SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification Number	11J/0269
Service	Community Ophthalmology
Commissioner Lead	NHS Dorset CCG – System Integration Directorate
Provider Lead	Community Health and Eyecare Limited
Period	1 April 2022 to 1 April 2025
Date of Review	1 April 2023

1.	**National/local context**
1.1	Ophthalmology is the highest volume outpatient speciality, with 18/19 figures (NHS Digital) accounting for: • 7.8 million attendances • 1.97 million 1st outpatient attendances • 10% of all outpatient appointments
1.2	Cataract, glaucoma, medical retina, and urgent eyecare together account for 60-70% of all ophthalmology activity.
1.3	In addition to this, there is predicted to be a 30-40% increase in demand for eye services from 2018 – 2038 (The Royal College of Ophthalmologists 2018), with an increasing aging population (Office of National Statistics data) that are at higher risk of eye disease. The current overall economic burden of sight loss is estimated to be £28bn in the UK, with around 50% of sight loss thought to be preventable.
1.4	Dorset Clinical Commissioning Group (CCG) serves a population of 810,000, in the local authority areas of Bournemouth, Christchurch and Poole in the East of the County (395,784) which is largely urban, and within Dorset Council area in the West (376,484) which has 46% of the population living in rural locations. The population of adults aged 65+ is higher across both areas (22% and 29% respectively) than the national average (18.5%).
1.5	There are two Acute Trusts delivering eye services within Dorset: University Hospitals Dorset (UHD) and Dorset County Hospital (DCH). These are currently supported by a range of community-based provisions.
1.6	The level of community provision has increased within Dorset over recent years, with new pathways and direct referral for optometrists and Service User self-referral being embedded. Between April 2020 and March 2021 approximately 6800 minor eye appointments for routine and urgent care, 5600 glaucoma appointments supported by virtual consultant oversight and 650 minor outpatient procedures were undertaken in the community. In addition, the Dorset system has supported approximately 1000 glaucoma Service Users through shared care arrangements between Hospital Eye Services (HES) and Primary Care optometrists and has undertaken 6700 cataract follow-up appointments- of which around 6030 are suitable for community follow up.
1.7	Although there has been an increase in eye care delivered in the community over the last 3 years, Dorset Hospital Eye Services have continued to experience growing demand due to the population demographic and increase in age related eye conditions. This has resulted in service users experiencing significant delays both for first appointments, planned care and follow-up of long-term eye conditions such as glaucoma and age-related macular degeneration (AMD). These pressures and delays in care have been further compounded by the coronavirus COVID19 pandemic.

1.8	In 2019 Dorset CCG commissioned a review of existing ophthalmology services which was clinically led by Moorfield's Eye Hospital. The outcome of this review included recommendations for optimising current services and a transformation programme which focuses on developing integrated pathways of care and maximising community provision where appropriate. The benefits of implementing this programme are to improve access and equity of care, particularly in the West of the county and release hospital capacity for higher risk Service Users and acute care. The ophthalmology transformation programme aligns to the Dorset Clinical Services Review, as well as the national Eye Care Restoration programme, Getting It Right First Time (GIRFT) and NHSE Eye Care Planning Implementation Guidance 2021-22.
1.9	It is expected that opportunities and new pathways will continue to evolve and be embedded as part of a System approach to delivering the best possible eye care to meet the future needs of the Dorset population.

2. Nationally Defined Outcomes		
Domain 1	Preventing people from dying premature	
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	✓

3. Locally Defined Outcomes	
3.1	A reduction in delays to follow-up for Service Users with long term eye conditions
3.2	Service Users with urgent eye conditions are seen, diagnosed and treated in an appropriate timeframe based on their clinical need and risk
3.3	Service Users are able to access advice and guidance for minor eye conditions where appropriate and avoid the need for an appointment
3.4	4:1 first to follow-up appointment ratio to be maintained for Minor Eye Conditions
3.5	A reduction in Service Users referred to acute hospitals that are subsequently discharged at first appointment
3.6	Reduction in eyelash epilation
3.7	Service users are fully informed about their eye condition with a high level of satisfaction about their care

4. Service Aims and Objectives			
Aims		**Objectives**	
4.1	Provide access to eye care for low to medium risk eye conditions in non-acute settings. Provision of	4.1.1	Deliver high quality care in line with locally agreed pathways, national guidance and best practice

	assessment, diagnosis, and treatment of eye conditions within community settings	4.1.2	Integrated care pathways for management of long-term eye conditions in community settings
		4.1.3	Care delivered through a range of options including face to face and virtual appointments, virtual diagnostic pathways, shared care and consultant telemedicine where clinically appropriate
4.2	Provide equitable access to eye care for service users aged 16 years and over across the whole of Dorset, reducing variation in access for urban and rural communities	4.2.1	Premises for services will be available throughout Dorset, with equity between the East, North and West of the County through strategic location of premises to meet both the demand and variation in rurality and access to public transportation
		4.2.2	Provide services that are accessible and flexible to adapt to the requirements of vulnerable Service Users or those with special needs[1]
4.3	Administrative processes with appropriate clinical oversight to ensure timely triage, risk stratification and safe timing of appointments, in line with national and local guidance and best practice	4.3.1	Failsafe processes in place and recording of 'earliest clinically appropriate date' (ECAD) for follow-up appointments to avoid delays and reduce harm
		4.3.2	Secure two-way communication and interoperability between hospitals and the community service,[2] enabling personalised care, shared decision-making, and self-management where appropriate
		4.3.3	Working with Service Users and other stakeholders to ensure the suitability of Service User information and formats for the local population
4.4	Utilise and develop the current knowledge and skills of the optical workforce in primary and community care, thereby releasing hospital ophthalmology capacity for more complex ophthalmic care	4.4.1	Recognition of advanced practice qualifications
		4.4.2	Upskilling and training in place to increase the competencies of the optometry workforce within the Dorset System
4.5	Work collaboratively with primary and secondary care eye providers to develop services that meet the future needs of the population. Reduction in the incidence of avoidable sight loss in Dorset, and of unwarranted variation across the Integrated Care System	4.5.1	Collaborative clinical leadership and clinical governance for all pathways

[1] Refer Service Conditions SC7, SC8, SC10, SC13, SC17
[2] Refer to Service Conditions SC11, SC12, SC28

		4.5.2	Developing and upholding the Dorset culture of improvement and integration
		4.5.3	Involvement in a system approach to reduce the number of Ophthalmology Service Users waiting >18 weeks from Referral to Treatment (RTT) across the Dorset system

5. Service Description/Care Pathway		
5.1. Summary	5.1.1.	The Dorset Community Ophthalmology Service will provide eye care for Service Users with low to medium risk ophthalmic conditions, as defined by national and local protocols and guidance, including: a. A single point of access for Service User referrals into the community ophthalmology service. b. Clinical triage including advice and guidance and booking of Service Users into the correct community pathway; c. Assessment, data gathering, diagnosis, treatment and monitoring of Service Users in line with locally agreed Dorset pathways; d. Ongoing care of Service Users on an open community pathway; e. Onward referral to hospital or other eye services as depicted within this document and local pathways; f. Integrated pathways of care for management of long-term eye conditions including shared-care and discharge of stable Service Users from hospital to the community service as indicated within the contract[3], this document and local pathways; g. Effective communication practices with other care providers, service users and carers
	5.1.2	The service will be delivered by a single lead provider with the option for delivery of all or part of the service through sub-contractual arrangements[4] with optometrists, Optician Practices, GPs with Special Interest (GPwSI), Consultant Ophthalmologists, and other clinicians and healthcare professionals
	5.1.3.	Consultant oversight will be through a combination of COS employed appropriately qualified consultants, and through shared care agreements with local hospital clinicians to maximise delivery of care out of hospital settings.
	5.1.4.	Community Ophthalmology clinic sites will be geographically spread across Dorset to ensure equitable access as close to home as possible for the whole of the Dorset population, with consideration given to ease of access including parking and public transport options for service users

[3] Refer to Service Condition SC10, SC11
[4] Refer to General Condition GC12

	5.1.5.	The service will be open for the hours and days of the week that are required to meet the needs of Service Users for both planned/routine appointments and access to urgent eye care. This will include weekdays, weekends and evenings up to 6pm to ensure that there is sufficient capacity and flexibility for Service Users to be seen within the clinically and contractually required timeframes.
5.2. Referral	5.2.1.	The Community Ophthalmology Service will receive referrals from a range of sources including Service User self-referral for minor eye condition provisions, GP, Optometrists and acute hospital clinicians, and other health professionals. Referral sources will include signposting of Service Users to the community service for urgent minor eye care by 111, community pharmacists, Minor Injury Units and Urgent Treatment Centres, hospital eye ED and general ED departments.
	5.2.2.	The service will develop standardised pathways for receiving referrals using the National e-referral system where accessible by the referring source.
	5.2.3.	The service will develop pathways for onward referral to HES where clinically required. This will include the National e-referral system where mandated and additional agreed pathways for urgent/emergency eye care.
5.3. Clinical Scope	5.3.1.	The Community Ophthalmology Service will consist of the following components: a. Minor eye conditions (MECS)/ urgent eye care b. Integrated glaucoma pathway c. Inactive/stable age-related macular degeneration (AMD) monitoring d. Minor outpatient procedures e. Post- operative cataract follow-up
5.4 Minor Eye Conditions	5.4.1.	**Minor Eye Conditions and Urgent Eye Care**
	5.4.1.1.	The community ophthalmology service will provide initial contact and/or telephone triage of both recent onset symptomatic urgent eye conditions and routine referral of Service Users with eye symptoms that have failed to resolve through self-care.
	5.4.1.2.	The service will work closely with hospital eye ED services to enhance access to emergency eye care for Service Users and avoid delays and duplication of care.
	5.4.1.3.	Service users may self-present or be referred / redirected from other services including GPs, primary care optometrists, 111 and hospital eye ED departments. Referrals will be received by the community service via a single point of access to ensure service users are directed to the most suitable care setting/service with the appropriate level of priority/ urgency as per the Dorset Urgent Eye Care Triage Tool.
	5.4.1.4.	The service will deliver clinical triage and advice by telephone or video where appropriate, avoiding the need for many service users to leave their home.

		5.4.1.5.	The clinical phone triage service will be available 6 days per week from 8am to 6pm with access to timely appointments based on clinical need and urgency.
		5.4.1.6.	The service will provide advice to service users to support self-management of less complex eye conditions including signposting service users to information about their eye condition and over the counter treatment options.
		5.4.1.7.	Where a face-to-face appointment is required, the service user will be seen in a clinic as close to home as possible by optometrists/clinicians with the appropriate skills and qualifications and access to diagnostic equipment to reduce the need for multiple appointments, operating a one-stop model as far as possible.
		5.4.1.8.	Onward referral to hospital eye services will be in line with agreed Dorset pathways including guidelines for secondary care referral of service users with dry eye Dorset Dry Eye Guidelines.
		5.4.1.9.	The service will include assessment and treatment of service users with trichiasis with an emphasis on service user education and self-management as the primary option. There will also be treatment options for epilation of the eyelash, or onward referral to HES where surgical intervention is required or treatment options have failed.
	5.4.2	**Minor Eye Condition Medication**	
		5.4.2.1.	Service Users with a minor eye condition will be given information on appropriate Over the Counter (OTC) treatments in line with NHS policy otc-guidance-for-ccgs.pdf (england.nhs.uk)
		5.4.2.2.	Where prescribed medicines are required, the service will apply the prescribing guidelines given.
5.5. Ocular Hypertension and Glaucoma	5.5.1	**Ocular Hypertension (OHT) and Glaucoma care**	
		5.5.1.1	The Community Ophthalmology Service will deliver Consultant led management of OHT and glaucoma as part of an integrated pathway of care with local optician practices and Hospital Eye Services, ensuring Service Users are seen in the most clinically appropriate setting whilst minimising delays and duplication of care.
		5.5.1.2.	Referrals received by the community service will be clinically triaged to the appropriate pathway, including onward referral to the hospital eye service in line with the Dorset Glaucoma Risk Stratification Tool. This will be supported by referral refinement including repeat measures, and enhanced case-findings in line with NICE guidance

		5.5.1.3.	Where a referral is appropriate for autonomous community management and decision-making by community-based clinicians with the required skills and competencies, the community service will be responsible for a. Diagnosis and treatment initiation b. Ongoing monitoring c. Service User review and updating of care plans/ onward HES referral due to change in condition
		5.5.1.4.	This will be undertaken with adherence to NICE guidance and the Dorset Glaucoma Risk Stratification tool.
		5.5.1.5.	Diagnostic tests undertaken in the assessment and monitoring of Service Users with suspect and diagnosed glaucoma will be locally agreed and adhere to NICE guidance unless agreed with hospital clinicians as part of individualised care planning. These tests include: a. Goldman's Applanation Tonometry b. Humphries (or equivalent) Visual Field 24-2 c. CCT measurement for new Service Users d. Gonioscopy e. Optic nerve and macular OCT as required
		5.5.1.6.	The service will promote advanced practice through recognising additional competencies within the optometrist workforce and allowing autonomous practice, where deemed safe and appropriate by the service user's consultant to do so.
		5.5.1.7.	The service will be able to receive and send DICOM files to prevailing Hospital systems (currently FORUM) to assist with triage/ management of Service Users
		5.5.1.8.	As part of the integrated pathway of care, Hospital Eye Services will discharge Service Users to the community service who have been monitored/reviewed and deemed appropriate for community treatment and monitoring with an appropriate care plan.[5]
	5.5.2	**Glaucoma Shared Care**	
		5.5.2.1.	The service will offer convenient local monitoring through provision of a shared care pathway for Service Users identified by hospital clinicians. This pathway may apply to Service Users with a higher risk score than would be suitable for autonomous community management, or where the pathway and diagnostic tests may deviate from NICE guidance due to the need for individualised care planning at the discretion

[5] Refer to Service Condition SC4, SC10 SC11

			of the responsible consultant. Within this arrangement, the Service User remains under the care of the hospital consultant ophthalmologist, but the monitoring tests are undertaken within the community service.
		5.5.2.2.	This will require an agreed administrative process for referral of Service Users to the service for shared care monitoring, and timely information sharing and digital transfer of diagnostic imaging with hospital clinicians for 'virtual' consultant review.
	5.5.3.	**Glaucoma Medication**	
		5.5.3.1.	The service will implement prescribing pathways for glaucoma to ensure that Service Users commence treatment in a clinically appropriate timeframe as per the prescribing information given.
		5.5.3.2.	For all treatment started in the service, the initiating clinician will be responsible for providing the Service User with information and support including: a. how to administer eye drops; b. the importance of compliance; c. safe storage; and d. the drug and its potential side effects.
5.6. AMD		5.6.1.1.	The community ophthalmology service will provide monitoring of stable AMD Service Users on a shared care basis with oversight from hospital clinicians who will retain the responsibility for the service user. This will require integrated transfer of OCT as DICOM files which can be viewed on prevailing Hospital systems (currently FORUM), and fundus imaging for review by the responsible secondary care clinician. The individualised care plan and frequency of monitoring will be determined by the responsible ophthalmologist.
5.7. Cataract		5.7.1.1.	The community ophthalmology service will provide post cataract surgery follow-up for Service Users without surgical complications or significant co-morbidities.
		5.7.1.2.	Suitability for community follow-up will be determined by the Ophthalmic surgeon after the cataract procedure.
		5.7.1.3.	The service will ensure there is an effective route for receiving referrals for follow-up to avoid delays and ensure the Service User is seen 4 to 6 weeks after surgery.
		5.7.1.4	Service users who are found to have post-operative complications will be referred back to the hospital eye service for further investigation.

	5.7.1.5	Results from the post-operative follow-up appointment will be reported back to HES within one week of the examination via a digital process which interfaces with Medisight, to enable outcomes to be reported to the National Ophthalmology Database audit.
5.8. Minor Lid Surgery	5.8.1.1.	The Dorset Community Service will undertake minor surgery for benign skin lesions, adhering to the Dorset Removal of Chalazion and other benign skin lesions policy.
	5.8.1.2.	Where surgical intervention is considered in the treatment of benign lid lesions, the service will liaise with HES oculoplastic consultants to ensure consistency and equity for service users across hospital and community. This may include shared decision-making where a treatment pathway is unclear.
5.9. Prescribing	5.9.1.1.	The service will implement prescribing pathways according to the Dorset Outpatient Guidance 2016 (dorsetccg.nhs.uk) to ensure that Service Users commence treatment in a clinically appropriate timeframe including: a. immediate prescribing by the service following an outpatient episode where an URGENT treatment needs to be commenced b. Prescribing by the service where non-urgent treatment needs to be commenced within 10 days of the outpatient appointment c. a request to the GP to prescribe where a new treatment does not need to be initiated within 10 days.
	5.9.1.2.	The service will use effective, timely and contractually defined methods of communication for all communications with the GP[6] including new and ongoing prescribing of treatments where required.
	5.9.1.3.	All prescribing and recommendation of medicines and eye drops will be in line with the pan Dorset formulary and the contained traffic light system.
5.10. Workforce/ Competencies	5.10.1.1.	The service will promote advanced practice through recognising additional competencies within the optometrist workforce and allowing autonomous practice including Independent Prescribing, where deemed safe and appropriate by the lead consultant to do so.[7]
	5.10.1.2.	Service user outcomes will be shared with the referring optometrist for learning and development purposes.[8]

[6] Refer to Service Condition SC11
[7] Refer to General Condition GC5
[8] Refer to Service Condition SC7 SC9

5.11. Information and Digital		5.11.1.1.	The service will be able to receive and send DICOM files to assist with triage/ management of Service Users. There will be integration with prevailing Hospital systems.
5.12. Communication		5.12.1.1.	The service will be responsible for notifying GP of all Service User routine and urgent episodes of care within the service[9], including transfer and discharge
		5.12.1.2	Communications with GPs and other care providers will clearly state whether they are for information only or if there is an action required.

6. Eligibility, Acceptance and Exclusion		
6.1.	**6.1.1. Population covered** The Community Ophthalmology Service will be available to all adults aged 16 years and over who are registered with a Dorset GP.	
6.2.	6.2.1.	Acceptance for the community ophthalmology service include: 6.2.1.1. Service Users presenting with minor eye conditions that do not need emergency or specialist hospital care including but not limited to: i. Dry eye ii. Epiphora iii. Red eye iv. Blepharitis v. Conjunctivitis vi. Concretions vii. Ocular irritation viii. Foreign Bodies ix. Conjunctival cysts x. Corneal Abrasions xi. Pingueculae and Pterigia (where not inflamed/affecting vision) xii. Dry AMD xiii. Floaters and flashes xiv. Anterior Uveitis xv. Episcleritis xvi. Monitoring of lower risk choroidal naevi MOLES score 1 6.2.1.2. Service Users with raised IOP >24 mmHg, suspect and stable glaucoma in line with RCOphth guidelines and agreed Tool: Dorset Glaucoma Risk Stratification and Clinical Pathway 6.2.1.3. Service Users with mild lid lesions which have undergone two weeks of self-care with no or only mild improvement 6.2.1.4. Service Users with inactive/stable AMD who are deemed appropriate for community monitoring by a hospital Consultant Ophthalmologist 6.2.1.5. Service Users deemed clinically suitable for community follow-up following cataract surgery

[9] Refer to Service Condition SC11

	6.2.2. Exclusions from the community ophthalmology service are: a. Service Users not registered with a Dorset GP b. Service Users under 16 years c. People with an eye care need that can be met within mandatory GOS services. d. Suspected malignancies, including skin cancer e. Emergency referrals requiring acute hospital care f. Service Users with IOP > 40mmHg g. New Wet AMD referrals h. Monitoring of AMD Service Users on an active treatment pathway i. Service Users requiring cataract and other day-case or in Service User surgery j. Service Users requiring orthoptic assessment k. Common naevi MOLES score 0, and higher risk MOLES score 2 or more l. Squints

7. Interdependence with Other Services/Providers	
7.1.	The Community Ophthalmology Service will work collaboratively with other Dorset providers as part of a whole System approach to delivering eye care in Dorset. 7.1.1. Key interdependencies are: a. Dorset Acute Hospital Eye Units b. GPs c. Optometrists and Optician Practices d. Community Pharmacies e. Urgent Care Services including 111 f. Service User Transport Services g. Dorset LOC 7.1.2 Other Interdependencies may include: Eye Clinic Liaison Officers (ECLO) Low Vision Aid Services Voluntary Sector Organisations Non-Dorset Eye Units
7.2.	In addition to clinical and service interdependencies, the provider will be expected to work within the local system priorities, including engaging in the local Eye Care Board and transformation programmes[10] where these involve and/or dovetail with the provided services

Location of Provider's Premises	
	See Schedule 2A of the contract Particulars

Applicable Personalised Care Requirements	

[10] Refer to Service Condition SC26