post-surgical complications including access to a Consultant Ophthalmologist. (This may be provided on-site or through clearly defined sub-contracting arrangements enabling transfer of care to an appropriate Acute Eye Unit within a 10-15 mile radius);
- Comprehensive verbal and written information and support to patients, families and carers both before and after surgery in a manner which is understood;
- A safe and clean environment throughout the patient pathway.

3.2 Service description/care pathway

The Service is expected to offer elective outpatient and day-case/inpatient services for NHS Pan Dorset patients with cataract(s). Cataract refers to any opacity in the lens of the eye resulting in the impairment of vision or blindness. The surgical interventions offer will be:

- Phakoemulsification of lens
- Extracapsular cataract surgery
- Secondary insertion of lens

A minimum quality of implant lens consistent with an acceptable clinical outcome will be agreed with the Commissioners.

Procedures not specified above should not be undertaken without prior authorisation by the Commissioners.

The provider will be expected to notify the commissioners at the earliest opportunity of any unplanned procedures undertaken due to clinical urgency without prior approval.

The Provider will be expected to assess patient clinical outcomes 4-8 weeks post surgery. Outcome measures to include:

- Unaided vision
- Refractive correction
- Pre-surgery corrected visual acuity
- Post surgery corrected visual acuity

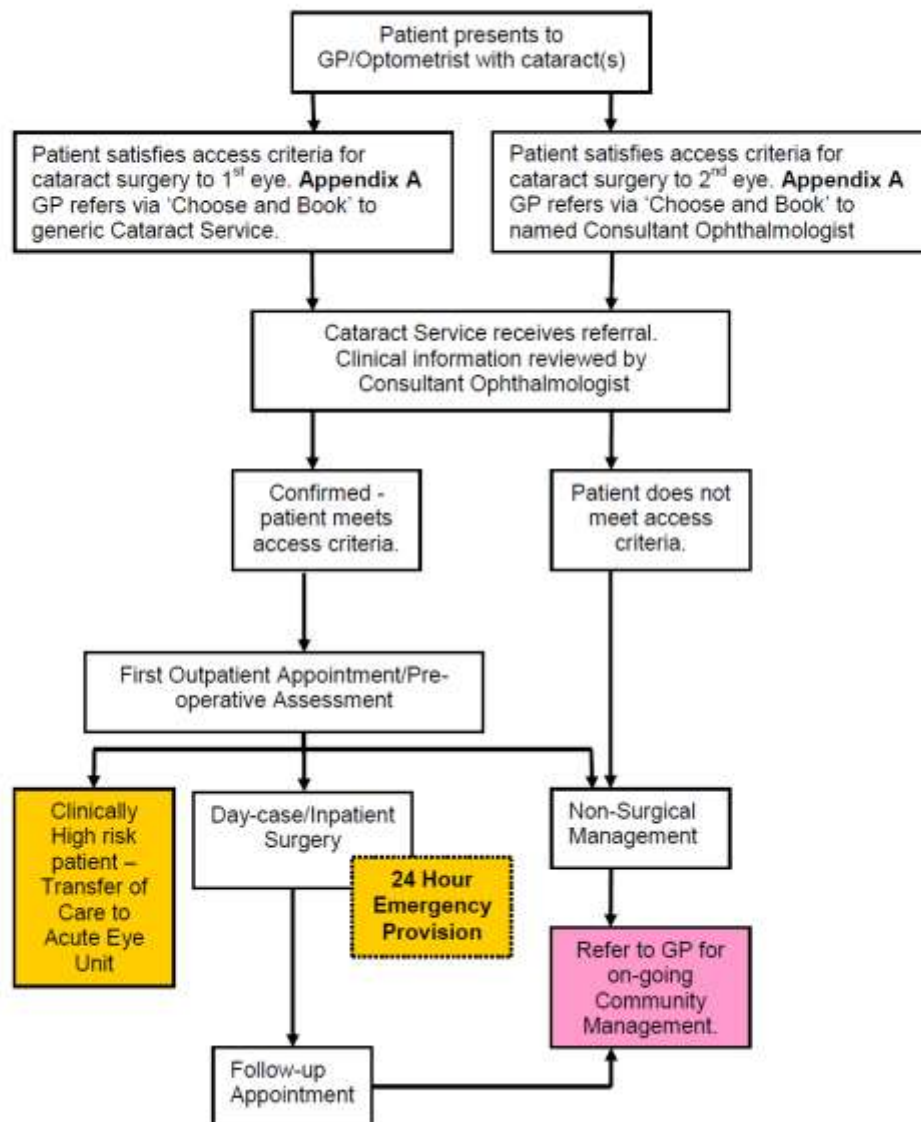
The provider will be expected to take ownership of the whole patient pathway from GP referral through to appropriate follow-up and discharge back to Primary Care including:

- First outpatient appointment for assessment and pre-operative preparation
- Day case or inpatient admission for surgical intervention
- One routine follow -up outpatient appointment.

Serious complications will be covered by transfer of care from this Service Provision to a named Consultant Ophthalmologist in an Acute Eye Unit.

Care plans will be individual to reflect each patients needs.

High Level Cataract Patient Pathway



3.3 Any acceptance and exclusion criteria and thresholds

The service will be available to patients registered with a Pan Dorset General Practitioner. Evidence based and individualised patient centred treatment will be delivered to all patients. The majority of suspected cataract(s) are detected following sight testing or eye examination by a community optometrist under either NHS or private contract. On detection of suspect cataract(s) the community optometrist is expected to notify the patient's General Practitioner (GP).

Some patients with suspect cataract(s) may present directly to their registered GP. In such cases, the GP is expected to refer to a community optometrist for a sight test or eye examination **before** considering onward referral for cataract surgery.

Patients referred for cataract surgery are required to meet the access criteria specified in the Cataract Policy.

Referral is initially be made for treatment to cataract in one eye only.

Patients requiring treatment to second eye will need to fulfil the criteria specified in the Cataract Policy.

Treatment to 2nd eye will initiate a new 18 week Treatment Pathway.

The following are excluded from this service:

- Patients not registered with a GP within NHS Dorset Clinical Commissioning Group
- Patients aged 18 years or less at the date of referral.
- Patients who do not meet the Cataract Policy access criteria, except where prior approval has been sought in accordance with Pan -Dorset Joint Commissioning Policy for Individual Treatment Requests
- Patients requiring procedures not stated in this specification unless prior authorisation has been obtained from the commissioners.
- The Commissioners **do not** expect patients to be excluded from this service provision for non-clinical reasons i.e. social circumstances.

3.4 Interdependence with other services/providers

3.5

The Provider will ensure close working relationships with key stakeholders to attain optimum outcomes and address the needs of individual patients including:

- patients, their families and carers;
- Community Optometrists;
- Primary care clinicians and multidisciplinary team;
- Secondary care clinicians and multidisciplinary team;
- Intermediate Care Services;
- Social Services;
- patient transport services;
- Commissioners.

4. Applicable Service Standards

The service is expected to fulfil the recommendations of all relevant local and National policies and guidelines in relation to cataract surgery including:

- Cataract Surgery Guidelines, Royal College of Ophthalmologists 2010

www.rcophth.ac.uk/about/publications/

- NICE Interventional Procedures Guidance 209 (2007)

www.nice.org.uk/nicemedia/pdf/ip/IPG209PublicInfo.pdf

- Cataract Policy – NHS Bournemouth and Poole/NHS Dorset (Pan Dorset) **Appendix A**

www.bournemouthandpoole.nhs.uk/useful-resources/policies-and-strategies/

Royal College of Ophthalmic Surgeons

4.3 Applicable local standards

5. Applicable quality requirements and CQUIN goals

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

The provider is expected to fully meet all national quality standards as set out in the Care Quality Commission's Essential Standards of Quality and Safety. The Commissioner will monitor against Provider Declarations and published Care Quality Commission Annual Reports.

The Care Quality Commission carries out a series of reviews each year including reviews of clinical areas. The Commissioner expects the Provider to participate in all relevant reviews. The Provider will deliver clinical services in line with relevant Royal College/Professional Body standards and guidelines. The Provider will inform the Commissioner if these standards and guidelines are breached. The Commissioner reserves the right to request the Provider to carry out an audit against a relevant Royal College/Professional Body standard or guideline if a specific issue or concern arises.

The provider will have a robust process for assessing, implementing and monitoring NICE Technology Appraisals, Clinical Guidance, Interventional Procedures (as appropriate) and other national best practice guidance for example: National Confidential Enquires, National Inquires, National Audits. The Provider will agree action plans with the Commissioner prior to implementation (as and if appropriate).

The Commissioner and Provider will agree to a schedule of 'Walk Arounds' to an agreed format, to be completed as a minimum bi-annually focusing on patient quality, safety and patient experience. The commissioner may conduct occasional unannounced visits.

The Provider will be expected to be fully compliant with the 'Health Act 2006' and Department of Health National directives and must be registered with the Care Quality Commission. The provider will share action plans with the commissioners demonstrating how compliance with the 'Health Act 2006' will be maintained across all services

Performance Indicator	Indicator	Threshold	Method of Measurement	Breach Consequence
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RTT	Maximum waiting of 18 weeks RTT	100%	Activity reports	
Provider cancellation	Patient given binding date within 28 days	100%	Activity reports	
Length of Stay for Cataract surgery	% admitted as day-case	96%	Activity reports	

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

6. Location of Provider Premises

7. Individual Service User Placement