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_74
Service	Glaucoma Shared Care
Commissioner Lead	General Medical and Surgical CCP
Provider Lead	
Period	01 April 2014 to 31 March 2015
Date of Review	01 October 2014

1. Population Needs

1.1 National/local context and evidence base

Approximately 10% of UK blindness registrations are attributed to chronic open angle glaucoma (COAG) with around half a million people currently affected by COAG in England and 300,000 first outpatient attendances for glaucoma in the Hospital Eye Service every year. The prevalence of ocular hypertension, suspected COAG and COAG, and demand for eye services is expected to increase because of an ageing population and public health issues such as the rising prevalence of obesity and diabetes.[1]

Preventable sight loss due to glaucoma in persons aged 40 or over shows a national average of 11.8 per 100,000 of population. Dorset localities are currently a high outlier to this at 18.5 and Bournemouth and Poole localities are below average at 9.9 and 9.0 respectively

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 and secondary care settings, to help diagnose and manage a range of eye conditions.

NICE quality standard for glaucoma requires that services should be commissioned from and coordinated across all relevant agencies encompassing the whole glaucoma care pathway, including primary, secondary and social care.

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

- Increase appropriate monitoring for suspected ocular hypertension (OHP) and/or chronic open angle glaucoma (COAG) access closer to home
- Improve the quality of care in a primary care setting to patients who require this element of ophthalmic management.

3. Scope

3.1 Aims and objectives of service

To provide a service for Dorset residents with Glaucoma who are under the care of the Hospital Eye Services (Royal Bournemouth and Christchurch Foundation Trust) to facilitate the monitoring of identified (stable glaucoma) patients by optometrists in the community setting.

3.2 Service description/care pathway

See Appendix 1 for Pathway

Role of the Hospital Eye Services

This will be a consultant-led pathway, for patients who have been referred by their GP. The patients are under the care of a named consultant.
Once the consultant ensures the patient's clinical condition is stable, the patient will be referred to the Glaucoma Shared Care Scheme.
The consultant will review the monitoring documentation from the optometrist and assess in line with NICE for follow-up either continuing in the community or recalling to the Hospital Eye Unit.

The patient will remain the responsibility of the Hospital Eye Services for the duration of their time on the Glaucoma Shared Care pathway. This will ensure clinical responsibility

remains with the Consultant within the Hospital Eye Service.

Role of the Optometrist

The Optometrist will monitor the patient in accordance with the individual care plan as defined by the consultant.
The Optometrist will assess using contact or non-contact tonometry, visual fields and visual acuity, disc assessment and anterior angle if deemed necessary. The findings will be documented including current eye medication where possible on the relevant form and returned to the Hospital Eye Services.

The Optometrist will complete a GOS examination if the last test was more than one year earlier and such additional tests as the Consultant has requested. Should the patient not be eligible for the GOS examination only these tests specified by the consultant should be completed.

It is essential to prevent delay to follow-up for patients with glaucoma, and providers will be expected to implement in full the recommendations of the National Patient Safety Agency alert NPSA/2009/RRR004. Numbers of patients breaching the guidelines for follow-up will form a key performance indicator.

Monitoring

Documentation will be recorded on the defined form (green form) and returned to the Hospital Eye Services within two weeks for routine patients.

Where the assessment has indicated need for an urgent referral this should happen within 24 hours.

Review of Service and Feedback

Annually NHS Dorset CCG, representatives of Dorset Local Optical Committee and other stakeholders will review the Scheme to determine the need for changes to processes or monitoring criteria.

Periodic audit of data and outcomes related to the provision of Scheme services will be undertaken by NHS Dorset CCG with appropriate collaboration and support from the providers and the HES.

Providers shall , for the purpose of obtaining data for activity monitoring by NHS Dorset CCG supply quarterly:

- The number of patients seen in the scheme
- The number of patients referred back urgently to the HES
- The number of appointments lost due to patients failing to attend
- Average waiting times for monitoring appointments
- Numbers of any patient complaints or compliments received.

3.3 Any acceptance and exclusion criteria and thresholds

Any patient registered with a Dorset Clinical Commissioning Group General Practitioner under the care of a named ophthalmology consultant at the Royal Bournemouth and Christchurch NHS Foundation Trust.

3.5 Interdependence with other services/providers

The Contractor shall maintain good links with local GPs and secondary care providers 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)

Glaucoma Quality Standard QS7: http://publications.nice.org.uk/glaucoma-quality-standard-qs7

NICE Guideline 85 Glaucoma: Diagnosis and management of chronic open angle glaucoma and ocular hypertension (2009): http://publications.nice.org.uk/glaucoma-cg85

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

The College of Optometrists and the Royal College of Ophthalmologists (2010). Guidance on the referral of glaucoma suspects by community optometrists.

4.3 Applicable local standards

The Provider will ensure that any optometrist employed or engaged to perform the Scheme services can:

- demonstrate and provide evidence of at least three credits of continuing education and training (CET) specific to glaucoma annually (a credit is taken as being a credit awarded by the General Optical Council or its equivalent as determined by the Commissioners).
- demonstrate competency in the assessment of patients utilising contact applanation tonometry.

5. Applicable quality requirements and CQUIN goals

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

Glaucoma Quality Standard QS7: http://publications.nice.org.uk/glaucoma-quality-standard-

qs7 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

1. http://publications.nice.org.uk/services-for-people-at-risk-of-developing-glaucoma-cmg44/1-commissioning-services-for-people-at-risk-of-developing-glaucoma