SCHEDULE 2 – THE SERVICES

Version 2

A. Service Specifications (B1)

Mandatory headings 1-4. Mandatory but detail for local determination and agreement
Optional heading 5-7.Optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

Service Specification No.	02_GMS_63
Service	Low Vision Aids
Commissioner Lead	General Medical and Surgical CCP
Provider Lead	
Period	01 April 2014 to 01 March 2015
Date of Review	01 October 2014

1. Population Needs

1.1 National/local context and evidence base

The World Health Organisation estimates that over 135 million people are visually disabled, and nearly 45 million people are blind. Age-related eye disease plays a large part in this statistic with approximately 80% of people in the UK who are registered as severely sight impaired or sight impaired are over the age of 65, and there is a significant increase in the incidence of certification with increasing age. Given the prediction of a significant ageing of the global population over the coming decades, with the number of people aged over 60 expected to triple between 2005 and 2050 and the lack of comprehensively effective treatments for age-related eye conditions such as age-related macular degeneration (AMD), glaucoma and diabetic retinopathy, it may be anticipated that the rehabilitation of patients with low vision will become increasingly important.

Low vision rehabilitation aims to improve functional ability, and possibly wider aspects, such as quality of life and psychosocial status, in those with visual impairment. There is good evidence [1] that low vision aids provided by rehabilitation services are valued by service users and used at home

The development of community based eye services is fully supported by the Department of Health in 'The Commissioning Toolkit for Community Based Eye Care Services'. This recognises that there will be a growing demand for eye care services over the next decade owing to demographic changes and, in particular, an ageing population. Dorset has a recognised growing aging population. The toolkit supports the development of community based eye services and promotes the benefits to patients with a range of eye conditions who could be safely and appropriately be managed within the community.

Dorset has a higher incidence of Certificate of Low Vision than the national average and is shown in the following table[i].

Indicator	Local Authority Area	No. people	Crude rate
Crude rate of sight loss certifications per 100,000 population	Dorset	281	67.9
	Bournemouth	59	37.6
	Poole	59	39.8
	England		**44.5**

In January 2007 the Government announced the results of the General Ophthalmic Services Review. The review recognised the potential to develop more accessible, tailored eye care services for patients by making greater use of the skills that exist among eye care professionals who work in primary care and third sector settings, to help manage a range of eye conditions.

The scheme was first introduced on a pilot basis in 1993 and then expanded to include additional optometrists throughout Dorset.

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

To deliver a timely and effective service closer to home.
Improve the quality of care in a community care setting to patients who require this element of ophthalmic management.

3 Scope

3.1 Aims and objectives of service

The aim of this service is to support the provision of a range of low vision aids to adult registered population of Dorset who have been identified through a clinical assessment process by an accredited optometrist operating within the scheme.

3.2 Service description/care pathway

Details of Service to be provided

Patients may be referred from the hospital service, social services, dispensing opticians and also by non- accredited optometrists if the vision cannot be corrected by spectacles.

Each patient will receive an initial assessment and up to two follow up visits. Where possible written information regarding the cause of low vision will be given.

Patients will be given one or a number of aids which are deemed necessary (there is no maximum). These are given on an indefinite loan basis and should be returned once they are no longer required. The aids given will be from the approved list only. (appendix 1)

Optometrists within the scheme are supplied with an approved list of low vision aids agreed by NHS Dorset CCG.

Should a patient require a more sophisticated aid this will normally need to be purchased privately or obtained through another agency. In exceptional circumstances a written request for approval of provision of a specialised non-listed aid may be made to NHS Dorset CCG on the appropriate form.

The provider must ensure that patients are monitored at appropriate intervals and wherever possible aids are collected when no longer of use to a patient.

The provider must ensure that in addition to the low vision aid requirements the ocular health of the patient is maintained as appropriate.

3.3 Any acceptance and exclusion criteria and thresholds

Any adult patients registered with Dorset Clinical Commissioning Group General Practitioners are eligible for the scheme if they have difficulty with everyday tasks due to visual difficulties that cannot be corrected by glasses.

3.5 Interdependence with other services/providers

The Contractor shall maintain good links all referring agencies to ensure that patients can be transferred smoothly between services when appropriate and should this be necessary.

4 Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

None specific. Referral to support for low vision in Guidance and Standards pertaining to long term conditions e.g. diabetes, stroke, critical illness rehabilitation.

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

None specific

4.3 Applicable local standards

The Provider must have adequate mechanisms and facilities, including premises and equipment, as are necessary to enable the proper provision of this service.

Clinicians delivering ophthalmology services have a responsibility for ensuring that they are competent and that their skills are regularly updated. Doctors carrying out ophthalmic work should demonstrate a continuing sustained level of activity, conduct regular audits, be appraised on what they do and take part in necessary supportive educational activities.

Only optometrists accredited to participate within the scheme are able to assess patients and provide low vision aids as part of the scheme.

The Provider will be familiar with NHS standards and regulations in relation to the provision of community eye services and comply with the recommendations as appropriate.

The service delivered by this schedule will be subject to clinical audit and monitoring will be carried out as part of the annual review of the contract.

An audit of patient satisfaction will need to be carried out at agreed intervals.

5 Applicable quality requirements and CQUIN goals

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

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

6 Location of Provider Premises

The Provider's Premises are located at:

7 Individual Service User Placement

[i] RNIB (2009) Low Vision Service Review
Public Health England *Public Health Outcomes Framework Data Tool.* Available at: http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/par/E12000009/ati/102/page/3/ (accessed 24th July 2013)