

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications (Full Length Contract)

<b>Service Specification No.</b>	<b>11J/0205</b>
<b>Service</b>	<b>Community Ophthalmology Services</b>
<b>Commissioner Lead</b>	<b>Planned and Specialist Clinical Delivery Group</b>
<b>Provider Lead</b>	<b>The Quarterjack Surgery</b>
<b>Period</b>	<b>01/09/2016</b>
<b>Date of Review</b>	<b>31/03/2017</b>

#### 1. Population Needs

##### 1.1 National/local context and evidence base

The development of community based ophthalmology services is fully supported by the Department of Health in their 'Commissioning Toolkit for Community Based Eye Care Services'. This document 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. 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 managed within the community.

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.

The development of community ophthalmology services will meet the current NHS strategy to increase access to care closer to home, respond to the growing need for community services in order to relieve the burden on the acute sector and provide quality of care to patients who require this element of ophthalmic care. Ophthalmology services available locally, either in the community, hospital or GP practice, will reduce the need for patients to travel to county towns and acute hospitals for care which could appropriately be offered in the primary care setting.

The service is designed to meet the requirements of the National Service Framework for Older People and the National Service Framework for Long Term Conditions. In addition NICE have recently published 'Guidance for the Diagnosis and Management of Chronic Open Angle Glaucoma and Ocular Hypertension (April 2009)'. It is the Commissioners intention to develop the current service specification, in consultation with providers, in order to ensure that the service is fully compliant with this NICE guidance in due course.

The population is ageing which will lead to an inevitable increase in eye disease; in particular as eye disease is frequently chronic in nature and as such requires lifelong follow up. In addition people are being referred with the earliest signs of glaucoma as diagnostic tests become more sophisticated and easier to apply. These factors place increasing burdens on secondary care services where eye conditions have traditionally been managed.

Chronic open angle glaucoma (COAG) is a common and potentially blinding condition, usually asymptomatic until advanced, but causes 10% of UK blindness registrations. It is estimated that 2% of the population over the age of 40 years will suffer from some kind of

glaucoma (UK Prevalence – Glaucoma Association).

Evidence from other NHS Trusts across the country demonstrates that providing services on a local tariff can make significant savings; especially in light of the predicted increase in demand over the next decade.

It is recognised that patients with a range of eye conditions may be effectively managed in a community setting, as part of an appropriate care pathway which ensures referral to specialist care when necessary.

A comprehensive Community Eye Service will provide a full local pathway for patients who require:

- Acute Assessments (new Patients)
- Routine Assessments (new Patients)
- Glaucoma Follow up
- Other Ophthalmic Follow up

## 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	X
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X

### 2.2 Local defined outcomes

The key outcomes of this service would be:

- streamlined and fully integrated ophthalmic patient pathways
- improved patient experience
- reduced impact on GPs and secondary care services resulting from NICE guidance and the ageing population

Information on monitoring requirements is given in Appendix B.

## 3. Scope

### 3.1 Aims and objectives of service

The aim of the service is to manage patients within the community, where appropriate, ensuring that patients are transferred to secondary or specialist care only when treatment needs require secondary or specialist care services.

It will do so by providing a high quality community eye service founded on the principles of good practice and clinical governance.

The service will seek to improve the patient's experience by:

- providing a local service for patients, reducing journey times;
- improving access and choice and reducing waiting times;

- reducing unnecessary and inappropriate referrals to secondary or specialist care;
- working closely with GPs, optometrists and secondary or specialist care colleagues to provide a seamless service and continuity of care;
- facilitating the development of 'one stop' patient consultations combining assessment, treatment, self-care instruction and discharge where appropriate;
- formulating a service delivery framework which meets the requirements of local Practice Based Commissioning ("PbC") consortia.

### 3.2 Service description/care pathway

The service shall be an outpatient service, community based and provide care and treatment for adult patients presenting with a range of eye conditions. The service will include medical management as appropriate and in line with the care pathway.

The service does not include the delivery of those services which would form part of core GMS/PMS Primary Care Services, APMS or General Ophthalmic Services (GOS).

The specification of this service is beyond the scope of essential services, the GMS Quality and Outcomes Framework or those funded under other Enhanced Service provision. No part of the specification by commission, omission or implication defines or redefines essential, mandatory or additional services.

The service is specifically intended to address conditions that do not require surgery or specialist care.

**Tier One** is for more complex cases whereby it requires specialist skills or technology.

Tier One conditions shall be assessed and treated by an ophthalmic consultant, an accredited GP with Special Interests (GPwSI) in ophthalmology or optometrists with relevant postgraduate qualifications and experience.

Examples of conditions included as part of the service, although not exhaustive or definitive are provided in Appendix D.

Appendix D also provides a listing of the conditions or patient categories not suitable for care and treatment within the service beyond an initial assessment and/or diagnosis (as appropriate). These categories are subject to revision by the Commissioners at any time.

#### **Glaucoma**

There are three elements to the provision of glaucoma services, diagnosis / treatment, refinement and management.

- Diagnosis / Treatment – this should be within the realms of the Community Ophthalmology service referring to the NICE guidance where defined pressures (dependent upon age), are referred to secondary care.
- Refinement – Community Optometrists should provide this service with referral to the Community Ophthalmology Service upon defined thresholds.
- Management – for the stable or low risk patients, these should be managed within the community optometrists

Any Shared Care arrangement should be between the Community Ophthalmology Service and Secondary Care. The glaucoma element of the service requires further redefining and will be shared with providers once agreed.

### **Referral criteria & sources**

The service shall be based in a community setting and available for the assessment, care and treatment of adult (16 and over) patients with a range of eye conditions that can safely and appropriately be managed within the community. See Appendix D.

The categories set out in Appendix D are subject to revision by the Commissioners at any time.

There are four key elements to this service:

1. Acute (new patients)

New acute referrals for assessment and treatment and discharge.

2. Routine assessment (new patients)

New routine referrals for assessment and treatment and discharge for a range of conditions where surgery is unlikely to be required.

3. Glaucoma follow-up

Further guidance will be issued regarding this.

4. Other ophthalmic follow-up

There are a number of conditions that are currently followed up in secondary care that would be appropriate for the community ophthalmology service. Some of these would represent follow up of routine referral the service and some would come from Hospital Eye Service discharge. Examples of these conditions would include:

- Central and branch retinal vein occlusion
- Dry macular degeneration

### **Access**

Access to service will be via referrals from:

- GPs
- Optometrists
- NHS Minor Injuries Units (MIU)
- NHS Walk In Centres
- Hospital Eye Services

### **Referral route**

Routine referrals shall be via E-referrals.

Patients requiring routine assessment will have their referral booked through E-Referrals. These patients should be seen within 4 weeks, but should not exceed the timescales as set

locally. Where urgent local assessment is not feasible, e.g. outside of clinic hours, patients must be referred to an appropriate Hospital Eye Service.

Urgent acute referrals may be made to the Service by telephone.

Patients who are currently under the care of a local Hospital Eye Service may be transferred to the Community Ophthalmology Services by their consultant, e.g. for continuing glaucoma follow up.

#### **Discharge Criteria**

Patients whose course of treatment is complete shall be discharged back into the care of their registered GP.

Patients requiring long term follow-up, e.g. glaucoma, may continue to be reviewed within the service in line with national guidance. Should their condition deteriorate they may be referred to the Hospital Eye Service.

#### **Days/Hours of operation**

The Commissioners objective is that the totality of service provision, from Providers, is accessible to patients from Monday to Friday as a minimum. Individual Providers may propose to the Commissioners sessional hours in accordance with their capacity and anticipated demand for services

#### **Clinical Processes**

Patients referred into the Community Ophthalmology Services will be assessed, treated and discharged in line with current legislation and guidance. A number of conditions, such as glaucoma, which require regular follow up, will be managed according to clinical appropriateness.

Patients shall be referred without delay to appropriate Hospital Eye Services if there is significant progression or deterioration in the patient's condition or if they fall within the exclusion criteria.

Service design and delivery will reflect evidence-based practice and adhere to any current or future national or local clinical guidelines and protocols and such additional guidelines as set by the Commissioners. Specific attention is drawn to 'Diagnosis and management of open angle glaucoma and ocular hypertension' (NICE April 2009).

All referrals will be screened for suitability, and those that require specialist intervention or surgery, or that fall within the exclusion criteria shall be referred on directly. Urgent cases shall be prioritized in accordance with evidence-based policies in order that patients are seen within a clinically appropriate time scale and that priority is given to patients according to clinical need.

On screening, diagnostic tests will be identified and organised before consultation where appropriate, facilitating a 'one stop' appointment approach.

The service shall provide appropriate high quality patient information, both verbal and written, and patient education literature at each stage of the care pathway. Providers shall review all published patient information material regularly based on patient feedback.

Providers shall ensure patients are discharged, at the conclusion of each care episode, back into the care of their registered GP. Patients may re-enter the service on re-referral.

It is desirable, but not essential that the service provides telephone consultations and support for general practitioners and/or community optometrists.

Providers of the service shall participate in local audits and reviews of the service governance, protocols and guidelines.

#### **Administrative Process**

The service shall:

- be included on the NHS Choose and Book menu for local referral services and the provider shall have systems in place for receiving, recording and acting upon referrals;
- have efficient processes in place to deal with all administration from the point of referral onwards, including a bookings and appointments system that meets all waiting time targets and other targets required of the Commissioners and NHS services nationally;
- have suitable processes in place to handle and manage variations in demand, e.g. seasonality;
- have procedures in place to deal with patients who do not attend or cancel appointments, e.g. a database of glaucoma patients to ensure recall/follow up;
- have procedures in place to follow up and/or recall patients as appropriate;
- ensure that full, accurate, contemporaneous and legibly written notes and records are kept for all patients;

### **3.3 Population Covered**

The service is available to all NHS Dorset CCG GP registered patients.

### **3.4 Any acceptance and exclusion criteria.**

Hospital Eye Services shall continue to receive referrals directly from GPs where surgery is likely to be indicated, emergency referrals from optometrists, and for a number of other patient groups. See Appendix D.

### **3.5 Interdependence with other services/providers**

Providers shall be required to link seamlessly with both specialist and primary care ophthalmology services.

## **4. Applicable Service Standards**

### **4.1 Applicable national standards (eg NICE**

Guidance for the Diagnosis and Management of Chronic Open Angle Glaucoma and Ocular Hypertension (April 2009)

### **4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)**

### **4.3 Applicable local standards**

<b>5. Applicable quality requirements and CQUIN goals</b>	
<b>5.1</b>	<b>Applicable quality requirements (See Schedule 4 Parts A-D)</b>
<b>5.2</b>	<b>Applicable CQUIN goals (See Schedule 4 Part E)</b>
<b>6. Location of Provider Premises</b>	
<p><b>The Provider's Premises are located at:</b></p> <p>The Quarterjack Surgery, Rodways Corner, Wimborne Minster BH21 1AP</p>	
<b>7. Individual Service User Placement</b>	